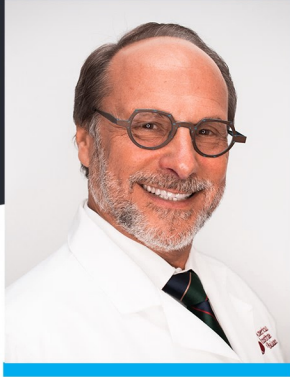


Vestibular Rehabilitation Certification

HYBRID

ONLINE + IN-PERSON





CEO & FOUNDER

Richard E Gans

Richard E Gans, PhD



VP OF EDUCATION

Kim Rutherford

Kim Rutherford, PT, DSc, COMT

Dear friends and colleagues

The American Institute of Balance (AIB) is a global healthcare company based in Tampa Bay, Florida. AIB is internationally recognized as the proven leader in the evaluation, treatment, and education of Vestibular and Equilibrium Science and Concussion Management. Since 1992, The American Institute of Balance has provided the worldwide healthcare community with the most current and scientifically robust clinical protocols and information through workshops, online, education, and corporate training programs.

To date, AIB has trained and certified over 15,000 practitioners worldwide. Our evaluation protocols and therapy programs are used by physicians, rehabilitation specialists, and audiologists worldwide.

As respected colleagues, you spoke, and we listened! We are excited to announce the launch of our new hybrid certification programs, incorporating both online and live education platforms to deliver a comprehensive, quality education experience. The content remains the same as the well-respected AIB live Certification Workshops, with less travel and time away from home and work required! This new platform allows the clinician the flexibility to complete the online portion of the course at a self-pace without the scheduling demand of a pre-determined, scheduled workshop. Our classroom is now available to you, anywhere in the world, at any time of the day!

AIB remains committed to you, our friends, and colleagues to provide an exceptional educational experience and to help you better serve your patients. We look forward to seeing you in the future!

COURSE DESCRIPTION

This combined 19.5 hour, competency-based course will be the foundation for the learner as a Certified Vestibular Specialist. The course will expand upon introductory coursework for vestibular dysfunction as it relates to benign paroxysmal positional vertigo (BPPV), and vestibular hypofunction, including assessment and rehabilitation. Canalith repositioning maneuvers (CRM) and vestibular rehabilitation therapy (VRT) protocols are included as part of the comprehensive management plan for identifiable vestibular and balance system disorders. Evidence-based integration into management principles will be disseminated throughout both the online and live components of the course.

CONTENT OVERVIEW

- An overview of vestibular anatomy and physiology
- Understanding sensory integration of equilibrium
- Disorders affecting vestibular function
- Evaluation and Management of Vestibular Disorders, including BPPV
- BPPV diagnosis & treatment – Canalith Repositioning Maneuvers with manual training
- Evaluation and Management of Cervicogenic Dizziness
- Neurophysiology of Central Compensation
- VRT protocols: adaptation, habituation, and substitution for patient-centered therapy
- Comprehensive training materials for therapy programs
- Psychogenic factors affecting VRT outcomes



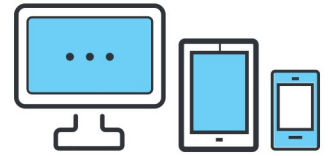
LEARNING OBJECTIVES

- Describe peripheral and central vestibular anatomy and physiology
- Explain the concept of central compensation and those factors affecting it
- Name the most common otologic and non-otologic conditions which may cause dizziness, vertigo, and imbalance
- Demonstrate the most sensitive bedside/clinical evaluation protocols which identify candidates for treatment and proper triage and management
- Differentiate vestibular test abnormalities that identify patients who are “appropriate” candidates for therapy.
- Use diagnosis based strategies for designing and implementing a comprehensive vestibular rehabilitation program.
- Apply specific therapy protocols within individualized programs for patients.
- Select and perform the appropriate Canalith Repositioning Maneuvers for all forms of BPPV.
- Describe the relationship of the cervical spine in the management of the “dizzy” patient.



