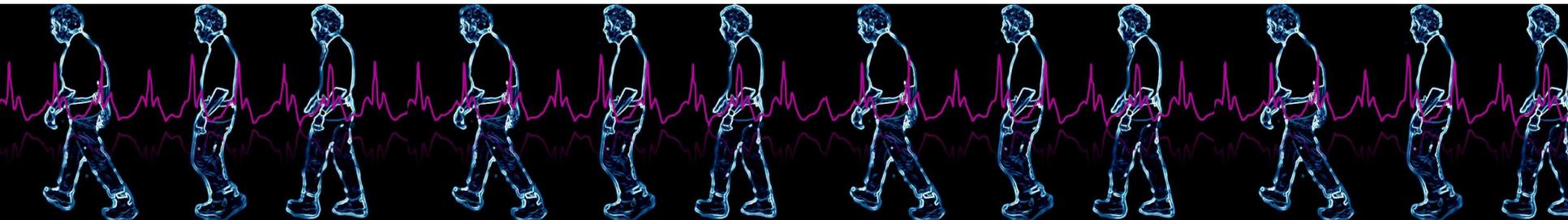


# Evaluation de la marche et des transferts des patients atteints de maladie de Parkinson

Marie Demonceau

Kinésithérapeute

Doctorante ULg

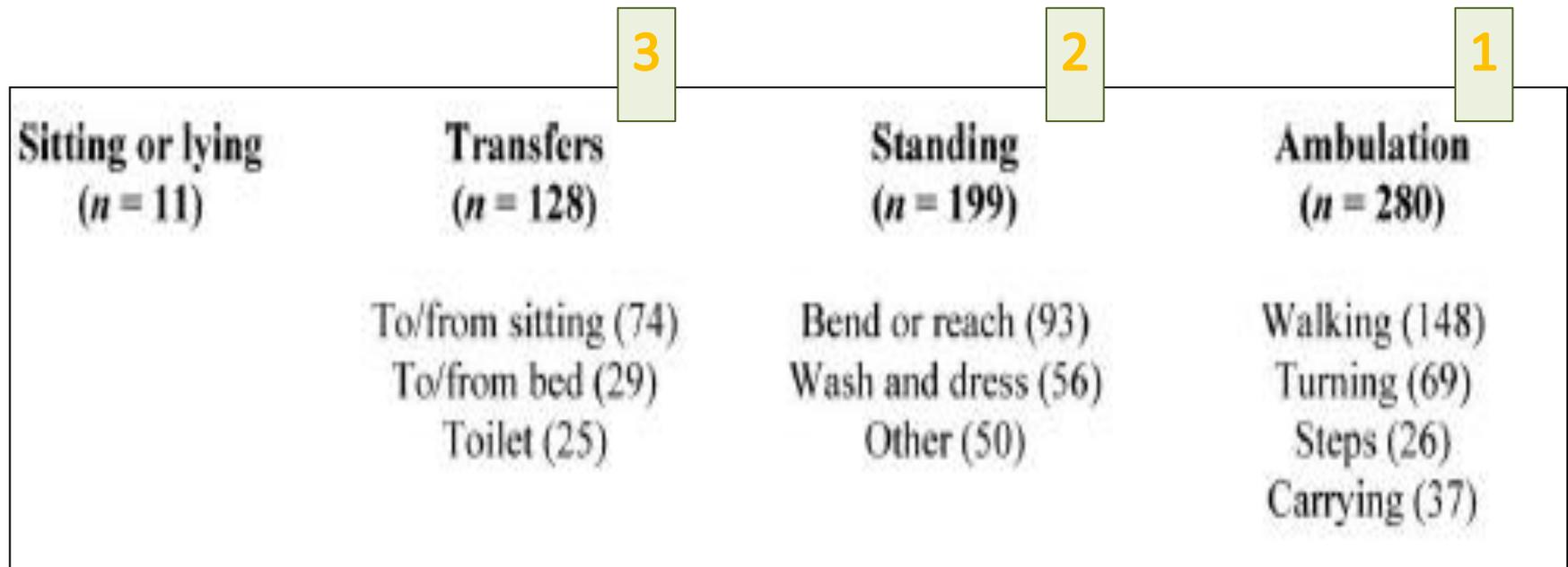


# The circumstances of falls among people with Parkinson's disease and the use of Falls Diaries to facilitate reporting

A. ASHBURN<sup>1</sup>, E. STACK<sup>1</sup>, C. BALLINGER<sup>2</sup>, L. FAZAKARLEY<sup>1</sup> & C. FITTON<sup>1</sup>

