Fight Parkinson's™
Together we can

Mobility

Parkinson's is a complex condition that can present with a range of different symptoms. Some 'motor' symptoms are more visible and affect physical functioning, e.g. slow movement and rigidity. Some 'non-motor' symptoms are less visible, e.g. fatigue or difficulty multitasking. Both motor and non-motor symptoms can impact on a person's ability to move, be active, and participate in their daily routines. However, there are lots of strategies that can be used to help people with Parkinson's stay active and mobile.

Motor symptoms

There are a number of motor symptoms or features of Parkinson's that impact movement. Examples of motor symptoms include:

- Bradykinesia – slow movement
- Hypokinesia – small movements
- Akinesia – difficulty initiating or maintaining movement, e.g. freezing of gait, i.e. a sudden stop while walking and feeling momentarily stuck, that can more commonly occur in tight spaces such as doorways or when turning
- Tremor – an involuntary and rhythmic shaking of a body part. Often affecting an arm or leg, that can also affect other areas of the body such as the mouth and chin
- Rigidity – muscle stiffness or tightness and a resistance to passive movement. Rigidity can affect the arms, legs, torso, and face
- Changes to posture – an alteration to the position of a person's body or limbs. Examples of postural changes include stooped or hunched posture, or a lean to one side
- Balance changes – disruptions to a person's ability to maintain steadiness or equilibrium, in Parkinson's these can occur for numerous reasons, such as changes to posture or a reduction in balance reflexes. Changes to balance are common in Parkinson's and increase a person's risk of falls.

Non-motor symptoms

There are also many less visible non-motor symptoms of Parkinson's that can impact a person's ability to move. Examples of some non-motor symptoms that might impact on movement include

- Fatigue – this may be experienced as an overwhelming tiredness or lack of energy
- Pain – can be a symptom of Parkinson's and can also result from other symptoms, such as stiffness or other health conditions, such as arthritis
- Blood pressure changes – low blood pressure can be a symptom of Parkinson's, along with blood pressure fluctuations, such as postural hypotension, which is a drop in blood pressure after changing position
- Cognitive changes – these include changes to a person's memory and thinking. These can present in a number of ways that may impact a person's mobility, for example challenges with multitasking or difficulties managing busy environments.

Living with and managing symptoms

Symptoms can fluctuate throughout the day—this fluctuation is sometimes called “on-off” states.

The “on” state refers to times in the medication cycle when symptoms are well controlled. The “off” state is when medication efficacy has worn off. On-off fluctuations are often predictable but can also be unpredictable.

Getting into good medication habits, exercising regularly, eating well, and sleeping well all build a strong foundation to manage your Parkinson’s and get the best symptom control.

Seeking help from a range of healthcare professionals will also make a big difference in managing symptoms and help you to live well.

Walking

Walking changes can be very early signs of Parkinson’s that you may attribute to advancing age, rather than a neurological disorder. The changes can be gradual and subtle, and it may be that others notice them first. Examples of walking changes may include small or shuffling steps, reduced arm swing, difficulty turning, or challenges with multitasking. People may notice that the quality of their walking changes with a range of factors including their medication cycle, levels of concentration, and other factors, like fatigue.

It is also important to be aware that other factors may influence walking. Many things in our environment can impact our walking, for example slippery or uneven surfaces, strong winds, or busy and distracting spaces can all make walking more challenging. Additionally, there may be a range of other health related factors such as vision, pain, and sensation that affect walking.

If you notice any changes with your walking, including with specific parts such as turning or using stairs, it is important to raise with your health team for further input.

Freezing of gait

People with Parkinson’s may experience freezing of gait, particularly if they have lived with Parkinson’s for a longer time. Freezing occurs when a person has difficulty initiating walking or continuing to move and can increase a person’s risk of falling. People may experience this as feeling like they are stuck or like their feet are glued to the ground. There are a range of different factors that may interact with a person’s experience of freezing, for example anxiety, narrow spaces, specific tasks like turning and busy environments.

Balance and falls

Loss of balance and falling are common problems for people living with Parkinson's. These problems are more likely to develop over time as the condition progresses.

