



Thawing Out: Strategies to Reduce Freezing

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What is freezing?

- Freezing of Gait (FoG) is “a brief, episodic absence or marked reduction of forward progression of the feet despite the intention to walk” ⁽¹⁾
- Affects ~26% of early stage PD and ~80% of advanced stage PD ⁽²⁾
- Freezing is a common cause for falls and injury ^(3, 4)
- Triggered by certain motor, cognitive and environmental factors e.g. turning, going through doorways, approaching an obstacle or destination such as a chair
- Can be triggered by emotional situations ⁽⁵⁾ (e.g. being under time pressure, stress, embarrassment)
- Ironically, the very symptoms of freezing also causes freezing episodes i.e. small quick steps, shuffling feet, asymmetrical stepping ^(6, 7, 8, 9, 10)





Why do we freeze?

Mobility requires cognition ^(11, 12, 13)

Attention ⁽¹⁴⁾	Executive Function ⁽¹⁵⁾	Visuospatial Function ^(16,17,18)
Divided Attention	Shifting	Visuoperceptual Abilities
Attention Switching	Inhibition	Visuoconstructional Abilities
Sustained Attention		
Selective Attention		

Pharmacology considerations: FoG usually in the off state (but not exclusively), FoG may sometimes be worsened by levodopa ⁽¹⁹⁾

Emotions during
freezing episode
perpetuates freezing

Cueing is commonly
used for freezing but
cognitive dysfunction
limit the ability of
People with PD to
deploy these strategies
in real life situations;
also positive effects of
cueing are lost over
time when the cue is no
longer novel ^(20, 21)

Barriers to treating freezing

Risk of falls
when
training-
fear,
anxiety,
stress

Impaired implicit motor
learning make it difficult to
learn new motor patterns,
however still able to learn
some new skills ^(22, 23)

So what can we do?

We know that:

- Small, quick, asymmetrical steps can lead to freezing episodes
- Freezing is a result of multiple and complex cognitive, motor, emotional and environmental demands
- Benefits from cueing withdraw once cue is no longer novel

Therefore:

- Work on taking bigger steps and more symmetrical steps
- Practice motor skills in situations where dual-tasking may be involved, manipulating different environmental factors
- Utilize different types of cues (auditory, visual, tactile) to keep cues novel
- Try agility/obstacle courses for both mind and body ⁽²⁴⁾

Next few slides will give you some examples of things you can practice.

