

# Vestibular S.I.G.

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## Current Officers:

### Chair:

Denise Gobert, PT, PhD  
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### Vice Chair:

Diane Wrisley, PT, PhD,  
NCS  
Wrisley@ohsu.edu

### Secretary:

Patrick Sparto, PT  
Psparto@pitt.edu

### Nominating Committee:

Kim Gottshall, PT, PhD  
Krgottshall@nmcsd.med

Michelle Gutierrez, PT  
Mlgutierrez@zianet.com

Laura Morris, PT, NCS  
Morrislo@msk.upmc.edu

### Newsletter Editor:

Annamarie Asher, PT  
Asher@umich.edu

## Election Results:

### Vice Chair:

Diane Wrisley has been re-elected to this position.  
Congratulations Diane!

### Nominating Committee:

Danielle Pietrucci has been elected and will be replacing Michelle Guterrez.  
Welcome to the Vestibular SIG executive board Danielle!

These officers take over in June 2004.

“I have a room all to myself. It is nature.” *Henry David Thoreau*

## From the Editor:

This issue of the Vestibular SIG Newsletter marks our tenth year of publication. I still remember sitting with Tara Denham at CSM and planning our first issue. It was a very exciting time, making connections with other therapists treating vestibular patients. There have been many benefits to this endeavor for me including a regular connection with people like Tara and the SIG executive board. I feel very fortunate to be a part of this SIG.

Earlier this year several members banded together to form the Vestibular Rehabilitation Hooked On Evidence Group. We are only in the beginning stages of entering data into this web site. You can find a link to the web site from the APTA homepage or directly at: [www.apta.org/hookedonevidence/index.cfm](http://www.apta.org/hookedonevidence/index.cfm). Look

for more on this project in the next newsletter.

This spring I have reflected on my current schedule and commitments and have decided that this will be my last year as editor. The fall 2004 issue of the newsletter will be my last but will not mean the end of my involvement with the SIG. I will continue to work with our Hooked on Evidence Group and stay an active member.

The SIG will be looking for a new editor to take over in time to put out the Spring 2005 edition. Please let me or any of the officers know if you are interested in this position. Thanks to all of you who have read, contributed to and commented on the newsletter over these past ten years.

Sincerely,  
Annamarie Asher

## CSM Highlights

The 2004 Combined Sections Meeting in Nashville, Tennessee provided the Vestibular Special Interest Group an opportunity for education, networking, and activities to promote the practice of vestibular rehabilitation. During the Vestibular SIG business meeting we had the opportunity to learn how to contribute to the Hooked on Evidence project. David Scalzetti, PT, MS shared with us the steps necessary to submit a Hooked on Evidence extraction. Annamarie Asher, PT is chairing a committee to facilitate the posting of articles pertinent to vestibular rehabilitation. (continued on page 2)

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Following the business meeting, the SIG continued with the project to develop a consensus in vestibular rehabilitation evaluation and treatment. Small groups working with facilitators developed problem lists and typical treatment for common vestibular diagnoses. The resulting documents will be compiled with the information generated at last years SIG meeting in Tampa FL and will be posted on the SIG website within the next several months.

Kristin Parlman, PT, DPT, NCS led a stimulating and informative discussion on the use of the Guide to Physical Therapy Practice for patients with vestibular disorders. From the discussion the participants learned that the guide is applicable to patients with vestibular disorders and the use of the guide may lead to greater consistencies within a clinic and can help to direct treatment. Further information on the use of the Guide to Physical Therapy Practice for patients with vestibular disorders will be posted on the website in the next several months.

All in all CSM was highly successful in providing educational, and networking opportunities. Thank you to everyone who helped make it such a success. I'm looking forward to seeing everyone at CSM 2005 in New Orleans, Louisiana, February 23-27, 2005. Stay tuned for programming information in the fall newsletter. As always if you have any suggestions for future programming or questions about current programming please feel free to contact me at: [wrisleyd@ohsu.edu](mailto:wrisleyd@ohsu.edu).

Diane Wrisley, PhD, PT, NCS

**MISSION STATEMENT**

The mission of the Vestibular Rehabilitation special interest group (VRSIG) is to provide a forum for APTA Neurology Section members who have a common interest in the promotion of health, wellness, optimal function, and quality of life for individuals with vestibular injury or disease. The VR SIG is committed to facilitating advances in physical therapy for patient management, education, research and health care policy that reflect the needs of those we serve.

**Annual conference and Exposition**

**June 30—July 3, 2004 Chicago, Illinois**

Visit the APTA web site for information on the annual conference. Susan Herdman, PT, PhD and Rick Clendaniel PT, PhD are offering a VR pre-conference course. Janet Helminski, PT, PhD is offering a course on BPPV as a part of the regular programming.

**NOMINATING COMMITTEE NEWS**

The Vestibular SIG needs a few interested members for the positions described below that are opening up next year: Being involved in the SIG leadership is a wonderful way to work with your peers in order to make a positive impact on the profession and the SIG. This is an exciting time in our SIG as we attempt to define ourselves and our role in the profession.

