How to Address Prominent Caregiver Challenges

The National Parkinson Foundation (NPF) decided that caregivers needed their own summit with no question or topic off limits. This September we did just that and hosted our first-ever Caregiver Summit with the goal of helping caregivers focus exclusively on themselves. Keynote speaker Susan Imke, FNP, GNP-C, from Kane Hall Barry Neurology, spoke about caregiving choices and challenges—emphasizing ways that a care partner can avoid self-neglect that leads to compromising physical and emotional health while simultaneously providing consistent, optimal care to their loved one with Parkinson’s disease (PD).

“Taking care of someone with Parkinson’s is a journey in which a caregiver naturally has a lot of concerns, questions and the need for outside support and guidance,” Imke said. “Each phase of Parkinson’s comes with new caregiving challenges.”

Imke identified the top caregiving challenges and ways to work through them:

**The Realities of Privacy Challenge:** Everyone needs personal space. When a spouse becomes a caregiver and retirement coincides with PD, privacy can become infringed upon for each person.

**Tip:** Even during early PD stages, care partners should enjoy time alone. Establish a rule, such as one hour a day, half a day... continued on page 2
per week, one long weekend quarterly. Identify surrogate care options early to ensure you get that alone time.

**Communication Challenge:** Some people with PD experience a weakened voice and start to minimize talking, depending on non-verbal communication.

**Tip:** Be proactive. Have an intentional conversation sitting face to face without distractions; speak up; wait for the speaker to finish his or her sentence before responding and keep an open mind.

**Mood Disorders Challenge:** Apathy, anxiety and depression can all be PD symptoms, but caregivers can suffer from these too. Anxiety is common among seniors as it can manifest from worrying, stress and insomnia.

**Tip:** More than 60 percent of people with PD suffer from clinical depression over the course of PD progression. They are not alone. Neither are you. Find a support group. Anti-depressant medications combined with counseling are more effective than medication alone. Also, never underestimate the power of exercise as an antidepressant.

**PD Associated Psychosis Challenge:** About 20 percent of all people with PD experience some form of hallucinations or delusions, and the number increases the longer the person has PD. Psychosis can present caregivers with a new set of challenges.

**Tip:** While incredibly difficult to witness your loved one see or believe things that are not real, it’s best not to argue with them mid-episode. Try to also reinforce desired behaviors every time, anticipate physical needs and keep daily routines.

**Caregiver Health Challenge:** Caregiving 24 hours a day, 7 days a week is not a care plan, nor is it healthy.

**Tip:** Improve your health by taking care of yourself. Keep your own doctors’ appointments, drink more water and begin or maintain an exercise routine.

**Golden Years Challenge:** Caregivers can feel guilty planning for the future.

**Tip:** It’s okay to plan ahead. Advanced directives are best done in advance and can be done at any age or stage of PD. Designating a health care surrogate in the event of an emergency helps reduce stress later on.

**Caregiver Sanity Challenge:** Pushing through and never evaluating mental health can lead to caregiver fatigue and impending health issues.

**Tip:** Regularly give yourself a candid analysis of what you can and can’t do as a caregiver. Consider finances, heavy lifting ability, sleep and nutrition in your analysis. All caregivers need to establish a dependable support system to allow themselves a respite from giving or supervising care. Re-energize by doing something you enjoy.

**Long Distance Challenge:** Caregivers who live far away.

**Tip:** Talk often on the phone if possible. Send cards or flowers if not. Don’t settle for email and always show appreciation to the primary caregiver. Say yes to periodic respite care by insisting and getting on a plane to see your loved one at least once a year to become the back-up caregiver.

Susan Imke spoke at the 2016 NPF Caregiver Summit. She is a Family and Gerontological Nurse Practitioner who specializes in Neurology of Aging, with a primary focus on PD and neurodegenerative disorders.

For more information on navigating emotional, financial and physical caregiver challenges visit [www.parkinson.org/caregiving](http://www.parkinson.org/caregiving).

For your free copy, call the NPF Helpline at 1-800-4PD-INFO

To read online visit [www.parkinson.org/pd-library](http://www.parkinson.org/pd-library).
National Parkinson Foundation and the Parkinson's Disease Foundation Complete Merger to Form the Parkinson’s Foundation

We are thrilled to share with you the news that National Parkinson Foundation (NPF) and the Parkinson’s Disease Foundation (PDF) have finalized our merger. Moving forward, we will operate as the Parkinson’s Foundation with offices in New York City and Miami. While we have already begun integrating our programs and operations, each division will continue to communicate with our supporters under the legacy brand until the Parkinson’s Foundation brand is fully integrated.

