



**Parkinson's Support Group
February 4, 2026**

Parkinson.org – 1-800-4PD-INFO **Better Lives. Together.**

Today's Discussion

- Overview of the Parkinson's Foundation
- Hospital Safety Guide
- [PDGeneration](#)



Overview of Parkinson's Foundation

We are the Parkinson's Foundation,
the nation's leading community for
people living with Parkinson's disease
(PD),
those who love them and those who
are working to end the disease.

The one million Americans living
with PD deserve the promise
of a cure and a better life today.

We have everything you need to
live better with Parkinson's.



What We Do

For Tomorrow

Advancing research toward a cure

For Today

Improving care for everyone living with Parkinson's disease

For Us All

Building on the energy, experience and passion of our global community

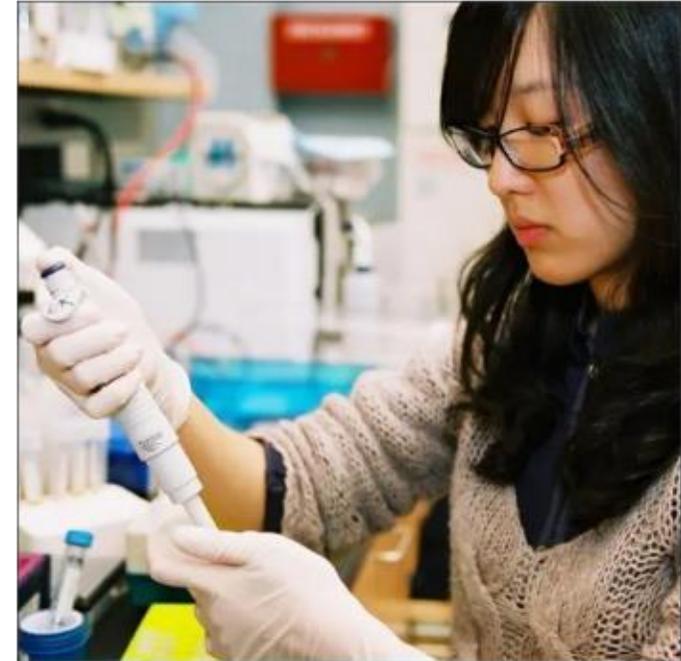


Investing in Breakthroughs

Fund research studies that help us understand Parkinson's to better treat it

Parkinson's Virtual Biotech aims to deliver new treatments in years, not decades

Provide genetic testing and counseling at no cost through PD GENERation: Mapping the Future of Parkinson's Disease



PD GENERation

MAPPING THE FUTURE OF PARKINSON'S DISEASE

Parkinson's Foundation Learning Lab

[Home](#)[Education Hubs ▾](#)[Special Programs ▾](#)[Tools and Resources](#)[Español](#)[About](#)

The Parkinson's Foundation Learning Lab is a virtual learning community dedicated to advancing knowledge about Parkinson's disease (PD).

The Learning Lab offers a variety of online courses for:

- ▶ Healthcare professionals
- ▶ People living with or caring for someone with PD
- ▶ Volunteers working closely with the PD community

Through these courses, further your knowledge of Parkinson's, its symptoms and best practices rooted in evidence-based research, aimed to help make life better for people with Parkinson's. Take a course at your pace, view a webinar, earn continuing education credits and participate in a live program — all just a click away!



Looking for resources for your patients? Are there tools you'd like to share with your interprofessional health care team?
Access our full course catalog here!

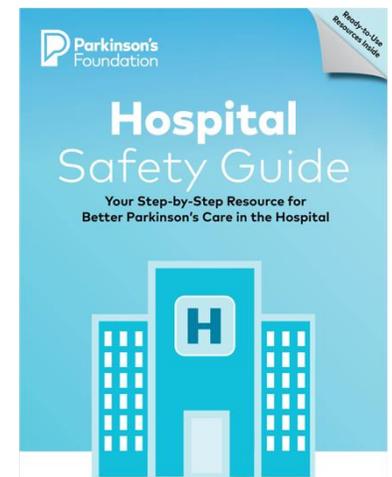
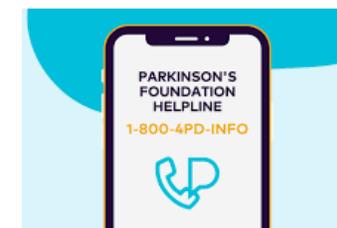
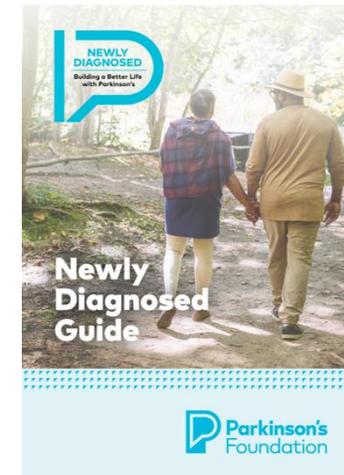
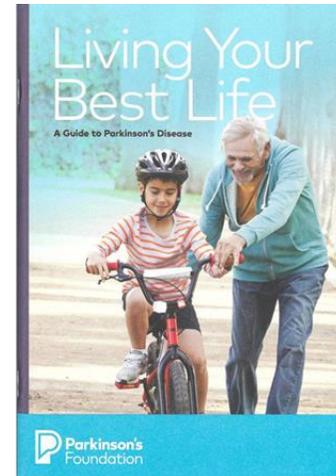
[EXPLORE ALL COURSES](#)

Learn More to Live Better

Free resources including educational books and guides, webinars, fact sheets, videos, podcasts and more. Visit Parkinson.org/Library

Our toll-free Helpline is staffed by Parkinson's specialists. Call 1-800-4PD-INFO

Scan this QR Code to order resources.



