

Parkinson PULSE

Connecting people living with Parkinson disease in Alberta



PAIN

A DIAMOND EVENING

FEATURING STAN FOSTER

HIGH RIVER

Friday, May 10th

Highwood Memorial Centre

128 5 Ave W, High River

Tickets are \$75 each

MEDICINE HAT

Friday, May 24th

Esplanade Arts & Heritage Centre

401 1 St SE, Medicine Hat

Tickets are \$60 each



A TRIBUTE TO NEIL DIAMOND CONCERT



For tickets and more information check out our website
parkinsonassociation.ca/adiamondevening



LETHBRIDGE

Wednesday, March 6

Mocha Cabana - 317 4 St S

\$30 Event tickets | 6pm - 8:30pm

EDMONTON

Wednesday, March 13

Blind Enthusiasm - 9570 76 Ave NW

\$50 VIP tickets | 5:30pm - 9pm

\$30 Event tickets | 7pm - 9pm

LLOYDMINSTER

Wednesday, April 10

Three Trees Tap & Kitchen - 8120 44 St

\$25 Beer flight & food samples | 11am - 8pm

GRANDE PRAIRIE

Friday, April 12

Pomeroy Hotel & Conference Centre - 11633 100 St

\$95 VIP tickets | 6:30pm - 10pm

\$75 Event tickets | 7pm - 10pm

For more information check out our website parkinsonassociation.ca/tapdout or call 1-800-561-1911.

Winter 2019

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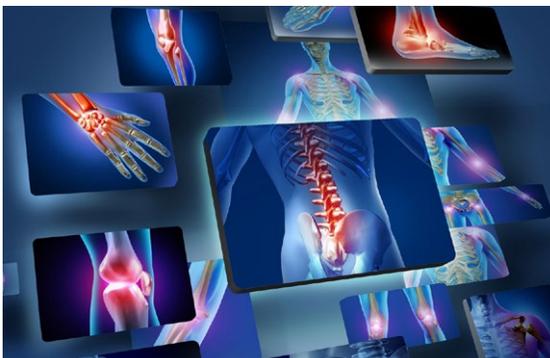
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Parkinson Association of Alberta is the voice of Albertans and their families living with Parkinson disease. Our purpose is to ease the burden through advocacy, education, client services and find a cure through research.

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Parkinson Pulse is available (both past and present issues) as a free download via our website. Hard copies are available for mail out to current Members who wish to receive one.

We welcome your comments, suggestions and questions. Email us at communications@parkinsonassociation.ca; or call us toll-free at **1-800-561-1911**.

Articles and information contained in the Parkinson Pulse are provided solely for the readers' interest. Articles do not necessarily reflect the views of Parkinson Association of Alberta and are NOT intended as medical advice. Please consult your doctor or neurologist in all matters relating to health concerns or medication.

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Advertising rates and opportunities are available.

Contact:
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From the Desk of **THE CEO**



Pain is a universal experience. It knows no bounds. It pays no attention to cultural, gender, age, financial or geographical lines. At some point in our lives, it is unavoidable that we will experience pain; on multiple occasions over the course of our existence. That, for better or worse, is life.

When people speak of pain it is more often than not physical in nature, but emotional pain should not be overlooked. In fact, did you know that when people feel emotional pain, the same areas of the brain are activated as when people feel physical pain?

Living with a Parkinson disease or Parkinson's Plus Syndrome diagnosis can mean physical pain develops from a variety of issues ([page 07](#)). Similarly, loved ones and care partners of people with Parkinson's can also experience physical pain ([page 10](#)). Both inevitably will experience emotional pain (to varying degrees) as a result of Parkinson's. Offering opportunities to combat both physical and emotional pain is something Parkinson Association of Alberta has done for over 40 years and will continue to do as we move forward.

Physical programs and partnerships with community members (including, but not limited to occupational, physio and massage therapists) can help keep one's body strong and healthy.

Addressing emotional pain is accomplished through a variety of platforms depending on individual and/or family needs. One-on-one and family supportive counselling, support groups, peer-to-peer program, education sessions and access to community resources through our PD Systems Navigation Program can all assist people in addressing their emotional pain and begin the healing process. Of course the support and services we offer are always meant to complement, not replace medical advice/direction received from your doctor and/or healthcare team. This issue also includes an article to help you talk to your healthcare provider about any pain you may be experiencing ([page 08](#)).

With an eye to the future, I am pleased to announce that plans are underway for April's Parkinson's Awareness Month and the 2019 Hope Conference.

Many of you are aware, but for those who are new to Parkinson Association, April is globally considered to be **Parkinson's Awareness Month**. We are launching an exciting campaign ([check it out on the back cover](#)) this April to help raise funds, awareness and engagement. Join us this April (and every day to help us **stop a thief** and make a difference in the fight against Parkinson disease!

Be sure to keep an eye out on our website and social media pages as well as our weekly e-blasts as we release more details over the coming weeks.

The 2019 Hope Conference ([page 05](#)) will take place over two days in Edmonton this May. I am excited to announce that Ronald B. Postuma, MD, MSc, a clinical researcher and movement disorders neurologist will be one of our keynote speakers!

The theme of this year's conference is **Turning the "Impossible" into the Possible**. And it is in that spirit that we aspire to present to you a conference that provides not only the practical, "right now" information for you to apply in your daily life, but also hope for a brighter future through inspiration and research!

2018 was a busy year, we launched our PD Systems Navigation Program and three ARTA Charitable Foundation Tele-Support Groups. We raised more money at our Flexaire Parkinson Step'n Stride than ever before and introduced two new fundraising events – Tap'd Out and our Parkinson's Perk Coffee. I can't wait to see what 2019 will hold and I'm so excited to be on this journey with you.

John Petryshen

CEO, Parkinson Association of Alberta

Strong, Proud & Brave

Franklin Daines

My name is Franklin Daines and my wife is Shirley Daines. We have been married for over 51 years. We have three children; Dixie, Stacey and Adam. We have seven grandchildren and one great-grandchild.

Our grandparents came from England in around 1905. The Daines family is a large family and everyone is more or less settled around central Alberta. We have had very few health problems in our family.

