SYMPTOM

Paralysis

Paralysis is the loss of ability to move one or more parts of the body.

WHAT IT FEELS LIKE
I cannot move part of my body

WHERE IT IS FELT
Face, arms, legs, or larger areas of the body

MOST COMMON CAUSES
Stroke, nerve injury, Bell's palsy

WHEN IT IS URGENT
New or worsening loss of movement, especially sudden or one-sided

USUALLY LASTS
Minutes to lifelong, depending on the underlying cause

SEE A DOCTOR IF
Longstanding symptoms change or increasingly limit daily activities

Overview

Paralysis means being unable to move one or more muscles by choice. It may affect a small area, such as one side of the face, or larger areas, such as an arm, a leg, or most of the body.

Paralysis is different from weakness. With weakness, you can still move the affected part, but not with your usual strength. Paralysis means movement is absent or nearly absent. People may use the word "paralysis" for severe weakness, so a medical assessment is needed to clarify what is happening.

Paralysis can result from a problem in the brain, spinal cord, nerves, or muscles. It may begin suddenly or gradually and can be temporary or permanent. New paralysis needs prompt medical attention because some causes are time-sensitive.

What it may feel or look like

You may be unable to lift, bend, or control part of your body. The affected area may feel limp. In other conditions, muscles become stiff and difficult to control.

Other symptoms can occur with paralysis, including:

Numbness is a loss of sensation, not movement. However, numbness and paralysis can occur together when the same nerve pathways are affected.

- Numbness, tingling, burning, or pain
- Muscle stiffness, twitching, or spasms
- Facial drooping or difficulty closing one eye
- Trouble speaking, swallowing, coughing, or breathing
- Loss of bladder or bowel control
- Problems with balance or coordination

Common causes

Several conditions can cause paralysis. The pattern, timing, and other symptoms help narrow down the possibilities.

Common causes include stroke, which interrupts blood flow to part of the brain, and injuries affecting the brain, spinal cord, or individual nerves. Pressure on a nerve can also reduce movement. Brief pressure from sleeping or sitting awkwardly usually improves after changing position, but movement that does not return needs assessment.

Bell's palsy causes sudden weakness or paralysis on one side of the face, usually because the facial nerve becomes inflamed. A clinician must distinguish it from stroke and other causes of facial weakness.

Less common causes include multiple sclerosis, muscle disorders, infections, tumors, and conditions affecting communication between nerves and muscles. Guillain-Barré syndrome can cause weakness that spreads upward from the legs. Functional neurological disorder can also cause genuine loss of movement because the brain's movement networks are not working normally, rather than because of visible structural damage.

Rare inherited conditions can cause episodes of temporary paralysis. Sleep paralysis is different: it is a brief inability to move while falling asleep or waking and does not usually affect movement once fully awake.

Urgent causes include stroke, bleeding around the brain, spinal cord compression, serious injury, and rapidly developing nerve or muscle disorders that affect breathing.

When to seek medical care

Call emergency services now if paralysis:

Do not drive yourself. Note when the symptoms started, or when you were last known to be moving normally. This information can affect emergency treatment.

Seek urgent same-day care for any new paralysis that developed gradually, new isolated facial paralysis, or an episode that has now improved. Symptoms that disappear can still require urgent assessment, especially if they began suddenly.

Arrange routine follow-up if you have an established cause of paralysis and notice gradual changes in movement, pain, muscle stiffness, skin condition, or your ability to manage daily activities.

- Starts suddenly, particularly on one side of the body
- Occurs with facial drooping, speech trouble, confusion, or vision loss
- Follows a head, neck, or back injury
- Comes with difficulty breathing, swallowing, or staying awake
- Occurs with severe back pain, numbness around the groin, or loss of bladder control
- Is rapidly spreading or worsening over minutes or hours

How the cause is found

A clinician will ask when the problem began, whether it was sudden or gradual, and which body parts are affected. They will also ask about injuries, infections, medications, medical conditions, and symptoms such as pain, numbness, speech changes, or bladder problems.

A neurological examination checks strength, reflexes, sensation, coordination, and the function of nerves in the face and limbs.

Depending on the findings, tests may include brain or spine imaging with CT or MRI scans, blood tests, or electrical tests of nerves and muscles. A lumbar puncture may sometimes be needed. This test collects a small sample of the fluid surrounding the brain and spinal cord.

Treatment and self-care

Treatment depends on the cause. A stroke may need immediate treatment to restore blood flow or manage bleeding. Pressure on the spinal cord may require urgent surgery. Inflammatory, infectious, nerve, or muscle conditions have different treatments.

Rehabilitation can help you regain movement or adapt safely. It may involve physiotherapy for

movement and flexibility, occupational therapy for everyday tasks, and speech and language therapy for communication or swallowing.

Until new paralysis has been assessed, do not try to walk without support or force an affected joint to move. Avoid hot packs on numb skin because you may not notice a burn.

For long-term paralysis, your care plan may include regular position changes, skin checks, stretching, mobility equipment, and help with bladder or bowel care. These steps should be matched to your movement, sensation, and overall health.

What to expect

Recovery ranges from complete return of movement to lasting disability. It depends on the underlying cause, the location and extent of nerve damage, how quickly treatment begins, and your response to rehabilitation.

Improvement may happen quickly or continue over months. Even when full movement does not return, rehabilitation and suitable equipment can improve comfort, independence, communication, and participation in daily life.

Common questions

Is paralysis always permanent?

No. Some episodes last minutes or hours, while others improve over weeks or months. Paralysis from major damage to the brain, spinal cord, or nerves may be permanent.

Is paralysis the same as being unable to move because of pain?

Not necessarily. Severe pain can make movement feel impossible even when the nerve pathways and muscles still work. A clinician can test whether the problem is pain-limited movement, weakness, or paralysis.

Can anxiety or stress cause paralysis?

Functional neurological disorder can cause real paralysis or weakness and may be influenced by stress in some people. Stress is not always present, and the symptoms are not intentional. Diagnosis requires appropriate neurological assessment.

Is facial paralysis always Bell's palsy?

No. Bell's palsy is one possible cause, but stroke and other nerve or brain conditions can also affect the face. Sudden facial drooping with arm weakness or speech difficulty is an emergency.

Sources

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