

# Balance problems after stroke



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This guide explains how stroke can affect your balance, what can help, and how you can look after yourself if your balance is affected.

When you are moving around, your brain needs to coordinate information from your senses, including your eyes and the balance system in your inner ear, as well as controlling your muscles and joints.

A stroke can change the way your brain controls balance, and you could feel unsteady or uncoordinated. There are some other causes of balance problems, and treating an underlying condition can help improve your balance. Some of these conditions are covered in this guide, but you should always get individual advice from a GP or therapist about any balance problems you may have.

## How can your balance be affected by stroke?

### Weakness on one side of your body

A stroke often causes weakness on one side of your body, which can make it difficult to balance. At worst, you may find it difficult to sit up safely, or you may have difficulty standing. You may be able to walk but find that you cannot lift your toes quickly enough to stop them catching on the ground when you step. This is known as foot drop. It can make you feel unsteady or more likely to trip. Or you may find that you have less energy, so you tire easily and become unsteady.

### Loss of sensation

The second main factor affecting balance is loss of sensation in your affected side, particularly your legs. If you cannot feel where your leg and foot are, it is very difficult to know how to move. You will automatically use your vision to make up for the lack of feeling. This takes a lot of concentration and is tiring. It also means that you may be less aware of your surroundings. All of this increases your risk of having slips, trips and falls.

### Concentration problems

After a stroke, moving around and keeping your balance may require more concentration, which is hard work. Dealing with any situation which needs concentration could affect your balance. Many people who fall say they were not paying attention, were thinking of other things, or doing several things at the same time when they fell. One example is walking and talking at the same time – you might find you need to stop walking if you want to listen or talk.

Other things that can be difficult if you have concentration problems include being in a busy environment, being on an uneven surface, or needing to make sudden changes in direction.

### Vision problems

Vision is an important part of balance. Vision problems are common after stroke. They include difficulty focusing, double vision and eye movement problems. If you have hemianopia (missing part of your field of vision), you might not see things in your way.

It can be harder to make the quick adjustments to your posture and movements to maintain your balance if you cannot see clearly around you. This can lead to bumping into things or stumbling.

Have a regular eye test and wear glasses if you need to. Your optician can refer you for specialist help with any vision problems. Good lighting in your home can help. Keep spaces free of clutter to help you see obstacles. See our guide 'Vision problems after stroke' for more information.

### Neglect

Spatial neglect, or inattention, means that your brain is not processing sensory information from one side. You might not be aware of one side of your body and the space to that side. People with neglect may try to move but forget to move their weak leg, causing loss of balance.

### Pusher syndrome

Some people experience the sensation that they are upright even when they are leaning heavily to their weak side, sometimes to the extent that they cannot sit up safely. This is called 'pusher syndrome'.

### Ataxia

People with ataxia have difficulty with controlling smooth movements. Movements of your limbs and body tend to be shaky, and arms or legs can miss their target. This can make balance difficult when sitting and standing. If your steps are poorly coordinated, it means that your feet might not end up in the exact position you wanted. This can make it difficult to balance.

### Vertigo

You may be left with vertigo if a stroke happens in your cerebellum or brainstem, the areas that control balance in the brain. Vertigo means having a feeling that you or the world around you are moving or spinning. You can feel dizzy or lose your balance.

### Side effects of medication

Some medicines commonly prescribed after stroke can cause dizziness or weakness, including some high blood pressure medication. Withdrawal from antidepressants can cause dizziness. Interactions between different medicines can also affect your balance. Talk to your doctor or pharmacist if you have any concerns about the medicine you are taking, as you may be able to try new drugs or a different combination of drugs. Never stop taking any medication without speaking to your doctor or pharmacist first.

### Other causes of balance problems

A range of other conditions not directly related to stroke can also cause dizziness and loss of balance. These include inner ear infections, inner ear problems like Benign Paroxysmal Positional Vertigo (BPPV), migraines, and confusion due to a urinary tract infection.

## What help is there for balance problems?

From 24 hours after a stroke, with your therapists' help, you can try to help your recovery by starting to get moving. Improvement tends to be fastest in the first few days or weeks after stroke, but can continue slowly for months or even years. However, everyone is different and there is no fixed time for recovery.

### Physiotherapy

A physiotherapist can assess you. They can recommend therapy or exercises that may help you improve your balance. You should see a physiotherapist while you are in hospital. If you have left hospital, your GP can refer you for physiotherapy. Private physiotherapists and some NHS services will accept a self-referral where you can go to them directly to request assessment and treatment. For more information, see our guide 'Physiotherapy after stroke'.

### Balance retraining exercises

A physiotherapist might give balance re-training exercises. They will work with you to find out what you find difficult, and set activities to help you improve your balance. The activities will become gradually more challenging to help you improve.

Therapy might start with keeping your balance while sitting up in bed or on a chair. The therapist might ask you to balance while standing, perhaps with the help of equipment or the support of other people.

Exercises may then include step-ups, moving from sitting to a standing position, practising reaching for objects and standing on unstable surfaces. Practising and repeating tasks can help with your recovery. Other activities might include moving past obstacles, changing direction and speed, and walking up stairs. You will only be asked to do these when the therapist thinks it's safe for you.

Balance retraining may start with one-to-one sessions with a physiotherapist, and you can carry on by practising yourself or with support from family or carers. You might be able to join a therapy group in hospital or attend an online video meeting.

Sometimes, people feel worried about falling while practising balance exercises. If you are concerned, ask your therapist for advice to help you continue with your exercises.

