



**The Victory Summit® event: Newly Diagnosed  
Exercise to Live Well with Parkinson's**  
Recorded on Feb 20, 2021  
Davis Phinney Foundation

Dr. Michael Braitsch, PT, DPT (Owner and Lead Therapist, Tribe Wellness):  
Hey there everybody.

Melani Dizon (Director of Education and Research, Davis Phinney Foundation):  
How are you doing?

Michael Braitsch:  
I'm doing great.

Melani Dizon:  
Awesome. I see you have your team DPF shirt on.

Michael Braitsch:  
I do. Yeah, I feel awfully cool. And you know, just so I'm not alone here with my dog, I've got Bob, the punching dummy behind me and he's got a team DPF hat. So, we're all trying to step up our game and I'm hopeful I can join some of you in the big DPF race in May, the "Iron Horse."

Melani Dizon:  
Awesome. Is that your dog Junior?

Michael Braitsch:  
Yeah. My dog junior is here taking a nap somewhere. He may interrupt. We'll see.

Melani Dizon:  
I can only hope. Okay. Everybody. So, Dr. Mike's going to talk to us today about exercise. He is a licensed Doctor of Physical Therapy, a former amateur fighter, former kinesiology professor, and an internationally certified fight referee. In addition to treating individual patients, Mike runs group exercise programs, steeped in leading evidence from physical therapy and exercise science to help people with chronic and progressive conditions move and feel better. We love having you, so I'm going to let you take it away.

Michael Braitsch:  
Great. Thanks for that intro. And hey everybody, I'm really glad to be here. Dr. Mike Braitsch, physical therapist. And I get to spend most of my waking hours working with

people with Parkinson's disease, working out with people with Parkinson's disease and also trying to help folks with other types of movement disorders. Unlike Dr. K and Dr. Haug, I'm not a movement disorder specialist. I don't prescribe medication. I'm a physical therapist but I am quite active in the international Parkinson and Movement Disorders Society. And I actively participate in a lot of research so we can try to figure out better ways to get people moving and the most effective ways we can try to get people to benefit from exercise. But if you take nothing else from our time today it sounds like you already know, first and foremost, a diagnosis of Parkinson's disease is anything but a death sentence.

It's in fact, for a lot of folks that I work with, a new opportunity for them to realign their priorities. And I asked, through email, I asked a couple hundred folks that I've gotten to work with pretty closely over the last few years, what they thought you should know. And I don't have time to share all of it, but there was one resounding theme. They wanted people to know a diagnosis is not the end of the world. For some of our folks, it's been an opening for a whole new world, which is pretty cool. And I think you've seen that when we got to sing eight days a week moments ago, we got to see video of butt scooting races, which is not something I anticipated today and also wonderful. And it's something I get to experience all the time with folks. So, I'm going to start going through these slides with you. I'm going to share my screen so you can see what I'm talking about, I hope.

And I'm going to try to leave some time for questions. That was the sound of a timer to keep me honest. I get easily distractable. The biggest disclosure I can give you is exercise is medicine. We know this, but I hope you're doing it safely. And I hope you each find someone who has skill in this field and training specific to Parkinson's disease who can help you with that. And I hope you're including other people and talking about it with your physician or your Movement Disorders doctor. You know, I've got a lot of background in this stuff and I've been an exercise junkie my whole life. Behind me you see a picture of one of my heroes, Jack Lalanne, the godfather of fitness, the person for whom the exercise, the jumping Jack was named after. And that's a picture of him towing a bunch of rowboats with handcuffs on to celebrate his 70th birthday. I have that up on the wall here at my clinic. So that way, if people have the excuse, I'm whatever age I am, I can't do whatever it is you're asking of me, we can remember age might be a self-imposed limitation

At the end of our time, And I hope I don't get in trouble, I copied this slide from the end and I moved it to the front. So, you know what I'm hopeful you'll walk away with. I hope you'll walk away with a good understanding of some exercise or concepts of exercise that you can use. I want you to take that information and if you don't have a coach, somebody who is a physical therapist or an occupational therapist, or a personal trainer that is well-versed in Parkinson's disease, that has some credentials to them, not just saying something like, oh, I work with people all the time, who, whatever, but actually have credentials and training. I want you to have a coach, so you can take some of

these ideas to them, or if you don't have a coach, you can take some of these ideas and go get a coach and say, let's figure out a plan specific to you.

