

FACT SHEET

1111 North Farifax Street
Alexandria, VA 22314-1488

Phone: 800-999-2782,
Ext 3237
Fax: 703-706-8578
Email: neuropt@apta.org
www.neuropt.org

Vestibular Neuritis

Author: Stephanie Vandover, PT, DPT

Vestibular Neuritis

Vestibular Neuritis is a disorder of the vestibular system, the balance part of the inner ear that tells our brain how our head is moving. It is most often caused by a virus that damages the vestibular nerve, which sends messages about movement and balance between the inner ear and the brain.^{1,2} The source of the virus can be an infection of the respiratory system or the gastrointestinal system.¹ Vestibular neuritis may also be caused by decreased blood flow to the inner ear, exposure to toxic agents, or allergic substances, all of which can damage the vestibular nerve. Regardless of the cause, damage to the nerve may lead to sudden, severe vertigo (a spinning sensation), dizziness, nausea, vomiting, imbalance, and/or significant difficulty walking. Vestibular neuritis will NOT affect hearing in any way. These severe symptoms usually last for one to three days.¹ Typically, the severity of the symptoms will then decrease over time, but it is common that head movements and quick movements will continue to trigger symptoms. It may take a few weeks to several months for symptoms to resolve.

Treatment during the acute phase is directed at decreasing the symptoms of nausea, vomiting and vertigo and treating the inflammation³. Your physician may prescribe medications to suppress the vestibular system in order to decrease these symptoms. Recovery occurs more rapidly and is more complete if vestibular exercises are started early. This is why it is so important to begin moving around and moving your head as soon as possible. Many people develop a habit of holding their head still and avoiding any movements that provoke symptoms. These habits can slow recovery and lead to additional problems of muscular tightness and anxiety with movement. Vestibular suppressant medications, such as meclizine and valium, should also be avoided after the first several days to allow maximal compensation to occur³.

Vestibular rehabilitation with a physical therapist can help to eliminate dizziness and imbalance, allowing for a return to your previous lifestyle. Your physical therapist will work with you to determine a series of head, eye, and body movement exercises appropriate for each phase of recovery. These specific exercises will challenge your balance and help your brain readjust to the incorrect messages about balance from the damaged vestibular nerve.¹

Vestibular Neuritis

FACT SHEET



1111 North Farifax Street
Alexandria, VA 22314-1488

Phone: 800-999-2782,
Ext 3237
Fax: 703-706-8578
Email: neuropt@apta.org
www.neuropt.org

It is common to see your physical therapist one time a week at first to determine which exercises are appropriate, how well you tolerate them, and how to change them over time. Performing the exercises at home three to five times per day is very important to allow the brain to readjust and the symptoms to improve and eventually go away.¹ It is normal to have an increase in symptoms when you first begin your exercises. Soon, your brain will accommodate to the movement and your symptoms will improve.¹ Research suggests that it can take six to eight weeks for the brain to readjust to a damaged vestibular nerve.¹ Once your body has adjusted to the damaged nerve, many people do not feel symptoms anymore, and can discontinue the exercises. In some cases, it may take longer for symptoms to improve or minor symptoms may remain.^{1,4,5} Each individual responds differently, and your recovery will depend upon the amount of nerve damage, the length of time you have been living with your symptoms, your age, and your activity level among other factors.

You can find additional resources at:

The Vestibular Disorders Association (www.vestibular.org)

Dr. Timothy C. Hain, Northwestern University Medical School (www.tchain.com and www.dizziness-and-balance.com)

References:

1. Herdman SJ. *Vestibular Rehabilitation, Third Edition*. Philadelphia: F.A. Davis Company; 2007.
2. Schuknecht HF, Kitamura K: Vestibular Neuritis. Ann Otol Rhinol Laryngol 1981;90(Suppl 79):1.
3. Walker MF. Treatment of Vestibular Neuritis. Curr Treat Opt in Neur.
4. Herdman SJ, Schubert MC, Das VE, Tusa RJ: Recovery of dynamic visual acuity in unilateral vestibular hypofunction. Arch Otolaryngol Head Neck Surg 2003;129:819.
5. Hall CD, Schubert MC, Herdman SJ: Prediction of fall risk reduction in individuals with unilateral vestibular hypofunction. Otol Neurotol Sept 2004;25:746.