

Freezing in Parkinson's

Symptoms

Find out more about
freezing and ways to
help you manage it



Freezing in Parkinson's

Some people with Parkinson's experience a symptom called freezing.

This information explains what freezing is and what you can do to help manage it. It also includes tips on how to get moving again and how to reduce the risk of falling if you freeze.

Freezing is a common symptom of Parkinson's. Although freezing or the thought of freezing can cause people to worry, there are ways to help prevent and manage freezing.

What is freezing?

If you freeze, you may suddenly not be able to walk or step forward, even if you want to. This can last for a few seconds, or sometimes 30 seconds or longer. You might find your leg or legs shaking on the spot. You may be able to move forward slowly, taking small steps, or not be able to move forward at all.

Freezing can happen while you're walking, but is more likely when you start to walk, or when you try to turn around.

People describe freezing as feeling like their feet are "glued" to the ground.

Over half of people with Parkinson's may experience freezing. Freezing can happen at any stage of Parkinson's, but is most common in advanced Parkinson's.

Trouble starting other types of movements (start hesitation)

Having trouble starting a movement is sometimes called "start hesitation". It can affect other movements, such as swallowing or chewing.

You might experience start hesitation when talking, or during a repetitive movement like writing or tapping your fingers.

This is sometimes referred to as freezing.

In this information, freezing refers to freezing of gait, or freezing when you're walking, rather than during other movements.

Why people with Parkinson's freeze

We still don't know exactly what causes freezing. Some researchers think that freezing happens because your brain has to pay more attention to helping you walk when you have Parkinson's.

Walking usually happens automatically – you don't need to think about doing it. In Parkinson's, your brain has to work harder to help you walk and may not always be able to give walking the attention it needs, which leads to freezing. This may be why freezing is more likely when you're distracted, in a rush or trying to do two things at once. All of these take your brain's attention away from walking.

Freezing is more likely to happen if you've had Parkinson's for a long time and if your symptoms have got worse. This is sometimes called advanced or advanced stage Parkinson's, when symptoms are more complex and may have more of an effect on your daily life.

You may also be more likely to freeze if:

- you've been taking levodopa for a number of years
- you have more severe problems with your movement (motor symptoms) as part of your Parkinson's
- you don't get your Parkinson's medication on time or miss a dose.

Where and when freezing can happen

We know that freezing can happen when something interrupts a normal sequence of movement.

If part of your walking cycle is interrupted, the whole movement can come to a stop or your steps may get smaller and smaller.

Although freezing can happen at any time, you may experience it when you are:

- starting to walk
- walking towards or through doorways
- moving from one style of flooring to another – such as from carpet to tile
- walking through a narrow or closed-in space
- turning or changing direction
- distracted by another task
- interrupted by an object, someone talking or something else that takes your attention
- in a busy or crowded place
- in a rush
- walking somewhere badly lit or dark.

All of these can stop you being able to keep a steady rhythm when you're walking.

You may be more likely to freeze if you:

- are feeling anxious, stressed or panicked
- are feeling tired
- have trouble sleeping
- are feeling low or depressed
- have had hallucinations.

Freezing and changing surfaces

We usually take different-length steps on smooth surfaces compared to uneven ground. If you have Parkinson's you may find it difficult to make these changes automatically.

For example, you may be able to walk without a problem on uneven surfaces, but freeze when the floor is smoother or has a patterned surface. Or the opposite might happen.

Some people who experience freezing are surprised that they have no problems going up or down stairs, but freeze as soon as they are back on flat ground.

Freezing in a busy place

If you freeze in a busy place, such as a supermarket or a station, give yourself time to stop, look and plan at regular points.

Some things to try:

- Step to one side, out of the main flow of people, and, if it's close enough to you, touch something solid like a wall to help your balance. Plan ahead where you're going to walk if you can, especially when walking in a busy area.
- Look at the area ahead of you, checking for anything in the way, such as benches, street lights or trolleys.
- Decide the route you'll take. Repeat this method of "pause, look, plan and walk" as often as you need to. Or guess the number of steps you'll need, before walking towards that point. Then start counting them and aim to be at your destination by the target number.

Is freezing the same as "wearing off"

No. There are different ways of managing freezing and "on/off" swings, so your specialist or Parkinson's nurse should treat them as separate problems.