Exercise Recommendations

- The [Parkinson's Outcomes Project](#) shows that people with PD who start exercising earlier in their disease course for a minimum of 2.5 hours per week experience a slowed decline in quality of life compared to those who start later.

Parkinson's Exercise Recommendations

Parkinson's is a progressive disease of the nervous system marked by tremor, stiffness, slow movement and balance problems.

Exercise and physical activity can improve many motor and non-motor Parkinson's symptoms:



Aerobic Activity

3 days/week for at least 30 mins per session of continuous or intermittent at moderate to vigorous intensity

TYPE: Continuous, rhythmic activities such as brisk walking, running, cycling, swimming, aerobics class

CONSIDERATIONS: Safety concerns due to risks of freezing of gait, low blood pressure, blunted heart rate response. Supervision may be required.

Strength Training

2-3 non-consecutive days/week for at least 30 mins per session of 10-15 reps for major muscle groups; resistance, speed or power focus

TYPE: Major muscle groups of upper/lower extremities such as using weight machines, resistance bands, light/moderate handheld weights or body weight

CONSIDERATIONS: Muscle stiffness or postural instability may hinder full range of motion.

Balance, Agility & Multitasking

2-3 days/week with daily integration if possible

TYPE: Multi-directional stepping, weight shifting, dynamic balance activities, large movements, multitasking such as yoga, tai chi, dance, boxing

CONSIDERATIONS: Safety concerns with cognitive and balance problems. Hold on to something stable as needed. Supervision may be required.

Stretching

>2-3 days/week with daily being most effective

TYPE: Sustained stretching with deep breathing or dynamic stretching before exercise

CONSIDERATIONS: May require adaptations for flexed posture, osteoporosis and pain.



See a physical therapist specializing in Parkinson's for full functional evaluation and recommendations.



Safety first: Exercise during on periods, when taking medication. If not safe to exercise on your own, have someone with you.



It's important to **modify and progress** your exercise routine over time.



Participate in **150 minutes** of moderate-to-vigorous exercise per week.



