

In the Know, Inc. Inservice Club
presents
A Disease Process Module:
Understanding Parkinson's Disease

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession.

After finishing this inservice, you will be able to:

- Name and describe the 4 *main* symptoms of Parkinson's Disease.
- Name and describe at least 6 other *secondary* symptoms of Parkinson's Disease.
- Name and describe the 5 stages of Parkinson's Disease.
- Describe at least 6 ways to help your Parkinson's clients stay safe and be as healthy as possible.
- Demonstrate at least 3 ways to help your PD clients in their daily activities.

Instructions for the Learner

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask

- _____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to _____ no later than _____.
- Show your Inservice Club Membership Card to _____ so that it can be initialed.
- _____.

THANK YOU!



In the Know

The Inservice Club for Nursing Assistants

*Do you work with any clients who shake, tremble and stumble?
These clients may have Parkinson's Disease.
Read further to find out more about this chronic disease!*

Quotes from Parkinson's Patients

*"My feet feel like they are
super glued to the floor."*

*"My wrists are rigid and
my fingers aren't flexible,
so I can't even button my
shirt."*

*"My husband became
alarmed when he saw
me dragging my right
leg, and he complained
that I wasn't smiling as
much and that I seemed
to be staring off into
space all the time."*

*"I'm tired of falling down
all the time and I'm tired
of having hallucinations
due to the anti-
Parkinson's drugs."*

*"I feel like I'm talking in a
foreign language when I
talk to my family and
friends."*

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What is Parkinson's Disease?

Parkinson's Disease (also called PD) is a brain disorder which affects the central nervous system. The brain and spinal cord make up the central nervous system.

Parkinson's Disease affects the parts of the brain that control body movements. It's a **chronic** condition which means that it continues over a long period of time.

Also, it's a **progressive** condition which means that it gets worse as time goes on—you can't make it better.

Parkinson's Disease can happen to anyone. It affects both men and women. It doesn't matter where you live, how much money you make, or what race you are.



***Parkinson's Disease is
an irreversible disorder
of the brain.***

Parkinson's Disease is most common in middle aged people. The average age of a person with PD is 60 years old. It usually strikes people age 50 and over, but there are many people with Parkinson's Disease who are younger—in their 30's and 40's.

Parkinson's Disease is ***not***:

- Contagious. (A person can't catch it like the flu or cold.)
- A normal part of getting old.
- The same for everyone.
- Necessarily inherited. (It may not be passed down from one generation to the next.)
- A rare disease.
- Curable.

What Does Parkinson's Disease Do to the Brain?



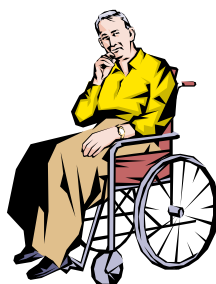
- There are nerve cells in the brain that make a special chemical called Dopamine. Parkinson's Disease causes these nerve cells to die. When the brain doesn't get enough Dopamine, the body loses control of its movements.
- As the disease gets worse, walking may become difficult and the Parkinson's client may need a cane, walker or wheelchair.
- Early symptoms of Parkinson's Disease are hardly noticeable and happen **slowly**. Clients may feel tired, maybe a little shaky. This can go on for a very long time before the more serious symptoms appear.
- Parkinson's Disease doesn't affect everyone in the same way. Most Parkinson's Disease clients will have one or more of the main symptoms. Some people will become disabled—maybe even totally unable to move!!! Others will hardly have any problems at all.

Famous People Who Have Parkinson's Disease

- *Pope John Paul, II*
- *Actor Michael J. Fox*
- *Former Boxer Muhammad Ali*
- *Attorney General Janet Reno*
- *Former Governor George Wallace*

Other Diseases That Are Related to Parkinson's Disease.

- **Multiple Sclerosis (MS)** - This disease usually begins in young adults. The cause isn't known. MS attacks the fatty tissue of the central nervous system. Symptoms can be permanent.
- **Lou Gehrig's Disease (ALS)**- This disease usually begins in middle age. It affects more men than women. ALS is the progressive shrinkage and weakness of **all** body muscles. The cause isn't known and there is no cure.



- **Huntington Disease** -This disease usually begins in middle age. It's hereditary and it's caused by the breakdown of nerve cells. The major symptom is involuntary movements like jerky arms and legs. Early signs are very similar to Parkinson's Disease.
- **Alzheimers Disease** - This disease is most common in the later years– over age 65. It is a progressive disorder of the brain which affects the way a person thinks, talks, and behaves. There is no cure.

