

Binter Center Newsletter Winter 2018

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TOP STORY



Exercise As Medicine: Evolution of the PushBack for Parkinson's Disease Program

Margaret Holt, PT and Parminder Padgett, PT, DPT, NCS

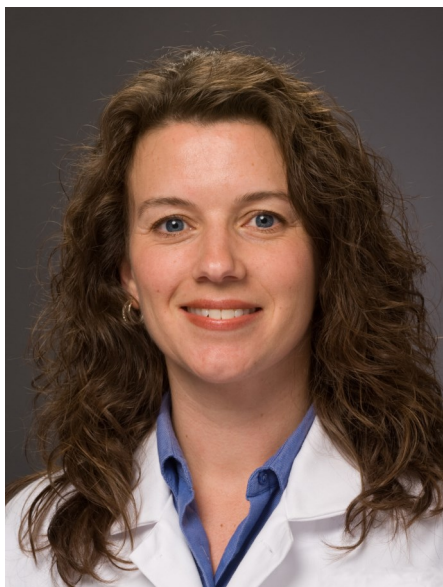
"If exercise could be packed into a pill, it would be the single most widely prescribed and beneficial medicine in the nation."

The person credited with these words in the 1980s was the founder of the National Institutes on Aging, Dr. Robert Butler. At that moment in history, with a fraction of the amount of research currently available to the medical community, this physician saw a truth that has since been validated repeatedly. Scholarly publications, the lay press (305 out of 934 archived columns in the *New York Times* Personal Health section discuss the advantages of exercise), and everyday life experiences all substantiate the health benefits of physical activity and exercise. (continued on page 2)

Staff Spotlight: Suzanne Kennedy, MD

Suzanne Kennedy, MD is a board certified psychiatrist with a subspecialty designation in Consultation Liaison Psychiatry. She attended medical school and completed her psychiatry residency in Newfoundland, Canada. She has worked as an attending psychiatrist at UVM Medical Center since 2001. Following fourteen years as an attending physician on the inpatient psychiatry unit, Dr. Kennedy joined as a consultant and member of the Binter Center. She works in close collaboration with the entire movement disorders team to provide comprehensive care for patients with movement disorders.

In her free time she enjoys participating with her family in any activity related to the water (even if it's frozen): fishing, swimming, scuba diving, skiing or hockey.



Exercise As Medicine cont.

Penedo and Dahn in 2005 reviewed 22 studies over just a single year time frame and found substantial support for the power of physical activity and exercise to improve health in obesity, coronary heart disease, type 2 diabetes, cancer, arthritis, sexual dysfunction, chronic fatigue, and low back pain. Similarly, a 2015 review of non-pharmacological treatments for Parkinson's disease (PD) by Bloem and others supports the inclusion of exercise in clinical practice to address the most troubling PD symptoms. In short, the more it is studied, the more the conclusions about exercise are the same: DO IT!



What does exercise do to help with Parkinson's' Disease?

Exercise can be viewed at three levels: the molecule, the body system, and the whole person:

1. Parkinson's disease causes the death of brain cells that produce the neurotransmitter dopamine. On the molecular level, exercise helps the brain to better utilize dopamine in people with and without PD (Fisher, 2013). Exercise may not make it possible to entirely avoid dopamine replacement therapy, but there is data indicating that exercise can delay onset of the disease and potentially delay disease progression by making more dopamine available to the body. In addition, exercise can enhance the brain's ability for motor control working in both the cognitive and physical domains (Petzinger, 2013). That means that people with PD can learn new skills and improve movement patterns with the right type and intensity of exercise.

2. Exercise has been shown to improve the performance of several body systems while conversely, inactivity is detrimental. Here are some examples of the ways that exercise affects several body systems:

- **Nervous system:** Besides the dopamine effects mentioned previously, reaction time, coordination, and balance are improved by exercise.
- **Digestive system:** There is better motility in the digestive system with exercise, which helps with constipation, a common problem experienced by people with PD.
- **Immune system:** Immunity is improved when a person exercises, so a person with PD is less prone to illness from viruses and flus and can recover faster when they do occur.
- **Muscular and skeletal systems:** These systems benefit directly from exercise. People often feel like PD negatively affects their muscles and joints, but the truth is that weak muscles and stiff joints are primarily a result of inactivity, not a direct result of PD.
- **Respiratory system:** Exercise can improve breathing in two ways: It stimulates breathing directly for cardiopulmonary efficiency, and it can affect posture and chest expansion, making it easier for lungs to expand for ventilation.

3. On the whole person level, exercise has been shown to benefit emotional well-being including boosting mood and reducing symptoms of anxiety and depression (Penedo and Dahn, 2005). Specifically in people with PD, exercise has been shown to improve mood, cognition, and sleep (Reynolds et al., 2016). In addition, endurance exercise has been shown to improve rating on the Unified Parkinson Disease Rating Scale (UPDRS) total score (accounts for activities of daily living, motor function, mood, and other physical/emotional domains), which many neurologists use to evaluate the various facets of personal health (Flach, 2017).

Exercise As Medicine cont.

What kind of exercises are the best for people with Parkinson's disease?

