

A MONTHLY PUBLICATION OF

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

M E S S A G E**P R E S I D E N T ' S**

Politics aside, we express our deepest sympathy to and prayers for the family of John McCain. He fought a tough battle and put up a good fight. It's the sort of fight that people with Parkinson's put up with every day.

We also pray that the horrific fires and weather systems that have been with us for the past couple of months subside soon.

The PRO office accomplished so much this summer. We launched the new website on July 1. It has increased our Search Engine Optimization a thousandfold. I thank Sky Lundy (the web designer), Jeremy Simon and all of our wonderful volunteers who worked diligently to accomplish this major feat. We established a PR campaign to promote the support groups by informing vendors, professionals, and the press in each of the group locations of the meetings. We sent flyers throughout Southern California. Our last major task, scheduled to be completed this month, is building the new database in SalesForce and migrating the information from the old database. A major undertaking, we thank our Jeremy Simon, along with Adan Olivas, for their strengths, and our SalesForce support team out of Canada, Chris Thomas, Gobi, and Brittany.

We added two staff members, Terry Stralser as my assistant, and Brenda Wallace, Director of Development. Watch us continue our growth, only a bit more smoothly.

The Wellness Village grew and renewed substantially. Watch for Emails as well as the additions on Page 2 of the Newsletter.

September brings with it the re-opening of our support group meetings. We look forward to meeting and greeting each of you and finding out what was good and what was not so good for you during the summer.

PROvocative and engaging articles are throughout this month's Newsworthy Notes. The **ICBII UPDATE ON THE ROAD TO THE CURE** discusses their stake in history, on this page. We refer many members to Elder Law attorneys for getting their Medicaid or Medi-Cal applications completed correctly. It seemed beneficial to our readers to bring:

cont. on page 2

ICBII UPDATE ON THE ROAD TO THE CURE**MOVING FORWARD TO ERADICATE PARKINSON'S**

Approval of 5th Patent - ICB International, Inc., ("ICBII"), was notified on August 15, 2018, by the European Patent Office that the Company's fifth patent was approved and will be published online in 2-3 months. ICBII management is indeed happy about the progress in building a robust IP (Intellectual Property) portfolio to protect its therapeutic drugs upon approval by the FDA for the treatment of Alzheimer's and Parkinson's diseases in the USA and Europe.

The Company has several pending US and European patents at different stages of prosecution. Patent prosecution, particularly in the USA, is very expensive. The Company has spent more than \$600K in prosecuting five patents, which is ~12% of all the funds ICBII has raised so far.

Status of Cloning of SMART Molecule (SM) for Parkinson's Therapy

ICBII has cloned one segment of the alpha-synuclein-SM, a potential drug for modifying Parkinson's disease. The scientists are now busy in evaluating if this cloned segment has the desired characteristics of an SM. Science uses transgenic mice in the evaluation of the cloned SM, but before testing, the mice must grow to a certain age. We will keep you posted on the progress.

ICBII Seeking Funds Development of LRRK2-SM for Parkinson's Therapy

About 160 individuals per 100 000 people 65 years or older are diagnosed with Parkinson's disease in the USA each year, with similar incidence estimates in other high-income countries. This incidence makes Parkinson's disease the second most common neurodegenerative disorder after Alzheimer's disease. A Review in *The Lancet Neurology* [Volume 15, Issue 12, P1257-1272, November 01, 2016] covers the epidemiology and most recent evidence on environmental factors that can affect the risk of Parkinson's disease, from pesticide exposure (which increases risk) to caffeine consumption (which might reduce it). Knowledge about manageable risk factors is essential to design primary prevention interventions that could delay disease onset. However, the cause of Parkinson's disease is multifactorial. Even though only about 10% of patients report a positive family history, at least 30% of the risk of developing this movement disorder (an underestimation, according to many geneticists) can be, or are, directly attributed to *genetic factors*; therefore, understanding disease genetics is key to deciphering the complex pathogenesis of Parkinson's disease and find therapeutic targets for disease-modifying drugs.

