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Activities of Daily Living: Practical Pointers for Parkinson's Disease

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Activities of Daily Living: Practical Pointers for Parkinson Disease

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Introduction

Activities of Daily Living: Practical Pointers for Parkinson Disease (PD) provides easy-to-use tips that will help you remain as independent as possible for as long as possible. This booklet features information about aids that will make your daily life easier, and includes special tips for carepartners. While this information is helpful, it is not intended to replace the services of a physical or occupational therapist.

Following are some frequently asked questions that will help you understand more about activities of daily living, adaptive aids, and physical and occupational therapists.

Ask your doctor or nurse about referring you to a physical or occupational therapist to help with activities of daily living.

What are activities of daily living?

Activities of daily living, often called ADL's, include bathing, dressing, eating, sleeping, toileting, walking and moving about. These and other routines are what we normally do as part of our daily lives.

How can PD affect activities of daily living?

Many people with PD are able to go independently about their activities of daily living. The symptoms of PD—tremor, stiffness, slow movement and balance problems—worsen over time, and can make it more difficult to do things like get in and out of a bathtub, stand up from a chair, or walk.

What are adaptive aids?

Adaptive aids are items that can help you stay as independent as possible for as long as possible. These devices can make your daily life easier and safer, and improve your quality of life.

Does insurance pay for adaptive aids?

Generally, insurance will cover certain items, such as bedside commodes, hospital beds, and some wheelchairs. Insurance companies usually require a prescription from a doctor. Unfortunately, many of the items listed in this booklet are not covered by most insurance plans.

What if I can't afford to buy the adaptive aids that I need?

If a piece of equipment is more than you can afford, there are resources that may help. A physical or occupational therapist may know of some local sources for free or low cost equipment. Check local classified ads for used equipment. Community organizations or social agencies may have equipment to loan or other assistance programs. Check with:

- Local service organizations such as Rotary, Kiwanis, Lions and VFW
- Local hospitals, clinics and home health care
- Churches, synagogues, or other faith-based organizations
- Community charities such as Easter Seals or Goodwill
- County or state agencies such as the Area Agency on Aging
- If you are a veteran, check with your local Veterans Administration

What is an occupational therapist and physical therapist?

Occupational therapists and physical therapists are licensed health care professionals who work in hospitals, clinics, home health, and extended care facilities. Occupational and physical therapists can:

- Design an exercise program to meet your particular needs.
- Evaluate and treat problems of mobility and walking.
- Evaluate and treat joint or muscle pain which interferes with the activities of daily living.
- Help with poor balance or frequent falling.
- Teach carepartners proper body mechanics and techniques for helping someone with Parkinson disease.
- Refer to movement and exercise programs in the community.
- Treat difficulties accomplishing activities of daily living.
- Recommend and teach the correct use of adaptive equipment.

Your doctor or other health care professional should be able to refer you to a therapist in your area. When possible, it is best to see a therapist that has special training and experience with PD. Visits to an occupational or physical therapist are usually covered by medical insurance with referral by a doctor.

Bathing, Grooming and Toileting

Bathing

Since shower stalls are easier to get in and out of than bathtubs, they are usually better for bathing. If you must use a bathtub, a tub transfer bench can help you get in and out of the tub more easily. Shower chairs allow you to sit in the shower while you bathe. Dry off using several small towels rather than one large towel. A terry robe also makes drying easier.

For bathing safety:

- Bathtubs and shower stalls should have at least two handrails to hold on to as you get in and out. It is best to get advice from a physical or occupational therapist before installing handrails for proper and safe placement. Handrails should be professionally installed when possible. **Never use the towel bar, soap dish, or faucet as a handrail.**
- Replace the door on tub/shower combinations with two shower curtains to make transferring easier. One curtain can be placed inside the tub, and the other outside the tub. Cut slots on the inside curtain to accommodate the tub transfer bench. This helps to prevent slipping by keeping your floor dryer.
- If you sit on a tub transfer bench or shower chair while showering, use a hand held shower head. This will allow you to sit first and then hold the showerhead to direct the water away from you so you can adjust the temperature safely.
- All bathtubs and shower stalls should have a non-skid rubber bath mat. All bath rugs should have a rubber backing. Try kitchen rugs instead of bath rugs. They tend to be thinner.
- Don't use bar soap! It is slippery and hard to hold. If

you drop the bar, it leaves a slippery film on the floor. Try pump soaps or soap-on-a-rope. If you do use bar soap, try this tip to make it safer to use: Cut one leg off of a pair of nylons, drop the soap into the leg and tie the other end to the handrail. Now lather up through the nylon, and you won't drop the soap.