Some people with Parkinson's who have been taking levodopa for a while have "on" and "off" periods.

An "on" period is when your symptoms are controlled and your medication is working well. During an "off" or "wearing off" period, Parkinson's symptoms come back and are more difficult to manage.

Going from one to the other can happen very quickly. Some people have described it as like a light switch being turned on and off. "Wearing off" can be a sign that your levodopa medication isn't working as well as before.

Being "on" or "off" is different from freezing. During "off" periods, some people with Parkinson's are not able to move at all.

But freezing only affects certain movements or parts of the body. So although you might not be able to walk, you might still be able to grab an object. Be careful if this happens to you. If your feet freeze and you try to reach for support from furniture or a wall that's too far away, you may fall.

Although freezing and being "off" are different, freezing is more common during the "off" state and individual episodes of freezing tend to last longer.

Find out more: see our information on wearing off and involuntary movements.

Preventing falls

Freezing or shuffling can affect your balance and make you more likely to fall over. Falls can be dangerous and the thought of them can be scary. But being aware of freezing and taking steps to prevent or manage it can help reduce your risk of falling.

Take care when walking along waterways and crossing busy roads. You may find it helpful to have someone with you when doing these activities.

It might help to avoid using escalators or automatic walkways, for example in shopping centres, train stations and airports.

You can help prevent falls by:

- asking for help. A family member or friend can hold your arm and support your balance while you focus on moving again
- avoiding distractions. Try to concentrate – avoid walking and talking at the same time. If you want to have a conversation, pause and touch something solid, such as a lamp post, when you want to talk
- planning ahead. If you cross a busy area, plan your route in short stages so that you're not having to concentrate on too much in one go
- slowing down when you turn. If you need to change direction, try not to turn too quickly or pivot on the spot. It's better to slow down and take a few extra steps to walk around in a half circle. Try to imagine your feet are following the numbers on the face of a clock

- choosing the right footwear. You might find shoes with low heels or flat soles are easier to walk in. Your choice of shoes won't affect whether you freeze or not, but the right shoes may make a fall less likely if you do freeze. Try to avoid unsupportive shoes, such as floppy slippers. An occupational therapist or physiotherapist can give you advice about this
- taking your time and not rushing.

We have more information about what can help if you do fall, such as carrying a mobile and emergency contact numbers with you, in our information about falls and Parkinson's.

Find out more: see our information on falls and Parkinson's.

Treatments for freezing

Speak to your specialist or Parkinson's nurse about the best treatment for your freezing.

Treatments include:

Levodopa

Levodopa can help to relieve freezing. But some people who have been taking levodopa for longer may also be more likely to freeze. Researchers aren't sure why this happens.

Your specialist will make decisions about your medication with your individual circumstances in mind.

They might suggest treating your freezing by increasing your dose of levodopa but, depending on your symptoms, may not increase your dose, as not everyone's symptoms react in the same way.

Freezing during “off” periods

Freezing can happen during “on” or “off” periods, or both. More research is needed to fully understand how freezing is linked to levodopa.

If you tend to freeze during “off” periods, levodopa may help by reducing the length of your “off” periods. Changes to the type and timing of your medication may help you “switch off” less often. Talk to your specialist or Parkinson’s nurse about any changes to your medication. Don’t suddenly stop taking your medication as this can be dangerous.

When freezing happens during “on” periods, this usually can’t be treated with levodopa.

If you freeze during “on” periods, your specialist may suggest reducing your dose of levodopa to help with your freezing. They may not do this if changing your dosage might make your other Parkinson’s symptoms worse.

Getting support for freezing

Freezing can have a big impact on daily life. It can make looking after yourself, housework and going shopping more difficult. If you do experience freezing, either at home or when you’re out, don’t hesitate to raise it with your specialist or Parkinson’s nurse.

Freezing often happens in everyday situations and can be difficult to spot in a medical setting, such as during an appointment with your specialist. This may mean that your specialist or Parkinson’s nurse does not often see you freezing. You may not be sure if what you’re experiencing is freezing, or maybe other problems with moving related to your “off” periods.

It might be helpful to bring some written notes to your appointment with your specialist, Parkinson’s nurse, physiotherapist or occupational therapist. This will help them to understand as much as possible about your freezing, so they can recommend the best treatment.

