

Live it!

A Resource for Iowans
with Parkinson's Disease
and those who care for them.

Hear
Linda speak
at the APDA
Conference
June 16.



Living with a Disability

“If I can do it, you can do it!”

Linda Olson, MD, Author, Motivational Speaker,
Triple Amputee, Person with Parkinsons

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Reader Submissions

Live it! magazine is intended to be a voice for the Parkinson's disease community. We encourage and are pleased to consider your words, an article, art, and photo submissions for future issues from our readers – anything that shows how you Live It! Please send your submission requests to Iowa Parkinson's Disease Association, PO Box 643, Ankeny, IA 50021 with *Live It!* On the attention line, or email them to apdaiowa@parkinson.org. Please note: The decision to include reader submissions is at the discretion of the editorial staff. The editorial staff reserves the right to edit or otherwise alter any material submitted. If you would like submission material returned to you, please include a stamped, self-addressed envelope.

Disclaimer

All material related to Parkinson's disease contained in this magazine is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's physician. Specific articles reflect the opinion of the writer and are not necessarily the opinion of the editorial staff, the medical director, The Iowa Chapter of APDA, or the APDA.

from the Board President



Jeff Raines
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Greetings Friends!

Welcome to the spring edition of *LiveIt!* Magazine, the Iowa Chapter's semi-annual communication to those with Parkinson's Disease and their families. The Board of Directors of the Iowa Chapter of APDA has been working diligently to bring needed resources and information to PD patients and their families. We have a great story to tell, and you will read about much of that in this edition.

In February, the Iowa Chapter Board held a retreat to discuss how we can better serve the PD community throughout the state. The national senior vice president flew in from New York, as well as the Regional Director from St. Louis. We had a great day sharing the successes in Iowa, and charting a course for the future support of PD folks throughout Iowa. Your Iowa Chapter has a great reputation for serving the needs of the PD community, and our focus this year is on expanding our reach as well as your knowledge and opportunities.

There are many opportunities to get involved in the mission, and I would ask you to take a look and find the events that interest you. The Pints for Parkinson's fundraiser will be back this year and will be available all summer. We again will have the largest APDA annual conference in the country in June, so be sure to register for that. It will just be you and 700 of your closest friends. The speakers will be phenomenal, and more information can be found in the magazine.

Plan to join a Walk team, or sign up on your own. The Walk is in the fall, and we ask walkers to raise whatever they can to help the cause. Even if you don't raise money, come to the Walk at Principal Park anyway! It is a fun time with a lot of great friends dealing with the same issues as you.

Our outstanding Iowa staff of Natasha Winterbottom and Susan Callison can always use some volunteer help, so if that interests you please give them a call. There are many ways to help, and all help is appreciated. They can explain the opportunities available. Just call them.

As we look to expand our reach within Iowa, we would love to hear from you! You know best the needs of your community, and we ask you to share that with us. Every person with Parkinson's should be able to get the resources they need to live their best life. You can help with that. Share contacts in your community that can help with distribution of materials and can help spread the word of available resources.

You are a key part of the success of the Iowa chapter. Your involvement is making a difference, so as we continue this journey together, let's all keep the end goal in sight. A cure for sure, and in the meantime getting resources to everyone who needs them.

Be blessed my friends,

Jeff Raines
Iowa Chapter President
American Parkinson's Disease Association



Scan the QR code at left to go directly to www.apdaparkinson.org/iowa



Live it! is also available online! Visit www.apdaparkinson.org/iowa for an electronic copy.



Also, follow us on Facebook (www.facebook.com/lowalandR)

from our medical director

The Iowa Parkinson Disease Association, Iowa Chapter, and Live It! Magazine are privileged to have board-certified clinical neurologist Lynn K. Struck MD as our advisory medical director. Dr. Struck is on staff with Unity Point Health Physicians, Des Moines, and is a leading expert in movement disorders in Iowa. She has focused her career on advances in treatment of her many patients with Parkinson's disease and ongoing research to find better treatments and, ultimately, a cure.



