



PADRECC NEWS

Richmond/Southeast PADRECC News Volume 13 Issue 1, Summer 2016

Richmond VAMC proud to recognize the 500th Deep Brain Stimulation

Neurosurgeon Kathryn L. Holloway, MD recently performed the 500th Deep Brain Stimulation (DBS) lead implant surgical procedure at the McGuire Veterans Affairs Medical Center in Richmond, VA.

Achieving this large number of DBS surgeries is a major milestone among neurosurgeons. Dr. Holloway is in the top ten neurosurgeons in the country for number of DBS procedures performed. As an early pioneer in this treatment, she has been performing DBS surgery at McGuire VA Medical Center and Virginia Commonwealth University since 1997 when it was first approved by the Food and Drug Administration for the treatment of tremor. She has performed close to 1,000 DBS procedures including lead implants, extension and generator placements, and battery replacements.

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Dr. Kathryn Holloway

PADRECC
Parkinson's
Disease
(& Movement
Disorders)
Research,
Education &
Clinical
Center

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MJFF Grant for Eye Movement Study



THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Dr. Mark Baron and his colleagues have been awarded a \$1 million grant from the Michael J. Fox Foundation to continue their research on eye movements in movement disorders. This will be a multicenter study, including the Richmond PADRECC, Virginia Commonwealth University, Emory University, and University of Iowa. The double blinded study will

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PADRECC Clinicians



Mark Baron, MD
PADRECC Deputy Director
Neurologist
Movement Disorder Specialist



Debbie Dellinger,
MSN, ACNP-BC
PADRECC Telehealth
Nurse Practitioner



Kathryn Holloway MD, Chief,
Neurosurgery, McGuire VAMC
PADRECC Director of
Neurosurgical Services
Neurosurgeon



Jessica Lehosit, DO
PADRECC Interim Director
Neurologist
Movement Disorder Specialist



Will Maragos, MD, PhD
Chief, Neurology, McGuire VAMC
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Please report address changes, additions or deletions to the mailing list to the editor, Lynn Klanchar, RN, MS, Associate Director of Education, Southeast PADRECC. Phone (804) 675-6952, email: lynn.klanchar@va.gov

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Contact Us

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(804) 675-5931 Fax: (804) 675-5939

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Consults: "MOVEMENT DISORDER/PARKINSONS/PADRECC OUTPT"
Providers should request a traditional (face to face) or CVT (telehealth) appointment, or an E-consult using this inter-facility consult (IFC).

Deep Brain Stimulation: (804) 675-6284

Education: (804) 675-6952

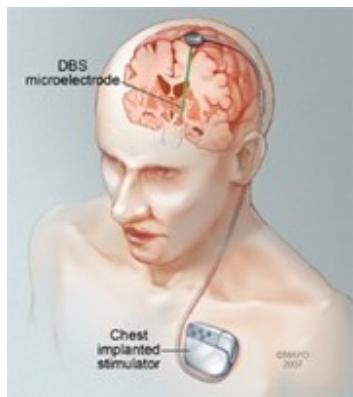
Research: (804) 675-6300

Telehealth: (804) 675-5000 x3314

Telehealth/DBS: (804) 675-5000 x3749

Secure Messaging: Use My HealtheVet portal www.myhealth.va.gov to communicate non-urgent concerns & questions to your VA health care team. A **Premium account** is required. Ask your healthcare team how to enroll or call (804) 675-6952 or (804) 675-5312.

500th DBS continued from page 1



DBS system with microelectrode implanted deep within the brain

Deep brain stimulation (DBS) is a surgical procedure that involves placing a neurostimulator in the brain which sends out electrical impulses to specific regions of the brain. DBS is commonly used to treat essential tremor, Parkinson's disease, and dystonia, a movement disorder in which the muscles contract and spasm. Electrical impulses are sent out to block abnormal signals that can cause a number of different neurological disorders. The DBS system is made up of three different components:

1. an implanted pulse generator (or battery) which sends electrical signals.
2. the lead - also called an electrode or microelectrode is a thin insulated wire implanted in the target region of the brain.
3. an extension wire - this wire travels under the skin and connects the lead to the implanted pulse generator.

