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Our Goals

Impact of posture on communication, eating, and swallowing

Treatment strategies to help reduce their impact

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PD may lead to or exacerbate **postural issues**

- Loss of positional awareness
- Muscle rigidity/stiffness
- Specific issues like dystonia, torticollis, and others

Mukai Y. 2026

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People with PD with more “axial” issues

Experience more frequently

- Postural issues
- Balance deficits
- Swallowing dysfunction (incl drooling)
- More frequent cognitive and psychological issues




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Posture and Communication – Mechanical Issues

- Imprecise articulation
- Breath support
- Exacerbates drooling (Kalf, 2011)

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Posture and Communication – Nonverbal Elements

- Eye contact
- Head nodding and other gestures
- Lip reading
- Sound projection

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Posture and Communication – Cognition

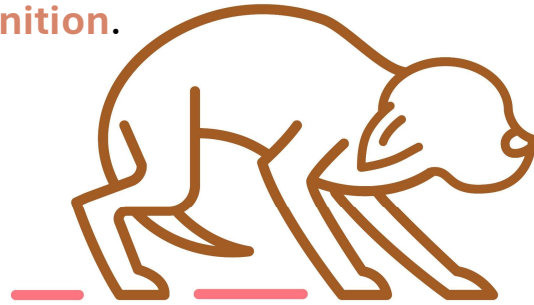
- Exacerbates sleepiness
- Reduces awareness of surroundings
- Increases cortisol (anxiety)

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Evolutionary origins

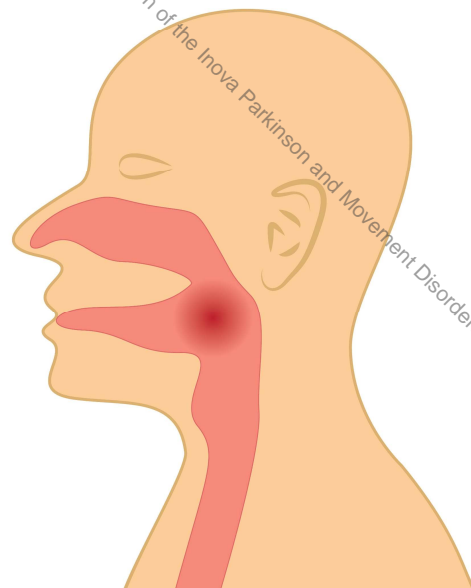
Slouching or forward-leaning postures increase cortisol (stress hormone), exacerbating **anxiety** and potentially impacting **cognition**.



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Posture and Swallowing

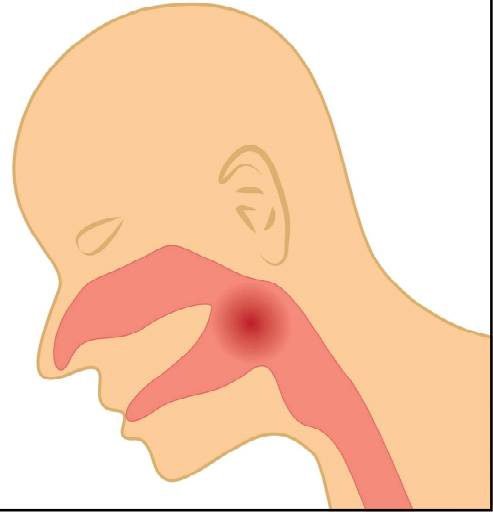
- Managing food in the mouth
- Transit
 - Gravity
 - Lip seal and air pressure
- Airway protection?



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Posture and Swallowing

- Managing food in the mouth
- Transit
 - Gravity
 - Lip seal and air pressure
- Airway protection?



