the CLIMB

October 2018

Indiana Parkinson Foundation

THANK YOU FOR YOUR SUPPORT AT THE 2018 CHOOSE TO MOVE!
This year's Choose to Move was a huge success. We are looking forward to another great race on April 13th 2019. Please join us as we move our race to April for Parkinson Awareness Month. You can register now at https://runsignup.com/Race/IN/Fishers/ChooseToMoveRace

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SUPPORT GROUPS

Caregiver Support Group:
October 29th from 11:15am-12:45pm at Wild Eggs in Fishers. This will be an open discussion.

Support Group:
October 24th from 12:15pm-1:00pm at LivRite Fitness in Noblesville. We will have US Worldmeds and a Movement Disorder Specialist speaking to our group.

Monthly Ladies' Lunch:
The last Tuesday of every month ladies' that have been effected by Parkinson's meet to enjoy lunch and conversation. This month we will meet at Red Robin at Hamilton Town Center at 12:30pm on October 30th.

Caregiver Support Group starting at Home Care Assistance in Carmel!
This group will meet the 3rd Wednesday of every month at Home Care Assistance located at 716 Adams St. Unit C from 1p-2p. The first meeting is scheduled for October 17th. The speaker for October is Todd Howard of Howard Homes. Please call (317)316-0804 for questions or to RSVP.

Greenwood Support Groups:
P.D. Support Group every 3rd Tuesday of the month at 3:00p. The support group is held at Mt. Pleasant Community Life Center (1st floor meeting room).

Caregiver Support Group Every 2nd Saturday of each month at 10:45a. This group is held at Mt. Pleasant Community Life Center (1st floor meeting room).

Westminster Village North Support Group:
Every month on Tuesday from 2:00 - 3:00 p. and Thursday from 10:00 -11:00a. at Westminster Village North located at 11045 Presbyterian Dr. Indianapolis (317)823-6841.

PAACI Caregiver Conference
When: November 10th, 2018 @ 11a.
Where: MCL at Township Line Rd. (2370 W. 86th St. Indianapolis)
Cost: $10/person, FREE for those who pay PAACI dues. Meals and drinks at your expense.
Barbara Habermann PhD, RN, FAAN will be the keynote speaker.
Candace Preston from Joy's House will also be speaking.
RSVP to sheripaaci@yahoo.com

Metro Indy Lewy Body Dementia Support Group

When: 2nd Thursday each month from 2-3:30p.
Who: Caregivers of those with LBD

Come a half hour early for a late lunch and socializing
Location: Amore Pizzeria
Address: 41 Boone Village Zionville, IN
Contact: Mary Milberger at 601-909-LEWY (5399) or at MetroIndyLewy1@gmail.com

Dealing with Dementia

Free workshop for family/friends and caregivers of people living with dementia.
Presenters are CICOA staff trained by the Rosalynn Carter Institute for Caregiving
http://www.rosalynncarter.org/Dealing_with_Dementia_copy/.
The workshop is 4 hours and includes a comprehensive manual. An afternoon session will be offered this Fall at the Catholic Center at 1400 N. Meridian.

Date will be chosen based on availability of interested caregivers.
Contact Monica at 317-261-3378 or mwoodsworth@archindy.org.

We would like to thank those in our community who help us with our programs and services: LivRite Fitness Noblesville, Wild Eggs, Holly with Senior Home Companions, our interns, volunteers and caregivers. We would also like to thank all who helped with our 2018 CHOOSE TO MOVE. We could not do it without our sponsors, volunteers and those that participate. Your generosity makes it all possible.

Dermatology issues with Parkinson Disease:

Parkinson disease has many manifestations beyond just the motor component. Although the tremors and motor delays can be the most debilitating side of this disease, other important health issues should not be overlooked. There is a concept that the skin is a mirror to Parkinson disease activity, and skin disorders are considered a common non-motor symptom. Sometimes, a visit to the dermatologist is needed to best help manage these skin findings.

