Tips for Communicating With Your Health Care Team

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The Power of Parkinson’s Superstars

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Building Your Parkinson’s Care Team

Get the care you want and the information you need

Over the years, many people with Parkinson’s disease have told me how dramatically their lives have been impacted by a particular healthcare professional, team or doctor. Getting the personal attention they needed from a caring health professional or group of knowledgeable healthcare professionals who understand the challenges faced by those living with Parkinson’s proved to be life changing.

Parkinson’s disease is a complex, chronic illness that can impact every aspect of your life. For this reason, NPF has long promoted a multidisciplinary, comprehensive approach to Parkinson’s care. Comprehensive care is a strategy that takes into account the health of the whole person—including physical, emotional and spiritual health. An ideal Parkinson’s healthcare team will include individuals (see page 2) who are highly qualified in different disciplines and who work closely with you, and other members of your team, to meet your changing needs and goals.

To enable you and your care partner to achieve optimum health, NPF has developed a worldwide network of Centers of Excellence (COE), medical centers across the U.S. and abroad where expert teams—including movement disorder specialists, nurse specialists and social workers—come together to provide comprehensive medical care to patients and their families. To be designated an NPF COE, each center must be guided by an...

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Building Your Parkinson's Care Team
Get the care you want and the information you need
...continued from cover

expert in Parkinson's disease and be engaged in four areas: comprehensive care delivery, professional education, patient outreach services and research on new therapies.

Whether you live in a small town or big city, you can draw upon one of these centers to get the best level of Parkinson's care possible. On the other hand, you may want to seek professionals knowledgeable about Parkinson's care closer to home. Remember, there are multiple solutions to your problems, but it's up to you to take the next step. Don't be afraid to ask questions and to seek the support and care now available to you and your family. You can begin to be part of every decision about your Parkinson's care. And even start enjoying a better quality of life.

THE PARKINSON'S HEALTHCARE TEAM

**Neurologist:** A neurologist is a doctor who specializes in the brain and nerves. Parkinson's disease (PD) specialists are neurologists who get extra training in movement disorders.

**Nurse:** Supports the doctor and provides patient care and education; is usually team coordinator and main contact.

**Social Worker:** Connects you with PD resources and community support.

**Physical Therapist:** Provides PD movement training and exercise programs.

**Speech-language Pathologist:** Helps with communication, soft speech, swallowing concerns and memory.

**Occupational Therapist:** Helps you maintain independence in normal daily activities.

**Care Partner:** Should accompany you to appointments to listen and take notes.

**Primary Care Physician:** Will continue to monitor and address your broader healthcare needs.

**Other Specialists:** Psychologists, pharmacists, dietitians and others also can be very helpful. If you're considering deep brain stimulation (DBS) surgery, a neurosurgeon and neuropsychologist will become members of your team.

**Complement your Parkinson's Care:** Get involved in exercise and support programs offered in your community.

TEAMWORK IN ACTION

Theresa Snoeyenbos, 50, was diagnosed with Parkinson's disease when she was 32 years old, but it was over a decade before she got the real help she needed. For years, Theresa's treatment primarily consisted of a fistful of medications she swallowed each day. “I ended up getting really sick, suffering from depression and being hospitalized for 12 days,” she said.

Eventually, the Wisconsin mother-of-three and her husband were forced to sell their family-run motel. She took a desk job, but her symptoms interfered with work so she resigned. “I felt pretty worthless,” she said. After job loss, divorce and a move, "lock, stock and barrel," to her parent's home in suburban Minneapolis, the nightmare finally ended. Theresa got an appointment with a top neurologist at Struthers Parkinson's Center, an NPF Center of Excellence.

“Dr. Martha Nance took me off of every med I was on and had me start completely over again. I went from 12 meds to three," she said. "And her wonderful staff treated the whole person. They taught me all kinds of things to help myself, and it's made a big difference." Since her diagnosis 18 years ago, Theresa earned a black belt in Taekwondo. More recently, she reached another turning point. "I had DBS surgery in May," she said. "It's given me such hope."

Author: Ruth Hagestuen, RN, MA
Co-Director of Struthers Parkinson's Center, NPF Center of Excellence, and Director of NPF’s Allied Team Training for Parkinson.

