

OUTPATIENT REHABILITATION

For quality of life

Common Patient Conditions

- Benign Paroxysmal Positional Vertigo (BPPV)
- Head trauma/whiplash
- Stroke
- Post-operative brain tumor or inner ear surgery
- Disease or inflammation of the inner ear
- Dizziness or imbalance
- Light headedness, nausea, disorientation
- Motion intolerance
- Visual dependence — patients who complain of dizziness in crowded space

A physician's referral is necessary to initiate treatment. The Vestibular Rehabilitation program is covered by Medicare and most insurance plans.



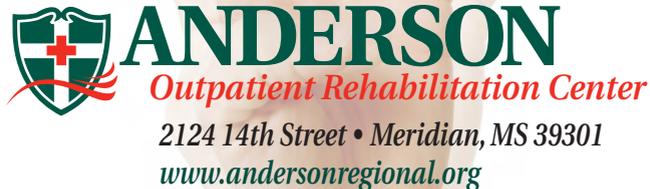
OUTPATIENT REHABILITATION

Vestibular Rehabilitation

Maximizing Life's Potential

Dizziness and disequilibrium are second only to low back pain for the most common reasons Americans visit the doctor. Even moderate dizziness can affect mobility, activity levels and overall quality of life. In a large percent of cases, the cause is an unresolved ear or vestibular disorder.

In our Vestibular Rehabilitation Program, physical therapists with advanced training in vestibular and balance disorders provide comprehensive evaluation and treatment to alleviate symptoms of dizziness and vertigo and improve function. Studies have shown that vestibular rehabilitation is responsible for measureable improvement in about 90 percent of patients.



Vestibular Rehabilitation

Program Goals

- Reduce dizziness or vertigo
- Improve balance
- Increase aerobic conditioning and general activity levels
- Decrease headaches and pain in the upper back and neck
- Provide patient education and instruction in a home exercise program
- Provide education in environmental and home modifications for fall prevention and safety awareness

Vestibular and Balance Assessment

Assessment focuses on five major areas:

1. Evaluation of the musculoskeletal system, including strength, range of motion and sensation
2. Vestibular assessment, including eye-head coordination and positional or movement sensitivity
3. Visual motor assessment
4. Benign Paroxysmal Positional Vertigo (BPPV) assessment
5. Balance and gait evaluation

Part of the assessment also involves a complete medical history and detailed history of balance symptoms. Based on the findings of the evaluation, a targeted treatment plan is developed to address the specific needs of each patient.

Individualized Treatment

Treatment may consist of:

- Vestibular habituation/adaptation exercises — based on the rationale that by repeating the movements that create dizziness or vertigo, the brain will adjust its response
- Vestibular ocular exercises — combine head and eye movements in progressively more complicated combinations and positions to reduce vertigo symptoms
- Balance retraining — involves exercises designed to improve coordination of muscle responses as well as the organization of sensory information for balance control
- Canalith repositioning procedures for BPPV — involve moving the patient's head in a sequence of positions for a certain time period to reposition the otoconia of the inner ear
- Gait stabilization exercises — reduce retinal image “slipping,” which contributes to the sense of imbalance
- Compensatory strategies — help minimize the effects of vestibular loss of function
- Cardiovascular exercise- increases blood flow to the inner ear
- Sensory integration strategies — sensory and motor activities to help the brain better absorb and process sensory information
- Posture education and instruction in ideal head and body positioning
- Fall prevention and safety training