

# *Parkinson's Patients Support Groups, Inc.*

Winter Quarterly 2006

1170 Morse Avenue  
Sunnyvale, CA 94089-1605  
www.ppsg.org 408.734.1593

Editor-in-chief: Phyllis Hsu Ng

Articles Editor: Ann Roper

Webmaster: Solna Braude

Editorial Staff:

Linda Chen

Charmaine Eng

Viola Mays

## **APTA, COALITION URGE CONGRESS TO "STOP THE THERAPY CAP"**

ALEXANDRIA, VA, November 13, 2006 — In less than 50 days, one in seven Medicare beneficiaries will be subject to an arbitrary financial limit on outpatient rehabilitation services, or a "therapy cap," without Congressional action. The American Physical Therapy Association (APTA) and a coalition representing patients, health care providers, and advocates are calling on Congress to support an extension of the therapy cap exceptions process to allow Medicare beneficiaries needing care above the limit to apply for additional coverage.

"It is urgent that Congress takes action to protect Medicare beneficiaries from an arbitrary therapy cap," said APTA President R Scott Ward, PT, PhD. "Data show that patients with stroke, hip fracture, Parkinson's disease, and other conditions that require extensive rehabilitation are most likely to be affected by the Medicare therapy caps. APTA believes that the current therapy cap exceptions process has maintained access to needed rehabilitation services in a fiscally responsible manner. APTA continues to advocate for the best long-term solution to the arbitrary caps: full repeal of the therapy caps. But in the current situation, Congress must take action immediately to, at a minimum, extend the exceptions process for another year and protect our patients from the arbitrary caps," said Ward.

There are two caps on rehabilitation coverage, one for physical therapy and speech therapy combined and a separate cap for occupational therapy.

Earlier this year, Congress passed a provision in the Deficit Reduction Act that authorized the Centers for Medicare and Medicaid Services (CMS) to implement an exceptions process to allow beneficiaries who need

care above the financial cap to apply for additional medically necessary coverage - but only through 2006. Earlier this year, 179 members of the U.S. House of Representatives and 46 U.S. Senators signed on to a letter urging an extension of the therapy cap exceptions process, but neither the House nor the Senate has passed legislation addressing the measure. In addition, extension of the therapy cap exceptions process is supported by over 40 patient and provider groups.

### **What You Can Do:**

It is important that you send a strong message to your members of congress and request that they **take action on the therapy cap before time runs out!** Tell your members of congress to make this a priority and **support extending the therapy cap exceptions process beyond 2006 today.**

**CALL:** Contact your U.S. Senators and House Representative by calling the Capital switchboard at 202.224.3121. Please ask your Senators and Representative to make sure that the therapy cap exceptions process is extended beyond 2006.

**EMAIL/WRITE:** Visit the Therapy Cap section of American Physical Therapy Association's (APTA) Patient Action Center ([www.apta.org/consumer/action](http://www.apta.org/consumer/action)) to get additional background and send an email directly to your member of Congress. Just click on the "contact Congress Now" icon.

*Marilyn Basham, Physical Therapist and Outreach Coordinator at The Parkinson's Institute, forwarded this information. Thank you, Marilyn.*

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

## Physical, Speech, and Occupational Therapy

Patients with Parkinson's often suffer from slow movements, stiffness, walking difficulties, and balance problems. Physical therapists can help devise a regular exercise program that will minimize some symptoms of the disease, improving strength, balance, and gait. These exercises can help patients move more easily and independently. Besides exercises, therapists can teach patients techniques that will help them move better.

For example, physical therapy can help patients cope with "freezing," a common phenomenon in which they suddenly can't move their feet. Therapists coach patients on how to get started again by consciously trying to make a different motion--stepping over a line or someone's foot, for example. Some people use a cane with a laser pointer so that they try to step on a target. Basically, the idea is to stop the brain from trying to execute a continuous action that isn't working (walking through the door) and start over with a new action (stepping over something).

Patients with Parkinson's often experience speech difficulties, including low volume (hypophonia) and a slowed rate of speaking. Speech therapists work with the mechanics of speaking and aspects of breathing that help speech. Your neurologist is a good referral source for speech therapists. There is also a voice-training program called the Lee Silverman Voice Treatment that has been shown to be particularly effective in Parkinson's patients. You can find therapists trained in this program at [www.lsvt.org](http://www.lsvt.org).

