VIEWPOINTS

Winter 2025

VIEWPOINTS
Quarterly Newsletter by Parkinson Society British Columbia

Your support is essential.

Parkinson Society BC would not exist without the support of our members, donors, and volunteers.

OUR MISSION

Parkinson Society British Columbia exists to empower people with Parkinson's in British Columbia through providing resources and services to enable self-management, self-reliance, and self-advocacy.

Here are a few of the ways you can support the Society:

MEMBERSHIP

For an annual fee of $25, your household benefits from unlimited access to our education and support services, events, and resources.

DONATIONS

Contact us to set up monthly, quarterly or annual donations, or think of us when giving through United Way.

PLANNED GIVING & BEQUESTS

Consider Parkinson Society BC as a beneficiary in your will.

FUNDRAISING

Become a Champion for Parkinson's by organizing your own event benefiting the Society. For more information on how you can support us, visit www.parkinson.bc.ca/donate.

SUPPORT GROUPS

100 Mile House, Abbotsford, Advanced Carepartner Online, Burnaby, Campbell River, Chilliwack, Chinese Speaking (Burnaby), Courtenay/Comox Valley, Cranbrook, Deep Brain Stimulation, Duncan/Cowichan Valley, Early-Mid Stage Carepartner Online, Gabriola Island, Kamloops, Kelowna, Kelowna Carepartners, Langley Young at Heart, Maple Ridge Caregivers, Nanaimo, New Diagnosis, New Westminster, North Shore, Parkinson's Disease Online, Parksville/Qualicum, Parksville/Qualicum Caregivers, Penticton Carepartner/Family, Powell River, Prince George, Quesnel, Salmon Arm, Sechelt/Sunshine Coast, Solo PD, South Delta, South Okanagan, Trail/Castlegar, Vancouver Carepartners, Vancouver Downtown, Vernon, Women Living with PD, Young Onset Parkinson's Online

EDITORIAL STATEMENT

Articles contained in Viewpoints are for information only. Parkinson Society British Columbia does not guarantee nor endorse any product or claim made by an author. In matters of medical treatment or therapy, patients should consult their physicians.

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Ask an Expert

Kylie Brajcich, Registered Speech-Language Pathologist, explores communication and swallowing challenges in Parkinson's disease

Kylie Brajcich, BA, MSc, RSLP is a Registered Speech-Language Pathologist (RSLP) currently working at the University of British Columbia (UBC) Center for Brain Health Movement Disorders Clinic (MDC). She holds a Bachelor of Arts (BA) from Simon Fraser University and a Master of Science (MSc) in Speech-Language Pathology from UBC. As a Certified SPEAK OUT!® Provider, she is trained to deliver evidence-based speech and voice therapy. Kylie is passionate about empowering individuals with Parkinson's disease (PD) and related movement disorders to live meaningful and connected lives through improved swallowing, speech, voice, and overall communication.

Many people may not know the difference between a speech-language pathologist (SLP) and a speech-language pathology assistant (SLP-A). Could you explain what an SLP and SLP-A do? How does the SLP-A role specifically support people with Parkinson's disease (PD), and how does it complement the work of the SLP?
SLPs are trained professionals who have completed a two- to three-year master's degree program in Speech-Language Pathology from an accredited institution. In British Columbia, UBC is currently the only university offering this program, with cohorts based in both Vancouver and Victoria. SLPs are qualified to assess, diagnose, and treat a wide range of communication and swallowing disorders.

An SLP-A may also be called a Communication Health Assistant (CHA) or Rehabilitation Assistant (RA), depending on the workplace setting. SLP-As work under the supervision of a fully licensed SLP. SLPs may delegate certain tasks to an SLP-A with appropriate education, training, and consent. While SLP-As are not authorized to conduct formal assessments or make clinical diagnoses, they can carry out screenings for speech, voice, or swallowing concerns. However, interpretation of screening results remains the responsibility of the supervising SLP. For example, at the UBC Movement Disorders Clinic (MDC), the SLP-A conducts preliminary phone screenings with individuals awaiting their initial assessment. During these calls, the SLP-A administers two standardized questionnaires, one focused on speech and voice, and the other on swallowing, to gather information about the individual's concerns. The responses are documented and shared with me, the supervising SLP, to help inform and guide the upcoming assessment. This process ensures that initial evaluations are more targeted and responsive to each person's needs.

What kinds of speech and voice changes can happen with Parkinson's disease? Additionally, how does Parkinson's affect swallowing?
Parkinson's disease affects the body's coordination of movement, primarily due to the progressive loss of dopamine-producing cells. As a result, these movements gradually become smaller and less precise. Individuals with PD often experience muscle slowness (bradykinesia) and stiffness (rigidity), which can impact the muscles involved in speech and swallowing. When the muscles of the face, lips, and tongue are affected, speech articulation may become imprecise, leading to reduced clarity and intelligibility. In addition to articulation changes, the rate of speech may increase, often presenting as rapid bursts or 'rushes' of speech that can sound slurred to listeners. One of the most common vocal changes associated with PD is reduced vocal loudness, often resulting in a quiet or soft-spoken voice. Individuals may find themselves frequently asked to repeat what they've said, particularly in noisy environments. The coordination of respiratory (breathing) and phonatory (voicing) systems is often compromised in PD, which can lead to difficulties sustaining speech and the need to take multiple breaths to complete an utterance. Prosody, or the natural rhythm and intonation of speech, may also be diminished, resulting in a flat or monotone voice.