The most commonly seen skin manifestation of Parkinson disease is seborrheic dermatitis (commonly known as dandruff) but may be more severe and resistant to therapy than the general population. It presents as redness and greasy, white or yellow scale and flaking to the oily folds and hair bearing portions of the head and neck. This includes around the nose, behind the ears and in the eyebrows. It may even affect the hairy, oil-producing area of the mid chest. Treatment is usually manageable with over the counter antidandruff shampoos and antifungal creams. These might include selenium sulfide shampoo and clotrimazole creams. However, for some people, it may be quite severe and require topical steroids and anti-seborrhea medications only available by prescription.

Parkinson disease may also cause facial flushing indistinguishable from rosacea. Rosacea is a skin disorder marked by easy flushing, persistent fine red engorged blood vessels of the face (telangiectasia), and red bumps or pus-filled pimples. The flushing of Parkinson disease may sometimes require treatment with prescription strength anti-flushing topical solutions such as used in rosacea.

Debilitating dermatitis around the mouth can also occur because the saliva from chronic or uncontrolled drooling in severe Parkinson disease acts as an irritant. This might even include cracking at the corners of the mouth. Chronically applying a dab of petroleum jelly around the corners of the mouth or over the counter clotrimazole cream might do the trick. However, these symptoms might also require prescription strength topical steroids, antifungal creams and sometimes anticholinergic pills to reduce saliva production.

Dopaminergic therapy such as levodopa can sometimes cause excessive sweating, or it can occur during the “wearing off” period after a dose. Taking cooler showers, wearing light cotton or other breathable clothing, and maintaining good hydration can help combat the effects of excessive sweating. Sometimes prescription strength topical aluminum chloride antiperspirant and anticholinergic pills are required.

An association between Parkinson disease and low vitamin D has been established, but any causal relationship has not been proven. More sun exposure to produce vitamin D however is not recommended, as those with Parkinson disease are at about 2 times the risk of the general population to develop melanoma in their lifetime. This is on order with the elevated risk of melanoma for tanning bed users - not huge, but clearly measurable. Of note, no clear evidence suggests that medications used to treat Parkinson disease are a cause of increased melanoma, as the FDA has been very vigilant to investigate this. Our advice is to increase dietary fish intake or supplement with oral vitamin D for proper maintenance of vitamin D levels. Avoid excess sun

exposures, use sunscreen, seek shade between 10 am and 2 pm, and be vigilant for abnormal red or colored new and changing skin growths. If a concerning skin lesion is noted, seek attention from your primary care physician or a dermatologist.

In summary, if you are experiencing one of the skin effects of Parkinson disease described above, there may be things you can do to alleviate them with common sense and over the counter remedies. But if it is severely impacting your quality of life, or something concerning such as an odd mole has arisen, seek medical attention as there are things that can be done to improve your life quality and to live healthier with this incurable neurological disorder.

Lawrence A. Mark, MD, PhD

Associate Professor of Clinical Dermatology
Indiana University Health Dermatology
(317) 944-7744

Silent aspiration signs and symptoms

Aspiration from dysphagia can cause signs and symptoms such as:

- Feeling that food is sticking in your throat or coming back into your mouth.
- Pain when swallowing.
- Trouble starting a swallow.
- Coughing or wheezing after eating.
- Coughing while drinking liquids or eating.

- Fever 30 minutes to an hour after eating
- Too much saliva
- Feeling congested after eating or drinking
- Having a wet-sounding voice during or after eating or drinking
- Shortness of breath or fatigue while eating
- Repeated episodes of pneumonia

Signs and symptoms can happen right after eating. Or they may happen over time. You may not have all of these signs and symptoms. Your signs and symptoms may depend on how often and how much food or drink you aspirate.

Some people who aspirate do not have any signs or symptoms. This is called silent aspiration.

How is aspiration from dysphagia diagnosed?

You will need to be checked for aspiration from dysphagia if you have signs or symptoms. You may also need to be checked if you have had a stroke or other health problem that can cause trouble swallowing. If your healthcare provider thinks you may be aspirating, you may be told to not eat or drink until you are tested.

Your healthcare provider will ask about your medical history and symptoms. This may be done by a speech-language pathologist (SLP). The SLP will try to find out if you have problems with the lower or upper part of your swallowing muscles. The SLP may ask about what foods or drink cause problems, and when your symptoms occur.

You may have a physical exam. This may include an exam of your teeth, lips, jaws, tongue, and cheeks. You may be asked to move these areas in certain ways and make certain sounds. Your SLP may also test how you swallow different types of liquids and solids.