Our second daughter was diagnosed with Multiple Sclerosis (MS). She is in remission now but she has certainly been on a tough diet and exercise regimen. We are very proud of her! She claims she had swelling in the balls of her feet and that was the first clue she might have MS. The light went on immediately for myself as I had had swelling in the balls of my feet. I naturally thought I would have MS. I was actually in real good spirits as I was convinced I had MS. After checking with the neurologist, it turned out to be Parkinson's. This was certainly a great relief. I would have accepted either disease but the Parkinson disease was not a death sentence that I felt MS and some of the cancers are.

Enough of the history, I would like to tell you all where I am at.

I have had Parkinson's for five years and was undiagnosed with it for about three years. I find myself low in energy and fatigued. The fatigue is in another category as there is a big difference between being tired or fatigued.

Most people are really super to me, but I feel because of Parkinson's they would just as soon say "Hi" and keep

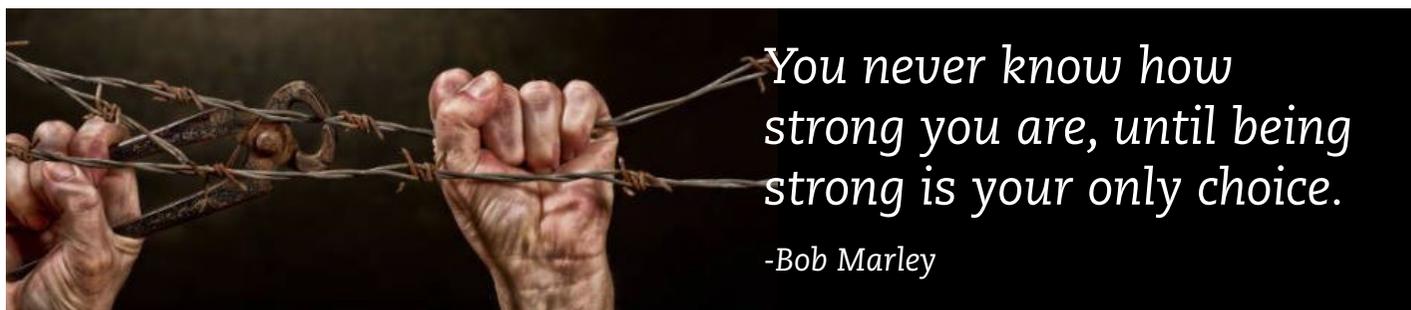
going. The thing that I feel is that it is so important that your children and grandchildren talk about the disease in an open way. If there were five main diseases the one that I would certainly take is Parkinson's.

Parkinson's is certainly something we can get to live with and everybody in the room (at a PAA Support Group) has a connection because everyone in the room has Parkinson's. It is very easy to talk about, we are not in any pain and we can still live for years to come with this disease. Health mixtures certainly will help as you all know everyone is certainly different. I feel it is very important that everyone comes (to a support group) and gives a scenario about their disease.

I have noticed that the public friends all come up and say how sorry they are to hear about my disease and they can hardly wait to get away as it is a real tough visit for them. They do not know how scary and uncomfortable talking about it is for us.

I have friends with cancer – tough guys, they are very positive and have no fear. This is the attitude I feel we need to get across to our children and grandchildren and true friends.

Everyone, I believe, in this room (PAA Support Group) are very special people, very strong, very proud and very brave with this disease. It is important that all of us get on the band wagon and treat everyone with respect and help each other in any way possible. What happens, will happen. But at least we all know we have our family and great friends who are here to support and help us in any way they can.



You never know how strong you are, until being strong is your only choice.

-Bob Marley

Turning the “Impossible” into the Possible

MAY 24 & 25, 2019
EDMONTON, AB

This year's conference will bring you face-to-face with leading experts, connect you to peers, and leave you excited for the POSSIBLE!

Be educated and inspired by Hope Conference's two keynote speakers; including **Dr. Ronald Postuma**.

Ronald B. Postuma, MD, MSc, is a clinical researcher and movement disorders neurologist treating patients with Parkinson disease and related disorders. His research interest focuses upon Parkinson disease, particularly on detecting early stages of disease, examining the impact of non-motor symptoms on disease subtype and prognosis, and testing new treatments for non-motor manifestations such as sleep disorders.

Conference attendees will choose two breakout sessions, from a variety of options, to personalize their conference experience. And, the always popular Ask the Experts session will give attendees the opportunity to have their questions answered by a panel of experts in real time!

Impossible only means you haven't found a solution yet. Join us at this informative and inspiring event where we aim to give you the tools and knowledge to turn the “impossible” into the POSSIBLE!!

FRIDAY, MAY 24

6:30PM – 7:00PM	Hope Conference Registration
7:00PM – 8:00PM	Keynote Speaker: John Baumann
8:00PM – 9:00PM	Hope Conference Reception

SATURDAY, MAY 25

8:00AM – 8:30AM	AGM Registration
8:30AM – 9:15AM	AGM
8:45AM – 9:30AM	Hope Conference Registration
9:30AM – 9:45AM	Hope Conference Welcome
9:45AM – 10:45AM	Keynote Speaker: Dr. Ronald Postuma
10:45AM – 11:00AM	Break
11:00AM – 12:00PM	Breakout Session #1
12:00PM – 12:45PM	Lunch
12:45PM – 1:45PM	Ask the Experts Q&A Panel
1:45PM – 2:00PM	Break
2:00PM – 3:00PM	Breakout Session #2

For more detailed information on Hope Conference - including keynote speaker bios, breakout session descriptions, pricing and online registration visit our website at:

parkinsonassociation.ca/hopeconference

PAIN

Written by: Brandi La Bonte

Pain can feel like being wrapped in barbed wire. Where you are scared to move, to speak, to blink or even breathe for fear of bringing on more pain. And, even if you don't move, or speak or blink or breathe the barbs are still digging in physically and emotionally causing pain. Pain can leave you feeling hopeless, helpless, sad, angry, frustrated and stressed. Pain is complicated and complex.

Pain is an unpleasant physical and emotional sensation. The physical sensation can be described as sharp, stabbing, burning, or tearing and can be constant or throbbing in nature. The emotional experience of pain can include fear, stress, grief, anxiety, and even depression. Furthermore, physical pain can cause emotional pain, and emotional pain can cause physical pain.

For the most part, doctors categorize physical pain as nociceptive or neuropathic. Nociceptive means the pain arising from tissue/body damage; while neuropathic pain arises from one's nerves. So how does pain happen/What is pain? In the simplest of terms a body experiences an unpleasant incident, or noxious stimulus, such as a stubbed toe, broken arm, appendicitis, childbirth or worse. From that incident a transmission of pain occurs that involves four stages: transduction, transmission, perception and modulation.