To locate NPF resources in your area, call NPF’s Helpline 1-800-4PD-INFO (473-4636) or e-mail helpline@parkinson.org.
Tips for Communicating With Your Health Care Team

The main ingredient in any successful partnership is communication. And the same holds true when it comes to your relationship with your Parkinson’s care team. Miscommunication brings on stress, and stress accentuates the symptoms of Parkinson’s disease, says care expert Ruth Hagestuen, RN, MA, who is the Director of NPF’s signature program for healthcare professionals, Allied Team Training for Parkinson (ATTP). She offers the following five suggestions for establishing clear communication with key members of your care team.

Plan ahead. Go to your doctor’s appointment prepared. Bring a list of your medications and dosages with you to every visit. Be sure to include medications for all conditions, as well as supplements.

Be specific. When you arrive at your appointment, tell your doctor (and nurse) why you’re there and what’s bothering you most. “Be very clear about your priorities and the problems you are facing,” Hagestuen said. Write down the facts behind your health concerns beforehand, but leave the detailed diary at home. “You should have a couple questions to bring forward so you can get the most important issues addressed first.”

Speak up. Ask for explanations for medical terms you don’t understand. Point out information about your symptoms that worry you. Ask for details about a recommended prescription or medication change that you don’t fully understand. “Speak up if a suggestion doesn’t feel like something you would be willing to do,” Hagestuen said. “You really need to be direct and negotiate what will work for you.”

Ask for what you need. Ask your doctor for a referral to a professional who can offer appropriate support. That may be a rehabilitation specialist, a mental health counselor or a social worker. Find out about classes, wellness programs and support groups in your area.

Be Aware in Care. Get the Aware in Care kit, which is available free of charge by calling NPF’s Helpline 1-800-4PD-INFO (473-4636) or visit www.awareincare.org. As you’ll see, the kit provides information and tools to help guide conversations between you and your health care team before, during and after a hospital visit.

Facebook Fan Reactions to the Aware in Care Campaign

“I ordered and received it promptly and used it during a recent ER visit. It’s very useful and made registration much easier. Every patient should have one.”

Mary R., Jersey City, NJ

“These kits will continuously improve quality of care of patients and family members—from admission to discharge.”

Ron V., Miami, FL

“Like” NPF on Facebook and share your comments with us at www.facebook.com/parkinsondotorg.

TOP QUESTIONS TO ASK YOUR DOCTOR

Why is this medication being prescribed/What symptoms signal a problem and how should I respond? You want to make sure you have a complete understanding of your medication regimen, including potential drug interactions and side effects.

How will you monitor my Parkinson’s treatment/Who will coordinate my care? Find out who your main contact is, when you should return for your next visit and how frequently your medication schedule will be evaluated and adjusted.

What hospital should I go to in an emergency? People living with Parkinson’s have higher hospitalization rates. Discuss the “what if” scenarios with your doctor. Tell your doctor about NPF’s Aware in Care kit.

For a complete list of questions to print out and take with you, visit www.parkinson.org/questions.
Quality Improvement Initiative Enrolls 5,000 Parkinson’s Patients

There are now 5,000 people with Parkinson’s enrolled in the National Parkinson Foundation’s Quality Improvement Initiative (NPF-QII), the largest-ever study of clinical care and outcomes created to improve the standard of care of people with Parkinson’s. The NPF-QII uses a model proven to dramatically increase longevity in both cardiovascular surgery and cystic fibrosis. Twenty NPF Centers of Excellence participate in the study.

Analysis of the NPF-QII data has already yielded important findings which could improve the quality of patient care across NPF Centers and beyond. Two studies were presented at the American Academy of Neurology’s (AAN) 64th Annual Meeting in New Orleans in April 2012 and 10 more at the Movement Disorder Society’s (MDS) 16th International Congress of Parkinson’s Disease and Movement Disorders in Dublin, Ireland in June 2012.

“By measuring treatments and their outcomes for this comprehensive group, we can improve care outcomes for all patients with Parkinson’s,” said Eugene Nelson, DSc, MPH, Director, Population Health Measurement Program, Dartmouth Institute for Health Policy and Clinical Practice.

“One study presented at AAN focuses on predictors of caregiver burden in Parkinson’s disease. A team of Parkinson’s experts from Northwestern University, led by Drs. Odinachi Oguh and Tanya Simuni, found that not only advanced disease, but also mental health and cognitive problems are associated with caregiver strain, as well as male gender.

The next study, by leaders of NPF-QII, Drs. Peter Schmidt, Jorge Zamudio, Mark Guttman, John Nutt, Andrew Siderowf and Eugene Nelson, identified associations between observations in the clinic and patient’s quality of life. For the first time, this study shows that general health plays an important role in how patients experience Parkinson’s. The team constructed a model to determine the importance of different quality of life metrics in Parkinson’s patients.

