

Parkinson's Patients Support Groups, Inc.

Nov- Dec 2006

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Parkinson's Disease Impacts Brain's Centers of Touch and Vision

October 17, 2006 - Although Parkinson's disease is most commonly viewed as a "movement disorder," scientists have found that the disease also causes widespread abnormalities in touch and vision--effects that have now been verified using functional magnetic resonance imaging (fMRI) of the brain. The new findings, by scientists at Emory University School of Medicine and Zhejiang University Medical School in Hangzhou, China, were presented at the Society for Neuroscience meeting in Atlanta.

Scientists studying Parkinson's disease (PD) previously have focused on the brain's motor and premotor cortex, but not the somatosensory or the visual cortex. But Emory neurologist Krish Sathian, MD, PhD, and colleagues had earlier discovered, through tests of tactile ability, that PD patients have sensory problems with touch. They designed a study using fMRI to investigate the brain changes underlying these sensory abnormalities.

Dr. Sathian's research group studied six patients with moderately advanced PD and six age-matched healthy controls. After documenting the typical movement problems of PD and ruling out dementia and nerve problems in the PD patients, they administered a common test of tactile ability to both groups, asking the participants to use their fingers to distinguish the orientation of ridges and grooves on plastic gratings. At the same time, they conducted a brain-scanning study using fMRI. This technology measures activations of

neurons in different areas of the brain by means of variations in blood flow as an individual does a particular task.

The fMRI scans showed that the PD patients had much less activation of the somatosensory areas in the brain's cortex than did the healthy controls. The scientists also were surprised to find similar widespread differences in the visual cortex, although the task involved touch, not vision. "Our finding that the visual cortex is affected in Parkinson's disease, while surprising, makes sense given that our laboratory and many others have shown previously that areas of the brain's visual cortex are intimately involved in the sense of touch," Dr. Sathian notes. "Although the reasons for this are uncertain, they may involve a process of mental visualization of the tactile stimuli and may also reflect a multisensory capability of the visual cortex."

Dr. Sathian believes the study shows that the traditional boundaries between brain systems involved in touch and vision, and between those involved in sensation and movement, are artificial constructs that break down with more in-depth study. From a practical standpoint, it shows that patients with PD and other movement disorders have considerable problems in addition to movement control.

"These problems need to be appreciated in caring for these patients and in designing newer strategies for treatment and rehabilitation," Dr. Sathian emphasizes.

Source: www.whsc.emory.edu

Dopamine Imbalances Cause Sleep Disorders in Animal Models of Parkinson's Disease and Schizophrenia

October 11, 2006 - DURHAM, N.C. -- Neuroscientists at Duke University Medical Center working with genetically engineered mice have found that the brain chemical dopamine plays a critical role in regulating sleep and brain activity associated with dreaming.

When dopamine levels were dramatically reduced, the mice could no longer sleep, the scientists said. When dopamine levels were increased, the mice exhibited brain activity associated with dreaming during wakefulness.

The same processes likely occur in humans, according to the researchers. They said the findings give insight into the sleep problems common among patients suffering from Parkinson's disease, a neurodegenerative disorder in which brain cells containing dopamine die or become impaired.

"Our study may lead to development of new diagnostic tools for the early detection of Parkinson's disease based on the sleep disturbances that are often associated with motor symptoms of the disease," said senior study investigator Miguel Nicolelis, M.D., Ph.D., Anne W. Deane professor of neuroscience.

The findings may also provide a mechanism to explain some of the symptoms, such as hallucinations, experienced by psychotic and schizophrenic patients, he said.

The researchers published their findings in the Oct. 11, 2006, issue of the *Journal of Neuroscience*. The work was supported by the National Institutes of Health, the Hereditary Disease Foundation and the Anne W. Deane professorship to Nicolelis.

Parkinson's disease occurs when the brain cells, or neurons, that normally produce dopamine die or become impaired. Once 60 percent to 70 percent of the neurons are knocked out of commission, the jerky movements and fixed

facial expressions characteristic of Parkinson's appear.

The new study suggests that destruction of significantly fewer dopamine-producing cells could result in sleep problems long before the motor problems become apparent, the researchers said.

Dopamine is a neurotransmitter that carries signals from one neuron to another. It is known to control movement, balance, emotion and the sense of pleasure.

Normally, when a signal needs to travel through the brain, neurons release dopamine to transport the signal across the gap, or synapse, between neurons. A kind of protein pump, called a transporter, recycles dopamine back to the neurons to prepare for the next burst of signal.

