

TRAVELING WITH PD

The difficulties of Parkinson's disease (PD) don't have to interfere with traveling, which should be an enjoyable experience and not limited or avoided because of the disease. Planning ahead is key to avoid these difficulties. The following guidelines should help to make your next trip anxiety-free.

Tips for Traveling with PD

- Always try to travel with a companion.
- Place the names of your doctor, insurance company, emergency contact, and medications in your wallet or purse.
- Carry identification stating you have PD.
- Use a "fanny" pack or backpack so that you have both hands free to balance as you walk.
- Pack snacks and carry a water bottle to take medications.
- Wear comfortable, loose-fitting clothing and good walking shoes.
- When making hotel reservations, request a room on the ground floor or near an elevator. Ask if they have rooms that are handicap-accessible; these usually include grab bars in the shower and bathroom and have wider spaces between furniture.

Traveling with PD Medications

- Always have at least a day's dosage of medication in your pocket or purse.
- Try to carry all your medications with you, in the event that your luggage gets misplaced.
- Pack enough medications to last the entire trip.
- Do not rely on out-of-town, or especially out-of-the-country, pharmacies for refills.
- Check with your doctor about any over-

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- the-counter drugs, such as those for motion sickness or diarrhea, before you leave.
- Find out if your medications are "sun-sensitive and plan accordingly.
- Carry a list and schedule of medications with you.
- If possible, use a watch with an alarm or an alarm pillbox. It may be difficult to remember to take your medications.

Travel by Car

- Many PD medications can cause drowsiness, particularly after eating. If you are driving, take a nap before you go and avoid eating for 2-3 hours before departing.
- Do not overestimate your abilities. While you may be capable of driving short distances to and from home, a longer road trip may require much more stamina.

Travel by Air

- Request a non-stop flight and an aisle seat.
- Check as many bags as possible, but keep your medications in your carry-on.
- Use airport shuttles or ask for a wheelchair if your gate is a far distance.
- Ask for early seating for a few extra minutes to board and get comfortable.
- Use the bathroom before you board the plane.

Travel by Bus or Train

- Wheelchair lifts are generally available for entrances and exits.
- Seats can generally be moved to accommodate wheelchairs.
- Try to get an aisle seat near the exit to make getting on and off easier.

Source: <https://www.webmd.com/parkinsons-disease/guide/parkinsons-travel-guidelines>

October 2021

Moving Along

A newsletter of the Waverly Area
Parkinson's Disease Support Group

October

UPCOMING MEETINGS:

Parkinson's Support Group | Saturday, October 9
Tendrils Rooftop Garden | 10 a.m. to Noon
"Traveling with Parkinson's Disease"

Brady Gruhn, travel specialist with Lighthouse Travel, and Jennifer Wolff, occupational therapist, wheelchair user, and experienced traveler will be with us to discuss considerations for traveling when you have health issues or special needs.

Park in the Red Lot and enter through the door marked "Tendrils," near the pharmacy drive-up window. This event is free and open to all. Masks are required. With questions, call (319) 352-4961.

Exercise Programs at The W

Delay the Disease: Exercise Program for People with PD | M, W, F | 10 to 10:50 a.m.
For more information or to sign up, call (319) 352-8311 or go to: www.the-w.org

WHC Parkinson's Singing Group

This group meets Mondays at 10 a.m. in Tendrils Rooftop Garden.

For information on how to participate, contact Kara Rewerts at (319) 483-4118 or KRewerts@WaverlyHealthCenter.org

PRIVATE FACEBOOK PAGE FOR OUR SUPPORT GROUP MEMBERS!

This provides another avenue to support and communicate with one another.

To post something or view posts, go to the Facebook page, click on groups, and ask to join the group: facebook.com/WaverlyAreaParkinsonsSupportGroup

WAVERLY HEALTH
CENTER

If you know of anyone who would benefit from this support group, please share this newsletter, or call (319) 352-4961.