**124 patients** with PD (Hoehn & Yahr: II-IV)

**6 months – 639 falls**



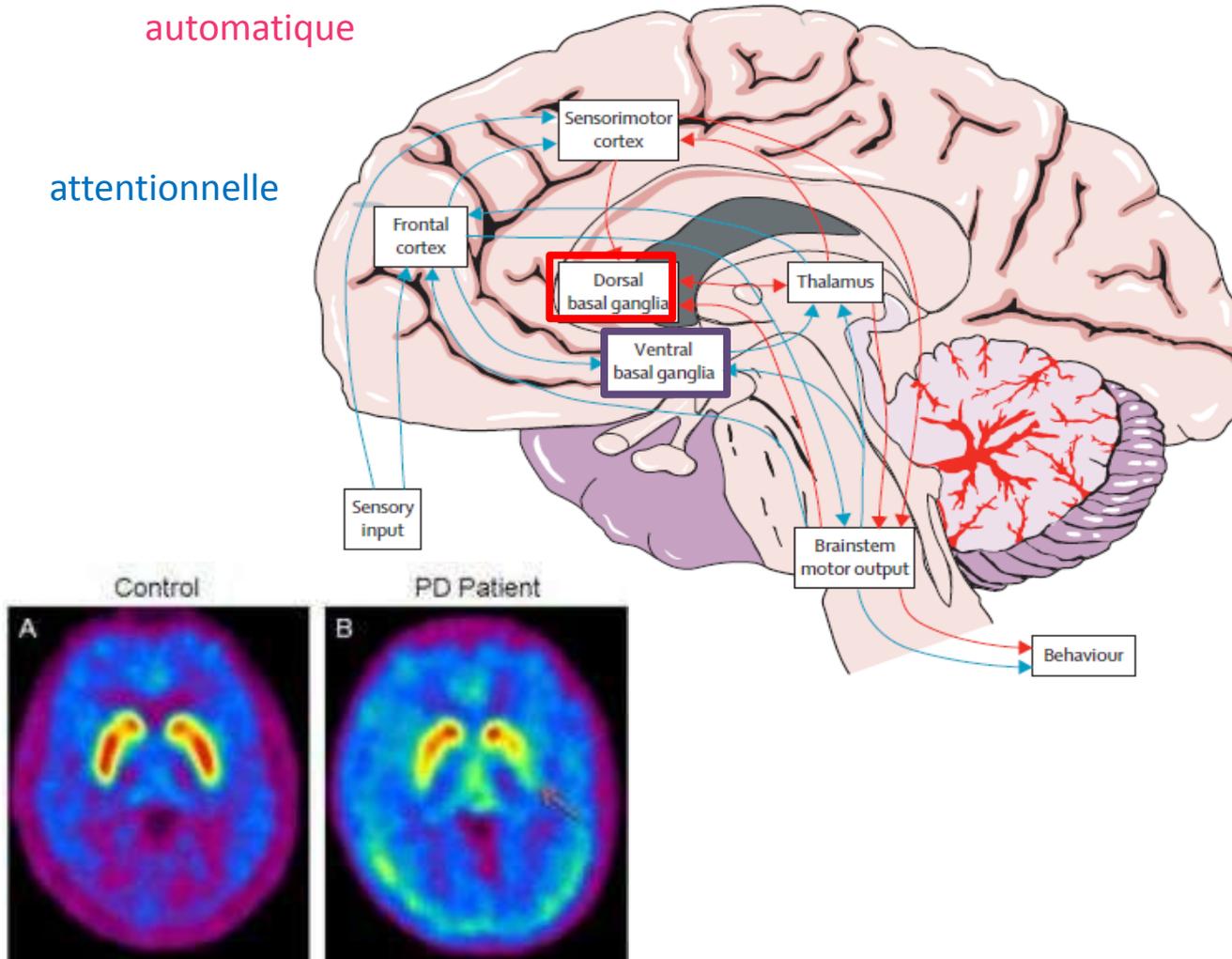


# Marcher en double tâche



Marche = cycles moteurs automatisés une fois initiés chez le sujet sain

Compensation attentionnelle chez patient parkinsonien



# Évaluer le coût d'une double tâche

- Fluence verbale
- arithmétique (-7, -3,  $\pm$ )
- Attentionnelle (verre d'eau, plateau)
- Motrice