In studies 10 years ago, Marc Caron, Ph.D., James B. Duke professor of cell biology and a co-investigator in the current study, used the techniques of genetic engineering to produce a strain of mice that lacked this protein transporter. In such transgenic mice, dopamine lingers outside brain cells, stimulating surrounding neurons hundreds of times longer than normal. Caron and colleagues found that when they placed the mice in an unfamiliar environment, such as a new cage, the animals groomed themselves excessively and ran around the cage, mirroring the bizarre behaviors experienced by people with schizophrenia.

The researchers used this same strain of transgenic mice in the current study. They reasoned that both schizophrenia and Parkinson's disease are characterized by imbalances of dopamine in the brain, and that patients with both diseases experience sleep disturbances. So the researchers sought to further manipulate the mice to study the role of dopamine in the sleep cycle.

First, the researchers treated the mice with a chemical that stops the production of dopamine entirely. In fairly short order, the mice had used up their initial supply of dopamine and were running on empty.

The mice became rigid, immobile, and unable to sleep or dream, displaying symptoms similar to those experienced by patients with Parkinson's disease, the researchers said.

The researchers then measured the electrical activity in each animal's hippocampus, the region of the brain known to be involved in emotion and memory, during three major brain states: wakefulness, quiet sleep and dreaming (also known as rapid eye movement sleep). Using electrodes finer than a human hair implanted into individual neurons, the researchers could monitor signals passed among hundreds of neurons in the treated mice. They found a lack of dopamine completely suppressed brain activity and behaviors associated with quiet sleep and dreaming.

To verify that the sleep disturbances were caused by a lack of dopamine, the researchers gave the mice L-dopa, a drug used to increase the levels of dopamine in Parkinson's disease patients. The treated animals regained the brain patterns and behaviors associated with sleep and dreaming, demonstrating the critical role dopamine plays in the sleep-wake cycle, according to the researchers. Further pharmacological testing revealed that L-dopa exerted its effects by docking at a specific site, called the D2 receptor, on the surface of the neurons.

"Sleep disorders may be the first sign of Parkinson's disease," said lead study investigator Kafui Dzirasa, an M.D.-Ph.D. student working in Nicolelis's laboratory.

"By further studying the sleep patterns in animal models of Parkinson's disease, we hope to come up with a sleep diagnosis test that could detect the early signs of the disease years before the major symptoms appear," he said.

The study also provided insights into the biology underlying schizophrenia, the researchers said. They found that the excess dopamine in the brains of the mice generated patterns of brain activity that made it look as though the animals were experiencing brain activity associated with dreaming when they were actually awake.

"One of the preeminent ideas of classical psychiatry is that people who had hallucinations, such as schizophrenics, were actually dreaming while they are awake," Nicolelis said. "Our results give some initial biological evidence for this theory."

Other researchers who participated in the study were Sidarta Ribeiro, Rui Costa, Lucas Santos, Shih-Chieh Lin, Andres Grosmark, Tatyana Sotnikova and Raul Gainetdinov.

Source: <http://news.mc.duke.edu/news>

Helpful Routines for Parkinson's Disease

By Marilyn Basham, PT
Parkinson's Institute

Start your day with easy stretches in bed. Knee to armpit, hip rolls, or single hip rotation are a good way to start. Roll to your side, push to upright. Sitting at edge of bed, do ankle circles, toe taps and heel raises. If bed isn't too soft, sit edge of bed and do hamstring stretches (hold 15-30 seconds).

Keeping your trunk long, lean forward, press your feet down and straighten your legs to stand. STAND TALL-NOW SWAY FROM SIDE TO SIDE!!

Is the pathway clear, is there enough lighting, and why did I get up? Mentally rehearse your plan. When ready, load one side, step out with the other.

Focus on one task at a time. You may need to break the task down into parts. Finish that task before starting another.

Practice standing tandem, on one leg, and doing the "Heel/Toe Rock." Walk with one stick on grass, gravel, and sand to keep varying balance skills. WALK, WALK, WALK! Everyday! If not possible, STAND every hour and stretch long.

***This newsletter was assembled by
The Morgan Center. Thank You!***

Synchronous Neuronal Firing May Underlie Parkinson's Disease

October 18, 2006 - DURHAM, N.C. -- In a finding that contradicts current theories behind Parkinson's disease, neuroscientists at Duke University Medical Center have discovered in mice that critical nerve cells fire all at the same time and thus overwhelm the brain's ability to control the body's movements.