“We know that better care can make a measurable difference in the quality of life for those living with Parkinson’s disease,” said Joyce Oberdorf, NPF’s President and CEO. “Our ultimate goal is to create and widely disseminate models of excellent care and establish proven baselines for care to benefit every patient.”

As this collection of real-world data continues to grow, physicians will be able to use this resource to evaluate and improve therapeutic strategies within the clinical setting.

For more information, visit www.parkinson.org/QII. This fall, NPF will be issuing a QII Patient Report.

Did you know that NPF has a free smartphone app for clinicians?

Tell your health care professional to download the Parkinson’s Toolkit app (Available in the iTunes App Store and the Android market) at your next visit! Learn more at www.parkinson.org/toolkit.
ask a patient with Parkinson’s disease (PD) to place a single day’s pills into the palm of one hand, and chances are that might be harder than you think. Although some patients in the early stages of the disease require only two or three doses of a dopaminergic drug each day, as the disease progresses most patients will need to take many more pills. Fortunately, doctors have a growing arsenal of therapies for the treatment of PD. Today, two new methods of delivering medication—skin patches (transdermal) and intestinal gel formulations—have the potential to lessen the “pill burden” faced by many patients.

Transdermal dopaminergic patches—Instead of taking oral preparations or using injectables several times a day, some patients may be able to use a once-a-day alternative in the form of a “patch”—a bandage soaked with a drug that is absorbed by the skin. This patch formulation is similar to pills of other dopamine agonists (pramipexole and ropinirole). However, the patch has advantages over the oral form. It provides a continuous and slow delivery of the drug into the bloodstream, it’s simpler to use, and it doesn’t cause negative drug-food interactions. In addition, fewer sleep disturbances and improved early morning functioning may be added benefits for some patch users.

In 2008, the Neupro patch (rotigotine transdermal system) was recalled from pharmacies by the FDA because of a small number of reports of crystallization of the drug. Recently, it was reintroduced to the U.S. market following improvements. The side effects are roughly identical to other dopamine agonists, and all of the negative effects associated with dopamine agonists such as leg swelling, nausea, sleepiness, etc., have been observed with rotigotine.

Older patients and those with histories of hallucinations, impulse control and other behavioral or thinking disorders should only use this method with great caution. Extended release preparations of the pill form of dopamine agonists have become available recently, and are an option for patients who have adverse reactions to the patch or a preference for a pill.

Pump-based therapy—A therapy fresh out of clinical trials in the U.S. is Duodopa. Duodopa is a gel containing the drugs levodopa and carbidopa that is released directly into the small intestine through a surgically placed tube. The gel comes with a small, portable pump and medicine cartridge worn in a hip bag. The intestinal gel enters the body through a surgically placed tube in the abdomen. Duodopa has been approved for use in Europe since 2004. As yet, it is not available in the U.S., but could be in the near future thanks to the research currently underway.

Clinical trials suggest that this therapy significantly improves on time and reduces on-off fluctuations and dyskinesias in patients with advanced PD. This method of delivery may supply a more uniform release of medication into the bloodstream. Duodopa may offer an alternative to DBS, avoiding brain surgery; however, Duodopa does require very careful attention to daily pump management, skin care (surrounding the port where the tube enters the body) and medication refills. Some studies have found high rates of device-related problems with the intestinal tube (clogging, kinking). Despite these tube-related issues, Duodopa will likely be a great choice for many patients with severe on-off fluctuations and dyskinesias that cannot be managed with existing oral or patch therapies, as well as for those who do not wish to undergo DBS surgery. And it will, in most cases, allow for discontinuation of oral PD drugs.

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.
Top Questions and Answers from NPF’s “Ask the Doctor” Forum

In this issue, we focus on comprehensive care. The following are commonly asked questions about Parkinson’s care from our web forums. We encourage all patients, caregivers and friends of the Parkinson’s care community to start a dialogue with us and take advantage of this free online resource at www.parkinson.org/forums. The forums include: “Ask the Doctor”, “Ask the Surgical Team”, “Ask about Nutrition”, “Ask the Pharmacist”, “Talk to a Speech Clinician” and “Pregúntele al Médico” (Ask the Doctor in Spanish).