In addition to completing 500 DBS cases in her career, Dr. Holloway's achievements as a neurosurgeon are numerous.

She was instrumental in the design of the Nexframe Stereotactic Image Guided System. The Nexframe stereotactic image guided system allows patients to enjoy greater comfort and freedom of movement during implant procedures, in addition to providing operating room efficiency and reduced procedure time.

Dr. Holloway has had several “firsts” to her name. She was the first neurosurgeon in the United States to:



Kinetra battery or pulse generator by Medtronic Inc.

- Implant a DBS Kinetra device. The Kinetra is a dual-channel neurostimulator that uses electrical stimulation to manage some of the most disabling motor symptoms of advanced Parkinson's disease.
- Implant an Activa RC. The Activa® RC neurostimulator is the first rechargeable deep brain stimulation device with 9-year longevity.
- Incorporate the O-arm® Intra-operative 2D/3D Imaging System in the DBS procedure for registration and verification. The O-Arm allows the fiducials or frame to be registered in the operating room and allows visualization of the implants before leaving the operating room.



Rechargeable battery, the Activa RC by Medtronic Inc.

The O-arm Intra-operative Imaging System



Dr. Holloway is the Chief of Neurosurgery at McGuire VA Medical Center and the Director of Neurosurgical Services at PADRECC Richmond/Southeast. In addition, she is Professor of Neurosurgery at Virginia Commonwealth University (VCU) and the neurosurgeon for Virginia Commonwealth University (VCU) Parkinson's and Movement Disorders Center.

DBS programming via Telehealth



Using Telehealth technology capability, Miriam Hirsch, RN and DBS Coordinator does programming with a veteran at Rome Outreach Clinic in Rome, GA with assistance from a Medtronic representative.

Eligible veterans have access to DBS surgery as part of their treatment for symptoms of medically refractory Parkinson's disease and essential tremor. For many of these veterans, they return to their local VA facilities for ongoing management and care. Due to the specialty nature of DBS, not all VA facilities have personnel trained in the art and science of programming the DBS devices. One workable option that is used in Richmond involves Telehealth. The PADRECC DBS team schedules a Telehealth visit with the Veterans at their nearest CBOC or home VAMC. An arrangement is made for a Medtronic representative to be present at the remote site with the patient. The Medtronic representative is knowledgeable about the DBS device and can assist with programming and maintenance. This saves veterans the unnecessary burden and cost of travel to and from Richmond.

Richmond PADRECC DBS Surgical Team

left to right:

J. Johnson, RN, Alex Feria, Medtronic, S. Reisdorf, PA, Dr. K. Holloway, Dr. M. Baron, M. Hirsch, RN



PLEASE NOTE: Parkinson's Disease Community Education Day

We are sorry to inform you that a PD Community Education Day will not be held this year (2016) in Richmond, VA. Due to a number of changes within our respective Parkinson's organizations and some other variables, it is time to regroup and assess the future feasibility of this community event. In the meantime, we hope you take advantage of the many educational resources and support services that are available in the area. If you need help locating such opportunities, please contact us.

Sincerely, Susan Dietrich, Coordinator, American Parkinson Disease Association (APDA) Information & Referral Center of Virginia, University of Virginia, Charlottesville, VA, Kathy Morton, President, Richmond Metro Chapter, American Parkinson Disease Association (APDA), Richmond, VA, and Lynn Klanchar, Associate Director of Education, Southeast Parkinson's Disease Research, Education, and Clinical Center (PADRECC), Veterans Affairs Medical Center, Richmond, VA

TELEHEALTH and VIRTUAL CARE

Telehealth or CVT (Clinical Video Telehealth): a live, secure, two-way video telecommunication link between the movement disorder specialist in Richmond and the veteran at the VAMC or CBOC where he/she is enrolled. Telehealth minimizes the expense and burden of travel time to Richmond.

