



American Parkinson Disease Association

BE INDEPENDENT

A Guide
for People
with Parkinson's Disease

American Parkinson Disease Association, Inc.

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INTRODUCTION

The activities that you do everyday are very important to maintaining your health and independence. “Be Independent” provides ideas for equipment and adaptations that you can incorporate to make doing everyday activities easier or more successful.

Activities of daily living include tasks such as bathing, grooming, dressing, preparing food, eating and caring for the home. Walking and general mobility - getting from place to place - are also important aspects of a person's life. People with Parkinson's disease often have tremors, rigidity and slowness of movement, that may interfere with their ability to care for themselves.

This booklet contains suggested techniques and useful aids that can help people to remain independent for as long as possible. The adaptive devices mentioned can be purchased at a medical supply store or online.

For further information, consult your physician, occupational therapist or physical therapist.

THE BEDROOM

Your bedroom should be kept free of clutter and be large enough to allow free access to the bed, bureau, closet and hallway doors. Throw rugs increase the risk of falling and should be avoided. If they are used, they must be taped or tacked to the floor even if they have non-skid rubber pads beneath them. Casters should be removed from furniture, since objects that roll provide unstable hand holds. Shoes and other small objects should be kept off the floor, especially at night.

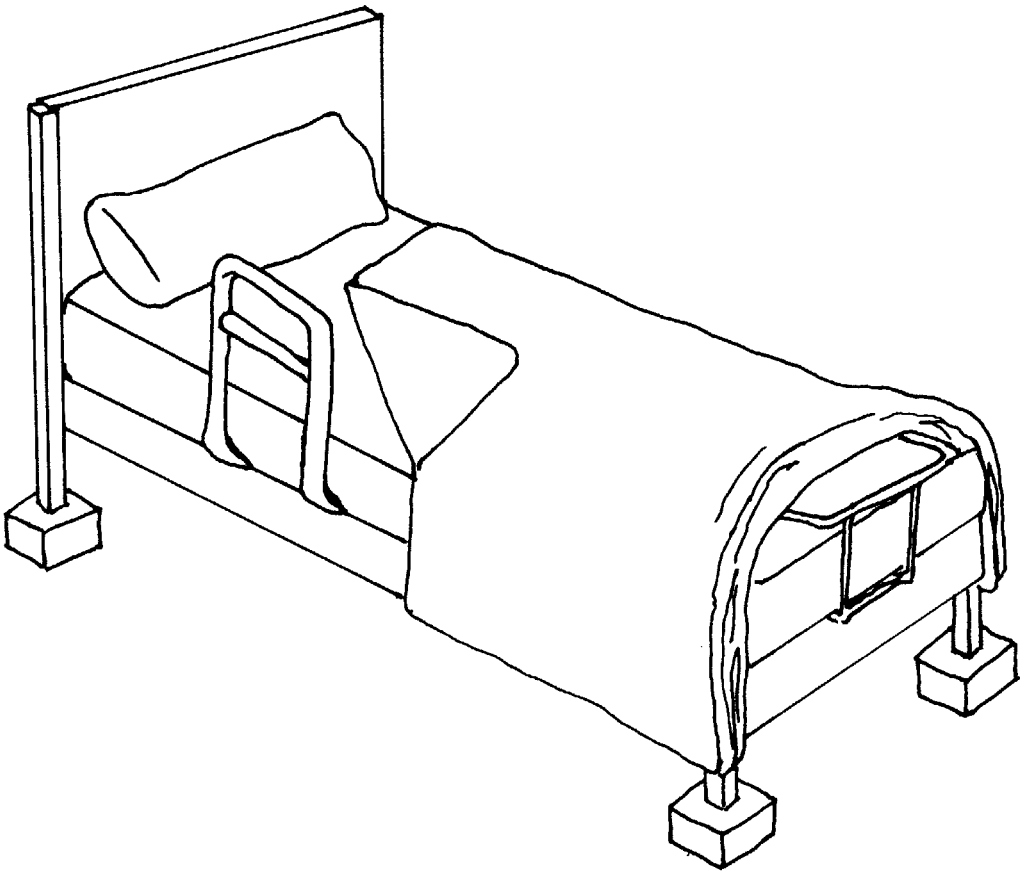
Special equipment and aids can be used in your bedroom to help you maintain your independence and safety while increasing your comfort.

Bedroom Equipment

1. A bedrail can be mounted on the frame of the bed, to give you support and leverage as you stand or sit. These are available at a medical supply store.
2. An adjustable blanket support can be used to keep your blankets off your feet, and keep your feet and lower legs free of the sheets while turning.
3. A chair with armrests and a firm seat should be part of the bedroom furniture. Dressing can be accomplished while sitting in the chair, thus eliminating the risk of falling. Try to avoid sitting in a low chair. If the chair is too low, try placing a firm cushion on the seat for elevation.
4. The bed should be no lower than knee height for ease in getting in and out. If your bed is too high, a carpenter can cut two or three inches off the legs. If your bed is too low, use a thicker mattress, or raise the bed with wood blocks under all four legs.
5. Night lights should be installed in a wall socket near the bedroom door, and lights that are triggered by motion in the hallway leading to the bathroom, and in the bathroom. They are indispensable in helping you avoid accidents, and can be purchased at any home improvement store.
6. A communication device such as a bell, intercom system, or baby monitor may be needed to ensure safety at night, especially if your voice is soft.

Getting in and out of bed and moving in bed is different for each individual depending on the state of their disease and the arrangement of the room and equipment. It is best to develop a plan with a physical or occupational therapist to determine the optimal way to get in and out of bed for your situation, so that safety is assured.

BEDROOM IDEAS



THE BATHROOM

Safety is essential in the bathroom. It is the most dangerous room in your house. The tile floor is slippery and the surfaces of the shower or tub are extremely slick, especially when wet. The average bathroom is often small and furnished with porcelain fixtures that jut out from the walls and restrict walking space. A call for help may go unheard, especially if the water is running or the door is closed. It is a good idea to have a portable phone or intercom while in the bathroom, so that help is available. It may also help to remove the locks on the bathroom door so that help can get to your family member if it is needed. Adequate equipment and awareness of danger increases the ease and safety of bathing and grooming. An occupational therapist can help evaluate your bathroom and make recommendations.

