

# Live it!

apda AMERICAN  
PARKINSON DISEASE  
ASSOCIATION  
IOWA CHAPTER

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

## Gardening WITH INCREASED EASE

Live it! is a publication of the Iowa Chapter  
of the American Parkinson Disease Association

volume 14 • issue 2  
spring 2024







## table of contents

- 3 • Upcoming Events
- 3 • Contact Us
- 4 • The Value of Physical and Occupational Therapy
- 5 • Free Exercise Classes
- 6 • **COVER STORY**  
**Gardening With Parkinson's Disease: A Guide to Gardening with Ease**
- 8 • Parkinsons Effects on Vision
- 10 • Oral Health
- 11 • 2024 APDA Iowa Parkinson's Conference
- 12 • **SAVE THE DATE**  
**Iowa Optimism Walk**



### **Live it! Staff**

**Medical Director:** Lynn Struck, MD

**Editor:** Kay Arvidson

**Contributors:** Susan Callison, Laura Rossmann, Sydney Marshman, Esada Lakovic, Sarah Martin, Karena Laswell, Sadie Schultes, Mary Kelly, Missouri Chapter of APDA

**Art Director:** Patrick Vaassen

### **Live it! Editorial Board**

Lynn Struck, M.D., Medical Director

Natasha Winterbottom, Fundraising and Event Manager, Iowa APDA

Susan Callison, Manager, Programs & Community Engagement, Iowa APDA

Laura Rossmann, Regional Director of Marketing and Communications

Sydney Marshman, Program Consultant

APDA Board Members: Kay Arvidson, Jo Hromatka, Connie Bever, Esada Lakovic

### **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 [apdaiaowa@apdaparkinson.org](mailto:apdaiaowa@apdaparkinson.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.



Scan the QR code at left to go directly to [www.apdaparkinson.org/iowa](http://www.apdaparkinson.org/iowa)



*Live it!* is also available online! Visit [www.apdaparkinson.org/iowa](http://www.apdaparkinson.org/iowa) for an electronic copy.



Also, follow us on Facebook ([www.facebook.com/iowaAPDA](http://www.facebook.com/iowaAPDA))

# Upcoming Events

## PD Essentials

**Class for the newly diagnosed on the 2nd Tuesday of each month.**

In Person at On With Life in Ankeny, 717 SW Ankeny Rd, Ankeny, IA 50023.  
You can also attend on zoom. Zoom details provided following registration.  
Register on our website: [apdaparkinson.org/iowa](http://apdaparkinson.org/iowa)

## Siouxland Regional Parkinson's Conference

**Education for those impacted by Parkinson's to live your best life.**

**Thursday, April 25, 2024, 12:00-5 p.m.**

South Sioux City Marriot Riverfront, 385 East 4th Street, NE 68776.  
Register on our website: [apdaparkinson.org/iowa](http://apdaparkinson.org/iowa)

## Parkinson's Education Program: PD 101

**Dr. Lynn Struck, Wednesday, May 15, 5:30-7 p.m.**

Grand Living at Tower Place, 540 S 51st Street, West Des Moines, IA 50265  
Register on our website: [apdaparkinson.org/iowa](http://apdaparkinson.org/iowa)

## board of directors:

**President:** Jeff Raines  
**Vice Presidents:** Benton Maas, Kay Arvidson  
**Treasurer:** Tom Hromatka  
**Secretary:** Gail McGaughy  
**Directors:** Connie Bever, Mischelle Denison, Chris Doerr, Craig Haas, Elizabeth Harden, Jo Hromatka, Esada Lakovic, Aaron Lee, Jim Powers, Jim Scott, Dee Simmons, Elizabeth Stegemoller, Patrick Tomscha  
**Medical Director:** Lynn Struck, MD

## contact us:

American Parkinson Disease Association Iowa Chapter  
PO Box 643, Ankeny Iowa, 50021

(515) 782-4386  
[www.apdaparkinson.org/iowa](http://www.apdaparkinson.org/iowa)



Strength in optimism. Hope in progress.

