

A MONTHLY PUBLICATION OF

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE**PRESIDENT'S**

Hoping the ghosts and goblins didn't get the best of you, we're off to managing the 11th month of 2018 with grace, dignity, hope, education and emotional support as we cruise through life.

We're Getting Things Done

Our **NEW** and **Renewed Wellness Village Members** are being recognized weekly by our Social Media department. If you're not getting your eMails from us, please go to the website and sign up for the Newsletter... it's FREE! We are over-the-moon excited to be growing our virtual, vetted, video-driven Resource Directory for you. The additions can be seen on Page 2 of the Newsletter as well as on the website ParkinsonsResource.org.

Set your clocks back November 4th for Daylight Savings Time.

This jam-packed Newsletter is PROviding the following PROvocative and engaging articles: please note that the **ICBII UPDATE ON THE ROAD TO THE CURE** article on this page is short this month because of their experiments taking all of their time. Watch for **Breaking News** next month. Very interesting is, **HAS ANYONE ASKED YOU TO SPEAK LOUD** by Lisa Bolden, MA, CCC-SLP on this page; **IMPORTANCE OF SKIN CARE FOR PARKINSON'S PATIENTS AND PROVIDERS** by Kytti St. Amand on page 2; **TOO MUCH SALIVA? HOW TO TREAT SIALORRHEA IN PARKINSON'S DISEASE PATIENTS** on page 3; **VA CHANGES AID & ATTENDANCE BENEFIT** on page 4; **WHAT IS A FIDUCIARY AND WHY IS IT IMPORTANT?** by Mark Thatcher, CRPC® on page 5; **UNDERGOING ANESTHESIA AND PARKINSON'S** on page 6; **NURSE PRACTITIONERS IN HOSPICE** by Richard McKnight on page 7; and last, but not least, **ANAHEIM DUCKS: THE INSPIRING TRADITION OF THE 21ST DUCK**, which is about our newest Board Member, Michael Lu, also on page 7.

Join us in **making a difference in your life, or the life of a loved one this month**, particularly by donating to us online at Amazon.Smile.com. Click Parkinson's Resource Organization as your charity of choice, on CyberMonday, November 26th and #GivingTuesday, on November 27th.

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ICBII UPDATE ON THE ROAD TO THE CURE**Watch for Breaking News Next Month**

WOULD YOU LIKE TO HELP get their drugs to market faster? The joy of being a part of this historical event can be had by helping ICBII find the funds to bring these trials to fruition through your investing, and by finding others with the financial ability and humanitarian mindset to accomplish the, until now, impossible. Please contact Jo Rosen at 760-773-5628, or joosen@Parkinsonsresource.org, or by contacting ICBII directly through their website at ICBII.com, or by phone at 858-455-9880.

IMAGINE the world without Parkinson's, MSA or Alzheimer's disease. **Just Imagine...**

HAS ANYONE ASKED YOU TO SPEAK LOUD

Lisa Bolden, MA, CCC-SLP

If you or your loved one has Parkinson's disease, Lee Silverman Voice Therapy (LSVT LOUD) and swallow preservation exercises are a positive dose!

Why is LOUD important?

People with Parkinson's disease may develop dysphonia (*quiet and breathy voice*) and dysarthria (*speech that is imprecise, flat in intonation, and trails away*). Dysphonia and dysarthria can lead to frustration and isolation for both the person with Parkinson's disease and the spouse.

LSVT LOUD exercises the muscles of voicing. More importantly, LSVT LOUD exercises the brain. And the benefits extend beyond voice. When someone with Parkinson's disease uses LSVT LOUD voice, voice improves, speech improves, intonation improves, and facial expression improves!

The exercises are fun! The exercises include: saying a loud and clear "Aah", gliding up a scale, gliding down a scale, and saying a Top Ten List of Survival Phrases. Many people choose, "I love you," "Thank you," and of course, "What's for dinner?" The goal is to talk with your LOUD voice all the time.