Facts About the Brain

- The human brain is approximately 85% water!
- The brain of a newborn baby weighs three ounces.
- The brain of an adult weighs about three pounds. (Compare that to the brain of a horse...it weighs 1.2 pounds. A cat's brain weighs about an ounce and a chimpanzee's brain weighs 15 ounces.)
- The brain has a very wrinkled look to it and it contains about **10 billion** nerve cells.
- The brain sends out messages to the body at the rate of 240 miles per hour!
- When brain cells die, they cannot be "reborn".
- The human brain is divided into two halves.

- The right side of the brain controls the left side of the body and the left side of the brain controls the right side of the body.
- The left side of the brain gives us science and technology. The right side gives us art and imagination.
- The two parts of the brain are "mirror" image of each other, but they function differently. These differences were revealed by Roger Sperry at CalTech. He won a Nobel prize for his work in 1981.
- The average male brain is 3.6 pounds and the average female brain is 3.2 pounds.



Facts About Parkinson's Disease

- In 1917, a British surgeon, Dr. James Parkinson wrote about Parkinson's Disease in great detail. He called it "The Shaking Palsy."
- Over one million Americans have Parkinson's Disease and about 50,000 Americans are diagnosed with it every year.
- According to The Parkinson's Institute, Parkinson's Disease affects more people than Multiple Sclerosis (MS), Muscular Dystrophy, and Lou Gehrig's Disease (ALS) all put together!
- Parkinson's Disease doesn't affect the main optic nerve of the eye, but it can affect the muscles that **control** eye movement.
- There is no simple blood test or x-ray to confirm Parkinson's Disease. The diagnosis is through observation by a doctor, ruling out other diseases, and the client's response to anti-Parkinson's

At three and a half years old, Emily Hamilton is one of the youngest people to be diagnosed with Parkinson's Disease.

Facts About Parkinson's Clients

- According to a recent Mayo Clinic study, researchers have discovered that there is an overall 3% lifetime risk of developing Parkinson's Disease. They also know that for a person who has two or more relatives with Parkinson's, their lifetime risk is increased to almost 30%.
- About 5 to 10% of people diagnosed with Parkinson's Disease are under age 40!
- Parkinson's Disease is the fourth most common disease of older people. It affects about 1% of people over age 65.
- The National Institute of Neurological Disorders and Stroke estimate that the total cost of health care for Parkinson's clients in the United States will exceed \$5.6 billion this year.
- According to the National Parkinson's Foundation, each client will spend an average of \$2,500 a year on medications.



A Parkinson's Update

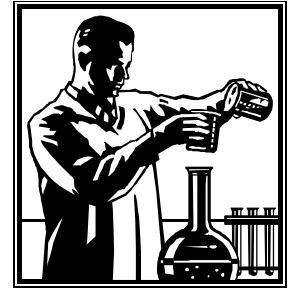
Soon, doctors may be able to perform a test to predict who's at risk for Parkinson's Disease—before people show any symptoms.

Neurologists at the Mayo Clinic are testing the new method by combining a brain imaging technique known as SPECT with a drug called beta CIT.

The doctors look to see if the drug sticks to the nerve cell endings. In healthy people, the drug clings to lots of endings, but in people with Parkinson's, it doesn't.

What Causes Parkinson's Disease?

- No one really knows what causes Parkinson's Disease. Doctors and researchers have managed to figure out **what** goes wrong in the brain, but they don't know **why** it goes wrong. If they can figure out the cause, then they may be able to find a cure.
- Even though, researchers don't know why PD happens, they have a few theories as to what causes it. Some say the nerve cells get damaged by something in the environment. Others say that people with PD age faster than other people. No one knows for sure.
- One of the most important clues toward finding the cause of Parkinson's Disease was discovered because of illegal drug use! In the late 1970's and early 1980's, several heroin addicts injected themselves with a home made drug which caused permanent Parkinson's Disease symptoms. From this event, scientists discovered that the drug Elderpryl slows down Parkinson's.



Can Parkinson's Disease Be Treated?