Bathing

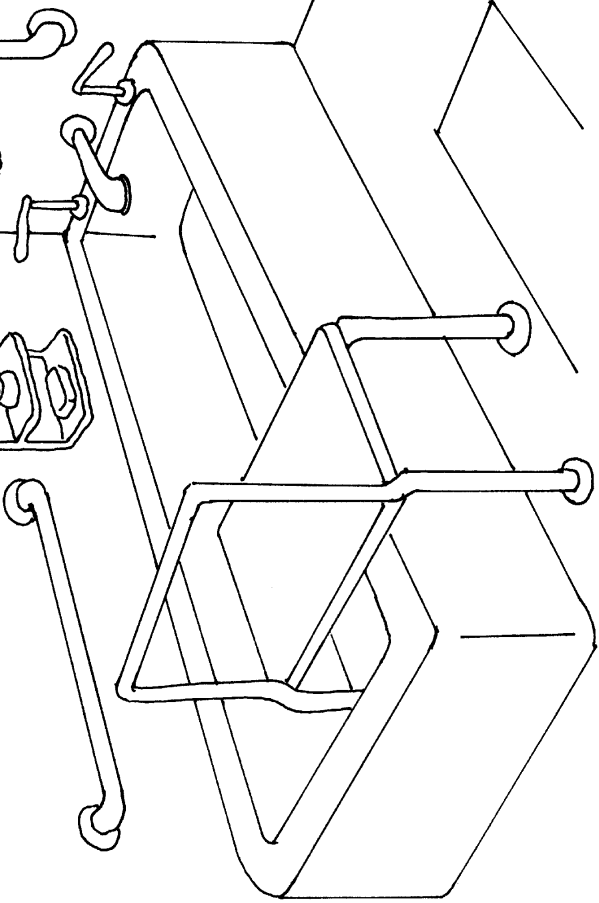
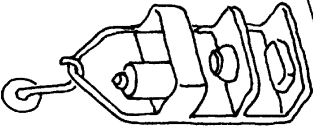
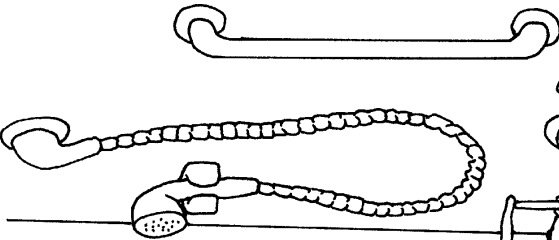
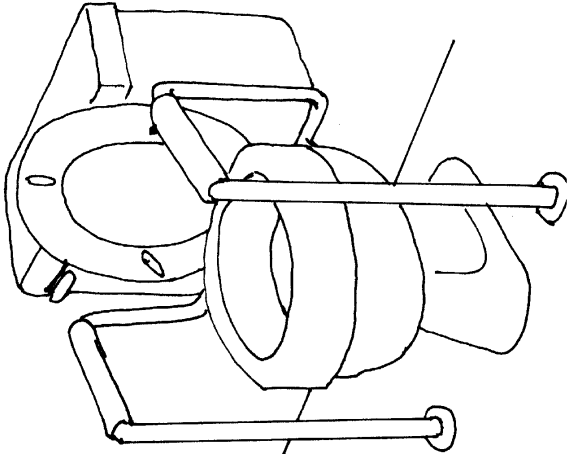
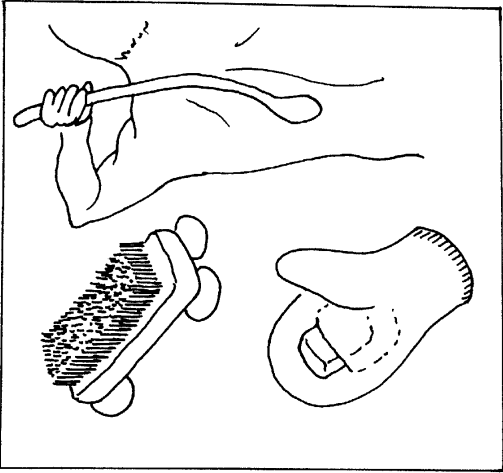
Bathing is easier if you are organized and keep everything that you need arranged safely within or near the tub.

1. Non-skid decals or strips attached to a tub or shower floor, or the use of a rubber mat, helps eliminate falls. Small bathroom rugs are easy to trip over and should not be used. Use a large rug that covers most of the floor, wall-to-wall carpeting or bare flooring. Do not wax the floor.
2. Grab bars or tub rails placed in strategic locations provide balance and support for getting in and out of the tub or shower. Never use towel racks and wall soap holders as grab bars. They are not designed for this use and may break away under pressure. The best locations for grab bars depend on how you are getting into the tub. If you are stepping into the tub, a tub mounted tub rail or a vertical grab bar mounted on the wall above the side of the tub are helpful. If you are sitting on a tub bench and sliding across, a grab bar on the far wall of the tub may make sliding easier.
3. Tub seats or shower chairs make bathing easier and safer. A transfer tub bench extends over the edge of the tub, and allows you to sit, and then swing your feet in, an advantage if you are uneasy about stepping over the side of the tub.
4. A flexible shower hose or a hand-held shower massage allows for safer bathing while seated. A shower nozzle with a turn-off knob is more convenient than a free-flow nozzle.

Toileting

1. A urinal may be kept within reach on a bed table, or a commode may be placed at the bedside for night time use. The urinal or commode helps reduce walks to the bathroom.
2. Disposable incontinence garments are designed to address the problem of accidental urination and may be especially helpful at night.
3. A raised toilet seat makes sitting on and rising from the toilet easier. Arm rails attached to the toilet, or a grab bar installed on the wall adjacent to the toilet, provide convenient hand holds. Raised toilet seats with rails attached generally are less helpful than a toilet safety frame or wall mounted grab bars because they are not high enough.

BATHROOM IDEAS



GROOMING

1. Soap on a rope keeps soap conveniently within reach while showering or taking a tub bath.
2. A suction nail brush makes grooming easier and safer. It can be secured to the tub, reducing the risk of injury from falling.
3. A long-handled sponge reaches the lower legs, feet and back. It helps eliminate bending and is necessary if you have a problem with balance. A curved bath sponge can be useful for washing your back.
4. Wash mitts are terry cloth gloves that eliminate the need for holding onto a washcloth
5. An electric razor should be used for safety, particularly if you have hand tremor. A variety of electric razor holders, which make grasp easier, are commercially available.
6. Round-headed faucets require a twisting motion to operate. This is difficult for people with impaired strength or coordination. They can be replaced with a lever-type handle or a single-arm-control faucet. A round-headed faucet can be improved by adding tap-turner adaptations.
7. Adding a commercially made built-up handle, a bicycle handle or a wrist cuff makes your toothbrush, hairbrush or comb handles larger and easier to grip. Extension handles may be helpful if your shoulder or arm movement is limited.

DRESSING

The fine hand coordination and strength needed for dressing is sometimes impaired in people with Parkinson's disease. Pain and stiffness in your limbs can also complicate putting on and taking off your clothing, particularly underwear, socks and slacks.