- **Telehealth general consults for movement disorders:** Diagnosis, evaluation, and treatment recommendations for tremor, gait, or other symptoms of movement disorders and assistance with best medical therapy.
- **Deep Brain Stimulation (DBS) surgery screening:** Initial assessment and education for possible surgery. DBS is used for the treatments of essential tremor, Parkinson's disease, torticollis, and dystonia. Surgery is considered when significant symptoms persist (i.e. poorly controlled tremor, dyskinesia, motor fluctuations, or poor "off" time) despite best medical therapy.
- **DBS programming follow up:** Remote DBS programming via Telehealth, including staff education regarding the DBS device and programming.
- **Botox/neurotoxin therapy screening:** Evaluation of movement disorder related symptoms such as dystonia, muscle spasms, and sialorrhea for possible treatment with neurotoxins.

SCAN-ECHO (Specialty Care Access Network): *Continuing education for clinicians* via didactic and case studies presentations by our movement specialists.

Veteran Group Education/Support: Parkinson's disease and movement disorder presentations can be broadcast from Richmond using video teleconferencing (V-Tel) to Community Based Outpatient Clinics.

For more information, contact the Telehealth Team at **(804) 675-5000 x 3314**

Richmond PADRECC TELE-HEALTH Team



left to right:
M. Lawson, RN,
J. Johnson, RN
Dr. J. Lehosit,
Dr. M. Baron,
D. Dellinger, NP



Nutritional Goals for People with Parkinson's Disease

Information compiled by Jackie Johnson, RN, SE PADRECC

Variety and Balance - you don't need mega amounts of anything!

- Eat a balanced diet
- Regular meal times (no meal skipping), lots of food variety, maintain a healthy weight
- If you are not eating as well as you should, you may wish to consult your provider and a nutritionist

THE GOOD STUFF

Anti-inflammatory / Antioxidants –

- Green tea (3 cups/day)
- Coconut: milk, flour and oil
- Herbs: turmeric, Ceylon cinnamon, rosemary
- Oily fish: tuna, herring, salmon, mackerel and sardines
- Dark leafy greens
- Soy (organic)
- More color: purple, red and blue fruits and vegetables (phytochemicals)

Neuroprotective –

- Green tea, tea (3 cups/day)
- Coconut (milk, flour and oil)
- Nuts (walnuts, almonds, macadamia, cashews, brazil and pistachios)
- Coffee / caffeine: at least 1 cup a week
- Soy
- Low to moderate beer intake (under study)

Add More Fiber –

- 25-35g per day
- Helps with constipation/inflammation
- Fruits and veggies (8-10 servings a day)
- Whole grains
- Water
- Licorice tea

Preserve and Increase Uric Acid –

- Seafood, ETOH, organ meats, gravies
- Neuroprotectivity - needs further study

Hydrate –

- Water
- Gatorade, Powerade, etc. (consider low sugar versions)
- Foods with a high water content (tomato, cucumber, radish, celery, broccoli, grapefruit)
- Licorice tea (helps with constipation)

Build Muscle and Strengthen Bones –

- Protein: especially veggie sources (beans, tofu, legumes)
- Cold water fish at least 2x a week
- Calcium, 1200 mg a day (veggie source)
- Vitamin D: 400 IU – 1000 IU; sunlight 15 minutes a day on arms or face
- Omega 3: Flax meal and seeds (up to 2 tablespoons a day)

'Good' Fats –

- Poly-unsaturated
- Omega 3/6 help to reduce cognitive function loss
 - Seafood – cold water fish (i.e. tuna, herring, salmon, mackerel and sardines)
 - Veggie sources –seeds (flax, chia and hemp); raw dark green leafy veggies; cabbage family (broccoli, bok choy, Brussel sprouts, cauliflower); winter squash (acorn, butternut, pumpkins)
 - Olive oil, nuts (walnuts, pecans); seaweed

Probiotics –

- May aid with digestion and constipation
- Non-dairy fermented foods, like sauerkraut, kimchi, pickled herring, and kombucha

AVOID:

- Fried foods; processed food, fast food, and anything that comes in a bag or through your car window!
- Dairy (milk and cheese); contains high levels of pesticides and decreases serum uric acid – which is neuroprotective
- Meat - especially red and animal fats
- White flour / sugar / high fructose corn syrup