Mutations in *Leucine-rich repeat kinase 2 (LRRK2)* have been identified as a genetic cause of familial Parkinson's disease (PD) and have also been found in the more common sporadic form of PD, thus positioning LRRK2 as important in the pathogenesis of PD. Although science has identified more than 20 mutations, the LRRK2 mutation Gly2019Ser is the most common genetic cause of Parkinson's disease worldwide. This mutation has the highest frequency (20%) in Ashkenazi Jewish and Arab-Berber populations.

More investigation is needed to understand the exact mechanism by which mutant LRRK2 causes neuron death. However, the mice overexpressing mutant LRRK2 exhibit long-term lipopolysaccharide-induced neuronal loss, which is accompanied by an exacerbated neuroinflammation in the brain, thereby providing mutant LRRK2 as

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Our Wellness Villagers

ACUPUNCTURE

- Dr. David Shirazi

ANIMAL-ASSISTED THERAPY

- Canine Companions

AROMA THERAPY

- Renee Gauthier

ASSISTIVE TECHNOLOGY

- California Phones

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- A&A Home Care Services

CHIROPRACTIC

- Dr. Curtis Buddingh

CLINICAL TRIALS

- Parexel International
- Asclepes

DEEP BRAIN STIMULATION

- Dr. Michel Lévesque

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- (CA) Dr. Maryam Bakhtiyari
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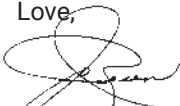
- Riverside Institute of Vision Rehabilitation
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PRESIDENT'S MESSAGE – cont. from page 1

SELECTING AN ATTORNEY FOR MEDICAID or MEDI-CAL PLANNING by William R. Remery, Esq. on page 4. **Michael Lu—29 years old with PD—joins our board.** His story is on page 3; On page 5, **Dr. Greg Collins, Ph.D., Pharm D** addresses **FOUR COMMON ILLNESSES THAT FALL BRINGS**, what Cornerstone and other pharmacies offer to help. Lucy Sanchez Wiseman, M.S. CCC-SLP addresses the question **HAVING DIFFICULTY WITH SWALLOWING FOOD OR LIQUIDS?** on page 6, and **LOOK AT ROSES FOR ROSEN** on page 5.

Join us in *making a difference in your life or the life of a loved one* this MONTH by donating. Without YOU, we could never do all that we do. Supporting us is simple: Make monthly donations through our safe PayPal donation page at **ParkinsonsResource.org/donate** or mail your donation to our office in Palm Desert, California.

Until next month, REMEMBER Labor Day on the 3rd, International Day of Charity on the 5th, Rosh Hashana starts on the 9th, Patriot Day is on the 11th, Yom Kippur starts on the 19th, Fall begins on the 22nd and my birthday is the 26th. The flowers are the Aster and the Forget-Me-Not, and the Birthstone is Sapphire. ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,

 President & Founder

IS 17 TOO YOUNG TO BE DIAGNOSED WITH PD?: MICHAEL'S STORY

Michael Lu

Many years ago, my father migrated to the United States from Taiwan to further his education at UCLA. At that time, my mother was pursuing her third master's degree at the University of Indiana. Years passed, they eventually met, married, and gave life to me. My parents graced me with much support, love, and understanding.

At my age now, I have come to realize how privileged I am. My parents provided a lifestyle that encouraged and supported my goals. Fortunately, I am not a self-entitled millennial, but rather someone who realizes how truly blessed and precious life has been. Through my family's culture and practices, they instilled my desire to help and give back to others, but it would have to take years of experience and sequences of ups and downs to realize who I was and what I wanted to become.

I majored in Sociology with the sole intention of joining the Sherriff's department to protect our communities and assist people in need of help. It was through this process that I began realizing how unpredictable and challenging life could really be. While I waited for the Department to undergo their background investigation of me, I took other jobs, gaining valuable experience. I took a correctional counselor position at a federal halfway house, allowing me to help many people, some with a dual diagnosis of a mental health disorder and substance abuse addiction. Eventually, I began working as a mental health counselor. I began working in the mental health field with the objective of providing support and assistance to create a positive impact on other's lives giving them the courage to go forth.