Because one thing we've learned so far is that everybody with Parkinson's disease might have a cluster of similar symptoms, but not everybody experiences those symptoms the same way. Also, the same severity is variable from one person to the next. So, if that's the case, I want to make sure you're doing it safely, and you've got a plan that meets your needs. Also, I'm hopeful you'll involve a friend or a care partner or a family member, or that you can use the opportunity we've got, you know, the pandemic is strange because we're not doing in-person meetups, but yet the pandemic has provided an incredible opportunity for all of us who work in this field to try to find just like with telemedicine ways to get people connected virtually. And so now more than ever there are so many ways to connect with other people with Parkinson's disease to build that community and let's face it when you involve someone else in your workout plans, not only are you more likely to show up, you're more likely to do better within that workout and you're more likely to be consistent. And that's the key.

We can say exercise is medicine. We can say exercise is King. We can say exercise is the number one thing that helps slow the progression of symptoms with Parkinson's disease and all of that's true, but if you're not doing it safely or consistently, there are bigger fish to fry, so to speak. The last piece that is just as important, is if you're not having any fun, it's time to reevaluate your plans. And I don't want to say that every waking moment of every day should be fun, but I do think exercise can certainly be an avenue to provide some fun or an outlet with friends, with family, with loved ones or with newly acquired acquaintances, where you can rekindle that joy for life or celebrate that joy for life. So, let's jump right in here.

For anyone, The Mayo clinic has six benefits of exercise. And they're on here on the screen. Exercise helps control weight and combating other health conditions and improving mood and boosts energy and promotes better sleep. And it can be fun. That's a big deal for anybody, but just take a second to think about that. A lot of folks I work with say, if I'm working out and I'm managing my weight, I don't have as many aches and pains as I have from moving around in general. That's a big deal because that lets people do more. Also, people say something to the effect of, if I control my weight and I'm active, I don't experience OFF periods in the same degree that I otherwise would. Or if they don't say it that way, they say, gosh, after I got active, maybe my OFF periods where medication wasn't as helpful, maybe they didn't go away, but they certainly lessened in their intensity or in their severity or in their duration.

So, controlling weight can be a big deal. Combating other health conditions, let's think about that. Most people with Parkinson disease die of other stuff, they die of what everybody else dies up, heart disease, cancer, lung problems. And if you can use the same pill, exercise, to treat your Parkinson's symptoms, as well as hold off or stave off those other issues. That's fantastic. The third point here is a tricky one. A lot of folks that

I work with will say things to me like gosh, I'm not sure if I'm just having a hard time or if this is Parkinson's disease or both, but my mood is not where I want it to be. And that's the case for everybody with and without Parkinson disease, but because of the brain changes, the chemistry that comes with, the brain chemistry changes that come with Parkinson's disease, it certainly can happen where you feel more prone to anxiety or depression than someone who does not have Parkinson's disease.

And that's not to say that exercise can completely eradicate that, but I've got to tell you when people who are otherwise inactive start getting active, your brain's chemistry can dramatically improve. And with that comes an improved sense of wellbeing. I had the pleasure of working with some of you this morning and doing some Tai Chi. And one of the reasons I adore Tai Chi is because of the mindfulness component and the meditative component that come along with the exercise. So, managing mood and energy, those are big deals. And if, if exercise can help you to do that, that's an even bigger deal. That's a moment of victory right there that can be had very often. In terms of managing energy and sleep too, I know many folks that I work with, say something to the effect of, I don't feel like working out because I slept very poorly, and I can believe that. Sometimes if you're having sleep problems, the last thing you want to do is exercise.

