Disclosures

Disclaimer: The views and opinions expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of any agency of the U.S. government.

Learning Objectives

1. Understand the process used to develop the vestibular CPG and how it contributed to providing the best available evidence toward the making CPG recommendations.
2. Explain how the 10 vestibular CPG action statements can be applied to various clinical practice settings by utilizing the knowledge translation research.
3. Consider through case examples how vestibular CPG implementation strategies can affect physical therapist behavior (the good the bad and the ugly).
4. Utilize CPG resources and guidance developed from the results of the Vestibular CPG taskforce’s knowledge translation.

An Evidence Translation Primer:

- Evidence based practice
- Knowledge translation
- Implementation science

Evidence Translation Primer: Definitions

- Evidence based practice
- Knowledge translation
- Implementation science
Evidence Translation Primer: State of the Evidence

- Active, multifaceted
- Al Zoubi et al. BMC Health Serv Res. 2018
- Stakeholder informed
- Munce et al. BMC Health Serv Res. 2017
- Systems focus, framework-informed
- Gadkins et al. Disabil Rehabil. 2019
- Geerligs et al. Implement Sci. 2018
- Hudson et al. Phys Ther. 2015
- Johnson and May. BMJ Open. 2015
- Fritz et al. Impl Sci. 2019

"Behavior change among individuals and health care delivery systems is inherent in the translation of evidence into practice"

Evidence Translation Primer: State of the Evidence

- Audit and Feedback
- Educational Outreach Visits
- Reminders
- Educational Meetings
- Distribution of Educational Materials

“A cyclical, rather than linear, approach is necessary because translating evidence into practice requires attention to real-world settings…”

Clinician Toolbox

Web Address/QR Code

Development of the Peripheral Vestibular Hypofunction CPG

Peripheral Vestibular Hypofunction CPG
Clinical Practice Guidelines Development

PURPOSE: Optimize rehabilitation outcomes for people with peripheral vestibular hypofunction

- Providing best evidence and practice recommendations to clinicians
- Reducing unwarranted variation in care
- Encouraging collaborative relationships between health care providers
- Identifying areas of research needed to improve evidence-based clinical management


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Peripheral Vestibular Hypofunction CPG
Clinical Practice Guidelines Development

10 Action Statements
• Resulted from the critical appraisal
• Summary of the CPG recommendations
• Intent of recommendations is for therapists to know:
  • WHO to treat
  • HOW to treat
  • WHEN to treat

WHO to treat
• Strong recommendation
  • People with acute, subacute, and chronic unilateral and bilateral vestibular hypofunction with symptoms benefit from vestibular rehabilitation

HOW to treat
• Moderate recommendation
  • Offer targeted exercise strategies to specifically address dizziness/vertigo, gaze instability due to head movements, and imbalance/falls.
  • NOT prescribe saccadic or pursuit exercises as gaze stabilization exercises.

Peripheral Vestibular Hypofunction CPG
Clinical Practice Guidelines Development

LITERATURE CRITICAL APPRAISAL
1985 to 2015
Inclusion: Peripheral Vestibular Hypofunction
Excluded: Central Vestibular Disorders; migraine, M.S, P.D. Superior Canal Dehiscence, Primary RPV

135 articles included

Peripheral Vestibular Hypofunction CPG
Clinical Practice Guidelines Development

Highlights of the 10 Action Statements

Action Statements 1 – 3 and 10

Action Statements 4 – 7
Peripheral Vestibular Hypofunction CPG

Highlights of the 10 Action Statements

**WHEN to treat**
- Based on weak to strong evidence:
  - Age and gender do not affect outcomes
  - Anxiety, migraine, peripheral neuropathy or vestibular suppressants may negatively affect outcomes
- Evidence supports early initiation of rehab, however those with chronic symptoms may benefit from care

**WHEN to treat**
- Expert opinion recommendation
  - Treating one time/week
  - Number for sessions:
    - Acute and Subacute Unilateral: 2 - 3 sessions
    - Chronic Unilateral: 4 – 6 sessions
    - Bilateral: 8 – 12 sessions

