TOOLS 4 THE JOURNEY

Neuro Challenge Foundation for Parkinson's
You'll Never Walk Alone

Your Parkinson's Journey Starts Here

Welcome,

For many people, the words "Parkinson's Disease" bring up a range of emotions, including confusion, fear, frustration, and even disbelief. You may find yourself wondering what this means for you and your loved one's identity, independence, and future. While there is currently no cure for Parkinson's, there are ways to manage it. That's where Neuro Challenge Foundation for Parkinson's can help.

A diagnosis now explains changes in your body: a tremor that won't quite settle, stiffness that makes movement feel different, or slowness in your actions. Perhaps your sleep has changed or your energy feels unpredictable. For some, in addition to the physical symptoms, there can be a quiet undercurrent of anxiety or a sense that things feel unfamiliar within your body.

Once you've been diagnosed, a question will arise. What's next?

This diagnosis is not the end of your story. Instead, it is the beginning to a new journey where You'll Never Walk Alone.

Over time, you will develop a new relationship with your body, one that asks for patience, attentiveness, and care. You may discover new rhythms, new forms of strength, and new ways of moving through the world. All that comes with help from others.

There is a community waiting to support you. People who understand the challenges, the questions, the small triumphs that others might not see. Within this community, you'll find shared experiences, practical guidance, and genuine connection.

Neuro Challenge Foundation for Parkinson's is here to provide you with guidance as you manage these new challenges. Through individualized Care Advising, education, support groups, and exercise programs, we are committed to helping you navigate this path with as much clarity, dignity, and support as possible.

As you begin to review the checklist in this toolkit, remember you don't have to figure everything all out at once. If there is something you're not sure how to do or an item you're not ready to tackle, reach out to a Care Advisor. We're here to help you take the next step...and the one after that, whenever you're ready.

You don't have to navigate Parkinson's alone. We are honored to be part of your journey.

With warmth and support,
Neuro Challenge Foundation for Parkinson's

THE PHYSICIAN LETTER

Parkinson's Medical Safety Needs

Patient Name: _____

Date of Birth: _____

MRN: _____

Please ask your Parkinson's physician to review and sign this letter. Print and attach a current Medication Schedule, Device Form, and Patient Contact Form.

_____ lives with Parkinson's disease (PD) and has a highly individualized medication and care plan. Please refer to the attached Medication Schedule and Device Form for specific instructions.

Parkinson's symptoms may be significantly affected by illness, hospitalization, surgery, and environmental factors. Whenever possible, minimize unnecessary visual and auditory stimulation, including alarms, and place the patient in a private room to reduce stress and promote comfort.

PD is a complex, progressive neurological disorder involving the loss of dopamine-producing cells in the brain. While Parkinson's is commonly associated with movement symptoms such as tremor, bradykinesia, and rigidity or stiffness, people with PD may also experience a range of motor and non-motor symptoms, including:

- Cognitive dysfunction
- Orthostatic hypotension
- Freezing of gait
- Hallucinations and delusions
- Instability and falls
- Constipation and incontinence
- Dyskinesia (involuntary movements)
- Anxiety and/or depression
- Dysphagia and drooling
- Impulse control disorders
- Low or muffled speech
- Pain
- Reduced facial expression
- Sleep disturbances

THE PHYSICIAN LETTER

Five Essential Care Priorities

1 Maintain the patient's individualized Parkinson's medication schedule.

Parkinson's medications should be ordered and administered according to the patient's established home schedule and prescribed formulations. Dosing times and medication formulations are specific to each individual because of the complexity of Parkinson's disease.

Following the established regimen without substitutions is imperative to help prevent severe complications and worsening symptoms.

2 Administer Parkinson's medications on schedule.

The patient should receive their Parkinson's medications within 15 minutes of their usual at-home schedule whenever possible.

If this cannot be accommodated, please write orders allowing the patient and/or care partner to administer medications according to the established schedule, consistent with hospital policy.

For scheduled surgery, allow the patient to take Parkinson's medications as close to the time of surgery as medically appropriate, with a sip of water or crushed in applesauce when appropriate and when the medication is not extended release. Parkinson's medications should be resumed as soon after surgery as medically safe.

