

PROGRAM NEWS & UPDATES

Movin' & Groovin' – A Dance Program for Parkinson's (Edmonton)

This six-session program aims to improve gait and balance, stimulate cognitive function, and help with feelings of depression and isolation. All while having fun, learning some dances moves and get you moving so you feel great! While not a couple's dance program, spouses, family and friends are welcome to register and participate!

Winter Socials

Our winter socials are a fun and relaxing opportunity to meet others that Parkinson's has impacted, chat with new and familiar faces, and meet some of our volunteers! Join us to wrap up this amazing year we have had and celebrate the upcoming holiday season. Call or email to register.

Hope Conference

Our annual Hope Conference for Parkinson's will take place on Saturday, November 4, 2023, 9AM-3PM. This educational event aims to provide hope, education, and practical tips to the Parkinson's Community. The event features four speakers presenting on various aspects of Parkinson's. Join virtually for free (visit <https://parkinsonassociation.ca/> to register) or join one of our in-person viewing parties for \$10/person (call 1-800-561-1911 to register).

WHAT'S NEW?

Important Dates to Remember

All PAA Offices will be closed on the following dates:

October 2
Truth & Reconciliation Day

October 9
Thanksgiving

November 13
Remembrance Day

November 17
Staff Planning Meeting

December 25 – January 2
Winter Break

February 19
Family Day


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Let's Plan For The Future

Yes, you can get life insurance if you have Parkinson's disease.

You can get fully underwritten life insurance plans (term and permanent life insurance), simplified life insurance and no-medical/guaranteed issue life insurance.

*All facets of your health and lifestyle will be considered for the issue of any policy, not everyone will get coverage.

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FALL Prevention Know Your Risks

By: Jacquie Townsend, BMR PT with Action Potential Physiotherapy

Falling and a fear of falling are common realities for many people living with Parkinson disease (PD). Knowing what steps to take to prevent falls and how to get up after a fall are important components of managing PD. Between 45 and 60% of individuals living with PD have a fall each year. Falls in adults aged 65 years and older account for 85% of all injuries resulting in hospitalization¹⁻³. A fall can have catastrophic consequences, including injury, reduced quality of life, fear of fallings, and withdrawal from normal daily activities with dependence on caregivers or care providers. In fact, incidences of hip fractures due to falling for an individual with PD is 4 times higher than age-matched individuals living without PD⁴. Any of these consequences can lead to further decline in health and function, which subsequently increased risk for falls.

PD is but one of the many potential risk factors, including general health, age-related system changes, gender, social support, environmental, education, and economic status.

Some risk factors for falls are not modifiable. For example, we are not able to change our age or the fact that we have a health condition such as Parkinson's. Modifiable risk factors can include exercise, diet, medical treatments, and use of assistive devices.

Everyone will have their own combination of risk factors which can lead to a fall, therefore there is no single approach to fall prevention. Understanding our risk factors for falls is the first step towards management.



Are you at risk of falling?



Circle YES or NO for each statement, then tally your score below.

Statement	YES	NO	Score	Steps to lower your risk of falling
Have you fallen in the last 6 months?	2	0		Learn more about how to lower your fall risk to prevent yourself from falling again.
Do you use, or have you been advised to use, a cane or walker to get around safely?	2	0		Talk with a physiotherapist to get the best walking aid for your needs.
Do you sometimes feel unsteady when you are walking?	1	0		Exercise to improve your strength and balance.
Do you have to steady yourself by holding onto furniture when walking at home?	1	0		Talk with a physiotherapist for exercises to improve your balance.
Do you worry about falling?	1	0		Talk to your healthcare provider if you are worried about falling, especially if it stops you from being active.
Do you need to push yourself up with your hands to stand up from a chair?	1	0		Do 30 minutes of physical activity 5 days a week. Strengthening your muscles can reduce your risk of falling.
Do you have trouble stepping up onto a curb?	1	0		Keep active to improve strength and balance.
Do you often have to rush to the toilet?	1	0		Talk with your doctor or health care provider about managing the need to rush to the toilet.
Have you lost any feeling in your feet?	1	0		Talk with your podiatrist or doctor because numbness in your feet can cause a fall.
Do you take medication to help you sleep or improve your mood?	1	0		Review your medications, vitamins, and supplements with your pharmacist or doctor yearly or if your prescription changes.
Do you take medication that sometimes makes you feel lightheaded or more tired than usual?	1	0		Talk to your doctor or pharmacist about medication side effects or causes of light-headedness.
Do you often feel sad or depressed?	1	0		Talk to your healthcare provider or doctor about how you are feeling.
Do you have difficulty avoiding hazards in your path because you don't see well?	1	0		Visit an eye doctor yearly to check your eye health.

Add up the number of points for each YES answer. If you scored 4 points or more, you may be at risk of falling.

TOTAL SCORE: _____

Talk to your healthcare provider or doctor for more information.

Parkinson disease presents several risk factors for falling, such as Freezing of Gait (FoG), slowed walking speed, postural instability, dizziness, leg weakness, and cognitive impairments. Fall risks are significantly higher in individuals with the postural instability and gait difficulty subtype of PD, as opposed to those presenting with tremor dominant PD. This is often related to FoG and imbalance, leading to falls being more likely to occur in the home⁵.

Freezing of Gait is one of the largest causes of falls in PD. FoG is a brief and episodic absence of forward progression of the feet despite intention to walk. It may present as feet being "stuck to the floor", or small quick steps in place, or quick shuffled steps.⁶

Slowed walking speed and variable quality steps is another common risk factor for falls in PD. This can be related to short and smaller steps and muscle weakness. When our walking speed slows too much, we can begin to wobble more, leading to an increased risk of a fall.