- So far, there is no cure for Parkinson's Disease. But, there are many medications that can help the symptoms. It is important to remember, though, that each client reacts differently to these medications.
- The most common medications (called anti-Parkinson's drugs) are Sinemet, Elderpryl, and L-Dopa. They are short acting and must be spaced in small doses throughout the day.
- These drugs are very powerful and can have many side affects.
- Anti-PD drugs can cause an "on-off" syndrome. One moment the client seems fine and the next moment he or she has trouble walking or talking. This is because the medication is wearing "off". To fix this problem, doctors usually increase the medication dose.
- New drugs are being discovered...in 1997 the FDA (Food and Drug Administration) approved three new drugs, Mirapex, Requip, and Tasmar, which seem to be very promising!
- A brain surgery called Pallidotomy is another option. It can help clients with pain and dyskinesias (jerking, swaying, and twitching)
- Tissue transplant is another surgery. Right now, it's experimental. Early surgeries were done with tissue from abortions. Now, scientists are trying to create man-made cells that produce Dopamine.
- Physical, occupational, and speech therapies are sometimes helpful to the Parkinson's client.

Main Symptoms of Parkinson's Disease

There are four main symptoms of Parkinson's Disease. They are:

- **Tremor** (Shaking)
- **Rigidity** (Stiffness)
- **Bradykinesia** (Slowness)
- **Postural Instability** (Unsteadiness)

1. Tremor (*Shaking*)



- Tremor is also called Resting Tremor because it's most noticeable when the client is at rest.
- It usually begins with the hands and feet, but can affect the head, neck, face, tongue, lips, and

jaw.

- The shaking or trembling is at a regular beat of around four to six beats every second. It may happen only on one side of the body or it could be worse on just one side depending on the time of day.
- Stress can make it worse.

2. Rigidity (*Stiffness*)

- Rigidity is a stiffness or an ache in the muscles. The muscles are always tense and it gets worse with movement.
- This happens to all the **voluntary** muscles. So, it's hard for a PD client to move their arms, and legs. Their arms don't swing when they walk.
- Parkinson's clients can have trouble with breathing, eating, swallowing, and speech, too.
- The face loses expression and becomes "mask-like". The eyes don't blink as often, and it's hard to smile.

3. Bradykinesia (*Slowness*)

- This symptom is about slow movement.
- It's very frustrating for people with PD because it takes them a very long time to do routine things like walking, bathing, eating, and dressing.
- They move in slow motion. And to make it worse, they never know when it will happen. One minute they seem to be moving fine and the next minute they aren't.

Everyday tasks such as dressing and bathing can take several hours!



4. Postural Instability (*Unsteadiness*)

- This term means loss of balance or unsteadiness.
- People with Parkinson's Disease lose their coordination and fall down easily.
- They tend to lean forward or backward especially when they walk. They tend to have poor posture and can have droopy shoulders and a lowered head.



A REMINDER

As you work with PD clients, always remember to report any changes in symptoms to your supervisor! Even something very minor like slurring of words can be very, very important.

Other Symptoms of Parkinson's Disease

There are many other symptoms of Parkinson's Disease. They are called **secondary symptoms**. Sometimes the disease causes these symptoms and sometimes they are caused by the Anti-Parkinson's drugs!

Motor Skills

Walking Problems

- People with PD often have a slightly bent posture, shuffling of feet, and lean forward when walking.



Freezing

- This is a sudden stop in movement, mostly in walking.
- Like "freezing in one's tracks".

Falling Down

- Falls usually happen because of a loss of balance either while walking or *from any sudden movement*.

Writing Difficulties

- Common problems include handwriting that looks cramped, spidery, and becomes very small.



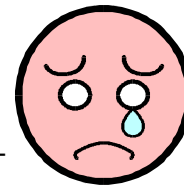
Speech Problems

- People with Parkinson's Disease often struggle with slurring words, repeating words, talking too fast, talking too slow, and/or talking too soft.

Emotions

Depression

- A common problem in people with Parkinson's—can be mild or serious.
- *Signs* of depression include weight loss or gain, lack of energy, overwhelming feelings of sadness, anxiousness, sleeping more or less than usual, loss of interest in usual activities, and thoughts of suicide.



Emotional Changes

- Common feelings include embarrassment, insecurity and fear.

Sleep Troubles

- Nightmares and restless sleep are common.
- Some PD clients may be drowsy during the day, and have a difficult time getting to sleep—and staying asleep—at night.

Mental Confusion

- Includes loss of memory and slow thinking that may get worse over time.
- Changes in behavior and personality are common. So are hallucinations—they're almost always related to anti-Parkinson's medications.

Dementia

- This serious decline in memory, thinking, and behavior is most common in PD clients over age 70.

A Few Interesting Facts

- About 30% of all people with Parkinson's have some degree of dementia.
- About 25% of PD clients experience hallucinations from PD medications.
- Falling down is one of the most serious consequences of Parkinson's Disease.
- 50% of all Parkinson's clients have speech troubles!
- Some research has found that over 50% of people with PD experience periods of depression.

