



Putting your Best Feet Forward

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 Dartmouth-Hitchcock

A publication of the Parkinson's Information & Referral Center at Dartmouth-Hitchcock

FALL 2016

Voices of Parkinson's: Ruby Now and Then

BY B. ELWIN SHERMAN

We're speaking again today with Ruby – female, in her seventies, now in the eighth year of her Parkinson's disease. What follows is a composite of several conversations conducted in her home library, assembled here as one Q&A. Ruby often loses her way to the end of a thought, so revisitations are required for completing a dialogue. Pieced together here, and although often delayed or misrouted, none of her words have been changed.

How has Parkinson's disease affected your friendships?

People who used to "drop in" no longer do. I wonder: are they afraid of catching my illness? Are they afraid I'll faint or do something awkward or messy that they'll have to deal with? I'm not afraid, but I am upset that I can longer meet the demands of being a good hostess, like setting out the good teacups and fancy cookies. I know they're scared, too – afraid that they might say the wrong thing (or not say the right thing).

Pretend they're reading this. What would you like them to know?

I'd say: Come, call, visit, talk your heads off and don't worry about my reactions. You're my friends.

How has your speech changed?

Before I had this illness, I didn't even know how to spell Parkinson's. With an apostrophe? When I talked, I made sense. I said what I meant. Now, I can't finish a sentence and mean what I say? Does THAT make sense?

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Is the same thing true for reading?

Oh, I loved, loved, loved to read. That must be obvious from all the books you see here. This was my favorite room in the house. But, now, when I read, I have to re-read, and read again, because it can be so hard to concentrate. Look at all these books, all the historical novels, my favorites. They used to speak to me. Now, when I look at them on the shelves they are mute, and this is a sad and silent place.

How about writing?

Cards and letters? I loved writing them; I loved getting them and writing back. Now, my penmanship is so bad, I'm embarrassed.

Do you miss driving?

Oh, dear, I so loved to drive in my old Mercedes car. It allowed me the freedom to go where I wanted, when I wanted. Now, I have to be driven everywhere, and it's the driver's freedom, not mine. I want to say that I loved to go fast, but is there a policeman reading this? Hah! Let's just say that when I drove, I floated through space. Now, I don't float.

Cooking?

I loved to cook. I'd get recipes from cookbooks, then shape them into my own and they'd become "family" recipes. I can't cook now because I can't hold and manipulate the pots and utensils, and even if I could, I'd lose my way in the recipe. I can't process, I can't organize, and I can't remember. I don't think I could make a cake you'd want to eat.

Are you eating the same?

Oh, boy. The taste of food has changed. I used to love savory food. Not any longer, but I'll still never turn down black raspberry ice cream! Another problem, though, are my movements ... slower,



longer now because they just are, and because I'm trying not to spill. I don't want to drop food, and I know this is silly, but I'm afraid I'll fall asleep and fall into my dinner, or have a spasm and send my cereal off into space. It's already happened.

Is that why you'd rather not go to restaurants?

Let's just say that it's not what I want to be remembered for in public.

Other things that were once right, and now are wrong because of Parkinson's?

I loved to take long hot showers and sing my head off. Now, I need help with my showers, and I'm not about to sing in front of anyone naked! I loved to go clothes shopping, but now I can't bend my parts and pieces to fit into anything, and I need help dressing. I used to walk and hike for miles. Now, a walk across the room is a hike.

How about sex?

I enjoyed it. Now, it's so hard to

move, to relax. I do miss it a lot. I'm still human in here, after all.

What's your biggest loss, from then to now?

That's easy: my brain. It's fried.

Care to expand on that?

I feel sad most of the time. I had so much more to give in my life – to my child, my husband, my grandchild. Now, I can't get there. My brain won't let me go where I want to go. Sometimes, when things get mixed up and I call my husband "Dad", I don't think I am thinking at all, because if I was, I wouldn't do it, right? Even though my parents have been dead for years, it can seem real that they're in the next room.

What would you like to tell the world about PD?

I know it sounds selfish, but it really upsets me whenever someone says to me something like: "Things could be worse." I think that's mean. I only want my life back. When I compare my life with people who don't have Parkinson's, I get angry, I'm jealous, and I can't get past thinking "WHY ME?" I want doctors to explain that. I didn't smoke, drink, do drugs ... why me? Why not them?