As we set out to complete this merger, we were adamant that the Parkinson’s Foundation must be greater than the sum of our individual parts. We share a unity of purpose—working toward a world without Parkinson’s disease and focusing on the best possible lives now for people living with the disease. We owe it to them to move the science and care forward. The merger allows us to do just that even better—to expand our reach and our impact and to be more effective in everything we do.

Indeed, the coming together has redoubled our shared spirit of purpose. Our focus will be in three key areas:

- **Seeking a cure:** We support promising scientific research by investing in individual and collaborative research and training projects as well as in an extensive network of research and medical centers in the United States and around the world.

- **Providing care and support:** Until there is a cure, we remain focused on the care and wellbeing of people living with Parkinson’s today. This has always been, and remains, a hallmark of our leading research and educational work.

- **Championing a better future:** To do all this, we will expand our advocacy and community outreach efforts to ensure that the response to this disease matches the urgent need.

Of course, we cannot do this alone. We will continue to collaborate with our allied organizations in the Parkinson’s community. And we will look for ways to further enhance our impact in the field, both through collaborations as well as additional strategic combinations.

One new element that we are very excited about is the search for a new Chief Executive Officer. A joint Search Committee of the Board has kicked off the search, working with the executive search firm Russell Reynolds to recruit a dynamic leader for the future. We remain enormously grateful to Robin Elliott and Paul Blom for their essential leadership during this important transition.

Meanwhile, the Parkinson’s Foundation will be governed by a Board of Directors that will include 11 members from each of the legacy organizations. The two of us will serve as Board Chairs in consecutive terms, with John, former NPF Chair, serving the first term followed by Howard, former PDF Chair. We are driven by the perspective, needs and priorities of people living with the disease and, together, we will be a formidable and effective force in the fight against Parkinson’s.

Join NPF’s Wines on the Bay online auction from November 15 to November 30. Bid on exclusive wines, trips, tours and dinners. All proceeds benefit NPF’s mission. 
To learn more email rsvp@parkinson.org or visit www.winesonthebay.org/auction.
Caregiving for someone with Parkinson’s disease (PD) can be an incredibly challenging task. When in a caregiver role over the course of many years, it can take a toll on even the healthiest of individuals.

In a study presented at the International Parkinson and Movement Disorders Society’s Annual Congress in June, National Parkinson Foundation (NPF) researchers reported that older age is linked to an increased risk of caregiver strain. The research stems from NPF’s Parkinson’s Outcomes Project, the largest-ever clinical study of Parkinson’s. The study’s goal is to improve care of people with PD by identifying and implementing best practices across NPF Centers of Excellence and beyond.

For the caregiver study, Jennifer G. Goldman, MD, MS, and colleagues at Rush University Medical Center in Chicago analyzed data from 8,078 patients receiving care at NPF centers. Researchers examined caregiver strain using the Multidimensional Caregiver Strain Index (MCSI), which is an 18-question index measuring caregiver strain in the following areas: physical, financial, interpersonal, social and time management.

Researchers conducted baseline comparisons between patients with and without MCSI data, and collected data again one year and two years later. Changes in MCSI scores were compared from the three time periods. The aim was to examine the predictors of change in caregiver strain variables over time, such as: baseline demographics, stage of PD, other health conditions, mental health and cognitive functions.

Caregiver strain index data was available at all three visits for 1,574 patients who attended doctor’s visits with caregivers. Data was received for 4,304 patients who attended the baseline appointment and either the year-one or year-two follow-up appointment with a caregiver.

According to study results, those with MCSI data were significantly more likely to be male, live at home, have longer PD duration and more advanced PD. Regular caregivers changed in 14.8 percent from baseline to year-one and 16 percent to year-two, with caregiver changes seen with older, female patients, with more advanced PD and higher MCSI scores. This is important because caregiver transition is associated with a change for the worse in health-related quality of life. MCSI scores increased significantly at year-one and year-two visits, with substantial increases in all caregiver burden domains with the exception of financial strain.