- Keep a nightlight on in the bathroom.
- If alone, bring a cordless phone into the bathroom with you so that you can call for help if you need it.

Grooming

Parkinson rigidity and tremor can make it difficult to handle toothbrushes, razors and hairdryers. These tips may help:

- Sit down to brush your teeth, shave, or dry your hair. Sitting not only reduces the risk of falling, but also helps conserve your energy. A shower or commode chair works well for this. Leave the doors underneath the sink open to make room for your knees.
- If shoulders tire, prop your elbows on the vanity or sink when you shave, comb your hair, or use a hairdryer.
- Use an electric razor.
- Use an electric toothbrush.
- Use a hands-free hairdryer that can be mounted on a vanity.

Toileting

Aging with PD can affect your ability to control your bladder. Urinary frequency and urgency are common problems. Frequency is the need to empty the bladder often. Urgency is the feeling of the immediate need to urinate, even if you don't have much urine in the bladder. Having the frequent, urgent need to use the bathroom can disrupt daily activities. **If you have problems with frequency or urgency, you should consult your health care provider**.

These tips may also help:

- Try a regular schedule for going to the bathroom. For example, try going to the bathroom every two hours.
- Avoid caffeinated drinks such as coffee, tea and cola which may worsen urinary problems.
- If getting up at night to use the bathroom is a problem, limit evening fluids 2 hours before bedtime.
- Frequency and urgency with burning pain are symptoms of a urinary tract infection. If you experience these symptoms, call your health care provider.
- A pad, shield or other incontinence product can help if you are prone to accidents or can't be near a bathroom. There are several types, so you may need to experiment to find a product that works best for you. You can find these products at your local medical supply store, drug stores, or in catalogues listed in the end of this booklet.

✦ Especially for carepartners

When your friend or family member requires help to use the bathroom:

- If possible, work with a physical or occupational therapist to learn ways to safely transfer the person to the toilet or bedside commode.
- Allow plenty of time to use the toilet.
- There are several aids that allow you to leave the person in the bathroom with a means to call for help:
  - A bell is a simple option that doesn't cost much. Make sure the bell rings loud enough for you to hear.
  - A baby monitor is another option. Baby monitors are widely available at major retailers for $20-40.
  - A "purse alarm" can be clipped to the person or the commode, and will sound alarm when the person tries to get up. Purse alarms are available for

approximately $20 at stores such as Radioshack.

- Allow for and respect the person's privacy as much as possible.

If your friend or family member has problems with bladder control:

- Try adding an extra pad inside an incontinence brief, or use two briefs at the same time.
- Disposable, plastic lined pads can be used on top of bed sheets. If you find that these don't work well, try washable pads. You can find them in your local medical supply store or drug store.
- A urinal (available for both men and women), bedpan, or bedside commode can help reduce bathroom trips at night.

Photo courtesy of Southwest Medical & Rehab

- Condom catheters may be helpful to manage nighttime bladder incontinence for men. Ask your doctor, nurse or visit your medical supply store for more information.

Photo courtesy of Southwest Medical & Rehab

Helpful bathing and toileting aids:

Tub transfer bench or shower chair with a back adds extra safety for those who tire easily.

Extra-long hand-held shower spray allows you to shower while seated on a bath chair or in the tub.

Portable grab bar attaches securely to the side of any plastic or fiberglass tub without tools or drilling.

Grab bars offer added support while getting in or out of the shower. These should be professionally installed to insure stability.

Commode frames make it easier to sit down on and get up from the toilet, and are usually covered by Medicare. **Raised toilet seats** also work, but will probably not be covered by Medicare.

- **A 3-in-one bedside commode** converts to a toilet frame, raised toilet seat, or showerchair. This particular commode style is usually covered by insurance if you have a prescription from your physician.

