Vestibular and Balance Rehabilitation Therapy

Who Can Benefit?

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Fact Sheet

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. Below is a list of conditions that benefit from vestibular physical therapy.

<table>
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<tr>
<th>Diagnosis</th>
<th>Expected Outcomes</th>
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<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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<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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<td>Presbystasis (disequilibrium of aging)</td>
<td>Moderate: Patient can experience decreased dizziness, improved balance, decreased fall risk⁵</td>
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<td>Persistent postural perceptual dizziness/motion provoked dizziness</td>
<td>Moderate: Decreased symptoms of self and visually induced dizziness⁹,¹⁰,¹¹</td>
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The following conditions would not benefit from vestibular therapy⁵,⁶,¹²:

1. Fluctuating vestibular loss (Meniere’s disease, semicircular canal dehiscence, perilymphatic fistula, vestibular migraines), unless the patient exhibits imbalance or dizziness between the episodes.
2. Spontaneous or unprovoked dizziness.
References:


