WHAT IS PARKINSON’S DISEASE?

Parkinson’s is caused by a breakdown in the nerve cells in the brain. The affected cells do not produce enough dopamine, which affects your ability to move the way you want. Tremors, stiff muscles, slow movement and trouble balancing or walking are all symptoms of the disease. Over time, Parkinson’s affects muscles throughout the body, leading to difficulty swallowing, digestion, facial movements and more.

READY TO SIGN UP?

Registration is required prior to beginning this program. Stop by the front desk for the necessary forms.

A healthcare provider referral is needed for enrollment (may be a doctor, registered nurse, or any licensed healthcare provider.)

After you have completed your portion of the registration form, mail it to the YMCA of Greater Fort Wayne at 347 West Berry Street, Suite 500, Fort Wayne, IN 46802 or fax it to the YMCA of Greater Fort Wayne at 260.755.4963. Y staff will then contact you to discuss participation and enrollment.

Questions?
HereForYou@fwymca.org

YMCA of Greater Fort Wayne
347 W. Berry Street, Suite 500
Fort Wayne, IN 46802
260.755.4940

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

“The class has been a life changing event for me in slowing down the progression of my disease. In just a matter of three weeks of spinning I was able to hang up my cane and walk freely and with some sort of balanced walk.”

– YMCA Pedaling for Parkinson’s participant.

Pedaling for Parkinson’s

YMCA OF GREATER FORT WAYNE
WHY PEDAL FOR PARKINSON’S?

Regular exercise is one of the key components in treating symptoms of Parkinson’s disease. This new program offers people with Parkinson’s a safe outlet for regular exercise: pedaling a bicycle. Pedaling is not a cure for Parkinson’s Disease but there is compelling evidence to show that pedaling fast does make a difference for many who try.

“Due to having Parkinson’s, I have lost a lot of mobility in my foot/leg and I usually have to drag it. I went grocery shopping after one of our classes and was able to walk around the entire store, without dragging my foot!”
- YMCA Pedaling For Parkinson’s Participant

Research conducted at the Cleveland Clinic showed that symptoms were reduced by 35% from pedaling a bicycle at a rapid pace – ideally 80–90 revolutions per minute. Additionally, researchers at the University of Michigan found that participants reported improvements in quality of life (+24%) and in the severity of their Parkinson’s motor symptoms (+10%) after participating in Pedaling For Parkinson’s (PFP) for eight weeks. These findings suggest that PFP is an effective program to minimize disease symptoms in combination with other treatments.

WHO CAN PARTICIPATE?

- Ages 30–75 years old
- Be diagnosed with Idiopathic PD
- Complete and submit a signed consent form and medical clearance
- Meet with the YMCA staff for intake
- Agree to periodically monitor progress
- An intake appointment is required prior to starting the program

PROGRAM GOALS

- Improve the quality of life of Parkinson’s disease patients and their caregivers
- Educate patients, caregivers, and the general public about the benefits of maintaining an active lifestyle after a Parkinson’s diagnosis
- Support research dedicated to prevention and treatment of Parkinson’s disease

IS THERE A COST?

- The first 8 week session for those who qualify is complimentary (see above to find out who can participate)
- Each additional 8 week session is $25.00 for members and $45.00 for program participants.

REGISTRATION FORM

Name (First) ____________________________
Name (Last) ____________________________
Address ________________________________
Address Line 2 __________________________
City ____________________________ State _______ Zip _______
Daytime Phone __________________________
Cell Phone __________________________
Email ________________________________
Date of Birth (MM/DD/YYYY) ____________
□ Male □ Female
Desired Branch of Participation __________________________
Emergency Contact Name (First, Last) __________________________
(Contact must be outside of household)
Emergency Contact Phone __________________________
Are you currently a YMCA Member? □ Yes □ No
Have you been a YMCA Member before? □ Yes □ No
How did you hear about the Pedaling for Parkinson’s Program? __________________________
What are you looking to accomplish with this program? __________________________