

1. Slowness of movement (bradykinesia) is the core symptom of PD that most explains difficulties in everyday mobility.

2. But it is more than just slow movement. It has three key features that should included in exercise routines: amplitude + speed + rhythm.

3. Any exercise that mimics "the" activity you aim to improve will likely be the best "exercise". (exercising real-life movement patterns).



Today's program

Reduced mobility in PD & its general management.

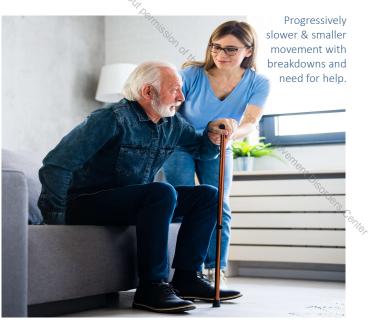
Identifying exercises most beneficial for your mobility complaints?

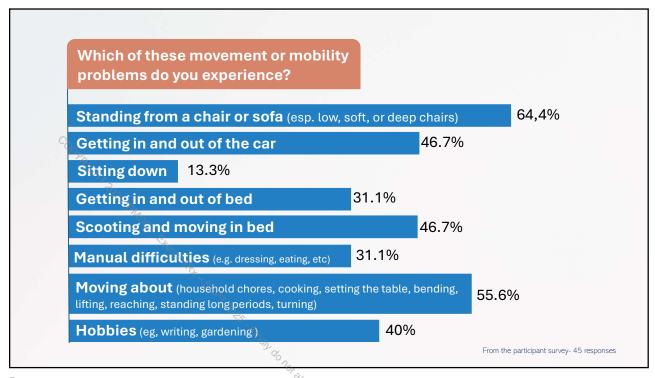
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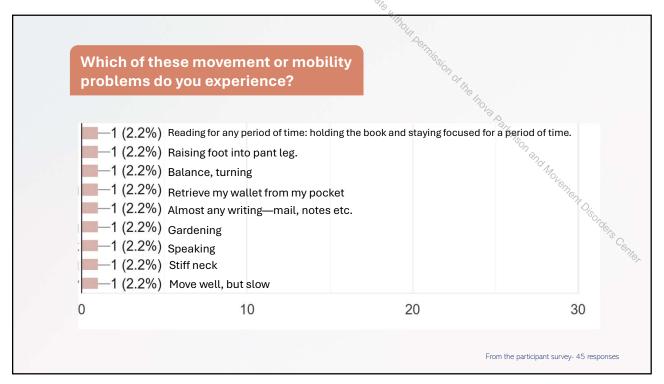












Capturing Mobility

Patient's Perception

"How much difficulty do you have getting out of bed, getting out of a car seat, or standing up from a deep chair?"

Normal: Not at all (no problems).

Slight: I am slow or awkward, but I usually can do it on my first try.

Mild: I need more than one try to get up or need occasional help.

Moderate: I sometimes need help to get up, but most times I can still do it on my own.

Severe: I need help most or all of the time.

Clinician's Observation

Arising from chair

Normal: No problems. Able to arise quickly without hesitation.

Slight: Arising is slower than normal; or may need more than one attempt; or may need to move forward in the chair to arise. No need to use the arms of the chair.

Mild: Pushes self up from arms of chair without difficulty.

Moderate: Needs to push off, but tends to fall back; or may have to try more than one time using arms of chair, but can get up without help.

Severe: Unable to arise without help.

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Modified Bradykinesia Rating Scale (MBRS)



Modified Bradykinesia Rating Scale (MBRS)

Score	Speed	Amplitude	Rhythm
0	Normal	Normal	Regular, no arrests or pauses in ongoing movement
1	Mild slowing	Mild reduction in amplitude in later performance, most movements close to normal	Mild impairment, up to two brief arrests in the 10 seconds, none lasting > 1 second
2	Moderate slowing	Moderate, reduction in amplitude visible early in performance but continues to maintain 50% amplitude through most of the tasks	Moderate, 3 to 4 arrests in 10 seconds; OR 1or 2 lasting > 1second
3	Severe slowing	Severe, less than 50% amplitude through most of the task	Severe, 5 or more arrests/10 seconds; OR more than 2 lasting > 1 second
4	Can barely perform the task	Can barely perform the task	Can barely perform