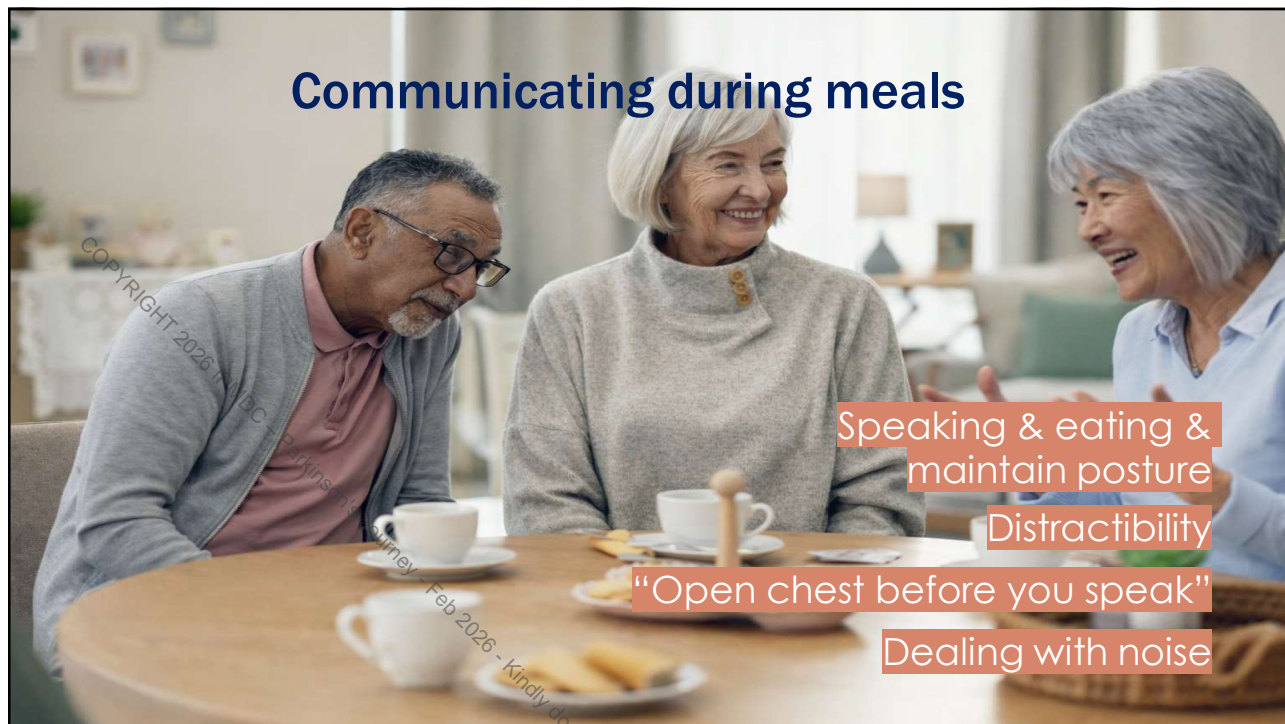
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Posture and Eating/drinking

- Handling different foods on the plate
- Managing utensils
- Swallowing liquids



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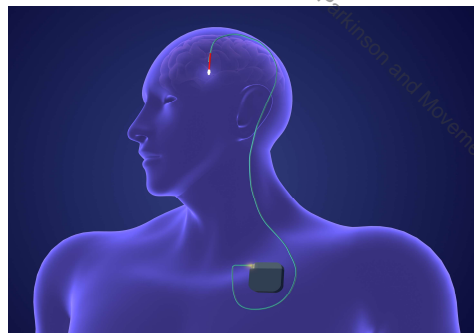
In your opinion, what helps you most to improve or maintain better posture?

- **Self-awareness**, checking posture in mirrors or windows, and receiving reminders from family members or fellow patients are key to improvement.
- **Physical therapy**, home exercises, stretching, walking, climbing stairs, and Tai chi were mentioned as beneficial.
- **Specific techniques:** Feldenkrais, using walking poles, grasping elbows behind the back, and strengthening muscles were noted as helpful.
- **Taking breaks** from sitting, being rested, and massage were also suggested for maintaining better posture.
- **Meds** were indicated as a factor in improving posture.