Hopefully, you are now convinced that exercise is helpful for the symptoms (and possibly some of the underlying causes) of PD! But... where to start? What kind of exercise should you do? There are a lot of options out there!

First, ANY exercise is better than none, so start with what you love (or dislike the least). Then, keep in mind the following as you expand your repertoire: many types of exercise have been studied, and some work better than others. Here are the traits that successful exercise interventions seem to share:

They are externally driven for high intensity. Any active movement is good, but mellow exercise is probably not beneficial enough for you get to the rewards that you are seeking. You have to feel like you are pushing HARD. One way to assure this is to push until your level of effort feels like 6-7 out of 10 on the modified Borg scale or rating of perceived exertion. However, Parkinsonian movements tend to dwindle in speed and amplitude, so the body systems get short-changed on the benefits of the activity. Studies suggest that intensity must be driven by external forces, such as another person (like tandem cycling) or by an object (like a treadmill) forcing the pace or speed of movement (Alberts, 2011). Other things that can provide external drive: music, a metronome, a speed bag, a drill sergeant, or an exercise partner.

They target PD-specific movement problems. More than those without the disease, people with Parkinson's disease need to focus on posture, flexibility (especially in trunk rotation), strength in the back and hips, walking, agility, and balance. Ideally a PD exercise program targets these known problems. People with PD report their biggest concern is losing the ability to walk safely (van Nimwegen, 2011), and walking speed is one of the first functional deficits seen in early diagnosed people (Ellis, 2016). It is important for all people (even marathon runners) with PD to walk, walk, walk - ideally every day and ideally for miles.

A recent randomized controlled trial of 128 patients found that high intensity treadmill training improved motor symptoms in people with PD who are not yet on medication compared to moderate intensity exercise (Schenkman, 2017). These results suggest that without the confounding effect of medication, it seems that high intensity exercise alone can improve symptoms of PD.



Armed with all this information, exercise seems like a no-brainer. Everyone should be exercising and exercising intensely. However, that's not always the case, and for proof, you may need to look no further than the mirror! What is the reason for this? Exercise is hard. Exercise is especially hard for people with PD for whom movement is stiffer or may require more effort. In addition, people with PD are frequently also battling apathy, depression, and fatigue. One of the biggest factors that makes anyone exercise is something called self-efficacy. Self-efficacy is the belief that you are an exerciser. People with PD with high self-efficacy for exercise will exercise regardless of level of disability (Ellis, 2013). The best thing to do to promote exercise in people with PD is to support them by providing opportunities that will increase their exercise self-efficacy.

Enter PushBack at Parkinson's Disease

In 2010, some forward thinking professors at the University of Vermont (UVM) began an exercise class, with the help of physical therapy students, specifically for people with PD. About five years ago, the Binter Center was approached to help move the program forward by supporting two practicing physical therapists to design and oversee the class. The program grew from one class to two classes, moved out of UVM to the UVM Medical Center, always with support from UVM professors and UVM students. Now the classes take place at UVM Medical Center and at community gyms. Further support has come from UVM Medical Center's rehabilitation therapies department and Vermont Adaptive Ski and Sports.

(continued on page 6)

The Parkinson's Pantomime Project (Mime Over Matter!)

For people with Parkinson's and other movement disorders, basic mime technique is taught as a method for helping cope with movement limitations. The classes explore visualization, articulation of gesture, and creative use of imagery and space. Circus games are geared for delightful fun: we play with manual dexterity (juggling), coordination, postural awareness, and development of reflexes. We conduct music, play circus games, and study the mime principles of Marcel Marceau in order to facilitate daily actions. Those who wish can join The PD Players a Parkinson's performance troupe in a show at the end of the session! Fun, with a purpose!

Classes are taught by Rob Mermin (right), founder of Circus Smirkus. He trained with renowned mime Marcel Marceau (left) before embarking on a 40-year career in the theater and circus world. Rob lives in Montpelier.

Saturdays, 10:30-12:00 beginning January 13

Montpelier Senior Activities Center, 58 Barre Street

\$20 members/\$30 public (ages 50+)

Contact (802) 223-2518 or msac@montpelier-vt.org to register

International Essential Tremor Foundation

Essential Tremor (ET) is a neurological disorder that can impact individuals both physically and psychologically. The condition causes rhythmic trembling of the hands, head, legs, or voice, and can occur in people of any age, gender, or race. More people are diagnosed with ET than any other movement disorder - an estimated 10 million in the United States alone. While no cure has been found to date, medications and surgical treatments can help control tremor in many patients.



The IETF is a 501(c)(3) non-profit organization that funds research to find the cause of essential tremor that leads to treatments and a cure, increases awareness, and provides educational materials, tools, and support for healthcare providers, the public, and those affected by ET. Visit www.EssentialTremor.org or call (888) 387-3667 for information and resources.

The Vermont Massage Clinic is a community-based massage center located in Essex, VT that is designed to offer affordable and sustainable massage and Chinese medicine treatments.

Co-founders Julie Viau and Caitlin Perry have extensive training and education in bodywork and Chinese medicine studies, skills they use to help people overcome illnesses and imbalances. They use a combination of touch, nutrition counseling, emotional support, acupressure, and eastern medicine modalities to help their clients seek out overall well-being. Chinese medicine and massage can be used to help lessen the severity of symptoms associated with Parkinson's disease (PD). Many times, lessening suffering by only 20-30% can make life tolerable for an individual coping with chronic pain and immobility.