- **Transduction** is the stimulus being transformed into a nerve impulse, wherein receptors on the nerve endings (nociceptors) respond to the noxious stimulus. The greater the stimuli, the more likely the brain is to interpret a more severe pain.
- **Transmission** is the action of the nerve impulse created by the noxious stimulus travelling to the brain. This happens in three stages: from nerve ending receptors to spinal cord, spinal cord to brain stem, and brain stem to other parts of the brain.



- **Perception** occurs when that nerve impulse is translated by the brain into a conscious experience wherein the brain, and in turn the body, recognizes, defines and decides what to do about the perceived threat or pain.
- **Modulation**, the final stage, is the body/brain's actual reaction to the original stimulus. In this stage the brain interacts with the spinal nerves to alter/react to the pain experience by, for example, encouraging protective behaviors like moving one's hand away from a hot stove, rest and digest (for recuperation), and the fight or flight (for emergencies) response; or even suppressing pain in times of danger so that pain does not compromise function.

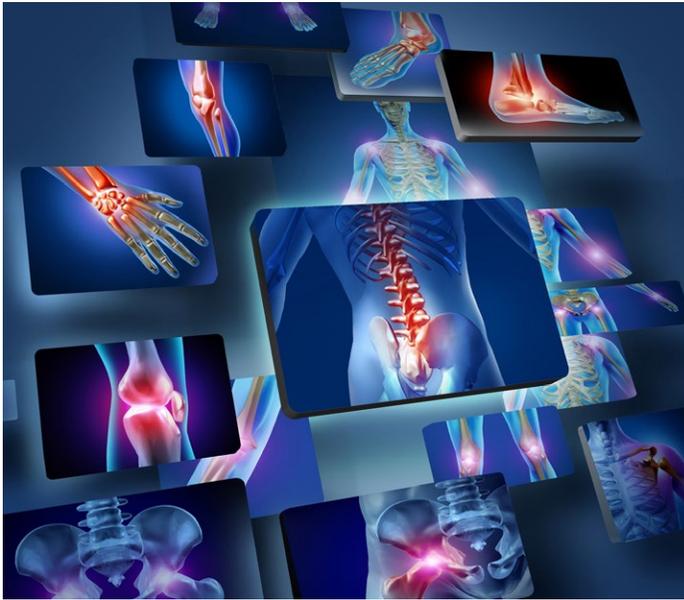
What makes this process fascinating is that it occurs instantaneously! Even more fascinating... pain isn't pain until your brain decides it is!

Pain is universal, but how people experience pain is as individual as those who are experiencing it. What can be pushed through or ignored by some, may be devastating and/or incapacitating to others. The experience of pain is not only complex, but subjective. It can be affected by "internal" factors such as genetics or cognition; or by external factors such as mood or learned behavior.

Pain is one of your body's most important communication tools. It is one of the key ways your body/brain tells you something is wrong and needs your attention. Paying attention to the pain you are experiencing and talking about it with loved ones and healthcare providers is essential!

Pain and Parkinson Disease

Written by: Brandi La Bonte



Chronic pain is one of the most common issues reported by those with Parkinson disease. The estimated prevalence of pain in Parkinson disease varies widely though with research indicating that it can be up to 85% of people living with Parkinson disease.¹

Pain, depending on its severity and duration, can adversely affect one's quality of life. It can impact not only one's physical health, but their mental and emotional health as well impinging on daily life, social activities and even relationships.

And while it is important to note that not all pain is related to Parkinson disease; Parkinson's does affect the way your body moves both internally and externally, which can cause pain. Some of the different types/sources of pain that people with Parkinson disease may experience include (but are not limited to):

- **Decreased/limited mobility** overall can cause a general muscle and bone pain (musculoskeletal pain). Among the different forms of PD-related pain, musculoskeletal pain is the most common form, accounting for 40%–90% of reported pain in PD patients.² Motor symptoms (tremor, bradykinesia, rigidity, difficulties with balance/walking) can cause soreness and physical pain including, but not limited to, muscle cramps, severe stiffness and even pain at your joints. Balance issues can lead to falls

and a stooped forward posture that may occur can lead to back and neck pain.

- **Constipation**, which occurs in a majority of people with Parkinson's, can cause painful symptoms like abdominal cramping.
- **Dystonia** is a prolonged twisting or contracting of a muscle/muscle group that can cause severe pain and cramping. It can take place in the arms, hands, feet, legs, neck, jaw and even in the muscles around the eyes. It typically will affect the more severely affected side (the side that the PD started on). This problem is due to the medication (usually levodopa) wearing off, or losing its effect.
- **A nerve or root pain**, which is commonly associated to arthritis in the neck and/or back.
- **Central pain**, which can also be called primary pain, in Parkinson disease can occur when the regions of the brain that process pain are not functioning correctly. Less prevalent, this type of pain is harder to diagnose and treat as symptoms can vary widely.

Diagnosing the source of pain in Parkinson disease is not always easy and neurologists often have to go through a process of exclusion, meaning that all other possible non-Parkinson's related causes are ruled out first. Once the source of the pain has been determined, it is probable that appropriate actions can be taken towards relieving some or all of the symptoms. These actions can include (but are not limited to) one or more of the following: medication, physiotherapy, exercise, massage and/or counselling. By addressing pain in Parkinson disease with your healthcare provider, you are taking positive steps towards living a healthier, pain-free (or reduced pain) life.