# 2024 SIOUXLAND REGIONAL PARKINSON'S CONFERENCE



**Thursday, April 25**

South Sioux City Marriott Riverfront  
385 East 4th Street  
South Sioux City, NE 68776

Presenting Sponsor



Community Partner Sponsors



**Dr. Amy Callaghan, DO**  
Palliative Care for PD



**Dr. Martin Walsh, DPT**  
Exercise for Parkinsons



**Allison Owings, MSN, NP-C**  
Managing Parkinson's Symptoms



**Isaac Tubbesing, DPT**  
Orthostatic Hypotension



**Kassandra Diaz, PhD**  
What's New in Studies and Treatment



to register or go to  
[apdaparkinson.org/iowa](http://apdaparkinson.org/iowa)

# The Value of Physical and Occupational Therapy

## FOR PEOPLE WITH PARKINSON'S DISEASE

• Written by Esada Lakovic, MOT, OTR/L in collaboration with Sarah Martin, MPT

### Introduction

When receiving the Parkinson's Disease diagnosis, people are often left confused with the feeling of, "what now?" Aside from starting a medication regimen, they are unsure of how else they can help their body function at an optimal level. This is where rehab therapy can be a tremendous tool. Therapy allows people living with Parkinson's Disease to not simply just 'live', but rather thrive and continue to participate in their meaningful daily routines and activities.

### Therapy and Parkinson's Disease

Therapy aims to look at the whole person with the goal of helping people achieve increased independence and/or maintain their current functional level of independence. As Lisa Carlson (Gilbert, 2021), an occupational therapist at Washington University in St. Louis, stated, the first thing to assess in patients with PD is the cause of their difficulty. For example, tremors may interfere with the ability to use utensils or button shirts. Rigidity affects various functional movements such as rolling in bed and getting out of a chair. Another cardinal symptom, shuffling gait, can occur in crowded spaces such as restaurants, which in-turn increases the fear of falling. Bradykinesia (slowness of movement), which affects fine motor and gross motor tasks, increases time to complete daily routines, such as bathing, dressing, and meal preparation.

### Occupational Therapy

Occupational therapy (OT) is a branch of rehabilitative medicine that focuses on the performance of the activities required for independent daily living. Occupational therapy involves any activity that a person participates in as part of his/her day-to-day tasks. People with Parkinson's Disease will notice changes in their ability to complete these activities. Occupational therapists find ways to allow people living with Parkinson's Disease to continue to participate in their chosen activities. Whether that activity is playing golf, tying shoes, or handwriting, occupational therapists use the person's strengths, adapt his/her environment, and teach skills to increase functional participation in meaningful tasks.

### Physical Therapy

Physical therapy aims to preserve the physical function that is impaired by the neurodegenerative syndrome that is Parkinson's Disease. The focus of physical therapy for people with Parkinson's Disease is to maintain and improve overall independence and confidence with functional mobility. Treatment protocols aim to improve balance, gait, coordination, and overall movement patterns to maintain the ability to participate in hobbies and community activities. Physical therapy provides techniques that give people the ability to move with confidence, while also maintaining safety, which is vital for individuals with Parkinson's Disease.

### LSVT BIG

LSVT BIG is a science-backed treatment program geared specifically toward people with Parkinson's Disease. It is a standardized, individualized, one-on-one treatment protocol that has been researched for over 25 years and has substantial outcomes for people with Parkinson's Disease and other neurological conditions. LSVT BIG therapists are certified clinicians, occupational therapists and physical therapists, who are trained to assist people with Parkinson's Disease in improving their overall quality of life. LSVT BIG focuses on large movements to address motor symptoms such as slowness and stiffness. The program aims to improve mobility, balance, and overall quality of life through intensive exercises and functional activities tailored to individual needs. This treatment program is tailored to each person and his/her needs and specific goals.





## Team Approach

A combination of occupational and physical therapy will provide the best outcomes for this population. Movement truly is medicine for people with Parkinson's Disease. Therapies provide the tools required to maximize safe movement patterns while improving overall quality of life. Therapies also work with individuals throughout their Parkinson's Disease progression, beginning in the earlier years of diagnosis and at each stage thereafter. Occupational and physical therapists collaborate to provide the best outcomes for patients with Parkinson's Disease to be able to reach their goals. Therapists aim to provide people with Parkinson's Disease the strategies needed to continue to move safely in their environments and participate in desired meaningful activities.