Lynn K. Struck, MD
Neurologist
Physician Specialty Clinic
UnityPoint Health – Des Moines

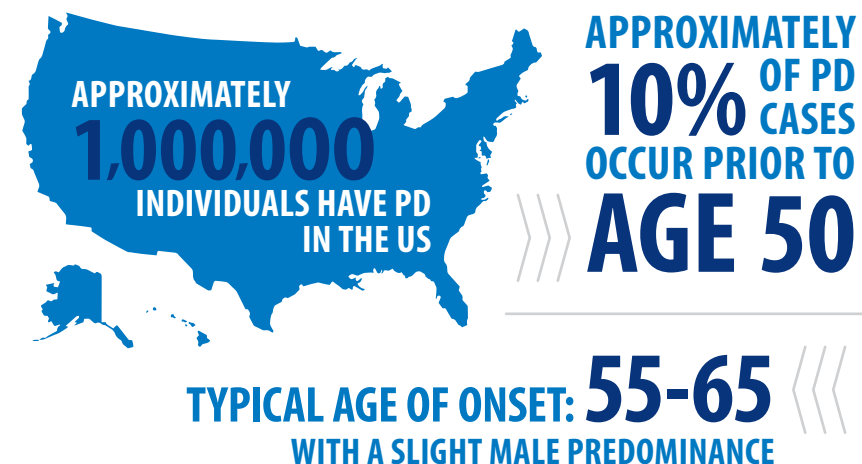
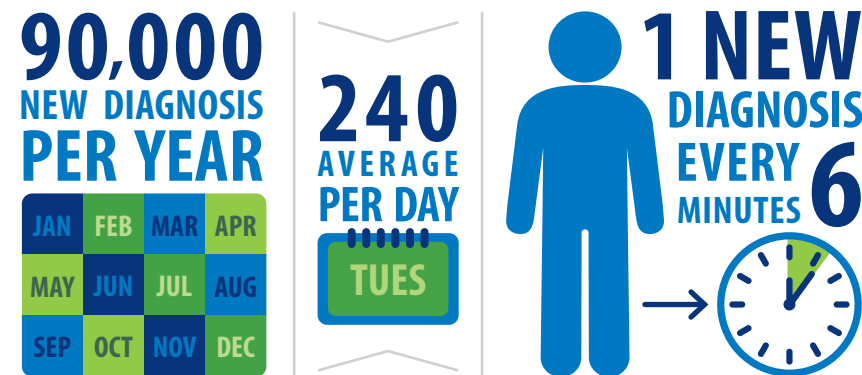
Parkinson Disease Epidemiology

I thought I would share some statistics regarding the prevalence of Parkinson's disease in the United States. I am often asked that question.

There are approximately 90,000 new Parkinson patients diagnosed each year which is 240 individuals on an average day or a new diagnosis every 6 minutes. The number of individuals diagnosed is increasing—likely a combination of the baby boomers turning 60 and extended life expectancy. Approximately one million individuals in the U.S. have PD. The typical age of onset is between 55-65 with a slight male predominance. Approximately 10% of PD diagnoses occur prior to age 50.

Science continues working on finding better treatments and the possibility of a cure.

Lynn K. Struck, MD



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2023 APDA IOWA PARKINSON'S CONFERENCE

Boldly Living with PD!

Friday, June 16, 2023

8 a.m. – 4 p.m.

\$15 Individual
\$25 Individual & Care Partner

REGISTER:
apdaparkinson.org/iowa

Contact hours available

Lutheran Church of Hope
925 Jordan Creek Pkwy,
West Des Moines, IA 50266

apda AMERICAN
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ASSOCIATION
IOWA CHAPTER

apdaiowa@apdaparkinson.org
(515) 782-3833 or (515) 782-4386

KEYNOTE SPEAKERS



GET OUT AND GO!

Linda K. Olson MD FACR
Motivational speaker, Author, Triple Amputee



Moving Along to New Horizons in Parkinson Research - exercise, balance, and vision.