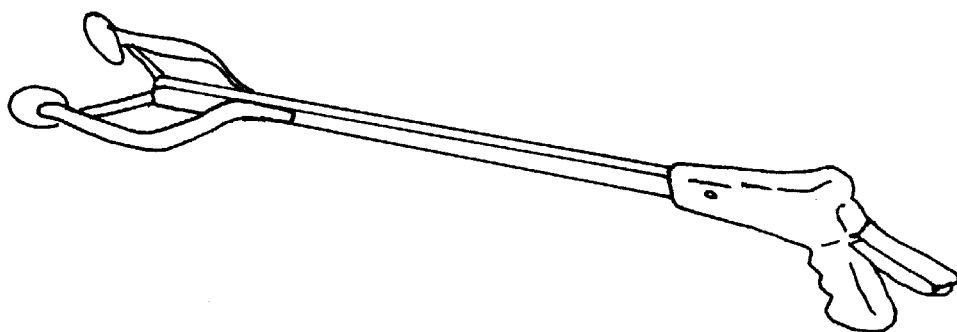
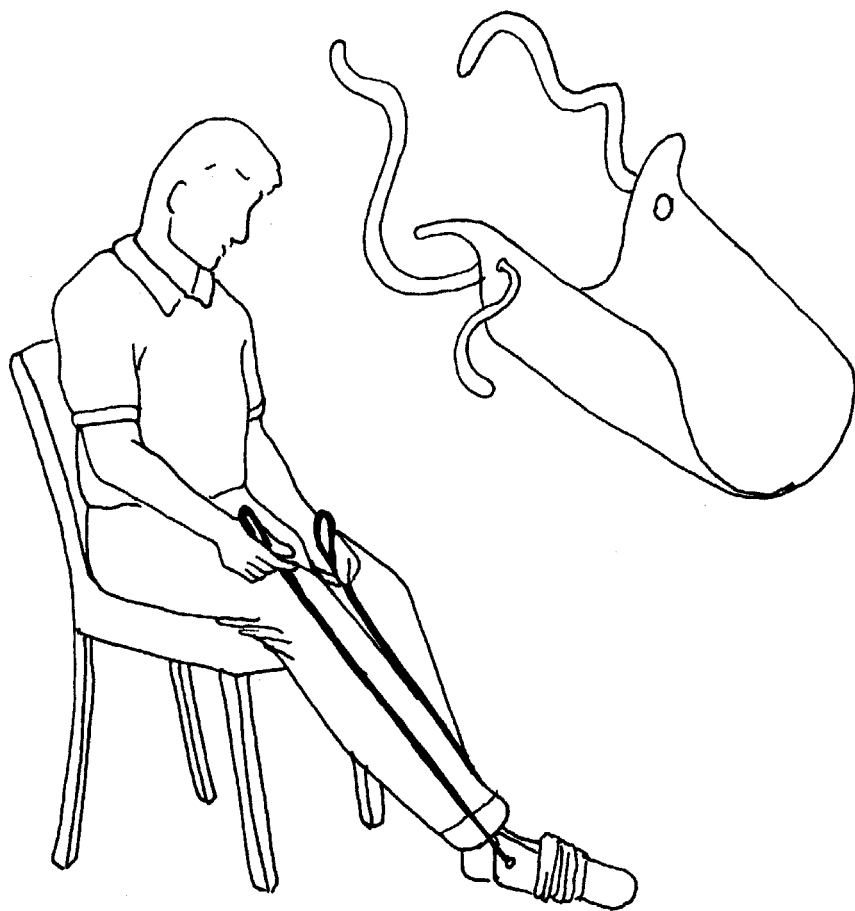
Many simple and useful tips and aids can help you remain independent. Try to choose clothing that is easy to manage.

1. Loose fitting, stretchy clothes with simple fastenings are easier to put on and take off.
2. For some people, pullover tops may be more convenient. They eliminate the need for buttoning.
3. Front-closing garments are easier to manage than zipper and button-back garments.
4. Knee-length stockings can be worn instead of panty hose only if they have wide elasticize tops to prevent constriction of circulation. NEVER wear stockings rolled down and secured with a rubber band or garter. This impairs circulation.
5. Clothing should be placed, in order of wear, on a chair near you.
6. Take your time, if possible. Do not allow anyone to rush you. Try to maintain your independence.

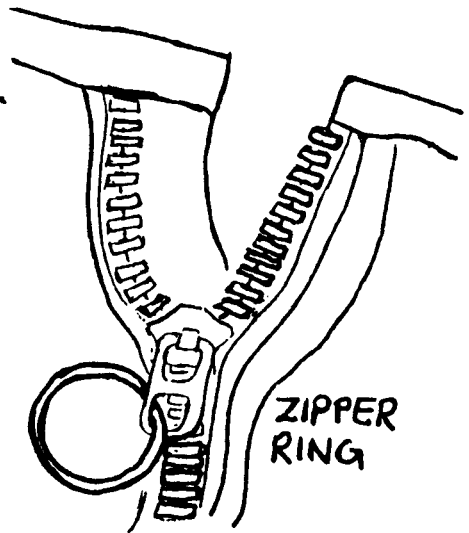
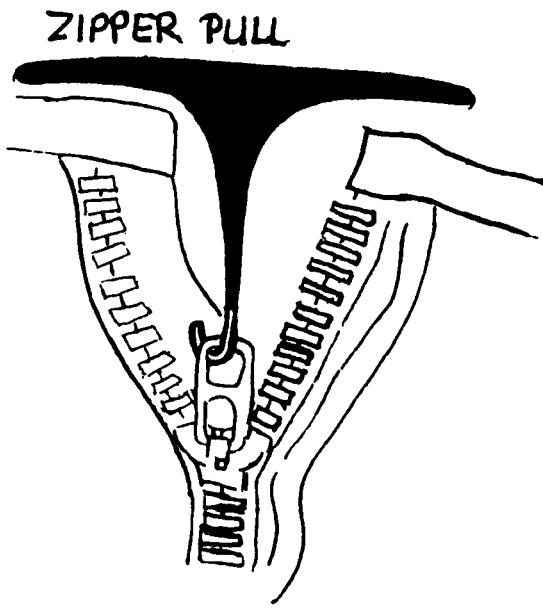
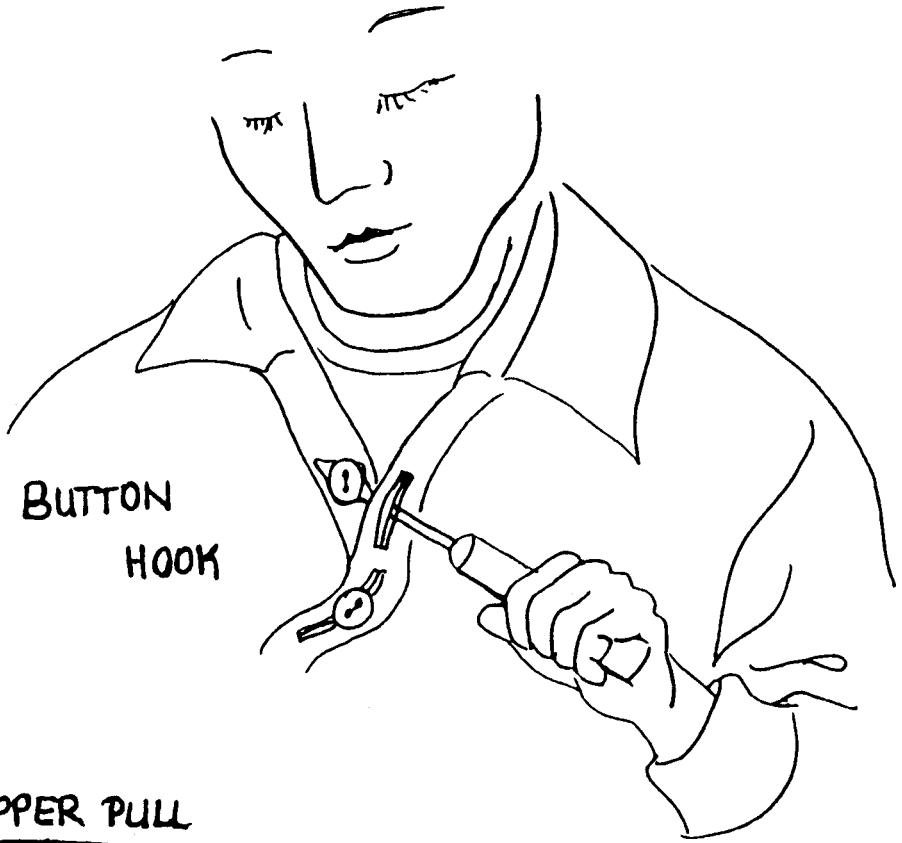
Dressing Devices