Nutritional Goals continued from page 6

Ideal Breakfast

Eat This	Avoid this
<ul style="list-style-type: none"> • Eggs • Scrambled, Poached, Fried, Quiche, Frittata • Nut based granolas • Muffins made with nut and coconut flours • Smoothies <ul style="list-style-type: none"> • Berries, coconut milk, ice • Caffeine 	<ul style="list-style-type: none"> • Pastries • Cinnamon rolls • Donuts • Coffee cake • Wheat based muffins • Processed cereals • Pancakes • Yogurt

Parkinson's
Disease
Foundation

Ideal Lunch & Dinner

Eat This	Avoid this
<ul style="list-style-type: none"> • Meat and vegetable • Protein, fiber, complex carb • Sushi • Salad with protein • Curry and rice • Nuts and fruit 	<ul style="list-style-type: none"> • Simple carbs • Pasta • Pizza • White breads • Cheese • High Fructose Corn Syrup • High fat

Parkinson's
Disease
Foundation

Common diets that you may hear a lot about:

Anti-Inflammatory Diet (AI) – i.e. Mediterranean; Engine 2; Fast Food, Good Food; Eat to Live

- Believes that inflammation accelerates the degeneration of dopamine-producing cells
- Use olive oil
- Eat high-omega-3,
 - Seafood – cold water fish (wild caught & small fatty fishers; i.e. tuna, herring, salmon, mackerel and sardines)
 - Veggie sources –seeds (flax, chia and hemp); raw dark green leafy veggies; cabbage family (broccoli, bok choy, Brussel sprouts, cauliflower); winter squash (acorn, butternut, pumpkins)
- Eat a wide variety (and colors!) of fruits and vegetables - 8 to 10 servings per day
- Eliminate processed foods, milk and saturated animal fats, which promote inflammation

Calorie Restriction Eating (CRE) – i.e. The Longevity Diet; Eat Less, Live Longer; 5:2 Diet; The CR Way

- May help boost brain levels of glutamate, a neurotransmitter that contributes to motor control.
- Research has shown that a 20% calorie-reduced diet promotes healthier aging of the brain and immune system

Low-Protein and Protein Re-Distribution (LP) – i.e. Ketogenic Diet; KetoDiet

- May promote a more efficient use of levodopa and carbidopa
- Consumes the majority of daily protein at the evening meal

Diets to Avoid: Atkins and South Beach Diets (very high in protein and animal fats)



Grant for Eye Study continued from page 1

record eye movements of control subjects, PD patients, and patients with other movement disorders that may be mistaken for PD. The team aims to demonstrate that eye movement recordings can be effectively used to aid in differential diagnosis of movement disorders. Additionally, based on preliminary data from the Richmond PADRECC, the study will recruit subjects with REM behavior disorder, who do not exhibit any outward signs of PD. Preliminary data suggest the ability to use eye movements to pre-clinically detect subjects who will later convert to idiopathic PD. All research sites have received their eye tracking systems, and all staff have been trained on their use. Subject enrollment will begin once IRB approval has been obtained.

For further information, contact George Gitchel Ph.D., at george.gitchel@va.gov.

Resources for Research



ClinicalTrials.gov

www.clinicaltrials.gov

A service of the U.S. National Institutes of Health

This website is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

NIH Clinical Research Trials and You

www.nih.gov/health/clinicaltrials

National Institutes of Health

An online resource to help people learn more about clinical trials, why they matter and how to participate.

Fox Trial Finder

www.foxttrialfinder.org

Michael J. Fox Foundation for Parkinson's Research

Fox Trial Finder was created to help increase the flow of willing participants (both people with Parkinson's and control participants who do not have Parkinson's) into the trials that need them, accelerating the Parkinson's drug development process. Fox Trial Finder will match registrants to the trials that are best suited to their specific traits. In July 2016 Fox Trial Finder announced an expansion to include studies and registration options for atypical parkinsonism, conditions that share symptoms and biology with Parkinson's disease.

Parkinson's Advocates in Research

(PAIR) www.pdf.org/pair

Parkinson's Disease Foundation

PAIR is dedicated to bringing together the people who live with Parkinson's and the people who are developing new treatments. Through in-person trainings and an online course, PAIR provides people touched by Parkinson's with the knowledge and skills needed to pair up with scientists and health professionals.



