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May 24-27, 2026



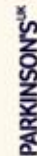
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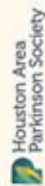
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MAY 24 - 27, 2026
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WorldPDCongress worldpdcongress #WPC2026

**7th WORLD
PARKINSON
CONGRESS**
Phoenix, AZ, USA

*See you
in
Phoenix!*





ABOUT THE... WORLD PARKINSON COALITION®

The Coalition is a non-profit organization that has been bringing the global Parkinson disease (PD) community together since 2006. We believe that we'll discover new treatments, advance our understanding of PD, and ultimately find a cure faster if the work is done collaboratively and inclusively with all people touched by PD working together.

ABOUT THE... WORLD PARKINSON CONGRESS

The 7th World Parkinson Congress (WPC 2026) will be held from May 24 – 27, 2026 in Phoenix, Arizona at the Phoenix Convention Center. This unique, international, interdisciplinary event will showcase the latest developments in the world of PD. The WPC 2026 is open to all people touched by PD, including researchers, neurologists, physicians, rehabilitation therapists, nurses, social workers, nutritionist, people with PD, care partners, and others.

A diverse four-day accredited program will cover topics of interest to all members of the community, including scientific and clinical research, rehabilitation research, education and training, best-care models, and quality of life issues.

Find details at WPC2026.org

WHO SHOULD ATTEND?

- Neuroscientists, neurologists, community physicians & geriatricians
- Nurses, APPs, rehabilitation therapists, social workers, nutritionists & others
- People with Parkinson disease
- Care partners/caregivers/family
- Nonprofit organization staff
- Pharmaceutical industry leaders & staff
- Government and policy representatives



KEY DATES

2024	MAY 31	Ambassador Applications close
	SEPTEMBER 10	Sponsor & Exhibit Prospectus available
2025	APRIL 7	Volunteer Application opens
	JUNE 2	Video & Song Competitions open
	AUGUST 1	Travel Grants Application open
	AUGUST 12	Abstract Submission opens
	SEPTEMBER 4	Registration & Hotel Bookings opens
2026	OCTOBER 2	Abstract/Travel Grant Submissions close
	MARCH	Late Breaking Abstracts
	MAY 24-27, 2026	7 th World Parkinson Congress

TRAVEL GRANTS PROGRAM

Thanks to individuals and corporate donations, a limited number of travel grants will be offered to:

- Junior investigators / Clinicians with an accepted abstract
- Health professionals from emerging parts of the world who treat people with PD
- People with Parkinson disease who are active in their communities





