

# Parkinson's Patients Support Groups, Inc.

P. O. Box 60188, Sunnyvale, CA 94088 408.542.5610 www.ppsg.org

Spring Quarterly 2010

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## 7th Annual Sunnyvale Parkinson's Walk

Dean Prescott, Vice-Chair, PPSG

**The 7<sup>th</sup> annual Sunnyvale Parkinson's Walk is scheduled to be held May 1<sup>st</sup>.** The walk complements the annual walk held in New York City called the Parkinson's Unity Walk which will be held this year on April 26 and annually raises millions for Parkinson's Research. For those of you who do not wish to travel to New York City to walk a mile for Parkinson's Research, we have the Sunnyvale Walk in which you can participate in several ways.

The first way is to be a walker and raise funds by soliciting donations from friends, relatives and co-workers. Fund raising forms can be downloaded from the PPSG website at ppsg.org. You have a choice of walking either a 1.8 mile or a 4.2 mile course. The difference being that the 4.2 mile course provides more exposure to the community.

If you don't wish to walk or to solicit funds, but wish to participate or contribute to the cause, there are still ways to do so. The easiest way is to go to [unitywalk.org](http://unitywalk.org) and type in "Sunnyvale Parkinson's Walk" in the search box. Then follow the instructions to make a general donation.

The registration starts at 9 AM. The walkers meet at Washington Park (on McKinley Avenue, by the picnic area) in Sunnyvale.

**For more information call or e-mail Donna Kos at 408-718-3660 [donnakos@hotmail.com](mailto:donnakos@hotmail.com)**

### Disclaimer

This document is published to promote a greater awareness of the problems caused by Parkinson's disease. Neither the Parkinson's Patients Support Groups, Inc., its members and employees, nor the individuals involved in its production make any warranty, express or implied, assume any liability or responsibility for accuracy, completeness, or usefulness of any information or represent that it will not infringe privately owned rights. Mention of any product, material, or service shall not, nor is it intended to imply approval, disapproval, or fitness for any particular use.

## UCSF Research Studies on Parkinson's Disease with Cognitive Complaints

The UCSF Memory and Aging Center is currently conducting several research studies regarding Parkinson's Disease. We are looking for volunteers ages 55 - 85 who have a diagnosis of Parkinson's Disease and have mild to moderate memory and/or thinking problems to participate in these studies. All studies involve visits where patients will receive neurological examinations, cognitive testing, and MRIs of the brain. A caregiver must be available to answer questions about the patient's thinking abilities and daily functioning. Some studies may also involve treatment. There is no cost to participate and parking fees are reimbursed.

**If you would like more information about the study, please contact Reva Wilhelm by phone at (415) 476-2906 or email [rwilheim@memory.ucsf.edu](mailto:rwilheim@memory.ucsf.edu).**

### Sleep Better!!!

It's no secret that we feel better when we sleep better. This six-session class is designed to improve both the quantity and quality of your sleep. Learn how sleeping behavior and thinking patterns affect your sleep and how to change both for a good night's rest. This class does not apply to problems related to a medical condition, substance abuse, or medications.

**Location:** Kaiser Santa Clara, 19000 Homestead Road, Cupertino

**Sessions:** Six 2-hour sessions; call for dates and times

**Fee:** Members \$85; nonmembers, \$170

**Information:** Call 408-366-4284.

# Deep Brain Stimulation – Frequently Asked Questions

*By Dr. Hong Yu, Stanford University*

## What is deep brain stimulation (DBS)?

DBS is a type of brain surgery where thin wires, or electrodes, are implanted into specific areas of the brain. These electrodes are connected to a small electrical unit called an internal pulse generator (IPG). The IPG is similar to a heart pacemaker and is placed under the skin over the chest. It provides electrical stimulation to specific brain areas involved in movement disorders.

## What is the advantage of DBS compared to other surgical techniques?

Older surgical treatments for movement disorders involved destruction of brain tissue and were therefore irreversible. In contrast, DBS allows us to control the abnormal activity of brain areas around the stimulating electrode without destroying brain tissue. In addition, the IPG can be adjusted or turned off, allowing for greater flexibility.

## What movement disorders are eligible for treatment with DBS?

DBS is approved by the Food and Drug Administration (FDA) for treatment of essential tremor and Parkinson's disease. It is FDA-approved for humanitarian use in generalized or focal dystonia.