The study determined that age was the most common significant predictor of change in the caregiver strain index. Caregiver strain increases over time for those caring for people with PD in general and in specific areas. In addition, caregiver changes over time appear to affect older women who are experiencing the later stages of Parkinson’s the most. The study underscores the importance that interventions to ease caregiver strain should address not only caring for older people with PD, but also physical, social, time management, interpersonal and family conflict issues.

www.parkinson.org/outcomes
Caregiver Profile: Julie Beck

A few years ago I used an online match tool that was supposed to pair me with caregiver friends and it came up with zero results. I started to think I was the only caregiver who is younger than 50, a mother of three teenagers and works in a full-time executive position.

That changed when I found an online caregiver forum. It was uncanny how much we all had in common. Instant relief took over as I realized I was no longer the only one.

My Parkinson’s disease (PD) initiation happened after my husband, Dave, was diagnosed with young onset PD (YOPD). It didn’t really hit me how serious PD was until the year we bought a house so that we could be closer to my family. Dave was always laid back, yet when it came to purchasing a house he was incredibly adamant that we get this one in particular—the outdated eyesore located across a golf course. We ended up buying the house and remodeling it to meet our needs.

When he was first diagnosed, Dave was prescribed Mirapex. It made him feel good and his tremor went away, but he started to show addictive behavior purchases. I called his doctor to ask if this behavior was indicative of another problem and she casually told me that it was a Mirapex side effect. This was a tough way for me to learn how PD medications affect cognitive function. It explained the house purchase.

Dave was prescribed another medication that did not control his tremors as well as Mirapex. We decided that deep brain stimulation (DBS) surgery was the next best treatment option. Over the next two years he underwent DBS twice, once on each side of the brain. He was still on medication, but the surgery was life changing—allowing him to have a better quality of life for the next six years.

Keeping up with PD is our norm. We regularly go to DBS adjustments, neurologist and psychologist appointments. I directly email his doctors. A successful day is one where my children are happy and no one gets hurt. I’m a caregiver, but I’m also the sole provider for my family. A few years ago I realized I needed to take care of myself, so now I find time to exercise and regularly host my brothers and sisters (my support team) for dinner and celebrations.

When I need that extra support and comfort I log in to the caregiver forum on social media. Recently, a woman in the forum asked how her life was going to change after her husband was diagnosed with YOPD. I thought about my response for days, which is this: the last 15 years taught me to be ready for change. Cognitive changes happen slowly, so define your new normal as you go. Walk towards change and don’t run from it, like I initially did.

The forums helped me feel like I was part of a bigger community. I started looking for other ways to help caregivers. I reached out to the National Parkinson Foundation (NPF), and spoke on a panel at their first Caregiver Summit. Since PD affects everyone differently, I couldn’t recommend a universal treatment or instant fix for caregivers, but if telling my story resonated with just one person then I know I made the right decision to speak.

I will continue to be involved with NPF and show them support through Moving Day® Chicago, which I attended for my second time this fall. I know that the money my team raised will continue to benefit the PD community, caregivers included.

Julie Beck is a full-time executive, mother and caregiver.

For more caregiver resources:
Visit NPF’s Caregiver Forum at www.parkinson.org/forums.
Read Caregiving tips at www.caremap.parkinson.org.
My wife was diagnosed with Parkinson's at the age of 45. That was four years ago. She experiences anxiety about everything and has major break downs. She doesn't want to help herself. I feel helpless seeing her like this. I am stressed and not sure how I can help. What can I do?

In many cases anxiety is a symptom of PD caused by the underlying disease process. Some people experience anxiety years before diagnosis. Others get anxious when each dose of Sinemet begins to wear off. Taking Sinemet more frequently may reduce your wife's anxiety. Many people benefit when Sinemet intervals are brought closer together (every two to three hours). In some cases, raising the dose can also help. If this approach doesn't work for your wife, she might benefit from seeing a psychiatrist or counselor. Taking anti-anxiety medication can also be effective.

At NPF Centers of Excellence, we have been following thousands of caregivers for years. We have found that the majority of caregivers, especially young spouses (ages 40 to 55), need help too. The long term strain of caring for someone with PD can adversely affect your health. If you think you might be experiencing symptoms of depression or anxiety, or just find it difficult to deal with the day-to-day trials of PD, seek help from a counselor. Here are some ways to combat caregiver stress:

- Join a caregivers support group
- Seek support from family, friends and health professionals on a regular basis
- Learn as much as you can about PD
- Take care of your health: eat healthy, exercise regularly and get enough sleep

Importantly, keep the lines of communication open with your wife. Over time, you will want to be responsive to your wife's changing needs and be patient with yourself. This approach can help in reducing some of the stress of living with PD.

