“I gave this piece of my art to Beth Israel Medical Center because it captures my healing.”

JIM JUBENVILLE
Artist and Patient
Message from the Chair

SUSAN B. BRESSMAN, MD

This Spring ushers in a renewed effort by our Center to offer patients and families a rich and varied array of therapy and educational programs. These include T’ai Chi, chair yoga, voice yoga and balance workshops lead by Roberta Schine and Carolyn Perkins and a set of classes focused on memory and attention given by our neuropsychologist Christina Palmese. We also have an information-packed lecture series that will cover hot topics in PD research and current medical therapies, as well as lectures on workplace law for people with movement disorders and one on Parkinson’s therapies for our Spanish speakers. In the back of this newsletter, you will find the dates and locations for these programs and meetings.

We thought our readers would enjoy reading about new developments in the field of movement disorders. Our newsletter contains pieces discussing research studies that are focused on the basic cellular changes that cause Parkinson’s and information about a new tool for diagnosing Parkinson’s disease, the DaTscan. The DaTscan figures importantly in our research here at Beth Israel, as well. Beth Israel is a leading site for a Michael J. Fox Foundation-sponsored international consortium studying the genetics of Parkinson’s disease. One of the goals of the consortium is to study Parkinson’s patients and their family members in order to identify better ways to make an early diagnosis of Parkinson’s. Another related goal is to find more accurate methods for knowing if therapies are really slowing the disease’s progression. The DaTscan may be one of the tests that helps for both aims. Our research studies also include National Institutes of Health-funded studies focused on the genetics and clinical features of dystonia. We also offer clinical trials of a new type of botulinum toxin, Xeomin, for dystonia, and an oral drug, droxidopa, for people with Parkinson’s disease who suffer from low blood pressure.

I hope you find the newsletter and our programs helpful. Your feedback is important and guides us in deciding future programs. I encourage you to send your comments either by mail or email at BIMCMovDis@chpnet.org.

Looking forward to seeing you at one of our programs.
**DaTscan is New PD Diagnostic Tool**

In early 2011, the Food and Drug Administration (FDA) approved DaTscan to help diagnose Parkinson’s disease (PD) when essential tremor is also considered a possible diagnosis. This technique combines a radiopharmaceutical agent that is injected into a patient’s veins with SPECT imaging (single-photon emission computed tomography).

“The diagnosis of PD, as with most movement disorders, is a clinical one,” explains Rivka Sachdev, MD, Attending Neurologist at the Parkinson’s Disease and Movement Disorders Research Center at Beth Israel. “But for less straightforward cases, for example, when the medical history and the physical exam findings are not clearly pointing to PD and may instead be essential tremor, the DaTscan can be an excellent tool to help us proceed with a diagnosis and appropriate treatment plan,” she adds.

“Also when the diagnosis is unclear because symptoms are very mild and exam findings are minimal, obtaining a DaTscan can help the movement disorder specialist make a diagnosis without necessarily turning to medications as the first course of action, since patients may not need symptomatic medication at this stage.”

DaTscans examine how a brain works rather than how it looks. DaTscans can show changes in brain chemistry that are common in Parkinson’s disease. When undergoing a DaTscan, a patient receives an injection of an imaging agent called Ioflupane I 123, also known as phenyltropane. After injection, a special detector called a gamma camera can visualize the agent in the brain. The agent “tags” a part of a neuron in the brain where dopamine (a brain chemical) attaches to it to be transported, showing the density of healthy dopamine neurons. The more of the scan that “lights up,” the more healthy brain cells are present. If the dopamine cells do not light up as they normally do, Parkinson’s disease is indicated. “As a comparison, DaTscans would be normal in a patient with essential tremor,” adds Dr. Sachdev, as the dopamine transporter process is not a factor in essential tremor.

“DaTscan is effective in clarifying if Parkinsonism is present when this is unclear by history and exam alone,” says Dr. Sachdev. “It saves the patient time and the emotional cost of not knowing what he or she is suffering from, as well as from having to deal with possibly unnecessary side effects of PD medication. But for patients who have a strong clinical diagnosis and are responding well to their PD medications, a DaTscan is not needed. A DaTscan is also not useful for distinguishing PD from atypical Parkinsonism.”