Hari Subramaniam

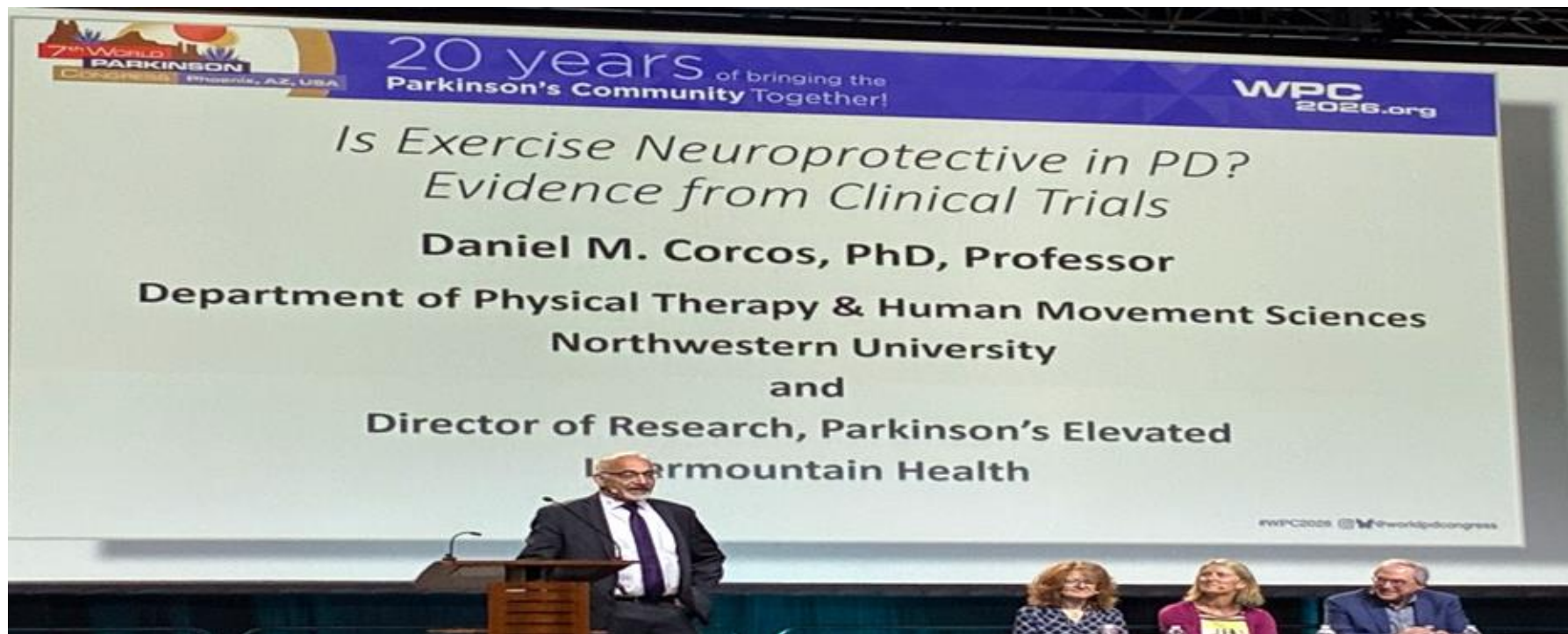


Joanne Ruby

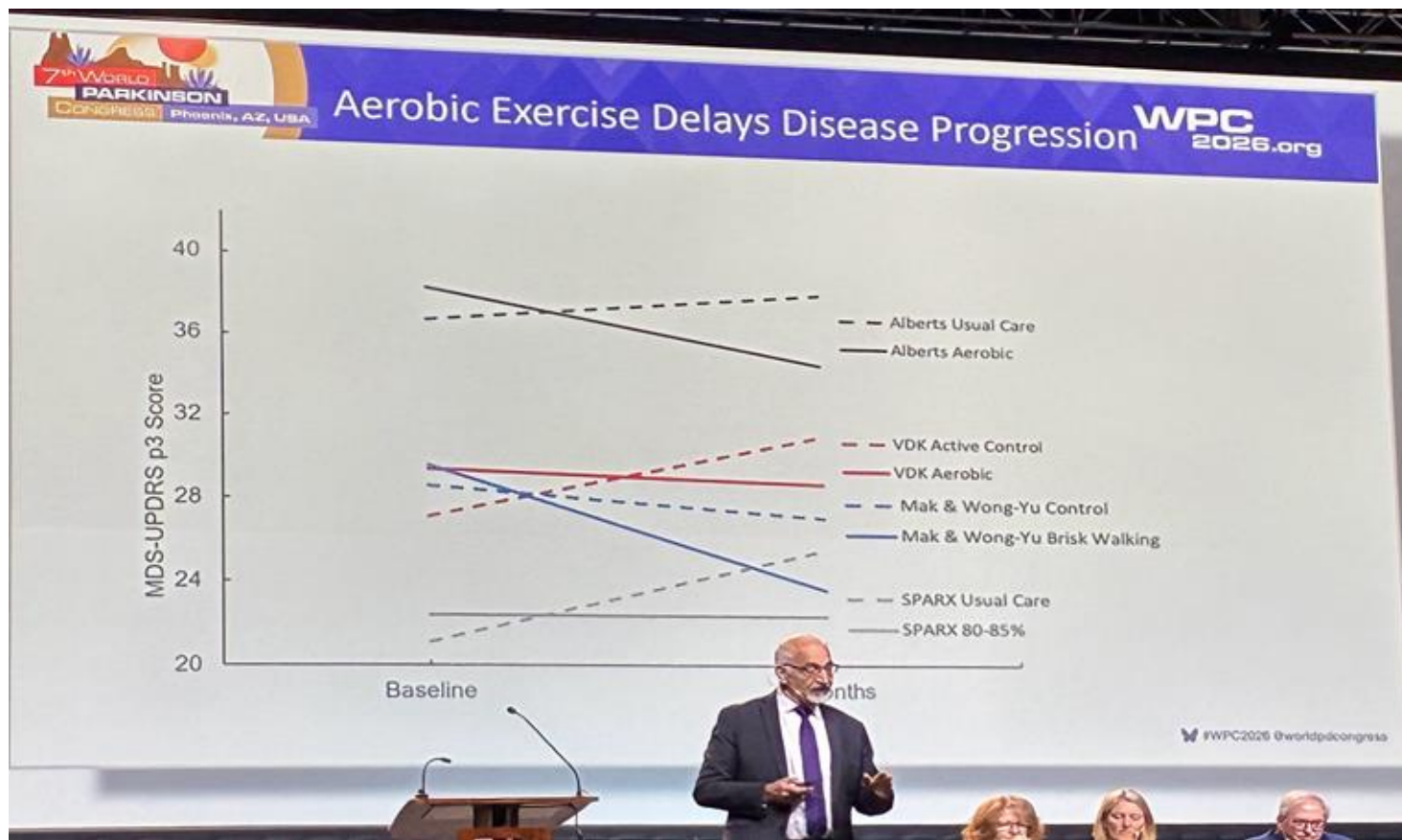


Christopher Flores

Exercise and PD



Exercise and PD



Exercise and PD

7th World Parkinson Congress Phoenix, AZ, USA

Aerobic Exercise Guidelines for Parkinson's Disease

WPC
2026.org

Frequency	3-4 days per week
Intensity	<u>High-intensity</u> (80-85% Hrmx) for mild to moderate PD); <u>Moderate intensity</u> (60-65% Hrmx) for deconditioned individuals or those with more advanced PD; attempt to progress to 80-85% Hrmx.
Time	≥ 30 minutes accumulated high-intensity exercise (not including warm up/cool down or rest-intervals) Progress to a total of 150 min/week
Type	Prolonged rhythmic activities using large muscle groups (e.g., walking, running, cycling, swimming, rowing, elliptical, high intensity circuit training)

#WPC2026 @worldparkinson

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WORLD PA

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Renewa

CLASS S

- Program-At-A-Glance
- Scientific Program
- Faculty
- Session Descriptions
- Clinical Research Village
- Wellness Program
- Creativity Programs
- Networking Opportunities
- Special Workshops
- Satellite Programs
- Awards
- Corporate Sessions

- Renewal Room
- Mindfulness & Meditation Room
- Lunch & Learn
- Family & Care Partner Classroom & Lounge
- Support Group Leader Lounge
- Massage and Reiki Room
- Pickleball Room
- Ping Pong room

ABOUT

The **Renewal Room** is open to all delegates who wish to exercise their bodies, voices, and minds to restore or revitalize themselves during the Congress. The program includes engaging sessions each day to get people **moving and to improve balance, gait, voice amplitude, breath, handwriting, strength, flexibility, and more.** The room offers a wide range of exercises for



Disease Modifying Trials (DMT)

7th World PARKINSON CONGRESS Phoenix, AZ, USA

The Research Pipeline

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For the first time, disease modification in PD is a realistic near-term prospect.