## References

El Hayek, M., Lobo Jofili Lopes, J. L., LeLaurin, J. H., Gregory, M. E., Abi Nehme, A.-M., McCall-Junkin, P., Au, K. L., Okun, M. S., & Salloum, R. G. (2023). Type, timing, frequency, and durability of outcome of physical therapy for parkinson disease. *JAMA Network Open*, 6(7). <https://doi.org/10.1001/jamanetworkopen.2023.24860>

*Physical and occupational therapy for parkinson's disease and other populations: LSVT big. Physical and Occupational Therapy for Parkinson's Disease and other Populations* | LSVT BIG. (n.d.). <https://www.lsvtglobal.com/LSVTBIG>

Rebecca Gilbert, M. (2021, July 6). Occupational therapy for parkinson's disease: APDA. American Parkinson Disease Association. <https://www.apdaparkinson.org/article/occupational-therapy-for-parkinsons/>

# FREE EXERCISE CLASSES

## Ankeny

### Edencrest Siena Hills

455 SW Ankeny Rd. Ankeny  
Movement Training Level 1  
Wednesdays, 10 a.m.

## Bettendorf

### Palmer Hills Senior Living

2617 Maplecrest Rd, Bettendorf  
Movement Training Level 2  
Saturdays, 9 a.m.

## Creston

### Homestead Assisted Living

1709 W Prairie St. Creston  
Movement Training Level 2  
Mondays, 1:30 p.m.

## Des Moines

### Des Moines Ballroom

1925 High Street, Des Moines  
PD Moves Dance Class, Level 1  
Mondays, 6:30 p.m., April 15-May 20

## Des Moines

### Northside Senior Center

3010 6th Ave., Des Moines  
Movement Training Level 1  
Wednesdays, 9:15 a.m.

## Indianola

### Indianola Senior Center

2204 W 2nd Ave., Indianola  
Movement Training Level 2  
Thursdays, 12 p.m.

## Iowa City

### Iowa City Senior Center

410 E Washington St., Iowa City  
Movement Training Level 2  
Wednesdays, 10 a.m., Starts May 1

## Waukee

### Independence Village

1605 SE Holiday Crest Cir., Waukee  
Movement Training Level 2  
Mondays, 11 a.m.

Funding for the classes is provided by the APDA Iowa so they are free to people with Parkinsons. Contact the APDA Iowa at (515) 782-4386 for more information.

Registration is required. To register, visit: [apdaparkinson.org/community/ia-resources-support/exercise/apda-iowa-exercise-classes/](https://www.apdaparkinson.org/community/ia-resources-support/exercise/apda-iowa-exercise-classes/)



# Gardening With Parkinson's Disease

## A Guide to Gardening with Increased Ease

By Karena Laswell, OTS and Sadie Schultes, OTS

Spring is upon us and our gardens await! Setting yourself up for success, a stretching routine, assistive technology, and smart home modifications may be able to make gardening a more attainable activity for someone experiencing Parkinson's Disease. Assistive technology are devices or products that help people carry out everyday activities with increased independence.

### Set Up For Success

For those with Parkinson's Disease, preparing to garden requires careful consideration to ensure a safe and enjoyable experience. Individuals with Parkinson's may be more sensitive to heat and are at an increased risk of developing melanoma. Planning outdoor gardening activities before 10 am or after 4 pm to avoid peak sunlight hours when the sun's UV rays are strongest, along with wearing sunscreen and sun protective clothing, can be effective to protect against harmful UV rays and decrease the risk of developing skin cancer.

Hydration is key when participating in outdoor activities that increase risk of dehydration and heat stroke, as well as worsen Parkinson's symptoms. Proper hydration not only supports overall health, but also helps to maintain energy levels during gardening tasks.

Additionally, preparing for any potentially uneven surfaces by utilizing mobility aids such as a walking stick or walker, avoiding gardening when fatigued, and setting up gardens in easy to access areas can enable those with Parkinson's to navigate gardening areas with better balance and stability, as well as reduce risk of falls. By prioritizing sun protection, hydration, and safe ambulation, individuals with Parkinson's can best set up their gardening experience for success.