But many of them will say after a workout that they had better sleep, maybe not every sleep problem went away, but they had better sleep and more restful sleep on days where they exercise. So, I'm saying this to say for anyone, there's value to exercise, but for people with Parkinson's disease, it's even more important. And the good news is we're finally starting to catch up. And as the healthcare field with the research and the science behind why that is, why does it matter for people with Parkinson's disease? If you can see this slide, the big deal here is, if you focus on your locus of control, the things that you can change, there's a lot of stuff in life that we have no power over. Fortunately, if we focus on the things that we can control, we at least know we've done whatever's possible to manage things. And exercise is something that not only falls within that locus of control, but also helps a lot of folks that I know to expand their locus of control, meaning it's empowering and in the face of something that normally takes power away from people to find something that is empowering is yet another big deal. Exercise can do that for you. You've heard about the symptoms. You probably know a bunch of these symptoms, so we don't need to spend a lot of time on this slide, but I will say that exercise because of its systemic effects and multiple systems improving your circulation, improving your flexibility, improving your mind or your brain function, your activity tolerance, your ability to recruit and control muscle. Exercise can have far reaching effects on so many of these symptoms. So, it's wonderful that one thing that you can do anywhere without really incurring any costs, if you want, can have such a great benefit.

And there's this great randomized control trial that I like to consider or alert people to, which shows, it looked at people over two-year period with Parkinson disease, a lot of

them were able to reduce the amount of medication that they needed to manage symptoms. And you know what, if that works for you? Great, if that doesn't work for you, I wouldn't worry about it because the bigger deal is, the third bullet point here, the ability of exercise to slow the progression of symptoms and the second bullet point here, the ability of exercise to help increase the timeframe your medication could work. And how does it do that? Somebody in the comments field earlier wrote about neuroplasticity, which is a fancy way of saying, making lasting changes in your brain. Exercise has the ability to make it easier to load motor patterns or movement patterns, to preserve function to slow the progression of symptoms and even to improve quality of life.

So, whether it impacts your medication or not, it's nice to know that something as simple as working out can have all of these other benefits and if it happens to have a positive benefit on your meds, wonderful, you might wonder well how does this work in the brain? Aerobic exercise certainly is the magic form of exercise in a lot of research. And we'll get a little bit more into this, but the more you practice aerobic exercise, you get your heart rate up, you get your circulation up, the more your brain becomes more excitable, the more trophic factors and hormones are released into your bloodstream that can help slow the progression of symptoms. But the bigger thing is this idea of strengthened circuitry, dendritic arborization in the brain, strengthening connections between neurons in the brain and between movement patterns in the brain.

And the really easy way to look at all of this is to say, if you're getting your heart rate up, and if you're practicing aerobic exercise and large movements and functional movements, well, your brain is much more hardwired to preserve those movements. And that makes it easier to hang on to function, which is something that people with and without Parkinson disease are trying to do. So, in terms of why is exercise a big deal? We know that it strengthens connections. We know that it preserves or even improves function and the biggest deal in my mind is it keeps everything else working well. So that way if your primary concern is managing Parkinson's disease, if that remains your primary concern, as opposed to managing Parkinson's disease and all of these other things that can happen and you might say, well, gosh, that sounds a little morbid.

What are all the other things that could happen? Well, the other things that could happen are the same as to anyone. And a lot of times I like to warn folks who are new to facing Parkinson's disease when they go to support groups or they meet with other folks and they say, gosh, is that going to happen to me? Well, if the entire world of possibilities is out there, who's to say it would be almost no different than looking around at a grocery store and saying, Hey, that person looks a few years older than me. Am I going to be like them? And the answer is who knows, what are they eating? What are their genetics? What, their activity level? That's the kind of thing where it falls outside of your locus of control. But if you can come back to what research says, works, which everybody here today has talked about exercise, and you can look at what are the things that I can manage each day. Well, you're going to be in a much better place. So, let's look a little bit more at the details of that.