You may also need 1 or more tests. These can help to find the cause of your dysphagia. Tests are often very helpful in showing cases of silent aspiration. The test may include:

aspiration. This test may include:

- **Modified barium swallow test (MBS).** This can show if material is going into your lungs.
- **Fiber-optic endoscopic evaluation of swallowing (FEES).** This can also show if material is going into your lungs.
- **Pharyngeal manometry.** This checks the pressure inside your esophagus.

How is aspiration from dysphagia treated?

Your healthcare provider will try to treat the cause of your dysphagia. This may include using medicines. In some cases, surgery may be able to treat the cause of dysphagia.

The symptoms of dysphagia also need to be managed. This may include doing things such as:

- Changing your diet (such as thickening liquids or not having liquids)
- Changing your position while eating (such as eating upright, tilting your head back, or bending your neck forward)
- Not eating in bed
- Eating smaller bites of food
- Eating with supervision
- Not talking while eating
- Not being distracted during meals
- Eating when you are most alert
- Using tools such as straws
- Doing exercises to strengthen your lips and tongue
- Using special swallowing methods

As you recover, you may need to use fewer of these methods. Dysphagia after a stroke may improve greatly over time.

You may still be at high risk of aspiration even with these methods. If this is the case, you may need to use a feeding tube for a period of time to prevent aspiration.

What are the complications of aspiration from dysphagia?

A major complication of aspiration is harm to the lungs. When food, drink, or stomach contents make their way into your lungs, they can damage the tissues there. The damage can sometimes be severe. Aspiration also increases your risk of pneumonia. This is an infection of the lungs that causes fluid to build up in the lungs. Pneumonia needs to be treated with antibiotics. In some cases, it may cause death.

Other possible complications from dysphagia include:

- Dehydration
- Malnutrition
- Weight loss
- Increased risk of other illness

These problems can reduce your level of independence. They may also cause or lengthen a stay in the hospital.

What can I do to prevent aspiration from dysphagia?

You can reduce your risk of aspiration by:

- Taking good care of your mouth and teeth
- Getting dental treatment (such as dentures) when needed
- Taking medicines as advised
- Stopping smoking
- Sitting with good posture when eating and drinking
- Doing oral exercises as advised by the Speech Language Pathologist

Speech Language Pathologist
- Making changes to your diet as advised by the Speech Language Pathlolgist
- Asking your healthcare provider for other advice to prevent aspiration in your case

When should I call my healthcare provider?

Tell your healthcare provider right away if you think you may have a problem with dysphagia or aspiration. It should be treated as soon as possible.

Key points

- Aspiration is when something enters the airway or lungs by accident. It may be food, liquid, or some other material.
- This can cause serious health problems, such as pneumonia.
- Aspiration can happen when a person has trouble swallowing normally. This is known as dysphagia.
- Stroke is a common cause of dysphagia. Dysphagia can also result from other health problems.
- If you have any symptoms of dysphagia, you need to be checked for aspiration. You may also need to be checked if you had a stroke.

If you suspect aspiration or trouble swallowing please see your doctor immediately.

(All Information is provided by St Luke's Hospital website. https://www.saintlukeskc.org/health-library/aspiration-dysphagia.)

Caregiving with Love

Taking Care of YOU: Self-Care for Family Caregivers

(Source. Family Caregiver Alliance, National Center for Caregiving)

First, Care for Yourself

On an airplane, an oxygen mask descends in front of you. What do you do? As we all know, the first rule is to put on your own oxygen mask before you assist anyone else. Only when we first help ourselves can we effectively help others. Caring for yourself is one of the most important—and one of the most often forgotten—things you can do as a caregiver. When your needs are taken care of, the person you care for will benefit, too.

Effects of Caregiving on Health and Well-Being

We hear this often: "My husband is the person with Alzheimer's, but now I'm the one in the hospital!" Such a situation is all too common. Researchers know a lot about the effects of caregiving on health and well-being. For example, if you are a caregiving spouse between the ages of 66 and 96 and are experiencing mental or emotional strain, you have a risk of dying that is 63 percent higher than that of people your age who are not caregivers.[1] The combination of loss, prolonged stress, the physical demands of caregiving, and the biological vulnerabilities that come with age place you at risk for significant health problems as well as an earlier death.

