



Vestibular, Balance and Falls SIG

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New SIG Name for 2005

And then there was one... the merging of two SIGs

By Denise Gobert, PT, PhD
VB&F SIG Chair

This newsletter marks the beginning of a new era for our special interest group.

We have expanded to include the interests and concerns of both the Vestibular Rehabilitation SIG and the Balance & Falls SIG members. Therefore, we now wear the new name - Vestibular, Balance and Falls SIG.

Officers from both SIGs are combining efforts to present a united front to support you in terms of sharing information on clinical practice and research.

Check out our new website, which promises to contain user friendly and up-to-date information tools. We welcome your feedback as the new SIG develops.

As you browse through the special articles in this issue, reviewing the highlights from the recent CSM 2005 meeting in New Orleans and regional problems with reimbursements affecting states like Iowa and South Dakota, we hope you join us in stressing

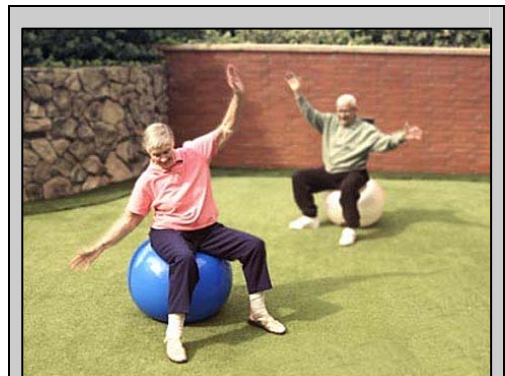
the need to keep patients and clinicians aware of our value as qualified practitioners in the treatment of vestibular and the balance disorders.

Now is the time to promote the physical therapist in the community as vital to proper patient care and safety.

With this thought in mind, we stand at your service!

In addition, please join me as we welcome our new officers who have stepped up to the plate to help the new SIG get a good start.

We welcome your feedback as the new SIG develops. ♦



"The whole business of marshaling one's energies becomes more and more important as one grows older."

- Hume Cronyn

CSM Highlights

Integrating Tai Chi into Your Balance Practice

A summary of a CSM roundtable discussion with Steven Wolf, PT, PhD, FAPTA

The highlights of this discussion with Dr. Wolf focused on the importance of the therapist understanding the central beliefs of Tai Chi and having personal experience with a Tai Chi class prior to introducing it to a balance practice.

Dr. Wolf reviewed the research findings supporting improved balance responses with the practice of Tai Chi and his personal experience with regular practice of Tai Chi.

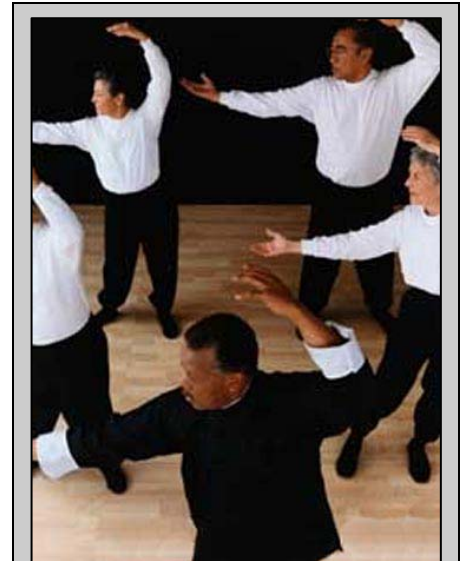
The take-home messages of this roundtable were:

- There is up to a 4 month

latency to see improvement with the practice of Tai Chi.

- The practice of Tai Chi must be regular and routine for improvements to be sustained.
- Further research is warranted to investigate the attentional impact of the practice of Tai Chi. ♦

Dr. Steven Wolf is a Professor in the Department of Rehabilitation Medicine and at the Nell Hodgson Woodruff School of Nursing at the Emory University School of Medicine in Atlanta.



One take-home message of this roundtable was that the practice of Tai Chi must be regular and routine for improvements to be sustained.

Trash to Treasure

A summary of a CSM presentation by Debbie Struiksma, PT, and Laura Morris, PT, NCS

Vestibular rehabilitation has been demonstrated to be effective, but many clinicians believe that high-tech equipment is necessary in order to see improved outcomes in patients.

There are many low-tech treatment interventions that can be developed using principles from the high-tech equipment and the only limitation is the creativity of the clinician.

Low-tech interventions allow you to stretch your dollar and keep costs low. You don't need a

lot of money to create effective interventions and there are many resources that can be tapped into. For example, many items can be used from old equipment such as foam from old furniture, wheelchair parts, fabric from old drapes or old pairs of glasses.

Donations are always a great resource and individuals are usually happy to donate old exercise equipment or make beanbags for the clinic. The 99 cents store or garage sales are

See "*Trash*," Page 4

Medicare Woes in Iowa

By Mary Lohse Shepherd, PT

Iowa and South Dakota's Fiscal Intermediary for Medicare (part A) is Cahaba.

In March, Cahaba drafted a proposed policy for outpatient Physical Therapy in those states that would eliminate coverage for all Vestibular Rehabilitation.

A copy of this draft can be accessed at:

www.iamedicare.com/Provider/policy/draft/DL19811.htm

On pages 39, 40 and 55 of this document are the references to Vestibular Rehab.

It states: Currently the medical literature provides no consensus on the efficacy of Vestibular rehabilitation; therefore it is a non-covered service. Services for dizziness, vertigo, or the inherent side effects of dizziness or vertigo (i.e. loss of balance, difficulty with ambulation; gait abnormality) are non-covered.

