

Chapter Two

Movement Challenges: Strategies & Tips to Keep You Moving

NO MORE AUTOMATIC PILOT

Prior to experiencing any PD symptoms, you did not have to think to move. You simply got up and walked, turned, lifted, twisted, ran, etc. You did not think about it at all. You simply relied upon your “automatic pilot.” Well, with PD, your automatic pilot does not function well and may not work at all at times as you may experience with “freezing episodes”. In this chapter we are going to teach how to move consciously and present techniques and strategies that you can have in your bag of tricks to assist you in moving and in getting out of trouble when the PD symptoms start to restrict your ability to move. We will help you establish a “personal trick”. Most of you will find the greatest difficulty with movement during the “wearing off” periods of your medications. The practical strategies that will be presented will assist you with your mobility, keep you out of trouble and hopefully assist in preventing falls.

CONSCIOUS POSTURE & PURPOSEFUL MOVEMENT

The keys to moving more freely with PD are primarily conscious posture and purposeful movement. You now have to think to move. The trick is that you have to re-train yourself this way. At first this can be mentally fatiguing because you are not use to thinking about general movement; however, with practice, you will have the ability to maintain safe, effective mobility and stave off or delay the physical affects of PD presented in Chapter One.

Strategies that I have found helpful are to first visualize the activity whether it be walking, turning, standing, etc. Second, mentally plan the sequence of the activity you wish to achieve in to defined steps. Third, completely finish each step of the sequence prior to starting the next step and lastly, complete the task or activity prior to starting the next one. This strategy forces purposeful, conscious movement. There are techniques and cues that will be presented later in this chapter that will assist you in keeping your movement “mindful”.

❖ *Visualize*

❖ *Plan*

❖ *Sequence (one step at a time)*

❖ *Complete*

BLENDING STEPS OF A SEQUENCE

One common feature seen with PD is the blending of movement sequences. Blending is defined as starting step 1 but prior to completing step 1 you are already starting or “blending” in steps 2 & 3. An example is a simple transfer to a chair from standing. Blending occurs when you approach a chair, but before you complete the approach, you reach for the chair and start to turn and sit all at the same time. A better approach is to use the auditory cues presented above to break down and perform the sequences one at a time such as talking to your self, “Approach chair, turn to square buttocks over chair, reach back for chair, and sit”. Again, you can’t rely on that old automatic pilot. You

have to turn off the faulty automatic pilot, grab the wheel and drive the plane one step at a time. With practice, you can actually train yourself to move in this way and most likely avoid some falls. One technique that is helpful to avoid blending is to focus on the destination. Walk up to the desired spot and make contact with your leg. An example would be approaching your bed. Focus on a spot on the bed where you wish to sit. Walk straight up until your leg makes contact with the bed. By doing this, you have at least eliminated premature reaching and turning before you are close enough to sit down.



An example of blending of sequence. He is attempting to approach, turn and sit at same time.

TIP : When turning corners or turning to sit down, plan out your steps so that you are conscious of what each foot is doing. Try not to pivot on one leg but rather take smaller steps utilizing the “hula technique”. One problem with PD is that you will have a tendency to combine steps, so you have to consciously perform one step at a time when turning corners or when approaching a chair to sit. Below is an example of this. When you combine steps you will typically try to step, rotate your trunk and pivot all at the same time which can lead to freezing or falls; however, if you break it down to individual steps of a sequence, you can maintain good dynamic balance.



WRONG- Example of blending: Turning corners very sharp by combining steps which cause you to pivot on one leg and set you up for freezing or can get you off balance that can make you unstable which could lead to a fall.



RIGHT: Take corners wide by performing each step of the sequence individually.

DARN THAT GRAVITY/ FORWARD POSTURING

Posture: Due to the physical symptoms of PD mentioned above, posture is nearly always affected and plays a huge role in how you walk and move in general. Typical posture changes include standing with your knees and hips bent with a rounded upper back, rounded shoulders and a forward head. You will also typically see the arms tucked into the side of the body with the elbows flexed and hand & fingers curled in towards the body.



Figure 1: Shows rounded shoulders and forward head.

This posture places the muscles at a mechanical disadvantage taking more energy to keep head up and promotes forward posture which can impair your walking and balance.