---

**Peripheral Vestibular Hypofunction CPG**

Vestibular CPG Knowledge Translation Study

Multi-Center Case Series Implementation of
“Vestibular Rehabilitation for Peripheral Vestibular Hypofunction: An Evidence-Based Clinical Practice Guideline”

**Specific Aim:** Implement stakeholder-selected action statements from the Vestibular Hypofunction CPG in five distinct sites using the Knowledge to Action cycle

Funding: $20,000 ANPT Knowledge Translation Grant

---

**Peripheral Vestibular Hypofunction CPG**

Highlights of the 10 Action Statements

**WHEN to treat**
- Expert opinion recommendation
  - Stop Care When:
    - Goals met
    - Symptoms resolved
    - Plateau reached
    - Patient’s choice
    - Non-adherence
    - Status deteriorates
    - Prolonged symptom increase
    - Co-morbidities affect ability to participate

---

**Peripheral Vestibular Hypofunction CPG**

Online Education Course

“Peripheral Vestibular Hypofunction CPG Set into Action”
- Developed by the CPG taskforce to disseminate CPG and promote implementation
- Sponsored by ANPT Online Education Committee
- Narrated, game-based, interactive online course
- Cost and Credit:
  - No charge
  - Earn 0.1 CEUs

---

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<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th># PTs</th>
<th>Site Leader</th>
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<tbody>
<tr>
<td>James A. Haley Veteran's Hospital</td>
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<td>Karen M Skop, PT, DPT, MS</td>
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<tr>
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<td>Sara MacDowell, PT, DPT</td>
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<td>Kansas City, MO</td>
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<td>Linda D'Silva, PT, PhD, NCS</td>
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<td>Shirley Ryan AbilityLab</td>
<td>Chicago, IL</td>
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<td>Heidi Roth, PT, DVS, NCS</td>
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<td>USC Physical Therapy</td>
<td>Los Angeles, CA</td>
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<td>Robbin Howard, DPT, NCS</td>
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**Geographically Diverse**

- University of Southern California
- Mid America Balance Institute - Kansas City, MO
- Shirly Ryan AbilityLab - Chicago, IL
- Our Lady of the Lake - Baton Rouge, LA
- James A Haley Veteran’s Hospital - Tampa, FL

**Structurally Diverse**

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<td>5</td>
<td>Large US government institution</td>
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<td>9</td>
<td>22</td>
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</table>

**Knowledge to Action Cycle**


**Identify Problem: Therapist Survey**

![Diagram showing the knowledge to action cycle with specific steps and labels.]

**Adapt Knowledge: Therapist-generated goals**

- **Therapist Generated Goal:** Facilitate patient adherence to prescribed exercise program

- **Effectiveness of Vestibular Rehabilitation**
  - Strong recommendation (Level I) that vestibular rehabilitation should be offered to patients with symptoms due to:
    - Acute, Subacute, & Chronic Unilateral Hypofunction
    - Bilateral Hypofunction, Including Pediatrics

- **Effectiveness of Different Exercise Types for Unilateral Vestibular Hypofunction**
  - Moderate recommendation (Level II) for use of targeted exercise techniques for acute and chronic dysfunction

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Assess Barriers: Therapist Survey


Tailor Interventions:

Patient Resources:
- Educational handouts
- Educational videos
- Text messages
- Communication app
- Timers
- Targets

Therapist Documentation:
- Exercise dose prescribed
- Patient reported compliance

Monitor Knowledge Use: 6-month intervention

Monthly Chart Reviews and Team Meetings

Evaluate Outcomes & Sustain Use

Study outcomes

Therapist Behavior:
Pre/post therapist guideline adherence to selected behaviors

Therapist Experience:
1) Qualitative analysis from semi-structured therapist interviews
2) Pre/post therapist survey

Who we are

- Hospital based outpatient facility
- Neurotology clinic
- 1 full time PT, 1 part time PT
- Vestibular nerve and facial nerve disorders
- 100 patient visits per month

Our Lady of the Lake Regional Medical Center
Hearing and Balance Center
Baton Rouge, LA

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What we wanted to change

- Optimal dosage of home exercise program
- Emphases:
  - Patient education/instruction
  - Patient compliance