TARGET AUDIENCE

- ➔ Physical Therapists
- ➔ Physical Therapist Assistants
- ➔ Occupational Therapists
- ➔ Certified Occupational Therapy Assistants
- ➔ Audiologists
- ➔ Physicians (MD, DO)
- ➔ Athletic Trainers



SYLLABUS

VESTIBULAR REHABILITATION

1 MODULE

ANATOMY & PHYSIOLOGY OF THE VESTIBULAR SYSTEM

Welcome and Introduction

- Statement of need and demographics
- Historical perspective

Anatomy and Physiology of the Vestibular System

- Peripheral
- Central

Central Vestibular Compensation: How and Why VRT works

Understanding Sensory Integration of Equilibrium

- Eye movements
 - Pendular Pursuit
 - Saccades
 - Optokinetic
 - Corrective Saccades
 - Nystagmus
- Vestibular Reflex systems
 - Vestibulo-ocular (VOR)
 - Vestibulo-collic (VCR)
 - Vestibulo-spinal (VSR)

2 MODULE

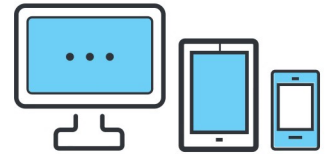
COMMON DISORDERS AFFECTING VESTIBULAR AND BALANCE FUNCTION

Common disorders affecting vestibular and balance function

- Benign Paroxysmal Positional Vertigo (BPPV)
- Migraine
- Psychological Considerations
- Concussion
- Otologic
- Trauma
- Toxicity
- Neurologic
- Rheumatology/Autoimmune
- Cervicogenic
- Other

SYLLABUS

VESTIBULAR REHABILITATION



MODULE 3

EVALUATION AND ASSESSMENT PROTOCOLS VESTIBULOPATHY

Evaluation & assessment protocols

- Stabilized vs. Non-stabilized
- Compensated vs. Non-compensated
- Goals and plan of care
- ICD-10 and CPT codes

Evaluation - Interview

- Clinical Pathways
 - Pertinent medical history
 - Selecting appropriate vestibular evaluation tests
- Clinimetrics

Evaluation – Postural Stability

- Gans SOP

Evaluation – Oculomotor & VOR

- Bedside gaze assessment
- Head Thrust/Impulse Test
- Dynamic Visual Acuity
- Post headshake nystagmus
- Optokinetic test
- Motion Sensitivity Index

MODULE 4

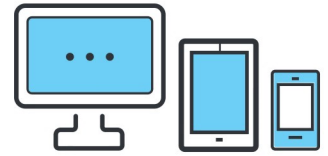
CERVICOGENIC CONSIDERATIONS

Evaluation – Cervicogenic Considerations

- Vertebral artery compromise
- Cervical Dizziness and Joint Position Sense Test(s)

SYLLABUS

VESTIBULAR REHABILITATION



5 MODULE

VESTIBULAR REHABILITATION THERAPY PROTOCOLS

Vestibular Rehabilitation Therapy (VRT)

- Diagnosis Based Strategies
- Theories of Adaptation, Habituation, and Substitution
- Role of Attention and Cognition
- Evidence-based Clinical Pathways: Using VRT protocols and creating patient-centered therapy
 - Identification of functional impairment by categories
 - Oscillopsia
 - Vestibular Recruitment
 - Vestibular visual integration-vision/surface dependence
- Building and Implementing VRT Protocols
- Precautions to VRT

Summary and Concluding Remarks

6 MODULE

PATIENT CARE RESOURCES

Self-directed Case Studies

Vestibular Evaluation and Clinical Forms

Balance and Equilibrium Outcome Measurement Tools

Patient Education Forms

Self-directed Vestibular Rehabilitation Program and Protocols

- Includes 30 patient education forms with pictures and written instructions

Clinician-directed Vestibular Rehabilitation Program and Protocols

- Includes 40 patient education forms with pictures and written instructions

SYLLABUS

VESTIBULAR REHABILITATION



Vestibular Rehabilitation
8:00 am to 4:30 pm

VESTIBULAR REHABILITATION CERTIFICATION

Morning Session: 8:00 am – 12:00 pm (Break 10:00 - 10:15 am)

- **Welcome and Introductions**
- **Review of Anatomy and Physiology of the Vestibular System**

Peripheral vs. Central Presentation

Eye movements

- Pendular Pursuit
- Saccades
- Optokinetic
- Corrective Saccades
- Nystagmus

Bedside Evaluation Demonstration and Practice

- Gans SOP
- Bedside gaze assessment
- Head Thrust/Impulse Test
- Dynamic Visual Acuity (DVA)
- Post-Headshake Nystagmus Test
- Optokinetic Test
- Motion Sensitivity Index
- Cervicogenic Testing
 - Vertebral Artery Screen
 - Cervical Dizziness Test(s)
 - Joint Position Sense Test

