Vestibular and Balance Rehabilitation
Therapy: Who Can Benefit?

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Vestibular rehabilitation can be an effective treatment for patients with dizziness and balance disorders. The purpose of vestibular rehabilitation is to facilitate compensation after peripheral and central vestibular dysfunction has occurred, with the goals of decreasing symptoms of dizziness and vertigo, improving balance, and facilitating a return to previous activities. Evidence exists to support its effectiveness in a variety of conditions. There is also evidence that suggests vestibular rehabilitation can be more effective than medication alone for long-term improvements in symptoms and function.¹ Below is a list of conditions that benefit from vestibular rehabilitation.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Expected Outcomes</th>
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<tbody>
<tr>
<td>Unilateral vestibular loss (vestibular neuritis, labyrinthitis, acoustic neuroma)</td>
<td>Good: Return to baseline level of function²</td>
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<tr>
<td>Benign paroxysmal positional vertigo</td>
<td>Good: Resolution of symptoms when treated with appropriate canalith repositioning maneuver³</td>
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<tr>
<td>Bilateral vestibular loss</td>
<td>Moderate: A significant level of impairment is likely following therapy, but the patient can expect improved balance and dynamic visual acuity with treatment⁴</td>
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<tr>
<td>Central vestibular dysfunction (stroke, brain injury, migraine)</td>
<td>Moderate: Recovery will take longer compared to peripheral vestibular dysfunction, but the patient can expect improvements in balance and decreased symptoms of dizziness⁵,⁶,⁷</td>
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<tr>
<td>Presbystasis (disequilibrium of aging)</td>
<td>Moderate: Patient can experience decreased dizziness, improved balance, decreased fall risk⁸</td>
</tr>
<tr>
<td>Movement or visually provoked dizziness</td>
<td>Moderate: Decreased symptoms of dizziness⁹,¹⁰</td>
</tr>
</tbody>
</table>

¹ Evidence suggests vestibular rehabilitation can be more effective than medication alone for long-term improvements in symptoms and function.

² Return to baseline level of function can be expected for unilateral vestibular loss.

³ Resolution of symptoms when treated with appropriate canalith repositioning maneuver can be expected for benign paroxysmal positional vertigo.

⁴ A significant level of impairment is likely following therapy, but the patient can expect improved balance and dynamic visual acuity with treatment.

⁵ Recovery will take longer compared to peripheral vestibular dysfunction, but the patient can expect improvements in balance and decreased symptoms of dizziness.

⁶ Central vestibular dysfunction (stroke, brain injury, migraine) can be expected.

⁷ Moderate: Recovery will take longer compared to peripheral vestibular dysfunction, but the patient can expect improvements in balance and decreased symptoms of dizziness.

⁸ Presbystasis (disequilibrium of aging) can be expected.

⁹ Movement or visually provoked dizziness can be expected.

¹⁰ Moderate: Decreased symptoms of dizziness can be expected.
The following conditions would not benefit from vestibular therapy:\textsuperscript{5,6,11}

1) Fluctuating vestibular loss (Meniere’s disease, semicircular canal dehiscence, perilymphatic fistula), unless the patient exhibits chronic imbalance or dizziness between the episodes.

2) Spontaneous or unprovoked dizziness.

References:


