Visual vertigo: UK physiotherapy poll 19th May 2012

Data obtained from physiotherapists polled at the ACPIVR (Association of Chartered Physiotherapists with an interest in Vestibular Rehabilitation) AGM One-day conference on 19 May 2012.

Customised vestibular rehabilitation incorporating appropriate movements and sensory exposure is currently the standard of care for patients with a vestibular disorder. Approximately 50-80% of those patients completing a customised program achieve significant improvements for subjective symptoms, dynamic visual acuity, gait and postural stability.1-4 However, many patients also experience visual vertigo (VV), which refers to the symptoms of dizziness, disorientation, and/or unsteadiness a patient may experience in situations involving visual-vestibular conflict (i.e. walking down supermarket aisles) or intense visual motion (i.e. watching wide screen movies).5 These VV symptoms only improve when customised exercises are combined with graded exposure to visual motion stimuli.5 The evidence base to date5,7 shows that both full- and small-field visual motion stimulation (a visual motion DVD) significantly improve visual vertigo symptoms. Some authors have also discussed the potential benefit of virtual reality in vestibular rehabilitation.8-9 but no published studies have investigated its effect on VV symptoms.

The equipment used for treating VV symptoms is often times expensive, space consuming and inaccessible by clinicians in practice. Therefore, we conducted a survey of physiotherapists in the UK in an attempt to gain an understanding on whether they believe assessing VV symptoms is important, how they assess for these symptoms and how they treat them.

One hundred and one physiotherapists attending the Annual General Meeting one-day conference of the Association of Physiotherapists with an Interest in Vestibular Rehabilitation (ACPIVR) on 19 May 2012 were asked to anonymously complete the survey. Seventy completed surveys were received (69.3%). A summary of the results may be found below and in Table 1.

When asked if physiotherapists thought whether the assessment of VV symptoms in a patient with a vestibular disorder is useful, 90% answered yes and 10% answered sometimes. There were no replies for “no” or “never” (Q1). The most common form of assessment of VV symptoms involved taking the patient’s history (40%) while a further 51% used a combination of the history together with physiological tests and/or a questionnaire (a
further breakdown of results may be found in Table 1). A very small percentage (3%) used either the questionnaire or physiological tests in isolation and 6% never assessed for VV symptoms (Q2).

Eighty-six percent (n=60) of physiotherapists polled treat VV symptoms and 14% (n=10) do not (Q3). A combination of treatment techniques is used. Patterned boards or wrapping paper were used in isolation by 32% of respondents while a further 58% used these in combination with google images, a visual motion DVD, and/or other techniques. A further 10% used google images or “other” techniques in isolation. “Other” techniques most frequently included graded exposure to real environments (i.e. walking down the local high street), followed by recorded television scenes, full-field optokinetic drum or disco ball, mental imagery, video games, or scrolling on a computer.

Of the physiotherapists treating VV (Q4) 38% stated they would like to use the visual motion DVD instead or in combination with other techniques, most frequently google images. This was not a specific question and therefore replies from everyone who completed the survey are not available. The physiotherapists who added these comments did so freely without prompting from a specific question and therefore we do not have a true picture of how many would like to use the DVD. General comments regarding the visual motion DVD were that it is a practical, realistic, economic treatment technique which is not space consuming and which patients can do at home. Furthermore, one of the most frequent questions at meetings discussing visual vertigo and treatment is “When will the visual motion DVD be available?”

All physiotherapists who do not currently treat VV symptoms would like to introduce treatment for appropriate patients (Q5). When asked about what treatment techniques/facilities they would like to set-up 20% replied a virtual reality system while 80% would like to use the visual motion DVD together with google images, an optokinetic drum or virtual reality (Q6). Overall general comments by some physiotherapists were that they would like further training on how to treat visual vertigo.

In conclusion the vast majority of physiotherapists in the UK assess and treat visual vertigo symptoms using a variety of techniques. More practical teaching days focusing on the assessment and rehabilitation of VV symptoms should be organised within the UK.

Dr Marousa Pavlou PhD, BA, MCSP
Lecturer in Physiotherapy, King’s College London
Chairman, ACPIVR
References:
<table>
<thead>
<tr>
<th>Question and number total responses</th>
<th>Response</th>
</tr>
</thead>
</table>
| Q1. Do you think that the assessment of visual vertigo symptoms in patients with a vestibular disorder is useful? (n=70)? | Yes: 90% (n=63)  
  Sometimes: 10% (n=7)  
  No = 0  
  Never = 0 |
| Q2. How do you assess visual vertigo symptoms? (n=70)                                              | History alone: 40% (n=28)  
  History, questionnaire, physiological test (i.e. SVV): 20% (n=14)  
  History and physiological test: 20% (n=14)  
  History and questionnaire: 11% (n=8)  
  Questionnaire or physiological test in isolation: 3% (n=1 for each)  
  Never: 6% (n=4) |
| Q3. When present, do you treat visual vertigo symptoms? (n=70)                                     | Yes: 86% (n=60)  
  No: 14% (n=10) |
| Q4. If you answered yes to Q3, briefly state techniques used? (n=69)                               | Patterned boards/wrapping paper alone: 32%  
  Patterned boards/wrapping paper with google images, visual motion DVD, and/or other techniques = 58%  
  Google images or other techniques in isolation = 10%  
  *Number respondents n=69 |
| Q5. If you do not treat visual vertigo would you like to introduce treatment for appropriate patients? (n=10) | Yes: 100% (n=10) |
| Q6. What treatment technique/facilities would you like to set-up? (n=10)                          | Visual motion DVD together with either google images, optokinetic drum or virtual reality: 80% (n=8)  
  Virtual reality: 20% (n=2) |