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Actively Addressing Challenges in Personal Mobility

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April was Occupational Therapy and Parkinsons Awareness Month. Part of developing Parkinsons is having difficulty with movements and ability to do what you have always done well. But there is much more to it than just walking. Additionally, the early warning signs include many that may actually indicate the possibility of Lewy Body dementia rather than a Parkinsons condition. View the list that the National Parkinsons Foundation provides on their website.

Parkinsons and Lewy Body can both involve *episodes* of rigidity or immobility, tremors, inability to begin an action or movement, a slowing of movements, difficulty coordinating fine-motor/skilled actions, changing in writing or typing skills, sleep problems, syncopal episodes (fainting or dizziness), constipation, loss of smell, changes in facial mobility and mouth skill, changing posture and gait when walking and getting up or down.

As many of you may know from my other work, I believe it is critically important to get the right clinical and life support that matches each condition. Assess, don't assume!

My article for May is designed to address mobility changes that typically happen, not just with Parkinsons or Lewy Body, but at some point in all dementias. With all dementias, there will eventually or episodically be increasing difficulty with fine-detailed and time-sensitive movements, actions, and sequences. The less frequently used movements, those that require movements that challenge or require a responsiveness to GRAVITY, or movement toward the rear of the body are typically the most challenging as conditions advance.

The skill of getting up and down from the floor or a bathtub can become risky or almost impossible fairly early in dementia or Parkinsons for many people; although younger people and those living with FTDs may continue to be skilled in this arena for long periods of time. Rehearsing and using this skill, if it is intact prior to the onset of dementia, is a great way to keep the skill for longer and limit the risk of the inability to rise from a low seat or get out of a sedan type vehicle. It is also possible to work on building the skills needed with environmental set-ups that foster spontaneous reaching, bending, and stretching with visual targets and partnered or demonstrated actions. Using a stable surface on the non-dominant side for hand placement and positioning of the care partner in a front-to-back supportive stance can make all the difference in safe rehearsals and practice sessions. Tasks that emphasize stoop and recover, reaching out and up, as well as placing something from low to high and high to low. If full floor or tub sitting to stand is not currently happening and the person is still wanting or attempting to do so with limited success or poor safety awareness, then having the person sit on a lower chair or stool/hassock and working from there with upper body actions can be a terrific way to build skills and use existing skills so that more loss is not immediately inevitable. If you want to take it a step up, try using a seat cushion from a chair or couch.

Why spend this much time working on this skill? It only takes one episode of finding someone you care about sitting or lying on the floor, *without injury*, but unable to get up on their own to answer that question. Many care partners injure themselves, end up in confrontational situations, or in need of rescue support because they are unfamiliar with supportive strategies and techniques to help the person living with dementia sequence through the complex task of coming to stand from the floor.

As the condition advances, the skill of sitting down on chairs, toilets, and the edge of the bed can become a CHALLENGE for both the person attempting the task and the care partner trying to help. Becoming knowledgeable and skillful in knowing more about how the human body and brain work together to complete these actions can make all the difference in the world for both parties and those providing care support. Learning how to spontaneously cue actions and reactions that foster the desired movement or how to provide the demonstration that is needed to get the person to automatically copy the action is the key to success.

Another task that has layers of complexity which we rarely notice, until we can't get it happen spontaneously, is rolling over in bed, getting up out of bed, or getting into bed. Added to the challenge of moving is the positioning of the other person. When I am lying down I feel more vulnerable, I see things differently, I may be more sensitive to having another person in my space, and it may trigger old emotional memories. All of these factors can impact not only my ability to perform an activity, but also my willingness and ability to appreciate and accept assistance. In a recent video, produced with the Pines Education and Training Institute, devoted to care and support in the Amber, Ruby, and Pearl states of being, we tried to demonstrate some skills that can improve safe movement with reduced distress for all involved.

One final area where challenges in mobility frequently occur take place around getting in and out of a motor vehicle. Providing the right support and guidance on this activity throughout the course of dementia is worthy of an entire webinar or video. Let's just start by saying that in a multitude of cases, we miss the first reason there is such a challenge. We have moved the person to the other side of the vehicle which actually means they have very little rehearsal of getting in or out of the car from that side and everything we are asking them to do is reversed in the brain, where there is no established wiring for the task and sequence we are requesting. No procedural memory to build on. In fact, the person will have to disregard the pathways that are associated with the task in order to perform the task that we perceive as being pretty much the same, just on the other side of the car.

So, what is the first step to becoming a more aware, knowledgeable, and skillful care partner for someone who is losing mobility skills? Consider recording yourself and watching carefully how you do the action or work with a third party who records you and the other person in action and then helps you take a careful and detailed look at what is happening and in what order. Another option might be to find a skilled rehab provider and have that person observe the person, you and the person, and then provide feedback and training that matches where you are functioning and where you are trying to improve or function.

If you haven't seen the promo from a new video I did with the Pines Training and Education Institute on Practical Tips for Better Living with Parkinsons, take a peek. This clip provides the cues for sitting down that many people just don't know. Using them can, with skill, change interactions and outcomes!

CLICK HERE TO VIEW THE VIDEO

Also keep an eye on our website and social media outlets. I will be doing some demos of some of these skills for some of these other situations.

Take care and keep yourself MOVING!