



Enfield Health & Wellness Center

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

Your Therapy Team

Carla Fleck, PTA
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Jennifer Meier, MPT, CLT, CKTP
Jennifer Cavanaugh, PTA
Kevin Sadowski, BSN, RN, DC,
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*Two Modern Locations for
Your Convenience*

Providing Physical Therapy for:

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Post Surgical Rehab
Work Injuries
Auto Injuries
Back Pain
Neck Pain
Vertigo / Vestibular Rehab
Lymphedema
Headaches
Functional Capacity Evaluations

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McKenzie Technique
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Payment

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

Who Should Receive Vestibular Rehabilitation?

Based on physician surveys, the 2015 Assembly Needs Assessment from the American Association of Family Practitioners (AAFP) identifies dizziness, vertigo, and vestibular rehabilitation as a “knowledge gap” area, with doctors frequently indicating they would like additional education on these subjects.¹ Vertigo and dizziness send more than 600,000 Americans to the emergency room annually.² Nonspecific symptoms and broad diagnoses make differential diagnosis challenging. The evidence-based guidelines of the AAFP Assembly Needs Assessment include the following:

- Laboratory testing and radiography are not routinely indicated in the work-up of patients with dizziness when no other neurologic symptoms are present, as these measures are generally not helpful to diagnosis.
- Vestibular suppressant medication is recommended for symptom relief in patients with acute vestibular neuritis, but these medications are not a first line treatment for ongoing management of vestibular disorders.
- Vestibular exercises are recommended for rapid and complete vestibular compensation.



The workup of patients complaining of dizziness involves differentiating vestibular etiologies from others. People with vestibular (inner ear) disorders often experience problems with balance and position or movement. Secondary symptoms include strength reductions, decreased range of motion, increased muscular tension (especially in the shoulder region), fatigue, and headaches.

Causes of Dizziness

Medical and Other Management	Vestibular Rehabilitation and Medical Management
<ul style="list-style-type: none"> • Cardiovascular • Neurological (e.g. multiple sclerosis, migraine-associated vertigo, Parkinson disease) • Metabolic (e.g. vestibular toxic medications, diabetic neuropathy, orthostatic hypotension) • Vision • Psychiatric disorders (depression, anxiety, hyperventilation syndrome) <p>* A final diagnosis is not obtained in 20% of cases.³</p>	<ul style="list-style-type: none"> • Benign paroxysmal positional vertigo • Vestibular hypofunction • Vestibular schwannoma • Perilymphatic fistula • Abrupt loss of vestibular function following surgery for vestibular problems • Vestibular neuritis, labyrinthitis with chronic dizziness or imbalance • Meniere's disease where imbalance exists between bouts of vertigo

In the table above, conditions listed under “Vestibular Rehabilitation” are those where such a referral should be considered. Vestibular rehabilitation involves a specialized assessment of eye movement, vision, vertigo, balance, gait, and musculoskeletal function. This is followed by an individual treatment program which may include vestibulospinal reflex retraining, gaze stabilization, habituation, posture correction, strengthening & conditioning, and/or behavioral / environmental modifications. **The best clinical evidence available shows vestibular rehabilitation exercises to effectively reduce symptoms for a range of vestibular disorders.**⁴⁻⁶ When indicated, the Health & Wellness Centers of Enfield and Suffield can provide your patients with certified vestibular rehabilitation.

Please refer your patients to Enfield Health & Wellness Center
Doctor Recommended, Patient Preferred

REFERENCES

1. American Association of Family Practitioners. 2015 AAFP Assembly Needs Assessment. Neurologic (Vertigo). July 31, 2014; last accessed December 9, 2014: available at aafp.org/dam/AAFP/documents/events/assembly/needs/neuro-dizziness-and-vertigo.pdf
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4. Hillier S, Hollohan V. Vestibular rehabilitation for unilateral peripheral vestibular dysfunction. *Cochrane Database of Systematic Reviews*. 2007; 4 (2): CD005397.
5. Hilton M, Pinder D. The Epley (canalith repositioning) manoeuvre for benign paroxysmal positional vertigo. *Cochrane Database of Systematic Reviews*. 2004; (2): CD003162.
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