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Home Care



# PARKINSON'S PATHWAY

Bridging clinical excellence with specialized home care

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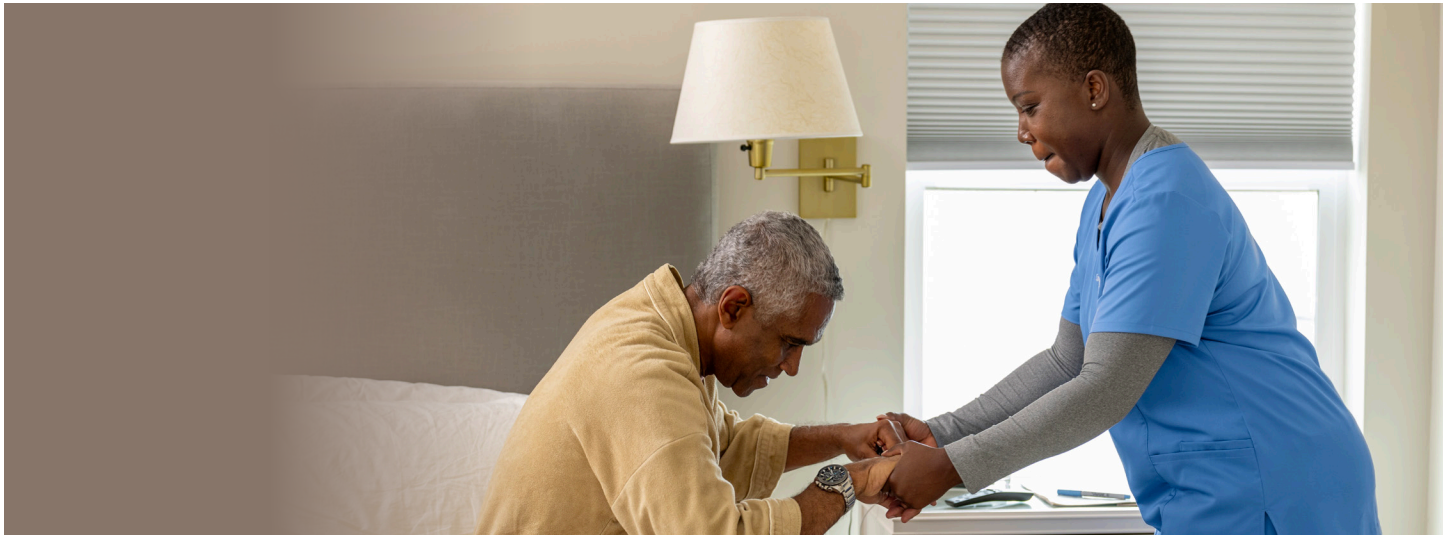


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**P**arkinson's disease affects far more than movement. It can alter how a person walks, eats, speaks, sleeps and feels emotionally – often in ways unique to each individual. With more than 100,000 new PD diagnoses in the United States and Canada each year, the need for specialized, individualized support continues to rise.

Unlike many other long-term conditions, people living with Parkinson's disease remain cognitively engaged. Most aim to remain at home with their care partners. They want an environment where care is discussed, not



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dictated, and where caregivers engage the person with PD as an active participant rather than a passive recipient of services.

Clinicians deliver exceptional Parkinson's disease care in clinic and rehab settings. Yet, PD is largely managed between visits – at home – where timing, safety cues, engagement and motivation determine whether the clinician's plan sticks. However, traditional home care models weren't built for the complexities of Parkinson's



disease. PD presents an intricate puzzle of motor and nonmotor symptoms that can change unpredictably.

"You can't truly provide client-directed Parkinson's care without the education, strategies and tools required to manage the disease effectively," emphasized Stephanie Wierzbicka, CDP, director, Strategic Health Programs, ComForCare Franchise Systems LLC.

Parkinson's Pathway is ComForCare's response. Based on research, the comprehensive program organizes daily care at home around evidence-informed domains. Linking each of the program's four pillars is a singular goal to make treatment plans livable in between healthcare appointments while supporting function and quality of life across all stages of the disease.

**A COLLABORATIVE APPROACH**

Parkinson's Pathway is built on a client-directed philosophy, with the person living with Parkinson's at the center. Unlike approaches that provide care "to" someone, this program works "with" clients to implement the strategies that fit their lives, preferences and goals.

"Caregiving takes a team approach, and success comes from choosing the right teammates," Wierzbicka explained. "Care partners should not do this alone – and with the right support team, they don't have to become full-time care coordinators."

Rather than operating in isolation, Parkinson's Pathway caregivers function as extensions of the clinical team. When neurologists adjust medications, physical therapists modify exercise protocols or speech pathologists update swallowing strategies, trained caregivers carry out those changes at home – so what's prescribed in clinic happens day-to-day.



What sets Parkinson's Pathway apart is deep familiarity with the full spectrum of Parkinson's-specific resources.

