

FOREWORD

So much we want to do, and never enough time...

In speaking with our patients, we're aware of the many things we'd like our Center to accomplish. Be it improved patient services, easier location access, or more educational programming about personal problems and questions, our goal is to make progress in all of these areas, and the PD Buzz Newsletter is an opportunity for us to open a dialogue with you.

Patient-centered care is the hot, new buzzword in health care. It's not an overstatement to say that our group's research was patient-centered before it was trendy—with studies focusing on exercise, disability, caregiver problems and quality of life. To further our patient-centered cause, this coming year will

see our work include more patient-centered care during office visits and better patient engagement in our educational programming.

Our efforts to further aid patients have also resulted in a better understanding of fatigue, depression and the skills needed to manage complex chronic conditions. Exciting new areas of work include utilizing ultrasound as a new, noninvasive "surgical" approach to improve movement disorders and investigating the genetic causes of Parkinson's disease.

You will find this issue of PD Buzz filled with articles that speak to the patient experience. After all, that's what patient-centered care really means—to understand the patient and to respond to individual needs.



Lisa M. Shulman, MD
Director, University of Maryland Parkinson's Disease and Movement Disorders Center

COGNITIVE IMPAIRMENT IN PD



Melissa Armstrong, MD

Trouble with memory and thinking—called "cognitive impairment"—is common in Parkinson's disease (PD). Many patients who have PD for over ten years will develop some amount of trouble with memory and thinking. This can start at any time and when it starts often

depends on a person's age. In general, the older someone is when they develop PD, the earlier they might notice some trouble with thinking. Trouble with memory and thinking in PD is different from trouble with memory and thinking in other diseases such as Alzheimer's disease (AD). People with PD can have trouble with understanding visual cues, have trouble with memory, notice that multi-tasking is more difficult and have trouble making complex decisions. In contrast to memory problems in AD, people with Parkinson's disease who have memory problems often respond to cueing and tricks to help them remember things.

Because problems with memory and thinking commonly occur in PD, many specialists "screen" for these problems; they do regular brief tests (often once a year) to determine whether these problems are present. The most commonly used screening tests are the Montreal Cognitive Assessment (MoCA) and the Mini Mental State Examination (MMSE), though other tests can also be used. These tests usually take about 10 minutes to complete and can help doctors know if memory problems exist or if memory is changing over time, though these short tests cannot be used to diagnose specific trouble with memory and thinking. If your physician needs more information, he or she may order neuropsychological testing, which involves a longer testing session (sometimes a few hours) that looks at different parts of memory or thinking in greater detail. This testing is performed by another specialist with particular training in memory testing.

Tests performed in the doctor's office are not the only important information. Often, the most important information about memory and thinking is provided from what

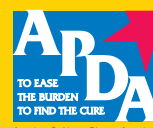
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UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



LETTER FROM THE EDITOR

Dear patients, care partners and friends,

Welcome to the latest edition of PD Buzz! This newsletter is meant to spread the word on what's new at the University of Maryland Parkinson's Disease and Movement Disorders Center. It is also to provide the community with information, resources and news related to Parkinson's disease, Parkinsonism and other related movement disorders. We are very pleased to include articles written by some of our patients, as well as by members of our staff. We hope you enjoy the articles and we encourage you to share them with friends and family members.

We are always interested in your ideas and feedback. Please contact us any time at 410-328-0157 or mcines@som.umaryland.edu. For more information, visit umm.edu/parkinsons.

Michelle Cines, RN, MS, CCRC

Editor of PD Buzz

APDA Information and Referral Coordinator

Maryland Parkinson's Disease and Movement Disorders Center

COGNITIVE IMPAIRMENT IN PD Continued from front page

patients and family members tell the doctor about the patient's memory trouble in day-to-day life. Doctors take the information provided about life at home and combine it with the testing results to understand whether any trouble with memory and thinking is "mild" or more severe. Doctors use the term "mild cognitive impairment" to mean that someone's memory and thinking are worse than they used to be, but this change is not yet affecting daily life. The term "dementia" is used to mean that someone's memory and thinking are worse than they used to be and this change is interfering with daily activities.

Right now, treatments targeting the memory and thinking problems in PD are limited, though there is upcoming research investigating a new drug specifically targeting memory and thinking problems in PD. The most important thing to do for a person having trouble with memory and thinking is to review the medicines he or she is taking. Sometimes medicines used to help treat PD

can make memory worse. Also, sometimes memory problems can be a side effect of medications used to treat other problems, such as problems with urination. The first things to do are to make sure that medicines are not making memory worse and to gradually stop medicines that could be part of the problem. When the memory problems are related to the PD and not medicines or other issues (such as thyroid problems), you can discuss with your doctor whether medication is right for you. Currently, the main medications tried for memory problems in PD are medicines originally developed for use in Alzheimer's disease. These are not right for everyone, though, and can make tremor in PD worse. You and your doctor will decide whether or not to try these medications.