Prasinezumab	Bemdaneprocel	Ambroxol
Anti-alpha-synuclein monoclonal antibody	Stem cell-derived dopaminergic neuron precursors implanted into putamen	GCase molecular chaperone GBA1/lysosomal pathway

Three distinct approaches — one goal: slowing or stopping Parkinson's disease

Alpha Synuclein



Prasinezumab — Anti-Alpha-Synuclein Antibody

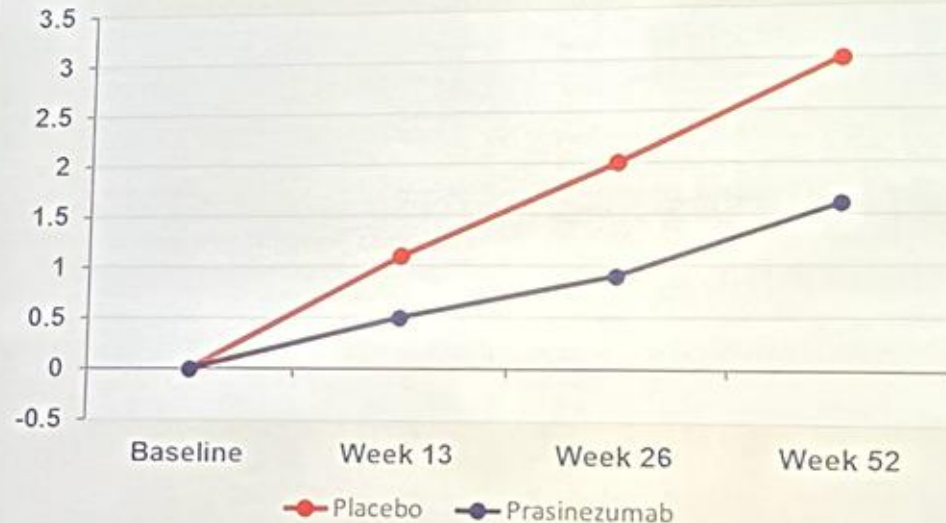
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The target: alpha-synuclein

Misfolded α -synuclein aggregates, spreads, destroys DA neurons

Prasinezumab binds aggregated α -synuclein — neutralises toxicity and halts cell-to-cell spread

Motor progression — PADOVA Phase IIb (Pagano et al., topline data)



Stem cells



7th World PARKINSON CONGRESS
Phoenix, AZ, USA

Bemdaneprocil — Stem Cell Therapy for Parkinson's

WPC 2026.org

How bemdaneprocil works

Source: Human embryonic pluripotent stem cells

Delivery: Surgical implantation into post-commissural putamen bilaterally

After implantation: Precursors continue maturing into functional DA neurons in situ

Goal: Rebuild the dopaminergic neural circuits PD has dismantled

Open-label • Multi-center • Two dose cohorts

exPDite — Phase 1 (n=12, 18 months)
Secondary outcomes:

-23 points	MDS-UPDRS III (high-dose, off-med)
+2.7 hr	Good On-Time/day vs baseline
0 cell-related	No cell-product-related AEs through 18 mo

exPDite-2 — Phase 3 ★
Randomized • Sham surgery-controlled • Double-blind
~102 patients • First patient: September 2025
Primary: Good On-Time • Data readout 2027

Tabar V et al., Nature 2025 | exPDite Phase 1: NCT04802733 | exPDite-2 Phase 3: NCT06309577

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Summary of Published Clinical Trials

Clinical trial	Location	Cell source	Design	Adjunct immunosuppression	n	Results
Autologous iPS-derived DA cells (Schweitzer et al <i>New Engl J Med</i> 2021)	USA (Boston/ New York)	autologous mDAPs (iPS: skin fibroblast origin) d.28	"n of one" Open label Bilateral staged transplants No adjunct immunosuppression Follow up to 24 months reported	None	1	Safe/tolerable Improved UPDRS-III "off" Increased FDOPA uptake by PET
hESC-derived DA cells: Bemdaneprol (Tabar et al <i>Nature</i> 2025)	USA/Canada (New York, Irvine, Toronto)	allogeneic (hESC line) d.16	Phase 1 Open label Bilateral single session transplant Dose escalation Primary endpoint 12 months and follow up to 24 months reported	Basilixumab, prednisone, tacrolimus for 1 year	17	Safe/tolerable Improved UPDRS-III "off" * Improved "off" time" * Increased FDOPA uptake by PET *greater effects in high dose cohort
iPS-derived DA cells: (Sawamoto et al <i>Nature</i> 2025)	Japan (Kyoto)	allogeneic (iPS: peripheral blood origin) Cell-sorting (corin) d. 11-13	Phase 1/2 Open label Bilateral single session transplant Dose escalation Adjunct immunosuppression Primary endpoint and follow up to 24 months reported	Tacrolimus for 15 months (reduced at 12 months)	7	Safe/tolerable Improved UPDRS-III "off"; Increased FDOPA uptake by PET

