

Upcoming Events

South Florida

March 11, 2013 (Monday)

Annual Parkinson's Symposium

10:30am-2:30pm

Registration begins at 9:45am

Marriott Boca Center

5150 Town Center Circle

Boca Raton

Contact: Gigi Gilcrease, RN, MBA

(800) 825-2732

April 14, 2013 (Sunday)

Annual "Fun" Walk and Picnic for Parkinson's Research

10:00am-1:30pm

Registration begins at 9:15am

Lake Ida Park – Heron Pavilion

1455 Lake Ida Road

Delray Beach

Central Florida

March 8, 2013 (Friday)

"Parkinson's The Big Picture"

10:00am-12:00pm

West Village Town Hall

851 Celebration Avenue

Celebration/Kissimmee

Speaker: J. Eric Ahlskog, MD, PhD

Professor of Neurology at

Mayo Clinic, Rochester MN

RSVP by March 4th

To Faye Kern- 727-328-6246

Email: afkapda@aol.com

2012 SIXTEENTH INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS – MEETING SUMMARY

Defining Parkinson's disease

A recurring theme at the meeting was the topic of redefining Parkinson's disease (PD). Some were in favor of a **pathologic definition** based on alpha-synuclein, which is a structurally abnormal protein found in the Lewy bodies, which are abnormal particles found within the cells in the substantia nigra tissue that is dying off in Parkinson's disease patients. These substantia nigra cells produce the neurotransmitter dopamine, which is deficient in PD, and is the basis for treatment with levodopa or other dopaminergic therapies. Because of the abnormal accumulation of alpha synuclein in brain tissue, PD would be considered a synucleinopathy, along with other diseases such as REM behavior disorder, multiple system atrophy, and diffuse Lewy body disease. However defining the pathology in these disorders would require tissue through biopsy, so it is not a very practical means for defining PD.

Some were in favor of a **genetic definition** of PD, however the genetic factors playing a role in PD are still complex and being unraveled, so this approach would also be difficult to use in defining PD. In the end there was a consensus that PD is a syndrome best defined by its 6 cardinal clinical features:

Tremor at rest, cogwheel rigidity of the muscles, slowness of movement (akinesia), loss of postural reflexes (tendency to fall backwards), a flexed posture, and freezing or "motor blocks" (hesitation in movement). Asymmetry of the symptoms, slow progression of disease, and a good response to levodopa were also felt to be features that were useful in defining PD. Abnormal bodily postures such as scoliosis at the onset of

the disease, and gait impairment and imbalance such as an impaired ability to walk a straight line, or inability to ride a bicycle are features that suggest an atypical Parkinson syndrome such as multiple system atrophy.

New medications

Two new trials were presented regarding **adenosine A2A receptor antagonists**, which are a new therapeutic strategy for PD treatment. Both trials showed a modest benefit in PD motor symptoms with minimal side effects. These medications will most often be an "add-on" medication, or could be used as initial therapy for PD. **Isradipine** seems to be the most likely of these medications to be released in the near future.

- **New long-acting (slow release) carbidopa/levodopa preparation (IPX066)** This agent was superior to carbidopa/levodopa/entacapone (Stalevo) in patients with advanced PD resulting in improved "on time" and diminished "off time." There were no worrisome side effects. IPX066 also appears to be superior to carbidopa/levodopa ER (Sinemet CR). It will also most likely be released in the near future.
- **New agent beneficial in controlling dyskinesia** (excessive involuntary movements) caused by levodopa therapy. It was effective with a minimal side effect profile, and it should move forward through the approval process quickly. At the moment, amantadine (Symmetrel) is our principal medication tool for controlling levodopa-induced dyskinesia, deep brain stimulation (DBS) is also useful in this regard.

Continues on page 5

THE Parkinson's Source

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**American Parkinson
Disease Association
South Florida Chapter**

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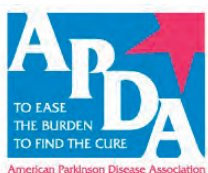
Reminder:

All material related to Parkinson's disease contained in this newsletter is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician. Specific articles reflect the opinion of the writer and are not necessarily the opinion of the Editor, the I&R Center, the Medical Director of the Center or the APDA.

