PARKY PEOPLE
Hornsby Ku-ring-gai
Parkinson's Association

FEBRUARY NEWSLETTER

WELCOME TO 2026

Wishing you all the very Best in 2026.

Here's to fewer worries, more laughter, and Wi-Fi that never drops out

MESSAGE FROM THE PRESIDENT

Hi Everybody,

I hope you had a Merry Christmas and a good rest.

We have a busy year ahead, with our monthly meetings, choir, exercise class, walking and craft groups resuming. And don't forget our BBQ in April and our Concert in August.

So come along, join in with a cuppa and a chat, share ideas or just unburden; that's what we are all about.

And stay positive. Research is advancing quickly; it is only a matter of time.

Happy New Year!

Rose Parkin
President
Hornsby Ku-ging-gai Parkinson's Association

IMPORTANT NOTICE

We are very honoured to have ***MARY KAYE WALKER*** *as our first speaker for 2026.*

At our meeting on 6 February, Mary Kaye, the CEO of Parkinson's NSW, will be telling us about the goals and achievements of her organisation, and how we can work together.

Make sure you put this date in your diary.

The meeting will be held at our usual venue -

Mt Colah Community Centre,
6X Pierre Close, Mt Colah,
starting at 10am.

ACTIVITIES / EVENTS

Tues. 3 Feb. 10.00am	**Walking Group (free) (each Tuesday)**	**Asquith Park, Mills Ave, Asquith**
Thurs. 5 Feb. 10.00am-11.30am	**Parkinsong (each Thursday, $15 per session)**	**Turramurra Seniors Centre Gilroy Rd, Turramurra**
Fri. 6 Feb. 10.00am-12.00pm	**Members' General Meeting (first Fri. of month) Mary Kaye Walker (Guest Speaker)**	**Mt Colah Community Centre 6X Pierre Cl, Mt Colah**
Thurs. 12 Feb. 12.15pm - 2.00pm	**Craft Group (free) (2nd and 4th Thursdays)**	**42 Bouvardia St Asquith**
Fri. 13 Feb. 11.30am-12.30am	**Exercises (each Fri. except first of month, $10 per session)**	**Mt Colah Community Centre 6X Pierre Cl, Mt Colah**

CHRISTMAS PARTY 2025

Thank you John Moore (Events Coordinator) and Team for a wonderful Christmas Party at the Asquith Golf Club.

The two course lunch was delicious set in the large Function Room overlooking the golf course.

There were raffles, lucky seat prizes and Santa (John) visited with a bag of presents for some 'special' people.

The State Member, James Wallace MP, accepted our invitation and he can be seen sitting beside Felicity Neale (Exercise Physiologist) in the bottom right photo.

Rose and Michael's daughter, Opera Australia Principal, Jane Ede, entertained us with a beautiful song 'O Holy Night.'

We were spoilt, and it felt good!

CHOIR - A busy November and December

For the second time in 2025, the Choir sang at **Hornsby Hospital** in the large entrance foyer/cafeteria/dining area. People stopped queueing for their coffees to stand or sit listening to us with some singing along with Christmas Carols. It was great fun. A rug was presented to Naomi as a gift with thanks and for baby.

Choir singing at **Christophorus Retirement Village,** Hornsby. We also sang at the nearby **Regis (Aged Care)** but no photo was taken. We were enthusiastically welcomed at both locations and thoroughly enjoyed the experience.

Choir members arriving at the Wahroonga Fair. We were the first performers followed by the Knox Boys and Old Boys Combined Pipe Band.

Enhancing voice volume and quality

PD can cause hypophonia (low voice volume) and monotonous speech. Singing as therapy can improve these symptoms. Some studies have shown that singing can also strengthen muscles responsible for swallowing and breathing. It also gives participants the opportunity to socialise and make new friends.

EXERCISE CLASSES

Exercise Tip: Power Throws

This exercise focuses on strong, intentional movement, using principles from Parkinson's training that encourage the body to really switch on. Using a light, squishy ball or soft toy, lift it overhead and throw it firmly at a wall.

Take a moment to reset between each throw, and aim for up to 5 good-quality reps — less is more here.

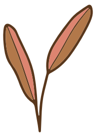
If overhead movements don't feel comfortable, a chest-height throw works just as well.
In class, we tailor this exercise to suit each person and offer options so everyone can work at a level that feels safe and comfortable.

Exercise can benefit people with Parkinson's in two ways: Symptom management - it reduces stiffness and improves mobility / posture / balance and gait.

Felicity Neale
Body Management Systems
Program creator & head instructor
Strength With Purpose
☎ 0400 390 591

CRAFT CLUB

Doing craft projects such as knitting and crocheting helps people with Parkinson's gain strength and control in the hands and fingers. Doing needle crafts can increase circulation in the hands, and there is always a sense of pride after completing a project.
Craft Sessions are held on the 2nd and 4th Thursday of the month at 12.15pm to 2.00pm. If you are attending Parkinsong in the morning bring your lunch. A cup of tea will be provided.



