Clinical Considerations

Vestibular Considerations (PTOT-2.8)

PTOT.2.8.A
v1.0.2023

Vestibular dysfunction is typically characterized by dizziness, imbalance, and vertigo. Vestibular disorders are conditions that affect the normal function of the inner ear and the associated nervous system, and how it interacts with the eyes and other systems that help maintain balance. Dysfunction of associated regions such as the neck, central or peripheral nervous systems may also contribute to dizziness. They may range from acute, sub-acute, or chronic states expressed as varying levels of dizziness and imbalance. Some acute conditions can present with very significant symptoms which greatly impact daily functions. These conditions may be accompanied by significant tinnitus, vision impairment, nausea and other complex symptoms.

Consideration of an individual's need for the skilled care of a vestibular dysfunction necessitates determining that the individual presents with a specific problem that significantly limits their ability to perform basic daily tasks safely. Baseline balance, mobility, and fall risk should be assessed at the initiation of an episode of care.[99] It is expected that an individual will respond appropriately to skilled care in a predicted amount of time. Standardized, valid, balance, mobility and fall risk outcome- and performance- based measures are recommended to be used to demonstrate levels of deficit and appropriate response to care being provided throughout an episode of care.

There are general rehabilitation recommendations from clinical practice guidelines for benign paroxysmal positional vertigo (BPPV), vestibular hypofunction, dizziness/vertigo and cervicogenic dizziness.[99-102] It is recommended that usual care for BPPV include procedures for canalith repositioning. Postural restrictions following repositioning are not recommended. It is recommended that skilled care for vestibular hypofunction and dizziness include active strategies that improve gaze stabilization and habituate the individual to the hypofunction. These strategies should be integrated into daily activities. Frequent practice through a home program is highly recommended and may be needed for long term management. Current best evidence recommends that skilled care for acute imbalance symptoms as a result of Meniere's Disease may not be efficacious. Current recommendations appear to suggest that in-clinic supervision be spaced out to allow sufficient time for practice of a home program. The current research does not recommend Isolated saccadic and smooth pursuit exercises. There are not recommendations for manual therapy or other passive treatments in vestibular hypofunction and dizziness. Skilled care should primarily be active in nature with transition to a home program as soon as possible. Recommendations for cervicogenic dizziness include active exercise techniques combined with limited manual therapy to address associated mobility issues. Any use of passive treatments should be limited to acute stages in an effort to allow better tolerance to active care.