

From Guidelines to Action: Movement Disorders Care Through Regional & Multidisciplinary Collaboration

Miami, Florida, USA | November 7-8, 2026

International Parkinson and Movement Disorder Society Pan American Section

In collaboration with:

Baptist Health

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Specialty Therapies: Considerations for Pelvic Health, Vestibular, Driving, and Mental Health

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Pelvic Health in Movement Disorders

- Frequency
- Urgency
- Nocturia
- Sexual Dysfunction
- Stress Leakage
- Hesitancy
- Incomplete Emptying
- Constipation
- Bowel Symptoms

Clinical Pearl:
Use bladder diaries & patient reported outcome/QOL measures to establish baseline

McDonald C, Rees J, Winge K, Newton JL, Burn DJ. Bladder training for urinary tract symptoms in Parkinson disease: A randomized controlled trial. Neurology. 2020 Mar 31;94(13):e1427-e1433.

Contents lists available at ScienceDirect
Parkinsonism and Related Disorders
journal homepage: www.elsevier.com/locate/parkreldis

Consensus expert recommendations for management of urinary dysfunction in Parkinson disease

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Pelvic Health in Movement Disorders

PD urinary dysfunction is frequently related to **detrusor overactivity and impaired central inhibition**, usually not muscle weakness.

Behavioral Interventions

- Bladder Training
- Bowel Training
- Urge-suppression training
- Diet Education
- Stress Management
- Sleep
- Hydration
- General Exercise

Pelvic Floor Specific Interventions

- External or Internal Assessment
- Pelvic Floor up or down training
- Biofeedback
- Positioning for Voiding
- Posture work
- Respiratory Diaphragm Intervention
- Pelvic Floor Coordination within functional movement
- Neuromodulation with Tens

Treatment:
Contraction + relaxation + endurance + coordination + speed + awareness

Vaughan CP, Burgio KL, Goode PS, Juncos JL, McGwin G, Muirhead L, Markland AD, Johnson TM 2nd. Behavioral therapy for urinary symptoms in Parkinson's disease: A randomized clinical trial. Neurourol Urodyn. 2019 Aug;38(6):1737-1744.

Pelvic Health in Movement Disorders

Interdisciplinary Rehab can help with Urinary & Bowel Dysfunction

JAMA Neurology | Original Investigation

Behavioral Compared With Drug Therapy for Overactive Bladder Symptoms in Parkinson Disease
A Randomized Noninferiority Trial

Camille P. Vaughan, MD, MS; James F. Morley, MD, PhD; Jessica Lehosit, DO; Gerald McGwin, PhD; Lisa Muirhead, DNP; Anjali Khakharia, MS; Theodore M. Johnson II, MD, MPH; Marian L. Evatt, MD, MSc; Taressa Sergent, BA; Kathryn L. Burgio, PhD; Alayne D. Markland, DO, MSc

Behavioral therapy is noninferior to drug therapy in improving overactive bladder symptoms in PD

Antimuscarinic medications can be problematic in PD due to constipation, cognitive effects, dry mouth and potentially fall-related issues.