**VERMONT
MASSAGE
CLINIC**

Part of the mission of the Vermont Massage Clinic is to offer **free and affordable care to the Parkinson's Community** through a voucher program that supports care for people with PD. Vouchers are given on a first come, first serve basis, and once a client is enrolled in the voucher program, they can continue to come each month. The non-voucher rate for people with PD is only \$40.00 for 60 minutes.

For more information about this unique, community-supported program, please visit The Vermont Massage Clinic's website at www.vtmassageclinic.com or call (802) 324-3931.



Parkinson's Disease Journal Club

We at the Binter Center are pleased to offer this educational opportunity for patients and families to discuss current PD research activities. We will discuss ongoing studies at the University of Vermont, as well as cutting edge research being done at other institutions. We will provide reading materials; you bring your questions and comments.

When: January 12, 2018, 9-10 am

Further times and dates to be announced for 2018

Where: UVM Medical Center, 1 S. Prospect St., Room: Arnold 4411

Contact: RSVP to Emily Houston, Research Coordinator, at (802) 656-8974 or Emily.Houston@med.uvm.edu

Huntington's Disease Support Groups

The HD support groups offer vital emotional support along the continuum of HD, valuable advice about community-based resources as well as guidance from other support group members about many of HD's most challenging situations.

Caregivers, family members, loved ones, and people with HD are all welcome.

Vermont

When: 4th Tuesday of every month, 5:30-7:00 P.M.

Where: UVM Medical Center - Fanny Allen Campus, Dunbar Room, 790 College Parkway, Colchester, VT

Parking is free.

Contact: Lori McKenna, (802) 847-1111 or Lori.McKenna@UVMHealth.org

New Hampshire

When: 1st Wednesday of every month, 6:00-7:30 P.M.

Where: Dartmouth-Hitchcock Medical Center, Fuller Board Room, 1 Medical Center Drive, Lebanon, NH

Follow signs to DHMC's Main Entrance parking lot. (Parking is free.) Confirm location at info desk in Rotunda.

Contact: Diane L. Sherman, (603) 653-6672 or Diane.L.Sherman@hitchcock.org

HUNTINGTON'S DISEASE SOCIETY OF AMERICA ANNUAL CONVENTION



Save the Date for 2018!

June 7-9 in Los Angeles, California

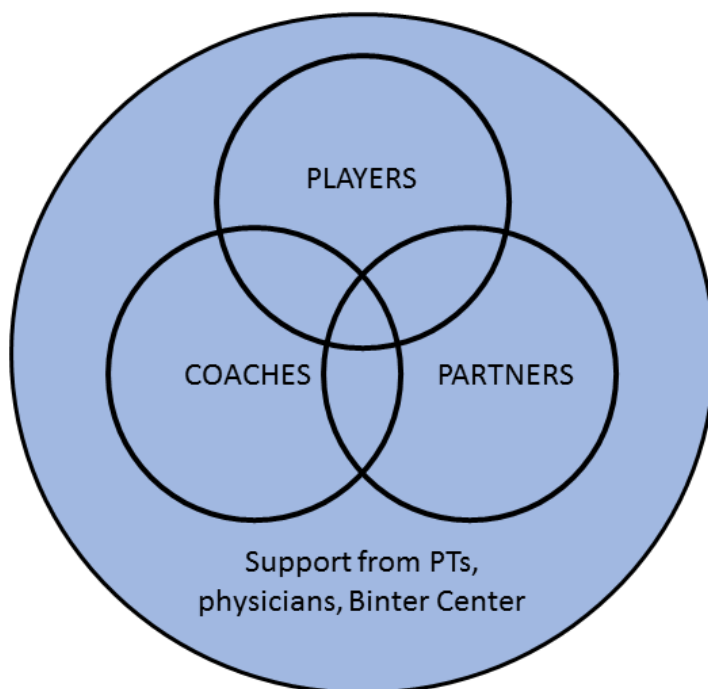
Visit <http://hdsa.org/about-hdsa/annual-convention/> for complete information.

Exercise As Medicine cont.

The high intensity interval training program called “PushBack at Parkinson’s Disease” was developed by physical therapists motivated by class participants that were struggling to find an exercise program that addressed their specific needs. Now, with continued support from the Binter Center, a system is being created to help expand PushBack, where a person with PD becomes a **player** instead of a patient and has the support of a **coach** and **partners**.

The exercises used are basic but well thought out and designed to address the specific challenges presented by Parkinson’s disease. The exercise class takes place in an enhanced environment to create intensity and support. Collaboration between physical therapists, community PushBack coaches, and supportive partners is needed to deliver support and intensity in the PushBack program.

PushBack Community



PushBack Physical Therapists (PTs) evaluate the strength, flexibility, posture, balance, endurance, and agility of the patient before they initiate exercise in the PushBack program. PTs might collaborate with physicians (i.e. neurologist) or other professionals to help a person with PD get “tuned up” and ready to participate in the program. Depending on a person’s starting point, they might need a series of visits with a PT before starting PushBack. PTs will also be available if problems arise while participating in PushBack, and will conduct follow up visits every 6-12 months to evaluate progress.