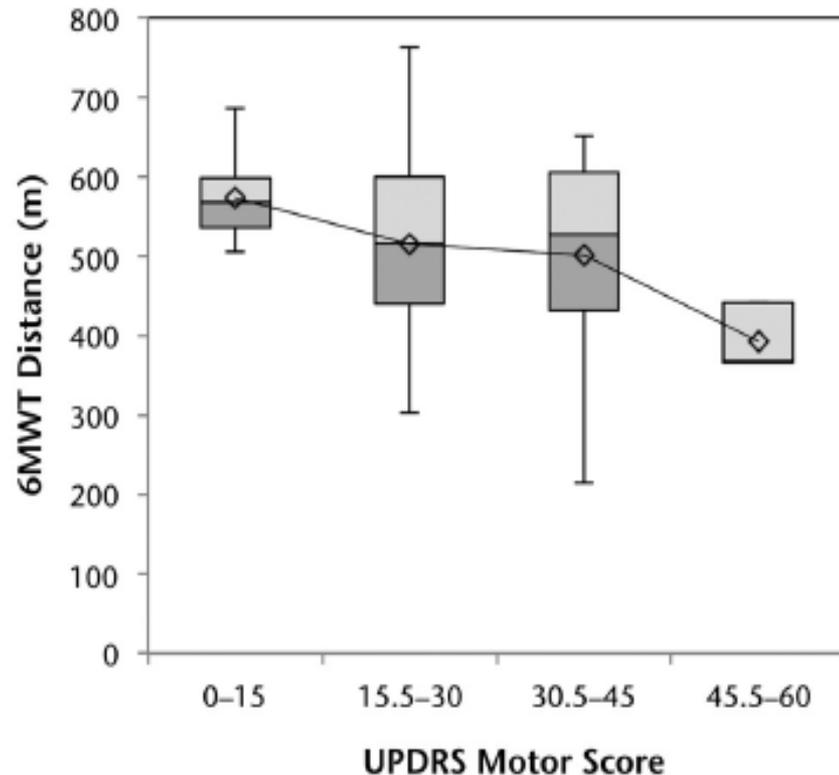


# Test de 6 minutes de marche

- Marche continue
- **demi-tours**
- Endurance et périmètre de marche
- Normes sujets sains.  
ex: 60 ans ♂=700m, ♀=650m

Répond à

- Sévérité symptômes moteurs
- Fatigue
- Entraînement, revalidation



# Equilibre postural

- Perte des réactions d'adaptation aux perturbations



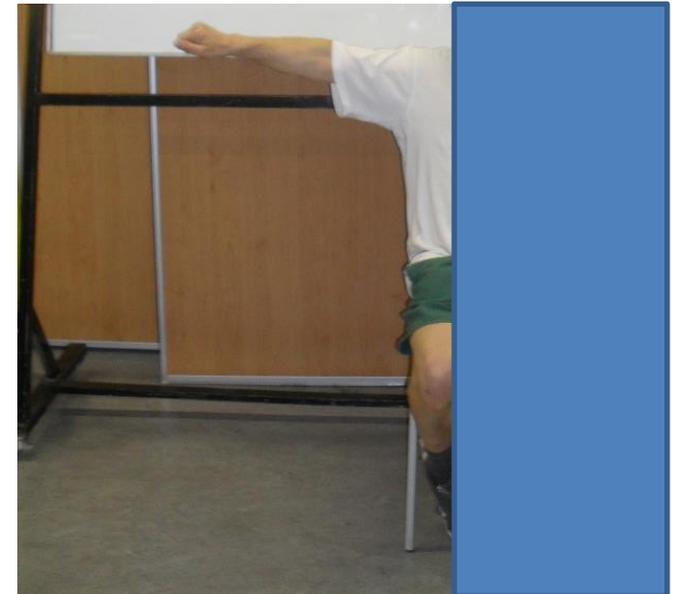
# Évaluer l'équilibre

- Échelle de Berg, Tinetti, miniBEST...
- **Functional Reach test (>25 cm)**
- Agenda des chutes, « presque chutes »



