

Dancing and its Benefits

Olie Westheimer from the US describes the innovative dance and movement classes she has developed

Olie Westheimer is President of the Brooklyn Parkinson Group and Outreach Co-ordinator at the Parkinson's Disease and Related Disorders Center, Kings County Hospital/SUNY Downstate Medical Center, Brooklyn, New York.

The main mission of the Brooklyn Parkinson Group (BPG) is 'to support persons with Parkinson's disease and their families through social interaction, spiritual refreshment, physical activity and community arts-based activities'. The group is a non-profit chapter of the National Parkinson Foundation (US) and provides outreach for the Parkinson's Disease and Related Disorders Center, New York.

My first contact with the Parkinson's community was a year spent facilitating a BPG Parkinson's support group meeting and this made me acutely aware of the considerable unspoken frustration, depression and isolation that existed amongst members. I became convinced that a shared activity for people with Parkinson's and their families/friends would help.

Dance was chosen because I was struck by the strategies that some participants of the support group used to help surmount their movement difficulties. These were very similar to techniques used by professional dancers – I've never performed professionally myself, but the teacher I had from age six to 18 trained at the Royal Ballet School in London and toured the world with Anna Pavlova's small company. I knew the exhilarating mental, physical and emotional effects that dance could have.

Our Classes

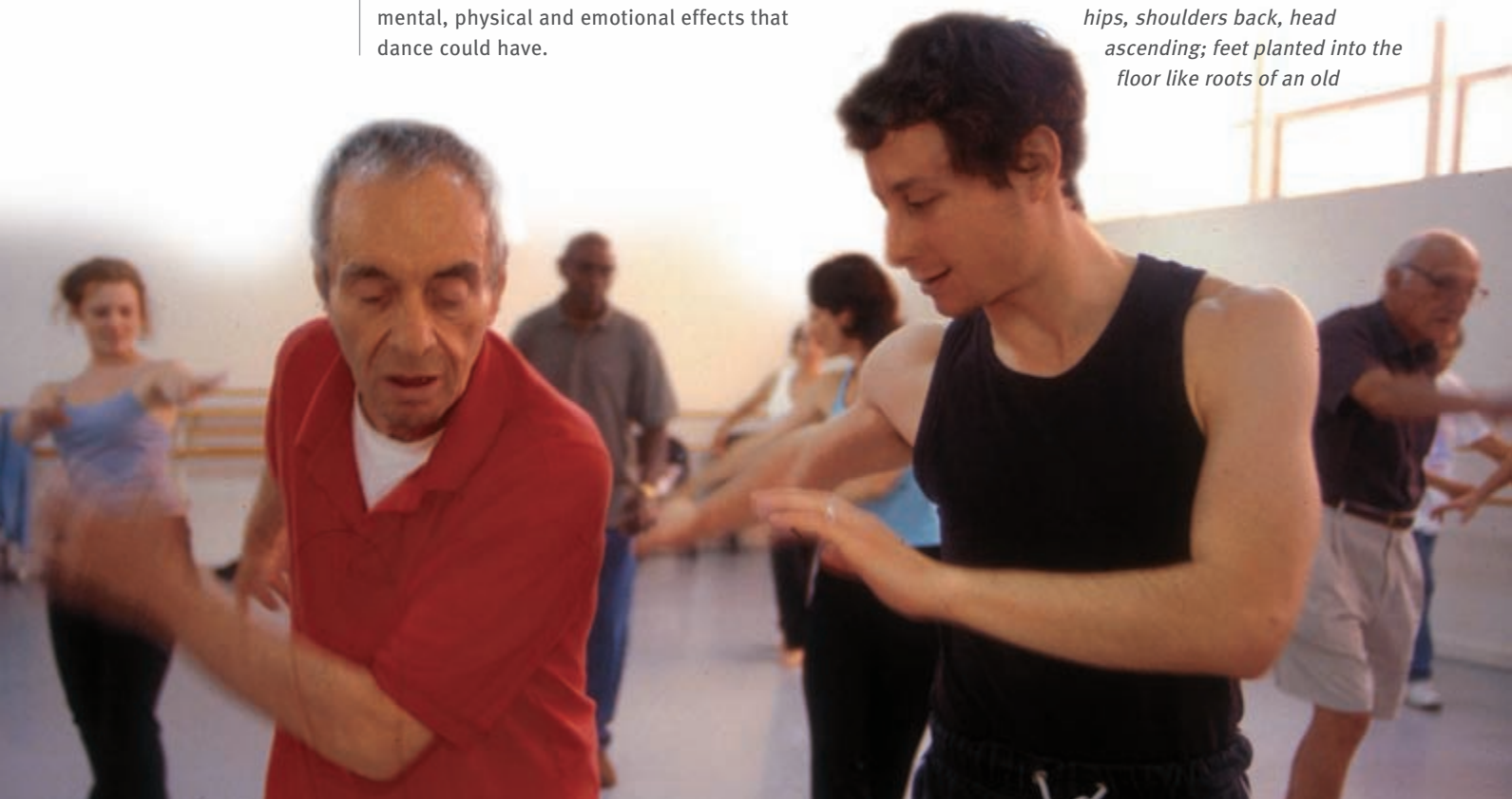
In 2001, BPG collaborated with the Mark Morris Dance Group (MMDG)¹ to develop *Dance for PD* classes.

We all dance together – people with Parkinson's, spouses, attendants, friends and me. I act as the hostess and assist participants where needed. I also take note of participants' responses to the instruction. I enjoy the classes as much as everyone else, including our leaders John Heginbotham and David Leventhal (MMDG company members) and Misty Owens (dancer and Mark Morris Dance Center faculty member).