1. Hook and loop fasteners are excellent substitutions for buttons and zippers. Sew tabs of hook and loop over the button hole and on the underside of the button. Press the hook and loop strips together to fasten your shirt.
2. A buttonhook or button aid slips through the buttonhole and pulls the button back through it. The handles of these tools are more easily grasped than a small button when fine hand coordination is impaired.
3. Large, easily grasped zipper pulls or rings make opening and closing trouser flies, jackets and coats less difficult.
4. Small cuff buttons can be difficult to manipulate. Use elastic thread to sew buttons onto cuffs. Keep them buttoned all the time and slide your hands through. You can also join the cuff with a hook and loop closure.
5. A dressing stick or reacher is useful for pulling pants and undergarments up over your legs. It allows you to remain seated while dressing and reduces the risk of falling. Reachers can also be used to pick up objects that have dropped to the floor.
6. Elastic shoe laces need to be tied only once, thus converting laced shoes to slip-on shoes. Standard tie shoes can be closed with hook and loop strips. A shoe maker can stitch them on.
7. A front-closing bra is easier to put on and take off. You can adapt a back-closing bra by sewing up the rear closure, cutting the front open and attaching hook and loop strips.
8. A long-handled shoehorn and a sock donner reduce bending and straining when putting on socks and shoes.
9. Lower the closet rods in closets so you do not have to reach high.

DRESSING IDEAS



DRESSING IDEAS



THE KITCHEN

Decreased strength, range of motion and coordination problems can limit your ability to perform kitchen activities such as: meal preparation, food storage, eating, cleaning and clearing up after meals. Many ingenious aids have been devised to improve safety and efficiency in the kitchen.

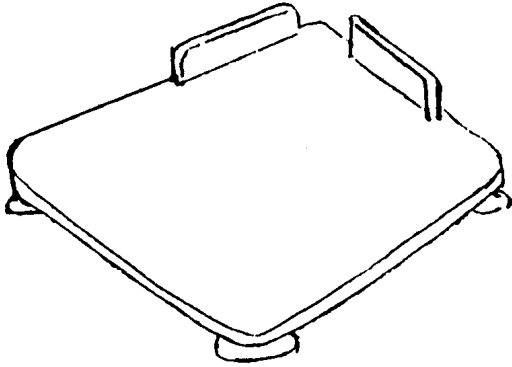
1. Your kitchen should be kept well organized with dishes, utensils and foods stored near to where they are used and within easy reach. Coffee and tea for instance, should be stored as close as possible to the tea kettle.
2. Store utensils you rarely use behind those you use every day.
3. If you have wall space, install a pegboard at an accessible height and hang utensils there.
4. Pace yourself during kitchen activities and plan before you start to avoid unnecessary energy-consuming steps.
5. If you have impaired balance, slowness of movement or decreased hand coordination, meal preparation is safer and easier if done while seated.

Meal Preparation

1. A Lazy Susan, placed in the center of the kitchen table or on a counter, holds numerous frequently used items and eliminates the need to gather each one before meals. The Lazy Susan can also be used as a shelf organizer to reduce the need to reach for objects at the back of the shelf.
2. Reachers can be used in the kitchen to pick up objects that fall to the floor. Heavy objects should be placed in counter-height cabinets.
3. Rubberized shelf liner can be placed under bowls and pans to stabilize them while you are preparing food.
4. Electric can openers are useful and convenient, especially if fine hand coordination is impaired.
5. A jar opener eases the problem of opening jars.
6. A cutting board with a raised edge prevents diced vegetables and small pieces of meat from scattering off the board. Suction cups can be attached to the bottom of your cutting board to prevent it from sliding.
7. Purchase prepared or partially prepared foods, such as mini-carrots or lettuce to save your energy and time.
8. A microwave, used instead of a stove, reduces your risk of injury from burns.
9. A long-handled dustpan enables you to collect floor sweepings without bending to the floor. A sponge mop should be kept easily accessible, as spills should be wiped up immediately to reduce the chance of falling.

10. Your strength and hand function should affect your choice of pots and pans. If you have limited strength, use aluminum pots and pans and light weight dishes. Make sure that the shape and size of the handles are suited to your grasp strength. A long pot handle allows for two-handed lifting.
11. A pot stabilizer keeps the handle steady when you stir.
12. A kitchen scissor can help you to open plastic packages and boxes that are difficult to rip.
13. A crock-pot helps you avoid the bending and lifting associated with the oven.