Community PushBack Coaches are exercise professionals who have a desire and a talent for gaining knowledge, showing compassion, a sense of fun, plus a lot of tough love. PushBack Coaches are trained by PushBack PTs to deliver the type and the intensity of exercise needed to push back at PD. This, along with the coach’s background in group exercise, allows them to take the basic framework of the PushBack exercises and make them work in their own setting for the individuals who live in and near their communities.

Support Partners are knowledgeable volunteers who provide extra hands, bodies, and voices to help to supply that external drive needed for PD players to thrive. Volunteer partners are trained by PushBack PTs to understand the disease and their role in helping. Currently, a collaborative relationship with Vermont Adaptive Ski and Sports has provided support partners for PushBack classes. Building more community relationships to provide partners to make PushBack classes safe and effective is a priority.

PushBack at Parkinson’s Disease is players, coaches, partners supported by PTs and neurologists with the right exercise prescription and the right exercise intensity. When these elements come together, the results are terrific!

(References on page 7)

To learn more about exercise opportunities in your area, contact Binter Center Program Coordinator, Charlotte Gowen, at Charlotte.Gowen@UVMHealth.org or (802) 847-4334.



Be Active with Vermont Adaptive!

Vermont Adaptive Ski and Sports is a nationally recognized organization that empowers people of all abilities through inclusive sports and recreational programming regardless of ability to pay. In addition to sports, year round programming options integrate environmental, holistic wellness, and competitive training philosophies for people of all ages with cognitive, developmental, physical and emotional disabilities. The organization also has an active veterans program, serving all veterans with disabilities.



In the summer, the organization provides lessons and outings statewide including in Chittenden County and the Burlington Waterfront as well as throughout the Waterbury/Montpelier area and in central and southern Vermont. Sports and activities include tandem biking, hand-cycling, mountain biking, hiking, canoeing, kayaking, stand-up paddle boarding, sailing, horseback riding, rock climbing, Beeper baseball, wellness programs, environmental programs and more. In the winter, alpine and Nordic skiing, snowshoeing, indoor rock climbing and holistic programs are offered at Pico Mountain, Killington; Sugarbush Resort, Waitsfield; and Bolton Valley Ski Area, Bolton. Other locations are available upon request.

For more information visit www.vermontadaptive.org.
For specific program information, contact program coordinator Kelly Walsh at (802) 786-4991 ext. 27 or truenorth@vermontadaptive.org.



EXERCISE AS MEDICINE REFERENCES

- Alberts, J. L., Linder, S. M., Penko, A. L., Lowe, M. J., & Phillips, M. (2011). It is not about the bike, it is about the pedaling: forced exercise and Parkinson's disease. *Exercise and Sport Sciences Reviews*, 39(4), 177-186.
- Bloem, B.R., de Vries, N. M., & Ebersbach, G. (2015). Nonpharmacological Treatments for patients with Parkinson's disease. *Movement Disorders* 30(11), 1504-1520.
- Ellis, T. D., Cavanaugh, J. T., Earhart, G. M., Ford, M. P., Foreman, K. B., Thackeray, A., ... & Dibble, L. E. (2016). Identifying clinical measures that most accurately reflect the progression of disability in Parkinson disease. *Parkinsonism & related disorders*, 25, 65-71.
- Ellis, T., Boudreau, J. K., DeAngelis, T. R., Brown, L. E., Cavanaugh, J. T., Earhart, G. M., ... & Dibble, L. E. (2013). Barriers to exercise in people with Parkinson disease. *Physical therapy*, 93(5), 628-636.
- Fisher, B. E., Li, Q., Nacca, A., Salem, G. J., Song, J., Yip, J., ... & Petzinger, G. M. (2013). Treadmill exercise elevates striatal dopamine D2 receptor binding potential in patients with early Parkinson's disease. *Neuroreport*, 24(10), 509-514.
- Flach, A., Jaegers, L., Krieger, M., Bixler, E., Kelly, P., Weiss, E. P., & Ahmad, S. O. (2017). Endurance exercise improves function in individuals with Parkinson's disease: A meta-analysis. *Neuroscience letters*, 659, 115-119.
- Penedo, F. J., & Dahn, J. R. (2005). Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Current opinion in psychiatry*, 18(2), 189-193.
- Petzinger, G. M., Fisher, B. E., McEwen, S., Beeler, J. A., Walsh, J. P., & Jakowec, M. W. (2013). Exercise-enhanced neuroplasticity targeting motor and cognitive circuitry in Parkinson's disease. *The Lancet Neurology*, 12(7), 716-726.
- Reynolds, G. O., Otto, M. W., Ellis, T. D., & Cronin-Golomb, A. (2016). The therapeutic potential of exercise to improve mood, cognition, and sleep in Parkinson's disease. *Movement Disorders*, 31(1), 23-38.
- Schenkman, M., Moore, C. G., Kohrt, W. M., Hall, D. A., Delitto, A., Comella, C. L., ... & Melanson, E. L. (2017). Effect of High-Intensity Treadmill Exercise on Motor Symptoms in Patients With De Novo Parkinson Disease: A Phase 2 Randomized Clinical Trial. *JAMA neurology*.
- van Nimwegen, M., Speelman, A. D., Hofman-van Rossum, E. J., Overeem, S., Deeg, D. J., Borm, G. F., ... & Munneke, M. (2011). Physical inactivity in Parkinson's disease. *Journal of neurology*, 258(12), 2214-2221.

