



**The Victory Summit® Virtual Event: How to Live Well with Parkinson's
"Exercise and Parkinson's"**
Recorded on April 2, 2021
Davis Phinney Foundation

Kat Hill (Davis Phinney Foundation Ambassador, YOPD Council Leader, YOPD Women's Council Leader):

I'd like to welcome today Anson Rosenfeldt. Anson is a neurologic specialist in the field of physical therapy at the Cleveland Clinic.

She uses her physical therapy background to lead several clinical trials examining the role of exercise and neurologic disease. Interesting.

For the last several years she's partnered with Jay Albert's on several of the cycling and Parkinson's studies that have been founded by the Davis Phinney Foundation, and she has a special interest in the use of technology to improve rehabilitation outcomes and improve remote monitoring capabilities. She's also a member of the Davis Phinney Foundation Science Advisory Board, that's kind of a mouthful. Anson's going to be moderating the panel today. I'd also like to introduce you to our panel members, Allan Cole and Judith Wilson.

You can read their full bios in your program. Your paper program book but I'm going to share just a few highlights with you today. Allan was diagnosed with Parkinson's in 2016 at the age of 48. That's how old I was too. He has since devoted significant time and energy to raising awareness, providing education, fundraising, and writing about his own experiences of living with Parkinson's disease. Allan is a professor and an academic dean at the Steve Hicks School of Social Work at the University of Texas, Austin, and a professor of Psychiatry at the Dell Medical School. Allan is an avid runner who believes that exercise is one of the most essential parts to living well with Parkinson's disease.

And also, I'd like to introduce Dr. Judith Wilson, who is a retired family physician, whose entire career was focused on community health. When she was diagnosed with Parkinson's in July of 2011, her movement disorder specialist prescribed exercise as medication. That moment changed her view of exercise forever, she filled her prescription by finding several activities, spinning, boxing, yoga, weights. Her spinning work led her to contact other spinners and she ended up training for the RAGBRAI long race across the center of the country here with the Pedaling for Parkinson's group, and the Davis Phinney Foundations team of five, and she's done it five times. That's a long ride to do five times. Dr. Wilson works to spread the word about exercise and its important role in slowing the progression of Parkinson's, as well as living well herself with Parkinson's each day.



I'm going to go ahead and turn over the panel to you Dr. Rosenfeldt and let you take it away.

Oh, I can't hear you, Anson and let's see, you're not muted. Mel, do you have any help for us with that? Hmm, let's see.

Dr. Anson Rosenfeldt (Neurologic Specialist at Cleveland Clinic, Member of the Davis Phinney Foundation Science Advisory Board):

What about now?

Kat Hill:

There we go. Now you're on, there you go.

Anson Rosenfeldt:

Perfect, thanks so much Kat for that wonderful introduction. My name is Anson Rosenfeldt as Kat so eloquently put it. I'm a physical therapist and a Parkinson's disease researcher at the Cleveland Clinic here in in beautiful Cleveland, Ohio.

And I would like to thank the Davis Phinney Foundation for inviting me to be part of this panel today. And I'm excited to be here with Alan and Judith to talk to you about the role of exercise in Parkinson's disease. And, you know, just a quick disclosure, we're going to speak in generalities in terms of exercise recommendations and certainly in terms of personal stories that Judith and Allan have been through, and you can always consult with your neurologist or of equal importance a neurologically trained physical therapist to come up with more specific exercise recommendations for you as an individual. But again, I want to thank the Davis Phinney Foundation for their support both of this event and as Kat said I've been part of a team working with Dr. J Albert's who is a big Parkinson's and exercise researcher, examining the role of exercise in Parkinson's Disease and several of our studies have been sponsored by the Davis Phinney Foundation and the Foundation has really been critical in doing the research and then spreading the message about it.

So first of all, I'm going to hand it off to my fellow panelists here to introduce themselves, talk about where they were in their lives when they were first diagnosed with the disease and where they are now. And then from there we'll get into more specifics about how exercise has played a role in their disease process.

So, Judith if you want to go ahead and get started.

Dr. Judith Wilson, MD (Davis Phinney Foundation Ambassador and retired Family Physician):



Thank you, Anson. I too would like to thank Davis Phinney Foundation. I am honored beyond belief to have been asked to participate in this panel today. It's one of the last things I had ever considered until one day I was asked.