Other Symptoms of Parkinson's Disease, continued...

Bodily Functions

Swallowing Problems

- Often an issue during the *late* stages of Parkinson's.
- Food and saliva collect in the mouth which results in drooling and choking.



Constipation and Urinary Difficulties

- Both rigidity and slowness of movement affect the bowel and urinary muscles.

Sexual Difficulties

- Caused by a combination of normal aging, use of anti-Parkinson's medications, and the disease itself.

Vision Problems

- Common problems are blurred vision, difficulty reading, and occasional double vision
- Sometimes the medications cause blurry vision.

Skin Problems

- Scaly, oily skin, dandruff and excessive sweating are common for PD clients.

Nausea

- Queasiness and loss of appetite are common side effects of anti-PD medications.
- Stomach muscles can be affected by the disease, too.

Involuntary Movements (Dyskinesia)

- Dyskinesia includes jerky arms and legs, twitching, facial grimacing, and swaying. It's usually a side effect from anti-PD drugs.

Dizziness

- Caused by really low blood pressure due to anti-Parkinson's medications.
- Also, certain nerves are affected by the disease and cause lightheadedness.

Pain

- Caused by a combination of PD and its medications— it ranges from mild to severe.
- The pain may include muscle cramps, spasms, stiffness, numbness, tingling, tightness, achiness, and burning sensations.



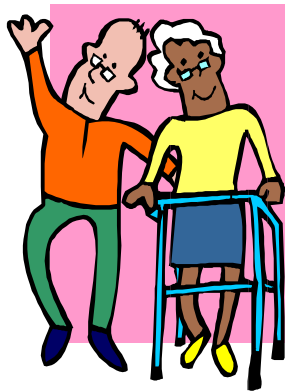
Resource List for More Information

Education is very important to Parkinson's Disease awareness. Learn all you can so that you can help your clients better. For more information, contact the following organizations. They all offer free brochures and other educational materials!



- National Parkinson Foundation, Inc.
1501 N.W. Ninth Ave.
Miami, FL 33136
(305) 547-6666 / www.parkinson.org

- Parkinson's Disease Foundation
William Black Medical Research Building
640 West 168th Street
New York, NY 10032
(212) 923-4700 / www.pdf.org
- The American Parkinson's Disease Association
60 Bay Street, Suite 401
Staten Island, NY 10301
(800)223-2732 / www.apdaparkinson.com



Each stage can last for many, many, many years! . . .

When he died last year at the age of 92, Chinese leader Deng Xiaoping was in the late stages of Parkinson's Disease.

The Five Stages of Parkinson's Disease

One of the most common evaluation scales for Parkinson's Disease clients is the Hoehn-Yahr scale. According to this scale there are five stages of Parkinson's Disease. They are:

- **Stage 1**—Symptoms are very **mild** and annoying. They are usually on **one side of the body**. The client's family and friends have started to notice some changes in posture, walking and facial expression.
- **Stage 2**—Symptoms begin to affect **both sides of the body** and they are more **obvious**. The client's posture and walking are affected. Minor signs of disability are starting to show.
- **Stage 3**—Symptoms are **very obvious**. The client's balance and walking are affected a lot. Standing is a problem, too. The general coordination of the client begins to fail.
- **Stage 4**—Symptoms are more **severe**. The client can still walk, but not very well. Stiffness and slowness are a big problem. Many clients are no unable to live alone.
- **Stage 5**—Symptoms are **disabling**. The client is unable to walk or stand. They become invalids and require constant care.

A True Story! - Believe It or Not. . .

How would you feel if this happened to you?

A 55 year old named Sam was shopping at a convenience store late in the afternoon one day. He was a frequent customer at the little store, but not usually at that time of day...so the usual employees weren't there.

Sam was very unsteady on his feet. He was swaying and trembling. The cashier noticed that it was difficult for him to get what he needed from the shelves into his little basket. Secretly, the cashier called the police because

she thought Sam was drunk and she didn't want him to get in his car and drive.

But Sam wasn't drunk at all! He had Parkinson's Disease. He was *very* embarrassed to have to explain himself to the police. Luckily, Sam had his special PD identification card in his wallet. Also, one of the police officers had a relative with Parkinson's so he was educated about the disease. Just imagine what *could* have happened to Sam. . .