Parkinson's Disease Clinical Trials

PASADENA

A Study to Evaluate the Efficacy of RO7046015 in Participants With Early Parkinson's Disease (PASADENA)

This multicenter, randomized, double-blind, placebo-controlled, Phase 2 study will evaluate the efficacy of intravenous RO7046015 versus placebo over 52 weeks in participants with early Parkinson's Disease (PD) who are untreated or treated with monoamine oxidase B (MAO-B) inhibitors since baseline. The study will consist of 2 parts: a 52-week, double-blind, placebo-controlled treatment period (Part 1) after which eligible participants will continue into an all-participants-on-treatment blinded dose extension for an additional 52 weeks (Part 2).

This study is currently recruiting.

iNDiGO

A multicenter, randomized, double-blind, placebo controlled, parallel group clinical study investigating the efficacy, tolerability, and safety of continuous subcutaneous ND0612 infusion Given as adjunct treatment to oral levOdopa in patients with Parkinson's Disease with motor fluctuations (iNDiGO)

We are conducting a research study that is evaluating an investigational Parkinson's disease treatment that uses a pump system to deliver a continuous infusion of an investigational medication. We want to learn more about the safety and effectiveness of this investigational treatment and medication.

To pre-qualify for this study, you must be:

- At least 30 years of age
- Diagnosed with Parkinson's disease
- Experiencing motor fluctuations and an average of at least 2 hours daily in the "OFF" state during waking hours
- Taking stable treatment with at least 4 daily doses of levodopa/carbidopa (or at least 3 daily doses of Rytary)
- Stable on your anti-Parkinson's disease medication for at least 28 days before the study



This study is currently recruiting.

SURE-PD3

A randomized, double-blind, placebo-controlled trial of urate elevating Inosine treatment to slow the clinical decline in early Parkinson's disease.

Previous studies have shown increased urate levels to be associated with slower rates of PD progression. Urate is now being considered as a neuroprotective agent for PD, and the study drug, inosine, will be used to bring urate levels up to a moderate level.

The main objective of this study is to determine if oral inosine will slow the clinical decline in early PD, with a 2 year treatment dose that moderately elevates serum urate.



You may be eligible to participate if you:

- Have a clinical diagnosis of PD made within 3 years to the first visit (screening visit)
- Are at least 30 years of age
- Are not requiring dopaminergic therapy
- Have a non-fasting serum urate level of ≤ 5.7 mg/dL at the first visit (screening visit)

This study is underway but no longer currently recruiting.



Huntington's Disease Clinical Trials



A worldwide observational study
for **Huntington's Disease** families

Do you have Huntington's disease? Are you related to someone who does?
Ask your healthcare professional about participating in Enroll-HD, a worldwide observational study. We're collecting data from families in an effort to improve our understanding and treatment of HD.
There are no potential therapies or invasive procedures in this study.
Participants attend only one visit per year.
You'll be in position to learn about upcoming observational and clinical research studies.
Be part of a worldwide effort to advance HD research.

Enroll-HD

Enroll-HD is an open-ended, prospective study, where participants will be asked to complete annual study visits. This will allow researchers to improve our understanding of the disease spectrum, to promote the development of evidence-based guidelines, and to improve health care outcomes and to develop beneficial treatments.

This study is currently enrolling individuals who have Huntington's disease, as well as individuals who are unsure if they are carriers of the HD gene expansion mutation, those who are related to someone with HD, and community controls (no relation to someone with HD, nor a family history of HD)

SIGNAL

A Phase 2, multi-center, randomized, double-blind, placebo controlled study in subjects with late prodromal and early manifest Huntington disease (HD) to assess the safety, tolerability, pharmacokinetics, and efficacy of VX15/2503

In this study, researchers are looking at a monoclonal antibody, VX15/2503, as a potential treatment for HD. This monoclonal antibody is a class of drug that binds to a molecule, and may block it from causing inflammation in the brain of those with HD. It may specifically protect against the inflammation that has been shown to affect thinking, movement and behaviors in those with HD.

Call for enrollment information.



Essential Tremor Clinical Trials

Are you currently taking Primidone for Essential Tremor? Would you like to help us better understand how Primidone effects tremor reduction or severity?

In this study, participants that are currently taking primidone will be asked to bring their daily dose to the clinic to be administered in a controlled clinic setting. Dr. Boyd and his study staff will monitor changes in tremor and blood levels of the medication. This study will require two visits to the Movement Disorders Clinic at the University of Vermont Medical Center, 1 South Prospect Street.

This study is currently recruiting.

