



Dizziness/Balance/Vertigo

Background:

Dizziness and balance disorders are caused by a wide variety of issues and their impact can be devastating. Stroke, brain injury, vestibular dysfunction, sensory loss, infection, high or low blood pressure and neuromuscular diseases are just some of the medical conditions that can affect a person's balance. At Southeast Georgia Health System, a multidisciplinary approach is taken to properly diagnose and treat patients with these problems.

Evaluation/Plan of Care:

Initial assessment of the patient will focus on patient's history of dizziness or balance problems. It should also include screening of body parts, movements, and activities throughout the whole person which could impact or be impacted by their disability. The Therapist will make special note of deficits that impact the patient's general activity level, Activities of Daily Living (ADL) and Quality of Life and how they compare to pre-illness levels. Specifically, evaluation will include:

- Symptomatology
- Oculomotor testing
- Trunk and lower extremity strength and range of motion
- Static and dynamic balance abilities
- Gait assessment
- Dix-Hallpike Maneuver

The therapist will also include appropriate, repeatable ability/outcomes measurement or testing that may include but is not limited to:

- Timed Up and Go test
- Dynamic Gait Index
- Dizziness Handicap Inventory
- Muscle Performance (including strength, power, endurance, and length)

Goals:

The overarching goal of the Dizziness/Balance Rehabilitation program is to return patients to their normal activities while eliminating, or reducing and managing, the symptoms of their disease or dysfunction.

Short Term Goals will relate to reducing deficits in the areas bulleted above. They will be relevant, measurable and achievable and they will be written in functional terms whenever possible.

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Long Term Goals will also be relevant, measureable and achievable. Additionally, Long Term Goals will always be written in Functional terms and will focus on activities the patient participated in prior to his/her illness.

Treatment:

The plan of care will result from findings in the patient assessment. In all cases, treatment will focus on returning the patient to his/her normal daily activities. Treatment will include, as needed:

- Patient Education/Instruction in self care, home exercise/activity program, protective techniques etc.
- Functional Training in self care, job related, and social activities, including the use of assistive technologies and devices
- Therapeutic Exercise to increase endurance/activity tolerance, muscle strength and control
- Functional balance activities
- Mobility/Gait training, including the use of assistive technologies and devices
- Habituation training
- Canalith reposition maneuvers