You could write down:

- when you tend to freeze
- where you tend to freeze
- what you were doing when you froze
- if anything has got you moving again.

Occupational therapy

An occupational therapist is a health professional who helps people to be as independent as possible.

They give advice on making your home or workplace safer or easier to manage. This may include showing you easier ways to do a task or activity. They can also give advice about equipment to make things easier and safer.

An occupational therapist can help you find ways to move more easily around your home in areas that can cause you to freeze.

They can also help you find ways to manage a freezing episode in other situations. If you have difficulty organising day-to-day life, or feel very anxious, an occupational therapist can help with this too.

Your GP, Parkinson's nurse or specialist can refer you to an occupational therapist.

You can also pay for private occupational therapy. To find a private occupational therapist in your area, contact the Royal College of Occupational Therapists (see page 22).

Find out more: see our information about occupational therapy for Parkinson's.

Physiotherapy

A physiotherapist is a healthcare professional who helps keep people moving and able to carry out daily tasks for as long, and as safely, as possible. They can help improve your:

- posture
- mobility
- muscle strength and tone
- balance
- muscle stiffness.

They can also give you strategies to reduce your risk of falling if you freeze. These include exercises to strengthen the muscles that keep you upright (such as your leg muscles) and improve your posture and walking.

A physiotherapist may be able to visit you at home. Or you might have an appointment in their clinic or a gym.

Physiotherapy and your posture

Parkinson's can cause changes to your posture, which your physiotherapist can help with. If your Parkinson's has caused your movements to become slower or more stiff, you may find that your posture is more "stooped", with your:

- knees bent
- heels off the ground
- head forward.

This can make you more likely to freeze. And as the mechanism that controls your movement and balance isn't working as well, you may be more likely to fall.

A physiotherapist might help you learn to:

- put your heel down first when you walk – helping you stay steady
- better manage doing two things at the same time (like carrying something while walking) and know where to focus your attention
- move your weight to one side ready to step forward with the opposite leg
- use different "cues" (things you can do to encourage a movement to restart)
- manage your freezing in a variety of places and situations, so your memory will be triggered more quickly in real-life situations. Practising in areas of your home where you usually freeze can be particularly useful.

Your GP, specialist or Parkinson's nurse can refer you for physiotherapy. In some areas, you will be able to self-refer. If you're referred to an NHS service, there may be a waiting list for treatment.

You can also choose to see a physiotherapist privately, which you will need to pay for. The Chartered Society of Physiotherapy can help you find a private physiotherapist (see page 22).

Find out more: see our information about physiotherapy for Parkinson's.

Walking aids

Your physiotherapist can give you advice on walking aids. The wrong walking aid can make freezing worse, so it's important to get professional advice.

Some people with Parkinson's find that they can walk better without any aids, once they've learned the movement skills to manage the problem.

Our website has information about equipment to help you get around, including handrails for stairs or walls, walking sticks and walking frames. Read more at:

parkinsons.org.uk/equipment

Lasers

Small lasers which can attach to walking sticks, frames or your shoes are becoming more popular. By shining a light on the ground to guide your feet to the next step, these might help you restart your walking by prompting your movement. Lasers might not work as well if you use them in brightly lit places, or outdoors in the sunshine.

A LaserCane is a walking stick designed to work in the same way. It projects a red laser beam onto the ground and cues you to step over the light when your feet freeze. We have more information about LaserCanes at **parkinsons.org.uk/equipment**

Surgery

Deep brain stimulation is a type of surgery that can help some people with Parkinson's. It's not suitable for everyone, but some people find it helps their freezing.

Find out more: see our information about deep brain stimulation for Parkinson's.

What can I do to help myself?

Freezing can be upsetting and sometimes frightening. If you freeze often, you may avoid the places where you're most likely to freeze, such as narrow spaces, crowded or new places, or doorways.

But worrying about freezing shouldn't stop you doing the things you enjoy, and there are things you can do to manage it.

Movement and cueing techniques

Several techniques use a specific strategy or a "cue" to trigger your movement once you've frozen¹. A cue is a signal or prompt which tells your body to do a certain thing, such as step forward.

¹<https://pubmed.ncbi.nlm.nih.gov/34508083/>

Knowing these will help you to take control of your freezing, and may reduce any worries you have when it happens. It may help to tell your family and friends about them too, so that they can help suggest things when you're out walking together.

