

A MONTHLY PUBLICATION OF

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE

PRESIDENT'S

We are just ZOOMing through this year, this month, this day. I can say it certainly is an interesting time and for some, it is even an exciting time as we go through another Industrial Revolution propelled by a pandemic. Our 4th Industrial Revolution.

Have you noticed all of the *Things To Know RIGHT NOW* on our YouTube channel? We are so grateful to all of the wonderful PROfessionals in our *Wellness Village* who stepped up to the plate to video their "Show Of Force" to, and for all of you. Zooming through this month, we held five Caregiver Only meetings, five Round Table meetings, and one Village Meeting. The meetings are held at different times of the day allowing you to choose one or more that fits your schedule. You can find all of the meetings listed on the *Groups This Month* or the *Calendar* on the Website. The newly named "Village Meetings" used to be our educational or speaker meetings.

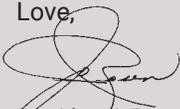
The *Road To The Cure* is still progressing slowly right now because of the lockdown created by COVID-19, therefore we will not have an article from them. We're grateful that the scientists are all well and proceeding toward this most needed goal of finding a cure for Parkinson's disease.

We know we are providing valuable information and support in the Parkinson's community, so join us in making a difference in your life, or the life of a loved one this *Month* by making a donation. Supporting us is simple: Make monthly donations through our safe PayPal donation page at [ParkinsonsResource.org/donate](https://www.parkinsonsresource.org/donate) or mail your donation to our office in Palm Desert, CA.

Until next month, REMEMBER D-Day, WWII. on the 6th, Nat'l Chocolate Ice Cream Day on the 7th, Flag Day and World Blood Donor Day on the 14th, Summer Solstice—the longest day of the year!—on the 20th, and Father's Day and Nat'l Selfie Day on the 21st. June's birthstones are Alexandrite, Pearl, & Moonstone. The birth flower is the Rose.

ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

LEGAL PLANNING IN THE SHADOW OF THE PANDEMIC

William R. Remery, Elder Law Attorney

Estate planning and getting one's legal affairs in order is like buying insurance. Like insurance, advance legal planning cannot prevent bad things from happening, but can anticipate such things to minimize the damages and provide for better outcomes overall. Car insurance does not prevent accidents, earthquake insurance does not prevent earthquakes and life insurance does not prevent death. However, they can help mitigate or lessen your damages and permit you and your family to go on even if a bad thing happens. Just as there are different kinds of insurance for different problems, there are different legal plans and strategies that can be put in place to anticipate and deal with different problems.

Advance legal planning is also similar to good preventive health care. Periodic checkups, preventive medicine and tips on healthy living can prevent some diseases and catch others early-on so that they can be treated before they become fatal. Similarly, getting your legal affairs in order before a problem arises or catching a legal problem early, is infinitely better, less expensive, and more likely to render favorable results.

Good legal planning can save time and money by taking advantage of tax exemptions, deductions or other special tax rules, avoiding expensive court supervised conservatorship proceedings by using powers of attorney and advance health care directives, avoid the expense and delay of a court supervised probate proceeding at death by using a simple living trust, and saving hundreds of thousands of dollars on long term care expenses by doing advance planning for Medi-Cal or Medicaid, among other things.

Like preventive health care, legal planning should be a lifelong habit. For young people just getting started with new families, their estates may be modest, but they have big responsibilities with young children and aging parents. They need to consider replacing their income in the event of disability or death and nominating guardians for their children to avoid family disputes. They may also have issues regarding apartment leases, purchase agreements for a new home or other installment purchases.

As wealth grows that wealth needs to be protected, with tax advice and investment advice. As income increases and the family grows, replacing income in the event of death or disability may become even more important.

As people approach retirement, investment strategies should change and issues about Medi-Cal or Medicaid planning, reverse mortgages, and substitute decision makers to help as the person declines physically and mentally become more prominent in the planning.