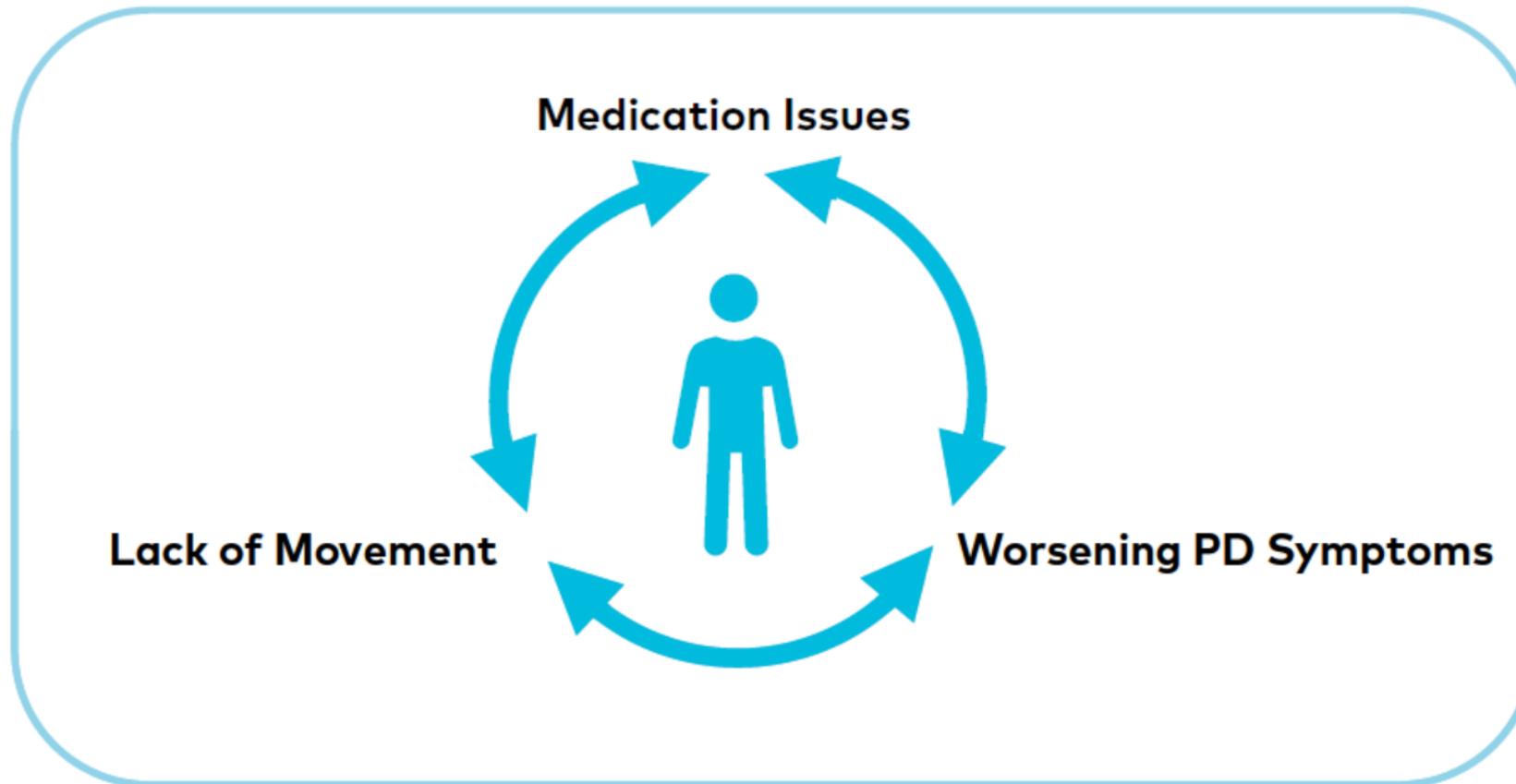


Hospital Safety with Parkinson's Disease

Better Lives. Together.

Avoiding the Symptom Spiral

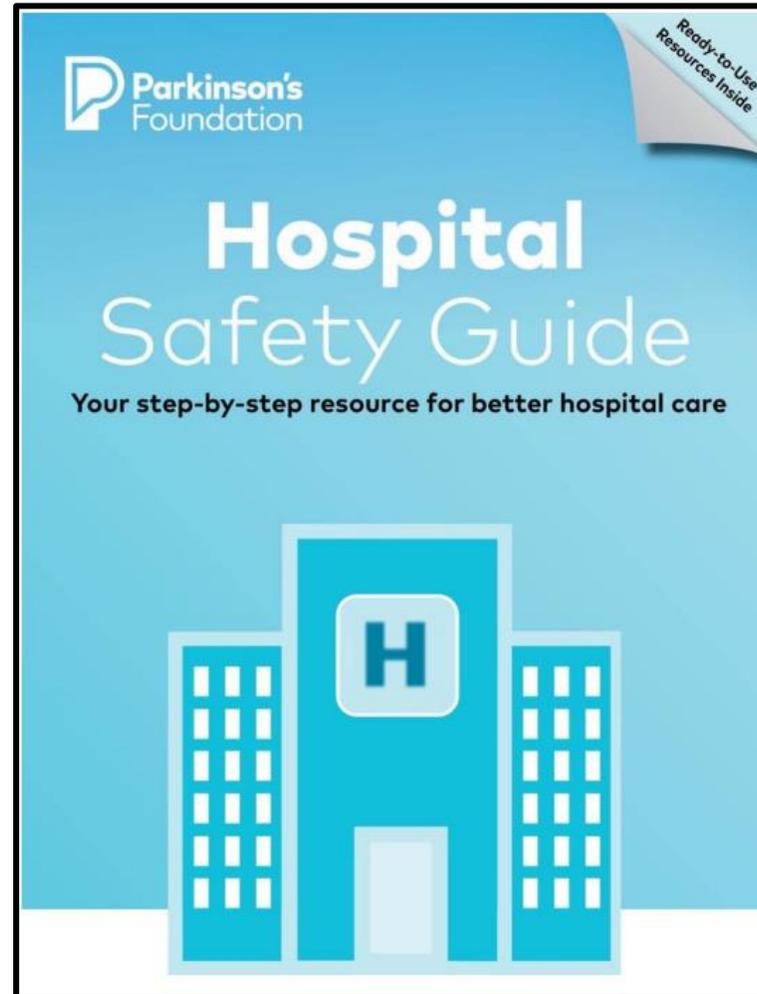
The Symptom Spiral



Hospital Care Initiative and Recommendations



Hospital Care Needs and Hospital Safety Guide



What is in the Hospital Safety Guide?

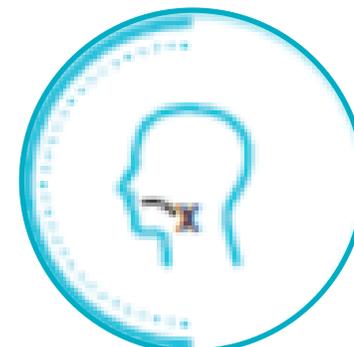
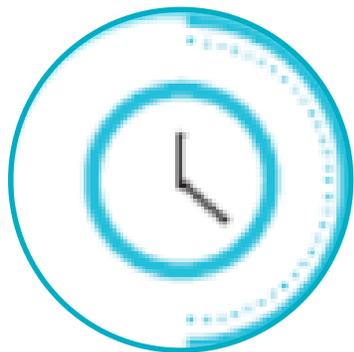
- New and updated information to help support a safe hospital stay
- A step-by-step Hospital Planner
- Discussion of the five [Parkinson's Care Needs](#), including:
 - ✓ Challenges
 - ✓ Real Time Steps
- Tear out resources



The Five Parkinson's Care Needs



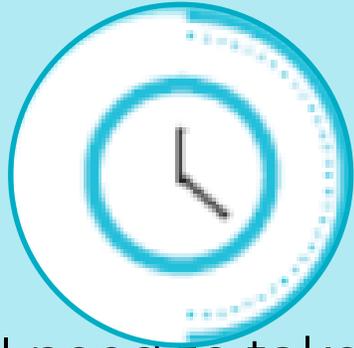
I need my hospital chart to include my exact medications and reflect my at-home schedule.



