



Parkinsonism

This booklet is to help you select suitable chairs if you have Parkinsonism. It also suggests techniques to promote your independence.

Parkinsonism can lead to stiffness, tremor and slowed movement. This can make it difficult to carry out everyday activities such as getting in and out of a chair.

The postural changes that you might see are:

- a flexed/stooped posture
- altered head position with neck and shoulder pain
- leaning to one side
- involuntary movements
- reduced flexibility
- abnormal muscle tone and risk of contractures.

(**Abnormal muscle tone** means that your muscles are either more tense or more loose than they should be. **Contractures** are when your muscles stay 'tight' and don't relax. This can leave your limbs or joints fixed in a certain position).

Any chair you use should be supportive. It should suit all the activities that you undertake while you are seated.

How suitable is your chair?

Seat height: when your feet are flat on the floor, your ankles, knees, and hips should all be at right angles. Your weight should be distributed along your thighs. If the seat is too low, your knees will be higher than your hips. This means that greater pressure will be felt through your bottom and you will find it harder to stand. If you tend to slip forward, try a wedge/ramped seat cushion (higher at front).

Seat width: the seat should be wide enough to allow you to sit comfortably whilst reading, writing, or eating etc. It should be narrow enough to allow you to use the armrests. If it is too wide you may find you lean over to one side.

Seat depth: your thighs should be supported. The front of the seat cushion/base should not touch the back of your knees. There should be 1-2 fingers' space between the cushion and your knees. Your bottom should touch the backrest without you needing extra cushions.

Armrest height/length: your forearms should rest comfortably along the armrest. Your elbows should bend at right angles. Your shoulders should be relaxed (not hunched or with you needing to lean over for support). To help when you try to stand, the ends of the armrests should be level with the front edge of the seat. The armrests should be easy to grip.

Backrest height and shape: the backrest should gently curve to match the natural curves of the spine. It should provide good support, particularly

- around the small of your back
- your head.

The back cushion of the seat should be supportive and comfortable. Some cushions can be unzipped and the filling altered. This type of cushion might help you find a position that better suits the curve of your own spine.

There is further information on the back page to help you determine the suitability of a chair for you.

Types of chair



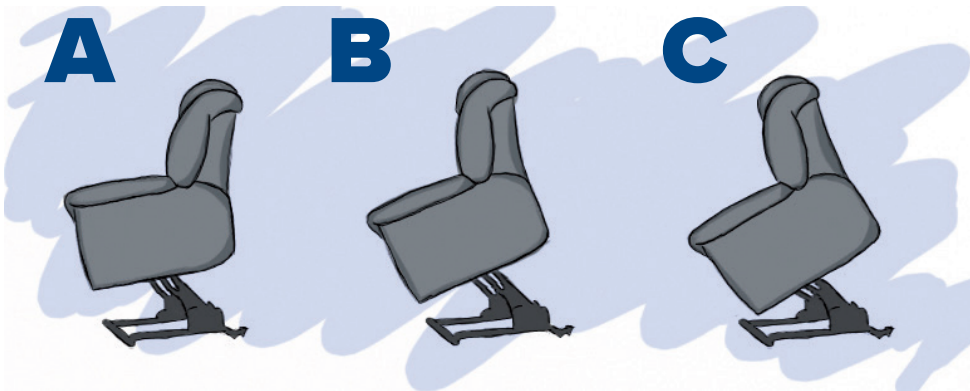
Standard armchair or sofa: often the seat and arms are too low. The seat can be too soft. Seats like this can cause you to lean to one side. This can be worse when you lean to reach for drinks or for the tv remote control from a low side table. Often the seat is too deep, meaning that it has poor head, shoulder, and back support. You can end up sitting slouched with your pelvis tipped backwards.



High/orthopaedic/fireside (waterfall shown here): these can offer you reasonable support **if** the dimensions suit you. There are a variety of backrest styles and arm types available.

Manual riser recliner chairs: Manual mechanisms can be challenging to use. There are a variety of backrest styles and arm types available.

Electric riser recliner chairs: the various riser/recliner functions can be operated by single or dual motors. Dual motors allow the back and leg sections to be operated independently. Chairs with a variable angle of lift are offered by some manufacturers. Chair A (next page) raises the chair but doesn't tilt it (or only tilts it a little). Chairs B & C raise the seat but tilt much more. Chair B tilts at 20 degrees. Chair C tilts at 40 degrees. A vertical lift chair (Chair A) can be preferred by people who have a form of Parkinsonism.



