Learn more about the proposed change to ASHA's bylaws and **comment before Sept. 28.**

Vestibular Rehabilitation Introduction

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Our balance and equilibrium help us to stay upright when standing, to know where we are in relation to gravity, and to walk, run, and move without falling. Vestibular functioning depends on information from many systems, including auditory, vision, and proprioception. When a person's balance is impaired, he or she may report symptoms of unsteadiness, wooziness, disorientation, or blurred vision, or experience a sensation of movement. Additional symptoms that can accompany the balance problem can include nausea, vomiting, diarrhea, faintness, changes in heart rate and blood pressure, fear, anxiety, or panic.

Problems with balance and dizziness can be a significantly disabling condition. It can affect simple activities of daily living such as getting out of bed, reaching for objects, or taking a shower. The Centers for Disease Control and Prevention (CDC; 2003) estimate that nearly half of individuals in the United States have experienced some balance problem at some point in their lives. Populations at risk for balance problems include those who have suffered head trauma, individuals in occupations where gravity and motion change rapidly such as divers and pilots, and the elderly. The elderly are particularly vulnerable for vestibular problems due to the changes in function associated with aging. The CDC (2008) report that an elderly person is treated in an emergency room for a fall every 18 seconds, and every 35 minutes an elderly person dies from fall-related injuries.

Feelings of vertigo or disequilibrium can persist after any acute injury to the vestibular system due to poor central nervous system compensation. In addition, some patients will develop postural control strategies that make them unsteady in certain situations. These patients often benefit from a program of vestibular and balance rehabilitation. The ASHA policy documents on the Role of Audiologists in Vestibular and Balance Rehabiliation (1999a, 1999b, 1999c) indicate that canalith repositioning procedures and consultation to and/or serving as a member of a multidisciplinary team managing patients with balance disorders and/or dizziness are within the scope of practice for audiologists. Typically, appropriately trained physical or occupational therapists provide comprehensive vestibular rehabilitation programs.

Access Audiology is pleased to present a paper on vestibular rehabilitation by one of our colleagues from the field of physical therapy, Deanna Dye. In her article, "Rehabilitation Options for Patients With Dizziness and Imbalance," Dr. Dye, Associate Professor of Physical Therapy at Idaho State University (ISU), presents an overview of various forms of vestibular rehabilitation. Dr. Dye and Dr. Jeff Brockett, Assistant Professor of Audiology, operate the ISU Dizziness and Balance Clinic. The efficacy of the use of vestibular and balance rehabilitation programs for the management of patients with balance and dizziness complaints has been well documented in recent years. It is important that audiologists have a clear understanding of not only the anatomy and physiology of the vestibular system and underlying pathologies associated with balance problems and assessment of balance disorders but also treatment options. Having this knowledge will enable the audiologist to be a key member of the patient's vestibular management team.

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