### Stretching Routine

Stretching before and after gardening can help elongate muscles and prevent injury or soreness. The stretching routine listed below can be completed seated or standing. Seated stretches should be performed if an individual has decreased balance or experiences dizziness with position changes. Be sure to breathe continuously throughout the routine.

#### 1. Seated hamstring stretches

Sit up tall on edge of chair with one leg bent and one leg straight ahead. Gently lean forward at the hips until you feel a stretch in the back of the straight leg. Hold this position for 15 to 30 seconds. Perform 2 to 3 repetitions then switch legs. To get a calf stretch while doing this, point your toes of the straight leg toward the ceiling.

#### 2. Lateral Bends

Start with your back straight with arms relaxed by your sides. Raise your arms above your head and gently lean to one side. Hold for about 15 to 30 seconds, return to center, and then repeat on the other side.

#### 3. Figure Four Stretch

Start sitting in a chair with back straight and feet hips width apart. Lift one leg off the ground and bend your knee. Place the ankle on the opposite knee to create a number four with your legs. Hold this position for about 15 to 30 seconds and then switch legs.

#### 4. Chest Opener

Start with your back straight and place hands on hips. Squeeze your shoulder blades together while pressing your chest forward. Hold this position for 15 to 30 seconds.

## 5. Arm Circles

Begin by standing or sitting up straight and extend your arms to the side forming a letter “T” with your arms. Circle your arms clockwise and pretend you are drawing a circle in the air. Complete 15 repetitions and then complete in the opposite direction for 15 repetitions.

## 6. Wrist Stretches

Extend one arm in front of you with your palm towards the ground and use your other hand to gently pull your fingers down towards the floor. Hold for about 15 to 30 seconds and then release. Take the opposite hand and gently pull the fingers up towards the ceiling. Hold for about 15 to 30 seconds and then release. Complete on the opposite side.



## 7. Finger Stretches

Open and close your hand like you are grabbing a rock and then releasing it for 15 repetitions. Complete on the opposite side. Touch each finger to your thumb for 10 repetitions. Complete on the opposite side.

## Assistive Technology

There are many assistive devices available that can allow individuals to maintain gardening activities this spring. A raised flower bed or hanging plant baskets can eliminate the need for crouching down or being on the knees when planting, weeding, and maintaining plants or flowers. If one prefers gardening in the ground, a rolling garden cart or a garden kneeler and seat can help make gardening more comfortable while staying close to the ground. Gardening equipment can be modified to be more accessible for all individuals. A lightweight hose, lightweight watering can, or an automatic sprinkler system could assist in the watering process. Long handled gardening tools or ergonomic gardening tools may ease the process of digging, weeding, or raking. Electric clippers could be an option for an individual that has diminished grip strength. Grippy gloves are also a great solution for increasing grip and stability when utilizing tools. It is important to stay safe when using these tools.

## Optimal Outdoor Space

In addition to gardening assistive technologies, creating an optimal environment for gardening activities is an important consideration. Adding additional lighting outdoors can be a great way to increase visibility and safety, especially on gloomy days or when the sun is no

longer out. Solar lights can be an energy efficient lighting option as they do not require any electricity, they are also easy to install, and come in many different styles. Motion sensor lights are another great lighting option that increase convenience by automatically turning off when motion is no longer detected. Another lighting option would be to purchase outdoor smart light bulbs. Smart light bulbs allow you to control them remotely using a smartphone or they can be connected to smart devices, such as an Amazon Alexa or Google Home.

Accessibility and safety when entering and exiting the home for gardening tasks are an important consideration to keep in mind that can often be forgotten. For those with steps entering the home, it is recommended that the tread of the step is at least 11 inches in depth or longer for those with larger shoe sizes. It is also recommended to have handrails along the stairs to allow for extra balance and stability. Anti-slip tape or anti-slip treads are also an option of assistive technology that can be placed on the stairs to increase grip, especially during inclement weather.

## Resources

Most items can be easily purchased online and some items may be available at gardening stores. If you are unsure of which items to purchase, Easterseals Iowa has an extensive lending library catalog of over 2,000 items, including many adaptive gardening tools. Easterseals Iowa Assistive Technology Program allows Iowans to choose up to five items to check out at a time for up to 30 days for free to assess the many options available before making any purchases. Easterseals will mail adaptive equipment as able; however, please note some gardening pieces aren't able to be shipped. To find out more information, browse the catalog, or request an item, check out the Easterseals Iowa Assistive Technology Center website or call 866-866-8782 or 515- 289-4069 TTY.

