

Trouble Moving or Walking (from Parkinson's Foundation)

People without PD do not think about their walking. Their arms naturally swing, and their feet naturally land on the heels with each step. They can walk and talk and carry bags, purses and plates of food without difficulty.

Individuals with PD tend to lose their automatic movements. Especially as Parkinson's advances, it may bring with it a variety of symptoms that are uncommon in early stages, such as problems with walking (gait abnormalities) and poor balance (postural instability). Feet begin to shuffle, and performing two tasks at once becomes more difficult. Turning becomes challenging, often leading to a freezing episode and sometimes a fall.

Parkinson's Disease Is a Movement and Sensory Disorder

People with PD have trouble regulating the speed and/or size of their movements. Movements are bradykinetic (too slow) or hypokinetic (too small).

Changes in the movement system lead to challenges controlling movements, including the following:

- Starting and stopping movements
- Automatically controlling muscles
- Linking different movements to accomplish one task (e.g., moving from sitting to standing)
- Finishing one movement before beginning the next (e.g., not completely turning around before sitting down)

Changes in the sensory system also lead to challenges, particularly noticing and correcting movement and voice issues, including the following:

- Slowness or smallness of movements (e.g., when told to make the movement bigger, a person with PD may feel the movement is now "too big")
- Lack of movement (e.g., an arm that does not swing during walking)
- Changes in posture
- Changes in voice volume (e.g., when told to speak louder, a person with PD may feel they are shouting)

Walking Changes: There are many PD-related walking changes:

- Smaller steps
- Slower speed
- Less trunk movement (especially rotation)
- A narrow base of support (feet too close together)
- Less or absent arm swing (on one side of the body or both)
- Trouble turning
- The feet land flat on the floor with each step instead of on the heel (can lead to shuffling and falls)
- Festination or shuffling (quick, small, involuntary steps forward; often accompanied by stooped posture)
- Retropulsion (quick, small, involuntary steps backward)

Managing Walking Changes

- Exercise is as important as medication and other therapies for managing Parkinson's symptoms and leading your best possible life. Exercise Reported benefits of exercise include:

- Improved gait and balance
- Reduced falls
- Increased flexibility and posture
- Improved endurance
- Reduced freezing of gait

Walking Tips

- Tell yourself to land with heel first. You can do this by thinking of each step as a big kick. By thinking about what you are doing, you use a different part of your brain than the part affected by PD. You re-route the message from the brain to the feet.
- Focus on the size of your steps rather the speed of your steps.
- Avoid carrying many things while walking. People with PD have difficulty performing more than one task at a time.
- The moment you begin to shuffle or freeze, try to come to a complete stop. Take a breath, stand tall and start again, focusing on making that first step a big step.
- Stand tall and look out in front of you. Do not look directly down at your feet.
- Use a cane or walker/rollator if recommended by your therapist or doctor.

Turning Tips

- When beginning a turn from a stopped position, be sure to lead with your foot, not your upper body. Planting your feet and turning your upper body frequently leads to a freezing episode.
- If you want to turn right, shift your weight to the left foot and step out with the right foot. To turn left, shift your weight to the right and step out with the left foot.
- Try not to pivot when you turn. Instead, focus on how you lift your feet.

Freezing

Some people experience “freezing,” the temporary, involuntary inability to move. This can occur at any time, though it tends to occur when initiating a step, turning or navigating through doorways. It can be a serious problem, as it may increase risk of falling.

Managing Freezing

Some freezing happens when you are due for the next dose of dopaminergic medication. This is called “off” freezing. Usually, freezing episodes lessen after taking your medication.

Tips for Care Partners

Freezing (feet glued to floor) is a significant cause of falls.

- Freezing often happens while turning around in close quarters. Try to avoid tight turns whenever possible. Instruct the person with Parkinson’s to make wider turns.
- If the person has a freezing episode while trying to walk, encourage him or her to stop, straighten posture, and shift weight to one foot before beginning to step with the other.
- To help with freezing, count or clap a rhythmic beat.
- Some people who experience freezing episodes do better with a visual cue, such as “step over my foot.”