Swallowing difficulties, known as dysphagia, may occur for several reasons. When the muscles of the face, lips, and tongue are affected, it can become difficult to control and retain food or liquid in the mouth, as well as to chew effectively. As a result, individuals may notice food or liquid dribbling from the mouth or prematurely spilling to the back of the throat before they are ready to swallow. Certain textures and consistencies of food commonly pose difficulties. Examples of these are tough foods (e.g., beef, chicken), dry and crumbly foods (e.g., crackers, cookies), fibrous and leafy foods (e.g., lettuce, spinach, celery), and thin liquids (e.g., water, juice, tea). With PD, changes in the timing and strength of the swallow, combined with reduced control of the mouth and throat muscles, can significantly increase the risk of penetration (food or liquid enters the airway above the level of the vocal folds) or aspiration (food or liquid enters the airway below the level of the vocal folds). Taking pills with water can also present a unique challenge, and many people with PD report that pills become stuck in the throat. This difficulty stems from the need to simultaneously manage and coordinate the swallow of two very different consistencies (small, solid pills in a thin liquid).

What are some of the less obvious ways Parkinson's affects communication and swallowing that might surprise people?
As a progressive neurodegenerative condition, PD can lead to changes in cognitive function over time. Individuals may experience difficulties with memory, word-finding, or maintaining their train of thought during conversations, all of which can impact effective communication.

PD also affects saliva management, which can further complicate speech and swallowing. Some individuals may experience drooling, dry mouth (xerostomia), or fluctuations between both. PD does not cause an over-production of saliva, rather there is a reduction in the frequency of swallows, which leads to an accumulation of saliva in the mouth. Drooling can impact speech clarity and contribute to a wet-sounding voice, whereas dry mouth impacts speech and swallowing due to a lack of moisture.

When do you think someone with Parkinson's should start seeing a speech-language professional?
Get connected with an SLP as early as possible! Even if you don't need active treatment, being on SLP's caseload ensures regular monitoring and early support. In the early stages of PD, this might mean check-ins every six to 12 months. However, by being connected to an SLP, you'll be able to access timely intervention as soon as you notice any changes in your speech, voice, or swallowing, without delay. It's always better to be proactive when it comes to your communication and swallowing health!

How do you help people with PD take what they learn in therapy and apply it in everyday life, like talking with family or eating at a restaurant?
I strive to make my treatment sessions and therapy materials highly functional and personalized to each individual's daily communication needs. I begin by asking patients to identify the environments or interactions they find most challenging. Together, we brainstorm a set of practical phrases or questions commonly used in those contexts. For example, I've supported patients in practicing phrases for ordering meat at their local deli, buying a round of drinks at a pub with friends, and speaking with their pharmacist over the phone.

During their SLP sessions, we practice these phrases with focus on volume, rate, and clarity. The goal is for patients to confidently apply these practiced speech skills when they encounter these real-life situations, making therapy directly relevant to their everyday experiences and improving their ability to handle communication breakdowns more effectively.

How do the goals of speech and swallowing therapy change as Parkinson's progresses?
In the early stage, the focus is on establishing a baseline and providing preventative education. This typically includes an initial assessment along with screenings and questionnaires related to swallowing, saliva management, and speech/voice function. Based on the findings, individualized recommendations are provided, and patients are educated on what to monitor and what changes may occur as the disease progresses.

In the middle stage, more intensive intervention may be needed. This can include programs like SPEAK OUT!® to improve speech volume, clarity and confidence, or Expiratory Muscle Strength Training (EMST) to strengthen respiratory function for speech, swallowing, and coughing.

If swallowing difficulties arise, a clinical swallow assessment (CSA) may be recommended. In a CSA, an SLP observes the eating and drinking of several consistencies and textures to see if there are any obvious signs and symptoms of difficulty, such as coughing. Depending on the results, swallow imaging may be warranted to get a better look at how the muscles and structures of the swallow are functioning. A Videofluoroscopic Swallow Study (VFSS) is an X-ray exam that takes brief videos of the mouth and throat to see how various foods and liquids mixed with barium are swallowed from a side (lateral) view. You may hear this exam be referred to as a Modified Barium Swallow (MBS) exam as well. The other swallow imaging option, depending on available equipment and trained clinicians, is a Fiberoptic Endoscopic Evaluation of Swallowing (FEES). In a FEES exam, an SLP inserts a small scope with a camera through the nose and down the throat to view how foods and liquids are swallowed from a top-down view. Based on the findings of swallow imaging, a modified diet or specific swallow maneuvers may be recommended to reduce the risk of penetration or aspiration.

The primary focus in the later stages is to maintain quality of life through both communication and safe swallowing. Continued use of modified diets helps ensure safe swallowing, while communication support may shift to augmentative and alternative communication (AAC) methods. This can include tools such as a voice amplifier, alphabet boards, or text-to-speech apps, enabling the individual to continue expressing their needs and engaging with others, even if verbal speech output becomes limited.

How do you involve family and caregivers/carepartners in supporting communication and swallowing?
I always welcome and encourage spouses, carepartners, and family members to attend both assessment and treatment sessions. Their presence is particularly valuable during SPEAK OUT!® therapy, as it allows them to observe how the SLP models exercises, delivers cues, and provides feedback. This shared understanding ensures that the individual with PD will receive supportive cueing during their daily home practice.

In addition to working with the individual with PD, I provide practical communication strategies to their family members and carepartners. For example, rather than responding with a general "What?" when speech is unclear, it is more effective to offer specific feedback, such as "Can you say that again louder/slower?"

