

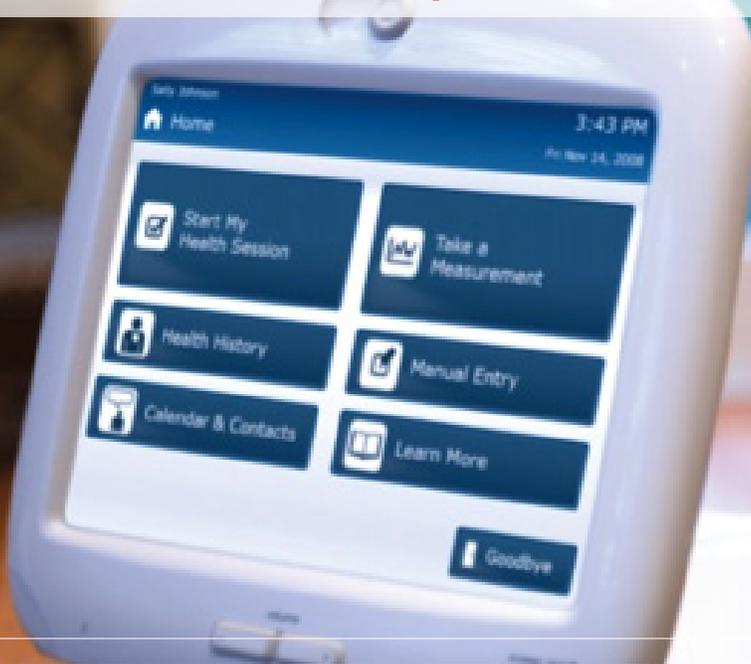


# THE PADRECC POST

Spring 2012

THE PHILADELPHIA VA PARKINSON'S DISEASE RESEARCH, EDUCATION AND CLINICAL CENTER

## Telehealth at the Philadelphia VA PADRECC



By Meredith Spindler, MD

One of the latest initiatives of the Department of Veterans Affairs is to improve Veterans' access to care through telehealth, and the Philadelphia PADRECC has recently begun to implement this technology in clinical practice. Telehealth allows patients to see their providers via video, by using either a secure Internet connection or specialized telehealth equipment. Despite the broad reach of the VA's six PADRECCs and more than 50 PADRECC Consortium centers nationwide, many Veterans are still hours away from the nearest specialty care, and many Veterans who reside near a PADRECC are unable to make the trip due to impaired mobility or difficulty finding transportation. Telehealth has the potential to bring the expertise of PADRECC providers not only to other VA facilities lacking specialists, but also into Veterans' homes.

Currently, the Philadelphia PADRECC is utilizing three different forms of telehealth for eligible patients: VA-to-VA telehealth, VA-to-home telehealth using specialized units, and VA-to-home telehealth using a secure Internet connection and a webcam. With VA-to-VA telehealth, patients can go to their nearest VA Community Based Outpatient Clinics (CBOCs), where they will see their PADRECC provider using telehealth equipment at the CBOC. Currently, the Willow Grove (Horsham), Fort Dix, and Gloucester CBOCs are scheduling PADRECC patients for telehealth appointments. Veterans who have difficulty traveling to Philadelphia but are not near a CBOC, and who have a broadband Internet connection and a webcam, have the option of VA-to-home telehealth via a webcam. These Veterans should discuss this option with their PADRECC providers.

In addition to offering this service to our Veterans, the Philadelphia PADRECC is conducting a research study to evaluate the impact of telehealth visits on patient satisfaction and other patient-care measures in Veterans with Parkinson's disease. The types of telehealth offered in this study include VA-to-VA telehealth and VA-to-home telehealth using specialized units. To learn more about this study please see the article on "Research Happenings" in this newsletter.



## People with Parkinson's Get Moving through the Power of Dance

By Julie Stutzbach

**O**n a chilly day in December, seven dancers braved the cold to gather at the 954 Dance Movement Collective in Philadelphia. While they all came from different walks of life, they had at least two things in common: they are touched on a personal level by Parkinson's disease but also importantly, they love to dance.

A weekly ritual for many, the dancers gathered in chairs around a circle to begin their dance routine. Instructor Keila Cordova welcomed the participants and in the spirit of the holidays, talked about the gift of breath as the class began breathing exercises. The class proceeded through a variety of dance moves, starting in the chairs and gradually moving to standing exercises. Students danced to a jingle bell cha-cha, mirrored each other during a Christmas hula, and danced the Jewish Horah. To the tune of "Walking in Winter Wonderland," the dance students "skated" across the floor and pantomimed making snowmen. Lori Katz, a person with Parkinson's and research advocate, grinned devilishly and turned the exercise into a massive imaginary snowball fight.

