

# Movement Session Log

Track what happened before, during, and after movement.

| Date | Activity | Minutes | Effort 1-5 | Before | After | Safety / barrier |
|------|----------|---------|------------|--------|-------|------------------|
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PATTERN I WANT TO DISCUSS

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## EPISODE 2

# Movement: Training, Intensity and Control

**CENTRAL MESSAGE**

**Movement training is part of comprehensive Parkinson's care. Aerobic challenge and skill-based practice train different but complementary capacities.**

**USE THIS SECTION TO**

Plan a safe mix of aerobic, strength, balance, flexibility, and skill-based movement; track effort, function, symptoms, and barriers.

**CLINICAL BOUNDARY**

Exercise supports health and function but does not replace medication or clinical care. Intensity and activity choice must be individualized for fall risk, cardiovascular health, autonomic symptoms, and current ability.

**Before you begin**

**One concern I want to understand:** \_\_\_\_\_

\_\_\_\_\_

**One outcome that matters to me:** \_\_\_\_\_

\_\_\_\_\_

**REMEMBER**

Track observations and bring patterns to your care team. Do not use this workbook to diagnose yourself or change treatment on your own.

# Start Where I Am

The right plan begins with current ability, safety, and a realistic next step.

## EPISODE PRINCIPLE

A complete program combines aerobic exercise with skill-based movement that requires attention, planning, balance, coordination, and adjustment.

## Safety topics to review before increasing activity

- |                                                                                            |                                                                                    |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Falls, freezing, balance, or the need for supervision             | <input type="checkbox"/> Chest pain, shortness of breath, or cardiovascular limits |
| <input type="checkbox"/> Dizziness, blood-pressure drops, heat intolerance, or dehydration | <input type="checkbox"/> Pain, joint problems, osteoporosis, or recent injury      |
| <input type="checkbox"/> Medication timing, OFF periods, fatigue, or sudden sleepiness     | <input type="checkbox"/> Vision, hearing, cognition, or equipment needs            |

## WHAT I CAN DO NOW

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## WHAT SUPPORT WOULD HELP

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My safest first step:

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# Welcome

A conversation tool for people living with Parkinson's and their care partners.

## WORKBOOK PROMISE

Good observations are more useful than perfect memory. Track what happens, notice timing, and bring the pattern to your care team.

## How to use it

- 1 Choose one episode or concern at a time.
- 2 Use the matching worksheet or log for one to two weeks.
- 3 Record timing, symptoms, function, safety concerns, and barriers without judging yourself.
- 4 Bring one clear pattern and one clear question to the appropriate clinician.
- 5 Reassess after a clinician-guided change and record what happened.

## SAFETY FIRST

This workbook is educational and does not replace medical care. Do not start, stop, or change medication timing, exercise intensity, diet, fluids, supplements, sleep treatments, speech practice, food textures, or swallowing exercises without guidance from a qualified clinician. Seek urgent help for sudden new neurologic symptoms, chest pain, severe shortness of breath, a serious fall or injury, inability to breathe or speak because of choking, or urgent risk of self-harm.