

# Triumph over Exercise

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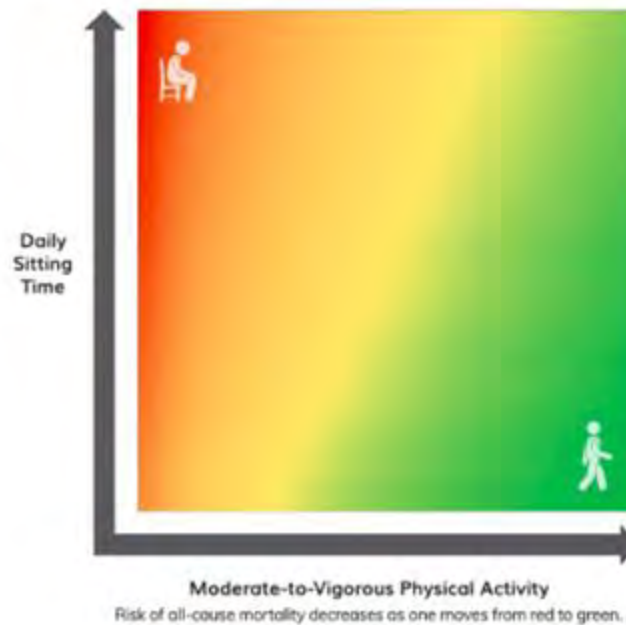
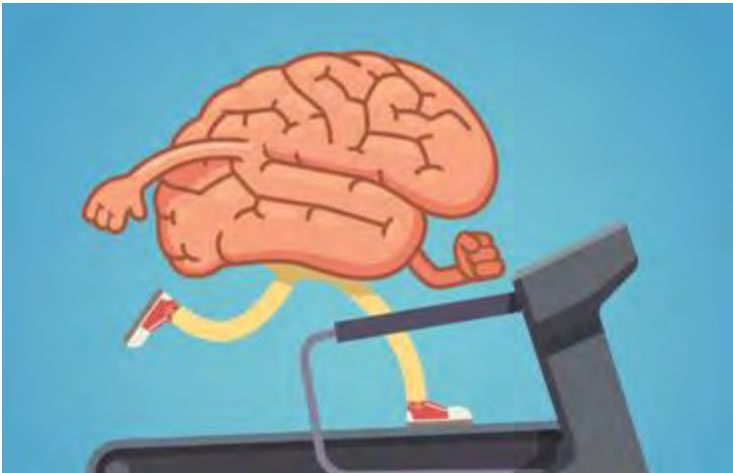
# Defining Exercise



# Why exercise?

# Exercise is Medicine

- ↑ QOL
- ↑ insulin sensitivity
- ↓ anxiety
- ↓ blood pressure
- ↓ risk of injury from falls
- ↓ arthritis pain