Vestibular Rehabilitation Therapy (VRT)

- Review of Evidence-based Clinical Pathways: Using VRT protocols and creating patient-centered therapy
 - Identification of functional impairment by categories
 - Oscillopsia
 - Vestibular Recruitment
 - Vestibular visual integration-vision/surface dependence
- Building and Implementing VRT Protocols
- Manual Practice

Morning

SYLLABUS

VESTIBULAR REHABILITATION



Vestibular Rehabilitation
8:00 am to 4:30 pm

Lunch

LUNCH ON YOUR OWN: 12:00 PM – 12:30 PM

Afternoon

VESTIBULAR REHABILITATION CERTIFICATION

Afternoon Session: 12:30 – 4:30 pm (Break 3:00 – 3:15 pm)

- Demonstration of Canalith Repositioning Maneuvers (CRM)
- Manual practice hands-on - CRMs
 - Posterior Canal
 - Modified Canalith Re-positioning (CRM Epley/Herdman style)
 - Semont Liberatory Maneuver (SLM)
 - Gans Repositioning Maneuver (GRM)
 - Horizontal Canal
 - Appiani
 - Casani
 - Horizontal Hybrid Maneuver
 - Barbeque Roll
 - Anterior Canal
- Summary and Concluding Remarks-Vestibular Certification
- Questions and Answers-Vestibular Certification

Syllabus timeline is for general purposes only. Depending on interest of the class, depth of discussions, questions, demonstrations, and hands-on, timeline may be adjusted. All content, however, will be covered.



Certification & CEUs

12 CONTACT HOURS

Online, self-paced course

7.5 CONTACT HOURS

One-Day LIVE Hands-on Course



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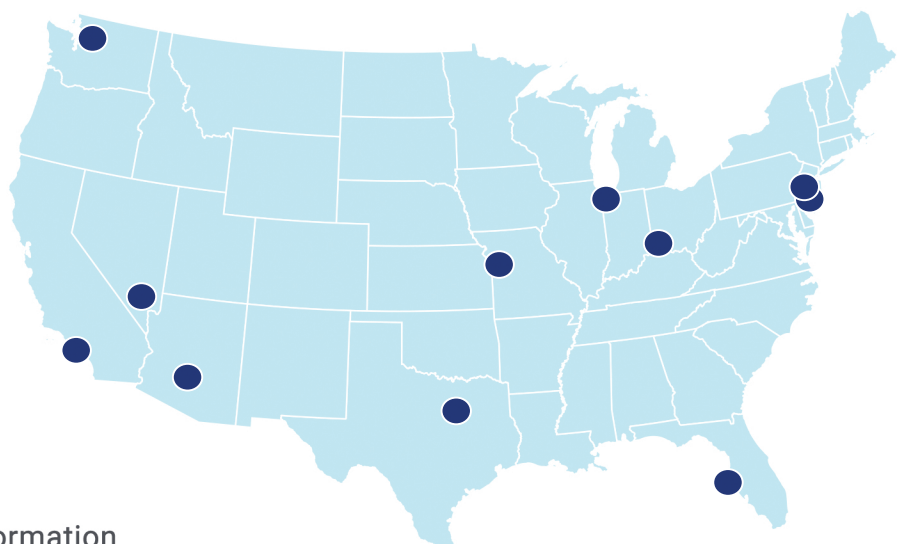
After completion of the online component, participants have the option to attend the one-day hands-on clinical competency course. This will be conducted in 11 major US cities as the final component for certification. To ensure a complete, comprehensive learning experience, we encourage participants to attend the one-day, live, hands-on course **AFTER** completion of the online course.

CEUs for the online component and the one-day live component can be individually issued upon completion. Please note, CEU approval may vary state to state.

Certification is earned after completion of BOTH the online and live course, combined with a passing score on the written AND competency-based exams.

2021 ONE-DAY LIVE HANDS-ON COURSE CITIES

Cherry Hill, NJ
Chester, PA
Chicago, IL
Cincinnati, OH
Dallas, TX
Kansas City, MO
Las Vegas, NV
Los Angeles, CA
Mesa, AZ
Seattle, WA
Tampa Bay, FL



For additional information
regarding this course, please visit

DIZZY.COM/VR