How do you handle that?

I call on my sense of humor; it's what I have left to help me through all this.

How about an example?

Every day, I forget more of what it was I forgot. If you had Parkinson's, you'd laugh at that. ●



Senior Wire News Service Syndicated Humor Columnist B. Elwin Sherman writes from Bethlehem, NH. He is an author, humorist and long-time eldercare and hospice nurse. His latest book is "Walk Tall and Carry a Big Watering Can," from Plaidswede Publishing. You may contact him via his website at Witbones.com. Copyright 2016. All rights reserved. Used here with permission.

A Note from the Coordinator: Diane L. Sherman, PhD

Dear friends,

As this newsletter is going to press, thousands are meeting in Portland, Oregon at the 4th World Parkinson Congress to discuss "everything Parkinson's." This conference brings together people with Parkinson's, care partners, health care professionals, researchers, pharmaceutical industry representatives, people from nonprofit agencies and government officials. It is truly a melting pot of the Parkinson's community!

Many will have heard or read about Dartmouth-Hitchcock's financial deficit that was recently announced. I have received several emails and phone calls from those concerned about possible impacts on the Parkinson's Center; we remain active and robust, and cautiously optimistic that our operations will not be directly affected. I am so grateful to those who have written to me or to our medical doctors in support of the valuable work and resources provided by the Parkinson's Center, and to who have offered constructive criticisms that improve what we do.

Best wishes,

Diane



Caregiver's Resources

THE PARKINSON'S CENTER AT DARTMOUTH-HITCHCOCK

Contact: Diane Sherman
46 Centerra Parkway, Level 2
Lebanon, NH 03766
(603) 653-6672
Diane.L.Sherman@hitchcock.org
www.dartmouth-hitchcock.org/parkinsons
Services: Information, materials and programs related to Parkinson's disease; regional support group referral; physician, allied health professional and home care agency referrals; lending library, newsletters and educational symposia.

DARTMOUTH-HITCHCOCK AGING RESOURCE CENTER

46 Centerra Parkway, Level 2
Lebanon, NH 03766
(603) 653-3460
AgingCenter@hitchcock.org
www.dhaging.org
Services: Caregiver support groups; caregiver training; lending library; education, information and referrals.

SERVICELINK AGING & DISABILITY RESOURCE CENTERS OF NEW HAMPSHIRE

Locations throughout NH.
(866) 634-9412
www.nh.gov/servicelink
Services: Caregiver support groups; caregiver training; care planning/counseling; information and referrals.

VERMONT AREA AGENCIES ON AGING

Locations throughout VT.
(800) 642-5119
www.vermontseniors.org
Services: Caregiver support groups; caregiver training; care planning/counseling; wellness programs; information and referrals.

NATIONAL ALLIANCE FOR CAREGIVING

www.caregiving.org
Services: Advocacy for family caregivers; online resources and publications.

CAREGIVER ACTION NETWORK

www.caregiveraction.org
Services: Online education, peer support and resources.

FAMILY CAREGIVER ALLIANCE

www.caregiver.org
Services: Advocacy for family caregivers; online support group; online resources and publications.

AARP Caregiving Resource Center

www.aarp.org/home-family/caregiving
Services: Online information and resources; ask an expert; online discussion groups.

A Day with Parkinson's

Review by Gay Palazzo

"A Day with Parkinson's" is an illustrated storybook about a young boy's trip to the beach with his grandfather. The book describes a normal trip but with the unique perspective of the grandfather having Parkinson's disease.

Recently, my grandchildren were visiting and I jumped on the opportunity to read this book to them. All was quiet as I read. When I finished, our 9 year old grandson Nathan broke the silence with, "So, do you have Parkinson's, Grandma?"

Nathan knows about illnesses as he has Juvenile Diabetes. I told him that I do have PD, to which he responded, "But you don't have trouble walking across 'lines' and you don't spill your drink because you are shaking." I explained that everyone with PD is affected in different ways and he seemed to get that.

In this story, the author introduces serious topics such as why one gets PD and could a child somehow be responsible for your getting it, because, for example, you tripped on her toy. Another topic is why the grandfather can't do everything with

his grandson that he did before he was diagnosed with PD. These subjects are covered in ways that are understandable to kids beginning at around age 5.