The APDA has a newsletter about cognition in PD if you want to read more at youngparkinsons.org/articles/cognitive-issues-in-parkinsons-disease.

Movement Disorders Physicians

Lisa M. Shulman, MD

Professor of Neurology

Eugenia Brin Professor of Parkinson's Disease and Movement Disorders

Rosalyn Newman Distinguished Scholar in Parkinson's Disease

University of Maryland School of Medicine

Director, Maryland Parkinson's Disease

and Movement Disorders Center

University of Maryland Medical Center

Melissa J. Armstrong, MD

Assistant Professor of Neurology

University of Maryland School of Medicine

Stephen G. Reich, MD

Professor of Neurology

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The Frederick Henry Prince Distinguished Professor in Neurology

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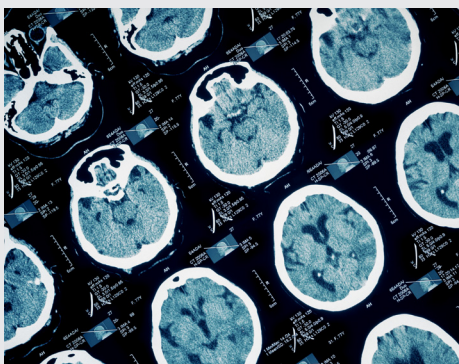
Paul S. Fishman, MD, PhD

Professor and Research Director of Neurology

University of Maryland School of Medicine

Chief, Neurology Service

Baltimore Veterans Affairs Medical Center



ARE YOU THINKING ABOUT DBS?

Sharon Powell, RN, MPH

Nurse Educator/ DBS Coordinator

Deep brain stimulation (DBS) is an FDA-approved surgical treatment for symptoms of essential tremor, Parkinson's disease or dystonia.

Although similar surgical treatments have been used for many years, this has become the "usual" surgical treatment, as the electrical impulses used to control symptoms are adjustable.

This surgical intervention was approved by the FDA in 1997 for treatment of essential tremor, in 2002 for treatment of Parkinson's disease and in 2003 for treatment of dystonia. There are multiple clinical trials in progress to evaluate the effectiveness of these systems to treat symptoms of many other diseases. MEDTRONIC, the company that makes the device, reported that they have

ONE PATIENT'S JOURNEY TOWARDS PD ENLIGHTENMENT

Len Schwartz, JD, Person With Parkinson's
Michelle Cines, RN, MS, CCRC

I had just been diagnosed with Parkinson's disease and was anxious to share this news with family, friends, co-workers and just about anyone who would listen. NOT! On the contrary, I felt alone despite being in the best physical shape and at the top of my game in the workforce and community. I had a thriving career, the talent to perform in a local jazz band and was an Assistant Scoutmaster for my son's Boy Scout troop. And if that wasn't enough, I coached Rec League basketball and soccer!

At first I didn't have much of an idea of what the fuss was all about. The few confidants I shared my diagnosis with didn't really see a problem either.

The neurologist told me my disease should have a gradual progression; however, over the next several years I could exhibit different "sensory" and "motor" symptoms, develop a tremor, lose my arm-swing when walking, develop micro-handwriting and lose my sense of smell. I decided not to take any medications right away, because I was told that the meds, if they worked, would merely hide some of the symptoms of the disease, and I would eventually require more and varied combinations of medications and treatments anyway.

Fast forward 10 years after my initial diagnosis. I met a Research Nurse, Michelle Cines, RN, MS, CCRC, who over the course of the last 25 years has listened to stories similar to mine; she works with individuals who have chronic illnesses with a wide array of symptoms that affect them throughout the progression of their illnesses.

Eventually, Michelle and I began discussing a current research protocol she was engaged in at the University of Maryland Parkinson's Disease and Movement Disorders Center.

Me: I'm very interested in the research that the University of Maryland is doing and am willing to participate in studies that address my particular symptoms.

Research Nurse, Michelle: I am happy you feel that way. Researchers need volunteers to help develop new treatments to fight against this disease. Research participants may have access to promising new treatments that are not yet available to the public. I believe that people who participate in clinical trials receive very good care and may be seen more frequently than they would for routine clinical care.

Me: I agree. I knew people who had participated in research studies and they found the experiences to be worthwhile. I was hesitant. I was ignorant about my disease and had a very isolated viewpoint. I didn't share my diagnosis with family members and co-workers for quite some time.