People often ask me; how often should I exercise? To which I would say, well, we just sang a Beatles song, eight days a week, if you can. And I know that's cheesy, but you might remember it. And you might say, well, wait, shouldn't I rest? To which I'd say there's a growing statement in the physical therapy community, which is sitting is the new smoking. So, you may have active rest days. You may try to do something every day and every now and then if you need to take a rest day, if you just feel like, wow, I'm really just absolutely done. I get it. But if that rest day becomes two days, three days, four days, that's where problems tend to arise.

It gets harder to get back into the swing of things. So as my man Jack Lallane says, it's not what you do some of the time, that counts, it's what you do all of the time, that counts. And so, for healthy aging, it's important to aim for 300 minutes of physical activity a week. I just got to help write a statement for the APTA for input for the World Health Organization on physical activity. And we got to look at a wealth of research that shows 300 minutes a week of physical activity is a great target. Does that mean you need to be doing a Davis and Connie all out bicycle sprint for 300 minutes a week? No. Thank goodness because most of us cannot do the tour of Sufflandria, like we've heard about today from some of these folks, but it means 300 minutes of dedicated movement, not going to the gym and looking at your phone the whole time but trying to do something physical 300 minutes a week, that could be walking, that could be raking the leaves, that could be stretching, that could be doing a butt scoot race, which would be a long one.

So maybe you'd break it up with other activities. But in America we usually say something like, well, that's fine, but what's the minimum? What's the least I need to do? Well, 150 minutes a week is the minimum physical activity you should have each week with at least 75 of those minutes being vigorous activity. And we'll get into that in a minute. You might also say though, hang on, man, I'm not there yet. And I got to tell you, I've been working intensely with people with Parkinson's disease for years now. And starting out, everybody comes from a different background. Starting out, everybody comes from a different place, and that's why the role of a coach is very helpful, a PT or an OT, or a trainer, some exercise professional with training in helping folks with Parkinson's disease.

That's where it's helpful to have them because you might be able to find strategies to gradually work your way up. What we're talking about is a lifestyle. It's not an overnight thing. So, I want to be clear. These numbers are goals to work towards gradually. If you're already active, it might be easier for you to reach those goals. If you're not, I would encourage you to do what you can and let the aerobic training effect take hold. Usually over a period of 8 to 12 weeks. Well, when people start new exercise programs, usually the first four weeks, they just kind of feel like they're going through the ringer a bit. After four weeks, they start feeling a heck of a lot better. After 8 to 12 weeks, that's really when changes occur down to the cellular level, that make it easier for you to do

more before you reach that same level of fatigue or before your endurance starts to fade.

So, you know, we're going to get into different types, but people also ask me all the time, well, what's the best type of workout I can do. I'd say obviously the one you'll do safely. That's the first thing, obviously the one you'll do consistently, that's the second thing, but if you can vary your activity, that's a big deal. If you can add a cognitive challenge, something that acquires or that involves acquiring new skill, that's one of the things I love about Tai Chi. If you can take a technique, even if you already know it, something old and add a new element to it, something new, that's very helpful for your brain. It's also helpful to keep that intentional cognitive focus, which makes it easier to control your movements. And if you can move in multiple directions, that's helpful. Which is why even the best marathon runners, or even Davis and Connie, or even their son Taylor I'm sure does some amount of cross training.

It's not the same thing all the time because it gets boring, but also we've got a lot of different movements our bodies need to do on a regular basis. Warm up. Don't forget to do a warmup, a lot of fitness classes, cut those out. If you're in a fitness class, maybe you do a warmup a few minutes before class starts. Cool down after class and wherever you're tightest, stretch. If you need help finding stretches, find a coach. But this is a big deal. And what should we be doing? Well, we've been talking a lot about having a realistic workout plan, and we've been talking about keeping in mind, we're aiming for a big lifestyle change or sustaining an active lifestyle, as opposed to you know, like I did a lot of amateur fighting for many years and the fighter mentality is I'm really gonna train like crazy until the fight.