**Protein May Hold Clue to Parkinson’s Disease**

Neurodegenerative diseases, including Alzheimer’s disease and Parkinson’s disease (PD), are associated with abnormal protein accumulations in the brain. In Parkinson’s disease these protein accumulations, called Lewy bodies, are largely composed of the protein alpha-synuclein. In Lewy bodies, the form alpha-synuclein takes causes it to bind with other alpha-synuclein proteins and accumulate.

Mutations in the alpha-synuclein gene were the first identified genetic cause of Parkinson’s disease. Later, having multiple copies of this gene, which causes overproduction of alpha-synuclein, was also found to be a cause of familial PD. Although only a small number of families are affected by these mutations, the processing and degradation of alpha-synuclein has been found to be important in patients with PD.

An unexpected insight about alpha-synuclein and how PD progresses grew out of fetal stem cell transplant studies. Unfortunately, they have not yet yielded a safe and effective treatment, although these findings are still important. When subjects were examined after death, transplanted fetal cells were found to contain Lewy bodies. This suggested that abnormally formed alpha-synuclein was able to propagate itself between cells, from the patient’s own affected neurons to the transplanted stem cells.

This action, similar to a virus, has been observed in prion diseases, a class of neurological diseases in which proteins act like infectious agents. Parkinson’s disease cannot be characterized as a classic prion disease, but the spread of the disease through the brain may occur via “prionoid” mechanisms. This understanding of Parkinson’s disease provides support for developing drugs that either maintain the proper shape of alpha-synuclein or facilitate its degradation.

—Matthew Barrett, MD
Research: A call to patients, family members and friends.

Observational Studies

Genetic and Imaging (no study drugs)

*Parkinson’s Genetic Study in Ashkenazi (Eastern European) Jews*

Our Center at Beth Israel is in its third year of a study of the genetics of Parkinson’s disease (PD) in collaboration with Columbia and Tel Aviv Sourasky Medical Centers. The project, which is funded by the Michael J. Fox Foundation for Parkinson’s Research, involves 2,000 Ashkenazi Jewish PD patients from the three centers and is focused on characterizing the clinical and pre-clinical features of PD due to the LRRK2 gene, as well as factors that influence or modify how the gene expresses itself. (For example, some people with the gene develop PD in their 30s and some remain symptom-free for life.) In addition to learning about LRRK2, we have been funded by the Marced Foundation to try and identify new genes to evaluate the role of other known PD genes in Ashkenazi.

Participation involves answering questions and giving a blood sample and will take about one hour. A subset of subjects and their first-degree relatives will be invited to participate in a more in-depth examination that will take about four hours, but can be split over two or more visits. We have recently expanded our study so that many parts can be completed by phone especially if relatives do not live in New York.

If you are an Ashkenazi Jewish PD patient, child, sibling or other family member of a Parkinson’s disease patient of Jewish descent, we need your help! A special note to all Ashkenazi Jewish spouses: We need you to be our control subjects. In fact, our study would be meaningless without you. In order to have comparison groups, we are seeking people without PD who would be willing to fill out questionnaires, undergo spiral drawing, smelling, memory and ultrasound tests.

Susan Bressman, MD, is the Principal Investigator (PI) of the Michael J. Fox Foundation for Parkinson’s Research study. Rachel Saunders-Pullman, MD, MPH, is the PI for the supplemental biomarkers study and for the Marced Foundation study.

Contact: Jeannie Soto Valencia, Akhila Iyer or Deborah Raymond at 212.844.8711, 888.228.1688 or jsoto@chpnet.org.

*Neuroimaging Studies in PD and Dystonia*

Neuroimaging is a unique and cutting-edge way to learn how the brain works. In order to explore whether this technology can help us identify people at risk for PD before symptoms start and when intervention may still be possible, we are seeking to study 60 first-degree relatives of PD patients with fMRI/DAT scanning at St. Luke’s Hospital. We are thrilled to be collaborating on this project with Gordon DePuey, MD (St. Luke’s Hospital) and Kenneth Marek, MD (Institute for Neurodegenerative Diseases). We also continue to recruit subjects with both PD and dystonia for fMRI and PET scanning studies with our long-term collaborator, David Eidelberg, MD, at North Shore Hospital.