Occupational therapists help with ways to manage the activities of daily living, with an eye toward increasing a patient's safety and independence and motor coordination of the upper extremities. They often make recommendations for use of orthotics and assistive devices, as well as home and workplace modification and safety.

Modifications that make dressing easier, for example, include a long-handled shoehorn, zippers or Velcro closures instead of buttons, and elastic shoelaces. Ideas for bathroom safety include grab bars or tub rails, a shower chair and a flexible shower hose, a raised toilet seat, an electric razor (especially if you have a hand tremor), a shower caddy to eliminate the need for bending over, a night light, and nonslippery surfaces applied to the tub or shower floor to help prevent falls. The hot-water heater should be turned down to prevent accidental burns.

## DBS Reprogramming Improves Stable Benefits

Date: 8/16/2006 Subthalamic nucleus stimulation: Improvement in outcome with reprogramming  
A Moro, YYW Poon, AM Lozano, JA Saint-Cyr, AE Lang  
Arch Neurol 2006

Reprogramming deep brain stimulation electrodes can improve motor outcome in Parkinson's disease, even after a prolonged period of stable and satisfactory response, according to this study.

Forty-four PD patients with long-term (mean 3.5 years) stable response to subthalamic DBS underwent reprogramming at a routine follow-up visit. Patients were off medication and underwent Total UPDRS assessment, followed by a standardized reprogramming protocol. Medications were adjusted to reduce dyskinesia as needed. Reprogramming and adjustments were performed by a movement disorders specialist familiar with DBS programming and medication adjustment.

At a mean of 5 months after reprogramming:

--55% of patients had sustained improvement compared to baseline, with an average motor improvement of 29%. Half these patients had a transient increase in dyskinesias, which required further adjustment of stimulation and medications over 1-2 weeks.

--31% of patients required no change in stimulation settings, and had no change in motor scores.

--14% of patients had worse speech and gait after reprogramming, requiring a restoration of the original settings.

The authors conclude, "Further improvement of Parkinsonian signs can be achieved in the majority of patients even after long-term stable stimulation. Improved patient outcomes from STN DBS are obtained when postoperative care is personally managed by a neurologist expert in movement disorders and DBS who is directly responsible for stimulation programming and simultaneous drug adjustments based on observed clinical responses to changing stimulation parameters."

<http://www.mdvu.org/emoove/article.asp?id=896>

**Visit our website: [www.ppsg.org](http://www.ppsg.org)**

## Creating Rituals During The Holidays

There are many types of rituals other than purely religious. Taking a daily morning walk or meditating can be considered a ritual. For most, the term "ritual" represents an extended meaning to a set of actions. Many think of funeral memorials, deaths and rites of passage as rituals. Creating rituals during the holidays is a way to give special meaning to those for whom you are caring as well as those for whom you are grieving. Creating a sacred ritual can offer a tremendous sense of honoring for the loved one you are missing. It also offers balance, comfort and support for you. The overall effect of creating rituals can assist you in coping with the coming holidays.

In continuing with your healing over your loss, you might also design rituals for anniversaries, birthdays and other events that were symbolic for you and your loved one. Rituals can help you to establish the spiritual meaning and understanding of your loss. The ritual becomes an ongoing memorial or representation that you can respond to and absorb the significant changes that have taken place. When you create a ritual from your heart, special meaning will fill you with purpose and, most of all, love.

Suggestions for filling your holiday loss and tears with celebration and love:

Express yourself through artwork.

Begin your holiday dinner with a minute of silent prayer and a toast in their honor.

Send up a balloon(s) with messages and prayers to your loved one.

During the meal ask the question, "What comes to your mind when you think of \_\_\_\_\_?", and share memories with those who surround you.

Plant a tree or a special plant in their honor in your garden or in your home.

Create special Christmas ornaments for your tree and hang a stocking in their honor.

Write a letter or even keep a journal of your thoughts.

Light a candle(s) in their memory.

Place a single flower or bouquet of flowers that your loved one cherished as the centerpiece.

The "Shames" or head candle in the Hanukah celebration can be in honor of your loved one

Look at pictures (or display pictures) from past holidays shared with your loved one. View videos, audiotapes and any remembrances, which reflect on the wonderful times you experienced together.

Design a quilt with the memories you have

Write a brief history of the ups and downs you have experienced in the past year and place it into a Christmas stocking or some memorable cache that you can add to yearly.

Play a favorite song

Create a sacred altar with photos and treasures where you can sit and reflect.

If you vacation in a special area that you used to go to with your loved one, do something special in honor of them.

Consider volunteering for an organization affiliated with your loved one's illness, hospice or a caregiving program to help others through your own experiences.

Volunteer to help feed the homeless over Thanksgiving & Christmas.

Volunteer to read or spend time with the elderly in nursing homes, hospitals or to read and spend time with children who have terminal illnesses in hospitals.

Donate gifts in your loved one's name. This is even more special when you donate in memory at their birthday, a special anniversary, etc.

Offer a scholarship in a loved one's name.

Rituals empower people emotionally, mentally, and spiritually. Caregivers in all countries who create rituals through customs, traditions, and their own desire to invent a new ritual that provides meaning in their life, have the opportunity to extend a person's presence beyond death. While our society encourages us to mourn quickly and return to our normal lives, it is particularly difficult for former caregivers who have experienced so much loss in their roles. The death of a loved one after a long period of caring leaves you without motivation, a sense of place, self confidence, a network of friends, and socialization. It is a challenge to actually make the return to our own lives once again. It is not just the loss of a loved one you

experience; it is the loss of many things that were put on hold.

As you move through your grief, remember that there is no right or wrong way to grieve. Each person grieves in his or her own way and in his or her own time. It is a wonderful opportunity to reach out to support groups and learn how others are healing from their own personal losses. This gives you additional support and understanding. It also gives you reason to understand that you will move through your grief, just as others have. With understanding and healing, you will find that you may not return to your life as it was before you became a caregiver. You may find that you have grown in ways you could not have imagined, thus creating a newer more fulfilling life; perhaps even a new identity based on the transformational experiences you have gone through in your role as a Caregiver.

Remember to be gentle and nurturing to yourself.

Richest blessings on your journey.

Gail Mitchell  
National Organization For Empowering Caregivers  
Ms. Mitchell is the President and Founder of NOFEC.

Edited from [www.care-givers.com](http://www.care-givers.com)

### **Parkinson's Drug May Raise Risk of Valve Trouble**

Thursday, October 19, 2006, NEW YORK (Reuters Health) - In some cases, patients taking a Parkinson's drug called cabergoline may experience damage to heart valves, a study suggests. High cumulative doses of and long-term treatment with this drug are risk factors for the development of "valvulopathy," Japanese doctors report in the journal *Neurology* this month.

Cabergoline is a so-called dopamine agonist used to control movement problems caused by Parkinson's disease. Other dopamine agonists include pergolide and pramipexole.

Dr. Mitsutoshi Yamamoto and colleagues determined the frequency of valvulopathy in 210 consecutive Parkinson's patients admitted to Kagawa Prefectural Central Hospital in Takamatsu.

Among the 125 dopamine agonist-treated patients, 16 received cabergoline, 66 received pergolide, 16 pramipexole, and 27 were past users of a dopamine agonist. The remaining 85 patients were not treated

with any dopamine agonist and served as the control group.

According to the investigators, the frequency of valvulopathy was significantly higher in the cabergoline-treated patients relative to control patients (68.8 percent vs. 17.6 percent). The frequency was similar between pergolide-treated and pramipexole-treated patients (28.8 percent and 25 percent, respectively).

The adjusted odds ratio for valvulopathy was 12.96 in the cabergoline group, 2.18 in the pergolide group and 1.62 in the pramipexole group, relative to no treatment with dopamine agonists.

The investigators point out that the mean daily dose was higher for cabergoline (3.8 mg) than for pergolide (1.4 mg) or pramipexole (1.7 mg).

Moreover, in looking at patients with and without valvulopathy, the cumulative dose and treatment duration of cabergoline was significantly higher in patients who developed valvulopathy.

