

# What does *every* therapist need to know?

*Summary of Roundtable Discussion, CSM 2009,*

*Facilitators Julie Tilson, PT, DPT, NCS and Ray Hedenberg, PT*

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A lively group of twenty vestibular rehab (VR) therapists joined the 2009 Roundtable on the final day of CSM. Our purpose was to exchange ideas about defining competency criteria for all therapists who will encounter persons with vestibular dysfunction. The group consisted of experienced and novice VR therapists with neurologic and orthopedic specialty training, PT program faculty, and VR researchers.

The group emphasized that therapists and students new to VR need:

- A framework for interpreting special tests of vestibular function
- To be able to triage central vs. peripheral signs and symptoms
- History taking skills that allow them to link:
  - Patient presentation → Appropriate tests and measures; and
  - Exam results → Appropriate management plan
- Case studies, preferably with video of the patient describing their symptoms, to illustrate the unique presentation features of persons with vestibular dysfunction

Co-facilitator, Ray Hedenberg, PT, shared a draft functional classification system for patients with balance and mobility dysfunction. The classification system emphasized the importance of considering the functional presentation of persons with vestibular dysfunction to guide treatment.

A previous Roundtable discussion at CSM 2003 outlined key VR history/interview questions, intervention techniques, physical examination components, vestibular disorders, physiologic and anatomical concepts, and minimum/ideal VR lecture and lab hours recommended for entry-level VR curricula (see Guidelines to Vestibular Evaluation/Treatment at [www.neuropt.org/go/special-interest-groups/vestibular-rehabilitaiton/resources](http://www.neuropt.org/go/special-interest-groups/vestibular-rehabilitaiton/resources)) The 2009 group generally agreed with this outline, however, the group suggested that levels of competency should be established for therapists/students with increasing responsibility for treating persons with vestibular disorders. The following levels were shared as an example from Sharp Health Care in San Diego, CA:

- Level 1: Ability to screen for peripheral and central signs/symptoms of vestibular dysfunction and refer appropriately
- Level 2: Ability to evaluate and treat BPPV
- Level 3: Ability to evaluate and treat diverse vestibular disorders

From our discussion, it was clear that continued work is needed to identify and disseminate core competency criteria for Vestibular Rehab skills among physical therapists.