If the patient is NPO at any point, promptly implement an appropriate alternative medication plan, including orally dissolvable medication when indicated, to maintain the existing medication schedule.

3 Review medications carefully to avoid those that may worsen Parkinson's symptoms.

Antipsychotic Medications

Recommended medications when clinically appropriate:

- Quetiapine (Seroquel)
- Clozapine (Clozaril)
- Pimavanserin (Nuplazid)

Medications to Avoid:

- Haloperidol
- Aripiprazole
- Olanzapine
- Risperidone
- Ziprasidone
- Lurasidone
- Cariprazine
- Brexpiprazole
- Fluphenazine
- Other dopamine-blocking antipsychotic medications not listed above

Note: Many atypical antipsychotics continue to block dopamine receptors and may significantly worsen Parkinson's symptoms.

Hospital Delirium or Agitation

Avoid antipsychotic medications other than quetiapine or clozapine unless specifically directed by the treating physician. Quetiapine 12.5–25 mg may be considered as an initial as-needed option when clinically appropriate.

If quetiapine is insufficient, benzodiazepines such as lorazepam, diazepam, or clonazepam may be preferable to other antipsychotic medications in certain circumstances. Anticholinergic medications should also be avoided when possible because they may worsen confusion and other Parkinson's symptoms.

Note: Brexpiprazole (Rexulti), while approved for agitation associated with Alzheimer's disease, is contraindicated in Parkinson's disease.

Gastrointestinal and Anti-Nausea Medications

Recommended medications:

- Ondansetron (Zofran)
- Granisetron (Kytril)
- Trimethobenzamide (Tigan)
- Domperidone

Medications to Avoid:

- Metoclopramide (Reglan)
- Prochlorperazine (Compazine)
- Promethazine (Phenergan)

Pain Medications

For patients taking MAO-B inhibitors, including rasagiline, selegiline, or safinamide, avoid the following medications because of potential interactions:

- Meperidine (Demerol)
- Propoxyphene (Darvon)
- Cyclobenzaprine
- Methadone

Patients taking MAO-B inhibitors may need to hold these medications before and after general anesthesia. The treating physician and anesthesia team should determine the appropriate medication plan.

Narcotic pain medications, including morphine, oxycodone, and hydrocodone, may significantly worsen constipation.

4 Promote safe and regular movement.

The patient should move as safely and regularly as medically appropriate, ideally three times daily (TID).

Ambulate as soon as medically safe. Bed rest should be used only when necessary. Regular physical activity is important for maintaining mobility and reducing complications associated with inactivity.

Consult physical and occupational therapy to determine appropriate mobility and activity recommendations.

5 Assess swallowing and establish safe medication and nutrition routes.

The patient should be screened upon admission for swallowing changes and evaluated for the safest route for medications, food, and fluids. This helps minimize the risk of choking, aspiration pneumonia, and weight loss.

Many people with PD have mild to moderate chronic swallowing dysfunction and may have previously made decisions regarding feeding tubes. A poor dysphagia evaluation should not automatically result in an NPO order without considering the patient's overall clinical situation and established care plan.

Parkinson's medications should not be withheld. If the patient cannot safely take medications by mouth, promptly consult the care team regarding an appropriate alternative route and medication plan.

Additional Considerations

People with Parkinson's may be particularly vulnerable to:

Constipation

A consistent bowel regimen may improve comfort and medication absorption.

Pneumonia and infection

Infection and other acute illnesses can cause sudden changes in behavior, cognition, and motor function. Speech-language pathology evaluation may be important when swallowing concerns are present.

Medication administration through an NG tube

If an NG tube is required, carbidopa/levodopa 25/100 immediate-release tablets can be crushed and administered through the tube, when appropriate.

NPO status

If an NG tube is not possible, an appropriate alternative medication plan should be implemented to prevent acute dopamine withdrawal. Consult the patient's Parkinson's care team regarding the appropriate medication and dosage.

Thank You for Supporting Safe Parkinson's Care

Thank you for taking the time to review this patient's individualized Parkinson's care needs. Timely medication administration, appropriate medication selection, safe mobility, and attention to swallowing and other symptoms can make an important difference during hospitalization.

Should you have additional questions or concerns, please contact the patient's Parkinson's care team.