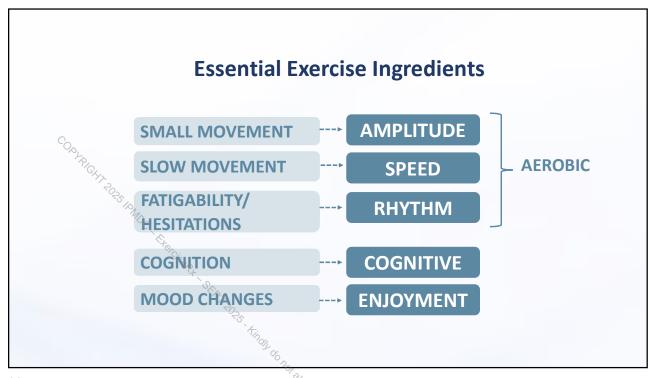
Speed Amplitude Rhythm

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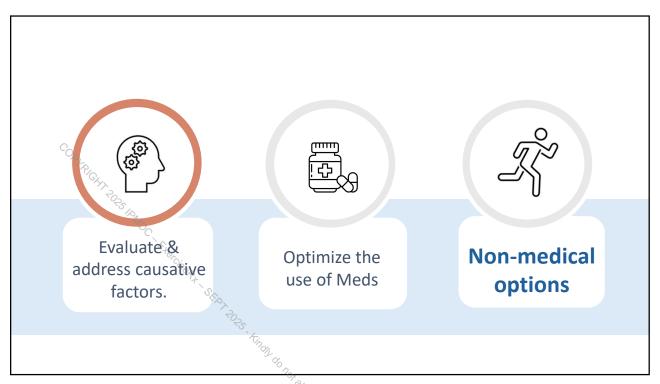
Changes in movement

