

A 74-year-old male client, **Harold Broz** has presented to clinic with complaints of rigidity and tremors at rest during daily living activities such as walking and dressing. Symptoms have progressed over the last year and have begun interfering with his own personal care in the last three months. Upon assessment he is noted to be alert and oriented. The practitioner notes tremors at rest, rigidity, and slowed movement. His past medical history consists of high cholesterol and narrow-angle glaucoma. He is currently taking atorvastatin (Lipitor) 40mg PO daily, Fish Oil, a multivitamin, and betaxolol hydrochloride (Betoptic S) 0.5% one drop in each eye BID with no known allergies. Mr. Broz has a history of smoking but quit 30 years ago and does not consume alcohol.

Parkinsons disease (PD) is a degenerative nerve disorder that in most cases requires treatment for motor symptoms such as tremors and rigidity due to a lack of dopamine in the brain (National Library of Medicine, 2024). According to the clinical practice guideline there is no disease-modifying treatment for PD and the treatment options for relief of motor symptoms in the early stages of PD are determined by the improvement of dopaminergic tone with the use of medication (Pringsheim et al., 2021). In Mr. Broz case, his age, symptoms, and providing his own care shows the need for a dopamine replacement. In this case levodopa 100 mg/carbidopa 10 mg (Sinemet) is the chosen medication. Levodopa mg/carbidopa 10 mg (Sinemet) is to be taken every other day for the first two weeks to see if there is improvement in motor symptoms (can take months for improvement to occur) or adverse effects. He will then have to come back for a follow-up appointment in 2 weeks. If there are no adverse effects the practitioner can then increase the dosage as they see fit for the patient up to 8 tablets per day (Pringsheim et al., 2021). To prevent one of the adverse effects which is GI upset while taking this medication it will need to be taken with food to reduce nausea and vomiting. He will also need to monitor for further movement disorders and dyskinesia (Luu et al., 2021.)

In my personal assessment of the patient, I would like to ask some questions about his home. I would ask if he had any area rugs or throw rugs down on his floors and if he has fallen recently. I would also ask if he participated in any exercise programs, as the use of the muscles can help to keep strength and motor ability. I would ask if he has ever felt lightheaded or dizzy in the past as the medication prescribed can cause orthostatic hypotension and he will need to sit at the bedside for a minute or two before getting up to keep this from occurring. I would also ask about his mental health due to his medical health as it is not unusual for depression and anxiety due to his new diagnosis, and we can work together to help manage those issues should they occur or be present. I would also take the time to explain that this medication is not a cure, it is a treatment for his symptoms that may take months to see improvement and explain the diagnosis very thoroughly. I would ask if he had a family member or friend, he would like to have come with him to his follow-up appointment in two weeks so they can help him understand and support him with his changes in his health. I would explain that this medication is to be taken as prescribed and discontinuing it without my assistance can cause serious health issues. I would make sure he is able to obtain the