Older caregivers are not the only ones who put their health and well-being at risk. If you are a baby boomer who has assumed a caregiver role for your parents while simultaneously juggling work and raising adolescent children, you face an increased risk for depression, chronic illness, and a possible decline in quality of life.

But despite these risks, family caregivers of any age are less

But despite these risks, family caregivers of any age are less likely than non-caregivers to practice preventive healthcare and self-care behavior. Regardless of age, sex, and race and ethnicity, caregivers report problems attending to their own health and well-being while managing caregiving responsibilities. They report:

- Sleep deprivation
- Poor eating habits
- Failure to exercise
- Failure to stay in bed when ill
- Postponement of or failure to make medical appointments for themselves

Family caregivers are also at increased risk for depression and excessive use of alcohol, tobacco, and other drugs. Caregiving can be an emotional roller coaster. On the one hand, caring for your family member demonstrates love and commitment and can be a very rewarding personal experience. On the other hand, exhaustion, worry, inadequate resources, and continuous care demands are enormously stressful. Caregivers are more likely to have a chronic illness than are non-caregivers, namely high cholesterol, high blood pressure, and a tendency to be overweight. Studies show that an estimated 46 percent to 59 percent of caregivers are clinically depressed.

Taking Responsibility for Your Own Care

You cannot stop the impact of a chronic or progressive illness or a debilitating injury on someone for whom you care. But there is a great deal that you can do to take responsibility for your personal well-being and to get your own needs met.

Identifying Personal Barriers

Many times, attitudes and beliefs form personal barriers that stand in the way of caring for yourself. Not taking care of yourself may be a lifelong pattern, with taking care of others an easier option. However, as a family caregiver you must ask yourself: "What good will I be to the person I care for if I become ill? If I die?"Breaking old patterns and overcoming obstacles is not an easy proposition, but it can be done—regardless of your age or situation. The first task in removing personal barriers to self-care is to identify what is in your way. For example:

- Do you think you are being selfish if you put your needs first?
- Is it frightening to think of your own needs? What is the fear about?
- Do you have trouble asking for what you need? Do you feel inadequate if you ask for help?
- Do you feel you have to prove that you are worthy of the care recipient's affection? Do you do too much as a result?

Sometimes caregivers have misconceptions that increase their stress and get in the way of good self-care. Here are some of the most commonly expressed:

- I am responsible for my parent's health.
- If I don't do it, no one will.
- If I do it right, I will get the love, attention, and respect I deserve.
- Our family always takes care of their own.
- I promised my father I would always take care of my mother.

"I never do anything right," or "There's no way I could find the time to exercise" are examples of negative *self-talk*, another possible barrier that can cause unnecessary anxiety. Instead, try positive statements: "I'm good at giving John a bath." "I can exercise for 15 minutes a day." Remember, your mind tends to believe what you tell it.

Because we base our behavior on our thoughts and beliefs, attitudes and misconceptions like those noted above can cause caregivers to continually attempt to do what cannot be done, to control what cannot be controlled. The result is feelings of continued failure and frustration and, often, an inclination to ignore your own needs. Ask yourself what might be getting in your way and keeping you from taking care of yourself.

yourself.

Moving Forward

Once you've started to identify any personal barriers to good self-care, you can begin to change your behavior, moving forward one small step at a time. Following are some effective tools for self-care that can start you on your way.

Tool #1: Reducing Personal Stress

How we perceive and respond to an event is a significant factor in how we adjust and cope with it. The stress you feel is not only the result of your caregiving situation but also the result of your perception of it—whether you see the glass as half-full or half-empty. It is important to remember that you are not alone in your experiences.

Your level of stress is influenced by many factors, including the following:

- Whether your caregiving is voluntary.
- Your relationship with the care recipient.
- Your coping abilities.
- Your caregiving situation.
- Whether or not support is available.

Steps to Managing Stress

1. Recognize warning signs early. These might include irritability, sleep problems, and forgetfulness.
2. Identify sources of stress. Ask yourself, "What is causing stress for me?"
3. Identify what you can and cannot change. Remember, we can only change ourselves; we cannot change another person. The challenge we face as caregivers is well expressed in the following words modified from the original Serenity Prayer (attributed to American theologian Reinhold Niebuhr):*"God grant me the serenity to accept the things I cannot change, Courage to change the things I can, and (the) wisdom to know the difference."*
4. Take action. Taking some action to reduce stress gives us back a sense of control.