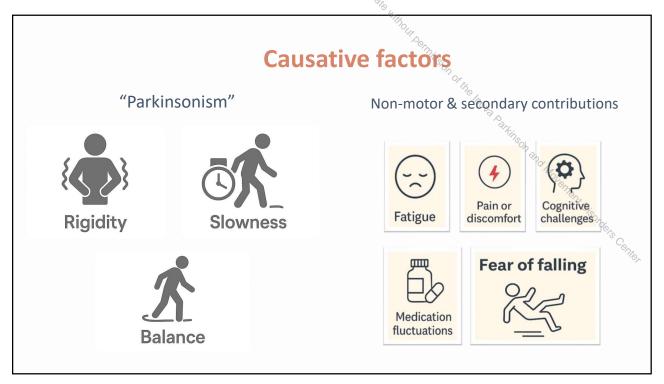


Amplitude - Speed - Rhythm - Cognition

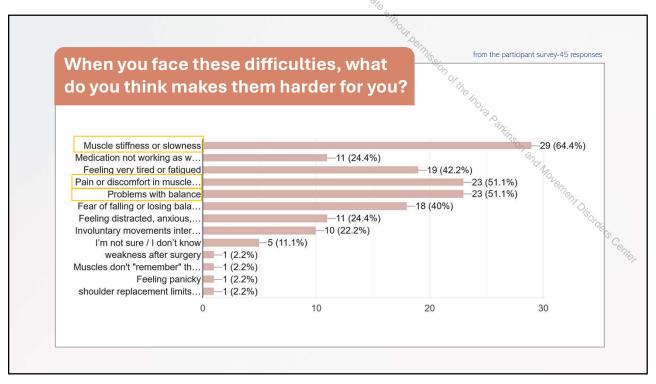


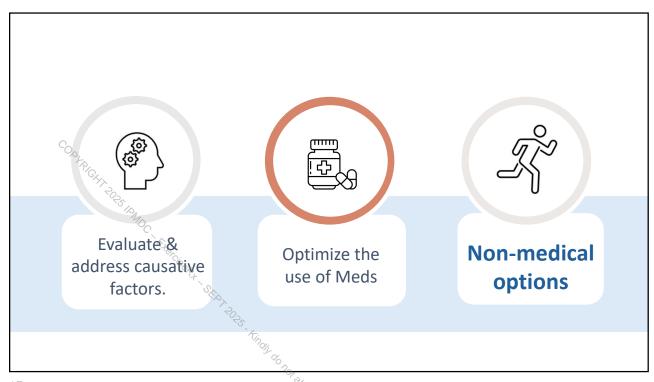
Common management



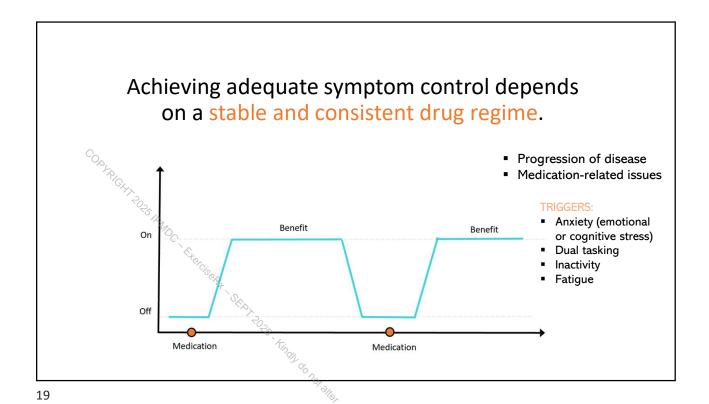












Evaluate & address causative factors.

Optimize the use of Meds

Non-medical options

Non-medical options



Teaching strategies

E.g., Dif. getting wallet from pocket.

"I find alternatives, for e.g. I now pay by using my phone instead of physical credit cards so that I don't have to retrieve my wallet from my pockets."

Exercise-based interventions:

- PD Task-specific exercises
- PD-specific exercises
- General exercise

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What have you done (or currently do) to address your mobility issues?

from the participant survey

General Exercise

Exercise

exercise 4 hours per week

exercise

Exercise, PT

PT, exercise

PT, Zoom exercise classes

Regular exercise, PT, stretching, rest exercise, though nothing has helped

keeping active, exercise

light exercise

I exercise relatively vigorously 4–5 times a

week

nothing

Physical Therapy

Physical therapy

Doing physical therapy – LSVT

Physical therapy and metronome walking

Physical therapy class

PT for balance & core strength, light exercise

Physical therapy, Springfield College Mobility clinic

Called provider to restart PT

Daily Life Adaptations

Find alternatives, for example I now pay by using my phone instead of physical credit cards so that I don't have to retrieve my wallet from my pockets.

What have you done (or currently do) to address your mobility issues?

from the participant survey

Walking / Mobility

Exercise, walking

Physical therapy, water aerobics and walking

Walk every day, 1.5 km or as far as possible and long enough to get my heart rate up walking

Substantial walking, golf (especially putting)

walking, dancing, boxing, strength training,

Tai Chi, and rock climbing

Use my walker Use a walker

Specific Programs / Activities

pedaling stationary bike and tai chi warm up exercises

Dance for PD, yoga, physical therapy, walking, Big exercises

BIG, line dance, leg strengthening

Stretching, walking, aerobics, dance workouts Attend a YMCA total fitness program 3 times a week

Elliptical machine, yoga, walking, rock climbing

Climbing, boxing

a few seated exercises

Focusing on turning

Keep moving

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Which of your activities/exercises do you feel has helped you most in improving mobility?

Walking (6x)

Walking up hill fast as possible to get heart rate up by 80% Treadmill

Daily walks emphasizing cross-lateral coordinative movement of left arm - right leg, alternating with right arm - left leg.

Big Movements (from PT) but now it hurts to do them unless I radically modify them which feels pointless practically.

Biking and strengthening of legs $% \left\{ \left\{ 1\right\} \right\} =\left\{ 1\right\}$

Pedaling

Stretching

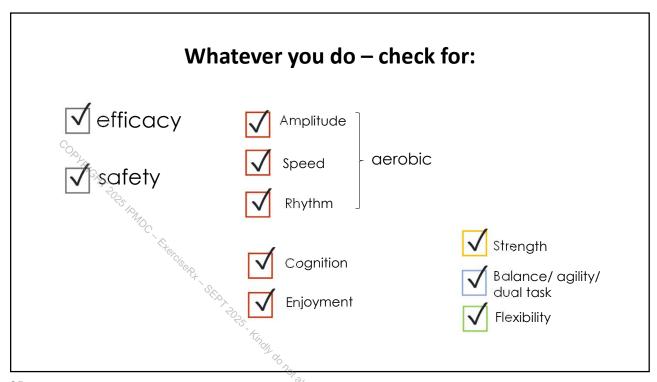
The total fitness program. It covers strength, stretching, balance, aerobic ex and interacting with others.