Still desperately waiting for an acceptance from the LA Sherriff's Department, I started to feel different. And now after several attempts, I finally realized I wasn't being moved forward in the hiring process. Before applying to the Department that different feeling was frequently experiencing trembling in my body and randomly experiencing stiffness in my legs. Ignoring the sensations for some time, I eventually saw a doctor. Because of my age (17 at the time), the doctors were baffled, and they misdiagnosed me with Essential Benign Tremor. Naturally, I ran to WebMD, like anyone my age would, and read that "A tremor is an involuntary, rhythmic, movement of a body part. Tremor may be seen as involuntary shaking or trembling of the affected area." Truthfully, I had no idea it would be the real reason I was not being moved forward in the hiring process with the Sheriff's Department. I was denied as many as four times without reason as to why. Each time they told me that I was "exactly" what their department was looking for, and suggested that I reapply the following year.

After several years, my tremor progressed, and this past year, the polygraph test wasn't able to accurately configure my results due to my movement during the exam.

I realized that I had to accept the reality of my disability and that I would need to reset my focus on a career that accepted my physical limitations. The satisfaction that I had experienced through my correctional counselor and mental health counselor positions would allow me to continue to serve others in a very positive manner.

After the journey through the denial and acceptance of my health issues, I began narrowing the focus of my career path. In 2017, I served as an Instructional Aide for those with disabilities in a local High School District, where my epiphany occurred. I assisted adolescents by giving them positive behavioral tools to replace their disruptive, harmful, or negative behaviors. I realized the important positive impact that a school psychologist has on students with educational needs. Observing my therapeutic process of assisting these students conjured my interest in supporting others in the education setting who suffer from disabilities and limitations, like myself.

While working for the School District, I was fortunate enough to receive better medical insurance enabling me to finally be seen by a neurologist/ Movement Disorder Specialist at the UCI medical center. It wasn't until then, eleven years later, at age 28, that they diagnosed me with Parkinson's disease. While in Taiwan and two years earlier, the doctors diagnosed my younger brother with Parkinson's disease at the age of 22. Yes, we both are unique, as very

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SELECTING AN ATTORNEY FOR MEDICAID or MEDI-CAL PLANNING

William R. Remery, Esq.

A member of the National Academy of Elder Law Attorneys

Medi-Cal is California's version of the federal Medicaid program. The "Long-Term" Medi-Cal program assists people in paying for long-term skilled nursing home placements.

At speaking engagements and social events, people often approach me with questions such as: "How can I find a good elder law attorney to help me plan for long-term nursing care?" or, "Can any attorney who does estate planning help me prepare for possible Medi-Cal problems in the future?" Other times I get comments such as: "I have a good attorney whom I like very much. He helped me (when I bought my house/when I had an accident/when I got divorced/when my daughter was being evicted), but I don't know if he really knows anything about Long-Term Medi-Cal."

The biggest problem in identifying a competent attorney to assist in long-term Medi-Cal planning is the misuse of the term "elder law." In reality, older people have the same legal problems that everyone else has with consumer complaints, real estate sales transactions, wills, trusts, traffic tickets, and even Medi-Cal planning. The primary difference is one of emphasis and relative importance to the individual of the various issues. I would be very suspicious of any attorney who claims to be an "elder law specialist," without further qualification.

In locating an attorney, you should start with a reliable referral source. One of the best sources is a friend or relative who has used an attorney in connection with concerns similar to yours and has been satisfied with that attorney's performance. Another excellent referral source in the long-term nursing care area is the National Academy of Elder Law Attorneys ("NAELA"). They maintain a website at "www.naela.org" which is searchable by zip code or city. When specific areas of expertise are listed for an attorney on that site, it means that the attorney has demonstrated actual real-life experience in those areas and not simply paid for the membership.

No matter what referral source you use, you must personally interview the attorney and determine not only the attorney's degree of familiarity with the issues which are important to you but also your level of personal comfort with the attorney. If you are intimidated by the attorney or if you find the attorney's approach or mannerisms annoying, you probably will not be able to maintain the kind of open, productive communication you need to make sure that your attorney addresses all of your concerns.

