

What is vestibular rehabilitation?

Vestibular rehabilitation is a type of physical therapy that focuses on exercises to decrease dizziness and improve balance. Vestibular physical therapists have special training in this area.

How does vestibular rehabilitation help to decrease my symptoms?

It is natural to try to avoid movement when you feel dizzy. However, it is very important to move so your body can heal and you can return to doing all of your usual daily activities. By doing specific exercises and increasing your movement and activity, your brain will learn to make up for (or **compensate** for) an inner ear problem. These exercises can also help with the connection between your eyes, your inner ear, and sense information from your feet.

When there is an inner ear balance problem, our brain needs to learn to adapt (find ways to function without major issues or symptoms). This process of adapting is called **central compensation**. Some people can learn to do this without help, but others need help through vestibular rehabilitation.

What are the goals of vestibular rehabilitation?

- Decrease dizziness or vertigo (feelings of spinning)
- Decrease visual symptoms (issues with your eyesight), like blurred or bouncing vision
- Improve your balance and walking stability
- Improve your fitness and endurance
- Learn how to manage your symptoms
- Prevent falls

- Improve your quality of life
- Help you safely return to doing all your usual daily activities

What kinds of exercises will I be doing?

Your physical therapist will give you a home exercise program specific to your needs. Some of the different kinds of exercises include:

- Coordinated eye and head movements to decrease dizziness
- Strengthening exercises
- Balance exercises
- Walking, or an aerobic (continuous movement) exercise program

How often do I need to do these exercises?

Research shows that doing the exercises 3 times each day gives you the best results. The goal of each exercise is to train your brain by making you feel a little dizzy and then giving your brain and body a chance to recover. These exercises train your brain to tolerate (learn to handle) activities. Your therapist with give you written exercise handouts and tell you how often you should do the exercises.

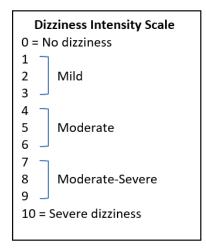
How long do I need to do these exercises before I start to see improvements?

Some exercises may make your symptoms seem worse at first. This is normal, and it is important to be patient and continue doing the exercises. With time and regular practice, your symptoms will slowly improve. After 4-8 weeks, you will find that you are able to do more of your usual activities.

What should I do if I get dizzy when I do the exercises?

People with inner ear balance problems sometimes limit their head movements so they can avoid symptoms of dizziness, imbalance, or even nausea. However, limiting movement or activity can also cause muscle stiffness, neck pain, headache, and overall fatigue (tiredness). If you don't move enough, your energy level may decrease and you may have trouble relaxing. It's important for you to move to heal!

 Making yourself feel a little dizzy or nauseous when doing the exercises is the key to getting better. You will be rating your dizziness on a 10-point scale (called the Dizziness Intensity Scale) to control the intensity of your dizziness during the exercise. You should do the exercises with just enough intensity to cause mild to moderate dizziness.



- **Mild dizziness** is rated as 1-3 on the 10-point scale.
- Moderate dizziness is rated as 4-6 on the 10-point scale.
- Your dizziness or nausea should return to baseline (go back to whatever level of dizziness is normal for you at rest) within a few minutes after you stop doing the exercise.
- If you're feeling extremely dizzy, or if your dizziness continues for more than 1-2 minutes, continue the exercises with one of these changes:
 - Do the exercise more slowly
 - Do the exercise with less motion
 - Don't repeat the exercise as many times

Can medications help with my dizziness, vertigo, or imbalance?

Sometimes your doctor will prescribe a medication called Antivert[®] or meclizine for dizziness or vertigo. You may also be able to buy this medication from a pharmacy without a prescription (some meclizine brand medications include Bonine[®] and Dramamine[®]). However, long-term use of these medications can slow down your recovery. These medications keep the vestibular system from responding and slow down the process of central compensation. If you are taking one of these medicines every day, you should talk with your doctor about stopping this medication as soon as possible.

How do mental health conditions affect my symptoms?

Vestibular problems affect each person differently. The way you think, feel, and react can have either a good or bad effect on your physical health and your ability to recover. Anxiety and depression may make your dizziness worse and slow your progress with your vestibular rehabilitation program. Managing anxiety, depression, and other mental health concerns is important for your recovery.

What are some of the common mental health concerns I may experience when I have a vestibular problem?

Common mental health concerns you may have when you have a vestibular problem include:

- New or worse feelings of stress, anxiety, or depression
- Difficulty concentrating or paying attention
- Not being able to multi-task well
- Issues with memory
- Fatigue (tiredness)

You are on your way to recovery! Vestibular rehabilitation is an effective therapy for people with dizziness, vertigo, and imbalance. Research shows that vestibular rehabilitation exercises not only decrease your dizziness and improve your balance, but most importantly, they improve your quality of life. In some cases, it takes time to notice results. Sticking with the exercises and trying some of the lifestyle change suggestions (provided on separate handout titled "Vestibular Rehabilitation: Lifestyle Changes") is important to your recovery. If you have questions, please call Michigan Balance at (734) 936-8051, option 2. Disclaimer: This document contains instructions for occupational and/or physical therapy exercises developed by University of Michigan Health. Your health care provider has determined that these exercises are beneficial to you based on your condition at this time. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan, including whether it is appropriate to continue doing these exercises should your condition change.

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