Tips for Helping Clients with Parkinson's Disease

Medications

- Remind your clients to take their medications **ON TIME!!!** Many PD medications are short acting and must be taken at certain times to help prevent the "on /off effect".
- Help your clients remember when to take their medications. You can suggest they use a watch or pill box with an alarm. Help them set the alarm to the proper times.
- Encourage your clients to always carry a day's dosage of medication with them at all times. Parkinson's clients should **never** be without their medication!



- Remind your clients to always take their medications as prescribed by their doctor—no *more* and no *less*.
- If a client mentions to you that he/she is going to skip a dose of medication, alert your supervisor immediately!
- Encourage your clients to **move around** after they take their PD medication. It will help with digestion and absorption of the medications.
- Suggest a warm bath now and then rather than a shower. Warm baths may help the medication work more quickly.
- Encourage your clients to drink lots of water with their medications.
- Suggest eating an oatmeal cookie or drinking ginger ale when taking medications. This may help control nausea.



- Be alert! Many anti-Parkinson's medications cause side effects that make symptoms of PD **worse**. A change in symptoms may mean your client is getting the wrong amount of medication. Let your supervisor know right away!
- If you notice that your client is mixing their anti-PD medications with other prescription and/or over-the-counter medications, let your supervisor know immediately!



Nutrition

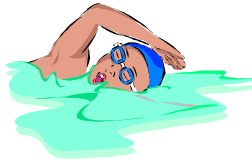
- Eating well-balanced meals is very important. Encourage your clients to eat properly. You may have to serve your clients soft foods and cut up their meat into small pieces because tremors and swallowing problems will make eating more difficult and time consuming.
- **Don't** rush your clients during meal time! Remember that it can take a long time for people with Parkinson's to do the simplest tasks because of slowness of movement. It's very important to allow them plenty of time to eat so that they will be well nourished.
- If you cook for your client, do your best to include foods high in fiber to reduce constipation, and foods high in vitamin D and calcium to help prevent loss of bone density. Also, do your best to cook foods low in protein. Too much protein may get in the way of the body fully absorbing PD medication.
- Staying hydrated is also important. Encourage your clients to drink plenty of fluids (at least 8 cups every day) even in the winter.
- If your client has trouble with a dry mouth, suggest they *limit* coffee, sodas and citrus juices.



More Tips for Helping Clients with Parkinson's Disease

Exercise

- Check with your supervisor about encouraging your clients to get regular exercise. Physical activity improves general health and emotional well-being. And it will help keep your PD clients flexible and strong so that it's easier for them to move around.



- Exercise should be fun! After checking with your supervisor, try exercising with your client. It's good for you, too. Take a walk around your clients home, or within your facility, or even outside. If a pool is available, try some water exercises because they are easier on the joints.



- Remind your clients to *pace* themselves! Don't do too much all at once. To prevent fatigue, try several short exercise sessions throughout the day.

Activity/Energy Conservation

- Your clients will have good days and bad days. On a good day, your client may be full of energy and feeling pretty good. There will be a tendency to do way too much! Remind your clients not to overdo it so they won't be tired the next day.
- Fatigue is a big problem for people with PD. Encourage your clients to take lots of rest breaks throughout the day.
- Be patient! PD clients can take a long time to do everyday tasks. Rushing them can cause stress and that could make the PD symptoms even worse—and may actually slow your client even more!
- Be encouraging! If your PD clients become frustrated or irritated that everything they do seems to take so long, respond with some humor and pretend that **you** have all the time in the world. This may help them to relax and then they may be able to move around a bit better.

- If your PD client is having a bad day, encourage your client to save some activities for another day. Help them decide which tasks are the most important.

Personal Care

- On a day when things aren't going well for your PD clients, you may want to give them extra help with their personal care. For a woman, offer to fix/style their hair or paint their fingernails. For a man, offer to help them shave or clip their toe nails.
- If your PD clients suffer from leg cramps, you can offer to massage their legs.
- To help with muscle spasms, you may want to suggest taking a warm bath instead of showering. Be sure to help your PD client get in and out of the tub!
- Some PD clients may need more help than they think they do. Try using humor or tell a story to coax them into letting you help.



There are many items available in stores that may help your Parkinson's client remain independent. Check with your supervisor and/or family members about getting some of these things for your client!