Why we wanted to change

Inspired by CPG Action Statements 5 and 7

What we thought would work

- Exercise Instruction:
  - New software
- Exercise Compliance:
  - Exercise supplies to send home
  - Text message reminders
  - Exercise log
- Documentation:
  - Smart phrases to track exercise compliance

What we did

- Pre-intervention phase:
  - 7 meetings
  - Identified opportunities and barriers
  - Developed chart audit form
  - Developed new resources
    - HEP software, supplies, smart phrases
  - Developed implementation timeline
- Implementation phase:
  - Monthly meetings for 6 months
  - Rolled out all interventions over 2 months
  - Reviewed monthly chart review data and discussed successes and barriers with implementation

The Details

Monthly Meetings (6 months)

- Discussed data from chart audits
- Discussed action items to improve
- Adjusted EMR documentation phrases
The Details

Exercise Supplies

Exercise Log

Exercise Program

Exercise compliance via Smart Phrases in EMR:
- Beginning of documentation
  - Gaze stability tracking:
    - Number of seconds/minutes per day
    - How many times per day on average
    - Frequency
  - Barriers
- Other Exercise tracking:
  - Frequency and barriers
  - Any resources used

Exercise compliance via Smart Phrases in EMR:
- End of documentation
  - Tracked if exercises were advanced
  - Exercise instruction methods
  - Any new resources provided

Text Messaging Reminders:
- Subscribed to Textedly ($25/month)
  - 21 sample text messages
  - Invitations to participate
  - Laminated sign in clinic
  - Paper in patient folders

Results: Text Messages, Targets, Timers

Results: Documentation

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What we are doing now

Continued:
• Online exercise software
• Timers, targets, and backgrounds to patients
• Home exercise log
• Smart phrases

Discontinued:
• Text message reminders

Pearls

• Communication is important, especially with a small staff
• If something that you try is not working, then it is ok to move on
• Use your documentation system to help you
• Value in simply consistently asking patients about their compliance
• Sometimes simple solutions are helpful
• Timers and targets were well received

Shirley Ryan
AbilityLab

Who we are

• Outpatient clinic in a rehabilitation hospital setting
• 7 – 9 physical therapists specializing in vestibular rehabilitation

What we wanted to change

• Optimal Dosage Recommendations (Gaze Stabilization):
  • Therapist Home Program Prescription
  • Patient adherence

• Documentation:
  • Systematic / consistent documentation

Why we wanted to change

• Improve consistency of dosage recommendations amongst clinicians
• Patients adherence to gaze stabilization dosage recommendations
• Due to current documentation, at times unclear:
  • Patient reported adherence of HEP
  • Recommended dosage
• Improve written communication between therapists sharing patients

Why We Wanted to Change:

- **What we thought would work**
  - Patient Adherence:
    - Updated educational forms
    - Exercise Videos
    - Text Message Reminders
  - Documentation Standardization

Optimal Exercise Dose

- Expert opinion recommendation (Level IV) for gaze stabilization exercise for unilateral & bilateral hypofunction consists of:
  - Acute/Subacute - Three times/day minimum (At least 12 minutes/day)
  - Chronic - Three times/day minimum (At least 20 minutes/day)

What we did

Pre-Intervention (6 months)

- Survey
- Team Engagement Meetings
- Leadership Engagement

Intervention (7 months)

- Implemented interventions
- Chart audits
- Team Meetings
- Feedback
- Educated new staff

Post-Intervention (6 Months)

Interventions: The Details

Educational Handout

- Youtube Video
  - Website listed on handout
  - Created VOR x 1 video

Text Message Reminders

- Contract $780 / year
- Consent Form
- 3 x day text message reminders
- Manually entered phone numbers
Interventions: The Details

Standardized Documentation:

- Subjective: Reported compliance for HEP (# min / day, # days per week)
- Intervention Performed in Session:
  - What was performed in the clinic (gaze stabilization, balance, etc.)
  - Specific dosage
- Education:
  - HEP Prescription [specific dosage] / Update
  - Specific Resources used (education forms, compliance log, video, text message, etc.)

