An integrated and coordinated inpatient to outpatient continuum to address individualized patient needs....

DIRECTIONS TO OUTPATIENT REHAB
300 Medical Plaza
Room B100

UCLA
DEPARTMENT OF REHAB SERVICES

VESTIBULAR REHABILITATION PROGRAM

* First stop light past Le Conte Avenue on Westwood Boulevard/Plaza.
  Entrance to 300 Medical Plaza on left.
**Outpatient Treatment**

- Decrease occurrence of dizziness during ADLs
- Decrease occurrence of falls
- Return to prior level of function
- Continue functional training to facilitate a safe return to activities of daily living
- Teach advanced compensatory techniques
- Teach education
- Train in gait / sitter bed mobility, out of bed activities of daily living
- Teach safety, self care and independence
- Train in gait / sitter bed mobility
- Train in activities of daily living
- Train in home management
- Train in gait / sitter bed mobility

**Inpatient Treatment**

- Hospital discharge from the inpatient facility
- Facilitate a safe functional training to gait / sitter bed mobility
- Teach advanced compensatory techniques
- Teach education
- Initiate community initial basic education
- Initiate vestibular rehab
- Initiate Frankel referral to training (as applicable)
- Transfers, gait / sitter bed mobility, out of bed activities of daily living
- Home management, safety, self care and independence
- Gait / sitter bed mobility
- Activities of daily living
- Home management

**Outpatient Goals**

- Outpatient referral
- Insurance verification
- Early referral to allow for initiating diagnosis
- Medication: Physician order
- Physician: Physician order
- Referral: Physician referral

**Inpatient Goals**

- Benign Paroxysmal Positional Vertigo
- Other Medically Induced Neurona of Schwannoma
- S/p Resection of Vestibular Schwannoma
- S/p Labyrinthectomy
- Acoustic Neurona
- Vertigo
- Balance
- Decrease occurrence of dizziness during ADLs
- Decrease occurrence of falls
- Return to prior level of function
- Continue functional training to facilitate a safe return to activities of daily living
- Teach advanced compensatory techniques
- Teach education
- Train in gait / sitter bed mobility
- Train in activities of daily living
- Train in home management
- Train in gait / sitter bed mobility

**Purpose**

- To promote safe participation in home and community activities with minimal to no loss of balance or dizziness.
Home Exercises for Vestibular Rehabilitation

Head Turning Practice: These exercises can be performed while sitting in a chair. They should be repeated several times at each session, and can be practiced as many times as you wish during the day. Sessions should be done at least twice daily, as a minimum.

Fixation practice. Select a target directly in front of you. While looking at the target, slowly turn your head from side to side. Try to keep the target from moving or jiggling as you turn. Repeat this, using up and down head movements. If you can keep the target perfectly still while you move, practice doing the head turns a bit faster.

Target changes. Select two targets, one off to your left, the other off to your right, and far enough apart so that you have to turn your head in order to look from one to the other. Look at one target; then, as fast as you can, close or blink your eyes and turn your head to look at the other. Go back and forth between the two targets as quickly as possible.

Walking Practice: You should try to spend at least 30 minutes a day practicing your walking. The more time you spend, the quicker you will adjust.

Guided Walking. Stand next to a wall in a long hallway, or a length of wall that you can walk along for at least 15 feet. Touch the wall with your hand and keep it in contact with the wall as you walk along it. When you reach the other end, turn around and go back, using the other hand. Once you are able to walk in both directions along the wall without bumping or needing to use your hand for support, start walking close to the wall with your hands at your side. Your goal is to walk in a straight line down the middle of the hall or room without needing to use your hands or the wall for balance.

Walking Turns. Pick a wall several feet in front of you and place a piece of tape or other target in the middle of it at eye level. Walk toward the target. When you reach the wall, keep your head and eyes locked in place on the target as you start to turn with your shoulders and body. When you can no longer turn without moving your head, close your eyes and rapidly turn your head, opening your eyes as soon as the turn is completed. Walk in a straight line away from the wall. Repeat, turning in the other direction.

Outdoor Walks. Go for walks daily, beginning with a five minute walk and increasing by at least 5 minutes every day until you are walking for 30 minutes. Try to walk at a normal pace. Turn your head from side to side to look at the scenery, closing your eyes or blinking to reduce dizziness.

Other Exercises: Spend as much time as you wish doing these exercises. Aim for at least 5 minutes each day.

Reading Practice. Read anything that you like. If needed, you can balance your head on your hand to keep the words steady as you read. Try to keep the letters in focus while you read.
Rocking Chair Exercises. Slowly rock in a rocking chair while you watch TV, or pick a target and try to keep focused on it as you rock. As you improve, rock faster. Turn your head to one side and pick something to focus on as you rock; then practice rocking with your head turned to the other side.

Riding in Cars. Whenever you have the opportunity, ride as a passenger in a car. While the car is in motion, slowly turn your head from one side to the other with eyes closed, then with eyes open. Have the driver accelerate or slow down periodically. It is normal to feel unusual sensations of motion at first, but these diminish with practice.

Dizziness Exercises: These exercises can be done as often as you wish, to keep dizziness under control.

Head movement dizziness. If dizziness occurs only when your head is turned, check to see if it goes away when you turn your head with your eyes closed. If it does, try to blink or close your eyes while you turn your head, and turn your head faster than normal. Use the target practice exercises listed above. At least twice a day, do the fixation practice exercise, but turn your head quickly to make yourself feel as dizzy as possible. The more you repeat this, the quicker your dizziness will go away. If dizziness occurs even with the eyes closed, you will need to practice turning your head with eyes closed, slowly at first, and gradually increasing the speed until you become used to the dizziness.

Eye movement dizziness. Use this exercise if dizziness occurs when you move your eyes, even when your head is held perfectly still. Lie down with your eyes closed. Slowly rotate them around as far to the sides, up, and down as you can. If you feel increased dizziness in one particular direction, try to keep your eyes turned in that direction as you count to ten. Then open your eyes and try to focus on something. As soon as the dizziness decreases (a few seconds), close your eyes and again turn them in the most unpleasant direction. Keep repeating this exercise until the dizziness is decreased.