For information or questions about participation in any of our clinical trials, please contact Emily Houston, Research Coordinator at (802) 656-8974 or Emily.Houston@med.uvm.edu

Movement for Parkinson's Classes

Offered for people with Parkinson's disease and their care partners, this dance class is designed to engage participants' minds and bodies through many styles of dance, while exploring stretching, muscle strengthening, postural stability, and rhythm through instruction and energizing music. The class is offered in a relaxed social environment that emphasizes enjoyment, fun, and creativity, with an eye towards connecting with the community.

No dance experience required.



Burlington

Flynn Arts, 153 Main St.

Every Wednesday, 10-11:30 am

January 17 - May 9 (No class 2/28 or 4/25)

Visit www.flynncenter.org or call (802) 652-4537

FREE

Burlington

Cathedral Square, 3 Cathedral Square

Every other Monday, 10-11 am

Begins January 22

Non-residents are welcome

FREE

Montpelier

Montpelier Senior Activity Center, 58 Barre St.

Every Thursday, 10-11:30am

January 18 - April 5

Call (802) 223-2518 to register

Cost: \$25 member, \$35 public

Saint Albans

Homestead at Pillsbury Manor, 3 Harborview Dr.

Every 3rd Friday, 10-11 am

Jan, 19, Feb 16, Mar 16, Apr 20, May 18

No charge – donations appreciated

Classes taught by M Sara McMahon, MA, FlynnArts Faculty member, who is a professional movement performer and educator trained in the Dance for PD® method.

For information about any of these classes, please contact Sara McMahon at (802) 881-9673 or movement.for.parkinsons@gmail.com

Other Community Classes

Moving Better, Living Better Through Dance

For generations, dance was held in the center of social gatherings of all kinds. Dance provided the opportunity to develop incredibly valuable skills such as sequencing movement, being precise in expressivity and rhythm, and engaging socially through movement. All of these qualities are critically important in sharpening neuro-pathways of the brain that enhance our quality of life, no matter what our age. These learning challenges, when taught in a group with good music, can be irresistible! And, these classes provide all the good things other movement classes offer, such as building strength, stamina, flexibility and postural stability – so you're getting your workout.

Liesje Smith, dancer, performer and certified Rolfer, is an inspiring and experienced teacher who brings an opportunity for you to develop the above skills in a fun and inspiring atmosphere. She can be contacted at liesjesmith2@gmail.com or (802) 355-1277.

Charlotte Senior Center - 125 Ferry Road, Charlotte, VT

Friday's from 9:30–10:30

Session I: 1/5, 1/12, 1/19, 1/26, 2/2, 2/9

Session II: 2/16, 2/23, 3/2, 3/9, 3/16, 3/23

Cost: \$60 per session. Registration necessary. Call (802) 425-6345.

Residence at Otter Creek - 350 Lodge Road, Middlebury, VT

2nd Thursday's from 10:00-11:00

Keep Moving With Parkinson's



Dee PT

The Dee Physical Therapy Wellness Program is offering a 6-week series exercise class this winter designed specifically for individuals with Parkinson's Disease. The class is taught by Laurel Lakey, a Physical Therapist Assistant who has a BFA in Dance. Exercises emphasize balance training, posture, flexibility and strength and are performed in both seated and standing

positions alongside musical selections. Participants may bring along one guest such as a significant other, family member, or caregiver to join as well.

For questions and to register, please call Dee Physical Therapy in Shelburne at 802-985-4440 and ask for Laurel Lakey, or email her at laurellakey@deept.com.

When: Thursday's from 1:00-2:00pm, January 18 - February 22

Where: Aerobics Room in the Shelburne Field House - 166 Athletic Drive, Shelburne

Cost: \$60.00 for 6 classes (covers you plus one guest)

Please note: This class is appropriate for individuals who are able to ambulate independently. For those who require assistance with ambulation but are interested in taking part, please contact the instructor.

ADAPTIVE CHAIR YOGA

SANGHA STUDIO NORTH
237 N. WINOOSKI AVE., BURLINGTON VT



Sponsored by the MS Program at the UVM Medical Center

THE
University of Vermont
MEDICAL CENTER



Sangha Studio

perfect for yoga beginners!
open to anyone with multiple sclerosis or parkinson's disease
great for strength, balance, breathing, and relaxation accessible
parking available on street and in parking garage

FREE!

JOIN US: 2:00–3:15PM
FIRST AND THIRD THURSDAYS
OF EVERY MONTH

For more information and questions:
email us at info@sanghastudio.org or visit sanghastudio.org

The Robert W. Hamill, MD Respite Care Program

About the Program

The Robert W. Hamill, MD Respite Care Program was initiated by the Vermont Chapter of the American Parkinson Disease Association (APDA) in 2009 to help ease the burden on those who care for people with Parkinson's disease. The program continues to be supported by ongoing fundraising efforts and donations to the Vermont Chapter.

What is the Program For?

The APDA is very aware of the enormous contribution family care partners offer every day to people with Parkinson's disease. We also know caregivers cannot give unendingly without some time and space to recharge themselves. Sometimes, a care partner is not comfortable leaving a family member alone. This program is designed to help pay for short term home care to supplement the care usually provided by family members. This allows the family caregivers to know their loved one is safe in the home while they are gone.

Eligibility Guidelines

- The person with PD and the caregiver must live together in Vermont.
- The APDA Vermont Chapter must receive a note from the physician confirming the diagnosis of PD.
- There are no income guidelines.