**The chairperson** helps to guide the direction and activities of the SIG. He or she is responsible for facilitating the meetings of the SIG, acting as a liaison to the Neurology Section, attending Neurology Section meetings at CSM and Annual Conference, and providing annual written reports to the Neurology Section.

**The Secretary** is responsible for recording the minutes of SIG meetings and maintains all written records of the SIG. The Secretary also maintains the membership record for the SIG and communicates with the *Neurology Report* Editor. Some experience with computers and websites is desirable as well.

**Nominating Committee members** participate as active officers of the SIG. The primary responsibility is to assist in the determination and submission of a slate of qualified candidates from the membership of the Neurology Section. The fun part about this position is that there is an opportunity to get to know many people in the SIG during the search for new candidates.

For all positions, attendance at CSM SIG section and officers meetings is requested, as well as participation in scheduled SIG officer conference calls. If you are interested in any of these positions, now or in the future, please contact Kim Gottshall or Laura Morris for more information.

**VR Practice Committee**

A much needed committee has been formed to help sort out issues of billing practices and reimbursement in vestibular rehabilitation. The committee got off to a very energetic start but is in need of a chairperson or co-chairs to organize the effort. This is an important area for all of us and will continue to be in the future. Please let one of the officers know if you are interested in making this kind of contribution to the VRSIG.

## ARTICLE REVIEW

Contraindications to the Dix-Hallpike maneuver: a multidisciplinary review. Rachel L Humphriss, David M. Bagueley, Valerie Sparkes, Suzy E Peerman, and David Moffat. *International Journal of Audiology* 2003; 42:166-173.

The goal of this article is to clarify contraindications to performing the Dix-Hallpike manoeuvre to diagnose BPPV. The authors briefly describe BPPV and the Dix-Hallpike manoeuvre. They report that a review of text books (Baloh and Hornrubia.1990; Jacobson et al.1993; Herdman.1994; Shepard and Telian.1996) and a Medline search failed to identify specific contraindications to the manoeuvre. Herdman did mention that neck and back pain might preclude use of particle repositioning manoeuvres.

Several studies are cited regarding the epidemiology of neck pain concluding that most people will experience some minor stiffness and pain in their neck during their lifetime. The article reports that the presence of degenerative changes in the C-spine do not always result in symptomatology and that the presence of symptoms is not always accompanied by structural changes identified by imaging. It is important to look at both the C-spine pathology and the severity of the neck/arm symptoms when assessing patients for suitability for testing with the Dix-Hallpike manoeuvre. Although radiologic imaging can be misleading the authors felt it appropriate for rheumatoid arthritis, whiplash, suspicion of disorders such as spinal cord tumors or metabolic bone disease. They state that many patients "loosely labeled" with vertebrobasilar insufficiency in fact have BPPV. There are often associated neurological symptoms associated with vertebrobasilar insufficiency which would differentiate TIA from BPPV.

The authors use expert medical opinions of A. M. Bronstein and P.J. Martin, consultant neurologist, Addenbrooke's NHS Trust Cambridge, to identify eleven cervical spine pathologies including symptom presentation of each which they report to be absolute contraindications to the Dix-Hallpike manoeuvre. They are: cervical spine instability including atlantoaxial subluxation, occipitoatlantal instability (rheumatoid arthritis, Down's syndrome), prolapsed intervertebral disk with radiculopathy, cervical myelopathy, Arnold-Chiari malformation (cerebellar ectopia), vascular dissection syndromes, previous cervical spine surgery, acute trauma to the neck (contraindicated if insufficient ROM of the cervical spine), rheumatoid arthritis, carotid sinus syncope, and aplasia of the odontoid process. Each of

the contraindications is briefly discussed.

The authors suggest a functional assessment in the absence of a medical screen by an informed physician as follows: 1.) Does the patient have neck pain? 2.) Can the patient rotate the neck 45 degrees each direction and maintain without pain for 30 seconds? (OK to do side-lying test). 3.) Can the patient rotate neck 45 degrees and extend for 30 seconds to each side without pain? (OK to do Dix-Hallpike). Also to be considered are cardiac and respiratory fitness.

Authors suggest using a modified Dix-Hallpike, the side-lying test, as an alternative to the traditional manoeuvre if the patient can rotate but not extend the neck. This test however puts considerable rotational stress on the back and may be uncomfortable for patients with low back pain. Other alternatives suggested include 3-dimensional whole body rotators or for clients with wheelchairs, just tipping the chair back (taking proper safety precautions).

Authors conclude that for a majority of people the Dix-Hallpike is a safe and effective diagnostic test for BPPV but that care should be taken to screen the patient for relevant signs and symptoms for cervical pathology as well as cardiac, respiratory, or back problems. It is always important to keep in mind contraindications to procedures. This article provides specific diagnoses including signs and symptoms that the authors present as absolute contraindications to the Dix-Hallpike manoeuvre.

**From the reviewer:** *I felt that the article was written to the audiology audience and that physical therapists might be more aware of the contraindications; possibly have more background in C-spine. I also have used the tilt table several times which is I think a good alternative and usually accessible in a PT department; not probably so much in audiology.*

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