SYMPTOM

Walking abnormalities

A walking abnormality is a change in how steadily, smoothly, or comfortably you walk.

WHAT IT FEELS LIKE
Unsteady, uneven, slow, stiff, or difficult walking

WHERE IT IS FELT
Legs, feet, hips, balance, or the whole body

MOST COMMON CAUSES
Pain or injury, muscle weakness, balance problems

WHEN IT IS URGENT
Sudden difficulty with weakness, numbness, facial droop, or speech trouble

USUALLY LASTS
From days to long term, based on the cause

SEE A DOCTOR IF
It persists, worsens, causes falls, or limits daily activities

Overview

A walking abnormality is any change from your usual way of walking. You may limp, shuffle, drag a foot, take unusually wide steps, or feel unsteady. The change may appear suddenly or develop over time.

Walking depends on your muscles, joints, nerves, vision, inner ears, and brain working together. Pain, weakness, poor balance, medication effects, and many health conditions can interfere with this process. There is not one single cause.

Some changes improve once a minor injury heals. Others need assessment and treatment, especially if they are new, getting worse, or causing falls.

What it may feel or look like

You might notice that you:

Someone else may notice the change before you do. Worn areas on one shoe, frequent stumbling, or holding furniture while walking can also be clues.

Symptoms accompanying the change may help identify its cause. These can include pain,

dizziness, numbness, muscle weakness, tremor, joint stiffness, or changes in vision.

- Limp or avoid putting weight on one leg
- Shuffle or take short, slow steps
- Drag one foot or lift a knee higher to clear the ground
- Walk with your feet farther apart for balance
- Sway, veer to one side, or need support
- Feel stiff when starting to walk
- Have trouble turning, stopping, or using stairs
- Tire more quickly than usual

Common causes

Common causes include pain from a sprain, arthritis, a blister, or another problem affecting a foot, knee, hip, or back. Limping often reduces pressure on a painful area.

Weak muscles and reduced fitness can make steps slower or less steady, particularly after illness, surgery, bed rest, or a period of low activity. Poorly fitting footwear and foot problems may also affect balance.

Other possible causes include:

Less common causes include problems with pressure or fluid around the brain, muscle diseases, and disorders that affect coordination. A clinician can use your other symptoms and examination to narrow down the possibilities.

Urgent causes are less common but include stroke, serious injury, spinal cord compression, and severe joint or bone infection.

- Balance or inner-ear problems: These may cause spinning, swaying, or veering.
- Reduced sensation: Nerve damage can make it harder to feel the ground or know where your feet are.
- Vision problems: Poor depth perception or difficulty seeing obstacles can affect walking.
- Medication or substance effects: Sedatives, some blood pressure medicines, alcohol, and combinations of medicines may cause dizziness or slowed reactions.
- Neurological conditions: Parkinson's disease, multiple sclerosis, previous stroke, and other conditions affecting the brain or nerves can change movement.

- Structural differences: Differences in leg length, spine shape, or joint movement may alter your gait.

When to seek medical care

Call emergency services if walking suddenly becomes difficult and you also have facial drooping, one-sided weakness or numbness, trouble speaking, confusion, loss of vision, or a severe new headache. These can be signs of a stroke, even if they improve quickly.

Emergency assessment is also needed for:

Seek same-day medical care if you suddenly cannot put weight on a leg, your walking is rapidly worsening, or you have a painful hot or swollen joint with fever. A child with a new limp, fever, or refusal to walk also needs prompt assessment.

Book a routine appointment if the change lasts, keeps returning, causes falls, or limits daily activities. Gradual walking changes should not simply be assumed to be part of aging.

- New leg weakness with loss of bladder or bowel control
- Numbness around the genitals, buttocks, or inner thighs
- Inability to stand after a serious head, neck, back, hip, or leg injury
- Sudden severe loss of balance with other new neurological symptoms

How the cause is found

A clinician will ask when the change began, whether it was sudden or gradual, and what makes it better or worse. Mention recent injuries, falls, infections, dizziness, pain, numbness, and medication changes.

You may be asked to walk, turn, stand from a chair, or balance in different positions. The examination may check your joints, muscles, reflexes, sensation, vision, coordination, and footwear. Blood pressure may be measured while lying and standing to look for a drop that causes dizziness.

Tests are chosen according to the findings. They may include blood tests, X-rays, brain or spine imaging, hearing or balance tests, or tests of nerve and muscle function. Not everyone needs imaging.

Treatment and self-care

Treatment depends on what is affecting your walking. It may include care for an injury or painful joint, treatment of an inner-ear or neurological condition, vision correction, or management of a foot problem.

Physical therapy can improve strength, flexibility, balance, and walking technique. An occupational therapist may suggest safer ways to manage daily activities. A cane, walker, brace, or shoe insert may help when it is correctly selected and fitted.

While arranging routine care:

Do not stop prescribed medicines on your own. If a medicine may be contributing, ask a clinician or pharmacist to review it. Avoid driving or using stairs alone when sudden dizziness or poor control makes this unsafe.

- Wear supportive, well-fitting shoes
- Keep floors, stairs, and walkways clear
- Use good lighting, especially at night
- Use handrails where available
- Avoid walking unaided if you feel likely to fall

What to expect

A change caused by a minor injury may improve over days or weeks. Recovery after surgery, serious illness, or a neurological problem may take longer and may involve rehabilitation.

Some long-term conditions cannot be fully reversed, but treatment and mobility aids can improve safety and independence. Seek reassessment if your walking worsens, new symptoms appear, or a treatment or walking aid is no longer helping.

Common questions

Is an unusual walking pattern always a sign of disease?

No. Temporary pain, fatigue, unsuitable shoes, or an unfamiliar surface can change how you walk. A persistent or unexplained change still deserves assessment.

Can anxiety affect walking?

Anxiety can increase dizziness, muscle tension, and fear of falling. However, new walking difficulty should not be assumed to be caused by anxiety before physical causes are

considered.

Should I use a cane or walker?

It may help, but the correct type and height matter. A poorly fitted aid can increase strain or fall risk. A physical therapist or other trained professional can assess and fit one.

Can exercise help?

Strength and balance exercises often help when weakness or reduced fitness contributes. The safest exercises depend on the cause and your fall risk, so seek guidance if walking is painful or unstable.

Sources

- National Library of Medicine, MedlinePlus Medical Encyclopedia. "Walking abnormalities."
- Pirker W, Katzenschlager R. "Gait disorders in adults and the elderly: A clinical guide." Wiener Klinische Wochenschrift . 2017;129:81-95.
- Salzman B. "Gait and Balance Disorders in Older Adults." American Family Physician . 2010;82(1):61-68.
- Centers for Disease Control and Prevention. STEADI: Older Adult Fall Prevention.
- National Institute for Health and Care Excellence. Stroke and transient ischaemic attack in over 16s: diagnosis and initial management . NICE guideline NG128.