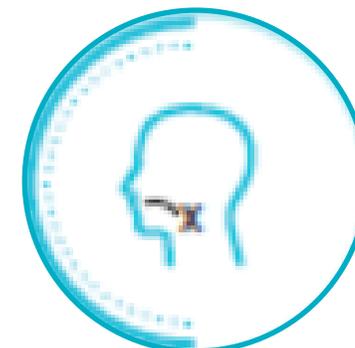
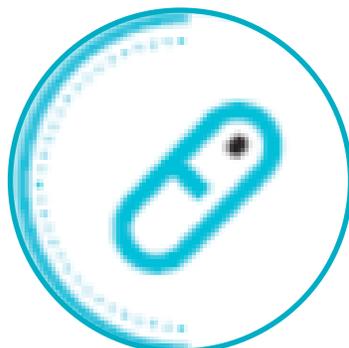
The Five Parkinson's Care Needs



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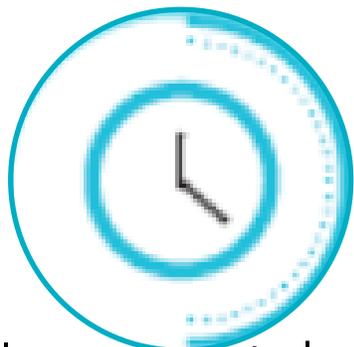
I need to take my Parkinson's medications within 15 minutes of my usual schedule.



The Five Parkinson's Care Needs



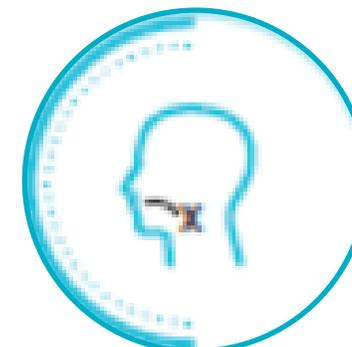
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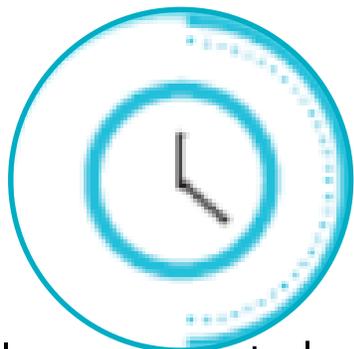
I need to avoid medications that make my PD worse.



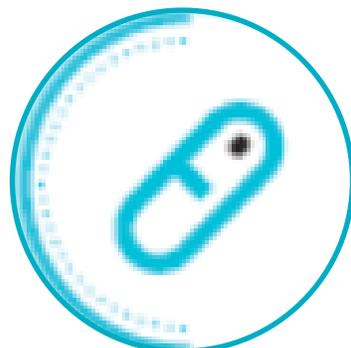
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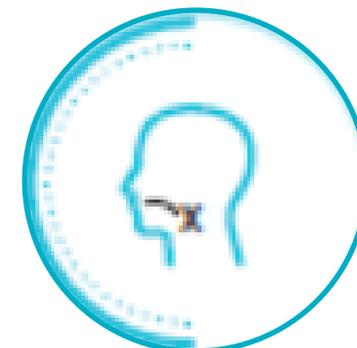
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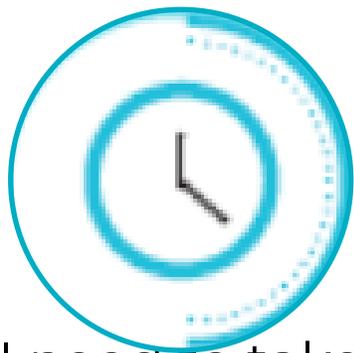
I need to move my body as safely and regularly as possible, ideally three times a day.



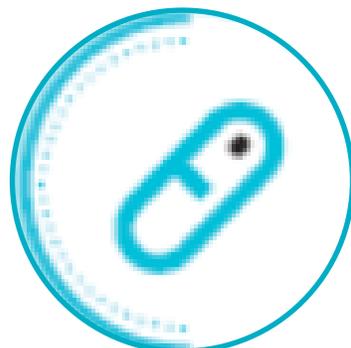
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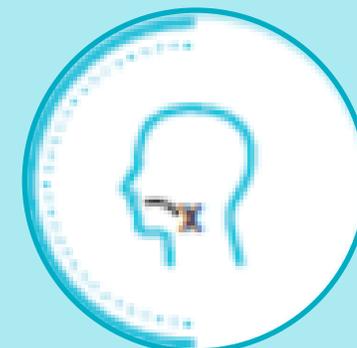
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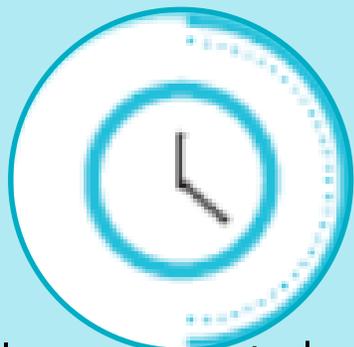


I need to be screened for swallowing changes.

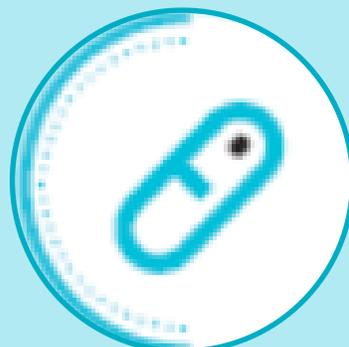
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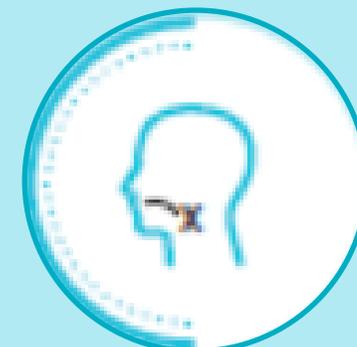
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I need to avoid medications that make my PD worse.