It was my wife who encouraged me to participate. I started interacting with the research staff. I wanted to learn more about the disease so I began reading more literature. My initial motivations were a bit altruistic, but then I began to appreciate that there was benefit to participating in research, not just for myself, but for others as well.

Michelle: I am glad you came to that conclusion. Being proactive, investigating your options and getting involved are an important part of your emotional well-being. Self-motivated people tend to manage their disease better than persons who are not directly involved in their own care.

Me: I became a PD Advocate in 2009 through the PAIR (Parkinson's Advocates in Research) program. This program, run through the Parkinson's Disease Foundation (PDF), brings together the people who live with Parkinson's and the people who are developing new treatments. As advocates, we learn about the latest research and then we share the information in our communities.

Michelle: Getting the word out about PD is essential. There are so many families that are touched by this disease and each one has a unique set of needs. Through PAIR and other advocacy programs, national and local organizations, support groups, conferences and health care professionals we are helping, educating and empowering many people.

Me: Breathe and then take that first step. Take the time to learn how to care for yourself.

Now, I have been living with my Parkinson's disease for more than a decade. I continue to be physically and psychologically engaged and active. Perhaps my goals and ambitions have changed, or have had to be altered due to this disease, but that hasn't prevented me from rising to the challenge and living a fulfilling life. And it shouldn't prevent you either.



implanted 125,000 devices as of June, 2014.

Each month we offer a DBS Information Session for patients and families interested in learning more about this procedure. We meet in the Conference Room of the Neurology Clinic to discuss the procedure, actually touch and hold the implantable device and talk with one of the "veterans" of the surgical procedure.

The husband of one of our "veterans" commented that DBS did not only give back his wife's independence, but it gave him

back his life as he no longer had the constant concern about leaving her alone in the house while he went to work.

So, what is the next step?

For DBS surgery at UMMC, patients must be referred by a physician of the DBS team. If you are not a patient seen in our clinic, an appointment will be set up for you.

The pre-operative evaluations for DBS are coordinated by Shari Powell, who assists in the referral process for the evaluation for

memory and language by our neuropsychologist and for a depression and anxiety screening by one of our psychiatrists.

Parkinson's disease patients also have a neurological evaluation OFF as well as ON medication. Other screenings may be indicated and would be discussed with each patient if considered necessary.

To attend one of these sessions, simply call 1-800-492-5538 to register.

THINKING ABOUT PARTICIPATING IN RESEARCH?

Jessica Rowe, MA, and Chelsea Morrow

Why is research important?

Research contributes to the development of new treatment options, including medications and procedures, as well as ways of identifying, preventing and treating medical conditions. These scientific discoveries change and improve our understanding of a disease or condition. The treatments that are utilized now are available only because of volunteers who participated in clinical research trials years ago.

What is a clinical trial?

Scientists conduct a variety of research studies to learn more about a problem or to answer questions. In general, clinical trials are medical or health-related research studies using human beings or specimens from human beings (such as tissue, blood, saliva) to learn about a disease or condition. There are various types of clinical trials including: treatment, prevention, diagnostic and observational trials. Treatment trials are a type of study which involves a researcher collecting data to evaluate the safety or effectiveness of an intervention. An intervention may include a behavior change, drug, device, new form of

teaching or some other form of intervention. Not all clinical trials are interventional and include a drug or device. Some research is designed to observe behaviors or outcomes. This is often called observational research. Observational research is important as it helps researchers to improve patients' quality of life, functioning and evaluate outcomes.

Participation in research studies is voluntary and patients are not required to participate, even if asked. Declining to participate does not affect a patient's regular medical care. When participating in research, patients may experience potential benefits, such as learning more about their condition (including treatment and management), an improvement in symptoms and gaining physical and emotional support. However, all research may have potential risks and benefits are not guaranteed. Participation in research involves careful consideration, and a discussion with your physician about all the benefits and risks before a decision is made.

More information on clinical trials can be found at clinicaltrials.gov.

SOURCES: Get the Facts, Parkinson's Disease Foundation
pdf.org/en/research_advocate_facts



YOGA AND PARKINSON'S DISEASE

Samantha Gibson, BA
Clinical Research Specialist

Yoga doesn't require any special clothing, weather or equipment. A yoga mat is a handy accessory, but it's not essential. Warm sunshine is a pleasant bonus, but the weather plays no role. Yoga pants? Yoga studio? Yoga music? All are not necessary. Yoga can be done in a class, at home, in a small group or even

outside in a park. People with Parkinson's (PWP) can benefit greatly from performing yoga and it's very easy to do.

