

HOW MANY OF YOU CURRENTLY EXERCISE?

Treating individuals with PD	
Traditional Treatment Options — Pharmacology — Deep Brain Stimulation (DBS) Therapeutically based interventions — OT	
– PT – Speech – Exercise	
Occupational Therapy Program, University of Wisconsin - Madison	
EXERCISE BENEFITS INDIVIDUALS WITH PARKINSON DISEASE	
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FACT!!!!	
Exercise is not a replacement for medication	
Properly managed medication may greatly	
effect your ability to exercise and to see benefits from exercise	



Benefits of Exercise

- There is overwhelming evidence that exercise benefits individuals with PD
 - Extended duration of medication dosage
 - Decreased/maintained PD related symptoms
 - Improved balance/gait
 - Decreased falls
 - Improved fitness/strength
 - Improved cognition
 - Decreased depression

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W But . . .

- Effects are exercise specific
- · Not sustained without exercise

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Exercise Benefits are Specific

- Randomized controlled trial with 3 groups
 - High-intensity treadmill exercise
 - Low-intensity treadmill exercise
 - Stretching and resistance training
- All groups exercised 3 times per week for 3 month

(Shulman et al. 2012)

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Exercise Benefits are Specific

- Results
 - All groups improved walking speed
 - Treadmill groups improved fitness
 - Stretching and resistance training improved strength
- Conclusion
 - Exercise is beneficial but specific
 - Treadmill and resistance exercise may lead to greater benefit
 - Effects not long lasting

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WHAT MOTIVATES YOU TO **EXERCISE?**



Group and Community Exercise

• Improved balance, gait, and reduced number of falls after 24 weeks - Tai Chi (Li et al. 2012)





Group and Community Exercise

 Improved balance, gait speed, endurance, quality of life after at least 12 weeks of boxing - <u>Boxing</u> (Combs et al. 2010)



http://www.chesterlandnews.com/news/seniors-give-parkinsons-the-uppercut/

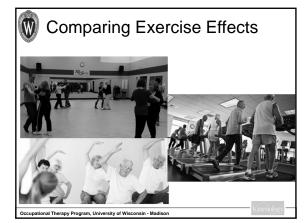


Group and Community Exercise

 Improved motor symptom severity, balance, freezing, gait speed, and bradykinesia -<u>Dance</u> (Duncan & Earhart, 2012)



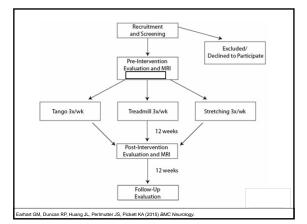






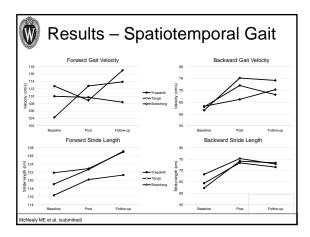
Why Tango?

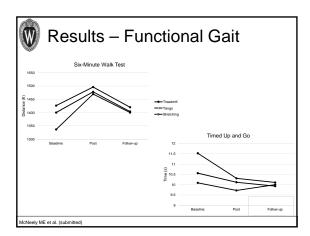
- Evidence (Earhart Lab)
- Set to music cues
- Long steps
- Turns
- Leader/Follower -Forward/Backward walking
- Improvisational
- Partner (falls)



	Enrolled (n=119)	_
	Allocated to intervention (n=119)]
Tango (n=43)	Treadmill (n= 41)	Stretching (n= 35)
Baseline assessment (n= 43)	Baseline assessment (n= 41)	Baseline assessment (n= 34) Withdrawals: -1 unwilling to go off meds
Post-test assessment (n=39) Withdrawals/secfusions: 1 orthopodic injury 1 decline in mobility 1 the constraints 91% Included in baseline to post analyses (n=39)	Post-test assessment (n=32) Withdrawals/sexclusions: -1 missed too many classes -3 orthopedic injury -1 stroke 78% -1 time constraints -2 unspecified health problem -1 unknown reasons -1 unknown reasons -1 unknown reasons -1 incomplete data & unwilling	Post-test assessment (n+27) Withdrawals/seclusions: Withdrawals/seclusions: - 2 started physical therapy - 1 time constraints - 1 unknown reasons - 2 unspecified health problem Included in baseline to post analyses (n+26) - 1 incomplete data & STN-DBS
	to go off meds at follow-up	surgery at follow-up
Follow-up assessment (n= 36) Withdrawals/exclusions: -1 other brain surgery -1 unwilling to go off meds -1 unspecified health problem	Follow-up assessment (n= 29) Withdrawals/exclusions: -1 decline in mobility -1 unspecified health problem	Follow-up assessment (n= 23) Withdrawals/exclusions: -1 STN-DBS surgery -1 orthopedic surgery -1 serious infection
Included in post to follow-up analyses (n=36)	Included in post to follow-up analyses (n=29)	Included in post to follow-up analyses (n=23)

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Behavioral Results Summary

- Everybody got better at everything.
- FWD stride length, BKD velocity and stride length, Timed-Up-and-Go, Six Minute Walk Test, balance, and motor sign severity improved from baseline to post-test, regardless of exercise group.
- There were trends towards performance declines from post-test to follow-up.