My other grandkids did not seem to relate to the book as did Nathan. "Disease" and "illness" are not in their vocabulary and for that I am grateful. I believe, however, that they will likely think about it later on.

The book was written by an educational psychologist and has a section titled "How to Talk to Children about Parkinson's." The tips are helpful and remind adults that kids are part of the Parkinson team. There is also an interesting note and list of websites to go to for more information. This book is well written and adults will find it helpful when talking to young children about any form of illness in friends, relatives, and pets.

A Day with Parkinson's by A. Hultquist
Illustrations by Joanne Lew-Vriethoff
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Published by Albert Whitman and Co.





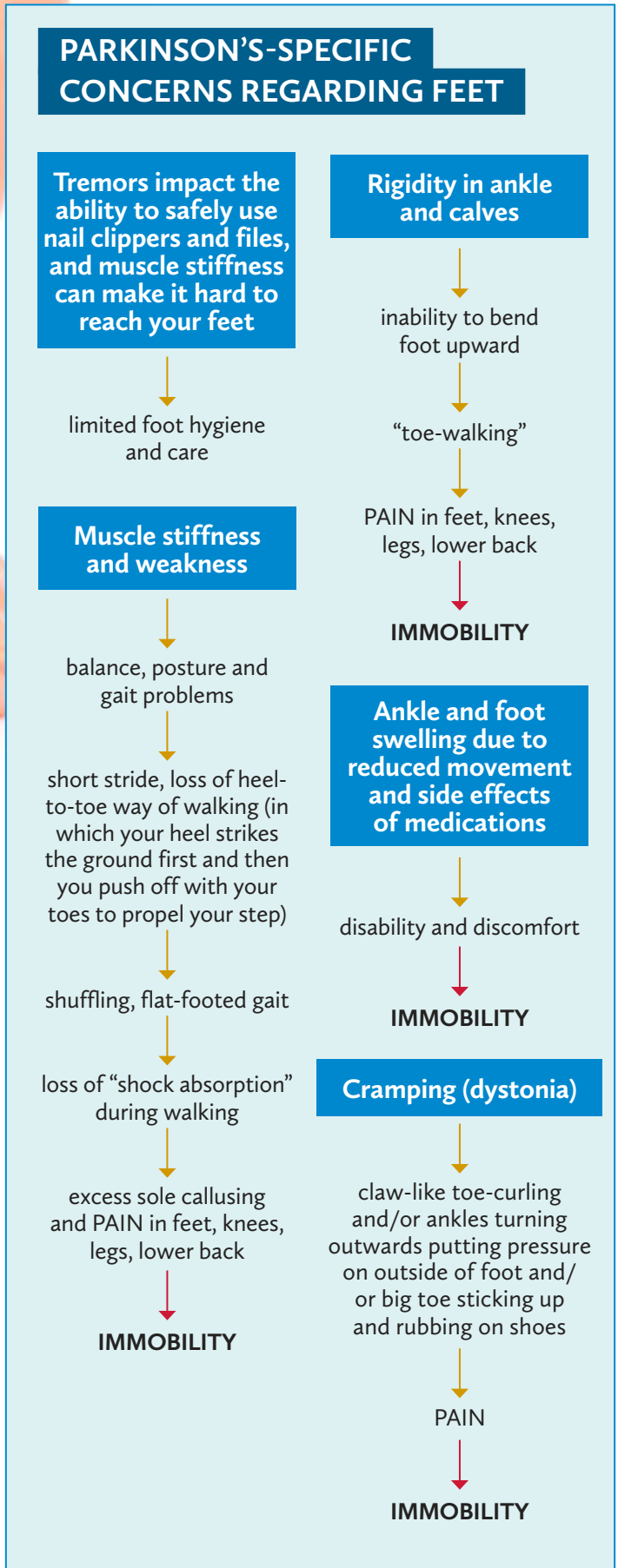
Putting your Best Feet Forward

BY DIANE L. SHERMAN

Are you getting older? (Ha! Me, too!) Have you stood for hours on end in front of a classroom, behind a cash register, or on the concrete floor of a factory? Have you pounded the pavement in fancy running shoes in the dash for cardiovascular fitness? Or maybe you have you worn shoes that are too wide or too narrow, too large or too small? Sandals or flat shoes with little or no arch support? High heels?

Aging and lifestyle, as well as “being stylish,” can take a toll on our feet. We are all susceptible to calluses, warts, arthritis, ingrown toenails and bunions. But what special foot problems do people with Parkinson’s face?