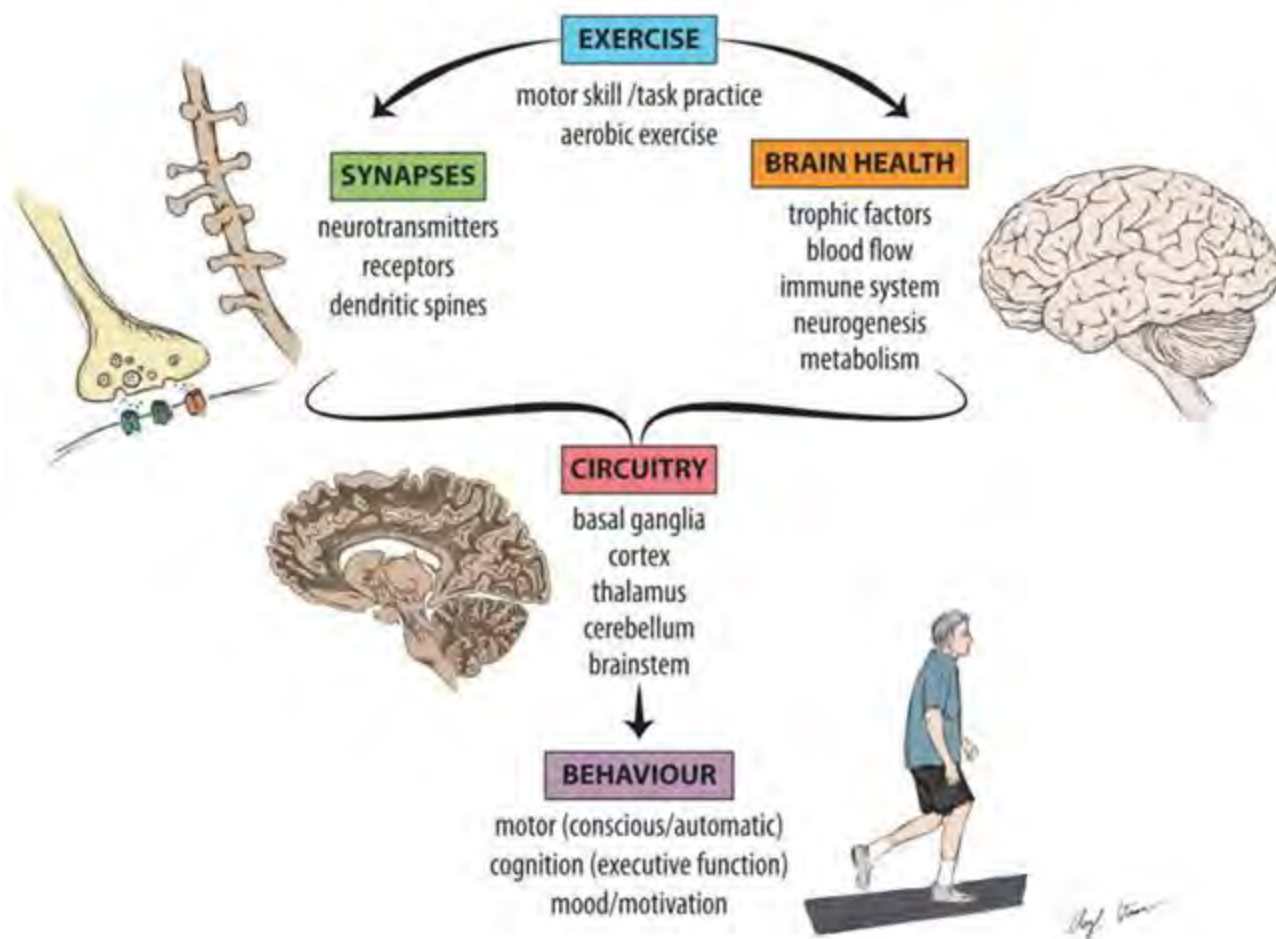


- Prevent 8 types of cancer
- Reduce risk of dementia
- ↓ disease progression in HTN and type 2 DM
- ↑ cognition: dementia, MS, ADHD, and Parkinson's
- .....



# Exercise is Medicine ~ *Parkinson's*

## Experience-Dependent Neuroplasticity



- Strength / Endurance
- Balance
- Walking stability
- Flexibility
- Dexterity
- Quality of life
- Depression / Anxiety
- **SLOW MOTOR DECLINE!**

# What type of exercise?

# Exercise Recommendations

Aerobic

Resistance

Flexibility

Functional

# Exercise Recommendations

Aerobic 

Resistance

Flexibility

Functional

- 150 - 300 minutes a week of moderate intensity
- 75 - 150 minutes a week of vigorous-intensity
- Preferably spread throughout week

## Talk Test

As a rule of thumb, a person doing moderate-intensity aerobic activity can talk, but not sing, during the activity. A person doing vigorous-intensity activity cannot say more than a few words without pausing for a breath.



# Exercise Recommendations

Aerobic



Resistance

Flexibility

Functional



# Exercise Recommendations

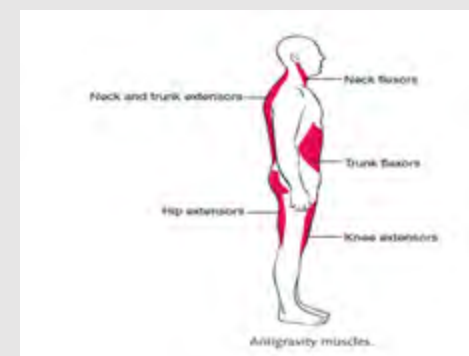
Aerobic

Resistance →

Flexibility

Functional

- Moderate or greater intensity
- Involve all major muscle groups
  - Antigravity muscles:  
neck, back, core,  
hip extensors, quads, calfs
- 2 or more days a week



