

Acoustic Neuroma

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FACT SHEET



Vestibular Rehabilitation
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What is an acoustic neuroma?

Acoustic neuromas can also be called cerebellopontine angle (CPA) tumors as well as vestibular or acoustic schwannomas. An acoustic neuroma is a benign, slow-growing tumor that most commonly arises from the vestibular (balance) nerve that runs from the inner ear to the brain. Most of the time, the tumor occurs in only one ear. Because this tumor can also compress the cochlear (hearing) nerve, you might not be able to hear as well and you may have tinnitus (a ringing or buzzing noise). People with acoustic neuromas can also have dizziness and/or vertigo problems, visual disturbances, and/or imbalance. If the tumor is large enough, it may also cause weakness and/or numbness of the face. Medical treatment options include monitoring the tumor with periodic scans (watchful waiting), microsurgery, or stereotactic radiosurgery (radiation therapy).

How can physical therapy help if I have not had surgery?

Physical therapy will not make the tumor go away or decrease its size. However, a physical therapist can teach you exercises that may help lessen the dizziness, visual instability, and/or imbalance, and can educate you about strategies to prevent falls. If you plan on having surgery or radiation, the therapist will teach you what to expect after the procedure as well as teach you exercises that you can do afterward that may speed up your recovery.

If I have had surgery to remove the acoustic neuroma, what can I expect?

When the acoustic neuroma is removed through surgery or radiation, the inner nerve is usually removed or damaged during the surgery, too. For this reason, for first few days after the surgery, you will likely have a fairly constant feeling of dizziness and/or vertigo (feeling like you or the room is moving or spinning). Head movement usually worsens the symptoms for a short time. When you look at things, you may have a hard time focusing on them because they may “jump” or “bounce” around. Because of this, you may have difficulty reading or watching T.V.



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In addition, when you first get out of bed you may feel off balance. At this time, you have the greatest risk of falling, so when you are moving around your safety needs to be your greatest concern. Within a few days, you will usually begin to feel better. However, it may take several weeks, and in some cases a few months, to feel noticeably better. In some patients, the dizziness symptoms change from a constant feeling of spinning to a vague sense of dizziness. These symptoms may only be triggered with quick head movements or during specific situations such as when bending over in a dark closet or walking down the aisle of a supermarket. Your doctor may recommend physical therapy to help decrease your problems.

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Research has shown that the earlier you start moving around the faster your recovery will be. Even though movement is encouraged, it is important to understand that you need to gradually increase your activity level. The brain is healing and cannot respond normally so you do not want to overdo it. You will know you have been too active, too soon, if the dizziness increases and affects your ability to function. In therapy, your physical therapist will ask questions about your symptoms and day-to-day activities, and will also do tests to determine the type of problems you are having. Physical therapy can help reduce the dizziness, the “jumping” or “bouncing” vision, and/or balance difficulties so that you can return to the activities and responsibilities you could do before. This is accomplished by exercising for a short period of time, several times each day. Some exercises require head movement while you look at objects and others challenge your balance while standing or walking. If you have weakness in the muscles of your face, you may be taught how to protect your eye and taught exercises to help strengthen the muscles. To achieve the best possible results, physical therapy will require a commitment on your part to regularly do the exercises.



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