Photo courtesy of Southwest Medical & Rehab

Lift commode chair helps a person get up from the toilet.

Lever faucet adapters ease grasping and turning.

A bidet attaches to the toilet and has a warm water spay and dryer for easier cleansing.

Bath and shower mats provide protection against slipping.

Long handled sponge or brush helps people with limited range of motion reach the back and legs.

Dressing

General tips for dressing:

- Allow plenty of time for dressing. Hurrying can lead to stress and frustration, which can slow you down.
- Do a few stretching exercises before getting dressed to "warm up" muscles.
- Sit down when dressing. Choose a chair with firm support and arms. Don't sit on the edge of the bed to dress—this can lead to loss of balance and falling.
- Use a footstool to make it easier to put on shoes and socks.

An occupational therapist can help assess your situation and make recommendations especially suited to your needs. Talk to your health care provider about getting a referral.

Clothing suggestions:

- Choose clothing with fewer buttons, zippers, and other closures that might be difficult to use.
- Pants with elastic waistbands are easier put on than zipper or button pants. Avoid pants with elastic ankle bands, such as sweatsuits.
- You can replace buttons by sewing on touch fasteners such as Velcro®. You can also find clothing with Velcro® closures in specialty stores and catalogues. See the resources section of this booklet.
- Loose fitting clothing made of stretchy fabric is easy to put on and wear.
- Avoid clothing items made from velour, flannel or other materials that increase friction during transfers/repositioning.
- If you sweat heavily, choose cotton or other natural fibers that "breathe."

Shoes and socks:

- Avoid socks with tight elastic bands. Socks without elastic can be ordered from catalogues listed at the end of this booklet.
- Non-skid socks should replace bedroom slippers, which can slide off your feet.
- Lightweight, supportive shoes with Velcro® closures or elastic shoelaces make it easy to put on and take off shoes.
- Elastic or "curly fries" shoelaces are can be purchased at discount stores and eliminate the need to tie shoes.

Women:

- Don't wear hosiery that is tight. Thigh-high, knee-high or ankle-high hose with wide woven bands at the top are a good choice.
- Wear low-or-flat-heeled shoes instead of high-heeled shoes. This helps improve stability and balance.

✦ Especially for carepartners:

- Although it might seem easier to "do it yourself," encourage the person you are helping to do as much of the dressing as possible. If appropriate, leave them alone to dress and assist them as needed.
- It may be easier to put on pants, socks and shoes when the person is lying down.

Helpful dressing aids:

Elastic shoelaces or shoes with **Velcro® straps** replace the need to tie and re-tie shoes.

Extra-long shoehorn helps shoes slide on without having to bend over.

Button aid/zipper pull allows you to button or unzip with one hand. This is also useful when fine motor skills are impaired.

Zipper loops allows better grasp of zippers.

Rest and Sleeping

With PD, it is not unusual to have trouble turning over, or getting in and out of bed. These tips may help:

- Discuss trouble getting in and out of bed, or turning over in bed, with your health care provider. You may need to have your medication adjusted.
- A satin sheet or piece of satin material tucked across the middle of the bed can make it easier to turn over.
- Flannel sheets and heavy blankets can make it more difficult to turn over.
- Make sure the pathway from the bed to the bathroom is well-lit. A nightlight or a closet door left open with the light on works well.
- Keep the bedroom floor clear of things that could cause tripping and falling. For example, don't leave shoes, books or papers on the floor.

Tips for getting into bed

1. Approach the bed as you would a chair; feel the mattress behind both legs.
2. Slowly lower yourself to a seated position on the bed, using your arms to control your descent.
3. Lean on your forearm while you allow your trunk to lean down to the side.
4. As your trunk goes down, the legs will want to go up, like a see-saw.

✦ **Do not** place knee up on the mattress first. In other words, don't "crawl" into bed.

Tips for getting out of bed

1. Bend knees up, feet flat on the bed.
2. Roll onto your side toward the edge of the bed by letting

the knees fall to that side. Reaching across with the top arm. Turn your head and look in the direction you are rolling.
3. Lower feet from the bed as you push with your arms into a sitting position.