Aasef Shaikh MD PhD
Penni and Stephen Weinberg Chair in Brain Health
Vice Chair for Research, Dept. of Neurology,
Cleveland Medical Center



PD and Managing Medical Emergency-Urgent Care, ER, or Hospitalization

Lynn Struck, MD
Neurology Movement Specialist, UnityPoint Health
APDA Iowa Medical Director



Psychiatry Management in Parkinson's Disease

Leonard S. Richards DO, Psychiatrist,
UnityPoint Health

BREAK OUT SESSIONS

Motor and Nonmotor Symptoms and Treatment Strategies of Each
Alex Eischeid, MD, Movement Specialist, MercyOne Neurology

Medicare and You, Making the Most of your Benefits
Ann Goodman, Shipp Counselor

Staying Motivated on your Fitness Journey
Javier Tuel, BS, ISSA Certified Personal Trainer, Tuelshed Training

The Nuts, Bolts and History of Focused Ultrasound for Parkinson's Disease Tremor
Travis Tierney, MD, PhD, Staff Neurosurgeon
St. Mary's Hospital, Nebraska City, Nebraska

Building your Healthcare Team
Gail McGaughy, MPT, C/NDT, CLT, CBIS, Physical therapist and
Tammy Miller, COTA/L, MHS, CBIST, CCM, Dir. Outpatient Services,
On With Life

Deep Brain Stimulation, is it right for me?
Jeremy Greenlee, MD, University of Iowa

Managing your Mental Health and the Variations in Advancing Parkinson's Disease
Dianne Alber, Pd.D. Psychologist, UnityPoint Health, MercyOne,
On With Life

Navigating Disability Rights and PD in the Workplace
Cynthia J. Letsch, J.D., Letsch Law

PD and Strategies to Live Well
Valerie Stickel-Diehl, RN MS MSCN, MercyOne Ruan Neurology

Management of Swallowing Disorders in PD
Jenny Scharn, M.A., CCC -SLP and Jodie Roesler, M.A.,
CCC -SLP Veteran's Administration Neurology

*Schedule subject to change

If I can do it, You can do it.

An interview with Linda Olson by Anne Scherer

As I interviewed Linda Olson, I was flooded with images that come from lore and literature. I imagined *the Phoenix who rose from the ashes and when you choose an action, you choose the consequence of that action*. As we talked I could see, *when I saw one set of footprints it was then that you carried me and when it storms, we should learn to dance in the rain*. That is Linda!

In 1973 Linda was in medical school as was a young man named Dave. Their attraction began as did their love story. In the first year of their residencies they married. He became her husband and greatest teammate. But I get ahead of her story.

The Accident

Linda, Dave and his parents took a trip to Germany to hike and explore. They were at the part of the trip where they were all in a van on their way to yet another adventure. Dave's dad was driving when he realized they were lost. He stopped on railroad tracks to look at a map. Soon, they noticed a train approaching. The van could not be started and the men, who were in the front, got out. Linda tried to climb over the front seat to get the women in the back out but instead, she fell onto the tracks. Dave saw her fall, turned and ran as fast as he could. He grabbed her to get her safe and off the tracks. At that instant, the train hit the van and pulled them apart, trapping her under the van. She was conscious the entire time. The ambulance arrived quickly and as she was lifted onto the stretcher, she watched the attendants place a foot, part of a leg and an arm on the gurney with her. Hers. Both of her legs were gone as was her right arm. Dave, though injured, was not as severely hurt. And so her new reality began, as did Dave's.



Linda Olson

They became an even stronger team. She had extensive therapy to learn to use bilateral above knee prostheses. She returned to work as did Dave. They continued their adventures including hiking as Dave would put her into a carrier and carry her on his back. They had two children who adventured with them.

A Life Changing Decision

That's the reader's digest version of the long and arduous journey to what would become their normal. There were also those who wanted them to have trauma psychiatry. However, the psychiatrist said, "You don't need this." You two can do it on your own. The things that helped them the most were: Their relationship, their careers, and their life changing decision. Linda's father in law turned the engine off on the railroad tracks. Their choices were anger, separation, and placing guilt. Or, they could relate the accident by saying the car stalled and maintain a relationship which would include grandparenting for future children. The story remained, the car stalled.

Over time, Linda would be frustrated when people would not know how to engage with her. However, she created her new normal and lived it. Dave, too, maintained a cocoon of normalcy. He would run every morning, as he always did, but it was only recently that Linda found out that this is when he cried.

