



L I F E R E B A L A N C E D

PROFESSIONAL TRAINING SERIES:

MARKETING VESTIBULAR SERVICES TO PROVIDERS

Presentation notes

1. Help for your Dizzy Patients: A Closer look at Vestibular Rehabilitation Therapy
 - a. Be sure to ask what their experience is with dizziness in their case load. How often do their patients complain of dizziness?
2. The Takeaway Message
 - a. PTs are a RESOURCE for the MD. You are there to help them.
 - b. PTs have extra time and training needed to really specialize in this field
 - c. PTs take a holistic approach that looks at the patient head to toe! Not only will you address their patient's complaints about dizziness, but you can also assess their risk for falls and how they function with daily activities.
3. PTs are a valuable resource!
4. PTs have a unique platform to help
 - a. They can spend more time with patients
 - i. Duration of visit: evals can last anywhere from 45 minutes to more than an hour
 - ii. Consistent follow up appointments: the PT can touch base with the patient multiple times a week to assess improvements and progress as needed
 - b. Expertise you can trust: PTs have multiple resources at their fingertips for additional training at various levels, as well as opportunities for mentorship and consulting to help build experience and knowledge
 - c. PTs have the knowledge and ability to assess the patient's balance and gait (Holistic Approach)
 - i. PT includes assessing the bigger picture of patient safety and function to assist with daily activities
 - d. Patients can be assessed for vestibular function with use of bedside and infrared goggle testing
5. "The proposed battery of office vestibular tests proved to be a quick screening approach that was successful in helping to identify site and side of peripheral vestibular lesions in 77% of patients."
Kamal et al (2011) Proposed Bedside Tests:
 - a. Eye examination including gaze testing
 - b. Saccadic eye movements
 - c. Smooth pursuit
 - d. Head Thrust
 - e. Head Shake
 - f. Fukuda Stepping Tests
 - g. Dix-Hallpike test
 - i. ** These are all easily performed in the PT office without equipment **
6. Prevalence of Vestibular Dysfunction: Agrawal et al 2009
 - a. The prevalence of vestibular dysfunction increases markedly with age

- i. 85% of individuals age 80 and above had evidence of vestibular/balance dysfunction
- b. Higher prevalence rates of vestibular dysfunction were found in individuals with cardiovascular risk characteristics such as:
 - i. Heavy tobacco use (≥ 20 years)
 - ii. Hypertension
 - iii. Diabetes
 - 1. The odds of balance dysfunction were found to be 70% higher among individuals with diabetes mellitus
- c. People with Vestibular Dysfunction:
 - i. Significantly increased odds of hearing loss
 - ii. More likely to report having dizziness and a history of falls
 - iii. 8-fold risk of falling
- 7. Impacts of Vestibular Dysfunction: Agrawal 2009
 - i. Loss of work
 - ii. Trouble performing daily activities, such as driving or household chores
 - iii. Social isolation
 - iv. Increased anxiety and depression
 - v. Cognitive impairment
- b. 80% Individuals with vestibular vertigo report an interruption of their daily activities and the need for sick leave or medical consultation.
- c. Social Life and Work Impact of Dizziness questionnaire found that:
 - i. 27% of subjects with dizziness reported changing jobs
 - ii. 21% gave up work
 - iii. 50% reported reduced efficiency at work
 - iv. 57% reported a disruption in their social life
 - v. 35% reported family difficulties
 - vi. 50% reported difficulty with travel
- d. Patients with vestibular disorders reporting to a neurotology clinic experienced greater than expected anxiety and depression distress. Patient's also report cognitive impairment or "brain fog."
- 8. Efficacy of Vestibular Rehabilitation: **Smólka et al 2020**
 - a. 1x/week for 6 weeks of individualized vestibular rehabilitation results in:
 - i. a greater improvement of objective balance and gait measurements
 - ii. improvement in subjective patient complaints
 - b. in comparison to unsupervised habituation and balance exercises in patients suffering from chronic vestibular dysfunction.
- 9. Types of Disorders Treated
 - a. Acoustic Neuroma/Vestibular Schwannoma
 - b. Age-related Dizziness
 - c. Age-related Imbalance
 - d. Benign Paroxysmal Positional Vertigo (BPPV)
 - e. Central Vestibular Disorders
 - f. Concussion
 - g. General Vestibulopathy
 - h. Labyrinthitis and Vestibular Neuritis
 - i. Mal de Debarquement
 - j. Ménière's Disease
 - k. Neurotoxic Vestibulopathy
 - l. Ototoxicity

m. Persistent Postural Perceptual Dizziness (3PD)

n. Vestibular Migraine

10. Reference List

- a. Agrawal Y, Carey JP, et al. Disorders of balance and vestibular function in US adults: data from the National Health and Nutrition Examination Survey, 2001–2004. *Arch Intern Med*. 2009;169(10):938–944.
- b. Agrawal Y, Carey JP, Della Santina CC, Schubert MC, Minor LB. Disorders of Balance and Vestibular Function in US Adults Data From the National Health and Nutrition Examination Survey, 2001–2004. ***Arch Intern Med***. 2009;169(10):938–944. doi:10.1001/archinternmed.2009.6
- c. Nadia Kamal, Hesham Taha & Eman Galal (2011) Office vestibular tests: A battery approach to guide the diagnosis of dizzy patients, *Audiological Medicine*, 9:2, 79–84, DOI: [10.3109/1651386X.2011.580584](https://doi.org/10.3109/1651386X.2011.580584)
- d. Smółka W, Smółka K, Markowski J, Pilch J, Piotrowska-Seweryn A, Zwierzchowska A. The efficacy of vestibular rehabilitation in patients with chronic unilateral vestibular dysfunction. *International Journal of Occupational Medicine and Environmental Health*. 2020;33(3):273–282. doi:10.13075/ijomeh.1896.01330.