

Playbook for Freezing, Retropulsion and Festination

Are you prepared if you have a freezing episode?

This section contains different strategies to overcome freezing episodes. Some compensatory strategies may work better for you than others or in specific situations or places. Feel prepared and empowered with a playbook of strategies.

Freezing of gait (FOG) is a transient break in walking or starting a movement where patients mostly describe a feeling that their feet are glued to the ground. Freezing can last a few seconds to a few minutes.

Situation: Common Triggers:

- Initiation of movement
- Approaching a destination (chair, bed)
- Turning
- Walking through a doorway / crossing over thresholds
- Change of surface (wood to carpet)
- Confined tight spaces
- Feeling rushed
- Lack of sleep/fatigue
- Physical/emotional stress
- Fear

Plays

1. **March in place and then step**
2. **Weight shift side to side**
3. **Try another movement: raise an arm, point, move your head**
4. **Change direction: if you cannot step forward, side step and then move forward**
5. **Step Estimation Technique/ John Argue –Parkinson’s Disease and the Art of Moving**
 - a. Give an estimate of how many steps it will take to reach a destination (bed to toilet). Count steps out loud while stepping
6. **Rhythmic auditory cues**
 - a. Count aloud, 1,2,3 Go
 - b. Clapping/snapping fingers
 - c. Metronome: therapist can help set beats/min
 - d. Hum a song and then step
7. **Visual Cues for Freezing**
 - a. Laser light assistive device: (cane, U-step walker)
 - b. Tape on floor (i.e. picture of Path to Toilet Marked)
 - c. Laser pointer: keep in your pocket and point it to where you want to step, step on or over the laser beam
 - d. Visualize stepping over or kicking an object.
8. **Tactile cues:**
 - a. Caregiver touches/Taps a body part (i.e leg. knee), do not pull person’s hand or arm or rush person to move faster

Situation examples: Turning

- a. **If you want to turn right, shift your weight to the left foot and step out with the right foot. To turn left, shift your weight to the right and step out with the left foot.**

- b. To turn in a small area, try the “clock turn” technique: (start at 12PM and take two slow steps to 3PM, etc.) To turn in an open area, use large steps and a wide U-turn.

Playbook for Retropulsion: Backward balance loss; Abnormal stepping response

Situation: Common Triggers:

- Backing up to sit down
- Stepping away from a sink
- When approached from the front
- Overhead reaching

Plays

1. Counterbalance while reaching-one hand on stable object such as bathroom counter or doorjamb of closet
2. Bow and Arrow stance with feet staggered and wide base
3. Sidestepping rather than backing away from a table or sink
4. Getting Up: Emphasize Head over feet (center of mass over base of support) to promote forward weight shift and to avoid falling backwards
5. Mark targets on floor for foot placement in trigger area
6. Place hands on hips/pelvis to push hips forward when standing or walking

Environmental Modification for Retropulsion

- Consider grab bar near closet for safety while reaching
- Lower the clothes bars or shelving
- Carry items in the basket of a walker rather than in both hands
- If able, reduce tension on doors with automatic closing mechanism

Festination

Situation : Common Triggers (Identify what leads up to an episode)

- Posture begins to flex forward
- Steps begin to shorten
- Cadence speeds up

Plays

1. Reinforce safe approach to chair with COMPLETE turn rather than lunging toward it
2. Verbal cues: STOP – Stand Tall – STEP LONG

Situation Play worksheet: Discuss with your coach (caregiver, therapist) to strategize the best plays for you

Situation:

Plays