### Activity and fitness groups

Some stroke support groups and other community groups run exercise classes or other services to help people with disabilities stay active. Group activities might take place in person or on an online video meeting. Classes such as tai chi might be helpful for some people, but always speak to the instructor about your abilities before you start a new class. See our guide 'Getting active after a stroke' for more ideas about staying active.

### Gaze stabilisation

Gaze stabilisation exercises can help people with ongoing dizziness and vertigo. They need to be prescribed carefully and should be delivered by an occupational therapist or physiotherapist who specialises in dizziness.

### Equipment to help with balance problems

A simple walking stick can improve your stability and improve your confidence, especially when walking outside. Even if you do not need to lean on the stick for support, other people will often give you a little more time and space. There are different types of stick available. It is important that any equipment is the correct size for you, so get professional help when choosing.

If you have foot drop (difficulty lifting your foot off the ground when walking) you may be offered an ankle-foot orthosis. This splint lifts your toes and supports your ankle, so you can put your weight on your leg when you stand without catching your toes when you step forward. Your physiotherapist can prescribe a splint or may refer you to the local orthotics department. See our guide 'Physical effects of stroke' for more information on foot drop and other treatments available, such as functional electrical stimulation.

## I'm worried about falling. Is there any help available?

Most areas offer services to support people at risk of a fall. In some areas, this is called a falls service or a falls prevention service. The way services run varies, but they all offer rehabilitation for people who have been injured in a fall, and advice on how to prevent falls and injuries in the first place. They will help you address issues including:

- Any other conditions you have which may increase your risk of a fall.
- Reviewing your medication. This is to make sure it is not causing side effects that increase your risk of a fall. If you take long-term medication, it should be reviewed at least once a year, particularly if you take four or more types of medicine a day. You can discuss any medication issues you have with your community pharmacist or physiotherapist. Your community pharmacy can also assist with mobility aids.
- Vision problems.
- Your feet and footwear.
- Your home environment, to see if there is anything that increases your risk of a fall such as loose rugs. There may be simple home adaptations that can help, such as a handrail for steps or a seat to help you get in and out of the bath.
- They may also offer exercises (possibly in a group setting) to strengthen your legs and improve your balance.

If you have fallen or worry about falling, ask your GP to refer you for help, such as to your local falls service. A physiotherapist can give you individual advice, including about what to do if you have a fall.

## Tips to avoid a fall

- Keep floors clear of trailing wires, loose rugs, frayed carpets or anything else you might trip on.
- Mop up any spills straight away.
- Organise your home so that you are less likely to bump into things. Remove clutter. Arrange furniture so that you do not have to walk around it. Keep items you use the most in cupboards which are easy to reach.
- Many falls happen when people are not paying attention, are thinking of something else, or doing several things at once. Try to avoid doing two things at once, such as walking and talking on the phone.
- Focus on your movements when you do anything tricky. This includes turning, going up and down stairs, or getting in and out of the bath or bed. These are all common times when falls happen. Step around carefully when you are turning, rather than twisting. Hold onto nearby solid objects and take your time. If you feel dizzy when you first stand up, hold onto something and wait for the dizziness to pass before you go anywhere. Use aids if you have them and get someone to help if you need to.
- Move at a speed that you find comfortable. Do not feel rushed by the pressures of everyday life to do things more quickly.
- Talk to an occupational therapist about getting equipment such as handrails for the stairs and bathroom. Your GP can refer you to see one.
- Use high-wattage light bulbs so you can see clearly, particularly around stairs. If you get up in the night, turn the light on.
- Keep your home warm. Cold muscles work less well and this can lead to accidents.
- Remember to use any walking aids, such as sticks or frames that your therapist has recommended.
- In case you do have a fall, you may want to consider getting a personal alarm. See our guide 'Equipment for independent living and mobility'.
- Wear well-fitting shoes or slippers with thin soles, high sides and a good grip. Never walk on slippery floors in socks or tights. Avoid wearing loose, trailing clothes which could trip you up.
- Talk to a podiatrist (also called a chiropodist) about any foot problems. These can increase the risk of falls if left untreated. Your GP may be able to refer you to one or some services may accept self-referrals.
- Try to keep physically active, as not moving around for long periods can affect your balance.
- Have regular eye tests. Wear any glasses that have been prescribed for you.
- Ask for help with tasks that you cannot carry out safely or leave them if they are less important.

## Where to get help and information

### From the Stroke Association

#### Helpline

Our Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100**  
Email **helpline@stroke.org.uk**

#### Read our information

Log onto **stroke.org.uk**, where you can find easy-to-understand information, videos and an online community to support you. You can also call the Helpline to ask for printed copies of our guides.

## Other sources of help and information

### Age UK

Website: **ageuk.org.uk/falls**

Helpline: **0800 055 6112**

Specialist information for older people including guidance on avoiding falls, plus wellbeing advice and tips on strength and balance.

### Chartered Society of Physiotherapy (CSP)

Website: **csp.org.uk**

Tel: **020 7306 6666**

Offers a search tool for finding a qualified, private physiotherapist.

### NHS

Website: **nhs.uk/conditions/falls**

Offers practical tips for reducing falls, and links to home exercises. Before you follow advice and exercises online, check with your physiotherapist or GP to make sure it's safe for you.

## Your notes

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### About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

#### How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**

#### Accessible formats

Visit our website if you need this information in audio, large print or braille.

#### Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

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© Stroke Association 2024  
Version 4. Published January 2024  
To be reviewed: September 2025  
Item code: **A01F22**

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