

REDUCE YOUR RISK OF FALLS WHILE LIVING WITH PARKINSON'S DISEASE

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WHAT IS A FALL?

Any event which results in a person coming to rest inadvertently on the ground, floor or any lower surface.



FALLS FREE CHECK-UP

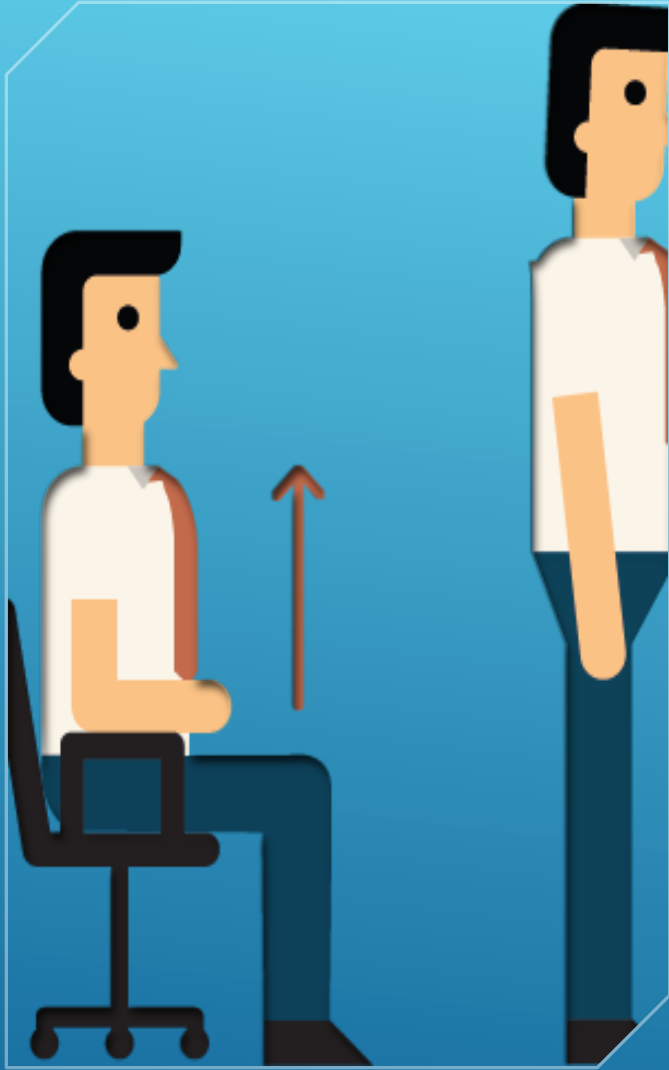
1. I have fallen in the past year.
2. I have been advised to use a cane or walker to get around safely.
3. Sometimes I feel unsteady when I am walking.