I also guide communication partners in creating a supportive environment to facilitate communication. For example, I recommend reducing background noise (e.g., turning off the TV), reduce the distance between speakers to be face-to-face, and ask 'yes/no' or close-ended questions to reduce the communication burden (e.g., "Would you like soup or a sandwich?") instead of open-ended questions (e.g., "What would you like for lunch?"). These small but meaningful adjustments can greatly enhance communication success and confidence.

What kinds of day-to-day activities can help strengthen communication and swallowing outside of therapy sessions?
Use your voice every day! Daily voice use is essential for maintaining speech strength and clarity. If you enjoy reading newspapers, magazines, or books, try reading a paragraph or a page out loud each day. Also, consider recording yourself speaking or reading out loud and listen to the audio, this is a good way to monitor your own speech and voice! If singing brings you joy, create a playlist of your favourite songs and sing along at home. You can also participate in programs like Parkinson Society BC's SongShine, which focuses on breathing and vocal exercises through music in a supportive group setting.

If you've been assessed by an SLP and have completed the SPEAK OUT!® program, LSVT LOUD®, and/or the EMST150® protocol, you should continue practice of these programs to maintain the skills gained. You can continue to complete the SPEAK OUT!® and LSVT LOUD® exercises daily and the EMST150® protocol as prescribed by your SLP. Regular practice helps to strengthen the muscles involved in voice, speech, and swallowing, and contributes to improved respiratory support and vocal function over time.

Are there any myths about speech and swallowing, and how they relate to PD, that you would like to clear up?

One common misconception I hear is that people with PD are "lazy" or "unmotivated to speak," which is thought to be the reason behind quiet or slurred speech. In reality, the underlying cause is neurological, not behavioural. Dopamine, the key neurotransmitter affected in PD, plays a vital role not only in movement coordination, but also in motivation and drive. As dopamine levels decline, individuals with PD may experience reduced motivation and increased apathy.

Understanding this distinction is essential. It reinforces why support, encouragement, and tailored intervention are so important in helping individuals with PD maintain their communication and swallowing skills, as well as quality of life.

Additionally, there are three common misconceptions regarding swallowing safety in PD: to thicken all liquids, drink using a straw, and to use a chin tuck when swallowing.

These strategies may be helpful for some, but may increase the swallow difficulties in others. Several swallowing exercises and maneuvers should be tried with imaging (VFSS or FEES) first to ensure swallow safety. Before attempting any strategies or making changes, you should first consult your SLP to discuss recommendations that are personalized to you.

Since 2020, Parkinson Society British Columbia (PSBC) has established cost-sharing agreements with three health authorities (Interior Health, Island Health, and Vancouver Coastal Health) collectively valued at approximately $2 million, which have funded seven allied health professional positions.

The agreements are designed with the expectation that, upon their conclusion, each respective health authority will assume full financial responsibility for the positions. This transition was successfully implemented by Interior Health when its agreement ended earlier this year.

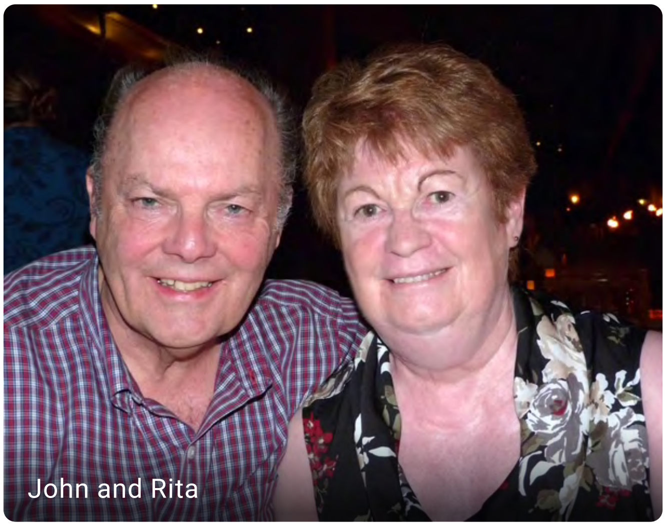
Stories

The Final Years, Written by John Murray

EDITORIAL NOTE

This article discusses the final years of a loved one's life and includes references to death and loss. Whie the content has been presented with utmost care and respect, it may resonate emotionally for some readers.

My wife Rita has just recently passed away. She was in her 18th year suffering from Parkinson's. We had loved each other for 67 years and been married for 63. The parting for me was devastating. The pain is still very real. People tell me it lessens but is always below the surface, ready to be triggered by certain memories. I have learned you cannot prepare adequately for your wife's departure, however much we know it is to happen.


John and Rita

Rita developed Parkinson's in 2008, and from 2012 I became her full-time caregiver. Before that, she was able to carry on a fairly normal life, although her balance was a problem. She eventually suffered with tremor, freezing of the limbs, rigidity, and serious imbalance. In 2015, she needed a walker, and by 2019 the wheelchair came into use. I continued lifting Rita from the wheelchair to her La-Z-Boy chair until the final year when she had no more strength in the legs and she had to remain in the wheelchair.

In 2021, I wrote a book on my caring for Rita. It is entitled *"It's All About Love – Confessions of a Caregiver."* That covered our story up to that time. In that book I covered the many years I cared for Rita alone 24/7. Caregiving is not for wimps! As age creeps up it becomes dangerous as well, especially as Rita had many falls. In the early days I did hurt my back picking her up, but I learned how to do it without damaging my back, and had to do it many times. She had some bad falls, but only one put her in hospital when her head was bleeding most profusely and I could not stop it.