From participant survey - 48 responses

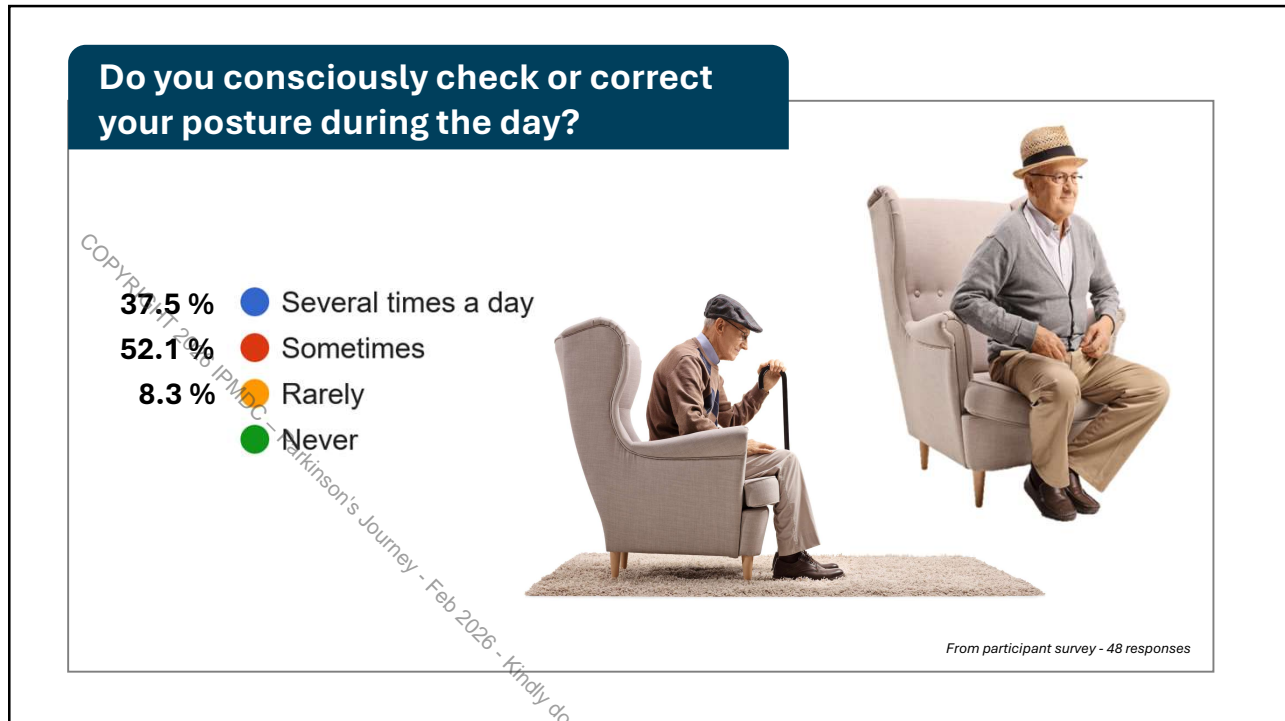
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Meds and/DBS may provide some benefit