## How does DBS help movement problems?

The goal of DBS is to improve the control of movement. Depending on the type of movement disorder, this may result in a reduction in rigidity, bradykinesia, tremor, dyskinesia, or dystonia. Your neurologist and neurosurgeon will discuss which of your symptoms they anticipate to improve with DBS.

## Is DBS a cure?

DBS is not a cure for any disease. It helps control the symptoms of your condition and may provide you with a better quality of life. Surgery will not make your illness go away, and has not been shown to prevent the progression of disease.

## Where are the electrodes placed in the brain?

There are specific targets in the brain that improve certain types of movement symptoms. Knowing detailed

information about the types of movement problems you experience helps the surgical team determine the best target for therapy. In addition to deciding the best part of the brain to target, your doctors must decide whether you need stimulators on one side or both sides of the brain. Remember that the right side of the brain controls the left side of the body and the left side of the brain controls the right side of the body. Some patients have symptoms on only one side, and therefore need only one stimulator. Most patients have symptoms on both sides, and bilateral implants are commonly recommended.

## What are the risks?

The most serious risk is bleeding into the brain. Less than one percent of patients experience this. The effects of bleeding can include paralysis, loss of speech, coma or even death. There is also some chance (<10%) of less serious complications. These may include infection, malfunction of the stimulator and movement of the electrode or generator. These problems may require removal or revision of some or all of the DBS system. Most adverse effects induced by turning on the generator will go away when the generator is turned down or off.

## Am I a good candidate for DBS?

For those with Parkinson's disease, the following conditions should generally be met:

Sinemet or its equivalent medication relieves your symptoms of rigidity and bradykinesia.

Your medications are no longer adequately controlling your symptoms.

You are having side effects from your medications, such as dyskinesias or motor fluctuations (unpredictable "off" times).

You can participate in the programming of the device after implantation. This requires you to provide feedback during programming sessions.

You are in reasonably good health.

You do not require routine MRI scans of the body.

You have a good support network of family and friends.

You do not have evidence of dementia.

Your neurologist and neurosurgeon will discuss these issues with you. They will order special tests that help determine whether you are a good candidate for this surgery.

**Dr. Hong Yu** is a Clinical Assistant Professor of Neurosurgery at Stanford. She recently moved to the Bay Area from Nashville, TN.

## Reducing dosage of Parkinson's drugs can cause symptoms similar to those of cocaine withdrawal

**EurekAlert** - New research has shown that reducing the dosage of dopamine agonist (DA) drugs, a mainstay treatment for Parkinson's disease (PD), sometimes causes acute withdrawal symptoms similar to those reported by cocaine addicts -- including anxiety, panic attacks, depression, sweating, nausea, generalized pain, fatigue, dizziness and drug cravings. These symptoms can be severe, and are not alleviated by other PD medications.

For the first time, researchers have defined this phenomenon, which they call dopamine agonist withdrawal syndrome, or DAWS. Led by a physician-scientist at New York-Presbyterian Hospital/Weill Cornell Medical Center, the study is reported in the Jan. 11 Archives of Neurology.

"Like cocaine and methamphetamines, dopamine agonists work by stimulating the reward pathways in the brain. For this reason, it makes sense that they would engender similar withdrawal symptoms, particularly in those with high cumulative drug exposure," says senior author Dr. Melissa J. Nirenberg, associate director of the Parkinson's Disease and Movement Disorders Institute at New York-Presbyterian Hospital/Weill Cornell Medical Center and assistant professor of neurology and neuroscience at Weill Cornell Medical College.

Dopamine agonists are highly effective drugs that are prescribed to many Parkinson's patients to avoid side effects of the "gold standard" drug L-DOPA, particularly abnormal involuntary movements referred to as dyskinesias. (L-DOPA was perfected by Dr. George C. Cotzias of Cornell University Medical College in the late 1960s; dopamine agonists have been available since the 1990s.) DAs are also FDA-approved for treatment of restless legs syndrome, and used off-label for other conditions such as depression and fibromyalgia. In the United States, there are currently two DAs on the market -- pramipexole (Mirapex®) and ropinirole (Requip®, Requip XL®).

In recent years, there have been increasing concerns about DA side effects, and particularly the fact that they can cause uncontrolled, compulsive behaviors known as impulse control disorders (ICDs). ICDs are reported to occur in about 14 percent to 17 percent of PD patients who use these drugs, and also occur in people who use DAs to treat other medical conditions. In 2006, Dr. Nirenberg published research linking the use of DAs to compulsive eating; others have linked the drugs to behaviors such as

compulsive gambling, buying, hypersexuality and Internet addiction. Patients are often unaware of these addictive behaviors, or may not discuss them with physicians because they are in denial, embarrassed by their symptoms, or unaware that they are a medication side effect.