Newsworthy

Dr. Charles F Bryan Jr. editorial "Loosening a demon's grip" in Richmond

Times Dispatch (7/17/16) about his Parkinson's disease, preparing for DBS surgery, and care at McGuire VAMC PADRECC. http://www.richmond.com/opinion/their-opinion/charles-f-bryan-jr/article_dace5665-6c27-5ea9-bb17-bb235d06b5f1.html



"Taming the demon Parkinson's" (8/21/16) is a follow up editorial by Dr. Bryan about his DBS surgical experience and post op programming results. http://www.richmond.com/opinion/their-opinion/charles-f-bryan-jr/article_a89b10fe-3bad-5f23-9e57-61508e547afd.html

"VCU Surgeon Ranked Among Nation's Most Active in Deep Brain Stimulation"

Dr. Kathryn Holloway was interviewed on NPR Radio Science Matters by Charles Fishburne (7/26/16). She explains her work in detail as a neurosurgeon treating movement disorders at both VCU and McGuire VAMC PADRECC. <http://ideastations.org/science-matters/science-news/vcu-surgeon-ranked-among-nations-most-active-deep-brain-stimulation>



“At Home” Telephone Education & Support



Too difficult to attend an education event in person?
No support groups convenient to your home?

All you need is a **regular telephone** for these programs.

Programs are usually one hour long. Find a quiet place in your home to listen & participate!

For Veterans with Parkinson’s Disease:

Telephone Education/Support Conference held **2nd Tuesday of every month, 1-2 pm Eastern Time** (10-11 am Pacific; 11 am -12 pm Mountain; 12-1pm Central). Participate in the convenience of your home. Invite family & friends. Ask questions & share with each other. Simply dial toll-free **(800) 767-1750 and enter code 54321#**.

Sponsored by the Southwest PADRECC in West Los Angeles. For more information, contact (800) 952-4852 or (310) 478-3711 x 48041.



For Veterans with Deep Brain Stimulation (DBS) implants:

Staying connected to the health care team is critical for people who have had a DBS implant! This Telephone Education/Support Group was introduced in 2016 and designed for Veterans with a DBS implant who receive follow up care at PADRECC/McGuire VAMC. **Sponsored by the Southeast/Richmond PADRECC.** For future dates /information, contact Miriam Hirsch (804) 675-6284.

For Caregivers of enrolled Veterans:

VA Caregiver Support program offers a monthly telephone education group which focuses on strategies to enhance resilience and restore balance. The sessions are not specific to a disease or condition, but rather are designed with the care partner or caregiver in mind. In an effort to reach caregivers across time zones, and with varied routines, the monthly topic is presented 3 times - on different days and times. **Sign up through your local Caregiver Support Coordinator (CSC).** In Richmond, call (804) 675-5000 x 6631 or x 4822.



PADRECC EDUCATION & SUPPORT GROUP for People with PARKINSON’S DISEASE and their families Remaining dates In 2016



August 25	Patient Advocate Program, a no-cost program for patients diagnosed with PD & their family Cathy DeLave BSN, RN, Parkinson's Disease Advocate, AbbVie
September 29*	Nutrition – Benefits of Anti-Inflammatory Eating Ka Wong, MS, RD, CNSC, CSO, Clinical Dietician, McGuire VAMC
October 27	Sleep Issues and Parkinson’s Disease Leslee Hudgins, MD, Neurologist and Sleep Specialist, McGuire VAMC
December 8 *	Holiday Social

Format: Usually meets on **4th Thursday of the month from 1-3 pm** (asterisk (*) indicates a date change). No meeting in July or November. The first hour (1-2 pm) is an educational session with a speaker. The second hour (2-3 pm) has discussion groups.

Location/Meeting Room: Hunter Holmes McGuire VAMC, 1201 Broad Rock Blvd, Richmond, VA. Held in **2K-113/115 Conference Room** (off 2nd floor catwalk area; look for hallway near Green “Personnel/Conference” flag)

Questions? Non-veterans from the community are welcome. Contact Lynn Klanchar, PADRECC Education (804) 675-6952.