Other Selected Clinical Trials

Clinical trial	Location	Cell source	Design	n
Allife Medical Science and Technology	China	iPSC Allogeneic	Phase 1	10
DAP001 Aspen Neuroscience (ASPIRO)	USA	iPSC Autologous	Phase 1/2	7
iRegene Therapeutics: NouvNeu001	China	iPSC Allogeneic	Phase 1	6
Kenali: RNDP-001	USA	iPSC Allogeneic	Phase 1b/2a	12
MGH	USA	iPSC Autologous	Phase 1	8
MGH	USA	iPSC Autologous	Phase 1	6
Nurxcell Biotechnologies NCR201	China	iPSC Autologous	Phase 1	48 est.
S. Biomedics	South Korea	hESC	Phase 1 Long term follow up	12
STEM-PD NovoNordisk	UK/Sweden	hESC	Phase 1	8
XellSmart Biomedical	China	iPSC Autologous	Phase 1	3

Loring JF. Autologous Induced Pluripotent Stem Cell-Derived Neurons to Treat Parkinson's Disease. *Stem Cells Dev.* 2018;27(14):958-9
 Kirkeby L (2023) Cell Stem Cell Preclinical quality, safety, and efficacy of a human embryonic stem cell-derived product for
 the treatment of Parkinson's disease, *STEM-PD* 5;30:1299-1314.e9.

#WPC2026 @wfpdcongress

A repurposed cough medicine

The GBA1 pathway — why it matters

GBA1 mutation: ~10–15% of PD patients

GCase enzyme: Clears α -synuclein aggregates

Ambroxol: Rescues misfolded GCase → lysosome

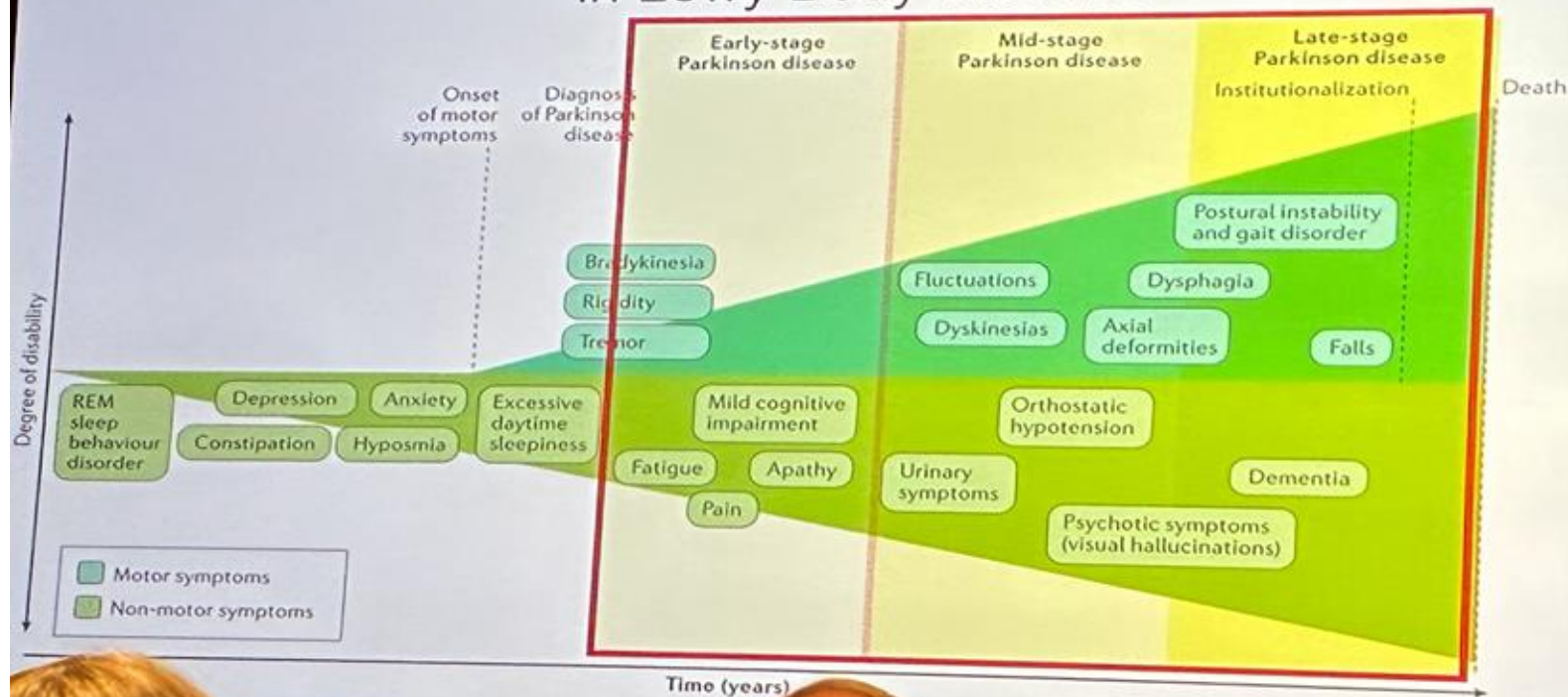
Active trials — motor outcomes

GREAT — Phase 2 (n=80)
80 GBA1-PD patients
Ambroxol 1800mg/day vs placebo | 48 weeks
Primary: MDS-UPDRS III

ASPro-PD — Phase 3 ★ (NCT05778617)
330 patients (GBA1+ and GBA1-)
Ambroxol vs placebo | 2 years
Primary: MDS-UPDRS I + II + III
UK sites only · No US sites

Prodromal PD

The scope of motor and non-motor symptoms in Lewy Body Disease



Women and PD



Understanding the unmet needs of women with Parkinson's pre and post diagnosis to inform care, support and research

Soaria Mathur MD¹*, Kristi La Monica PhD², Kat Hill CNM-NP, with Roberta Marongiu PhD³ Deyan Paredes*, Monika Koroll MPH⁴, Caroline M Tanner MD PhD⁴, Helen Matthews⁵,
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⁴University of California San Francisco, San Francisco, CA, ⁵Cure Parkinson's Foundation, London, UK.