"We have built strong relationships with Parkinson's disease experts, care partners and leading industry organizations that support individuals living with PD," Steve Toll, care enhancement specialist, ComForCare, noted. "Having all those resources, understanding how to get in touch with those people, and how to put a team together is important for each unique Parkinson's client."

**THE FOUR PILLARS FRAMEWORK**

Parkinson's Pathway translates care plans into everyday routines across four daily-life domains: Medication Management, Exercise & Movement, Nutrition, and Emotional & Behavioral Support.

ComForCare shaped the four-pillar structure with insight, alignment and education from the Parkinson's Foundation. Neurologists, movement disorder specialists and primary care physicians also helped frame the evidence-informed pillars. The team then built a practical, in-home playbook around that framework, giving home caregivers a clear workflow: Implement → Observe → Document → Notify the care team.

"It's like a chair with four legs," Toll explained. "All the legs have to work together in order to give the proper support, balance and foundation."



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nesia, nausea –and document it. If something changes, caregivers notify their supervisor and the care team, so it can be determined if or when to contact the prescriber.

**Pillar Two: Exercise & Movement**

"Movement is medicine," Toll noted. As he explained, Parkinson's disease depletes dopamine-producing brain cells – a key factor in the motor symptoms of Parkinson's – and vigorous exercise can stimulate dopamine activity and improve function. Caregivers are trained to make therapy plans livable between clinic visits.

For movement muscles, they cue initiation, pacing and intensity, integrate physical and occupational home exercise plans (e.g., LSVT BIG®) and, when recommended, encourage participation in Parkinson's disease-specific community programs such as Rock Steady Boxing or Dance for Parkinson's. For speech and swallowing muscles, they support recommended speech-language therapy home exercise plans (e.g., LSVT LOUD®, swallow-strengthening drills), document tolerance and safety, and share observations with their supervisor, the client's family and the care team.

**Pillar Three: Nutrition**

As Parkinson's disease progresses, eating a healthy diet gets harder. Swallowing can become unsafe, appetite may dip, constipation is common, and protein timing can interfere with some medications. Caregivers are trained to support safety and make the nutrition plan workable at home. They follow recommended speech-language therapy texture modifications for dysphagia (e.g., thickened liquids, purees), prepare meals per the care plan, encourage hydration and fiber, and time meals as directed to avoid medication interactions. They monitor intake



Photo provided by ComforCare

Medication management represents one pillar of the Parkinson's Pathway program.



Photo provided by ComforCare

Exercise is an effective way to stimulate dopamine activity in the brain for those with Parkinson's disease.

and weight trends, watch for red flags (e.g., coughing/choking, fatigue at meals), document observations and, as needed, open communication channels with speech-language pathologists about swallowing issues or a registered dietitians about nutrition.

**Pillar Four: Emotional & Behavioral Support**

"Dopamine also regulates mood, motivation and initiation, so depression, anxiety or apathy aren't only reactions to diagnosis – they're often part of the disease," Wierzbicka explained.

Caregivers are trained to spot early emotional and behavioral shifts, such as withdrawal from activities, loss of initiative, increased worry and sleep disruption. They're trained to keep clients involved in daily routines that support therapy goals. When concerns escalate, caregivers document observations and notify their supervisor, the client's family and the care team so appropriate clinicians can evaluate and adjust therapies.

**EXTENDING CARE BETWEEN HEALTHCARE VISITS**

Caregivers complete Parkinson's-specific training to implement recommendations as consistent daily routines. This empowers people with Parkinson's by making treatment plans achievable at home while keeping essential information flowing with the care team.

Training is anchored on the four-pillar framework, with a focus on what changes to watch for and how to safely adapt support as needs evolve. To build real-world judgment, caregivers practice scenario-based situations. Before the first shift, a case briefing sets goals, anticipated needs and role clarity. Caregivers work with symptom-awareness checklists and standardized notes, so observations are consistent and actionable.

Supervisors within Parkinson's Pathway hold brief, regular touchpoints to review caregiver observations; incorporate updates from therapists as well as other interdisciplinary team members; and ensure that changes are consistently implemented in the home.

**FOLLOWING THE PATHWAY**

The goal with Parkinson's Pathway is to empower movement and enhance life, helping people with PD live as independently and comfortably as possible at home, while supporting their care partners. Achieving that goal requires coordination across a complex care ecosystem.

"Parkinson's disease management requires a huge team – neurologists, physical therapists, occupational therapists, speech-language pathologists, psychotherapists and other specialists," Toll noted.

Parkinson's Pathway caregivers serve as the connective tissue between specialty care and the daily routine.

"We take complex clinical knowledge and translate it into practical, easy-to-understand care in the home," Wierzbicka explained. "We provide comprehensive strategies and solutions that meet each person exactly where



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they are – at whatever stage they're experiencing."

The takeaway is clear: Healthcare professionals are stronger when they recognize the value of trained, home-based community partners in supporting individuals with Parkinson's disease. When clinical expertise joins with specialized community-based partners in home care, everyone wins – patients, families and the healthcare professionals who serve them. ■