

**“NO MATTER HOW LONG YOU HAVE BEEN DIAGNOSED WITH PARKINSON’S DISEASE, IT’S NOT TOO LATE TO START EXERCISING, AND IT’S NEVER TOO EARLY.”**

**– OHIOHEALTH  
DELAY THE DISEASE™  
FOUNDERS**



**Williams YMCA of Avery County**  
436 Hospital Drive  
Linville NC, 28646  
P 828-737-5500

[Ymcaavery.org](http://Ymcaavery.org)

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**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **EMPOWERING THOSE LIVING WITH PARKINSON’S DISEASE**

**Delay The Disease™  
WILLIAMS YMCA OF AVERY  
COUNTY**



# TAKE CONTROL OF THE DISEASE!

## Evidence-Based Programing

Research shows that exercise benefits people with PD. Participating in regular exercise can help your body cope with the disease and results in stabilization or improvement of symptoms.



## CHANGES PARTICIPANTS HAVE NOTICED:

- Improved posture & strength
- Improved balance & walking ability
- Help preventing falls & restore general functional ability
- Improved cardio vascular health
- May also see improvement in memory, sleep, mental health and overall quality of life

## Schedule

Avery & Mitchell County Programs  
Tuesdays & Thursdays  
11am – 12 pm

**“This plan helped me to pursue a positive and active approach to PD; it made me understand that I may have Parkinson’s, but it does not have me.”**

*-T.H. Mallory, M.D., F.A.C.S., orthopedic surgeon with Parkinson’s disease*

## What happens in class?

- Flexibility - utilizing yoga and dynamic stretching
- Coordination - utilizing stability balls, medicine balls, agility drills, dance, ladder walking and boxing
- Respiratory - yells, cheers and various voice drills
- Cardio – walking, marching, cycling, boxing, rowing
- Balance - standing on one foot, side stepping, tandem standing and walking
- Strength training – using weighted medicine balls, dumbbells, resistance tubes and bodyweight

## FOR MORE INFORMATION OR TO JOIN OUR CURRENT CLASS:

### Contact:

**Lauren Wilson**  
**Assistant Director of Healthy Living**  
**828-737-5500 ext. 319**  
**Laurenw@ymcaavery.org**

## INTEREST FORM

Please fill out this form and return it to the Williams YMCA of Avery County

**Name:**

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**Date of Birth:**

.....

**Year Diagnosed:**

.....

**Phone Number:**

.....

**Email:**

.....

**Do You Utilize A Device For Mobility?**  
**(Circle One)**

**Yes          No          Sometimes**

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**Do You Have A Referral From A Physician?**  
**(Circle One)**

**Yes          No**

**\*Referrals are not a requirement**

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**What Class Location Are You Interested In?**  
**(Circle One)**

**Avery County YMCA**

**Mitchell County Senior Center**

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**OHIOHEALTH**  
**DELAY THE DISEASE™**  
THE #1 PARKINSON'S EXERCISE PROGRAM