While legal planning often revolves around saving money and addressing the financial issues that may arise, good lifelong legal planning is equally about minimizing the emotional costs of life's twists and turns. Subjecting yourself or your loved ones to unnecessary court proceedings like probates or conservatorships which are extremely stressful and emotionally draining at the very time when the family is in distress over the loss or disability of a loved one, can be even more important than the financial savings.

cont. on page 7

Our Wellness Villagers

ACUPUNCTURE

- Dr. David Shirazi

ANIMAL-ASSISTED THERAPY

- Canine Companions

AROMA THERAPY

- Renee Gauthier

ASSISTIVE TECHNOLOGY

- California Phones

BEAUTY

- Younger By Tonight

CARE FACILITIES

- Atria Hacienda
- A&A Home Care Services
- Caleo Bay

CHIROPRACTIC

- Dr. Curtis Buddingh

CLINICAL TRIALS

- Parexel International

DEEP BRAIN STIMULATION

- Abbott
- Boston Scientific

DENTISTS

CMD/TMJ DENTISTS

- (CA) Dr. George Altuzarra
- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Dwight Jennings
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (CT) Dr. Patricia A. Richard
- (IL) Drs. Ed and Lynn Lipskis
- (TX) Dr. Risto Hurme
- (VA) Dr. Brendan C. Stack
- (VA) Dr. Jeffrey L. Brown
- (CA) Dr. Alice Sun

SLEEP MEDICINE DENTISTS

- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (IL) Drs. Ed and Lynn Lipskis
- (TX) Dr. Risto Hurme
- (VA) Dr. Brendan C. Stack
- (VA) Jeffrey L. Brown
- (CA) Dr. George Altuzarra
- (CA) Dr. Dwight Jennings

ELDER LAW ATTORNEYS

- (CA) Zoran K. Basich
- (CA) William R. Remery
- (NY) Ronald A. Fatoullah

ESTATE PLANNING- LEGAL

- (CA) William R. Remery
- (NY) Ronald A. Fatoullah

ESTATE PLANNING – FINANCIAL PLANNING

- Cypress Wealth Services

FELDENKRAIS METHOD® PRACTITIONERS

- LeAnn Brightwell, CM

FINANCIAL ASSISTANCE

- The Assistance Fund, Inc

GRAPHIC DESIGN / PHOTOGRAPHY

- G-Aries Visions

HOSPICE CARE

- Family Hospice (local)
- Gentiva Hospice (regional)
- Vitas Healthcare (nationwide)

HYPNOTHERAPY

- Palm Desert Hypnosis

INCONTINENCE SUPPLIES

- Geewhiz

IN HOME CARE PROFESSIONALS

- Cambrian Homecare
- Senior Helpers of the Desert
- A&A Home Care Services
- Brightstar Care
- AccentCare, Inc

INSURANCE - LTC & DISABILITY

- Jim Lawless, MBA

LEGAL-ATTORNEY-LAWYERS

- (CA) Zoran K. Basich
- (CA) William R. Remery, Esq.
- (NY) Ronald A. Fatoullah

LIFE COACHING

- Laura Meeks – Fly High Living
- Lynda Reid, EdD, RPCC, PCC

LSVT LOUD PROGRAM

- Easy Speech Therapy Center
- Bolden Communication, Inc

LSVT BIG PROGRAM

- Rosi Physiotherapy

MASSAGE & BODYWORK

- Rehab Specialists

MEDICAL MARIJUANA

- The Leaf El Paseo

MEDI-CAL CONSULTING

- Medi-Cal Consulting Services, LLC

MOBILITY PRODUCTS

- In & Out Mobility
- LiftUp, Inc

MEDICINE

- US World Meds
- Lundbeck

MUSIC

- Minding Music – Music Therapy

NURSING HOME ATTORNEYS

- (CA) Zoran K. Basich

OCCUPATIONAL THERAPY

- Easy Speech Therapy Center
- VIBRA Rehabilitation Hospital

PHARMACIES

- Cornerstone Pharmacy

PHYSICAL THERAPISTS - TRAINING SPECIALISTS

- Arroyo Physical Health
- Renee Gauthier
- Rosi Physiotherapy
- Rehab Specialists
- Easy Speech Therapy Center
- VIBRA Rehabilitation Hospital

REAL ESTATE

- John Sloan Real Estate Group

REHABILITATION HOSPITALS

- VIBRA Rehabilitation Hospital

RELOCATION SERVICES

- Senior Living Options of the Desert

RESIDENTIAL CARE FACILITIES

- A & A Home Care

SENIOR HOUSING

- Atria Hacienda

SPEECH THERAPY

- Easy Speech Therapy Center
- Bolden Communications
- VIBRA Rehabilitation Hospital

VIATICAL

- Rehburg Life Settlements

VISION

- Optometric Vision Care, Dr Eric Ikeda

PARKINSON'S DISEASE MAY NOT BE THE REASON YOU'RE DIZZY WHEN STANDING

A condition called neurogenic orthostatic hypotension (nOH) may be the culprit, and there are ways to manage it.