The methods below have been recommended by occupational therapists and physiotherapists with experience of working with people with Parkinson's.

Remember that each method may work in different situations and at different stages of Parkinson's. So, try a few things to find out which methods work best for you. You may even find ways to reduce or avoid freezing altogether.

What to do when you freeze or can't get started

If a movement isn't flowing well, making the effort to think about each separate part of a familiar movement can help you get going.

When you feel yourself freeze, the first thing to do is to stop moving, or to slow down. This gives you time to refocus on balance, think about your next move and prepare your body to start again, which can reduce the risk of falling.

The plan method

Try the following:

- STOP: calm yourself and take a breath
- THINK: what do you want to do?

- PLAN: how are you going to do it?
- DO: complete the task or movement

The weight shift method

The weight shift method might help too.

- If you freeze, don't try to move forward straight away. Instead, gently move most of your weight to one leg. This is what normally happens when you walk. This will encourage you to step forward with the opposite foot. Count "one, two, three, step" or say "ready, steady, go" to get moving again.
- You may be able to restart walking again by gently rocking your head and shoulders, transferring your weight from side to side. This can help you shift your body weight to your supporting leg.
- It may help to talk to yourself out loud as you do this: "move my weight to left leg, then step with right" (or vice versa). You may have to rock from leg to leg to release the weight on each foot before stepping off.
- For most people, it's best to move their weight onto their "good" leg, and step forward with the other leg.

Another example of the weight shift method could be "kicking the stick". This is where you place your walking stick in front of each foot and gently kick it as you take a step. The momentum from your kick then helps you move forward to take your step. You can do this using one foot at a time, or alternating between both feet.

Sound and vision cueing methods

Using counting, sound or a rhythm could help:

- When you stop to open a door, walk on the spot to keep the stepping rhythm going. After freezing or pausing, decide which foot you're going to step with first. Then say "one, two, three, step" or "ready, steady, go" out loud or silently. If you have someone with you, they could say this for you.
- If an area often causes you to freeze, using rhythm might help you pass through a "trouble spot" without a problem. You could sing or hum a tune in your mind or out loud. Count your steps in groups of 10, or say out loud, "one, two, one, two" or "left, right, left, right".
- Say a "trigger" word to yourself such as "step" or "go". Download music onto your phone, so you can listen to it as you walk.
- Use a metronome to restart your walking. A metronome produces a regular tick or beat to help musicians keep to a rhythm. You can find them easily online, by downloading an app, or in musical instrument shops. Check you can use the small control buttons before you buy one.

You may also find it helpful to think about your walking as a march. You could walk to a rhythm, saying "one-two, one-two" in your head or out loud as you step.

You might be able to find more cueing strategies and ideas online, such as on YouTube.

We have a video about how a metronome can help you manage freezing at www.parkinsons.org.uk/freezing

Using your imagination

If you find it hard to start a movement, try doing the action in your mind first. This is sometimes called visualisation.

Try to imagine doing the action in detail, without any movement difficulties. This is sometimes called "mental rehearsal".

Athletes and musicians often use this technique to practise and improve their performances. It works because thinking about moving uses the same areas of the brain we use to actually make these movements.

For example, to get up from an armchair when you feel stuck:

- Imagine moving your bottom to the front of the seat, keeping your feet slightly apart and tucked close to the chair, your hands ready to push down on the armrests.
- Then imagine the feeling of pushing down through your legs and arms and leaning forward as you stand up easily.
- After you've run through the actions in your mind, get ready to move by saying, "one, two, three, stand", as you do the set of actions you've just imagined.

Floor strips

If you often freeze in the same places at home, you could try using floor strips. They can help if you have problems turning or changing direction on patterned flooring. They can also be useful in doorways, wherever you need to turn a corner, in a corridor or in other narrow areas.

Here's how to use them:

1. Take some sticky tape in a colour that's different from the floor or carpet.
2. Cut the tape into three or four strips of 40cm to 55cm (15in to 22in).
3. Stick them firmly to the floor or carpet, 35cm to 50cm (13in to 20in) apart.
4. Where there's a corner, place the strips in a fan shape around the bend.
5. If the floor colour or texture changes through a doorway, put a strip on the join. If the flooring is the same on each side of the doorway, put a strip at the same distance on either side of the threshold.

