

Clinical Pearls from the Vestibular Hypofunction CPG

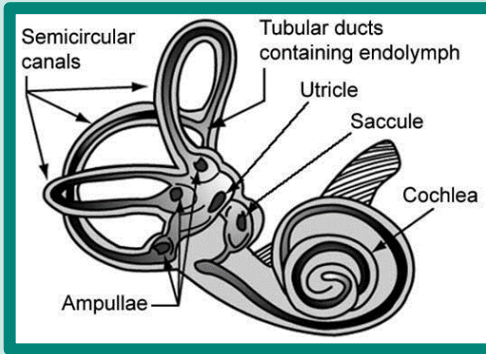
Vestibular Rehabilitation Works!!

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



PERIPHERAL VESTIBULAR SYSTEM'S SEMICIRCULAR CANALS AND OTOLITH ORGANS

Outcomes

ARE affected by:

- Anxiety
- Migraine
- Peripheral Neuropathy
- Vestibular Suppressants

ARE NOT affected by:

- Age
- Gender
- Chronicity

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

Gaze stability exercise dosage based on expert opinion

- ACUTE/SUBACUTE: At least ≥ 12 min/day
- CHRONIC: At least ≥ 20 min/day
- 3 times/day minimum ---

Stop Vestibular Rehabilitation if:

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



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



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