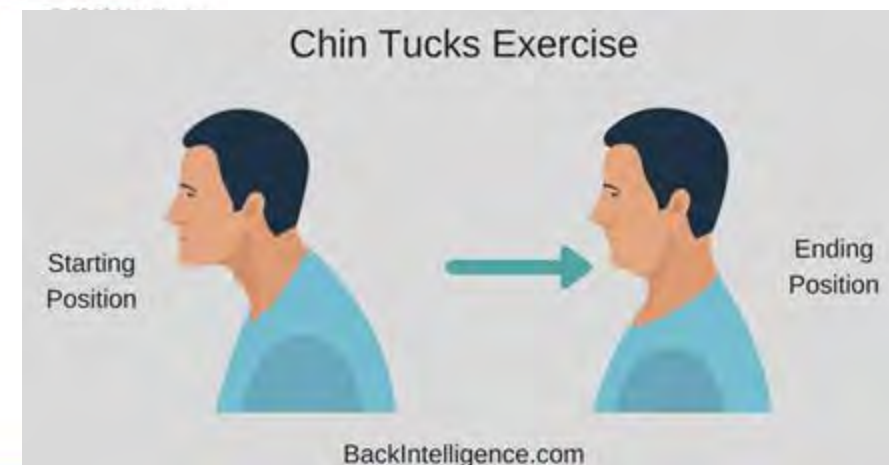
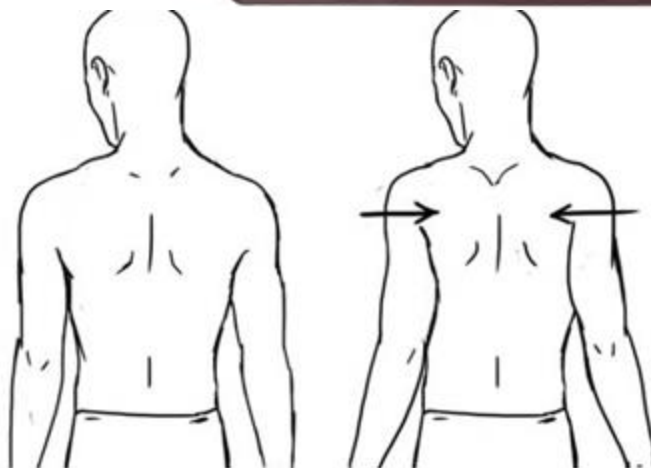
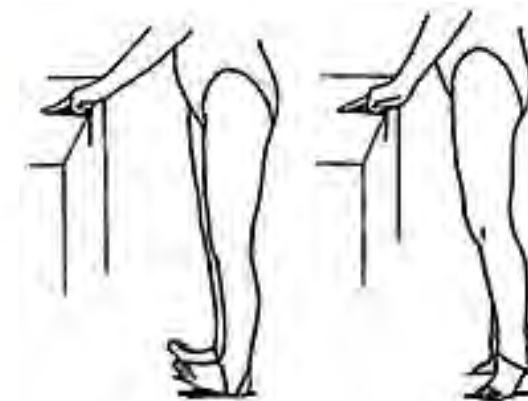
# Exercise Recommendations

Aerobic

Resistance →

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# Exercise Recommendations

Aerobic

Resistance

Flexibility



Functional

- 2 - 3 days per week
- $\geq 30$  seconds for 2 - 4 repetitions
- Addressed stooped posture and sedentary lifestyles
  - Neck, chest, lower back/abs, hip flexors, hamstrings, calves,
  - Trunk rotation



# Exercise Recommendations

Aerobic

Resistance

Flexibility

Functional





# Exercise Recommendations

Aerobic

Resistance

Flexibility

Functional 

- 2 - 3 days per week
- 30 minutes
- Balance, agility, multi-tasking
- Group classes: yoga, tai chi, boxing, dance, etc.

# Exercise Recommendations

Aerobic

Resistance

Flexibility

Functional

Keep it.....

**FUN!**

# Exercise Recommendations

Aerobic

Resistance

Flexibility

Functional

Keep it.....