If you aren't sure how to use floor strips, speak to your Parkinson's nurse for advice.

When you walk over the strips, you can step on or between the lines. When they become worn or unstuck at the edges, replace the strips with fresh tape, or ask someone to do this for you.

We have a video about how floor strips can help you manage freezing on our website at parkinsons.org.uk/freezing

Other cueing tips

- If different coloured rugs or mats make you freeze, remove them from your usual route through a room. Try placing them somewhere you don't walk often, such as under the window. Plain flooring and uncluttered spaces make moving around easier.

- If your steps are too fast for your body to keep up with, concentrate on slowing down your stepping rhythm and think about making larger steps. This can help to overcome shuffling, which often happens before freezing.

Not every cueing technique will work for everyone. What's important is to try to find one that works for you. Your physiotherapist or Parkinson's nurse will be able to help you come up with ideas and then you can experiment to see what works best.

Getting help for anxiety

Anxiety and stress can make freezing worse and can impact your quality of life. If anxiety is affecting your daily life, it's important to seek help from professionals, such as your GP or a counsellor.

Physical activity, medication, counselling and staying connected with family or friends can all help with anxiety.

If you'd like to speak to a counsellor about your anxiety, ask your GP for information. Many GP surgeries have counsellors attached to their practice.

Your GP or counsellor may also be able to recommend self-help resources. This could include books or online courses to help with anxiety, which you can work through at home at your own pace.

You can also refer yourself directly to NHS counselling services without a GP referral. For more details, search "talking therapies for anxiety and depression" at [nhs.uk](https://www.nhs.uk)

Find out more: see our information on anxiety and Parkinson's.

More information and support

Anxiety UK

A charity with information and support services for people with anxiety.

03444 775 774

07537 416905 (text support service)

www.anxietyuk.org.uk

The Chartered Society of Physiotherapy

For details of qualified physiotherapists in your area.

020 7306 6666

www.csp.org.uk

The Royal College of Occupational Therapists

For details of qualified occupational therapists in your area.

020 3141 4600

hello@rcot.co.uk

www.rcot.co.uk

Parkinson's UK information and support

Whatever your journey with Parkinson's, you're not alone.

From the moment you or someone you care about is diagnosed, we have information and support for you.

Speak to one of our friendly expert advisers, including specialist Parkinson's nurses, care advisers, and benefits and employment advisers. We've got information and advice on all aspects of living with Parkinson's.

Get help managing your diagnosis. Our information packs, webinars, courses and support groups can help you and your loved ones understand your Parkinson's diagnosis and better manage your symptoms.

Read our up to date, reliable health information. Our website, booklets and magazines can help you better understand Parkinson's. They're full of tips and advice on managing your condition and supporting a loved one.

Find ways to get active, stay active and live well with Parkinson's. Whatever your fitness level, we'll help you find the right activities for you.

Connect with other people with Parkinson's, families, friends and carers. Across the UK, in your local area or online. We'll help you meet others who understand what you're going through, because they're going through it too.

Find out more

- Call our helpline on **0808 800 0303** or email **hello@parkinsons.org.uk** to speak to an expert adviser.
- Visit **parkinsons.org.uk/information-and-support** to read our information or find support that's local to you.
- Call **0330 124 3250** or visit **parkinsons.org.uk/order-print-booklets** to order free printed information.

Thank you

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Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

All of our information is checked by experts and other people with Parkinson's, so you know it's information you can trust.

Feedback

If you have any comments or feedback about our information, please call **0800 138 6593**, email **feedback@parkinsons.org.uk**, or write to us at Parkinson's UK, 50 Broadway, London SW1H 0BL.

If you'd like to find out more about how we put our information together, please contact us at **healthcontent@parkinsons.org.uk** or visit our website at **parkinsons.org.uk/health-content**.

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do.

There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Care team on **0800 138 6593** or visit our website at **parkinsons.org.uk/donate**

Thank you.

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We're Parkinson's UK,
the charity that's
here to support every
Parkinson's journey.
Every step of the way.

Free confidential helpline **0808 800 0303**
Monday to Friday 9am to 6pm,
Saturday 10am to 2pm (interpreting available)
Relay UK **18001 0808 800 0303** (for textphone users only)
hello@parkinsons.org.uk | parkinsons.org.uk

Parkinson's UK, 50 Broadway, London SW1H 0DB



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