The interpersonal relationship you have with an attorney cannot be objectively measured. It is something that only you can evaluate, based upon your personal experience with the attorney. However, there are a few things you can do to objectively determine whether the attorney knows enough about Long-Term Medi-Cal issues to assist you with your planning needs. First, ask about the attorney's background in public benefits. How did the attorney get involved in the area and what experience does the attorney have in handling administrative appeals of Medi-Cal denials? Next, find out how the attorney stays current with changes in the state and federal laws and regulations relating to Medi-Cal. Attorneys must make a concerted effort to keep current in this changing area of the law if they are to deliver competent advice and services.

Finally, a good way to verify that the attorney is at least somewhat familiar with Long-Term Medi-Cal system is to drop a few "buzz words." These are terms which are used constantly in connection with Medi-Cal eligibility. Some of the most common terms are: **Share Of Cost** — The portion of a patient's monthly nursing home bill which must be paid from the patient's income, with Medi-Cal paying the balance of the bill.

Community Spousal Resource Allowance (CSRA) — The amount of non-exempt property an at-home spouse may own without disqualifying the other spouse from receiving long-term Medi-Cal benefits. (For 2018, the figure is \$123,600, which is increasable under certain circumstances.)

Exempt Assets — Assets which are not counted by Medi-Cal in determining whether a person qualifies for Medi-Cal benefits. (The principal residence, one automobile, household furniture and furnishings, a burial plot, a prepaid funeral contract (within certain limits) and qualifying annuities are some of the most common exempt assets.)

Minimum Monthly Maintenance Needs Allowance (MMMNA) — The minimum amount of income an "at home" spouse should receive before the patient's share of cost in an nursing home is calculated. (For 2018, the MMMNA is \$3,090 per month.)

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FOUR COMMON ILLNESSES THAT FALL BRINGS

Greg Collins, Ph.D., PharmD

Greetings from Cornerstone Pharmacy! We hope you have all enjoyed a terrific summer and are looking forward to cooler temperatures on the horizon wherever you are! If you live in the Coachella Valley or have a loved one that lives here, I want to send out a couple of reminders for you all as we rapidly approach the fall season.

Fall brings with it **Four Common Illnesses**.

Seasonal Allergies — Especially for our local desert residents, you will start to see an increase in allergens in the air with the beginning of scalping season. If dust and grasses are your triggers, please do not wait to start your allergy medication whether it be a daily tablet or nasal spray so that you are ready and can mitigate the symptoms of an allergic response.

Influenza (The Flu) is consistently one of the most common illnesses. People start spending more time indoors creating an incubator for spreading this virus. It is time again to start thinking about your flu shot. Most pharmacies will have inventory in stock near the beginning of September so plan to get your flu shot early. For those over the age of 65, we suggest asking for the high dose vaccine to improve your immune response and protection from the flu. Also, for those of you at high risk for pneumonia or are over the age of 65, please ask if you are a candidate for the vaccination that will protect you against the most common form of pneumonia. Medicare Part B fully covers both immunizations and should not cost you anything out of pocket.

Arthritis Pain is not a common fall illness. However, the cooler temperatures could lead to greater joint pain. The changes in weather and the drop in atmospheric pressures have shown to add more discomfort among those with arthritis. Quite often these changes also cause sinus problems and migraines. Your pharmacy has products to relieve these symptoms and pain.

Raynaud Syndrome and Heart Disease — The most common symptoms, poor circulation, numbness, and swelling are endemic with Raynaud Syndrome. Cooler weather can affect blood flow, making it difficult for the body to adapt. At the same time, during the fall, people living with heart disease may also experience more pain or difficulty for similar reasons. Check with your provider to see if you are at risk

Seasonal Affective Disorder (SAD) is a common illness brought on by shorter days and cooler weather. Depression can lead to problems with sleeping and appetite, making a person more susceptible to illness. Light therapy and other treatments are inexpensive ways to minimize the effects of SAD, rather than going to the doctor's office.