These results need to be confirmed in a larger series of patients, Yamamoto and colleagues say.

"Interestingly," they add, the frequency of valvulopathy was similar in the past-treated group and the control group. "Whether this result is due to discontinuation of the drug or it means that valvulopathy caused by these types of drugs is reversible remains to be clarified," they write.

The investigators also mention in their report that none of the patients had clinically significant symptoms of valvular heart disease, such as shortness of breath. "However, as pointed out by others, lack of symptoms does not mean that this kind of valvulopathy poses no significant safety problem," they write.

Therefore, they conclude that periodic heart valve testing is "essential" when cabergoline or pergolide are used at a high dose.

*SOURCE: Neurology October, 2006.*  
[www.nlm.nih.gov/medlineplus/parkinsonsdisease.html](http://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html)

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 [pmsginfo@yahoo.com](mailto:pmsginfo@yahoo.com), and let us know.

## **PPSG “Caregivers Packets” 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 about caring take of yourself or your Parkinson’s loved one?

Helpful hints on dealing with Parkinson's disease:

Spiritual - philosophy, religious

Daily accommodations - grab bars, lifts, etc. or...

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.

## **Blood Test Spots Heart Failure**

**Lowers costs of hospital care, study finds**

By Amanda Gardner, HealthDay Reporter

WEDNESDAY, Nov. 15 (HealthDay News) -- A blood test lowered costs, cut the length of emergency room visits and reduced the number of patients who had to be readmitted to the hospital.

The test of N-Terminal pro B-type Natriuretic Peptide (NT-proBNP), a biomarker associated with worsening heart failure, helped physicians decide which patients with shortness of breath had heart failure and which did not.

"Imagine a patient who comes into the ER with severe shortness of breath. They could have pneumonia or heart failure, and oftentimes this is a confusing situation," said Dr. Timothy Gardner, medical director of the Center for Heart and Vascular Health at Christiana Care Health Services in Wilmington, Del., and moderator of a news conference at the annual meeting of the American Heart Association (AHA) in Boston, at which the findings were presented.

Information on the utility of the test already existed, but most studies were conducted in the United States, which, study author Dr. Gordon Moe pointed out, "is a country that has very high per capita health spending."

The purpose of this study was to see if the tests would improve management of patients in Canada, "a model for a publicly funded universal access system which mandates a judicious use of health-care resources," said Moe, director of the heart failure program and biomarker laboratory at St. Michael's Hospital in Toronto.

This was a randomized, controlled study involving about 500 patients who came to the emergency room with shortness of breath. Participants were randomized to receive either usual care or to receive the NT-proBNP test and were followed for 60 days.

Adding the test cut the length of the average emergency room visit from 6.3 hours to 5.6 hours, reduced the number of patients rehospitalized within 60 days from 51 to 33, and slashed costs (in 2005 U.S. dollars) from \$5,592 to \$4,631 per patient overall.

<http://health.msn.com/healthnews>

## **Current Support Group News:**

### **Fremont**

Our October meeting was a very interesting presentation by Margie Dino from the Palo Alto Medical Foundation, regarding CPR and the Heimlich maneuver.

Our November 27 speaker was Michael Goldberg, Ph.D., who spoke about “Coping with Long Term Illness.”

On December 4, we had our Christmas Dinner Buffet Party. The special dinner was sponsored by a secret donor who wishes to remain anonymous. About 30 of us attended the party at Minerva’s Restaurant, in Fremont.

### **Redwood City**

The Redwood City Support Group does not meet in November and December due to the holidays and in August for summer vacation.

The speaker at our January 19, 2007, meeting is everyone’s favorite nurse, Tracy Stewart, R.N. Bring all your questions regarding the status of current drug trials. You will get answers!

If there are any questions, please telephone Tom Constantino, 650.366.7166. Dave Shein is co-chair, while Ray Lang is President Emeritus. Thanks.