---

*Karena Laswell and Sadie Schultes are occupational therapy students completing their doctoral Capstone alongside Dr. Sydney Marshman of Happy at Home Consulting with a focus on aging in place and prevention/management of lifestyle induced illness/injury.*

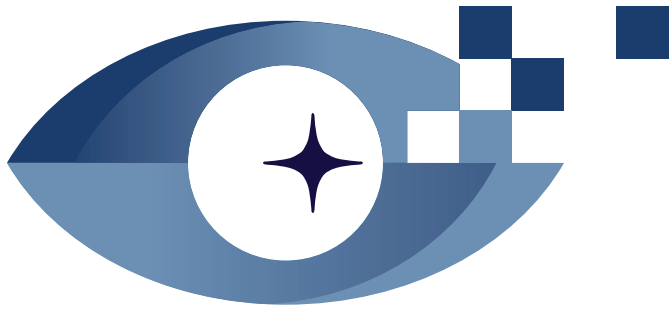
---

*Information on Easterseals Iowa Assistive Technology Program and photos obtained from <https://iowaat.org/>*



# Parkinson's Effects on Vision

People with Parkinson's disease (PD) may have a variety of complaints related to their vision such as trouble reading, double vision and dry eyes. While these issues don't affect every person with PD, it is important to know what the different issues are and that there are a variety of ways to treat them.



## How Parkinson's Affects Your Eyes

### Eye Movement Problems

There are three fundamental types of eye movements.

- **Pursuit eye movements** allow the eyes to travel together to follow a moving target in the horizontal or vertical direction.
- **Saccadic eye movements** are the rapid eye movements that allow the eyes to quickly jump to a new target. They are important when reading as the eyes need to jump from the end of one line and to the beginning of the next.
- **Vergence eye movements** are used when the target is coming towards or away from a person. When the target comes towards a person for example, the eyes have to move slightly together, or converge, to keep vision of the target clear.

In PD, the saccades tend to be slow, which means reading can be difficult if the eyes are unable to find the correct place on the next line. If a person has Levodopa-induced dyskinesias, the saccades can become fast and erratic which can also be problematic.

Another common eye movement issue for people with PD is difficulty with vergence eye movements. In PD, the eyes are often not able to come together sufficiently as a target draws near. This is called convergence insufficiency, which can cause double vision, especially when focusing on near tasks. This problem can also affect a person's ability to read.

### Eye movement solutions

If a person with PD is having visual complaints, the first thing to consider is whether a simple refractive error is contributing to the problem. This is a common cause of vision issues for many people with and without PD, and as we age, it is normal for a lens prescription to need adjustment over time. A refractive error can be picked up by an ophthalmologist or optometrist. In order to diagnose an eye movement problem however, different types of evaluations need to be done that may not be performed at a routine visit with an ophthalmologist. Therefore, if you are having visual problems and a trip to the ophthalmologist with a new lens prescription does not solve the problem, ask for a referral to a neuro-ophthalmologist.

Neuro-ophthalmologists attempt to bridge the gap between ophthalmology and neurology by diagnosing and treating the vision manifestations of neurological disease. A neuro-ophthalmologist is either an ophthalmologist or a neurologist who has additional post-residency training in neuro-ophthalmology.

If an eye movement abnormality is found, you may be prescribed two pairs of glasses, one for distance and the other for close activities and reading. This often works better than bifocals. If you are found to have convergence insufficiency, you may be prescribed glasses with prisms. A neuro-ophthalmologist may in turn refer you to an ophthalmologist or optometrist with special training in fitting prisms. Often these are pediatric ophthalmologists or optometrists since convergence insufficiency is common in children. Prisms help to bend light to the proper focal point on the retina when the eyes are not able to achieve this on their own.

In terms of complementary and alternative therapies, art therapy has been seen to alleviate some of the vision effects associated with Parkinson's disease.