During early 2022, I was still caring for Rita in our suite but had help with dressing and undressing. On one occasion while I was showering her and getting her out of the one-person shower, we slipped, and both went down on the floor. It was not without difficulty, but I managed to get us both up. From that moment on, I decided to investigate long term care (LTC), but it was not without reluctance.

Fortunately, we lived in a retirement community where one floor is dedicated to LTC residents. We put Rita's name down and after waiting several months, she was transferred to that floor with her own bedroom there. In one way I was relieved, not only for the more immediate help I would receive, but it brought me comfort to know that if I suffered illness and had to be hospitalized, Rita was established as a resident on the LTC floor and would be well cared for in the event of my absence.

The advantage of being in such a place as this is that we were able to have Rita sleep on the care floor where the care aides got her up and dressed, then I was able to take her to my suite and care for her during the day. I would then bring her back during the evening and the care aides would get her to bed, and I would stay with her until she went to sleep. Then we would do the same the next day. I recognize that we were very fortunate to have had such an arrangement. However, for the final year things changed.

With no strength in her legs at all, the lifting on and off the toilet and in and out of her wheelchair became too much for me – I am 86 – so we were able to take her back after meals to the bathroom, and then she was permanently in the wheelchair. That was the benefit of being in the same building.

Like many, but not all, people with Parkinson's, Rita had great difficulty with swallowing for about the last year. I had been feeding her for several years, but it became apparent that we would need to look at minced or pureed food. The food would get stuck in in the throat and cause some nasty coughing bouts. It was during one of these bouts earlier this year that I gave her a little water. She accidentally choked while eating and lost consciousness in my arms. I called for help and with much effort a nurse and care aides resuscitated her, got her pulse going again, and the paramedics took her to hospital. She was there for just two days. I was told then that she would not survive another similar episode, so we made a plan for the future. At this time, she immediately went on to pureed food, but even ingesting that was not easy. We had three more months together, and gradually the swallowing became more difficult. As a result, her appetite diminished. She ate and drank less and less, until the final week when she consumed very little.

Because it is so recent, the pain of missing Rita is still very acute. I did my best as a caregiver but will always wonder, was it enough? When it's the love of your life, it is natural to want to give all you can, and many sacrifices are made. However, it is important to also be mindful of your own health and well-being. God knew Rita would need someone to care for her towards the end of her life, and he chose me. It has been a privilege to care for her. Although it became difficult for her to express herself, on one of her final nights just before going to sleep she whispered to me, "Thank you for taking care of me!" I shall never forget those words as long as I live. Rita never complained about her situation. She accepted it with grace and charm.

We are comforted by our Christian faith, which assures us that Rita is now in a better place and freed from her Parkinson's and is walking and talking, having lost all her incapacities. In that we rejoice.

Why do I write this? Why am I sharing this with you? Simply because if you are a caregiver you may have to walk the same path. Looking toward the end is difficult, but be prepared the best you can. Make the most of each day. Let your spouse know how much you love them. If I told Rita once, I told her a thousand times that I loved her but even then, you think afterwards, was it enough? Showing them affection is also important. I remember when Rita said, "I need a hug!" Difficult as it may be, it is worth the effort. I am glad I was able to be with her when she passed away. I was there, together with my son and daughter-in-law and I hope it was a comfort to her.

So, I would encourage you to press on regardless. It may be hard, but it is worth it in the end. Most caregivers would do it all again. I know I would. It is a privilege to serve the one you love.

Giving

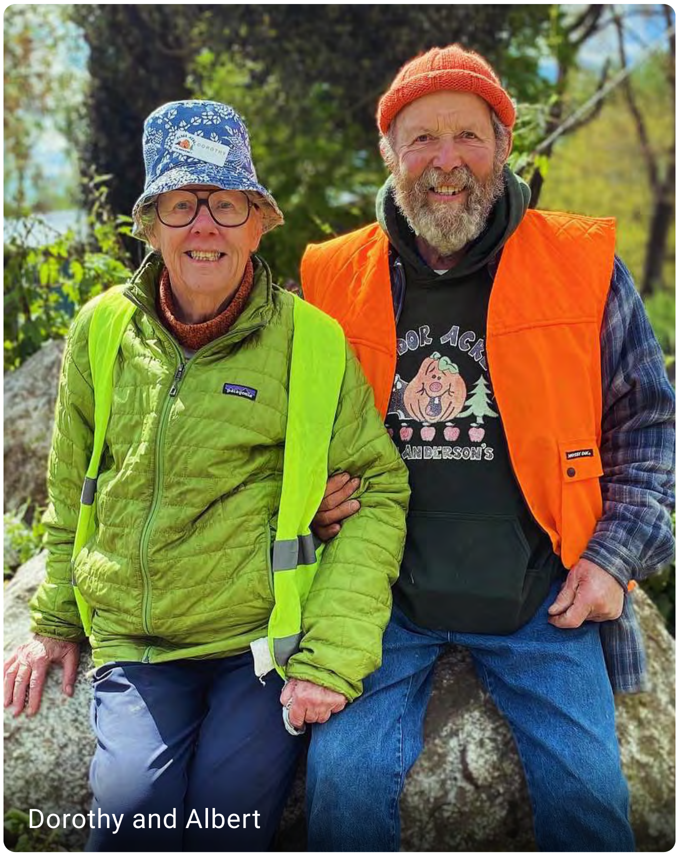
From humble beginnings to helping hands: How Aldor Acres is making an enormous difference

“Salt of the earth” is how Melissa Anderson describes her grandparents, Dorothy and Albert. For more than fifty years, the Andersons’ 80-acre farm in Glen Valley, just five kilometres east of Fort Langley, has been their home and livelihood – a place they named Aldor Acres, a blend of Albert and Dorothy’s names. In 1988, they set out a simple roadside stand with a sign and an honour-system jar to sell pumpkins from their fields. What began as a modest gesture of trust grew into a community tradition. They soon found themselves giving visitors tours of the farm and pumpkin patches on tractors, all while ensuring their guests had a hands-on opportunity to learn about farm life.