"Impulse control disorders stemming from use of dopamine agonists can be detrimental to a patient's financial, social and physical well-being. Our research identifies another concern -- namely that some patients experience severe, even intolerable, withdrawal syndromes when their dosage is reduced. In this context, it's very important that physicians and their patients use DAs judiciously, and exercise caution when they are tapered," says Dr. Nirenberg.

*This article was forwarded by Steven Russell*

## Tai Chi may be an Effective Treatment for Dizziness, and Balance Issues

**ScienceDaily** (Oct. 5, 2009) — Tai Chi, a form of Chinese martial arts often practiced for its health benefits, may be an effective treatment option for patients who suffer from dizziness and balance disorders (also known as vestibular disorders).

In a paper presented at the 2009 American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) Annual Meeting & OTO EXPO in San Diego, researchers evaluated the utility of Tai Chi in managing patients with vestibular symptoms who have failed conventional vestibular therapy. There were individualized physical therapy or different sets of physical maneuvers that a doctor performs on a patient. Researchers conducted a questionnaire study from April 2008 to March 2009 at an outpatient rehabilitation program, utilizing the activities-specific balance confidence scale and dynamic gait index survey, both prior to therapy and at the conclusion of an eight-week course. A total of 21 patients (18 females, 3 males) completed the study to date. Patients reported subjective improvements in their vestibular symptoms. Researchers theorize that the technique may be effective because Tai Chi promotes coordination through relaxation, rather than muscular coordination.

## The In-and-Out of a Care-giving Relationship with Parkinson's

A Perspective by Brandon Hoang Nguyen, LCSW,  
Medical Social Worker, the Parkinson's Institute

People know that diseases like Parkinson's are not infectious physically, but they can be very damaging psychologically. Being around a person with severe Parkinson's, an unfamiliar person will feel awkward, helpless or frightened. For a family member, it can be a constant struggle with grief, exhaustion and despair.

### In or Out

So how do family members and friends with Parkinson's sufferers choose to deal with this stress? In two phrases: "In-or-Out" and "Up or Down." By "In or Out," I mean a family member decides consciously or unconsciously whether they to join in the patient's struggle or to stay away from it. Both choices have their own difficult implications and consequences to the lives of the patient and family member. For those who choose to be "In," they have to give up their own ideas of what a good life should be, and embrace the trials and tribulations of the disease. They choose to give up their "normal" lives - or a good part of it - to help the sufferer live as well as possible. These family members live and thrive by their sense of values and the subtle and latent rewards of gratitude.

For those who choose to be "Out," they simply just drift away or stay far apart. There are millions of reasons to why a family member cannot be physically, materially or emotionally available to a family member. All of those reasons are valid, but the one most significant reason is that they have chosen to be "Out." This fact is not discussed openly very much, because it can involve deep guilt and trigger unnecessary conflicts in relationships. But the sufferer always knows who's "In" or "Out."

### Up or Down

After choosing to be "In," these family members must choose to be "Up" or "Down." By "Up" I mean up with the sense of triumph or "Down" with despair. The natural tendency of the disease is to pull everyone down. By taking away the sense of physical and mental control, Parkinson's disease constantly challenges a person's self-worth and sense of dignity.

Mentally, it drives people toward self-destruction. It makes the sufferers angry, bitchy and obnoxious toward everybody and especially the "In" persons in their lives. Likewise, the overly-stressed "In" person may often act out by neglect, insensitivity or even abusiveness. These behaviors are often mutual, chronic and elusive in nature. If there are many ways two people can be insensitive or hurtful to each other, these family members have known and used them all.

But there are people who choose to be "Up" with a triumphant attitude and are quite successful at that. While it takes only one person in a relationship to be "Down" to make the entire relationship to go "Down," it takes two people to have an "Up" attitude for the relationship to be "Up." In these "Up" relationships, people tend to start out happy and end up happier. They share some common characteristics, such as not being very good at saying or doing hurtful things to each other, and not tolerating abusive behaviors from each other. On the other hand, they are very good at expressing appreciation to each other. Furthermore, these couples seem to make each other realize that being in this relationship is a conscious choice and they can choose to make good things happen with their choices.