**SAFE!**

# Exercise Safety

- Preventing falls
  - Use support as needed (counter, doorway, assistive device)
  - Become familiar with new equipment
- Preventing fatigue and overuse injuries
  - Rest as needed
  - Consider interval training
  - Avoid excessive fatigue
  - Listen to your body
- Group exercise pitfalls
  - Adapt: One PWP is one PWP
  - Ask for help
  - Bring a friend or family member



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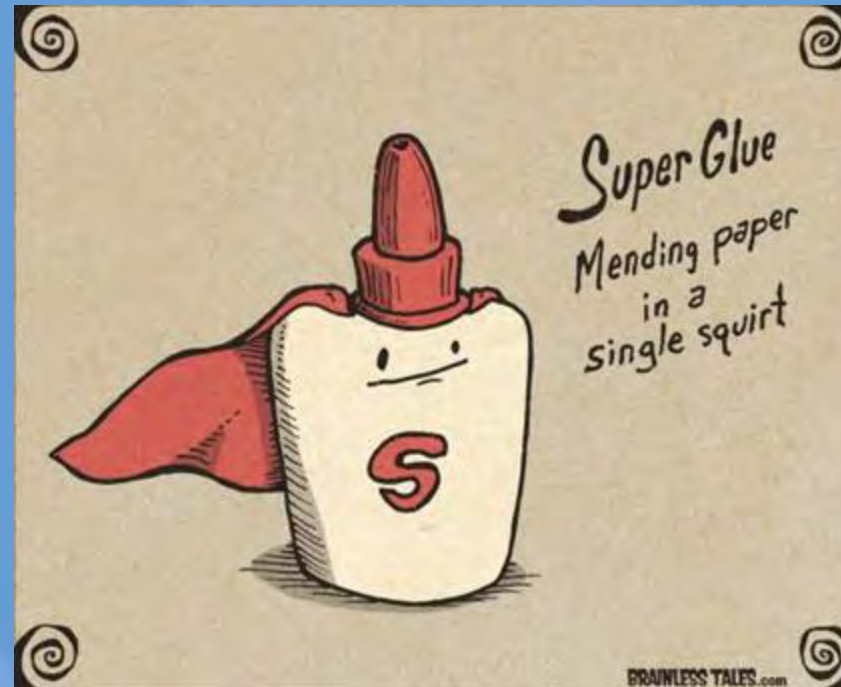
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# Conquering Exercise!

**Where to start and how to *stick with it***



# Motivation: Strategies for People with Parkinson's

- Attend group exercise class
- Attend support group
- Try online community or open forums
  - <https://forum.parkinson.org/>
- Connect with DPF Ambassador
  - Website: Get Connected→ Ambassadors
- Start small
- Set goals and track progress
- Start with something you enjoy
- Learn new activity
- Find an accountability partner
- Fake it 'till you make it!

# Break Down Barriers

## Negative Influences:

- Low outcome expectations
- Fear of falling
- Lack of time
- Parkinson's / other health problems
- Negative environmental factors
- Cost