References:

1 Lee, M.A., Walker, R.W., Hildreth, T.J. and Prentice, W.M. (2006) A Survey of Pain in Idiopathic Parkinson's Disease. *Journal of Pain and Symptom Management*, 32, 462-469. <https://doi.org/10.1016/j.jpainsymman.2006.05.020>

2 Skogar, O., & Lokk, J. (2016). Pain management in patients with Parkinson's disease: challenges and solutions. *Journal of multidisciplinary healthcare*, 9, 469-479. doi:10.2147/JMDH.S105857

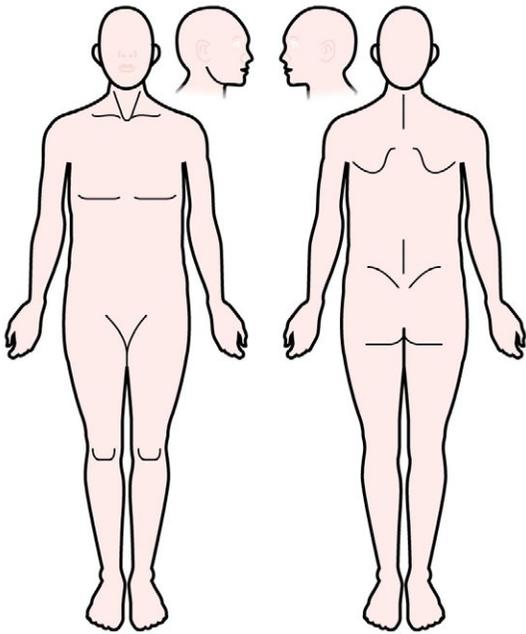
Talking to Your Healthcare Provider about Pain

Written by: Brandi La Bonte



Talking to a healthcare professional about pain you are experiencing can seem like a daunting task. Some believe that it is just a part of Parkinson disease, aging, or life in general and that they should just tough it out. Others feel guilty for “complaining” or taking up too much of their health provider’s time. As a result, many people tend to under report pain they may be experiencing. Your healthcare provider wants to do what they can to help you live pain free so you can have the best possible quality of life – but they can’t help you unless they know what is going on.

The following are some questions to ask yourself (or your loved one) and be prepared to discuss with your healthcare provider. Thinking about them ahead of time and even writing down your answers can help make this discussion more effective.



Where does it hurt?

A good rule of thumb here is to be as specific as possible. Don’t just say “my back” when the better answer is “my lower back and into my right hip.” Showing your healthcare provider where your pain is by either pointing or indicating on a diagram can also be helpful. If your pain moves around, be sure to state all the areas that are painful and note which ones bring the most pain.

What does the pain feel like?

This question is less about intensity and more about describing the pain sensation(s) you are experiencing. Is it a burning, tingling or stabbing sensation? Is it a dull ache or a throbbing pain? Is it a cramping or a tightness? Metaphors can also help, for example “it feels like an elephant is sitting on my chest.”

Descriptive words can often offer more help to a healthcare provider because certain conditions or injuries have a very specific feeling associated with them.

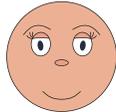
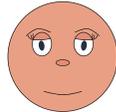
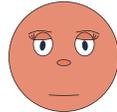
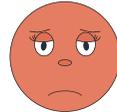
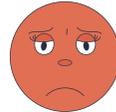
How is the pain affecting your day-to-day activities?

Explain how the pain you are experiencing is affecting “normal” activities. For example, are you having trouble doing regular chores around the house or walking the dog? Have you canceled plans or not engaged in favorite activities because of the pain?

How intense is the pain?

Providing an accurate personal assessment of the intensity of your pain can help your healthcare provider understand what you are experiencing. And, while downplaying your pain is not beneficial, neither is overstating. The handy chart (Wong-Baker Faces® Pain Rating Scale) on the facing page can help you better determine and articulate the intensity of your pain.

COMPARATIVE PAIN SCALE CHART (Pain Assessment Tool)

										
0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Unspeakable
No Pain	Minor Pain			Moderate Pain			Severe Pain			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions.			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

What is the timing of your pain?

Have you been experiencing the pain for a day? A week? A couple months? How long does your pain last? Does it come and go every couple of hours or days? Is it steady throughout the day, but feels more intense in the mornings?

Your answer to these questions can help your healthcare provider determine if your pain is paroxysmal (comes on suddenly and sporadically, and leaves in the same manner) or chronic (comes on more slowly and remains present for a long time before fading away or lessening).

Does anything help or worsen the pain?

Be sure to let your healthcare provider know what you have tried to help alleviate the pain. For example rest, ice, heat, over-the-counter pain reliever, etc. Sharing what makes the pain worse is also helpful, for example "it's painful to the touch," or "bright lights make it worse," or even stress.

Doing everything in your power to explain your pain clearly and accurately gives you the best chance of being heard and getting the help you need to manage your pain.



Preventing Physical Pain & Injury for Care Partners

Written by: Brandi La Bonte



As a person providing care for a loved one (whatever level that may be) you are an integral part of your loved one's healthcare team and the healthcare system in general. Your commitment/actions, though loving and necessary, do not come without both emotional and physical cost. And, while emotional stress and mental health play a role in physical health overall, it is to the physical implications and what you can do to stay healthy that this article speaks.

A 2014 research study on caregiver risk for chronic pain and injury out of Ohio State University stated that **"94% reported experiencing musculoskeletal pain in at least one body part, with the lower back (76%), knees, shoulder and wrist (43% each) being the most common sites for discomfort. More than 78% of caregivers said that the pain impacted their ability to provide care, and 66% said the pain impacted their overall quality of life."**¹

Providing care for a loved one can include actions such as assistance with standing up, sitting down or transferring, assisting with care-related tasks like dressing, bathing or even taking on additional household tasks like snow shoveling or laundry. And while these types of tasks are not necessarily difficult, they do require a physicality that includes repetitive movements, bending, twisting, kneeling, etc. The person you are providing care for may also be larger than you and for most, there is no prior experience in proper lifting or transferring techniques. This can lead to not only stress, but physical injury.

It is important to remember when providing care for a loved one to be aware of your own safety as well as theirs. If you've been on an airplane you've heard the axiom to place the oxygen mask on yourself, BEFORE helping another person. The same adage applies to providing care – you must care for yourself, BEFORE you can care for others. Your health and safety are also a priority!

So What Can You Do to Help Prevent Injury?

A large number of care providing injuries are caused by improper body mechanics when it comes to lifting and/or helping a loved one up. These instances can occur when assisting with day-to-day tasks such as getting out of a chair or the car; or during more serious events like a fall. In fact, according to the Public Health Agency of Canada, falls are the leading cause of injury among older Canadians with 95% of all hip fractures and 40% of all long-term care admissions a direct result of falling.² In Alberta, falls account for 65% of injuries among seniors³ and cost over \$280 million every year in hospital admissions and emergency department visits⁴.

To reduce your risk of back, neck, shoulder, etc. injuries, learning proper techniques and methods to handle physical aspects of providing care is essential. Both Physio- and Occupational Therapists are great resources to help you and your loved one prevent and prepare for situations that have the potential to cause injury. Below are some general guidelines that can help you provide care for your loved one, without hurting them or yourself in the process.

