BETTER BRAIN HEALTH AND BALANCE

Dr. Beth Templin, PT, DPT, GCS

Dr. Beth Templin is the owner of HouseFit Physical Therapy & Fitness, which specializes in helping aging adults and people living with PD to stay active and independent and enjoy life fully.

We know that intense exercise is one of the best ways to improve and maintain your physical fitness with a Parkinson’s diagnosis. Just as important is maintaining good brain health. When you take a deeper look into brain heath, there are several recommendations including: participating in regular physical activity, getting a good night sleep, engaging in mentally stimulating activities, eating a brain healthy diet, managing your health, and staying socially engaged.

Today we’re going to focus on two of these recommendations, physical activity and mentally stimulating activities. We know that exercise increases blood flow to the brain, helping to bring in nutrients and carry away wastes, promoting healthy brain tissue. Physical activity also stimulates the production of Brain-Derived Neurotrophic Factor (BDNF), which helps support the growth and survival of new brain cells.

Mentally stimulating activities can range from playing brain games to learning new hobbies. By challenging your brain and continuing to learn new information, you strengthen your brain, making it easier to think faster, focus and remember more. When you overlap these two activities and perform cognitive challenges while exercising, you amplify the benefits of both for your brain health.

The combination of moving and thinking at the same time requires more concentration and is known as dual tasking. Typically, when you dual task, one or both of the activities suffer, meaning they are not performed as effectively. People living with PD often demonstrate larger gaps in performance compared to older adults living without PD. This can affect activities like walking and lead to increased fall risk or loss of independence. The good news is research shows dual tasking can be improved in people living with PD with practice.

There is an app called Clock Yourself that you can install on smart phones or tablets that can help you perform these activities at the same time.
**BETTER BRAIN HEALTH AND BALANCE**

with Clock Yourself (cont.)

This specific app works on reactive stepping or stepping in different directions randomly. Performing reactive step training has been shown to be an important part of balance training and reducing fall risk. Since people living with Parkinson’s are at a higher risk of falls than the normal population, I think it’s a perfect activity to practice regularly.

Inside the app are several different dual tasking options from which to choose.

We recommend starting with the **Simple Colours**, which is the easiest level. This activity will start by having you imagine standing in the “middle” of 4 colors. The app will call out a color and the objective is to step on that color with one foot, while the other stays in place. In between each color, you will want to return both feet to the center. The activity will have you stepping in 4 different directions: forward, backward, left and right. You can set the speed of how fast the colors will be called out. I’d recommend starting with 40-50 steps per minute (SPM).

Once this level feels easy, you can choose to increase the physical challenge by increasing speed of steps by increasing the SPM or you can increase the cognitive load by moving onto the next level. The second level is the **Simple Clock**. In this level you will imagine yourself standing in the middle of a clock face. The 12 in front of you, the 6 behind you, the 3 to your right and the 9 to your left and so on for a full clock face. Again, start at a slow speed of 40-50 SPM until you feel confident stepping in all 12 directions. Then continue to increase your speed as you feel comfortable.

When you’re ready for a bigger challenge, you can move onto their **Brain Games**. These challenges add another layer of thinking into the mix. For example, months of the year will call out a month like March. You need to figure out that March is the third month of the year and then step towards the 3 on the clock.

We love this app because it can be customized to many different levels of speed of movement, direction of movement and complexity of thinking. It also requires no special equipment or much space to successfully complete the workouts. When you’re just starting out 2 minutes may feel exhausting, but as your body gets used to and better at dual tasking, you may be able to increase to 5 minutes/session. Plus, you get the added benefit of working on your balance recovery strategies, while will decrease your fall risk.

**CURRENT RESEARCH**

Please visit our website for more information on each of these studies

**Cognitive Stimulation Therapy Group** -
Contact Zainab Ali  zainab.ali@wustl.edu
or YeaJi Kim  k.yeaji@wustl.edu

**Improvisational Movement Study** -
Contact Julie Chen  c.julie@wustl.edu
or Alex Tan  a.m.tan@wustl.edu

**Parkinson Disease of Exercise Phase 3 Clinical Trial: SPARX3** -
Contact Martha Hessler  mjhessler@wustl.edu
or 314-286-1478