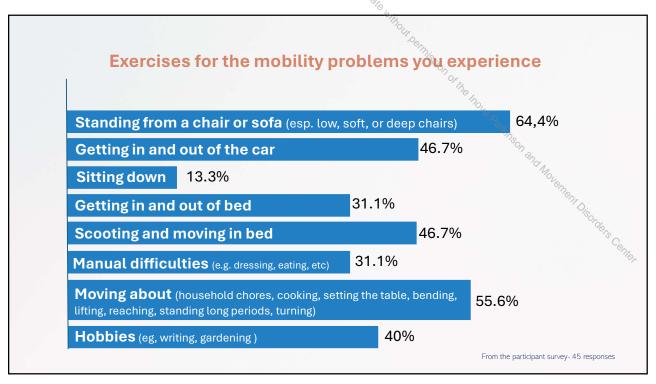
Work with personal trainer.

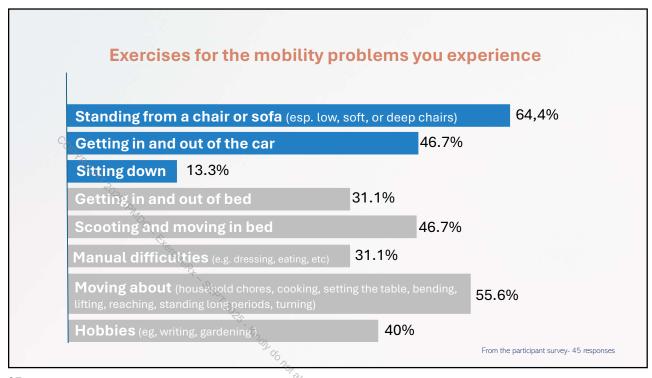
from the participant survey

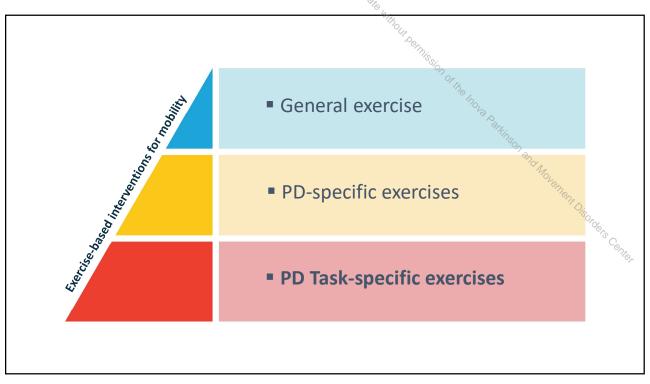
Difficult to make a correlation.

None.