## Abnormalities of blinking

The blink reflex, which occurs normally at about 16 to 18 times per minute, may decrease in PD, sometimes substantially. Less commonly, the flipside may occur, with excessive blinking known as *blepharospasm*. Occasionally, there is *apraxia* of eyelid opening, which is an inability to open the eyes voluntarily.

People with PD who have blepharospasm may benefit from injections of botulinum toxin in the muscle surrounding the eye. This treatment, performed by a movement disorders specialist, ophthalmologist or neuro-ophthalmologist, is usually repeated every three to four months and can be very effective. Those who experience apraxia of eyelid opening can also sometimes benefit from botulinum toxin injections. In addition, lid crutches can be used to help keep the eyes open.

## External eye disease

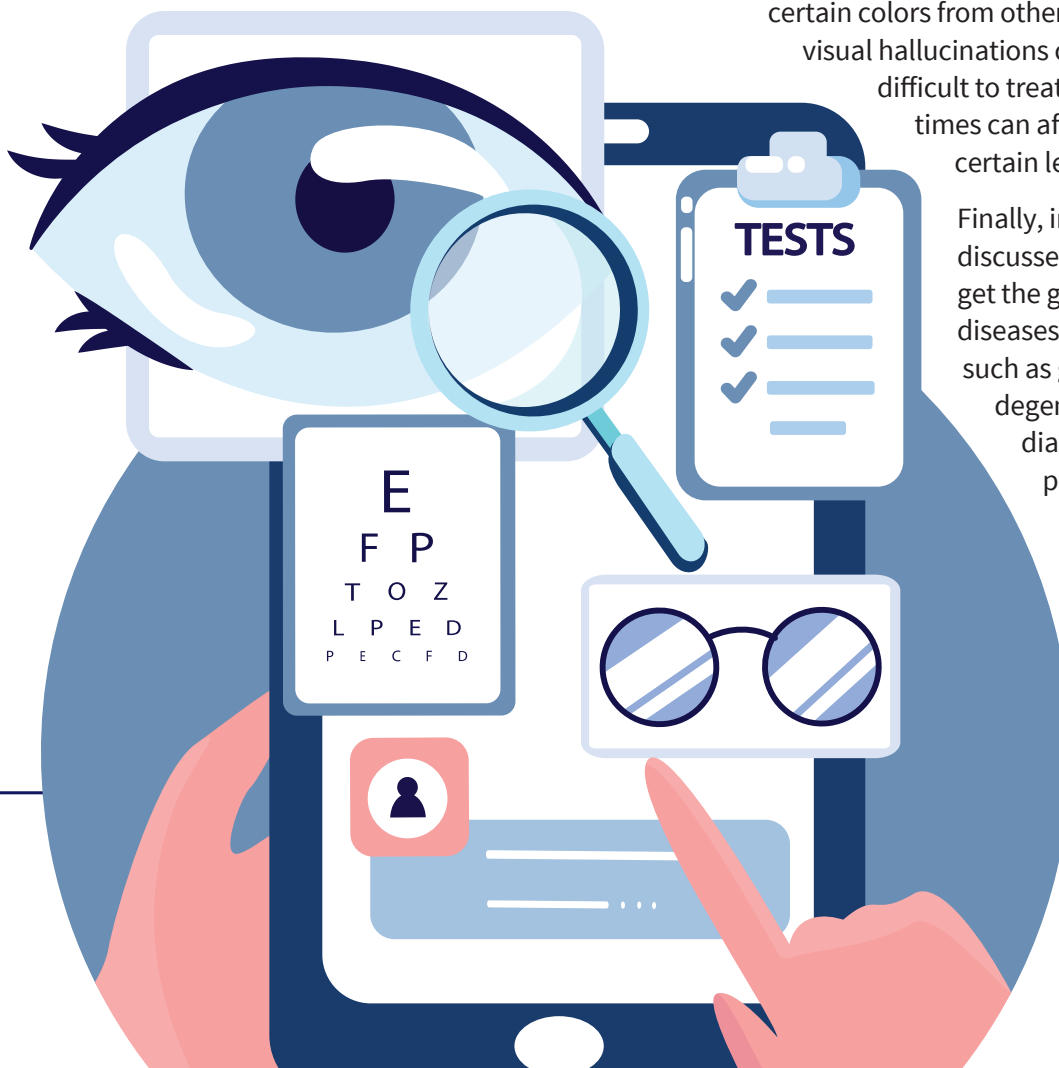
Decreased blinking can cause dry eyes. In addition, as a result of the dysfunction of the autonomic nervous system, blepharitis, or irritation of the eyelids can occur.