✦ A straight back chair anchored at the side of the bed or a bed rail can help you roll more easily.

Tips for rolling or turning over in bed

1. Bend your knees up with feet flat.
2. Allow knees to fall to one side as you begin to roll.
3. Turn your head in the direction you are rolling and reach top arm across the body.

Tips for scooting over in bed

1. Bend your knees up with feet flat.
2. Push into the bed with feet and hands to lift your hips up off the bed. Then shift hips in the desired direction.
3. Finish by repositioning feet in the direction your hips moved.

✦ Especially for carepartners

- As PD advances, the person may need help turning over and changing position during the night.
- Use cushions and pillows to help support the person in a comfortable position. Upholstery foam works well for this.
- When helping the person go from **sitting to lying down**, guide the person's shoulders down while the feet come up. Place your hand at their shoulders and at the bend of their knee.
- When helping the person from **lying to sitting**, place your hands at their shoulders and the bend of their knee to guide the feet to the floor. Don't pull the person up by their arms.

Helpful bedroom aids:

Helping handle/bed rail provides assistance with rolling and support for pushing yourself to an upright position. It attaches between the mattress and box spring. An inexpensive alternative to a bed rail is a straight-back chair laced to the bedframe.

Adjustable blanket support keeps the blanket off feet, making it easier to move. Adjustable, lightweight aluminum frame inserts between the mattress and box spring.

Motion-activated nightlight detects movement and automatically switches on.

Electric beds make it easy to elevate your head and upper body and can make breathing easier.

Eating

General tips:

- Schedule meals during "on" times, or when medication is working best.
- Cut food into small-bite size pieces so that it is easier to chew and swallow.
- If you have swallowing problems, don't drink thin liquids or use a straw.
- Sit up as straight as possible when eating, and stay upright for at least 30 minutes after each meal.

If you have frequent coughing, choking, or difficulty swallowing, talk to your health care provider about seeing a speech-language pathologist.

If you have problems with weight gain or weight loss, talk to your health care provider about seeing a dietician.

Booklets about speech, swallowing and nutrition are available free of charge from the National Parkinson Foundation. Call (800) 327-4545, or go to www.parkinson.org

✦ Especially for carepartners

- It may take longer for the person with PD to eat. Allow as much time as possible. You may need to reheat food during the meal.
- Don't feed or give fluids to someone who is lying down.
- Smaller, more frequent meals, rather than three large meals per day may be easier for the person to manage.
- Learn the Heimlich maneuver which can save a choking person's life. Contact your local chapter of the American Red Cross or the American Heart Association for classes near you.

Helpful eating aids (include photos)

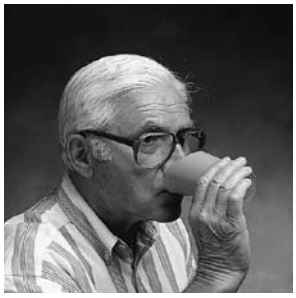
Insulated dish keeps food at the right temperature for slow eaters.

Hi-lo scoop plate keeps food from sliding off.

Rocker knife cuts meat and other foods with a simple rocking motion. A **pizza cutter** also works well.

Easy-to-hold angled utensils make mealtime easier.

Nosey cups are cut down on one side and make it easier to drink fluids without tipping the head back.



Spill-proof cups won't leak if tilted too much or knocked over.

Non-slip surfaces such as Dycem® can keep a plate from sliding around.

Getting around

If balance or strength is affecting your ability to walk, a mobility aid such as a cane, walker or wheelchair can help you keep moving. **See a physical therapist before you buy a cane, walker or wheelchair.** The therapist will make sure that you purchase the best aid for your needs**.** With a doctor's prescription, insurance carriers often pay for partial costs of mobility aids.

Canes

- Avoid tripod or quad canes (those with three or four-point bases). People with PD tend to have trouble using these correctly. The canes are either placed too close to the feet, or all points do not touch the floor at the same time.

Photo courtesy of Southwest Medical & Rehab

- A straight cane with a rubber tip is better. Handgrips should be comfortable, and the height of the cane should be adjusted for the best support.

- Hiking sticks or poles are also helpful and can help you keep better posture with walking.

