Adventist Rehabilitation Hospital of Maryland

Adventist Rehabilitation Hospital of Maryland and its convenient community outpatient centers have expertise and facilities that are among the best in the area. We offer comprehensive hospital care, superior facilities and innovative therapies that work together to create a positive atmosphere for our patients.

Daily, we celebrate patient advances, big and small. Our motto is "yes, you can." Our facilities are built around your life so that we can help you find the way back to life.

Rehabilitation Services:
- Stroke
- Brain Injury
- Spinal Cord Injury
- Amputee
- Multiple Trauma
- Orthopedic Conditions
- Neurological Conditions such as MS or Parkinson’s Disease
- Cardiac Conditions
- Medical Complications
- Cancer Complications

Hospital Locations
9909 Medical Center Drive
Rockville, MD 20850
240.864.6000

7600 Carroll Avenue, Unit 5200
Takoma Park, MD 20912
301.891.5560

Outpatient Centers
9909 Medical Center Drive
Rockville, MD 20850
240.864.6200

831 E. University Boulevard, #14
Silver Spring, MD 20903
301.445.3191

Balance & Vestibular Program

Presented by
Adventist Rehabilitation Hospital of Maryland Outpatient Services
Rockville, Maryland

Leading the way back to life.
Facts About Dizziness, Vertigo and Imbalance

- According to the National Institutes of Health (NIH), balance problems/dizziness are one of the most common health complaints of adults seeking help from a doctor. Many of these patients are surprised to learn that the source of their imbalance may be in their inner ears.
- Balance-related falls account for 300,000 hip fractures and 50 percent of accidental deaths for those over age 65.
- Ninety percent of all causes of dizziness can be identified after a thorough medical evaluation, however, if left improperly diagnosed or untreated, problems can linger for years.
- Most balance problems can be treated medically, surgically or with vestibular rehabilitation.

What types of conditions could benefit from Adventist Rehabilitation Hospital’s Vestibular Rehabilitation Program?
- Benign Paroxysmal Positional Vertigo (BPPV) – a balance and dizziness disorder caused by detached crystals from the inner ear that can interfere with the vestibular system. The result can cause a spinning or whirling sensation called vertigo that usually occurs for a few seconds after specific movements, such as getting in/out of bed, and can return sporadically for years if left untreated.
- Recovery After Removal of Acoustic Neuroma – surgery to remove tumor often results in unilateral vestibular dysfunction.
- Central or Neurological Vertigo – caused by problems in the balance centers of the brain such as stroke, multiple sclerosis, brain tumors/cysts and abnormalities of the upper spine or back of cerebellum.
- Motion Sensitivity
- Vestibular Neuritis – an infection of the vestibular nerve.
- Cerebellar Dysfunction – involves a part of the brain that is responsible for coordination. When not properly functioning, it can cause imbalance and difficulty with stabilizing eye movements. Persons whose cerebellum does not work well are generally clumsy and unsteady and have a staggering gait. The most common cause of damage to the cerebellum is stroke, head trauma or disease.
- Other conditions in the ear resulting in problems with dizziness and balance.

What types of evaluations are performed to determine the best possible treatment plan?
Testing by a physical therapist trained in vestibular rehabilitation includes:
- Interview with patient regarding chief complaint, symptoms and functional limitations
- Comprehensive balance/postural control evaluation using functional, outcome-based measures
- Assessment of muscle strength, tone, range of motion, sensation and posture
- Neuromuscular evaluation
- Oculomotor Visual Motor Assessment - measured by infrared video goggles and visual observation to evaluate eye movements in varied testing positions
- Balance Assessment - measured by standardized tests

What are the program’s treatment goals?
While treatment goals are patient specific, goals for vestibular/balance rehabilitation usually include:
- Decrease symptoms, such as dizziness
- Increase independence in activities of daily living
- Decreased incidence of falls
- Enhance postural control
- Improve balance
- Remove debris from semi-circular canal to alleviate benign positional proximal vertigo when needed

What types of therapy are used in vestibular rehabilitation?
Vestibular rehabilitation therapy and exercises train the brain to relearn alternative visual and sensing of relative body cues to maintain balance and gait. They may include:
- Canalith Repositioning Treatment – is a specific maneuver that involves moving the patient’s head in a sequence of positions for a certain time period in order to reposition the crystals around the semicircular canals to the proper place in the inner ear.
- Gaze Stabilization Exercises – work to improve the vestibulo-ocular reflex.
- Balance Retraining - Exercises designed to improve coordination of muscle responses as well as the organization of sensory information from eyes, ears and tactile/muscle receptors for balance control.
- Vestibular Habituation/Adaptation or Substitution Exercises - Specific movements or positions that provoke the patient's dizziness. The patient is asked to repeat these movements until the brain becomes accustomed to the response or adapts to the conflicting information. This process resolves the conflict between the brain and the ear.

How can patients be referred to this program?
Most referrals for patients with vestibular disorders come primarily from otolaryngologists (ENTs) and neurologists, but our therapists will accept a referral from any physician after appropriate medical diagnostic testing has been completed. The referral should include specific diagnosis and be for physical therapy - vestibular/balance training. To schedule an appointment for evaluation, call (240) 864-6200.