Smart Strategies for Your Health and Safety

- **Be prepared** – First, have a conversation with your loved one about the task at hand. What is needed? What role will you each have? Next, ensure the item(s) you need to assist with a specific care task are readily available/close at hand. Then keep communicating throughout the process until the task is complete. Teamwork makes any task easier!
- **Lift smartly** - Always keep the person or object you are lifting close to your body and lift with your legs, which are stronger than any other part of your body. Keep your back straight (with its natural curve) and try to avoid twisting motions that take your body out of its natural alignment.
- **Get plenty of rest** - Adequate rest is a critical part of managing stress, and for most people, that means around seven to eight hours of sleep a night. When you sleep, your general energy consumption is lowered as, most of the time, your body and brain is at rest. This means more energy can be used to restore your bones and muscles.

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- **Drink water** - When you're dehydrated, the discs between your vertebrae can shrink and the nerves can become pinched, increasing pain, so drink plenty of water to help keep your muscles and discs hydrated.
- **Exercise** - Physical activity can strengthen muscles, reduce feelings of depression and stress, and help you improve your sleep and overall health.
- **Practice or take advantage of relaxation techniques** - Meditation, yoga, massage and breathing exercises are some of the easiest ways to relieve stress. Research shows that even just one hour a week can result in significant reductions in stress levels.

Helping Someone Up from a Seated Position

1. Make sure that your feet are stable, and as close as possible to your loved one.
2. Face your loved one, slightly bend your knees and squat in preparation to lift. Tighten your abdominal muscles and keep your back straight (try not to curve forward). This will add lifting strength and increase power from your legs and arms.
3. Maintain a position as close to your loved one as possible so that excess strain is not placed on your back by leaning over.
4. Point your feet towards your loved one; and, if possible, place one foot in between their feet and one foot to the outside for optimal stability.
5. Attempt to lift using a smooth, flowing motion, pushing upward with leg muscles; keeping your shoulders and neck muscles as relaxed as possible.

Helping Someone Up After a Fall

1. It is important to stay calm and help your loved one to remain calm. Taking slow, deep breaths can help.
2. Check for injuries like bruises, bleeding, swelling, possible sprains and potential broken bones.
3. Ask them if they are experiencing any pain, where it is located and how severe it is.
4. If there is any sign of serious pain or injury (ie: head injury/ broken bone) do not move them. Call 911 and

keep your loved one as warm, comfortable and still as possible until help arrives.

5. When it comes to helping your loved one up it is important to keep in mind that your role is to help guide them through the following steps and keep them steady, not lift their weight. Your loved one needs to be capable of doing the physical work required to get up. If they cannot do this, it may be safer to call 911.
6. If there is no sign of injury and your loved one feels they are able to get up, proceed slowly. Stop at any point if they become stuck, experience pain or become too tired to get all the way up.
7. Find two sturdy chairs and place one next to your loved ones' head and the other down by their feet.
8. Help your loved one roll over onto their side and support them in getting onto their hands and knees, position the chair placed by their head so that it is directly in front of them.
9. Have your loved one place their hands on the seat of the chair to help evenly distribute their weight.
10. Have them lean forward onto the seat as they gradually bring their strongest leg forward, leading with the knee to place their foot flat on the floor.
11. Move the second chair directly behind your loved one, then ask them to use both their arms and legs to push themselves up and sit back into the chair behind them. Use your hands to keep your loved one steady but keep your back upright and make sure they are doing the physical work to lift themselves.
12. Have your loved one stay seated until you and they are confident that they can stand and continue moving around without hurting themselves or falling again. There is no rush when it comes to safety!
13. Finally, it is important to notify their doctor that they've had a fall and keep an eye out for emerging pain and signs of injury.

References:

- 1 Ohio State University Center for Clinical and Translational Science. "Millions of informal caregivers at risk for chronic pain, injury trying to help disabled family members." ScienceDaily, 8 July 2014. www.sciencedaily.com/releases/2014/07/140708091119.htm
- 2 Public Health Agency of Canada. Seniors' Falls In Canada: Second Report. Ottawa: Public Health Agency of Canada; 2014
- 3 Injury Prevention Centre, Edmonton [Database]. Accessed November 2017. Unpublished data available upon request.
- 4 2016/2017 Alberta Health, Analytics and Performance Reporting Branch. Data received August 2018. Costs are based on RIW.

EVENTS

+ updates

UPCOMING EVENTS

For more information on our upcoming events, please visit our website at www.parkinsonassociation.ca

Tap'd Out

Lethbridge

Wednesday, March 6
Mocha Cabana – 317 4 St S
\$30 Event tickets | 6pm – 8:30pm

Edmonton

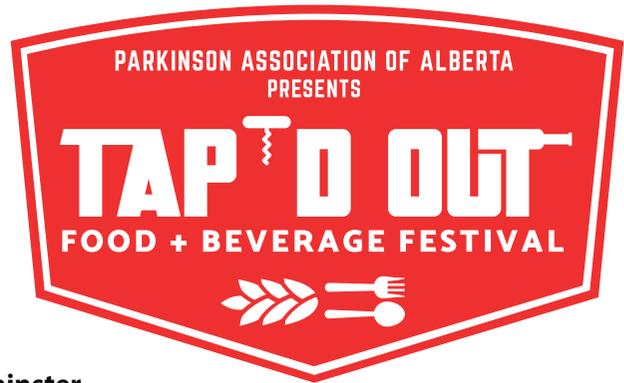
Wednesday, March 13
Blind Enthusiasm – 9570 76 Ave NW
\$50 VIP Guided Beer Tasting tickets | 5:30pm – 9pm
\$30 Beer Sampling Party tickets | 7pm – 9pm

Lloydminster

Wednesday, April 10
Rock Creek Tap and Grill – 8120 44 St
\$25 Event tickets | 11am – 8pm

Grande Prairie

Friday, April 12
Pomeroy Hotel & Conference Centre – 11633 100 St
\$95 VIP tickets | 6:30pm – 10pm
\$75 Event tickets | 7pm – 10pm



NEW EVENT!! A Diamond Evening – Featuring Stan Foster, tribute to Neil Diamond



High River

Friday May 10th
Highwood Memorial Centre - 128 5 Ave W, High River
Tickets are **\$75 each**

The High River concert is a joint collaboration between PAA and The High River Performing Arts Foundation. The mission of the High River Performing Arts Foundation is to provide a collaborative performing arts venue in High River. Our goal is to attract and develop talent, and provide accessible entertainment and inspiration to those in High River and the Foothills.