Why are swallow preservation exercises important?

People who have Parkinson's disease can develop a dysphagia (*swallowing*) problem at any time in the disease. Some people may even develop aspiration. Aspiration occurs when food goes down the wrong pipe into the trachea and lungs instead of into the esophagus. If this occurs often enough, the person may develop aspiration pneumonia. Aspiration pneumonia can be devastating.

Swallow preservation exercises help keep the swallow strong. Exercises include the tongue press, the effortful swallow and the super-supraglottic swallow.

If your doctor clears you, you may be a candidate to use an expiratory muscle strength trainer (EMST 150) which may strengthen your voice, swallow and cough.

Exercise is medicine. You have the power to help yourself through exercise and, once again... find the joy in your communication.

Lisa J. Bolden, MA, CCC-SLP is a certified and licensed speech pathologist and communication coach with 30+ years of experience. Ms. Bolden is an expert in voice therapy and an innovator in the field of communication coaching. You can find more information about Lisa in our Wellness Village at ParkinsonsResource.org/the-wellness-village/directory/bolden-communication, where she has been a member since September 1, 2018.

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IMPORTANCE OF SKIN CARE FOR PARKINSON'S PATIENTS AND PROVIDERS

Kytti St. Amand, Owner of Younger By Tonight

Younger by Tonight offers a variety of treatments for every skin type. With the use of many medications, the skin can become dry, flaky and red, often resembling Psoriasis or Eczema. Younger by Tonight uses special ultrasonic cleansing techniques to gently remove this upper layer and phototherapy to calm the underlying skin.

With male clients, it is often necessary to include extractions as their oil glands can be over productive as well as causing Seborrheic Dermatitis (red, scaly patches). Treatments for men usually show significant, long-lasting change in skin tone and texture.

There are a variety of skin treatments and facials available. Some Estheticians will offer tailor-made treatments for each client. Although many of the clients prefer the advanced technologies for rejuvenating their skin, the cleansing, hydrating, steaming facials are still a popular choice. The Estheticians will help to make the best decision for each client's needs.

The care providers or caregivers often forget the importance of relaxation (and much-needed pampering). When choosing your Esthetician, look for a Zen, calming atmosphere. We have that at Younger by Tonight, and it is apparent from the moment you walk through the door. Take this special time for yourself, caregiver, look for soft music, water features, low lighting, and beautiful décor that will set the mood

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TOO MUCH SALIVA? HOW TO TREAT SIALORRHEA IN PARKINSON'S DISEASE PATIENTS

From Outcome Health http://practicalneurology.com/2009/06/PN0609_09.php

Zac Haughn, Senior Associate Editor

The troubling symptom may occur in up to half of PD patients, including those with mild disease. Effective therapies are available.

What is your first line option for treating sialorrhea (drooling or excessive salivation) in Parkinson's disease patients and why? How big of a role does cost play?

Sialorrhea, defined as the inability to control oral secretions resulting in excessive saliva accumulation in the oropharynx, is a vexing and troubling problem, often causing a range of physical and psychosocial complications, including perioral chapping, dehydration, odor, and social embarrassment and isolation.^{1,2} In patients with Parkinson's disease, restricted swallowing and dysfunction, rather than hypersecretion of saliva, are thought to be the reasons behind the disorder.¹

"Many patients respond to levodopa; other options include sublingual atropine or botulinum toxin injections," says Marian Evatt, MD. Each patient must be considered individually, with age, cognitive status and out of pocket costs all weighing in the decision, she says. "Anticholinergic use may be limited by the presence of symptomatic orthostatic hypotension, urinary retention or cognitive impairment. As with all medications we use in PD, I recommend using the minimum dose required for benefit with acceptable side effects."

Having to weigh out of pocket expenses is always a difficult issue for patients, and the physician may have to approach the potentially sensitive subject. This can force neurologists to find a way to balance the cost factor with attempts to give each patient the best care possible. "I try to take a matter of fact approach. At the end of the day, life is always a tradeoff—people have to figure out what works for them," Dr. Evatt says.