Contact: Jeannie Soto Valencia, Akhila Iyer or Deborah Raymond at 212.844.8711, 888.228.1688 or jsoto@chpnet.org.

*Dystonia Genetic Study*

Last year our Center became the first-ever Dystonia Center of Excellence through a grant from the Bachmann-Strauss Dystonia & Parkinson Foundation. An important component of the Center of Excellence is research. Together with Laurie Özelius, MD, at Mount Sinai and our other collaborators, we have made great strides, including identifying a number of dystonia genes, DYT1, DYT6 and DYT12.

There is still a great deal of work to be done. We are seeking dystonia patients to participate in genetic studies. Participation involves filling out paperwork and giving a blood sample.

Contact: Sara Lewis or Deborah Raymond at 212.844.6571 or slewis@chpnet.org.

*Dystonia Coalition Project*

The Dystonia Coalition is an international collaboration of medical researchers and patient advocacy groups with a mission to advance the pace of clinical and translational research in the dystonias to find better treatments and a cure for this disorder. This project of the Coalition aims to create a Comprehensive Rating Tool for Cervical Dystonia. Participants must have a diagnosis of primary cervical dystonia and not have any other significant dystonias throughout their body. Study visits will take around three hours. Participants are asked to answer some questionnaires about their medical and family history and current state of mind. A neurological exam will be videotaped and some blood will be drawn. This study is lead by Principal Investigator Lawrence Severt, MD, PhD, and is sponsored by the National Institute of Health.

Contact: Sara Lewis or Deborah Raymond at 212.844.6571 or slewis@chpnet.org.

*Dystonia Partners Research Bank*

This study was created through a partnership with Massachusetts General Hospital. The purpose is to create a “repository,” an organized collection of clinical information and biologic samples for future research on dystonia and other diseases. Researchers around the world will be able to use information and samples from all participants to do research that may lead to new tests and treatments. Participants will be asked to provide some medical history and background information, as well as blood or tissue sample. This study is led by Principal Investigator Lawrence Severt, MD, PhD, and is sponsored by the National Institute of Health.

Contact: Sara Lewis or Deborah Raymond at 212.844.6571 or slewis@chpnet.org.
Evaluating Xeomin in Dystonia

This study is designed to look at the effects of Xeomin on cervical dystonia or blepharospasm. Eligible participants are those whose treating physician has determined to use Xeomin prior to and independent of this study. Recruitment is not affected whether or not the patient has started Xeomin treatment, however the decision must be made impartial of the study. In addition, those patients who are eligible for botulinum toxin for therapeutic reasons can qualify. Participants will be asked to answer questions regarding medical history, medication regimen and demographic information, and to fill out questionnaires online (weekly and daily). All injections are part of a standard of care. This research study is sponsored by Merz Pharmaceuticals.

Contact: Sara Lewis at 212.844.6571 or slewis@chpnet.org, or Dr. Severt at lsevert@chpnet.org.

Effect of Droxidopa on Neurogenic Orthostatic Hypotension (NOH) in Patients with PD (NOH306)

This is a multi-center, double-blind, randomized, placebo-controlled study to assess the clinical effect of droxidopa in the treatment of symptomatic neurogenic orthostatic hypotension (NOH) in patients with PD. This study will evaluate whether droxidopa is successful in preventing falls for patients suffering from NOH. Participants will be asked to come in for multiple visits to assess the effect of the drug. This research study is sponsored by Chelsea Pharmaceuticals.

Contact: Sara Lewis at 212.844.6571 or slewis@chpnet.org, or Dr. Severt at lsevert@chpnet.org.

Long-Term Safety of Droxidopa in Patients with Neurogenic Orthostatic Hypotension (NOH304)

This is a Phase III, multi-center, open-label study designed to evaluate the long-term safety of droxidopa in subjects with neurogenic orthostatic hypotension (NOH). As droxipoda is not yet approved in the United States, patients who participate in NOH306 may continue to receive this medication through this long-term open-label study. All subjects will be given the study drug; there will be no randomization to placebo. Research study is sponsored by Chelsea Pharmaceuticals.

Contact: Sara Lewis at 212.844.6571 or slewis@chpnet.org, or Dr. Severt at lsevert@chpnet.org.