KITCHEN IDEAS

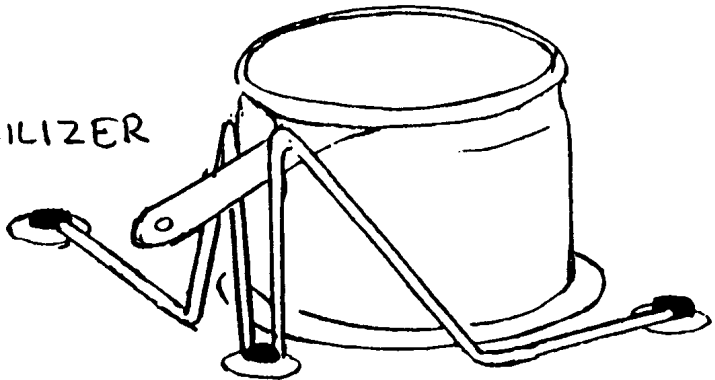


CUTTING BOARD
WITH LIP AND
SUCTIONS



ZIM JAR
OPENER

POT
STABILIZER



Eating

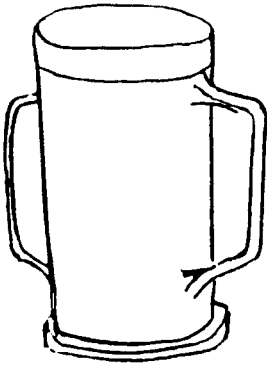
There are many attractive and durable commercially available mealtime aids. They have been designed to enable you to continue to eat with as much independence as possible.

If you use a special or adapted piece of silverware at home, take it with you when you dine in a restaurant. If you have difficulty cutting food, ask the waiter to have the food cut in the kitchen before it is presented to you. This prevents someone from having to reach across the table to assist you and thus call attention to your disability. Take your time while eating and try not to let anyone rush you.

Mealtime Equipment

1. Attachable plate guards provide a rim on one side of the plate. Food, especially small vegetables, can be pushed against the guard, where they fall onto the fork. Plate guards also prevent spills. Scoop dishes contoured with raised edges serve the same purpose.
2. Silverware with built up plastic handles are more easily grasped. Tubular foam padding can be attached to the utensil to widen the grip. Soupspoons can be used instead of forks when eating small pieces of food. A Spork is a combination spoon and fork, which is one utensil that can spear as well as hold food. A rocking knife may be used instead of a straight knife if you have problems with coordination. Weighted utensils may help to decrease hand tremors, thus allowing the utensil to reach your mouth more easily.
3. A mug with a large handle for easy grasp should be used if your tremor is severe. An insulated mug with a lid reduces the risk of burns from spills when drinking hot liquids.
4. Rubberized shelf liner can be placed under plates, cups and serving dishes to keep them from sliding.

MEALTIME IDEAS



THERMAL
MUG

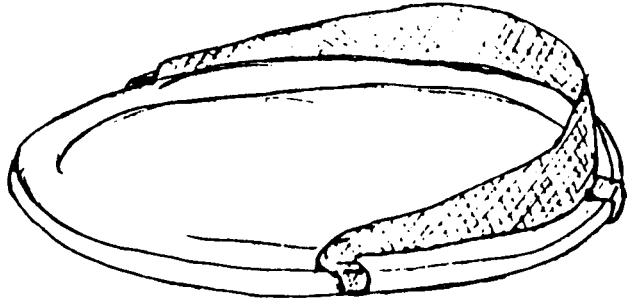
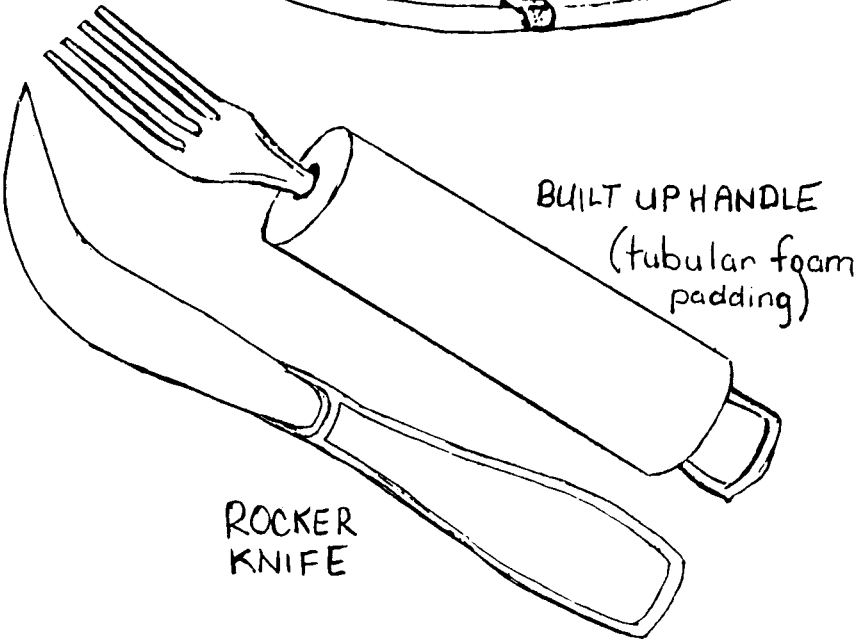


PLATE WITH FOOD GUARD



BUILT UP HANDLE
(tubular foam
padding)

ROCKER
KNIFE

WALKING/MOBILITY

The ability to get from one place to another inside or outside the home is very important. There are a number of assistive devices, which can help a person with decreased balance, coordination, or mobility to walk safely. To determine the optimal gait aid, it is beneficial to consult with a physical therapist. They are trained to evaluate all the factors associated with movement and can individually prescribe what type of aid will work the best considering your unique problems with movement.

Posture

Frequently individuals with Parkinson's have a tendency toward forward and/or laterally bent posture. Evaluation by a physical therapist for posture and corrective strategies may be helpful.

Fall Prevention

There are many things that can be done to prevent and avoid falls, including review of medications, strengthening exercise, and home rearrangement for safety. You can consult with a physical or occupational therapist to maximize your safety at home and the community. If you are experiencing falls, it is important to discuss this problem with your physician.

WALKING EQUIPMENT

Canes

Canes can be used to compensate for minor balance problems. They come in a variety of shapes and sizes and increase your base of support.

The standard J-Handle cane offers some stability/sense of security with minor balance problems. A cane is also a visible cue to others to provide adequate space and avoid contact that may cause loss of balance. Hiking poles are another option, especially for outdoors. They can help improve posture with walking. Four point canes or quad canes are not recommended. They interrupt the flow of movement and require divided attention.