Blepharitis can be managed with warm, moist compresses, lid scrubs, and at times, medicated ointments. Dry eyes can be treated with artificial tear substitutes in an eyedrop or an ointment form. These treatments can go a long way toward making the eyes look and feel better, and increase vision.

## Sensory deficits

Dopamine neurons in the retina can be lost in PD. The dysfunction of these neurons can lead to a loss of contrast sensitivity for some people making it more difficult to distinguish between items that are of similar color intensity. There can also be color vision deficits, usually along the blue-yellow axis making it harder to distinguish certain colors from others. Visual disturbances, such as visual hallucinations can also occur. Although it is difficult to treat the sensory deficits which at times can affect people with PD, sometimes certain lens tints can be helpful.

Finally, in addition to everything already discussed, a person with PD can still get the garden variety ophthalmologic diseases, just like everyone else. Diseases such as glaucoma, cataracts and macular degeneration must also be properly diagnosed and managed. With proper attention to each problem, as well as routine eye care, people with PD can protect and improve their vision.



# PD and Oral Health

By Mary Kelly, RDH, MS, CDP

Good oral hygiene is important to overall health and well-being. A healthy mouth helps with chewing and swallowing for proper nutrition, talking, and your smile. Cavities (tooth decay), gingivitis (swollen bleeding gums), tooth loss, fungal infections, xerostomia (dry mouth) and swallowing concerns are frequent complications for people with Parkinson's disease (PD). Advice from the healthcare team, especially dental professionals, helps manage oral hygiene and address these concerns.

## The Dental Visit

To have safe and comfortable dental treatment, tell the dental team that you have PD and all your medications. Medications may affect your ideal appointment time and length or may need to be temporarily changed. Teeth grinding, cheek and tongue biting may affect the treatment type. Swallowing concerns may affect how far they lay the chair back. Changes in saliva, increased hard deposits, cavities and the risk of gingivitis may require more frequent dental exams and cleanings than every six months. Your dental hygienist can offer custom advice to improve or maintain your oral health.

## Brush before bed for your health!

A regular oral hygiene routine reduces plaque that creates acid which eats away the tooth's hard enamel causing cavities. Plaque collects in-between the teeth and below the gumline to cause gingivitis which contributes to chronic inflammation in other areas in the body. To effectively remove plaque, perform oral hygiene especially before bed so the plaque doesn't cause harm while you sleep.

## Toothbrushing:

- Brush for two minutes twice a day with fluoridated toothpaste.
- If eating frequently, brush more frequently or rinse with plain tap water.
- A care partner may assist with oral hygiene.

## Fluoridated toothpaste:

- With dry mouth, try out different flavors (bubblegum, fruit flavor) or one for sensitive teeth.
- Use prescription high fluoride paste if experiencing frequent cavities.

## Toothbrushes:

- Soft or extra-soft bristles are essential.
- Three-sided or child-sized brushes with thick handles and smaller heads may be easier to control.
- Electric or battery toothbrushes have large handles, are easier to grip and weigh more which may help with hand or arm tremors.

## In-between teeth cleaning/flossing:

- Use interdental brushes or floss on a large handle for an easier grip and hold.
- Waterflosser.

## Mouthwash indications:

- Not generally recommended.
- You may use if there is a specific need (frequent cavities, xerostomia, or gingivitis).
- Use alcohol-free.

## Dentures and Partials:

- Remove while sleeping to allow the tissues to breathe.
- To avoid damage, follow dentist's instructions on cleaning and storing.
- Maintain dental visits to avoid fungal infections and for oral cancer checks.
- Weight change may affect denture fit.

## Saliva, Mouth's Miracle

Saliva has natural minerals found in tooth enamel, moistens oral tissue, helps with digestion, swallowing, and talking. Saliva and fluoride in our toothpaste and tap water makes our teeth stronger. Saliva washes away the acids but takes 20 minutes to work and dries up while sleeping.