At the start of each session, with wheelchairs, walkers and canes set aside, the participants seat themselves in the circle of sturdy folding chairs that fill a large, airy studio. Pianist William Wade (Mark Morris Dance Center faculty member) then quiets the chatter of small talk with loud, stately chords.

What follows for an hour and quarter, would be familiar to a well-trained dancer. The structure is that of a ballet class, with adaptations. The goal is the same – to learn to move with grace.

"Feet parallel, lifting ribs up off of hips, shoulders back, head ascending; feet planted into the floor like roots of an old



tree...” For dancers, attention to posture is second nature and we are reminded at the start of each of our sessions with a posture check like this.

Warm-up exercises follow. These are done with the participants seated rather than standing at the barre. Upper body and arm sequences (*port de bras*) are done at the barre or behind a chair for support.

David, John and Misty take turns leading the sessions and guide all sequences across the floor. They teach skills that dancers use – e.g. learning sequences in units then reconstituting them through imagery, rhythm and practice. The teaching methods are the same too – e.g. description, rhythm, imagery, demonstration, mimicry, repetition. Music supports and informs all strategies for learning movement sequences and dancing.

The BPG/MMDG *Dance for PD* curriculum has developed since we started. We have learned what works and how to teach. Our repertoire includes ballet and modern dance sequences, tap, square dance; Broadway chorus line numbers, parts from Mark Morris’s choreography and an adapted *West Side Story* ‘rumble’ scene. Participants also choreograph their own routines.

Our now weekly classes attract 20-30 students, 80% of whom are people with Parkinson’s at mainly stages 1 to 3 of the *Hoehn and Yahr Scale*³, with a few at stages 4 and 5. Anyone with Parkinson’s is welcome; no physical evaluation is required.

MMDG funds these classes through outreach grants, so they are free of charge.

The steady growth of *Dance for PD* classes is mainly as a result of ‘word of mouth’ among people with Parkinson’s and a few neurologists; publicity; presentations at the International Congress on Parkinson’s Disease, Berlin, 2005, and the World Parkinson Congress, Washington DC, 2006.

Movement Lab and Sing for PD classes

BPG now also sponsors *Movement Lab*, a class informed by dance, which is taught by Pam Quinn, a former professional dancer who has Parkinson’s. Participants work directly on real life movement problems, such as how to maintain a walking pace on a crowded sidewalk or pay at a checkout counter without being yelled at for being slow.

BPG also sponsors a new *Sing for PD* class. Participants sing old favourites and Broadway tunes while learning the methods Broadway stars use to

send their voices to the last row of the audience. Our pianist, William, who is a professional singer and composer, leads this programme.

Benefits

We were not surprised to find, from responses to the *Oregon Health & Sciences University Quality of Life Scale*³, that *Dance for PD* participants most appreciate the ‘active recreation’, ‘socialising’ and ‘feeling physically fit’ benefits that they experience, with ‘understanding of self and learning’ following close behind. Answers to questions concerning mental and physical effects of the classes were more telling. Key words used included, ‘feeling happy’, ‘more courageous’, ‘energised’, ‘looser’, ‘empowered’ and ‘more confident’.⁴

A preliminary study⁵ elsewhere compared the effects of 20 tango lessons on functional ability with 20 Parkinson’s exercise classes. This showed (in testing one week afterwards) a significant improvement in *Unified Parkinson’s Disease Rating Scale (UPDRS)*⁶ scores for people involved in either class. However, only the tango lessons demonstrated a significant improvement on the *Berg Balance Scale*.⁷ Improved balance has been noticed in our classes too – participants who walk into class with difficulty march across the floor with ease during class, snapping their fingers up, down and sideways. This effect, participants say, is motivating, but not long lasting.

Expansion

Eva Nichols, Director of Education at MMDG, and I are currently working together to expand the *Dance for PD* programme.

One exciting initiative, held in October 2007, was a BPG/MMDG-sponsored *Dance for Parkinson’s Disease* workshop for some 30 professional dancers, neurologists and directors of Parkinson’s groups from the US, Canada and England. This has sparked the development of *Dance for PD* classes in the US and Canada, and some of the dancers involved in developing these new programmes will be attending a BPG/MMDG *Dance for PD* training weekend in April 2008.

For further details about the BPG/MMDG *Dance for PD* programme, please contact Olie Westheimer at: oliewestheimer@brooklynparkinsongroup.org, Tel: (US) 718 522 0553; or Eva Nichols at eva@mmdg.org, Tel. (US) 718 624 8400.

“We all dance together, PWP, spouses, attendants, friends and me”

References

1. For more information, see <http://markmorrisdancegroup.org/> (Accessed February 2008).
2. Hoehn MM, Yahr MD. Parkinsonism: onset, progression and mortality. *Neurology* 1967; **17**: 427-42.
3. Burckhardt CS, Anderson KL. The Quality of Life Scale (QOLS): reliability, validity and utilization. *Health and Quality of Life Outcomes* 2003; **1**: 60. See www.hqlo.com/content/1/1/60 (Accessed February 2008).
4. Westheimer O. Why dance for Parkinson’s disease? *Topics in Geriatric Rehabilitation* 2008; **24**(1): in press.
5. Hackney ME, Kantorovich S, Levin R. Effects of tango on functional mobility in Parkinson’s disease: a preliminary study. *J Neurol Phys Ther* 2007; **31**(4): 173-79.
6. Unified Parkinson’s Disease Rating Scale. Available at www.mdvu.org/library/ratingscales/pd/ (Accessed February 2008).
7. Berg Balance Scale. Available at www.csp.org.uk/director/effectivepractice/outcomeasures/database.cfm?item_id=570114B2D-B3F91112E1EFCDD29C914934 (Accessed February 2008).

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