

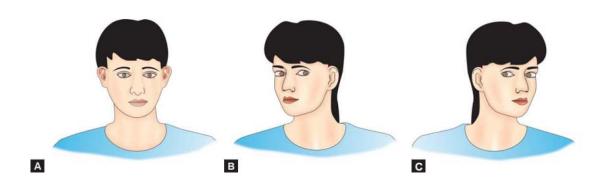
# Vestibular Rehabilitation Mini Series

Session Three: Vestibular Rehabilitation

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## Gaze Stabilisation: VOR X1



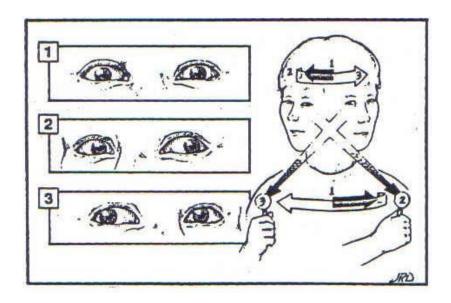
## Instructions:

Stand (or sit) in front of a target on the wall. Move your head from side to side while focusing on the letter. The letter must stay in focus. Rest and repeat the exercise but move your head up and down.

#### **Treatment Variables:**

- 1. Duration. Aim to do the exercise for 1 minute
- 2. Speed. The patient may need to start slowly, but should then be encouraged to gradually increase the speed as long as the image stays in focus. Using a metronome may be helpful for some patients. The VOR works across a large frequency so we have to train it!
- 3. Position. Start sitting and then progress to standing and then walking
- 4. Background. Start with the target against a blank background and progress to more complex full field stimuli such as a checkerboard or colourful wallpaper
- 5. Distance. Start about 1 metre away and then vary the distance to include far targets
- 6. Target size. Start with a large target and progress to smaller targets
- 7. Frequency. Depending on the patients tolerance you may need to start 2 times a day. Before long you should aim to complete up to 5 times a day

## Gaze Stabilisation: VOR X2



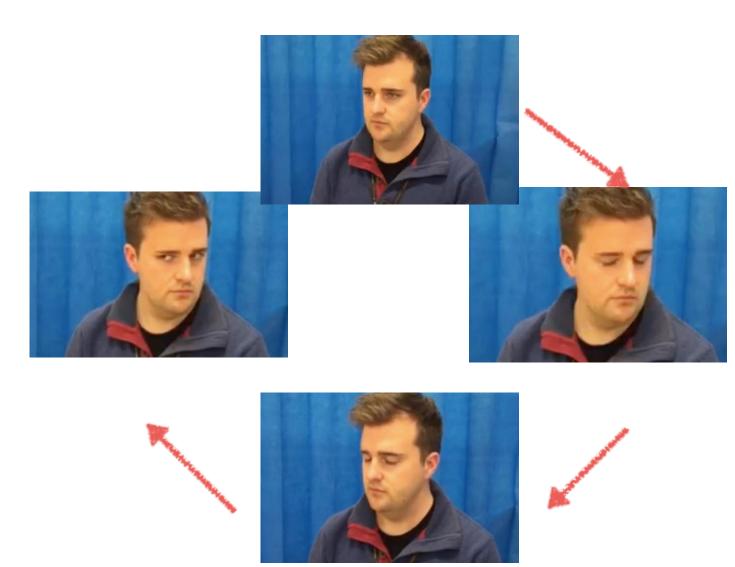
## **Instructions:**

Hold a card with a single letter on it in your hand at arms length in front of you. Move your head and card back and forth in opposite directions keeping the word in focus. Move your head and target as fast as you can while keeping it in focus. Repeat the exercise but move your head and card up and down

## **Functional Goals with Gaze Stabilisation Exercises:**

Turn head while talking
Perform household chores
Read signs and look at objects clearly whilst moving
Crossing the road whilst turning your head and checking for danger
Recognise objects on shelves whilst shopping

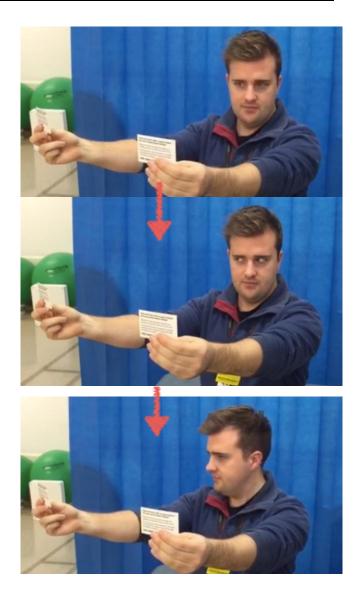
## Substitution: Remembered Target



## Instructions:

The patient is instructed to look at a target directly in front of them. They then close their eyes and turn their head slightly towards one side and try to imagine where the target is. They then open their eyes to see if they are still looking at the target. The patient should re-align themselves with the target and then perform the exercise towards the other direction. Repeat in each direction and also up and down for 1-2 minutes each.

# Substitution: Corrective Saccades



## Instructions

The patient is instructed to place 2 targets on the wall about 0.5-1m away about shoulder width apart. Or hold out 2 target in your outstretched hands at eye level. Move your eyes to look at the target on your right, then once that is in focus quickly move your head to face the target on the right, whilst keeping it in focus. Whilst your head is still turned to the right, now move your eyes to look at the target on the left, then move your head to face the target on the left. Repeat the sequence of eye followed by head movement for 1-2 minutes. The patient can also practice this exercise moving up and down.

# Motion Sensitivity: Habituation

## **Treatment Considerations:**

- · Movement should be moderately provoking
- Repetitions: Perform 4-6 in a given set. Alternatively repeat for 1-2 minutes and repeat 2-3 times.
- Frequency: 2-3 times a day
- Rest: Symptoms should return to baseline before starting the exercise and it is good practice to wait an additional 30 seconds
- Response: Symptoms duration and/or intensity should start to improve after 2-3 weeks. Improvement in one movement can, but not always, brings improvements in others
- Caution: If the patient experiences increased headaches with the exercises, the prescription should be reduced.

#### **Functional Goals:**

Perform movements involved with ADLs, such as tying shoe laces, getting dressed, bathing, putting shoes on etc

Improved sleep