Doctor's Printed Name: _____

Doctor's Signature: _____

Doctor's Phone Number: _____

Doctor's Email: _____

Emergency Responders Letter

My Name: _____

I am living with **Parkinson's disease (PD)**. The following information may help you provide appropriate care during an emergency.

My emergency contact information and medication list are attached.

Important Information

I may be slow to process questions or respond, especially when I am stressed or experiencing an emergency. This does **not necessarily indicate cognitive impairment.**

My voice may be soft or difficult to hear, and my facial expression may not fully reflect my emotions.

Parkinson's Medications

Please give my prescribed Parkinson's medications on time, every time, whenever medically possible.

Delays or missed doses can cause my Parkinson's symptoms to worsen and may affect my recovery.

My medications are located: _____

_____

Emergency Go Bag

My Emergency Go Bag is located: _____

_____

Medical Devices

Deep Brain Stimulation (DBS) Device: ☐ Yes ☐ No

Leads are implanted in the brain and the pulse generator is typically located under the skin near the chest/collarbone.

Subcutaneous Continuous Infusion Device: ☐ Yes ☐ No

Thank You

Thank you for helping me during this emergency. Your knowledge, patience, and attention to my Parkinson's care needs can make an important difference in my care and safety.

Personal Contacts

Update this form whenever contact information, healthcare providers, or emergency contacts change. Keep a current copy with the Parkinson's Medical Safety Guide and bring it to medical appointments, emergency visits, hospital stays, and other healthcare encounters.

Patient Information

Patient Name: _____

Date of Birth: _____

MRN: _____

Personal Contacts

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Hospital Care Partner

Name: _____

Relationship: _____

Phone: _____

Email: _____

Additional Personal Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Additional Personal Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Medical Contacts

Update this form whenever contact information, healthcare providers, or emergency contacts change. Keep a current copy with the Parkinson's Medical Safety Guide and bring it to medical appointments, emergency visits, hospital stays, and other healthcare encounters.

Parkinson's Neurologist

Name: _____

Medical Affiliation or Hospital: _____

Phone: _____

Email: _____

Parkinson's Care Provider / Advanced Practice Provider (APP)

Name: _____

Medical Affiliation or Hospital: _____

Phone: _____

Email: _____

Primary Care Physician

Name: _____

Medical Affiliation or Hospital: _____

Phone: _____

Email: _____

Pharmacy

Name: _____

Address: _____

Phone: _____

Email: _____

Additional Medical Contact

Name: _____

Specialty / Role: _____

Medical Affiliation or Hospital: _____

Phone: _____

Email: _____

Deep Brain Stimulation (DBS) Device Information

Patient Name: _____

Date of Birth: _____

MRN: _____

Do I have a Deep Brain Stimulation (DBS) device? ☐ Yes ☐ No
If yes, please complete the information below.

Surgery and Device Details: _____

Movement Disorder Neurologist: _____

Movement Disorder Neurologist Phone: _____

Neurosurgeon: _____

Date of Implantation: _____

Manufacturer: _____

Product Name (IPG Model): _____

Device Representative Name: _____

Device Representative Phone: _____

Device Details

Lead Location: ☐ Right Brain ☐ Left Brain

Battery Type: ☐ Rechargeable ☐ Non-rechargeable

Battery Location: ☐ Right Chest ☐ Left Chest ☐ Other: _____

Date of Last Battery Replacement: _____

DBS Safety Considerations

For device-specific instructions related to diagnostic or therapeutic procedures, contact the **device manufacturer or the patient's movement disorder neurologist/neurosurgeon.**

This includes, but is not limited to:

- MRI
- Electrocautery
- Laser procedures
- Diathermy
- Lithotripsy

DBS may create artifacts on **EKG** and **EEG** reports. If either study is clinically important, contact the patient's neurologist and/or device representative to determine whether DBS can be temporarily deactivated during the study.

Avoid sudden cessation of DBS stimulation.

Contact the device manufacturer for assistance and specific instructions regarding device management, MRI safe mode, and turning the device on or off, including for surgical procedures.

The patient may have their own device programmer.