When Jody, of Woodstock, Georgia, gets out of bed in the morning, she is mindful to take her time, knowing that she sometimes gets dizzy or lightheaded when she stands up. Jody has Parkinson's disease and had assumed that this dizziness was yet another symptom of her condition. "I also got this foggy brain when I would stand or sit up, like I couldn't think clearly in those moments," Jody said. "I was sure it was part of my Parkinson's and I would just have to live with it."

One out of five people with Parkinson's disease may also have symptoms of nOH.

"People with Parkinson's disease may develop symptoms of neurogenic orthostatic hypotension, or nOH," neurologist

Dr. Brent Goodman explained. "For various reasons, patients might ignore or not talk about their symptoms. However, reporting these symptoms is important because nOH is a separate condition that can be managed."

"Don't be afraid to ask your healthcare provider, 'Could I have nOH?'"

nOH is a low blood pressure condition associated with nervous system disorders such as Parkinson's disease and multiple system atrophy.

People with nOH experience symptoms like dizziness, blurred vision, or feeling lightheaded after standing. Other common symptoms of nOH, which tend to occur after standing or when standing for long periods of time, include passing out, falling down, tunnel vision, fatigue, and neck and shoulder pain.

cont. on page 6

A UNIQUE WAY TO DONATE TO PRO, YOUR FAVORITE CHARITY

Lisa Rehburg, Rehburg Life Settlements

With the financial markets in such flux, our company wants to help PRO with unique solutions for their donors.

I thought a quick synopsis of common questions and answers may be helpful. Here is what we are asked most often:

1. *Why should I suggest a donor consider selling their life insurance policy? Donors are being significantly impacted financially, and they may have a policy they no longer want, need or can afford. Perhaps a donor needs to cut expenses or has no more use for the policy. A life insurance settlement can offer liquidity.*
2. *What can be done with the cash generated in a life insurance settlement? The cash can be used for anything... donate to your organization, help shore up retirement savings, pay down debt, fund home care or assisted living, or a combination... anything.*
3. *I don't know much about life insurance settlements - are they legal? Are they regulated? Many people have not heard of a life insurance settlement, yet they have been legal since 1911 through a Supreme Court decision (Grigsby v. Russell) which deemed a life insurance policy an asset that can be sold. Today, life insurance settlements are heavily regulated by Departments of Insurance across the country.*
4. *How much is a policy worth? Every donor's situation is unique. The main factors determining the value of a policy are the premium to be paid, the life expectancy of the donor and the face value of the policy. Yes, there are some policies that cannot be sold. But, policies can be worth several thousand to tens of thousands to hundreds of thousands of dollars. We have recently sold clients' policies for amounts ranging from \$8,000 to \$350,000. The clients were thrilled because they were going to drop these policies, and they realized a return for them.*
5. *What types of policies can be sold? Any type can be sold - including term policies. Face values of \$100,000 or more are preferable.*
6. *But, doesn't my donor have to be really sick to sell? No. While it is true that the shorter the life expectancy of the donor, the more money their policy is potentially worth, this does not mean that relatively healthy donors cannot sell their policies. Typically, donors should be 65 or over, but donors younger can sell too, depending upon their health.*
7. *Does it cost my donor money? There is no up-front application fee to find out how much a policy could be worth. There are commissions paid, based upon the amount of money obtained for the donor.*
8. *How does my donor know if an offer for their policy is the best price? A good life settlement broker presents a donor's policy to many buyers to realize the best return. Our responsibility, passion and duty is to obtain the most money for a client's policy.*
9. *How do I bring up life insurance settlements with my donor? "Do you have a life insurance policy you no longer want, need or can afford?" This is a very simple question to ask. You discuss assets with donors regularly. Their life insurance policy is just another asset. We have also helped professionals raise awareness through writing blogs for their website, articles for their newsletter, conducting webinars and podcasts. Let us know how we can support you.*
10. *The financial markets have taken a hit, how is the life insurance settlement market? The life insurance settlement market is very active right now, and some buyers have been particularly generous in their offers for policies.*

I hope this succinct Q & A has been helpful. If you would like more details, have additional questions, or a donor's policy you would like to discuss, please feel free to contact me directly, or click through to our website here. In addition, the Life Insurance Settlements Association (LISA) has published a "Basics of Life Settlements" brochure. If you would like a copy, please let me

cont. on page 7

BOARD OF DIRECTORS

GOVERNING BOARD

JO ROSEN

President & Founder

WILLIAM R. REMERY, ESQ.