And after the fight, I'm going to take a few months off and gain 20 pounds. That's not healthy. That's more of a fad. Lifestyle would be, I'm going to walk around at this type of weight and do this consistent workout. Things that go into a good plan sound obvious, but it's easy to miss them. Strength. In general, it's helpful to strengthen muscles on the back of your body. Why? Because this is the posture we're fighting, with flexed hips, rounded, shoulders forward head. Also, it helps to keep you upright and more active. Flexibility. Stretch. What's tight? Work on your flexibility. Balance. If you don't have balance problems yet, that's wonderful. And I say yet, because they're coming for everybody with, or without Parkinson's disease, it's a function of living life against gravity. And the more you can train on your balance, improving your balance and motor control, the better I'd say balance training should be uncomfortable, but safe, meaning you don't necessarily need to go walk on a tight rope between buildings, but you might try imaginary tight rope walking in your kitchen by a countertop to hang on to, that kind of thing. And at the heart of everything you see here in the middle of the screen is this idea of intensive aerobic exercise. That's what's linked to this concept that someone mentioned earlier in the chat of neuroplasticity; large amplitude movements could be added into any of these categories. And if you think about the basal ganglia, the center of the brain most effected by Parkinson's disease that Dr K told us about earlier, that's

responsible for starting and stopping big dynamic movements, which means a classic Parkinsonian movement is more like, I call them Bruce Lee punches, cause he did this type of Kung Fu called wing chun, which is close range combat. Smaller, faster, rapid movements tend to be the more automatic movements that come with Parkinson disease.

So, the more you can consciously focus on large dynamic movements, the better. If you can get some trunk rotation, that's a fantastic thing. Axial rotation, moving through the thoracic spine helps get rid of some of that stiffness that comes with Parkinson disease. Also, it's really good for shoulder health. Most people are fighting shoulder problems from age 20 on and that's people without Parkinson's disease. That's everybody. And again, the idea of, if you can make this a cognitive challenge by learning something new, it's even better. You could work on reactions, you could work on all this stuff, but if it involves you consciously thinking about what you're doing, that's the big deal. So, for strength, people ask me, well, how can I get stronger? Well, I know some people who can do one arm pushups, like was mentioned earlier, I don't think you need to. I think you should stay strong and functional movements.

Things like sitting, standing so you can get on and off a toilet safely in and out of a car safely on and off a chair safely. You could do other strengthening movements with free weights, with weight machines. You could, you could get strong. There are people I know who do yoga, who are stronger than any fighter I've met. For things like CrossFit, I put that as a maybe because I hope you have a good coach. I don't think that every workout should be maximum effort. I think that maybe just below maximum effort is a good place to be. Power moves. That's another program that's available for people with Parkinson's disease, Parkinson's wellness recovery. That's a commonly used set of exercises that looks and feels a lot like yoga. There's more to it. But a challenge I put on here too, for you is, if you feel pretty strong and you feel safe doing it, and you've got a coach, these are a lot of ifs.

I would challenge you to try to master a weightlifting exercise called the Turkish get-up. And why would I encourage you to do that? As long as you can do it safely and without bringing on an injury, it's helpful because most people I see are dreadfully afraid for good reason of the floor, because no one wants to fall or end up on the floor. The Turkish get-up is a move where you start out laying on your back and then you work your way into a side plank, then into a lunge, and then you rise up and I've seen powerlifters, I've seen bodybuilders, I've seen a lot of grown men cry from the Turkish Get-Up in a good way because it challenges so many muscle groups at once. And it requires a lot of strength, functional mobility and functional ability to perform. So that's kind of a high-level goal to aim for.

You could break it into components too, and that would be helpful. Flexibility ideas. Again, that consistency is key. I think if you could get after a type of exercise that involves a lot of flexibility, whether it be, I forgot to put dancing on here, dancing, Tai



Chi, yoga, Pilates, even just good old-fashioned stretching. These are very helpful ideas. And a lot of times it may not totally eliminate things like rigidity or dystonia, the stiffness that comes with Parkinson's disease. But a lot of times it can help you to minimize some of those symptoms or to just simply move better through the rest of your workout. So, if you stretch before and after a workout, that's a good, that's a big deal. Or if you find a workout that includes a lot of flexibility training, that's helpful too. For balance, see, there's a whole list of things with balance that you could do.

