

GOAL:

To assist physical therapists or other qualified healthcare professionals with choosing appropriate assessments and outcome measures for the identification of impairments and activity limitations, treatment interventions and discharge decisions.

Patient Population: Patients with unilateral* or bilateral peripheral vestibular hypofunction with report of dizziness and/or vertigo, visual blurring with head movement, and/or imbalance and as confirmed with vestibular function laboratory testing (Normal saccades and smooth pursuit eye movements; Unilateral hypofunction has at least 25% reduced vestibular response to bithermal caloric irrigation on one side; Bilateral hypofunction has abnormal rotational chair gain, phase, and asymmetry).

*Acute: First two weeks after the onset of symptoms; Subacute: After first two weeks and up to three months; Chronic: After three months

DECISION TO TREAT:

Strong recommendation (Level 1**) that clinicians offer vestibular rehabilitation to patients with peripheral vestibular hypofunction who are experiencing symptoms.

Exclusions:

- Those at risk for bleeding or cerebrospinal fluid leak
- Cognitive or general mobility deficit that impedes application of treatment
- Active Meniere's disease

DISCHARGE DECISIONS:

Expert opinion recommendation (Level V**) for the decision to stop rehabilitation, based on: Goals met, reach plateau, symptoms resolve, patient choice, non-adherence, status deteriorates, prolonged symptom increase, and/or co-morbidities affect ability to participate.

FOR MORE DETAILED INFORMATION, PLEASE REFER TO THE ORIGINAL DOCUMENT:
http://journals.lww.com/jnpt/Fulltext/2016/04000/Vestibular_Rehabilitation_for_Peripheral.8.asp



LEVEL OF EVIDENCE**

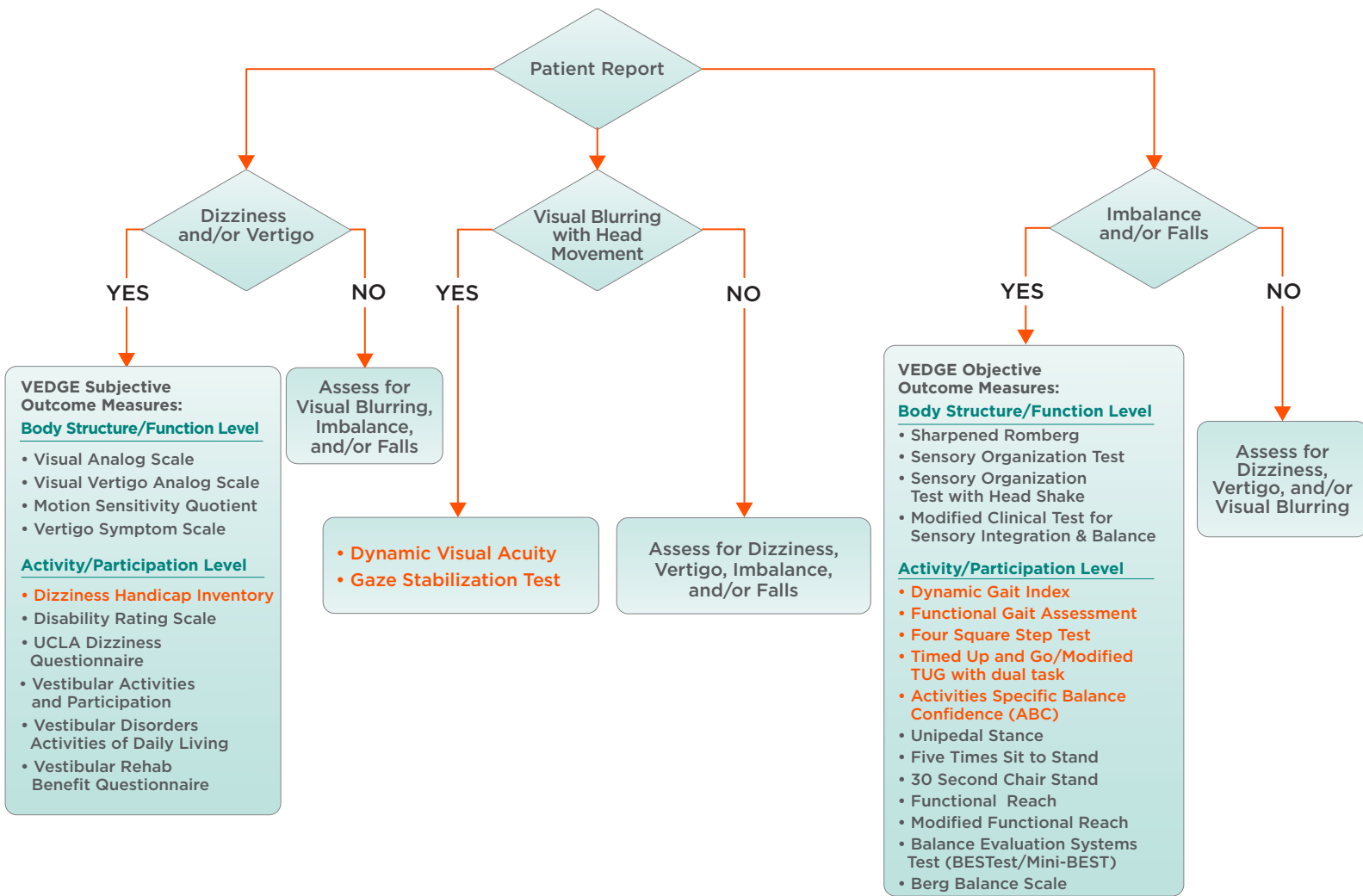
I	II	III	IV	V
High quality (≥50% critical appraisal score) diagnostic studies, prospective, or randomized controlled trial	Lesser quality (<50% critical appraisal score) diagnostic studies, prospective, or randomized controlled trial	Case-controlled or retrospective studies	Case study or case series	Expert opinion

Based on Centre for Evidence Based Medicine website: <http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>

DISCLAIMER STATEMENT

The algorithm/care described in this document is to be used only as a guideline and does not represent the only medically acceptable approach. Each clinician caring for the patient is responsible for determining the most appropriate care. The information contained in this document is not intended to serve as a legal standard of care.