To close, everyone held hands in a circle and bowed to each other as a "thank you" for sharing the class. Afterwards, dancers and teachers stayed for holiday treats, laughing about the class and sharing excitement about the year to come.

Dance classes at the 954 Dance Movement Collective are just one of three standing "Dance for PD" programs in Philadelphia and the surrounding communities. People with Parkinson's disease (PD) can also enjoy classes at the CHI Movement Arts Center, home of the Kun-Yang Lin/Dancers in South Philadelphia, or the Rock School West in West Chester.

The "Dance for PD" program is built on one fundamental premise: professionally-trained dancers are movement experts whose knowledge is useful to persons with PD. Dancers know all about stretching and strengthening muscles, and about balance and rhythm. Dancers know about the power of dance to concentrate mind, body and emotion on movement, because they use their thoughts, imagination, eyes, ears, and touch to



Courtesy of Kate McCann

control their bodies every day. Active demonstrations by professional dancers inspire participants to recapture grace, while guided improvisation fosters creativity and experimentation with movement.

Originally pioneered by the Mark Morris Dance Group, "Dance for PD" now enhances the life of people with PD in over 40 communities around the world, and it all began in Philadelphia in May of 2011. The "Dance for PD" program is endorsed by many. Dancer Lori Katz commented, "You're accepted for who you are and for whatever you can do. "Dance for PD" takes people who have never thought they could dance and allows them to move the best that they can."

Duke Chan was integral in bringing "Dance for PD" to West Chester, and he regularly attends with his wife Ann. Said Chan, "I've been blown away by "Dance for PD." I love that you can accomplish exercise in a fun, enjoyable way."

Dr. Matt Stern, former Director of the PADRECC, has taken the class with his patients. "It's the perfect kind of movement for Parkinson's disease," said Dr. Stern. "A wonderful program."

David Leventhal, a member of the Mark Morris Dance Group and founding teacher of "Dance for PD," explains the philosophy and benefits of dance. "There is a focus on participants' learning actual choreography and actual dance moves for the sake of dancing, not because of its therapeutic benefits, although they are extensive, but because dancing focuses the mind on movement in a way that is stimulating and enjoyable. It's a wonderful synergy between what you do when you learn to dance and what you need when you have Parkinson's."

If you are interested in dancing with "Dance for PD," contact Julie Stutzbach of Penn Medicine (215-829-7651 or [Julie.Stutzbach@uphs.upenn.edu](mailto:Julie.Stutzbach@uphs.upenn.edu)) for registration information. The first class is free, and anyone with PD, their family, and friends are welcome!

## Tips to Promote Quality Sleep



By Eileen Hummel, RN

**G**etting a good night's sleep is important to help maintain good physical, mental, and emotional health. Unfortunately, getting quality sleep at night is a challenge for many people, especially older adults. Older adults tend to be more prone to sleep problems because of normal age-related changes that can affect the ability to fall asleep and stay asleep. Untreated sleep disorders, certain medical conditions, unhealthy diet, lack of regular exercise, and poor sleep habits also contribute to sleep problems. People who experience sleep problems and daytime sleepiness should review their sleep habits and consider discussing them with their Movement Disorder Specialists

Establishing and maintaining good sleep habits, also known as sleep hygiene, can make a big difference in the quality of sleep. Sleep hygiene is about promoting behavior and environmental changes to improve nighttime sleep. The changes may not improve sleep immediately, but over time, consistent good sleep hygiene will have a positive effect on sleep.

### Some **DOs** and **DON'Ts** for practicing good sleep hygiene:

**DO** establish and keep a relaxing bedtime routine. When preparing for sleep, try to avoid stimulating activities, such as TV watching, surfing the Internet or playing video or computer games. Avoid emotionally upsetting conversations right before bed. Focus on you, clear your mind, and don't dwell on problems at bedtime.

Read, listen to relaxing music, or take a warm bath or shower about an hour before bedtime.