Falls are more likely to happen, and to cause serious injury, in the later stages of Parkinson's. But be aware that falls can occur at any stage of Parkinson's.

More than half of people with Parkinson’s fall within a one-year period. Falls are also a frequent cause of hospital admissions for people living with Parkinson’s. But learning to identify risk factors and fall hazards can help reduce the risk of falling.

Examples of risk factors for falls include:

- A history of past falls
- Taking multiple medications
- Changes in balance and balance reflexes
- Blood pressure changes, including postural hypotension
- Vision and hearing impairment
- Changes in memory and thinking
- Muscle weakness, particularly in the legs
- Poor lighting
- Slippery or uneven surfaces
- Cluttered environments and trip hazards.

Stiffness and cramping

Rigidity or muscle stiffness is one of the most common symptoms of Parkinson's. Rigidity may affect many parts of the body including the arms, legs, torso, and face. This can present as tightness, resistance to movement or a loss of movement, and can be linked with pain and discomfort. Additionally, rigidity can impact on a person's function and potentially result in postural changes, reduced facial expression, difficulty moving in bed, and reduced arm swing.

Changes in muscle activity or tone can also occur in Parkinson's and may be referred to as dystonia. Dystonia can present as cramping or spasms, is often painful, and may result in abnormal positions or postures, for example toe clawing.

Managing mobility

It's important for people with Parkinson's to be proactive in the management of their condition. However, they don't have to face this challenge alone. Building a supportive health team can greatly assist in managing the challenges of Parkinson's. For help assessing and managing any mobility changes, speak to your GP about a referral to a physiotherapist, occupational therapist, or exercise physiologist, especially one who has experience with Parkinson's.

All healthcare professionals have their own area of specialty and can help you manage different aspects of living with Parkinson's. See below for a breakdown of how each medical professional can help you along your Parkinson's journey.

Physiotherapist

Physiotherapists work with people to help them stay mobile and continue to move well. For people living with Parkinson's, a physiotherapist can help to assess and provide individualised strategies to help manage their condition and symptoms, such as changes to walking, balance, and stiffness. Their interventions may include exercise, education, gait aid prescription, and manual therapies.

If you care for someone with Parkinson's, you can also see a physiotherapist. They will help you take good care of yourself, as well as the person you look after. The physiotherapist may:

- Recommend exercises to improve muscle strength and flexibility
- Help you maintain your fitness
- Work with you to improve balance and prevent falls
- Recommend mobility equipment or aids
- Provide strategies to assist in managing symptoms such as pain and fatigue.

Occupational therapist

Occupational therapists are healthcare professionals who can help people with Parkinson's stay independent for longer and carry on doing the activities that are important in their lives. They do this by giving advice on how to manage a wide range of everyday tasks, life and work skills, and hobbies. They can also recommend ways to make the home and workplace safer and easier to cope with. The occupational therapist may:

- Suggest easier ways to do tasks that are difficult for you
- Recommend changes to make your home safer, such as handrails
- Recommend equipment or aids to assist with daily activities, such as a shower chair
- Help you keep up hobbies and leisure interests
- Help you find ways to continue working.

Exercise physiologist

An exercise physiologist can help to establish a tailored exercise program for individuals living with Parkinson's. They can work with each person to target specific areas like strength or cardiovascular fitness, as well as to modify the program when considering individual factors that might limit a person's ability to exercise, such as fatigue. The exercise physiologist may:

- Design individualised programs that target Parkinson's-specific symptoms
- Monitor fatigue and adjust exercise intensity to balance activity and rest
- Track progress, adjust programs as needed, and provide guidance to maintain consistency.

Contact Fight Parkinson's

Please remember that you don't have to face Parkinson's alone. Contact Fight Parkinson's for help building a supportive healthcare team located near you, who can greatly assist in managing the challenges of Parkinson's.

Phone: 1800 931 031 – Open 9am-5pm Mon-Fri AEST (A free translation service is available on this line.)

Email: info@fightparkisos.org.au

Visit: Suite 6, Waterman Business Suites, Level 1, 793 Burke Road, Camberwell 3124

Open Monday – Friday, 9am-5pm