Elder Law, PRO Secretary/Treasurer

MICHAEL LU

Director at Large

MATTHEW LU

Director at Large

KAYA KOUVONEN

Director at Large

ADVISORY GROUP

JACOB CHODAKIEWITZ, MD

PATRICIA DUNAY

DAVID M. SWOPE, MD

DR. ANA LORENZ

CLAUDE VALENTI, OD, FCOVD

DANA BERNSTEIN

Advertising Director

SUE DUBRIN

HONORARY MEMBERS

GREG A. GERHARDT, PHD

STEPHEN MACHT

Actor/Director

TRINI LOPEZ

Int'l Singer/Songwriter

EMERITUS

MARIA ELIAS

DEBBIE STEIN

ROGER RIGNACK, MBA

GONE, BUT NOT FORGOTTEN

ALAN ROSEN, FAIA

ELINA OSTERN

JERRY BERNSTEIN

JACK HISS, MD

PHILIP GUSTLIN, ESQ.

DR S. JEROME TAMKIN

KENNETH SLADE

SHIRLEY KREIMAN

LEONARD RUDOLPH

CAROLE ROBERTS-WILSON, MS-SLP

FOUNDING MEMBERS

JO ROSEN, Founder

ARNIE KRONENBERGER (deceased)

CATHERINE BUCKINGHAM

JENNIFER REINKE

DARLENE FOGEL

CHUCK KOCH

ALAN ROSEN, FAIA (deceased)

WAYNE FRIEDLANDER

PAUL ROSEN

ELAINE VACCA

Special Thanks

...TO OUR "SPECIAL" BOOSTERS:

SKY LUNDY

GARY LOPEZ / G-ARIES VISIONS

THE DESERT COMPUTER DOCTOR,
ROBIN BROWN

SUE DUBRIN

FRANK & MARY BUYTKUS

IRENE MOTTA

MARTHA HANSON

JOHN GUNDERSEN

EVA MYERS

JOHN PERL

RICHARD CORDES, CPA, JD, LLM

JEREMY SIMON

ADAN OLIVAS

MICHAEL LU

LINDA BORLAUG

CHERYL EWOLDT

CAROLYN RINDONE

MATTHEW LU

MARY HARRISON

MARY RICHARDS

DONNA STURGEON

"LIKE" US ON FACEBOOK
AND FOLLOW US ON TWITTER!



Facebook.com/
ParkinsonsResourceOrganization



twitter.com/ParkinsonsPro

SWITCHING TO VERCISE™ DBS MADE ALL THE DIFFERENCE: BILL D.'s DBS STORY

For 69 year-old Bill Day, switching to the Boston Scientific Vercise DBS from his old DBS system made a world of difference.

He got his first DBS system about two and a half years after he was diagnosed with Parkinson's disease. "My disease was progressing at a very rapid rate, and I felt I needed something more than a pharmaceutical solution." A former CPA and Chief Financial Officer of a hospital, he found that he couldn't open an envelope, type, or add up a column of numbers without making errors, not to mention the disruption of everyday activities of life like holding a fork, showering and shaving.

He went to see the neurosurgeon who had done back surgery on him several years earlier when he was implanted with two generators, one to control the right side of his body and one to control the left. He found the surgery to implant the leads in his brain to be "very simple. There was virtually no pain... and I was shocked at that!" Within six months of the surgery and adjustments, he was "probably about 80% back to what I considered normal."

But the generators in his chest were "somewhat bulky and you could see them," and he still had some physical issues. "My voice was getting softer and softer, and family members would ask me to repeat what I had just said, because they didn't hear it. Eating certain foods would cause great difficulty in swallowing. I couldn't really lift my left arm, and sometimes I would choke so much, on the old system, that I'd almost crawl on the floor just to get over it."

After about eighteen months, he was at a family holiday party and "I noticed that I wasn't walking properly, that some of my [Parkinson's disease] symptoms were returning." He found out it was because the batteries in his two generators had reached their end of service far earlier than the three to five years that he'd been told to expect.

A friend of his from an exercise group he belonged to had recently been implanted with a DBS at Bill's urging, and when Bill saw him post-implant, he couldn't believe his eyes. His friend had one generator, not two, and Bill couldn't even see where it was in his chest. "I'm looking at him and said, 'Did you really have the surgery?'" My friend had this lightweight battery that really wasn't noticeable, and here [mine is] double the size, noticeable and heavier. My friend looked fantastic! I mean, you'd never know that he had the DBS, [except that now] his movements were really smooth." Bill asked him which DBS system he had, and his friend enthusiastically told him that it was Vercise™ DBS.

