Loss of balance and falling affects many people with Parkinson's and the problem tends to increase over time. But everyone’s experience of Parkinson’s is different, so you may not have these difficulties.

Whether you have Parkinson’s or not, you may be more likely to fall if you:

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

Sometimes, people may experience falls for other reasons, including old age and other types of parkinsonism. Over time, people with Parkinson's may become more likely to fall. If you have any concerns, speak to your specialist or Parkinson's nurse.

What might cause me to fall if I have Parkinson’s?

If you have Parkinson's, you may fall because of poor balance, you take 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. Other reasons you might fall include:
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. Speak to your Parkinson’s specialist or nurse as they may be able to adjust your medication.

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

Posture
As 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, as 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. Staying active can help muscles and joints from getting stiff and rigid.

Problems with blood pressure
Some Parkinson’s medication can cause side effects, which can include problems with blood pressure. This can lead to dizziness and falls. Problems with blood pressure can also affect people generally as they get older. 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. You may experience postural hypotension 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.

You can avoid some dizzy spells by just taking your time. For example, before you get out of bed, sit with your feet touching the floor for a few minutes before you stand up.

When sitting on a chair or bed you could also try marching your feet on the spot for a few minutes to get your blood flowing. Then stand up slowly, but try not to walk away immediately – stand for a while until you feel steady.

Find out more: see our information sheet Low blood pressure and Parkinson’s.

“I’ve recently experienced a number of falls, usually in the garden. My head is usually the main part of my body to hit the ground. Because of this I have purchased a builder’s hard hat. I may look a bit like ‘Bob the Builder’ but it does give me a measure of security as I do enjoy pottering in the garden. The hard hats are quite inexpensive, and provide a great measure of safety. I would recommend anyone with Parkinson’s who enjoys gardening to get one.”

Roger
Eye problems
Some people with Parkinson's experience problems with their eyes. Difficulty moving your eyes and side effects of some Parkinson's drugs (including anticholinergics) can cause blurred vision. 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 judging the space around you. You may not be able to accurately assess the distance between objects and may experience problems finding your way when walking past objects or through a narrow space.

Bifocal glasses may also affect how well you judge distance.

Find out more: see our information sheet *Eyes and Parkinson's*.

Reducing the risk of falling
It is important to get help and advice about how to avoid 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 5 for more information).

Seven steps to better walking
Here are some of the things physiotherapists and occupational therapists 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.

Ask a friend to help
If you're out with a friend and you freeze, they can help you by holding your arm and supporting your balance while you concentrate on moving again. Ask them to put their foot at a right angle in front of yours for you to step over it. Just make sure you raise your foot above theirs and remember not to step backwards, to avoid disturbing your balance.

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. If crossing a busy area plan your route in short stages so that you are not having to concentrate on too much in one go.
Slow down turns
If you need to change direction, try not to turn too quickly or pivot on the spot. It is 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.

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. 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.

• Make sure your house is well lit.

• Apply strips of coloured tape to the edge of steps to make them more visible and help prompt you to lift your feet.

• Keep commonly used items close to hand and make sure you have contact numbers nearby in case of an emergency. Keep a mobile phone with you, or change your landline 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 give you 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.

It is important to try to stay as active as possible and exercise regularly to help you maintain your mobility and prevent falls. See page 5 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 care, there is no reason to let the risk of falls stop you doing 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/get-active](http://www.efds.co.uk/get-active) for more information.

**Equipment and walking aids**

You might find that equipment can help you to walk, such as a walking stick or a rollator (a frame with wheels).

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. However, the correct walking aid can increase your confidence and enable you to lift your feet better.

**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.

**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.

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*. 
More information and support

Age UK Personal Alarms Service
0800 011 3846
www.ageuk.org.uk

The Chartered Society of Physiotherapy
020 7306 6666
www.csp.org.uk

Health & Safety Executive
This organisation has produced information on the prevention of slips and falls.
0845 345 0055
www.hse.gov.uk

The Royal Society for the Prevention of Accidents (ROSPA)
This organisation publishes a number of leaflets about the prevention of accidents.
0121 248 2000
help@rospa.co.uk
www.rospa.org.uk

Parkinson's nurses
Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

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

You can find out more at parkinsons.org.uk/nurses

Information and support from Parkinson's UK
You can call our free confidential helpline for general support and information. Call 0808 800 0303 (calls are free from UK landlines and most mobile networks) or email hello@parkinsons.org.uk. We run a peer support service if you’d like to talk on the phone with someone affected by Parkinson's who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can also put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

We also have a self-management programme for people with Parkinson's, partners and carers. It is an opportunity to reflect on life with the condition, learn about self-management and think about the future. To find out if there is a group near you visit parkinsons.org.uk/selfmanagement
Our website parkinsons.org.uk has a lot of information about Parkinson’s and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at parkinsons.org.uk/localtoyou

You can also visit parkinsons.org.uk/forum to speak with other people in a similar situation on our online discussion forum.

Thank you
Thank you very much to everyone who contributed to or reviewed this information sheet:

Fiona Dyer, specialist in occupational therapy

Sophie Molloy, Consultant Neurologist at Imperial College Healthcare NHS Trust, Charing Cross and Central Middlesex Hospitals

Julie Ridden Superintendent Physiotherapist at Northumbria Healthcare Trust

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.
Falls and Parkinson's (2016)

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 Editorial and Creative Services, 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 ☐ Parkinson's local adviser

☐ 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/Asian British ☐ Black/Black British ☐ White

☐ Mixed/multiple ethnic backgrounds ☐ Other (please specify) ............................................................................................................................

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We’re the Parkinson’s charity that drives better care, treatments and quality of life. Together we can bring forward the day when no one fears 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 0800 138 6593 or visit our website at parkinsons.org.uk/donate. Thank you.

Parkinson’s UK
Free confidential helpline 0808 800 0303
Monday to Friday 9am–7pm, Saturday
10am–2pm. Interpreting available.
NGT Relay 18001 0808 800 0303 (for use with smart phones tablets, PCs and other devices. For more information see www.ngts.org.uk
hello@parkinsons.org.uk
parkinsons.org.uk

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.

If you’d like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at publications@parkinsons.org.uk.

Last updated October 2016. We review all our information within 3 years. Please check our website for the most up to date versions of all our information.
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