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
  - Symptoms ≥ 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Therapeutic exercise for strength/endorsement/balance</strong></td>
<td>» Increased range of motion and/or strength</td>
</tr>
<tr>
<td><strong>• Instruction in home Rx Program</strong></td>
<td>» Progress toward independence with home exercise program and safety strategies</td>
</tr>
<tr>
<td><strong>• Goals, All:</strong></td>
<td>» Decrease fall risk</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>» Decreased frequency of falls</td>
<td>» Reduce fear of falling</td>
</tr>
<tr>
<td>» Improve balance</td>
<td></td>
</tr>
<tr>
<td>» Improve gaze stability</td>
<td></td>
</tr>
</tbody>
</table>

**Ongoing Review, All:**

**Clinical Presentation > All**

<table>
<thead>
<tr>
<th>Symptoms &gt; One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Vertigo, Dizziness, Lightheadness</strong></td>
<td>• Aural fullness, Altered hearing, Tinnitus</td>
</tr>
<tr>
<td><strong>• Diplopia, Oscillopsia, Blurred vision</strong></td>
<td>• Nausea, Vomiting</td>
</tr>
<tr>
<td><strong>• Dysequilibrium, Loss of balance, Falls, Fear of falling</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Diagnostic Tests &gt; One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Electonystagmogram</strong></td>
<td>• Vestibular Evoked Myogenic Potential Test</td>
</tr>
<tr>
<td><strong>• Electrooculography (EOG)</strong></td>
<td>• Diagnostic Imaging via MRI, MRA or Head CT Scan</td>
</tr>
<tr>
<td><strong>• Infrared oculography (IRO) and Video Oculography (VOG)</strong></td>
<td>• Vestibular Ocular Reflex (VOR) Test</td>
</tr>
<tr>
<td><strong>• Caloric Testing</strong></td>
<td>• Positional Testing</td>
</tr>
<tr>
<td><strong>• Rotary Chair Test</strong></td>
<td>• Motion Sensitivity Test</td>
</tr>
<tr>
<td><strong>• Visual-Vestibular Interaction Rotation test (VVI)</strong></td>
<td>• Neck Torsion Test</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Balance and gait assessment &gt; One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Computerized Dynamic Posturography</strong></td>
<td>• Romberg &amp; Sharpened Romberg (heel-to-toe tandem stance)</td>
</tr>
<tr>
<td><strong>• Limits of Stability</strong></td>
<td>• Fukuda Step Test</td>
</tr>
<tr>
<td><strong>• Perturbations</strong></td>
<td>• Functional Mobility and ADL ability</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Treatment Plan, All:</th>
<th></th>
</tr>
</thead>
</table>
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
- Unable to learn or participate in a home therapy program
- Lack of motivation or refusal to continue 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.

continued


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.


Document History
Original Effective Date: June 2, 2011
Last Review Date: June 8, 2017