Bill asked his doctor if he was a candidate to switch to Vercise DBS, and he was. In addition to being able to remove the two bulkier generators and go down to one, more compact generator, he learned that the Vercise DBS battery was rechargeable and would last at least fifteen years.

After Bill had his Vercise DBS implanted, he was amazed by just the physical change alone. "Before, I had two bulging [generators]. The other night I was [in bed], I didn't feel anything in my chest. I didn't sense it was even there." But beyond that, there were all sorts of other surprises. "I didn't anticipate that there would be improvement in the voice, improvement in my left arm, improvement in swallowing, and no more choking. Now, I'm [really] back to what I was like before I had Parkinson's."

For more information and other DBS patient stories Visit Boston Scientific in the Wellness Village at ParkinsonsResource.org/the-wellness-village/directory/boston-scientific/ where they have been members since April 2020.

Parkinson's Resource Organization (PRO), through its WELLNESS VILLAGE (ParkinsonsResource.org/the-wellness-village) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson's or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain "quality of life," alleviate symptoms, helped you through the Parkinson's Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with some tokens of our gratitude.

HOW OFTEN IS PARKINSON'S MISDIAGNOSED?

References made by Brain & Spine and NCBI/NIH

A combination article

According to an article published by Brain & Spine October 16, 2018...

You may first notice a tremor in your hands. Or that you walk a bit unsteadily. Or that you feel stiff and slow.

If you check the internet, you may conclude you have Parkinson's disease. Even your family doctor might diagnosis this chronic and progressive neurological disease.

But other conditions closely mimic Parkinson's. And because they are treated differently, it's important to get a correct diagnosis as soon as possible.

"For a couple of conditions, the prognosis, treatment and advice are totally different from Parkinson's," says Hubert Fernandez, MD, Director of the Center for Neurological Restoration.

A neurologist is your best bet for sorting out whether you have Parkinson's or something else, he says. Treatment decisions made early in the illness can affect your long-term success in managing the condition.

What looks like Parkinson's, but isn't? Dr. Fernandez describes two main Parkinson's mimics:

Essential Tremor — Also known as benign essential tremor or familial tremor, this movement disorder causes brief, uncontrollable shaking.

It most often affects your hands, but can also affect your head and neck, larynx (voice box) and other areas. In rare cases, it affects your lower body as well.

But one clue can help distinguish essential tremor from Parkinson's. "This is not an absolute rule, but if shaking occurs at rest, it often is Parkinson's. And if shaking occurs in action, such as when you're writing or eating, it is essential tremor," Dr. Fernandez says.

About half of those with essential tremor have a family history of the condition.

Unlike Parkinson's, essential tremor is generally not perceived as a progressive disorder, and, if mild, may not require treatment.

Doctors can prescribe medications to reduce shaking, but they are not the same drugs used to treat Parkinson's, he says.

Drug-induced Parkinson's — Along with shaking, this condition may cause many symptoms similar to Parkinson's disease, including stiffness, slow movement, a decrease in facial expression and a change in speech.

As the name suggests, taking certain drugs, most commonly antipsychotics and mood stabilizers, can trigger this condition. How long it takes to develop can vary greatly, depending on which drug you're taking, how long you take it and the dosage.

Your doctor likely will treat drug-induced Parkinson's by adjusting your medication.

"We always work with a psychiatrist as we taper off and try new drugs," Dr. Fernandez says. "We want to do what is best for the body and what is best for the brain."

Other neurological disorders fall into a category known as Parkinson's plus syndromes, which can cause similar symptoms. Doctors typically treat these syndromes the same way they treat Parkinson's disease. "The medications we prescribe are about the same as what we use for Parkinson's, but we expect different outcomes," he says. "However, a diagnosis of essential tremor or drug-induced Parkinson's would call for a totally different treatment."

The right diagnosis can save time (and money) because the symptoms of Parkinson's vary and often overlap other conditions, it is misdiagnosed up to 30 percent of the time, Dr. Fernandez says. Misdiagnosis is even more common in the early stages.

Patients who don't know where to turn may make appointments with a rheumatologist, or an orthopaedic or heart specialist, and undergo MRIs, EMGs and other expensive tests.

But only a neurologist can distinguish Parkinson's from essential tremor, drug-induced Parkinson's and Parkinson's plus syndromes, he says.

"If patients come to us with typical signs of Parkinson's, we don't need to order expensive tests," he says.