APDA National Office

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www.apdaparkinson.org

National Young Onset PD
www.youngparkinsons.org



Dear Members,

As caregiver for my husband, Jim, I know only too well the challenge we face on this Parkinson's journey. But I take comfort in knowing that our organization understands and supports us every step of the way. A recent comment from one of our caregivers echoes my sentiments stating that APDA South Florida, "shows great concern for the individual needs of patients and caregivers."

It was wonderful seeing many of you at the 2012 Annual PD Update/Recognition Luncheon. I personally want to extend our thanks to each and every volunteer. Many thanks to the Advisory Board for recognizing my six years as President and Caregiver of the Year. Thank you so much for this honor.

I hope to see all of you at our Annual Parkinson's Disease Symposium on Monday, March 11th at the Marriott Boca Center and Annual Picnic & Fun Walk on Sunday, April 14th at Lake Ida Park in Delray Beach. The symposium has a list of outstanding speakers, with Dr. Eric Ahlskog, MD, PhD returning to South Florida per your request. And, the picnic/walk is always a nice way to relax and enjoy a day by the lake raising funds for PD research.

If you are interested in volunteering or sponsoring at the Symposium or Walk please contact Gigi Gilcrease, RN, MBA at 800-825-2732.

With all best wishes for a wonderful year!

Linda Gilchrist

President South Florida Chapter

Caregiver Respite Program

A Parkinson's caregiver respite program is available in Broward and Palm Beach Counties. Respite care can be defined as a short-term option to provide periodic time off for the full-time family caregiver (care partner) to rest and renew him/her from providing continuous assistance to a family member with a diagnosis of Parkinson's disease. Eligible care partners may apply for respite care either through an in-home program or at an adult day care center.

PARKINSON'S – INFORMATION & REFERRAL

The American Parkinson Disease Association funds two Information & Referral (I & R) Centers in Florida. Call to get answers to your questions about Parkinson's disease and related issues. The Centers provide counseling and advocacy for patients and family members, education materials, newsletters, support group networks, referrals to community resources, symposia, workshops, community awareness initiatives and fundraisers.

WEST COAST FLORIDA

APDA I&R Center – ST PETERSBURG

(Hosted by Edward White Hospital)

2191 9th Avenue North, St Petersburg, FL 33713, (727) 328-6246

Faye Kern, LPN, Program Coordinator

afkapda@aol.com

SOUTH FLORIDA

APDA I&R Center –DEERFIELD BEACH & South Florida Chapter

(Hosted by Broward Health North)

201 East Sample Road, Deerfield Beach, FL 33064, (800) 825-2732

Gigi Gilcrease, RN, MBA, Program Coordinator

ggilcrease@browardhealth.org

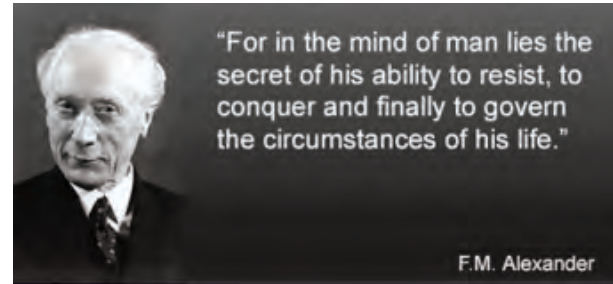
Research Suggests Alexander Technique Benefits Those With Parkinson's Disease

After presenting workshops to Parkinson's support groups in Palm Beach Gardens and Delray Beach, my colleagues and I wanted to provide more information on the encouraging research published showing the benefit of the Alexander Technique on those with Parkinson's Disease.

First, some background—the Alexander Technique was developed over a century ago by F.M. Alexander. He set out to cure vocal and breathing issues he had experienced during strained performances as a Shakespearean actor in London. Through extensive self-study he discovered what is now known as the Alexander Technique. Alexander found his technique could greatly help those in chronic pain and went on to develop a clear scientific process to address it.