Does the pneumonia vaccine protect people with PD from aspiration pneumonia, which some say is the leading cause of death in Parkinson's? What can I do to help my father minimize pneumonia risk? Do you recommend the pneumonia vaccine for people with PD? Should people with PD get annual swallow studies?

It's true that aspiration pneumonia is the leading cause of death in PD, but the pneumonia vaccine only protects against bacterial pneumonia, not aspiration pneumonia. Pneumonia prevention measures can save lives and may have a positive impact on preventing aspiration as well. Regular swallowing evaluations can be useful for people who have difficulty swallowing or cough while eating. Food can get into the lungs, which can lead to aspiration pneumonia. If your father is having difficulty swallowing, seeing a speech language pathologist once a year may be a good preventive measure.
One of the things my husband misses the most is riding his bike, but his balance makes it unsafe. I would like to get a tandem bike. Do you recommend we get one? My husband had deep brain stimulation (DBS) surgery and needs to protect his head. Do you have a bike helmet suggestion? How often should people with Parkinson’s exercise to delay further symptoms?

The tandem bike and recumbent tricycle (trike) are popular forms of exercise for people with PD. Riding a tandem bike with your husband will allow you to take the lead. Some research has shown that riding a tandem bike helps improve overall motor function in people with PD. A trike is another option, it’s like sitting in an easy chair, which means the rider can relax at will. Since a trike is low to the ground, it reduces balance issues. At the same time, it would allow your husband to get a good cardiovascular workout. It has been proven that exercise eases PD symptoms. We recommend 30 to 60 minutes a day. A comfortable helmet that does not push on the DBS wire or device will be the best choice. Your husband can and should maintain an active lifestyle. Riding a bike is good for the mind and body and may improve more than your husband’s mobility.

Is there any interaction or problem with getting a flu shot while taking Sinemet and Azilect? Does it take longer for people with PD to recover from the flu?

There is no adverse interaction between a flu shot and PD medications. In fact, we recommended that people with PD get a flu shot. Illness from infection can be more severe and prolonged in people with PD. The flu can worsen PD symptoms such as walking and balance, swallowing, rigidity and tremor. If you do get sick, and don’t rebound soon, be sure to see your neurologist.

The information published in this “Ask the Doctor” Forum is not intended to replace, and should not be interpreted or relied upon as professional advice whether medical or otherwise. Accordingly, please consult your own professional for all advice concerning medical, legal, or other matters published in connection with this Forum. NPF assumes no liability of any kind for the content of any information transmitted to or received by any individual or entity in connection with their use of the “Ask the Doctor” Forum on the NPF Website, and NPF does not endorse or recommend any such information.

Caregiver Tips for Daily Living

Juggling the dual roles of caring for a loved one with Parkinson’s disease (PD) and working full-time can be overwhelming. The good news is that some employers now offer special benefits to caregivers. Here’s what you can do:

- **Check your company’s policies.** Talk to someone in the human resources department or read your employee handbook to see if your employer offers any programs, special assistance or flexible work arrangements for caregivers.

- **Talk to your boss.** Tell your boss about the demands you face as a caregiver. If you need specific accommodations, such as flexible working hours two days a week, explain the reason why. Emphasize your willingness to work together to find the right solution.

- **Show appreciation.** When you meet with your supervisor, highlight your strengths and contributions to the company. Make it clear that you are willing help co-workers when needed.

- **Get the agreement in writing.** Send an email to your supervisor or human resources representative spelling out the agreed-upon conditions.

- **Consider other options.** Think about other ways you might be able to work, such as part-time or as a consultant.
What's Hot in Parkinson's Disease?  
The Importance of Imaging Biomarkers to Diagnose and Track Parkinson's Disease Progression

A recent press release from the National Institutes of Neurological Disorders and Stroke detailed exciting ongoing work aimed at uncovering magnetic resonance imaging (MRI) techniques capable of tracking Parkinson’s disease (PD) progression. In this “What's Hot in PD?” column we will review the recent progress of MRI-based biomarkers for Parkinson’s diagnosis and progression, and will discuss the importance of the findings, especially in the context of clinical trials.

