Ask the Expert: Vestibular Rehabilitation Therapy

Vestibular Rehabilitation Therapy: Jeri Young, OTR/L, OTD

What different types of vestibular rehabilitation therapy (VRT) exist for patients with diagnosed or suspect vestibular deficits?

Both occupational therapists and physical therapists with vestibular specialty training provide VRT. Occupational therapists provide VRT not only from an exercise point of view to enable patients suffering from vestibular dysfunction to return to their daily activities according to their goals and their roles for the best possible functional performance and quality of life.

Occupational therapists have the skills to implement vestibular, vision, cognitive, home modification advice and mindfulness training to help manage and improve their symptoms for better participation in purposeful activity.

What is the most common cause for dizziness in those seeking vestibular rehabilitation?

BPPV and vestibular associated migraine.

What is the goal for vestibular rehabilitation in those with acute dizziness?

The primary goal is to assure safety and acceptance to enable the patient to continue to participate in their daily activities and roles important to them. Following a home exercise program assures greater success in their rehabilitation process.

How successful is vestibular rehabilitation? Are there any pitfalls to recovery? What about for those with chronic dizziness concerns?

Vestibular rehabilitation is successful for those clients who put the effort and work into the exercises, self-care for managing stress, and acceptance of where they are in their journey to recovery. Pitfalls to recovery include chronic stress, lack of follow through of their VRT program and home exercise program. Those with chronic dizziness manage well with an attitude of acceptance and dedication to their self-care for mindfulness and stress management as well as implementing VRT exercises to maintain balance and safety.

How can an individual reduce his or her risk for falls?

Implement home safety modifications, implement appropriate durable medical equipment (DME) or ambulatory assistive device as recommended, and participate in VRT for balance training.

Are exercises such as yoga, tai chi, or pilates helpful for improving balance?

Yes, there are several studies that validate these practices not only for improving balance but for implementing paced breathing, relaxation techniques, and mindfulness for stress management and acceptance. Many of my doctoral students have implemented the study of tai chi and yoga into their research projects to demonstrate the effectiveness of these practices on improving balance and quality of life.

I really don't want to use a walker or cane.... What is the purpose of this and do I really have to?

Sometimes this is a temporary recommendation. Sometimes an assistive device can be more beneficial at times of most imbalance or dizziness like rising up out of bed and walking to the bathroom for the first time that day, times of walking in a dark environment, walking on an unsteady surface, or walking long distances where

balance can be more impaired during these times or circumstances. Some patients need the device at all times for safety and fall prevention.

As an occupational therapist, you have a unique perspective on dizziness management. What additional considerations would you like to pass on to both providers and patients about what OT can offer patients with dizziness and balance concerns?

As I mentioned above, OT's look at the whole person and recognize and treat the social/behavioral, cognitive, visual, and physical aspects that contribute to dizziness and imbalance and how their challenge affect their participation in daily activities. I have specialization in providing VRT but also provide a lot of training in their psychosocial response to their challenges and provide guidance in how they can adapt their environment or approaches to challenging scenarios such as work-related or driving challenges as well as managing their home environments and personal interactions affected by their dizziness/imbalance.

What would you want the general public to know about vestibular rehabilitation?

That it works, and the brain can be re-trained. It is worth the work and effort needed for a successful recovery. Those experiencing vestibular disorders are not alone and VRT provides a supportive yet challenging environment to process and work through challenges presented with dizziness and imbalance.

What is your overall key take home message for providers working with patients with dizziness and imbalance?

Occupational therapy is not the same as physical therapy when providing VRT. Both disciplines overlap with similar treatment interventions but have a different frame of

reference with our approaches. Most important is a referral to a vestibular specialist to provide appropriate evaluation and treatment interventions.

Jeri Young, OTR/L, OTD, has been an occupational therapist for 27 years and have recently earned her doctor of occupational therapy degree in August 2018. My doctoral capstone addressed OT intervention for clients with post-concussive syndrome. I also earned my Certificate of competency in vestibular therapy (CCVT) in April of 2019. I have worked for Mayo Clinic in Arizona for 14 years and have practiced VRT for approximately 12 years. I enjoy long distance running, hiking, and traveling.