Q Should I be worried about an increased risk for osteoporosis and osteopenia with Parkinson’s disease (PD)?
A There are now over a dozen studies that point to an increased risk of both osteopenia (thin bones) and osteoporosis (brittle and porous bones) for patients with PD. Importantly, recent research indicates that men are also at risk. Our understanding of bone loss has been evolving, but we now believe that the degenerative process in PD affects the signals that trigger bone growth, thereby putting both genders at risk. We now recommend that both men and women have regular bone health checkups. Thinning, porous bones put patients at an increased risk for fractures, and because Parkinson’s patients are at risk for falling, it is critical that they keep their bones healthy. Weight-bearing exercise, calcium supplementation and vitamin D can help strengthen bones. In more severe cases osteoporosis drugs can also be prescribed. Some mild exposure to sunlight can be helpful.

Q Should I start speech therapy?
A We know from research that people with PD, statistically speaking, are significantly quieter than their age-matched peers. Also, they are less likely to be understood in conversation and less likely to participate in conversation. In fact, the data show that 89 percent of people with PD will develop speech problems, but only about four percent are referred for speech therapy. That happens for a number of reasons. Some people experience gradual changes in their speech and may not notice when it becomes difficult for others to understand them. Also, there is a perception that speech changes that occur with PD are just a normal part of aging. That is not true. If you have PD, then you will need speech therapy at some point. It is better to receive speech therapy earlier rather than later. Ask your physician for a referral to a speech-language pathologist for an evaluation.

Ask the Speech Clinician: Leslie Mahler, PhD, CCC-SLP

Q What can I take for allergies if I’m taking medication for Parkinson’s disease?
A Summer’s here and the time is right for dancing in the streets. In truth, for most of us it is, summer’s here and the time is right for sneezing in our sleeve! For most people with PD it’s difficult to find relief amongst the many products that line the “wall of cough, cold, and allergy” remedies at every pharmacy. To help with the decision-making process, here are some questions you need to ask yourself. Will it interact with my PD or other medications? Can I take it with my PD medications? What will it do to me if I do take it?

Here’s a breakdown of which allergy, cough and cold medications you can take with your PD medications.

.identifier:Antihistamines. These combat sneezing, runny nose or itchy and watery eyes. There are two types of antihistamines available over-the-counter (OTC):

- Non-sedating (e.g., Allegra, Claritin, Zyrtec). You want to choose from this group because there are no interactions between these antihistamines and PD medications.

- Sedating (e.g., Actifed, Benadryl, Dramamine). Anticholinergic medications such as trihexphenidyl (e.g., Artane) and biperiden (e.g., Akineton) should not be taken with these medications. Both can cause a drying effect on the body, which can result in a
“heat stroke” reaction. If a PD medication makes you drowsy, avoid these antihistamines during the day.

**Decongestants.** Decongestants help break up mucus that causes your sinuses to feel stuffy and full. There are two types of OTC decongestants:

- **Phenylephrine (e.g., Sudafed PE).** All products that state “decongestant” have this in it. Selegiline (e.g., Eldepyr, Zelapar) should not be taken with phenylephrine because the interaction may cause a severe increase in blood pressure. Rasagiline (e.g., Azilect) should also be avoided due to the same. All anticholinergic medications should be used with caution. Phenylephrine may also cause an increase in tremor activity.

- **Pseudoephedrine (e.g., Sudafed).** This is available under many different names. Same precautions (except tremor activity) for phenylephrine apply to pseudoephedrine (see above).

**Expectorants.** Expectorants aid in expectorating (purging) the mucus in the sinuses or lungs. Guaifenesin (e.g., Robitussin, Mucinex) is the only expectorant available. There are no interactions with any PD medications.

**Cough Suppressants.** These help relieve coughing. Dextromethorphan (e.g., Delsym, and other products with the initials DM in the name) is the cough suppressant available. Selegiline and rasagiline should not be taken with Dextromethorphan. The interaction can cause “serotonin syndrome,” which, although rare, can be fatal.

**Ask the Pharmacist:** Mark R. Comes, RPh

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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 Web site, and NPF does not endorse or recommend any such information.
Fall Moving Days, Walk for Parkinson’s

Moving Day®, a Walk for Parkinson’s, is a fun, inspiring fundraising event that unites families, friends and communities in our fight against PD. Moving Day is the first grassroots campaign that spotlights the disease on a national level and gives you the chance to speak out in your own community.