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Limitations

- Across groups, participants averaged 4 hours of exercise per week prior to enrolling in the study.
- Demographic considerations

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Engagement Matters

- Previous work demonstrates the importance of 1) participation and 2) sustained practice
- Group based (partnered?) exercise programs may improve adherence

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HOW DO WE ENGAGE THOSE WHO ARE NOT ALREADY **ENGAGED?**

What's next?

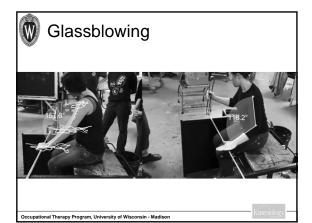


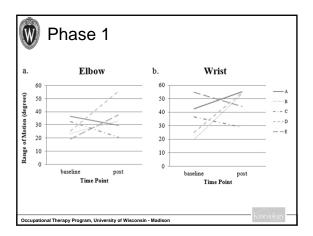
Group 1 – 'Not a fan of Exercise'

- Those with access and a desire to exercise are utilizing services
- How do we engage individuals not drawn to exercise?

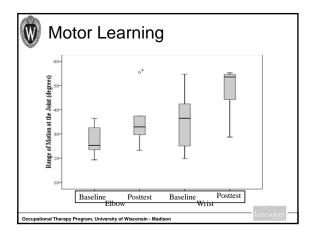
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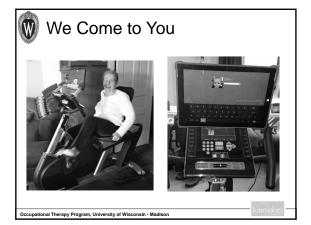


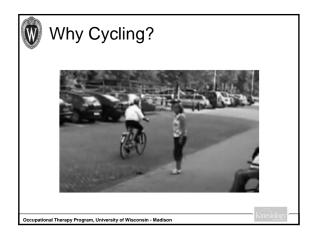
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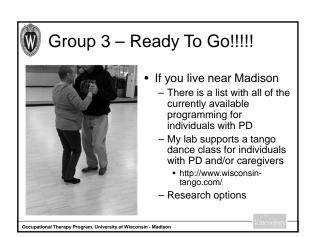


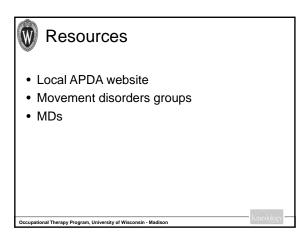
Group 2 – Those Without Access

• Low socioeconomic rural and urban individuals with PD are less likely to engage in research as well as have access to critical medical care.











Now What

- Step 1 Talk to you doctor
- Step 2 Find something that looks meaningful/appealing to you
- Step 3 GO!!!!! And Don't stop!!!!!!





Conclusions

- Exercise is beneficial to individuals with PD but not universally accessible or appealing
- Group exercise may increase adherence
- · Alternative forms of exercise may engage those not interested in "exercise"
- Rural and urban low SES communities need to be better served

Thank you!		nk you!	
	Washington University in St. Louis School of Medicine	The Sensory Motor Integration Lab (SMIL) Brandon Hicks	
	Gammon Earhart, PT, PhD Joel Perlmutter, MD	Kecia Doyle Greene Amy, Sophie, Karina & Rachael	
	Marie McNeely, PhD	Christina, Katie & Sarah Sarah, Sarah, Grace and Lisa	
	Dan Peterson, PhD Ryan Duncan, DPT		
	Sara Hochgesang Matty Yavorsky		
	Laura Pilgram Martha Hessler	Debbie Bebeau Ruth Benedict Helen Lee and the UW Glass Lab	
	Abraham Snyder, MD, PhD Meghan Campbell, PhD	Peter Adamazack Heidi Lynn Ploeg Jenna Thorp	
	Jon Koller	Joe Yang – Wisconsin Tango The Madison Chapter of the APDA	
	QUESTIONS		
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