



Improvements for All Types of Vestibular Disorders

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www.EnfieldHealth.com

*One-to-One Treatment Always
with a Licensed Professional*

Your Therapy Team

Melissa Doten, MPT, LMT,
Director of Physical Therapy
Priscilla Kowal, MPT, COTA/L
Jennifer Meier, MPT, CLT
Kevin Sadowski, DC, Cert MDT
Shawn Breen, PTA
Jennifer Cavanaugh, PTA

**3,000 square foot facility
with private treatment
rooms**

Providing Physical Therapy for:

Orthopedic Complaints
Post Surgical Rehab
Work Injuries
Auto Injuries
Back Pain
Neck Pain
Vertigo / Vestibular Rehab
Lymphedema
Post Surgical Rehab
Headaches

Functional Capacity Evaluations

Specially Certified In:

McKenzie Technique
Lymphedema Management
Vestibular Therapy
Gaston Technique
Mulligan Technique
Functional Capacity Evaluations

Payment

Accepting Medicare and most
major insurance. Letters of
protection accepted.

The Vestibular Disorders Association reports that more than 12 million Americans suffer from a dizziness or balance problem that significantly interferes with their lives and that 40% of the population over the age of 40 will experience a dizziness disorder in their lifetime. Patients typically bring these complaints to their family practitioners or to the emergency department. If not successfully treated, the occasional disequilibrium can lead to fall injuries, auto accidents, work accidents, and fear of performing normal activities of daily living. **When designing a treatment plan for patients with any type of vestibular disorder (peripheral or central), you can include certified vestibular rehabilitation at Enfield Health & Wellness Center.**

Previously, you received information on how Enfield Health & Wellness Center uses repositioning maneuvers to **successfully treat BPPV in just TWO VISITS.** Using scientifically supported Vestibular Rehabilitation techniques¹⁻¹⁰, we can also provide relief and improved function for most patients suffering from other types of vestibular disorders. Vestibular Rehabilitation divides into two broad categories: adaptation and substitution. Adaptation seeks to extinguish symptoms through repetitive, provoking activities. Substitution techniques help train the body to disregard erroneous input from a damaged vestibular system while emphasizing vision and somatosensory input. Practitioners will find Enfield Health & Wellness Center particularly adept at providing adaptive strategies that enhance your patient's ability to rely on vision and somatosensory input. While the outcomes tend to vary based on each patient's unique situation, **we often reach therapy goals in two to fifteen visits.**



Common Components of Vestibular Rehab at Enfield Health & Wellness Center:

- Balance retraining to retrain the vestibulospinal reflex
- Gaze stabilization exercises to retrain vestibulo-ocular reflexes
- Habituation
- Posture correction exercises to improve capacity for balance
- Upper & lower extremity strengthening & conditioning to improve capacity for recovery after a loss of balance – especially in geriatric patients
- Behavioral / environmental modifications to minimize the likelihood of injury related to disequilibrium.

Now Certified in Vestibular Rehabilitation

Pictured Left: Melissa A. Doten, MPT, LMT, Director of Physical Therapy



We are proud to announce that Melissa Doten, MPT, LMT, Director of Physical Therapy, is now certified in vestibular rehabilitation through the American Physical Therapy Association and Emory University School of Medicine. This advanced certification verifies expertise in assessment and treatment of vertigo, dizziness, spinning sensation, and other balance complaints.

Please refer your patients to Enfield Health & Wellness Center

Doctor Recommended, Patient Preferred

RESEARCH & PAPERS SUPPORTING VESTIBULAR REHAB TECHNIQUES

Peripheral Vestibular Disorders

1. Herdman SJ, Clendaniel RA, Mattox DE, et al. Vestibular adaptation exercises and recovery: acute stage after acoustic neuroma resection. *Otolaryngol Head Neck Surg.* 1995; 113:77-87.
2. Strupp M, Arbusow V, Maag KP, et al. Vestibular exercises improve central vestibulospinal compensation after vestibular neuritis. *Neurology.* 1998;51:838-844.
3. Yardley L, Beech S, Zander L, et al. A randomized controlled trial of exercise therapy for dizziness and vertigo in primary care. *Br J Gen Pract.* 1998; 48: 1136-1140.
4. Blatt PJ. Unilateral vestibular lesions secondary to acoustic neuroma: review and case studies. *Neurology Report.* 1996; 20:30-40.
5. Borello-France D, Whitney SL. Physical therapy management of patient with bilateral peripheral vestibular loss: a case report. *Neurology Report.* 1996; 20: 54-60.

Central Vestibular Disorders

6. Cass SP, Borello-France D, Furman JM. Functional outcome of vestibular rehabilitation in patients with abnormal sensory-organization testing. *Am J Otol.* 1996;17:581-594.
7. Cohen H, Miller LV, Kane-Wineland M, Hatfield CL. Vestibular rehabilitation with graded occupations. *Am J Occup Ther.* 1995; 49:362-367.
8. Burton JM. Physical therapy management of a patient with central vestibular dysfunction: a case report. *Neurology Report.* 1996; 20: 61-62.
9. Fitzgerald DC. Persistent dizziness following head trauma and perilymphatic fistula. *Arch Phys Med Rehabil.* 1995; 76: 1017-1020.
10. Gill-Body KM, Popat RA, Parker SW, Krebs DE. Rehabilitation of balance in two patients with cerebellar dysfunction. *Phys Ther.* 1997; 77:534-552.