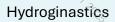






General Community Exercise







(Adapted) Chair Volleyball

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PD-specific exercise groups



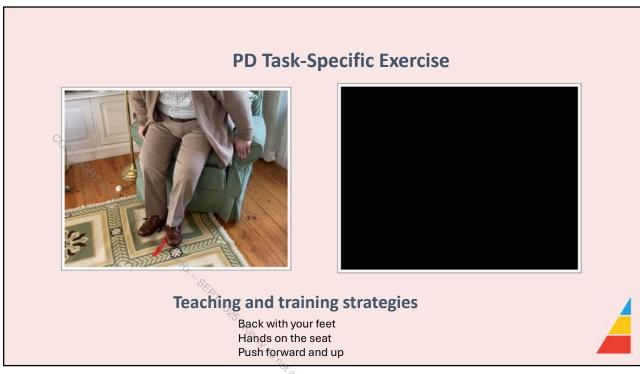
Amplitude



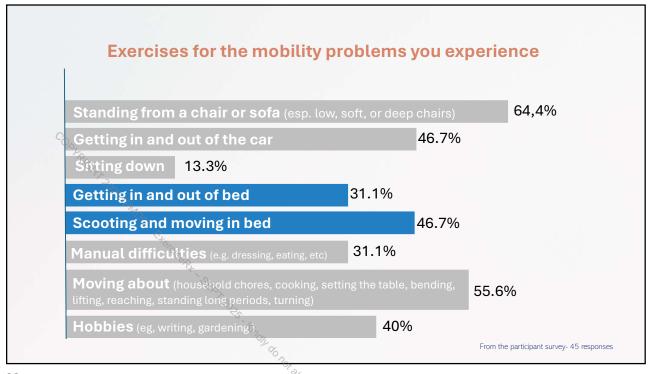
Speed

Rhythm

Cognition



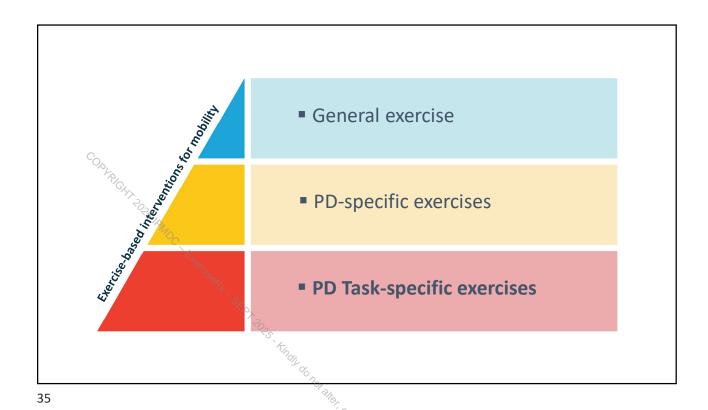


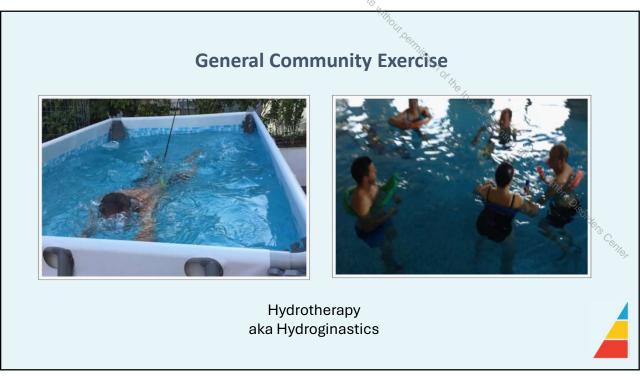


Mobility related to the bed.

- · Getting into the bed
- Getting out of bed
- Scooting in Bed
- Rolling Side to Side







PD-specific exercise



Amplitude-focused movements (e.g., LSVT BIG-style) Targets slowness and stiffness through large, exaggerated movements





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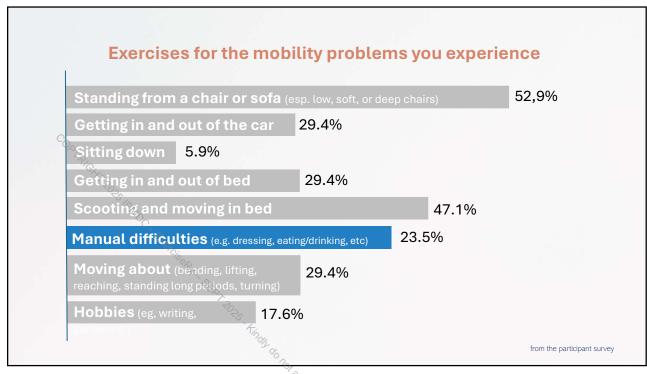
PD Task-Specific Exercise