Drooling is a motor disorder, "so the first option would be to refer for specific questioning and assessment to an experienced speech-language pathologist to evaluate severity, frequency and situation-based occurrence of complaints and to check for therapeutic options," says Hanneke Kalf, a speech-language therapist.

There have been only a few well-designed studies conducted to determine the optimal treatment for sialorrhoea in PD, but a combination of approaches appears to be necessary to obtain successful results.¹

How prevalent is sialorrhea in Parkinson's?

AA systematic PubMed and CINAHL search by Kalf, et al.,³ including studies published until January 2009, found eight studies presenting prevalence rates of drooling based on responses of PD patients to questionnaires. They found the statistical heterogeneity (the quality or state of being diverse) was highly significant ($P < 0.0001$), with prevalence rates ranging anywhere from 32 to 74 percent.

The pooled prevalence estimate with random effect analysis was 56 percent (95% CI 44-67) for PD patients and 14 percent (95% CI 3-25) for healthy controls; the pooled relative risk with random effect analysis was 5.5 (95% CI 2.1-14.4). All of the studies reported data of community-dwelling idiopathic PD patients, with a mean age of around 65 years and mild PD in 50-60 percent of the cases. Heterogeneity was triggered mostly by differences in definition or frequency of drooling. The highest prevalence rates included nocturnal drooling, while others observed only diurnal drooling.

"Analysis of the data of two studies," the authors write, "showed that drooling is reported frequently by 22-26 percent of the patients. Prevalence rates were lower in milder PD patients. The summarized findings demonstrate that drooling can be present in half of all PD patients." In about a quarter of PD patients, drooling appears to be a frequently occurring problem.

What Is The Role Of Botulinum Toxin?

Researchers recently reported that botulinum toxin type-B is safe and efficacious for treating PD-related drooling, "ensuring a long-lasting waning of this disabling symptom."⁴ To determine the safety, efficacy, and effectiveness of BTX-B injections into the parotid glands to reduce drooling in PD patients, study

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VA CHANGES AID & ATTENDANCE BENEFIT

Michael Smith, Richard Barid, JD

Reprinted from Today's Caregiver

Starting October 18, the VA will review not just current assets, but records from the previous three years when deciding a veteran's asset-based eligibility for VA Pension benefits—commonly called Aid and Attendance (A&A) benefits. However, transfers of assets completed before October 18 will not be counted against veterans or their surviving spouses.

A&A helps veterans and their surviving spouses pay for in-home care, assisted living-, memory- or nursing care as well as medical supplies and medicines. These pension benefits are available to service members (who are older than 65) or their surviving spouses. Additionally, the service member must have been honorably discharged after at least 90 days of service with at least one of those days during a wartime period.

A&A applicants must meet limited asset requirements, which will now be a little more complicated to calculate. On the bright side, the VA raised the net worth limit to \$123,600, which is the maximum Medicaid Community Spouse Resource Allowance for 2018 and is indexed for inflation. Previously, the net worth limit was not firm, but was generally around \$80,000 for a married veteran.

Net worth includes assets in bank accounts, stocks, bonds and commercial or secondary property holdings. But starting this month, it will also include one year's Income for VA Purposes (IVAP), including disbursements from annuities or trusts. To calculate IVAP veterans and surviving spouses can deduct certain unreimbursed monthly care expenses, including skilled nursing, in-home care (even if provided by a non-spouse relative), assisted living costs, and long-term care and health insurance premiums.

Net worth does not generally include the veteran's primary residence or vehicle. However, the new rules stipulate that the residence exemption only applies to homes on two acres or less, unless the additional acreage is unmarketable because of zoning or access restrictions, for example.

A family farm could be treated the same as a luxury estate. Also, if a veteran sold his home (because he was living in a nursing home) the sale could disqualify him from receiving A&A benefits. To avoid this outcome, an estate planning attorney can show you pre-planning tools that can protect your assets and your benefits.

