# Documentation Recommendations to Assist with Adherence to the Peripheral Vestibular Hypofunction CPG

**EXAMPLE ONE :**

**Subjective:**

Patient reports doing the gaze exercises for \_\_\_\_minutes, \_\_\_\_ times a day, with complaints of \_\_\_\_\_\_\_ (could be increased dizziness or feeling of nausea).

Patient practiced prescribed balance exercises with \_\_\_\_\_ complaints.

**Objective:**

Patient worked on a gaze stability exercise program for \_\_\_\_ seconds/ minutes with up and down head movements and \_\_\_\_\_seconds/ minutes of horizontal head movements, to be done \_\_\_\_times / day.

These exercises were done in sitting/ standing/ walking/ on foam ……

A Timer was issued to patient to use with home exercise program to track exercise duration.

A metronome was downloaded on patient’s phone at\_\_\_bpm to use with home exercise program.

A Metronome was given to track speed of exercise at \_\_\_\_bpm.

Balance exercises were given- list of exercises.

Asked patient if they would like to use the In-Hand health app to communicate about the exercise program.

Patient was interested in the app and it was downloaded to his/her phone.

Evaluation/ exercise/ discharge handout was given and discussed with patient.

Patient complained of anxiety, a resource list of psychologists was issued to patient.

**Assessment:**

Patient tolerated exercises with\_\_\_\_ complaints. \_\_\_\_\_\_ exercises were progressed based on patient tolerance.

Patient was interested in the app which was downloaded to his/ her phone.

**Plan:**

**EXAMPLE TWO:**

**Subjective:**

Patient reported exercise compliance:

Gaze stability exercises were performed on average for\_\_\_\_ seconds/minutes; \_\_\_\_ times per day/week

Gaze stability exercises were performed: Always/Usually/About Half the Time/Seldom/Never; Barriers to gaze stability exercises: Time/Forgot/Poor Understanding/Lack of Supplies/Symptoms/Other

Other vestibular exercises were performed: Always/Usually/About Half the Time/Seldom/Never; Barriers to other vestibular exercises: Time/Forgot/Poor Understanding/Lack of Supplies/Symptoms/Other

Compliance tools used by patient: None/Exercise Log/Exercise Supplies/Text Message Reminders

**Objective:**

Gaze stability advanced or prescribed: Yes/No

Other Vestibular exercises advanced or prescribed: Yes/No

Compliance tools provided/offered to patient: None/Exercise Log/Exercise Supplies/Text Message Reminders

If patient refused compliance tool(s), please explain:

Educational methods used:

Written

Demonstration

Verbal

Videos for use at home

**EXAMPLE 3:**

Subjective: Patient compliance of home exercises since last visit (# min / day, # days per week of each activity but focus on gaze stabilization).

Intervention performed in session placed in appropriate location: Neuromuscular reeducation, etc.

Education: HEP Prescription including (specific dosage (# sec / min per rep, how many reps per set, # sets per day); what resources were used: Demonstration, handout with education on physiology of UVH / BVH and gaze stab pictures, compliance log, text message reminders, verbal, etc).

**EXAMPLE 4:**

To ensure an appropriate minimum data set is collected, PTs have identified that accurately following the standardized documentation template for evaluations is considered not missing > 4 of the following items. If 5 or more items are missing, this is consistent with insufficient documentation for patients with vestibular dysfunction:

Subjective Items:

* History of Present Condition
* Initial episode
* Progression of symptoms
* Symptom description
* Intensity
* Aggravating Factors
* Alleviating factors
* History of Headaches
* Recent colds/infections
* Visual Changes
* Neck pain or injury
* Light sensitivity
* Sound sensitivity
* Hearing changes
* Aural fullness
* Tinnitus
* Fainting episodes
* Difficulty walking in the dark
* Falls
* Imbalance
* Current level of function
* Special Tests (VNG, hearing, imaging)
* Social history
* Patient Goals

Objective Items

* Falls Risk Assessment (TUG or FGA)
* Dynamic Visual Acuity (DVA)
	+ Horizontal: lines
	+ Vertical: lines
* Generalized Anxiety Disorder-7(GAD-7) score
* PHQ-2 score
* Dizziness Handicap Inventory (DHI)
	+ Physical score
	+ Emotional score
	+ Functional score
* Activities Balance Confidence (ABC) Scale
* Auditory screen
* Eye Range of Motion
* Smooth Pursuit
* Gaze Evoked Convergence
* Saccadic Eye Movement
* Spontaneous Nystagmus
* Cancellation Test
* Head Thrust
* Positional Testing (this is not included or required if BPPV is not suspected)
* mCTSIB
* HR and BP

For follow up visits, the requirements related to standardized documentation include all of the following items:

* Information related to patient progress or regression
* Adherence related to exercise / HEP
* Documentation of specific interventions completed within the follow up session
* Modification / progression of HEP practice and documented and/or scanned into the patient chart