WALKING FOOTBALL AND PARKINSON’S DISEASE COACHING MANUAL
ORGANISATION

Parkinson’s Africa is a UK registered charity that exists to support and empower Africans impacted by Parkinson’s disease (PD)—this includes the family, friends, relatives, and carers of those diagnosed. We advocate on behalf of African Parkinson’s disease communities; sponsor and organise awareness campaigns; provide appropriate PD educational materials in local languages; and provide other forms of support and activities. Parkinson’s Africa also helps facilitate access to clinical services for people living with Parkinson’s disease in Africa, and we intend to continue looking for ways to help achieve an equitable medication pathway for Africans impacted by Parkinson’s disease.

PARKINSON’S DISEASE

Parkinson’s disease, or simply Parkinson’s, is a progressive neurological disorder that has a significant impact on a person’s physical, mental, and emotional wellbeing. It is a chronic (lifelong) disease of the brain that slowly gets worse over time. It mainly affects the substantia nigra - the part of the brain that is responsible for controlling movement. This affected region of the brain also plays a role in other important functions such as learning, behaviour, sleep, pain, and memory. Parkinson’s disease may also affect other parts of the body such as the bowel, the bones, and the eyes. Parkinson’s disease happens when the cells that produce the brain chemical, dopamine, stop working properly and die prematurely. Other chemicals in the brain are also involved. Researchers are not certain what causes this, but they suspect that genetic factors (like gene mutations) and environmental factors (like exposure to toxic chemicals), in addition to the ageing process, play an important role.

Parkinson’s disease is the second-most common (and fastest-growing) neurological disorder in the world, with cases across Africa expected to rise dramatically in the coming years. This expected rise makes it even more important for Africans with Parkinson’s to deal with the problems they face.
We know, from our own first-hand experiences and from published studies, that people across many parts of Africa have the wrong idea about Parkinson’s disease. This misunderstanding often leads to people with the disease being stigmatised and left alone, which makes an already difficult disease even more difficult to deal with. Clinical and social care, support, and medication are very limited in some places, and in others, they don’t exist at all. We decided to use sport as a tool to not only help people with Parkinson’s disease stay healthy and active, but also to gain valuable knowledge and raise awareness about the disease. This is how the concept of the walking football and Parkinson’s disease coaching manual came to be.

Walking football is a non-contact, no-running, no-tackling sport that has grown in popularity in recent years. It emphasises inclusivity and enjoyment while also improving social aspects. As with other forms of exercise, walking football has numerous health benefits. It is a great and enjoyable activity for people living with Parkinson’s disease, allowing those affected to yield the same benefits as those who play football but in a less-intense setting. It is for this reason that we have decided to combine the two and develop a Walking Football and Parkinson’s Disease Coaching Manual.

The Walking Football and Parkinson’s Disease Coaching Manual has been designed around the principle of using walking football as a medium to educate people about Parkinson’s disease in a fun and engaging way while keeping active. Each walking football drill is structured in a way to deliver a message based on various Parkinson’s disease topics such as Stigma, Symptoms, Diagnosis, Treatment Options and Support.

This manual aims to demonstrate that people impacted by Parkinson’s disease and the wider community can achieve significant improvements in the following areas:

- Greater awareness and understanding of Parkinson’s disease.
- Change in attitudes about Parkinson’s disease and those affected by it.
- Enhanced self-management and decision-making regarding various health options.
- Improved physical and mental health, as well as social and other vital skills.
HOW IT WORKS

This manual provides basic information about walking football, the rules of the game, a sample training session, as well as six simple but effective walking football drills. Each walking football drill purposely corresponds to a Parkinson's disease related message. This enables participants to not only acquire a new walking football drill or skill, but also to learn about and discuss a particular Parkinson's disease topic or concern. The walking football drills are simple, entertaining, and stimulating. Each drill provided in this manual will begin with the walking football teaching component so that the participant can become accustomed to it. It is left up to the support leaders’ discretion as to when to introduce the Parkinson’s disease message into the drill. Usually, this occurs as the participants become used to the walking football element.