If a veteran or surviving spouse applies for A&A benefits and gifted or transferred assets into certain trusts or annuities in the preceding three years, a penalty period will apply. The penalty period is calculated by dividing the value of the gift by the Maximum Monthly Pension Benefit, currently \$2,169.

In light of the recent changes, veterans who may need nursing or home-health services should examine their finances at least three years before they are eligible for A&A. Nationwide, the median cost of long-term care currently ranges from \$3,750 a month for assisted living to \$8,121 monthly for a private room in a nursing home. These costs could easily wipe out your life savings.

As part of the new regulations, the VA is strictly enforcing its requirement that veterans only work with accredited attorneys or agents. A VA-accredited attorney can help veterans and surviving spouses navigate the VA pension process and evaluate how the pension may affect the rest of the veteran's estate plan including Medicaid and Medicare benefits, income tax, inheritance tax and other financial factors.

The rising costs of long-term care are a burden our veterans should not have to bear alone. If you need help figuring out how to manage these costs, consult with a trusted, VA-approved elder law attorney about your options.

Parkinson's Resource Organization (PRO), through its WELLNESS VILLAGE (ParkinsonsResource.org/the-wellness-village) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson's or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain "quality of life," alleviate symptoms, helped you through the Parkinson's Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with 100 Parkinson's Resource Organization 50¢ postage stamps.

WHAT IS A FIDUCIARY AND WHY IS IT IMPORTANT?

Mark Thatcher, CRPC®,
Cypress Wealth Services

There's plenty of financial jargon that you don't need to know in order to succeed financially. But one term that is essential to your money and how it is handled is the word fiduciary. The concept can seem confusing to many, as most people assume that all advisors, whether they're stockbrokers or financial planners, are required to put you first. But that's not the reality. The truth is that it is often difficult to determine what information is correct and what is just opinion. It's hard to know who to trust when every expert says they have your best interests in mind. That's why it's important to understand the distinction between different types of advisors' roles and what it means for you and your money.

What Is A Fiduciary? The primary duty of a fiduciary is to put your needs first and to provide advice and recommendations that will benefit you. Think of a fiduciary as a trustee, someone who is given and accepts the responsibility of managing assets for someone else. This duty protects you from conflicts of interest.

For example, fiduciary duty prevents an advisor from making an investment with your money solely for a kickback commission. For those who don't adhere to a fiduciary standard, a recommendation made by advisors only has to be "suitable." The problem with this is that some advisors could then sell high-fee products, even if a lower-priced option was just as suitable or available, in order to receive a higher commission.

The fiduciary standard includes providing guidance that's objective and beneficial to you and charging fees that are clear and up front. The fiduciary standard can give you confidence that your hard-earned money is in good hands.

How Do I Know If An Advisor Is A Fiduciary? While some advisors use the term lightly, not all advisors are fiduciaries. Brokers, insurance agents, and real estate agents acting on the other party's behalf are not required to serve in a fiduciary manner. They represent themselves or their company and are only required to provide you with "suitable" financial products, rather than those recommended based on your unique circumstances.

Wall Street brokerage firms can sell proprietary products, so their advice may potentially be biased. For example, annuities and other high-fee investments that provide brokers with a higher commission can still be sold into your retirement account. Additionally, while brokers must inform clients that they're choosing to be paid commissions if the investor neglects to read the email notification, they won't know where their broker's interests lie.

Why Should I Work With A Fiduciary? There are several benefits to working with an advisor who serves in a fiduciary capacity. For one, they are open and transparent. Aside from the obvious goal of maximizing value for your money, working with a fiduciary will give you confidence that your advisor is working in your best interests rather than their own.

By working with an advisor who holds to fiduciary standards, you can feel empowered to make the best decisions for yourself and your finances. Clients have the power to ask questions and to demand the highest value for the service that advisors are providing.