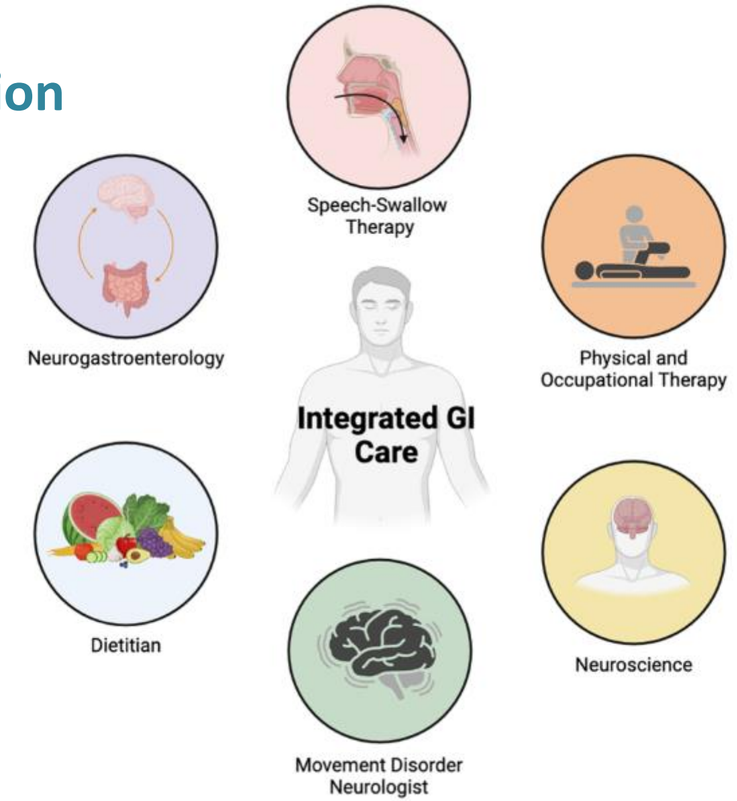


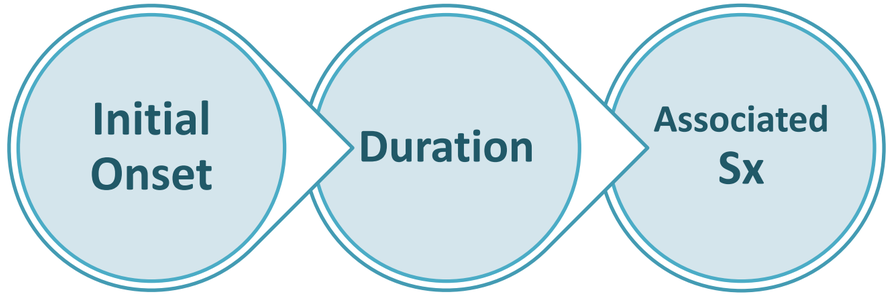
Figure 1. Overview of how integrated care is achieved with the PRISM approach. *Figure created with BioRender.*

Hey G, Amaris M, Beke M, et al. The fixel GI Parkinson's research and integrated support model (PRISM). *Journal of Parkinson's Disease*. 2025;15(3):573-584

Vestibular Rehab in Movement Disorders

Describe your dizziness without using the word “dizzy”?





Oculomotor Screening: pursuit, saccades, gaze-evoked nystagmus, VOR cancellation
Vestibular Assessment: VOR, head impulse, dynamic visual acuity

- Positional Dizziness- BPPV
- Visual Assessment
- Motion Sensitivity
- Sensory Re-Integration- Neuropathy
- Orthostatic Vitals

Vestibular Rehab in Movement Disorders

Impairment-driven, progressive training alongside established Parkinson-specific gait and balance intervention

Gaze Stabilization Exercises – Apply to function
- Transfers, gait, functional environments

Habituation for reproducible movement-provoked symptoms
- Graded exposure to noxious stimulus

Dynamic balance and gait
- Pivot turns, obstacles, head turns, reactive stepping and safe dual-task practice

Outcome Measures
- Mini BESTest, DGI/FGA, DHI/ABC

Considerations for Parkinson disease
- On/Off Medication
- Aerobic Exercise – address activity tolerance or autonomic deficits
- Postural Instability
- Fall Prevention – Assistive Device



Evidence: Amaral et al., BMC Neurol (2024), doi:10.1186/s12883-024-03649-5; VRT meta-analysis, PMID:41483334 (2025/2026)

When do driving changes occur?

- **Driving performance may decline before cognitive impairment is detected on standard neuropsychological testing.**

Clinical Observation

Driving is a complex activity requiring attention, executive function, visuospatial skills, and motor control

Subtle driving deficits may be present even when standard cognitive screening appears normal

Research evidence

Alvarez et al. found that non-demented people with Parkinson's disease demonstrated:

- Slower reaction times
- Reduced lane control
- Worse driving performance than cognitively matched controls

Questions

When to begin the discussion to give up driving

All of us are likely to outlive our ability to drive. The key is to retire from driving before there is an issue



