



QUALITY OF LIFE PHYSIOTHERAPY UPDATE

QOL Newsletter

Upcoming Events

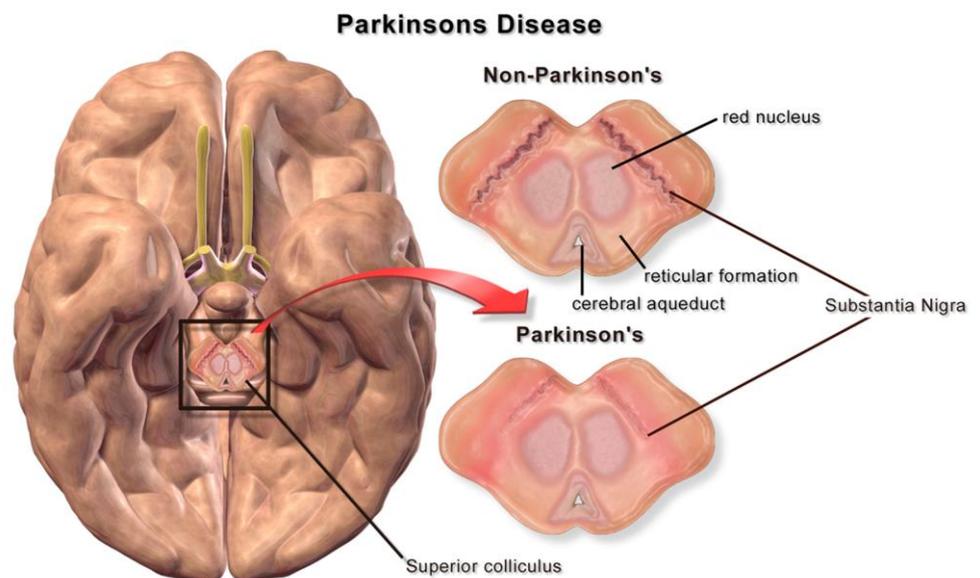
- Get up and Go Christmas Morning Tea December 16th 11:00am

Clinic will be closed for one week between Christmas/New Year.

Parkinson's Disease

Parkinson's Disease (PD) is a neurological condition that affects the brain. The condition can affect people across any range, though diagnosis is common in the age range of 55-65 years old, juvenile onset (less than 21 years of age), young onset (21 to 40 years old) can also occur.

PD develops due to the loss of the neurotransmitter dopamine as the result of the degeneration dopamine producing cells located in the brain region known as substantia nigra of the basal ganglia.



Causes of Parkinson's Disease

Majority of people diagnosed with PD, the cause of their PD is unknown and thus termed as Idiopathic (unknown cause). With any disease there are common factors that they be involved in the development of PD. these factors are:

Environmental: environmental toxins such pesticides, or certain prescribed medications (neuroleptics/antiemetics) can enhance a person risk of developing PD.

Oxidative Stress: PD can be considered as a rapid form of aging. Naturally people age and oxidative processes (oxygen reacting to cellular molecules) occurring at a cellular level results in release of free radicals which can damage normal cells.

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Genes: As scientific progress occurs certain genes have been identified that may result in increased risk of developing PD in particular in familial situations.

Multifactorial: Science has indicated that interaction with the environment and certain recessive genes may increase the risk of developing PD.

Treatment of Parkinson's Disease

Treatment of PD varies person to person and finding the right balance between different treatment options.

Drug Treatment involves improving dopamine production, mimic dopamine actions, and inhibit processes that impact on dopamine activity.

Multidisciplinary team work involves a range of people: doctors, physiotherapists, occupational therapists, speech therapists, dietitians, social

workers and specialist nurses. The team aims to improve or problem-solve issues involved with a person who has PD to improve movement, independence and quality of life.

Complementary therapies can range from dance classes, tai chi, yoga/Pilates, massage therapy, homeopathy, acupuncture to laughter therapy and meditation.

Surgery can sometimes be used to reduce tremor associated movement problems but certain criteria must be met for surgery to be a viable option.

How can QOL Physiotherapy help?

Once a diagnosis PD has been given, QOL Physiotherapy can provide an exercise program that may help to improve movement problems that are associated with PD. Treatment and education can be provided in terms of improving posture, strength gain, movement

patterns enhancement, and functional tasks rehabilitation.

QOL Physiotherapy can assist with improving functional tasks such as walking, sit-stand, getting out of bed, and other every day activities.

Make an appointment today to see our friendly QOL Physiotherapist if you have any concerns regarding information and rehabilitation of PD.

Information relating to PD in this newsletter was sourced from <http://www.parkinsons.org.au/> Please visit this website for more information regarding Parkinson's Disease.

October is

Breast Cancer Awareness Month!

This month QOL Physiotherapy would like to recognize Breast Cancer Awareness Month. One in eight women in Australia is in risk of developing breast cancer in their lifetime. In WA, 200 women die from breast cancer each year. Male breast cancer accounts for 1% of all breast cancers. According to Breast Screen WA women and men should get to know your own breasts so that you will know what is normal for you.

You should see your GP promptly about the following important changes:

1. A lump, lumpiness or thickening in the breast or armpit.
2. Changes in the skin of the breast such as dimpling, puckering or redness.
3. Changes in the nipple such as inversion, new nipple discharge, itchy or ulcerated skin.
4. An area of the breast that feels different from the rest.
5. New persistent breast pain.

Look in the mirror at your breasts and feel your breasts from time to time.

<http://www.breastscreen.health.wa.gov.au/>