I need to move my body as safely and regularly as possible, ideally three times a day.



I need to be screened for swallowing changes.

Ready-to-Use Resources

MEDICAL ALERT

I have **PARKINSON'S DISEASE** which could make me move slowly and have difficulty standing or speaking.

I AM NOT INTOXICATED.

Please call my family or physician for help.



1-800-4PD-INFO (473-4636)
www.parkinson.org

MY NAME _____

HOME ADDRESS _____

EMERGENCY CONTACT _____

PHONE _____

PHYSICIAN _____

PHONE _____

ALLERGIES/OTHER MEDICAL CONDITIONS _____

Important Information to Communicate in an Emergency

- I have Parkinson's disease.
- I need my medications on time, every time. Otherwise, my Parkinson's symptoms may become severe and uncontrollable.
- Any Parkinson's medication changes need to be discussed with my doctor.
- Many common medications for pain, nausea, depression, sleep and psychosis are not safe for people. If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril).

Please turn over this card for a list of contraindicated medications.

Safe & Contraindicated Medications in Parkinson's Disease

Safe Medications

Medications to Avoid

Antipsychotics

- Pimavanserin (Nuplazid)
- Quetiapine (Seroquel)
- Clozapine (Clozaril)

Haloperidol (Haldol) and other typical antipsychotics.
Atypical antipsychotics other than those identified in the safe column.

Anesthesia & Pain Medication

Consult with the patient's PD doctor or hospital neurologist, anesthesiologist and surgeon to determine the best treatment plan whenever possible.

Beware of mixing MAO-B inhibitors with the following pain medications:

Local or regional anesthesia generally have fewer side effects than general anesthesia for people with PD and should be used as an alternative when appropriate.

- Meperidine (Demerol)
- Tramadol (Rybitz, Ryzolt, Ultram)
- Droperidol (Inapsine)
- Methadone (Dolophine, Methadose)
- Propoxyphene (Darvon, PP-Cap)
- Cyclobenzaprine (Amrix, Flexeril)

Gastrointestinal (GI) & Nausea Medications

- Domperidone (Motilium)
- Ondansetron (Zofran)
- Dolasetron (Anzemet)
- Granisetron (Kytril)
- Aprepitant (Emend)

- Prochlorperazine (Compazine)
- Metoclopramide (Reglan)
- Promethazine (Phenergan)
- Droperidol (Inapsine)
- Olanzapine (Zyprexa)

Caution: Benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations, falls and other symptoms. Also, though most antidepressants are safe to use, amoxapine (Asendin) may lead to worsening movement symptoms for people with PD.

If a patient has a deep brain stimulation (DBS) device there are requirements for MRI scans, EKGs and EEGs.

If a patient has an existing Duopa device, clinicians should:

- Turn the device off, disconnect it and remove it from the room during imaging.

Contact the device manufacturer or the patient's Parkinson's doctor for more information:

- Abbott: 1-800-727-7846
- Boston Scientific: 1-833-327-4636
- Medtronic: 800-510-6735

Go to Duopa.com or call 1-844-386-4968 to speak with registered nurses about the pump, tubing or medication cassettes.

Ready-to-Use Resources

Personal Care Details

Use this section to keep track of information that is specific to you and your care. Many of these details may change over time. When that happens, we recommend you update the information and keep it folded (like a bookmark) so that it is easy to access.

Personal Contacts	Medical Contacts
Emergency Contact Name: _____ Relationship: _____ Phone: _____ Email: _____	Primary Care Doctor Name: _____ Relationship: _____ Phone: _____ Email: _____
Hospital Care Partner (page 8) Name: _____ Relationship: _____ Phone: _____ Email: _____	Parkinson's Doctor Name: _____ Relationship: _____ Phone: _____ Email: _____
Additional Personal Contact Name: _____ Relationship: _____ Phone: _____ Email: _____	Additional Medical Contact Name: _____ Relationship: _____ Phone: _____ Email: _____
Additional Personal Contact Name: _____ Relationship: _____ Phone: _____ Email: _____	Additional Medical Contact Name: _____ Relationship: _____ Phone: _____ Email: _____

 To print additional copies of the Personal Care Details page, visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).

Device-Specific Needs

If you have received any surgical treatments, fill out this form and be sure to keep any device-specific information with this guide.

<input type="checkbox"/> I have a DBS device.
Surgery & Device Details
Neurosurgery Center: _____
Center Phone: _____
Neurosurgeon: _____
Date of Surgery: _____
Product Name (IPG Model): _____
Manufacturer Name: _____
Manufacturer Phone: _____
Lead Location: <input type="checkbox"/> Right Brain <input type="checkbox"/> Left Brain
Battery Type: <input type="checkbox"/> Rechargeable <input type="checkbox"/> Non-rechargeable
Battery Location: <input type="checkbox"/> Right Chest <input type="checkbox"/> Left Chest <input type="checkbox"/> Other
<input type="checkbox"/> I use carbidopa/levodopa enteral suspension (Duopa).
Daily Dosage Schedule
<input type="checkbox"/> Morning Dose Time: _____
<input type="checkbox"/> Continuous Dose Time: _____
<input type="checkbox"/> Extra Dose(s) Time: _____

Ready-to-Use Resources

Patient Name: _____

Date of Birth: _____

Doctor's Letter: Parkinson's Hospital Care Needs

Ask your Parkinson's doctor to sign this letter and to print and attach a current record of your medication schedule with specific formulations and timing.