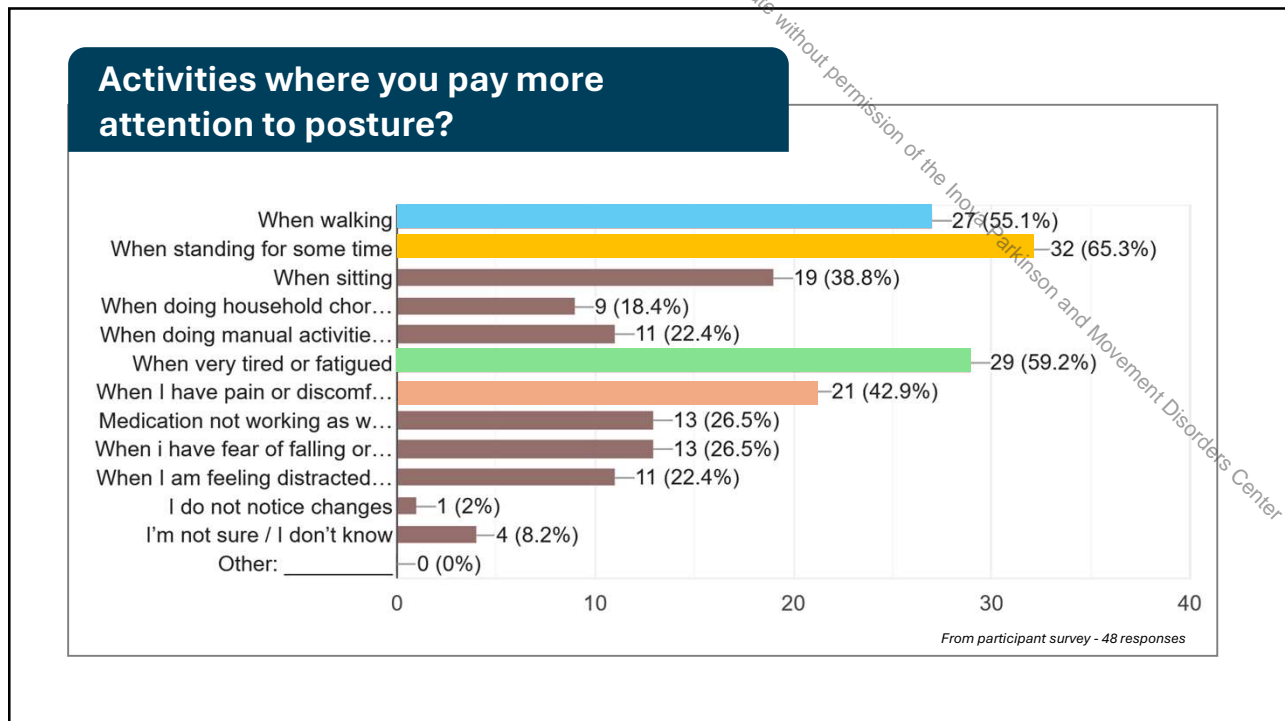


But both are only partial solutions....

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Feedback-based training

Seeing oneself on video helps a person correct posture **more effectively** than verbal instruction alone.

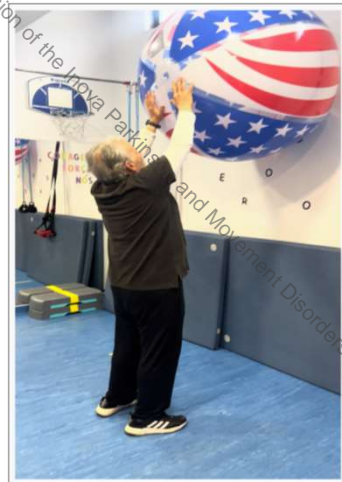


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Focused exercise

Doing exercise reinforcing capacity to maintain good posture while exercising.

Cueing helps.



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Visit https://ipmdc.org/parkinsons_journey



<https://youtu.be/GRPJTpo4i38?si=vjMjm7Vt7jFlzxqs>

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Incorporate a “posture” routine

Make a point of resetting posture whenever:

- Beginning to communicate
- Sitting down for the first time
- Passing through a threshold?
- Related to an activity (e.g., brushing teeth, TV adverts, phone calls, etc.)

Correcting with movement:

posture improves more with movement than with static correction.



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Using technology - Wearables

Upright GO



<https://www.uprightpose.com>

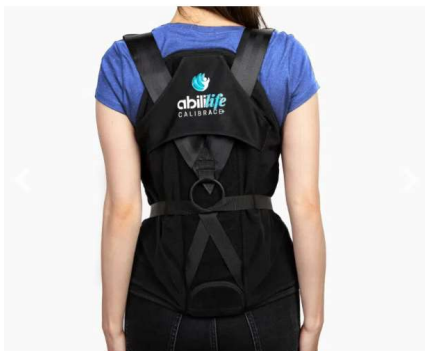
STRAIGHT+



<https://kodgemstraight.com>

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What about braces and similar devices?