Introduction

Written by women with the prior's (PD) for women w/ PD in partnership with rae insight (r/i), this initiative comprises a comprehensive series of surveys mapping women's experiences across key life stages, including pre-, peri-, and post-menopause, and the psychosocial impact of PD. A companion survey addresses fertility, pregnancy, and childbirth before and after diagnosis. Conducted within r/i, this represents the first large-scale effort to systematically capture women's lived experiences with PD across these critical life stages. Women's voices are amplified, ensuring their experiences are recognized and integrated into clinical practice, which may remain under-recognized in clinical care and may significantly affect quality of life and therapy effectiveness. The study team—Dr. Soania Mather (family physician, Kati Hill (maternity nurse), and Dr. Kristi LaMotte (researcher)—collaborated with an advisory group of women with young-onset PD, originated out of a World Parkinson's Congress working group, whose clinical and lived experience informed survey design. The work was supported by Helen Matthews (Cure Parkinson's), the r/i team, and Dr. Roberta Staronoff, who contributed to development.

Methodology & Demographics

Listening sessions with PD women on their experience before and after diagnosis informed survey design. Questions addressed symptom evolution and medication adjustments during key hormonal phases: pre-, peri- and post-menopause, and across pregnancy, childbirth, and postpartum. In collaboration with the Michael J. Fox Foundation, and using the Fox Insight platform, the surveys were piloted in North America and the UK to ensure linguistic and cultural alignment.

(a) Demographics tables for the three questionnaires

Parents' Health History Demographics		Pat, Pat, Pat Demographic Demographics		Faculty, Program, and Graduate Demographics	
Demographic information: gender, ethnicity, marital status, etc.		Demographic information: gender, ethnicity, marital status, etc.		Demographic information: gender, ethnicity, marital status, etc.	
Characteristic	%	Characteristic	%	Characteristic	%
Gender		Gender		Gender	
Male	50.00%	Male	50.00%	Male	50.00%
Female	50.00%	Female	50.00%	Female	50.00%
Marital Status		Marital Status		Marital Status	
Married	75.00%	Married	75.00%	Married	75.00%
Single	25.00%	Single	25.00%	Single	25.00%
Divorced	0.00%	Divorced	0.00%	Divorced	0.00%
Widowed	0.00%	Widowed	0.00%	Widowed	0.00%
Ethnicity		Ethnicity		Ethnicity	
White	80.00%	White	80.00%	White	80.00%
Black	10.00%	Black	10.00%	Black	10.00%
Hispanic/Latino	5.00%	Hispanic/Latino	5.00%	Hispanic/Latino	5.00%
Asian	2.00%	Asian	2.00%	Asian	2.00%
Other	3.00%	Other	3.00%	Other	3.00%
Age Group		Age Group		Age Group	
18-24	10.00%	18-24	10.00%	18-24	10.00%
25-34	20.00%	25-34	20.00%	25-34	20.00%
35-44	30.00%	35-44	30.00%	35-44	30.00%
45-54	25.00%	45-54	25.00%	45-54	25.00%
55-64	15.00%	55-64	15.00%	55-64	15.00%
65+	0.00%	65+	0.00%	65+	0.00%
Education Level		Education Level		Education Level	
High School	10.00%	High School	10.00%	High School	10.00%
Some College	20.00%	Some College	20.00%	Some College	20.00%
Bachelor's Degree	40.00%	Bachelor's Degree	40.00%	Bachelor's Degree	40.00%
Master's Degree	20.00%	Master's Degree	20.00%	Master's Degree	20.00%
PhD	10.00%	PhD	10.00%	PhD	10.00%

(b) Age distribution of women with PD who took the FHHL questionnaire

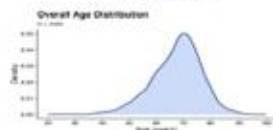


Figure 5. Characteristics of the women with PI subject participating in the PIHS survey in Pennsylvania. (a) Age distribution

Results

The experiences of Women Living with Parkinson's Survey series includes: • Women's Health and Homelife Survey (closed); n=3589 PD women respondents • Pre Menopause survey (closed); n= 95 PD women • Peri Menopause survey (closed); n=126 PD women • Post Menopause survey (closed); n= 2631 PD women • Fertility, Pregnancy and Childbirth survey (live); n=1006 respondents (93% with PD).

Timing of Parkinson's diagnosis



Figure 3. Characteristics related to earlier hormone status for the PD women participating in the FHS, among: a) Hormonal status at time of PD diagnosis (b) Cohort stratified by age at PD onset (c) Cohort stratified by menopausal status at PD onset

What life phase currently applies to you?



Figure 3. Characteristics related to women's hormone status for the 30 women participating in the P4000 survey. a) Hormonal status at time of P4000 survey. b) Subject stratified by age at time of P4000 survey. c) Subject stratified by menopausal status at time of P4000 survey.

