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: a. Those at risk for bleeding or cerebrospinal fluid leak
b. Cognitive or general mobility deficit that impedes application of treatment
c. 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_Periipheral.8.asp

LEVEL OF EVIDENCE**

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

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APTA’S EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE FOR PERIPHERAL VESTIBULAR HYPOFUNCTION

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

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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).
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