Clinical Pearls from Updated Vestibular Hypofunction Rehabilitation CPG (2022)

Vestibular Rehabilitation Works!!

There is strong evidence that customized supervised exercises improve outcomes and compliance for adults with vestibular hypofunction that is

- Acute or Subacute or Chronic
- Unilateral or Bilateral

Customized, supervised exercises that are targeted for specific impairments are recommended over generic exercises

Expert opinion recommends once per week treatment sessions with overall number of sessions:
2 – 3 weeks for ACUTE/SUBACUTE UNILATERAL
4 – 6 weeks for CHRONIC UNILATERAL
5-7 weeks for BILATERAL

These are highlights of the published Hall C.D. et. al., 2022 article. For the article, scan the QR Code:

A toolkit has been developed to help implement these clinical practice guidelines
https://www.neuropt.org/practice-resources/anpt-clinical-practice-guidelines/vestibular-hypofunction-cpg

EARLIER INTERVENTION IMPROVES OUTCOMES in individuals with ACUTE Unilateral Vestibular Hypofunction

Outcomes

ARE affected by:
Anxiety/Depression
Abnormal Binocular Vision
Migraine
Peripheral Neuropathy
Long term use of vestibular suppressants

ARE NOT affected by:
Age or Gender

Saccades and Smooth Pursuit without head movement should NOT be offered to improve gaze stability

Gaze Stability Exercise Dosage

ACUTE/SUBACUTE: 12 minutes/day
CHRONIC UNILATERAL: 20 minutes/day for 4-6 weeks
BILATERAL: 20-40 minutes/day for 5-7 weeks
--- THREE TIMES/DAY MINIMUM ---

Balance (static & dynamic) exercise dosage:
Chronic unilateral: Minimum of 20 min. daily for at least 4 to 6 weeks
Bilateral: Minimum of 6 to 9 weeks

Stop Vestibular Rehabilitation if:

- Normalization of balance and/or gait
- Symptom resolution
- Goal achievement
- Plateau
- Lack of symptoms with exercise
- Non-Compliance/non-adherence
- Fluctuating unstable vestibular symptoms
- Medical/psych comorbidities preventing participation

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