### The silver-lining

Looking at people who choose to be "In" and "Up," it is easy to admire their strength, sense of values and optimism. For the rest of us, it is about love at its best. When I worked in hospice, I was taught that people at the end of their lives can say "I love you" to their loved ones in one of five ways. They are: "I thank you for..." "I am sorry that..." "I hope you will forgive me for..." "I want to forgive you for..." and "I wish that we could ..." These are messages I hear many Parkinson's patients and their family members saying to each other all the time. In the dark world of Parkinson's disease, I don't know if there is really a silver-lining, except that I have heard afflicted couples and family members saying to each other "I found the silver-lining of the disease in you."

Brandon is licensed clinical social worker and a certified biofeedback provider with 20 years of clinical counseling in the behavioral health, palliative care and hospice fields. He provides free monthly stress management class and supportive counseling for patients and couples at the Institute. He can be reached by email at the Institute at [bnguyen@theipi.org](mailto:bnguyen@theipi.org).

## Frequently Asked Questions about the 2010 Medicare Therapy Cap

As of January 1, 2010, there is an \$1860 combined cap on physical therapy and speech language pathology services and a separate \$1860 cap on occupational therapy services. There is no therapy cap exceptions process available after January 1, 2010. Congress would need to pass legislation to continue the exceptions process, which expired on December 31. When a patient exceeds the 2010 therapy cap limit of \$1860, he or she will either need to pay out of pocket for therapy services exceeding the cap or receive these services from an outpatient hospital setting.

**Q: With the new cap of \$1860 for Part B PT/SLP benefits, how does the cap count toward the patient responsibility of 20%? For example, in outpatient, the patient is responsible for 20% of allowable charges.**

A: Medicare will pay 80% of the allowed charges (\$1488.00) and the beneficiary will be responsible for the remaining 20% (\$372.00)

**Q: Where do I find information about the amount of dollars that my patient has accrued toward the therapy cap?**

A: All providers and contractors may access the accrued amount of therapy services from the ELGA screen inquiries into CWF. Providers/suppliers may access the remaining therapy services limitation dollar amount through the 270/271 eligibility inquiry and response transaction. Providers who bill to FIs will find the amount a beneficiary has accrued toward the financial limitations on the HIQA. Some suppliers and providers billing to carriers may, in addition, have access to the accrued amount of therapy services from the ELGB screen inquiries into CWF. Suppliers who do not have access to these inquiries may call the contractor to obtain the amount accrued.

**Q: Will there be a therapy cap exceptions process in 2010?**

A: As of January 1, 2010, there is no exceptions process for the therapy cap. Congress needs to pass legislation to extend the exceptions process. APTA is vigorously lobbying Congress to pass legislation.

**Q: If there is no exceptions process in 2010, what are my options for delivery of services to my Medicare patients who exceed the \$1860 cap amount?**

A: If Congress does not extend the exceptions process, Medicare beneficiaries have two options. They can either continue to receive services through

their current physical therapists and pay for these services out of pocket or they can elect to receive services through an outpatient hospital department. If the patient elects to pay out of pocket, it is advisable to obtain a signed [Advanced Beneficiary Notice](#) (CMS-R-131) (ABN) from the patient, although the use of the ABN is voluntary. Then the therapist can collect cash from the beneficiary or bill the patient's secondary insurance. The secondary insurance may require a denial from the Medicare program before it will cover these services. If a patient would like to continue to receive coverage under Medicare for outpatient physical therapy services he or she must be discharged and go to an outpatient hospital department to receive those services

**Q: If a Medicare beneficiary chooses to continue treatment in a setting that is not an outpatient hospital, at what rate can the services be billed?**

A: If the beneficiary chooses to continue treatment at a setting other than the outpatient hospital where medically necessary services may be covered, the services may be billed at the rate the provider/supplier determines.

**Q: Have speech language pathologists been given their own cap or are they still combined with physical therapy? If so, why and what are the implications for physical therapists now that speech language pathologists have their own billing privileges under Medicare?**

A: Speech language pathology services and physical therapy services are still combined under the same \$1860 cap due to language included under the Medicare statutes. Prior to receiving their own billing benefit under the Medicare program in July 2009, services provided by speech language pathologists in skilled nursing facilities, home health agencies, and hospitals under the Part B benefit did accrue toward this cap and it did not appear to have a significant impact.

**Q: How do I determine if my facility is considered an outpatient hospital?**

A: The outpatient hospital setting is exempt from the \$1860 financial limitations. In order to bill the services through the main provider (hospital) and thus be exempt from the therapy limit, the facility must have provider based status. This means the relationship between the main hospital and the provider based entity or department of the provider.

