**Vestibular Rehabilitation**

**Objective**
Therapy provided to address symptoms of dizziness, vertigo, gaze instability and associated balance impairments.

**Coverage**
Treatment for vestibular symptoms is covered when the member meets the following IS/SI criteria.

**Initial Authorization**
4 weeks with Assessment in 4 week blocks

**Initial Review, All:**

- **Clinical Presentation > All**

  + Symbols > One

  - Vertigo, Dizziness, Lightheadness
  - Diplopia, Oscillipsia, Blurred vision
  - Dysequilibrium, Loss of balance, Falls, Fear of falling
  - Aural fullness, Altered hearing, Tinnitus
  - Nausea, Vomitting

  + Positive Diagnostic Tests > One

  - Electonystagmogram
  - Electrooculography (EOG)
  - Infrared oculography (IRO) and Video Oculography (VOG)
  - Caloric Testing
  - Rotary Chair Test
  - Visual-Vestibular Interaction Rotation test (VVI)
  - Vestibular Evoked Myogenic Potential Test
  - Diagnostic Imaging via MRI, MRA or Head CT Scan
  - Vestibular Ocular Reflex (VOR) Test
  - Positional Testing
  - Motion Sensitivity Test
  - Neck Torsion Test

  + Strength of major muscle groups of lower extremities

  + Balance and gait assessment > One

  - Computerized Dynamic Posturography
  - Limits of Stability
  - Perturbations
  - Romberg & Sharpened Romberg (heel-to-toe tandem stance)
  - Fukuda Step Test
  - Functional Mobility and ADL ability
**Goal:**

- **Rehab potential with expectation for clinical/functional improvement**

<table>
<thead>
<tr>
<th>Treatment Plan, All:</th>
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<tbody>
<tr>
<td>Therapeutic exercise for strength/endurance/balance</td>
<td>Increased range of motion and/or strength</td>
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<tr>
<td>Instruction in home Rx Program</td>
<td>Progress toward independence with home exercise program and safety strategies</td>
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<td>Goals, All:</td>
<td>Decrease fall risk</td>
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<td>Decreased sensation of ‘dizziness’ or ‘vertigo’</td>
<td>Able to walk outdoors/do all ADL’s, read. Return to drive, return to work, etc.</td>
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<td>Decreased frequency of falls</td>
<td>Reduce fear of falling</td>
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<td>Improve balance</td>
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<td>Improve gaze stability</td>
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**Ongoing Review, All:**

- **Clinical Presentation > All**

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- **Strength of major muscle groups of lower extremities**

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**Rehab potential with expectation for clinical-functional improvement**

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Discharge Review, One:

- New onset or worsening of Sx or findings require reassessment prior to continuation of outpatient rehabilitation program
- Further improvement or integration of skills expected with patient or caregiver adherence to home Rx program

Goals met, All:

- Sx or findings, ≥ One:
  - No longer present or new skill acquired
  - Improved ability to manage limitations
- Independent with home treatment program

 Functional plateau reached since last authorization

- Rehabilitation potential poor, ≥ One
- Chronic functional loss and maximal functional ability achieved
- Lack of motivation or refusal to continue home therapy program
- Unable to learn or participate in a home therapy program

References


3. Course Workbook ~ Vestibular Rehabilitation: Evaluation and Management; Cross Country Education, Chris Carpino, MPT, 2009


11. Landel R. Cervicogenic Dizziness: An evidence-based competency course, Course Notes, Massachusetts General Hospital 2008;October 3-5.

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15. Shumway-Cook A, Baldwin M, Polissar N, Gruber W. Predicting the Probability for Falls in Community-Dwelling Older Adults. Phys Ther 1997; 77(8); 812-819.


17. Wrisley DM, Kumar NA. Functional Gait Assessment: Concurrent, Discriminative, and Predictive Validity in Community-Swelling Older Adults. Phys Ther 2010; 90(5); 761-773.