More Educational Opportunities

September 10 (Sat) Caring for Parkinson's, Caring for You Symposium – Charlotte, NC.

Sponsored by Parkinson Association of the Carolinas. Call (866) 903-PARK (7275) or register online at www.parkinsonassociation.org/events/symposium

September 18 (Sat, 8:30am) Walk Off Parkinson's at Nationals Park, Washington, DC.

Contact Parkinson Foundation of the National Capital Area (PFNCA) at (703) 734-1017 or www.parkinsonfoundation.org.

September 20-23 (Tues-Fri) the 4th World Parkinson's Congress, Portland, OR.

www.wpc2016.org

New! PD SELF (Parkinson's Disease Self-Efficacy Learning Forum) - This national pilot program is sponsored by the **Parkinson's Disease Foundation** and is being held in Richmond, VA. PD SELF is designed for people within 3 years of a Parkinson's diagnosis. It emphasizes self-efficacy behaviors that assist people to be competent and confident in managing their disease. The course requires a 9 month commitment and is co-led by a health care professional and a peer leader who has PD. The Sept 2016-June 2017 session is filled. Direct inquiries about future courses to the Richmond Team Leaders, Fred Woodlief III, DDS (757) 871-1383 or Lynn Klanchar, RN, MS (804) 675-6952 or email questions to rvapdself@gmail.com.



Team PADRECC Richmond/Southeast

left to right: Dr. Maragos, Dr. Holloway, M. Hirsch, Dr. Desai, Dr. Gitchel, V. Rowlett, Dr. Baron, J. Johnson, D. Dellinger, L. Klanchar, P. Roberge, Dr. Lehosit, M. Lawson, C. McGrady

Veterans Affairs Network of Care for Parkinson's Disease



The six Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) were established in 2001 as centers of excellence for veterans with PD or other movement disorders.

The National VA Parkinson's Disease Consortium was designed in 2003 to broaden the PADRECC's reach. Consortium Centers were established to offer specialized movement disorder care in more areas of the country. Consortium centers are directed by movement disorder specialists.

Together, the 6 PADRECCs and 50+ Consortium Centers provide convenience and state-of-the-art care to veterans with movement disorders regardless of where they live. If a veteran is unable to access services at a PADRECC, the nearest Consortium Center may be an option.

For more info, go to:
www.parkinsons.va.gov

PADRECCs

Philadelphia
Director: John Duda, MD
(888) 959-2323

Southeast (Richmond)
Interim Director:
Jessica Lehosit, DO
(804) 675-5931

Houston
Director: Aliya Sarwar, MD
(713) 794-7841

**Northwest
(Portland/Seattle)**
Director: Joseph Quinn, MD
(503) 721-1091

San Francisco
Director:
Caroline Tanner, MD
(415) 379-5530

**Southwest
(West Los Angeles)**
Director:
Indu Subramanian, MD
(310) 478-3711

Southeast Network



Consortium Centers & Directors

Atlanta (Decatur), GA
(VISN 7)
Marian Evatt, MD, MS
(404) 235-3077

Augusta, GA (VISN 7)
John Morgan, MD, PhD
(706) 733-0188 x3260

Birmingham, AL (VISN 7)
Anthony Nicholas, MD, PhD
(205) 938-8101 x4734

Durham, NC
(VISN 6)
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(919) 286-0411 x6943