Research Updates

► Under the mentorship of Rachel Saunders-Pullman, MD, MPH, Beth Israel received an Empire Clinical Research Investigator Program Award for Matthew Barrett, MD, to develop as a clinical researcher and perform research related to Gaucher’s and Parkinson’s diseases.

► Dr. Saunders-Pullman received awards from the Michael J. Fox Foundation for Parkinson’s Research for related projects evaluating pre-clinical and clinical markers of Parkinson’s, as well as a possible link with cancer and Parkinson’s. Melanoma is known to be increased in people with Parkinson’s and yearly skin screening is recommended.

► On February 28, the prestigious journal Neurology published a paper from our dystonia researchers entitled, “Variant ataxia-telangiectasia presenting as primary-appearing dystonia in Canadian Mennonites.” This study encompasses more than 10 years of work studying Mennonites with dystonia. It showed that dystonia in adults without other neurologic features may be due to a change in the gene for ataxia-telangiectasia. This is important as most cases of ataxia-telangiectasia are more severe in childhood and adults are not routinely tested. Understanding the cause of this disorder may lead to better and different treatments for people affected with dystonia. Susan Bressman, MD, Dr. Saunders-Pullman and Deborah Raymond, a genetic counselor who has worked closely with the Mennonites, are lead authors. Rivka Sachdev, MD, who was supported by the Bachmann-Strauss Dystonia & Parkinson Foundation for her work on this study, is also an author.

► Much of the support for dystonia research is provided through philanthropy directly to Beth Israel, and we are grateful to the families who have helped to fund this research. This includes the Teri Aronov, and the Brown Foundation, as well as other direct donors. In addition, Dr. Bressman received funding from the NIH for dystonia genetics studies, and she and Dr. Saunders-Pullman have received research support from the Dystonia Medical Research Foundation.
Medications used in the management of Parkinson’s disease

There are multiple medications available for the treatment of Parkinson’s disease (PD). While there is not yet a cure for Parkinson’s, there are many medications to help lessen the symptoms. There are also two medications that have been suggested to possibly slow the progression of Parkinson’s. Each medication varies in its benefits and side effects, and neurologists (especially movement disorder specialists) work closely with people with Parkinson’s to come up with the medication or combination of medications that is the best fit for that person.

The mainstay treatment in Parkinson’s is carbidopa/levodopa (Sinemet). This medicine most closely replaces the dopamine that is missing in the brain that marks this disease. It is the strongest medication for improving stiffness and slowness. Sometimes carbidopa/levodopa is used early in the course of Parkinson’s and, at other times, especially in younger people with Parkinson’s, the neurologist may want to wait to start carbidopa/levodopa treatment. Entacapone (Comtan) may be given alone or in a combination pill with carbidopa/levodopa (Stalevo) to help extend the length of action of the carbidopa/levodopa.

Another class of medications, dopamine agonists, do not replace dopamine, but mimic dopamine’s action on the brain. The most frequently used are Pramipexole (Mirapex) and Ropirinole (Requip). Some of the side effects with this type of medication are behavioral effects including compulsivity, as well as tiredness when driving.

There are also several other medications that may help symptoms. These include Selegiline (Eldepryl) and Rasagiline (Azilect), both of which may help symptoms and are also thought to possibly slow the natural progression of the disease, although this remains controversial. Amantadine (Symmetrel) may be added for Parkinson’s symptoms, especially tremor and dyskinesias (extra movements that occur primarily with carbidopa/levodopa).

For patients bothered by too much saliva, botulinum toxin injections into glands in the face may be considered.

When deciding which is the most appropriate medication for a patient, the movement specialist works with the person with Parkinson’s, and takes into consideration the effects Parkinson’s is having on the person’s lifestyle, the associated conditions the patient may have (along with the medicines he or she is taking to treat them), and the side effect profile. Hence, the treatment of Parkinson’s disease is highly individualized and geared toward the symptoms having the greatest impact in each patient’s quality of life.

Medicamentos usados en el manejo de la enfermedad de Parkinson

Hay varias medicinas disponibles para el tratamiento de la enfermedad de Parkinson. Aunque todavía no hay una cura, hay muchas medicinas que ayudan con los síntomas. También hay dos medicinas que se cree pueden disminuir la progresión de la enfermedad. Cada medicina es diferente en sus beneficios y efectos adversos, y los neurólogos (particularmente los especialistas en trastornos del movimiento) deben decidir en un esfuerzo conjunto con los pacientes cuál es la medicina o la combinación de medicinas que más favorece a cada persona.

