# Vestibular and Balance Rehabilitation Therapy

# Who Can Benefit?

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## Fact Sheet

**Produced by**

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**A Special Interest Group of**

ACADEMY OF NEUROLOGIC PHYSICAL THERAPY

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Vestibular rehabilitation can be an effective treatment for patients with dizziness and balance disorders. The purpose of vestibular rehabilitation is to facilitate compensation after peripheral and central vestibular dysfunction has occurred, with the goals of decreasing symptoms of dizziness and vertigo, improving balance, and facilitating a return to previous activities. Evidence exists to support its effectiveness in a variety of conditions. There is also evidence that suggests vestibular rehabilitation can be more effective than medication alone for long-term improvements in symptoms and function.[1] Below is a list of conditions that benefit from vestibular rehabilitation.

| Diagnosis | Expected Outcomes |
|---|---|
| Unilateral vestibular peripheral hypofunction (vestibular neuritis, labyrinthitis, acoustic neuroma) | Return to baseline level of function[2]<br><br>Shorter episodes of care, decreased fall risk, reduced symptoms, improved functional recovery of ADLs and QoL in acute and subacute cases[3]<br><br>Clear and substantial benefit in chronic cases[3] |
| Benign paroxysmal positional vertigo (BPPV) | Resolution of symptoms when treated with appropriate canalith repositioning maneuver[4] |
| Bilateral vestibular peripheral hypofunction | Improvements in postural control, gaze stability, gait and emerging evidence that enhancements seen long after onset[3] |
| Central vestibular dysfunction (stroke, brain injury, migraine) | Recovery will take longer and may not be as complete compared to peripheral vestibular dysfunction, but the patient can expect improvements in balance and decreased symptoms of dizziness[6,7,8] |
| Disequilibrium of aging | Patient can experience decreased dizziness, improved balance, decreased fall risk[9] |
| Motion provoked or visually provoked dizziness | Decreased symptoms of dizziness[10,11] |
| Persistent Perceptual Postural Dizziness (3PD) | Majority of patients experience clinically significant improvement in symptoms[12]. |

The following conditions would *not* benefit from vestibular therapy:[6,7,13]

1. Fluctuating vestibular loss (Meniere's disease, semicircular canal dehiscence, perilymphatic fistula), *unless* the patient exhibits chronic imbalance or dizziness between the episodes.
2. Spontaneous or unprovoked dizziness.
3. Orthostatic dizziness

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