CONSTIPATION AND PARKINSON'S

The following is an excerpt from a Michael J. Fox Foundation article:-

Constipation can significantly impact quality of life, causing bloating, discomfort and nausea. It is one of the most persistent symptoms of Parkinson's disease, arising often years before the motor symptoms and affecting people throughout their disease course. Constipation can slow absorption and lower the effectiveness of Parkinson's medications, such as levodopa. It is a major priority for Parkinson's researchers.

Causes

Parkinson's disease (PD) can affect the autonomic nervous system, a network of nerves that directs bodily functions we don't consciously control, such as blood pressure and digestion. When digestive tract movement slows in PD, constipation can happen. Research also has linked changes in gut bacteria (the microbiome) with Parkinson's disease; these disruptions may contribute to constipation. Constipation also can be a side effect of some Parkinson's drugs. Too little physical activity, water or fibre also can play a role.

Treatments

The first steps in treating constipation are diet and lifestyle adjustments:

- Drink at least six 8-ounce glasses of water per day.
- Keep in mind that caffeine and alcohol can cause dehydration, which will worsen constipation. And consider drinking warm liquid in the mornings, as this sometimes can stimulate a bowel movement.
- Add more fibre to your diet.
- Fibre helps drive waste through the intestine. Gradually increase the amount of fibre in your diet with vegetables, berries, fruits with skin (such as pears and apples) and whole grains.
- Eat smaller meals throughout the day.
- Some people notice more small meals rather than fewer larger meals helps with constipation as it allows more time for digestion.
- Exercise regularly.
- Abdominal muscle movement helps activate the digestive system. Steady, moderately strenuous exercise, such as walking, swimming or light weightlifting, may help ease constipation.

When diet and exercise are not enough, your doctor may recommend over-the-counter or prescription medications, including stool softeners, laxatives or enemas.

CONSTIPATION AND PARKINSON’S (continued)

- Stool softeners can be used if stools are hard. These can be taken on a daily basis for short periods.
- Laxatives work in different ways. Some pull water into the colon to ease constipation. These are fairly gentle and very popular. "Stimulant" laxatives promote muscle contractions in the digestive tract. These are not recommended for daily use as they can be more harsh on the system.
- Enemas are sometimes used for significant constipation, but these should be used cautiously and only under the advice of your health care provider.

As with all Parkinson's symptoms, discuss the treatment of constipation with your doctor and work together to find a regimen that fits your needs.

Ongoing Research

The Michael J. Fox Foundation (MJFF) emphasizes research into understanding the gut-brain connection, learning about the experience and impact of constipation, and developing new treatments for this symptom. Researchers are working to learn how and why constipation happens in Parkinson's and how individual's unique gut bacteria (microbiome) play a role in symptoms, disease and medication effect.

The medical information contained in this article is for general information purposes only. The Michael J. Fox Foundation for Parkinson's Research has a policy of refraining from advocating, endorsing or promoting any drug therapy, course of treatment, or specific company or institution. It is crucial that care and treatment decisions related to Parkinson's disease and any other medical condition be made in consultation with a physician or other qualified medical professional.

Additional information, from a HKPD Member - A teaspoon (or two) of Olive Oil first thing in the morning can also be beneficial.

THE CARE PARTNER: THE ROLE NO ONE APPLIES FOR

Posted by Larry Linton to the Facebook Group ‘Parkinson’s Disease Community,’ 24 Jan 2026

Parkinson’s disease is often described as an individual diagnosis. One person sits in a neurologist’s office and hears the words: Chronic. Incurable. Progressive. One name is written on the chart. One name on the pillbox label. One body becomes the focus of clinical attention.

But Parkinson’s never belongs to just one person.

From the moment of diagnosis, a second role is created—usually without discussion, consent, or preparation. The role of care partner. Not a nurse. Not saviour. Not a sidekick. Something far more complex and far more human.

I say this not as an observer, but as someone who has lived with Parkinson's for over a decade. My disease has progressed, adapted, surprised me, and forced me to renegotiate my relationship with my own body. But alongside that journey has been another, quieter one—the evolution of the person who walks beside me.

Care partners rarely recognize themselves in the role at first. They are spouses, children, colleagues, and friends. They start by "helping out," filling in small gaps that appear almost imperceptibly: driving a little more, reminding a little more, and compensating quietly.

Over time, those gaps widen.

What makes the role so difficult is that it is undefined. There is no training manual for how to help without diminishing. No checklist for when support becomes supervision. There is no clear line between loving assistance and unintended control.

From the inside, I can tell you this: the greatest challenge is not the physical care. It is the emotional calibration. Knowing when to step in—and when to step back. Care partners carry an enormous cognitive and emotional load that is rarely acknowledged. They track symptoms. They anticipate fluctuations. They remember medication schedules, appointments, and subtle changes in mood or movement.

They also absorb the fear. Fear of progression. Fear of the future. Fear of saying the wrong thing. Fear of being honest. Fear of being honest too soon. Fear of doing too much. Fear of not doing enough. What often goes unseen is how much restraint this requires. How often care partners choose silence over correction. Patience over frustration. Strength over vulnerability.