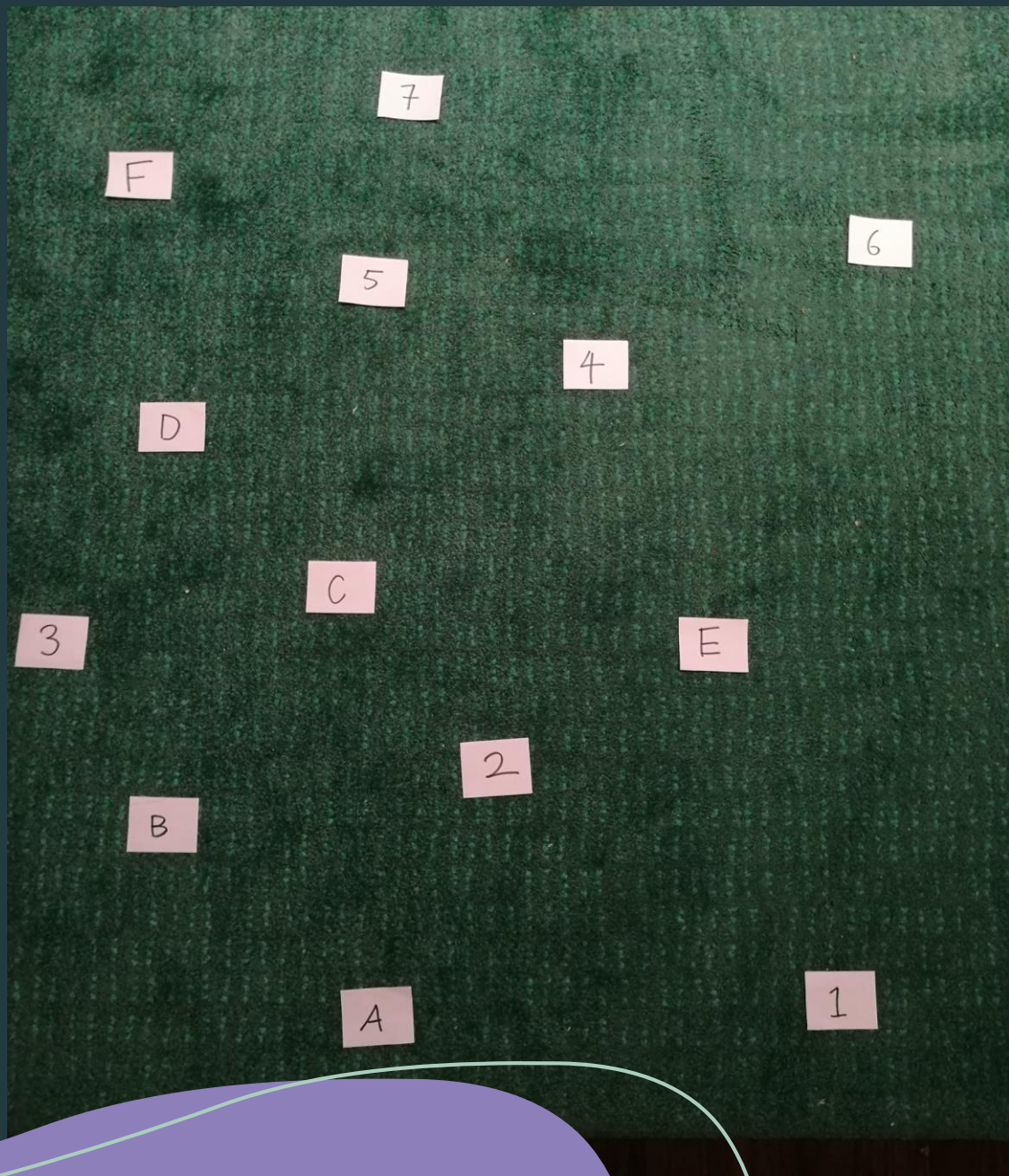
Dual-Tasking Exercises

Simply dual-tasking: doing a physical activity that involves coordination while performing a cognitive task

For example:

- Boxing combo while naming as many cities as you can think of starting from the letters 'A' to 'Z'
- Lateral lunges while naming 'items you find in an office' starting from the letters 'Z' to 'A'
- Walking around cones while counting backwards in 7's starting from 100
- Stepping over obstacles while doing math problems e.g. $13+5-2$





Agility/obstacle courses for the body and mind

Tape numbers 1-10 and letters A-J on the floor.

Walk across the room stepping on ascending numbers and ascending alphabets alternatively i.e. 1-A-2-B-3-C... etc.

Place the targets further apart for a challenge.

You could also add in additional challenges e.g. roman numerals

Agility/obstacle courses for the body and mind

Have a partner create Q-cards with names of colours written in various colours.

Complete a physical exercise, such as multidirectional lunges/steps, while reading the **colour** of the word presented on the Q-card.





Agility/obstacle courses for the body and mind

Obstacle course simulating situations where freezing occurs i.e. hallways, doorways, stepping over an obstacle, change in surface, turning, backwards walking and approaching a destination such as a chair.

Start with a wide hallway, wide doorway, low/small floor obstacle and work your way to a narrow hallway, narrow doorway, large/tall floor obstacle. When approaching a destination, perform a wide turn rather than turning on the spot. Practice side stepping and backwards walking in narrow spaces.

You can dual-tasking to these as well.

Agility/obstacle courses for the body and mind

Provide conflicting stimuli: multidirectional walking cued by someone saying 'forward', 'backward', 'right', 'left', except opposite to what the person is actually saying. I.e. 'forward' means backward stepping, 'right' means stepping to the left.



You can also add in number of steps to complicate the instructions further e.g. 'right 3 steps' meaning step to the left 3 times.

Same can be applied to boxing drills or other physical tasks.



Cueing



VISUAL

- LINES ON THE FLOOR
- LASER ON WALKER/CANE
- STEP OVER A THRESHOLD



AUDITORY

- METRONOME/MUSIC
- 1, 2, 3....GO!
- RIGHT, LEFT, RIGHT, LEFT



TACTILE

- TOUCH THE LEG TO INITIATE STEP FORWARD
- EXTERNAL TACTILE CUE



IMAGERY

E.G. PALM TREES SWAYING IN THE WIND TO TURN, STOMPING THROUGH TALL GRASS ETC.



OTHER STRATEGIES

- CHANGE DIRECTIONS
- SHIFT WEIGHT ON THE SPOT
- MOVE ANOTHER PART OF BODY

Summary



- Freezing is a common issue that may lead to falls
- Episodes triggered by various motor, cognitive, environmental and emotional factors
- Cueing can help temporarily resolve freezing episode but effects decrease over time
- We can use obstacle/agility courses to train both mind and body and reduce freezing episodes

Questions?

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