Medicine Hat

Friday May 24th
Esplanade Arts and Heritage Centre - 401 1 St SE,
Medicine Hat
Tickets are **\$60 each**

For tickets and more information check out our website parkinsonassociation.ca/adiamondevening

UPCOMING EVENTS *(continued)*

Save the Date for the 28th Annual Parkinson Golf Tournament July 4, 2019 at Silver Springs Golf & Country Club – Calgary

Early bird registration open, register before March 22 to receive a discount on your individual or golf foursome! parkinsonassociation.ca/tuliptournament



Save the Date for Flexxaire Parkinson Step 'n Stride™ 2019!

Nine Walks will take place across the province on September 7th & 8th! We are already working on event details for this years' Walks with some exciting new components. To stay up-to-date check out our website at parkinsonassociation.ca/stepnstride or follow us on social media! Online registration will launch in April 2019!

PAST EVENTS

Parkinson's Perk Coffee – Holiday Stocking Stuffer Campaign

Parkinson Association of Alberta launched our very own coffee, "Parkinson's Perk" this past fall just in time for the holiday season! We are happy to report that we sold over 200 bags during our first ever Holiday Stocking Stuffer Campaign!



Tap'd Out Food + Beverage Festival Events in 2018

Our first three events raised over \$10,000!! We are looking forward to more events coming up in 2019!



Annual General Meeting

Saturday, May 25, 2019
Edmonton, AB

Membership is required to vote.

If you plan on attending the AGM please **RSVP no later than 2PM on Wednesday, May 22.**

To RSVP please call toll-free 1-800-561-1911 or email info@parkinsonassociation.ca

We Want YOU

Written by: Gabe Deschenes & Dacey Cooper-Varga

Would you like to be an event planner and fundraiser for PAA?

Join us by hosting a Third Party Event on behalf of Parkinson Association of Alberta!

What is a Third Party Event?

A third party event is an opportunity for you to use your creative ideas to help raise awareness and funds for PAA.

A third party event can be as simple as hosting a bake sale or gathering a few friends together for dinner and giving your guests the opportunity to donate to PAA or planning an event, golf tournament or gala. It can be as small or as big as you want it to be. There is no limit to all of the possibilities!

The Parkinson Association of Alberta team is here to help you get started! Every little bit helps and we appreciate your efforts to help us raise money to continue to support Parkinson Association of Alberta's work.

How to Get Started?

- 1) Think of a fundraising idea
- 2) Contact our PAA office by calling 1-800-561-1911 or by email info@parkinsonassociation.ca
- 3) Our Community & Corporate Engagement Coordinator will meet with you by phone, email or in person



- 4) Once you have figured out what kind of event you would like to do, we would be happy to provide any collateral needed such as donation boxes and envelopes, brochures, banners and our logo for posters etc.
- 5) You will sign these items out and return them upon completion of your event along with the proceeds raised from your event.

Be sure to post your event to social media and tag us so we can share and follow your success!

Facebook: [ParkinsonAssociationofAlberta](#)

Instagram: [@parkinsonassociationofalberta](#)

Upcoming Third Party Events around the Province

Pints for Parkinson's: Enjoy some cold brews at some of your favorite pubs and breweries with proceeds going to Parkinson Association of Alberta. Dates and venues will be posted on our Tap'd Out Food + Beverage social media platforms. Know a pub, brewery or business that would be interested in hosting a Pints for Parkinson's campaign? Don't be afraid to contact us.

Thanks to third party organizers such as yourself, you help to ensure Parkinson Association of Alberta can continue to fund our organization's core programs and services.



Client Services Corner – Calgary's New Office

Written by: Tessa Veikle

We are excited to show off our new office, gym, and meeting space in Calgary! It took us a couple months, but we are really feeling settled into our new office after our official move last spring to #120 - 6835 Railway Street Southeast.

As your Client Services Coordinators, Chad King and I welcome you all to visit us, whether it's for an appointment with one of us, to attend an exercise program or Support Group, or just pop in for coffee. We hope it will be a welcoming meeting place for the Calgary and surrounding region's Parkinson's community!



Counselling/Meeting room

This is our favourite room in the office. It offers a warm, relaxed, private space to meet one-on-one or with families to share information, discuss challenges, and help find solutions. Give us a call if you'd like to set up a meeting!

Gym Space

We are so excited that our gym space is ALMOST complete! The gym is located in the building across the parking lot from our office. This space will allow us the opportunity to offer a variety of programming here in the Southeast. It includes a common area with equipment, and a studio room for group sessions. If you have any ideas of how we can make use of our new space, please let us know!

Board Room

We use this room for our Support Group meetings, webinar presentations, and speaker series.

Resource Library/Computers

There is a lot to know and learn about Parkinson disease and the supports available in your community. We've set up a rack of resources to help you get all the information you need. We also have two computers available for use in researching information and resources. We are happy to assist you!



Coffee spot

We are happy to have a casual spot where peers and friends can meet for a coffee and a chat. We have a kitchen fully stocked with coffee, tea, and usually some treats. Feel free to stay and use this space to connect with others over coffee.

Stay tuned for details about our upcoming PAA Office Open House event! It will be your chance to come check out the new location and space, and our plans for the year ahead. In the meantime Chad, myself, and the rest of the Calgary PAA staff welcome you to pay us a visit or attend a program at our new office!

Researchers around the world, including right here in Alberta, are working to identify and address various issues associated with Parkinson's. Clinical trials are a key component of research and are at the core of all medical advances. One of the biggest challenges associated with research (besides funding) is a lack of participation.