## Sunnyvale

We had our early Thanksgiving Luncheon at **Dr. Clement and Mrs. Sushih Butt**'s beautiful home. Thank you so much, Sushih and Clement! **Le Sotir** prepared more than 10 delicious dishes including a 19-lb turkey! There were more than 40 of us attended this special party, and all had a wonderful time thanks to our gracious hosts and the luncheon committee: **Le Sotir, Tess Castro, Linda Foley, Charmaine Eng,** and **Maxine Voight**. We also want to thank the ladies at our communication committee: **Hazel Kuhl** and **Suzanna Sih** for doing a great job calling our members every month. A special thank you also goes to **Maxine Voight**, hostess at our monthly meetings.

### In Honor

PPSG recently received gift donations honoring the following individuals: Charles Black's 85<sup>th</sup> Birthday, and John Brown.

### In Memory

PPSG recently received gift donations in memory of the following individuals: Matthew Barulich, Alma Budesza, Dennis Flora, Margaret Frank, David Hyman, Grace Italia, Kay Iwasaki, Mickey Mendoza, June Miller, Dave Russell, and Fred Smyers.

**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.

## 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](mailto:ppsginfo@yahoo.com), and let us know.

## PPSG SUPPORT GROUPS

**Berkeley** 3<sup>rd</sup> Mon 10-12 North Berkeley Senior Center, 1901 Hearst Av, Roddy Raikow 510-231-1998 or Mitzi Cahn 510-527-9075 **Fremont** 4<sup>th</sup> 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** 4<sup>th</sup> 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** 2<sup>nd</sup> Sat 10-12, Grace Presbyterian Church, 2100 Tice Valley Blvd, Walnut Creek, Nancy Walls, 510-236-7065, Philip Wheeler, 510-527-3588, Margy Hansell, 925-939-4210, or Ronalee Spear, 925-284-2189 **Oakland** 1<sup>st</sup> 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** 2<sup>nd</sup> Sat 10-12, Senior Center, 5353 Sunol Blvd, Norm & Jackie Bardsley 925-244-1231 or 925-831-9940 **San Leandro** 1st Thur (except Jul & Aug) 10-11:30, (NEW LOCATION) San Lorenzo Community Church, 945 Paseo Grande, Harry Santi 510-351-3224 **Sonoma County** 1<sup>st</sup> Sat (not Jan, Jul, Sep) 1-3, First Congregational Ch, 2000 Humbolt St, Santa Rosa, Ron & Colleen Trowse 707-526-4373 **Vallejo** 3<sup>rd</sup> Mon (except 2nd Mon, Jan & Feb) 2:00 Kaiser Medical Center, 975 Sereno Drive, Evelyn Fox 707-644-3390

### ---PENINSULA REGION---

**Daly City** 1<sup>st</sup> Tue 3-4 Doelger Senior Center, 101 Lake Merced Blvd, Leonard Ke 415-587-1285 **Los Altos Young Parkinson's Support Group** 2<sup>nd</sup> Sat 10-12, United Methodist Ch/Los Altos, Foothill at Magdalena, Dean Prescott 408-738-2505 or dean53@yahoo.com **Magnolia-Peninsula** 2<sup>nd</sup> Thur 1:30 main conference room Magnolia Apart, 201 Chadbourne Av, Millbrae, Leon Rosenthal, 650-348-3480 **Palo Alto** 2<sup>nd</sup> 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 Positive People Against Parkinson's** 3<sup>rd</sup> Fri 1-2:30, (No meetings Aug, Nov, Dec) Sequoia Hospital, Health & Wellnes Ctr, 749 Brewster Ave, Tom Constantino 650-366-7166 **(NEW) San Francisco Caregivers** Thur (varies) 12-12:50 Veterans Affairs Med Ctr, Parkinson's Ctr conf room, Bldg 203 Room 1B26A, Susan Heath 415-379-5530 or Aliza Benditsky 415-221-4810 X3470 **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 riddle@stanfordalumni.org **San Mateo Caregivers** 1<sup>st</sup> Wed 2:30-4:30 Ellsworth Room 100 San Mateo Dr., Call Carol Hoffman, Mills Health Center 800-654-9966 **Sunnyvale** 2<sup>nd</sup> Wed 1-3 First United Methodist Ch, 535 Old San Francisco Rd, Phyllis & Henry Ng 408-733-5648 **YOPD** (Young Onset Parkinson's Disease) 2<sup>nd</sup> Tue 6:30-8:00, Board Room, Lucille Packard Child Hosp, 725 Welch Road, Palo Alto, Bill Lev 831-662-3825