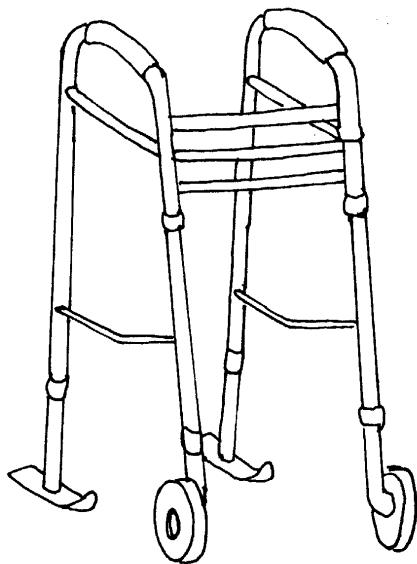
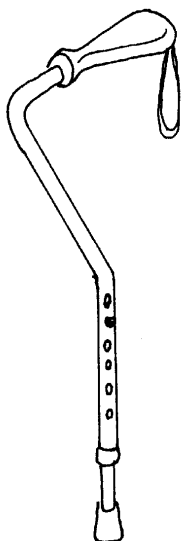
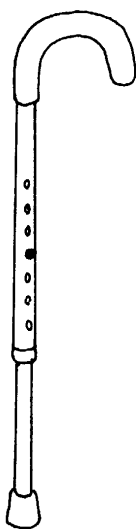
Walkers

If more assistance than a cane is needed, a walker can be prescribed. Standard four post walkers are not recommended for people with PD. Loss of balance can occur when lifting the walker to advance or to turn. A front wheeled walker allows you to walk without stopping and starting but also requires more maneuvering to turn corners. A four-wheeled walker is preferable because the large swivel wheels allow for smoother turns, and it has hand brakes that can help you stop or slow down. There are also commercial uniquely designed walkers for individuals who have Parkinson's disease that contain additional features that may be helpful. A physical therapist can help you identify the best aid for safety in walking. Caution is required on uneven surfaces, and ideally, throw rugs should be avoided. A walker that folds is good if you need to store or transport it in limited space - for example, in a car.

Wheelchairs

If you are unable to walk or can walk only a short distance, a wheelchair will offer more functional mobility. In order to best accommodate your individual needs, a physical therapist should be consulted so that an appropriate wheelchair is selected.

WALKING IDEAS



Negotiating Stairs

Stairs often become a major barrier to a person who has limited strength, balance, and mobility. The following ideas make stair climbing easier. Specific instructions for walking up and down stairs can be provided by a physical therapist.

1. Use a handrail, if available and well secured. Hold onto the hand railing with one hand and an assistive device, if needed, in the other hand.
2. If you are unable to go up or down the stairs safely in a step-over-step manner, negotiate the stairs one step at a time. Place one foot on the step; place the second foot on the same step before you move on to the next.
3. If someone is assisting you, that person should stay by your side. The assisting person should stagger their feet so that their lead foot is one step down from yours as they face you. This maintains better balance.
4. A chair lift may be installed, but can be expensive.
5. For outdoor stair entry to your home, you may wish to have a ramp built to accommodate walking difficulty or wheelchair entry.

GETTING IN/OUT OF A CAR

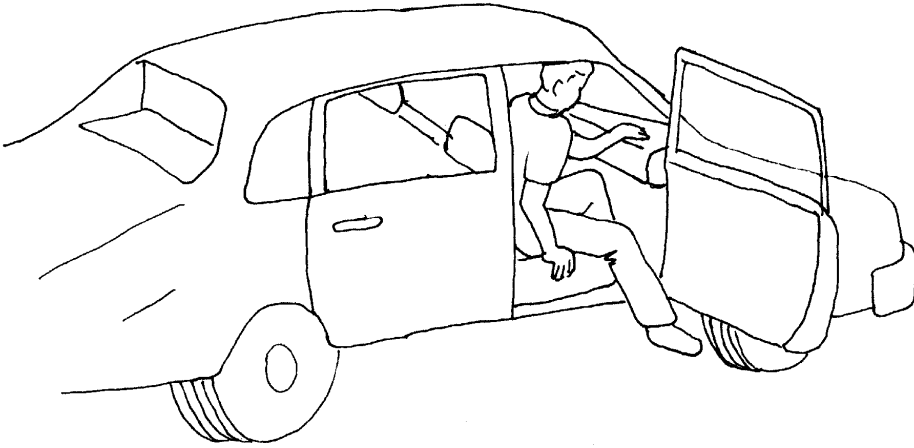
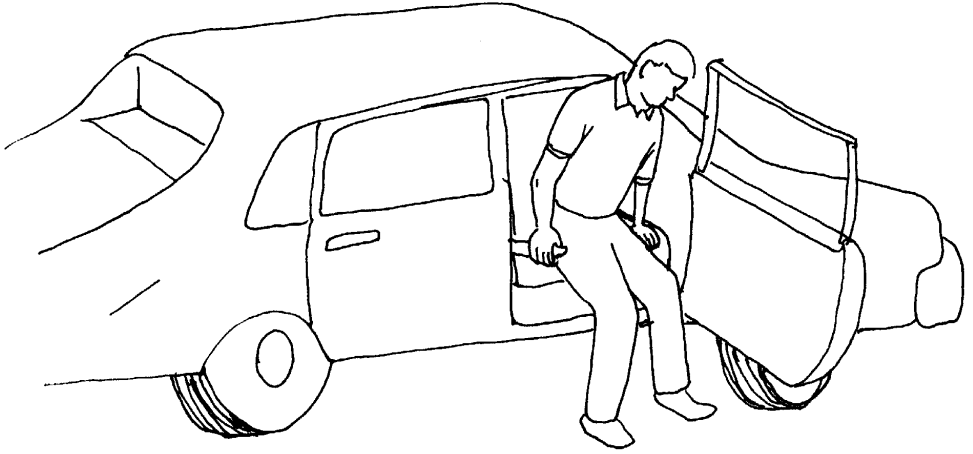
There are ways to make getting in or out of a car easier.

1. First, the car must be parked far enough away from the curb so that you can step onto the level ground before you get into or out of the car.
2. To get into a car, turn so that your back is to the seat where you will sit. Reach back for the seat and/or dashboard (bending your knees and bending forward at the waist, and ducking your head to avoid hitting the ceiling), and slowly sit down. Do not hold onto the moving door.
3. Lift your legs into the car one at a time as you turn to face forward on the seat. A plastic bag on the cloth seat may make turning easier.
4. To exit the car, turn and swing both legs out to the side and place feet on the ground, scoot forward to the edge of the seat, and leaning forward at the waist, push down with your hands on the seat or dashboard to stand.

Tips: A pillow can make it easier to stand up from a low car. A commercial removable hand grip can be purchased and attached to the middle door frame to provide an additional support on which to bear weight when standing up.

