FACT SHEET

Vestibular Neuritis

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VESTIBULAR REHABILITATION SPECIAL BUREAU GROUP

Vestibular Neuritis

Vestibular Neuritis is a disorder of the vestibular system, the part of the inner ear that helps to control our body's balance. 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. The source of the virus can be an infection of the respiratory system or the gastrointestinal system. Initially you may feel sick but it is possible that you may be unaware that you even had an infection. Vestibular neuritis may also be caused by decreased blood flow in 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. These severe symptoms can occur during the viral infection or after it resolves, and usually last for one to three days. Typically, the severity of the symptoms will then decrease over time. Because the nerve has been damaged, however, you may still feel symptoms of dizziness, imbalance, nausea, and have difficulty walking. These symptoms may come and go and vary in severity. They may worsen with head movements or quick body movements. Vestibular neuritis will NOT affect hearing in any way.

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

You may need to see your physical therapist one to two times 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. 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. Research suggests that it can take six to eight weeks for the brain to readjust to a damaged vestibular nerve. 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. And 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 activity level among other factors.



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You can find additional resources at:

The Vestibular Disorders Association (www.vestibular.org)

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

The National Dizzy and Balance Center (www.stopdizziness.com)

References:

Herdman SJ. Vestibular Rehabilitation, Third Edition. Philadelphia: F.A. Davis Company; 2007.

Schuknecht HF, Kitamura K: Vestibular Neuritis. Ann Otol Rhinol Laryngol 1981;90(Suppl 79):1.

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.

Hall CD, Schubert MC, Herdman SJ: Prediction of fall risk reduction in individuals with unilateral vestibular hypofunction. Otol Neurotol Sept 2004;25:746.