- DO** make a calming and comfortable sleeping environment with a cool room temperature, cozy bed and linens, and block out noise and light as much as possible.
- DO** exercise regularly. Active or more vigorous exercise is best in the morning. One study showed that aerobic exercise, such as walking, swimming, or bike riding, for 30-40 minutes per session, four times a week significantly improved sleep quality in older adults diagnosed with insomnia. Light yoga or gentle stretching right before bedtime can help to prepare the body and mind for sleep.
- DO** get enough exposure to sunlight. Older adults tend to not go outside as frequently, especially in the winter. Exposure to natural light for at least 15 minutes a day helps to maintain a healthy sleep-wake cycle.
- DON'T** nap during the day. If a nap is necessary, the latest should be in the early afternoon; any later than that can affect your nighttime sleep.
- DON'T** consume caffeine, alcohol, or use nicotine close to bedtime. Caffeine intake should be stopped after lunch; if nighttime sleep is still difficult, limit caffeinated drinks to breakfast. Alcohol may seem to cause drowsiness, but it can limit the ability to stay asleep and decrease the overall quality of sleep.
- DON'T** eat large meals, spicy dishes or chocolate close to bedtime. Large or spicy meals could lead to indigestion which could disrupt sleep. Chocolate contains caffeine.

# Research Happenings at PVAMC PADRECC



By Stephanie Pawlowski

## Telehealth Research

Dr. Jayne Wilkinson, Associate Clinical Director of the PADRECC, is currently conducting a feasibility study to evaluate the use of video telehealth technology in the PADRECC as part of the Patient-Aligned Care Team (PACT) model for care delivery. The PACT model is a clinical model of care delivery where one clinician, either a doctor or nurse, coordinates all aspects of a patient's healthcare. Telehealth is a newer technology being used throughout the VA system and allows a patient to see a clinician by a video connection, at a time and place most convenient for them, enhancing accessibility and potentially patient satisfaction and clinical care. Parkinson's disease patients who meet certain criteria, are randomly assigned to either a telehealth group or a control ("in-office" visit) group. Telehealth patients participate for 12 months by seeing their PADRECC providers via video connections at their homes or at their local VA Community Based Outreach Clinics (CBOCs). The control group members continue to come to the PADRECC for office visits. Study participation also involves completing questionnaires related to travel, costs, and medical care at their 6- and 12-month appointments; some subjects and clinicians will be invited to participate in focus groups at the conclusion of the study. Recruitment for the study began in June 2011. The study expects to enroll 100 patients diagnosed with Parkinson's disease. Dr. Wilkinson is seeking to determine whether using telehealth will enhance the application of the PACT model and serve as an equal alternative to "in-office" visits in the clinic. Dr. Wilkinson will examine whether the use of telehealth improves accessibility, and therefore quality of care, offered by PADRECC clinicians, increases patient satisfaction, and reduces cost and travel difficulties for Parkinson's patients. This information will be critical in designing and implementing future telehealth endeavors in the PADRECC, and at large.

## Parkinson's Disease & Motor Symptoms Research

Dr. James Morley, Associate Research Director of the PADRECC, is currently enrolling patients into a large study that is examining whether quantitative movement tests can help identify early signs of Parkinson's disease and make the diagnosis of movement disorders more accurate. Patients with or without a diagnosis of a movement disorder (including Parkinson's disease) have been recruited for participation in the study. Patients are asked to perform several movement tests using electronic monitoring devices, including walking on a mat with computerized sensors and moving their fingers and feet while wearing small movement monitors. The results of these computerized tests will be compared to traditional clinical assessments. Dr. Morley and his research team hope that analysis of this data will aid in both earlier identification of patients with Parkinson's disease and improve detection of changes in response to treatment or at different stages of disease.

## Brain Tissue Research

Dr. John Duda, Director of the Philadelphia PADRECC, continues to serve as Principal Investigator on a number of studies that look at brain tissue for signs of Parkinson's disease and other neurological disorders. It is predicted that the symptoms of Parkinson's disease are based on the loss of neurons in particular regions of the brain, which may be associated with other markers. One study explores where protein clusters that are typical and perhaps causal of Parkinson's disease appear in the brain. The research team hopes to not only identify and map these molecular trademarks of Parkinson's disease, but also to apply the findings to earlier diagnosis and better prediction of the development of Parkinson's disease in the clinic.



# VA Caregiver Support

**PVAMC and PADRECC Support our Caregivers**

PVAMC and the PADRECC recognize family caregivers as integral members of the Veteran's treatment team. They are most familiar with their Veteran's medications, treatment, and overall needs. Family caregivers provide care, comfort, and security to our Veterans often while balancing commitments to their families, occupations, and their own well being. On November 4, 2011, the PADRECC, in collaboration with the PVAMC Caregiver Support and Geriatric Programs, hosted **Caregiver Appreciation, Recognition, and Education (C.A.R.E) Day** to honor our family caregivers at PVAMC. The day included presentations on home safety, stress management, and chair yoga. Lunch was provided and there was plenty of time for caregivers to socialize and get know to each other.

In addition to C.A.R.E Day, the PADRECC provides a variety of caregiver programs throughout the year, including the patient and caregiver support group and the newly developed caregiver teleconference series to be held this year.

Caregivers Support Line

**1-855-260-3274**



## Parkinson's Disease and Agent Orange

Agent Orange is a blend of herbicides that was used by the US military in Vietnam to defoliate trees and remove concealment for the enemy. It was used in Vietnam from 1962-1971. On October 30, 2010 the VA released its final regulation recognizing the association between Agent Orange and PD. Vietnam Era Veterans who develop Parkinson's disease and were exposed to Agent Orange or other herbicides during military service do not have to prove a connection between their disease and military service to be eligible to receive VA benefits. Below is a listing of resources to help you learn more about eligibility for VA healthcare and disability compensation benefits.

**Toll-free Helpline: 1-800-749-8387 Press 3**

**PVAMC Agent Orange Clerk: (215) 823-5800 Ext: 4789**

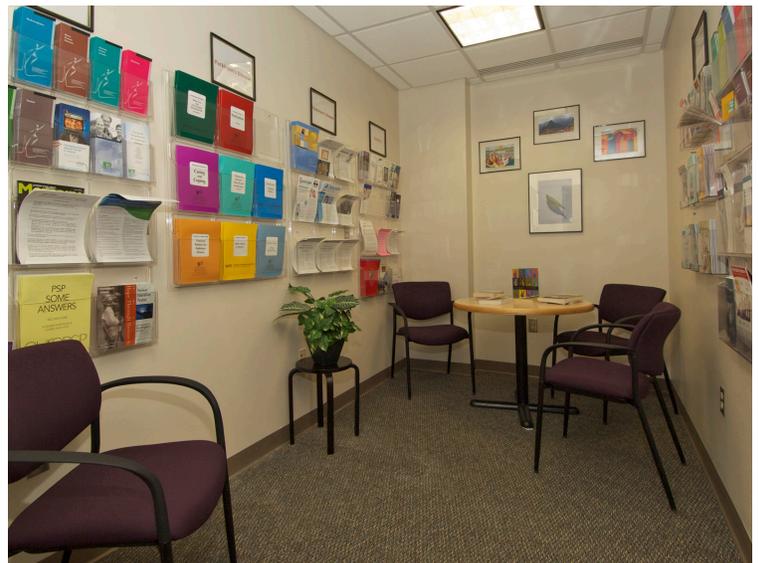
**Agent Orange Website: <http://www.publichealth.va.gov/exposures/agentorange/>**

**VA Health Care Eligibility: 1-877-222-8387**

**Regional Benefits Office: 1-800-827-1000**

## Education Room

Please visit our newly renovated Patient Education Room which is located off of the waiting area. Pamphlets and other education materials are available for our patients and their families. Topics include movement disorders, PD, and general information on neurology.



# Philadelphia PADRECC Staff



Dr. John Duda,  
Director



Dr. Jayne Wilkinson  
Associate Clinical Director



Dr. James Morley  
Associate Director of Research

Dr. John Duda, Director  
Dr. Jayne Wilkinson, Associate Clinical Director  
Dr. James Morley, Associate Director of Research  
Dr. Pratap Yagnik, Chief, Neurology Service  
Dr. Meredith Spindler, 2nd year Fellow  
Dr. Amy Hellman, 1st year Fellow  
Dr. Daniel Weintraub, Geriatric Psychiatrist  
Dr. Paul Moberg, Neuropsychologist  
Rebecca Martine, MSN, RN, PMHCNS,  
Nurse Coordinator  
Heidi Watson, BSN, RN Nurse Coordinator  
Eileen Hummel, BSN, RN Nurse Coordinator  
Gretchen Glenn, LSW Social Worker  
Stephanie Pawlowski, Research Coordinator  
Joe Noorigian, Histopathology Technician  
Dawn McHale, Program Specialist  
Tonya Belton, Program Support Associate  
Yolanda Robinson, Patient Services Assistant

To learn more about the Philadelphia PADRECC and  
the National PD Consortium, please call:

215-823-5934 or 1-888-959-2323

or check us out on the Internet at:

[www.parkinsons.va.gov](http://www.parkinsons.va.gov)



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## 2012 PADRECC Parkinson's Disease Support Group Program

Patient and caregiver support group meetings will be held the 1st Tuesday of each month at 1:30 p.m. in the 4th Floor PADRECC Conference Room. The group will also meet simultaneously at the Fort Dix CBOC via video connection. Sessions will run from April 3, 2012 through December 4, 2012. Please contact Gretchen Glenn, for additional information: 215-823-5934.