Today, Alexander Technique teachers are often referred to as “movement coaches” helping students with variety of balance, coordination, and postural issues. Of special interest, research has proven the Alexander Technique to be helpful to those with Parkinson's disease.

In the scientific journal, *Clinical Rehabilitation*, the research study “Randomized controlled trial of the Alexander Technique for idiopathic Parkinson's disease” (11/02) was well-publicized throughout Europe for its compelling results. The study took place at the School of Integrated Medicine at the University of Westminster in London.



The stated objective of the study was “to determine whether the Alexander Technique, alongside normal treatment, is of benefit to people disabled by idiopathic Parkinson's disease.

How does the Alexander Technique work? “Using verbal guidance and skilled hand contact [an Alexander Technique] teacher observes and assesses changes in muscle activity, balance and co-ordination resulting from mental activity and provides immediate feedback,” state the study's authors. “Pupils learn to recognize and adopt better thinking strategies for overall control of balance and movement.”

The study included 93 people with clinically confirmed idiopathic Parkinson's disease. Results were evaluated with the Self-assessment Parkinson's Disease Disability Scale (SPDDs) at best

Continues on page 5

PD Update/Volunteer Recognition

This annual event was held January 8, 2013 at Broward Health North in Deerfield Beach. Faye Kern, APDA West Coast FL Coordinator spoke about patient and caregiver wellbeing and maintaining a positive attitude. Thomas C. Hammond, MD, APDA I&R Center neurological director, provided a current Parkinson's update and question and answer session. Special Lifetime Recognition awards were given to Faye Kern, 17 years as APDA Coordinator West Coast FL, Carol Goldman, caregiver and President of ParkOptimists programs in Coral Gables and Linda Gilchrist, caregiver and APDA South Florida President.

Much appreciation to all support group leaders, speakers, volunteers and corporate sponsors and to: Agnes Porzio, Rose Kyle, Carol Gallagher, Michelle Blodgett, PsyD, Alicia Facca, MD, Louis Butera, DO, Ann Chickowski, LDN, Susan Levy, SLP, Lauren Battelene, SLP, Matthew Green, JD, Matthew Pressman, Luz Perez, PT, Phyllis Nichols, MSW, Barbara Borello, Ann & Bill Kirschner, James & Sandra Porter, TEVA, Medtronic, Park Summit, Marriott Boca Center, Thomas Produce, Lucille's Bad to the Bone, Village Home Care, Maxicare Select, Life Care of Florida, The Palace, The Fountain - view, Windward Palms, Responsive Home Health, and Broward Health.

The volunteers who were able to attend the luncheon were Gail Baldwin, Seymour Olchak, Rhoda Olchak, Janice Leonard, Helene Dieter and Ruthie Cusick.



Abbi Bentz, APDA VP presenting Linda Gilchrist her award.



APDA colleagues Gigi Gilcrease, RN and Faye Kern following Faye's presentation.



TRIBUTES & DONATIONS

We greatly appreciate your tributes and donations. Tributes and are a wonderful way to acknowledge the memory of a beloved person or to honor someone who means so much to you. For over 20 years, your generous donations have helped to increase Parkinson's awareness, develop educational programs, provide free educational materials, distribute *The Parkinson's Source* news-letters, facilitate patient and caregiver support groups, provide current information to our mailing list, fund exercise and special programs, maintain the caregiver respite program, sustain the APDA Information & Referral Center helpline, maintain our website, www.apdaflorida.org, and fund research as determined by the APDA National Scientific Advisory Board. The donations listed below were received from July 2012 to January 2013.

