How Neuro Fitness Can Manage Parkinson's Symptoms Transcript

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Introduction and Koreyu2019s Background

Welcome to the Parkinson's Solutions Summit 2.0. I'm your host, Dr. Kenneth Sharlin and I have a very special guest today. Korey Kivet We know Korey very well, and I'm looking forward to him sharing his a little bit of his background with you.

Korey is the director of the Sharlin Health Neuro Fitness program, where movement is medicine for the brain. Welcome, Korey. I thank you for having me.

Look, Korey, you're kind of our newest team member. You've been with us several months. Came on to took the reins of neuro fitness. Tell me a little bit about your background.

First of all, where you from? How'd you get interested in movement? And what do you do professionally? Even outside of our neuro fitness program? Yeah, yeah.

So I've always had an interest in, movement and fitness, growing up. And then I have had experience in, as a physical therapist assistant. since 2018, I've worked in skilled nursing facilities, assisted living facilities, and geriatric care.

I've also, worked for many years in outpatient physical therapy, dealing with a lot of chronic pain. we saw, a lot of orthopedic, things as well. And then I also have experience with, group class instruction in the form of CrossFit.

so all ranges of, of people I've had the opportunity to work with over the years. I think one of the things that distinguishes neuro fitness from, say, just going to the gym really is maybe some of the philosophy that things like physical therapy bring to the experience.

And, you know, is there sort of a could you could you maybe encapsulate that a little bit, sort of, you know, what are you taught in physical therapy school that really ultimately distinguishes this from, say, getting on the elliptical?

Yeah. Yeah. So with my background in physical therapy, I one try to bring an element of corrective movement. I want to make sure that first that people are moving well.

So that way there's nothing that's hindering their journey to, getting better. also were, taught how to, apply movement specifically to a patient's needs.

So, someone going to the gym, say, and hopping on the elliptical is going to be maybe not as beneficial, to someone, say, with Parkinson's with that. So a lot more specificity and what we're going to be doing.

So we can maybe now you've also been certified in CrossFit. And just to reassure folks, I love CrossFit. Absolutely. but CrossFit is it can be very intense, very difficult.

Although we always say, you know, scale your workouts so it's appropriate for you. but let's maybe, take that piece, that concept of corrective movement, and, you know, patient centered and then sort of talk about, well, what is fitness as opposed to these corrective movements when you want to go into the gym, even when you go into CrossFit?

Physical Therapy vs Functional Fitness

one of the things I do like about CrossFit, that really is it's kind of part of their philosophy. They have, you know, certain components that make up the, you know, what is fitness.

And I think that it's important for the viewers here to sort of take the two separate definitions, and then we can kind of blend them together. But I think there are if I'm not correct, if I'm correct, there are elements of fitness.

Yeah, definitely. And that's a, like you mentioned, a big, part of CrossFit is they address different, elements in that, but the big picture is they're working on functional, movements as their main goal.

a lot of people may see the, upper tier athletes, the competitive athletes in CrossFit, and think that that is what it is. But at its core, it's really functional fitness in that we're trying to get people to move better, throughout every day.

what everyday movements in that? They're picking up things. They're able to get up off the floor if they need to. just a lot more practical to what someone might need.

So it does focus on things like strength, you know, flexibility, mobility, endurance, balance. there are several elements to this, but in the end, now, of course, I'm not holding a dumbbell, but I'm going to make a movement with my arm if I just sort of do this.

That's really just one plane, more or less two muscles that oppose each other. The, biceps and triceps. And while there's a certain amount of fitness, obviously associated with that, and maybe my goal is, you know, I'm doing arm day.

It's kind of in the language of weightlifting, but that's not really a functional movement. Is it? Not? And not in the sense that we want to emphasize.

Right, right. That that could have a place, in certain deficits that you're trying to address, or it could have a place if your goal is hypertrophy. with that.

But like you said, it doesn't address the whole picture, whereas something that is helping with improving functional fitness is going to touch on a little bit of everything.