As soon as the active component has been accomplished, the support lead pauses the activity and conveys the Parkinson’s disease message using a graphic representation of the activities the participants have been performing. In addition to restating and reinforcing a deeper prompt on the subject, this enables participants to visualise and better understand the significance of the Parkinson’s disease related element. This may lead on to a walking football game. The activities will continue until it’s time to debrief the participants. This is then followed by a support group session where more talks are encouraged, and all participants experience a more social element. Each drill or topic is often taught weekly for six weeks, and could be followed by a celebration game or tournament.

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Safeguarding the health and safety of the players is extremely important. You must give the session organiser details of any health issues, medication and emergency contact numbers.

Safeguarding also includes the wellbeing of players during the session – ensuring that the rules regarding ‘zero contact’ are adhered to and that the facility is checked and is safe. If playing outdoors, inclement weather conditions need to be taken into consideration.

The club or organisation you work with should have, or at least be working towards, the following policies:

- Safeguarding policy
- Vulnerable adults policy
- First aid
- Risk assessment
- Financial accountability
- Selection for teams
Walking Football Rules

The WFA have developed the Laws of the Game after regular consultation with clubs, players, and referees. These guidelines set out the basic rules of play.

- Any running or jogging will usually result in an indirect free kick
- Non-contact
- Above head height restriction on ball
- Deflection above head height by goalkeeper – ball retained by keeper
- No heading the ball
- All free kicks indirect
- No offsides
- No tackling from behind
- No direct goal from kick-off or any dead ball situation
- All free kicks have defenders 3-metres distant
- Players may not play the ball whilst grounded – including slide tackling and slide blocks
- Cornering a player is not permitted – allow opponent to turn
- No two versus one tackling at barriers/wall
- No tackling across an opponent at a wall/barrier
- Playing with reckless or dangerous intent is an infringement
- One-step penalty kicks
- No restriction on passing back or out from the goalkeeper
- Sin Bin time out for three of the same or different infringements
- Zero tolerance on abusive behaviour
SAMPLE TRAINING SESSION

Drills can be used on their own, but a good coach will be able to use them as part of a structured coaching session. Here is an example of session plan. You can use whichever warm-up, drill, or game you like; aim to keep to the same structure. This is for a two-hour session.

Preparation: Before session
Introduction: 5 mins
Warm up: 15 mins without ball; 10 mins with a ball
Football drill: 15 mins
Parkinson’s disease drill: 20–30 mins
Small-sided game or match: 20 mins
Cool-down: 15 mins
Debrief/discussions: 10 mins or for as long as your players want to talk.

Take some time to prepare your session beforehand. Write it down but be prepared to be flexible if the number of players or type of equipment you have changes. Having an alternative/back-up plan is also a good idea. Make sure you arrive with plenty of time to set up your session before the players get there.

Always start any session with a warm-up. Slowly increase the intensity of the activity until the players are ready to stretch. A good warm-up should get the players’ hearts beating faster and even make them sweat. It is important for the players’ muscles to be warm before they stretch them.

Choose a drill that has either the Parkinson’s disease messaging or has the footballing elements that you want to work on. Introduce the walking football element first, and demonstrate with your players. Monitor closely to ensure everyone understands.

Once the players understand the walking football element, call the group together and introduce the Parkinson’s disease element. Give an example of a real life scenario(s) that this drill might co-relate to. Encourage the players to return to the football pitch following the football element but also keeping the Parkinson’s disease message in mind. Introduce football progressions if you need to.

Slowly decrease the intensity of the activities. Make sure that you stretch your players thoroughly at the end of each session. This stretching is important to prevent injury and muscle soreness.

Sit down with your players to talk through both the football elements and the Parkinson’s disease messaging of the session. Do this by asking questions. This helps the players remember important messages you have been working on.
SAMPLE WARM UP SESSION (WITHOUT BALL)

- Walking, walking quicker, stretch it out
- Sideways – either way
- Lunges
- Opening and closing the gate
- Tip toe stretches, tip toe walking
- Knees up to hands in front
- Heels up to hands behind
- Balance – standing on one foot for 5 seconds
- Ankle rolls, neck rolls
- Arm swings, twisting and turning
- Stretches on own and in pairs

COORDINATION AND MOVEMENT EXERCISES (WITHOUT BALL)

‘Line dancing’:

- Extensions from squat, jazz hands
- Extension into stretch to left then right – jazz hands
- Extension into stretch – adding a step, twist to left and then right – back foot up on toe
- Extension into stretch – as above adding a clap
- Step left, clap, back
- Step left clap, back, step right clap, back
- Step left clap, back, step back, clap, back, step right clap, back