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# Equilibre postural

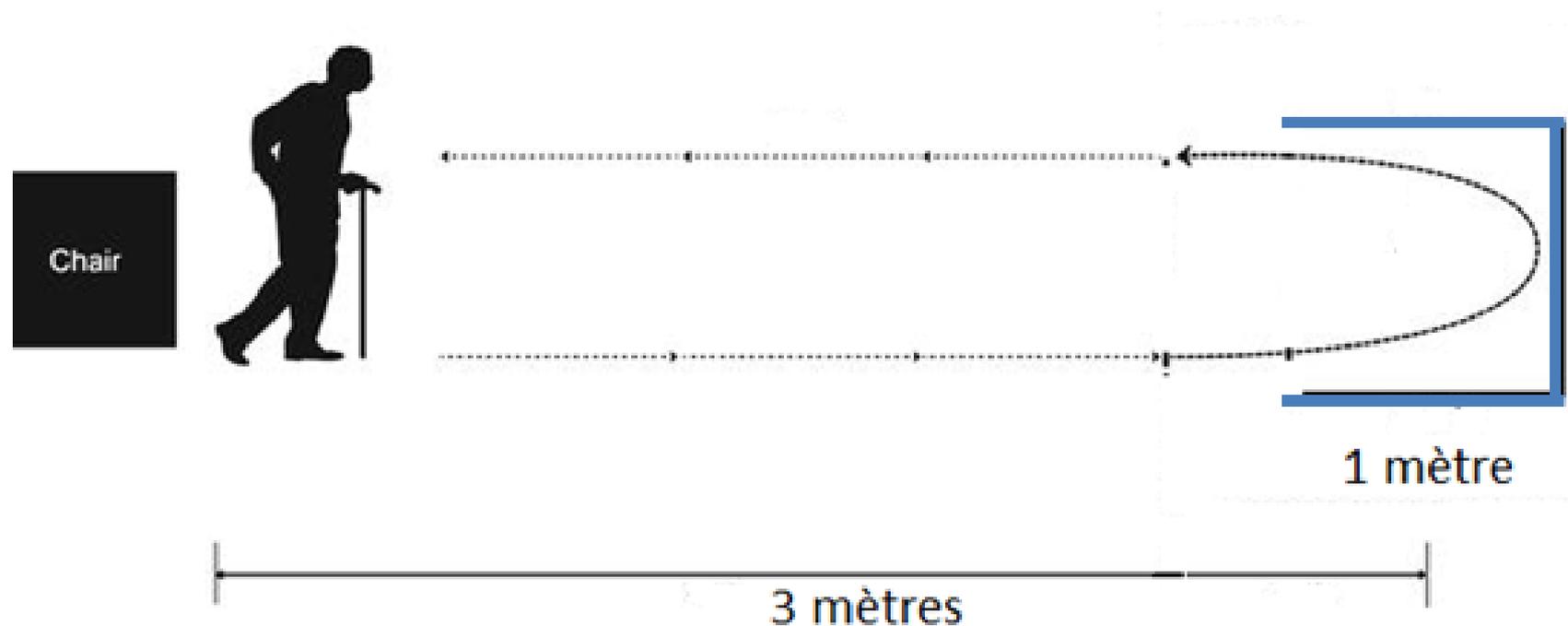
- Transferts du centre de gravité lent, et ↘ aux changements de positions



# Évaluer les transferts

- « 5x sit to stand »
- Modified-Parkinson activity scale
  - « **Timed-up and go** »
  - Transferts au lit : coucher, lever, retournements, couvertures

Based on: Keus SHJ, Nieuwboer A, Bloem BR, Borm GF and Munneke M. Parkinsonism Relat Disord 2008; 15(4):263-269.