So, my husband Ken and I have in fact done 5 RAGBRAIs and those came out as our work with the Pedaling for Parkinson's team. At the time I was diagnosed in July of 2011 I was working, I was overworking, as most of us tend to do, and just starting to barely think about the possibility of retirement, a few years down the road. I was 62 and a half. And I had been blissfully ignoring some symptoms that I knew, ultimately what the diagnosis was going to be, but doctors are their own worst enemies.

And we do denial better than just about anybody. And it took me a long time to find a given and get the diagnosis, but once I did, I learned quickly that not only was I not in good physical shape, even though I thought I was, but that exercise was going to be a permanent part of my life, from there forward.

I ran marathons until that point in my life, and I thought if you run a marathon, you are in great shape and you don't have anything to worry about. Not true. When it came to Parkinson's, literally the day I was diagnosed, my movement disorder specialist handed me a little script, just like it was pills. Only it wasn't pills.

It was what he wanted me to do starting out. To get started on an exercise program.

So, I didn't do a lot beyond the running at that point in time. I started working on the various things that my doctor had recommended, and ultimately developed a pretty widespread and satisfying to me, series of exercises that I consider my base treatment.

Anson Rosenfeldt:

Great. Thanks, and we'll definitely ask more specifics moving forward about what you do. Right, Allan, do you want to go ahead?

Dr. Allan Cole, PhD (Professor and Academic Dean, Steve Hicks School of Social Work at The University of Texas at Austin, and a professor of Psychiatry, Dell Medical School):

Sure, and I'd like to say thank you as well for the opportunity to be part of this wonderful event and thank you to the Davis Phinney Foundation for the work that you do and the lives that you touch.

I was diagnosed at the age of 48, about four and a half years ago, fall of 2016, and was sort of churning along in early middle age, if you will, a very active person, two young daughters, I was raising with my wife and, you know, I noticed a twitchy finger one day at work, which I dismissed and then kept dismissing it and it kept twitching and finally I went, you know, to the doctor and she referred me to a neurologist, but as you know Judith was saying and as I hear from many people looking back, there were a number

of symptoms for probably a couple of, three years before that, you know, stiffness slowness, left foot would drag occasionally, or catch on a curb or something like that.

And so that's how it began for me. Fortunately, I was always an active person. I played sports throughout my childhood and even in college, got into running after I got Parkinson's disease, my wife is a longtime avid runner, a marathoner and sort of got into running through that.

But now exercise is as much a part of my life as it ever has been. And like the data show, it really does not only I think help us feel better, but actually can slow progression too, so I'm glad we have the opportunity to talk about the benefits of regular vigorous exercise today.

Anson Rosenfeldt:

Excellent. Thank you, Alan. So, as we start off, I do want to make a distinction between physical activity and exercise, because I think those are two terms that can sometimes be, and they are certainly intertwined, but that they can sometimes be used interchangeably, and not necessarily appropriately. So, physical activity is any movement that requires energy. So, for example, if you're sitting down in the living room and you need to get up to use the bathroom, you're going to stand up, take some steps, get into the bathroom, that's physical activity. You're moving your body; you're exerting energy to do a task.

Today we're going to specifically focus on exercise and exercise is a type of physical activity, but exercise is purposeful, it's structured, and you're exerting yourself.

So that's kind of the difference when we talk about exercise, we're going to talk about a dedicated time that you spend exerting yourself in a purposeful manner.

So, let's see, we'll start with Allan here. Allan, do you want to talk about, you know, what you were doing for years ago when you were first diagnosed and how that type of exercise has changed over the past four and a half years or so, to what you're doing now?

Allan Cole:

So, I was sort of a gym person, you know, kind of a gym rat, I was regularly at the gym. Enjoyed lifting weights and you know doing all kinds of things at the gym, cardio, things like that, not much of a runner.

I ran, because it allowed me to do other things that I enjoyed but not because I enjoyed running itself. And as I was diagnosed and I saw the benefits of, you know, both anaerobic exercise which is a lot of what I was doing at the gym, but also aerobic exercise, which I got more with running, and in really coupling those, I saw again that it helped me feel better and it felt like it was keeping my progression as slow as possible,

but I had to you know certainly incorporate some different kinds of exercise, namely more aerobic exercise and I had been doing for the most part, previously.