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Birthday Roses For Rosen

THE STAFF, BOARD OF DIRECTORS, AND
VOLUNTEERS AT PRO INVITE YOU TO CELEBRATE A
MILESTONE SEPTEMBER BIRTHDAY FOR

Jo Rosen

PRESIDENT AND FOUNDER OF PARKINSON'S RESOURCE ORGANIZATION
BY HELPING THOSE AFFECTED BY PARKINSON'S

Our Birthday Wish for Jo
is, Rose by Rose,

\$70,000



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WE INTEND IT TO SERVE AS
AN INFORMATION GUIDE.

HAVING DIFFICULTY WITH SWALLOWING FOOD OR LIQUIDS?

Lucy Sanchez Wiseman, M.S. CCC-SLP

Speech Language Pathologists can be a great resource for improving your receptive and expressive communication, aid in preventing memory loss, offer caregiver recommendations and help with sound pronunciation. The focus of this article is to discuss another valuable service: building swallowing strength. *Dysphagia* is a term used to diagnose when a patient expresses having difficulty with swallowing foods and liquids.¹

What are some signs that you may have difficulty swallowing? Here are some signs identified by the Mayo Clinic.

- *Having pain while swallowing*
- *Being unable to swallow*
- *Having the sensation of food getting stuck in your throat or chest or behind your breastbone*
- *Drooling*
- *Being hoarse*
- *Bringing food back up (regurgitation)*
- *Having frequent heartburn*
- *Having food or stomach acid back up into your throat*
- *Unexpectedly losing weight*
- *Coughing or gagging when swallowing*
- *Having to cut food into smaller pieces or avoiding certain foods because of trouble swallowing.* ²

If you have any of these symptoms, we recommend that you speak with your doctor immediately and tell him/her what foods trigger these responses. Your doctor can then give you a referral to speech-language pathologists and in some cases may suggest that you have a Videofluoroscopic Swallow Study (VFSS), a moving x-ray that gives your doctor real-time information as to how your muscles are moving. During this examination, the speech-language pathologist will give you different foods to eat, all of which are coated with a special substance called barium that allows the food to be visible during the x-ray procedure.

There are some preventative exercises you can do every day to keep your swallow muscles strong and healthy.

Here are some examples below:

1. *Say "KA" as hard as you can ten times. This will exercise your pharyngeal muscle.*
2. *Say "GA" as hard as you can ten times. This will exercise your pharyngeal muscle.*
3. *Hold your tongue between your teeth and swallow without letting your tongue out between your teeth. This will exercise your laryngeal and pharyngeal muscle.*

ROAD TO THE CURE – cont. from page 1

an important therapeutic target for interfering with the onset and progression of PD.

ICBII has embarked on a program to develop inhibitors of mutant LRRK2 by developing mLRRK2-SM. People often wonder why the cost of developing drugs is so high. An example might be in the following. The cost of mLRRK2 is about \$10,000 per mg, and the Company must buy at least 50 mg of the protein to start the project.

WOULD YOU LIKE TO HELP get these drugs to market faster? The joy of being a part of this historical event can be had by helping ICBII find the funds to bring these trials to fruition through investing, including your IRA, and by finding others with the financial ability and humanitarian mindset to accomplish the—until now—impossible. Please contact Jo Rosen at Parkinson's Resource Organization 760-773-5628 or jorosen@Parkinsonsresource.org or by contacting ICBI directly through their website ICBII.com/ or by phone at 858-455-9880.

IMAGINE the world without Parkinson's, MSA or Alzheimer's disease. JUST IMAGINE.

FOUR ILLNESSES – cont. from page 5

As always, if you or your loved one are in the Desert, Cornerstone Pharmacy looks forward to the opportunity to partner with you on your path to improved health. Reach out to our team with any questions about allergies, immunizations or other available therapies and let us partner with you in your battle with Parkinson's Disease.

Find Cornerstone Pharmacy in the Wellness Village where they've been a member since January 2018. They strive to build relationships with patients that are lifelong and trusting.