PD Diagnosis

In 2015, Linda was diagnosed with Parkinson's disease. I asked her what her symptoms were as gait and balance were not a possible issue. She said it was her handwriting. "It felt like I was pushing my hand through molasses and my writing was cramped and small. But even more, I developed anxiety which was not my normal manner. Our children were most suspicious at Christmas. I didn't handle things well."

"There was no tremor. I used a wheelchair and prosthetics but it was harder to walk in them so I used the wheelchair most of the time." Linda saw a specialist and was on L'Dopa for many years. She now uses Rytary.

Be Graciously Dependent

"I have learned to be graciously dependent and invite and accept help. And I appreciate my one limb which is my wing and my crutch. Dave and I are getting older

and we need to adjust our activities to the abilities of our bodies as they age. Dave still runs but is saddened by the fact that he isn't able to carry me as he once did. So, together, we slow down and age appropriately."

"We are both grateful there was no PTSD for us. We choose not to remember the bad things. I am in a trial for mindfulness which I cannot promote enough. The blessing of being an advocate is also a purpose that propels me forward."

Linda relates that she's been blessed with a good support system and was born with a happy gene. I asked her what advice she would give to others on this journey or any journey of sudden trauma.

"If I were to give advice, it would be: Have an alternate plan ready and use it with a smile."

So amazingly Linda!

Linda was diagnosed with Parkinson's Disease in 2015. Today she is committed to empowering Parkinson's patients and families to live life as full as possible, in spite of their disabilities, and to get up, get out, and go. She firmly believes that "If I can do it, You can do it."



Meet the Iowa APDA Board of Directors

At APDA Iowa we strive to provide the support, education, and research that will help everyone impacted by Parkinson's disease (PD) live life to the fullest.

Executive Committee



Jeff Raines, President
Owner, Senior Helpers

Jeff's connection to PD: Jeff works with Parkinson's clients daily, and also had a good friend who lived with Parkinson's for 15 years.



Craig Haas, Vice President
Owner, Haas Engineering

Craig's connection to PD: Craig is a person living well with PD. He also founded the C4 exercise fundraiser for APDA held each fall.



Kay Arvidson, Vice President
Retired Communications Manager, Iowa Department of Revenue

Kay's connection to PD: Kay was diagnosed with PD in 2017, and had DBS surgery in 2021. She is editor of LiveIT magazine, a mentor for the support group TwitchyWoman.com, and a Medtronic DBS Ambassador.



Tom Hromatka, Treasurer
Retired Chariman, WCF Bancorp

Tom's connection to PD: Tom's interest in PD comes from his family's history.



Gail McGaughy, Secretary
Physical Therapist, On With Life, Ankeny

Gail's connection to PD: Gail has worked as a PT for 25 years, specializing in neurological

treatment. She serves as APDA Iowa's Board Secretary, and is a strong PD advocate through treatment, support groups, educational sessions and camaraderie. She is also the step daughter to a Person with Parkinsons.

Medical Director



Lynn K Struck, MD
Medical Director, APDA Iowa

Neurologist, Movement Disorder Specialist
UnityPoint Health

Dr. Struck's connection to PD: Dr. Struck has been instrumental in contributing to the work of APDA Iowa since its inception. Her interest in Parkinson's Disease started with Fellowship training.

Board Members



Connie Bever
Sales Director, Meadowview in Clive

Connie's connection to PD: Connie's connection came from her father's illness. She is also forming a PD Support Group at Meadowview to assist residents who have PD.



Chris Doerr
Retired Vice President Information Technology, Gambro Renal Products

Chris's connection to PD: Chris volunteers because he has Parkinson's and wants to make a difference in the community.



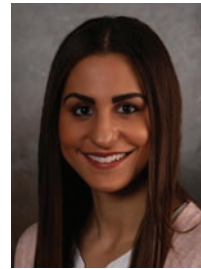
Elizabeth Harden
Physical Therapist, MercyOne Riverside Rehabilitation Center

Elizabeth's connection to PD: Elizabeth works with patients affected by Parkinsons Disease. Her interest in PD followed watching her father's life change after he was diagnosed with vascular Parkinsonism.



Jo Hromatka
Retired Registered Nurse, Waukee Community Schools

Jo's connection to PD: Jo's mother and brother were both diagnosed with Parkinson's.