*\*This group is for patients who are diagnosed with Parkinson's disease or parkinsonism, and their caregivers.*

### **April 3rd**

Speaker: Dr. Meredith Spindler, PADRECC Fellow

Topic: Introduction to Telehealth

### **May 1st**

Speaker: Heidi Watson, PADRECC RN

Topic: Deep Brain Stimulation

### **June 5th**

Speaker: Dr. John Duda, PADRECC Director

Topic: Environmental Exposure

### **July 3rd**

Speaker: Dr. Amy Hellman, PADRECC Fellow

Topic: Sleep and PD

### **August 7th**

Speaker: Erica Wiegand, Physical Therapist

Topic: Falls and PD

### **September 4th**

Speaker: Dr. Daniel Weintraub, Geriatric Psychiatry

Topic: Depression and PD

### **October 2nd**

Speaker: PADRECC Fellow

Topic: Early PD

### **November 6th**

Speaker: Dr. James Morley, PADRECC

Attending Neurologist

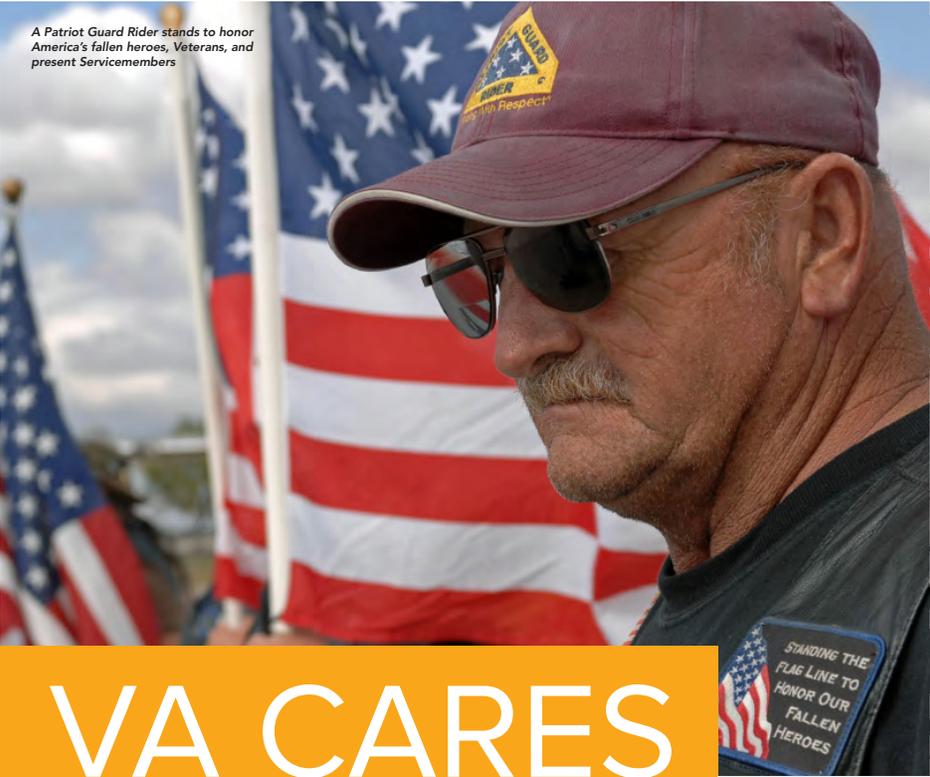
Topic: Genetics

### **December 4th**

Speaker: Rebecca Martine, PADRECC RN

Topic: Cognition and PD

A Patriot Guard Rider stands to honor America's fallen heroes, Veterans, and present Servicemembers



# VA CARES

FOR VIETNAM AND OTHER VETERANS EXPOSED TO **AGENT ORANGE**

[www.publichealth.va.gov/exposures/agentorange](http://www.publichealth.va.gov/exposures/agentorange)  
1-800-749-8387 ext.3

THE **PADRECC** POST

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