FREEZING IN PARKINSON’S

WHAT IS FREEZING?
Approximately 30 percent of people with Parkinson’s will experience ‘freezing’. ‘Freezing’ describes the experience of stopping suddenly while walking or trying to begin walking, and being unable to get going again for a period of seconds or even minutes. Many people describe this as feeling like they are ‘stuck’ to the ground, while their upper body is still able to move.

Freezing is not always limited to walking; it can being experienced when starting any movement, such as getting out of bed, rising from a seated position or eating and drinking. Difficulty getting started with a movement is often referred to as ‘start hesitation’.

The loss of automatic movement that happens with freezing and start hesitation can be particularly disturbing as it means that previously simple tasks and actions have to become conscious and deliberate. This can lead to a lack of confidence in social outings and public places as well as being a frustrating block to enjoying many activities.

Freezing can also lead to problems with balance, which increases the risk of falling.

WHAT CAUSES FREEZING?
The cause of freezing is not clearly understood, but it is thought that it occurs when the normal sequence of movement is interrupted or disturbed.

Freezing can be made worse by anxiety, lack of concentration and unfamiliar situations.

It can occur in a number of places or situations, but particularly in the following:
- crowded or new places
- entries to doorways and lifts
- narrow spaces, such as theatre aisles or church pews
- when the surface a person is walking on changes suddenly, such as a different pattern on a carpet, or a change from a smooth to an uneven surface.

It has been observed that freezing is slightly more common in people whose initial Parkinson’s symptoms involve difficulties with gait (such as problems with balance).

It is also far more likely to occur in people who have had Parkinson’s for some time and who have been on levodopa treatment for a number of years. However, as freezing can occur in people who are not being treated with levodopa, the condition cannot be simply described as a side effect of medication. It has been suggested that other chemicals in the brain, besides dopamine, may be involved in freezing.

Many people may find that they experience freezing when they are having ‘off’ periods. The ‘on/off’ phenomenon is a side effect of levodopa treatment.
found, again, in some (but by no means all) people who have had Parkinson’s for some time. It can best be described as an unpredictable shift from mobility (‘on’) to a sudden inability to move (‘off’), but shifts from ‘off’ to ‘on’ can occur just as suddenly. It is important to recognise that freezing is not the same as the ‘on/off’ phenomenon.

**WHAT TREATMENTS AND SOLUTIONS ARE AVAILABLE?**

It is important to remain active, even when faced with freezing, as inactivity can compound other symptoms of Parkinson’s.

There are a number of treatments and techniques that can be used to treat freezing. They include the following:

**DRUGS**

If freezing occurs during ‘off’ periods then adjustments in drug regime may help. Any changes to your medication should be discussed with your doctor.

**PHYSIOTHERAPY**

A physiotherapist can recommend techniques and exercises such as correcting posture, learning to put the heel down first, and using different cues to overcome the problem.

Some of these techniques include:

- **the weight shift method,** where you try to gently shift the majority of your weight sideways rather than forwards to allow you to take a step with the other leg
- **use of rhythm** such as music, a metronome, or counting
- **vision cues** such as strips of tape placed in difficult areas such as doorways, which provide an obstacle to step over and focus the movement.

**OCCUPATIONAL THERAPY**

An occupational therapist can recommend techniques and equipment to avoid freezing episodes, particularly in your home and or work place.

**FOOTWEAR**

Some people find that leather soled shoes help prevent freezing, but these can also be slippery and increase the risk of falls. Different levels of grip can also help to encourage movement. A physiotherapist or podiatrist can help you make decisions around footwear.

Many people find that with the right cues and techniques they can continue to remain active by walking, dancing, doing Tai Chi, marching and even cycling. What these activities have in common is either the use of rhythm, or an exaggerated movement.

Speak to your Parkinson’s Field Officer if you would like advice on any of these options or would like to be referred onto a doctor, physiotherapist, occupational therapist or podiatrist.

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