And again, the idea like we talked about earlier for balance is to find something that feels challenging, but still safe. I say that because I've got, for example, in Tai Chi, some students whose kicks are really just them trying to pick their heel a little bit up off the floor. I've got some students in Tai Chi whose kicks go up over my head and I'm not a short guy, man. I'm not the tallest person in the world, but you know, five foot 11 kicking up over that. That's impressive. And each of them still need to challenge their balance. It's just a question of where you are today and any of these activities that are listed there can be helpful for challenging balance provided you can do them safely. The general idea for balance training though is, it's hard to build balance if you're not doing weight bearing activity, meaning you're not holding your body up against gravity. So, if you're in a recumbent bike or if you're doing a chair exercise class, that might be good for a lot of other things, but for balance training, you should really be trying to work on holding your own body weight up against gravity. You can use support if you need to, but please don't lose sight of that.

This idea of intensity comes back to aerobic exercise. Think about what people think of with cardio, anything that gets your heart rate up and anything that forces you to breathe heavily and sweat, that can be helpful. Some folks say I got Parkinson's disease. I don't sweat like I used to, that's okay. Some people say I'm on medication that caps my upper end of my heart rate, where I cannot raise it beyond a certain threshold. That's okay. The idea is higher than your resting heart rate. And over time, your body will gradually adapt, allowing you to do more and more before you reach that same threshold zone. So, we got a whole slew of possibilities here for aerobic exercise. There's even more out there than is on this list. But you know, some of our gang, love pole walking because it gets the heart rate up a little bit more than just regular walking and they can work on their arm swing. The same things are available on the elliptical.

Some of our gang, like the rowing machines some love boxing. I love boxing, but that's because I've always had a passion for it. What matters is that you find something that you like to do, and when you're doing it, that you modify your level of intensity, meaning if zero out of 10 is your resting level of intensity, you just woke up from a nap and 10 is your maximum level of exertion, I'm hopeful, especially in the early stages of a new workout program that you would get to somewhere between a four out of 10 level of intensity and a seven, maybe an eight out of 10 level of intensity. The idea there is, again, your body will adapt to what you can do before you reach those thresholds. But if

you overdo, it's hard to be consistent. Also, if you don't challenge yourself much at all, it's hard to get benefits.

So, there's this sweet spot of moderate to intense aerobic exercise, which means you don't need to have record setting paces, but I want you to get into a level that's slightly out of your comfort zone. There are some great studies that look at that too, with forced exercise. And it follows the same ideas of neuroplasticity. When you're a little bit beyond your comfort zone, your brain's more excitable. You can use more of what's available in your brain and you can produce dopamine. If you still produce dopamine, you can produce it more efficiently. And if you still got good receptors for dopamine, they can utilize dopamine in your system more efficiently. So, all of that comes from consistent training in this threshold. Do you have to do it every day? It'd be great if you could, but it's certainly not always an option.

There are other scales like this, I included another, and they're just called rating of perceived exertion scales. I've got an example in here too, for heart rate, some people have a heart rate monitor on their watch. You could take 220 minus your age and multiply that times your intensity level, 60 to 80%, to come up with your target heart rate. A lot of machines do that for you, but it's good to know what's available as long as your medication doesn't cap that upper bound on the heart rate. Some people take beta blockers and other things for other reasons that do limit their heart rates. So, I'm always hesitant to say, here's your target zone exactly. But it is helpful to have some sort of a space to target or operate in.