_____ lives with Parkinson's disease (PD). Their symptoms are managed through an individualized medication regimen. Please see the attached medication schedule for specifics.

Below I've outlined five care priorities for this patient:

1. The patient needs their medication ordered in an individualized fashion, according to how they take them at home.

Dosing times and medication formulations are specific to each individual patient because of the complexity of the disease. Adherence to this regimen without substitutions is imperative to avoid unnecessary pain or other severe complications.

2. The patient needs to take their PD medications within 15 minutes of their at-home schedule.

If this is not possible, please give the patient and/or their care partner authorization to self-administer medications while in the hospital.

If surgery is necessary, please allow patient to take their PD medications as close to the time of surgery as possible, with a sip of water or crushed in applesauce, unless it is unsafe. They should resume their PD medication as soon after surgery as is safe.

3. The patient needs to avoid medications that make their Parkinson's worse, including dopamine-blocking medications, sedatives and certain medications for pain.

People with Parkinson's are more prone to pneumonias and infections, which can cause sudden changes in behavior and motor function, increasing their risk of serious complications.

Should delirium occur, avoid haloperidol (Haldol) and most neuroleptics. Instead, use pimavanserin (Nuplazid), Seroquel (quetiapine) and Clozaril (clozapine).

Prochlorperazine (Compazine), metoprolol (Reglan), promethazine (Phenergan) and droperidol (Inapsine) are contraindicated for use in Parkinson disease.

Should an antiemetic be required, Zofran (ondansetron) is a safe alternative. For additional contraindicated medications, refer to the Parkinson's Care Summary for Health Professionals.

4. The patient needs to move their body as safely and regularly as possible, ideally three times a day.

Bed rest should be used as a last resort. Consult with physical and occupational therapy to determine what is safe.

5. The patient needs to be screened for swallowing changes to minimize the risk of aspiration pneumonia and weight loss.

Avoid withholding medications whenever possible. Consult with speech-language pathology as needed.

The below strategies can also help reduce complications:

- People with PD are prone to constipation. A good bowel regimen can improve medication absorption.
- Should they require an NG tube, carbidopa/levodopa 25/100 immediate-release tablets can be crushed and administered via the tube.

Should you have additional questions or concerns, please don't hesitate to contact me.

Doctor's Printed Name:

Doctor's Phone Number:

Doctor's Signature:

Doctor's Email:

This letter is part of the Parkinson's Foundation Hospital Safety Guide.
For more information, go to [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).

Ready-to-Use Resources

Parkinson's Care Summary for Health Professionals

Parkinson's disease (PD) is a complex, progressive neurological disorder characterized by a loss of dopamine-generating cells in the brain. PD is primarily known for movement symptoms, such as tremor, bradykinesia and rigidity/stiffness, but there are many other motor and non-motor symptoms, including:

- Freezing
- Lack of facial expression
- Low voice or muffled speech
- Instability and falls
- Dysphagia and drooling
- Dyskinesia (involuntary movements)
- Pain
- Mood changes
- Cognitive issues
- Constipation and incontinence
- Hallucinations and delusions
- Impulse control disorders
- Orthostatic hypotension
- Sleep disturbances

5 Parkinson's Care Considerations

People with PD have longer hospital stays, more secondary complications and complex care needs.

Customize All Medication Orders

Follow patient's at-home PD medication regimen. People with PD typically take multiple doses of medication at specific times throughout the day to manage symptoms. Different strengths and formulations of the same medication are often not interchangeable.

Prevent Medication Delays

Administer medications within ± 15 minutes of at-home schedule. Delayed medications can make movement difficult, leading to falls, skin breakdown, incontinence, eating difficulties, emotional distress and inaccurate skilling of discharge needs. Beware of symptoms of neuroleptic malignant syndrome (NMS), which can result from stopping levodopa abruptly. Resume medications immediately after procedures when safe.

Avoid Contraindicated Medications

Avoid medications that can worsen PD symptoms, including haloperidol (Haldol), prochlorperazine (Compazine) and metoclopramide (Reglan). See back for full list.

Prioritize Regular Movement

Ambulate as soon as medically safe. Physical activity is key to maintaining mobility and reducing fall risk for someone with PD. PT/OT consultation recommended.

Address Risk of Dysphagia and Aspiration

Avoid withholding medications whenever possible but be aware that swallowing issues are very common for people with PD and aspiration pneumonia is the leading cause of death. Swallow screening and SLP consultations recommended for safe medication strategies.