How Does it Work?

The APDA Vermont Chapter has contracted with home care agencies and adult day programs throughout the state. To arrange for respite care, simply follow the steps below:

- Contact the APDA Vermont Chapter at (802) 847-3366 or apdavermont@apdaparkinson.org.
- Have the physician who cares for the person with PD send a note confirming the diagnosis of PD and the need for respite care.
- Contact a local home care agency or adult day program to arrange care. We are happy to provide a list but we cannot make recommendations.
- Two vouchers are issued, each for 4 hours of respite care. Care does NOT need to be provided in 4 hour increments. We will send the vouchers directly to your provider of choice.
- The agency will then submit an invoice to us for payment along with the signed vouchers.
- The maximum number of hours allowed for payment is 8 per month.



Strength in optimism. Hope in progress.

Parkinson's Disease Support and Outreach Groups

Addison County, Last Thursday, 10-11:30 am

Residence at Otter Creek, 350 Lodge Road, Middlebury

Contact: APDA, (802) 847-3366, apdavermont@apdaparkinson.org

Brattleboro, 2nd Tuesday, 6 pm

Brattleboro Memorial Hospital

Contact: Tiea Zenbauer, (603) 209-2623, tieaz@zehnnaturals.com

Burlington, 2nd Wednesday, 1-2:30 pm

Residence at Shelburne Bay, 185 Pine Haven Shores Road, Shelburne – East Bldg

Contact: APDA, (802) 847-3366, apdavermont@apdaparkinson.org

Central Vermont YOUNG ONSET, Saturdays, 1-3 pm, *Dates Variable*

Westview Meadows at Montpelier, 171 Westview Meadows Road, Montpelier

Contact: Andrea Gould & Charlie Barasch, (802) 454-7806, chandran@gmavt.net

St. Albans, 2nd Tuesday, 10-11:30 am

Pillsbury Homestead Conference Room, 3 Harbor View Drive, St. Albans

Contact: Pat Rugg, (802) 524-5520, patrica_rugg18@comcast.net

St. Johnsbury, 3rd Friday, 10:30 am-12 pm

Northeastern Vermont Regional Hospital

Contact: Brendan Hadash, (802) 748-8074, bhadash@sover.net or Shelia Gallagher, (802) 626-5092, sgal@charter.net



Don't see a support group in your area? Start one!

Contact Charlotte Gowen, Program Coordinator, at (802) 847-4334 or Charlotte.Gowen@UVMHealth.org

Save the Date for Parkinson's Awareness Day

Saturday, April 14, 2018

Kimpton Taconic Hotel, Manchester, VT



VERMONT CHAPTER

Strength in optimism. Hope in progress.

More information to come!

If you are not on the APDA mailing or email list,
please contact apdavermont@apdaparkinson.org or call (802) 847-3366.

January

Movement Classes
Support Groups
Educational Opportunities
Other Events

THE
University of Vermont
MEDICAL CENTER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3 NH HD Support Group, 6:00-7:30	4	5	6
7	8	9 Brattleboro PD Support Group, 6:00	10 Burlington PD Support Group, 1:00-2:30	11	12 PD Journal Club, 9:00- 10:00	13 Mime Over Matter 10:30-12:00
14	15	16	17 Movement for PD, Flynn Arts, 10:00-11:30	18	19 St. Johnsbury PD Support Group, 10:30- 12:00 Movement for PD, St. Albans, 10:00-11:00	20 APDA Winter Blues Luncheon, 11:00- 2:00 Young Onset PD Support Group, 12:15-3:00 Mime Over Matter 10:30-12:00
21	22 Movement for PD, Cathedral Square, 10:00- 11:15	23 VT HD Support Group, 5:30-7:00	24 Movement for PD, Flynn Arts, 10:00-11:30	25 Addison Co. PD Support Group, 10-11:30	26	27 Mime Over Matter 10:30-12:00
28	29	30	31 Movement for PD, Flynn Arts, 10:00-11:30			**Calendar items are subject to change at any time. Contact the group leader before attending any event.

February

Movement Classes
Support Groups
Educational Opportunities
Other Events

THE
University of Vermont
MEDICAL CENTER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	Mime Over Matter 10:30-12:00
4	5 Movement for PD, Cathedral Square, 10:00-11:15	6	7 Movement for PD, Flynn Arts, 10:00-11:30 NH HD Support Group, 6:00-7:30	8 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	9	10 Mime Over Matter 10:30-12:00
11	12	13 Brattleboro PD Support Group, 6:00	14 Movement for PD, Flynn Arts, 10:00-11:30	15 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	16 Movement for PD, Saint Albans, 10:00-11:10	17 Young Onset PD Support Group, 1:00-3:00
		St. Albans PD Support Group, 10:00-11:30	Burlington PD Support Group, 1:00-2:30		St. Johnsbury PD Support Group, 10:30- 12:00	
18	19 Movement for PD, Cathedral Square, 10:00-11:15	20	21 Movement for PD, Flynn Arts, 10:00-11:30	22 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	23	24 Mime Over Matter 10:30-12:00
25	26	27 VT HD Support Group, 5:30-7:00	28			**Calendar items are subject to change at any time. Contact the group leader before attending any event.