Subcutaneous Infusion System Information

Patient Name: _____

Date of Birth: _____

MRN: _____

Do I use a subcutaneous infusion system (Vyalev® or Onapgo®)? ☐ Yes ☐ No

Neurologist Name: _____

My Infusion System

This pump has already been programmed for my prescribed treatment. The pump and related supplies are provided to me through **AbbVie.**

I change the needle cannula every: ☐ 1 day ☐ 2 days ☐ 3 days

Medication vials: My medication vials **do not require refrigeration.**

If My Pump Is Unavailable or Not Working

If my pump is not functioning or is not available, I need to be converted to **carbidopa/levodopa tablets.**

Please consult the **hospital neurologist and pharmacist** to determine the appropriate medication conversion.

MRI

The pump must be removed before any MRI.

Time Off the Pump

I can remain off the pump for **up to one hour** before I need to replace the needle cannula.

Special Consideration Regarding Rytary® and Crexont®

Patient Name: _____

Date of Birth: _____

MRN: _____

For my Parkinson's disease, I take **Rytary®** or **Crexont®**, which are specialized extended-release formulations of carbidopa/levodopa.

The pharmacokinetics of Rytary® are different from immediate-release carbidopa/levodopa (Sinemet®) in that Rytary® requires roughly **2–3 times the levodopa dose in Sinemet®** to achieve an equivalent peak plasma dopamine level. As such, a dose conversion must be applied if a temporary switch is made from Rytary® to Sinemet®. This requires different dosing and more frequent administration.

Rytary® or Crexont® capsules should be swallowed whole to preserve their extended/timed-release properties.

My Current Regimen: _____

_____

_____

_____

If Rytary® or Crexont® is not on the hospital formulary, if possible, allow the patient's care partner(s) to bring in their home supply to be administered according to the normal outpatient regimen.

If the administration of Rytary® or Crexont® is not possible (i.e., temporarily unavailable or the patient is only receiving enteral intake via NG tube), please substitute the following temporary regimen of immediate-release carbidopa/levodopa (aka Sinemet® or Parcopa®): _____

_____

_____

_____

_____

(Completed by the patient's outpatient Parkinson's Disease Neurologist)

Neurologist Name: _____

Neurologist Phone: _____

Medication Schedule and List

Patient Name: _____

Date of Birth: _____

MRN: _____

Use this form to record all medications the patient takes regularly or as needed, including Parkinson's medications, medications for other health conditions, over-the-counter medications, vitamins, and supplements.

Please list medications exactly as prescribed, including the usual time each medication is taken. Update this form whenever medications, doses, or schedules change.

MEDICATION	DOSE	TIME	SPECIAL INSTRUCTIONS

Important Medication Information

Parkinson's medications: _____

_____

_____

Medications taken as needed (PRN): _____

_____

_____

Allergies or medication reactions: _____

_____

_____

Pharmacy: _____

Pharmacy Phone: _____

Prescribing Physician(s): _____

_____

_____

Date Medication List Last Updated: _____

Keep a current copy of this form with the patient's Parkinson's Medical Safety Guide and bring it to medical appointments, emergency visits, hospital stays, and other healthcare encounters.

Additional blank copies are available at NeuroChallenge.org.

Duopa® Medication and Device Information

Patient Name: _____

Date of Birth: _____

MRN: _____

I use carbidopa/levodopa enteral suspension (Duopa®)? ☐ Yes ☐ No
If yes, please complete the information below.

Surgery & Device Information

Surgery and Device Details: _____

Movement Disorder Neurologist: _____

Movement Disorder Neurologist Phone: _____

Surgeon: _____

Date of Implantation: _____

Daily Dosage Schedule

Remove the refrigerated cassette 20 minutes before connecting.

Start Time: _____

Morning Dose: _____

Stop Time: _____

Continuous Dose Rate: _____

Extra Dose: _____

Time(s): _____

Titrated Dose(s): _____

Time(s): _____

Tubing Information

Type of Tubing: ☐ AbbVie ☐ ENFit

Date of Last Tube Replacement: _____

Due to a fixed, interior bumper plate, AbbVie tubing should be removed endoscopically if replacement is indicated.