Postural instability (imbalance) is common in PD and can be caused by many factors, such as changing positions, stiffness, slow response times, and difficulty

coordinating important balance signals.⁷

Dizziness can have many causes. In PD, it is commonly due to orthostatic hypotension, which describes a drop in blood pressure when moving from a laying or seated position into an upright position. For example, getting up too quickly can cause significant dizziness and lead to a fall.

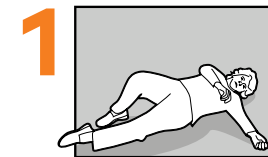
Managing these risks can be challenging. The right help can lead to better mobility with less falls. Your neurologist or physician will help you with medications and medical treatment options to manage symptoms. A Physiotherapist will help by providing exercises to strengthen muscles, manage dizziness, and improve flexibility, coordination, gait, and balance.⁸ In addition to physiotherapy, an Occupational Therapist can provide a home assessment to help understand environmental risks, recommend helpful equipment or assistive devices, and provide cognitive strategies to help maintain attention during mobility.

To find exercises and rehabilitation services for your needs, contact the Alberta wide Rehabilitation Advice Line at 1-833-379-0563. The free service offers advice and can link you to rehabilitation services, such as

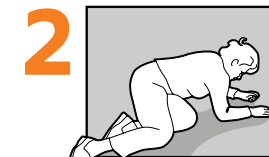
HOW TO GET UP FROM THE FLOOR BY YOURSELF AFTER A FALL

Stay Independent. Prevent Falls.

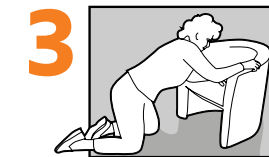
- Calm down.
- Check your body.
- If you are injured, call for help. Stay warm.
- If you are not injured, look for a sturdy piece of furniture.



1 Roll onto your side.



2 Crawl over to a chair or sturdy piece of furniture.



3 From a kneeling position, put your arms up onto the seat of the chair.



4 Bring one knee forward. Place that foot on the floor.



5 Push up with your arms and legs. Pivot your bottom around.



6 Sit down. Rest before trying to move.

findingbalancealberta.ca

"Steady on Your Feet" classes hosted by the Alberta Healthy Living Program. For more information or support on accessing rehabilitation services, you can also contact a Client Services Coordinator with Parkinson Association of Alberta at 1-800-561-1911.

Should a fall occur, it is important to know how to get up. When it is safe to do so, stop moving after a fall to regain your energy and calm down. When necessary,

crawl to supportive furniture or have an able caregiver bring you a step stool or chair to push up on a sit. It is important to report your fall to your physician and health care team to ensure you receive appropriate care.

To learn more about risk factors and fall prevention, speak with your physiotherapist, and check out findingbalancealberta.ca for online tools and resources.

Resources

- ¹ Paul S.S, Sherrington C, Canning C.G, Fung V.S, Close J.C, & Lord S.R. The relative contribution of physical and cognitive fall risk factors in people with Parkinson's disease: a large prospective cohort study. *Neurorehabil Neural Repair*. 2014 Mar-Apr;28(3):282-90. doi: 10.1177/1545968313508470. Epub 2013 Nov 15. PMID: 24243915.
- ² Scott, V., Wagar, L., & Elliod, S. (2011). Falls & related injuries among older Canadians: Fall-related hospitalizations & prevention initiative. Prepared on behalf of the Public Health Agency of Canada, Division of Aging and Seniors. Victoria, BC: Victoria Scott Consulting.
- ³ Fasano A, Canning C.G, Hausdorff J.M, Lord S, & Rochester L. Falls in Parkinson's disease: A complex and evolving picture. *Mov Disord*. 2017 Nov;32(11):1524-1536. doi: 10.1002/mds.27195. Epub 2017 Oct 25. PMID: 29067726.
- ⁴ Walker, R.W., Chaplin, A., Hancock, R.L., Rutherford, R., & Gray, W.K. (2013). Hip fractures in people with idiopathic Parkinson's disease: Incidence and outcomes. *Mov Disord*, 28: 334340. <https://doi.org/10.1002/mds.25297>

- ⁵ Pelicioni P.H.S, Menant J.C, Lad M.D, & Lord S.R. Falls in Parkinson's Disease Subtypes: Risk Factors, Locations and Circumstances. *Int J Environ Res Public Health*. 2019 Jun 23;16(12):2216. doi: 10.3390/ijerph16122216. PMID: 31234571; PMCID: PMC6616496.
- ⁶ Cosentino, C., Baccini, M., Putzolu, M., Ristori, D., Avanzino, L. & Pelosin, E. (2020). Effectiveness of Physiotherapy on Freezing of Gait in Parkinson's Disease: A Systematic Review and Meta-Analyses. *Mov Disord*, 35: 523-536. <https://doi.org/10.1002/mds.27936>
- ⁷ Palakurthi B, & Burugupally S.P. Postural Instability in Parkinson's Disease: A Review. *Brain Sci*. 2019 Sep 18;9(9):239. doi: 10.3390/brainsci9090239. PMID: 31540441; PMCID: PMC6770017.
- ⁸ Sparrow D, DeAngelis T.R, Hendron K, Thomas C.A, Saint-Hilaire M, & Ellis T. Highly Challenging Balance Program Reduces Fall Rate in Parkinson Disease. *J Neurol Phys Ther*. 2016 Jan;40(1):24-30. doi: 10.1097/NPT.0000000000000111. PMID: 26655100; PMCID: PMC4681297.