**Lower Back Pain Study** -
Contact Martha Hessler  mjhessler@wustl.edu
or 314-286-1478

**Walking and Music Study** -
Contact Martha Hessler  mjhessler@wustl.edu
or 314-286-1478

**Walking Study** -
Contact Martha Hessler  mjhessler@wustl.edu
or 314-286-1478

**Sleep Study** -
Contact Mengesha Teshome  teshomem@wustl.edu
or 314-747-8420

**Memory Intervention for PD Study** -
Contact Tasha Doty  tdoty@wustl.edu
or 785-865-8943

**Cognitive Stimulation Therapy at Home Study** -
Contact Tasha Doty  tdoty@wustl.edu
or 314-362-7160

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The most common genetic mutation in PD involves the LRRK2 gene. This mutation only accounts for about 2% of all PD cases. The symptoms of those with LRRK2 mutations appear similar to nongenetic or “idiopathic” forms PD. Other common genetic mutations involve Parkin, PINK1, and DJ-1 genes. These genetic disorders typically cause younger-onset (before age 50) PD with increased tendency for dyskinesia (involuntary wiggling or dance-like movements) as a side-effect of medications.

The decision of whether to pursue genetic testing is highly individualized and best discussed with your doctor. In general, identification of a gene in those with symptoms does not alter treatment options or approach. In those without symptoms, genetic testing is typically discouraged because they may never develop symptoms, even if an abnormal gene is identified. Common reasons to consider genetic testing include presence of PD symptoms when immediate family members (mom, dad or siblings) are affected, or if the onset of symptoms occurs before age 50. Because obtaining the results of genetic testing can be emotional and stressful for some patients and their families, genetic counselors are often helpful when a patient is considering genetic testing. This counselor is particularly important given that the presence of an abnormal gene may make it more difficult to obtain insurance or other benefits given the increased potential risk of developing PD later in life.

Genetic information may additionally be obtained as part of research studies. Depending on the study, these data may or may not be shared with research participants (but are not shared with others outside of the study, including insurance companies). Genetic research is geared toward learning more about genetic risk factors and potential causes of PD, with the ultimate goal of finding improved treatments. Genetic testing requires collection of genetic samples, typically from the saliva, skin, blood, or hair. Methods of collection depend on the research questions being asked and may differ across studies. In general, genetic studies are more helpful with higher numbers of participants given the genetic variability of individual people. Each time a new gene is linked to PD it deepens our understanding of the disease and moves us closer to better diagnosis and treatment.

Key Points:
• Approximately 10% of PD cases are linked to a genetic mutation.
• Those with an associated genetic mutation don’t always develop PD symptoms.
• Genetic testing for PD has potential risks and benefits and should be discussed with your doctor.
• Genetic research has potential to improve future diagnosis and treatment in PD.

Proteins are building blocks in the body, combining to form and allow vital organs (including the brain) to function. A gene represents the blueprint for a single protein. A gene mutation (or abnormality) may result in defects of the corresponding protein design, thus altering how this protein fits into normal function. The resulting dysfunction represents a genetic disorder. Genetic disorders cause PD with both dominant (a 50% risk of acquiring the abnormal gene from an affected parent) and recessive (a 25% risk or acquiring the abnormal gene from unaffected parents) inheritance. Abnormal genes are only recognized in about 10% of those with PD. In other words, a genetic disorder only accounts for about one in ten patients with PD. Furthermore, not all individuals with an abnormal gene will develop PD, a phenomenon called incomplete penetrance. This means that even patients with an abnormal gene will not always have a clear family history of PD. On one side, very rare genes may carry a high risk of developing PD (examples include SNCA, PARK7, and PRKII). On the other side, more common abnormal genes may only contribute a small risk of developing PD. The frequency of genetic disorders causing PD may be higher (up to 40%) in some populations, including those of Ashkenazi Jewish or North African Berber descent where known abnormal genes may occur in a higher percentage of people.

Robert Heuermann, MD/PhD and Scott Norris, MD

GENETICS IN PARKINSON DISEASE
3 MYTHS ABOUT CHRONIC ILLNESS AND RESILIENCE

Katie Willard Virant, MSW, JD, LCSW, is a psychotherapist practicing in St. Louis. kwvtherapy.com

Reviewed by Abigail Fagan on PsychologyToday.com | Posted June 15, 2021

In fictionalized accounts of chronic illness, the protagonist inevitably manages hardship with strength, humor, and fabulous hair. She’s inspiring to those around her, providing an idealized example of grace under pressure. Audiences point to her in admiration, exclaiming, “That’s resilience!”

Well, yes. It’s resilience on steroids or maybe just... you know... an attractive and completely unrealistic story. It’s my experience that the day-to-day curve balls. People living with chronic illness need a lot of resilience, as the challenges of dealing with incurable disease can be extreme.