Dorothy and Albert had four children and 19 grandchildren, of which Melissa is the oldest. She describes how all of the grandchildren had the opportunity to grow up on the property and immerse themselves in the environment. “It was their goal all along to have their children raise their families on the farm, which I think is pretty phenomenal of my grandparents,” Melissa says.

In addition to learning about animal care and agriculture, everyone also learned the importance of community and giving back by watching their grandparents lead by example. “Their doors are always open,” she says. “If there’s a meal on the table and ten more people show up, we just split it ten more ways – there's always enough for everyone.”

That community-oriented, giving spirit is demonstrated in the incredible charitable initiatives Aldor Acres has supported over the years. From hospital foundations to inclusive sports organizations, the family has made sure to lend a helping hand when they see a need in the community. About a decade ago, another cause joined the list, one very close to home. Dorothy was diagnosed with Parkinson’s disease (PD), and raising funds and awareness quickly became a personal mission for the family.


Dorothy and Albert

In 2019, Dorothy and Albert’s daughter, Gail, decided to get involved with Parkinson SuperWalk, Parkinson Society BC’s (PSBC) largest annual fundraising event. Gail organized SuperWalk in Langley on the farm, and the family welcomed participants from all over the region for a day of solidarity and support. While the pandemic brought in-person events to a halt, the family’s generous contributions didn’t stop – they continued supporting PSBC, ensuring their commitment to the Parkinson’s community remained strong.

This March, Aldor Acres hosted its second annual Parkinson’s Disease Awareness Day in support of Parkinson Society BC to celebrate the opening of the farm for the season. The event is in honour of Parkinson’s Awareness Month, which takes place every April, and aims to raise awareness, inspire, educate, and help people know they are not alone in their Parkinson’s journey. The rainy weather could not dampen spirits as visitors came to the farm for a day of celebration, education, and animal fun. From her golf cart, Dorothy greeted guests with her red lipstick, stylish scarf, and trademark warmth.


Melissa and her grandfather Albert

For Dorothy, helping the community fills her with a sense of purpose as she navigates Parkinson's. In the past, she managed the farm's bookkeeping, but as her symptoms have progressed, writing has become more difficult. Aldor Acres' fundraising events have given her an opportunity to find meaning again, allowing her to connect with many people, share her story, and hear theirs. "Making those connections with people, those human, personal connections, is her new sense of purpose," says Melissa, "and she likes to see people smile and have a good time!"

Melissa admits she didn't truly understand Parkinson's until watching her grandmother live with it. The early stages were difficult, especially as Dorothy began to lose some mobility, but her stubbornness has become her greatest strength.

Dorothy refuses to let PD take away her independence and drive for life, meeting each challenge head-on and continuing to live fully with whatever adaptations are necessary. Her loved ones describe her as "unshakeable."

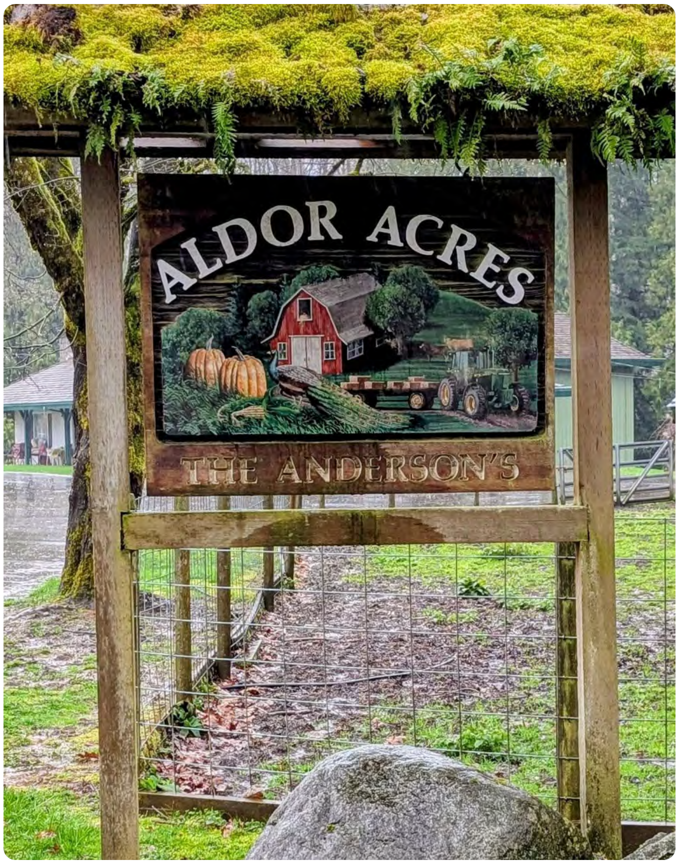
Beyond hosting events, the Anderson family has consistently given from the heart, contributing generously to research and programs that make a tangible difference in the lives of people living with Parkinson's. Their commitment is more than financial; it's deeply personal, a reflection of the family's values and their desire to support a community that has given so much to them. In total, the Anderson family and Aldor Acres have contributed an astounding almost $275,000 since 2018 to Parkinson Society BC, a testament to their enduring dedication and the meaningful impact of their generosity.

