# HELPFUL RECOMMENDATIONS TO AID IN CHALLENGES DUE TO PARKINSON'S

## DIFFICULTY WALKING - STEPS BECOME SMALLER, MAY INCLUDE SHUFFLING, FORWARD LEAN, REDUCED ARM SWING

- Ensure proper support with an AD as needed
- Practice high amplitude movements emphasizing step length, speed, and arm swing
- Strengthen postural muscles
- Practice flexibility to reduce stiffness
- Engage in a consistent exercise routine to improve tolerance

## FREEZING - FEELING STUCK IN PLACE, INCREASED HESITATION; MOST COMMON WITH TRANSITIONS IN SURFACES, ENVIRONMENTS, AND/OR OBSTACLES

- Fuse external cues, strategies, and routines to reset and help break the pattern to return to normal movement
- Visual reminders may include targets, colorful markers, or mirrors
- Auditory cues may include a metronome, rhythmic music, counting, or speaking out loud
- Try routines like pausing and shifting weight back and forth between feet or marching prior to resuming walking

## DIZZINESS/LIGHTHEADEDNESS WITH TRANSITIONS - PEOPLE DIAGNOSED WITH PD OFTEN EXPERIENCE HYPOTENSION, OR LOW BLOOD PRESSURE; THIS MAY WORSEN WITH CHANGES IN POSITION

- Monitor BP consistently at home
- Talk to PCP regarding medical management
- Ensure adequate hydration to reduce symptoms
- Slow down transitions to maintain safety; perform light exercise in sitting prior to standing to raise blood pressure

(904) 516-0124 www.apexrehabandtraining.com apexptandtraining@gmail.com

# REVIEW BLOOD PREASSURE FOR ORTHOSTATIC HYPOTENSION

## PERFORM CHECKS FOR ORTHOSTATIC HYPOTENSION REGULARLY

THIS IS CLASSIFIED BY A DROP OF 20 MMHG IN SYSTOLIC BP (TOP NUMBER) AND 10 MMHG IN DIASTOLIC BP (BOTTOM NUMBER)


## HOW TO TEST FOR ORTHOSTATIC HYPOTENSION:

PERFORM BP READING FIRST IN A SEATED POSITION (FEET FLAT ON FLOOR, BACK SUPPORTED, AND ARM SUPPORTED), THEN STAND UP, WAIT 1-2 MINUTES AND TAKE BLOOD PRESSURE WHILE STANDING

**If you think Apex Rehabilitation and Training might be a good fit for you. Visit apexptandtraining@gmail.com for an assessment today!**