Falling can affect people with and without Parkinson’s.

People with or without Parkinson’s may be more likely to fall due if they:

- are older and frailer with a limited range of movement
- have had previous falls
- experience depression
- have dementia
- are taking some types of medications that can cause drowsiness

Some of the suggestions given in this information sheet to prevent or reduce the impact of falls will be appropriate for people without Parkinson’s, but others are specific to the condition.

If you have Parkinson’s, the reasons you fall may include poor balance, taking steps that are too small or that vary in size, or because your arms do not swing when you walk. Involuntary movements (dyskinesia), which are a side effect of some Parkinson’s medication, can also be a reason.
Sometimes, frequent falls can be a feature of other conditions, including other types of parkinsonism. So if you have any concerns, speak to your specialist or Parkinson’s nurse.

Most people with Parkinson’s will not experience falls or problems with balance within the first few years after diagnosis. But over time, people may become more likely to fall.

**Freezing**

Some people with Parkinson’s fall because they have problems starting to move or they ‘freeze’ while they are moving. Freezing is when you stop suddenly, and it can last for a few seconds or minutes. If this happens, you may feel as though your feet are stuck to the floor or you’re unable to move easily, which can make you feel unsteady. This can increase your risk of falling over. If you have difficulty with your medication wearing off before your next dose is due, you may find freezing becomes worse.

**Find out more:** see our information sheet *Freezing in Parkinson’s*.

As your Parkinson’s progresses, your posture can change – you may become more stooped and your muscles may become more rigid. Having muscles that are less flexible can increase your risk of falling. It’s more difficult for your body to move and for you to protect yourself if you lose your balance.

**General muscle weakness**

People with Parkinson’s can be much less active than they used to be, which can cause muscles to become weaker. This weakness can be a major cause of falls – so it is important to stay as active as possible to help muscles and joints from getting stiff and rigid.

**Problems with blood pressure**

Blood pressure problems can be a side effect of Parkinson’s medication. Problems with blood pressure can also affect people as they get older. It can lead to dizzy spells and falls. If you’ve felt dizzy, or fallen because of dizziness, ask your GP or practice nurse to check your blood pressure both when you’re sitting and standing, to see if it’s too low.

Postural hypotension is a sudden drop in blood pressure when changing position, for example getting up out of a chair. It can make you feel very light-headed, which will affect your balance. Postural hypotension can be experienced as a symptom of Parkinson’s. But it can also be caused by the drugs used to treat Parkinson’s.

Drugs used to treat other medical conditions, such as high blood pressure, can potentially make dizziness worse, especially if you are losing weight or not eating and drinking as well as you used to. Make sure you let your GP, specialist or Parkinson’s nurse (if you have one) know if you have dizzy spells or falls.

Some dizzy spells can be avoided by you just taking your time. For example, when you have just sat up ready to get out of bed, allow your feet to dangle on the floor for a few minutes before you stand. When sitting on a chair or bed you could also try marching your feet on the spot for a few minutes to ‘rev-up’ your blood supply. Then stand up slowly, but try not to walk away immediately – stand for a while until you feel steady.

“I had no falls at all at first, but then I fell twice in quick succession. But these difficulties are small and do not seriously affect my wellbeing.”

Caroline, diagnosed in 2003
Eye problems
You may be one of the people with Parkinson’s who experiences problems with your eyes. Blurred vision in Parkinson’s can be caused by difficulty in moving your eyes, but it can also be a side effect of some Parkinson’s drugs, including anticholinergics. If you are unable to see hazards clearly, this may make you more likely to fall.

Because of Parkinson’s, you may also have difficulty in judging the space around you. You may not be able to accurately assess the distance between objects and may experience problems negotiating your own route when walking past objects or through a narrow space.

Reducing the risk of falling
It’s important to get help and advice about avoiding falls. Whether or not you have fallen over before, anxiety or fear of falling can increase the likelihood of it happening. Your GP, specialist or Parkinson’s nurse can offer advice on how to avoid future accidents, or refer you to a physiotherapist or occupational therapist (see page 6 for more information).