Tool #2: Setting Goals

Setting goals or deciding what you would like to accomplish in the next three to six months is an important tool for taking care of yourself. Here are some sample goals you might set:

- Take a break from caregiving.
- Get help with caregiving tasks like bathing and preparing meals.
- Engage in activities that will make you feel more healthy.
- Goals are generally too big to work on all at once. We are more likely to reach a goal if we break it down into smaller action steps. Once you've set a goal, ask yourself, "What steps do I take to reach my goal?" Make an action plan by deciding which step you will take first, and when. Then get started!

Example (Goal and Action Steps):
Goal: Feel more healthy.
Possible action steps:

1. Make an appointment for a physical checkup.
2. Take a half-hour break once during the week.
3. Walk three times a week for 10 minutes.

Tool #3: Seeking Solutions

Seeking solutions to difficult situations is, of course, one of the most important tools in caregiving. Once you've identified a problem, taking action to solve it can change the situation and also change your attitude to a more positive one, giving you more confidence in your abilities.

Steps for Seeking Solutions

1. Identify the problem. Look at the situation with an open mind.

2. List possible solutions. One idea is to try a different perspective: "Even though someone else provides help to John in a different way than I do, it can be just as good."
3. Select one solution from the list. Then try it!
4. Evaluate the results. Ask yourself how well your choice worked.
5. Try a second solution. If your first idea didn't work, select another. But don't give up on the first; sometimes an idea just needs fine-tuning.
6. Use other resources. Ask friends, family members, and professionals for suggestions.
7. If nothing seems to help, accept that the problem may not be solvable now. You can revisit it at another time.

Note: All too often, we jump from Step 1 to Step 7 and then feel defeated and stuck. Concentrate on keeping an open mind while listing and experimenting with possible solutions.

Tool #4: Communicating Constructively

Being able to communicate constructively is one of a caregiver's most important tools. When you communicate in ways that are clear, assertive, and constructive, you will be heard and get the help and support you need. The box below shows basic guidelines for good communication.

Communication Guidelines

- Use "I" messages rather than "you" messages. Saying "I feel angry" rather than "You made me angry" enables you to express your feelings without blaming others or causing them to become defensive.
- Respect the rights and feelings of others. Do not say something that will violate another person's rights or intentionally hurt the person's feelings.
- Be clear and specific. Speak directly to the person. Don't hint or hope the person will guess what you need.
- Be a good listener. Listening is the most important aspect of communication.

Tool #5: Asking for and Accepting Help

When people have asked if they can be of help to you, how often have you replied, "Thank you, but I'm fine." Many caregivers don't know how to marshal the goodwill of others and are reluctant to ask for help. You may not wish to "burden" others or admit that you can't handle everything yourself.

Be prepared with a mental list of ways that others could help you. For example, someone could take the person you care for on a 15-minute walk a couple of times a week. Your neighbor could pick up a few things for you at the grocery store. A relative could fill out some insurance papers. When you break down the jobs into very simple tasks, it is easier for people to help. And they do want to help. It is up to you to tell them how.

Help can come from community resources, family, friends, and professionals. Ask them. Don't wait until you are overwhelmed and exhausted or your health fails. Reaching out for help when you need it is a sign of personal strength.

Tips on How to Ask

- Consider the person's special abilities and interests.
- Resist asking the same person repeatedly.
- Pick the best time to make a request. Timing is important.
- Prepare a list of things that need doing. The list might include errands, yard work, or a visit with your loved one.
- Be prepared for hesitance or refusal. It can be upsetting for the caregiver when a person is unable or unwilling to help. But in the long run, it would do more harm to the relationship if the person helps only because he doesn't want to upset you. To the person who seems hesitant, simply say, "Why don't you think about it." Try not to take it personally when a request is turned down. The person is turning down the task, not you.

- Avoid weakening your request. "It's only a thought, but would you consider staying with Grandma while I went to church?" This request sounds like it's not very important to you. Use "I" statements to make specific requests: "I would like to go to church on Sunday. Would you stay with Grandma from 9 a.m. until noon?"