Getting involved with a yoga class for PWP can help enhance quality of life, control tremors, induce relaxation and gain control over affected muscles. According to the National Institutes of Health, which evaluate the use of complementary and alternative medicine every five

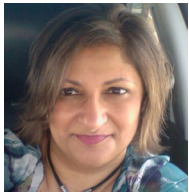
years, yoga is among the leading alternative therapies in the United States. If you are ready to take an active role in managing your condition, it's likely that you will see some positive changes through yoga.

Parkinson's disease is a neurodegenerative disorder that is caused by a lack of dopamine in the neurons of the brain. Normally, these neurons produce this important brain chemical, but when they die or become impaired, they produce less dopamine. This shortage of dopamine causes the movement problems associated with Parkinson's disease. Studies are beginning to show that yoga can improve dopamine levels in PD patients, such as the 2002 study performed at the John F. Kennedy Institute in Denmark which showed a 65 percent short-term increase in dopamine levels during restorative yoga and meditation.

What happens to the body when a person with Parkinson's disease does yoga?

"We need more studies to determine the most effective type of yoga for people with Parkinson's and at what dosage," says Becky Farley, a physical therapist and research assistant professor at the University of Arizona. However, she has already identified some

MY JOURNEY WITH DBS



Supereena Kapoor, Rph

I am a young-onset Parkinson's patient at the University of Maryland. I was diagnosed in 2000 at age 33. At the time

I was in a career I loved, in what I thought was a decent marriage and my wonderful children were 4 and 1. So like most who are diagnosed so early in life, I decided to go into denial with the hope it would go away.

I only took my meds so I could continue to fool the world...or so I thought. But, after a short period of time it became obvious to everyone but me that something was wrong. That's when I decided that I would no longer let this disease control me...I was going to be in charge! So I did everything I needed to do to be healthy and positive. I took my meds the way I was supposed to and kept living my life educating as many people as I could.

But Parkinson's is a progressive disease and several years later the side effects were taking over and my quality of life was declining. For almost a year my wonderful doctors kept telling me about DBS and its potential

to improve my life. But making a hole in my head while I'm awake? Hell no! Just because they had been right about everything so far did not mean they knew what they were talking about! LOL! With time, the stress in my life (bad divorce) plus the fact that my meds were not working made me start to look at DBS as an option. I learned that I couldn't be at a better place for this procedure...if the doctors think you are a candidate, then you should take it seriously...learn more and consider if this is right for you. After learning more, I began to think that even if it only improved my life by 10% it was worth it...my quality of life was worth doing whatever I needed to.

Was I scared? YES! But I had faith I was in the best hands in the country. Plus, I was in control, not the Parkinson's, right? This was my opportunity to improve my life. I deserved it and my kids deserved it. So I was scheduled on April 17, 2011, when by this point I was in a wheelchair and my symptoms were disabling and painful. But my attitude was great. I was confident that DBS could make things better.

There are 2 separate surgeries...the first is the one that scared me, but all that worry was for nothing...there was no pain and it was over before I knew it...the second one

is a simple outpatient procedure...plus face it...once you have had holes drilled in your head nothing seems that bad after that! Plus you are a great "show and tell" and people think you are like a super hero! But seriously, my tonsillectomy was worse than the DBS.

You are probably asking, did it work? OMG YES! I am driving again; my dyskinesia is almost non-existent, the painful dystonia is so much better...I have my life back. But we must be realistic...this is not a cure...it will improve your life, but you still need to do your part...you must still exercise and take care of yourself. Attitude is everything...being positive makes a huge difference...I still take meds, but not as often. I still have bad days, but they are nowhere near what they used to be...I am thankful everyday for my improvement. My only regret is I didn't listen to my doc a year earlier!

Seriously, if you are scared or not sure about DBS, and your doctor has suggested that you are a good candidate...learn all about DBS and the other options available. Be proactive and take control of your PD! What do you have to lose? And take full advantage of the care from one of the best medical teams in the country. Any improvement means better quality of life and we all deserve that.

benefits of yoga for patients with Parkinson's, including:

- Relaxation (helps control tremors, activates affected muscle groups and can be a steady reminder of where your body should be and how it should move).
- The rebuilding of mind-body connections (when practiced regularly, yoga can encourage patients to self-correct and compensate for new impairments).
- Awareness (concentrating on details of poses brings you back to the present).
- An increase in dopamine levels in the brain.
- Maintaining a normal walk, improved balance and flexibility in the torso and trunk.
- Help in areas lacking control, such as freezing.

In a study on yoga and Parkinson's at Kansas University Medical Center, Yvonne Searles, PT, PhD, said, "I think I was most amazed by the visible reduction in tremoring and improvement in the steadiness of gait immediately following the yoga sessions."