Seven steps to better walking
Here are some of the things physiotherapists have suggested you can do to help overcome balance problems.

• Get into a rhythm when you walk.
  Try counting each step, marching on the spot, stepping over patterns on the floor, humming or singing to yourself. You might use a mantra such as ‘walk tall’ or ‘stride out’ to help you stay focused when walking.

• Move to the beat.
  As an alternative to counting or chanting, a physiotherapist may suggest walking to the tick of a metronome to help you maintain a rhythm. A metronome is a device that produces a regular tick or beat that musicians use to keep to a rhythm. They are available from musical instrument suppliers. If you freeze regularly, a physiotherapist may recommend that you use one to help you restart walking.

• Focus on taking longer strides and swinging your arms.
  Taking bigger steps will help to increase your arm swing. Gently swinging both arms will help you keep your balance when you walk.

• Shift your weight.
  Move your weight from one foot to the other or try to step backwards before moving forwards. If you freeze, you may be able to re-start moving by rocking gently from side to side.

• Avoid distractions.
  Try to concentrate and keep distractions to a minimum – avoid walking and talking at the same time. If you want to have a conversation, pause and touch something solid, such as a lamp post, when you want to talk

• Slow down turns.
  If you need to change direction, try not to turn too quickly or pivot on the spot. It’s better to slow down and take a few extra steps to walk around in a half circle. Try to imagine your feet are following the numbers on the face of a clock. Take your time.

"Freezing is the cause of many a fall for me. The problem is, my body goes faster than my feet, so I often leave them on the pavement!"

Josie, diagnosed in 2007
Parkinson’s medication
You can avoid dizzy spells, which may make you more likely to fall, by making sure you’re taking your medication as prescribed.

Falling can be more likely depending on how well your symptoms respond to medication and whether this regularly changes, or fluctuates. Improving the treatment of your Parkinson’s symptoms may help to prevent you from falling. For example, you may freeze when you are ‘off’ (when your medication is not working so well) and this can cause falls. So any changes your specialist or Parkinson’s nurse makes to your medication to reduce freezing may also help to reduce falls.

If your drugs do not seem to work as well as they used to, or you think you are falling due to side effects of your medication, speak to your specialist or Parkinson’s nurse about making changes to the drugs you are taking.

Hazards in and around your home
There are many things in the home that could be hazardous and make you more likely to fall, including slippery floors, loose carpets and general clutter. Here are some tips on how to reduce hazards in the home.

• Try to clear away as much clutter as you can and arrange your furniture so that moving around is as easy as possible. If the furniture is heavy, make sure you ask someone to help you move it.
• Hand or grab rails may be useful in tight spaces, such as in toilets, bathrooms or by the stairs. Putting non-slip mats in the bathroom will also help.
• Always make sure your house is well lit.
• Apply strips of coloured tape to the edge of steps to reduce slipping and to make them more visible.
• Keep commonly used items close to hand and make sure you have contact numbers nearby in case of an emergency. You might prefer to change your telephone to a cordless model so that you can carry it with you.
• Try not to rush, even if the phone’s ringing or there’s someone at the door.
• If you’re prone to falls, you might find a community alarm system really helpful. This involves wearing a small device that has a button to alert an emergency response centre, who will send someone to help you. Age UK runs this type of service and your local social services, social work department or health and social care trust can provide details of other local schemes. There is usually a small cost for this service.
• Floor coverings can sometimes be a hazard. For example, carpet patterns can be visually confusing. Speak to an occupational therapist or physiotherapist about applying strips of tape or plastic footsteps on the carpet. These can guide you in places you may be more likely to fall, such as a tricky turn on stairs, or in doorways.

Other ways to reduce the risk of falling
Though it might be tempting, try not to restrict all your activities to prevent falls, as this is likely to cause joint stiffness or muscle weakness. This can increase your chance of having a fall because your body won’t be used to moving and maintaining its balance.

