FOUNDATION for Parkinson's
Empowering people to move

August 30, 2026

Why couln't the two-wheeler bike stand up?
Because they were "two tired"

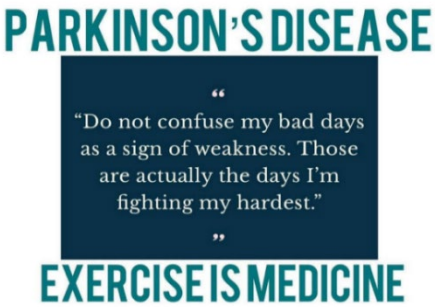
FOUNDATION for Parkinson's

Events located at Jamestown Presbyterian Church
1804 Guilford College Rd, Jamestown, NC 27282

Learn more about our events
contact: Alesia at 336-365-2745
alesia@hamilkerrchallenge.com

SAVE THE DATES

01/24/2026	PD Gathering	10:00am-1:00pm
02/08/2026	Support Group	2:00pm-3:30pm
03/08/2026	Support Group	2:00pm-3:30pm
04/11/2026	HKC Bike.Run.Walk Event	
05/03/2026	Support Group	2:00pm-3:30pm
06/14/2026	Support Group	2:00pm-3:30pm
07/18/2026	PD Gathering	10:00am-1:00pm
08/09/2026	Support Group	2:00pm-3:30pm
09/13/2026	Support Group	2:00pm-3:30pm
10/17/2026	PD Gathering	10:00am-1:00pm
11/08/2026	Support Group	2:00pm-3:30pm
12/13/2026	Support Group	2:00pm-3:30pm



Click the icon for the past two weeks' class recordings:

HKC Strength Classes

HKC Parkinson's Fitness Classes

Medical Tests You May Have When You Have Parkinson's

When you are being evaluated for Parkinson's disease—or living with it after diagnosis—you may undergo several different medical tests and assessments. This can be confusing because there is no single routine blood test, scan or procedure that definitively proves someone has Parkinson's.

Parkinson's is primarily a clinical diagnosis. That means a neurologist considers your medical history, symptoms and physical examination. Other tests may support the diagnosis, rule out conditions that resemble Parkinson's or identify problems that need additional treatment.

Not everyone will need every test.

1. **Neurological examination**
The neurological examination is the most important part of diagnosing Parkinson's. The doctor may evaluate:

* Slowness of movement
* Resting tremor
* Muscle rigidity
* Balance and posture
* Walking and turning
* Arm swing
* Facial expression
* Speech volume
* Reflexes
* Hand and finger coordination

You may be asked to tap your fingers, open and close your hands, rise from a chair, walk down a hallway or recover your balance after a gentle pull backward.

These simple-looking tasks can reveal patterns that help a movement-disorder specialist distinguish Parkinson's from essential tremor, medication side effects and other forms of parkinsonism.

2. **Medical and medication history**
Your medical history is another major part of the evaluation. The doctor will want to know when your symptoms began, which side of the body was affected first and how the symptoms have changed.

Be prepared to discuss symptoms beyond tremor and stiffness, including:

* Constipation
* Loss of smell
* Sleep disturbances
* Acting out dreams
* Depression or anxiety
* Dizziness when standing
* Urinary problems
* Memory or thinking changes
* Changes in handwriting, voice or facial expression

The doctor should also review all prescription medications, over-the-counter products and supplements. Certain medications can produce Parkinson-like symptoms.

A family history may also be important, although most people with Parkinson's do not have a clearly inherited form of the disease.

3. **Response to levodopa**
Carbidopa-levodopa replaces some of the dopamine activity that has been lost in Parkinson's. A noticeable improvement in slowness, stiffness or tremor after taking levodopa may support a Parkinson's diagnosis.

Sometimes the response is observed during regular treatment. In other situations, a doctor may conduct a more structured levodopa challenge by examining a person before and after a dose.

A poor response does not automatically rule out Parkinson's. The dose may be too low, the trial may have been too short, medication absorption may be inconsistent or some symptoms may simply respond less than others.

Medication response is one clue—not a diagnosis by itself.

4. **MRI or CT scan**
A standard MRI or CT scan usually does not show the changes that cause typical Parkinson's disease. Instead, brain imaging is commonly used to look for other explanations.

A scan may help identify or rule out:
* Previous strokes
* A brain tumor
* Normal-pressure hydrocephalus
* Structural abnormalities
* Certain types of vascular disease
* Signs suggesting another neurological disorder

An MRI can therefore be normal even when someone genuinely has Parkinson's.

5. **DaTscan**
A DaTscan is a specialized type of SPECT imaging that looks at dopamine-transporter activity in certain areas of the brain.

It may be helpful when the clinical diagnosis remains uncertain. For example, it can sometimes help a doctor distinguish a degenerative parkinsonian condition from essential tremor or another condition in which the dopamine system is not affected in the same way.

However, a DaTscan has important limitations. An abnormal result does not automatically mean a person has typical Parkinson's disease. Other degenerative forms of parkinsonism can also produce an abnormal scan.

Many people with clear Parkinson's symptoms never need a DaTscan.

6. **Blood tests**
Routine bloodwork cannot confirm Parkinson's, but it may help uncover other medical problems that could cause or worsen similar symptoms.

Depending on the situation, the doctor may check:

* Thyroid function
* Vitamin B12 or other vitamin levels
* Liver and kidney function
* Electrolytes
* Blood counts
* Signs of infection or inflammation
* Certain toxins or metabolic disorders

The exact tests depend on the person's symptoms, age, medical history and medications.