Previously, scientists had thought that the abnormal body movements characteristic of Parkinson's resulted from nerve cells in a specific brain region called the motor cortex firing at a decreased rate, though still in an ordered manner.

"Imagine an orchestra playing a beautiful symphony, with each instrument playing a different part, but in harmony. That is the way the brain normally works, with nerve cells sending different but coordinated signals throughout the brain," said senior study investigator Miguel Nicolelis, M.D., Ph.D., Anne W. Deane Professor of Neuroscience. "We found that in an animal model of Parkinson's, nerve cells seem to fire all at the same time, rather than in harmony. It's like having all instruments playing the same note over and over again at the same time during the symphony, rather than the different instruments playing at different times."

Although the researchers made their discoveries in genetically engineered mice, they believe the same processes may occur in humans.

The findings may help researchers to better understand Parkinson's disease and to develop new therapeutics for the debilitating disorder, said lead study investigator Rui Costa, D.V.M., Ph.D., chief of the section of in vivo neural function at the National Institutes of Health, who launched this study as a postdoctoral fellow in Nicolelis' laboratory.

"Therapeutic interventions that restore the normal synchrony of these neurons in the brain may potentially be beneficial in treating Parkinson's disease," Costa said.

The researchers published the findings in the Oct. 19, 2006, issue of the journal *Neuron*. The work was funded by the National Institutes of Health, the Hereditary Disease Foundation and the Anne W. Deane chair endowment to Nicolelis.

Parkinson's disease is the second most common neurodegenerative disorder in the United States, surpassed only by Alzheimer's disease. Approximately 1 million Americans have Parkinson's disease, and more than 50,000 new cases are diagnosed each year. The symptoms of Parkinson's disease include tremors or trembling, general slowness of movement, stiffness or rigidity of muscles, and difficulty maintaining balance and gait.

Parkinson's disease results from the loss of nerve cells, or neurons, that produce an important brain chemical called dopamine. Neurobiologists previously believed that the tremors and muscular rigidity of this disease were caused by decreases in the activity of neurons in the motor cortex.

Dopamine is a neurotransmitter, a chemical that neurons release to their neighbors to signal them to fire nerve impulses. Dopamine is known to control movement, balance, emotion, and the sense of pleasure.

Source: <http://news.mc.duke.edu/news>

PPSG Board Meetings

You are welcome to drop by our board meetings and share ideas with us! We meet on the **3rd Monday** of the month between **1:30 and 3:30 PM** at the Parkinson's Institute. To confirm meeting dates and time, please call us at 408.734.1593. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial *82 before the number).

If you would like to be removed from our mailing list or know someone who would like to be included, please take a minute, call us at **408.734.1593**, or e-mail ppsginfo@yahoo.com, and let us know.

Our website: www.ppsg.org

Hands-On Skills for Caregivers

When you're a caregiver, finding time to take care of your own physical needs is difficult enough, but taking care of the physical needs of someone else is even more challenging. Assisting someone else to dress, bathe, sit or stand when they are upset, agitated or combative—often the case when caring for someone with a brain disorder such as Alzheimer's disease—requires special strategies. The following five techniques can make taking care of a loved one's physical needs easier.

Approach from the front and retain eye contact.

When assisting someone physically, do not approach him/her from behind or from the side. This can startle and confuse the person in your care, leading to increased levels of agitation and/or paranoia. Instead, approach from the front. Touch the care recipient on the shoulder, upper arm or hand, and tell them what's going on. Use a calm voice to walk him/her through the whole process. For example, "Okay, let's stand up. Good. Next, we are going to... ." Retain eye contact throughout the duration of the activity.

Elicit your loved one's help. Even when frail, your loved one might be able to shift his/her weight or move his/her arms or legs to make physically assisting them easier. Some examples are: "We're getting ready to stand now, mom, so lean forward as far as you can," or, "Can you move your leg, honey, so I can change the sheet?" A little help from them means a lot less work for you.

Allow the person to finish what they're doing. If, as a caregiver, you are running late, the tendency is to hurry your loved one, too. However, this rushed atmosphere is very difficult for care recipients, especially those who suffer from memory loss or brain impairment. Though you may try to sound calm and encouraging, it's easy for loved ones to pick up our "anxious vibes." So, even if running late, allow some time to finish the current activity before moving onto the next. For example, "Mom, after you finish that last bite of cereal, we're going to get you dressed and ready to see your friends."