It's going to address balance. It's going to address coordination. it's also going to address full range of motion in that we're wanting to use, our full range of motion because that's how life is.

life isn't just a strict hammer or a strict curl like you just demonstrated. We might have to reach above our head and pull something towards us, or it's not, single, plain movements like that.

I thought you brought up a great example, because it applies so much to our Parkinson's patients and really to a lot of folks who suffer from neurodegenerative disorder.

Is that a functional movement? a great example would be, you know, if you're on the ground, can you get up from the floor? And how do you do that? Like what?

What muscles are engaged? What are the sequence of movements? or perhaps one that I learned very early on is that, if you were to pick something up off the ground, maybe the natural movement as an adult, not necessarily normal, but that, let's say, more intuitive or hard wired movement that we, we naturally gravitate toward.

It's to simply pivot at the hip, at the low back and bend over and pick it up. Whereas the truly natural movement, the one that is the most physiologic functional movement, would be more of a squat to the ground and then to engage a whole group of muscles, including what we define as core.

And maybe we can spend some time talking about what core strength is to, to sort of all come up from the ground. And I was I was told it's just anecdotal that if you look at toddlers playing, toddlers are, you know, whether they're conscious of it or not are much more wired for these natural movements.

So a toddler playing with a toy that's on the ground will squat for a quite a long time with with great comfort. And yet, as Americans, here I am interviewing you.

I'm sitting in a chair, you know, has a specific posture and that that posture of sitting in a chair often gets translated into other movements that we do.

So that, like I said, that pivot from the hip, that bend at the low back to reach down and pick things up, and then of course, repetitive, repetitively doing that may lead to that.

Oh my, you know, my aching back or, you know, poor posture where the slumping forward of the shoulders instead of bringing the shoulder blades back. So again, I would you agree that it kind of gets back to these movements that are our brains and bodies really should be wired for.

Yeah, yeah. And you brought up a lot of good points that I would love to dive in more in depth on, on all of them. but starting with the core, the way that I view the core is the foundation of which everything else moves from.

Core Stability and Natural Movement Patterns

So if we have core weakness and then we're attempting to get up off of the ground, thinking about if a building has a poor foundation and we continue to go up, or if we're pushing off of something that's unstable, we're going to be a lot less successful.

It's going to be a lot less sturdy. But if we have a good foundation of core stability, so our core muscles are essentially being defined as the muscles that surround our trunk and keep our spine and hips in a neutral position.

if we have that control, then we then have the ability to push up with our legs, whereas if we don't have that control, that movement becomes quite a bit harder with that.

So that would be one of the first things that we would start with is first core stability. And then moving out from that, and then you touched a little bit on, watching toddlers, squat.

That's as a movement, I guess you could say specialist or professional or whatever. That's my line of work. I love to watch kids move because of how good their mechanics are.

And then because of, like you said, are sitting in chairs, are, not doing those types of movements. Over time, we lose that ability. But all of us have that ability whenever we're younger.

And then just our Americanized, habits essentially erode that ability over time. Now, we talked briefly about physical therapy. And then, of course, we're sorry.

We're starting to define what neuro fitness is. We haven't really necessarily directly incorporated a discussion of the brain. But all of those programs, of course, that define those movements are stored in areas of the brain.

So this is always still an, an element of neuroplasticity where we're kind of wiring or rewiring or relearning, as it were, from the toddler to the adult, maybe back to the toddler.

these movements that are truly natural movements for the human body and human mechanics, some folks might say, well, all that is well and good. but maybe, why don't I just get an order from my doctor for some physical therapy?

Maybe that's that's a good place to start for some folks. Yeah. And, and it very well could be if they have a specific thing that is keeping them from moving.

Well they have back pain, they have whatever it may be. The system that is in place is going to address that specific, thing that they bring up to the doctor.

The physical therapist will address that and work to, get rid of that pain, get them moving better. but then once they're done with that, typically they're sent on their way.