Safe & Contraindicated Medications

	Safe Medications	Medications to Avoid
Antipsychotics	<ul style="list-style-type: none"> • Pimavanserin (Nuplazid) • Quetiapine (Seroquel) • Clozapine (Clozaril) 	<ul style="list-style-type: none"> • Haloperidol (Haldol) and other typical antipsychotics. A typical antipsychotic other than those identified in the safe column.
Anesthesia & Pain Medication	<p>Consult with the patient's PD doctor or hospital neurologist, anesthesiologist and surgeon to determine the best treatment plan whenever possible.</p> <p>Local or regional anesthesia generally have fewer side effects than general anesthesia for people with PD and should be used as an alternative when appropriate.</p>	<p>Beware of mixing MAO-B inhibitors with the following pain medications:</p> <ul style="list-style-type: none"> • Meperidine (Demerol) • Tramadol (Rybit, Ryzolt, Ultram) • Droperidol (Inapsine) • Methadone (Dolophine, Methadose) • Propoxyphene (Darvon, PP-Cap) • Cyclobenzaprine (Amrix, Fexmid, Flexeril)
Gastrointestinal (GI) & Nausea Medications	<ul style="list-style-type: none"> • Domperidone (Motilium) • Ondansetron (Zofran) • Dolasetron (Anzemet) • Granisetron (Kytril) • Aprepitant (Emend) 	<ul style="list-style-type: none"> • Prochlorperazine (Compazine) • Metoclopramide (Reglan) • Promethazine (Phenergan) • Droperidol (Inapsine) • Olanzapine (Zyprexa)

Caution: Benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations, falls and other symptoms. Also, though most antidepressants are safe to use, amoxapine (Asandin) may lead to worsening movement symptoms for people with PD.

If a patient has a deep brain stimulation (DBS) device there are requirements for MRI scans, EKGs and EEGs.

Contact the device manufacturer or the patient's Parkinson's doctor for more information:

- Abbott: 1-800-727-7846
- Boston Scientific: 1-833-327-4636
- Medtronic: 1-800-510-6735

If a patient has an existing Duopa device, clinicians should:

- Allow patients to bring in medication cassettes, which are often not part of the hospital formulary.
- Turn the device off, disconnect it and remove it from the room during imaging.

Go to Duopa.com or call 1-844-386-4968 to speak with registered nurses about the pump, tubing or medication cassettes.



To print additional copies of the Parkinson's Care Summary for Health Professionals, visit Parkinson.org/HospitalSafety.

Hospital Planner

Your Step-by-Step Hospital Planner

A hospital stay — whether planned or unplanned — can be especially challenging for people living with Parkinson's disease (PD). Hospital staff may not be experienced with PD. This means you and your care partner will likely need to play an active role in advocating for your Parkinson's needs. Use this planner to be prepared ahead of time.

Preparing for a Hospital Stay

Check off each item as you complete it.



Carry Parkinson's identification in case of an emergency.

Use the [Medical Alert Card](#) at the back of this book or purchase a medical alert bracelet. You can also use the Medical ID feature on your smartphone.



Prepare a hospital "go bag."

Gather these items:

- Your [Parkinson's Foundation Hospital Safety Guide](#)
- Completed [Medication Form](#), signed [Doctor's Letter](#) (page 24)
- Current medications in labeled pharmacy bottles (2+day supply)
- Completed [Advance Directives](#) (page 8)
- Your DBS remote, if applicable

Keep your "go bag" by the door.

Take it with you when you go and let family and friends know where to find it in case you need to go to the hospital unexpectedly.



Choose a hospital care partner to accompany you in the hospital.

Learn more about how to pick a hospital care partner and how to prepare that person to advocate for you in the hospital on page 8.



Grab your "go bag" with completed forms and medication bottles

Ask someone reliable to bring any forgotten items to the hospital.



For more information, visit Parkinson.org
or call our Helpline at: 1-800-4PD-INFO (473-4636).

Once You Arrive at the Hospital

Check off each item as you complete it.



Speak up. Each unit will focus on what brought you there. Plan to communicate the urgency of your Parkinson's needs.

- Share the [Parkinson's Care Summary](#) (page 31)
- Remind staff you have PD before each procedure or surgery and if new medications are prescribed.
- Let your care team know if you have a DBS or Duopa device.

Contact your PD doctor. Let your doctor know why you are in the hospital and ask about the best way to reach out for extra support if needed.



Stick to your regular medication schedule. Delayed medications can lead to severe complications.



- Share your [Medication Form](#) (page 28) and explain the importance of receiving your medications within 15 minutes of your usual schedule.
- Ask to use your own supply if the pharmacy doesn't carry your medication, or you are waiting too long for your next dose.

Ask for referrals to other specialties, such as physical, occupational, speech/swallowing therapies, neurology or nutritional services. Each has a different role supporting your needs.



Review the Real-Time Steps for getting your five Parkinson's needs met throughout your hospital stay (pages 10-19).



Preparing to Leave the Hospital

Make sure you understand and agree with the discharge plan. Ask questions if anything is not clear.

- If you are going **home without home care**, talk to the hospital social worker about supportive resources.
- If your discharge plan includes one of the following, use your Hospital Safety Guide to continue advocating for your PD needs.
 - **Home with home care** — care professionals come to your house to provide recovery assistance.
 - **Short-term inpatient rehabilitation** — you will receive care at a rehabilitation facility or hospital until it is safe to go home.
 - **Long-term care** — you will go to a care community, such as an assisted living or skilled nursing facility for the care you need.

Prepare Today!