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HONORING

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Elaine Feldman's Birthday

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Our 50th Anniversary

Norman & Mickie Hernberg

Norman Smith's Birthday

Naftal & Donna Cooper

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MEMBERSHIPS & DONATIONS

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Zarina Zaman

THE ESTATE OF

Isabel Del Amo

Robert Warren McClintock

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SPECIAL EVENTS & PROGRAMS

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N. Broward Support Group

June Furrow

Book Sales: *Lace & Roses*

Donna Huttenhoff

PD Update/Recognition
Luncheon

Charles & Betty Schack

PD Update/Recognition
Luncheon

Eunice & Bernard Kleinman

Programs & Services

MEETING SUMMARY

Continued from page 1

New strategies for delivering dopaminergic therapy

The administration of levodopa as carbidopa/levodopa gel through a gastrostomy tube implanted in the stomach and advanced into the duodenum/jejunum was reviewed. This therapy requires a surgical implantation of the tube, then the patient wears a small pump (cell phone sized), and levodopa is infused at a constant rate throughout the day. The side effects with this treatment were greatest in the first two weeks following the surgery, however the system seemed to be well tolerated thereafter, and was effective in decreasing motor fluctuations, improving "on-time," and decreasing "off-time."

A subcutaneous infusion of apomorphine, which is a dopamine agonist was also presented. This medication works similarly to ropinirole (Requip), and pramipexole (Mirapex) and is in fact the same medication used in Apokyne rescue injections for some PD patients. This infusion system is again similar to the insulin pump technology.

These two different infusion systems were compared in moderately advanced PD patient's, in a multicenter European study. It appeared that the apomorphine infusion was slightly better for motor scores in these patients.

However it did lead to more dyskinesia than the intra-jejunal infusion of levodopa. Once approved, these therapeutic strategies will be a welcome alternative for patients with advanced PD who are not suitable candidates for Deep Brain Stimulation procedures.

Deep Brain Stimulation (DBS) presentations

A large study was presented comparing different DBS targets for PD. The subthalamic nucleus (STN) proved to be a somewhat more effective target for stimulation than was the globus pallidus interna (GPI). This was encouraging since the STN target is the one most commonly used.

In another large review of DBS patients it was shown that suicidal ideation was not increased following DBS. Prior smaller studies have suggested some increase in suicide and suicidal ideation with DBS. Other studies have shown some increase in obsessive compulsive disorder, and some mild cognitive decline with DBS. These issues should always be discussed prior to pursuing DBS.

Gene therapy

Further work was presented regarding the ongoing trial which involves introducing a neural growth factor gene (neurturin) into the brain using a viral vector (AAV-2 neurturin). Recent pathologic data had revealed suboptimal growth factor delivery into the substantia

nigra (SN), consequently the protocol has been modified to require injection of viral particles containing the gene into both the SN (site where dopaminergic cells are dying), as well as injections into the putamen (site where these dopaminergic fibers terminate on dopamine receptors). To date approximately 80 patients have been treated, safety has been demonstrated and there is some preliminary evidence for benefit from this treatment. Animal models of PD have shown this therapy to be effective in restoring some of the cells that have been lost. These developments are encouraging.

Cognitive Impairment in PD

This topic was discussed at length at the meeting. Recent data suggests that 80% of PD patients will develop dementia. Mild cognitive impairment (MCI) is common in PD and may evolve into dementia in fashion similar to what is seen in Alzheimer's disease. Data was presented that indicates that levodopa therapy helps newly diagnosed patients with learning, working memory, and frontal lobe tasks. Therefore some cognitive improvement can be anticipated with standard treatment with dopaminergic medication for PD.

Unfortunately, the data also indicated that patients who have stable PD and develop cognitive impairment will show little or no improvement with increasing dopaminergic therapy. Furthermore, advanced PD patients who have developed cognitive impairment will generally show worsening cognition with increase in dopaminergic therapy.

Cognitive problems in PD increase with age at onset, duration, and severity of the disease. Mild cognitive impairment mainly affects attention (slowed thinking), executive function (multitasking), and visual spatial relations. The role of cognitive enhancing medications such as cholinesterase inhibitor drugs (Exelon, Aricept, and Razadyne) is unproven in mild cognitive impairment, but has shown some benefit for PD-related dementia. As mentioned in a previous newsletter, lifetime cognitive engagement: reading, writing, e-mailing, playing games etc. has been found to be an important strategy in preventing cognitive decline.

Depression was discussed as being frequently an overlooked problem in PD that may provoke cognitive impairment. A recent study showed antidepressant medication is effective in PD related depression, and suggested that paroxetine (Paxil) was slightly better than venlafaxine (Effexor).