Utilize the major bone and muscle groups. When physically assisting a loved one, pulling or supporting them by their hands or arms is not only difficult, but may lead to injury for you and them. Instead, utilize the major muscle/bone groups.

For example, when taking someone for a walk, stand directly behind and to the left of him or her. Place your left hand on their left shoulder, and your right

hand on their right shoulder. In this way you are walking with your loved one in a comforting hug rather than pulling or pushing them. And when turning someone in a bed, utilize the large bones in the hip and shoulder, and the large muscles in the legs. Pull them toward you with your right hand over their hip or at the knee, and your left hand at their shoulder. Finally, when pulling someone to a standing position, it's best to use a transfer belt (one can be purchased at any medical supply store for around twenty dollars).

Once they are sitting at the edge of the bed or chair, pull up on the transfer belt, "hugging" your loved one close, again, utilizing their large muscle groups in the shoulders and the back. Remember to keep your back straight and to always change position by moving your feet, rather than twisting at the waist. And before going home from your next doctor's appointment, ask for a referral to an occupational therapist who can help you develop your transferring skills.

Allow for Their Reality. Remember to accept your loved one's reality, even when assisting with a physical task. If, for example, your spouse becomes shy because he/she thinks that you are a sibling and doesn't want to get undressed in front of you, don't force the situation. Try leaving the room and coming back in a couple of minutes. Perhaps on a second or third attempt your spouse will recognize you and be amenable to your care. If all else fails, consider the situation. Is it an emergency? Changing a loved one's soiled garments cannot be delayed. However, if a care recipient is being difficult and doesn't want to take a bath or wash his/her hair on a particular day, that's okay. Plan on doing it at a later time that day or the next day, when your loved one may accept your help.

Finally, don't try to physically assist with caregiving unless you can. Injuring yourself will not help the situation, and will often make your caregiving responsibilities that much more difficult. If you find yourself in a nonemergency situation where you are unable to physically assist your loved one (for example, after he/she slides from their chair to the floor) call your local fire department and request a "fireman's assist." They will come to your house and help you. If it is an emergency situation (where either you or your loved one are injured), contact the paramedics by calling 911.

For additional information, contact Family Caregiver Alliance at (800) 445-8106.

Source: www.caregiver.org

PPSG Support Groups 408.734.1593

NORTHERN AND EAST-BAY REGION

Berkeley 3rd Mon 10-12 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510-231-1998 or Mitzi Cahn 510-527-9075 **Fremont** 4th Mon 7:00 pm Fremont Senior Center 40086 Paseo Padre Parkway, Lettie Webb 510-656-6393 or Bob Coon 510-794-7988 **Fremont Caregivers** Contact Nancy Rothschild, Caregiver Project Coordinator, 510-574-2035 **Marin County** 4th Tue most mo. 2-4 Redwoods Auditorium 40 Camino Alto, Mill Valley, Gloria Rashti 415-381-6680. Redwoods' 415-383-2741 **Mt. Diablo Parkinson's Network General Meetings** 2nd Sat 10-12, Grace Presbyterian Church, 2100 Tice Valley Blvd., Walnut Creek, Nancy Walls, 510-236-7065, Philip Wheeler, 510-527-3588, or Ronalee Spear, 925-284-2189 **Oakland** 1st Thur 1:30-3:30 Easter Seals Bay Area, 180 Grand Av, Suite 300, Robert Lemon 510-526-2078 **Petaluma** Last Sat 1:30-3:30 Sunrise of Petaluma, 815 Wood Sorrel Dr, John & Mamie Strong 707.763.3522 **Pleasanton Tri-Valley** 2nd Sat 10-12, Senior Center, 5353 Sunol Blvd, Norm & Jackie Bardsley, at 925-244-1231, or 925-831-9940 **Roseville** 1st Tues 1:30-3:00 Roseville Maidu Comm Ctr, 1550 Maidu Drive, Linda Krisa 916-261-1321 **San Leandro** 1st Thur (no meetings Jul & Aug) 10:00, San Lorenzo Community Church, 945 Paseo Grande, San Lorenzo, Harry Santi 510-351-3224, Noma Zeff 510-663-6435 **Sonoma County** 1st Sat (not Jan, Jul, Sep) 1-3, First Congregational Ch, 2000 Humboldt St, Santa Rosa, Ron & Colleen Trowse 707-526-4373 **Vallejo** 3rd Mon (except 2nd Mon, Jan & Feb) 2:00 Kaiser Medical Center, 975 Sereno Drive, Evelyn Fox 707-644-3390