Stratifications used for the data analyses reported in poster "2"



Figure 3. Characteristic features associated with bacterial pneumonia and/or for the 40 women participating in the focus survey. (a) Pneumonia status at time of 40 diagnosis; (b) Culture identified by age at 40 onset; (c) Culture identified by pneumonia status at 40 onset.

Stratifications used for the data analyses reported in poster "3"



Figure 3. Distribution of stopped time (years) into 30-day bins for seven categories according to category, 0-99, 100-199, 200-299, 300-399, 400-499, 500-599, 600-699, 700-799, 800-899, 900-999, 1000-1099, 1100-1199, 1200-1299, 1300-1399, 1400-1499, 1500-1599, 1600-1699, 1700-1799, 1800-1899, 1900-1999, 2000-2099, 2100-2199, 2200-2299, 2300-2399, 2400-2499, 2500-2599, 2600-2699, 2700-2799, 2800-2899, 2900-2999, 3000-3099, 3100-3199, 3200-3299, 3300-3399, 3400-3499, 3500-3599, 3600-3699, 3700-3799, 3800-3899, 3900-3999, 4000-4099, 4100-4199, 4200-4299, 4300-4399, 4400-4499, 4500-4599, 4600-4699, 4700-4799, 4800-4899, 4900-4999, 5000-5099, 5100-5199, 5200-5299, 5300-5399, 5400-5499, 5500-5599, 5600-5699, 5700-5799, 5800-5899, 5900-5999, 6000-6099, 6100-6199, 6200-6299, 6300-6399, 6400-6499, 6500-6599, 6600-6699, 6700-6799, 6800-6899, 6900-6999, 7000-7099, 7100-7199, 7200-7299, 7300-7399, 7400-7499, 7500-7599, 7600-7699, 7700-7799, 7800-7899, 7900-7999, 8000-8099, 8100-8199, 8200-8299, 8300-8399, 8400-8499, 8500-8599, 8600-8699, 8700-8799, 8800-8899, 8900-8999, 9000-9099, 9100-9199, 9200-9299, 9300-9399, 9400-9499, 9500-9599, 9600-9699, 9700-9799, 9800-9899, 9900-9999, 10000-10099, 10100-10199, 10200-10299, 10300-10399, 10400-10499, 10500-10599, 10600-10699, 10700-10799, 10800-10899, 10900-10999, 11000-11099, 11100-11199, 11200-11299, 11300-11399, 11400-11499, 11500-11599, 11600-11699, 11700-11799, 11800-11899, 11900-11999, 12000-12099, 12100-12199, 12200-12299, 12300-12399, 12400-12499, 12500-12599, 12600-12699, 12700-12799, 12800-12899, 12900-12999, 13000-13099, 13100-13199, 13200-13299, 13300-13399, 13400-13499, 13500-13599, 13600-13699, 13700-13799, 13800-13899, 13900-13999, 14000-14099, 14100-14199, 14200-14299, 14300-14399, 14400-14499, 14500-14599, 14600-14699, 14700-14799, 14800-14899, 14900-14999, 15000-15099, 15100-15199, 15200-15299, 15300-15399, 15400-15499, 15500-15599, 15600-15699, 15700-15799, 15800-15899, 15900-15999, 16000-16099, 16100-16199, 16200-16299, 16300-16399, 16400-16499, 16500-16599, 16600-16699, 16700-16799, 16800-16899, 16900-16999, 17000-17099, 17100-17199, 17200-17299, 17300-17399, 17400-17499, 17500-17599, 17600-17699, 17700-17799, 17800-17899, 17900-17999, 18000-18099, 18100-18199, 18200-18299, 18300-18399, 18400-18499, 18500-18599, 18600-18699, 18700-18799, 18800-18899, 18900-18999, 19000-19099, 19100-19199, 19200-19299, 19300-19399, 19400-19499, 19500-19599, 19600-19699, 19700-19799, 19800-19899, 19900-19999, 20000-20099, 20100-20199, 20200-20299, 20300-20399, 20400-20499, 20500-20599, 20600-20699, 20700-20799, 20800-20899, 20900-20999, 21000-21099, 21100-21199, 21200-21299, 21300-21399, 21400-21499, 21500-21599, 21600-21699, 21700-21799, 21800-21899, 21900-21999, 22000-22099, 22100-22199, 22200-22299, 22300-22399, 22400-22499, 22500-22599, 22600-22699, 22700-22799, 22800-22899, 22900-22999, 23000-23099, 23100-23199, 23200-23299, 23300-23399, 23400-23499, 23500-23599, 23600-23699, 23700-23799, 23800-23899, 23900-23999, 24000-24099, 24100-24199, 24200-24299, 24300-24399, 24400-24499, 24500-24599, 24600-24699, 24700-24799, 24800-24899, 24900-24999, 25000-25099, 25100-25199, 25200-25299, 25300-25399, 25400-25499, 25500-25599, 25600-25699, 25700-25799, 25800-25899, 25900-25999, 26000-26099, 26100-26199, 26200-26299, 26300-26399, 26400-26499, 26500-26599, 26600-26699, 26700-26799, 26800-26899, 26900-26999, 27000-27099, 27100-27199, 27200-27299, 27300-27399, 27400-27499, 27500-27599, 27600-27699, 27700-27799, 27800-27899, 27900-27999, 28000-28099, 28100-28199, 28200-28299, 28300-28399, 28400-28499, 28500-28599, 28600-28699, 28700-28799, 28800-28899, 28900-28999, 29000-29099, 29100-29199, 29200-29299, 29300-29399, 29400-29499, 29500-29599, 29600-29699, 29700-29799, 29800-29899, 29900-29999, 30000-30099, 30100-30199, 30200-30299, 30300-30399, 30400-30499, 30500-30599, 30600-30699, 30700-30799, 30800-30899, 30900-30999, 31000-31099, 31100-31199, 31200-31299, 31300-31399, 31400-31499, 31500-31599, 31600-31699, 31700-31799, 31800-31899, 31900-31999, 32000-32099, 32100-32199, 32200-32299, 32300-32399, 32400-32499, 32500-32599, 32600-32699, 32700-32799, 32800-32899, 32900-32999