**Q: Can a SNF resident receive services from an outpatient hospital after the cap has been exceeded?**

A- Patients who are residents in a Medicare certified part of a SNF may not utilize outpatient hospital services for therapy services over the financial limits, because consolidated billing rules require all services to be billed by the SNF.

**Q- If the cap exemption ends, and Medicare no longer is covering services beyond the cap, can we use GA/GY codes and bill the secondary insurance plans for reimbursement?** A. Yes. You should provide the beneficiary with an ABN explaining that services beyond the cap amount are not covered and submit the claim to Medicare with the modifier for a denial.

**Q: Is it okay to offer Medicare patients an “aftercare” program if they use up the cap at a reduced rate or flat fee?**

A: If a patient has exceeded the cap in 2010 and there is **no** exceptions process, a physical therapist can continue treatment; however, the beneficiary will be financially responsible for these services. CMS recommends that you give the beneficiary an Advanced Beneficiary Notice (ABN).. If the patient exceeds the cap, the provider is not required to bill Medicare. If the service is statutorily non-covered, the claim could be submitted using the GY modifier indicating the service is non-covered by statute. When charging patients out of pocket, it is very important to have a set fee schedule that applies to all patients regardless of their insurer (Medicare or private insurance). Additionally, any discounts offered should also be offered to all patients regardless of their source of insurance coverage and all discount policies should be established in writing.

**Q: I am interested in obtaining information regarding application of the therapy to services furnished to Medicare beneficiaries in 2009. Where can I obtain that information?**

A:<http://www.apta.org>

**Q: Where can I find information on what is going on in Congress related to the therapy cap?**

A:<http://www.apta.org>

*This article was provided by Marilyn Basham, Physical Therapist at the Parkinson’s Institute*

**This newsletter is assembled by the Morgan Center in Santa Clara. Thank you!**

## **PG&E Medical Base Allowance for those with MSA, LBD, PSP, CBD, etc.**

*By Robin Riddle, APDA I & RC Coordinator, Stanford*

Some members in the atypical parkinsonism support group have taken advantage of PG&E's Medical Baseline Allowance program. Often those dealing with Multiple System Atrophy are negatively affected by the heat and cold so have to run their heaters or ACs continuously. PG&E provides financial assistance to such customers.

PG&E offers "baseline" rates (its lowest rates) to those who have an MD certify the customer is home-bound and has a medical condition with special heating and/or cooling requirements. Find the Medical Baseline Allowance application on [pge.com](http://pge.com):

<http://www.pge.com/myhome/customerservice/financialassistance/medicalbaseline/index.shtml>

Another group member received the baseline allowance because her family member was incontinent, requiring frequent washing of bed linens and clothing. PG&E also identified this family as requiring "essential services," which meant that the electricity would only be shut off if there were an emergency.

This info. was supplied by Karen Fernandez and Francesca Graziano of the atypical parkinsonism support group via the group leader Robin Riddle.

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## Notes from the San Jose Caregivers Support Group

by Charmaine Eng, Chair, PPSG

At our recent San Jose caregivers meeting, some of our members shared the following topics:

**Jane Fox** sent information on **PG&E Base Allowance** (please see page 6). Also, a flyer was passed out on **Ballroom Dancing Instruction for Individuals with PD**, Tues and Fridays, 11am-12pm, 3/30-5/21 at Camden Community Center, 3369 Union Ave., SJ. Call City of SJ, Dominique Pacolba @408-369-6435. (Steven Beasley teaches the session. He is a great dancer. Dancing partners are needed. Let me know if you want more info or speak to him directly.)

**Pat Monteleone** reminded those, if you haven't done yet, to subscribe to *Neurology Now*, a free magazine with many useful and interesting articles. Visit [www.neurologynow.com](http://www.neurologynow.com) and click on the subscription link.

**Marcia Citta** demonstrated a digestible capsule that holds several pills within and can be taken all at once. You can buy the empty capsules at any health food store, but she found hers at The Vitamin Center in Los Gatos on N. Winchester Blvd. They had the best price at \$5.89 for 250 (00 size) gelatin capsules. The veggie capsules are a little more expensive.

**Georgette Chin** found **Kara**, a grief-support group (for children and adults who are grieving a death or coping with a life-threatening illness.) to be very helpful. They meet 2nd, 4th and 5th Tuesdays, 457 Kingsly, Palo Alto, [650-321-5272](tel:650-321-5272). [www.kara-grief.org](http://www.kara-grief.org).