Due to the progressive nature of PD, yoga programs tailored to PWP may offer an enjoyable, effective way to maintain quality of life. Yoga is a gentle form of exercise that may be tolerated more easily by the elderly or patients in more advanced stages of PD than other forms of exercise, but with similar improvements in motor function. PD patients can often do standing and seated poses that nearly anyone else can do. Building success in basic poses helps lead to success in more challenging poses. Some PD patients may have difficulty getting down onto the yoga mat and back up again, but chair yoga is a helpful and easy solution. Often PWP will start with chair yoga and, over time, become capable of yoga on the mat after having gained mobility and improved upon their flexibility and balance.

There is also a beneficial social aspect to PD yoga. In 2005, a pilot study conducted at Cornell University placed 15 people with Parkinson's in 10 weeklong yoga programs, after which participants reported less trunk stiffness, better sleep and a general feeling of well-being. "A surprising side effect was the social support the class provided," says

neurologist Claire Henchcliffe, director of the Parkinson's disease and Movement Disorders Institute at Weill Cornell. "I think a lot hinges on sharing problems that doctors simply don't have firsthand experience with. At a support group, people get great firsthand information and become proactive." Yoga class is like a PD support group with beneficial exercise, social and emotional support woven in to provide an all-encompassing, health-enhancing experience.

Are you interested in finding a Parkinson's disease yoga class today? Do you have a relative or friend who would benefit from taking a class? Head out to your nearest PD yoga studio for a lesson in restoring your body and mind, and improving your quality of life with Parkinson's disease.

If you would like information about PD Yoga classes in the Baltimore area, please call 410-453-0775 or email yoga4pwp@gmail.com.

SOURCES: 1. Van Hulsteyn, P. (2007, August 28). Moving On with Parkinson's. Retrieved October 2014, from yogajournal.com/health/2515
2. Atwood, D. (2014). How Yoga Helps People with Parkinson's Disease. Retrieved October 2014, from catchinghealth.bangordailynews.com/2014/02/24/gotta-use-it/how-yoga-helps-people-with-parkinsons-disease
3. Le Verrier, R. (2014). YOGA: Visibly Reduces Tremors and Improves the Steadiness of Gait. Retrieved October 2014, from youngparkinsons.org/what-you-should-know-about-early-onset-parkinsons-disease/articles/yoga

EXERCISE AND COGNITIVE TRAINING TO IMPROVE FUNCTION IN PARKINSON'S DISEASE PATIENTS

Melissa Nicoletti, MD

The UM Parkinson's Disease and Movement Disorders Center is recognized as a leader in studies of exercise in Parkinson's disease. Our current VA-funded study entitled, "Effects of Exercise and Cognitive Training on Executive Function in Parkinson's Disease" assesses the utility of 3 distinct intervention models in the context of improving executive function (EF), dual task performance (DT) and the ability to execute Instrumental Activities of Daily Living (IADLs). We compare: 1) a treadmill aerobic exercise program (TAEX) 2) a cognitive training program (TCOG) and 3) a combined protocol involving both exercise and cognitive training (TAEX+TCOG). Our fundamental hypothesis is that 3 months of combined TAEX+TCOG will be most effective for improving EF, DT performance and IADLs compared to either regimen alone or compared to "no intervention" controls. Fred Ivey, PhD, associate professor, Neurology currently serves as Principle Investigator on the project.

"This study builds on our experience from a previous study of exercise for gait and mobility in Parkinson's disease. Since both motor function and cognitive function are important for mobility and performance of

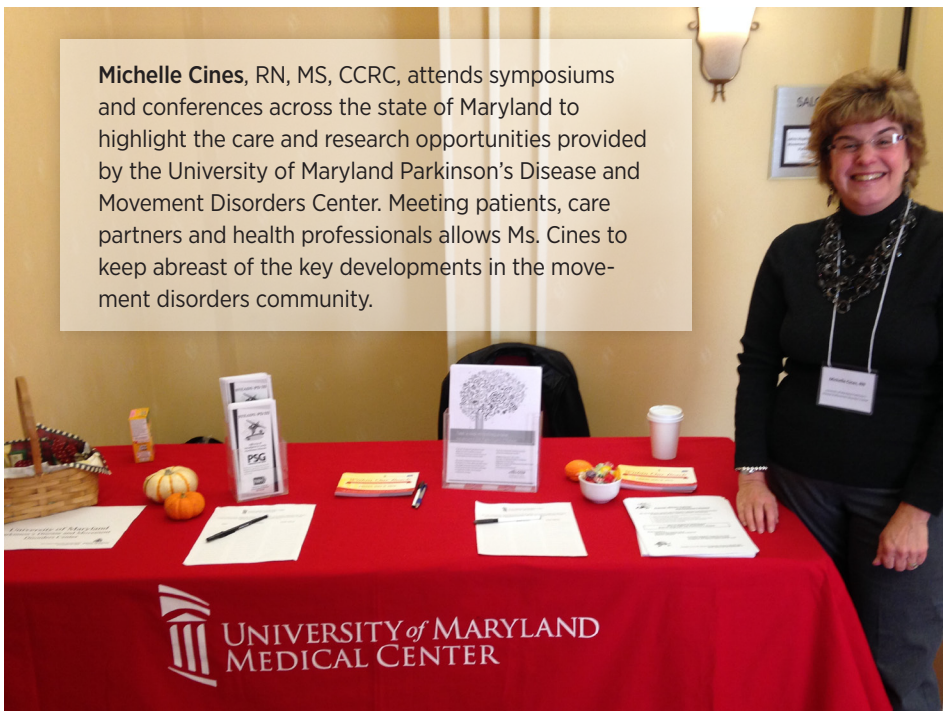
daily activities, this new study will investigate the individual and combined effects of treadmill training and cognitive training," explains Lisa Shulman, MD, co-investigator and professor of neurology at the University of Maryland School of Medicine.

