Why Dance for Parkinson's Disease?

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BACKGROUND

Brooklyn Parkinson Group (BPg) in collaboration with Mark Morris Dance Group (MMDG), a renowned modern dance company, developed dance classes for persons with Parkinson's Disease (PD), friends and family. From 2001 to the present, the classes have increased from 2 to 9 persons once a month, to weekly classes of 20 to over 30 participants. On 9/16/2009 class size was 48. Professional dancers teach the classes in a large dance studio with piano accompaniment. Participants are persons with PD, caregivers, attendants, friends. Because of interest from PD organizations, persons with PD and trained dancers, BPg/MMDG have sponsored to date, 7 Dance for PD training workshops in Brooklyn, NY, other U.S. cities and in London. These workshops have spawned 12 replicated Dance for PD classes (see map) with 7 more currently in development.

PURPOSE AND HYPOTHESIS

Both dancers and persons with PD must address movement challenges and learn strategies for dealing with them. Well trained dancers have learned how to concentrate mind, body and emotion on movement. It is well known that dance and music positively affect mood. Dance sequences stretch and strengthen muscles, increase flexibility, contribute to aerobic stamina, heighten proprioception and promote balance. These effects are the subsidiary aims of dance. The primary goal of dance is aesthetics; specifically, moving with grace, for the sake of beauty, telling stories and expressing emotion. The purpose of Dance for PD (DFPD) classes is to share the joy of dance and teach the skills of dancers to persons with PD. The hypothesis of DFPD classes is, that the joy of dance can be shared with persons with PD, that the integrated focus of the whole person on movement, required to dance, is a useful skill for persons with PD, and that professionally trained dancers are ideally trained to teach persons with PD about movement.

MATERIALS AND METHODS

Ten potential benefits of dance are listed below. All of them are relevant for persons with PD. They contribute to motivation, fitness, elevation of mood and allow the brain the application of cognitive strategies for the control of movement.

1. Dance develops flexibility and instills confidence.
2. Dance is first and foremost a stimulating mental activity that connects mind to body.
3. Dance breaks isolation
4. Dance invokes imagery in the service of graceful movement.
5. Dance focuses attention on eyes, ears and touch as tools to assist in movement and balance.
6. Dance increases awareness of where all parts of the body are in space.
7. Dance tells stories
8. Dance sparks creativity.
9. The basis of dance is rhythm.
10. The essence of dance is joy.

The structure of DF PD classes is that of a ballet class, with adaptations. Students are reminded of good posture ("Feet parallel, lifting ribs up off hips, shoulders back, head ascending; feet planted into the floor."), throughout class. Warm up sequences are done while seated for the body from toes, to feet, through legs, trunk, arms, wrist, fingers shoulders, and neck. Dance sequences and steps are learned and practiced. Often they are used again in longer movement/dance sequences at the barre or in the middle of the studio. Live musical accompaniment informs students when and how to move, together with imagery ("lower arms slowly, as though they float on puffs of air"), mirroring the dance leaders' movements, teachers' calling out each part of a movement while dancing, tactile input (holding hands, holding on to the barre) and repetition. Dancing across the studio in a variety of styles to different rhythms, is a part of every class. DFPD classes combine elements of modern dance, ballet, tap, jazz, social dancing and Mark Morris Dance Group repertoire. Variations of sequences and quality of movement stimulate thought. Students create their own choreography, often with guidance ("create a movement conversation with your partner").

RESULTS

We conducted a survey in 2006 based on the Oregon Health Sciences Quality of Life Questionnaire. 12 participants who had been in DFPD classes from several months to 5 years, were asked, "Which of your responses to the Oregon QOL Questionnaire has changed for the better as a result of attending DFPD classes? Socializing and feeling physically fit and vigorous received the highest number (8 persons), followed by active recreation, learning and understanding of oneself (7 persons). Dance leader Misty Owens asked non validated questions at the same time, as part of her MFA thesis in dance on our DFPD classes. Responses to " How does your body feel and your mind feel after class?" ranged from "much better, especially in the arms, happier, lots of feeling happy, floaty, to graceful, snapping my fingers, energized, symptom-free, normal, spacey, more courageous." * (see bibliography)

BPg/MMDG Dance for PD Program
Replicated Classes

CONCLUSIONS

Responses from a small sample of DFPD participants to a validated QOL questionnaire, the continuing interest of persons with PD in developing new DFPD classes and in attending DFPD classes, suggest that much more research is needed on the effect of DFPD classes on quality of life, cognition, flexibility and other effects of dance.

BIBLIOGRAPHY

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