La medicina principal en el manejo de esta enfermedad es carbidopa/levodopa (Sinemet). Ésta medicina es la que más se acerca al reemplazo de la dopamina que se encuentra escasa en esta enfermedad. Es la medicina más fuerte para mejorar la rigidez y la lentitud. A veces se utiliza temprano en el curso de la enfermedad, y otras veces, sobre todo en pacientes jóvenes, el neurólogo puede querer esperar un poco antes de empezar con este medicamento. Entacapone (Comtan) puede ser suministrada sola o en combinación con carbidopa/levodopa en una pastilla llamada Stalevo. Entacapone ayuda a extender la acción de la carbidopa/levodopa.

Otra clase de medicinas, los agonistas de dopamina, no reemplazan la dopamina, sino que simulan su mecanismo de acción en el cerebro. Las más frecuentemente usadas son Pramipexole (Mirapex) y Ropirinole (Requip). Ésta clase de medicamentos puede afectar el comportamiento, causando compulsividad y somnolencia al conducir un vehículo.

También hay otras medicinas que pueden ayudar con los síntomas. Éstas incluyen Selegiline (Eldepryl) y Rasagiline (Azilect), las cuales se cree que pueden disminuir el ritmo de progresión de la enfermedad, aunque esto aún no está comprobado. Amantadine (Symmetrel) puede ser añadida para los síntomas del parkinson, especialmente para el manejo del temblor y de disquinesias (movimientos excesivos relacionados con el uso de carbidopa/levodopa).

Para pacientes con exceso de saliva, se puede considerar la inyección de toxina botulinica en las glándulas salivares.

Al momento de decidir cuál es la medicina más apropiada para un paciente, el especialista en trastornos del movimiento debe considerar las opiniones de sus pacientes en cuanto al uso de cierta medicinas, al igual que el impacto que los síntomas están teniendo en el estilo de vida del paciente, las enfermedades asociadas que el paciente pueda tener (junto con las medicinas que el paciente está tomando para tratarlas) y los efectos secundarios de las medicinas. Por lo tanto, el tratamiento de la enfermedad de Parkinson es altamente individualizado y enfocado hacia los síntomas que de mayor forma afectan la calidad de vida de los pacientes.
Support Groups

Unless indicated, all support groups are held at Phillips Ambulatory Care Center (PACC), 10 Union Square East, Manhattan.

May 10, Jun 14, Sep 13, Oct 11, Nov 8, Dec 13
**Manhattan Parkinson Group**
When: Second Thursday of the month, 2-4 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitator: Sheree Loftus, PhD, at 212.844.8482

May 7
**Adult Dystonia Support Group**
When: 6-8 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitator: Joan Miravite, FNP, at 212.844.6134  
Deborah Raymond, MS, CGC, Genetic Counselor, will speak on the genetics of dystonia.

May 10, Jul 12, Sep 13, Nov 8
**Ataxia Support Group**
When: Bi-monthly, Thursdays, 6:30-8:30 pm  
Where: Second Floor, Friedman Conference Center, Room 3  
Facilitator: Denise Mitchell at markmegan2@gmail.com  
This is a diverse support group for individuals with all forms of ataxia. New members always welcome!

May 16
**Deep Brain Stimulation (DBS) Support Group**
When: 1:30-4:30 pm  
Where: Columbia University Medical Center, Milstein Family Heart Center, 173 Fort Washington Avenue, First Floor, Conference Rooms 1 and 2  
Facilitator: Joan Miravite, FNP, at 212.844.6134  
RSVP required: 212.305.0549  
Open to patients with PD, essential tremor or dystonia who are interested in learning more about DBS or who have had DBS.