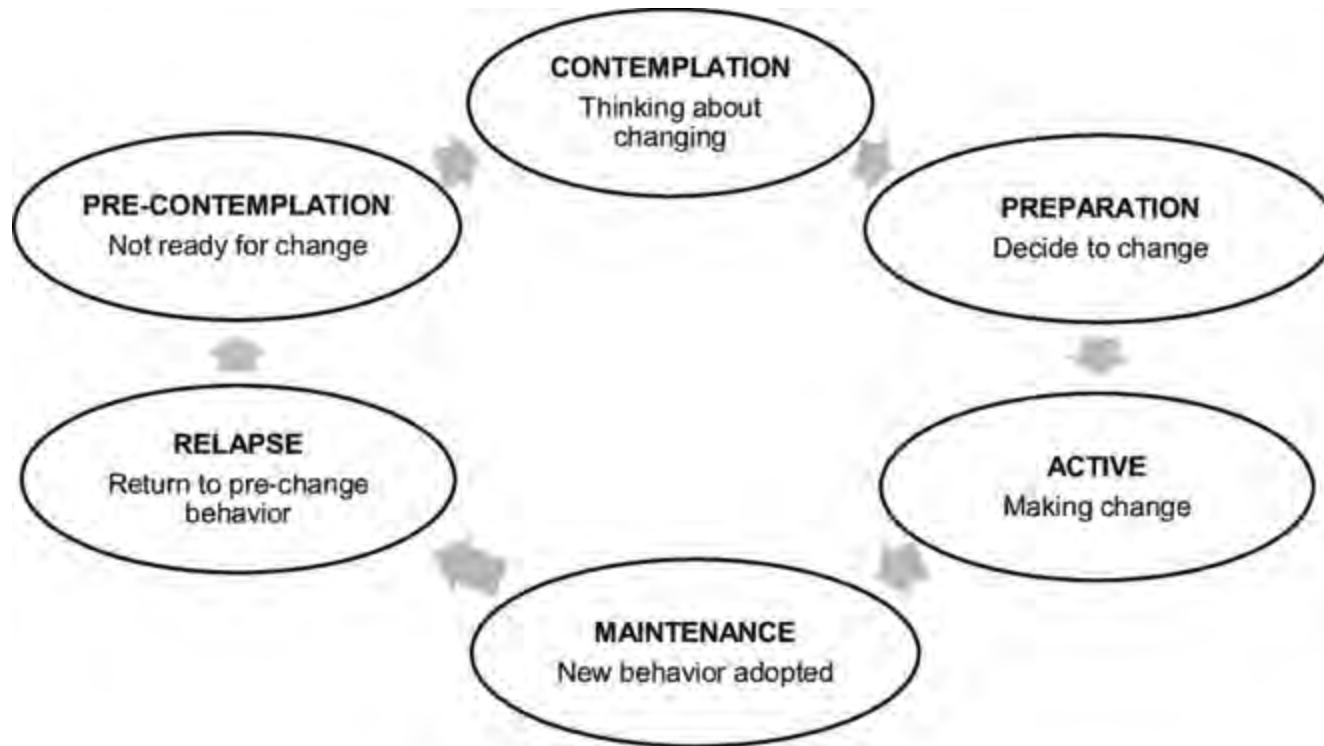


## Strategies:

- Education
- Goal setting
- Fall risk assessment
- Physical therapy
- Environmental modification
- Prioritizing activities
- Scheduling into day
- Exercise buddy
- Bad weather plans
- Free exercise resources



# Motivation: Strategies for care partners



Stage	Description
<b>Precontemplation</b>	<ul style="list-style-type: none"> <li>currently not active and are not thinking about becoming active</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>not currently physically activity but are thinking about becoming active</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>engaging in physical activity but not at the recommended levels</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>physically active at the recommended levels but have been regularly active for less than six months</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>physically active at the recommended levels and have been for six or more months</li> </ul>



**Table 1.**  
**Physical Activity Stages of Change Questionnaire**

For each of the following questions, please circle Yes or No. Please be sure to read the questions carefully.

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as these activities.

1) I am currently physically active.      **NO**      **YES**

2) I intend to become more physically active in the next 6 months.      **NO**      **YES**

For activity to be regular, it must add up to a total of 30 minutes or more per day and be done at least 5 days per week. For example, you could take one 30-minute walk or take three 10-minute walks for a daily total of 30 minutes.

3) I currently engage in regular physical activity.      **NO**      **YES**

4) I have been regularly physically active for the past 6 months.      **NO**      **YES**

**Scoring Algorithm:**

Precontemplation: Question One = No; Question Two = No

Contemplation: Question One = No; Question Two = Yes

Preparation: Question One = Yes and Question Three = No

Action: Question One = Yes; Question Three = Yes; and Question Four = No

Maintenance: Question One = Yes; Question Three = Yes; Question Four = Yes

Adapted from Marcus, Rossi et al., 1992.

