



A 4-step approach to helping prevent falls

Step 1: IDENTIFY WHO IS AT RISK

Use the **CAPSTM Base** to assess and identify in less than a minute **persons with balance problems**. Subjects found to have reduced stability should be seen by a physician for a complete medical history and physical evaluation targeted at balance problems.

Use the **CAPSTM Complete** to determine if **hearing and/or visual deficits exist** and may be contributing to the balance problem. Subjects found to have visual impairments should have an ophthalmologic examination, whereas subjects found to have hearing impairments should have an audiometric examination.

Note: Patients with balance problems may also be identified through the use of such standard assessment protocols as the adapted Tinetti's balance and mobility assessment or the Berg functional balance scale. These assessments need to be administered by a trained medical professional, are time consuming, subjective in nature, and do not provide printed, objective, quantified results.

Step 2: DIAGNOSE THE PROBLEM

Gather the patient's medical history. You can spend an often frustrating hour or more of your valuable time obtaining a thorough patient history, or you can simplify and streamline the task by letting a staff member, who may have had only a modest amount of training, take that history with **HistoTRAK™**, our new, easy to use patient history software, designed with a multi-disciplinary focus on the factors often present in connection with balance disorders, hearing loss, dizziness, vertigo, tinnitus, and falls.

Perform a physical examination. With a complete physical evaluation targeted at balance problems and the patient's medical history, you could determine if the balance problem is related to cardiovascular problems, orthostatic hypotension, or drug side effects.

Isolate the problem source. First, determine if the problem is due to lower extremity weakness and is only muscular-skeletal in nature or if it is related to vestibular disorders. You can spend your time doing a subjective evaluation or you can obtain a quantified, objective printed report in less than five minutes with **BalanceTRAK 500®**.

If the problem is muscular-skeletal, the patient may be a candidate for gait, balance and strength training therapy. If the problem is vestibular, pinpoint its origin by performing vestibulo-ocular testing using the **VENG 20/20® Lite** video Frenzel goggles to observe and record the presence of nystagmus and to detect signs of a central disorder, or the **VENG 20/20®** electro-oculography to observe, record, analyze and assess vestibular function and to detect the presence and type of related central nervous system pathologies. Based on your findings of these examinations, you may want to perform such additional tests as may be appropriate (e.g., neurological testing and evaluation in case of suspected serious central nervous system pathologies or cardiovascular testing and evaluation in case of suspected cardiovascular pathologies).

Step 3: TREAT YOUR PATIENT

If necessary, provide **medical intervention or perform surgery**.

Assess and correct the patient's environment to reduce the risk of falls due to hazards such as poor lighting, slippery rugs, uneven floor surfaces, ...

Provide such individualized physical therapy as may be appropriate for each patient. For example, benign paroxysmal positional vertigo is usually correctable in only one or two short therapy sessions; eye tracking exercises and other central therapies are often effective in cases of disorders such as presbyastasis, strokes, vascular problems, toxicity, neuromuscular disorders, autoimmune diseases, inflammatory responses, Parkinson's disease or head injuries; gait, balance and strength training is usually effective in addressing lower extremity weakness and muscular-skeletal problems.

Step 4: FOLLOW YOUR PATIENT

Encourage the patient to regularly participate in ongoing group exercises such as tai chi. If such group exercise classes are not readily available, get involved in helping to initiate and maintain them.

Stay involved with your patient. Make sure you and/or family members track the patient's participation and progress.

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