Powered tilt in space chairs A tilt in space chair means that you remain in exactly the same seating position while the chair moves. With other riser/recliner chairs, the upper part of your body may move more or less than the lower part. The tilt in space action keeps your pelvis and hips cradled against the backrest (at around 90 degrees) and your eye level forward. The pressure distribution is good as much of your body stays in contact with supporting surfaces. You sit with your bottom slightly lower than your knees. This can help you if you tend to slide forward when you're sitting.

If you have problems sitting you may be able to get a tilt in space chair on a long term loan. You will need to be assessed by a therapist to make sure the seat will help you. Ask your therapist, specialist team or call the Fife Council Contact Centre.

Are you sitting well?

Parkinsonism affects learned patterns of movement such as the way you've always stood up and sat down. You need to develop techniques to prepare, focus and reduce the physical demands of standing up or sitting down. Breaking the task down into parts will help.

See the method over the page to help you stand from a chair.

‘Using your head’ to help you move

- Move your bottom to front of the seat.
- Place your feet flat on the floor. Keep them close to the chair and slightly apart.
- Have your hands on the armrests ready to push down.
- Lean forwards, so your nose is over your toes.
- Lift your head, look straight ahead.
- Push down through your legs and arms whilst leading from your head: **1, 2, 3, UP!**



If you are having difficulty with one or more of the following

- moving to the front of the chair
- standing up
- moving to/from your chair

there are a range of techniques that might make this easier. Use any combination of them that helps.

Learning a range of effective techniques is a good investment.

Initiating movement

Here are some hints tips and techniques to help you initiate movement (or release the brake that's holding you back).

Try...

- rocking backwards and forwards to build momentum
- reaching forwards to touch someone's hand or the top of a walking frame a couple of times. (Move the target hand/frame a little further away each time. Do not pull up on the frame)
- leaning back in the chair. Hold the armrests, cross your ankles then straighten and stretch out your legs in front of you. Then lean/sit forwards
- saying or hearing... "1, 2, 3 shift' to shift forwards on seat and "1, 2, 3 stand' to initiate and maintain movement
- writing down words or phrases that help you to move. Use this list to prompt you
- watching someone else carrying out the movement beside you and copy them
- adding a visual marker. Adding a strip of fabric or a sticker to walking frame in front of you can encourage you to reach/move forwards
- imagining each stage of a move/task
- mentally rehearsing all the movements involved
- silently count pre moving
- minimising distractions before you move. Don't be afraid to turn off the tv, or to ask others not to chat when you are moving.

Additional hints and tips

Plan: think about the location of your chair.

Consider:

- removing rugs. Placing your chair away from changes in floor coverings, archways and door frames.
- how you approach your chair. Don't turn immediately before sitting down or after standing. Leave space and approach chairs in a wide arc. Don't lean forward early to reach chair arm/backrest as you may lose balance.
- shifting your weight to one side and then stepping through if you freeze or stick in one spot. Counting or saying something out loud eg 'Step!' can help. Visualising yourself stepping over something can also help.
- whether your table is close enough to prevent you stooping. When you are eating, would placing your elbows on the table help? Would adding book rest or adjusting the table to support your newspaper/laptop help your posture and minimise muscle fatigue?
- routinely checking your posture: are you sitting well? Is it time to stand and walk a short distance? Or lie down for a rest?

Active lifestyle

Be exercise focused. An active lifestyle will influence core strength, stimulate pathways in your brain and have a positive impact on mood and wellbeing.

Do what you can and then add more when possible.

Changing your position frequently is important. Stand up and try leaning against a wall with your bottom and shoulders touching the wall so you are standing straighter.

Participate in activity where possible: Tai Chi, yoga, pilates, supported exercise and walking groups. Boost the benefits of physical exercise by adding mental activity (eg learning a new dance) and aerobic activity (raising heart rate). Exercising will stimulate your brain to reorganise and create new nerve pathways. (This is called neuroprotective).