That is the end of the physical therapy. intervention? Essentially. Yeah. Right. So as a doctor, I'm writing in order for physical therapy, they're bringing it to you, and you're going to set of maybe three days a week for 6 or 8 weeks occasionally.

and of course, your as a physical therapy assistant, you're documenting, you know, not only your goals but what progress has been made and there are occasions where we can renew that physical therapy order maybe once, but under a lot of insurance, there is a limit to how much physical therapy a person can do and still get coverage, some coverage.

And that coverage, of course, depends upon your, personal, health insurance. plan may still be larger co-pays, things like that, out-of-pocket costs. But in the end, it is finite.

And, you know, we say there are a lot of things about functional medicine that really are quite different than the expectation of, say, if you have an infection.

And I say, well, here's this, course. And antibiotics, you're going to take this twice a day for 14 days, and then you're good because the infection's gone.

But in reality, you know, movement is cradle to grave, right? I mean, movement doesn't stop after 6 or 8 weeks. So we have to think about what is the next step, how can we continue doing it.

And I'll throw out an example and I hope you'll expound on this. But, you know, a common program that folks with Parkinson's disease participate in is something called Big Step or Lee Silverman, levity, which is voice, but there's a, a movement component to it as well.

And then I'll see folks and they go through the program, they get the DVDs, they get the booklets, they get, you know, and it was six months ago, and I said, well, you know, I'm watching you walk.

Are you practicing your big step? Well, I did it right. Well, I did it so it's so important that when these even if you go through physical therapy, there may be a transition where we complete the physical therapy goal.

But it's time to take it to the next level. Right. And to me, that's where neuro fitness comes in. Maybe the person doesn't necessarily need physical therapy, but also we're not.

We're saying, hey, look, you look, at least I do. And I'm sure you'd agree that any, you know, movement in general is a good thing, right? Because it's a, sitting is the new smoking.

So we're not we're not I have no issues with people going on a brisk walk or a jog. but we want to really view neuro fitness as different. That'd for one thing.

It's intentional, isn't it? Yes. Yes, definitely. it's intentional and it's individualized. So we, like you said, it's, movement is something that we're going to always do.

I feel like it's a bit simplified, but not, but it's still applicable. But the if you don't use it, you lose it. And that's exactly how our movement is as well.

So whenever we, or whenever someone does something like LSV, PT big or does physical therapy and then they're finished with it, they're moving better, then things need to be introduced into their everyday life that they're going to continue using, that range of motion.

If it's something like, their back was hurting and they weren't able to move, but now they need to do the things to help prevent that from happening again.

Neuro Fitness for Parkinsonu2019s

If it's the LSV big, they need to continue with those high velocity movements. they need to continue with those full range of motion and practices and kind of, exercises throughout the day.

but really, it doesn't have to be this, laundry list of do these exercise is every day for the rest of your life. If we can just teach people how to, integrate these concepts and these, ideas into their lives into something one that they can do even better if they enjoy doing it because they're more likely to continue with it.

then that's when we're going to see the most change, people. Now, of course, Parkinson's disease itself is a movement disorder, although we recognize there are many non-motor symptoms of Parkinson's.

But as we get into more of the specifics of neuro fitness for Parkinson's, could you just touch on some of the common things that you observe in our Parkinson's patients in the neuro fitness center?

Yes. Yeah, definitely. so a lot of the common things that we're going to see, like I mentioned before, are, that decreased velocity in movement, the movements become quite a bit smaller in their gait.

smaller steps, less arm swing, taking quite a bit longer to turn or pivot. shuffling things like that are going to be common things that we see and then things that we're going to be doing to address that are similar to the LSV big program, and that we're going to introduce movements that, are larger, higher velocity within, comfortable ranges.

And like a safety, you know, perspective. But it's going to be ranges that might feel exaggerated to the person doing them better. Well, within normal ranges of someone else.

so we're going to be doing different things, that kind of tap into those, lived big, concepts. That walk me through. I'm going to come and see you. I want to have an initial neuro fitness evaluation.

