Vestibular Rehabilitation:

Evaluation and Management of Individuals with Dizziness and Balance Disorders

Richard Clendaniel, PT, Ph.D., FAPTA



Faculty

Richard Clendaniel, PT, PhD, FAPTA is an assistant professor in the Department of Orthopedic Surgery, Doctor of Physical Therapy Division, and in the Department of Head & Neck Surgery and Communication Sciences at the Duke University School of Medicine. He received his MS in Physical Therapy and Ph.D. in Behavioral Neuroscience from the University of Alabama at Birmingham and completed a postdoctoral fellowship in neuro-otology with Susan Herdman, PhD, PT, He previously served as director of the Vestibular Rehabilitation program at Johns Hopkins University School of Medicine, Department of Otolaryngology - Head and Neck Surgery. He is on the medical advisory board for the Vestibular Disorders Association (VEDA) and on the board of directors for the American Balance Society. Dr. Clendaniel maintains an active practice treating patients with vestibular disorders and dizziness. His research is in the assessment of the vestibular system and the plasticity of the vestibular system following injury.

Disclosure - Financial: Richard Clendaniel receives an honorarium from ERI for this course and royalties as a book editor for Vestibular Rehabilitation, 4th edition, Herdman & Clendaniel. Non-Financial: He has no non-financial relationships to disclose.

About this Live Webinar

Symptoms of "dizziness" are the number 3 reason individuals over the age of 65 seek medical attention. It becomes the number 1 reason for seeking care in individuals over the age of 70. Medical or surgical management is often not indicated or helpful, but many of these individuals do benefit from vestibular rehabilitation techniques. In addition, 50% of the individuals over the age of 65 with dizziness will develop a form of vertigo that can be alleviated with one simple therapy treatment. These individuals with vertigo and dysequilibrium represent a large patient population for physical and occupational therapy. This course will focus on the assessment and treatment of patients with vertigo and disequilibrium from vestibular causes. Specific emphasis will be placed on the assessment and treatment of unilateral and bilateral vestibular hypofunction, benign paroxysmal positioning vertigo, central vestibular disorders, and multisensory dizziness. This information is applicable to a large patient population including geriatric patients as well as individuals with CNS lesions such as multiple sclerosis, CVA, and head injury.

Objectives

- Identify the normal anatomy and physiology of the vestibular system
- Identify the impact of a vestibular lesion on normal function
- Identify the eye movements which are indicative of peripheral vestibular hypofunction including direction fixed horizontal nystagmus, head shaking induced nystagmus, abnormal head thrust test
- Identify the eye movements which are indicative of central vestibular disorders including direction changing nystagmus, vertical nystagmus, impaired VOR cancellation, saccadic pursuit, hypometric, hypermetric, or slowed saccades
- Identify the eye movements which are indicative of posterior, anterior and horizontal canal BPPV (canalithiasis and cupulolithiasis)
- Differentiate between unilateral vestibular hypofunction, bilateral vestibular hypofunction, BPPV, Meniere's disease, motion provoked dizziness based, and non-vestibular causes of dizziness based on the patient's presenting history and symptoms.
- Differentiate between unilateral vestibular hypofunction, bilateral vestibular hypofunction, BPPV, Meniere's disease, motion provoked dizziness, central vestibular disorders and non-vestibular causes of dizziness based on the patient's clinical examination.
- Apply the history and clinical exam results to determine an appropriate, evidencebased treatment strategy for an individual with a vestibular disorder.



Schedule – Day 1 10:10 am – 5:00 pm EST (US)

| 10:10–10:30 | Webinar Registration/Zoom Course Opens |
|-------------|--|
| 10:30-12:30 | Introduction, Demographics, Anatomy & Physiology |
| 12:30-1:30 | Impact of lesions on normal function and common pathologies |
| 1:30-2:00 | Lunch |
| 2:00-5:00 | History & Clinical Exam A.) Lecture - Signs and Symptoms of Vestibular Disorders-Clinical Exam and |

Interpretation

B.) Identification of normal & abnormal eye

movements (video cases)

• Oculomotor Exam

• Direction of nystagmus during testing

Audience

Designed for PTs, PTAs, OTs, and OTAs.

"Dr. Clendaniel is a credit to the profession; he is knowledgeable, well spoken, and an extremely pleasant presenter. The content of the material covered was detailed and well organized."

— Kathrine P., PT

Schedule – Day 2 10:10 am – 5:00 pm EST (US)

| 10:10-10:30 | Webinar Registration/Zoom Course Opens | | |
|-------------|--|--|--|
| 10:30-1:30 | Treatment: From Assessment to Treatment | | |
| | A.) Treatment rationale | | |
| | Potential and Time Course for Recovery | | |
| | B.) Treatment Strategies | | |
| | Patients with incomplete lesions | | |
| | • Patients with complete lesions | | |
| | Patients with motion provoked | | |
| | dizziness | | |
| 1:30-2:00 | Lunch | | |
| 2:00-4:30 | B.) Treatment Strategies (continued) | | |
| | • Treatment considerations for | | |
| | central vestibular disorders | | |
| | • BPPV: pathophysiology & treatment (all canals) | | |
| 4:30-5:00 | Case Studies & Summary | | |



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12 hours of this course qualify towards the discipline-specific hours for the 20-hour requirement for NDTA re-certification. They do NOT qualify towards the 8-hour NDTA Instructor requirement for re-certification.

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Webinar Dates and Times

September 20 and 21, 2025

10:10 am EST • 9:10 am CST • 8:10 am MST • 7:10 am PST (US)

Registration is for both sessions. Zoom log-in instructions and course materials will be emailed/added to your ERI account 5-7 days prior to the first date of the webinar.



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LIVE WEBINAR: Vestibular Rehabilitation: Evaluation and Management of Individuals with Dizziness and Balance Disorders Richard Clendaniel, PT

☐ September 20 and 21, 2025

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