How Do I Find A Fiduciary? It's important to thoroughly research an advisor before choosing to work with him or her. An advisor should be open to sharing their business philosophy, how they choose investments, what their process looks like, any potential conflicts of interest they face, and how they're paid.

Cypress Wealth Services, an independent RIA firm providing financial planning and investment management to high net worth individuals, families, business owners, and institutions. Visit Cypress Wealth Service in the Wellness Village. Members since January 2017. Visit them at ParkinsonsResource.org/the-wellness-village/directory/cypress-wealth-services.

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SKIN CARE FOR PARKINSONS – cont. from page 2

for an hour of “stopping the world.” Look for an environment created to relieve stress while the expert Estheticians and Massage Therapists attend to your needs.

Taking care of yourself includes a professional skin care regiment. Not only can it make you look years younger, but your skin can reveal your overall health and well-being.

If you live in or around the Palm Desert area, Kytti and her team are offering special discounts to anyone going to them through Parkinson’s Resource Organization.

To learn more about Kytti St. Amand and Younger By Tonight, find them in the Wellness Village where they have been a member since September 2018.

ParkinsonsResource.org/the-wellness-village/directory/younger-by-tonight

TOO MUCH SALIVA? – cont. from page 3

authors conducted a double-blind, randomized, placebo-controlled study of 36 advanced phase PD subjects who reported disabling drooling.

One month after injections, BTX-B patients “showed a meaningful improvement in almost all subjective outcomes. Two-way analysis of variance gave a significant time x treatment effect, F-value being 52.5 ($p < 0.0001$) for DS-FS, 23.2 ($p < 0.0001$) for VAS-FD, 29 ($p < 0.0001$) for VAS-SD, and 28.9 ($p < 0.0001$) for UPDRSADL drooling item score.” All subjects who received BTX-B reported sialorrhea reduction of any kind (moderate for 44.4 percent cases, and dramatic for 33.3 percent subjects), at variance with 61.1 percent controls who denied any benefit from treatment. (Chi-square = 22.9; $p < 0.0001$). «When present, benefits lasted on average 19.2 +/- 6.3 weeks in the BTX-B group compared to 6.7 +/- 1.4 weeks in controls (T-value: 26.4; $p < 0.0001$),» the study found.

Stay tuned for an article on alternative ways to deal with drooling and sialorrhea.

1. Merello M. Sialorrhoea and drooling in patients with Parkinson’s disease: epidemiology and management. *Drugs Aging*. 2008;25(12):1007-19.
2. Hockstein, N. et al. Sialorrhea: A Management Challenge. *American Family Physician*, June 1 2004.
3. Kalf JG, et al. Prevalence and definition of drooling in Parkinson’s disease: a systematic review. *J Neurol*. 2009 Mar 14.
4. Lagalla G et al. Long-lasting benefits of botulinum toxin type B in Parkinson’s disease-related drooling. *J Neurol*. 2009 Apr;256(4):563-7.

UNDERGOING ANESTHESIA AND PARKINSON’S**Staff Writer**

When a Person With Parkinson’s (PWP) needs to undergo surgery, the use of general anesthesia should rigorously be discussed with your doctor, and the anesthesiologist because it can cause considerable consternation.

Generally, people who have had Parkinson’s for a long time, are on a variety of drugs which have potential interactions with anesthetic drugs. Additionally, and in most cases, the brains of People with Parkinson’s are already fragile and uses of anesthesia have been reported to cause agitation, muscle rigidity, hyperthermia, and exaggerated cognitive instability including confusion, poor motor coordination, loss of short-term or long-term memory, identity confusion, and impaired judgment.

PWPs on Carbidopa-Levodopa treatment will more than likely have severe nausea and vomiting along with associated depression and are more prone to be dehydrated and hypovolemic (a state of decreased blood volume). Adequate fluid management is very necessary in the periods before and after surgery.

Anesthesia and Levodopa acting through a central mechanism contributes to a hypotensive (lowering of blood pressure) effect symptomized as anemia, constipation, dizziness, lightheadedness, or weakness when standing up suddenly or getting up in the morning, drowsiness, dry mouth, and fever.

