

Living With Parkinson's Disease

Danielle DeMarco, PT, DPT
& Kelsey Hanlon, PT, DPT

Most people have heard about Parkinson's disease, but few understand how to identify it. Recently, I evaluated a patient who had been suffering from difficulty walking and recurrent falls for several years. He blamed his orthopedic injuries for his current functional impairments. From the moment I saw him walk across the room, I had an inclination that he may have Parkinson's disease. After performing an examination, it became evident he required Parkinson's-based therapy and medical intervention to treat his symptoms.

I couldn't help but wonder how he would be doing if he had seen me a few years ago and I was able to treat his deficits then. Or even better, if he or his wife had learned about the signs and symptoms of Parkinson's and were able to be self-advocates. The goal of this article is to educate people on ways to identify signs and symptoms of Parkinson's disease and to describe how certain therapeutic interventions can improve the quality of life of a person with Parkinson's disease.

There are 3 subtypes of Parkinson's disease, and each has a unique presentation. They are: tremor dominant, primary dyskinesia, and postural instability/gait disorder. Typically, Parkinson's symptoms begin on one side of the body and progress to both sides. A common initial symptom is a "pill-rolling" tremor in one hand. This tremor is usually involuntary and can be stopped with self-awareness. Another symptom is decreased handwriting size or even a decreased desire to write due to difficulty producing legible script. Some people begin walking more slowly due to decreased size of their steps and a forward trunk lean decreasing their efficiency. A person may also realize a

sense of global joint stiffness and even a sense of slowness completing tasks. Lastly, an additional symptom is known as "freezing"—a feeling of feet getting "stuck" with turning, navigating through doorways, or walking in narrow spaces. If a cluster of these symptoms are present, I would strongly recommend speaking to your medical provider about concerns related to Parkinson's disease.

There are many interventions available to those diagnosed with Parkinson's disease. People with Parkinson's disease benefit from general physical activity including weight training, stretching, and aerobic conditioning, in addition to Parkinson's-specific physical therapy interventions. Motivation to exercise can be a challenge in this population, and it sometimes helps to get involved with a support group. Patients can also search the internet or check with a doctor or physical therapist about community exercise programs in their area.

Caregivers are essential in helping those with Parkinson's at home. Patience is key. It is important to recognize that your loved one's brain is unconsciously telling them to move with lower amplitude, which may cause them to move more slowly. Though it is tempting, try not to complete tasks for them for the sake of time. Instead try to allow more time for a task to be completed. Resist overcuing to assist with completing tasks, as this can be overwhelming. Another tip for caregivers is to use simple commands, especially later in the disease process. For example, use short sentences like, "sit in that chair" as opposed to, "go over there and sit in the chair along the wall."

If Parkinson's disease is suspected, **physical therapy** is usually recommended. Patients should seek out a physical therapist with specialized

training in Parkinson's treatment to maximize their therapeutic potential. These therapists may have training in the LSVT BIG program or the PWR! Program designed specifically for treatment of Parkinson's. Some of the interventions a therapist prescribes include amplitude-focused exercises, compensatory strategies, and balance/gait training.

As mentioned earlier, a frequent sign of Parkinson's disease is slowness of movement, which is also called **bradykinesia**. This can then lead to smaller movements. In physical therapy for Parkinson's patients, there is a major focus on amplitude training. Amplitude training involves recalibrating the brain to make a bigger movement, which then appears as a normal-sized movement. Initially, amplitude training may feel awkward or even excessive to a person with Parkinson's disease. This sensation will dissipate over time, and the patient's

sensation of movement will slowly match his or her movement output.

Freezing of gait, or a sense of inability to move one's feet, is another commonly treated Parkinson's impairment. Therapists instruct patients in various compensatory strategies to reduce the occurrence of freezing. For example, walking through a doorway is a common trigger for these symptoms. A good technique to treat this involves visually ignoring the threshold and looking beyond the doorway. The same goes for sitting in a chair. Rather than stopping directly in front of the chair, which can trigger a "freeze," therapists will instruct patients to ignore the chair and walk almost completely past it prior to turning to sit in the chair. Another compensatory strategy is the use of shifting one's weight off the "frozen" limb to allow the leg to advance forward.

Possibly the most problematic symptom

of Parkinson's is **gait instability** and increased risk for falls. There is a large emphasis on balance and walking in physical therapy treatment. Therapists utilize the above-mentioned amplitude training and compensatory strategies while instructing patients in more efficient walking techniques. These walking techniques include reciprocal and increased arm swing movement, upright posture, consistent heel strike, and increased step height.

Physical therapy can help reduce falls, improve function, and increase activity tolerance for Parkinson's patients. If the patient's medical provider suggests physical therapy, **WWS Physical Therapy & Vestibular Rehab** has several therapists with specialized training in treating patients with Parkinson's disease. We would be happy to help you or your loved one work through this difficult diagnosis.



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1456 Ferry Rd, Suite 601, Doylestown, PA 18901
215 489 3234 • www.wwspt.com