4. *Take a straw and cotton balls and put cotton balls on a table. Try to suck the cotton balls up with the straw and try to keep the cotton ball on the end of the straw as long as you can while sucking into the straw.*

As with any condition, early intervention is the best defense in helping to improve or prevent a chronic condition. To learn more about speech and language consult your speech-language pathologist or ask your doctor for a referral. The American SpeechLanguage and Hearing Association is another great resource to learn more valuable information. Visit their website at ASHA.org

Lucy Sanchez Wiseman, M.S. CCC-SLP is a Speech-Language Pathologist at Easy Speech Therapy Center and is on the PRO website in the WELLNESS VILLAGE. Lucy of Easy Speech Therapy Center has been a member of the Wellness Village since February 2015. PRO Members rave about Lucy's professionalism, knowledge, and compassion and the inclusiveness of other therapies at the Center.

1 & 2: Mayo Clinic (2016). Dysphagia. Retrieved from www.mayoclinic.org/diseasesconditions/dysphagia/basics/definition/con-20033444

MEDICAID ATTORNEY – cont. from page 4

The attorney should also advise that this amount can actually be increased using a spousal support order for the healthy “at-home” spouse to cover the at-home spouse’s actual living expenses in excess of \$3,090.00.

Average Private Pay Rate — The average monthly fee charged by skilled nursing facilities in California. The amount used to calculate periods of ineligibility in determining disqualifying gifts made before an application for Medi-Cal. (For 2018 the rate is \$8,841.00 per month.)

Look Back Period — The period (of time) Medi-Cal will look back to determine if a Medi-Cal applicant has made any disqualifying transfers. (The current look-back period is supposed to be 60 months, although California is looking back only 36 months.)

D.R.A. Rules — The Deficit Reduction Act of 2005 was signed into law by former President Bush in 2006 and changed several important rules relating to the Long-Term Medi-Cal program. However, California has failed to enact several of those rules. When the state gets around to adopting the appropriate policies, it will change some of the current Medi-Cal planning options.

If you use any of these terms and the attorney looks at you with a blank stare, you should probably find another attorney. Any attorney familiar with this area of law should be able to explain what each of those terms means and explain how they apply to you, even if the dollar amounts are not committed to his/her memory. (The dollar amounts change every year.)

In selecting an attorney (or a doctor, an accountant, or any professional for that matter,) be a smart consumer. Ask about fees at the beginning and find out what you are going to get in return. Also, do not just turn your fate over to the professionals. Keep yourself informed so that you will know if one of them is dropping the ball. Groups such as PRO, AARP, NAELA, California Advocates for Nursing Home Reform in San Francisco and others are extremely valuable in keeping you informed of recent developments which may affect your life. Demand that the attorney keeps you informed by of any developments in your case and keep your attorney informed of any significant changes in your personal affairs which might impact the work the attorney is performing for you. Think about changing attorneys if the attorney doesn’t want to talk to you. Remember that, although there are a lot of jokes going around about bad attorneys, there are many fine attorneys out there to help you, all you need do is find them!

William R. Remery is a practicing attorney, a member of the National Academy of Elder Law Attorneys and a member of the Parkinson’s Resource Organization Board of Directors. The Remery Law Firm has been a member of the PRO Wellness Village since its inception in 2011.

TOO YOUNG FOR PD – cont. from page 5

few people IN THE WORLD receive the diagnosis Parkinson’s disease at the peak of their youth in their twenties. Although the prognosis is dire, it only affirmed my decision to become a school psychologist.

Not only has my disability with Parkinson’s disease challenged my life, but it has made me more empathetic and aware of the challenges that others with disabilities suffer. It absolutely is true, that old saying, “*Before you judge a man, walk a mile in his shoes.*” It has given me a new perspective on what it is to suffer under limitations and challenges beyond one’s control. At the same time, I realize the importance of maintaining a positive attitude and never giving up hope.

Through the positive support from my family and friends, I have been able to hold my head up and face each day with renewed hope and promise. It is also through my roles as a Correctional Counselor, Mental Health Counselor, and as an Instructional Aide, that I gained the confidence and experience not only in addressing my issues but also in putting forth my efforts to support other people with their challenges.

It is evident that nature has taken its course, but I have grown immensely and have learned much from those whom I serve and am grateful for those experiences as it has given me the opportunity to challenge not only them but myself as we journey to rise above our limitations.