Duopa® Support Contacts

DuoConnect RN Name: _____

Phone: _____

Device Representative Name: _____

Device Representative Phone: _____

PEG-J Tube Information

My PEG-J tube for this device was implanted by: ☐ Gastroenterologist ☐ Interventional Radiologist ☐ General Surgeon

Name: _____

Phone: _____

(For tubing system complications)

Important Duopa® Safety Information

- **Duopa® cassettes must be refrigerated** at 36°F–46°F and should not be frozen. The cassette should be brought to room temperature before use.
- Remove a cassette from the refrigerator **20 minutes before use.** An opened cassette should not be reused.
- **Do not use the cassette if its contents appear yellowed.**
- Avoid sudden discontinuation or rapid reduction of the Duopa® dose.
- If the pump is disconnected for l**ess than 2 hours, do not supplement with oral medications.**
- If imaging is required, including ultrasound, **ECG, CT scan, X-ray, or MRI,** turn off the pump, detach it from the patient, and remove the pump from the procedure room.

PARKINSON'S SYMPTOMS:

The Iceberg Effect

Some symptoms are easy to see. Others are less visible, but equally important

Motor Symptoms

- Involuntary tremors (rhythmic shaking) of limbs
- Slowness of movement (bradykinesia)
- Rigidity or stiffness of the muscles
- Impaired balance and postural instability
- Difficulty initiating movements (akinesia)
- Episodes of "freezing"-inability to move during execution of movement sequence
- Over reactivity of muscles (dyskinesia)

Non-Motor Symptoms

- Anxiety/Depression
- Speech/Swallowing
- Dementia
- Orthostatic hypotension
- Vertigo/dizziness
- Constipation
- Incontinence
- Sexual dysfunction
- Sweating (trouble regulating body temp.)
- Loss of smell
- (REM) Sleep Disorders
- Pain
- Hallucinations/ Delusions
- Fatigue
- Weight Management
- Nausea
- Cognitive impairment
- Vision changes
- Apathy
- Skin changes
- Breathing/Respiratory changes
- Skeletal/Bone Health

Mediterranean Diet

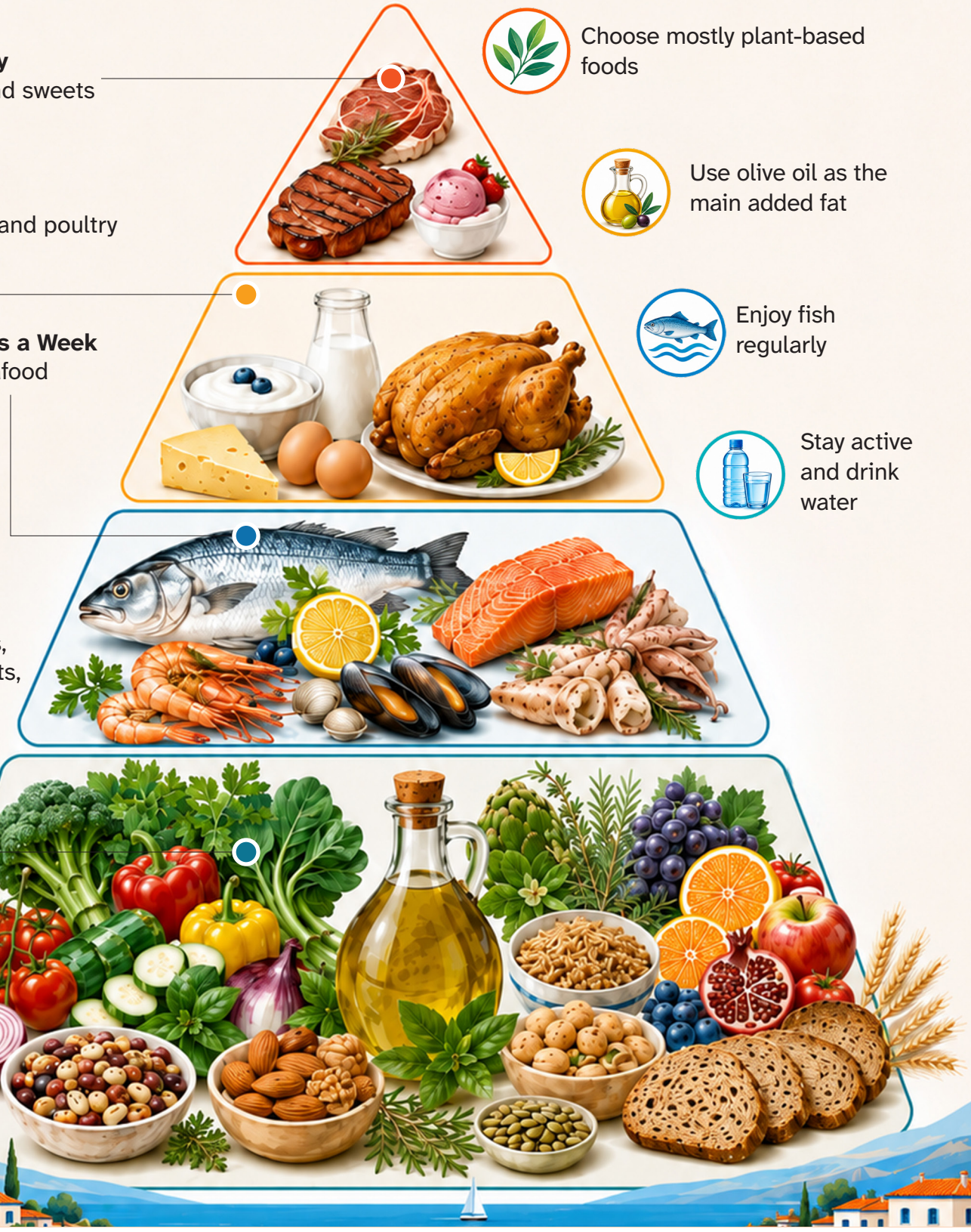
A simple guide to healthy everyday eating.

