10 Parkinson's Care Mistakes Facilities Often Make

A Practical Training Guide for Assisted Living and Long-Term Care Staff

Parkinson's disease affects movement, swallowing, cognition, and many aspects of daily functioning. Small differences in care can significantly impact safety, comfort, and quality of life.

Understanding common mistakes in Parkinson's care can help facilities provide safer and more effective support for residents living with the condition.

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1. Giving Parkinson's Medications Late

One of the most common and serious mistakes is delayed medication administration.

Parkinson's medications are time-sensitive and should typically be given within a 15-minute window of the scheduled time.

Late doses may lead to:

- Increased rigidity and immobility
- Falls
- Difficulty swallowing
- Anxiety or agitation
- Hallucinations or confusion

Best Practice:
Parkinson's medications should be treated like time-critical medications, not routine dosing windows.

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2. Assuming Tremor Is the Most Important Symptom

While tremor is a well-known symptom, slowness of movement (bradykinesia) and rigidity often affect daily functioning more significantly.

Residents without tremor may still have significant Parkinson's symptoms affecting mobility and safety.

Best Practice:
Observe overall mobility, balance, and ability to initiate movement.

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3. Rushing Residents During Movement

People living with Parkinson's often need extra time to initiate movement or complete tasks.

Rushing can increase:

- Freezing episodes
- Loss of balance
- Anxiety
- Falls

Best Practice:
Allow extra time and encourage intentional, steady movement. Rushing will only make these symptoms worse and slow tasks further.

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4. Misinterpreting Slowness as Cognitive Decline

Parkinson's can slow physical movement and speech, but thinking and understanding may still be intact.

Staff may mistakenly assume residents are confused when they simply need more time to respond.

Best Practice:
Pause and allow residents time to process and respond before repeating instructions.

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5. Not Recognizing "OFF" Periods

Medication effectiveness can fluctuate throughout the day.

During OFF periods, residents may experience:

- Increased stiffness
- Difficulty walking

• Reduced speech and swallow
• Increased fatigue

Best Practice:
Observe patterns and communicate changes to the care team.

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6. Ignoring Swallowing Changes

Parkinson's frequently affects swallowing muscles.

Signs of swallowing difficulty may include:

• Coughing during meals
• Food remaining in the mouth
• Frequent throat clearing
• Wet or gurgling voice

Untreated swallowing problems increase the risk of aspiration pneumonia.

Best Practice:
Report concerns promptly and consider evaluation by a speech-language pathologist.

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7. Underestimating Fall Risk

Even residents who appear steady may have impaired balance reflexes.

Fall risks increase with:

• Freezing episodes
• Turning or pivoting
• Narrow spaces
• Dual-tasking (walking while talking)

Best Practice:
Encourage safe walking spaces and monitor mobility changes.

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8. Misinterpreting Facial Expression Changes

Parkinson's often causes **reduced facial expression (masked facies)**.

Residents may appear uninterested, sad, or disengaged even when they are not.

Best Practice:
Engage residents verbally and observe tone of voice and communication rather than facial expression alone.

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9. Forgetting That Exercise Is Essential

Exercise is one of the most beneficial therapies for Parkinson's disease.

Regular movement can improve:

- Balance
- Mobility
- Strength
- Mood

Best Practice:
Encourage daily physical activity whenever safely possible.

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10. Not Understanding the Emotional Impact of Parkinson's

Parkinson's can affect mood and emotional regulation.

Residents may experience:

- Depression
- Anxiety
- Apathy
- Frustration with physical limitations

These symptoms are part of the neurological condition, not simply reactions to aging.

Best Practice:
Provide encouragement, patience, and emotional support.

Supporting Residents Living with Parkinson's

Small changes in care approaches can make a meaningful difference in safety, dignity, and quality of life.

Facilities that understand Parkinson's disease are better equipped to support residents through:

• Timely medication administration
• Safe mobility support
• Swallowing awareness
• Respectful communication
• Encouragement of movement and independence

Wisconsin Parkinson Association

The **Wisconsin Parkinson Association (WPA)** provides educational resources and training opportunities for healthcare professionals and care facilities supporting individuals living with Parkinson's.

To learn more about Parkinson's education and community resources, visit:

wiparkinson.org