TIP SHEET

Movement Challenges

It is essential to address your loved one’s physical and mobility challenges. As Parkinson’s progresses, you will likely need to provide greater hands-on assistance and learn safe and effective ways to provide help without injuring yourself or the person with Parkinson’s. Talk to your loved one’s health care provider to obtain a referral to a physical therapist (PT). PTs are trained to provide an evaluation and assist you in developing the best methods for your situation.

Standing and Sitting
When at home, make sure that your loved one uses a chair with sturdy arm rests and a stable sitting base. Avoid soft, low seating or upholstery such as velour or velvet, which can make movements more difficult to perform. You can also raise seat height by adding an extra cushion to the chair or using a sturdy folded blanket.

» When attempting to get up, make sure the person with Parkinson’s first scoots his hips forward to the edge of the chair.

» Make sure your loved one’s feet are placed firmly underneath him before standing. You may need to help with proper foot placement.

» Use cues like “nose over toes” to give the person with Parkinson’s a goal for leaning forward, easing the transfer out of a chair.

» When helping the person with Parkinson’s stand up, avoid pulling on his arms or legs as he tries to stand.

» A transfer belt often makes providing assistance safer and easier. (These belts can be purchased at a medical equipment store.)

» Make sure the person with Parkinson’s puts both hands on the arm rests and leans forward as he tries to sit down. Remind your loved one to wait until he feels the chair against the backs of both legs before attempting to sit. This helps maintain smooth, controlled motion and avoids “crash landings,” which can be dangerous and hard on the person’s spine.

» If the person with Parkinson’s uses a walker, make sure he continues to use this device as he turns to sit down.
If the person with Parkinson’s is no longer able to provide assistance getting up and down with hands on arm rests, it may be best to stand directly in front of him, grasping the transfer belt with both hands. Using a pre-arranged count or signal, assist the person to his feet, then slowly perform a pivot turn in the direction of the wheelchair or other surface he is moving to. *(See the video, CareMAP: Movement and Falls Part 1, at caremap.parkinson.org for a demonstration.)*

**Walking**

Walking changes are common in Parkinson’s disease and can become more difficult to manage as PD progresses. People with Parkinson’s often need reminders, or “cues,” to take long steps as automatic motions become more difficult to perform.

» Avoid distractions when walking. Attempts to do more than one thing at the same time make walking and balance more difficult.

» Focus on the size of the steps. Larger steps make walking more stable.

» Keep your instructions and cues short and simple, e.g., “Big steps.”

» To help with increasing pace (called festination), provide a cue to stop then start over with big steps.

» 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 your loved one to make wider turns.
  - 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.”

» If your loved one has a tendency to lose his balance backward, position yourself slightly behind the person as he stands and walks to help minimize this problem.

» Watch out for pets in the home!

Watch the CareMAP video

**Movement and Falls, Part 1**

Online at caremap.parkinson.org
Your loved one’s physical therapist can help determine if an assistive device is necessary and what kind will be most effective.

» The assistive device must be fitted by a professional to ensure safe and effective use.

» Avoid four-post walkers or quad canes, which can be difficult for the person with Parkinson’s to move effectively. A walker with wheels may work best.

» The physical therapist can help you get the right assistive device in the best method for insurance reimbursement.

Wheelchair
If mobility changes do not allow the person with Parkinson’s to walk, a wheelchair may be necessary. There are many wheelchair options.

» Consult with a rehab therapist or other provider who can make a full assessment of the type of chair needed and fit it to ensure your loved one’s best posture, positioning and comfort.

» Always lock the brakes so the chair is stable and does not move as the person gets up or down.

» Make sure the wheelchair fits through your home’s doorways, into the bathroom or anywhere else needed to provide care throughout the day.

It is sometimes hard for Eleanor and me to remember to focus on her walking. We tend to want to continue our conversations, but we have learned she has much more success if we stop talking and think about the task at hand.

– DON, CARES FOR ELEANOR

For other tip sheets and caregiver support information, order the NPF book Caring and Coping.