I wanted to keep this a little bit short in terms of slides. It may not have felt that way for you, but for a windbag like me, it sure did feel a little bit short in terms of slides. But again, reminding you get a coach. Get a coach, come up with a plan, use the coach to modify the plan. Get people involved. And if you build exercise into your calendar, it makes it so much easier to show up. If you're having a day where you feel like, gosh, I just do not feel like it. So many people that I work with would tell you sometimes those are the days where they have the best workout that they've ever had. Sometimes they say, well, I didn't feel like I had a great workout, but I sure felt a heck of a lot better afterwards because you can manage stress. You can improve your sleep and you can really fight back to maintain or improve function. These are things that are so unique to Parkinson's disease compared to other things that are available in life. You know, exercise helps everybody, but it doesn't help everybody as immediately or as effectively as it helps folks with Parkinson's disease. So, I'm going to stop sharing my screen there.

Melani Dizon:

We're gonna go for a couple more questions real quick. So, what was the one that I wanted to ask real quick? Somebody was asking about the effect of their medicine on working out and that when they work out really vigorously, their meds don't work as well. Do you have any comments on that? Do you have people that talk about that?

Michael Braitsch:

That kind of thing happens a lot, especially when people are just starting out with an exercise routine. And I always need to be careful because my licensing as a PT does not mean that I can give you medical advice, but I will say this, you could certainly talk with your neurologist or your movement disorder specialist. Dr. Haug mentioned this earlier, when he said sometimes people have a day where they want to take an extra, or they want to take something a little bit earlier to make it easier for a workout. That kind of is pretty common, but you'd want to just double check with your doctor to make sure there's nothing specific to you or to your medical plan that would get in the way of that. It's pretty common early on though, to make some adjustments.

Melani Dizon:

Great. So, someone talked about how they have bad arthritis, and it can make it hard to exercise vigorously and they suffer with a lot of pain. I definitely want you to address that. I think with arthritis it's that challenge of like I'm in pain, so I don't want to start, but actually if you do start, it actually feels better, but there is a sweet spot.

Michael Braitsch:

No, you're right, you're so spot on because it's such a tricky place of you're like, but I'm in pain. What do you mean I gotta move? And then some people say no pain, no gain. Right. So, what I tend to do with folks is I really tend to get them to try to modify so you can work around the pain. And a lot of times it's odd with Parkinson disease. A lot of times people were already on track for arthritis or have old injuries that are nagging them. And sometimes those injuries or pains are worsened by Parkinson disease, the rigidity, the dystonia but a lot of times within a matter of a few workouts, if they can modify, they feel much better. Also, the only thing that would slow the worsening of that arthritis of course, would be to strengthen muscles around that arthritic joint. So, the name of the game is do what you can and if you gotta modify, that's fine, but just keep going.

Melani Dizon:

Yeah, absolutely. Are games such as pickleball count as exercise? Yes. All the games, you don't have any games listed, but yes, all the games, Frisbee, football, paddle ball, tennis, ping pong, whatever, yeah. Moving your body is what to do. Right?

Michael Braitsch:

Well, those are great too cause they work on coordination and reactions, which is nice. Some people even, in place of that with, you know, if they love boxing, but they're working on reactions, they'll get some of these lights too, that blink at different times where you can punch at them, the old school approach is to take a permanent marker and write on an old mattress and yell out letters or numbers for people to punch.

Melani Dizon:



Wow. I have not heard of that. That's great. Okay. Well, thank you so much, Dr. Mike. Leigh's been putting up some links and also, you'll get Dr. Mike's slides and we put a link in there for how to find a Parkinson's physical therapist. We have a post on that, so you can check that out as well, if you're looking for one in your area. A couple of people have mentioned they don't have the money for certain things. And that's one of another great things about COVID is just so many things have gone online. There's so many free opportunities or low cost opportunities, certainly less than a monthly gym membership. So definitely check those out. And I think Leigh gave the link for a lot of the resources. Dr. Mike does classes online too. So, we'll share that link with you as well. Great. Well, thanks so much. We're so glad that you're well and safe and have power and you're all good in Richardson, Texas.

Michael Braitsch:  
Thank you.

Melani Dizon:  
Thanks for being here.

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