Specific car mobility techniques can be taught and practiced with a physical or occupational therapist. If you are using a wheelchair, consider a wheelchair lift to elevate the chair into the car. When purchasing your wheelchair, purchase as lightweight a chair as possible if you plan on moving it in and out of a car.

GETTING INTO A CAR

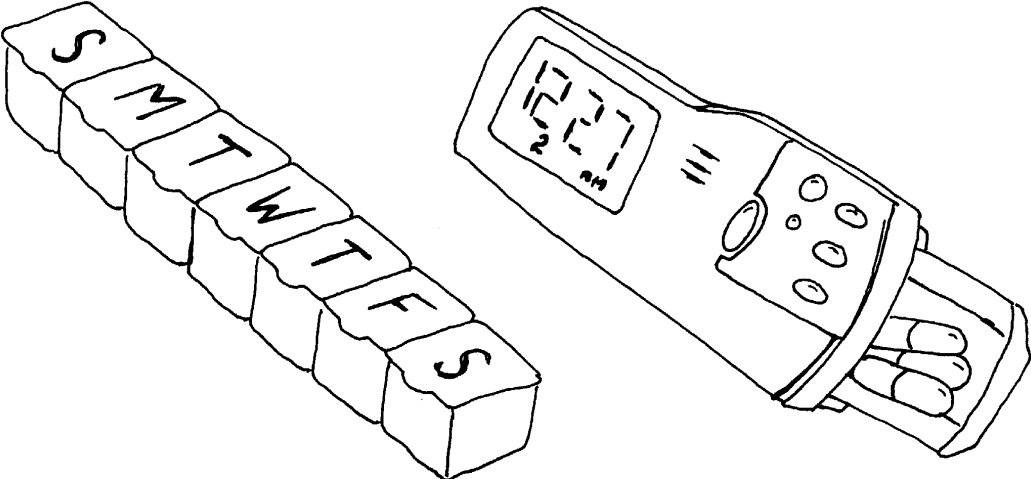


MANAGING MEDICATION

Taking the right medications on the right schedule is important. There are many things you can do to help keep yourself on track.

1. Using weekly pillboxes for your medications helps you to know that you have taken the correct medication at the correct time. You can use different colored boxes at each time of day to keep them straight. Then, if you wonder if you have taken your medication, you can check if that day and time's medication is still in the box.
2. Electronic medication reminders are available that vibrate or ring a bell or actually tell you to "take your medication" on a schedule that you set. They may be incorporated into a watch. Some also have a place to put your medication, so it's always with you.
3. Devices that cut pills in half, pill splitters, are available to help you use pills that are double the dosage you may need.
4. An occupational therapist can help you find a medication reminder system that works for you.

MEDICATION REMINDERS



MANAGING FATIGUE

Fatigue is a common problem for individuals with Parkinson's disease. In addition, individuals with Parkinson's may have difficulty initiating activity, making it difficult to get things done. Managing fatigue and initiation of activities are two very important things.

1. Stop and take a rest before you are tired. Once you are aware that you are tired, it will take you much longer to recover your energy. This means you should schedule and take your rest before you feel tired.
2. Taking a rest does not mean that you have to sleep, but it does mean stopping what you are doing and taking a break. It may be that sitting quietly, taking a short nap, or watching television helps you regain your energy. If you are concerned that you will sleep too long, use a timer to let you know when the rest break is over.
3. You will need to experiment with times to rest and ways to rest, so keep track of your energy level at the end of the day. A daily journal in which, you track when you took a rest, what kind of a rest you took and how you felt towards the end of the day will help you identify patterns that are more successful.
4. Because starting activities is often very difficult for individuals with Parkinson's, a daily plan of activities may help. Plan when you will do activities and when and how long you will rest. Use a timer to help keep you close to the plan

5. When considering the use of adaptive equipment or help from another person, pick those activities that are particularly exhausting. If taking a shower is an exhausting activity, using equipment that allows you to sit while in the shower may be very beneficial.
6. If dressing is more of a challenge to you, then adaptive equipment, special clothing, or assistance with dressing may have a bigger pay off. Then you will have more energy or time to do other tasks later.
7. Pace yourself during the day. Individuals who have problems with fatigue often tend to overdo at their best time of the day, and then have very limited energy for later. Timing difficult or challenging tasks with times that your medications are more effective may also be helpful.
8. It is important to remember that fatigue influences how well you think. If you are very tired, you may have more problems with memory. It is helpful to develop habits, such as writing down phone messages or doctor appointments, because if you are tired when you take the message, you may not remember.
9. An occupational therapist can help you with other techniques to manage your fatigue.

MISCELLANEOUS SAFETY & CONVENIENCE TIPS

- If you have a problem with shuffling, small steps and stopping while walking, arrange the furniture so as to avoid congested areas.
- Keep hallways free of obstacles.
- Plan a route through the house so that there is always a safe handhold available in case you lose your balance.
- Railings can be installed on the walls to provide support.
- Your family should consult with you before they rearrange the furniture so that you do not lose familiarity with your surroundings.
- Avoid low couches and chairs as they are often difficult to rise from without help.
- It is easier to get up from a straight back chair with armrests and a firm seat.
- A firm cushion can be used on a chair to acquire the height that is best for you.
- Pneumatic lifter seats can assist an individual with extreme difficulty rising from a chair.
- Handrails can be installed on all staircases, especially outdoors.
- Use a carpet sweeper instead of a vacuum. It is lighter and easier to manipulate.

MISCELLANEOUS SAFETY & CONVENIENCE TIPS

(Continued)

- A commercially made telephone holder has a long, flexible shaft that attaches to most tables and can be positioned to hold the telephone receiver so a person can use the hand set without having to move or even touch it.
- Phones are available with large numbers and push buttons to make dialing easier.
- Speaker phones can be used to talk without the need to hold a receiver.
- Phones can be equipped with amplification systems to enhance small voices.
- Emergency alert systems with a push “call” button are commercially available to recruit help while in your home.
- A door knob turner fits over the door handle and converts the round knob into a lever, making the door easier to open.
- Various pens, pencils, and writing devices are available to stabilize your grip. A weighted pen may help reduce tremors and improve handwriting. An occupational therapist can help you determine your best form(s) of help with writing.

A MESSAGE TO THE FAMILY

In order to preserve independence in activities of daily living, people with Parkinson's disease should do all that they can for themselves. Because of tremor, rigidity and slowness of movement, each activity may take more time than it used to.

It is tempting to do or to complete tasks for people. It saves time and, perhaps, frustration. However, this may lead to dependence, because it decreases motivation to help one's self.