abilitlife
CALIBRACE

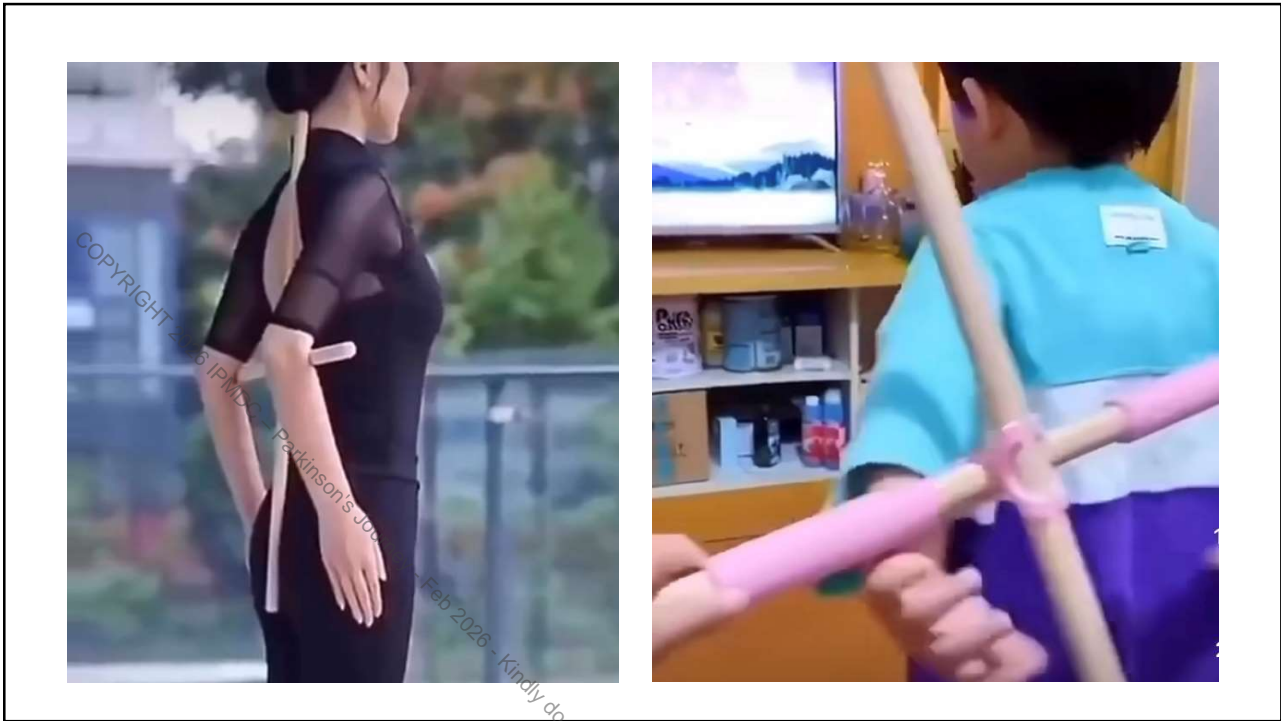
<https://calibraceplus.square.site/>

A number of small studies

Little conclusive data

Consider only in consultation with HCP

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Incorporate environmental strategies

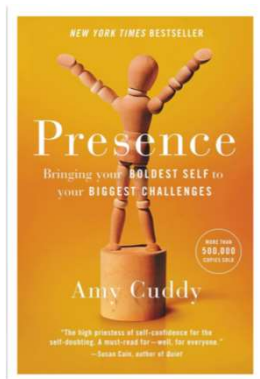
- Post its
- More Mirrors
- Door frames used intentionally as posture “checkpoints”
- Pictures, clocks, plants, or signs placed slightly above eye level to promote head and trunk extension.
- Gentle chime or vibration every 30–60 minutes (“posture reset”) from a smartwatches or phones can do this discreetly.
- Firm chairs with straight backs

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Posture improves more reliably when the environment changes than when the person is asked to “remember”.

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Consider trying “power posing”



- Good posture influences QOL
- Bad posture impacts:
 - Anxiety and depression
 - Cognition

Strong upright position
Focus on feeling strong, capable, and successful



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Carepartner strategies

Strengthen awareness without pressure.

Cueing:

Single agreed cue word (e.g., “up”, “blue”)

(Avoids repeated corrections like “get straight”.)

Gesture cue (care partner touches own chest or lifts head subtly)

Time-based cue (e.g., posture check every hour, not constantly).

Rotate strategies to avoid overload.

Good Question - how is your posture now?

Asking: Do you want me to remind you of posture?

Agree when **not to cue**.

Check energy levels before correcting

Reduce multitasking

Encourage rest breaks

Make good posture the easiest option (e.g., higher chairs / firm seats (avoid deep sofas); chair with armrests to support upright sitting, table height adjusted so head lifts naturally, frequently used items placed higher that encourages trunk extension and gaze lift)

Celebrate effort, not perfection

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SUMMARY

What actions can be taken?



“Posture checks”
several times a day



Break up long
sitting periods



Digital tools
as reminders



Practice exercises
during medication
“ON” times



Speak openly
about posture in
consultations

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