This stooped posture has a huge impact. You know the drill. You stand up and gradually or fairly immediately, gravity gets the best of you and you find yourself bending forward as if you are looking for change on the ground. When your center of gravity is in front of your base of support (your feet), your postural muscles are at a disadvantage. Your hip and back extensors have to work much harder to hold you up because your skeleton is no longer vertically stacked. Maintaining this flexed posture leads to fatigue and often back

pain. This posture also leads to the tendency to fall forward with walking or backward when trying to reach overhead from standing. With walking with this stooped posture, you are basically trying to catch up with your center of gravity which can cause a rapid uncontrollable shuffling gait. I have even worked with a patient who couldn't control her gait once she started in the pattern and literally ran into the wall or a stable object in order to right herself.

Posture also affects your ability to perform activities of daily living. One of the first restrictions noticed is loss in shoulder range of motion (ROM) which impairs the ability to perform basic tasks such as dressing yourself and bathing. Understanding these typical PD postures is important as your exercise program design will be to directly oppose these postures.

TIP: *When you are slumped, your skeleton is no longer mechanically stacked which actually puts your muscles at a mechanical disadvantage- in other words your muscles have to work harder to pull you up. Some simple ways to cue your body is to squeeze your shoulder blades together while straightening your knees and squeezing your buttock muscles. If you are having difficulty with standing, you can perform the posture correction of squeezing your shoulder blades in sitting as well. This will force your body to realign itself. Do this throughout the day. Your “automatic pilot” is not working so you have to consciously think to do this. You will overtime try to re-engage your “postural muscles” by conscious thought and maintain a more advantageous posture.*



Above are examples of self, conscious posture correction which can be performed throughout the day in both standing and sitting.

NO MORE FREEZING:

Freezing is the name given to a temporary and involuntary inability to move. When freezing occurs, your feet can feel like they are glued to the floor. You are basically stuck there standing. Attempts to move are useless or you may lose your balance trying. Freezing typically happens under predictable circumstances, but can also happen randomly. You may experience freezing episodes when crossing thresholds, entering or exiting elevators or when turning corners. Unfortunately, freezing does not always respond to an increase or adjustment to medications; however, there are various techniques that can be used to reduce the duration and incidence of freezing episodes. This is where you have to establish your “Personal Trick”. If you do not have a personal trick, you could be stuck in a position for quite some time or actually fall. Here are some tricks for you to consider.

Anti- Freezing Strategies

- ✓ **Stop when freezing occurs. Do not attempt to move through it as it often leads to loss of balance.**
- ✓ **Restart movement with a purposeful step (*See Poor Man’s Hula*).**
- ✓ **Visualize stepping over an imaginary object.**
- ✓ **If doorways and elevators are a problem, try to look past the threshold focusing on where you want to go to versus the threshold itself.**
- ✓ **See what tricks work for you and practice these strategies. Having done this may decrease anxiety lessening the “freezing affect”.**

TIP: Poor Man’s Hula *When a freezing episode occurs the 1st thing to do is just stop. Then slowly shift your weight from side to side. I call it the “poor man’s hula”. The “hula” will prepare you to reinitiate moving. With freezing, you will typically have weight on both feet not freeing up either of your two legs. Now deliberately shift weight to one leg (hula) and purposefully pick up the opposite foot to reinitiate stepping. It may take a little practice, but this technique can be in your bag of tricks if freezing occurs. It works well to get in the habit of always performing this the same way each time by always shifting to one specific leg and always stepping with same opposite leg. The more you practice, the more effective this will be when you need it.*



Poor man's hula-Sequence used to off-load one leg to free up the opposite leg to step with.

FINDING YOUR PERSONAL TRICK (Anti-Freeze)

Freezing can sometimes be predictable, but other times it just happens without warning. Considering the presented strategies, it is important for you to establish a trick to get you out of trouble. Here is an example that may be helpful for you in finding your personal trick. There was a gentleman with PD who liked to work on his computer in his study which was away from other rooms in his home. When he needed to get up he would reach for a book shelf that was above his computer and pull himself into standing. Once he was standing, he was still leaning forward with his hands on the shelf and was then frozen. This consistently

happened every time he tried this maneuver. He said that he has been stuck in this position for over an hour on many occasions. He tried to yell for his wife but the room was far away from the other areas in his home and he had some difficulty with projecting his voice which is another typical symptom of PD.

Okay, so now let's help this gentleman find his personal trick. The first issue is that his center of gravity is way in front of his base of support. So we have to fix that first. The first move is to perform the "posture" correction of squeezing your okole/buttocks and your shoulder blades together which will bring your center of gravity over your base of support your feet. Now, we need to get you moving by performing the poor man's hula by shifting weight side to side and initiating a first big step and VIOLA! You are unfrozen. With just 3 minutes of practice, this gentleman was able to consistently get out this frozen state in less than 60 seconds! He perfected his personal trick!