In August 2016, David Vaillancourt and colleagues at the University of Florida National Parkinson Foundation Center of Excellence published an important paper in “Human Brain Mapping.” The Vaillancourt lab performed a clever experiment utilizing Rasagiline, a monoamine oxidase type B inhibitor used in PD and thought by some experts to have symptomatic and neuroprotective properties. The authors used a three Tesla MRI, which produces incredible anatomic details, to examine critical areas of the brain of a person with PD. They examined patients on or off Rasagiline and compared their results to control subjects who did not have PD.

The investigators used two different types of MRIs: functional MRI and diffusion MRI using a measure called free-water, and also measured coordination using a bedside pegboard test (a neuropsychological test of fine motor task). Interestingly, those who received Rasagiline had more signal change in an area called the posterior putamen on functional MRI—less free-water in the rear part of the substantia nigra on diffusion MRI—and those on Rasagiline also had a better performance on the pegboard test. These results indicated PD medication.

In a second paper published in the August edition of “Neurology,” Vaillancourt turned his attention to brain activity changes over time as seen in people with PD. Using a functional MRI scan, the authors showed a decline of activity as measured over the course of one year. If the data holds up in future studies, this finding could be used as an important biomarker of Parkinson’s progression.

It is important for people with PD, family members and the entire Parkinson’s community to be aware of the importance of a reliable imaging biomarker that can be utilized for better understanding PD. Biomarkers can be used for diagnosing Parkinson’s, but can also be applied to track disease progression.

The PD community has a critical need to be able to accurately measure the effectiveness of drugs and other interventions on Parkinson’s progression. An MRI is a widely available tool and could be utilized to provide a safe and feasible way to test interventions for disease modification. These recent findings when added to other ongoing imaging research in the Parkinson’s disease field offer the hope for better measurement tools that will likely translate to more definitive and meaningful clinical trials.

Author: Michael S. Okun, MD, NPF National Medical Director

Read Dr. Okun's monthly column, “What's Hot in PD?” online at www.parkinson.org/whatshot.

NEW BOOK ON PARKINSON’S
10 Breakthrough Therapies for Parkinson’s Disease

by Michael S. Okun, MD  
NPF’s National Medical Director

Order your copy today on Amazon.com!
Texas to Host First Moving Day®

Ever since Carey Durham was diagnosed with Parkinson's disease (PD) three years ago she’s been hoping that Moving Day®, a walk for Parkinson’s, would come to her area. On November 5, not only will Carey be attending the first Moving Day® in Texas, but she will be there with her entire team, which consists of her friends and family.

“I’m just thrilled to be a part of Moving Day® Dallas/Fort Worth (DFW),” Carey said. “I hope that in the process of fundraising and getting others to attend I can educate people about PD and get them moving.”

Carey is doing her fair share to promote the event by leaving flyers and speaking to everyone at her gym, church, yoga studio and doctors’ offices to help Annie Long, National Manager of Signature Events at the National Parkinson Foundation, spread the word.

Through experience Annie recognizes that Texas is a large, underserved area in need of more Parkinson’s resources. “Texans were looking for a fun, energetic event to get them motivated and staying positive,” Annie said.

We’re hoping that Moving Day® DFW will get the Parkinson’s community of north Texas more involved and ultimately provide them with ways to live a better life with Parkinson’s.

The fundraising goal for Moving Day® DFW is $100,000 and up to 1,000 people are expected to attend at Globe Life Park. The entire day will be a celebration of movement, featuring a family-friendly walk course, kid’s area and a Movement Pavilion that will host free yoga, dance, Tai Chi and non-contact boxing classes — all proven to help manage PD symptoms.

Whitney Antwine will also be attending Moving Day® DFW and is currently serving on the planning committee, which consists of people all around Texas who are helping ensure the event is a success. She volunteers by reaching out to the media promoting the event while fundraising for her own Moving Day® team. Whitney grew up seeing how Parkinson’s affected her grandmother and the entire family, which piqued her interest in NPF.

“I’m excited for the day to finally arrive so I can meet all of the amazing people with Parkinson’s, their families and caregivers,” she said. “Personally, I want to see caregivers take advantage of the relaxation tent and try some new exercises with their loved one, but more importantly I just want to thank them in person for all they do.”