Anson Rosenfeldt:

So, what would you say, a typical week looks like for you in terms of exercise?

Allan Cole:

Well, now I'm coming off of a foot injury, plantar fasciitis, but before that I would run, you know, three, four days a week, and then try to cross train on the other two days and then take a day off.

I'm part of a young onset exercise group, we had that group prior to COVID and we're starting to get back to that, but we will do cross training and sort of anaerobic kinds of things, but also some balance exercises, stretching, some yoga, things like that. And then couple that again for me with running. And flexibility is really important too, so trying to sort of look at exercise more holistically than I had for much of my life and not doing just what I really want to do or enjoy but what I know is good for me too.

Anson Rosenfeldt:

Yeah, great. So, Allan brought up a lot of really great terms, and really talked about exercise on kind of a continuum, so when we talk about exercise, exercise is not just one thing. it's multifaceted. So, you heard Allan say, oh I do a lot of aerobic exercise, so aerobic exercise are things like walking, vigorous running, cycling, so things that are going to get your heart rate elevated and you're going to sustain that for a long period of time.

Other types of exercise include resistance training. So that could be things, we think of it traditionally like lifting weights or using your body, you can do something like squats or push-ups, you don't need weights to do resistance training. That's more of a muscular strength or muscular endurance activity. And then there's flexibility training as well. So that would be what you think of when you think of stretching. It's certainly part of a yoga routine is that is that flexibility training.

And then you get into kind of multimodal training which consists of things that Allan mentioned like balance training, you know, exercising while you're, like boxing is another kind of good example of where you're doing these big quick movements, but you're also doing a lot of coordination and so it's requiring that mind body connection. So, as we go through the panel today, we'll try and break down those different types of exercise, often the question that I'll often get is, well, what kind of exercise is there and how much of each type of exercise should I be doing?

And so, Allan did a great job of explaining that we probably need a little bit of all of those types. And doing somewhere around three days a week of aerobic training is certainly

beneficial. So, let's go, Judith, you want to go ahead and tell us what your typical week looks like and then we can talk a little bit more about types of exercise?

Judith Wilson:

Sure. My typical week doesn't look right now like it did 15/18 months ago, unfortunately. I'm very limited in certain things now, but, if we take my departure point of when we met the COVID problem and shut down a lot of things.

At that point in time, I exercised generally five or six days a week. Now, frequently it wasn't as long as I wanted it to be. But I was moving somehow for nearly every day of the week. I always gave myself Sunday off, I figured if other people take it off I should too.

But just a quick rundown of what I used to do. Monday was weights and balance, a program for voice called Loud for Life, and Tuesday went into spinning and yoga, Wednesday went into boxing and weights again. Thursday was another yoga. Friday I usually took off because Friday was a really tough day at work.

And then Saturday I would do boxing and spinning. So that's pretty busy and it would add up to perhaps 14 or 15 hours of actual activity a week. But the biggest problem I had was that was the activities were scattered all over the metro area of Denver.

And so, I would have to drive a lot to get to where I wanted to do these various things. So, when COVID came along, I shut down a lot of things because everybody else did and was able to continue some of the classes that I had been taking virtually, but ultimately went several months of feeling like it was pretty thin.

Anson Rosenfeldt:

Yeah, so we have two individuals on this panel who are extremely active but, Allan did bring up a good point that I think we should touch on is, you know, he's coming off an injury, a foot injury.

So, how do you balance your exercise and doing enough but not doing too much so some of that frequency, how often do I need to do things?

So, you know, exercise is a balance and with Parkinson's disease, one of the great things is when you're exercising, and it really is true for everyone, when you're exercising. you're not just exercising your body; you're exercising your brain. And that's why with PD it's really, you know, it's a really exciting part of Parkinson's disease management because you get the body benefits, the musculoskeletal benefits, and then there's also these neurological changes happening in your brain.

So, but we have to find a balance between the brain and the body, right, and more is not always better in that sense. So, you know, it's okay to give yourself days off, it's

okay to give yourself breaks. And when we think about exercise is medicine in Parkinson's disease.