Sometimes, people living with chronic illness express shame that they are not more resilient. They should be braver, more positive, less cranky. They shouldn’t feel depressed, angry, or anxious about their situation. I’d like to look at three big myths associated with resilience in an effort to dispel them.

Myths of Resilience

Myth #1: Resilience is a character trait that one either has or lacks.

Not so. Resilience is not a fixed personal attribute (Kralik, van Loon, & Visentin, 2006). Rather, it ebbs and flows in various circumstances and over time. To be resilient—to adapt to adversity—can feel doable in some situations and out-of-reach in others. That’s normal. To feel broken, at the end of the line, doesn’t mean that you are lacking resilience. As one of my clients stated, “I don’t want pity from people, but I do want them to see the vulnerable feelings that sit alongside the resilience. Family, friends, colleagues, and even physicians in charge of their care fail to see the vulnerable feelings that sit alongside the resilience. As one of my clients stated, “I don’t want pity from people, but I do want them to recognize how hard this is.”

If you’re living with chronic illness, find ways to identify, cultivate and protect your resilience.

Myth #2: Resilience is the responsibility of each individual.

If you’re not resilient, there’s something the matter with you. Wrong. Resilience is a process that is supported within a social context (Kralik, van Loon, & Visentin, 2006). If you live with chronic illness and feel exhausted, depressed, and fragile, you may experience self-judgment. If only you were tougher, braver, more positive... to which I reply: How can we help you? How can your family help you? How can your workplace help you? How can your friends help you? How can social policy help you? And how can I as your therapist help you?

People develop resilience in the context of social connectedness—first in attachment relationships with caregivers and then in relationships with the wider world. Resilience is compromised when our needs are not being met. If you’re feeling vulnerable, please recognize that you can strengthen resilience by reaching out for help.

Myth #3: Resilient people are in a good emotional state.

Not necessarily (Kralik, van Loon, & Visentin, 2006). Resilience is extraordinarily helpful: It helps us survive what feels unbearable. But to be resilient does not mean that we don’t have feelings about what we’re going through. We can be resilient and fragile at the same time. Sometimes people living with chronic illness can feel unseen due to their resilience. Family, friends, colleagues, and even physicians in charge of their care fail to see the vulnerable feelings that sit alongside the resilience. As one of my clients stated, “I don’t want pity from people, but I do want them to recognize how hard this is.”

If you’re living with chronic illness, find ways to identify, cultivate and protect your resilience.

References


Understand that it will ebb and flow. Understand that you require connections with others to keep resilience alive. And understand that resilience co-exists with vulnerability.

Reflecting on Your Own Resilience

As you think about your own experiences, reflect upon the following questions:

• In what ways do I demonstrate resilience? (Think of all the “small” things you do to care for yourself daily. Do you take your medication? Participate in an activity you enjoy? Speak kindly to yourself? These are examples of resilience.)
• When does my resilience feel depleted, and how can I manage that? (Do you feel less resilient when you overwork, for example? If so, are there ways to cut back to ensure that you are not so fatigued?)
• Who are my connections who can accept all of my feelings about my illness? If I’m feeling vulnerable, who can help me with this? (If you’re coming up short, please think about calling a therapist. We are connection-builders and can help you cultivate a network.)
### Missouri Class Schedule