To date, the research team has enrolled over 65 participants with PD, with plans to continue recruiting until May 2015. All participants receive physical and cognitive assessments at the beginning and end of the 4 month intervention period, during which training takes place three days per week (Monday, Wednesday and Friday mornings). Three months after cessation of formal training, participants again undergo all testing to assess whether gains are retained.

Dr. Richard Macko, director of the Maryland Exercise and Robotics Center of Excellence at the VA Maryland Health Care System, professor of Neurology at the University of Maryland School of Medicine and co-investigator of this exercise study commented, "This new Parkinson's study takes the concept of exercise training for neurology patients in a new direction. We will be interested to see if this consistent training will produce both memory and motor benefits."



Michelle Cines, RN, MS, CCRC, attends symposiums and conferences across the state of Maryland to highlight the care and research opportunities provided by the University of Maryland Parkinson's Disease and Movement Disorders Center. Meeting patients, care partners and health professionals allows Ms. Cines to keep abreast of the key developments in the movement disorders community.



Parkinson's Awareness Month

Every year, World Parkinson's Disease Awareness Day is celebrated on April 11. This day commemorates the birthday of Dr. James Parkinson, the English doctor who first described the condition in 1817. The tulip is the symbol of hope for Parkinson's.



STAY TUNED! UPCOMING EVENTS:

2nd Annual Friends of the UM Parkinson's Disease and Movement Disorders Center Recognition Event and Reception

Tuesday, May 12 • 3–5 pm

Baltimore Marriott at Camden Yards

This year's guest speaker will be Cynthia Comella, MD, a professor of neurology at Rush University Medical Center in Chicago. Participants will also hear research highlights from our own PD faculty. For information please contact Emily Greene, Director of Development for Neurology and Neurosurgery at EGreene@som.umaryland.edu or 410-706-5269.

Within Our Reach (WoR) Symposium

Friday, May 8 • 8:30 am – 2:30 pm

BWI Airport Marriott

The University of Maryland Annual Parkinson's Disease Symposium is our yearly patient and caregiver educational symposium sponsored by the Maryland Parkinson's Disease and Movement Disorders Center of the University of Maryland School of Medicine, and the American Parkinson Disease Association (APDA).

Within Our Reach is our unique patient educational program that recognizes the importance of engaging patients and family members in an active process to learn the new skills necessary to manage their chronic medical condition. Our 1st Annual Movement Health Fair will give attendees the opportunity to participate in social and restorative activities designed to stimulate our bodies and our minds.

For more information, contact Michelle Cines, RN at mcines@som.umaryland.edu.

6th Annual Hike the Park for Promises for Parkinson's

Saturday, October 3 • 8 am – 12 pm

Oregon Ridge Park, Hunt Valley, MD

This event will include a 5k trail run, 5k hike and a 3k loop walk. Your support gives individual Parkinsonians and their caregivers the tools they need to improve their day-to-day lives in a day designed to bring awareness to Parkinson's disease and help fund genetic research. Last year, over 200 hike participants battled the trails with a smiles on their faces to raise \$14,000 for University of Maryland Parkinson's Disease and Movement Disorders Center! promisesforparkinsons.org/p4p-events

Deep Brain Stimulation, Educational Seminars

Sessions are held each month

Frenkil Building, 16 S. Eutaw St., 3rd Floor, Baltimore, MD 21201

Learn about this treatment option in a small and comfortable group setting where patients and guests are encouraged to ask questions. Please call 1-800-492-5538 for the date of the next seminar.