FALL CHECK-UP CONT'D

4. I steady myself by holding onto furniture when walking at home.

5. I am worried about falling.

6. I need to push with my hands to stand up from a chair.



7. I have trouble stepping up onto a curb.

8. I often have to rush to the toilet.

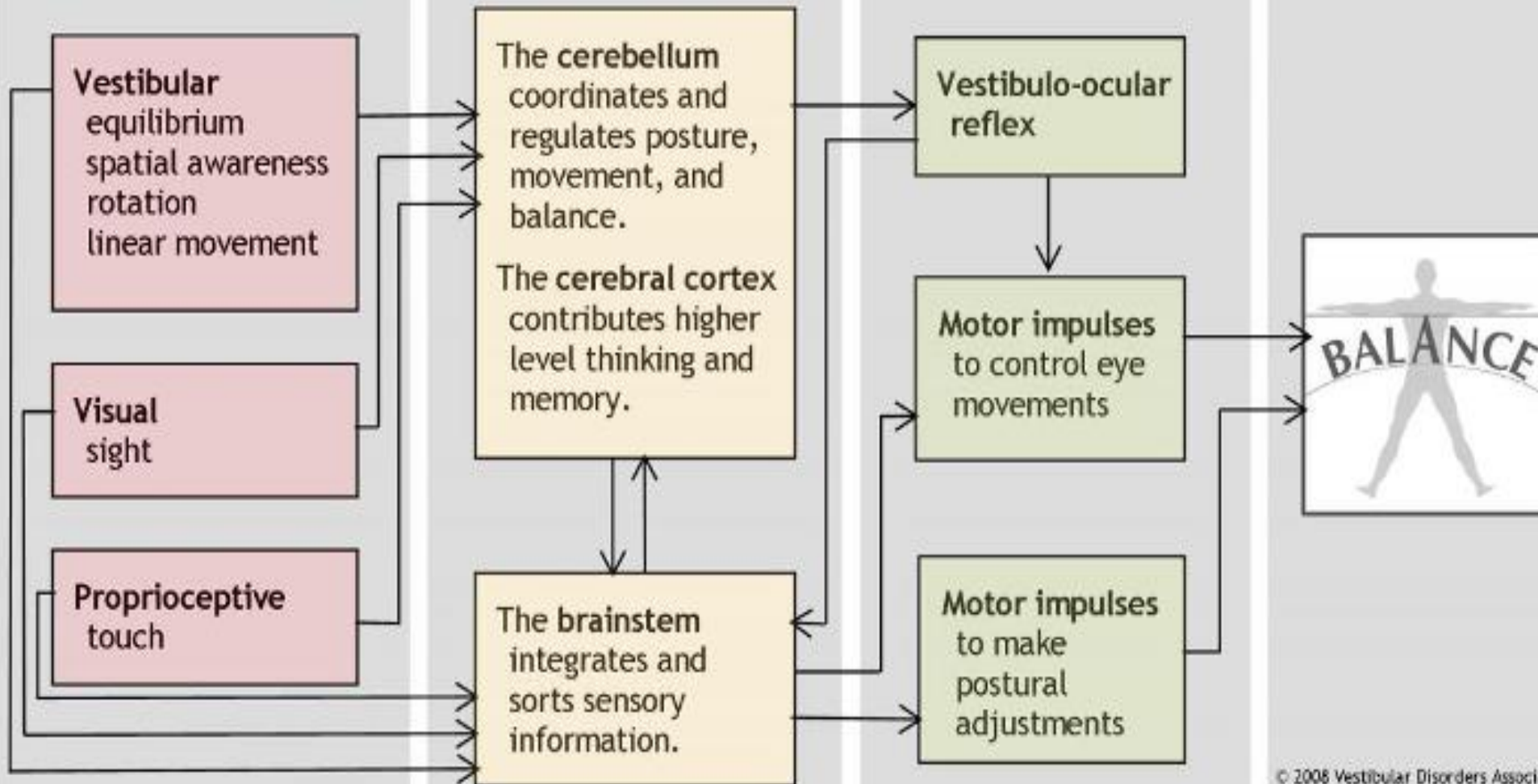
9. I have lost some feeling in my feet.

10. I take medicine that can make me feel light headed or tired.

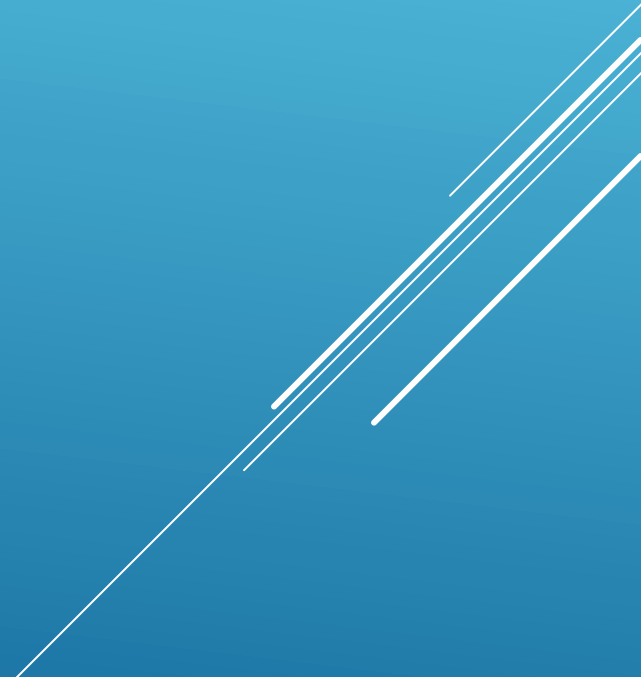
11. I take medicine to help me sleep or improve my mood.

12. I often feel sad or depressed.

SENSORY INPUT → INTEGRATION OF INPUT → MOTOR OUTPUT → BALANCE



RISK FACTORS FOR FALLS

- Age
 - Gender
 - Previous falls
 - Vitamin D deficiency
 - Lower body weakness
 - Medications
 - Vision problems
 - Foot issues/poor footwear
 - Home Hazards
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

- 70% of falls in PWP were ‘intrinsic’ (due to patient-related factors) VS. in controls were mainly “extrinsic” (due to environmental factors).
- Recurrent falls were reported by 36.8% of PWP using benzodiazepines (Valium, Ativan, Xanax, Klonopin)
- **CHECK YOUR MEDICATIONS!!** Minimize use of these meds!