Occasionally
Red meat and sweets

Weekly
Dairy, eggs, and poultry

A Few Times a Week
Fish and seafood

Daily
Vegetables, fruits, whole grains, legumes, nuts, seeds, olive oil, herbs, and beans



Choose mostly plant-based foods

Use olive oil as the main added fat

Enjoy fish regularly

Stay active and drink water

Get Personalized Care with a Care Advisor

Free Guidance. Practical Resources. Support for Your Journey.

You don't have to navigate Parkinson's alone. A Neuro Challenge Care Advisor offers individualized guidance to people with Parkinson's, their caregivers and family members, at *no charge*.

How a Care Advisor Can Help

1 Find your next step

Talk through your questions and priorities, and receive personalized guidance for navigating life with Parkinson's.

2 Connect with community resources

Get referrals to local neurologists, Movement Disorder Specialists and Parkinson's-specific exercise and therapy programs.

3 Build your support network

Explore education, support groups and therapeutic programs, including movement, voice and art programs.

Serving Sarasota, Manatee, Charlotte, Marion, Highlands and Pinellas counties and beyond. All Neuro Challenge programs and services are available at *no charge*.

Connect with a Care Advisor. Call 941-926-6413 to schedule a meeting or visit NeuroChallenge.org for more information.

Care Advising Checklist

Please reach out to a Care Advisor if you need help checking off any of these boxes

- ☐ Build your interdisciplinary team and plan to see them annually
    - ☐ Movement Disorder Specialist, Department of Neurology
    - ☐ Primary Care Physician
    - ☐ Physical Therapist /Occupational Therapist/Speech Language Pathologist
    - ☐ Care Advisor
    - ☐ Other specialists as needed
- ☐ Everyone who is diagnosed with Parkinson's will experience a different journey and no one has the same symptoms as another. Review the Motor and Non-Motor **symptom iceberg**.
- ☐ Making lifestyle changes and creating a daily routine can help with managing the challenges with Parkinson's Disease.
    - ☐ regular exercise
    - ☐ better sleep habits
    - ☐ proper nutrition
    - ☐ social engagement
    - ☐ medication management
- ☐ Plan to attend an In-Person Parkinson's Orientation Program. (Check our calendar for the next one near you)
- ☐ Consider the **Exercise Recommendations** provided in this kit to get started on your own. It is also recommended you establish with a physical therapist to build a personal plan. Explore various exercise opportunities.
- ☐ Change the sentence to: Consider practicing **The Mediterranean Diet** and getting proper hydration. You may also want to consider meeting with a nutritionist.
- ☐ Limit exposure to environmental toxins.
- ☐ Sleep issues are common for people with Parkinson's. Talk about sleep disturbances with your doctor.
- ☐ Plan and prepare for your neurologist or movement disorder specialist visits. Note questions and concerns to discuss with your doctor. Use a symptom log, notebook or app to track symptoms and medications.
- ☐ Review the stages of disease progression with your neurologist or movement disorder specialist and be proactive in management of symptoms.