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*Please rise without using your arms on the knees or chair*

- normal, without apparent difficulties  4
- mild difficulties (toes dorsiflex to maintain balance, arms swing forward to keep balance or use of 'consciously performed rocks' (compensations) with the trunk  3
- difficult, several attempts needed or hesitations, very slow and almost no flexion of the trunk  2
- impossible, dependent on physical assistance (perform I-B)  0

## **2.A. Sit down without using hands**

*Please, sit down again without using your arms*

- normal, without apparent difficulties  4
- mild difficulties (uncontrolled landing)  3
- clear abrupt landing or ending in an uncomfortable position  2
- impossible, dependent on physical assistance (perform I-B)  0

Based on: Keus SHJ, Nieuwboer A, Bloem BR, Borm GF and Munneke M. Parkinsonism Relat Disord 2008; 15(4):263-269.

**Non-preferred turning side:**

Left     Right    (at items 3 to 8, the patient is asked to turn to this side)

**3. Start akinesia without an extra task (possibly assist with rising, which is not scored)**

- normal, without apparent difficulties  4
- hesitation or short festination lasting up to 2 seconds  3
- unwanted arrest of movement with or without festination lasting 2 to 5 seconds  2
- unwanted arrest of movement with or without festination lasting more than 5 seconds  1
- dependent on physical assistance to start walking (after freezing)  0

**4. Turning 180° without an extra task**

- normal, without apparent difficulties  4
- hesitation or short festination lasting up to 2 seconds  3
- unwanted arrest of movement with or without festination lasting 2 to 5 seconds  2
- unwanted arrest of movement with or without festination lasting more than 5 seconds  1
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Based on: Keus SHJ, Nieuwboer A, Bloem BR, Borm GF and Munneke M. Parkinsonism Relat Disord 2008; 15(4):263-269.