Intervention Phase: Details

- Monthly chart audits
- Meetings with vestibular therapists every 1-2 months
- Education on intervention roll outs
- Team Feedback
- Discussion of barriers and goals

Interventions: The Details

Documentation

![Graph showing exercise dose and exercise compliance over time]

Patient Resource Tools

![Bar chart showing various patient resource tools]

What we are doing now

- Sustainability:
  - Training new therapists (interventions and documentation recommendations)
  - Utilizing updated educational forms
  - Contract with text message company will not be renewed
  - Intervention successful but contract was not a good organizational fit

Plan: Translate the education handouts to additional languages

Pearls

- Identify team barriers by asking, don’t make assumptions!
- Choose interventions / processes with easy implementation
- Keep it simple
- Chart audits are time consuming
  - Feedback was well received and reported to be helpful
  - Consider automated ways to generate data for feedback
Mid-America Balance Institute and Blue Ridge Physical Therapy
Kansas City, MO

Who We are

- Private, for-profit outpatient clinic with 3 sites in the Kansas City metro area.
- MABI South is primarily focused on evaluation and management of patients with vestibular dysfunction. Testing is done by audiology and physical therapy professionals.
- MABI South and Blue Ridge Physical Therapy are outpatient clinics that see patients with varied diagnoses.

Why we wanted to change

Effectiveness of Different Exercise Types for Unilateral Peripheral Vestibular Hypofunction

- Moderate recommendation (Level 2R) for use of targeted exercise techniques for acute and chronic hypofunction

Optimal Exercise Dose

- Expert opinion recommendation (Level 5) for gaze stabilization exercises for unilateral & bilateral hypofunction consists of:
  - Acute/Subacute: Three times/day minimum (4x/wk, 2 minutes/day)
  - Chronic: Three times/day minimum (4x/wk, 10 minutes/day)

We wanted new ideas to increase patient compliance
Not all therapists were asking about anxiety. If patients were anxious, we did not have a next step.

What we thought would work

Resources for patients
- Timers
- Metronomes
- In Hand Health app

Resources for therapists
- Documentation: added SMART phrases to EMR
- Subjective: Reported compliance for HEP (min/day, day/week per week)
- Intervention performed in session:
  - What was performed in clinic (gaze stabilization, balance, etc.)
  - Specific dosage

To discuss the relationship between dizziness and anxiety
- Mid-therapy handout
- List of psychologists in the area

The Details

Planning & Preparation
- 6 months
- 2 meetings a month
- Identified challenges
- Developed handouts
- Ordered timers and metronomes
- Added SMART phrases in EMR

Intervention
- 6 months
- 8 meetings
- Chart reviewed monthly
- Feedback provided
- Developed a document to help with using the app
- Added another site
- 6 months
- Post-intervention chart reviews completed
- 3 meetings held

Post-Intervention
- 6 months
- Post-intervention chart reviews completed

The Details

Changes during the 6 months:
- 3 therapists from one site left the organization
- Another site opened up - 2 new therapists were added to the study
- Discontinued the app as part of the study

Educational Handout, Communication App

<table>
<thead>
<tr>
<th>Date</th>
<th>Visits</th>
<th>Education</th>
<th>Communication App*</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>37</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>50</td>
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<td>November</td>
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<td>19%</td>
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<td>February</td>
<td>38</td>
<td>19%</td>
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</tr>
</tbody>
</table>

*Statistically significant p<0.05 (Bonferroni adjustment for comparisons within site)

Therapist Documentation

<table>
<thead>
<tr>
<th>Date</th>
<th>Visits</th>
<th>Exercise Dose*</th>
<th>Exercise Compliance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>37</td>
<td>0%</td>
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</tr>
<tr>
<td>October</td>
<td>50</td>
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</tr>
<tr>
<td>November</td>
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<tr>
<td>February</td>
<td>38</td>
<td>19%</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Statistically significant p<0.05 (Bonferroni adjustment for comparisons within site)

What we are doing now

- We have notes put up at the therapist’s desks to remind them to give out the handouts
- We have placed timers and metronomes in strategic places in the clinic to hand out to people who do not have smart phones

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Pearls

- With therapist turnover, assess and re-assess if the goals are common to all
- Keep it simple
- Identify a point person in the clinic who can update the goals as needed