“… My specialist recommended counting if I was in a tight space and needed to get moving again.”

Elaine, diagnosed in 2010
It’s important to try to stay as active as possible and to exercise regularly to help you maintain your mobility and prevent falls. See page 6 for more information about how physiotherapists can help with this.

Find out more: see our exercise DVD and booklet, *Keeping Moving*.

If you want to take part in leisure activities outside the home, an occupational therapist (see page 6) can give you advice about local help and facilities available that might make this easier for you.

Remember that as long as you take part in sensible activities, there is no reason to let the risk of falls stop you doing from what you want to do. Staying active and doing the things you enjoy may help you maintain your physical and emotional wellbeing.

**Exercise**
The more fit and active you are, the better your body is able to respond to the demands placed on it, making you less likely to fall and injure yourself. In some areas of the UK, you can be referred for a fitness review through the Exercise Referral Scheme, and see a fitness instructor who can tailor a programme to your individual needs. Your GP may be able to tell you about schemes available in your area and refer you. The scheme also gives you reduced fees at a gym. Several gyms are signed up to the Inclusive Fitness Initiative, which ensures that they provide an accessible environment for everyone, including providing adapted equipment for people with disabilities.

Visit [www.efds.co.uk/inclusive_fitness](http://www.efds.co.uk/inclusive_fitness) for more information.

**Equipment**
You might find equipment that can help you to walk, such as a walking stick, useful. Before you start using a walking aid, however, it is very important to get advice from a physiotherapist. Some walking aids are not always recommended for people with Parkinson’s. They can have a bad effect on your walking pattern and could make you more likely to fall.

**Footwear**
You might find some shoes better than others. Footwear with low heels or flat soles might be helpful. Try to avoid unsupportive shoes, such as floppy slippers. An occupational therapist or physiotherapist can give you advice about what shoes to wear and ways of making the places where you walk easier and safer to manage.

Find out more: see our information sheet *Clothing*.

You may find that a hip protection system reduces the impact on your hips if you fall. This will help to prevent fractures. These are pads, worn over the hips, that can be slipped into specially designed underwear. An occupational therapist or an orthopaedic department in a local hospital should be able to advise on where you can get these.

**Professionals who can help**
If you are experiencing falls, make an appointment with your GP, specialist or Parkinson’s nurse to talk about what can be done to improve your safety and balance.

“One tip I heard from an expert was to try not to carry things in your hands as you walk, as this reduces your chances of being able to save yourself if you do overbalance.”

**Alan, diagnosed in 2005**
The following professionals can also help:

**Physiotherapists**

A physiotherapist uses physical treatments, including exercise, to prevent or reduce stiffness in joints and to help build muscle strength and mobility. They can show you exercises to help maintain your posture and balance and can advise you on ways of preventing or reducing your risk of falling. They can also teach you ways to get up after having a fall, which will help you stay confident and independent.

A physiotherapist can also advise or train family and carers on safe ways of helping you with any mobility problems.

Your GP, specialist or Parkinson’s nurse will usually be able to refer you to a local physiotherapist. Alternatively, the Chartered Society of Physiotherapy has a register of private physiotherapists who specialise in the treatment of neurological conditions, including Parkinson’s.

**Find out more:** see our information sheet *Physiotherapy and Parkinson’s.*

**Occupational therapists**

An occupational therapist can help you stay independent by talking to you about any problems you might have with everyday tasks and activities. They can help you find ways to make these as safe and easy as possible.

For example, an occupational therapist can help make your home and workplace safer and more manageable. They can give advice about appropriate aids and equipment, such as fixing extra hand rails by steps, stairs and in the bathroom.

An occupational therapist can also help you find different ways of doing everyday things like fastening buttons, eating or cooking. They can also provide advice on ways to continue working and joining in with social and leisure activities.

Occupational therapists can be contacted directly in some areas through your local social services or social work department, or by referral through your GP, specialist or Parkinson’s nurse.