# Motivation: Strategies for care partners

Stage	Goal	Strategies for progress to next stage:
<b>Precontemplation</b>	To begin thinking about becoming physically active and the role PA could have in their lives	<ul style="list-style-type: none"><li>● Assess perception of pros/cons of becoming physically active</li><li>● Education on pros of PA</li><li>● Discuss cons and barriers to exercise</li><li>● Goal setting: “reading an article about benefits of PA”</li></ul>
<b>Contemplation</b>	To increase the individual's likelihood of taking steps to become PA	<ul style="list-style-type: none"><li>● Consider pros/cons</li><li>● Provide specific info about starting PA program</li><li>● Goal setting:<ul style="list-style-type: none"><li>○ Specific goals towards becoming more PA (both STG and LTG)</li><li>○ REALISTIC with slow progression</li></ul></li><li>● Develop social support</li></ul>

# Motivation: Strategies for care partners

<b>Preparation</b>	To increase their PA participation to the recommended levels	<ul style="list-style-type: none"><li>● Develop PA plan/schedule</li><li>● Apply strategies described in contemplation but remember goal of this stage</li><li>● Determine when/what type of PA works best with their lifestyle</li><li>● Overcome barriers that prevent progression to PA at recommended levels</li><li>● Goal setting: specific daily, weekly, and/or monthly goals that increase PA to recommended levels</li><li>● Self-monitoring of PA via daily log and/or use of a pedometer or computer app</li></ul>
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# Motivation: Strategies for care partners



Action / Maintenance	Maintain PA participation	<ul style="list-style-type: none"><li>● Identify risk factors for future relapse(i.e. vacations, illness, stressful life events and boredom)</li><li>● Stress variety for PA to prevent boredom</li><li>● Goal setting: to prevent boredom</li></ul>
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# How are you doing with your exercise?

## ***PARKINSON'S EXERCISE SELF ASSESSMENT***





1. **Current Exercise** (Physical Activity Vital Sign)

- a. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?
  
- a. On average, how many minutes do you engage in exercise at this level (moderate to strenuous)?
  
- a. Total minutes per week of physical activity (multiple #1 by #2)

2. **What types of exercise do you do?** (Check all that apply)

Physical therapy\_\_\_

Tai Chi\_\_\_

PD-specific groups\_\_\_

Aerobic exercise\_\_\_

Boxing\_\_\_

Yoga / Pilates\_\_\_

Strength training\_\_\_

Dance\_\_\_

Other\_\_\_

Cycling/spinning\_\_\_

Aquatics\_\_\_

3. **Over the past month, how well have you been able to maintain your regular exercise habits?**

\_\_\_ Very Well

\_\_\_ Not as well as I should

#### 4. During the past month, to what degree have the following challenges kept you from exercising?

	Not at all	Moderately	Quite a lot
<b>Physical Problems</b> (fatigue, pain, injury, sleep, PD symptoms, fear of falling)	0	1	2
<b>Mood or Motivation Problems</b> (feeling apathetic or depressed, loss of a loved one)	0	1	2
<b>Lack of time</b> (other obligations, time commitments family/kids, work, appointments)	0	1	2
<b>Environmental Challenges</b> (weather, convenient classes or gym, affordable location, equipment/space)	0	1	2
<b>Lack of information</b> about exercise for PD (how to exercise, what to do, why is is important)	0	1	2
<b>Lack of social support</b> (lack of emotional or transportation support from family, friends or peers)	0	1	2

**5. Moving forward, how confident are you in your ability to carry out your exercise plan until your next doctor's appointment? ( 0 = not confident at all, 10 = very confident)**

**0      1      2      3      4      5      6      7      8      9      10**

**Question 1:**  
*Current exercise*

1c is less than 150 minutes

People with PD should try to exercise at least 150min/week at a moderate intensity for aerobic activities. Ask your Doctor or Physical Therapist if you are unsure if you are meeting physical activity/exercise recommendations or how you can improve.

## 1. Current Exercise (Physical Activity Vital Sign)

- On average, how many days per week do you engage in moderate to strenuous exercise?
- On average, how many minutes do you engage in exercise at this level?
- Total minutes per week of physical activity(multiple #1 by #2)

**Question 4:**  
*Exercise challenges*

Your total score is greater than 2

Physiologist.

Challenges are normal and may fluctuate on a day to day basis or over a longer time frame. In either case, healthcare professionals may be able to help you find ways to overcome your specific challenges. Talk to your doctor to find out who would be able to help you.

**Question 5:**  
*Confidence*

Your score is less than 7

Developing an exercise plan in which you have confidence is key to maintaining your activity levels. Talk to your doctor or healthcare professional to find ways to improve your confidence related to exercise or physical activity.