You do take your medicine on a regular basis, right, you know most people with PD take their medication multiple times a day. And with exercise, we think of exercise is medicine, you need to do it on a regular basis.

That being said, you have to respect the fact that you need breaks, both mentally, physically, and emotionally.

So, Allan, can you talk a little bit about how you give yourself those breaks, and also too if you could get into a little bit about your injury and how you manage that situation?

Allan Cole:

Yeah. So let me say first that, for me what's important is it that folks are moving and that they're doing things that are challenging to them where they are in their abilities or their disease progression and so I'm still able to run, and I enjoy that but you know swimming is wonderful and you mentioned boxing, walking, biking, of course, even on a stationary bike and in my recovery from my foot injury, I did a lot of time on the stationary bike.

So, I want to really stress that that, you know, one doesn't have to run marathons in order to get the benefits of exercise.

During my injury, I mean I got injured because I overdid it, to your point, you know I ran too much and in too short a period of time and my body started saying no, you're not going to do this, and it's taken me a long time to get back.

And so, I think that's really good advice to, you know, remember on the front end, there comes a point of diminishing returns with exercise. If you're over overdoing it at whatever level, you're trying to do that.

So, I really am trying to be more cautious now getting back into it, you know a lot more slowly and not being as unreasonable in sort of my expectations for myself and trying to overdo things.

But yeah, I think breaks, respite, you know is really important. I mean Anson you're the expert on this. But your body, you know, recovers during rest and you know in order to get the benefits of exercise you also need to have the benefits of respite.

Anson Rosenfeldt:

Yeah, and I think that's a good point, so how much is too much, you know? With aerobic exercise, so again things like walking and walking at a vigorous pace, running, cycling elliptical, those sort of things...

You know the research shows us that probably around three times a week, is right around where we need to be. And in that right around 30 minutes, three times a week, we'll talk a little bit about intensity here in a minute.

In the other days in between that, those are the days when certainly you can give your body a little rest, doing like a just a short flexibility program on one of the days off can be beneficial.

Or maybe a little bit of strength training, but it is important that you give yourself a breather, so that you don't have to overdo it and end up having to sit on the sidelines while your body recovers. So, Judith, do you have any experience as you mentioned you give yourself the least one to two days off a week, is that is that kind of how you manage to give your body a break?

Judith Wilson:

Absolutely. My body talks to me and if I listen and pay attention, I do fine, but it's when I get going on something and it's so intense, and maybe I have an event coming up or something. And I don't take that time out on a regular basis. I'm at risk of injuring a nasty muscle in the leg I had hamstring issues, and also low back. And so, you know, my body talks to me, if I listen, I'll be fine. And if I don't, if I'm stubborn, then I'm setting myself up for injury.

Anson Rosenfeldt:

And I think Judith and Allan bring up another great point about intensity, right, so how hard do I need to work out to potentially get some of these benefits from exercise, and it's a great question.

It's a question that we're trying to answer through various research projects that are going on. We're doing some at the Cleveland Clinic their studies being done really through throughout the country.

So, you know, intensity is a relative term, right? Every, you know, in cycling there's different metrics, like cycling speed or heart rate, you know with walking there's different metrics. And what is hard for one person may not be as challenging for another person. So, intensity is kind of a relative term.

I'll take cycling for example. So, with cycling, Dr. Jay Alberts and I have worked with his team to show that, you know, with higher intensity cycling, and we measure that by heart rate and cadence, can be beneficial in mitigating or controlling, some of the motor symptoms of Parkinson's disease.

Now an easy way, so people say, oh, do I do I always have to monitor my heart rate? What percentage of my heart rate be? So, I always say when you're doing aerobic

exercise, a fast and easy way to see, am I exercising, you know, to the desired intensity is something called a talk test.

So, if I am on a bike and I'm cycling. If I'm able to speak to you as I'm speaking to you right now, which is in paragraphs, speaking for minutes at a time, I'm probably not exercising hard enough. I should be able to speak to you in short sentences. But I need to take some breaths, you know, in between sentences.

So that's an example of, am I working hard enough, called the talk test.

You can also use a rate of perceived exertion, which is the zero to 10 scale. If zero is laying on my couch, not doing anything, and 10 is, I can't exercise for even one more second, this is absolutely my max. You want to be around five to six which is heavy, actually I should say like a five to an eight, which is like a heavy range. And again, that's where that talk test will come into play, you should be able to talk, but not in paragraphs.