**Find out more:** see our information sheet *Occupational therapy and Parkinson’s.*

**Parkinson’s nurses**

Parkinson’s nurses provide expert advice and support to people with Parkinson’s and those who care for them to manage symptoms. They can also act as a liaison between other health and social care professionals to make sure your needs are met.

Parkinson’s nurses may not be available in every area, but your GP or specialist can give you more details on local services.

**More information and support**

Age UK Aid–Call Service
0800 77 22 66
www.ageuk.org.uk

“...In the eighteen months from the time I was diagnosed, I had four or five falls, always landing on my face because of my inability to put out my arms to save myself. So I loosened teeth, my lip had to be stitched, and I had a couple of black eyes. I’m now much more careful. I fall less, but can overbalance while standing perfectly still.”

Diana, diagnosed in 2004
Thank you very much to everyone who contributed to or reviewed this information sheet:

**Huw Morris, Professor of Neurology, Cardiff University and Royal Gwent Hospital**

**Alison Rose, Lead Movement Disorder Nurse Specialist, County Durham and Darlington Foundation Trust**

**Julie Ridden, Superintendent Physiotherapist, Northumbria Healthcare Trust**

Thanks also to our information review group and other people affected by Parkinson’s who provided feedback.
Falls and Parkinson's (2013)

If you have comments or suggestions about this information sheet, we’d love to hear from you. This will help us ensure that we are providing as good a service as possible. We’d be very grateful if you could complete this form and return it to Resources and Diversity, Parkinson’s UK, 215 Vauxhall Bridge Road, London SW1V 1EJ. Or you can email us at publications@parkinsons.org.uk. Thanks!

Please tick...

☐ I have Parkinson’s. When were you diagnosed? ..............................................................................................................................................................

☐ I’m family/a friend/a carer of someone with Parkinson’s

☐ I’m a professional working with people with Parkinson’s

Where did you get this information sheet from?

☐ GP, specialist or Parkinson’s nurse ☐ Information and support worker

☐ Parkinson’s UK local group or event ☐ Ordered from us directly

☐ Our website ☐ Other ..............................................................................................................................................

How useful have you found the information sheet? (1 is not useful, 4 is very useful) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Have you found the publication easy to read/use? ☐ Yes ☐ No

Has this resource given you information that might help you manage your condition better?

☐ NA ☐ It hasn’t helped ☐ It has helped a little ☐ It has helped a lot

What aspects did you find most helpful?

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Were you looking for any information that wasn’t covered?

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Do you have any other comments?

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If you would like to become a member of Parkinson’s UK, or are interested in joining our information review group, please complete the details below and we’ll be in touch.

☐ Membership ☐ Information review group (who give us feedback on new and updated resources)

Name ..........................................................................................................................................................................................

Address ..........................................................................................................................................................................................

Telephone .......................................................................................................................... Email

What is your ethnic background? ☐ Asian or Asian British ☐ Black or Black British ☐ Chinese ☐ Mixed

☐ White British ☐ White other ☐ Other (please specify) .............................................................................................................................
We’re the Parkinson’s support and research charity. Help us find a cure and improve life for everyone affected by Parkinson’s.

Can you help?
At Parkinson’s UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson’s. If you would like to get involved, please contact our Supporter Services team on 020 7932 1303 or visit our website at parkinsons.org.uk/support. Thank you.

Parkinson’s UK
Free* confidential helpline 0808 800 0303
Monday to Friday 9am–8pm, Saturday
10am–2pm. Interpreting available.
Text Relay 18001 0808 800 0303
(for textphone users only)
hello@parkinsons.org.uk
parkinsons.org.uk
*calls are free from UK landlines and most mobile networks.

How to order our resources
0845 121 2354
resources@parkinsons.org.uk
Download them from our website
at parkinsons.org.uk/publications

We make every effort to make sure that our services provide up-to-date, unbiased and accurate information. We hope that this will add to any professional advice you receive and will help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson’s.

References for this information sheet can be found in the Microsoft Word version at parkinsons.org.uk/publications

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