

Vestibular Hypofunction

Peripheral vestibular hypofunction is a term used to describe when the balance centre in your inner ear is not working effectively. This can occur when there is an injury to the vestibular organ or to the vestibular nerve innervating the inner ear. When only one ear is affected, this is called a unilateral vestibular hypofunction (UVH), and when both ears are affected, this is called a bilateral vestibular hypofunction (BVH).

The typical symptoms of peripheral vestibular hypofunction is a sense of unsteadiness, wooziness, dizziness and impaired balance.

Unilateral Vestibular Hypofunction

UVH can be caused by different diseases, a trauma, or after surgery. Most commonly, UVH is seen after vestibular neuritis, labyrinthitis, or Meniere's disease. The symptoms of UVH are due to asymmetrical inputs from your balance centres. These inputs then clash with your visual and proprioceptive signals causing a 'mixed message' to the brain, and ultimately leading to symptoms of unsteadiness and dizziness.

Bilateral Vestibular Hypofunction

BVH can be caused by many different conditions, including; auto-immune disease, Meniere's disease, side effects of medications, and other medical conditions. BVH will force people to become completely reliant on visual and proprioceptive input, as their vestibular/balance centre is not working effectively. People can become very unsteady in dark or unstable environments, and can report difficulty focusing on objects and blurriness.

Treatment

Vestibular Rehabilitation Therapy (VRT) is considered the most effective management of peripheral vestibular hypofunction. This evidence-based approach is designed to assist the brain and body to compensate and cope with the vestibular impairment. The exercises will involve a variety of 'eye exercises' and balance exercises - both within the clinic and at home. VRT is effective in faster recovery, improved symptoms, and reduced falls risk.