MAOI Inhibitors (Rasagiline (Azilect), Selegiline (Eldepryl, Zelapar), etc.) inhibit the metabolism of narcotics in the liver. Serotonin syndrome (autonomic instability with hypertension, tachycardia, hyperthermia, hyperreflexia, confusion, agitation, and diaphoresis) occurs when meperidine (Demerol) taken with Selegiline, resulting in agitation, muscle rigidity, and hyperthermia. Strongly consider NOT using this combination as the results can be fatal. Also, a person taking MAOI Inhibitors should be wearing a Medi-Alert identifying these allergies or contraindications.

TO REPEAT, ANESTHETIC IMPLICATIONS

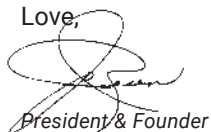
- *Autonomic dysfunction can produce diverse symptoms, such as orthostatic hypotension, sialorrhea, constipation, incontinence, and frequency, excessive sweating, and seborrhea. Autonomic instability can lead to a sudden, exaggerated or uncertain response anesthesia.*
- *Respiratory dysfunction results from the uncoordinated involuntary movement as a result of rigidity and muscle weakness. Also, pharyngeal muscle weakness (the membrane-lined cavity behind the nose and mouth, connecting them to the esophagus) leads to increased retention and improper impaired expulsion of respiratory secretions and can cause perioperative aspiration pneumonia.*
- *Gastrointestinal symptoms include loss of appetite as a result of age, depression, or medications-induced nausea and vomiting, which lead to loss of weight. These people can become predisposed to gastroesophageal reflux.*
- *Neuropsychiatric symptoms include changes in mood (depression), cognition and behavior. Psychotic symptoms include delusions and hallucinations. These symptoms can lead to postoperative emergence reactions and with associated tremors and rigidity can lead to difficult situations and problems.*

PRESIDENT'S MESSAGE – cont. from page 1

Without *you*, we could never do all that we do. Supporting us is simple: Make monthly donations through our safe PayPal donation page at [ParkinsonsResource.org/#modal-donate](https://www.parkinsonsresource.org/#modal-donate) or mail your donation to our office in Palm Desert, California.

Until next month, REMEMBER Daylight Savings Time ends on the 4th, get your voice counted and VOTE on election day the 6th, Veteran's Day on the 11th, World Kindness Day on the 13th, Thanksgiving Day on the 22nd, Black Friday on the 23rd, Cyber Monday is on the 26th—Go to [smile.amazon.com](https://www.smile.amazon.com) and chose Parkinson's Resource Organization, and #GIVING TUESDAY on the 27th. The flower is the Chrysanthemum, and the Birthstones are Topaz and Citrine. ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

NURSE PRACTITIONERS IN HOSPICE

Richard McKnight, Nurse Practitioner

Family Hospice Care

Hospice developed in the US with a team approach at the core. We work as a team with Nurses, Social Workers, Chaplains, Physicians, and Home Health Aides all working together to serve the needs of the patient and their support system. The team allows us to provide support that meets many more of the needs of the client than other healthcare systems. Before 2012 Medicare had no role for nurse practitioners in the hospice process, but they added a periodic visit after patients have been in hospice for six months. Physicians or Nurse Practitioners could accomplish the six-month visit, and thus, Nurse Practitioners became part of the team.

In my education as a nurse and nurse practitioner we had focused on dealing with the whole person in our care, and in Hospice I have been able to do this more than any other role I have seen. One of the best benefits I have seen with the team process is the blending of our strengths and insights. A team approach brings the strengths of each discipline together with more service to provide a very patient-focused type of care. Nurse practitioners bring a blend of the nursing strengths to the medical knowledge of the physicians.

I have been fortunate to work with a variety of teams to learn about many ways to serve the needs of the patient and their family. If, we have the opportunity to serve you or your family I know you will find hospice is a lot different than most of the rest of the healthcare system. We replace technology with a focus on the whole person and work to learn your goals and find ways to reach those goals best.