To exceed and establish a self-fulfilling life, I desire to spread my story to others who yearn for support. Initially, support is what has allowed me to accept and take action on my disability. It wasn’t until this past year when I was lucky enough to visit a support group, where I met the President and Founder of Parkinson’s Resource organization, Jo Rosen. I was hesitant and more than anything uncomfortable because I knew everyone there would be older and therefore, I wouldn’t have anyone to relate to really. However, Jo and the others present were and have been my guide to finding resources, research, and support. The purpose of the support group is not only to meet others with Parkinson’s, but really to gain empathy from one another, guidance, medical advice, and financial advice as well. Because of my age, Jo and others were very intrigued and mostly surprised with mine and my brother’s diagnosis. They immediately scheduled appointments and hosted luncheons to meet with professionals who could potentially help slow my Parkinson’s symptoms. Not only that, Jo has even gone to the extent of helping me and my brother potentially find a cure. Fortunately for me the Parkinson’s Resource Organization stands beside me and has invested so much time and sincere efforts.

Ultimately, I was given this disease to provide light for individuals and perhaps for myself to refrain from feeling insecure and or disabled because of Parkinson’s. I have chosen to align with the Parkinson’s Resource Organization because we all share the same value that no one should be isolated from life itself because of Parkinson’s. We are all told, “*live your life to the fullest*”; I am here to do just that. I am aligning with PRO to do just that ~ raise awareness, generate financial support, and find a cure! To do that, I will continue to share my story and my successful journey with Parkinson’s.

PRO CALENDAR FOR SEPTEMBER 2018

The current support group meeting locations are listed below.

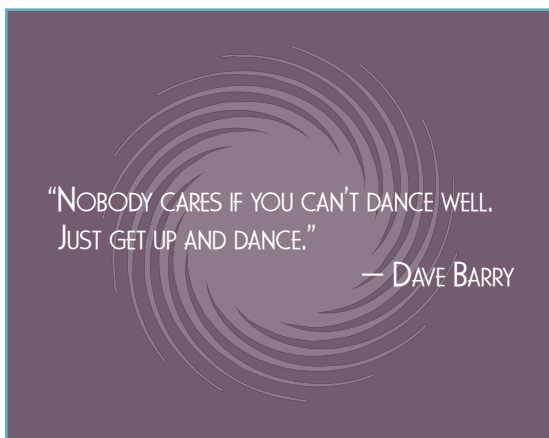
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

							1
2	3 PALM DESERT CANCELLED	4	5 LONG BEACH Speaker Meeting 6:30 pm Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	6	7	8	
9	10 PALM DESERT Round Table For Everyone 6:30 PM Atria Hacienda 44-600 Monterey Ave	11	12 GLENDDORA Speaker Meeting 6:30 pm Kindred Rehab at Foothill 401 W Ada Ave	13 NEWPORT BEACH Speaker Meeting 6:30 pm Oasis Senior Center 801 Narcissus Corona Del Mar	14	15	
16	17 PALM DESERT Caregiver Only 10:00 am PRO Office 74-090 El Paseo Suite 104	18	19 ENCINO Speaker Meeting 7:00 pm Rehab Specialists 5359 Balboa Blvd	20 SANTA MONICA Speaker Meeting 7:00 pm Rehab Specialists 2730 Wilshire Blvd Ste 533	CULVER CITY Speaker Meeting 3:00 PM Paloma Point on the Boulevard 10955 W Washington	21	22
23	24 PALM DESERT Speaker Meeting 6:30 PM Atria Hacienda 44-600 Monterey Ave	25 MANHATTAN BEACH Speaker Meeting 6:30 pm American Martyrs Welcome Center 700 15th Street	26	27 SHERMAN OAKS Speaker Meeting 1:00pm East Valley Adult Center 5056 Van Nuys Blvd	28	29	
30	31						

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.

SPEAKER MEETING: We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Speaker Meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Speaker Meetings are packed with a wealth of amazing information so bring your pencil and notepad!

"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

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PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's
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