So that's kind of, if we're talking about aerobic exercise, it's a good way of judging intensity.

Specifically, I can speak to cycling, again you want to kind of push the cadence with cycling. Push it is you know as close as you can to 75, plus RPMs, but again that's going to be relative for each person. So, whatever your comfortable speed is you just want to kind of try to push yourself to go a little bit faster than that.

So, let's see Allan or Judith, do you have anything else to interject about intensity.

Judith Wilson:

Only a thought, Anson, and that is the target heart rate that you should be using. The maximum heart rate, you should not be at that level regularly for regular exercise, the maximum is you might, if you were doing some running and you did a 30 yard sprint and then you went back down to your, whatever pace that max right there is okay but not to sustain for a long period of time. And there is a formula that can be used to help you find out what is the target rate you should be at versus the max.

Allan Cole:

I just had one other thought, I'm a big proponent of programs. I was looking at the chat and Power for Parkinson's has been mentioned a number of times in the chat. That's an example of an exercise program that, it's evidence based but it's also something that really different folks can make use of wherever they are in their sort of levels of ability and progression and so forth, I mean you can do the program in a chair, you can do it standing. You can do it standing holding onto something and you know, there are other kinds of programs like that that are out there that I think are important to know about because they can sort of travel with you over the course of your journey with Parkinson's.

Anson Rosenfeldt:

So, I think to bring it around you know the with intensity as Allan mentioned like the mode of exercise so whether it's swimming or walking or cycling, it's about pushing yourself. And what's challenging for you, it may or may not be challenging for the person sitting next to you.

So really taking a look internally and saying, okay, where am I? And can I go just a little bit further than where I'm comfortable?

One of the ways people I think with COVID, as has been mentioned several times, today this morning, our exercise habits have certainly changed in the past year, but I was wondering if our two panelists can discuss some of the advantages and disadvantages of group exercise, versus individual exercise and what experience you've had with that? And if the groups have been Parkinson's specific groups, or just general exercise groups?

Judith Wilson:

I'll go ahead and start on that. I've been in a Pedaling for Parkinson's cycling group now for about think it's about five years. And there are some of us that are truly old timers that were there at the beginning and are still there. Cycling is an activity that lends itself well to doing with the group, so long as you're all on the same page.

When we do a Pedaling for Parkinson's class, we're on the same page because it's forced exercise and we're all at the same level. When you take that outdoors, to ride your bikes, you have to learn how you work with your companions, so that you still stay a group.

However, having said that, I will tell you that some of the deepest friendships that I have in my Parkinson's family are people that go back, so far with me, in the Pedaling for Parkinson's activity. So, I find that things like cycling, are a double gift in my life.

They give me the conditioning and the physical exercise that I need, a portion of it, but they also provide me with an ever-growing family, and the Parkinson's family once you're there, you're in a very very special group of people.

Allan Cole:

I would echo all of that, I mean, my experience has been similar when I, after I was diagnosed and became public started really immediately connecting with people through exercise and not only provided for my physical well being and sort of building stamina and that sort of thing but the connections were, you know, as important if not more important, because I met people who were, you know, a little farther down the journey and in some cases much farther down the journey than I was and I learned

things from them and you know was able to see that, you know, one can live a terrific life and active life, a meaningful life, you know for many, many years.

Not only for exercise, but through the connections that exercise can provide. So really, I would echo, you know, everything that is said about not only exercising by yourself but being in a group context and community is really vital.

Judith Wilson:

I find that the longer I go, the journey of Parkinson's, the more important relationship is, and relationship can be built very deeply in physical activity and mutually shared interests.

Allan Cole:

Yeah, well said.

Anson Rosenfeldt:

I was wondering if either of you could share some of the frustrations maybe you've had with exercise and how you've dealt with some of that?

Allan Cole:

I think, you know, when you have Parkinson's, like human beings in general you know some days you feel better than others and, you know, if more is at stake for you, having Parkinson's and needing to exercise, then you have to just sort of find ways you know to push yourself and you know do something maybe rather than nothing.

I think this is also a reason why being in a sort of community can be helpful, some people that sort of push you when you don't want to push yourself.