### ---SOUTHERN REGION---

**Hollister** 1<sup>st</sup> Tue 1:30-3:30 First Presbyterian Ch, 2066 Cienega Road, Shirley Kennedy 831-637-3839 or John Skinner 831-637-6755 **Monterey** 3<sup>rd</sup> 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 **Salinas** 4<sup>th</sup> Wed 2:00-3:30 Salinas Adult School, 20 Sherwood Place, Sherry Whitcomb, 831-796-6920 **San Jose-Berryessa** 1<sup>st</sup> Wed 1:00-2:30 Berryessa Community Center, 3050 Berryessa Rd, Bob & Jane Pomeroy 408-263-8485 **San Jose Caregivers** usually 4<sup>th</sup> Wed 1:30-3:30 St Francis Episcopal Church, 1205 Pine Ave, Charmaine Eng 408-723-8116 **San Jose-Willow Glen** 1<sup>st</sup> Fri 10-12 St Francis Episcopal Church, 1205 Pine Ave, Betty Havens 408-269-2167 **Santa Cruz** 1<sup>st</sup> Wed 12:30-2:00 St. Stephen's Lutheran Church, 2500 Soquel Ave, David Donahoe 831-479-4485 **Saratoga** 3<sup>rd</sup> Tue 2-4 19449 Via Real, Lois McPherson 408-867-1807

---CENTRAL VALLEY REGION---

**Fresno, North** 2<sup>nd</sup> Sat 10 at San Joaquin Valley Rehab Hosp 7173 N. Sharon Ave, Dottie Rosenberg 559-322-0138 **Merced** 4<sup>th</sup> Thur 10AM (Nov 17, Dec no meeting) Mission Gardens 1450 E. 27<sup>th</sup> St., Amie Marchini (sp?) 209-384-3300 **Modesto** 3<sup>rd</sup> Wed 1:30-3:00 Centenary United Methodist Ch, Fireside Room 1911 Toyon Av, JoAnn & David Ryan 209-529-5643 or [davejoann@sbcglobal.net](mailto:davejoann@sbcglobal.net) **(NEW) Pine Grove** 1<sup>st</sup> & 3<sup>rd</sup> Thur 2-4 Calvary Chapel Patio Bldg 18400 Ridge Road, Sarah Johnson 209-296-2575 **Roseville** 1<sup>st</sup> Tues 1:30-3:00 Roseville Maidu Comm Ctr, 1550 Maidu Drive, Linda Krisa 916-261-1321 **Tulare-Kings** 1<sup>st</sup> 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 November 22, 2006

**EXERCISE CLASSES**

**Berkeley:** Vista College, Joan Nielsen, 510-981-2800  
**Berkeley:** Mon. 10:30-11:30 & 1-2:30, John Argue 510-985-2645  
**Daly City:** Tue./Thur. 1-2, Doelger Sr. Ctr. Pat Armstrong 650-991-8012  
**Gilroy:** Gavilan College, Dave Ellis, 408-848-4878  
**Hayward:** Kaiser Permanente, Wed. 10-11:30, John Argue 510-985-2645  
**Kensington:** Tue. 1:30-3:00, John Argue 510-985-2645  
**Marin Cty:** Tue. 10-11:30; 12-1:30. Osher Marin JCC, San Rafael. 415-479-2000  
**Monterey:** Monterey Peninsula College, Mark Clements, 831-646-4231  
**Orinda:** Tue. & Fri. 1:00-2:30, In Forma Gym. Dean Dallman 925-283-5019  
**Palo Alto:** CAR, Aquatic Therapy, 650-494-1480  
**Palo Alto:** Mon. & Fri., 9:15-10:15, Sr. Ctr. 450 Bryant St. 650-289-5400  
**Redwood City:** Canada College, 4200 Farm Hill Blvd. Barbara McCarthy 650-306-3473  
**Salinas:** Hartnell College, Melissa Stave, 831-755-6876  
**Saratoga:** Mon. – Fri. 9-12; 1:30-3, W. Valley Comm. Coll. Joan 408-741-2420  
**San Bruno:** Mon. & Wed. 1:10-2:30, Tue. & Thur. 12:35-1:50, Skyline Coll. Bess 650-738-4286  
**San Francisco:** Fri. 11-12, SFSU, Marsha Melnick 415-338-1360.  
**San Jose:** Mon. & Wed. 10:30-11:45, Houge Ctr. Tue. & Thur. 10-11:45, Evergreen Ctr. Deanna, 408-369-6435