Tool #6: Talking to the Physician

In addition to taking on the household chores, shopping, transportation, and personal care, 37 percent of caregivers also administer medications, injections, and medical treatment to the person for whom they care. Some 77 percent of those caregivers report the need to ask for advice about the medications and medical treatments. The person they usually turn to is their physician.

But while caregivers will discuss their loved one's care with the physician, caregivers seldom talk about their own health, which is equally important. Building a partnership with a physician that addresses the health needs of the care recipient and the caregiver is crucial. The responsibility of this partnership ideally is shared between you, the caregiver, the physician, and other healthcare staff. However, it will often fall to you to be assertive, using good communication skills, to ensure that everyone's needs are met—including your own.

Tips on Communicating with Your Physician

- Prepare questions ahead of time. Make a list of your most important concerns and problems.
- Enlist the help of the nurse. Many caregiving questions relate more to nursing than to medicine.
- Make sure your appointment meets your needs. For example, the first appointment in the morning or after lunch are the best times to reduce your waiting time or accommodate numerous questions.
- Call ahead. Before the appointment, check to see if the doctor is on schedule. Remind the receptionist of special needs when you arrive at the office.
- Take someone with you. A companion can ask questions you feel uncomfortable asking and can help you remember what the physician and nurse said.
- Use assertive communication and "I" messages. Enlist the medical care team as partners in care. Present what you need, what your concerns are, and how the doctor and/or nurse can help. Use specific, clear "I" statements like the following: "I need to know more about the diagnosis; I will feel better prepared for the future if I know what's in store for me." Or "I am feeling rundown. I'd like to make an appointment for myself and my husband next week." Or "I need a way for my mother to sleep at night as I am now exhausted being up every two hours at night with her."

Tool #7: Starting to Exercise

You may be reluctant to start exercising, even though you've heard it's one of the healthiest things you can do. Perhaps you think that physical exercise might harm you, or that it is only for people who are young and able to do things like jogging. Fortunately, research suggests that you can maintain or at least partly restore endurance, balance, strength, and flexibility through everyday physical activities like walking and gardening. Even household chores can improve your health. The key is to increase your physical activity by exercising and using your own muscle power.

Exercise promotes better sleep, reduces tension and depression, and increases energy and alertness. If finding time for exercise is a problem, incorporate it into your daily activity. Perhaps the care recipient can walk or do stretching exercise with you. If necessary, do frequent short exercises instead of those that require large blocks of time. Find activities you enjoy.

Walking, one of the best and easiest exercises, is a great way to get started. Besides its physical benefits, walking helps to reduce psychological tension. Walking 20 minutes a day, three times a week, is very beneficial. If you can't get away for that long, try to walk for as long as you can on however many days you can. Work walking into your life. Walk around the mall, to the store, or a nearby park. Walk around the block with a

friend.

Tool #8: Learning from Our Emotions

It is a strength to recognize when your emotions are controlling you (instead of you controlling your emotions). Our emotions are messages to which we need to listen. They exist for a reason. However negative or painful, our feelings are useful tools for understanding what is happening to us. Even feelings such as guilt, anger, and resentment contain important messages. Learn from them, then take appropriate action.

For example, when you cannot enjoy activities you previously enjoyed, and your emotional pain overshadows all pleasure, it is time to seek treatment for depression—especially if you are having thoughts of suicide. Speaking with your physician is the first step. (See the FCA fact sheet *Depression and Caregiving*.)

Caregiving often involves a range of emotions. Some feelings are more comfortable than others. When you find that your emotions are intense, they might mean the following:

- That you need to make a change in your caregiving situation.
- That you are grieving a loss.
- That you are experiencing increased stress.
- That you need to be assertive and ask for what you need.

Summing Up

Remember, it is not selfish to focus on your own needs and desires when you are a caregiver—it's an important part of the job. You are responsible for your own self-care. Focus on the following self-care practices:

- Learn and use stress-reduction techniques, e.g. meditation, prayer, yoga, Tai Chi.
- Attend to your own healthcare needs.
- Get proper rest and nutrition.
- Exercise regularly, even if only for 10 minutes at a time.
- Take time off without feeling guilty.
- Participate in pleasant, nurturing activities, such as reading a good book, taking a warm bath.
- Seek and accept the support of others.
- Seek supportive counseling when you need it, or talk to a trusted counselor, friend, or pastor.
- Identify and acknowledge your feelings, you have a right to ALL of them.
- Change the negative ways you view situations.
- Set goals.

