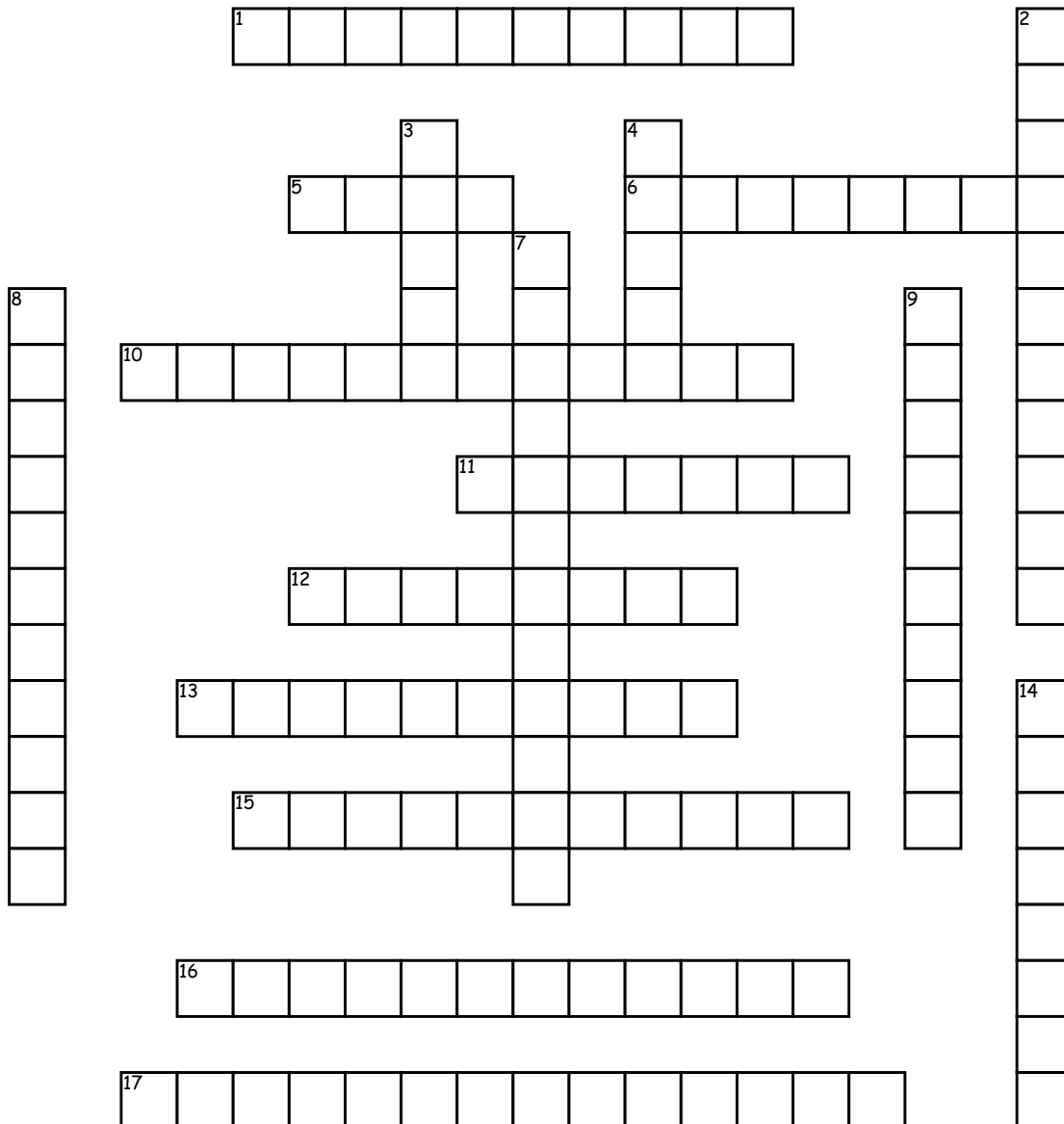


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Parkinson's Disease



## Across

1. Decreased amount of dopamine

5. Skin

6. Absence of movement

10. Slowing down in the initiation & execution of movement

11. Posture

12. Eyelids

13. Type of bladder

15. Hand tremor

16. Small hand writing

17. Gait

## Down

2. Famous person with Parkinsons

3. Facial expression

4. Risk for

7. Bowel routine

8. Shuffling gait

9. Slow

\_\_\_\_\_ slurred speech

14. Rigid/jerky movement