The physical ability of persons with Parkinson's disease varies throughout the day in response to their anti-Parkinson's medication. Tremor, rigidity and slowness of movement may be more pronounced in the morning than in the afternoon. A person's ability to dress or to eat may be impaired at one time and not another. It is important to talk about how much help someone needs, and to get in the habit of asking if someone wants help before you assist him or her. This allows your family member to make a decision about how much help they want.

To decrease misunderstanding and further frustration, families should be aware that their relatives are not malingering, but that it is the variability of the disease that causes fluctuation in independence. People may require help some of the time, but not all of the time. It is vitally important for the families of people with Parkinson's disease to help them remain as independent as possible.

RESOURCES

To find rehabilitation professionals and/or equipment suggested in this book:

1. Contact a local physical or occupational therapist for advice on how and where to obtain specialized adaptive equipment in your community.
2. Contact your local American Parkinson Disease Association (APDA) Information and Referral Center. (see back page)
3. Use an internet browser to do a search for the item, and this will provide names of companies and their contact/ordering information.

APDA Information and Referral (I&R) Centers

Alabama, Birmingham
University of Alabama at
Birmingham
205-934-9100

Arizona, Phoenix
Banner Good Samaritan
Medical Center
602-239-3542

Arizona, Tucson
University of Arizona
520-626-5055
866-897-1261

Arkansas, Hot Springs
St. Joseph's Regional
Health Center
800-345-6621
501-622-3990

California, Fountain Valley
Orange Coast Memorial
Medical Center
714-378-5022
877-610-2732

California, Laguna Hills
Saddleback Memorial
Medical Center
877-610-2732
714-378-5022

California, Long Beach
Long Beach Memorial
Medical Center
877-610-2732
714-378-5022

California, Los Angeles
Cedars-Sinai Health System
310-423-7933
877-223-3277

California, Los Angeles (UCLA)
Reed Neurological
Research Center
310-206-9799

California, Northridge
Center for Aging Research
818-885-8623
866-499-2732

California, Pasadena
Huntington Hospital
626-397-2684

California, San Diego
Information & Referral Center
858-273-6763

California, Stanford
Stanford University
Medical Center
650-724-6090
866-250-2414

Connecticut, New Haven
Hospital of Saint Raphael
203-789-3936

Florida, Jacksonville
Mayo Clinic, Jacksonville
904-953-7030

Florida, Deerfield Beach
North Broward Medical Center
800-825-2732
954-786-2305

Florida, St. Petersburg
Edward White Hospital
727-328-6246

Georgia, Atlanta
Emory University School
of Medicine
404-728-6552

Illinois, Chicago
Central DuPage Hospital
800-223-9776 (out of IL.)
847-657-5787

Iowa, Des Moines
Iowa Health - DesMoines
515-241-6379
877-872-6386

Kentucky, Lexington
University of Kentucky
859-257-2732
866-544-2732

Louisiana, New Orleans
Ochsner Clinic Foundation
504-842-4272

Louisiana, Shreveport
Louisiana State University
318-675-6142

Maine, Falmouth
Maine Medical Center
207-781-1735
800-832-4116

Maryland, Baltimore
University of Maryland
800-862-5457

Massachusetts, Boston
Boston University School
of Medicine
617-638-8466
800-651-8466

Minnesota, Minneapolis
Abbott Northwestern Hospital
Minneapolis Neuroscience Inst.
612-863-5850
888-302-7762

Mississippi, Gulfport
Gulfport Memorial Hospital
228-575-1330
601-618-2772

Missouri, St. Louis
Washington University
Medical Center
314-362-3299

Montana, Great Falls
Benefis Health Care
406-455-2964
800-233-9040

Nebraska, Omaha
Creighton University
402-449-4535
866-626-7347

Nevada, Las Vegas
702-464-3132

Nevada, Reno
V.A. Medical Center
775-328-1715

New Hampshire, Lebanon
Dartmouth-Hitchcock
Medical Center
603-650-5280

New Jersey, New Brunswick
Robert Wood Johnson
University Hospital
732-745-7520

New Mexico, Albuquerque
APDA Information &
Referral Center
877-515-4560

New York, Albany
The Albany Medical College
518-262-6402

New York, Far Rockaway
Peninsula Hospital
718-734-2876

New York, Manhattan
New York University
212-983-1379

New York, Old Westbury
New York College of
Osteopathic Medicine
516-626-6114

New York, Smithtown
St. Catherine's of Siena Hospital
631-862-3560

New York, Staten Island
Staten Island University Hospital
718-226-6129

New York, Westfield
Westfield Memorial Hospital
718-783-2112

Ohio, Kettering
Kettering Medical Center
937-903-0699

Oklahoma, Tulsa
Hillcrest Medical Center System
918-747-3747

Pennsylvania, Erie
Health South Rehabilitation
Hospital
814-456-4210

Pennsylvania, Philadelphia
Crozer-Chester Medical Center
610-447-2911

Pennsylvania, Pittsburgh
Allegheny General Hospital
412-441-4100

Rhode Island, Warwick
Kent Hospital
401-736-1046

Tennessee, Memphis
Methodist Hospital
901-516-0677

Tennessee, Nashville
Centennial Medical Center
615-342-4635
800-493-2842

Texas, Dallas
Baylor University Medical Center
214-820-3800

Texas, Lubbock
Convenant Hospital
806-785-2732
800-687-5498

Texas, San Antonio
The University of Texas HSC
210-567-6688

Texas, Tyler
East Texas Medical Center
903-596-3648
866-491-2732

Utah, Salt Lake City
University of Utah
801-585-2354

Vermont, Burlington
University of Vermont
802-847-3366
888-763-3366

Virginia, Charlottesville
University of Virginia
Medical Center
434-982-4482

Washington, Seattle
University of Washington
206-543-5369

Wisconsin, Madison
St. Mary's Hospital
608-229-7628

DEDICATED CENTERS

Armed Forces Veterans
Reno, NV
775-328-1715

Young Onset Center
Central DuPage Hospital
Winfield, IL
877-223-3801

Please contact the nearest I & R Center for information regarding Support Groups and Chapters or call the National Office at 1-800-223-2732.



American Parkinson Disease Association

American Parkinson Disease Association, Inc.

Parkinson Plaza
135 Parkinson Ave.
Staten Island, NY 10305-1946
1-800-223-2732
www.apdaparkinson.org
apda@apdaparkinson.org

APDA Young Onset Center

Central DuPage Hospital
25 N. Winfield Road
Winfield, IL 60190
1-877-223-3801
www.youngparkinsons.org
apda@youngparkinsons.org

APDA West Coast Office

10850 Wilshire Boulevard, Suite 730
Los Angeles, CA 90024
1-800-908-2732
www.parkinsonsapda.org
apdawc@earthlink.net