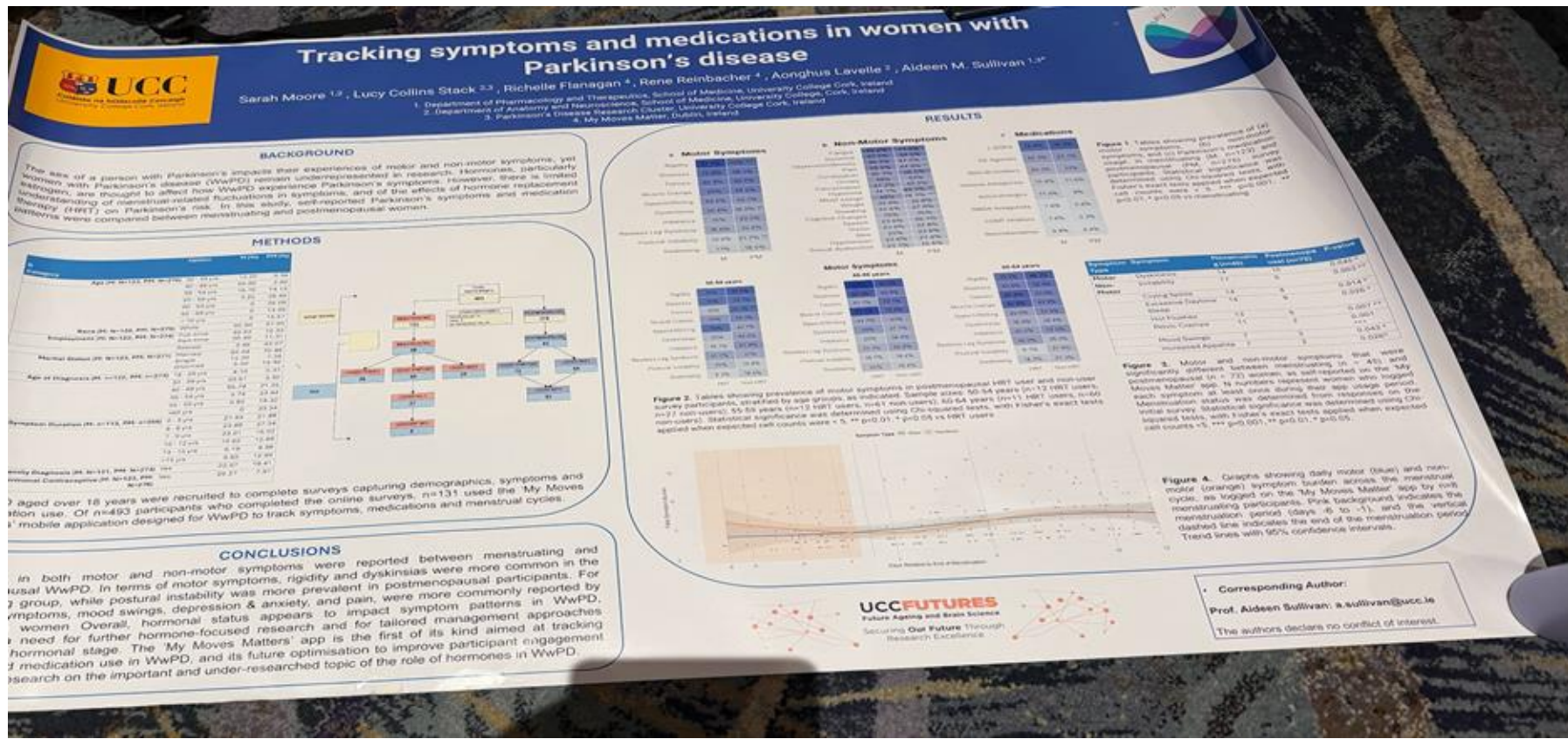
Conclusions

There is a striking interest from women under recognized by healthcare providers with PD to share their experiences highlighting unmet needs that remain. These span the life course - from delayed diagnosis to inadequate support during fertility, pregnancy, and menopause. Ongoing collaboration with researchers aims to leverage this unique dataset to advance understanding of hormonal, reproductive, and neurological health interactions in women with PD, and to guide more inclusive, responsive care.

Acknowledgements

Data and acknowledgments: Data used in the preparation of this presentation were obtained from the Fire Insight database (<https://fireinsight.mcgill.ca/>) on March 1, 2020. For up-to-date information on the study, visit <https://fireinsight.mcgill.ca/>.
Acknowledgments: The Fire Insight Study (FIS) is funded by the Michael J. Fox Foundation for Parkinson's Research. We would like to thank the Parkinson's community for contributing to this study to make this research possible.