**San Jose:** Easter Seals Comm Ctr. Aquatic Exercise programs, 408-295-0228  
**San Jose:** Evergreen Valley College, Rich Wagner, 408-274-7900 X 6447  
**San Mateo:** College of San Mateo, 1700 W. Hillsdale Blvd., John Hogan, 650-574-6469  
**Sunnyvale:** Tue. & Thur. 9-10, Sr. Ctr. 550 Remington Dr. Ruth Hanes 408-864-8873  
**Sunnyvale:** Wed. 10-12 noon, The Parkinson's Institute, 1170 Morse Ave., Marilyn Basham: 408-734-2800.

**Exercise Classes – New Addition**

**Palo Alto**  
 Tai Chi/Chi Kung for Parkinson's in the Atrium at Stanford Medical Center  
 Every Saturday 10:00 am – 11:30 am (short break inbetween).  
 Mwezo & Jane  
 Kujiweza Healing Arts Institute  
 Call Jane: (408) 315-1179  
 Email: [Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com)  
**San Jose**  
 The Villages Golf & Country Club  
 Parkinson's Exercise Program (PEP)  
 Balance, Gait, Posture, Tai Chi/Chi Kung  
 Mondays 11:30 – 12:30 pm  
 Optional 3 day program  
 Mwezo & Jane  
 Kujiweza Healing Arts Institute  
 Call Jane: (408) 315-1179  
 Email: [Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com)  
**Los Gatos**  
 The Terraces of Los Gatos  
 Parkinson's Learning Lifelong Useful Skills (PLLUS)  
 Balance, gait, posture & Tai Chi/Chi Kung  
 Mon. 2:00 pm & Wed. 10:30 am  
 Mwezo & Jane  
 Kujiweza Healing Arts Institute  
 Call Jane: (408) 315-1179  
 Email: [Kujiweza@sjogataichi.com](mailto:Kujiweza@sjogataichi.com)

**Gus Sotir**

Sunnyvale Support Group is sad to announce that we lost our beloved member, Gus Sotir. Gus passed away peacefully on November 11, 2006. Gus was born on May 12, 1933, to Greek immigrants, Angelo and LEMONIA Sotir. Gus will be remembered for his high energy, great sense of humor, quick wit, athleticism and for his successful real estate career. Gus had four children. In 1996 Gus married Le Nguyen and together with her two children Tyfani and Timothy, they resided in San Jose, California.

We would like to send our deepest sympathy to the Sotir's family. We will miss you, Gus!

## News from the Board

At a recent Board meeting, **Martha Gardner** announced that due to her increasingly busy schedule, instead of being a Board Member, she would be liaison between PPSG and APDA (American Parkinson's Disease Association) in Stanford. We thank Martha for her continuing effort in assisting the PD community.

**Announcement from the Palo Alto SG:**  
On **January 10, 2007**, **Dr. Helen Bronte-Stewart**, renowned neurosurgeon from Stanford, will be our featured speaker. Please come to join us at the meeting. All are welcome. For information, please call Linda Chen at **650.254.0906**.

### 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.

### Board Members

#### Chair:

Charmaine Eng

#### Vice Chair:

Dean Prescott

#### Secretary:

Carla Gwosden

#### Treasurer:

Allan Daily

### Directors:

Solna Braude

Linda Chen

Bob Dens

Viola Mays

Phil McCrillis

Larry Naritomi

Phyllis Ng

Steven Russell

Le Sotir

## January 16, 2007, Free Seminar for Patients and Their Care Partners at the Parkinson's Institute:

If you or your loved one received Parkinson's diagnosis within the last two years, and became a patient at the PI, please consider attending the information session on 1/16, 2007, from 2-4 pm. Make your reservation by calling Gloria at the reception desk, at 408.734.2800