And yet, they are rarely asked how they are doing.

From my perspective, the most meaningful care is not about doing things for someone—it is about preserving dignity with them. Parkinson's already takes enough. It interferes with autonomy, confidence, and identity. When care is delivered without sensitivity, even with the best intentions, it can unintentionally accelerate those losses.

The most effective care partners understand this intuitively. They offer support without spectacle. They collaborate rather than command. They allow room for independence—even when it would be easier to take over.

This requires emotional intelligence, not instruction.

Parkinson's does not just change the person with the diagnosis. It reshapes relationships.

Care partners grieve, too. They grieve the ease that once existed. The predictability. The unspoken assumptions about the future. They often do this privately, believing they must remain strong, positive, or encouraging.

But resilience is not silence.

Care partners need space to acknowledge their own fatigue, frustration, and fear—without guilt. Without feeling that doing so somehow detracts from the person with Parkinson's.

It does not.

The best care partnerships I have seen—and experienced—are grounded in mutual respect. They are not hierarchical. They are adaptive. They evolve as the disease evolves. They are built on conversation, not assumption. On listening, not rescuing. On shared problem-solving, not unilateral decisions.

Parkinson's may alter roles, but it does not erase personhood.

The individual with Parkinson's is still a partner, still a professional, still a decision-maker, still themselves.

The care partner's role is not to replace that identity—but to protect it.

If you are a care partner, know this: your role matters more than you may ever hear. Not because of what you do, but because of how you are present.

And if you are living with Parkinson's, as I am, take the time to recognize the person beside you—not just for their support, but for the quiet strength it takes to walk a road they did not choose but chose to stay on it with you.

Parkinson's is a shared journey. The diagnosis may belong to one of us—but the resilience belongs to both.

Attributed to Larry Linton, 'Parkinson's Disease Community,' 24 January 2026

COMMITTEE MEMBERS

- President, Rose Parkin
- Vice President, Michael Parkin
- Treasurer, Ian Madden
- Public Officer/Membership, Dick Babb
- Welfare Officer, Pam Beattie
- Event Co-ordinator, John Moore
- Music Co-ordinator, Peter Sidney
- Asst. Music Co-ordinator, Diana Sidney
- Secretary, Helen Jordan
- Assistant Secretary, Keith Kennedy

Please don't hesitate to contact any of the Committee Members either in person or through the Secretary whose contact details are on the website. Also the Welfare Officer's mobile number is below.

HAVE A STORY FOR THE NEWSLETTER?

Please send to the Newsletter Editor Helen Jordan (keithandhelenjordan@iinet.net.au, or phone: 0425 339 841) -

- any tips or ideas for inclusion in the next Newsletter;
- or any news and photos you would like to share.

If you'd like to contribute a story, the suggested word length is up to approx. 200 words. Photos can be portrait or landscape.

WELFARE CALLS

Please advise Pam Beattie, our Welfare Officer, if you know someone who would welcome a call from Pam - 0435 716 392

BOOK REVIEW: *OVERLAND TO THE ISLAND*, HANNAH BULLOCH

“Everyone has something unique to offer the world”. “Hold Fast”
Hannah Bulloch was named the 2017 Emerging Writer in Residence for the Otago University Bookshop and the Robert Lord Writers' Cottage Trust, and was a 2018 Writer in Residence at the Robert Lord Writers' Cottage. ***Overland to the Island*** is her first creative non-fiction book. It tells the gripping story of Alan and Joan MacLeod’s extraordinary 1963 adventure around the world with their 6 children, aged 5 -15, in a homemade house-truck called ‘Holdfast.’ The book is a great read. Hannah holds a PhD in anthropology and master's in creative writing. She is a social anthropologist at Otago University in Dunedin.

JOKE OF THE MONTH

After moving to Australia, a doctor struggled to find work in a hospital. So, he opened a small clinic with a clever sign out front:
“Treatment for $20 — If not cured, get $100 back!”

One day, a lawyer saw the sign and thought, “What a scam… but hey, easy money!” He walked in confidently.
Lawyer: “Doctor, I’ve lost my sense of taste”.
Doctor: “Nurse, bring medicine from Box No. 22. Three drops in his mouth”.
Lawyer: “Bleh! That’s kerosene!”
Doctor: “Congratulations — your taste is back. That’ll be $20.”

Annoyed but determined, the lawyer returned a few days later.
Lawyer: “I’ve lost my memory. I can’t remember anything.”
Doctor: “Nurse, Box No. 22 again. Three drops.”
Lawyer: “Wait! That’s kerosene again!”
Doctor: “Wonderful — your memory’s back! That’ll be $20.”

Now thoroughly frustrated, the lawyer made one last attempt to win.
Lawyer: “My eyesight is failing. I can’t see a thing!”
Doctor: “I’m sorry. I don’t have a cure for that. Here’s your $100.”
The doctor handed him a $20 note.
Lawyer (squinting): “Hey, wait a minute… this is just $20!”
Doctor: “Fantastic! Your eyesight is restored. That’ll be $20.”