SAMPLE COMMUNICATION SESSION (WITHOUT BALL)

‘Simon Says

One person is designated Simon, the others are the players. Standing in front of the group, Simon tells players what they must do. However, the players must only obey commands that begin with the words “Simon Says.”
SAMPLE WARM SESSION (WITH BALL)

Key Points:
- No running in to the pass
- Call players name before pass
- Eye contact before pass
- Accuracy
- Weight of pass

COORDINATION AND MOVEMENT EXERCISES (WITH BALL)

- Figure of 8 through legs
- Keep up on knee and catch
- Keep up on foot and catch
- Toe taps
- Heel taps
- Drag back and turn
- Walking with a ball across 10m in groups of 3
- Walking with a ball across 10m, turn and return

SAMPLE COMMUNICATION SESSION (WITH BALL)

Key Points:
- No running in to the pass
- Call players name before pass
- Eye contact before pass
- Accuracy
- Weight of pass

Introduce Third Person:
Control on the half turn

Introduce Forth Person:
Have to get from one end to the other. Wider area, either long pass or short pass, turn and complete
HEALTH TOPIC: STIGMA

WALKING FOOTBALL TOPIC: SMALL SIDED GAME

ORGANISATION
1. Mark out a small sided walking football pitch with two goal posts at either end.
2. Select two even-numbered teams and use one ball.

WALKING FOOTBALL
1. Play a standard game of walking football. Each team is trying to score in the opposition’s goal post.

WALKING FOOTBALL PROGRESSION
1. Double the size of one team’s goal post.
2. After a period of time, double the size again of the same goal post.
3. After a period of time, reduce the goal post back to original size.

PARKINSON’S DISEASE EDUCATION REPRESENTATION
1. Each team represents a person living with Parkinson’s Disease.
2. When the goal posts are equal size, stigma is not impacting either person.

PARKINSON’S DISEASE EDUCATION PROGRESSION
1. When one goal post is increased in size, this represents the impact of stigma increasing for someone living with Parkinson’s Disease. For example, exclusion, embarrassment or feeling of isolation.
2. The game is much harder when impacted by stigma meaning life is much harder to live.
3. When stigma impact is reduced (goal post is made smaller), life becomes easier.

KEY MESSAGE
PEOPLE WITH PARKINSON’S DISEASE SHOULD BE TREATED EQUALLY AND SHOULD NOT FACE ANY FORM OF DISCRIMINATION.
DEBRIEF DISCUSSION IDEAS

Consider asking these questions as part of the discussion to address common myths:

1. Can you catch Parkinson’s disease by touching or being close to someone who has Parkinson’s disease?
2. Is Parkinson’s disease caused by a curse, evil spirits, or witchcraft?
3. Does someone get Parkinson’s disease because I’ve done something bad?
4. Does cold weather cause Parkinson’s disease?
5. Is Parkinson’s disease a mental illness?
6. Does Parkinson’s disease only affect older people?
7. Is Parkinson’s disease fatal?
8. Does Parkinson’s disease just affect movement?
9. Can Parkinson’s disease be cured?
10. Can traditional approaches help Parkinson’s disease?

For more information on the questions above, please visit:

https://www.parkinsonsafrica.org/articles/myths-and-misconceptions-about-parkinsons-disease/
HEALTH TOPIC: COMPLEX SYMPTOMS

ORGANISATION

1. Mark out a large square, approximately 10 metres by 10 metres. You may need to increase the size depending on the number and age of players.
2. Place mini goals posts around the area.
3. Split the teams into twos/threes/fours depending on numbers. Each team has a ball.

WALKING FOOTBALL

1. Teams move around the area. They score a point when a player passes a ball through a mini goal post to a team mate on the other side.
2. The winning team is the team with the most points over a set time.

WALKING FOOTBALL PROGRESSION

1. The coach should start to add specific rules to score a point.
2. For example, teams can only score by passing with the heel of their foot or with the outside of their foot.
3. The coach should keep changing the rules every few minutes – making it complicated.

PARKINSON’S DISEASE EDUCATION REPRESENTATION

1. In the beginning, the game and rules are straightforward.

PARKINSON’S DISEASE EDUCATION PROGRESSION

1. When the rules become more complex, this represents how a person living with Parkinson’s disease may experience complex symptoms. (Non motor and motor symptoms such as stiff muscles, loss of smell, constipation and anxiety).