It's up to you!

Resources

Family Caregiver Alliance
National Center on Caregiving
(415) 434-3388 | (800) 445-8106
Website: www.caregiver.org
Email: info@caregiver.org

Indiana Parkinson Foundation

There are multiple ways in which you can show your support for our mission and our programs. Learn about our planned giving options and see which one is right for you.

Memorial Donations:

When a loved one has passed and they wish for their legacy to live on through a memorial donation to Indiana Parkinson Foundation. Just

ask us for envelopes or send donations to the Indiana Parkinson Foundation at 14350 Mundy Dr, Suite 800#181 Noblesville, IN 46060.

Special Event Donations:

For an Anniversary, birthday or any other special event you can make donations in a special person's honor.

Monthly Giving:

You can make on going monthly donations to the Indiana Parkinson Foundation by going to our website and setting up a month to month donation plan.

Legacy:

Your legacy will live on with a part of your estate plan. Either give IPF a dollar amount in your will or a percentage of the estate. Please consult your legal, tax or financial advisor on how to set up and contact 317-550-5648 for our EIN # .

Life Insurance:

If you are over insured you can leave Indiana Parkinson Foundation as the beneficiary , but not the owner of the life insurance policy. Please consult your legal, tax or financial advisor to set up and contact 317-550-5648 for the EIN# .

Stock Gifts:

If you would like to make a stock as a gift. Please consult your legal, tax or financial advisor.

Individual Retirement Accounts:

Retirement plans are assets that continue to be a growing source of wealth. These can be highly taxed upon your death. By naming Indiana Parkinson Foundation as the beneficiary for part or all of the account you may avoid both income and estate taxation. Please consult your legal, tax or financial advisor for set up. And call 317-550-5648 for the EIN#.

Davis Phinney Foundation:

LIVING WELL CHALLENGE™

THE LIVING WELL CHALLENGE™
A Davis Phinney Foundation Webinar

The Living Well Challenge is an educational webinar series featuring movement disorder experts speaking on topics of interest to people affected by Parkinson's disease.

Take the challenge!
Watch our videos so that you can take action and live well Parkinson's. Download and complete the Living Well Pledge.
Go to www.davisphinneyfoundation.org look under the tab at the top Resouces,
then click on Video Library.

Michael J Fox foundation

Movement disorder specialists discuss popular Parkinson's topics through blog posts and videos.
Go to www.michaeljfox.org Go to the tab at the top *Understanding Parkinson*. Scroll down to *Education at MJFF*, and click.

THIRD THURSDAYS WEBINARS ON PARKINSON'S RESEARCH
On the third Thursday of every month, join our live webinars to learn about various aspects of living with Parkinson's disease and the Foundation's work to speed medical breakthroughs. Log on, listen to the expert discussion and submit your own questions to our panelists. Can't make it for the live event? Watch when you can through our archive library below.

Our webinars are moderated by Dave Iverson, a veteran broadcast journalist and person with Parkinson's. All MJFF educational initiatives are offered free of charge.

Third Thursdays webinars are available for CME credit for practicing health care professionals. Register to learn more.

Join IPF on Social Media...

Encourage your friends, family, and neighbors to follow us on social media, so we can inform those in the community about Parkinson's Disease and all of our programs.
Facebook: Indiana Parkinson Foundation
Instagram: @indianaparkinsonfoundation
Twitter: @IN_Parkinson

Volunteers needed:

If you have an interest in serving on IPF committees or in classes please contact *Jada Aidun at 317-550-5648.* We are looking for people who want to give back and get involved by using their skills and talents.

Kroger

Re-enroll with Kroger community rewards for The Indiana Parkinson Foundation they are only good for a year! Call 1-800-KROGERS for more information.

Amazon Smile

Each time you shop with a click of the button you can also donate to help those effected by Parkinson Disease. Just add The Indiana Parkinson Foundation to your charity of choice. It is so easy to do.

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