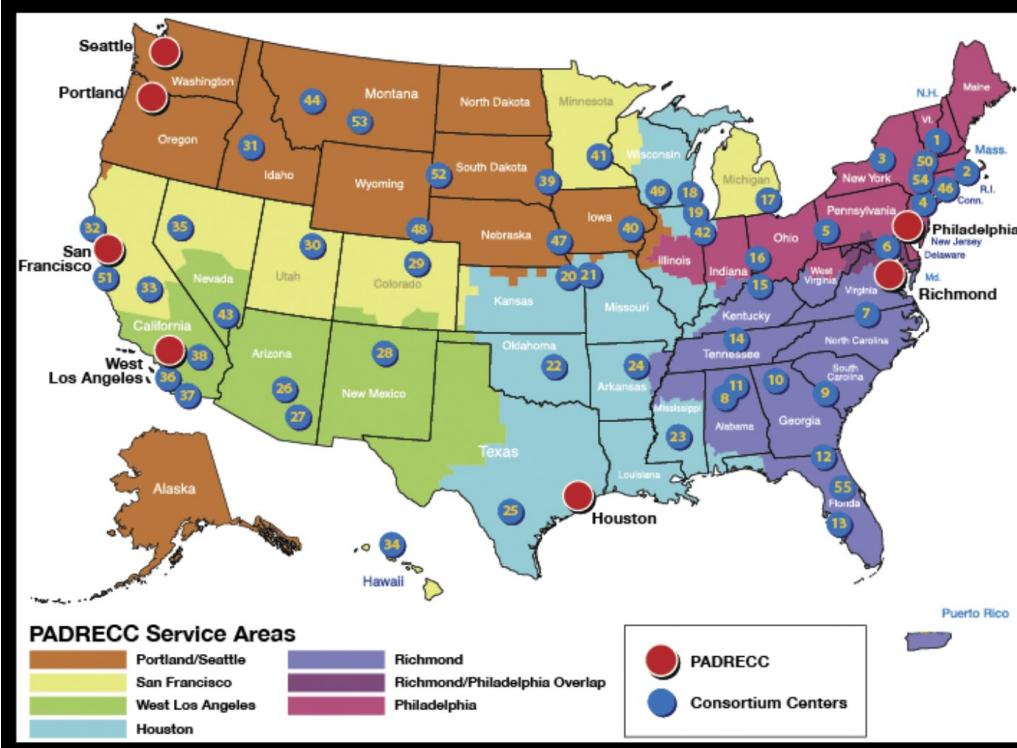
Gainesville, FL
(VISN 8)
Christopher Hess, MD
(352) 374-6058

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(VISN 9)
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Orlando, FL (VISN 8)
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Nashville, TN
(VISN 9)
John Fang, MD
(615) 873-7510

Tampa, FL
(VISN 8)
Theresa Zesiewicz, MD
(813) 972-7633



PADRECC Clinic Services



A Center of Excellence for Movement Disorders

Diagnosis and treatment for all types of movement disorders including
Parkinson's disease (PD), essential tremor (ET), dystonia,
and atypical parkinsonian disorders.

Services:

- New, follow up visits and clinical video telehealth (CVT) consults
- Multidisciplinary Approach with Movement Disorder Specialists
- Rehabilitation evaluation, referrals to PT, OT, Speech & Social Work
- Medications and medical management
- Neuropsychological assessment of cognitive and emotional status
- Deep Brain Stimulation (DBS) surgery and programming
- Palliative care and hospice care referrals
- Educational materials, events, caregiver resources, support and exercise groups
- Clinical trials/research studies

How do I get an appointment at PADRECC Clinic?

To receive treatment:

- First, you must be a Veteran and enrolled in VA Health Care.
- Your primary care doctor can consult the PADRECC Clinic by electronic referral in CPRS system to :
"Movement Disorders/Parkinsons/PADRECC OUTPT".
- Referrals from outside the Richmond catchment area require an inter-facility consult (IFC).

To apply for enrollment in VA Health care or determine eligibility:

- Call Veterans Health Benefits Service Center 1-877-222-VETS.
- Go to www.va.gov and how to apply for Health Benefits.
- In Richmond, call (804) 675-5611.

Research Opportunities: Some PADRECC research projects and clinical trials recruit non-veterans in addition to PADRECC patients. Contact George Gitchel, PhD for current research opportunities at (804) 675-6300.

Education and Support Group: PADRECC sponsors a monthly Parkinson's group (usually the 4th Thursday) at McGuire VAMC. Contact Lynn Klanchar at (804) 675-6952 for more information.



**Hunter Holmes
McGuire VAMC 652/127**
1201 Broad Rock Blvd.,
Richmond, Virginia
23249

**Southeast/Richmond
PADRECC
Phone (804) 675-5931
Main Office**

**Check-in:
Room 2C-110**
*Clinic is located on 2nd floor
next to Neurology.
Follow signs from the South
Elevators to PADRECC (2C).*

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



Defining
EXCELLENCE
in the 21st Century