Instead, neurologists base their diagnosis on a detailed patient exam and medical history, along with other information from the patient, family members or caregivers.

"That's all stirred into the pot," he says. "Sometimes we can diagnose Parkinson's with one visit. Other times, several follow-up visits are necessary."

cont. on page 6

PARKINSON'S RESOURCE ORGANIZATION

VOLUNTEERS

SKY LUNDY

Web Design

GARY LOPEZ

Graphic Artist

AMBASSADORS

SOPHIE BESHOFF

CHERYL EPSTEIN

CHARLENE & BOB SINGER

GROUP FACILITATORS

PEGGY SEXTON

BARBARA ENGLISH

SUE DUBRIN

MARTHA HANSON

JOHN MASON

VOLUNTEERS/ OFFICE SUPPORT

EVA MYERS

JOHN PERL

MICHELE WALDNER

JEREMY SIMON

SUSAN MOLLER

JAN SEIDEN

ADAN OLIVAS

LINDA BORLAUG

CHERYL EWOLDT

CAROLYN RINDONE

MARY HARRISON

MARY RICHARDS

DONNA STURGEON

WE DO NOT INTEND
THE PRO NEWSLETTER
AS LEGAL OR MEDICAL ADVICE
NOR TO ENDORSE ANY
PRODUCT OR SERVICE.
WE INTEND IT TO SERVE AS
AN INFORMATION GUIDE.

HOWEVER MANY NEUROLOGISTS HAVE NO UNDERSTANDING OF TMD – TEMPOROMANDIBULAR JOINT DISORDER

According to an article published by NCBI/NIH January 6, 2011...

Neurologic disorders, including dystonias, and Parkinson's disease, are common in aging adults. Treatments vary, but evidence-based and comparative effectiveness analysis has not yielded systematically reviewed best available evidence of satisfactory interventions. The auriculotemporal (AT) nerve, a branch of the mandibular nerve, innervates the temporomandibular joint, and courses to the tympanic membrane and anterior cochlear surface and neighboring tissues. AT fibers project to the sympathetic otic ganglion. Clenching, grinding, trauma, bone loss and stress can change the jaw bite, and decrease its vertical dimension. Subsequent irritation and compression of the AT nerve can occur, with associated paresthesia, pain and discomfort. Symptoms can be local and specific (e.g., TMD), as well as varied and systemic (e.g., *neurologic, dystonic and neuro-muscular disorders, including tremors, muscle spasms leading to impaired and awkward positional control of the head, hands, other extremities, speech impairment, incontinence, impaired sleep, associated depressive symptomatology*).

Diagnosis of TMD, for example by comparing the temporomandibular joint space and condylar position by meticulous scanning of tomographic or cone beam projections in patients with anterior disc displacement, is challenging. Managing patients with TMD is also a complex endeavor.

We have observed that intervention, aimed at changing the maxillomandibular occlusal relationship by changing the vertical dimension of the patient's jaw bite, relieves AT compression and associated irritation, and leads to immediate and sustained symptomatic improvement clinically. A profile of certain proteomic biomarkers of pain and of temporomandibular joint dysfunction may be assembled to assess and detect the prognostic changes in TMD following intervention directed specifically at relieving the irritation and compression of the AT nerve.

Editor's Note: *Very few dentists have an understanding of the neurologic relationship involved in TMD. You may find one of these highly trained and credentialed dentists in the Wellness Village at ParkinsonsResource.org/the-wellness-village/business-types/dentist/*

THE REASON YOU'RE DIZZY – cont. from page 2

What You Can Do? – "A typical screening for nOH includes taking the patient's blood pressure while standing, sitting, and lying down to see if there is a pattern to the low blood pressure," Dr. Goodman added. "If you have Parkinson's disease and experience dizziness or feel faint when you stand or change positions, don't be afraid to ask your healthcare provider, 'Could I have nOH?'"

There are steps you can take to manage nOH, including some day-to-day lifestyle changes. Your healthcare provider might recommend such things as drinking more water, adjusting the salt in your diet, getting regular exercise, and rising slowly when standing. Your healthcare provider may also suggest options like avoiding meals heavy in carbohydrates, not standing still for long periods of time, and elevating the head of your bed.

"Getting the diagnosis of nOH has made a world of difference for me," Jody said. "I didn't want to be held back, and now that I know what I'm dealing with, I'm not as worried about getting up and getting out as I was before."

nOH is a product of and ©2017 Lundbeck. All rights reserved. UBR-D-100029v3. Register online and please join PRO's virtual "Village Meeting" on June 22, 2020 on ZOOM to hear Bela (Amrita) Singha, PhD, Sr. Medical Science Liaison MSL Neurology — West Region as she discusses Orthostatic Hypertension. Get your questions prepared for her Q & A.