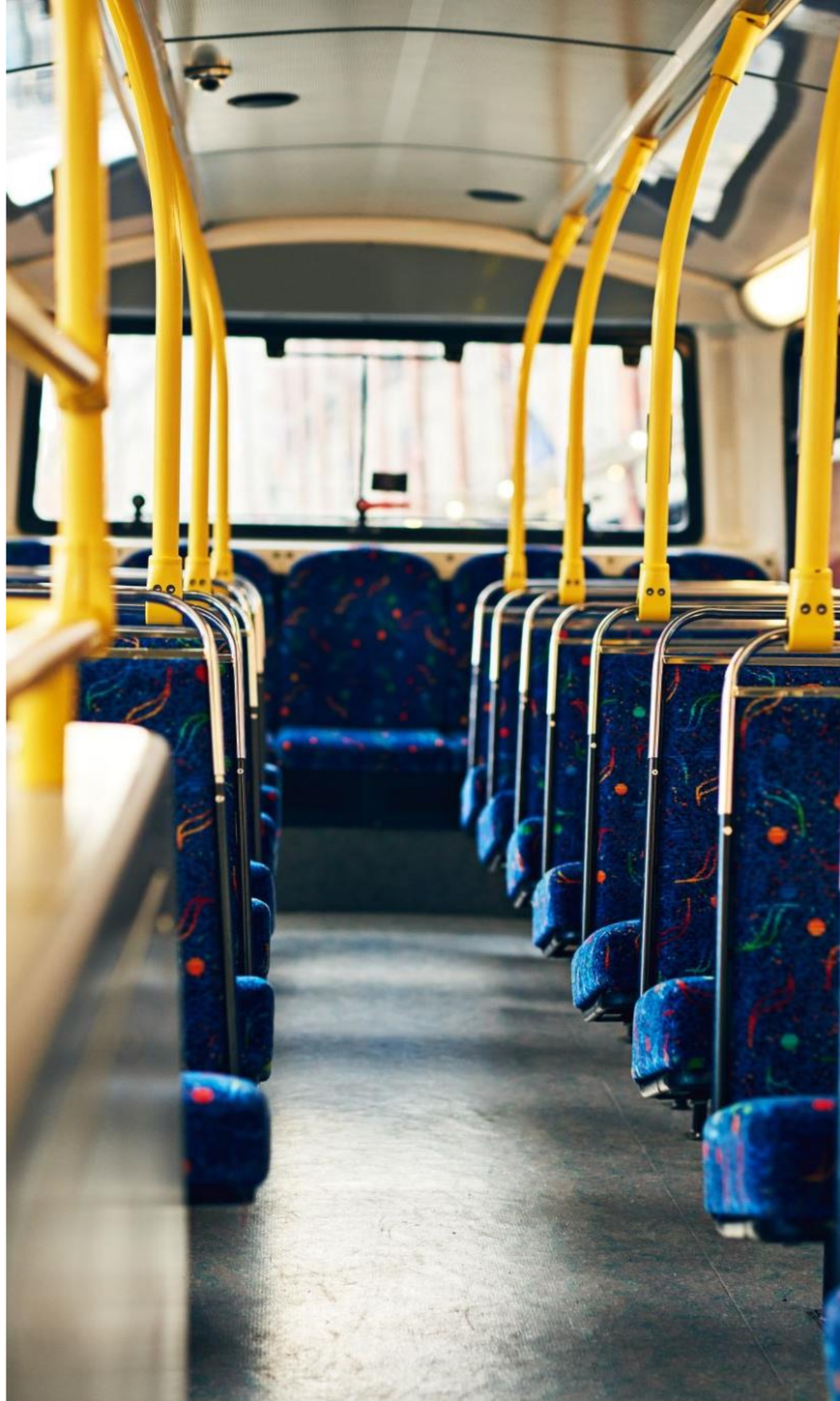
Symptoms that can interfere with driving

- Bradykinesia
- Dystonia
- Postural changes
- Bradyphrenia
- Cognitive changes – difficulty multi-tasking
- Visual/perception changes
- Impact of meds on sleepiness & Dyskinesia
- Motor impersistence (HD)
- Dizziness, lightheadedness

Recommendations

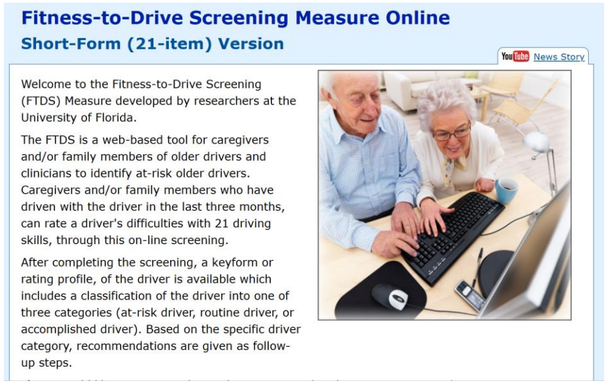
Have patients learn how to take alternate transportation before it becomes a necessity (bus, subway, ride share, etc..)

Recommend a professional driving evaluation



Useful websites

- Fitness-to-Drive Screening Measure – Introduction





- DriveWell: Driving When You Have Parkinson's Disease; NHTSA | National Highway Traffic Safety Administration

- Home Page - My Car Does What

- Resources – ADED

ADED The Association for Driver Rehabilitation Specialists Credentialing Find A Provider

Mental Health Considerations

According to the National Center for Health Workforce, 40% of people in the United States and 45% of those in South America live in an area with a shortage of mental health counselors

Lack of supply is a barrier, but high cost, coverage gaps, and stigma also impact access across Pan-America

Project ECHO (Extension for Community Healthcare Outcomes) is a guided-practice telementoring model designed to expand access to mental health and build local clinical capacity in rural and underserved communities. It now serves 20 countries in Latin America and the Carribean



CBT

- Cognitive behavioral therapy (CBT) focuses on solving dysfunctional thoughts, beliefs, and negative behaviors in people with long-term conditions and replacing these with behaviors that are more self-helping and realistic.
- Cognitive behavioral therapy is effective in reducing depression and anxiety of patients with Parkinson's disease.
- The full interdisciplinary team can help implement these strategies