Esada Lakovic
Occupational Therapist, OTR/L, LSVT BIG Certified Therapist, UnityPoint Health

Esada's connection to PD: Esada's grandfather had PD.



Benton Maas
Regional Operations Program Manager, UnityPoint Health

Benton's connection to PD: Previously, Benton was the Clinic Supervisor for Neurology at UnityPoint Health. He has several friends and family members diagnosed with PD.



Jim Scott
Iowa Senior Appellate Judge, State of Iowa

Jim's connection to PD: Judge Scott is a person living well with PD, diagnosed in 2015. He had DBS Surgery in October 2022.



Dee Simmons
MercyOne Riverside Rehabilitation Center

Dee's connection to PD: Dee's father lived with PD. Her brother was also diagnosed had early onset PD. She has treated and cared for patients living with Parkinson's disease for 40 years.



Patrick Tomscha
Executive Director, Siouxland Center for Active Generations

Patrick's connection to PD: Pat has family touched by the disease. He finds it inspiring to provide service to his members afflicted with PD.



Jennifer Voorhees
Certified Personal Trainer, Delay the Disease Certified

Instructor, Rock Steady Boxing Certified Instructor, MercyOne Health & Fitness

Jennifer's connection to PD: Jennifer had friends with PD.



Chad Taylor-Zimmerman
Director of Programming and Operations / On-Air Personality, Cumulus Media

Chad's connection to PD: Chad's father-in-law passed from PD in 2013.

NOT PICTURED: Aaron Lee, Attorney at Law



Talking to Human Resources

Many individuals that have just been diagnosed with Parkinson's disease (PD) wonder, "How long will I be able to work?" This question is crucial for people experiencing young-onset PD, who may be many years from retirement. It is up to you to choose when the time is right to speak to your employer, but it is better to do it sooner rather than later. Remember, A Parkinson's diagnosis does not mean your career is over.

Everyone is Different

Everyone's situation will be different from others, there is no one-size-fits-all answer. Some will continue to work for many years after being diagnosed with PD. Others may find that the physical demand of their job is too challenging to continue. There are many factors involved in the decision-making process:

- Nature and physical demands of a job
- The acceptance and support offered by employers and coworkers
- Responses to medication
- Financial issues
- Rate of disease progression

It is your Decision

You are the only one that make the decision of when to inform your employer. There are advantages to telling your employer early. If your employer is aware of your diagnosis, they can work with you to make reasonable accommodations if your symptoms start to increase and affect your performance.

It is true that many newly diagnosed individuals with Parkinson's avoid telling their employers about their condition because they fear they will be discriminated against. The Americans with Disabilities Act (ADA) was created to keep employers from discriminating against people with disabilities or certain health conditions when they are hired. Every work setting is different. It is important that you are comfortable with the choice you make whether to tell your employer.

Reasonable Accommodations

By law, people with Parkinson's are protected against discrimination in employment practices. The ADA requires employers to make reasonable accommodations for employees, as long as they do not impose an "undue hardship" on the employer's business. A reasonable accommodation is defined as "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions."

For additional information regarding ADA standards visit www.ada.gov, or have a conversation with a Human Resources (HR) Professional.



More About Asking for Accommodations

The Americans with Disabilities Act

- Provides resources and services on asking and obtaining accommodations
- Applies to employers with more than 14 employees
- Once an employee states a disability, the employer is required to make "reasonable accommodations"
- ADA gives the employer the freedom to decide on the accommodation which may not be the best option for the employee but effective.
- ADA states that the employer is not required to provide accommodation if it would cause "undue hardship" on the company.

Human Resources cannot tell the supervisor or other employees the nature of the medical condition, only that a medical accommodation is needed for the employee. If the employee works for a smaller company, the supervisor may need to be told of the medical reason but not in full detail. The employee may need to provide documentation from a medical professional.

It is important to know what accommodation (flexible schedule, quiet room, work from home, relocation of desk) is needed before the request is made, and before it is imperative to perform the job sufficiently. There are legal avenues available if the employer does not make the necessary accommodations.