Our goal here is to point out concerns about FEET that can lead to reduced mobility and function in those with Parkinson’s, and to suggest possible interventions to keep you moving!



SOME SOLUTIONS!

“THINK BIG!” Take BIG steps with big arm swings to attain a more natural gait.

- Take steps featuring heel strike (heel hitting ground first), and
- Encourage the natural rolling of foot from heel to toe during walking.

POSTURE, POSTURE, POSTURE!

- Stand upright. Look forward/straight ahead, not down. Imagine a helium balloon attached to the back of your scalp, keeping your head and spine pulled aloft, aligned and straight.
- Bring your shoulder blades down and together.
- Imagine “cracking a walnut” between your shoulder blades, and “putting your shoulder blades in the back pockets of your pants!”

KEEP MOVING TO INCREASE FLEXIBILITY/STRENGTH AND REDUCE SWELLING OF YOUR FEET AND LOWER LEGS.

Do the following exercises for your feet and lower legs, and repeat ten times:

- Rotate each foot by drawing a big circle with your big toe. (And repeat in the reverse direction!)
- Flex your toes up and down.
- Stretch your feet out so they are in straight lines with your legs.
- Rise up on your tiptoes and back on your heels; this can be done sitting or standing.

Consider community classes: exercise, walking, dance, stationary bike, aquatic and tai chi.

FURTHER ACTIONS

Ask your family doctor or neurologist to refer you to a podiatrist and a physical therapist who will:

- Analyze your particular situation. (Schedule your appointments so that you are in your best “on” state and most functional regarding your Parkinson’s symptoms.)
- Recommend exercises specific to your condition.
- Provide orthotics (special inserts for your shoes) to help with your gait-related issues such as low arches/flat feet.
- Provide toe-splints to help with toe-curling.
- Offer additional exercises specific to your situation and symptoms.
- Recommend surgery if needed.

Ask your local visiting nurse and hospice association about community footcare clinics.

A Registered Nurse will:

- Inspect your feet and look for signs of infection.
- Clean, file and trim your nails.
- Apply lotion.
- Teach about good foot care.

REFERENCES:

Margaret (Maggie) Saracino, PTA (Retired), Department of Rehabilitation Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH
 Parkinson’s UK (Parkinson’s Disease Society of the United Kingdom)
www.parkinsons.org.uk/sites/default/files/publications/download/english/fs51_footcareandparkinsons.pdf
 (Accessed 9/12/2016; updated February 2014.)



Join the Mod Squad

BY MARILYN M. MCGUIRE, BSHS, LPN

In 1971, I desperately wanted to be in *The Mod Squad*. If you are of a certain age you remember the TV crime drama that ran from 1968-1973. According to Wikipedia, three young, rebellious, social outcasts worked as undercover cops as an alternative to being incarcerated. Pete, Julie and Linc were my idols. Their captain, Captain Greer, explained to his superiors that this unorthodox practice worked because they could go where no other cops could. As he put it, "The times are changing." They certainly were. This was the dawn of women's pantsuits and men's ponytails. I wanted to be Julie Barnes, the blonde, wispy cop forever protected by her two hunky coworkers. My younger sister and I would don our matching red pantsuits and peek around corners to spy on criminals (my older brother and his friends). At age twelve, playing *Mod Squad* fed my soul.

In the spring issue of this newsletter, I discussed "feeding the soul" as being necessary to our well-being regardless of age, health, physical or cognitive abilities and until we take our last breath. In review: The soul is the vital, animating essence of a person. Soulful activities are those things that you would do if you could do anything without worrying about money, work, pain or caring for someone; the things you sneak time for; that make you say, "Aah, life is good!" When you are involved in these activities there is a self-forgetfulness, a total absorption and a loss of a sense of time. This article discusses adaptation of those soulful activities throughout the health span—from an arthritic knee to being bedridden with end stage dementia.

Though difficult, I have accepted that I may never be a thin, wispy blonde or an undercover cop in real-life or on TV. However, I still want to be in the mod squad; in this case, a modification squad. A group that refuses to give up favorite pastimes because of changing circumstances, aka aging, but instead chooses to modify them. The times are changing. With a wave of baby boomers hitting old age and with exponentially expanding technology, we are on the brink of a paradigm shift. A member of my modification squad wants to continue, or help others to continue, to participate in activities that feed the soul.