Mental Health and Occupational Therapy

In 1917, the National Society for the Promotion of Occupational Therapy (now American Occupational Therapy Association) was founded by psychiatrists, architects and welfare workers who believed that engaging patients in purposeful occupations had therapeutic value for psychiatric conditions



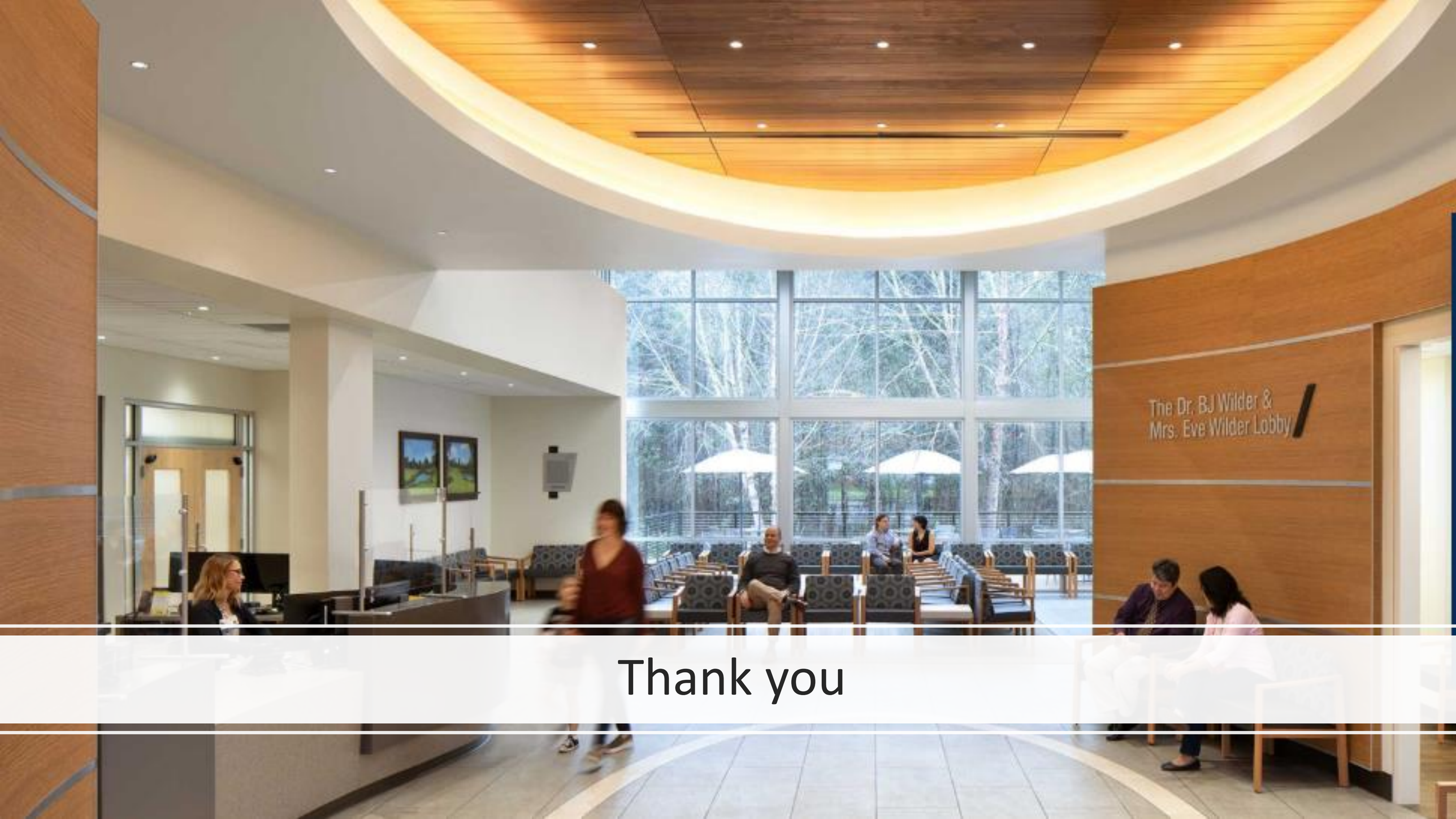
Well Being

Occupational therapy can help clients to manage physical and mental health needs, develop healthy and effective daily routines to promote well-being, learn and utilize strategies to navigate daily activities

Lifestyle Redesign

Lifestyle Redesign is an evidence-based occupational therapy intervention framework, developed at USC Division of Occupational Science and Occupational Therapy. This treatment focuses on evaluating, modifying, and orchestrating daily habits and routines to improve physical, mental, emotional, and cognitive health

By understanding how routine daily activities affect health and engagement in meaningful occupations, greater importance is placed on the performance of seemingly ordinary activities, which is a key component of treatment success



Thank you

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Mental health counseling

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