Women and PD



Elements of a Dance for PD class

DANCING WITH PARKINSON'S CANADA



Deconstructing a Dancing with Parkinson's Class: Multidisciplinary Opinions and Perspectives

Pym Grier¹, MD 1, Aashna Kumar², MS 1, Judith Bek PhD 2, Mag E. Morris 3, PhD, Malcolm Fernandez 4, Charmaine Fernandez 4, Dexi Lavanthal 5 and Sarah Robichaud 4

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⁴ Dancing with Parkinson's Canada, Toronto, Ontario, Canada
⁵ Dance for PD®, Black House Dance Studio, Brooklyn, New York, United States of America

BACKGROUND



Parkinson's disease (PD) is a progressive condition affecting motor, cognitive, emotional, and social function. Dance is increasingly recognized as a therapeutic activity for people living with PD, however, the mechanisms through which artistic movement supports these domains are still emerging. The Dancing with Parkinson's method integrates intentional artistic elements to engage the brain and body while fostering connection, confidence, and expression.

Participants are not treated as patients. They are treated as artists.

OBJECTIVES

To identify and describe the core elements of the Dance for PD® / Dancing with Parkinson's (DPPD/DWP) methods, and explore how these elements may support movement, communication, emotional wellbeing, and overall participation in daily life.

METHODS

We conducted a demonstration of selected choreographic elements and movement sequences from the Dance for PD® / Dancing with Parkinson's (DPPD/DWP) methods. Input and opinions were gathered from a multidisciplinary group, including:

- Dance experts trained in the DPPD/DWP method
- A person living with Parkinson's disease
- A care partner
- A cognitive neuroscientist
- A physiotherapist
- A movement disorders neurologist.



A QR code is included on the poster to provide access to a video demonstration of the featured movements.

Watch the Dancing with Parkinson's method in action – selected choreographic elements performed by Founder & CEO, Sarah Robichaud.

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RESULTS

Core elements of the Dance for PD® / Dancing with Parkinson's (DPPD/DWP) methods are summarized in Table 1 and include imagery and storytelling; music and rhythmic auditory cueing to support movement timing and coordination; bilateral, midline-crossing, and large-amplitude movements; fine motor activation through hand gestures and facial expression; social mirroring; and partner-based movement.

Together, these elements may integrate motor, cognitive, emotional, and social processes, highlighting the multimodal nature of the intervention. This integration suggests potential engagement of multiple neural circuits, including the premotor, supplementary motor, and primary motor cortices, as well as the basal ganglia, cerebellum, and prefrontal and limbic pathways.

Key Elements of a Dancing with Parkinson's Class

1	Imagery & Storytelling Core elements include imagery and stories that movement quality, direction, and sequence. Imagery provides a narrative or external movement goal and may support motor imagery, stability, emotional engagement, and expressive movement.	Visual imagery helps to enter an embodied world where movement feels more fluid and expressive. Dance Teacher
2	Partner-Based Movement In class, shared timing, social interaction, touch, and coordinated movement are practiced with another person. Storytelling provides a narrative or external movement goal and may support motor imagery, stability, emotional engagement, and expressive movement.	"My mind and joy is better when I partner with someone than I do on my own."
3	Music & Rhythmic Cueing In class, music, beat, and rhythm, and musical choreography help drive movement. Storytelling provides a narrative or external movement goal and may support motor imagery, stability, emotional engagement, and expressive movement.	"Visualizing music can help you get movement intention, and coordinate with yourself."
4	Movement Intention & Large Movements In class, both sides of the body are used through cross-body and large-amplitude actions. Storytelling provides a narrative or external movement goal and may support motor imagery, stability, emotional engagement, and expressive movement.	"Large, lateral cross-body actions can help you get movement intention, and coordinate with yourself."
5	Hand Gestures, Facial Expression & Mirroring In class, facial expression, expressive gestures, facial activation, and mirroring are practiced. Storytelling provides a narrative or external movement goal and may support motor imagery, stability, emotional engagement, and expressive movement.	"Mirroring and imitation can help you get movement intention, and coordinate with yourself."
	Multi-Stakeholder Reflections These elements were described as supporting movement, expression, engagement, confidence, and social connection across participants, ranging from dance teacher, neurologist, physiotherapist, and cognitive neuroscientist perspectives.	

Visuals modified from distributed perspectives and stories following interviews.

Table 1: Key elements of a Dancing with Parkinson's class, including in-class applications and potential benefits as described by multidisciplinary perspectives and participant experiences.

CONCLUSION

- Dance for PD® / Dancing with Parkinson's (DPPD/DWP) can be understood as a multimodal intervention integrating motor, cognitive, emotional, and social processes.
- Key choreographic and pedagogical elements can be clearly identified and described.
- These elements may support movement, communication, and overall wellbeing in individuals living with Parkinson's disease.
- This multidisciplinary opinion-based input provides a framework for understanding how dance contributes to therapeutic outcomes in future studies.



KEY TAKEAWAYS & NEXT STEPS

- FURTHER RESEARCH**
Further research is needed to explore underlying neural mechanisms and clinical impact.
- INTEGRATION & IMPLEMENTATION**
Dance-based interventions have potential for broader implications into rehabilitation and community care.
- HOLISTIC, ENGAGING INTERVENTION**
Dance is not just movement – it is a holistic, engaging, and expressive intervention.
- PEOPLE FIRST**
Participants are approached as artists, not patients, supporting identity, confidence, and social connection.

DANCE + PD
Dance + Parkinson's / Movement

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