You know injuries are frustrating, not feeling quite up to par is frustrating, you know, sometimes, your regimen can get kind of old and stale and you're looking for something else to do and that can be sort of you know frustrating. For me, injuries are the most frustrating because I'll you know, it inevitably sets you back and you have to sort of find other things to do to compensate while you're healing, but I've also found that those can also be great opportunities for again trying on new ways of moving and exercising and actually you know hitting aspects of physical activity that you haven't yet done.

Judith Wilson:

I'd like to add additional thought there. COVID and the pandemic have taught me a lot. And one of the things they taught me is that I have to be patient with things that I really have no control over whatsoever. Because I can get wrapped up in being frustrated and feeling angry about this or that.

So, I try really hard to focus on remembering what it is I still have, all the good things that are going on in spite of that big negative. So, acceptance, I even keep a gratitude list, which may sound a little bit corny, but I find it very helpful, because it helps me refocus from the negative to the positive.

Allan Cole:

Doesn't sound corny to me, sounds really helpful and meaningful.

Judith Wilson:

It sure helps me.

Anson Rosenfeldt:

No, absolutely. Let me ask you too, how do you manage your medications, or do you do anything different with your medication before or after your exercise?

Allan Cole:

Well yeah, if I'm if I'm exercising for a long period of time, you know a long run in particular, I'll have to take more, you know, carbidopa/levodopa, my metabolism just is such that it sort of burns through it and so I've worked with my neurologist, my movement disorder specialist who works with a number of athletes and runners and you know we sort of figure that out. But for a marathon, for example, you know, I'll double dose, sometimes, you know not at the same time, but I'll take, you know, a dose in half the amount of time as I would ordinarily, just because metabolically, I'm sort of going through it, but I have found and, you know, my friends who run and do other things that require that have found that you sort figure out your own chemistry. It's sort of like nutrition, you sort of know when your body is needing to take in more.

Judith Wilson:

I agree with everything that Allan has said. When you think about, you take medicine, rises to plateau, carries a plateau and comes back down. What you don't want to do, is be in the most intense part of your exercise program, when the two curves are meeting because then you're going to be more rapidly depleting.

So, focus on how you can make your exercise fit into the pattern when your medicine will be most available for the greatest amount of time, will lead to the best success.

Anson Rosenfeldt:

I think this point was mentioned before, but, you know, if you're in, depending on where you are in your exercise program, physical therapists can be great resources to help you get started on it. Specifically, I would always recommend going to a physical therapist who has neurological training, and who specializes in Parkinson's disease.

You know, they, as a physical therapist, we can be really helpful in starting programs off at the appropriate level for you and to helping to work with you and your neurologist, to get the program, to maximize the benefit for you. I know one of the things that the panelists here, we've talked about is flexibility training.

One of the things, as you feel rigidity or stiffness in your limbs, you can also feel that in your in your trunk, so in your chest, and in your abdomen. And sometimes that can pull you forward or leaves that stooped posture and some of that flexibility training, especially of your trunk can be really important to increase the strength of your extensors in your back, and to stretch out the muscles in the front of your body. Physical therapists are great to customize the program to your specific needs.

Judith Wilson:
I'll vote for that.

Allan Cole:
Yeah, can I just comment on that real quickly? When I started having foot problems and also a knee problem on the same side of my body which is the side that wasn't as affected by Parkinson's on, I learned that my glutes needed to be strengthened, my core needed to be strengthened, and all of that would help my gait and therefore not only helped me, from injury but would help prevent further injury. So, you know. And to your point, I really have been very helped by working with a physical therapist, not only an injury recovery but sort of preventative means as well that I think are going to help me, you know down the road.

Anson Rosenfeldt:
No, it's a great point. You know, sometimes we think of physical therapy, as like Allan mentioned, is like we only go to physical therapy after there's been an event.

Right? And, while certainly you can go to physical therapy after an acute injury, you know, with a neurological disease, it can often be beneficial to proactively go to one to start an exercise program that can hopefully address some of these issues that may be starting, to address them early, or to address them preventively.

But again, I would recommend doing a little bit of research and finding a neurologically trained physical therapist who treats people with PD.