PENINSULA REGION

Daly City 1st Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415-587-1285 **Los Altos Young Parkinson's Support Group** 2nd Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or dean53@yahoo.com **Magnolia-Peninsula** 2nd Thur 1:30 main conference room Magnolia Apart, 201 Chadbourne Av, Millbrae, Leon Rosenthal, 650-348-3480 **Palo Alto** 2nd Wed 2:00-3:30 Avenidas Senior Center dining room, 450 Bryant St, Linda Chen 650-254-0906, for directions call 650-289-5400 **Redwood City** 3rd Fri 1-2:30, (No meetings Aug, Nov, Dec) 749 Brewster Avenue, Sequoia Hospital health & Wellness Center, Tom Constantino or David Shein 650-367-5998 **NEW San Francisco Caregivers** Thur (varies) 12-1 VAMC Parkinson's Ctr conf room, Susan Heath & Aliza Benditsky RSVP 415-379-5530 **San Mateo Atypical Parkinsonism (PSP, LBD, MSA, CBD) Bay Area Caregivers** Sundays 5-7 about every 6 weeks, Mimi's Café 2208 Bridgepointe Parkway, San Mateo, Robin Riddle 650-233-9277 or rriddle@stanfordalumni.org **San Mateo Caregivers** 1st Wed 2:30-4:30 Ellsworth Room 100 San Mateo Dr., Call Carol Hoffman, Mills Health Center 800-654-9966 **Sunnyvale** 2nd Wed 1-3 First United Methodist Ch, 535 Old San Francisco Rd, Phyllis & Henry Ng 408-733-5648 **YOPD** (Young Onset Parkinson's Disease) 2nd Tue 6:30-8:00, Board Room, Lucile Packard Child Hosp, 725 Welch Road, Palo Alto, Martha Gardner 866-250-2414

SOUTHERN REGION

Fresno, North 2nd Saturday, 10 am, Joaquin Valley Rehab Hospital, 7173 N. Sharon Ave; Max Robinson 599-226-2673
Hollister 1st Tue 1:30-3:30 First Presbyterian Ch, 2066 Cienega Road, Shirley Kennedy 831-637-3839 or John Skinner 831-637-6755 **Merced** 4th Thur 10AM (Nov 17, Dec no meeting) Mission Gardens 1450 E. 27th St, Amie Marchini 209-384-3300 **Modesto** 3rd Wed 1:30-3:00 Centenary United Methodist Ch,

Fireside Room 1911 Toyon Av, JoAnn & David Ryan 209-529-5643/davejoann@sbcglobal.net **Monterey** 3rd Mon 2:30-4:00 SHARE Room, Monterey Adult School, 200 Coe Av, Seaside, Helen Garrett 831-657-4241 or Kathy Warthan 831-372-7510 **Pine Grove** 1st & 3rd Thurs 2-4 Calvary Chapel Patio Bldg, 18400 Ridge Road, Sarah Johnson 209-296-3522 **Salinas** 4th Wed 2:00-3:30 Salinas Adult School, 20 Sherwood Place, Sherry Whitcomb, 831-796-6920 **San Jose-Berryessa** 1st Wed 1:00-2:30 Berryessa Community Center, 3050 Berryessa Rd, Bob & Jane Pomeroy 408-263-8485 **San Jose Caregivers** usually 4th Wed 1:30-3:30 St Francis Episcopal Church, 1205 Pine Ave, Charmaine Eng 408-723-8116 **San Jose-Willow Glen** 1st Fri 10-12 St Francis Episcopal Church, 1205 Pine Ave, Joan Lorentson 408-997-7009 **Santa Cruz** 1st Wed 12:30-2:00 St. Stephen's Lutheran Church, 2500 Soquel Ave, David Donahoe 831-479-4485 **Saratoga** 3rd Tue 2-4 19449 Via Real, Lois McPherson 408-867-1807 **Tulare-Kings** 1st Fri 10:30 Visalia United Methodist Church, 5200 W. Caldwell Av, Mary Dickerson 559-622-9044, Church Office 559-627-1660 **(FORMING) Turlock** Donald Jackson 209-606-9127.

