

Parkinson's, Falls and Occupational Therapy

Each year, millions of people 65 years and older, slip, trip and fall in and around their homes and less than half tell their doctor. According to the CDC and prevention:

- 1 in 4 Americans aged 65+ falls each year
- Every 11 seconds, an older adult is treated in the ER for a fall, every 19 minutes, an older adult dies from a fall
- In 2015, the total cost of fall injuries was \$50 billion. Medicare and Medicaid shouldered 75% of these costs. It is expected to increase to \$67.7 billion by 2020.

What About Parkinson's and Falls?

People living with Parkinson's Disease (PD) are at a higher risk for falls due to the motor symptoms, including stiff muscles, freezing, and balance impairment. Research estimates that people with PD are at twice the risk of falling as often as their peers. Falls can be mild, causing only bumps and bruises, or they can result in significant damage, causing increased disability and a reduced quality of life. The fear of falling in people living with PD is real and impacts both the patient and their caregiver or care partner. (Parkinson's Foundation 2017)

The result of falls is multifactorial in nature, influenced by personal, environmental and activity-based factors. Personal factors include such things as illness, behaviors, capabilities, medications, and a fear of falling. Environmental factors are hazards within the home, the stability of the shoes they wear, and the availability and use of mobility devices. Finally, specific activities can place someone at risk for a fall when the demands of the activity exceed their abilities. Older adults make one of two main mistakes that increase their chances of falling. Some overestimate their abilities and take too many risks. Others are so concerned about falling that they cut back on activities they actually can do and lose leg strength and balance.

How Can Occupational Therapy Help?

Occupational therapists are skilled at evaluating and addressing influences from the person, their activity roles and routines and the environment to maximize independence for older adults. There are several steps one can take to prevent falls:

1. Assist in helping the patient make an honest inventory of their risks and limitations
 - Length of disease duration
 - Certain medications and timing
 - Freezing episodes
 - Posture, gait or balance
 - Poor vision
 - Cognitive impairment
2. Make suggestions for home modifications
 - Parkinson's home safety checklist:
<https://b9p3b5u6.stackpathcdn.com/wp-content/uploads/2018/06/Parkinsons-Home-Safety-Checklist-Davis-Phinney-Foundation-2018.pdf>
3. Assist patient to develop a routine to exercise regularly
 - Focus on exercises that emphasize balance and concentration, but aerobic, flexibility and strength-building exercises are also beneficial. Encourage patient to join a Parkinson's exercise group to hold one accountable to go and participate.

4. Work with a physical or occupational therapist. They can help develop an exercise routine, help find ways to continue day-to-day activities and help develop coping and management skills.
5. Teach patient to practice balance techniques
 - Consciously lift your feet when walking
 - Widen your base
 - Swing both arms when walking
 - Avoid pivoting movements
 - Change positions slowly
 - Use a walking aid
 - Wear proper footwear
 - Avoid multitasking

Evaluating a Person with Parkinson's *(This is not an all inclusive list)*

Neuro Motor Testing- PT/OT

- Observation of movement
- Occiput to wall
- Functional Gait Assessment
- Mini Best Test
- Function in Sitting Test (FIST)
- 9 hole peg test, TUG, TUG cog/fine, 2 min or 6 min walk, gait speed
- Modified Ashworth

ADLS

- Elderly Mobility Scale
- SLUMS
- Modified Barthel
- Activities of Daily Living Index

Cognitive and SLP Related

- Montreal Cognitive Assessment
- Sustained Phonation
- Pitch Range
- Reading Passage

We are only one of the stepping stones to helping one live with Parkinson's. Knowing the challenges and what lies ahead for these patients and their loved ones, we can also be the ones to show them how to maintain, live well and improve their quality of life with Parkinson's disease.