- ✓ Order or download the free Hospital Safety Guide
Visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety) to learn more.
- ✓ Review the 5 Parkinson's Care Needs
- ✓ Complete the Step-by-Step Hospital Planner
- ✓ Prepare your hospital “go bag”
- ✓ Choose a person you trust to be your Hospital Care Partner

Questions? Contact the Parkinson's Foundation Helpline:



1-800-4PD-INFO (1-800-473-4636)

Helpline@Parkinson.org



Educational Resources

- Helpline (1-800-4PD-INFO/1-800-473-4636)
- Educational books (digital or physical copy)
 - Newly Diagnosed Guide
 - Hospital Safety Guide
- Fact Sheets (digital and print)
- Webinars
- YouTube Channel
- Podcast (Substantial Matters)
- Events and Programs



PD Health @ Home

Please participate in our other **PD Health @ Home** events.

- Mindfulness Mondays
- Wellness Wednesdays
- Fitness Fridays



Visit [Parkinson.org/PDHealth](https://www.parkinson.org/PDHealth) to learn about upcoming events and to register.

PD GENERation

Why participate in PD GENERation?

Results offer new sense of control and hope

Helps optimize treatments and advance science

Change the course of Parkinson's

“I want people with Parkinson's to know that participating in PD GENERation has no cost, is private, doesn't involve any medications and is a way of contributing to finding a cure someday.”

- Richard Huckabee, PD GENERation participant



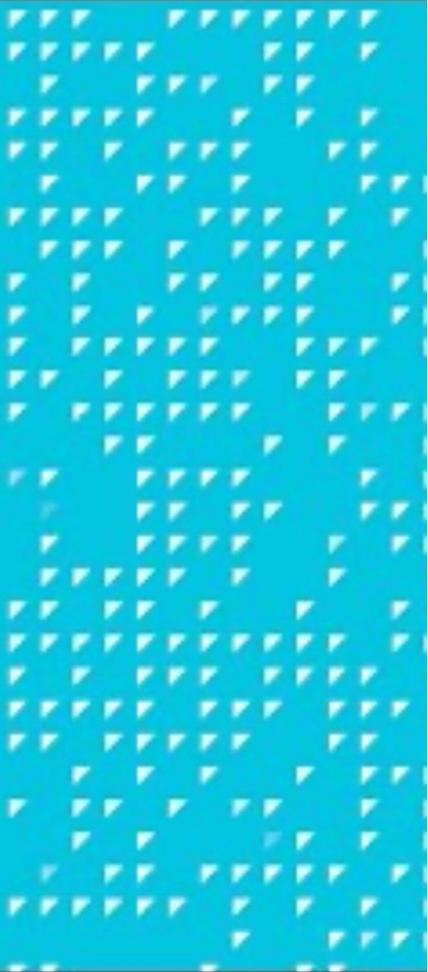
Current Findings from PD GENERation



Explore in this section

- About PD GENERation
- PD GENERation Gene Panels
- PD Genes Variant Data

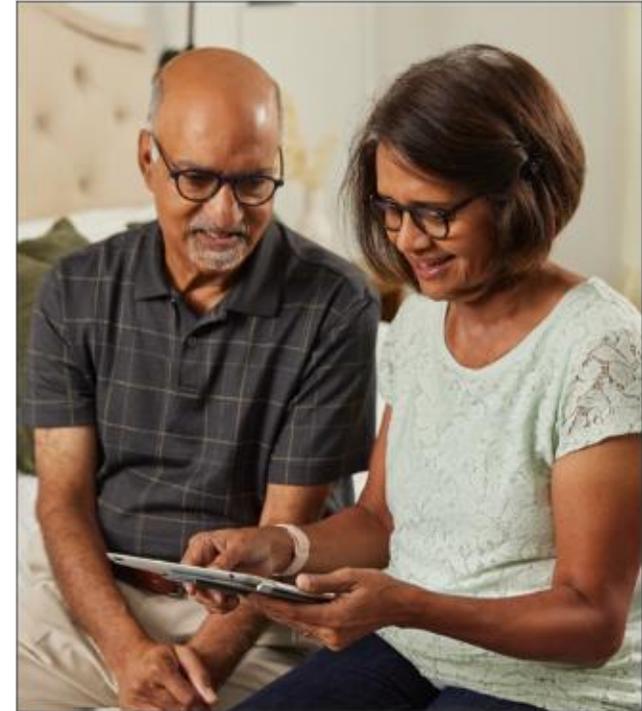
PD GENERation: Mapping the Future of Parkinson's Disease

PD GENERation

How to Take Part in PD GENERation:

- 1 Confirm your eligibility at [Parkinson.org/PDGENERation](https://www.parkinson.org/PDGENERation)
- 2 Schedule an at-home or in-person appointment.
- 3 Complete your genetic testing.
- 4 Meet with a genetic counselor to review results.



Upcoming Fundraisers

Saturday, February 28, 11am

Parkinson's Revolution

CycleBar – Westminster

Friday, April 3

Ski for Science

Loveland Ski Area

Saturday, April 18

Community Walk, Erie

May 16-17

Colfax Marathon PD Champions Team

5K, Relay, 10 Miler, Half Marathon, Marathon



Upcoming Education Programs

April 18

Navigating Advancing Needs

Laramie, WY

May 24-27

World Parkinson's Congress

Phoenix, AZ

Saturday, June 27

Building your Interdisciplinary Team

1-4pm -- Denver JCC

Saturday, August 22

University of Colorado Annual Parkinson's Symposium

CU Anschutz Campus



How to Get Involved



We rely on the energy, skills and passion of people like you to make life better for people with Parkinson's and advance research toward a cure.

Learn more at [Parkinson.org/Volunteer](https://www.parkinson.org/Volunteer)

Contact Us Today



Parkinson.org

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