

## Guest Editorial

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# Vestibular Rehabilitation: Ready for the Mainstream

This special issue of *NeuroRehabilitation* provides a comprehensive overview of vestibular rehabilitation therapy in treatment of balance disorders. The first routine use of vestibular rehabilitation exercises was described more than sixty years ago by Cooksey (*Proc. Roy. Soc Med*, 39 (1946) 273–278) to alleviate vertigo after surgical labyrinthectomy or concussive (closed head) injuries. This original regimen was a combination of physical exercises, mental exercises, occupational therapy and ‘industrial resettlement’ to restore patients to their regular daily activities. During the past 25 years, intensive efforts by physicians, physical therapists, and occupational therapists have produced integrative rehabilitation regimens that are a mainstay of practice for individuals with a balance disorder of any etiology. These advances have been facilitated by several major developments. A first enabling technology was the development of more sensitive and sophisticated quantitative tools for measuring balance function, particularly whole body stability. These tools provide validated and robust metrics to assess and document clinical outcomes. A second development was the recognition that effective balance rehabilitation does not belong to one single group of practitioners in medicine or the allied health professions. Rather, a better result is achieved by a team effort to ameliorate the physical, neurological, perceptual, and psychiatric features of balance disorders. A third development has been the proliferation of training in the theory and practice of vestibular rehabilitation in physical

therapy and allied health degree programs around the world. It is safe to say at this point, vestibular rehabilitation is recognized as one of the most valuable techniques in treating patients with balance disorders. This volume provides the readership of *NeuroRehabilitation* with an up-to-date reference on underlying scientific principles and effective strategies for treating vestibular signs and symptoms that are encountered commonly in the rehabilitation setting. We are fortunate to have obtained contributions from some of the current leaders in the field who have been instrumental in development of these approaches.

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