SYMPTOM

Movement - uncoordinated

Uncoordinated movement is difficulty controlling balance, walking, or precise body movements.

WHAT IT FEELS LIKE
Clumsy, shaky, or unable to control movements smoothly

WHERE IT IS FELT
Legs, arms, hands, eyes, speech, or whole body

MOST COMMON CAUSES
Alcohol, medicine side effects, inner-ear problems

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

USUALLY LASTS
Minutes to ongoing, depending on the cause

SEE A DOCTOR IF
It persists, returns, worsens, or causes falls

Overview

Uncoordinated movement means that your body does not move as smoothly or accurately as intended. You may have difficulty walking in a straight line, reaching for an object, using your hands, speaking clearly, or keeping your balance.

The medical term ataxia describes a loss of coordination. Ataxia is a symptom, not one disease. It can happen when a problem affects the cerebellum, the part of the brain that helps coordinate movement. It can also result from problems involving nerves, balance signals from the inner ear, medicines, alcohol, or other health conditions.

Some episodes are temporary and have an identifiable trigger. New, persistent, or worsening loss of coordination needs medical assessment.

What it may feel or look like

Uncoordinated movement can affect one area or several parts of the body. You may notice:

Weakness is different from poor coordination, although they can occur together. With

weakness, you may not have enough strength to complete a movement. With poor coordination, you may have enough strength but cannot control the movement accurately.

- An unsteady, wide-based, or staggering walk
- Missing an object when reaching for it
- Difficulty with buttons, writing, utensils, or other precise tasks
- Shaky movement that becomes worse near a target
- Slurred or unusually slow speech
- Trouble judging distance or placing your feet
- Jerky eye movements, dizziness, or a spinning sensation
- Frequent stumbling or falls

Common causes

Alcohol can temporarily interfere with balance, speech, reaction time, and limb control. Cannabis and other substances may also affect coordination. Symptoms that seem stronger than expected, occur after an unknown substance, or involve severe drowsiness need urgent attention.

Medicines can cause unsteadiness or poor coordination, especially after starting a medicine or changing the dose. Examples include some sedatives, sleeping medicines, anti-seizure medicines, and medicines that affect blood pressure or alertness. Taking several medicines can increase this effect.

Inner-ear problems may disrupt the balance signals sent to the brain. This often causes vertigo, meaning a spinning or moving sensation, along with nausea and difficulty walking.

Migraine can sometimes cause temporary balance and coordination problems, with or without a headache. Low blood sugar can also cause shakiness, confusion, sweating, and poor control of movement.

Less common causes include vitamin deficiencies, thyroid disorders, nerve damage, multiple sclerosis, autoimmune disease, inherited conditions, and disorders that gradually affect the brain or nerves. A growth or other structural change in the brain is another possible cause, but it is not the explanation for most brief episodes.

Urgent causes include a stroke, bleeding in or around the brain, serious infection, head injury, or poisoning. These are more likely when symptoms begin suddenly or occur with other significant changes.

When to seek medical care

Call emergency services for sudden, new loss of coordination, particularly if it occurs with:

These signs can occur with stroke or another time-sensitive condition. Note when the symptoms started, and do not drive yourself for care.

Seek same-day medical advice if coordination has recently worsened, you are falling repeatedly, or symptoms began after starting or changing a medicine. A child with a new unsteady walk or unexplained loss of coordination should also receive prompt assessment.

Book a routine appointment if mild symptoms persist, keep returning, or gradually worsen. Assessment is also appropriate if coordination problems interfere with work, school, driving, or everyday tasks.

- Facial drooping, arm or leg weakness, or numbness
- New trouble speaking, understanding, or seeing
- A severe or unusual headache
- Confusion, collapse, seizure, or loss of consciousness
- Inability to stand or walk safely
- Symptoms after a significant head injury
- Severe drowsiness, slowed breathing, or possible overdose

How the cause is found

A healthcare professional will ask when the problem began, whether it was sudden or gradual, and which movements are affected. They may ask about dizziness, headache, numbness, weakness, hearing changes, recent infections, injuries, medicines, alcohol, and other substances.

The examination may include watching you walk, stand, move your eyes, touch a target, and slide one heel down the opposite leg. Strength, sensation, reflexes, speech, and hearing may also be checked.

Further testing depends on the pattern. Blood tests can look for problems such as low blood sugar, vitamin deficiencies, thyroid disease, infection, or effects on the liver and kidneys. A CT or MRI scan may be needed to examine the brain. In selected cases, testing may include a lumbar puncture, nerve tests, balance testing, or genetic assessment.

Treatment and self-care

Treatment is directed at the cause rather than the symptom alone. A temporary medicine effect may improve after a clinician adjusts treatment. Vitamin deficiency may require replacement, while an inner-ear disorder, migraine, infection, or immune condition needs its own treatment plan.

Do not stop a prescribed medicine suddenly unless a healthcare professional tells you to do so. Bring an up-to-date list of medicines, supplements, alcohol use, and other substances to your appointment.

Until your coordination is back to normal:

Physical therapy can help with walking, strength, and balance. Occupational therapy can suggest safer ways to manage daily tasks. Speech therapy may help when speech or swallowing is affected.

- Avoid driving, cycling, ladders, and machinery
- Reduce fall risks by clearing walkways and using good lighting
- Ask for help when walking if you feel unsafe
- Avoid alcohol and non-prescribed sedating substances

What to expect

Recovery depends on what is causing the symptom. Coordination affected by alcohol, low blood sugar, or a medicine may improve when the trigger wears off or is corrected. Inner-ear and migraine-related episodes may come and go.

Other conditions can cause symptoms that continue or gradually change. Rehabilitation, mobility aids, and changes at home may improve safety and independence even when the underlying condition cannot be fully reversed.

Keep track of when symptoms happen, how long they last, and what else occurs at the same time. A short video may help show an intermittent movement, provided recording does not delay urgent care.

Common questions

Is uncoordinated movement the same as dizziness?

No. Dizziness can mean light-headedness, spinning, or imbalance. Uncoordinated movement involves difficulty controlling the direction, timing, or accuracy of movement. The two symptoms can occur together.

Can tiredness make me feel uncoordinated?

Severe tiredness can reduce concentration and reaction time, making you feel clumsy. Persistent, marked, or worsening coordination problems should not be assumed to come from tiredness alone.

Can anxiety cause this feeling?

Anxiety can cause trembling, dizziness, rapid breathing, and a sense of being unsteady. Similar symptoms can have physical causes, so new or continuing problems still deserve assessment.

Should I walk if I feel unsteady?

Only if you can do so safely. Sit or lie down if you might fall. Use support and ask someone to stay with you. Sudden inability to stand or walk is an emergency symptom.

Sources

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- American Stroke Association: Stroke symptoms and warning signs
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