Brain & Life Magazine, Back to the Office
June/July 2022



Iowa Optimism Walk

Saturday,
September 30, 2023

Principal Park (Iowa Cubs)
1 Line Drive, Des Moines, IA 20309



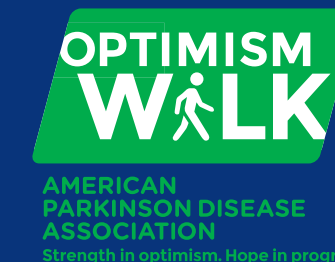
Walk with us and help put an end to Parkinson's disease!

What is an Optimism Walk?

- A fun-filled fundraising event that offers a short non-competitive walk with family friendly activities!
- Part of a nationwide movement to step up and help put an end to Parkinson's disease.

Why Walk?

- Every 6 minutes someone is diagnosed with Parkinson's disease.
- Funds raised provide local support, education and research.
- The more funds we raise, the more people we can help!



SAVE THE DATE

Thawing the Freeze

By Beth Crowner, PT, DPT, MPPA
Board-Certified Clinical Specialist in Neurologic Physical Therapy
Professor of Physical Therapy and Neurology
Washington University Program in Physical Therapy

Movement and Cueing Strategies to thaw freezing events in Parkinson's Disease.

Some individuals with Parkinson's disease (PD) experience freezing of gait (FOG), which results in an inability to take a step or getting "stuck" while walking. This can be frustrating because it slows down walking, resulting in inefficiency. It can also lead to imbalance and falls. It is important to know common triggers for FOG as well as strategies to reduce freezes.

What is FOG?

Freezing commonly occurs when a person first stands up and can't initiate the first step (start hesitation). FOG also commonly occurs with turning, walking through doorways, changes in flooring surface, or small spaces (crowds, walk-in closets, etc.). Knowing which "triggers" cause a person to freeze is important because strategies can be used before or during these events. Every person with PD that experiences freezing has different freezing severity and triggers. Additionally, each person responds distinctly to different movement strategies to reduce FOG. There are general principles that apply to everyone and person-specific movement strategies that will reduce FOG.

Three general principles that apply to everyone with FOG are reducing stress during a freezing event, avoiding quick turning, and reducing triggers as much as possible.

REDUCING STRESS

Physical and emotional stress commonly increase all symptoms in PD. People often get upset or anxious when experiencing a freeze. It is important to avoid being stressed, getting upset, or trying to "push through" a FOG event. Doing so will often prolong a freeze or cause greater instability. People should try, as best as possible, to relax and avoid stress during a FOG event.



DON'T TURN QUICKLY

Turning quickly will often trigger a freeze and often lead to imbalance or falls. When there is space available, a person should make a slow, wide-arc turn. Use of a "clock strategy" is also helpful for turning. This involves a person pretending to be in the middle of an imaginary clock and stepping to different, invisible points on the clock. For example, to complete a 180° clock-wise turn, a person could step with their left leg to 12:00, then 2:00, then 4:00 and then 6:00.

REDUCE TRIGGERS

To reduce triggers, try to avoid having clutter in the home that causes a person to walk or turn in a narrow space. When walking through a doorway, look at an object in the distance in the next room, and avoid looking at the doorframe. While these general strategies work well for most people with FOG, there are effective movement or cueing strategies that can also be beneficial. However, the effectiveness of the type of cue used varies from person to person.

VISUAL CUES

Types of cueing strategies include visual, auditory, attentional. Visual cues may involve stepping over someone's foot placed in front of the leg that is frozen or stepping on or over lines on the ground. Lines on the ground can be created by putting tape on the floor as a target in areas where freezing occurs. If freezing occurs in a room with tile or linoleum, the lines in the flooring can be used. Visual targets can also be created by a laser-emitted light that creates a line on the ground. The laser can be part of a cane or walker or a device attached to the shoelaces.

AUDITORY CUES

Auditory cues use a real or imagined beat or rhythm that a person listens to. The beat can be created by using a metronome, listening to music, singing, or counting. Listening to or imagining a steady beat can help with freezing and also reduce the variability in walking pattern in someone with PD. Finally, attentional cues refer to creating BIG movements or taking BIG steps.