7. **Memory and thinking evaluations**
Parkinson's can affect attention, processing speed, planning, organization, visual-spatial abilities and memory. A brief cognitive screening may be performed during a regular neurological visit.

If there are greater concerns, the doctor may recommend a comprehensive neuropsychological evaluation. This is a detailed series of tests that can help determine:
* Which thinking abilities have changed
* How severe the changes may be
* Whether anxiety, depression, poor sleep or medication could be contributing
* What strategies might help preserve independence
* Whether someone can safely manage medications, finances or driving

Testing can also provide a baseline for comparison if symptoms change later.

8. **Sleep study**
Sleep problems are extremely common in Parkinson's, but Parkinson's is not always the only cause.

An overnight sleep study may be recommended when there are signs of:

* Obstructive sleep apnea
* Unusual movements during sleep
* Significant daytime sleepiness
* Repeated awakenings
* Oxygen-level changes
* REM sleep behavior disorder

Treating an additional sleep disorder may improve energy, concentration, mood and overall quality of life—even though it does not treat the underlying Parkinson's itself.

9. **Speech and swallowing evaluations**
Parkinson's can make the voice softer, speech less distinct and swallowing less coordinated. These changes may develop gradually, and the person experiencing them may not recognize their severity.

A speech-language pathologist can evaluate voice strength, speech clarity and swallowing safety.

Swallowing may also be examined through:

* A modified barium swallow study
* A fiberoptic endoscopic evaluation of swallowing
* Observation of eating and drinking
* Tests of coughing and airway protection

These assessments can identify food, liquid or saliva entering the airway. Recommendations may include swallowing exercises, posture changes, meal strategies or adjustments to food and liquid consistency.

10. **Physical, occupational and autonomic evaluations**
Some evaluations are not intended to diagnose Parkinson's. Their purpose is to measure how the disease is affecting daily life and identify ways to improve safety and independence.

A physical therapist may evaluate walking, balance, strength, flexibility and fall risk.

An occupational therapist may examine dressing, bathing, cooking, handwriting, driving and other daily activities. Adaptive equipment or changes around the home may then be recommended.

Autonomic testing may be considered when someone experiences:

* Dizziness or faintness after standing
* Unusual blood-pressure changes
* Excessive or reduced sweating
* Bladder difficulties
* Digestive problems
* Temperature-regulation problems

Blood pressure may be measured while lying down, sitting and standing. More specialized testing may be ordered when symptoms are severe or difficult to explain.

Other specialized tests

In selected cases, a doctor may discuss genetic testing or a skin biopsy that looks for abnormal phosphorylated alpha-synuclein in nerve fibers. These tests are not routinely needed for everyone.

A positive alpha-synuclein skin biopsy can support the presence of a synuclein-related disorder, but it cannot by itself reliably distinguish Parkinson's disease from conditions such as dementia with Lewy bodies or multiple system atrophy.

Research into biomarkers continues, but the results of any specialized test must still be interpreted alongside the person's symptoms and neurological examination.

The most important question to ask

Whenever a test is ordered, ask:

"What question are we trying to answer with this test?"

The purpose may be to support the diagnosis, rule out another condition, measure a particular symptom or guide treatment. Understanding that purpose can make the testing process feel much less frightening.

There is no universal checklist that every person with Parkinson's must complete. Your tests should be selected according to your individual symptoms and medical history.

Most importantly, a normal MRI, normal bloodwork or the absence of a specialized scan does not mean your symptoms are imaginary. Parkinson's is usually recognized through the pattern of symptoms, the neurological examination and how those findings evolve over time.

Sources: Parkinson's Foundation—Getting Diagnosed, National Institute of Neurological Disorders and Stroke—Parkinson's Disease, Parkinson's Foundation—Parkinson's Biomarkers

COMMUNITY RESOURCES

. ~Monday, 11am Hamil-Kerr Strength class (zoom) Coach Betsy

~Saturday 11am Hamil-Kerr Parkinson's Fitness (zoom) Coach Betsy

~Thursday, 3pm (zoom) PD Spin Coach Betsy

~Thursday, 12pm In Person PD Spin, Spears YMCA

~ In-person Parkinson's Spin Class at YWCA of Highpoint, Tuesday and Thursday- 12:00

~In-person Parkinson's Spin Class at Ragsdale YMCA. Tuesday and Thursday- 10:15

~ In-person Parkinson's Dance with Hilary Savage – 1pm second and fourth Wednesday of every month, PurEnergy, 1905 Ashwood Ct

~Parkinson's Stretch Class at Rock Steady Boxing, Greensboro (spouses welcome)- Friday at 11:30am

~Rock Steady Boxing - Greensboro (in person)

~Rock Steady Boxing of Archdale (in person)

~Rock Steady Boxing of Asheboro (in person)

~Rock Steady Boxing of Lexington (in person)

~A.C.T. By Prince Deese – numerous PD-focused classes and 1:1 training

~Will Powell-Training - 336-706-0271

~For information on in-person 1:1 training, contact Alesia Pendleton

ONLINE RESOURCES

~Michael J Fox Foundation: www.michaeljfox.org

~Davis Phinney Foundation: Live Well with Parkinson's TODAY - Davis Phinney Foundation

~ Carolinas Chapter | Parkinson's Foundation

~Parkinson's & Movement Disorders Alliance: www.pmdalliance.org

~Parkinson's Association of the Carolinas: www.parkinsonassociation.org

~Parkinson's Foundation: Homepage | Parkinson's Foundation

And of course, reach out to me anytime.
Yours, Coach B

Rock Steady Boxing Certified Coach
Certified Parkinson's Disease Fitness Specialist
Certified PWR Moves Instructor
ISSA Certified Personal Trainer