Melani Dizon:
Anson, can I just jump in here from behind the screen? I just want to ask a question, about people who are a little further along and exercise on a daily basis feels very out of reach. Also, for people who did not like they didn't have a life where they exercised at all and then all of a sudden, their doctor was like hey guess what, here's your Parkinson's and you get to exercise every day. Can you talk a little bit about people that are further



along and some things that they can do? And also address the issue of balance which is a really big issue for people.

A lot of people worried about getting on a bike, worried about running, even on the treadmill, what are some things that people like that can do?

Anson Rosenfeldt:

Absolutely. Walking is always a great place to start walking, either indoors or outdoors.

You know anything from walking around a track, to around the block is an excellent place to start. You don't have to start, Mel brings up a fantastic point, starting with, you know, 10-minute increments, is a great place to start. If you do several small bouts of exercise, so several 10-minute bouts, that's additive, so it's the same as if I do one 30-minute bout all at once. So long as you're doing around 10 minutes, you're going to get the benefits of exercise.

So walking is a great place to start. The pool can also be a great place to start. And that can mitigate the risks of falling, and many pools, especially in rehab facilities will have easy entries that can help getting in and out of the water.

In addition, again, I recommend if you're not a regular exerciser to see your physical therapist, there are cardio equipment like a Nu Step where you sit on the machine and you pump your arms and legs, and that really, you know, clearly reduces the risk of falling, but allows you to work up to a high intensity and same thing with the stationary bike, with the recumbent seat or you know it has a back to it so you can lean on that back, back, and still push yourself as hard as you can.

There's a lot of options. You know if you have balance and gait issues, you know, and you use an assistive device, walking with a walker or rollator, is going to give you the same benefits as walking without one.

So, you still have a lot of options, and if you can do a little bit, and work up from a little bit, you can still make progress in your exercise routine and in your exercise habits.

Judith Wilson:

Can I add to that briefly? The emphasis of exercise being medicine for the brain. I think if we help educate the folks that are having a little bit of difficulty getting this fix in their head that this is a new way of life.

I suggest to people that they put a little signature of some sort on the refrigerator or cupboard or whatever. MOVE. That is the Parkinson's persons own personal four-letter word. M. O. V. E. Move.

And if we can help people understand that if they start moving and continue moving, they're going to start noticing that they feel different and better. And as you can then go ahead and explain to them, well here's why.

It's possible that you may get past some of those barriers that they had built around themselves.

Melani Dizon:

One last question I just want to ask, several people have talked about it. Some people talk about the old days, I used to be able to do this, and I can't do this anymore and how do I deal with that? And I think for some people it's more problematic than others, but what are, maybe Judith and Allan, do you have any suggestions for people who are kind of living back in those days and are just so frustrated that they can't do what they used to do that it stops them.

Allan Cole:

I mean, I think, recognizing that feeling and telling oneself that's okay is a good place to start. I mean, I think we all get frustrated when we find that we can't do things that we used to do or do them as well. But I think most of the time we can find alternatives or adaptations or sort of nuances of what we used to do and still do it, albeit perhaps in a different way.

And I think the examples that Anson went through are good ones. You know another one that comes to mind is a rowing machine. If you have balance issues you can, you know, get on a rowing machine and you can sort of go at your own pace on that, you don't have to worry as much about you know your balance.

There's band work that you can do, resistance bands that can be really helpful. So, to Anson's point, there are almost always alternatives that you can find, particularly with the help of a physical therapist or, you know, other folks in the exercise world. And there are programs online, you know, things that you can do in a chair, in your home, or in your living room and so I would just want to encourage people not to frame it in terms of having to run marathons for sure.

You know, there are lots and lots and lots of alternatives to that that can give you the same benefit.

Judith Wilson:

I agree with that entirely Allan. And one of the things that you might suggest to that type of person is finding out how you can reach acceptance, that's a little bit different for each one of us, but we have to finally come to grips with the fact that there's part of Parkinson's that we can affect and there's a part we can't. And if we maximize what we can affect and helping ourselves to the max. We also, in doing that, you may find it helpful to share frustrations with your PD friends. They understand, they don't need



explanations. They understand when you tell them this is how you're feeling. If you speak to people you trust, help will come.

And the other most important thing I think that we can talk about in relationship is find an exercise buddy. Somebody who will help hold you to account.

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