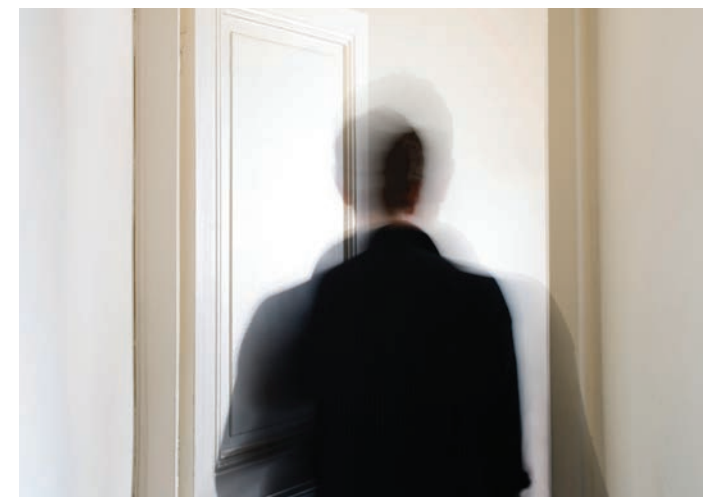
ATTENTIONAL CUES

Attentional cues involve thinking about taking long steps or strides or lifting knees up high while walking. Cueing can be performed prior to a situation that would likely trigger a freeze with

a goal of preventing the FOG event. However, if freezing does still occur, the cues are often effective in shortening the duration of a freeze and, hopefully, reducing the frequency that they occur.

WORK WITH A PHYSICAL THERAPIST

Because people respond very differently to each cueing strategy, people with PD are strongly encouraged to work with a physical therapist who has experience working with people with movement disorders to tailor the appropriate strategy to their needs and de-frost their troublesome freezes.



Games of Strategy to

Entertain Your Brain

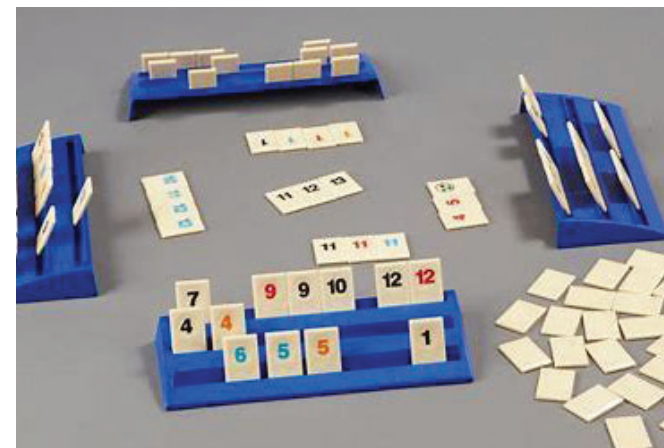
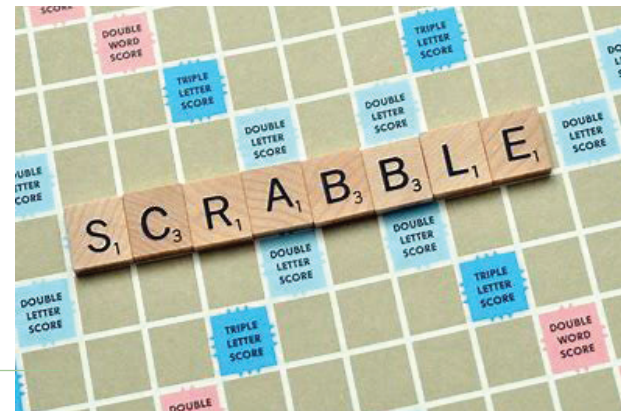
Want to keep your brain entertained and challenged, and have some fun too? Research studies have shown that strategy games can improve mental acuity, critical thinking and decision making skills. They can also improve observation, concentration, memory, logic and reasoning ([source: memoryhealthmadeeasy.com](https://www.memoryhealthmadeeasy.com)).

Here are some games of strategy to consider for a friends or family game night.

Games for Two or More Players:

Scrabble is a Mattel word game in which two to four players score points by placing tiles, each bearing a single letter, onto a game board divided into a 15x15 grid of squares. The tiles must form words that, in crossword fashion, read left to right in rows or downward in columns, and be included in a standard dictionary or lexicon.

