

Living Well With PARKINSON'S DISEASE

A RESOURCE GUIDE FROM TRIO REHABILITATION & WELLNESS SOLUTIONS

Daily Wellness Checklist



Move Every Day

- Aim for 30+ minutes of moderate, cardiovascular activity.
- Mix in balance and flexibility (yoga, Tai Chi, Pilates).
- Practice BIG movements daily.



Think & Speak Big

- 5-10 minutes of loud voice practice.
- Do a puzzle, word game, or memory task.



Eat to Support Energy

- Mediterranean-style meals: vegetables, fruits, whole grains, lean proteins.
- Hydrate well throughout the day.
- Take levodopa away from high-protein meals (if advised by your neurologist).



Rest & Recharge

- Keep a consistent sleep schedule.
- Stretch or breathe before bed.
- Manage stress with mindfulness or quiet time.



Connect & Plan

- Join a PD class, group, or community event.
- Write down 1-2 questions for your neurologist or therapists each week.



Remember:
Exercise is medicine.
Consistency is key.

SEE APPENDIX A FOR A CHECKLIST

PARKINSON'S HOPE & RESOURCES

Visit the Appendix Section in the back for helpful trackers.



Trio RISE Program

- Evidence-based exercise & wellness classes designed for people living with PD.
- Focused on mobility, cognition, and community connection.
- triorehab.com/RISE

Local Resources (Parkinson's Disease groups in Boerne & San Antonio):

- **Neurological Support Group at The Center** (Kronkosky Center; Boerne) : meets the 2nd Thursday of each month from 1:00-2:30 pm
- **Biggs Institute Parkinson's Disease Support Group** (San Antonio): Meets at UT Health San Antonio Medical Arts & Research Center (MARC) every second Thursday from 10:00-11:30 am
- **Kerrville Area Parkinson's Disease Support Group** (Kerrville): Meets at the Hospice and Home Care Building at 250 Cully Drive the first Wednesday of every month from 4:00-5:00 pm
- **Swing Strong 'til It's Gone** (Boerne): A 501(c)(3) non-profit organization formed to raise money and awareness of Parkinson's disease through the Michael J. Fox Foundation. Contact: Barry Halbert at (210) 259-5622

National Resources:

- Parkinson's Foundation: parkinson.org
- Michael J. Fox Foundation: michaeljfox.org
- American Parkinson Disease Association: apdaparkinson.org

Care Partner Tips:

- Take breaks and care for yourself, too.
- Join a caregiver support group.
- Ask for help—community resources exist for respite and support.

Final Takeaway:

Parkinson's is a journey, but not one you walk alone. Medication, therapy, lifestyle, and community all play a role. Trio Rehab is here to guide, support, and celebrate progress with you.



PARKINSON'S DAILY WELLNESS CHECKLIST

Track your habits for each week. Check off each box daily, and bring this tracker with you to your next neurology or therapy appointment. Make copies as needed.

Habit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Move 30+ minutes							
Practice BIG movements							
Voice/loudness practice							
Brain activity							
Mediterranean-style meals							
Drink 6-8 glasses of water							
Stretch/breathe before bed							
Got to bed at regular time							
Social connection or activity							

Write questions for your care team here:

PARKINSON'S DAILY WELLNESS CHECKLIST

Track your habits for each week. Fill in each box daily, and bring this tracker with you to your next neurology or therapy appointment. Make copies as needed.

Medication	Dose	Time Taken	Notes on Effect
		AM PM	

Write questions for your care team here:

PARKINSON'S DAILY SCHEDULE

Track your habits for each day. Fill in each box daily, and bring this tracker with you to your next neurology or therapy appointment. Make copies as needed.

Time	Meds Taken	Circle/Shade How You Feel	Notes
6:00 am		ON / OFF 	
7:00 am		ON / OFF 	
8:00 am		ON / OFF 	
9:00 am		ON / OFF 	
10:00 am		ON / OFF 	
11:00 am		ON / OFF 	
12:00 pm		ON / OFF 	
1:00 pm		ON / OFF 	
2:00 pm		ON / OFF 	
3:00 pm		ON / OFF 	
4:00 pm		ON / OFF 	
5:00 pm		ON / OFF 	
6:00 pm		ON / OFF 	
7:00 pm		ON / OFF 	
8:00 pm		ON / OFF 	
9:00 pm		ON / OFF 	
10:00 pm		ON / OFF 	

Examples of notes (symptoms, energy, side effects): Tremor, slow to move, fatigue, walking well, good energy, stiffness, mild dyskinesia, difficulty writing, voice stronger, walked 20 minutes, tired, shuffling gait, trouble rising, etc.

NON-MOTOR SYMPTOMS OF PARKINSON'S SELF-CHECKLIST

Rate how much symptom affected you each day. 0 = not at all, 5 = most severe, X = no symptom. Bring this list to your next medical appointment so you can discuss it with your provider.

Thinking & Mood	M	T	W	Th	F	Sa	Su
Trouble with memory or concentration							
Slower thinking or "brain fog"							
Feeling down or depressed							
Feeling anxious or worried							
Lack of motivation or energy							
Seeing or hearing things that aren't there							

Sleep & Energy	M	T	W	Th	F	Sa	Su
Feeling very sleepy during the day							
Trouble falling asleep or staying asleep							
Acting out dreams (moving, talking, kicking in sleep)							
Restless or uncomfortable legs at night							
Vivid dreams or nightmares							
Ongoing fatigue							

Body Functions (Autonomic)	M	T	W	Th	F	Sa	Su
Constipation							
Urgent or frequent urination							
Leaking urine (incontinence)							
Trouble with sexual function							
Feeling dizzy or lightheaded when standing							
Sweating too much or too little							
Feeling unusually hot or cold							

NON-MOTOR SYMPTOMS OF PARKINSON'S SELF-CHECKLIST

Rate how much symptom affected you each day. 0 = not at all, 5 = most severe, X = no symptom.
Bring this list to your next medical appointment so you can discuss it with your provider.

Sensory & Pain	M	T	W	Th	F	Sa	Su
Reduced or lost sense of smell							
General body aches or pain							
Tingling, burning, or numbness							
Blurry or double vision							
Trouble with reading or focusing your eyes							

Swallowing & Communication	M	T	W	Th	F	Sa	Su
Trouble swallowing food or liquids							
Choking or coughing when eating or drinking							
Drooling							
Speaking more softly than before							
Hoarse or weak voice							

Write notes or questions for your care team here:

PARKINSON'S EXERCISE TRACKER

Track your habits for the month. Fill in each box daily, and bring this tracker with you to your next neurology or therapy appointment. Make copies as needed.

Date	Exercise Type	Time (mins)	Intensity	Notes
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Walking <input type="checkbox"/> Boxing <input type="checkbox"/> Cycling <input type="checkbox"/> Yoga/Stretch <input type="checkbox"/> Strength		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

Examples of notes: Energy, stiffness, mood, etc.