Summary: New therapies are coming as outlined above. In the meanwhile a healthy lifestyle to include a healthy diet, regular exercise, and keeping cognitively engaged remain important strategies to combat Parkinson's disease.

Sincerely,

Thomas C. Hammond, M.D., FAAN

Alexander Technique

Continued from page 3

and worst times of day, measuring progressive deterioration for 25 everyday activities; the Beck Depression Inventory, measuring participants' feelings in the past week; an Attitudes to Self Scale, measuring subjects' attitudes toward their bodies/selves; and a questionnaire on changes arising from the interventions.

The study's conclusion: "There is evidence that lessons in the Alexander Technique are likely to lead to sustained benefit for people with Parkinson's disease."

The study's authors explain: "We conclude that the positive results for the Alexander Technique group across several measures,

including the most accurate type of measure of disability (self-rated) for Parkinson's disease (the SPDDS) show that it is likely to benefit most moderately mobile, non-demented people with Parkinson's disease who are interested in a technique for self-help."

About the Author:

Matt Pressman, and his colleagues Michael Mazur and Gaynelle Gosselin, offer the Alexander Technique in Palm Beach County. For more information: alexandertechniquepalmbeach.com.

SUPPORT GROUP & EXERCISE CALENDAR • 1-800-825-2732

SOUTH FLORIDA

| CITY | MEETING SITE | DAY OF MEETING | TIME | LEADER(S) | PHONE |
|-------------------------------------|--|--|---|--------------------|------------------------------|
| Coral Gables | St. Matthews Church , 7410 Sunset Dr. | 2nd Wednesday | 11:00AM-12:30PM | Carol Goldman | 305-476-8782 |
| Coral Springs | Coral Springs Medical Office 3100 Coral Hills Dr. (next to hospital) | 3rd Monday Support Group | 2:00-3:30PM | APDA | 800-825-2732 |
| Davie | Nova Southeastern University NSU Ziff Health Care Bldg., 1st floor 3200 S University Dr. | 1st & 3rd Wednesday 4th Wednesday Caregiver Group [PT Clinic] | 10:45AM-12:00NOON 1:00-2:00PM 1:00-2:00PM | Dr. Blodgett | 954-262-5611 |
| Deerfield Beach | Broward Health North, 201 E. Sample Rd. Neuro Center (off lobby) | 2nd Tuesday Support Group | 1:00-3:00PM | APDA | 800-825-2732 |
| Delray Beach | South County Civic Center 16700 Jog Rd. | 1st Wednesday Support Group Exercise Caregiver Group | 2:00-4:00PM | APDA | 800-825-2732 |
| Jupiter | Jupiter Town Complex Activities Building, 201 Military Trail | 1st Friday (lunch) 3rd Friday (meeting) | 1:00-3:00PM | Rose Kyle | 561-744-7666 |
| Miami | Baptist Hospital Professional Bldg. 8950 N Kedall Dr., Suite 105 | 2nd Friday 3rd Saturday | 7:00-9:00PM (Eng) 12:00-2:00PM (Span) | Abe or Ivon Bertan | 786-683-0240 |
| Miami VAHCS <i>Veterans Only</i> | 1201 NW 16th St., 7th Floor Pain Clinic Psych Office, Rm. D707 | Every Thursday | 10:45AM | Paul Hartman, PhD | 305-575-3215 |
| Palm Beach Gardens | Christ Fellowship Life Center Room 206, 5343 Northlake Blvd. | 2nd Wednesday Support Group | 2:00-3:30PM | APDA | 800-825-2732 |
| Port St Lucie | Harbor Place 3700 SE Jennings Rd. | 3rd Tuesday Support Group | 2:00-3:30PM | Cathy Laura | 772-201-6007 561-209-6124 |
| Royal Palm Beach | Royal Palm Beach Cultural Center 151 Civic Center Way | Monday & Wednesday Support Group & Exercise | 10:00AM-12:00PM | | |
| Stuart | Grace Place Community Church 1550 SE Salerno Rd. | 2nd Monday Support Group | 1:00-3:30PM | Aileen Stiehle | 772-286-3268 |