Walkers

- Four-post walkers, or standard walkers, are **not** recommended for people with PD. Picking up the walker to advance it can cause a backward loss of balance.

- Four-wheeled walkers offer better stability and easier turns. Special features such as large wheels, swivel casters, and hand brakes provide the most stability.

Photo courtesy of U-Step Walker

- Walkers with built-in seats and baskets can be especially helpful.

To adjust a cane or walker to the proper height:

- Stand as straight as possible with your arms hanging at your sides.
- Have someone place the cane or walker next to your arm.
- The top of the cane or walker should be as high as the bend in your wrist.

Wheelchairs

For Short-Term Outings

- A companion wheelchair will work well if you only need

a wheelchair for longer distances, like trips to sporting events, doctor appointments, or the mall. A companion wheelchair is lightweight and is fairly easy to fold and lift into the trunk or backseat of the car.

- You can usually rent companion wheelchairs through a medical supply company. Your insurance carrier may or may not help cover the cost of this type of wheelchair. You will need a prescription from your physician in order to get coverage if it is available.

✦ For air travel, request that your travel agent arrange "departure and arrival" gate service with a wheelchair attendant. Airlines do not charge for this service, so the only expense is a gratuity to the transport aide.

For Daily Long-Term Use

- If you require a wheelchair to get around, you need to see a physical or occupational therapist for specific recommendations. There are several features that may be tailored to your needs, such as:
  - Back or trunk support
  - Brake extenders
  - Swing-away, removable leg rests
  - Removable, desk-length arm rests
  - Firm seating base with a pressure relief cushion
- You will need a prescription and a letter of medical necessity from your doctor to have your insurance company assist in paying for the wheelchair.
- Electric wheelchairs and scooters are other possibilities that can be explored by your physician and physical or occupational therapist. **It is important to see a physical or occupational therapist before buying an electric wheelchair or a scooter.**

Changing positions

Stiffness, rigidity and slowed movement can make it difficult to do activities such as getting in and out of a chair. Here are some helpful tips to make these activities easier. When possible, it is best to work with a physical or occupational therapist to learn the best techniques.

Choosing a Chair

- Chairs should have a stable base. Swivel or rocking chairs are not a good choice because they can trigger loss of balance and falling.
- Choose an average height chair with firm, smooth cushions and sturdy armrests. Low, soft cushioned seats are much more difficult to get in and out of.
- To make it easier to stand up from a lower chair, add an extra seat cushion to raise the seat height.

✦ Electric lift chairs can be helpful for people who have trouble getting out of a chair. These may work well for persons who can walk the aid of a cane or walker, but who cannot rise from the chair alone. Lift cushions are another option. These are lightweight and portable and can be used on most couches and chairs. **It is best to check with a physical or occupational therapist before you invest in a lift chair or cushion.**

Tips for changing positions

Sitting to standing

1. Scoot hips forward near the edge of the chair.
2. Feet should be shoulder width apart, and flat on the floor.
3. Position feet behind bent knees.
4. Lean forward until head is positioned "nose over knees".
5. Push forward and up from armrests using both hands.
6. Keep head down (looking at floor) initially when rising. Rocking back and forth can provide the extra "momentum" needed to stand up.

✦ For the carepartner:

- Let the person you are helping do as much as possible by themselves.
- Allow extra time. Don't hurry the person.
- You may have to help scoot the person forward at the hips to help position him/her for standing.
- Remember to use good body mechanics: Bend your knees rather than bending from the waist.
- To encourage the person to lean forward, a slight pressure on the upper back may help. Sometimes reminding them to lean forward may be enough.
- Don't pull the person up by their arms. They should be using their arms to push themselves up.

Standing to sitting

1. Take large steps as you approach the chair. Avoid short, shuffling steps.
2. Make a wide turn and position yourself so chair is centered directly behind you.
3. You should feel the chair against the back of both of your legs before sitting.
4. Reach back for the armrests as you lean forward from the waist. Use arm rests to slowly lower body into the chair This helps avoid "crash" landings.

✦ DO NOT reach for the chair before you turn to sit. This causes you to lean too far forward which can lead to loss of balance or falls.