Aldor Acres is located at 24990-84 Avenue in Langley, BC, and is open year-round for special events and seasonal celebrations. In the spring and summer, the farm welcomes schools, private and corporate gatherings, and birthday parties, and opens to the public on Easter, Mother's Day, and Father's Day.

ALDOR ACRES
FAMILY FARM

Autumn brings the beloved Fall Pumpkin Patch and Seasonal Market, featuring fresh-picked corn, u-pick sunflowers, pumpkins, farm animals, artisanal products, and farm sausages. December transforms the farm into a festive wonderland with Christmas trees, a holiday market, cozy campfires, marshmallows, and hot chocolate. Visit them online at aldoracresfamilyfarm.ca.

Parkinson Society BC would like to thank the entire Anderson family for their generous support. Donations from individuals and businesses are critical to help empower the PD community in British Columbia. If you would like to make a difference, please consider organizing a third-party event or making a donation at www.parkinson.bc.ca/donate.



Newsworthy

Upcoming Education & Exercise Events

📍 Events Hosted in Person 🌐 Online Events

Wednesdays, Jan 7 – Feb 25, 12:00 – 1:00pm

Boxing with Doug – Level 2

🌐 Online

Join Doug Pickard in an eight-week fitness boxing class for Parkinson's, where you will experience a total workout for both mind and body! This class incorporates cardio, strength, balance, hand-eye coordination, and speed. Exercises are largely adapted from boxing drills. No previous boxing experience is required.

Mondays, bi-weekly, Jan 12 – Dec 14, 11:00 – 11:30am

Mindfulness Mondays

🌐 Online

Start your week the best way with Mindfulness Mondays! Parkinson's disease can impact emotional wellbeing, as well as the emotional health of caregivers/carepartners. Mindfulness practice offers strategies to cultivate self-awareness and manage stress.

Thursdays, Jan 15 – Mar 19, 1:00 – 2:00pm

SongShine

🌐 Online

This program harnesses the power of the brain, breath, and emotion to reclaim voices. Joani Bye will engage participants in uplifting sessions using singing, breath work, diction, articulation, and creative imagination exercises to strengthen voices affected by Parkinson's or other neurological challenges.

Tuesdays, Mar 3 – 31, 5:30 – 6:30pm

Zumba® Gold – Level 1

🌐 Online

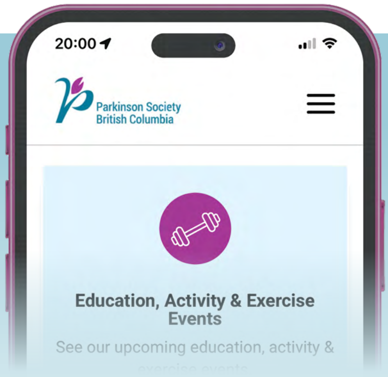
Add some music and movement to your day with our Zumba® Gold Seated exercise class. This adapted class is inclusive of all mobility and balance abilities and introduces easy-to-follow Zumba® choreography. No dance experience is needed and there are no wrong moves!

Wednesdays, Apr 1 – May 20, 1:00 – 2:00pm

DopaBeats

🌐 Online

Led by Doug Pickard, this eight-week drumming class for people with Parkinson's helps boost mood, movement, and cognition through rhythm and sound – plus it's a whole lot of fun! No musical experience needed – just bring your energy! Carepartners welcome, and participants are encouraged to attend all sessions, as skills build weekly.



For registration and a full list of upcoming events, visit us online at

www.parkinson.bc.ca/events

Fraser Health Authority Opens a New DBS clinic in Surrey

People with Parkinson's and movement disorders in the Fraser Health region can now access specialized care closer to home. The Movement Disorders Program at the Jim Pattison Outpatient Care and Surgery Centre in Surrey has launched the Fraser Health Authority's first Deep Brain Stimulation (DBS) Neurology clinic.

Prior to this, individuals who had undergone DBS surgery had to travel to Vancouver for DBS follow-up, while seeing different providers for their movement disorders. The new clinic in Surrey will reduce these gaps and challenges, ensuring those within the region receive integrated and optimized care for their pre-operative and post-operative DBS journey.

The program's interdisciplinary team includes four movement disorder neurologists, a nurse, two physical therapists, an occupational therapist, a speech-language pathologist, a pharmacist, and a social worker. One of the neurologists, Dr. Jason Chan, was instrumental in bringing this model of DBS care to the Fraser Health region. He was trained at the University of Florida, home to one of the highest-volume DBS centres in the world and a model for interdisciplinary movement disorders care.

Thank You to Our Fundraisers & Donors

CELEBRATING OUR SUPPORTERS

We are thrilled to recognize and thank the incredible organizations whose generosity and dedication continue to make a meaningful impact.

GRAN FONDO

A heartfelt thank you to Bryan Stewart for your fundraising efforts during the Whistler Gran Fondo in September, which raised over $19,000 in support of our mission.

KC MEMORIAL GOLF TOURNAMENT

We are deeply grateful for your initiative and generous gift of $50,000. Your support helps us move forward with confidence and purpose.