Useful links

PD Nurses

01592 643785 ext 28834

<https://www.nhs.uk/conditions/parkinsons-disease/>

<https://www.parkinsons.org.uk>

<https://localsupport.parkinsons.org.uk/provider/fife-branch> 0344
225 3725

smart.scot.nhs.uk/disabled-living-centre

www.smartlifeinfife.org

www.livingmadeeasy.org.uk (at home section)

Social Work Contact Centre: 03451 551503

Fife Forum: 01592 643743

Fife Carers Centre: 01592 205472

Active Options

<https://www.fifeleisure.org.uk/health/>

<https://www.parkinsons.org.uk/information-and-support/>

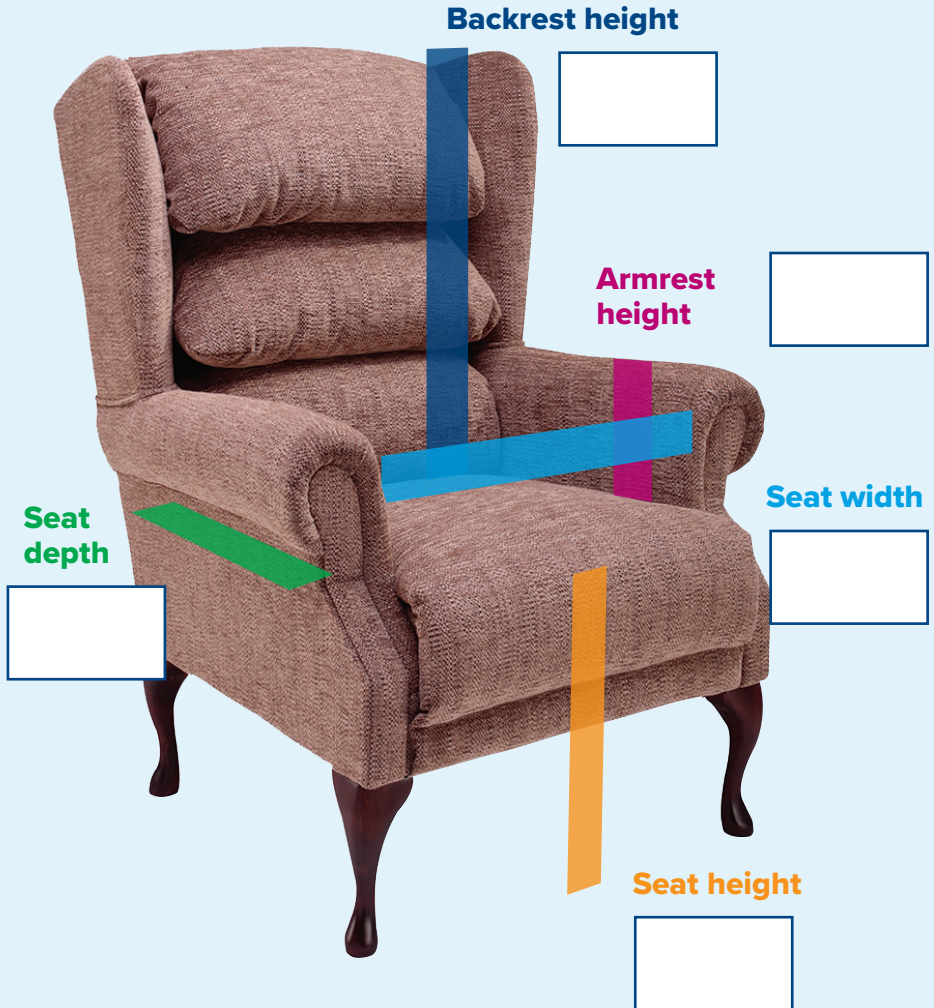
How to measure your chair

Read the notes on the next page, then measure your chair.

I am using

millimetres

inches



Tips on measuring your chair

Seat height

The distance from the floor to the crease at the back of your knee. Make sure your feet are flat and your knees are level with your hips.

Seat width

Measure at the widest part of your bottom/hips plus 50mm/2" each side.

Seat depth

Measure from the base of your spine to behind your knees and deduct the width of 2 fingers.

Armrest height

Measure from the seat base to the underside of your arm. Keep your elbows at right angles and your shoulders level.

Backrest height

Measure from the seat base to top of your ear.

Notes

Use this space to keep any notes.

A series of horizontal dotted lines for writing notes, arranged in a vertical stack. Each line is a series of small, evenly spaced dots, creating a guide for handwriting. There are 21 such lines in total, filling the main body of the page below the instruction.

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use audio formats.

NHS Fife SMS text service number 0780 580 0005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact: fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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August 2022