Tips for getting in and out of a car

First make sure the car is parked far enough away from the curb so that you can step onto the level ground before you go into, or get out of, the car. Have the seat far enough back so that you have enough room for your legs.

To get into a car:

1. Turn and back in toward the seat so that your buttocks are

leading the way.
2. Reach back for the seat or dashboard and slowly lower yourself to sit. **Never hold on to the moving door.**
3. Reach over to the inside edge of the seat and begin lifting one leg in at a time

- ✦ Use a pillow to make low seats higher
- ✦ Use a plastic bag on cloth seats to make turning easier

To get out of a car:

1. Reach inner arm for the dashboard and begin moving one leg at a time out of the car.
2. Your body should be in the car and your legs should be out on the ground.
3. Scoot forward to the edge and lean forward while pushing up from the seat or dashboard. **NEVER pull up on the car door.**

- ✦ **Specific techniques should be taught by, and practiced with, a physical or occupational therapist.**

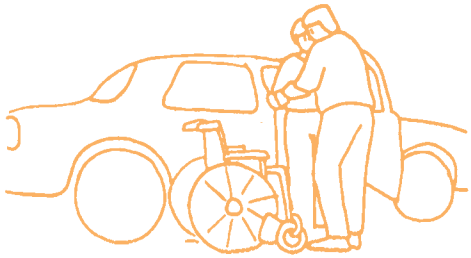
✦ Especially for the carepartner:

Wheelchair to car transfers

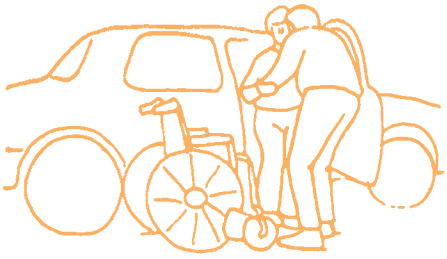
- Open the car door and slide seat back as needed for leg room.
- Position side of the wheelchair as close to the car as possible. Leave enough room for you and the person you are helping to stand and turn.
- Lock the brakes of the wheelchair.
- Remove feet from footrests; move footrests out of the way.
- Put feet flat on the ground.
- Be sure to explain the procedure to the person you are helping before you begin.

1. Starting position.

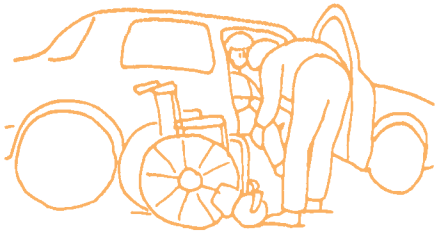
2. Help person to standing position. Let person balance a few seconds.



3. Help person to turn so the backs of legs are against the seat.



4. Slowly lower person to sitting position.



5. Lift each leg into the car

Reverse the procedure to return the person to the wheelchair.

Recreation and Exercise

General tips:

- Plan your physical activities and exercise during "on" times when your medication is working well.
- Videotapes, DVD's and books are available that demonstrate exercise routines. Several are included in the resource section at the end of this booklet.
- Exercise groups are a good option for some people. Check with your local Area Agency on Aging for groups in your area. Your local hospital may also host exercise groups or water aerobics.
- Leisure activities such as gardening, playing with children or pets, painting, or walking offer enjoyable options for movement and exercise.

A physical or occupational therapist can make an activity and exercise plan tailored to your abilities. Ask your health care provider for a referral.

Booklets about exercise and fitness are available free of charge from the National Parkinson Foundation. Call (800) 327-4545 or go to www.parkinson.org

✦ Especially for Carepartners

Persons with advanced PD may not be able to follow common exercise programs due to changes in physical or thinking abilities. It may work better to work exercises and stretching into the daily routine. Here are some suggestions:

- Sitting and reaching for items stretches muscles in the arms and trunk.
- Standing or marching in place, while holding onto a chair

or table, helps improve circulation and flexibility.

