

Balance Fact Sheet for Vestibular Hypofunction Updated Clinical Practice Guidelines

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Clinician Fact Sheet

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AND

Vestibular Rehabilitation
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Hypofunction Updated
Clinical Practice
Guideline Knowledge
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Physical therapists may prescribe static and dynamic balance exercises:

- 20 minutes daily for at least 4 to 6 weeks for individuals with chronic unilateral vestibular hypofunction (UVH)
- 20 minutes daily for 6 to 9 weeks for individuals with bilateral vestibular hypofunction (BVH)
- Acute/subacute UVH may be prescribed static and dynamic balance exercises; however, further research is needed to make specific dosage recommendations
- Literature supports a variety of balance training modalities, including low technology, virtual reality, optokinetic stimulation, platform perturbations, and vibrotactile feedback

SUGGESTIONS FOR BALANCE INTERVENTIONS FOR PATIENTS WITH VESTIBULAR HYPOFUNCTION

Start at a moderately challenging level based on information gathered from standardized outcome measures (e.g., Functional Gait Assessment, modified CTSIB, computerized dynamic posturography).

Suggested Static Balance Activities:

1. Balance in safe area without upper extremity support (eyes open and closed/ head turns)
2. Balance with tossing ball or balloon
3. Balance/weight shift to targets on CDP, Wii Fit Plus
4. Balance on various surfaces

Suggested Dynamic Balance Activities:

1. Gait with head turns every 3 steps (horizontally/vertically)
2. Gait with eyes open and closed every 3 steps (progressing to more steps)
3. Gait forward/backwards every 5 steps
4. Gait tossing a ball or balloon forward and backward
5. Multidirectional stepping with/without head turns (horizontally/vertically)
6. Card scavenger hunt (matching playing cards at various heights) in a small area of the room with frequent turns in all directions simulating preparing a meal in the kitchen.

Suggested Dynamic Balance Activities (continued):

7. Walking on cushions, balance boards, stepping stones, gravel, etc.
8. Reactive balance activities (e.g., weighted ball against trampoline, unexpected multidirectional perturbations)

Variations/Progressions:

- Foot position: (apart→ together→ semi-tandem→ tandem)
- Support (firm→ unstable (cushion, rocker board, slope))
- Visual Sensory condition (eyes open, eyes closed, head turns)
- Dual Tasking

Vestibular Hypofunction CPG:



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