March

Movement Classes
Support Groups
Educational Opportunities
Other Events

THE
University of Vermont
MEDICAL CENTER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
**Calendar items are subject to change at any time. Contact the group leader before attending any event.				1 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	2	3
	5 Movement for PD, Cathedral Square, 10:00-11:15	6	7 Movement for PD, Flynn Arts, 10:00-11:30 NH HD Support Group, 6:00-7:30	8 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	9	10 Mime Over Matter 10:30-12:00
	12	13 Brattleboro PD Support Group, 6:00	14 Movement for PD, Flynn Arts, 10:00-11:30	15 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	16 Movement for PD, Saint Albans, 10:00-11:15	17 Young Onset PD Support Group, 1:00-3:00
		St. Albans PD Support Group, 10:00-11:30	Burlington PD Support Group, 1:00-2:30		St. Johnsbury PD Support Group, 10:30-12:00	Mime Over Matter 10:30-12:00
	19 Movement for PD, Cathedral Square, 10:00-11:15	20	21 Movement for PD, Flynn Arts, 10:00-11:30	22 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	23	24 Mime Over Matter 10:30-12:00
25	26	27 VT HD Support Group, 5:30-7:00	28 Movement for PD, Flynn Arts, 10:00-11:30	29 Movement for PD, Montpelier Senior Ctr, 10:00-11:30 Addison Co. PD Support Group, 10:00-11:30	30	31 Mime Over Matter 10:30-12:00

April

Movement Classes
Support Groups
Educational Opportunities
Other Events

THE
University of Vermont
MEDICAL CENTER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Movement for PD, Cathedral Square, 10:00-11:15	3	4 Movement for PD, Flynn Arts, 10:00-11:30 NH HD Support Group, 6:00-7:30	5 Movement for PD, Montpelier Senior Ctr, 10:00-11:30	6	7 Mime Over Matter 10:30-12:00
8	9	10 Brattleboro PD Support Group, 6:00 St. Albans PD Support Group, 10:00-11:30	11 Movement for PD, Flynn Arts, 10:00-11:30 Burlington PD Support Group, 1:00-2:30	12	13	14 Parkinson's Awareness Day, Manchester, VT Mime Over Matter 10:30-12:00
15	16 Movement for PD, Cathedral Square, 10:00-11:15	17	18 Movement for PD, Flynn Arts, 10:00-11:30	19	20 Movement for PD, Saint Albans, 10:00-11:15 St. Johnsbury PD Support Group, 10:30- 12:00	21 Young Onset PD Support Group, 1:00-3:00 Mime Over Matter 10:30-12:00
22	23	24 VT HD Support Group, 5:30-7:00	25	26 Addison Co. PD Support Group, 10:00-11:30	27	28 Mime Over Matter 10:30-12:00
29	30 Movement for PD, Cathedral Square, 10:00-11:15					**Calendar items are subject to change at any time. Contact the group leader before attending any event.

May

Movement Classes
Support Groups
Educational Opportunities
Other Events

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 Movement for PD, Flynn Arts, 10:00-11:30 NH HD Support Group, 6:00-7:30	3	4	5 Mime Over Matter 10:30-12:00
6	7	8 Brattleboro PD Support Group, 6:00 St. Albans PD Support Group, 10:00-11:30	9 Movement for PD, Flynn Arts, 10:00-11:30 Burlington PD Support Group, 1:00-2:30	10	11	12 Mime Over Matter 10:30-12:00
13	14 Movement for PD, Cathedral Square, 10:00-11:15	15	16	17	18 Movement for PD, Saint Albans, 10:00-11:15 St. Johnsbury PD Support Group, 10:30- 12:00	19 Young Onset PD Support Group, 1:00-3:00 Mime Over Matter 10:30-12:00
20	21	22	23	24	25	26 Mime Over Matter 10:30-12:00
27	28 MEMORIAL DAY	29 VT HD Support Group, 5:30-7:00	30	31 Addison Co. PD Support Group, 10:00-11:30		**Calendar items are subject to change at any time. Contact the group leader before attending any event.

111 Colchester Avenue
Burlington, VT 05401

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BINTER CENTER NEWSLETTER

The Binter Center Newsletter is produced by The Frederick C. Binter Center for Parkinson's Disease & Movement Disorders.

NEWSLETTER EDITOR

Charlotte Gowen, Program Coordinator

NEUROLOGY

1 South Prospect Street
 Arnold, Level 2
 Burlington, VT 05401

PHONE

(802) 847-4589

FAX

(802) 847-2461

WEBSITE

UVMHealth.org/MedCenter/BinterCenter

Support the Binter Center

The Binter Center's budget is focused on providing top-notch clinical care, but the income from clinical care does not provide a margin for innovation and program development. This is why charitable gifts to support the Binter Center's educational, research and programmatic priorities are so important.

With your support, we at the Binter Center can continue to develop and expand *local* programs and services, participate in the latest clinical research, and provide education to fellow clinicians, students, and the community. Thank you for considering making a contribution!

Donate online at UVMHealth.org/MedCenter/BinterCenter or call (802) 656-2887.


 Huntington's Disease
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 Excellence