- ☐ Maintain social connections and stay engaged with others. This is a great way to manage stress and feel less isolated. It can also help with cognition and apathy.
- ☐ Empower yourself with a positive attitude!
- ☐ Consider connecting with a peer through our **Mentorship Program**
- ☐ Contemplate how to share your Parkinson's diagnosis with your family and friends. It is often difficult to reveal a chronic condition. Contact a **Care Advisor** to help you navigate this topic.
- ☐ If you are a veteran, reach out to The Department of Veteran Affairs to explore whether you qualify for disability compensation and to receive comprehensive care.
- ☐ Consider participating in a clinical trial to help advance Parkinson's Research.
- ☐ People with Parkinson's can experience cognitive challenges. Learn ways to maintain cognitive health through brain exercises.
- ☐ Care partners need support too. Talk to a Care Advisor about support services and learn about caregiver burnout, the importance of respite, and changes in relationships.
- ☐ Many people with Parkinson's experience anxiety, depression, and apathy. Become familiar with mental health resources for both the Person with Parkinson's and the Care Partner
- ☐ If you are experiencing hallucinations or delusions, it is important to discuss these symptoms with your physician. Counseling and medications are available.
- ☐ Explore alternative medical providers and consider adding them to the treatment team along with specialty care providers. (Example: chiropractors, acupuncturists, massage therapists)
- ☐ Consider a home safety plan and a fall prevention class. These can provide guidance on adapting your home for safety and improving balance.
- ☐ Begin to plan for future care needs. Consider meeting with an elder law attorney to complete important legal documents, such as a power of attorney, and with a financial advisor to plan for the costs of aging at home or long-term care.
- ☐ Explore assistive devices and technology that can support independence, make everyday tasks easier, and improve quality of life while aging in place.
- ☐ Parkinson's symptoms can affect your ability to be a safe driver. Schedule a driving assessment, learn about driver rehabilitation programs, and identify alternatives to driving.

Connect Through Mentorship

Parkinson's Connect: Empowering Through Mentorship

Connect with someone who understands your journey. Parkinson's Connect offers a supportive environment where people with Parkinson's and their care partners can connect with mentors who understand their experiences.

Support from Someone Who Understands

1. **Emotional support**

   Share your experiences with a mentor who understands the challenges of living with Parkinson's or supporting a loved one who does.

2. **Practical coping strategies**

   Learn from shared experiences and explore ways to navigate everyday challenges.

3. **Encouragement and connection**

   Build a supportive connection that can help you feel empowered and more confident in your Parkinson's journey.

Neuro Challenge Foundation for Parkinson's has partnered with the Parkinson's Association of San Diego to bring this mentorship program to people with Parkinson's and their care partners.

To learn more about the Mentorship Program, visit NeuroChallenge.org or call 941-926-6413.

Exercise Recommendations

If you have Parkinson's, exercise is your friend. It provides many benefits to help you manage your disease. Exercise supports balance and motor coordination, promotes neuroplasticity or the brain's ability to form new connections, and eases fatigue and depression. The bottom line: Exercise makes you feel better!

Experts recommend four areas to make sure you cover each week:

- **Aerobic Activity:** At least 30 minutes of moderate activities like brisk walking and cycling, 3 times a week
- **Strength Training:** Lift weights or use resistance bands 2-3 times a week
- **Balance and Agility Activities:** To improve posture and prevents falls, try Tai Chi, boxing or yoga 2-3 times a week
- **Stretching:** Reduce muscle stiffness and rigidity by stretching at least 2 to 3 days a week; daily is even better.

Your best bet is to move every day, multiple times throughout the day.

Diagnosed and already physically active every day? Continue with your current exercise routine and:

- Add in some Parkinson's Specific Exercises like LSVT Big Movements or PWR! Moves. These movements can be done anywhere with no special equipment.
- Work with a physical therapist to establish your current baseline and to determine if there are movements you need to improve and limitations to look out for in the future.
- Build a routine you will stick to. Movement needs to address all areas of potential challenges resulting from Parkinson's...posture, balance, rotation and stiffness, amplitude. Keep movements big.
- The goal is to stay ahead of your symptoms!

