Clinical Pearls from the Vestibular Hypofunction CPG

Vestibular Rehabilitation Works!!
For those patients with:
- Acute, Subacute, & Chronic
- Unilateral & Bilateral
- Adults & Children

Customized, supervised exercises that are targeted for specific impairments are recommended over generic exercises.

Expert opinion recommends once per week treatment sessions with overall number of sessions:
- 2 – 3 weeks for ACUTE/SUBACUTE UNILATERAL
- 4 – 6 weeks for CHRONIC UNILATERAL
- 8 – 12 weeks for BILATERAL

PERIPHERAL VESTIBULAR SYSTEM’S SEMICIRCULAR CANALS AND OTOLITH ORGANS

Gaze stability exercise dosage based on expert option
ACUTE/SUBACUTE: At least >12 min/day
CHRONIC: At least >20 min/day
--- 3 times/day minimum ---

ARE affected by:
- Anxiety
- Migraine
- Peripheral Neuropathy
- Vestibular Suppressants

ARE NOT affected by:
- Age
- Gender
- Chronicity

Stop Vestibular Rehabilitation if:
- Goals met
- Reach plateau
- Patient choice
- Non adherence
- Comorbidities affect treatment
- Status deteriorates
- Symptom resolution
- Non-compliance
- Prolonged symptom increase

These are highlights of the published Hall C.D. et. al., 2016 article. For the article, scan the QR Code:

A toolkit has been developed to help implement these clinical practice guidelines
www.neuropt.org/professional-resources/clinical-practice-guidelines/vestibular-hypofunction

Saccades and Smooth Pursuit without head movement should NOT be offered to improve gaze stability.