Roasted Pumpkin Bisque Gluten-Free, Vegetarian

Serves 8-10

5 lb pumpkin, skin removed, and cut into 3/4 inch cubes

2 yellow onions, chopped

1 TB finely chopped fresh thyme

3 TB extra virgin olive oil

salt and freshly ground black pepper

6 cups gluten-free chicken or vegetable stock

1/2 cup dry white wine

1 tsp ground cardamom

Optional: 2/3 cup heavy cream or crème fraiche

Preheat oven to 425°F. Toss pumpkin, onions and thyme in olive oil and spread mixture onto one or two large baking sheets. Season with salt and pepper and roast for 20-30 minutes until tender, stirring once or twice. Remove from oven and transfer to a large saucepot. Add stock, wine and cardamom and simmer for 10 minutes. Working in batches, puree the soup in a blender or food processor until smooth and transfer to a clean saucepan and check seasoning. When ready to serve, bring back to simmer. Remove from heat and whisk in cream.

Nutrition Info

Per Serving (14 oz.): 150 calories (70 calories from fat), 8g total fat, 2.5g saturated fat, 1g dietary fiber, 3g protein, 19g carbohydrate, 10mg cholesterol, 610mg sodium.

Source: www.wholefoodsmarket.com

Free Seminar for Patients and Their Care Partners

Within the last two years have you or a loved one...

Received a Parkinson's diagnosis?
Become a patient of The Parkinson's Institute?

If so, please consider attending an information session at The Parkinson's Institute.

Participants will receive education and support from our specially trained staff.

Space is limited.

Tuesday, December 5, 2006, from 2 to 4 pm

Or

Tuesday, January 16, 2007, from 2 to 4 pm

Make your reservations today...contact Gloria (at the reception desk)

Or call 408.734.2800.

There is no charge to attend.

Coming up in future issues: "Ask Marilyn, PT"

Recently, we asked Marilyn Basham, Physical Therapist at The Parkinson's Institute, if she would be interested in pondering questions sent in by the PPSG community and then write a response for the PPSG newsletters. Marilyn thinks the idea sounds great. Questions should relate to her area of practice, i.e. movement, alignment, sport activities, yoga, ADL's, and caregiving. Medication questions are not within her scope of practice. Please mail your request to PPSG – Ask Marilyn, at 1170 Morse Avenue, Sunnyvale, CA 94089-1605. The selected questions will be featured in upcoming newsletters.

PPSG "Caregivers Packets," Please give us your input:

PPSG is in the process of assembling "Caregivers Packets." Please give us your ideas on the following:

What information would you most like to receive in caring for your Parkinson's loved ones?

What are your helpful hints on dealing with Parkinson's disease, such as:

Spiritual - philosophy, religious

Daily accommodations - such as grab bars

Medical - Techniques for talking to doctors, Desitin ointment for sores

Exercise - Yoga, walking....

Any other helpful suggestions...

Please mail your input to PPSG – Caregivers Packets, at 1170 Morse Avenue, Sunnyvale, CA 94089-1605. Thank you for your contribution.

Background Information about Marilyn Basham, PT, taken from The Parkinson's Institute's website: www.theipi.org

Marilyn Basham, PT

Marilyn Basham, licensed Physical Therapist, has over 20 years of experience in caring for patients with neurological diseases. She holds certifications in Proprioceptive Neurological Facilitation (PNF) and Neurological Development Technique (NDT), and is a registered Yoga Instructor. Ms. Basham has several years experience working specifically with patients suffering from Parkinson's disease and Movement Disorders. Ms. Basham also serves as the Outreach Coordinator for patient education at the Parkinson's Institute.

From Lettie Webb, Leader of Fremont Parkinson's Support Group: Bob Coon lost his gallant fight against cancer on September 23, 2006. Bob was a big part of our group, and he will be sorely missed.

Board Members

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New Board Member, Steven Russell

At a recent PPSG Board meeting, **Steven Russell** was nominated and approved by the Board as a Board Member. For the last several years, Steven has been helping us in financial record keeping and he is also working on updating our By-Laws. Steven’s father, the late Dave Russell, was our Treasurer. Welcome, Steve!

Visit the PPSG website to learn about upcoming events, what’s going on with the PD research, and many helpful ideas: www.ppsg.org

Thank you so much for your donations! Please use return address labels, to help us acknowledge your donations properly. Your generous contributions go to support newsletters, education and community awareness of Parkinson’s disease.



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ADDRESS SERVICE REQUESTED

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