Who we are

- Outpatient setting – academic medical center
- 2 PTs – full study, plus 2 PTs added during post-intervention portion
- 45-60 visits/month (all vestibular disorders)

What we wanted to change

- Inconsistencies between PTs
- Evaluation & Treatment
- Educational Material
- Identify/address anxiety and depression
- Improve patient’s adherence to home program

Why we wanted to change

- Originally inspired by CPG Action Statements 5 and 7
- In retrospect, also inspired by CPG Action Statements 9 and 10

What we thought would work

The details

Pre-Intervention

- 6 months
- 0 meetings
- Review CPG

Planning & Preparation

- 2 months
- 3 meetings
- Identified challenges
- Developed solutions

Intervention

- 6 months
- 7 meetings
- Monthly chart reviews
- Improved and revised

Post-Intervention

- 6 months
- 3 meetings
- Sustainability plan

Pre-Intervention

- 6 months
- 0 meetings
- Review CPG

Planning & Preparation

- 2 months
- 5 meetings
- Identified challenges
- Developed solutions

Intervention

- 6 months
- 7 meetings
- Monthly chart reviews
- Improved and revised

Post-Intervention

- 6 months
- 3 meetings
- Sustainability plan

The details

• Partnered with OT
• Collaborated with Interprofessional Teams
• Implemented screening tools:
  • Generalized Anxiety Disorder – 7 (GAD-7)
  • Patient Health Questionnaire – 2 (PHQ-2)

The details

• Created standardized template within EMR
  • Evaluations and follow up sessions
  • Minimum data set
  • Details/progression related to home exercise program

The details

• Consistent educational handout for gaze stabilization exercises
• Flexibility with other elements of home program
• All home program details included in documentation

The details

Educational Handout

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

Educational Handout

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

*Statistically significant p<0.05 (Bonferroni adjustment for comparisons within site)

Documentation

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

Standardized Documentation Template

*Statistically significant p<0.05 (Bonferroni adjustment for comparisons within site)

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Anxiety Screening

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</tr>
<tr>
<td>Post-Intervention</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

What we are doing now

- Utilizing standardized documentation template for all patients with vestibular dysfunction
- Using a consistent handout for gaze stabilization exercises
- Consistently reviewing PHQ-2 and inconsistently obtaining GAD-7 screening tool at initial evaluation
- Referring patients with anxiety/depression to OT or another mental health provider, as indicated

Pearls

- Fun to embrace the iterative process and improve the care we are providing
- Monthly meeting to sharing and discussion of data with PTs helps create engagement
- Standardized documentation improves consistently between therapists and simplifies training of new therapists
- More successful when focusing on fewer goals ... more is NOT better
- Completing chart reviews for all visits are time consuming

Who we are

- One of the largest & busiest VA’s in the country
- Located in Tampa, FL, one of the top 10 ranked cities for veterans
- Physical Therapy Department – 12+ clinics
  - 16 PTs/PTA’s (22 participating)
  - 8-10 students (typically)
  - 4 Orthopedic residents
  - 5 Neurological residents

Mixed Staff & Clinical Experiences

Vestibular disorders seen per month

How the process unfolded

Pre Intervention
- Survey & results
- Team meetings (5)
- Stakeholder engagement
- ID Problem
- Adapt to local knowledge
- Tally count “trials”

Intervention
- Staff training
- 22 staff trained in June-August 2019
- Monthly meetings
- Clinic “tally” counts

Post Intervention
- Meetings to decrease in frequency
- Tally counts continue
- Measure sustainability

What we wanted to change

Why we wanted to change
We knew....

Vestibular rehabilitation is EFFECTIVE

Vestibular rehabilitation should be OFFERED

But... How (TO IDENTIFY) a peripheral vestibular impairment?

What we thought would work

Pre Intervention

Vestibular rehabilitation is EFFECTIVE

Vestibular rehabilitation should be OFFERED

But... How (TO IDENTIFY) a peripheral vestibular impairment?

What we thought would work

Pre Intervention

Case 1

Intervention

Knowledge translation: Identifying a Peripheral Vestibular Hypofunction

Pre Intervention

Staff trainings...