FREE ONLINE EDUCATIONAL OPPORTUNITIES:

Parkinson's Foundation

(parkinson.org/get-involved/events)

- Expert Briefings - "PD & Medication: What's New"
Oct. 6, 12 - 1 p.m. CDT
- "Medicare & Parkinson's: Answering Your Frequently Asked Questions"
Oct. 21, 12 - 1 p.m. CDT

American Parkinson Disease Association - Iowa Chapter

(apdaparkinson.org/community/iowa/)

- Parkinson's Optimism Week Virtual Conference
Oct. 18-22, daily from 1 to 2 p.m. CDT



PHYSICAL THERAPY GUIDELINES UNDER MEDICARE

Physical therapy (PT) is an important part of treatment plans for many different injuries and illnesses. It can be especially important for those with Parkinson's disease (PD) as research shows it improves balance and reduces fall risk, improves their ability to walk faster and further, and that it generally improves the quality of their life.

Medicare provides PT, speech-language pathology therapy (SLP) and occupational therapy (OT) for people aged 65+ as well as some younger people with disabilities.

What is the Medicare "Cap"?

For many years there has been a cap on

Medicare's coverage of PT services, which fall under Medicare Part B. These limits were put in place to control Medicare spending as therapy can be expensive.

Further complicating the issue has been Medicare's rule of thumb for providing treatment, which in the past has always required that the patient shows medical improvement in order for Medicare to continue providing that treatment. While this seems reasonable on a surface level, it was quite a burden for beneficiaries who are challenged with chronic conditions such as (PD) or Multiple Sclerosis, along with their therapists.

Therapy is often required for patients with PD to simply manage their condition and maintain their current level of health and mobility. The nature of their health condition is that they may never show improvement, but a regimen of PT could keep them at least at the status quo or significantly delay their decline in mobility.

Medicare's requirement that improvement must always be shown overlooked the fact that PT was still helping in delaying progression of mobility for several major health conditions.

Hard Caps versus Soft Caps

The Bipartisan Budget of 2018 repealed the per-beneficiary Medicare Part B therapy caps which previously have limited some chronically ill patients to only a few months of physical therapy care each year.

The hard caps were initially established in 1997 at \$1,500 per year. If therapy was needed beyond this limit, therapists had to initiate an exceptions process to prior authorize any additional therapy to be provided in that calendar year. Congress was continually having to review and renew the caps as well as provide direction on exceptions.

With this change in 2018, lawmakers are now recognizing that sometimes long-term therapy is medically necessary to maintain a certain

standard of physical health. They are also relieving immense pressure on therapists to achieve outcomes when a hard cap was in place.

Therapy must still be medically necessary. It must be therapy that will mitigate a patient's risk of incurring a worse outcome if their health condition is left untreated. However, therapists are no longer required to provide proof of medical improvement.

So, beginning in 2019, there is no longer a limit on how much PT you can receive in a given calendar year. However, your therapist may have to provide additional information about medical necessity if your therapy goes beyond a certain soft cap each year.

What This Means for People with Parkinson's Disease

This legislation is a milestone in access to proper care for people with PD and many other chronic illnesses. People with PD can sometimes struggle to handle the basic tasks of everyday living. PD is a progressive disease, so therapy is an important part of maintaining mobility and independence.

Whereas before patients might not be able to afford therapy care after the hard cap was reached, they will now have Medicare's financial assistance with the costs of care for a longer period of time. This will certainly have a huge impact on their ability to live independently and stay in their own homes.

Accessing Physical Therapy Under Medicare

To access Medicare-covered care, beneficiaries must get their treatment at a therapist or doctor's office or at a skilled nursing facility or other comprehensive outpatient rehab facility. Patients may also receive care through a therapist that is connected with his or her home health agency.

The PT must be ordered by a Medicare physician and performed by a qualified

physical therapist. Medicare has an online provider compare tool to help you find therapists in your area who accept Medicare.

Therapists must first prove that your condition warranted their skilled intervention and is medically necessary. Proper documentation of skilled need is dependent on a complete assessment of the patient and their history by the physical therapist.

Your physical therapist should document specific outcome measures that demonstrate your progress in therapy. Therapists can measure many things, including your gait, balance, risk for falls, posture, fitness and endurance, dexterity, muscle strength or weakness, cognitive skills, breathing function and overall quality of life.

However, not all of these items are most effective for demonstrating progress for a person with PD. For this reason, it's important to see a physical therapist who is familiar with PD.

While there are certainly a number of rules still in play surrounding PT for patients with chronic illnesses, these recent changes are a step in the right direction.

Source: <https://www.invigoratept.com/blog/physical-therapy-guidelines-under-medicare-2019>

