"Dizziness"

A practical, evidence based introduction to Vestibular Assessment, Treatment & Rehabilitation

Course Objectives

Suitable for practitioners with little or no previous experience of vestibular disorders, on completion, the participants should be able to:

- · Understand what we mean by dizziness and vertigo and how we balance
- Understand the scale of the problems associated with dizziness and recognise the need for vestibular assessment
- Recognise the common peripheral vestibular disorders and differentiate these from central nervous system pathology
- Incorporate a basic vestibular examination into their usual neuro-musculoskeletal assessments.
- Plan appropriate rehab programmes based upon individual assessment and clinical reasoning.
- Diagnose and treat common variant positional vertigo (BPPV)
- Utilize the most appropriate outcome measures

Biography

Alan Sealy, Bsc (hons), Grad dip Manipulative Physiotherapy, MCSP

Alan graduated from Sheffield Hallam University in 1996, where he also took his post graduate manipulative therapy qualification in 1999.

With a background in manual therapy, Alan now works as a clinical Specialist in Vestibular Rehabilitation. Initially within the NHS, and as a partner in private practice in Sheffield, Alan developed an early interest in dizziness and balance disorders.

Whilst on a lecture tour in Norway he was invited to establish 'Balanseklinikken', in Oslo. As the Director of Rehabilitation in Scandinavia's busiest balance clinic, and more recently as Director of Aberdeen Balance Clinic, he has treated and helped over 7000 dizzy patients. This considerable experience is utilized in research and educational courses throughout Scandinavia and the UK.

Alan has presented at a number of national and international conferences in the field of vestibular rehabilitation and has had papers published in peer-reviewed journals. Now based in Aberdeen, his time is split between his private practice, lecturing and research.

Course Timetable

1	0900-1015	Introductions – course aims What is vertigo? Background / scale of problem Coffee	Anatomy & physiology of vestibular system
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2	1030-1230	Common Vestibular pathologies	Vestibular Assessment
		- BPPV - Neuritis, - Menieres, - Ischaemia	(history, P/E, functional balance testing, opthhalmology, vestibular tests, posturography, VNS)
			Nystagmus Video examples
		Lunch	
3	1300-1445	Summary of am Practical vestibular Assessment (1) • Basic Opthalmology • Functional	Practical Vestibular Assessment (2) Dix-Hallpike positional test; Epley particle repositioning manoeuvre Semont manoeuvre
		 Head impulse Head shake 	
		Coffee	
4	1500-1615	Vestibular rehabilitation exercise programmes • Application	Differentiation tests groupwork Problem solving / Clinical reasoning approach using case studies
5	1615-1630	Summary (10 mins)	

Course outline

Session 1

An introduction to vertigo – a gentle wake-up!

The vestibular system is introduced and we consider the problems posed by vertigo, dizziness and balance disorders. Real-life examples will be discussed, setting the physical symptoms within the psycho-social model. This section is fully referenced in order to support proposals to establish a vestibular rehabilitation service in your area.

Anatomy & physiology of the vestibular system

A tough session, but the better you understand how the vestibular system functions, the easier diagnosis becomes.

Session 2

Common vestibular pathologies

We look at the most common vestibular disorders: BPPV, neuronitis, Meniere's, illustrated by case studies.

Vestibular assessment – "every history tells a story"

A detailed look at history taking, special questions, the physical examination and vestibular testing

• Diagnosis of some common vestibular disorders using nystagmus video-clip examples

Session 3

Summary from the morning sessions

Practical: Vestibular examination (1) - "Look into my eyes"

- · Relevant cranial nerve and Occular muscle testing
- Demonstration and practice of examination tests and procedures, easily incorporated within a standard neuro-musculo-skeletal examination.

Practical:- Vestibular examination 2, "The magic cure"

- Demonstration and practice of the Dix-Hallpike positional vertigo test, the Epley particle re-positioning manoeuvre and the Semont manoeuvre.
- We concentrate on the most common variant BPPV, posterior canaliathis, accounting for 90% of all BPPV

Session 4

Vestibular Rehabilitation (VR) exercise programmes

- We learn how to prescribe relevant, specific and effective rehab programmes, based upon patient needs and clinical reasoning, rather than a recipe-based model.
- This section is fully referenced in order to convince health-care providers of the need for, and value of, VR.
- · Application & progression of VR exercise, based upon real case-studies

Clinical differentiation tests

· Vestibular / positional / cervical proprioceptive / ischaemic,

Clinical reasoning approach to case study examples

• How much have you learnt? Try applying your new skills!

Summary:- the '10 minute vestibular examination'!