- Household chores such as folding laundry, dusting, wiping dishes or helping to prepare meals count as gentle exercise.
- Playing simple games with children, such as balloon volleyball, playing catch with a large soft ball or blowing soap bubbles counts as gentle exercise.
- Some people like to move to music. If balance is a problem, try chair dancing. "Conducting" to the beat of up-tempo music provides both upper body exercise and good emotional therapy!
- Add a few extra arm and leg motions while dressing

Handwriting

General tips:

- Think “big strokes” when writing.
- Use lined paper.
- Vary the size, shape, and weight of your pen. Change pens when your hand tires.
- Change your grip on the pen. Place the pen between your index and middle finger and wrap your thumb around the bottom of the pen for better stabilization and support.
- Is it easier to write with a fine point pen? A medium point? Try a roller point, ball point, or felt tip. Decide which one works best.
- See an occupational therapist about adaptive writing aids.

Other Aids for Daily Living

Emergency alert aids are available that can help you summon help if you are alone. Visit your local medical supply store or use the resources listed in the back of this booklet.

Reacher bars come in handy for pulling items off from shelves.

Pill splitters make it easier to split pills in half.

Telephone amplifiers increase the volume of your voice when talking on the phone.

Giant push button telephone adapter fits over your phone's key pad to make it easier to dial the phone.

Swivel seat cushions eases car transfers.

Wheelchair tray attaches to wheelchair and can be used as a table or arm support.

Computer Arm Supports for forearms attach to table/desk. Helpful aid for typing and mouse use for people with arm fatigue, weakness, tremor or pain.

Adjustable tables can be used to stabilize arms to reduce fatigue or tremors and/or support weak or painful shoulder muscles.

Resources

National Parkinson Foundation
www.parkinson.org
(800) 327-4545
The National Parkinson Foundation (NPF) is a world class Parkinson disease organization that supports an international network of research, treatment, education and support centers. NPF offers free booklets about medication, exercise, activities of daily living, and exercise. Call or visit the website for more information.

Eldercare Locator
www.eldercare.gov
1-800-677-1116
Supported by the Administration on Aging, this site links visitors to services for elders and/or disabled people in their local communities. Caregivers can also speak to an information specialist by calling the toll-free Eldercare Locator service **1-800-677-1116**.

Caregiver Resources

Family Caregiver Alliance
(800) 445-8106
www.caregiver.org

National Family Caregivers Association
(800) 896-3650
www.nfcacares.org

For a variety of equipment and aids:

Your local medical supply store (look in the yellow pages under "medical supplies" or "medical equipment").

North Coast Medical
(800) 235-7054
http://www.beabletodo.com

Sammons Preston, Inc.
(800) 323-5547
http://ecom1.sammonspreston.com

Sears Health and Wellness
(800) 326-1750
http://searshealthandwellness.com

Southwest Medical and Rehab
(800) 236-4215
http://southwestmedical.com

U-Step Walking Stabilizer
(800) 558-7837
http://ustep.com

Adaptive clothing:

Caring Solutions Catalogue
(800) 336-2660
www.caringconcepts.com

Fashion Ease
(800) 221-8929
www.fashionease.com

Computer aids and accessories:

AliMed Ergonomics Catalogue
(800) 882-8183
www.alimed.com

Emergency Alert Systems:

Lifeline Systems
(800) 543-3546
www.lifelinesys.com

Med-Alert
(215) 699-5766
www.1800medalert.com

Other helpful resources:
Exercise/Fitness Resources

Gentle Fitness

A videotape of gentle stretches and exercise, guided by recreational therapist Catherine MacRae. Recently awarded at the American Medical Association's International Health and Medical Film Competition.

Order by phone: (800) 566-7780

Sit and Be Fit

The Parkinson disease special edition patterned after the popular public television series hosted by Mary Ann Wilson, RN.

Order by phone: (509) 448-9438 or on-line at www.sitandbefit.com

Parkinson Disease and the Art of Moving

Written by John Argue, a movement & voice teacher, this

book teaches exercises and movement methods for coping with everything from balance to freezing. Available at most local or on-line book sellers. The video companion to the book can be ordered by phone: 510.985.2645 or on-line at www.parkinsonexercise.com

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NPF Literature Feedback Form

We'd like to know what you think of our literature. Your answers will benefit both patients and caregivers. Thank you for taking a moment to help.

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Are you:

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Miami, FL 33136

What do you think?

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