Vestibular Physiotherapy

Why physio assessment and treatment?

- Stemetil is not a long term solution/ does not help the patient re-train the brain
- Peripheral vestibular dysfunction is attributed to the cause of dizziness in 54% older adults

Who can Mount Lawley Physios assess/treat?

1. Specific interventions – **BPPV**
2. General interventions for vestibular loss- **Vestibular neuronitis, post-op acoustic, gentamicin toxicity**
3. Persons with fluctuating vestibular problems- **Meniere's, perilymphatic fistulas**
4. Persons with unclear diagnosis- **post-traumatic vertigo, multifactorial dizziness in elderly**
5. Psychogenic vertigo for desensitisation- **phobic postural vertigo**

Assessments we will use

- Subjective
- Oculomotor Ax
    - Spontaneous nystagmus
    - Smooth pursuit
    - Saccadic eye movements
    - Head thrust test
- VOR suppression/ Vestibulo-Occular reflex testing
- Positional and movement testing
    - Dix hallpike
    - Balance and gait Ax
        - Clinical test for sensory integration in balance, Sharpened Rhomberg
        - Fukuda test
        - Dynamic gait index + Functional gait Ax
- Other
    - Cervical spine clearance
    - Sensory evaluation
    - ROM/ strength
    - Co-ordination testing

Treatment theory and goals

1. Adaptation (used for unilateral or bilateral vestibular hypofunction, central lesions)
2. Substitution
3. Habituation (patients with non- vestibular dizziness, CVL, UV hypofunction)

Using

1. Gaze stability training
2. Vestibular stimulation exercises
3. Habitation training- graded exposure to symptoms in an exercise
4. Balance and gait training
5. Fitness training- ROM, strength
6. Education
7. Psychological intervention
8. Specific techniques- Canalith Repositioning Manoeuvre, Semont Manoeuvre, BBQ roll, Brant Daroff exercises

More info ??

Saleena Walker - studied vestibular rehab in adults of all ages March 2019, will take EPCs