- Hand-held showerhead
- Soap on a rope.
- Electric toothbrush
- Long-handled toothbrush
- Long-handled shoe horn
- Dressing sticks
- Grabbers (to pick up things)
- Velcro strips and fasteners
- Raised toilet seat
- Satin sheets
- Shower bench
- Button hole helper
- Big handled utensils

Still More Tips on Helping Clients with Parkinson's Disease

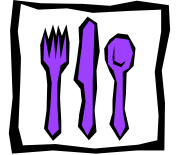
Safety

- To help your PD clients avoid trips and falls, suggest that they remove "throw" rugs from entrance ways, bathrooms and kitchens.
- Check to see if your PD clients have grab bars by the tub or in the shower and near the toilet. They are very helpful in preventing falls.
- If you work in client's homes and they don't have grab bars, suggest to them that it's a good idea to get them. If they lose their balance, they will have something **sturdy** to grab! If you work in a facility and they don't have them, talk to your supervisor right away!



- Check to see if your PD clients have non-skid strips or mats in their tubs and showers. They help prevent slips and falls. Be careful, though...if soap residue builds up, the mats can be just as slippery as the tub or shower!
- If your PD clients are unsteady on their feet or need to rest often, suggest a shower bench and a hand-held showerhead. They can take a "sitting down shower". If you see your clients in a facility and they don't have these, talk to your supervisor right away!
- A raised toilet seat may be helpful to your PD clients. It provides easier and better access to the toilet. It's even better if it has armrests to help your client keep their balance and to prevent falls.
- Encourage your clients to have lots of night lights in their rooms and homes for nighttime trips to the bathroom.
- Help your PD clients keep their rooms and homes free of clutter to help prevent slipping and falling. And clutter makes it difficult to use walkers and wheelchairs.

- Most people with PD have trouble holding onto things, so encourage your PD clients to use paper plates and cups. If they drop them, they won't break and cause injury.



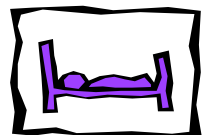
- To help prevent choking, cut up your client's food into tiny pieces or use a food processor. Encourage them to take small bites, too.

Communication

- Writing can be very difficult for your PD client. Suggest they try some "fat" pens or use rubber bands to make them bigger. Electric typewriters or word processors can help, too.
- Speech can be difficult, too. Many times people with PD have slurred speech. There may be times when you can't understand anything your PD client is trying to say! You might want to print the ABC's in large, block letters on paper and attach it to a clip board. Have your PD client spell out the word they are trying to say by pointing to the letters.
- Be patient! It can be frustrating for both of you when communication is a problem. Staying calm is important.

Miscellaneous

- Getting back into bed can be tough. Try having your PD client sit on the edge of the bed and fall back onto a pillow. Then you can help raise the legs onto the bed. Or suggest sitting on the edge of the bed and leaning on an elbow and then bringing the legs onto the bed.
- If your PD client's feet freeze, encourage them to rock back and forth or side to side to get the feel of moving again. Or suggest that they imagine they are going to step over an object. If they use a walker, sometimes it helps to pull back on it to get the feet moving again.



Are You "In the Know" About Parkinson's Disease?

Circle the best choice and then check your answers with your supervisor!

1. Mr. Smith has Parkinson's Disease. When assisting him, you should:

- A. Suggest that he take a *cool* bath to help energize his muscles.
- B. Cut his food into small pieces to prevent choking.
- C. Button his shirt for him if he's doing it too slowly.
- D. Put a diaper on him.

2. True or False

Parkinson's Disease is a curable disease when treated immediately.

3. Mrs. Tucker has Parkinson's Disease and falls down a lot, you should:

- A. Put throw rugs in her bathroom to cushion her fall.
- B. Make her stay in bed.
- C. Tell her to practice walking without any help.
- D. Make sure that she has grab bars in her bathroom near the toilet and shower.

4. True or False

People with Parkinson's Disease always die young.

5. Parkinson's Disease:

- A. Is contagious.
- B. Is a normal part of aging .
- C. Is the same for everyone.
- D. Is an irreversible disorder of the brain.

6. When you care for Parkinson's clients, you should:

- A. Encourage them to take lots of rest breaks throughout the day.
- B. Limit the amount of water they drink to avoid bloated muscles.
- C. Suggest that they stay in bed for several hours after they take their PD medications.
- D. Encourage them to watch a lot of TV.

7. True or False

The four main symptoms of Parkinson's Disease are: Shaking, Stiffness, Slowness, and Unsteadiness.

8. True or False

Parkinson's Disease can cause depression.

9. True or False

PD clients can take their medications whenever they feel the need.

10. True or False

Parkinson's Disease only affects people who are over age 70.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature _____

Inservice Credit: 60 minutes

Supervisor Signature _____

Self Study _____

File competed test in employee's personnel file.

Group Study _____