

Vestibular Rehabilitation & Concussion Certification

HYBRID ONLINE + IN-PERSON





CEO & FOUNDER Dichard & Gans Richard E Gans, PhD



VP OF FDUCATION

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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-paced 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!

AlB 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 30 hour course is geared towards the clinician interested in learning evidence-based management for both the Vestibular and Concussion (m-TBI) patient. This workshop is comprised of the Vestibular Rehabilitation Certification Workshop and a comprehensive Concussion Management module, consisting of evaluation and management tools for sports and non-sports related m-TBI. Evidence-based protocols will be presented, demonstrated, and practiced throughout both the online and live components of the course to ensure clinicians produce excellent outcomes.

CONTENT OVERVIEW

- An overview of vestibular anatomy and physiology
- Understanding sensory integration of equilibrium
- Disorders affecting vestibular function
- Neurophysiology of central compensation
- VRT protocols: adaptation, habituation, and substitution for patient-centered therapy
- Psychogenic factors affecting VRT outcomes
- BPPV diagnosis & treatment Canalith Repositioning Maneuvers (CRM) with manual training
- Evaluation and management of Vestibular Disorders, including BPPV
- Cortical and labyrinthine concussion differentiation
- Evaluation and management of cortical concussion (m-TBI), including vestibular, ocular, cervical, anxiety/mood, post-traumatic migraine, and cognitive/fatigue trajectories.
- Interactive concussion management strategies
- Extensive training materials for therapy programs

LEARNING OBJECTIVES

- Describe peripheral and central vestibular anatomy and physiology
- Discuss the functional anatomy of the central nervous system and balance system
- 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.
- Integrate cortical and vestibular rehabilitation into a comprehensive management program with longitudinal therapeutic outcome measures
- 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.
- Explain the pathophysiology of a cortical concussion and labyrinthine concussion
- Recognize who is most at risk of sustaining a concussion
- Recognize the differences between the cortical recovery process and central vestibular compensation
- Recognize the signs and symptoms of a concussion, second impact syndrome, and chronic traumatic encephalopathy
- Identify the need for removal from activity and evaluation
- Understand the classification of injury and clinical trajectories associated with concussion (m-TBI)
- Describe and develop management strategies around the seven clinical trajectories of concussion (m-TBI)
- Describe and develop return-to-play, learn, and work decisions based on your therapeutic intervention.

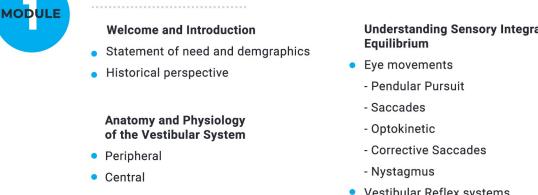


TARGET AUDIENCE

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

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ONLINE, SELF-PACED CONTENT SYLLABUS VESTIBULAR REHABILITATION



ANATOMY & PHYSIOLOGY OF THE VESTIBULAR SYSTEM

Central Vestibular Compensation: How and Why VRT works

Understanding Sensory Integration of

- Vestibular Reflex systems
 - Vestibulo-ocular (VOR)
 - Vestibulo-collic (VCR)
 - Vestibulo-spinal (VSR)



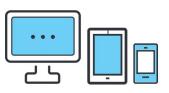
COMMON DISORDERS AFFECTING VESTIBULAR AND BALANCE FUNCTION

Common disorders affecting vestibular and balance function

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

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ONLINE, SELF-PACED CONTENT SYLLABUS VESTIBULAR REHABILITATION



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



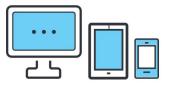
MODULE

CERVICOGENIC CONSIDERATIONS

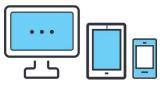
Evaluation – Cervicogenic Considerations

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

ONLINE, SELF-PACED CONTENT SYLLABUS VESTIBULAR REHABILITATION



VESTIBULAR REHABILITATION THERAPY PROTOCOLS MODULE 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 Manual Practice Precautions to VRT **Summary and Concluding Remarks**



MODULE

INTRODUCTION TO CONCUSSION MANAGEMENT

Introduction

- Epidemiology of Mild Traumatic Brain Injury
- The Concussion Continuum & Rehabilitation Team
- The AIB Approach to Comprehensive Concussion Management