KEY MESSAGE

PARKINSON’S DISEASE IS COMPLEX AS ARE MANY SYMPTOMS AND REQUIRE MANAGEMENT. PARKINSON’S DISEASE IS UNIQUE IN EVERYONE.
DEBRIEF DISCUSSION IDEAS
Consider asking these questions as part of the discussion:

1. What are motor and non-motor symptoms?
2. What are the main motor symptoms of Parkinson’s disease?
3. What are other motor symptoms of Parkinson’s disease?
4. What are the non-motor symptoms of Parkinson’s disease?
5. What are other non-motor symptoms of Parkinson’s disease?

For more information on the questions above, please visit:

https://www.parkinsonsafrica.org/articles/symptoms-of-parkinsons-disease/
DRILL 3 – TRICKY ATTACKING

HEALTH TOPIC: DIAGNOSIS

WALKING FOOTBALL TOPIC: ATTACKING

ORGANISATION
1. Mark out a rectangle approximately 10 metres by 15 metres and place two small goal posts on each end of the pitch as shown.
2. Play 4v4. You can set up more than one pitch or increase the players on each team.

WALKING FOOTBALL
1. The teams play a game of 4v4. The aim is to score in one of the opposition’s goal posts.

WALKING FOOTBALL PROGRESSION
1. Teams are only allowed to score once a player has given the coach a high five within that move. For example, if the red team intercept the ball, one red player must high five the coach before the team can score. If the blue team get the ball back, they must do the same and high five the coach.

PARKINSON’S DISEASE EDUCATION REPRESENTATION
1. Each team represents a person living with Parkinson’s Disease

PARKINSON’S DISEASE EDUCATION PROGRESSION
1. The coach represents a qualified doctor, ideally qualified in nervous system conditions.
2. The high five represents a person going to get a professional diagnosis from the doctor

KEY MESSAGE
THERE CAN BE A LOT OF UNCERTAINTY AROUND A PARKINSON’S DISEASE DIAGNOSIS. IT IS IMPORTANT TO SEEK PROFESSIONAL SUPPORT WHERE POSSIBLE.
DEBRIEF DISCUSSION IDEAS

Consider asking these questions as part of the discussion:

1. Someone is worried they might have Parkinson’s disease. What should they do?
2. How should someone prepare for a visit to the doctor?
3. How is Parkinson’s disease diagnosed?
4. When receiving a diagnosis of Parkinson’s disease, what can you do to help take on the news?

For more information on the questions above, please visit:

https://www.parkinsonsafrica.org/articles/diagnosing-parkinsons-disease/
HEALTH TOPIC: TREATMENT

WALKING FOOTBALL TOPIC: Dribbling

ORGANISATION
1. Mark out a walking football pitch, approximately 20 metres by 30 metres. Change the size depending on the age and number of players.
2. Mark out a five metre endzone on each side of the pitch.
3. Divide the players into two groups and place each group in an end zone with at least one ball per group. Choose one player to be a defender in the middle.

WALKING FOOTBALL
1. Players play unopposed, passing and moving in their areas.
2. After making three passes, the player receiving the ball must move into the central area, moving with the ball to the opposite side.
3. On arrival the player passes the ball to a new team mate and play repeats.
4. The defender tries to retrieve a ball when a player crosses the central zone. If they get the ball they swap roles with the player who had the ball.

WALKING FOOTBALL PROGRESSION
1. When players move across the area, they must perform a second action while dribbling the ball.
2. Example one: clapping hands.
3. Example two: rubbing stomach.
4. Example three: patting head.

PARKINSON’S DISEASE EDUCATION REPRESENTATION
1. Moving across the area represents regular exercise. This is proven to be an effective way of managing Parkinson’s Disease symptoms.

PARKINSON’S DISEASE EDUCATION PROGRESSION
1. Exercising while doing two or more actions at once is another good way to manage symptoms.

