

This Information leaflet has been reviewed and approved by the Audiology Patient Panel. If you would like to get involved, please leave your contact details with a member of the reception staff.



North West Anglia
NHS Foundation Trust

Patient Information

Vestibular Rehabilitation

Discharge Information



If you require this leaflet in another format for example LARGE PRINT, Audio format or another language, please ask your audiologist, a member of reception, or contact the department

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www.hinchingsbrooke.nhs.uk/page/our-services/audiology

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Decompensation

Your Vestibular Rehabilitation programme has focused on improving your brain's ability to cope with your known vestibular deficit to decrease the impact it has on your daily life. It has focused on reducing your symptoms and increasing your confidence by helping your brain unscramble the mixed messages it is now receiving from your ears.

Your vestibular deficit remains. Occasionally, brains can temporarily forget how to deal with the mixed messages again and your symptoms may return. This temporary return of your symptoms is called decompensation.

Decompensation often occurs following:

- A period of inactivity such as a holiday or after a bout of flu
- Shock, such as a diagnosis of ill health or the loss of a loved one
- Life upheaval (e.g.: changing jobs, moving house)
- Stress
- Problems with your eyesight or proprioception (sensory receptors in your legs and feet)

We recommend that you keep your exercises somewhere safe so that you can access them again in the future if you experience decompensation. You will probably need to start on a more basic level again and gradually increase the difficulty.

If you feel that you would benefit from input from the Audiology team again, do not hesitate to contact us for help.

Example of a Busy Background



Contact Information

If you have any questions about this leaflet or your vestibular rehabilitation programme, please contact the Audiology Department as follows:

Address: Hinchingsbrooke Hospital
Hinchingsbrooke Park
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Phone: 01480 847 465

General Exercise

Completing some form of daily exercise will also be beneficial in speeding up your recovery. A walk every day, and participation in activities such as tai chi or yoga can be helpful.

It is normal for your symptoms to get worse when you first start rehabilitation. You have probably been modifying your movements to stop yourself from feeling dizzy. This has also been stopping you from getting better. The sooner you recover normal movement, the sooner you will feel better.

How can I make the exercises easier?

If you experience an episode of decompensation (ie: your symptoms are returning), you may need to start doing your exercises again in a structured way. You may find that you cannot easily complete the exercises at the same level as when you stopped them. You will need to make them easier to start with so that you can complete them at a level of a 2-3 on the difficulty scale.

You can make the exercises easier by:

1. Decreasing the number of repetitions; or
2. Decreasing the speed you move your head; or
3. Decreasing the level at which you complete the exercise (e.g.: if you previously did the exercise standing with your feet together, try standing with your feet shoulder width apart, or even sitting down if this is also too difficult.)

Visual Vertigo

If your visual vertigo returns and you are again experiencing dizziness and/or imbalance in busy visual environments, begin to desensitise yourself again to busy patterns.

Start simply for short period of time sitting down, then increase the length of time, increase the size of the patterned paper, stand up, try putting your feet together and then introduce some head movement.

We have included an example busy pattern at the end of this leaflet.

How can I make the exercises harder?

As time progresses, you should find that the exercises start to become easier. You may, therefore, find that an exercise that began as a 2 or a 3 becomes a 0 or a 1. If this exercise remains as a 0 or a 1 for three consecutive days, you should start to make it more difficult.

- 0 = No difficulty
- 1 = Very Mild
- 2 = Mild**
- 3 = Mild-Moderate**
- 4 = Moderate
- 5 = Severe

You can do this by either:

1. Increasing the number of repetitions; or
2. Increasing the speed you move your head; or
3. Increasing the level at which you complete the exercise (eg: if you previously did the exercise sitting down, try standing up with your feet shoulder width apart. If you previously had your feet apart, try putting them together)

It is important when increasing the repetitions or difficulty level that you keep to a rating of a 2 or 3. If you increase the repetitions/level too much and the difficulty changes to a rating of 4 or 5 (moderate to severe difficulty) then reduce it a little to keep it within the 2-3 range on the difficulty scale.

When you are scoring a 0 or a 1 consistently for this new exercise, you should again increase the difficulty. Your audiologist will help you with this to start with.