Life is not TV and I don't mean to imply that this is easy. Betty Friedan, in *The Fountain of Age*, discusses three things vital to healthy aging and longevity. They are: a feeling of choice, an adaptability to change, and having a passion for something.

We can choose to prioritize soulful activity and adapt our activities to accommodate changing circumstances so that we can remain passionate and engaged in life.

It takes a commitment to oneself or to another if you are a care partner. We must work hard at accepting change, thinking outside the box, and viewing soulful activity differently.

Why don't we keep doing the things that feed our soul? Barriers stand in the way. The most important one is self-talk. If you repeatedly tell yourself you cannot do something then you cannot. The words we use are important. I intentionally use "circumstances" to





describe things that happen as we age. “Problems,” “symptoms,” “losses,” “handicaps” and even “challenges” connote a negative view of the events of aging. Also, “circumstances” goes beyond the physical or mental changes and covers things like finances, inability to drive or overprotective children, any of which can affect participation in soulful activity.

Telling ourselves we shouldn’t engage in soulful activity is as much a barrier as telling ourselves we can’t. Our roles as responsible adult, parent, elder come into play here. Stereotypes abound. Why shouldn’t an octogenarian skateboard if she wants to? Yes, safety is a concern. Well-intentioned loved ones can be a barrier.

As in all of life, benefits and risks have to be weighed and discussed. The joy Dad feels when golfing may outweigh the risk of a fall.

Time is a significant barrier for people, especially care partners. We all have the same number of hours in a day that can easily be consumed by physical needs. Culturally, we are taught that only “productive” time is valuable. We are better at taking time for our physical bodies than our spirits. Lastly, nostalgia can be a barrier. Some people just feel too sad about how things used to be. Nostalgia means an aching for times past or in the case of soulful activity, abilities past. Depression plays a part here and may need to be addressed.

Commitment and dedication overcome these barriers. We have all seen people who inspire us by achieving unbelievable feats in spite of things that have happened to them. Think of Parkinson’s own Michael J. Fox. He is still acting, directing and fundraising. Recently, we witnessed a Boston marathon bombing victim who lost her leg compete on Dancing With the Stars!

With barriers behind us, the following techniques have proven to be successful with my clients as circumstances change. I have used golf as an example of each technique.

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Modifiers

Time

Change the time you participate in your activity to your best time of day. Change tee time to 2 pm rather than 8 am to accommodate for morning muscle stiffness.

Adaptation

Adapt your activity to mitigate changes in physicality. Take a cart rather than walk the course.

Place

Avoid long tiring commutes, or other barriers to your activity like extreme temperatures. Pick a 9-hole shady course close to home vs. an 18-hole course with few trees 60 miles away. Put a putting green in your back yard.

Assistive devices

Many devices can extend your ability to do an activity. Use a wrist brace to strenghten your golf swing or a knee brace to stabilize you.

Technology

Improvements are continually happening with above devices and for the first time virtual versions of an activity are available. Play a round of virtual golf on the computer if it's mid-January in NH or on a day when Parkinson's is limiting your mobility more than usual. With the advent of goggles that create a virtual world who knows what will be available soon?

Assistance

Can someone enable you to continue to do what you love? Asking for this is hard but many loved ones wish they could help. Get a friend to carry your clubs. Hire a caddy. *It is as important as getting a ride to the doctor.*

Passive form

Can you do a more passive version of the activity that still feeds your soul? Can you read and track golf stats, watch golf tournaments, go to the course and have lunch and converse with other golfers? Volunteer to coach a golf team.

Senses

As circumstances change and physical and/or cognitive changes have made it so we only have sensory abilities, use them to reap the benefits of your activity. This takes knowing why the activity was soulful in the first place. (Make sure your loved ones know what you want now in case you can't communicate later.) Did you enjoy golf because it was outside? Then make sure your loved ones get you outside where the sun and wind play on your face. Did you enjoy the camaraderie and competition of golf? Then make sure your friends come and talk golf around you. Or have loved ones play videos of tournaments in your presence. Can you still polish a golf club or collect and sort golf balls? This is not demeaning if in your circumstance you can still find comfort handling these items.