Diagnosed and not currently physically active every day? Now is the time to start!

- It can be daunting to start an exercise routine. Just pick something to establish a routine. You can change or add to it later.
- There is no shortage of things to do. Exercise at home, join a fitness club, work with a personal trainer, use a video workout, or just visit a local park for a walk. No matter your fitness level or experience, there are options for you.
- Keep a positive attitude. You may not want to exercise, but you always will feel better afterwards! Remember, exercise is medicine and is meant to support you.

EXERCISE CLASSES

A few options include Rock Steady Boxing, Parkinson's Cycling, a PWR! Moves class for Parkinson's, Yoga, Dance, or Tai Chi. Try something that sounds interesting or fun. If you don't like it, you can always find something else. The great thing about classes is the camaraderie of being around other people with Parkinson's. It's a great place for new friendships and to ask questions of others dealing with the same or similar experiences you may be having.

BASIC STRENGTH TRAINING

Depending on your fitness level, Sit to Stands or Squats build lower body strength. For upper body strength, focus on pushing movements and try Elevated Push-ups against a wall, countertop or table. W's and T's or Pull-Aparts using a theraband work on posture and building upper body strength. Elevated Planks from a wall, countertop or chair and seated Opposite Arm & Leg Extensions will build your core. For Glute Bridges, lie on your back in a supine position, bend your knees, and lift your hips up to engage glute muscles.

BALANCE EXERCISES

Daily exercises are important to help improve or maintain your ability to balance when doing everyday movements. These exercises should always be done in a safe environment with something sturdy nearby to hold on to if needed. It is also recommended that you have someone with you in case of an accidental fall. Be sure the floor area is clear of any tripping hazards. Try this progression of moves to improve your balance while keeping things interesting.

Balance Stance: Start with a narrow stance with feet side by side, touching if possible. See if you can maintain this position over time. (start with 20-30 seconds)

Staggered Stance: With feet offset, one forward and one back, distribute weight equally on both feet. Remember to practice on both sides since one side will feel more stable than the other.

Tandem Stance: Similar to a staggered stance but with feet much closer together. Place one foot directly in front of the other with the heel of the front foot touching the toe of the back foot.

Slow March: With feet hip-wide apart, slowly begin to march. Imagine your feet are stuck in something sticky like gum or molasses and slowly lift and lower one foot at a time, so you spend a few seconds in a single leg balance.

Single Leg Balance: Start with feet hip-wide apart, then shift your weight from right foot to left foot until your weight has completely shifted and you can lift your right foot off the ground. Work up to standing on each leg for 20-30 seconds. When working on balance, remember to focus your eyes on something that isn't moving, keep your upper body lifted with shoulders pinched back and abdominal muscles engaged while your lower body has hips hinged back and the knee on the standing leg softly bent to engage your glutes, and, most importantly, breathe.

CARDIO / MOVEMENT

There is no shortage of ways to get in a cardio workout. March in place, take a walk around the house or driveway or around the block. Try biking, either on a stationary bike or by going for a bike ride. Dance with your partner or by yourself to get your heart going. Classes can provide structure and be more motivating to encourage you to work a little harder. Remember, you don't have to attend in-person classes as you can find classes on demand on your computer or streaming on tv.

NEUROMOTOR ACTIVITY

There are simple ways to incorporate neuromotor activities into some of your other exercises. For instance, when you are performing your balance stances try naming an animal for each letter of the alphabet in order. Do a cognitive activity, such as putting together a puzzle or doing a crossword game, while also doing a fine motor activity with your other hand, such as walking your fingers down a pole, squeezing a ball or rotating golf balls in your hand. These types of activities cause both sides of the brain to engage, requiring them to communicate with each other to accomplish both activities at once. There are endless options for Neuroplasticity activities.

FLEXIBILITY

Seated or standing stretching moves will help keep you flexible. You can also take classes that focus more on movement and mobility, such as Yoga or Tai Chi. Again, classes can be done in person or from the comfort of your home. Whether you are able to stand or need to sit, there are plenty of options available for any fitness level. Also, the PWR! Moves program works on flexibility and movement to help keep you mobile.

Leslie LeBlanc

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