KEY MESSAGE
THERE ARE MANY WAYS TO MANAGE PARKINSON’S DISEASE EVEN IF YOU DON’T HAVE ACCESS TO MEDICATION.
DEBRIEF DISCUSSION IDEAS

Consider asking these questions as part of the discussion:

1. What are the benefits of physical exercise for Parkinson’s disease?
2. Can exercise slow down Parkinson’s disease?
3. Can Parkinson’s disease be reversed with exercise?
4. Does exercise work to change the brain?
5. Do I still need to take my Parkinson’s medication if I exercise?
6. What’s the best type of exercise if I have Parkinson’s disease?
7. What other things aside from exercise can I do to help manage Parkinson’s disease?

For more information on the questions above, please visit:

https://www.parkinsonsafrica.org/articles/physical-exercise-and-parkinsons-disease/
**HEALTH TOPIC: SUPPORT**

**WALKING FOOTBALL TOPIC: DEFENDING**

**ORGANISATION**
1. Mark out a rectangle approximately 20 metres by 30 metres with a goal post at one end.
2. Split the team into defenders (blue) and attackers (red) and one goalkeeper.
3. Line defenders up behind the goal post and place attackers in two lines at the other end as shown.

**WALKING FOOTBALL**
1. Pass the ball to the first two attackers.
2. As soon as they receive the ball, one defender moves from behind the goal post to defend.
3. Attackers are trying to score. If the defender wins possession, they win a point for their team.

**WALKING FOOTBALL PROGRESSION**
1. Gradually increase the number of defenders to two, then three, then four.

**PARKINSON’S DISEASE EDUCATION REPRESENTATION**
1. Defending one against two is difficult. The defender won’t experience much success. This represents someone not seeking support if they are suffering with Parkinson’s Disease.

**PARKINSON’S DISEASE EDUCATION REPRESENTATION PROGRESSION**
1. When the defenders start to increase it makes it easier to defend and win possession of the ball. This represents that when seeking support, it can make life easier.

**KEY MESSAGE**
Accept offers of support and help if you need it and don’t be afraid to seek support yourself.
DEBRIEF DISCUSSION IDEAS
Consider asking these questions as part of the discussion:

1. If you have Parkinson’s disease, when can you find support from?
2. If you know someone who has Parkinson’s disease, how can you best support them?
3. Where can you find out what support is available locally?
4. What are the benefits of being part of a support community?
5. Is it important to offer support to carers too? If so, why?

For more information on the questions above, please visit:

https://www.parkinsonsafrica.org/articles/caring-for-someone-with-parkinsons/
HEALTH TOPIC: COMMUNICATION

WALKING FOOTBALL TOPIC: SMALL SIDED GAME

ORGANISATION
1. Mark out a small sided football pitch.
2. Add four squares in the middle and an end zone at each end in front of each goal post.
3. Split the teams into two and place one player in each area like image below—two midfielders and one striker.

WALKING FOOTBALL
1. Simply give the ball to one of the participants and ask them to play. Give them no further instruction.
2. If a player makes a mistake (for example leaving their square) give the opposition team a point). Mistakes will be made as they do not know the rules.

WALKING FOOTBALL PROGRESSION
1. Introduce the rules to the players so they understand how to play.
2. Players are not allowed to leave their box.
3. Midfield players have a maximum of four touches and must both touch the ball before they pass to the striker
4. The striker only has two touches to score—one to receive the ball and one to shoot.
5. Rotate roles on a regular basis.

PARKINSON’S DISEASE EDUCATION REPRESENTATION
1. Not having awareness of how the game works makes it very difficult to play the game well and the team can be penalised for making a mistake.
2. Not having awareness of Parkinson’s disease and the topics that surround it make it difficult to navigate every day life well.
PARKINSON’S DISEASE EDUCATION REPRESENTATION PROGRESSION

1. When the players understand the rules of the game, it is much easier to play. They have more success and enjoy it more.
2. Having an understanding of Parkinson’s disease and the issues that surround it can make it easier to live a happier and healthier life.
3. Having more knowledge about Parkinson’s disease can assist in making people feel more secure and included.

DEBRIEF DISCUSSION IDEAS

Consider asking these questions as part of the discussion:

1. What are the benefits of having more knowledge of Parkinson’s disease?
2. Where can you find out more about Parkinson’s disease?
3. How can you help raise awareness of Parkinson’s disease?
4. How can you help address the misconceptions of Parkinson’s disease?

For more information on Parkinson’s disease, please visit:

https://www.parkinsonsafrika.org/
Disclaimer

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