Some may think I am crazy to believe that after a certain point modified activities benefit at all. In my experience as a facilitator of soulful, "will-to-live" activities, I beg to differ. I have seen miraculous things. (Look for real life examples in Part 3 of the author's Soul Series in our spring issue.) We must value the spirit and dare to try new ways. We must be OK with a modified version of our soulful activities and of ourselves.

**Yay! I can be in The Mod Squad after all!
I just need a bigger pantsuit. ●**

Marilyn McGuire is an eldercare nurse who feeds her soul by writing and speaking about a holistic approach to dementia care. She is founder of Alzheimer's Creative Care.

Contact her at: pmcrackerbarrel@gmail.com



Parkinson's clinical research studies at DHMC recruiting for participants

You may or may not personally benefit from being in a clinical research study. We hope to gather information that may help people in the future

Accordance

Overview:

A study to assess the efficacy and safety of the gastric-retentive controlled-release Accordion Pill™ carbidopa-levodopa in Parkinson's patients with motor fluctuations (such as "off time").

The Accordion Pill™ is designed to prolong absorption of carbidopa-levodopa, resulting in more stable blood plasma levels of the drug. This multi-center study will compare the effects of controlled-release Accordion Pill™ carbidopa-levodopa versus immediate release carbidopa-levodopa in reducing motor fluctuations.

DHMC is recruiting 30 Parkinson's patients, 35 to 85 years old, who take 400-1300 mg levodopa daily and suffer from at least 2.5 hours "off time" per day (not including "morning akinesia," which is the inability to move first thing in the morning).

The total length of participation in this study is up to 32 weeks consisting of up to 5 periods:

Screening: Up to 4 weeks of screening assessments.

Harmonization and Stabilization: 6 week open-label carbidopa-levodopa (Sinemet®) dose titration and completion of home diary in which patient records "On" and "Off" times.

Conversion period: 6 week open-label conversion to Accordion Pill™ Carbidopa-Levodopa

Treatment Period: 13 week double-blind, double-dummy, active comparator period in which participants receive either

- Accordion Pill™ carbidopa-levodopa plus placebo for carbidopa-levodopa, or
- Sinemet® plus placebo for Accordion Pill™ carbidopa-levodopa

Follow up telephone call two weeks after Treatment Period: to check on any adverse events for subjects not continuing into the Open Label Extension study (1 year)

Principal Investigator:

Dr. Mary Feldman

For more information, contact Study Coordinator, Polly LeBlanc, at 603-650-4411 or Pauline.R.LeBlanc@hitchcock.org.

The Impact of Three Distinct Exercise types on Fatigue, Anxiety, and Depression in Parkinson's Disease

Overview:

A study to learn about the impact of exercise on fatigue, anxiety, and depression in Parkinson's disease. It is well established that exercise improves the motor symptoms of Parkinson's disease. However, it is not clear which types of exercise are most beneficial for specific non-motor symptoms.

DHMC is recruiting 32 Parkinson's patients, 18 to 75 years old, who have some degree of anxiety, depression and/or fatigue and are able to participate in physical activity.

The total length of participation in this study is six weeks.

Randomization: Participants will be randomized into either

- a spinning class
- a yoga class
- a dance class, or
- no exercise intervention.

Participation: Classes will be conducted twice a week for 6 weeks total at times convenient for the participants.

Follow up: Participants will be asked to complete questionnaires after each class to monitor changes in measures of anxiety, depression, and fatigue – and whether a particular intervention is superior.

Principal Investigator:

Dr. Mary Feldman

Co-investigators:

Dr. Stephen Lee, Dr. Diviya Kaul, and Mr. John Tomeny, Parkinson's Advocate in Research

For more information, contact Study Coordinator, Charlotte Jeffreys, at 603-650-3834 or Charlotte.A.Jeffreys@hitchcock.org.

Pathetic Fallacy

I never believed it anyway,
the notion that the heavens weep when we do,
the sun shines on happiness.
The bluest-ever day in September
was 9/11.

Fall has splashed its energy along the highway leading
to the rehab center, but rain and drizzle
have disappointed this year's leaf-peeping tourists.
Unlike me, they take it personally.

My grip on the steering wheel is tense, tighter
than his on the walker he's learning to guide.
I bring him a shaggymane from our lawn,
a gift from the world — damp, still without frost.

Reds and golds have printed dark photograms
on wet roads and sidewalks; the oak leaves
refuse to let the weather get them down.