EXERCISE ONLY – SOUTH FLORIDA

| | | | | | |
|--------------|---|---|--------------------------------|--|------------------------------|
| Boca Raton | Sugar Sand Park Field House 300 S Military Trail First class is free, just stop by the park | Monday Wednesday | 11:30AM-12:30PM 2:00-3:00PM | APDA | 800-825-2732 |
| Coral Gables | St. Matthews Church, 7410 Sunset Dr. | Dance, Yoga, Music | | Carol Goldman | 305-475-8782 |
| Davie | Nova Southeastern University Sanford L. Ziff Health Center 3200 S University Dr. | Monday and Wednesday Physical Therapy PD Exercise Wednesday Speech Therapy PD Exercise | 12:30PM 1:30-2:30PM | Dr. DiCarlo | 954-262-4149 954-262-7726 |
| Greenacres | Temple Beth Tikvah 4550 S Jog Rd. | Tuesday Friday | 2:00-3:00PM 10:00-11:00AM | Must pre-register Free to APDA SFL Chapter Members | 800-825-2732 |
| Palm Springs | St Luke's Catholic Church 2892 S Congress (school library) | Saturday | 11:00AM-12:00PM | Must pre-register Free to APDA SFL Chapter Members | 800-825-2432 |

CENTRAL FLORIDA

| CITY | MEETING SITE | DAY OF MEETING | TIME | LEADER(S) | PHONE |
|---|---|---------------------|-----------------|-----------------|--------------|
| Holly Hill (Ormond Beach/ Daytona Area) | Bishop's Glen Retirement Center 900 LPGA Blvd. | 4th Wednesday/month | 2:00-3:30PM | Vincent Kinsler | 386-676-6375 |
| Kissimmee | Osceola County, Good Samaritan Village Orange Blossom Trail | 2nd & 4th Thursday | 10:00 – 11:00AM | | 407-944-3362 |
| Melbourne | South Brevard Parkinson's Support Group Eau Galle Public Library 1521 Pineapple Ave. | 4th Thursday/month | 1:30PM | Deb Ridel | 321-751-0444 |
| Titusville | North Brevard Parkinson's Disease and Caregivers Support Group Parrish Medical Center 951 N. Washington Ave. | 3rd Saturday/month | 11:00AM | Janet Rooks | 321-268-6800 |
| Orlando | Florida Hospital | 4th Thursday/month | 10:00AM-12:30PM | | 407-303-5295 |

WEST COAST - For updates for these classes, contact Faye Kern at 727-328-6246 or APDA National at 1-800-223-2732

| CITY | MEETING SITE | DAY OF MEETING | TIME | LEADER(S) | PHONE |
|-----------------|---|---|---------------------------|-----------|-------|
| Bradenton | Summerfield Assisted Living 3409 26th Street West | 3rd Monday Year Round | 3:00-4:00PM | | |
| Claremont | Cooper Memorial Library 2525 Oakley Seaver Drive | 4th Tuesday | 3:00-4:00PM | | |
| Dunedin | William Hale Senior Center 330 Douglas Ave. | 1st Friday (No meeting in August) | 1:00-2:30PM | | |
| Largo | Cypress Palms 400 Lake Ave, Cypress Bldg | 3rd Tuesday | 12:00PM (Lunch Served) | | |
| Largo | 901 Seminole Blvd. | Every Other Month | 10:30am-12:00PM | | |
| Leesburg | Lake Square Presbyterian Church 10200 Morningside Drive | 2nd Tuesday | 1:00-3:00PM | | |
| St. Petersburg | St. Luke's United Methodist 4444 5th Ave. North St. Petersburg | 2nd Monday (Sept-June) 4th Monday Year Round | 1:00-3:00PM | | |
| Tampa | First Church of the Nazarene 5902 North Himes Ave. | 3rd Wednesday Year Round | 1:00-2:30PM | | |
| New Port Richey | The Cottages ALF, Pine Street | 1st Thursday (Sept - May) | 2:00-3:00PM | | |

NORTH FLORIDA Deland Orange City Jacksonville St. Augustine Jacksonville – Young Onset
For information on the groups in these cities contact either the South or West Coast Florida Chapters