The document also states the following services are "non-covered (not reasonable and necessary) for Physical Therapists: Vestibular Ocular Reflex training and the Epley maneuver.

Under the "sources of information and basis for decision" section of the document, everything from the APTA website and PT Practice

research articles (supporting Vestibular Rehab) by Cohen, Krebs, Herdman and others were listed.

The comment period for this draft policy ends 4/29/05.

Comments can be sent to the addresses at the following link:

www.iamedicare.com/Provider/policy/draft/draft.htm



Since learning of the proposed policy, I have been networking and encouraging writing of letters of support from other vestibular rehab practitioners in the state as well as from physicians, researchers, vestibular rehab competency certification faculty, members of the Vestibular SIG, the APTA, and the Iowa PT and OT Associations.

I have been attempting to compile all the correspondence so that if other states face the same issues, the letters may be helpful and serve as templates for future communications with these fiscal intermediaries.

Cahaba is also the intermediary for Georgia (part B), Alabama (parts A and B), and Mississippi (B).

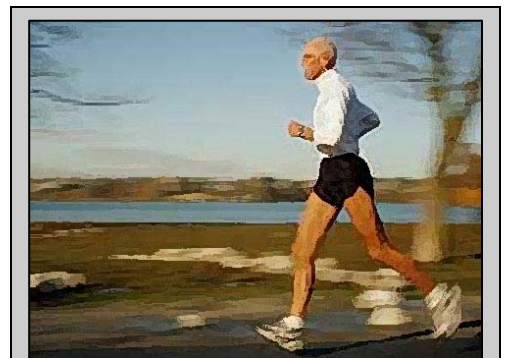
They also handle home health and hospice claims in Iowa, Nebraska, Kansas, Missouri, South Dakota, North Dakota, Montana, Wyoming, Colorado, Utah, Delaware, Maryland, Pennsylvania, Virginia, West Virginia and the District of Columbia.

I am very grateful to all of you who have taken time to patiently respond to my e-mails with suggestions, recommendations, input, encouragement and action. Thank you.

The comment period ends in 7 business days. We shall see what happens... ♦

Mary Lohse Shepherd is a Vestibular Rehab Competency Certified Physical Therapist practicing at the University of Iowa Hospitals and Clinics.

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Man maintains his balance, poise, and sense of security only as he is moving forward.

- Maxwell Maltz

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great places to find equipment like poker chips, playing cards, checkerboards, Velcro, cups, sunglasses, clothespins, or tablecloths. Some of the best treatment ideas come from using old junk around the house.

Available space can also be a challenge. It really doesn't matter how much space you have, but more importantly how the space is developed into a learning environment.

Creating an environment that allows the patient to interact in the sequence of the movement and also allows for errors will produce more effective learning.

If you practice in a small area with awkward spaces, try creating activity stations that are centered around a motor learning goal.

For example, one station can incorporate compliant surfaces and another station may have a patterned-fabric on the wall to create a complex visual environment.

Having stations also helps cut down on set-up time for a specific task, as all of the equipment for a specific type of task will be located in one area.

Creative intervention strategies help keep your practice energized as well.

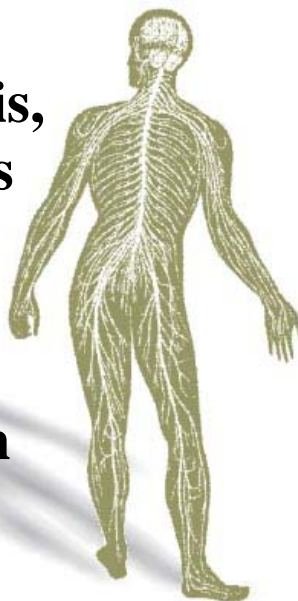
Working with colleagues on inventive therapy tasks can produce a sense of teamwork.

Being dynamic in your treatment planning prevents boredom and allows the clinician to be a more effective teacher in the motor learning process.

As patients observe the effort that is put into creating the activities, they may be more likely to participate and have a positive motivation, which will in turn assist in motor learning.

Try some of these creative ideas in your practice:

**Laura Morris,
PT, NCS was
awarded the
2005 Award
for Clinical
Excellence in
Neurology**



- Create a 4 square with PVC pipe to improve stepping strategies and add 4-inch legs to each corner to allow for different heights to to practice with.

If the patient holds a glass of water by stepping through the 4-square their postural control will be challenged to an even higher degree.

- Hang checkered fabric from the wall and use a fan to gently move the fabric.

The patient can perform reaching activities or stand on a compliant surface in front of the moving environment.

- Use a disco ball in a dark room to create a complex visual environment.

Have the patient stand on a rocker board while in the environment and perform an over the shoulder beanbag toss.

- Spray paint the inside of post-surgical sunglasses black to create a dark environment.

Creativity is a major component of effective vestibular rehabilitation and remember, you are only limited by your imagination. ♦

Debbie Struiksma is a Vestibular Rehab Competency Certified Physical Therapist practicing at the Rehabilitation Center of Long Beach Memorial Medical Center in Long Beach, Calif.

Laura Morris is Facility Director of the Centers for Rehab Services at the Raymond E. Jordan Balance Lab Eye and Ear Institute at the University of Pittsburgh Medical Center.

She is recognized for her clinical achievements as a master clinician and has been practicing neurologic physical therapy for more than 12 years.