

## **Vanessa Simpson – Advance Rehab Centre (May 2018)**

### **Anne:**

Vanessa you work at Advance Rehab Centre as a senior vestibular and neurological physiotherapist. You have more than 15 years experience and have extensive expertise in all areas of neurological physiotherapy. In particular you have a special interest in vestibular rehabilitation.

### **I am interested to know why vestibular rehabilitation is a special interest for you?**

I love helping people! Historically, little was known about the causes and treatment options available for patients reporting dizziness. This sparked a keen interest. I pride myself on helping patients find ways to manage often very distressing symptoms of dizziness, vertigo and imbalance. With more research and awareness occurring in the area, it is an exciting time and can be extremely rewarding. Many vestibular complaints can be resolved in a few sessions, while others take much longer. I really enjoy the variety this brings. I love the diagnostic aspects of my job and helping patients achieve the best possible outcomes.

### **What is vestibular rehabilitation?**

It is a specific therapy designed by physiotherapists, specialising in vestibular rehabilitation. It is offered to patients following a very in-depth assessment, to improve balance and reduce dizzy related problems.

This specialised form of therapy aims to alleviate problems caused by vestibular disorders including vertigo, dizziness, visual impairments, imbalance and falls. Many doctors refer patients either after diagnosis is made or to obtain a diagnosis.

### **What are the areas of vestibular disorders that you treat?**

As well as being a diagnostic clinic, our vestibular clinic can help with:

- BPPV (Benign Paroxysmal Positioning Vertigo).
- Unilateral vestibular dysfunction (labyrinthitis, vestibular neuritis, Meniere's Disease, surgical or chemical (gentamicin) ablation of the labyrinth, acoustic neuroma (vestibular schwannoma), petrous bone fracture, Ramsay Hunt syndrome etc.
- Bilateral vestibular dysfunction (gentamicin ototoxicity, idiopathic bilateral vestibular loss, sequential viral neuritis, aging, other rare syndromes; (Cogan's, Susac's).
- Brain stem and cerebellar stroke or tumour, MS, skull # and TBI.
- Concussion.
- Vestibular migraine.
- Functional dizziness (Persistent Postural and Perceptual Dizziness).

### **At what stage would a Meniere's sufferer need to see a vestibular physiotherapist?**

Vestibular rehabilitation is essential when the disease has caused vestibular damage or impairment. It is also essential following any ablative procedures. It is very important to see a vestibular physiotherapist over a regular physiotherapist as knowledge in this area is very specialised.

Your vestibular physiotherapist can also provide evidence-based information about your condition to help you better understand the disease process, symptoms and treatment options.

### **What should patients expect from vestibular rehabilitation?**

Initially you will be given a comprehensive assessment to determine which part of your vestibular system is not functioning appropriately. Vestibular dysfunction occurs when the processing of information provided by your vestibular system is inadequate or inappropriate. Your ability to hold your gaze steady and keep yourself balanced and upright will be impaired. Your peripheral sensory apparatus (vestibular, visual and proprioceptive), a central processor (brain stem and cerebellum) and a mechanism for motor output integrate information to produce eye movements and postural adjustments to enable balance. Impairment of any part of the system can lead to symptoms of vertigo, dizziness and imbalance.

Once a thorough assessment has been conducted and the areas of impairment established, you will be provided with extensive evidence-based information, given various treatment options and tailored vestibular rehabilitation exercises specific to your condition and individual goals.

As part of the assessment and with your consent, we will also liaise with your GP and specialist about our findings and treatment plan to ensure a multidisciplinary team approach is achieved.

### **Are there special tests you may do for Meniere's sufferers?**

Yes. As part of your assessment a range of tests will be conducted specific to your condition to determine areas of impairment. A full ocular screening test will be conducted, as well as positional tests (to determine if Benign Paroxysmal Positional Vertigo is contributing to your symptoms), head impulse tests will be performed to assess the integrity of your vestibular ocular reflex (a reflex responsible for keeping the eyes still while the head is moving). Your balance will also be thoroughly reviewed using evidence-based outcome measures.

If indicated, a musculoskeletal assessment of your neck may be recommended.

This is by no means an exhaustive list and options can be discussed at your appointment to ensure you receive the best possible assessment available.

### **Although bilateral Meniere's is not common, I am wondering if you have treated sufferers who are bilateral?**

Yes. I have treated sufferers who have bilateral vestibular loss many times (either from Meniere's Disease or other conditions). This can be very debilitating and vestibular rehabilitation is especially essential in this patient group to ensure appropriate education, compensatory, balance and functional exercises are given. Bilateral vestibular loss causes significant impairments in vision, balance and walking. Reducing the risk of falling is important and your vestibular physiotherapist is skilled at achieving this.

### **What are the factors that can impact recovery?**

Compliance and persistence with your home exercise programme! I cannot stress enough just how important it is to do your tailored exercises regularly as prescribed by your physiotherapist.

Treatments are designed to move and challenge your brain and inner ear system. In many cases, you will have to get dizzy to improve. Most of us, on becoming dizzy, avoid the activity that causes the dizziness. However, the problem is that the brain gets used to us moving slowly and forgets what signals to send out to help us keep our balance when we do need to move quickly. Therefore, to improve you need to challenge the system. Basically, you are reprogramming your whole balance

system including your brain. To achieve the best possible outcome, it is essential that you do your exercises for the duration and frequency set by your vestibular physiotherapist. However, be rest assured that your treatments will be progressed gradually at each step to accommodate your tolerance level.

Another factor that can impact recovery include the presence of anxiety and/or depression. Therefore, psychological support is often a very important and underutilized aspect of managing Meniere's. The presence of anxiety can further amplify symptoms of dizziness and instability if not managed appropriately.

Other medical conditions can also impact recovery such as the presence of arthritis (which may limit some exercises), cardiac conditions, other neurological conditions etc. As a skilled neurological and vestibular physiotherapist, I am experienced at looking at all aspects of a person and exercises will be tailored to accommodate this.

**Are ARC (Advance Rehab Centre) patients covered by a medical fund?**

Absolutely. We are registered with all the major health providers and we have hicaps on site so we can process your rebate on the spot. You may be eligible for a chronic disease management plan if your GP deems your condition to be eligible which gives you 5 Medicare rebates per year (\$53 back).