This fact sheet provides information on vestibular rehabilitation exercises for people with dizziness and balance problems. Our fact sheets are designed as general introductions to each subject and are intended to be concise. Each person is affected differently by dizziness and balance problems and you should speak with your GP or specialist for individual advice.

You might be interested in reading our Dizziness and Balance Problems booklet for further information on the different causes of dizziness and the conditions that can be treated with vestibular rehabilitation exercises.

Please note that you should not attempt any of these exercises without first seeing a specialist or physiotherapist for a comprehensive assessment, advice and guidance. Your GP can refer you.

Some of these exercises will not be suitable for everyone, and some are only suitable for certain conditions.

**Cawthorne-Cooksey Exercises**

The aims of the Cawthorne-Cooksey exercises include relaxing the neck and shoulder muscles, training the eyes to move independently of the head, practising good balance in everyday situations, practising the head movements that cause dizziness (to help the development of vestibular compensation), improving general co-ordination, and encouraging natural unprompted movement.

You should be assessed for an individual exercise programme to ensure you are doing the appropriate exercises. You could ask if it is possible for a friend or relative to accompany you at the assessment. It can be helpful if someone else learns the exercises and helps you with them.

You will be given guidance on how many repetitions of each exercise to do and when to progress to the next set of exercises. As a general rule, you should build up gradually from one set of exercises to the next. You might find that your dizziness problems get worse for a few days after you start the exercises, but you should persevere with them.
In order to pace your exercises so you do not move onto exercises that are too difficult before you are ready, you may also like to utilise a 'number rating scale'. For example, ‘0’ through to ‘5’, for severity of your symptoms – ‘0’ being no symptoms and ‘5’ being severe symptoms. You would then only move on to the next exercise once your current exercise evokes a ‘0’ on the scale, for 3 days in a row. Please be aware that it may take a few days for you to get used to the exercises. It may be advised not to undertake exercises that you would rate a 3-5 on the scale.

Make sure that you are in a safe environment before you start any of the exercises to reduce the risk of injury. It is also important to note that you may experience dizziness whilst doing these exercises and this is completely normal.

The exercises might include the following:

1. In bed or sitting:
   A. Eye movements (move eyes slowly at first, then quickly)
      Up and down
      From side to side
      Focussing on finger moving from three feet to one foot away from face
   B. Head movements (move head slowly at first, then quickly; with eyes open, then closed)
      Bending forwards and backwards
      Turning from side to side

2. Sitting:
   A. Eye and head movements, as 1
   B. Shrug and circle shoulders
   C. Bend forward and pick up objects from the ground
   D. Bend side to side and pick up objects from the ground

3. Standing:
   A. Eye, head and shoulder movements, as 1 and 2
   B. Change from a sitting to a standing position with eyes open, then closed (please note this is not advised for the elderly with postural hypertension)
   C. Throw a ball from hand to hand above eye level
   D. Throw a ball from hand to hand under the knees
   E. Change from a sitting to a standing position, turning around in between

4. Moving about:
   A. Walk across the room with eyes open
   B. Walk up and down a slope with eyes open
   C. Walk up and down steps with eyes open
   D. Throw and catch a ball
   E. Any game involving stooping, stretching and aiming (for example, bowls or bowling)

Gaze stabilization exercises
The aim of gaze stabilization exercises is to improve vision and the ability to focus on a stationary object while the head is moving.

Your therapist should assess you and say which exercises are suitable for you.

1. Look straight ahead and focus on a letter (for example, an E) held at eye level in front of you.
2. Move your head from side to side, staying focussed on the target letter. Build up the speed of your head movement. It is crucial that the letter stays in focus. If you get too dizzy, slow down.
3. Try to continue for up to one minute (the brain needs this time in order to adapt). Build up gradually to repeat three to five times a day.

You can also do this exercise with an up and down (nodding) movement.
Canalith (or otolith) repositioning procedures (CRP)
The aim of Canalith repositioning procedures (CRP) is to treat people with benign paroxysmal positional vertigo (BPPV) by moving particles or otoliths trapped in the posterior semicircular canals in the inner ear (labyrinth) causing dizziness.

CRP involves a series of head and upper body movements performed by a trained specialist health professional.

The two main CRP treatments are the Epley manoeuvre and the Semont (Semont-Liberatory) manoeuvre. It is important that these manoeuvres are only performed by a trained specialist to prevent the risk of neck and back injuries.

Many cases of Benign Positional Vertigo have their origin in the articular receptors of the cervical spine. Such cases do not respond well to CRP and are better managed by the Brandt-Daroff exercises which activate the cervical-vestibular connections and promote compensation.

Brandt-Daroff exercises
Brandt-Daroff exercises are a treatment for BPPV that can be performed at home without the supervision of a specialist. These exercises are habituation exercises and not a CRP as the exercises do not reposition the particles, but disperse them and help you to habituate to the vertigo symptoms with repeated head movements.

1. Sit on the edge of the bed and turn your head 45 degrees to one side.
2. Quickly lie down on your opposite side (that is, to the left if you turned your head to the right, and vice versa) so that the back of your head behind your ear touches the bed.
3. Hold this position for about 30 seconds or until the dizziness symptoms stop.
4. Return to the sitting position.

Repeat on the on the other side, alternating until you have completed six repetitions on each side.