Teaching and training strategies

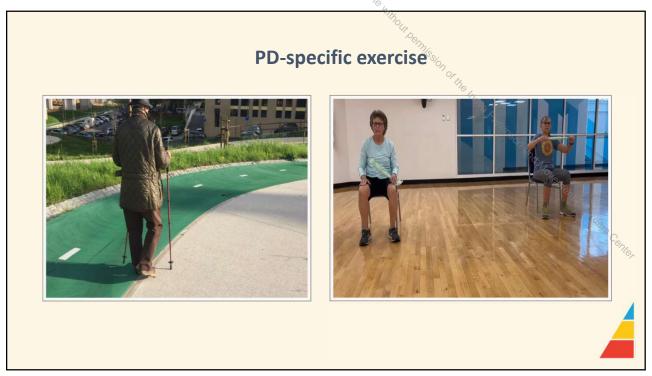


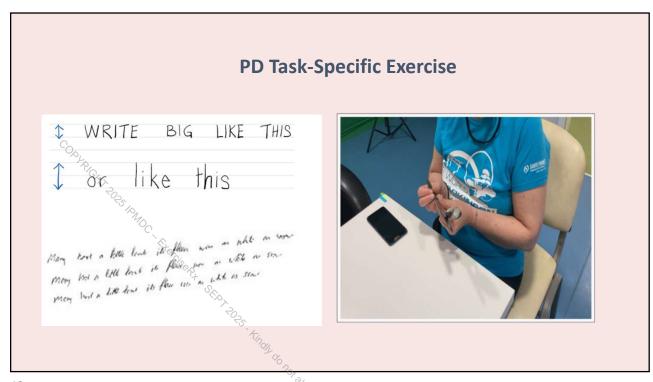
Exercises that reinforce the strategies

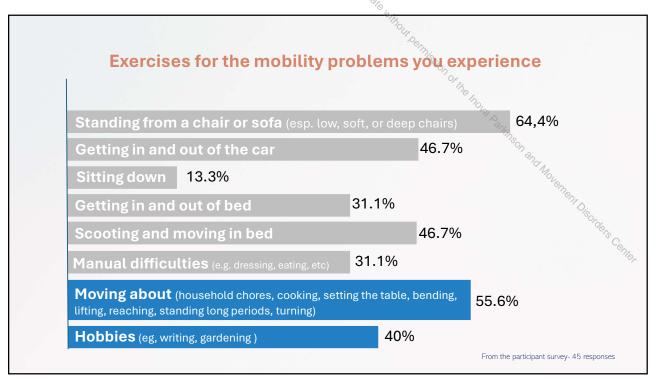












Mobility related to walking/moving about

Walking, turning, reaching, climbing, handling









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General Community Exercise + PD Specific

- Dance (tango, waltz, line/folk)
- Non-contact boxing
- Walking / Nordic walking
- Tai Chi / Qigong
- Treadmill walking (flat or incline)
- Stationary or recumbent cycling
- Aquatic exercise / Water walking / Ai Chi
- Strength / resistance training (bands, weights)
- Balance & agility drills (clock stepping, cone weaves)
- Exergaming / VR / music-based stepping
- Pickleball
- Yoga / Chair yoga
- Pilates / core stability

Mobility improves after high intensity aerobic exercise in individuals with Parkinson's disease

Mandy Miller Koop^a, Anson B. Rosenfeldt^a, Jay L. Alberts^{a,b,c,*}

*Department of Biomedical Engineering, Lerner Resourch Institute, Cleveland Clinic, Cleveland, OH, United States of Americans

Randomized Controlled Trial > Complement Ther Med 2019 Feb:42:119-12:
doi: 10.1016/j.ctim.2018.10.023. Epub 2018 Nov 3.

Effects of dual-task aquatic exercises on functional mobility, balance and gait of individuals with Parkinson's disease: A randomized clinical trial with

a 3-month follow-up

Adriano Zanardi da Silva ¹, Vera Lúcia Israel ²

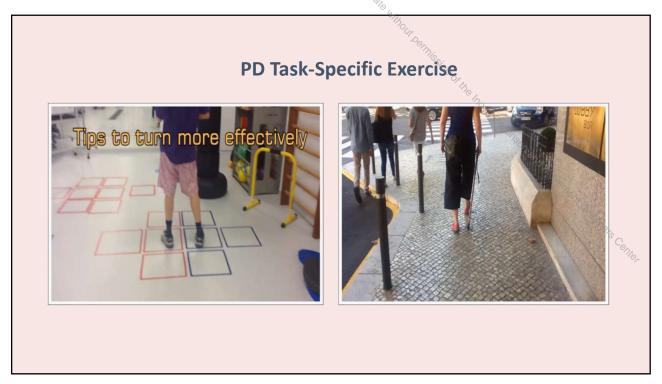
REVIEW

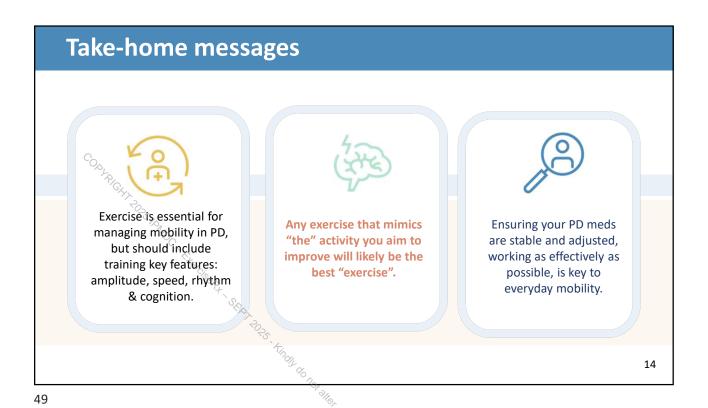
Effects of Exercise on Mobility in People With Parkinson's Disease

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Thank you!