Lee Silverman Voice Treatment® (LSVT) BIG and LOUD

University of Maryland Rehabilitation Network is proud to offer the Lee Silverman Voice Treatment® (LSVT) BIG and LOUD program. LSVT BIG and LOUD is an intensive program that addresses the physical and vocal symptoms of movement disorders to increase their confidence and improve their functional mobility, voice ability and independence. Patients in the program are seen four days a week for four consecutive weeks, in addition to being provided with a structured home exercise program.

Please call the University of Maryland Rehabilitation Network for more information or to make an appointment. We have several locations with therapists ready to see you!

University of Maryland
Upper Chesapeake Health
Bel Air: 443-643-3257
Havre de Grace: 443-843-5331

University of Maryland Medical Center
Baltimore: 410-328-7725

(LOUD therapist only)
University of Maryland Rehabilitation & Orthopaedic Institute
Baltimore: 410-448-6421

University of Maryland
Shore Regional Health
Queenstown: 410-827-3818
Easton: 410-822-3080
Cambridge: 410-221-0029

University of Maryland
Rehabilitation Network: 1-855-979-8667

Yoga for Parkinson's Patients and Care Partners

These classes gently encourage correct alignment of the body to build strength, stamina, flexibility, balance and focus, especially beneficial for PWP. Beginners welcome! Chair and wheelchair yoga are also offered during each class. Classes are led by instructor Carl Schuetz. For more information, visit yogaforparkinsons.org, call 410-453-0775 or email yoga4pwp@gmail.com.

Thursdays • 6:30–8 pm • Donation-based
Bain Center
5470 Ruth Keeton Way, Columbia, MD 21044
410-313-7213

Saturdays • 12:30–1:30 pm • FREE
(sponsored by the Parkinson Foundation of the National Capital Area)
Maryland Athletic Club (MAC)
110 W Timonium Rd., Timonium 21093
410-453-9111
Pre-register by contacting PFNCA at 703-734-1017 or parkinsonfoundation.org

Tuesdays • 4:30–5:30 pm • Donation-based
Susquehanna Yoga
12A W. Aylesbury Rd., Timonium, MD
21093 410-308-9950

Dancing With PD

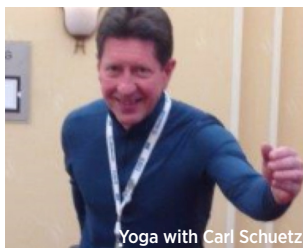
A fun, easy dance class especially designed and choreographed for people with Parkinson's disease and their care partners. Everyone is welcome. The classes focus on body awareness, posture, balance, breathing, flexibility, coordination, rhythm, movement through space, creativity and laughter. Contact Ellen Talles, class instructor, for information at 410-878-7164 or ellentalles@comcast.net.

Tuesdays • 2–3:20 pm
Dance Studio at Roland Park Place
830 W 40th St., Baltimore, MD 21211

Thursdays • 4–5:20 pm
(sponsored by the Parkinson Foundation of the National Capital Area)
Megan Rich Physical Therapy
9492 Deerco Rd., Lutherville-Timonium, MD



Within Our Reach Symposium



Yoga with Carl Schuetz



Hike the Park

PARKINSON'S DISEASE SUPPORT GROUPS IN MARYLAND

ALLEGANY COUNTY – WESTERN MD

Grace Memorial Community Church
1005 Bishop Walsh Rd., Cumberland, MD 21502
1st Friday • 4 pm
Shirley McKinney: 301-729-1427

ANNE ARUNDEL COUNTY

Elks Lodge in Severna Park
160 Truck House Rd., Severna Park, MD 21146
4th Tuesday • 12 pm
Gary Pollock: 410-315-9953

BALTIMORE COUNTY

Towson Unitarian Universalist Church
1710 Dulaney Valley Rd., Lutherville, MD 21093
2nd Thursday • 1:30 – 3:30 pm
Bailey Vernon: 410-616-2811

Baltimore Care Partner Group

Johns Hopkins Green Spring Station, Pavilion II
Conference room behind 1st floor café
10753 Falls Rd., Lutherville, MD 21093
1st Thursday • 10 am – 12 pm
Becky Dunlop: 410-955-8795

Baltimore – Oakcrest Senior Living

Oakcrest Community, Town Center Classroom
8800 Walther Blvd, Baltimore, MD 21234
3rd Thursday • 1:30 p.m.
Jodi Stevens: 410-882-3262 x 3218

Catonsville – Charlestown Senior Living

Charlestown, Brookside Classroom 2
715 Maiden Choice Ln, Catonsville, MD 21228
1st Thursday • 10 – 11 a.m.
Sara Kidd: 410-737-8838 x 8459

CARROLL COUNTY

Carroll Hospital, Dixon Building
200 Memorial Ave., Westminster, MD 21157
4th Thursday • 2 – 3:30 pm
Julie Lee, RN: 410-871-6164