NPF’s three inaugural 2011 Moving Day events raised more than $530,000 and this year we are projecting revenue from the 16 scheduled walks will exceed $1.6 million. The proceeds raised through Moving Day will help fund local outreach and education and advancement of clinical care for people living with PD. There will be approximately 20,000 walkers and 850 teams participating in Moving Day in 2012—all of whom have the common goal of beating Parkinson’s.

Special thanks to our Moving Day Sponsors: TEVA CNS, Dick’s Sporting Goods, Medtronic, Right at Home and Office Depot Foundation.

For more information and to register, please visit www.npfmovingday.org

Free Webinar Series

Join NPF for a series of free webinars addressing topics important to the Parkinson’s disease community. Featuring presenters that are experts in their field, these webinars offer practical advice for living well with Parkinson’s.

8/23, 1-2 pm: Your Parkinson’s Disease and Relationships
9/10, 1-2 pm: Non-Motor Symptoms of Parkinson’s Disease – Depression
10/4, 1-2 pm: New to Parkinson’s Disease: What You Need to Know
11/1, 1-2 pm: Caregiving

Register or view archived webinars at www.parkinson.org/webinars.

Navigating a New World: Wellness Retreat for Recently Diagnosed People with Parkinson’s and Their Care Partners (October 29—November 2, 2012)

Together with leading Parkinson’s specialists, learn how to integrate exercise, nutrition and personal insight into your care to fight Parkinson’s. Join us for this 5-day program for people in the early stages of Parkinson’s (diagnosed 5 years ago or less) and their care partners. Workshops range from the latest research to lifestyle changes, and take place in a small group setting of 60 people. The program includes daily yoga classes at the beautiful and peaceful Kripalu Center for Yoga & Health in Massachusetts.

For more information, visit www.parkinson.org/retreat.

2012 MOVING DAY WALKS

Buffalo, NY 9/16/12
Rochester, NY 9/16/12
Pittsburgh 9/29/12
Tallahassee, FL 9/29/12
Columbus, OH 9/30/12
Sioux Falls, SD 10/6/12
Miami 10/7/12
Orange County, CA 10/13/12
Chicago 10/14/12
Augusta, GA 10/20/12
Boca Raton, FL 10/21/12
Rome, GA 10/27/12
Washington, D.C. 10/28/12

For more information and to register, please visit www.parkinson.org
Throughout Parkinson’s Awareness Month, this past April, NPF paid tribute to “Parkinson’s Superstars,” calling on supporters to submit nominations for everyday heroes who make a difference in the Parkinson’s community. This nationwide call, which began in February 2012, resulted in over 100 entries. Among the nominees were people with Parkinson’s, caregivers, healthcare providers and supporters who have helped overcome the challenges posed by the disease and have risen above them in extraordinary ways.

“By recognizing community superstars we were able to highlight and explain Parkinson’s through the eyes of those who live it every day,” said Joyce Oberdorf, NPF’s President and CEO. “Their stories serve as important reminders that even one person can affect change, empower others and raise awareness about the disease.”

Two superstars, Allison Smith-Conway from Laguna Niguel, CA and Wendell Cook from Sioux Falls, SD were honored as outstanding superstars amongst the group.

Allison Smith-Conway

Diagnosed with Young Onset Parkinson’s at age 32 after a battle with colon cancer, Allison has turned her many challenges into opportunities to grow and help her local community. She is actively involved in creating and organizing Parkinson’s support groups, fitness classes and other events, and educates people about Parkinson’s as a motivational speaker.

“It is such an honor to be recognized because it reaffirms my life journey,” Allison said. “Being chosen as a Superstar reminds me how many people I have touched and gives me strength to continue to reach more.”

It was this desire to reach people that motivated her to write a book about her struggle with illness, “I Am Not Contagious.” The book is her platform to share her experiences and, in this way, empower people with Parkinson’s to speak out.

“Parkinson’s disease affects millions of people worldwide—breaking the stigma is half the battle,” she said. “By being active and raising awareness, we can offer more resources and learn more about the disease and how to slow its progression.”

Wendell Cook

Living with Parkinson’s for the last 15 years, Wendell’s motto is “never give up.” An avid bicyclist, at the age of 87 Wendell turned in his two-wheeler for a recumbent tricycle, refusing to allow his Parkinson’s to interfere with his passion.

Along with his wife of 66 years, he founded “Team Wendell”, a cycling team that has raised money for Habitat for Humanity and Parkinson’s research. He also transformed his talent for painting into a means to help people with Parkinson’s through a signature art therapy project, “Parkinson’s Art Cart.”