The board is marked with "premium" squares, which multiply the number of points awarded: eight dark red "triple-word" squares, 17 pale red "double-word" squares, of which one, the center square (H8), is marked with a star or other symbol, 12 dark blue "triple-letter" squares, and 24 pale blue "double-letter" squares.



Rummikub is a tile-based game by Pressman Toy, combining elements of the card game rummy and mahjong. There are 106 tiles in the game, including 104 numbered tiles and two jokers. Players have 14 or 16 tiles initially and take turns putting down tiles from their racks into sets of at least three, drawing a tile if they cannot play. In the Sabra version (the most common and popular), the first player to use all their tiles scores a positive score based on the total of the other players' hands, while the losers get negative scores. An important feature of the game is that players can work with the tiles that have already been played.

Risk by Hasbro is a strategy board game of diplomacy, conflict and conquest for two to six players. The standard version is played on a board depicting a map of the world, divided into forty-two territories, which are grouped into six continents. Turns rotate among players who control armies of playing pieces with which they attempt to capture territories from other players, with results determined by dice rolls. The goal of the game is to occupy every territory on the board and, in doing so, eliminate the other players. The game can be lengthy, requiring several hours to multiple days to finish.



Games for Kids of All Ages:

UNO is the classic family card game by Mattel that's easy to pick up and impossible to put down! Players take turns matching a card in their hand with the current card shown on top of the deck either by color or number. Special action cards, like Skips, Reverses, Draw Twos, color-changing Wild and Draw Four Wild cards, deliver game-changing moments as they each perform a function to help you defeat your opponents. If you can't make a match, you must draw from the center pile. And when you're down to one card, don't forget to shout 'UNO!' The first player to get rid of all the cards in their hand wins.



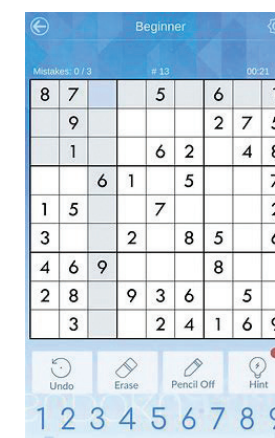
Dominoes is a family of tile-based games played with gaming pieces, commonly known as dominoes. Each domino is a rectangular tile with a line dividing its face into two square ends. Each end is marked with a number of spots or is blank. The backs of the tiles in a set are indistinguishable, either blank or having some common design. The gaming pieces make up a domino set, sometimes called a deck or pack. The traditional domino set consists of 28 tiles, featuring all combinations of spot counts between zero and six. A domino set is a generic gaming device, similar to playing cards or dice, in that a variety of games can be played with a set.

Monopoly by Hasbro is a multi-player economics-themed board game. In the game, players roll two dice to move around the game board, buying and trading properties, and developing them with houses and hotels. Players collect rent from their opponents, with the goal being to drive them into bankruptcy. Money can also be gained or lost through Chance and Community Chest cards, and tax squares. Players receive a stipend every time they pass "Go", and can end up in jail, from which they cannot move until they have met one of three conditions. The game has numerous house rules, and hundreds of different editions exist.

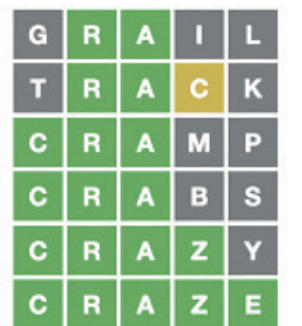


Just You? Games for one:

Sudoku is a logic-based, combinatorial number-placement puzzle. It can be found in booklets or on a smart phone. In classic Sudoku, the objective is to fill a 9 x 9 grid with digits so that each column, each row, and each of the nine 3 x 3 subgrids that compose the grid (also called "boxes", "blocks", or "regions") contain all of the digits from 1 to 9. The puzzle setter provides a partially completed grid, which for a well-posed puzzle has a single solution.



Wordle is a word game played online or on a smart phone. It was created and developed by Welsh software engineer Josh Wardle, and is now owned and published by The New York Times Company. Each day has a new five-letter word. Players have six attempts to guess the word, with feedback given for each guess in the form of colored tiles indicating when letters match the daily word, and if the letters occupy the correct position in the daily word. All players attempt to guess the same word of the day.



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