FREDERICK COUNTY – WESTERN MD

Mt. Pleasant Ruritan Club
8101 Crum Rd., Walkersville, MD 21793
3rd Wednesday • 1 pm
John Kraft: 301-845-6514
fifpds.org

HARFORD COUNTY

McFaul Activity Center
525 W Macphail Rd., Bel Air, MD 21014
1st Thursday • 2 – 4 pm
Bailey Vernon: 410-616-2811

Bel Air Care Partner Group

McFaul Activity Center
525 W Macphail Rd., Bel Air, MD 21014
4th Thursday • 2 – 4 pm
Bailey Vernon: 410-616-2811

Parkinson's & Movement Disorders Center of MD

8180 Lark Brown Rd., Elkridge, MD 21075
3rd Monday • 7 pm
Kathleen Dougherty: 301-490-1118

Columbia Care Partner Group

Vantage House
5400 Vantage Point Rd., Columbia, MD 21044
2nd Tuesday • 1:30 pm
Lynada Johnson: 410-992-1120

Columbia Early Onset & Newly-Diagnosed

Howard County Hospital, Wellness Center
10710 Charter Dr., Suite 100, Columbia, MD 21044
1st Saturday • 10:30 am – 12:30 pm
Deb Bergstrom: 301-712-5381

MONTGOMERY COUNTY

Silver Spring – Leisure World Senior Living
3300 N. Leisure World Blvd., Silver Spring, MD 20906
2nd Tuesday • 3 pm, Clubhouse 2
Manny Horowitz: 301-598-9703

Silver Spring – Riderwood Senior Living

Riderwood Montgomery Station Classroom
3128 Gracefield Rd., Silver Spring, MD 20904 1st
Thursday • 10 am
Kathleen Tastet: 240-560-7533

Rockville – Ingleside King Farm Senior Living

701 King Farm Blvd., Rockville, MD 20850
1st and 3rd Wednesdays • 2 pm
Nancy Tietjen: 240-912-4229

PRINCE GEORGE'S COUNTY

14900 Health Center Dr., Bowie, MD 20716
4th Monday • 10 am
Carter Rardon: 301-412-0835

TALBOT COUNTY – EASTERN SHORE

Immanuel Lutheran Church
7215 Ocean Gateway, Easton, MD 21601
2nd Tuesday • 1:30 – 3 pm
Bailey Vernon: 410-616-2811

Easton Care Partner Group

29267 Erickson Dr., Easton, MD 21601
3rd Wednesday • 3:30 – 5 pm
Bailey Vernon: 410-616-2811

WASHINGTON COUNTY – WESTERN MD

Western Sizzlin' Steakhouse Restaurant
17567 York Rd., Hagerstown, MD 21740
1st Thursday • 11:45 am
Art Guyer: 240-625-2722
fareshare.net/Parkinsons

WICOMICO COUNTY – EASTERN SHORE

Lower Shore Parkinson's Support Group, Inc.
MAC, Inc., 909 Progress Circle, Salisbury MD, 21804
3rd Wednesday • 2 – 3:30 pm
Art Cooley: 410-749-8511
pdlowershore.org

Lower Shore Table Tennis Club

Isttclub.org
410-742-1128

WORCESTER COUNTY – EASTERN SHORE

Worcester County Library/Ocean Pines Branch
11107 Cathell Rd., Berlin, MD 21811
2nd Tuesday • 2:30 – 4 pm
Art Cooley: 410-749-8511

Find A Group Near You!

DELAWARE

Delmarva Parkinson's Alliance
delmarvaparkinsonsalliance.org
delmarvapidalliance@gmail.com
Art Cooley: 410-749-8511

PENNSYLVANIA

National Parkinson Foundation Western PA
pfpwpa.org
info@pfpwpa.org
412-837-2542

The Parkinson Council

theparkinsoncouncil.org/supportgroups
info@theparkinsoncouncil.org
610-668-4292

The University of Pennsylvania Parkinson's Disease and Movement Disorders Center
pennmedicine.org/neuro/services/parkinsons
215-829-7273

VIRGINIA

Parkinson Foundation of the National Capital Area
parkinsonfoundation.org
pfnc@parkinsonfoundation.org
703-287-8729

VCU Parkinson's and Movement Disorders Center
parkinsons.vcu.edu/patient/resources.html
804-662-5300

WASHINGTON, D.C.

Parkinson Foundation of the National Capital Area
parkinsonfoundation.org
pfnc@parkinsonfoundation.org
703-287-8729



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The material in this newsletter is presented solely for the information of the reader. It is not intended for treatment purposes, but rather for discussion with the patient's physician.

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