What is that going to look like? Yeah. So assessment it's always going to start with, kind of a subjective portion. we're going to talk a bit about history.

more specifically with movement, any past injuries, current activity levels, goals, limitations in anything that pertains to that. to kind of get an idea of where we're at and where they want to go, like, so that way I mentioned the, doing something that they enjoy or that's more applicable to them.

We want to tailor it to that so that it's something that they'll, you know, want to stick with, want to work towards in that. So that's a part of that.

after we do the subjective portion, then we get into more of like kind of the objective measures. we're looking at, motor control. We're looking at balance.

we're looking at range of motion. depending on how people present in that, we may dive a little bit deeper into certain areas. So say they have, a significant forward flex posture or they have significant, range of motion deficits in their shoulder or their hips or whatever.

We might get a little bit more in, in that, because that could be a limiting factor for then for some of the bigger movements and things that we'd be wanting them to do later on.

and then after we do that, those objective measures, then we kind of tie it all together, with, where, where they're at their goals, what we saw on that day, and we put together a plan that we're going to then, educate them on with, beginning steps, usually is going to have some sort of an exercise component, case by case, it's going to differ a little bit, but generally an exercise component.

What that looks like will be different for each person. it may have a, cardiovascular component that we'd want them to begin. So some type of, endurance that could be, on a stationary bike because that's been shown to be beneficial to, individuals with Parkinson's disease, could just be going for walks.

it's it's where it kind of wherever they're at that moment, as well as some lifestyle changes in the sense of working to be more active throughout the day, standing up from their desk, a few times throughout the hour, if they have a sedentary job, or, doing more of their activity in the morning to kind of help regulate, cortisol levels during the day or, different things like that, but it's all going to come together in a plan that we would start with them, if not that day within that week that we would get to them, get them started on.

That plan is written is it video? How do they, you know, how do they engage it? How do they how do they get it. Yeah. Yeah. So, it will be in the form of a written out, note the entire assessment will be they'll have access to that notes.

So it's just, what we talked about, the objective findings, kind of the assessment portion and that and then the plan and then, information about the plan will be sent to them.

usually via email, whatever way is most convenient through them, to them, if they have trouble accessing, certain things online or whatever it may be, but we make sure that they have easy access to that information.

And then from there, at our next visits, we would then, kind of come back, reassess, make changes in progress, add as we as we go along there. If there are specific movements and movement can be, the kind of thing where the, the posture, the how something is engaged, you know, like considered.

Assessment and Personalized Programming

well, let's go back to just CrossFit as an example of how how you when you're doing the Olympic lifting part of CrossFit, you know, how you hold the bar, how you bring your shoulders back, you know, how you pivot, you know, at the hips and the knees and kind of where your center of gravity is.

It's so important that I wonder if, when someone comes to see you, maybe if there is a partner there, they they can video these movements so that we're sure that they're being executed correctly.

And again, folks don't want to think, first of all, CrossFit is a brand. We are not a, we are not a CrossFit partner in any way. I just use that as an example of the, attention to the precision, of movement and posture and things like that.

But it's sometimes helpful to have a visual, in other words, associated with what we're asking our patients to do. So they could either make a video with you where there's a partner, there a spouse, someone who's folding their, their smartphone.

or you could maybe make some videos for that person, so they can go back and watch them. Is that correct? Definitely. Yeah. Yeah, we can do that. also, whenever I send, just using the example of, a few corrective exercise lists, I include, picture, written description sets, reps frequency throughout the week, with those specific, instructions usually that we had talked about during that assessment time.

Because like you said, it's very important to be specific in, positioning activation that because just slight changes in the body's position is going to change those muscles that are, firing.

So we want to be very specific on, what we're addressing. So we get the, the most out of, what we're having people do. another thing that I, will do with people I always, emphasize, that I'm available, for contact to set up a check in call if they would like.

I've done, multiple video calls with people where I will have them, ask me questions about form. Sometimes they will perform the exercise there on the video call, and then I'm able to see what they're doing, give them a few cues.