<table>
<thead>
<tr>
<th>Location</th>
<th>Day</th>
<th>Time</th>
<th>Leader</th>
<th>Level</th>
<th>Class/Meeting Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Girardeau</td>
<td>Mon/Wed/Fri</td>
<td>9:00am</td>
<td></td>
<td>Level 1</td>
<td>Boxing</td>
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<tr>
<td></td>
<td>Tuesday</td>
<td>10:00am</td>
<td>Jen Berger</td>
<td>Level 2</td>
<td>Circuit Training</td>
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<tr>
<td></td>
<td>Wednesday</td>
<td>10:00am</td>
<td>Michelle Valenti</td>
<td>Level 2</td>
<td>Strength and Cardio</td>
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<tr>
<td></td>
<td>Wednesday</td>
<td>1:00pm</td>
<td>Marina Clements</td>
<td>Level 1 &amp; 2</td>
<td>Movement Training</td>
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<tr>
<td></td>
<td>Thursday</td>
<td>11:00am</td>
<td>Craig Miller</td>
<td>Level 1 &amp; 2</td>
<td>Tai Chi</td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>1:00pm</td>
<td>Michelle Valenti</td>
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<td>Strength and Cardio</td>
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<td>Craig Miller</td>
<td>Level 1 &amp; 2</td>
<td>Tai Chi and Meditation</td>
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<tr>
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<td>11:15am</td>
<td>Craig Miller</td>
<td>Level 1 &amp; 2</td>
<td>Tai Chi</td>
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<tr>
<td>Chesterfield</td>
<td>Mon/12:30pm</td>
<td>10:00am</td>
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<td>Level 1 &amp; 2</td>
<td>Parkinson's Pedalers</td>
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<td></td>
<td>Friday</td>
<td>10:30am</td>
<td>Frank Tucci</td>
<td>Level 1 &amp; 2</td>
<td>Parkinson's Exercise</td>
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<tr>
<td>Maryland Heights</td>
<td>Tuesday</td>
<td>11:00am</td>
<td>Joan Paul</td>
<td>Level 2</td>
<td>Exercise for Parkinson's</td>
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<tr>
<td>Ste. Genevieve</td>
<td>Thursday</td>
<td>11:30am</td>
<td>Becky Baumann</td>
<td>Level 1</td>
<td>Parkinson's Exercise</td>
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<tr>
<td>St. Louis City</td>
<td>Tuesday</td>
<td>12:00pm</td>
<td>Annie Morrow</td>
<td>Level 1</td>
<td>Interval Training</td>
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<tr>
<td></td>
<td>Friday</td>
<td>2:00pm</td>
<td>Mike</td>
<td>Level 1 &amp; 2</td>
<td>Fit and Fun</td>
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<tr>
<td>Sunset Hills</td>
<td>Friday</td>
<td>1:00pm</td>
<td>Marina Clements</td>
<td>Level 2</td>
<td>Movement Training</td>
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<td>Washington</td>
<td>Mon/Wed/Fri</td>
<td>1:00pm</td>
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<td>Level 1</td>
<td>Parkinson's Exercise</td>
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### Illinois Class Schedule

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<th>Time</th>
<th>Leader</th>
<th>Level</th>
<th>Class/Meeting Site</th>
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<tr>
<td>Champaign YMCA</td>
<td>Monday</td>
<td>1:00pm</td>
<td>Jessica B.</td>
<td>All Levels</td>
<td>Pedalers Cycling</td>
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<td></td>
<td>Monday</td>
<td>1:00pm</td>
<td>Jenny Redden</td>
<td></td>
<td>Seated Yoga</td>
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<tr>
<td></td>
<td>Tuesday</td>
<td>1:00pm</td>
<td>Lyndsay R.</td>
<td></td>
<td>Functional Chair Fitness</td>
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<tr>
<td></td>
<td>Wednesday</td>
<td>1:00pm</td>
<td>Jessica B.</td>
<td></td>
<td>Strength &amp; Balance</td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>1:00pm</td>
<td>Jenny Redden</td>
<td></td>
<td>Functional Chair Fitness</td>
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<tr>
<td>Decatur YMCA</td>
<td>Tues/Thurs</td>
<td>9:00am</td>
<td>Michelle Patterson</td>
<td>All Levels</td>
<td>Pedaling for Parkinson's</td>
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<td>Edwardsville YMCA</td>
<td>Tues/Thurs</td>
<td>11:00am</td>
<td>Mary Tebbe/Lara Guimann</td>
<td>All</td>
<td>Exercise for Parkinson's</td>
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<td>Highland Korte Rec Center</td>
<td>M/W/Th</td>
<td>11:00am</td>
<td>Hilary Held</td>
<td>All</td>
<td>Cycle and Strength</td>
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<td>O’Fallon YMCA</td>
<td>Tuesday</td>
<td>12:00pm</td>
<td>Victoria White</td>
<td>All</td>
<td>Exercise for Parkinson's</td>
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<td></td>
<td>Thursday</td>
<td>1:00pm</td>
<td>Stefanie McLaughlin</td>
<td>All</td>
<td>Exercise for Parkinson's</td>
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<td>Quincy YMCA</td>
<td>Monday</td>
<td>12:00pm</td>
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<td>All</td>
<td>Fit to Fite PD Boxing</td>
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<td></td>
<td>Friday</td>
<td>10:30am</td>
<td></td>
<td>All</td>
<td>Stretching</td>
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<td>Springfield</td>
<td>Tues/Thurs</td>
<td>1:30pm</td>
<td>Eva Fischberg</td>
<td>All</td>
<td>The Joy of Movement</td>
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### Missouri Support Groups