May 3, Jun 7, Jul 5, Oct 4, Nov 1, Dec 6
**Essential Tremor Support Group**
When: First Thursday of the month, 1-3 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitator: Margaret Mackey at 212.673.8207 or peggymackey@nyc.rr.com

May 31, Jun 21, Sep 27, Oct 25, Nov 29, Dec 20
**Movers and Shakers Parkinson Group**
When: One Thursday a month, 6-8 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitators: Sheree Loftus, PhD, and Mary Good at 212.844.8482

May 9, Jun 13, Jul 11, Aug 8, Sep 12, Oct 10, Nov 14, Dec 12
**PD Caregiver Support Group**
When: One Wednesday a month, 6-8 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitator: Eileen Mullarkey, LCSW, at emullarkey@msn.com

May 10, Jun 14, Sep 13, Oct 11, Nov 8, Dec 13
**Young Onset Parkinson Group**
When: One Thursday a month, 6-8 pm  
Where: Fifth Floor, Levy Conference Room 5K04  
Facilitators: Sheree Loftus, PhD, and Mary Good at 212.844.8482  
Open to all those diagnosed with Parkinson’s disease before the age of 55.

¿Está interesado en participar en un grupo de apoyo para personas con enfermedad de Parkinson en español? El grupo se reunirá mensual o bimensualmente aquí en Beth Israel.

Si está interesado por favor llame al 212.844.8711 o envíe un email á BIMCMovDis@chpnet.org.
Classes and Workshops

All classes and workshops are held at Phillips Ambulatory Care Center (PACC), 10 Union Square East, Manhattan. For more information or to register, call 212.844.6134 or email BIMCMovDis@chpnet.org.

Many chances to catch this class

**Attention, Memory and You**

*When:* May 11, 3-4 pm; Jun 22, 3-4 pm; Jul 11, 5-6 pm; Sep 14, 3-4 pm; Oct 10, 3-4 pm  
*Where:* Fifth Floor, Levy Conference Room 5K04  
*Instructor:* Christina A. Palmese, PhD, ABPP-CN

You can attend one or more of these question-and-answer sessions.  
Registration required.

**Voice Yoga**

*When:* Tuesdays, 5-6 pm  
*Where:* Fifth Floor, Levy Conference Room 5K04  
*Instructor:* Roberta Schine

Learn simple, fun yoga exercises to help strengthen your vocal cords, speak louder and learn to articulate.  
Registration required.

**T’ai Chi**

*When:* Every Thursday, 6:15-7:15 pm  
*Where:* Second Floor, Friedman Conference Center  
*Instructor:* Carolyn Perkins

No special clothing is required, and the complete form can be learned by taking only eight one-hour classes.

Lectures

All lectures are held at Phillips Ambulatory Care Center (PACC), 10 Union Square East, Manhattan. Please RSVP: 212.844.6134 or email BIMCMovDis@chpnet.org.

**16 de Mayo, 6 pm**

**Enfermedad de Parkinson: Lo que usted debe saber**

*Donde:* Segundo Piso, Auditorio  
*Orador:* José C. Cabassa, MD  
*Objetivo:* Ésta será una conferencia centrada en los aspectos básicos de la enfermedad de Parkinson, su diagnóstico y tratamiento.  
Favor RSVP: Confirme su presencia llamando al 212.844.8711 o enviando un email a BIMCMovDis@chpnet.org.

**May 23 at 6 pm**

**Workplace Law for People with Movement Disorders**

*Where:* Fifth Floor, Levy Conference Room 5K04  
*Speaker:* Paul S. McDonough, Attorney at Law, Mediator and Arbitrator of Employment Dispute  
*Objective:* The interplay between the law protecting employees with disabilities, focusing on the Americans with Disabilities Act, and the New York State and New York City Human Rights Laws.

**Parkinson’s Disease: Three-Part Lecture Series**

*Where:* All lectures in this lecture series are held in the Second Floor, Friedman Conference Center, Conference Room 1  
*Time:* All lectures begin at 6 pm, with refreshments served at 5:45 pm  
*Objective:* Please submit topic questions by email (jmiravite@chpnet.org) or by phone at 212.844.6134

**Jun 4, 11, 18, 25 and Jul 9**

**Balance Workshop**

*When:* Mondays, 11 am-12:30 pm  
*Where:* Second Floor, Friedman Conference Center, Room 1  
*Instructor:* Roberta Schine

Learn exercises designed to improve balance and decrease risk of falling.  
Class size is limited. Registration required.

**Chair Yoga**

*When:* Every Tuesday, 3:15-4:30 pm  
*Where:* First Floor Conference Center  
*Instructor:* Roberta Schine

A class designed for flexibility, coordination, facial movement, voice and gait.