Rehabilitation in Parkinson’s Disease
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Rehabilitation can be defined broadly as an active goal-directed process which aims to reduce the impact of disease on the lives that individuals choose to lead. By this definition, people with deteriorating conditions such as Parkinson's disease (PD) can benefit from rehabilitation just as surely as those with acute injury. However severe the disability, there are always ways in which a person's functional abilities can be facilitated or impeded.

The WHO International Classification of Functioning and Health (ICF) provides a good starting point for rehabilitation in PD. The first crucial step is to understand the spectrum of impairments. There is evidence that non-medical interventions as well as drugs can have remedial effects on PD impairments. At a biomechanical level, therapists should consider which abnormalities of posture and movement are primary and which may be effects of biomechanical compensation. One of the most fundamental deficits appears to be the reduction in amplitude of ballistic movements, while some aspects of postural flexion appear to be secondary effects. Cognitive and behavioural aspects of impairment must be taken into account even when the focus is on motor function; for example, therapeutic strategies can exploit the fact that normal movement patterns can be activated under some circumstances. The neurobehavioural perspective also has wider implications: communication and mood are often the most fruitful targets for rehabilitation in PD.

Restrictions in activities and in participation need to be addressed not only through remedial and compensatory therapeutic strategies but also through a focus on the fourth dimension of the ICF scheme, ‘environmental factors’. On the social side this draws attention to the needs of carers. On the practical side, there is a clinical impression that some items of equipment can bring about large functional gains.

A full appreciation of rehabilitation in PD goes beyond the ICF framework to consider personal values, as reflected in assessments of quality of life. Recently, there has been growing awareness of autonomy as a critical value for rehabilitation.

A final element in the rehabilitation of people with PD is prevention. Some research evidence is available on predictive factors for falling in PD. It is likely that simple interventions such as environmental changes will reduce the rates of falling and other physical complications such as skin sores and malnutrition. Although trial evidence is lacking, we would also expect benefits from measures designed to reduce the incidence of social and psychological complications such as depression and carer ill-health.

Service-models for PD that have been developed and evaluated in the UK give some indications of benefits, particularly in subjective indicators of well-being, although functional benefits are as yet less well documented.