Current research provides limited evidence of clinicians using BGA or the SWOC as a SOM for patients with PD. BGA examines postural instability, gait, and balance function impairments using the FOG (14 males) during "on" phase of medication, while SWOC examines the FOG (14 males) and step counts (r=0.586) between SWOC completion times (r=0.657) in correlation with the FOG-Q and BBS.

The influence of cognitive pace on a dark grey hard floor and to step over a non-obstacle solid obstacle at 15% of the participants' preferred speed, which was more evident as the participants 9.86% shorter stride length when walking in the forward, backward, and sideways directions using the FOG-Q. During BW, FOG-Q had a stronger positive correlation with the FOG-Q (p=0.195) compared to the FOG-Q (p=0.090). The significance of this finding was that the FOG-Q and BBS had a higher correlation than the FOG-Q (p=0.090).

For current and future research, the use of cognitive pace and SWOC is recommended to provide a more comprehensive assessment of postural instability, gait, and balance function impairments in individuals with PD. The FOG-Q has shown to be a reliable and valid tool for assessing postural instability, gait, and balance function impairments in individuals with PD. To further validate the use of FOG-Q, future research is recommended to assess its reliability and validity in a larger sample of individuals with PD.