<table>
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<th>Location</th>
<th>Day</th>
<th>Time</th>
<th>Leader</th>
<th>Meeting Site</th>
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</thead>
<tbody>
<tr>
<td>Cape Girardeau</td>
<td>4th Tuesday</td>
<td>2:30pm</td>
<td>Chaplain Carla Schmidt</td>
<td>Meramec Bluffs Care Center</td>
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<tr>
<td>Branson</td>
<td>1st Thursday</td>
<td>12:00pm</td>
<td></td>
<td>Stone Co Health Dept., Ste 11</td>
</tr>
<tr>
<td>Carthage</td>
<td>3rd Monday</td>
<td>2:00pm</td>
<td>Tericia Mixon</td>
<td>Fair Acres Family YMCA</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>1st &amp; 2nd Tuesday</td>
<td>11:00am</td>
<td>Carrie Burggraft</td>
<td>VIRTUAL</td>
</tr>
<tr>
<td>Frontenac</td>
<td>2nd Monday</td>
<td>10:30am</td>
<td>Lynda Wiens &amp; Jay Bender</td>
<td>Salem United Methodist Church</td>
</tr>
<tr>
<td>Joplin</td>
<td>Monday</td>
<td>3:30pm</td>
<td>Lori Marble &amp; Aaron Lewis</td>
<td>VIRTUAL</td>
</tr>
<tr>
<td>Kirkwood</td>
<td>4th Tuesday</td>
<td>6:30pm</td>
<td>Terri Hosto</td>
<td>Shartin Health &amp; Neuro</td>
</tr>
<tr>
<td>Ozark</td>
<td>4th Monday</td>
<td>10:00am</td>
<td></td>
<td>VIRTUAL</td>
</tr>
<tr>
<td>Rolla</td>
<td>3rd Tuesday</td>
<td>2:30pm</td>
<td>Julie Riggs</td>
<td>Phelps Health Debert Day Cancer Inst</td>
</tr>
<tr>
<td>South County</td>
<td>4th Wednesday</td>
<td>10:30am</td>
<td>Kimberly Sanders</td>
<td>VIRTUAL</td>
</tr>
<tr>
<td>Springfield</td>
<td>2nd Saturday</td>
<td>11:00am</td>
<td>Cassi Locke</td>
<td>The Bodysmith</td>
</tr>
<tr>
<td></td>
<td>3rd Tuesday</td>
<td>6:00pm</td>
<td></td>
<td>Kingsway UMC</td>
</tr>
<tr>
<td>Ste. Genevieve</td>
<td>2nd Wednesday</td>
<td>10:00am</td>
<td>Teddy Ross</td>
<td>Ste. Gen. Co. Community Center</td>
</tr>
<tr>
<td>St. Louis Caregivers</td>
<td>3rd Monday</td>
<td>1:00pm</td>
<td>Kathy Schroeder</td>
<td>VIRTUAL</td>
</tr>
<tr>
<td>St. Peters</td>
<td>1st Tuesday</td>
<td>1:00pm</td>
<td>Jodi Peterson</td>
<td>Spencer Road Library #243</td>
</tr>
<tr>
<td>Washington</td>
<td>2nd Monday</td>
<td>6:00pm</td>
<td>Carol Weber</td>
<td>Washington Public Library</td>
</tr>
<tr>
<td>YOPD</td>
<td>Every Thursday</td>
<td>6:00pm</td>
<td>Karen Frank &amp; Mike Mylenbusch</td>
<td>VIRTUAL</td>
</tr>
</tbody>
</table>
Thank You!

A big shout out to A-Mrazek Moving Systems and Adonis IT Asset Recovery and Recycling for all your help with the move to our new offices.

1415 Elbridge Payne Road, Suite 150
Chesterfield, Missouri 63017
Address Service Requested

Swinging Into Action for the
APDA 24th Annual APDA Golf Classic

The APDA Golf Classic will be held on
Tuesday, June 21, 2022 at Norwood Hills Country Club
to support Parkinson’s disease research, local programs,
and services for our Parkinson’s community.

Tickets are $1,200 per foursome ($300/player) and
sponsorship opportunities are available.
Please contact Melissa Skrivan at 636-778-3378 or
mskrivan@apdaparkinson.org for more information.

APDA Greater St. Louis Chapter
1415 Elbridge Payne Rd, Ste 150 | Chesterfield, MO 63017
Hours: 8:00 a.m. - 4:00 p.m. M-F
636.778.3377
www.apdaparkinson.org/greaterstlouis

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