ELK VALLEY GOLF TOURNAMENT

Thank you for your commitment and for raising over $19,000. Your efforts are truly appreciated.

GEORGIA MAIN GROUP

We sincerely thank you for your generous donation of $15,000 and your continued support.

As we look ahead to another successful year in 2026, we are inspired by the generosity and dedication of our community. Thank you all for your time, gifts, and unwavering support.

2026 at a Glance

Parkinson Society British Columbia (PSBC) is pleased to announce our tentative education and support services plan for the upcoming year. More details will be provided on our website as they become available. *Schedule is subject to change.*

Upcoming Events

ONLINE EXERCISE CLASSES

Boxing with Doug: Wednesdays, Jan 7 – Feb 25

Zumba® Gold: Tuesdays, Mar 3 – 31

Yoga: Thursdays, Apr 2 – 30

April Challenger: Mondays, Apr 6 – 27

Balance Exercise Series: TBD

Hand & Dexterity Exercise Series: TBD

September Challenger: TBD

Rock Step Swing Dance: TBD

ACTIVITIES

Mindfulness Mondays - Bi-weekly: Jan 12 – Dec 14 (virtual)

SongShine Series 1: Thursdays, Jan 15 – Mar 19 (virtual)

Voice Aerobics Series 1: Tuesdays, Feb - Mar (start date TBD) (virtual)

DopaBeats Series 1: Wednesdays, Apr 1 – May 20 (virtual)

SongShine Series 2: Thursdays, May 21– Jul 23 (virtual)

Voice Aerobics Series 2: TBD (virtual)

DopaBeats Series 2: TBD (virtual)

SongShine Series 3 & Christmas Caroling: Thursdays, Oct 8 – Dec 10 (virtual)

Quarterly Socials: TBD (virtual)

EDUCATION

Caregivers Series: TBD (virtual)

Newly Diagnosed Series: TBD (virtual)

Communication & Swallow Workshop: TBD (in person)

Information and Referrals: Ongoing service is available by telephone or email. If we are unable to answer your questions or concerns immediately, we will research your inquiry and get back to you.

Counselling & Healthcare Navigation (CHCN): Parkinson Society BC acknowledges the multifaceted challenges of living with Parkinson's. Our Counselling & Health Navigation team, made up of a clinical counsellor and social worker, offers free services through three focused pathways:

1. **Short-term psychotherapy:** Tailored therapy addressing emotional complexities such as anxiety, depression, and grief, fostering resilience, and emotional well-being.
2. **Psychoeducation:** Equipping individuals with knowledge on disease progression, treatment, and effective coping strategies for managing daily life.
3. **Healthcare navigation:** Simplifying the complex healthcare system through advocacy, explanation of medical information, community resource connections, long-term care planning guidance, and disability benefits assistance.

Support Groups: Throughout the year, we will continue to provide optimal support to our support groups with regular contact via check-ins by phone, virtual one-on-one and group touch base meetings with facilitators, as well as in-person visits when possible. To ensure ongoing support, we will maintain the GroupLink monthly publication, schedule facilitator webinars as needed and offer PSBC's annual facilitator training workshop. We will also continue to foster our support group needs and participation. We welcome all invitations to visit, however, please connect with PSBC for updated details of each support group.

Virtual Physiotherapy: We believe every person with Parkinson's disease should have access to a physiotherapist who is experienced in treating movement disorders and neurodegenerative diseases. However, geographic and/or financial barriers may make this inaccessible for many individuals. To increase access to Parkinson's-specific therapies, we launched a virtual physiotherapy service in 2021. Our own neuro physiotherapist provides phone or video-conferencing sessions free of charge for people meeting certain criteria.

PD Connect®: We will continue to increase awareness of PD Connect®, a referral program intended to help healthcare professionals connect individuals diagnosed with Parkinson's disease and their carepartners to PSBC's support services at the time of diagnosis or at any point in the disease progression.

Healthcare Professional Bursary Program:

- Continuing Education Bursaries (6 X $1,000.00)
- PD Warrior Level 1 + 2 training in late summer/fall (location TBD)

Online Resources: We will continue to produce up-to-date resources for people affected by Parkinson's, as well as healthcare professionals. In addition to making recordings of presentations available on our website and YouTube channel, we will distribute them through our publications, like Good News, GroupLink, and Pathways.

This Holiday Season, Give a Gift That Gives Back

Parkinson Society BC (PSBC) relies solely on donations. **Everything we do is made possible by you.**

Thanks to your generosity, we can deliver vital programs, fund research, raise awareness, provide education, and — most importantly — offer support and hope to those affected by Parkinson's. As we reflect on the impact made in 2025 and look ahead to a new year filled with possibility, we invite you to consider a **year-end gift** to PSBC.

Your support is not just appreciated — it is truly transformational. Every donation, no matter the size, makes a meaningful difference.

To make your year-end gift, visit www.parkinson.bc.ca/donate or scan below:

DONATE

*All gifts made by midnight on December 31, 2025 will receive a 2025 tax deductible receipt

Parkinson SuperWalk

Everyone's incredible support of Parkinson SuperWalk in 2025 has helped raise $328,080.80!

These funds directly support Parkinson Society BC's mission to empower people with Parkinson's by providing resources and services to enable self-management, self-reliance, and self-advocacy. Thank you to everyone who participated, donated, and volunteered, and we can't wait to see you again next year!