Anatomy & Physiology

- Structural vs. Metabolic Damage
- Chemical Cascade & Physiological Changes
- Second Impact Syndrome in Return to Activity/Sport/Work/Environment
- Role of Diagnostic Imaging in Concussion Management Current & Future
- Chronic Traumatic Encephalopathy (CTE) & Societal Concerns

Classification of Concussion

- Terminology & Grading of Concussiont
- Clinical Trajectories of Concussion
 - Vestibular
 - Ocular
 - Cognitive/Fatigue
 - Post-Traumatic Migraine
 - Cervical
 - Anxiety/Mood

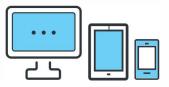


ASSESSMENT & EXAMINATION TOOLS

BESS Test

- King-Devick

- Sport Concussion Assessment Tool Version 5 (SCAT5)
 Pediatric SCAT5
- Neuropsychological Testing Computer-based Neurocognitive Testing
- Buffalo Concussion Treadmill Test (BCTT), Bike Test
- Post-Concussion Symptom Scale (PCSS)
- Components of Comprehensive Exam
- Post Concussion Syndrome: Risks and Management
- Outcome measures



VESTIBULAR TRAJECTORY

- Review of the role of Vestibular System and Concussion
- BPPV-Incident and Prevalence with Concussion
- Vestibular Hypofunction-review of Labyrinthine Concussion
- Building a Concussion Management Strategy
 - AIB Vestibular-Cognitive Integration (AIB-VCI)



MODULE

OCULOMOTOR TRAJECTORY

- Ocular Assessment and Rehabilitation Strategies
 - VOMS
 - Convergence Insufficiency
 - Accommodation Insufficiency
 - Ocular Rehabilitation Strategies



CERVICAL TRAJECTORY

- Definition, Incidence, and Prevalence
- Subjective History
- Objective Examination
 - Relevance of Vertebral Artery Screening
 - Upper Cervical Instability Screen
 - Cervicogenic Dizziness
 - Joint Positioning Sense Testing
 - Cervical Strength Assessment
- Integrated Cervical Rehabilitation Approaches



COGNITIVE/FATIGUE TRAJECTORY

- Recognition of Signs & Symptoms for C/F Trajectory
- Reaction Time for Task Oriented Activities
- Memory Assessment & Rehabilitation Interventions
- Exertional Interventions



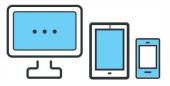
POST-TRAUMATIC MIGRAINE TRAJECTORY

- Definition Post-Traumatic Headache (PTH) and Migraine
- Risk factors (pre-existing, gender)
- Differential Diagnosis
- Role of Medication, Diet and Rehabilitation



COGNITIVE/MOOD TRAJECTORY

- Mental Health Related Issues
 - Depression, cognitive, language & communication, personality, sleep, memory difficulty, anxiety, learning difficulties, inability to concentrate
 - Fear Avoidance



RETURNING TO ACTIVITY AND FUTURE MANAGEMENT

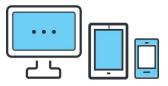
• Return to Learn Strategies

MODU

- Communication with Academic Personnel
- Symptom-based Accommodation Strategies
- Short-term vs. Long-term Accommodations
- Return to Sport Strategies
 - Familiarity with International Guidelines
 - Return to Play Protocol
- Return to Work Strategies
 - Knowledge of Worksite and Physical Requirements
 - Accommodations for Desktop Employment Settings
 - Accommodations for Physical Exertion Employment Settings

Next Steps

- Advances in Diagnostic and Rehabilitation Strategies
 - Virtual Reality
 - Billing/Coding
 - Concluding Remarks





PATIENT CARE RESOURCES

Self-directed Case Studies Vestibular and Concussion 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

ON-SITE/LIVE ONE-DAY HANDS-ON SYLLABUS



Vestibular Rehabilitation 8:00 am to 4:30 pm Concussion 4:30 pm to 6:00 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) Morning 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

ON-SITE/LIVE, ONE-DAY HANDS-ON SYLLABUS

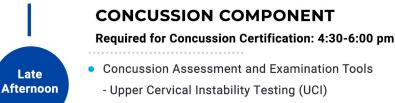
Lunch



Vestibular Rehabilitation 8:00 am to 4:30 pm Concussion 4:30 pm to 6:00 pm

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





- VOMS Testing
- Postural Stability Testing: BESS, SOP
- Questions and Answers-Concussion 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

21 CONTACT HOURS

Online, self-paced course

9 CONTACT HOURS

One-Day LIVE Hands-on Course

HYBRID ONLINE (+ IN-PERSON

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

