Neuro-Vision from a PT Perspective

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Visual Screening



→ Where are the symptoms coming from?

- Origin of deficits: Central or Peripheral? • Is It a True Visual Deficit or is the Vestibular System Impaired
- BPPV
- Vestibular Hypofunction (Unilateral or Bilateral) • VOR cancellation, Posterior Head Shake, Head Thrust
- Red Flags: Valsalva Induced Dizziness, Hyperventilation Induced Dizziness

Occulormotor Nerve

VOR: Produces Compensatory Eye Movements In Response to Head Movements

Posterior Head Shake: Oscillate the Head In a Horizontal Plane to Rule Out Unilateral Vestibular Loss

Head Thrust: Assesses Horizontal Semicircular Canal and Superior Vestibular Nerve with Small Amplitude and High Acceleration Movements (was a compensatory strategy or over correction made?)



Peripheral Dysfunction is Ruled Out and Suspect Central Dysfunction - Now What?

Function, Function, Function!

Compensatory Strategies



Proprioception and Sensory Feedback Habituation Techniques to Challenge the Entire "System

Work Closely with OT and PT and Carry Over Recommendations (can even cotx if time/insurance allows for it!)

Treatment Options Continued...



Treadmill Drills

Multi- tasking: "What time is It?", Repetition, Head Movements In All Planes

Floor Ladder

Various Sequences, Challenge Balance, Add Speed and Coordination Challenge Depth Perception and Body Awareness

Mirror for Visual Feedback: Is It More Challenging (Reverse Image) or Helpful?

Grading of Environment

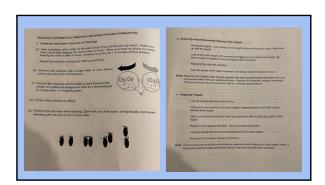
Closed to Open: Inside vs. Outdoors. Doorways Obstacles

Sitting or Walking on "Involved" side



Environment Set Up to Challenge Visual Fields to Incorporate Scanning Strategies Make It "Personal" to the Person





Interdisciplinary Approach

Incorporate Speech and OT into Treatment Plan

We Treat the Person, not just the body part or diagnosis.

PT Role: Integrate and Reinforces Techniques learned in OT and Speech to maximize and generalized Strategies for Optimal Function "Putting It All Together"







References

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