If you feel participating in a research study is something you are interested in, we encourage you to view the available opportunities to find out if there is a good match available for you. Please note that interested individuals are not necessarily guaranteed acceptance into a study. The information listed below is limited to generalities; to find out more about the research participation opportunities listed below, please visit our website at www.parkinsonalberta.ca/callforresearchparticipants

• Getting Older Adults Outdoors Study

Who is eligible:	People with and without Parkinson's; aged 65 or older
Type of Participation	Attend 2hr interactive workshop and 4 in-person sessions at the Bone and Joint Clinic (Edmonton)

• Parkinson's Daytime Sleepiness Study

Who is eligible:	People with Parkinson's
Type of Participation	Use of supplied light box for 30 minutes each day for 3 weeks

• Comprehensive Assessment of Neurodegeneration and Dementia Study

Who is eligible:	People with Parkinson's
Type of Participation	Five onsite visits over 12 weeks at the University of Alberta

• Neurophysiological and neuropsychological changes following motor imagery training in people with Parkinson Disease

Who is eligible:	Men with Parkinson's
Type of Participation	Six onsite visits at the University of Alberta

• Effects of Transcranial Magnetic Stimulation on Mild Cognitive Impairment in Parkinson Disease

Who is eligible:	
Type of Participation	Ten onsite visits at the University of Calgary over three months

• Longitudinal Study of Mild Cognitive Impairment in Parkinson Disease

Who is eligible:	People with or without Parkinson's 60 years of age or older
Type of Participation	Eight onsite visits at the University of Calgary over three years

• A Rural Perspective of Living with Parkinson Disease

Who is eligible:	People with Parkinson's and their care partners who live in Rural Alberta and have to travel greater than 50KM to see their physician/neurologist
Type of Participation	Location convenient to participant for a 45-60 minute conversation

SUPPORT GROUPS

The listings appearing in this issue were correct as of press time; please check your Regional section of our website for the most up-to-date information.

ALBERTA		1-800-561-1911
ARTA CHARITABLE FOUNDATION'S TELE-SUPPORT GROUPS		
3 rd Wednesday - Care Partners	6:30 pm – 7:30 pm	Advance registration is required to receive call-in instructions & a passcode; call the above number.
3 rd Thursday - General Parkinson's	10:00am – 11:00am	
4 th Thursday - Parkinson's Plus Syndromes	10:00am – 11:00am	
CALGARY REGION		403-243-9901
AIRDRIE		
3 rd Monday	10:00 am – 11:30 am	Cam Clark Ford – 1001 Highland Park Blvd
CALGARY		
1 st Tuesday – Northwest	10:00 am – 11:30 pm	Hope Lutheran Church – 3527 Boulton Rd NW
1 st Thursday – Northeast	10:00 am – 11:30 am	Ascension Lutheran Church – 1432 - 19 St NE
2 nd Tuesday – Southeast	10:00 am – 11:30 am	PAA Calgary Office – 120, 6835 Railway St SE
3 rd Tuesday - Care Partners	1:30 pm – 3:00 pm	PAA Calgary Office – 120, 6835 Railway St SE
3 rd Thursday - Southwest	10:00 am – 11:30 am	Riverpark Church – 3818 - 14A St SW
4 th Tuesday - Southeast	10:00 am – 11:30 am	PAA Calgary Office – 120, 6835 Railway St SE
4 th Tuesday - Young Onset	7:00 pm – 9:00 pm	Hope Lutheran Church – 3527 Boulton Rd NW
CANMORE		
2 nd Thursday	1:30 pm – 3:00 pm	Bow River Lodge – 920 13 St
COCHRANE		
2 nd Thursday	10:00 am – 11:30 am	St. Andrew's United Church – 128 – 1st St SE
NANTON		
4 th Thursday	10:00 am – 11:30 am	St. Cecilia's Catholic Church – 2308 – 19th St
EDMONTON REGION		780-425-6400
CAMROSE		
2 nd Wednesday	3:30 pm – 5:30 pm	City Lights Church – 4920 – 48 St
EDMONTON		
1 st Wednesday - South	1:00 pm – 3:00 pm	Rutherford Heights – 949 Rutherford Rd
1 st Thursday - Men's Care Partners	10:00 am – 12:00 pm	PAA Edmonton Office – 11209 – 86 St NW
1 st Thursday - Women's Care Partners	10:00 am – 12:00 pm	PAA Edmonton Office – 11209 – 86 St NW
3 rd Wednesday - Central	7:00 pm – 9:00 pm	PAA Edmonton Office – 11209 – 86 St NW
3 rd Friday - North	10:00 am – 11:30 am	Shepherd's Care – 12603 – 135 Ave
FORT SASKATCHEWAN		
4 th Tuesday	1:00 pm – 3:00 pm	Pioneer House – 10102 - 100 Ave
LEDUC		
4 th Tuesday	6:30 pm - 8:30 pm	Telford House – 4907 - 46 St
PARKLAND (SPRUCE GROVE/STONY PLAIN)		
4 th Thursday	6:30 pm – 8:30 pm	Rehoboth – 3920 49 Ave, Stony Plain
SHERWOOD PARK		
2 nd Tuesday	1:00 pm – 3:00 pm	Bethel Lutheran Church – 298 Bethel Dr



AT A GLANCE

While many of our Support Groups run monthly, September through June, some do run year-round or have summer dates. Please check your Regional section of our website for the most up-to-date information.

ST. ALBERT		
3 rd Tuesday	10:00 am – 12:00 pm	St. Albert 55+ Club – 7 Tache St
WESTLOCK		
Last Monday	1:30 pm – 3:30 pm	Room 140, Provincial Bldg – 2, 10003 – 100th St
GRANDE PRAIRIE REGION		780-882-6640
GRANDE PRAIRIE **ALL NEW STARTING IN JUNE**		
2 nd Wednesday	3:00 pm – 4:30 pm	Grande Prairie Care Centre – 9705 – 94 Ave
LETHBRIDGE REGION		403-317-7710
LETHBRIDGE		
3 rd Thursday	2:00 pm – 4:00 pm	Lethbridge Senior Citizens Org. – 500 – 11th St S
TABER		
2 nd Tuesday	10:00 am – 12:00 pm	Taber Public Library – 5415 – 50 Ave
LLOYDMINSTER REGION		780-808-5006
BONNYVILLE		
3 rd Friday	11:00 am – 12:00 pm	Neighbourhood Inn – 5011 66 St
LLOYDMINSTER		
2 nd Monday - Care Partners	10:00 am – 11:00 am	Southridge Community Church – 5701 – 41 Street
4 th Tuesday	2:00 pm – 4:00 pm	Southridge Community Church – 5701 – 41 Street
WAINWRIGHT		
2 nd Tuesday	2:00 pm – 4:00 pm	Provincial Building – 810 – 14th Ave
4 th Tuesday - Care Partners	7:00 pm – 9:00 pm	Provincial Building – 810 – 14th Ave
MEDICINE HAT REGION		403-526-5521
MEDICINE HAT		
4 th Tuesday	1:30 pm – 3:00 pm	Crossroads Church – 1340 – 22 St SE
RED DEER REGION		403-346-4463
CASTOR		
4 th Tuesday (Feb, Apr & Jun)	1:30 pm – 3:30 pm	Paintearth Lodge – 4501 – 55 Ave
LACOMBE		
4 th Wednesday of the month	10:00 am – 12:00 pm	Wolf Creek Community Church – 4110 Hwy 12
OLDS		
2 nd Wednesday of the month	1:30 pm – 3:30 pm	Sunrise Village – 5600 Sunrise Cres
RED DEER		
3 rd Wednesday of the month	10:00 am – 12:00 pm	Davenport Church of Christ – 68 Donlevy St
ROCKY MOUNTAIN HOUSE		
2 nd Thursday (Mar, Jun, Sept & Dec)	2:00 pm – 4:00 pm	Immanuel Lutheran Church – 5236 – 54 St
THREE HILLS		
1 st Wednesday (Feb, Apr, Jun, Sept & Nov)	1:30 pm – 3:30 pm	Community Drop In Centre