**OUTCOME ASSESSMENT MEASURES BASED ON SUBJECTIVE REPORT IN PERSONS
WITH PERIPHERAL VESTIBULAR HYPOFUNCTION**



Algorithm depicts measures recommended by Vestibular EDGE taskforce. (<http://www.neuropt.org/professional-resources/neurology-section-outcome-measures-recommendations/vestibular-disorders>). Outcome measures featured in **ORANGE** depicts those that are highly recommended by Vestibular EDGE taskforce (Level I).

LEVEL OF EVIDENCE**

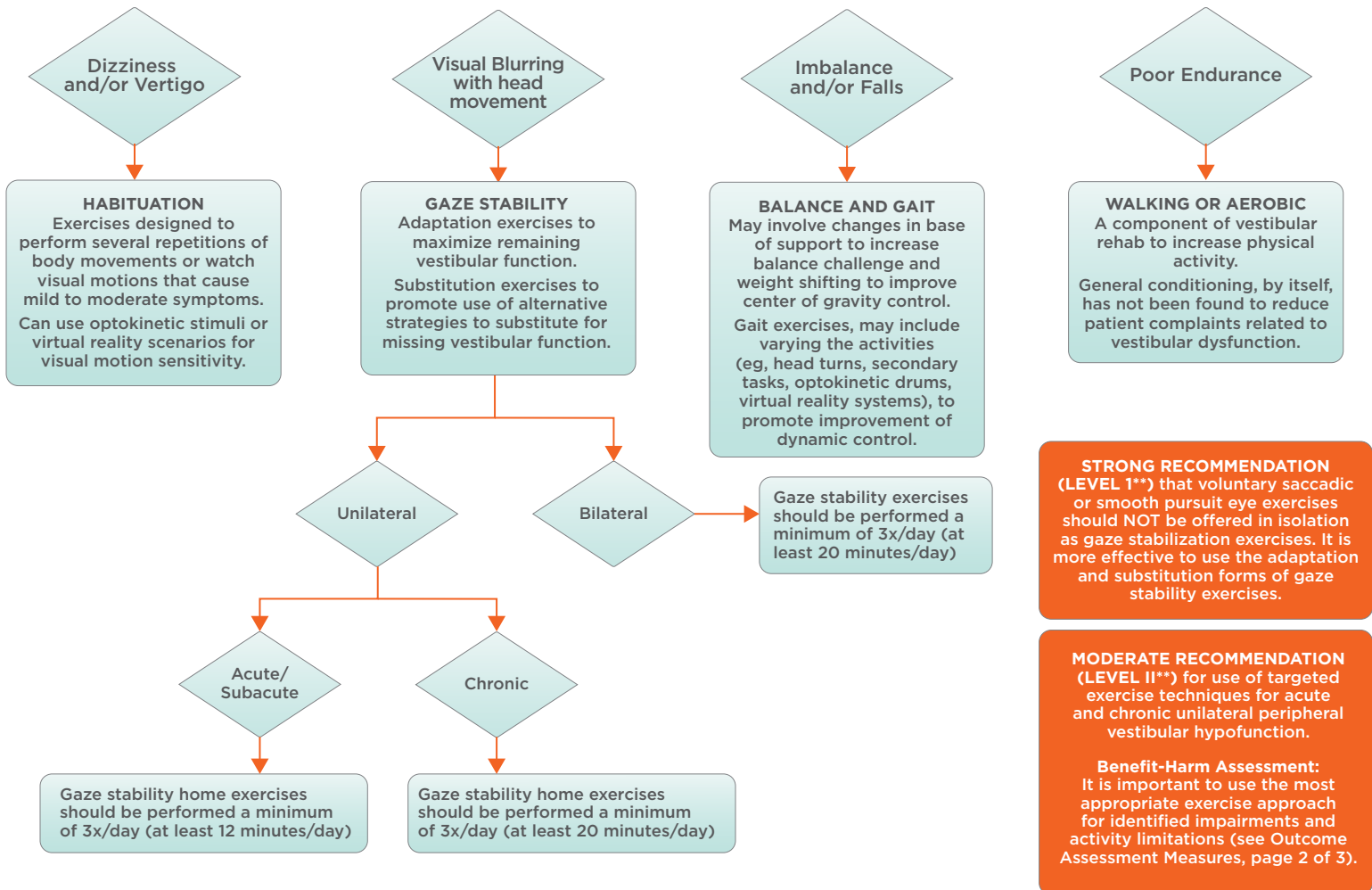
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TREATMENT DECISIONS BASED ON OUTCOME ASSESSMENT MEASURES



LEVEL OF EVIDENCE**

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