As an active member of the Parkinson’s community in South Dakota, he uses his creativity and optimism to encourage everyone to fight Parkinson’s. “I want people to know that, yes, I have Parkinson’s, but I still love life. I want to tell everyone that it is possible to fight this disease, smile at yourself and hold off the inevitable,” he said.

To view the Parkinson’s Superstars Gallery, visit www.parkinson.org/superstars.
Join Team Hope
Eric Kaplan Gets the Ball Rolling for Parkinson’s

When Eric Kaplan’s father was first diagnosed with Parkinson’s disease, Eric was just five years old. “At first, I didn’t really understand. You start asking that question, why me?” he said. Growing up, he saw the toll the disorder took on his father and loved ones. “Golf became my catharsis,” he said. “I started playing golf at nine and fell in love with the game.”

“When my father was diagnosed with Parkinson’s, golf became my escape, and now it’s through this game I love that I plan on giving back to the man I love and to everyone else who has gone through a similar experience,” Kaplan said.

Eric, now 24, is a professional golfer and instructor. Two years ago, he opened up Edge Tour, a golf tour in South Florida, as a way to honor his father who inspired him, and to help others living with Parkinson’s know that “we are in this together.” “I have taught quite a few people with Parkinson’s who find golf extremely therapeutic in terms of quieting their symptoms, because they are putting their body in motion and focusing on one thing,” he said.

These days, Edge Tour puts together three golf tournaments a month and features their Birdies for a Cure Program—each time a golfer makes a birdie, one under par for a hole, Edge Tour donates one dollar to NPF. “This also creates motivation for people to improve their golf game, which is wonderful,” he said. In addition, Edge Tour hosts Swing for a Cure Parkinson’s Charity Golf Tournament. Since 2010, these combined efforts have raised over $16,000 for NPF.

Run to Beat Parkinson’s!

When you run for NPF’s Team Hope, you become part of a unique group dedicated to changing lives and beating Parkinson’s disease.

Team Hope participants who commit $100 in fundraising to NPF will receive race-specific benefits that may include a free training plan, an invitation to a Team Hope pre-race event, and Team Hope athletic wear and accessories. Raise $500 or more and qualify for a Team Hope sweatshirt or gym bag!

Allstate Life Insurance 13.1 Marathon Series:
Atlanta - 10/7/12 NPF131ATL
Dallas - 10/27/12 NPF131DAL
Ft. Lauderdale - 11/11/12 NPF131FTL
www.131marathon.com

ING Marathon/ Half Marathon 2013:
Miami - 01/27/13 NFPING13
www.ingmiamimarathon.com

Guaranteed entry for all participants, $5.00 discount off current entry fee using customized charity code.

To learn more about Swing for a Cure Parkinson’s Charity Golf Tournament, visit Eric Kaplan’s website at www.edgetour.net.
Join Team Hope today at www.parkinson.org/teamhope.
Help NPF Beat Parkinson’s!
Matching Gifts

Participating in a matching gift program makes your donation go farther. Many companies encourage employees to donate to their favorite charities by matching their contributions, in some cases dollar-for-dollar or more. Some companies may match gifts made by retirees or spouses of employees.

Here’s how to make a matching gift:
- Check with your company’s human resources department to find out about its matching gift policy.
- Many employers provide a form which you may fill out and send to us with your contribution.
- We will verify your gift and return the form to your company, which will then issue a matching gift contribution to the National Parkinson Foundation in your name.

Please send all gifts and forms to:
National Parkinson Foundation, Inc.
Office of Development
1501 NW 9th Ave./Bob Hope Road
Miami, Florida 33136-1494
1-800-327-4545 (Toll-free in the U.S.)
The National Parkinson Foundation
Federal Tax Identification Number is 59-0968031.

For more information, visit www.parkinson.org/howtohelp.

FREE RESOURCES EN ESPAÑOL

BROCHURES:
“10 Early Warning Signs of Parkinson’s Disease”
“How to Live Well with Parkinson’s Disease”

MANUALS:
“Practical Pointers: Activities of Daily Living”
“What You and Your Family Should Know”
“Managing Advanced Parkinson’s”
“Caring and Coping”
“Mind, Mood and Memory”
“Fitness Counts”

ONLINE:
“Pregúntele Al Médico” Forum

For more information, speak to a Spanish-speaking Helpline specialist at 1-800-4PD-INFO (473-4636) or visit www.parkinson.org/espanol.