

# Bibliography

The issues of falls and balance impairments are not new. Other health disciplines and professionals have studied and written on this topic and its treatment. Below are some compelling resources worthy of review.

## Peripheral / Central Vestibular Deficits

<b>Source</b>	Stewart MG, et al (1999) "Cost-effectiveness of the diagnostic evaluation of vertigo." <i>The Laryngoscope</i> 108: 600- 605	Cass, et al, (1997) "Migraine-related vestibulopathy." <i>Ann Otol Rhinol Laryngol</i> 106: 182-189	Black, et al (2000) "Outcome analysis of individualized vestibular rehabilitation protocols." <i>The American Journal of Otology</i> 21: 543-551
<b>Conclusions</b>	<b>Computerized Dynamic Posturography (CDP) was one of the most cost-effective tests</b> of the battery of tests in the dizzy patient population.	<b>CDP was the most effective test</b> for identifying patients who could benefit from vestibular rehabilitation treatment	<b>CDP was the most effective diagnostic test</b> (over ENG & Rotary Chair tests) in determining appropriate treatment.  Customized vestibular rehabilitation treatment programs based on CDP results significantly improved health outcomes in patients with peripheral vestibular disorders.

## Disorders Associated with Aging

<b>Source</b>	Topp, et al (1998) "Determinants of four functional tasks among older adults: an exploratory regression analysis." <i>J Orthopedic Sports Physical Therapy</i> 27: 144-153	Rose, et al (2000) "Can the control of bodily orientation be significantly improved in a group of older adults with a history of falls?" <i>JAGS</i> 48: 275-282	
<b>Conclusions</b>	<b>CDP measures of dynamic postural control were significant predictors of performance on all daily life functional tasks.</b> CDP provided unique information related to balance impairment.	<b>Only the CDP-based intervention group showed significant improvements in dynamic motor and sensory integration impairments,</b> which were correlated with improvements in all clinical measures of balance and mobility.  Best outcomes were achieved through progressive challenges that met, but did not exceed, the individual patient's capabilities, as documented by CDP.	

## Central Nervous System and Movement Disorders

<b>Source</b>	Di Girolamo, et al (1999) "The role of vision on postural strategy evaluated in patients affected by congenital nystagmus as an experimental model." <i>Journal of Vestibular Research</i> 9: 445-451	Jauregui-Renaud, et al (1998) "Dynamic and randomized perturbed posturography in the follow-up of patients with polyneuropathy." <i>Archives of Medical Research</i> 29: 39-44
<b>Conclusions</b>	<b>CDP showed a unique pattern</b> of sensory impairment indicating abnormal visual control of balance.	<b>CDP demonstrated a unique pattern</b> of sensory and motor impairments in which somatosensory control was abnormal. CDP documented significant declines over the 6-year period.



*Prevention Through Intervention*

## Metabolic Disease and Drug Effects

<b>Source</b>	Di Nardo, et al (1999) "The use of dynamic posturography to detect neu-rosensorial disorder in IDDM without clinical neuropathy." <i>Journal of Diabetes and Its Complications</i> 13: 79-85	Simmons, et al (1997) "Postural stability of diabetic patients with and without cutaneous sensory deficit in the foot." <i>Elsevier, Diabetes Research and Clinical Practice</i> 36: 153-160	
<b>Conclusions</b>	<b>CDP results discriminated between IDDM patients with and without neuropathy.</b> CDP motor results correlated with NCV results. Results agreed with Jauregui-Renaud, et al, 1998 and Simmons, et al, 1997.	<b>CDP results discriminated between IDDM patients with and without cutaneous sensory deficits.</b> Results supported by Jauregui-Renaud, et al, 1998 and Di Nardo, et al, 1999.	

## Medical Necessity

<b>Source</b>	Gianoli, et al (2000) "Posturographic performance in patients with the potential for secondary gain." <i>Otolaryngology - Head and Neck Surgery</i> 122 (1): 11-18		
<b>Conclusions</b>	<b>CDP effectively screened balance disorders for which treatment was medically necessary.</b>  Exaggeration was identified in 76% of patients with secondary gain and 8% of patients without secondary gain.  To maximize outcome in patients without secondary gain, exaggeration suggests anxiety and psychological factors that must be addressed		



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