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9,8 sec

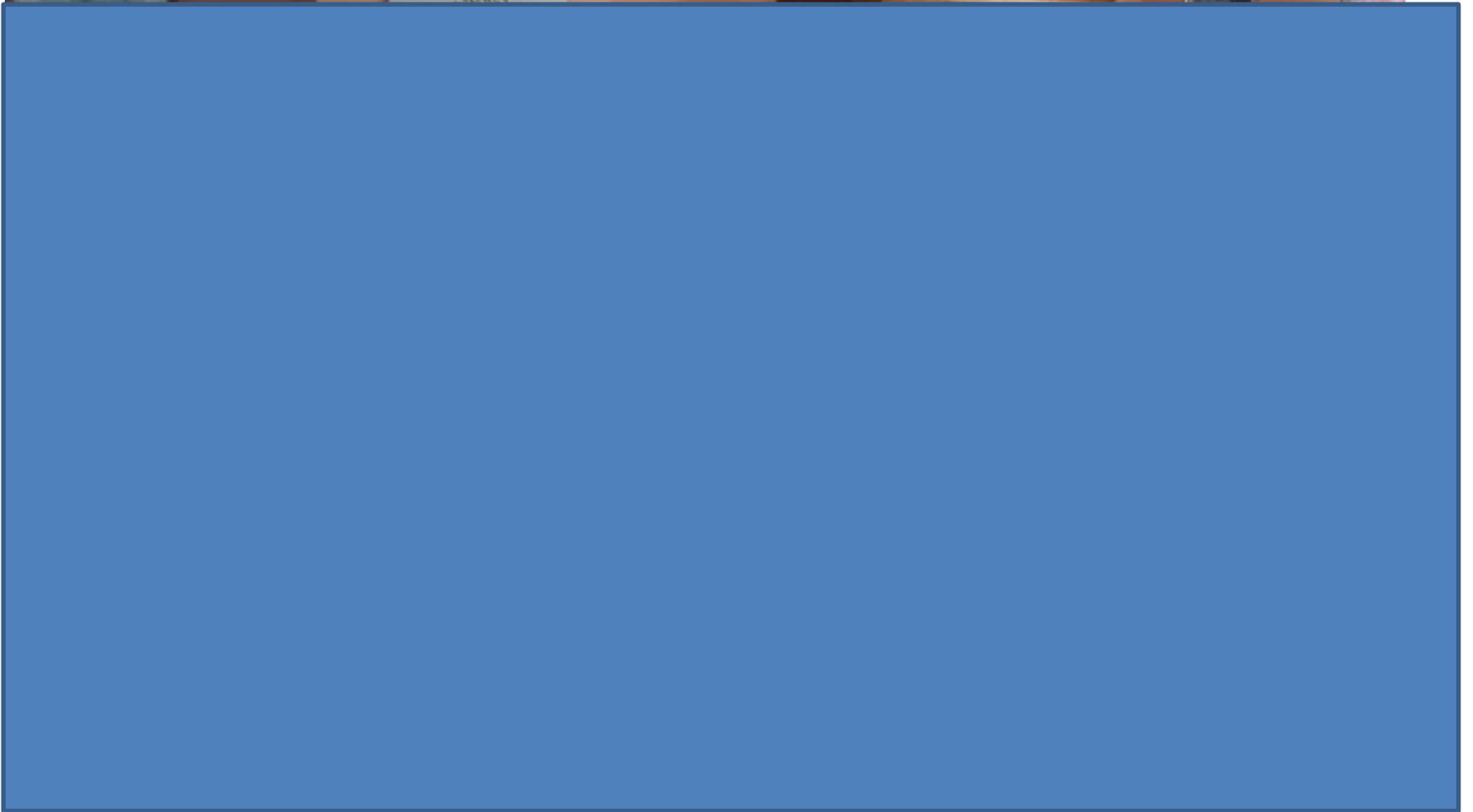


9,2 sec



14,6 sec +





## Bed mobility

### Materials:

- Bed
- Pillow, sheets and blanket or duvet.

### Analyses:

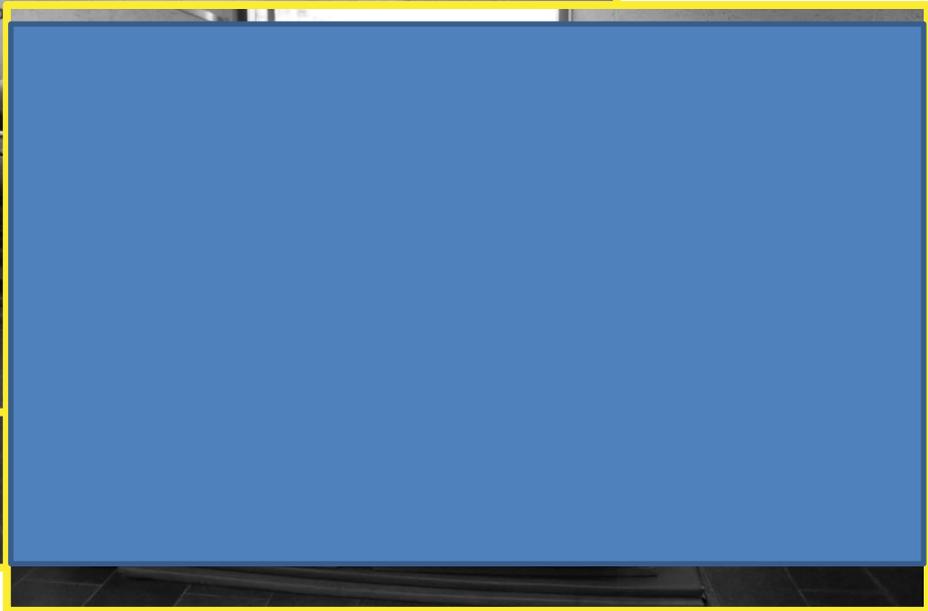
For the items concerning rolling over (10a/b and 13a/b), the mean of the 'a' and 'b' scores is used

### Starting position:

The patient is standing in front of the bed on the preferred side. Before rolling over onto the side, the patient is, if required, assisted to lie comfortably on his back.

### Information:

*If you are standing in front of your bed at home, at which side is your pillow?*







***Merci pour votre attention ...***

*Merci aux patients qui consacrent de leur temps pour nous aider à progresser dans les les soins !*