Find Family Hospice Care in the Wellness Village. Members since July 22, 2015, Family Hospice Care believes and promotes that each of us has the right to die comfortably in our home while receiving the necessary care to maintain dignity.

RECOGNITION OF PRO'S NEWEST BOARD MEMBER, MICHAEL LU ANAHEIM DUCKS: THE INSPIRING TRADITION OF THE 21ST DUCK

Ciara Durant

Reprinted from Fansided

Perseverance, courage, integrity, determination, and inspiration. These are the characteristics that embody the 21st Duck. The tradition is still new to the Anaheim Ducks, but their stories have touched us in a remarkable way.

The **Anaheim Ducks** introduced their 21st Duck during the home opener on October 8th. This tradition started four years ago, and each story has continued to inspire Ducks Nation. For me, personally, the Ducks always seem to nominate their 21st Duck during periods of my life when I need the reminder to never give up. Although they have faced difficulties, they are the perfect example of never giving up when things get tough.

Michael Lu: Fighting to Find a Cure for Parkinson's

This year, the Anaheim Ducks and **Ryan Getzlaf** had the distinct honor of asking Michael Lu to be their 21st Duck. Lu, who is 29-years-old, was diagnosed with Parkinson's disease. Parkinson's is a progressive nervous system disorder that affects movement and can cause tremors, impaired balance, slowed movement, and speech changes. There is no known cure for the disease, and it will progressively get worse, eventually cutting short his ability to play hockey.

However, in the face of this giant obstacle, Michael has not allowed his disease to rule his life. He works at Anaheim Ice as a hockey coach. Not only is he teaching these kids how to play the sport he loves, but he's also teaching them not to give up when difficulties come your way.

Our 21st Ducks is studying towards his master's degree in educational psychology so that he can help children with disabilities. He is also relentlessly heading up the search to find a cure for Parkinson's. By serving on the board of directors for the Parkinson's Resource Organization, he is hoping that someday, people like him will finally have a cure.

Michael is a beautiful example of the bravery it takes to not let your disease define you. His story will go on to inspire many people, and Ducks Nation is proud to have him as our 21st Duck for the 2018-19 season.

PRO CALENDAR FOR NOVEMBER 2018

The current support group meeting locations are listed below.

For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

				1	2	3
4	5 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	6	7 LONG BEACH Speaker Meeting 6:30 PM Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	8 NEWPORT BEACH Caregiver Only 6:30 PM Oasis Senior Center 801 Narcissus Corona Del Mar	9	10
11	12 PALM DESERT Round Table For Everyone 6:30 PM Atria Hacienda 44-600 Monterey Ave	13	14 GLENORA Caregiver Only 6:30 PM La Fetra Senior Center 333 E Foothill Blvd	15 SHERMAN OAKS Speaker Meeting 1:00pm East Valley Adult Center 5056 Van Nuys Blvd	16 SANTA MONICA Speaker Meeting 7:00 PM Rehab Specialists 2730 Wilshire Blvd Ste 533	17
18	19 PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	20	21 ENCINO Caregiver Only 7:00 PM Rehab Specialists 5359 Balboa Blvd	22 THANKSGIVING DAY	23	24
25	26 PALM DESERT Speaker Meeting 6:30 PM Atria Hacienda 44-600 Monterey Ave	27 MANHATTAN BEACH Speaker Meeting 6:30 pm American Martyrs Parish House 659 15th Street	28	29 SHERMAN OAKS Speaker Meeting 1:00pm East Valley Adult Center 5056 Van Nuys Blvd	30	

CAREGIVER MEETING: (For caregivers only) Come share the ups and downs of living with someone with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break.

SPEAKER MEETING: We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Speaker Meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Speaker Meetings are packed with a wealth of amazing information so bring your pencil and notepad!

"ROSEN ROUND TABLE" MEETING: Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.



NEWSWORTHY NOTES

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PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

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