



Fighting Parkinson's

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The patients in Robert Kann's class don't look sick. Each sits alert, ready for the hour-long session to begin. Many are chatting amongst themselves; most have smiles on their faces. The only evidence of their shared illness proves to be a few walkers huddled together in the corner of the room. They meet here at Vancrest Health Care Center every Friday at 1:30 p.m. for physical therapy; therapy that helps them fight the effects of Parkinson's.

Kann asks Ed States, a member of his class, to stand up and walk across the room, an exercise of habit for this particular group.

Standing up without the use of his walker, Ed asks, "Do you want me to walk, or run?"

Kann catches Ed's smile and responds, laughing, "Well Ed, I want you to do a somersault and then stand on your head."

Now in its 20th year, Parkinson's Activity and Rehabilitation Clinic (PARK), continues to combat the symptoms of Parkinson's disorder with the same vital components: education and companionship.

Parkinson's is a progressive disease that affects specific nerve cells in the brain. Normally, these nerve cells make dopamine; a chemical that sends signals to the part of the brain that controls muscle movement. Parkinson's causes these nerve cells to break down, and with the loss of dopamine, the muscles no longer have the ability to move smoothly or in a controlled manner. Parkinson's affects both motor skills and speech.

Though the effects of the disorder vary from one individual to another, the main symptoms of Parkinson's include: tremor of the hands, arms, legs, jaw and face; rigidity or stiffness of the limbs and trunk; slowness of movement; postural instability and impaired balance and coordination.

Kann, a licensed physical therapist with a degree from the University of Wisconsin, began his work as a physical therapist 35 years ago in Des Moines, Iowa. After 15 years, Kann moved to Lima and began a career at Lima Memorial.

"We were working with so many Parkinson's patients there that our assistant director at the time suggested that we create a program," Kann said. "I thought it was such a great idea that I eventually took it over completely."

PARK originated in 1989, and at the time, it was the first of its kind in regards to a comprehensive treatment program for Parkinson's. Kann began with a mere five patients.

Kann attributes the increase in membership and knowledge of his program with a visit from faculty members from the University of Michigan in 1994.

"They came down and asked me to participate in a study with their students," he said. "I refused at the time because of time constraints. I had my program and other regular patients to take care of."

Representatives from the University of Michigan came back eight months later; this time with information that Kann couldn't say no to.

"They told me that my program was one of the two most comprehensive in the nation," Kann said. "One of two. They asked me if I would mind coming to speak at a symposium with the other program's director, a professor from Northwestern University."

While at the symposium, Kann spoke about the basic fundamentals of PARK and presented the book he had published to work in correlation with the treatment plan. The PARK manual has an abundance of regular exercises and techniques for Parkinson's patients to do on a daily basis.

"Ever since then, things just went nuts," Kann said. "I received tons of phone calls asking to purchase the book, and people were flying in from all over the country to see what the program was about."

Currently, roughly 60 to 70 people gather on Fridays for their weekly session with Kann. Half of that sum has been diagnosed with Parkinson's, the other half their spouse or caregiver.

"That's what makes this program so unique," Kann said. "We try to encompass the entire family. A lot of our patients get depressed because of the disease and their inability to do what they

used to do. The spouses get depressed too; they need help as well and we don't want to forget about them."

Kann requires that both the patient and spouse (or main caregiver) be present for the initial evaluation. Kann educates both on the basics of PARK and then decides whether or not they should be admitted into his treatment program.

"The best part about the program here is that it's free," Kann said. "If you start asking people for money then they aren't going to come, and our main objective is to get as many people here as possible. Vancrest understands that; they see the importance of that and that's huge."

Today the class spends the entire hour critiquing each other as one by one they stand and walk across the room. Ed is the first, brave candidate, but more are to follow. Together the class shouts out what they notice about Ed's walk; the positives first. Compliments such as picking up his feet, good posture and not shuffling are shared.

Kann asks Ed to now try the same exercise with his walker, and the class easily sees how much more agile he is with the aid.

"Alright Ed, try to lift your left leg a little higher," Kann said. "Your steps aren't even. Lift that leg! Don't fiddle around!"

Ed, holding on to his walker, lifts his left leg much higher than before, evening out his stride and demonstrating a perfect walk.

"See! Look at that!" Kann said. "He's been holding out on us!"

Kann emphasizes that the main object is to practice safety.

"My job is essentially to keep them off the floor," he said. "Parkinson's is a nuisance, but falling and breaking a bone makes things much more challenging. I want to give them all the techniques I can to keep them from falling."

According to Kann, pride is often what keeps most patients from using a cane or walker. Throughout today's session, Kann reiterates that walkers and canes should be used when necessary to create the safest environment possible.

Grabbing a walker from the corner, Kann says, "Look at this thing! This is the Cadillac of walkers. If we could just get headlights and turn signals on these ..."

"And a horn!" adds class member Barbara Stroh.

The camaraderie between classmates is apparent, and Kann attributes that to the longevity of PARK.

"Some of these people have been here for 16, 17 years," he said, "and a lot aren't much worse off than when they came in."

Over the years Kann has made several improvements to his program. PARK started as a simple treatment plan with various exercises, but soon added portable stairs and a bed to help patients practice two of the most challenging activities. Kann also began to videotape his patients; playing the tapes back to the class so that it was evident what was working and what still needed improvement. Most recently, Kann began roping off a section of the Vancrest parking lot so that the patients could work on getting in and out of vehicles.

"That's the most important thing," Kann said. "They need to stay active. Sitting around and watching TV only makes their situation worse. Getting out and going for a walk, visiting a friend, going out to eat - those are the things that are going to help their disease."

Kann said the best part about his job is the end result.

"We're helping people to be as functional as possible, not for days, weeks, or months, but for years," he said.

After 20 years of serving as the program director for PARK, Kann's passion for his patients and determination to combat Parkinson's is still thriving.

"There's no cure," Kann said, "but we have this."