



Vestibular Loss

Helping clients with dizziness, vertigo and balance issues to move, function and feel better

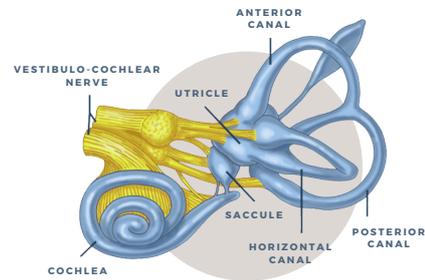


Peripheral vestibular loss or hypofunction (complete or partial, respectively) can occur when there is an injury to the inner ear balance organs (the labyrinth) or to the nerve that relays balance information from the inner ear to the brain (the vestibular nerve). When one ear is affected, this is referred to as unilateral vestibular loss/hypofunction (UVL or UVH). When both inner ears are affected, this is known as bilateral vestibular loss/hypofunction (BVL or BVH). The terms loss or hypofunction are often used interchangeably. Both UVL and BVL can occur suddenly or gradually, depending on the cause of the vestibular injury.

Unilateral Vestibular Loss (or UVL) can be caused by many different disease processes, trauma or after surgical interventions including: vestibular neuritis, labyrinthitis, Meniere's disease, vestibular schwannoma (also known as acoustic neuroma) or schwannoma removal, repairs for superior canal dehiscence (SCD), vestibular concussion or temporal bone fractures.

At the onset of a sudden UVL, people can experience vertigo (a spinning sensation that can persist for days), imbalance, dizziness, and nausea or vomiting.

These symptoms are due to the inputs from the inner ear balance organs being asymmetrical. The asymmetrical vestibular signals conflict with your body's visual and muscle and joint information. The symptoms then gradually disappear over the course of a few days to a few weeks. Initially, people might be unable to work or be normally active until the brain and body adjust to the asymmetrical vestibular signals. Most people with a UVL recover and can return to their usual activities within about 8 weeks. A minority of people may have a more prolonged recovery.



Bilateral Vestibular Loss (or BVL) also can be caused by many different disease processes including: side effects of medications; auto-immune disease; consecutive UVL affecting both ears at separate times; Meniere's disease in both ears; meningitis, syphilis or can be congenital (something people are born with).

With BVL, people are completely reliant on their visual system and information from their muscles and joints for keeping balance. This means that they can be very unsteady with their eyes closed, in the dark or on uneven surfaces. They have a higher risk of falling. They also often have blurred, bouncy vision or difficulty focusing, especially when moving quickly or driving (known as oscillopsia). Oscillopsia is due to the lack of vestibular reflexes which drive steady eye movements.

Treatment

Vestibular Rehabilitation and Balance Therapy (VRBT) is a therapy specifically designed to help your brain and body to adjust and cope with the loss of vestibular inputs. VRBT involves the person completing a series of in-therapy and home-based exercises that are individualised to manage each person's specific symptoms or problem.

There is strong evidence that clinician supervised VRBT is effective and leads to improved outcomes (faster and optimised recovery, less symptoms, better quality of life, reduced falls risk and faster return to usual activities) for people with acute and chronic UVL and BVL.

https://journals.lww.com/jnpt/Abstract/9000/Vestibular_Rehabilitation_for_Peripheral.99697.aspx

VESTIBULAR
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