So that way they have a, better understanding of those movements because I'd rather address that right at the beginning, one with giving them all the information that we can, to make it as clear as possible, and then those opportunities to ask questions as well, rather than for them to, continue doing those exercises incorrectly for over a

long period of time.

We want to, definitely set them up for success right there at the beginning. That's, that might include things like Smart goals in the sense that we're going to give you specific movements.

You know, that it's measurable so they can be tracked, that they're achievable for you. So we're going to meet you where you are. You know, we see folks for whom fitness has always been part of their life.

And maybe we're just going to do some specific things with them, some fine tuning, challenge them in ways that they're not accustomed to being challenged so that, you know, these small stresses, if you will lead to new levels of fitness, new let, new abilities kind of raise the bar for folks that their time based.

So we're not asking folks to say, you know, do two hour workouts every day, you know, for the rest of their lives, maybe someone you know from a time based perspective, maybe they just need to do some ten minutes of movement a day, right?

Because if they're not used to moving in these ways, ten minutes, I can say personally, in my personal experience, I've done ten minute workouts. And believe me, folks, I'm just using this as an extreme example.

But at the end of ten minutes, all I wanted to do is lie on the ground. So ten minutes, you know, can be hard. It can be easy. It can be somewhere, you know, of course, in the middle.

But our idea is that we're not just taking you to the gym. We're giving you a medical fitness movement program that bridges is the work that you might do with physical therapy, with your everyday activity.

and, and then I want to just touch on, you know, I would say, you know, some things when you approach therapeutic lifestyle medicine, which is how I frame functional medicine, there are some things that come very quickly and relatively easily for folks.

The usually the, the low hanging fruit, if you will. The low branch is there is the diet component. Everybody is interested, you know, in the diet and making changes.

And they know about doctor walls and things like that. And you know, they're really enthusiastic about the diet. we do some other things that take a little bit more nurturing, if you will.

and I think movement is sometimes one of them because in my experience, and what you've seen is I'll say, well, tell me about, tell me about movement in your life.

And it's, well, I walk, I garden, I, I'm just on the move, you know, I'm a parent and, you know, I just don't sit down and, that's my exercise. How do you.

I mean, I'm sure that's very common in your world to hear responses like that. How do you, you know, how do you, in turn, respond to that? So so we can kind of change that perspective a little bit.

so that we can incorporate more intention. Yeah, yeah. And do you hear that quite a bit. And that that is a part of, fitness and movement and well-being is having an active lifestyle.

It can be things like gardening can that can be a component, of your fitness. but if that is not that, that may not meet all the needs that, a person might need, for, having a good fitness level, and that so what we do with that, or what I try to do with that, is I try to kind of shift someone's perspective on the way that they're, looking at exercise.

Corrective Exercise, Coaching, and Follow-Up

So someone it's often viewed as, oh, it's I have to go do this, you know, I gotta go to the gym or I don't enjoy it or whatever it may be. When I try to turn it into something that is beneficial for them, it's it's them taking time to work

on themselves to improve, their lives.

So you gave the example of gardening, if they want to be able to garden more comfortably or reach better down to the ground, it's like, here's a couple little things that, you know won't take up very much time of your day, but now you can spend more time gardening or, here is, maybe an activity that you didn't think of that is a bit more intense.

Like maybe we find out that someone enjoys cycling. They're like, oh, I ride my bike a little. It's like, well, what if you, you know, tried to go a little bit further or, intervals of higher intensity, you're still doing something you enjoy.

but just introducing little things here to make the those bigger changes in that. But it's going to. Yeah. Yeah. It's going to be specific to each person very person to person.

But that's really what I try, try to do. So there are two elements that I see here. for folks, there can be a gap even when they incorporate some degree of movement in their life.

And, you know, and I love I mean, I'm not a gardener, but I appreciate the beauty of gardening, and I certainly wish I had more of a green thumb than I probably do.

But I think in some respects, because we when I take a a lifestyle medicine history, I'm asking about sleep, I'm asking about their nutrition. I'm asking them about what what movement is in their life.

And when they say maybe I walk, which is again, great. Sometimes I actually put that in the mind body sort of stress resilience category rather than necessarily, functional movement, functional fitness, if you will.

There's a certain meditative aspect. And then certainly it supports our cardio metabolic system to a great degree. It improves insulin resistance. We like that.

The other part that I wanted to bridge here is this concept, first of all, of or misuse, which means a stress. And we often use the word stress in a negative way.

But in this context it's a positive thing because we challenge the body with just the right dose, if you will, of physical activity and intentional movement.

Then the brain and the body learn from that. And that raises the level of fitness and resilience. But the other thing is, if I and I'm a lifelong cyclist, I've been a runner.

And when I look even at the pros, well, think about a professional cyclist. The folks that do the tour de France, and no one would say that they aren't, that they're superhuman, of course, but what do they look like when they're standing up?

Right? They have often had very small upper bodies. They have huge thighs, right? Huge right. And their glutes should be very strong as well. So in a sense, what I'm saying is that, you know, with movement that tends to sort of be a repetition of the same activity over and over again, whether it's, you know, the RPMs on the bike or I'm walking, what it does is it just reinforces in the brain that movement program and the muscles, the hard wiring that goes along with that without really doing anything safe for the upper body.

In the case of the cyclist, now in the cyclist where they're a pro or they're serious cyclists, and we're talking about things like power to weight ratios, the last thing that maybe a cyclist wants is big pecs and big biceps and triceps, you know, because that's just adding weight on the bike without necessarily improving their cycling.

But there are prices to pay for that. And I've even seen some cyclists that have rather poor posture, for example, even though they're great athletes. So, you know, we definitely don't discourage that.

But at the same time, how, you know, we're asking the question, we're asking of the patient, we're asking of the client, how can we introduce other things into that so that maybe you're doing some cycling, but then you're getting

off your bike and you're doing something utilizing your upper body?

We're working on that posture. We're bringing the shoulders back and so forth. Chances are for for most people, maybe not the elite cyclists, but for most people, doing those things will actually improve your cycling.

And I happen to know, even being somewhat more of an elite cyclist, at least for many years, that on the off season we are going to the gym and doing all those functional movements.

Yeah, definitely. Yeah. I what came to mind whenever you were talking about that, is balance. And whenever someone is at that elite level, they're sacrificing some balance in their, fitness, to be extraordinary at whatever that sport is.

You can't be that good at that. And without, you know, sacrificing something like it, it just isn't possible. You're going to be lacking in somewhere, whether it's, mental, emotional, physical, there's there's going to something is going to have to give when you have to devote that much time and training to that one muscle group or whatever it may be.

but with, this we're trying to, like you said, do things that are going to help what they may already enjoy doing.

Lifestyle Integration and Patient Success Story

using that example with the cycling, if we have them strengthen their upper body or if we have them strengthen their hips and do some lateral movements and do some balance type movements, different things like that, that's going to carry over very well in preventing injury.

because their body has, a more balanced, physique per se in that, in that example, but. Absolutely, absolutely. Well, Corey, if someone wanted to work with you, I know there's several avenues.

We encourage folks to come to Ozarks, Missouri and participate in our full brain tuneup program where they get to work with you. They get to work with Rachel, Valerie, myself, Kelly, the rest of the staff.

But there are opportunities to work with you individually as well. Is that correct? Yes, that is correct. So we could just do visualized, sessions to where we, could work on just that fitness portion.

Yeah. And you can do that both in person and virtually. So somebody could be all the way across the country, never actually even come potentially to Ozark, Missouri, although we certainly love to have folks here and know that there are ways, much like what you're doing now with me, we've set up a you're actually in our neuro fitness studio, if you will, although the camera would probably be panned back to a degree so you could see the floor and the equipment and so forth.