<b>Question 1:</b> <i>Current exercise</i>	1c is less than 150 minutes	People with PD should try to exercise at least 150min/week at a moderate intensity for aerobic activities. Ask your Doctor or Physical Therapist if you are unsure if you are meeting physical activity/exercise recommendations or how you can improve.
<b>Question 2:</b> <i>Types of exercise</i>	You checked fewer than 3 items	Research and the experts agree that a combination of aerobic, strengthening, balance, posture, and flexibility training is ideal for people with PD. Talk to your Physical Therapist to find out what is right for you.

## 2. What types of exercise do you do? (Check all that apply)

<b>Question 4:</b> <i>Exercise challenges</i>	Your total score is greater than 2	Challenges are normal and may fluctuate on a day to day basis or over a longer time frame. In either case, healthcare professionals may be able to help you find ways to overcome your specific challenges. Talk to your doctor to find out who would be able to help you.
<b>Question 5:</b> <i>Confidence</i>	Your score is less than 7	Developing an exercise plan in which you have confidence is key to maintaining your activity levels. Talk to your doctor or healthcare professional to find ways to improve your confidence related to exercise or physical activity.



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<b>Question 3:</b> <i>Ability to maintain habits</i>	You checked "not as well as I should"	Consider some ways you may be able to problem solve and incorporate activity into your daily or weekly routine. If you are not satisfied with your current exercise habits and would like to learn more about exercise, getting motivated, or finding ways to increase your activity levels you should meet with a Physical Therapist or Exercise Physiologist.

**3. Over the past month, how well have you been able to maintain your regular exercise habits?**

☐ **Very Well**

☐ **Not as well as I should**

<b>Question 5:</b> <i>Confidence</i>	Your score is less than 7	confidence is key to maintaining your activity levels. Talk to your doctor or healthcare professional to find ways to improve your confidence related to exercise or physical activity.
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		Consider some ways you may be able to problem solve

**4. During the past month, to what degree have the following challenges kept you from exercising?**

<b>Question 4:</b> <i>Exercise challenges</i>	Your total score is greater than 2	Challenges are normal and may fluctuate on a day to day basis or over a longer time frame. In either case, healthcare professionals may be able to help you find ways to overcome your specific challenges. Talk to your doctor to find out who would be able to help you.
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# Finding a specialist

# American Board of Physical Therapy Specialties



**WWW.ABPTS.ORG**

## Deadlines

- [Review Initial Certification Deadlines](#)
- [Review Recertification Deadlines](#)

## 2020 Exam Dates:

- 2020 Exam Dates: February 29-March 14  
[Need to Postpone Sitting for the ABPTS Examination?](#)  
[Exam Day Guidelines](#)

## Exam Results

## Quick Links

CSM Photos

Statistics

Find a Specialist

About Certification

Minimum Requirements



and experiences.

## Using the Directory

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The Directory of Board-Certified Specialists is managed by the American Physical Therapy Association (APTA). Please note that at APTA's sole discretion APTA shall block your access to this directory for any use that is prohibited.

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## Specialists

[Update Your Directory Information](#)

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Last Updated: 10/21/2015

Contact: [spec-cert@apta.org](mailto:spec-cert@apta.org)

# Directory of Board Certified Specialists

Location	Physical Therapist	Clinic
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## Specialty

- ☐ All
- ☐ Cardiovascular and Pulmonary
- ☐ Clinical Electrophysiologic
- ☐ Geriatric
- ☒ Neurologic
- ☐ Oncology
- ☐ Orthopaedic
- ☐ Pediatric
- ☐ Sports
- ☐ Women's Health

## Location (required)

Provide location in which services will be provided.

\*If not searching by ZIP Code, both city and state are required.

ZIP Code

**OR**

City\*  State\*

Find providers within a distance of:

- ☐ 1 mi ☒ 5 mi ☐ 10 mi ☐ 25 mi ☐ 50 mi ☐ 100 mi



## Action Steps:

- Remind yourself: **Exercise is Medicine!!!**
- Start today and **NEVER** stop!
- Find exercise you **enjoy!**
- Set goals, track progress and **celebrate your victories!**
- Develop **support** for exercise success / adherence
- Regularly re-assess your routine

# Thank you!