SOUTHWEST FLORIDA Naples Bonita Springs

For information on support groups, exercise and services contact: Parkinson's Association of Southwest Florida 239-417-3465

Annual Parkinson's Disease Symposium Monday, March 11, 2013

at Marriott Boca Center

10:30am - 2:30pm • Registration begins at 9:45am

\$15 per person • Please pre-register by March 4th

The Event Features:

J. Eric Ahlskog, MD, PhD

Professor of Neurology, Mayo Medical School and
Chair of the Mayo Clinic Section of Movement Disorders, Rochester,
Minnesota. He is a full-time clinician with most of his Mayo practice
devoted to Parkinson's disease and related disorders.

Becky Farley, PhD, MS, PT

Dr. Farley created the LSVT BIG therapy program while receiving
her doctorate degree in neuroscience from the University of Arizona.

Her continued research has now led her to develop
a comprehensive neuroplasticity-principled treatment model,
Parkinson Wellness Recovery Program (PWRI)

Jonathan R. Jagid, M.D. B.S.M.E.

Associate Professor of Neurological Surgery
and Neurology Director, Functional Neurosurgery Co-Director,
Neurotrauma Neurosurgical Director of the Movement Disorder Group
University of Miami/Jackson Memorial Hospital.

Thomas C. Hammond, MD

Associate Professor Nova Southeastern University
APDA Information & Referral Medical Director
Neurologist – Fort Lauderdale, Florida

Speakers will cover treatment options, medication
management, non motor challenges, memory issues,
surgical interventions, research, optimizing learning,
brain health and function, and Neurology/Neurosurgical
question/answer session.



Sunday, April 14th

Lake Ida Park – Delray Beach

10:00am - 1:30pm

Registration begins at 9:15am

**Annual Parkinson's Fun Walk and Picnic
Fundraiser for Parkinson's Research**

Musical Entertainment • Competitive Games

BBQ Picnic • Fun Walk • Raffles

Face Painting and More!

Your \$25 Registration Fee gives you

1 food ticket, 1 t-shirt, 1 raffle ticket

**Raise \$200 or more and you will also receive
a \$25 restaurant certificate**

Mailing to come soon.

Online registration at

<http://apdaparkinson.donordrive.com/event/FLwalk2013/>

THE Parkinson's Source

American Parkinson Disease Association
201 East Sample Road
Deerfield Beach, FL 33064
800-825-2732

Non-Profit Org.
U.S. Postage
PAID
Ft. Lauderdale, FL
Permit #: 3973

Please send your tax deductible donation payable to: **APDA South Florida Chapter, 201 East Sample Road, Deerfield Beach, FL 33064**

PLEASE PRINT CLEARLY

Contribution Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Enclosed is my check for: ☐ \$1000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$75 ☐ \$50 ☐ \$25 (membership) ☐ \$200 (Lifetime family membership)

☐ Include membership with my donation of \$25 or more. ☐ Other _____

Your membership to the South Florida Chapter helps to support The Parkinson's Source newsletter printing and mailing 2 to 3 times/year (est. circa 3000), APDA exercise programs, caregiver respite assistance, invitation to end of the year PD Update, neurological nurse staff for Information & Referral Center, support group costs, PD 101 Workshops and educational events.

Tribute Information

In Memory of ☐ In Honor of ☐ _____ Send Acknowledgement to _____

Address _____ City _____ State _____ Zip _____

2013 Annual Corporate Memberships

APDA South Florida is offering annual corporate memberships. One annual donation can afford you the ease of continuing to support our Parkinson's programs of education, advocacy, support, exercise, research and special events, without the inconvenience of being contacted at various times throughout the year for each event.

Your organization will be listed as a 2013 corporate sponsor on the South Florida website www.apdaflorida.org, in The Parkinson's Source newsletter (circa 3000) published 2-3 times a year, as well as at special events, educational symposia, fundraising events and support groups. We thank you for your ongoing support of the Parkinson's community.

Current 2013 corporate members as of this printing:

Gold: Medtronic, Park Summit Five Star, Life Care of Florida

Silver: Responsive Home Health, Alternative Home Health