But can can people work with you in that way? Then? Definitely. Yeah. like you said, we do do, a lot of, in-person work, but we also do a lot of virtual as well.

some of the things that I mentioned earlier in that we're doing, checking calls, we're doing video calls in that we can still get that one on one attention and, make those changes that need to be made and in movement, as well as apply those kind of big picture kind of ideas and protocols, can all be done, virtually as well.

The movement of all the therapeutic lifestyle factors. When I think about Parkinson's disease, there is the most interest and probably the most science and evidence based information when it comes to utilizing medical fitness, neuro fitness to help people with Parkinson's.

So whether or not you're working with Corey, which I certainly encourage, at the same time, knowing that going beyond your leave a dopa carb dope, when we talk about empowerment, when we talk about the Parkinson's Solutions movement, may be the area that actually stands out the most in terms of what we know and how it can help people with Parkinson's.

Yeah, definitely. I know that there's been a lot of research that has shown, the benefits of movement in Parkinson's, and it's really great that we're able to apply that here to those individuals.

I want to put you on the spot very slightly. I hope this is not too much. but before we give people the information about how to reach out to you, I wonder if you can share 1 or 2 examples of some folks you've worked with, with Parkinson's and kind of what you've observed and what's been what you've accomplished with them.

Yeah, definitely. so I had an individual who initially, was having very, hard time getting motivated, to do anything physical at all. He, would get home from work, not really do too much, just kind of sit on the couch.

And he felt like he was getting worse. he he felt very down about it. but he had a lot of passions in the sense that he loved music. he loved it. Really did enjoy being active, and in working with him on, making just a few corrective movement changes and then some of the things that we talked about working on, starting him on an exercise protocol where he was he began doing some endurance type work throughout the week.

he began doing some strength training, along with some cold exposure, in the mornings as well. Just a few changes in that first part of our plan. And he noticed significant increases in his, energy levels.

His motivation, talking to him is really exciting. The next time to hear about all the changes you've been making, his his wife also noticed, a big deal of change from him and, what he was doing around the house after work as well.

So, getting to be a part of that is is really awesome. It's hugely rewarding. Huge. Yes. And yeah.

How to Reach Korey and Closing Remarks

That I think that, you know, was just from, a physician perspective, knowing that there's a lot of burnout in medicine, a lot of physicians leaving the profession.

you know, we we can really, honestly say here at Sharlin Health and Neurology, Sharlin Health neuro fitness, that the kinds of things that we are able to accomplish with our patients is so rewarding, really at the heartfelt level, that, you know, just makes you want to stick around and do more, to help folks.

So it's really been a pleasure to work with you, Korey. now, there are different ways that people could potentially reach out. We want to let people know about our website, which is functionalmedicine.doctor but if there were other or there are other avenues as well, is there, a phone number where, how do they if they want to just pick up the phone and call?

How did they do that? Yeah. if they just want to pick up the phone, if they were to call our office number and then, that can get connected directly to me, from our office number with that.

So that is (417) 485-4330. Yes, yes. And then, could they, if someone had a question where they wanted to email you or are you okay with that. Yes. Yeah, I would, I would be more than okay with that.

yeah. Again reach me at korey@sharlinfxmed.com And, just want to clarify that Korey is spelled. Oh, yes, that is important. K O R E Y, a little bit different than the typical spelling.

You may see. So Korey @ Sharlin S H A R L I N F as in Frank X as in Xerox Med M E D med.com. (korey@sharlinfxmed.com) well, Korey Kivet, it's been really a pleasure to interview you today, to work with you to see all the progress that our Parkinson's patients are making as they bridge physical therapy and medical fitness and then incorporate these movements into their everyday life.

There is so much to be gained. And once again, it hits home the message that there are solutions. Yes, we have medicines and they are very valuable in our toolbox, but we go beyond the medication to really raise the bar for folks with Parkinson's disease.

Yes. Yeah, I couldn't agree more. And I'm very glad to be a part of this team or get the opportunity to make some big changes. Absolutely. Korey, thank you so much.

Look forward to seeing you very soon. All right. Thank you so much.