For the most up-to-date SuperWalk totals and photos, visit our website

parkinson.bc.ca/superwalk

100 Mile House	$3,814.57
Abbotsford (Virtual)	$151.50
Castlegar/Salmo	$2,306.50
Chilliwack	$11,736.35
Comox Valley	$6,402.65
Kamloops	$38,819.51
Kelowna	$48,137.96
Maple Ridge/Pitt Meadows (Virtual)	$4,658.00
Mid Island (Parksville/Nanaimo)	$19,776.00
New Westminster	$8,223.10
Prince George	$57,433.73
Richmond (Virtual)	$100.00
Vancouver	$96,331.93
Vernon (Virtual)	$975.00
Victoria (Virtual)	$2,047.40
Virtual Walk (Anywhere)	$14,938.10
White Rock/Surrey	$12,228.50

Total Raised by Our Community[1]

$328,080.80

Thank You to Our Provincial Sponsor

Global BC

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[1] We endeavour to provide accurate listings using the information available at the time of publishing. If there is information you are aware of that has been overlooked, please contact us.

Individual totals

SUPERB SUPERSTAR WALKERS (RAISED $5,000+)

Kamloops: Rendy Olthuis, Jane Osterloh, Rita Schneider

Kelowna: Don Kerr, Carole Taylor, Garry Toop

Prince George: Selen Alpay

Vancouver: Chris Parrish, Holly Parrish, Kabyer Remtilla, Deborah Yeates TOP FUNDRAISER

Virtual Walk: Wendy Murray

SUPERSTAR SUPREME WALKERS (RAISED $2,500–$4,999)

100 Mile House: Philip Konrad

Chilliwack: Stephen Mullock

Kamloops: Janice Hobbs, Carley Swoboda

Kelowna: Dawn Hammond

Mid Island (Parksville/Nanaimo): David Field, Doug Pickard, Vicki Polson

New Westminster: Kathy Lynn

Prince George: Donald MacRitchie

Vancouver: Elspeth Banerd, Patricia Rupper

Vancouver

SUPERSTAR WALKERS (RAISED $1,000–$2,499)

Castlegar/Salmo: Todd Wallace

Chilliwack: Angela Hutchinson, Christine Jewell

Comox Valley

Comox Valley: Charles Bitonti, Heili Garcia

Kamloops: Ian McKichan, Jeff Schneider

Kelowna: Marc Bowles, Cheryl Martinson, Jacques Pelletier

Maple Ridge/Pitt Meadows (Virtual): Wim Hunfeld

Mid Island (Parksville/Nanaimo): Mark Beuerman, Michelle Francis

New Westminster: Sylvia Bull, Shirley Oda

Prince George: Brent Braaten, Tana Gowan, Darrell Hubbell, Sandra Lamb, Sandra Rees-Weinand, Colleen Sparrow

Vancouver: Stephen Bates, James Bergal, Jan Carley, Judy Christianson, Olivia Côté, Linda Drescher, Tracey-Lee Eddy, Jeanette Fisher Pynn, Gordon Li, Olivia Moore, Ian Perry, Ava Riahi, Sandra Robertson, Barbara Robertson, Eric Van den Kerkof, Courtney Vasquez

Victoria (Virtual): David Probst

White Rock/Surrey: Taylor Bedwell, Katelyn Bedwell, David Boulton, Shelley Jackson

Team totals

BC TEAMS (RAISED $1,000+)

Castlegar/Salmo: Salmo Super Hikers

Comox Valley: Stir It Up

Kamloops: Berwick On The Park, Rita's Movers and Shakers, Shake Rattle & Roll, Team Colleen

Kelowna: Good Vibrations, Lloyd Peterson, OK Movers, Team Dawn, Team Pelletier

Kelowna

Maple Ridge/Pitt Meadows (Virtual): Team Wendy, Whonnock Shakers

Mid Island (Parksville/Nanaimo): Parksville Superwalkers, Team Polson, Walking for Bill

New Westminster: Century House Parkinson Group

Prince George: DENGEO, REMAX Core Realty, Selen's Squad – Shaken Not Stirred TOP TEAM

Vancouver: A&W Cruisers, Angie's Super Stars, Gord's Crew, Goyer Fam, Red Hot Chili Steppers, Remembering Bryan, Riahi, Shaken not stirred!, Team Basher, Team Gran, Team Wayne, Tedsters 2.0, The Spuds

Victoria (Virtual): Better Late than..................

White Rock/Surrey: Buena Vista Massage, Prima, Remembering The Dude, Team Captain Bee

Vancouver

Kelowna

Salmo


New Westminster


Chilliwack


Vancouver

Your Membership with Parkinson Society BC (PSBC)

Your continued support makes all the difference — and we'd love to have you with us for another year!

Renew your membership for 2026 and continue to receive Viewpoints magazine and other exclusive benefits like:

Event Discounts

Reduced rates for educational seminars and conferences.

Pro-bono Legal Services

Assistance for workplace discrimination and other legal matters related to Parkinson's.

Lending Library Access

Borrow books, DVDs, and videos on Parkinson's and related topics.

A Voice in Our Future

Participate in our Annual General Meeting and help shape the direction of PSBC.

MEMBERSHIP

SCAN TO BECOME A MEMBER

Your membership helps us build a strong, united community — one that can advocate for better care, expand essential services, and offer hope to those affected by Parkinson's across British Columbia.

Thank you for being a valued part of the PSBC community. We truly appreciate your support!

www.parkinson.bc.ca/membership

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Questions? Contact Susan Atkinson at 1-800-668-3330 ext 263 or satkinson@parkinson.bc.ca

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