Videos...

Reminders...

Pre Intervention

In-person and/or Self-guided training
- Full day
- Enticed with providing lunch
- Accessible training videos
- Evaluation techniques
- “How-to” exercise

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Intervention.....details

- Exercise handouts and tables
- Add vestibular screening to examination
- If someone is “dizzy” ask more questions
- Easy to use “tally” count

Make tools easily accessible

- Videos
- Shared drive – videos
- Video VA Pulse [Network]*
- Exercises packets to issue
- Clinic iPAD’s
- Uploaded with videos
- Clinically relevant apps
  - Metronome
  - Balance tests

Intervention.....details

- Monthly clinically relevant meetings
- Keep it simple silly (KISS)
- Used algorithm to help guide
- Food always helps

Tally Counts & Staff confidence
(Julie and Clarisa will provide),

What we are doing now

- Monthly meetings reduced to 1X every 8 weeks
- Keep the “tally” counts
- Monitoring how knowledge proliferates through the clinics
  - 22 therapists trained
  - 3 were residents who have since graduation
  - In clinics with a participating therapist, staff is more aware of why someone might be dizzy
  - Clinician try to figure it out and treat BEFORE calling the vestibular specialty clinic/service
  - Veterans are getting care earlier

Pearls

- Follow-up – be consistent
- Keep staff ENGAGED!
- Therapists benefitted from open clinical discussion & case studies
- CPG can be overwhelming to implement (or even read)
  - Break them up into small digestible parts
  - Understand what parts the therapists WANT to learn and apply
  - Therapists must be INVESTED in the project

- Knowledge SPREAD, not just peripheral vestibular disorders have been found, but BPPV, cardiac, cervicogenic, polypharmacy & NPH have been identified

FOOD HELPS!

Early Qualitative Findings

Early Qualitative Results

Monthly meetings with audit feedback were important.

“There was frequent feedback, where if we had just met once ... I think that would have been easy to fall off.” (ID#24)

“I thought [the meetings] were useful ... just giving people a chance to kind of talk through ... What issues have come up? Have you been using this? Have you had patients that liked it?” (ID#25)

Early Qualitative Analysis

Documentation goals promoted accountability:

“I found myself, because of the project, getting each patient into more specifics of exactly what they’re doing at home for their home program, and I saw that to be helpful.” (ID# 21)

“Certainly with the dosing, [I’ve] definitely been more on top of that with myself and with patients.” (ID# 63)

Early Qualitative Analysis

Simple tools that patients embraced were most successful.

“So I think the timers have been hugely beneficial. And patients love it. [I ask] are you using your timer? Yes, I’m using it. I’m like, okay, then I know you’re doing the minutes.” (ID# 11)

“I guess I don’t know for sure that my patients were using the YouTube videos as a resource, part of the challenge with the YouTube video, they would have had to type in this long address from the printed handout.”

Summary and Discussion

Toolbox Resources – From Study

For Therapists
• Documentation Suggestions
• Education
• Exercise Logs
• Patient Tools
• Timers
• Metronomes
• Targets
• Apps
• Text Messages
• YouTube Videos

For Patients
• Patient Handouts
• Exercise Logs
• Patient Tools
• Timers
• Metronomes
• Targets
• Apps
• Text Messages
• YouTube Videos
Toolbox Resources
From Study and Task Force

For Therapists
- Documentation Suggestions
- Summary Handouts
- Algorithm Summaries
- Info Graphic
- Online Education Course
- Therapist Education Videos

For Patients
- Patient Handouts
- Education
- Exercise Logs
- Patient Tools
- Timers
- Metronomes
- Targets
- Backgrounds

Summary Thoughts and Recommendations

Questions and Discussion

International Conference for Vestibular Rehabilitation: Translating Research to Advance Practice

- “Vestibular Rehab Spanning the Globe”
- SAVE THE DATE! August 14-16, 2021
- Hyatt Regency, Minneapolis, Minnesota
- Sponsored by the Academy of Neurologic Physical Therapy
- Registration opens early 2021
- bit.ly/CVR2021

Thank you!!