### Forgiveness for Health

Learning to forgive is one of life's most important lessons. This class focuses on the meaning of forgiveness and how it can help you develop a healthy attitude toward life. You'll choose a particular grudge to walk through. Learn what it takes to let go of negative emotions and make acceptance a way of life.

**Location:** Kaiser Santa Clara, 19000 Homestead Road, Cupertino

**Sessions:** six 2-hour sessions; call for class and times

**Fee:** Members \$105; nonmembers \$210

**Information:** Call 408-366-4284

### Grief and Loss

**Bereavement Group, 408-342-6643**

**Hospice of the Valley, 408-559-5600**

**Hospicevalley.org**

## Spouses Who Provide Care to Partners with Parkinson's at Risk

**Better Living** - A ten-year study, conducted by the Oregon Health Science University, has suggested that spouses that are caregivers for a partner with Parkinson Disease are at risk of developing a decline in physical and mental health.

Participants in the study were first studied in 1992 and 1994, lived across North America and cared for a loved one who was in the early stages of Parkinson's. Extensive research was picked up again in 2002 and the following findings were discovered:

1. Caregivers caring for a spouse with Parkinson's Disease over a ten-year period were at increased risk for negative health and strain. Health and well-being significantly deteriorated, while strain from caregiving significantly increased.
2. Quality of relationship and caregiver poorer health affected caregiver strain and well-being.
3. Of the people with Parkinson's residing in assisted living facilities, 55% had dementia compared with only 8% of those who remained at home.
4. Depression requiring professional treatment was present in 20% of the entire caregiver sample. Depression in caregivers of patients in assisted living facilities was over twice (55%) that of those in bereaved or ongoing care groups.

These findings suggest that care-giving for a spouse with Parkinson's Disease for many years can lead to depression, health problems, and strain. It also emphasized the need to help families through community services such as in home care by professional caregivers, respite caregivers, and emotional support groups.

If you are caring for a spouse with Parkinson's, know that your care is only as good as your health and well-being. Better Living Home Care can give you the support and relief you need to maintain your health and reduce strain.

*This article was forwarded by Steven Russell.*

### The Epoch Times – Emotions and Your Health

Part 1: [www.theepochtimes.com/n2/content/view/28777](http://www.theepochtimes.com/n2/content/view/28777)

Part 2: [www.theepochtimes.com/n2/content/view/29130](http://www.theepochtimes.com/n2/content/view/29130)

**In Honor**

Donations were recently received in honor of the following individuals: Bette, Jack, Lynda, Lynn, Monic’s Late Birthday, Monica’s 60<sup>th</sup> Birthday, Phyllis Ng, Rich, Shirley, and Sr. Marilyn

**In Memory**

Donations were recently received in memory of the following individuals: Jane Adams, Boyd Allen, Alex Aquilar, Charles Block, Phyllis Bunnelle, Herbert S Chu, Wallace E Connolly, Julie De Gregorio, Orval Ellis, Bryan Files, Joann Fiscalini, Nora Forseth, Lillian E Harris, Grace Italia , Kay Iwasaki, Stan Michael, Ross Mitchell, Leonard Mues, Doreen Nawatani, Donald Nelson, Florence M Neri, Byrl Nystedt, Manuel S Perez, Doralee Santi, Bonnie Stewart , Gerald L Swezea ,Judith A. Trivedi, and Rita Van Bibben.

**To find out information on Parkinson’s support groups and exercise classes, please log on to [www.ppsg.org](http://www.ppsg.org). This list is maintained by Steven Russell. Thanks, Steven.**

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**4/22, Stanford APDA Webinar on DBS**

The American Parkinson Disease Association Information & Referral Center at Stanford will be hosting an "Overview of Deep Brain Stimulation" webinar on Thursday 4/22/10, 6-7pm. Presenters include Helen Bronte-Stewart, MD MSE, Director of Stanford's Comprehensive Movement Disorders Center, and Hong Yu, MD, one of Stanford's functional stereotactic neurosurgeons. The webinar addresses who is a good candidate for DBS surgery, what symptoms may be helped, and what is involved before, during, and after surgery. For registration details, **contact Robin Riddle, APDA I&RC Coordinator, [rriddle@stanford.edu](mailto:rriddle@stanford.edu), phone 650/724-6090.**



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