This will be both Whitney’s and Carey’s first time attending a Moving Day® walk and they agree that they can’t wait to meet the Texas Parkinson’s community.

“Please come out and support all of us with Parkinson’s, our families, and NPF’s mission,” Carey said. “Come walk and move with us!”

Moving Day® is made possible through the support of our national sponsors: ORIG3N, Lundbeck, UCB and Right at Home.

Join us for Moving Day® DFW on November 5. To register for the free event, visit www.movingdaydfw.org or call 770-837-0403. To find a Moving Day® near you, visit www.npfmovingday.org.
Caregiver Self Quiz

As a caregiver, what areas of your life can you improve? Take this quiz to narrow it down. Monitor how your risk factors change over time by taking this quiz every few months. Share your results with family and friends so they can better understand the scope of caregiving.

I exercise 3 to 5 times per week.
- a. Regularly
- b. Sometimes
- c. Never

I do not drink alcohol or use drugs.
- a. No
- b. Every now and then
- c. Often

I have at least one person whom I can confide in and talk to on good and bad days.
- a. Definitely
- b. I rarely confide in anyone
- c. Never

I make and keep my own medical and dental appointments.
- a. Often
- b. Sometimes
- c. Never

I get an adequate amount of sleep.
- a. Regularly
- b. Sometimes
- c. Never

I take time to do things that I enjoy (like gardening, reading, church, going to the movies).
- a. Often
- b. Occasionally
- c. Can’t remember the last time

I regularly volunteer or have a gratifying job.
- a. Yes
- b. I volunteer or work sometimes
- c. No

I have a hobby or recreational activity I enjoy doing regularly.
- a. Definitely
- b. I rarely do it, but try to
- c. Never

I can’t sleep and/or I have anxiety.
- a. I don’t have either
- b. A few times a month
- c. I’m anxious all the time and rarely sleep well

I do not use tobacco products.
- a. I never use them
- b. I sometimes use them
- c. I regularly use them

I eat at least two to three balanced meals a day.
- a. I regularly do
- b. When I can
- c. Never

I have my own goals and am taking steps to achieve them.
- a. I keep my own list of goals
- b. I have one or two goals
- c. I don’t have goals

To order “Caring and Coping”, NPF’s free caregiver book that features this quiz, please call the NPF Helpline at 1-800-4PD-INFO.


If you answered:

Mostly A’s: You are doing an excellent job taking care of yourself. Keep it up!

Mostly B’s: You have room for improvement. Examine the areas where you struggle, and seek help from family, friends or doctors to make some changes.

Mix of B’s and C’s: Try to take better care of yourself. You may be at moderate risk for health problems. Ask for help in creating and sticking to a plan.

Mostly C’s: You are at extremely high risk for developing health problems. Visit your doctor as soon as possible for a check-up. Remember, you can only provide good care for someone else if you take good care of yourself. Don’t know where to begin? Call our Helpline at 1-800-4PD-INFO (1-800-473-4636).
**NPF Legacy Society**

Would you like to learn more about maximizing your philanthropic goals? You can make a difference in people’s lives and always be remembered for your contribution by making a planned gift to the National Parkinson Foundation:

- Find out what to give and learn about gifts of cash, securities and property.
- Learn how to give and discover gift options that provide tax and income benefits.
- View a presentation that shows the benefits of a planned gift based on your property and goals.
- Set up an account to create a plan for your future, plan your will online, or make updates to an existing plan.
- Visit our new Planned Giving website today to learn more!

If you have included a bequest for the National Parkinson Foundation in your estate plan, please contact us to let us know. We would like to thank you and recognize you for your gift.

For more information about NPF’s Legacy Society, please contact Amy Gray, Senior Vice President, Constituent and Community Relations, for a confidential conversation: e-mail her at agray@parkinson.org or call 305-537-9906.

*For more information on planned giving options please visit [www.parkinson.org/plannedgiving](http://www.parkinson.org/plannedgiving).*

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**Run to Beat Parkinson’s!**

**Team Hope™** for Parkinson’s Upcoming Endurance Events

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- **November 6, 2016** – TCS New York City Marathon
- **February 5, 2017** – Humana Rock ‘n’ Roll New Orleans Marathon and Half Marathon
- **April 30, 2017** – Big Sur International Marathon

*For more information please contact Sara Teeter at teamhope@parkinson.org or call 305-537-9951.*