FOLLOW US



/ParkinsonAssociationofAlberta



@PDAssocAB



parkinsonassociationofalberta





Please fill out and mail to PAA Calgary Head Office
120, 6835 Railway St SE, Calgary AB
T2H 2V6

Personal Information

Mr. Mrs. Miss Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Phone: _____ Email: _____

Person Living with PD Spouse/Partner has PD Family Member/Friend Professional Health Provider

I would like to learn more about volunteering

I would like to receive email communications from Parkinson Association of Alberta (including newsletter, updates & information)

Membership

Membership is \$25 annually and runs from January 1 to December 31.

I wish to BECOME a member I wish to RENEW my Membership

I would like my Parkinson Pulse Magazine mailed to me

Donation

Donations of \$20 and up will be receipted.

I wish to make a DONATION in the amount of: \$ _____

In Memory of _____ In Honor of _____

Please send a notification of this gift to (name and address): _____

Payment

Enclosed please find my cheque (made payable to Parkinson Association of Alberta) or cash for \$ _____

Please bill my: Visa Mastercard American Express

Name on Card: _____

Card Number: _____ Expiry: _____ CVD: _____

Emotional PAIN

Written by: Brandi La Bonte

In the grand scheme of things physical pain is fairly easy to understand and comprehend. If you tell someone you broke your arm, or have a headache, or were in an accident they can, even if they have not been through the same thing themselves, understand that type of pain. The understanding and comprehension is very different when it comes to emotional pain though; where this type of pain is often dismissed as less serious and/or important than physical pain.



Emotional pain comes from common, but never-the-less painful human experiences such as being diagnosed with a serious illness, losing a loved one, experiencing abuse, loneliness or even disappointment. Emotional pain can also be caused by physical pain. And, like physical pain, managing emotional pain is as unique as the individual experiencing it with many external and internal factors playing a role. For some, it can be a minor inconvenience; but for others managing emotional pain can be one's own private hell. It can feel like you are drowning or can't breathe, in a huge black hole, a never-ending nightmare, or a swirling tornado.

And, unfortunately for many, when they try to tell others that they feel like they are drowning or in a black hole, or devastated or blue or lost or heartbroken -- the reactions they receive from others can be quite dismissive. People are told (or they tell themselves) to "shake it off", "suck it up", "let it go", or that it is "water under the bridge".

So why does it seem that there is more "value" or "realness" placed on physical pain? Why does it seem to get more empathy or understanding than emotional pain? When you are depleted emotionally and mentally, your natural ability to handle the day-to-day and/or the challenges life can throw your way can become compromised. Emotional pain impacts not only your emotional/mental health, but your physical health as well including, but not limited to:

- *back and neck pain*
- *general aches and pains*
- *chest pains or palpitations*
- *headaches*
- *ulcers*
- *high blood pressure*
- *upset stomach*
- *digestive issues*
- *psoriasis/hives/itchiness*
- *sexual problems*
- *weakened immune system*
- *fatigue/extreme tiredness*
- *insomnia*
- *weight gain or loss*
- *extreme changes in appetite*

The good news is there are things you can do to deal with emotional pain, a light or a life raft, if you will.

Acknowledge it: Pain demands attention and, as with a physical injury, ignoring it will inevitably make it worse. The price of undealt with emotional pain can be enormous. Life can't be enjoyed, relationships suffer, self-confidence erodes and self-imposed isolation can lead to larger issues. Give yourself the time you need to grieve and come to terms with your feelings.

Seek help for it: Help can come in many forms – rest/sleep, relaxation techniques, exercise, and/or talking to others. This could mean talking to a loved one or trusted friend, a clergy member, Elder or Client Services Coordinator. If you are having difficulty managing your emotional pain, your doctor and mental health professionals (ie: psychiatrist, psychologist, licensed therapist or clinical social worker) can help you by providing medication (when necessary) and psychotherapy, or a combination of both.

Learn from it: The process can, if you are open to it, provide opportunities to learn new behaviors and tools for dealing with future emotional pain. Recovering from emotional pain can make you stronger, wiser and more resilient.

~~IM~~POSSIBLE



HOPE CONFERENCE RETURNS!

Join us
May 24 & 25, 2019

Peer-to-Peer Program NOW RECRUITING MENTORS AND MENTEES

Our new Peer-to-Peer Program matches experienced client Mentors with a Mentee who needs a listening ear, understanding of issues stemming from PD, and moral support from a peer who can offer lived experience, personal wisdom and encouragement.

Peer support is done via telephone and can be a one-time conversation or up to six (6), 1 hour sessions.



For more information or to apply to be a MENTOR or a MENTEE, please email info@parkinsonassociation.ca



SPRING FORWARD WITH PARKINSON'S PERK

To Purchase please contact your local
representative, call 1-800-561-1911 or email us at
info@parkinsonassociation.ca



\$20 1LB/BAG





What would you do if someone was stealing valuable items from your loved one, little by little, piece by piece, over the years?

**Would you sit back and do nothing?
OR would you step up and do something about it?**

Parkinson disease is a cunning thief, slowly stealing a person's ability to walk, talk, swallow and even smile – little by little, piece after piece.

APRIL IS PARKINSON AWARENESS MONTH!

Help us stop a thief and make a difference in the fight against Parkinson disease.

Watch our website and social media pages for more details over the coming months.