TO THE FATHERS, GRANDFATHERS AND FATHERS-TO-BE, WE EXTEND OUR BEST WISHES FOR A VERY HAPPY FATHER'S DAY.



Father's Day is Sunday, June 21st

Your Father's Day Amazon Gift Purchase supports PRO.

Thank You!



What is AmazonSmile?

AmazonSmile is a simple and automatic way for you to support your favorite charitable organization every time you shop, at no cost to you. When you shop at smile.amazon.com, you'll find the exact same low prices, vast selection and convenient shopping experience as Amazon.com, with the added bonus that Amazon will donate a portion of the purchase price to your favorite charitable organization. You can choose from nearly one million organizations to support.

How do I shop at AmazonSmile?

To shop at AmazonSmile simply go to smile.amazon.com from the web browser on your computer or mobile device. You may also want to add a bookmark to AmazonSmile to make it even easier to return and start your shopping at AmazonSmile.

Can I use my existing Amazon.com account on AmazonSmile?

Yes, you use the same account on Amazon.com and AmazonSmile. Your shopping cart, Wish List, wedding or baby registry, and other account settings are also the same.

How much of my purchase does Amazon donate?

The AmazonSmile Foundation will donate 0.5% of the purchase price from your eligible AmazonSmile purchases.

SHADOW OF THE PANDEMIC – cont. from page 1

Basic estate planning is relatively inexpensive, using powers of attorney, advance health care directives and trusts. Even Medi-Cal or Medicaid planning is fairly easy and inexpensive if done well in advance of need. In the forty years that I have been practicing, I have seen the cost for trusts and other routine planning documents fall with the advent of word processing and computer programs. Unfortunately, I do spend an inordinate amount of time solving problems and curing failures to plan, which is much more time consuming and, therefore, expensive.

Just because we are in the middle of the COVID-19 pandemic does not mean that legal assistance is unavailable. We are having “face-to-face” meetings with our clients using Zoom and Skype, emailing completed documents for the clients to print out and sign, and even arranging for “traveling notaries” to complete in signing the documents. In fact, with the extra time we are spending at home “social distancing,” this may be the perfect time to review our legal affairs and get them in order.

Mr. Remery is one of the founding members of The Wellness Village. Visit his page at ParkinsonsResource.org/the-wellness-village/directory/william-r-remery-esq/, watch his video and be inspired to do your long term care planning. He is only a phone call away.

YOUR FAVORITE CHARITY – cont. from page 3

know, and I will gladly send it to you.

We are life settlements brokers and are here to be of assistance. It would be a privilege to be of service to you and your donors, should the need arise. When considering life insurance settlements, remember, “*It can’t hurt to try, it can only hurt not to.*”

For more information please visit Lisa and Rehborg Insurance Settlements in the Wellness Village at ParkinsonsResource.org/the-wellness-village/directory/rehborg-life-insurance-settlements/ where they have been members since July 2019.

BITS AND PIECES**WHAT TO KNOW ABOUT CHEWING GUM**

National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. Chewing gum during the workday was associated with higher productivity and fewer cognitive problems, raised cortisol levels in the morning, and did not affect heart rate. The results emphasize that chewing gum can attenuate reductions in alertness, suggesting that chewing gum enhances worker performance.

Chewing Gum: Cognitive Performance, Mood, Well-Being ... Does chewing gum improve cognitive function? **RATIONALE:** Recent research suggests that chewing gum may improve aspects of cognitive function and mood. There is also evidence suggesting that chewing gum reduces stress. ... The volunteers rated their mood at the start and end of each session and had their heart rate monitored over the session.

Effects of chewing gum on cognitive function, mood and physiology ... Does chewing gum increase blood flow to the brain? Chewing gum increases blood flow to the brain. This, in turn, increases oxygen to the brain, which can help enhance your memory and cognitive performance. Some studies have reported that chewing gum increases blood flow to the brain by 25-40%.

Five health benefits of chewing gum

The Hello Doctor Medical Blog Chewing gum can be fun, and good for you. Here are the most interesting health-benefits:

Combat stress and anxiety – Chewing gum can relieve nervous energy and reduce tension. This is a nice by-product of the act of chewing itself. According to an Australian study, the rhythmic motion of gum chewing can help lower levels of the stress hormone cortisol, making you feel calmer and more relaxed.

