Health & Wellness Centers of Enfield and Suffield

Therapy Options Bulletin for Medical Professionals

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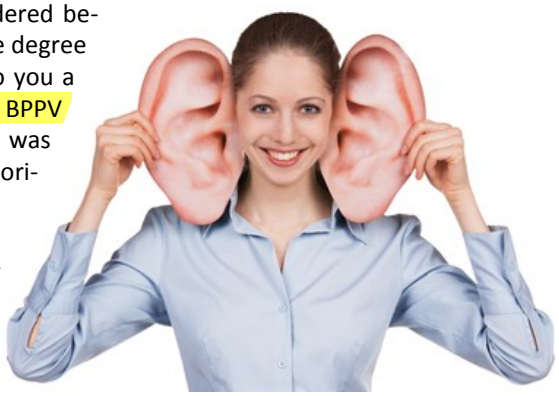
Vestibular Rehabilitation

The Efficacy of Self-Treatment

Dizziness prompts more than six million primary care visits annually. The prevalence of vestibular dysfunction reaches 35.4% among patients age 40+ and increases with age. Serious cardiovascular or neurologic disease is rare in cases of dizziness. The most common cause is peripheral vestibular disorder (usually benign paroxysmal positional vertigo (BPPV)). While BPPV is generally considered benign, as many as one in ten working-age adults report some degree of handicap due to dizziness.[1] We previously reported to you a large study showing that physical therapy treatment for BPPV resolves 98% of cases in one to three treatments.[2] This was accomplished in BPPV cases of posterior, anterior, and horizontal canal. There was only a 14% recurrence at six years.



However, the majority of therapy in these cases was repositioning maneuvers. Many repositioning maneuvers now have versions adapted for self-treatment. This poses the question of whether self-treatment with training from handouts is equal to treatment delivered with the supervision of a suitably-trained health care professional. The handful of studies addressing this question suggest that professional assistance and training with these maneuvers adds to the effectiveness of treatment.[3]

In their systematic review, Helminski and colleagues identified multiple studies evaluating the short-term effectiveness of various self-treatment maneuvers. Patients self-treating with the Brandt-Daroff maneuver had a 24% success rate. With the self-administered modified Semont maneuver, a 58% success rate was achieved. With the self-administered modified Epley procedure (MEP), a 95% success rate was measured at one week. Success rates seemed largely influenced by the ease with which patients could perform the particular maneuvers independently, without error.

The MEP merits the most consideration as a self-treatment option, but we should also examine the procedures used in Dr. Radtke's study of MEP "self-treatment." In this study, patients were trained by a qualified clinician at an initial visit, and patients performed the MEP initially under clinician supervision to verify correct performance. Patients then performed the MEP independently three times daily and kept a log. Patients then received another office visit where patients performed the MEP, again under clinician supervision. Based on the language used in the study, the systematic review groups the MEP procedure under "self-treatment," but the actual procedures involved as much office contact as most "vestibular rehabilitation" for BPPV. Another important consideration in the MEP study is that it only included BPPV - posterior canal diagnoses, which are considered the type of BPPV most likely to respond to maneuvers.

The data suggests that some professional supervision is helpful if response rates are to exceed 60%. If patients are instructed to self-treat, Dr. Helminski and colleagues recommend that patients receive professional supervision twice (initially and at follow-up) to verify the accuracy of performance. They also point out that patients should be warned of the risk that the maneuvers can trigger an acute worsening of symptoms by causing horizontal canal migration and canalith jam. These can be corrected with additional maneuvers. The incidence of these complications ranges from 2% when maneuvers are performed by suitably-trained professionals to as high as 7.8% in self-treatment studies.

APTA
American Physical Therapy Association
Certified Vestibular Rehabilitation

If your practice is not already performing some form of vestibular rehabilitation internally, please consider a referral to the Health & Wellness Centers of Enfield and Suffield when patients present with dizziness. Our therapists certified in vestibular rehab will screen for contraindications, test to determine the exact type of vestibular disorder, implement the most efficient correction plan, and empower patients with self-management tools.

REFERENCES

1. Brodovsky J, Vnenchak M. Vestibular rehabilitation for unilateral peripheral vestibular dysfunction. *Physical Therapy*. 2013; 93 (3): 293-298.

2. Prokopakis E, Vlastos I, Tsagournisakis M, et al. Canalith repositioning procedures among 965 patients with benign paroxysmal positional vertigo. *Audiol Neurotol*, 2013; 18 (2): 83-88.

3. Helminski J, Zee D, Janssen I, Hain T. Effectiveness of particle repositioning maneuvers in the treatment of benign paroxysmal positional vertigo: a systematic review. *Physical Therapy*. 2010; 90: 663-678.