In diminished light and pouring rain,
we drive home through shades of brown
glowing from within,
rich mahogany to burnished, papery tan.

"Pathetic Fallacy," a poem by Florence Fogelin, from "Once It Stops," Deerbrook Editions, 2015. Used with the permission of Florence Fogelin and publisher Jeffrey Haste.



The New England Parkinson's Ride was held on September 10, 2016 in Old Orchard Beach, ME.

It is the largest independent fundraising event for Team Fox, with all money donated to research efforts by the Michael J. Fox Foundation.

It is not too late to donate at <http://neparkinsonsride.com>. And it's not too early to start planning for next year's event on September 9, 2017!

Participants each pedaled up to 100 miles! Congratulations to New Hampshire teams, "Suzy's Shakers," "Shake, Rattle and Roll," and "Wheels in Motion;" and Maine team, "Neuroscience Institute at Maine Medical Center." All have participated in this ride for several years. (Please let me know if I have failed to acknowledge other northern New England teams.) Thanks to all who rode for the cause and to those who made donations!

ANNOUNCEMENTS & EVENTS

The Parkinson's Center is publishing a weekly e-newsletter!

The newsletter is delivered to your email in-box on Fridays. If you would like to subscribe, send an email to Diane.L.Sherman@hitchcock.org or go to www.dartmouth-hitchcock.org/parkinsons and click on the "Subscribe" button at the bottom of the page. As always, your email address will never be shared, and you can unsubscribe at any time.

The Parkinson's Comfort Project's website has been updated!

Visit <https://parkinsonscomfort.org/> to learn about the Parkinson's Comfort Project, which has provided nearly 400 handmade quilts to people with Parkinson's disease since 2011. Founder Sonja Hakala has thoroughly updated the site, where quilters can learn how to donate, people with Parkinson's and care partners can request a quilt, and you can follow links to Parkinson's organizations and to Sonja's webpage, her blog and her publications.



APDA New England Parkinson's Educational Event: Parkinson's Perspectives

SUN - MON | NOV 6 - 7 | SUN 2:00 PM - MON 3:30 PM

HARTFORD/WINDSOR MARRIOTT AIRPORT, WINDSOR, CT

PER PERSON COST: \$40 FOR BOTH DAYS/\$20 FOR ONE DAY

A conference designed to educate and inspire people with PD and those who care about them through speakers, exhibitors, networking, & FUN"

Topics include:

- A Conversation with the Experts
- Sunday Evening Social
- Don't Worry, Be Happy
- Medications in PD: What's New
- Exploring Therapies for Anxiety and Depression

Presentations by:

- Movement disorders specialists James Boyd, MD, Joseph Friedman, MD, and Anna Hohler, MD
- Patient advocate Michael Achin
- Rehab Med specialists Cristina Colon-Semenza, MPT, Lisa Sommers, MA, CCC-SLP
- Gerontologist and Clinical Dementia Practitioner Pamela Atwood, MA, CDP
- Representatives of the APDA Chapters and Info & Referral Centers of New England
- and more!!

For more information, contact the APDA MA Information & Referral Center at 800.651.8466 or email information@apdama.org or see the registration brochure at www.apdama.org.

We are grateful to all who have made donations in honor and in memory of their beloved family and friends and in support of the Parkinson's Center at Dartmouth-Hitchcock.

TO DONATE BY CHECK,
Please make check payable to:
"Hitchcock Foundation," noting
"Parkinson's" in the memo line.

Please send to:
Hitchcock Foundation
One Medical Center Drive
Lebanon, NH 03756

TO SUPPORT PARKINSON'S RESEARCH AT DHMC,
Please go to our webpage:
www.dartmouth-hitchcock.org/parkinsons
and click on the "support Parkinson's research at DHMC" link in blue.

FOR HELP WITH OTHER TYPES OF GIFTS,
Please contact the DHMC Development Office:
603.653.0759

Parkinson's Companion
is a publication of
The Parkinson's Center
at Dartmouth-Hitchcock

The Parkinson's Center at Dartmouth-Hitchcock is an information and referral center supporting the needs of the Parkinson's community.

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This newsletter is intended solely to provide you with information on Parkinson's disease. You should not make any changes in your treatment without first discussing them with your health care provider.



Dartmouth-Hitchcock Medical Center

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Attention: Diane L. Sherman

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