Boost memory – Chewing gum increases blood flow to the brain. This, in turn, increases oxygen to the brain, which can help enhance your memory and cognitive performance. Some studies have reported that chewing gum increases blood flow to the brain by 25-40%. Continuous chewing also activates your hippocampus, the part of your brain that’s crucial to your memory and learning.

Better concentration – Besides boosting your memory, chewing gum can also increase your focus and alertness. The chewing movement is thought to stimulate nerves and areas in the brain associated with arousal, in addition to increasing blood flow. This may help you feel more awake. Mint-flavoured gum is especially useful here, finds a study in *Physiology & Behaviour*.

Suppress appetite – Trying to drop a few kilos? Chew on this: a study published in the journal *Appetite* found that chewing gum for at least 45 minutes or 15 minutes per hour for three hours, reduced appetite and cravings for snacks, and increased the feeling of fullness. This concludes that chewing gum regularly may help you eat less and prevent overeating, which may help you lose weight.

Improve oral health – Chewing gum increases saliva flow, which helps wash away harmful sugars, food debris and decay-causing acids from your mouth. It can fight bad breath, prevent stains, reduce plaque and protect against cavities and tooth decay. Just make sure your gum is sugar-free. Sugar feeds the bad bacteria in your mouth, which can damage your teeth. Look for a gum sweetened with xylitol. Xylitol prevents the growth of the bacteria that cause tooth decay and bad breath.

PRO CALENDAR FOR JUNE 2020

The current, VIRTUAL ONLY, support group meetings are listed below.

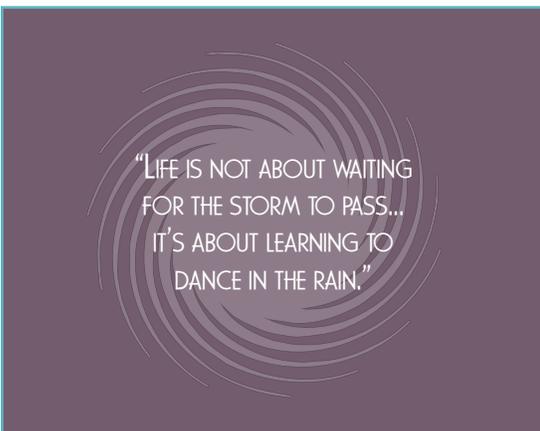
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

	1 VIRTUAL Caregiver Only 10:00 AM – 11:30 AM	2	3 VIRTUAL Round Table 6:00 PM – 7:30 PM	4	5	6 D-DAY
7 NAT'L CHOCOLATE ICE CREAM DAY	8 VIRTUAL Round Table 10:00 AM – 11:30 PM	9	10 VIRTUAL Village Meeting 4:00 PM – 6:00 PM	11 VIRTUAL Caregiver Only 6:00 PM – 7:30 PM	12	13
14 FLAG DAY WORLD BLOOD DONOR DAY	15 VIRTUAL Caregiver Only 10:00 AM – 11:30 AM	16	17 VIRTUAL Caregiver Only 6:30 PM – 8:00 PM	18 VIRTUAL Round Table 6:30 PM – 8:00 PM	19	20 FIRST DAY OF SUMMER
21 FATHER'S DAY NAT'L. SELFIE DAY	22 VIRTUAL Village Meeting 10:00 AM – 12:00 PM	23 VIRTUAL Round Table 6:30 PM – 8:00 PM	24 VIRTUAL Caregiver Only 10:00 AM – 11:30 AM	25 VIRTUAL Round Table 1:00 PM – 2:30 PM	26	27
28	29	30				

Caregiver Meeting: (For caregivers only) Come share the ups and downs of living with someone with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break.

Village Meeting: We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Village Meetings feature guest speakers who are professionals serving the Parkinson's Community. Village Meetings are packed with a wealth of amazing information. Have your pencil and notepad handy!

"Rosen Round Table" Meeting: Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.



NEWSWORTHY NOTES

June 2020 / Issue No. 331 / Published Monthly

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

74-478 Highway 111, No 102 • Palm Desert, CA 92260-4112

760-773-5628 • 310-476-7030 • 877-775-4111 • fax: 760-773-9803

Email: info@ParkinsonsResource.org • web: ParkinsonsResource.org

501(C)(3)#95-4304276

We do not intend the PRO Newsletter as legal or medical advice, nor to endorse any product or service; we intend it to serve as an information guide.