Excessive saliva can lead to a fungal infection at the corners of the mouth and too little saliva causes xerostomia. To relieve xerostomia and lower the risk of cavities, sip water during, in-between and after meals, chew sugarless gum, use lozenges containing xylitol, limit caffeine and alcohol, and avoid tobacco.

People with PD with guidance from dental professionals can address oral health concerns and experience good oral health.

---

*Mary Kelly, RDH, MS, CDP, is a registered dental hygienist with a masters degree in dental public health. She is also a certified dementia practitioner. Oral Health Connections. marykellyrdh@msn.com*

---

## RESOURCES

Zlotnik Y, Balash Y, Korczyn AD, Giladi N, Gurevich T. Disorders of the oral cavity in Parkinson's disease and parkinsonian syndromes. *Parkinsons Dis.* 2015;2015:379482. doi: 10.1155/2015/379482. Epub 2015 Jan 15. PMID: 25685594; PMCID: PMC4312641.

# 2024

## APDA IOWA PARKINSON'S CONFERENCE

*Tips & Tools to Live your Best Life*

**Friday June 7, 2024**

**8.00 AM - 4.00 PM**

\$15 Individual

\$25 Individual & Care partner

REGISTER at

[apdaparkinson.org/iowa](http://apdaparkinson.org/iowa)

Contact hours available

### Lutheran Church of Hope

925 Jordan Creek Pkwy,  
West Des Moines, IA 50266

**apda** AMERICAN  
PARKINSON DISEASE  
ASSOCIATION  
IOWA CHAPTER



to register

[apdaiowa@apdaparkinson.org](mailto:apdaiowa@apdaparkinson.org)  
515-782-4386

## Keynote Speakers

### Tips and Tools to Live your Best Life

Kay Arvidson, My PD Journey

Lyle Gibson, A Lifetime in Motion



### Why do I need to move? Exercise, Dance, Singing and More

Elizabeth Stegemoller PhD



### Non Motor Symptoms in PD

Dr. Lynn Struck



### Psychiatry Management in Parkinson's Disease

Dr. Leonard S. Richards



## Breakout Sessions

**The Latest Research** - Dr. Kevin Klos

**PD and Pelvic Health** - Lily Jorgensen

**PD 101 and Managing Stress and Anxiety**  
Gail McGaughy and Tammy Miller

**Connecting Through Art, Music, Movement** - Sam Erwin

**Deep Brain Stimulation, Is it right for me?**  
Dr. Jeremy Greenlee

**Care Partners-Tips for Success** - Dr. Kevin Klos

**Overcoming Financial Barriers Paying for PD Meds and Medicare 101-** Matt Korte and Aaron Peterson

## Workshops

**Handwriting/Adaptive Equipment** - Easterseals of Iowa

**Smart Home Demo/Home Modification** - Sydney Marshman

**Exercise Options** - Moderator, Elizabeth Harden with Ashley Phelps, Esada Lakovik, Kelsey Paul Charlson and other exercise leaders

*\*Schedule subject to change*



American Parkinson Disease Association  
Iowa Chapter  
PO Box 643  
Ankeny, Iowa 50021

Nonprofit Org.  
U.S. Postage  
**PAID**  
Des Moines, IA  
Permit No. 1340

# Iowa Optimism Walk

Saturday, October 19, 2024  
Registration 11 a.m.

Principal Park (Iowa Cubs Stadium)  
1 Line Drive, Des Moines, IA 50309



SAVE THE DATE



## Copyright Statement:

### Statement of Copyright

The entire contents of this magazine are copyrighted under United States copyright laws by the American Parkinson Disease Association Iowa Chapter. All rights reserved. Written permission from the American Parkinson Disease Association Iowa Chapter is required for reposting, republishing, or retransmitting any material in this publication.

### What You Can Do Without

**Written Permission:** Articles may be reproduced only if the text of the article is reproduced in its entirety and attributed to the American Parkinson Disease Association Iowa Chapter.

### What You Cannot Do Without

**Written Permission:** Reproduce any Iowa Parkinson Disease Association materials within any commercial publication or for any commercial purpose. Print more than a single copy for your personal use.