CAUSES OF FALLS IN PWP

Postural instability – this is often referred to as one of the four cardinal features of PD (along with rest tremor, bradykinesia or slowness of movements, and rigidity or stiffness). Postural instability refers to the inability to right oneself after being thrown off balance.

Freezing of gait – This is an abnormal gait pattern in which you experience sudden, short, and temporary episodes during which you cannot move your feet forward despite the intention to walk.

CAUSES OF FALLS IN PWP CONT'D

Festinating gait – this is another abnormal pattern of walking that can occur in some people with PD. In this gait, the person takes short steps which get smaller and faster, until it looks like they are almost running. The person may not be able to stop this pattern of walking and may end up hitting up against barriers in order to stop. Festination can lead to falls.

Dyskinesias – These are extra, involuntary movements that occur in some people as a side effect of Levodopa ingestion. When severe, dyskinesias can throw a person off-balance and cause falls

Visuospatial dysfunction – One of the typical cognitive challenges that can affect people with PD is deficits in visuospatial thinking. Deficits in this cognitive area lead to an inability to navigate oneself in three dimensions. A person may have difficulty maneuvering around obstacles in a room or backing up to sit down in a chair. This difficulty can also lead to falls.

Orthostatic hypotension – A common non-motor feature of PD is drops in blood pressure upon changing head position. This can lead to dizziness and even passing out, which can lead to falls.

Posture problems – PD can be associated with stooped or tilted posture which can contribute to imbalance.

WHAT SHOULD I DO IF I'M WORRIED ABOUT FALLING?

- **Get** tested! **Hearing, Vision, Foot health/sensation, Bone density**
- **Note** your challenges! Attention to task
- **Talk** to your doctors and pharmacist about medications –especially benzodiazepines
- **Request** referral to Physical therapy, Occupational therapy, Speech therapy
- **Begin or improve** your exercise program.
- **Check** vitamin D levels and supplement if needed
- Home **modifications**



EXERCISE!!!

Exercise is Neuroprotective!!

You should see a PT, OT or SLP that specializes in Parkinson's *at least yearly* for a full evaluation.

Start an exercise program with their guidance-should be PD-specific



EXERCISE RECOMMENDATIONS

AT LEAST 150 MINUTES OF MODERATE TO VIGOROUS EXERCISE PER WEEK FOR PEOPLE WITH PARKINSON'S. THAT'S ONLY 21 MINUTES/DAY!

Aerobic activity: 3 days a week for at least 30 minute per session of continuous or intermittent movement at moderate or vigorous intensity

Strength training: 2-3 non-consecutive days per week of at least 30 minutes per session for 10-15 reps for major muscle groups

Balance: agility training and multitasking: 2-3 days per week with daily integration if possible

Stretching: 2-3 days per week with daily stretching being most effective

HOME MODIFICATIONS



1. **Secure some support:** Buy a shower seat, grab bar, hand-held shower head to make bathing easier and safer
2. **Light it up:** Replace burnt out bulbs with bright, non-glare bulbs. Light on path to bathroom
3. **Have a seat:** Place a sturdy chair in the bedroom so you can sit while getting dressed.
4. **Clear the way:** Keep items off the stairs and remove clutter and throw rugs from the floor. Remove outside obstacles.
5. **Store for success:** Keep frequently used items between waist and shoulder height.
6. **Paint/tape doorsills**
7. **Smart footwear**

KEEP A JOURNAL TO TRACK FALLS AND BALANCE PROBLEMS

When does it happen

Certain time(s) of day?

With medication fluctuations? On or Off?

Do you feel lightheaded?

(do you have a blood pressure monitor?)

When you are rushing?

When you are distracted?

In a certain environment?

In a certain location or situation? *Bring journal to your doctor visits!*

OPTIMIZE MEDICATIONS!



Bring tracking information about your function and how it relates to your medication schedule, bring to your neurologist visit

Monitor blood pressure, which can commonly be lower in PWP and can be affected by Carbidopa/Levodopa.

Are you taking a benzodiazepine? Discuss with your neurologist.

Review meds with doctor/pharmacist

HOW DO I FIND A PD SPECIALIST?

www.lsvtglobal.com

www.pwr4life.org

Attend your local PD support group

Attend your local Rocksteady boxing or other exercise group

QUESTIONS?



