BMRH.12/12.SH

To refer patients to the Bryn Mawr Rehab Hospital Vestibular Rehabilitation Program, have your case manager at the acute care hospital call us at 484.596.3943.

Bryn Mawr Rehab Hospital, a member of Main Line Health, is a leader in the field of physical medicine and rehabilitation. The 148-bed, non-profit hospital, offers a continuum of rehabilitation services, including acute inpatient care, as well as outpatient services for adults and adolescents. The range of illnesses and injuries treated at BMRH includes traumatic, mild traumatic and non-traumatic brain injury, stroke and other neurological disorders, spinal cord injury, amputee and orthopedic injuries and illnesses. In addition, Main Line Health Outpatient Rehab Network provides rehabilitation services at convenient locations in Philadelphia's western suburbs for patients of all ages.

Our specialized services include Aquatic Therapy, Driver Rehab, Horticultural Therapy, Work Hardening, Assistive Technology, Post-concussive treatment and Vestibular (balance) Therapy.

Each year we treat nearly 3,000 inpatients and more than 100,000 outpatient visits, making us one of the largest providers of physical medicine and rehabilitation services in the region.

Bryn Mawr Rehab Hospital
Main Line Health
Well ahead.®

Bryn Mawr Rehab Hospital • 414 Paoli Pike • Malvern, PA 19355 • 484.596.5400 • brynmawrrehab.org

Bryn Mawr Rehab Hospital
Main Line Health

Vestibular Rehabilitation Program

Outcome Report
January 2010 – December 2011

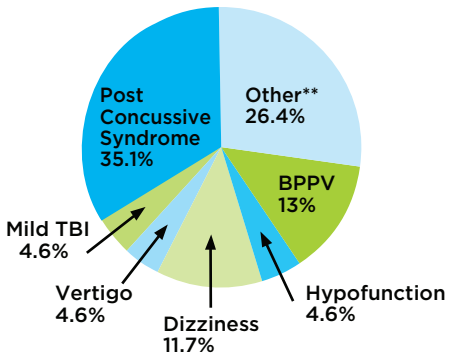
The Vestibular Rehabilitation Program at Bryn Mawr Rehab Hospital provides an interdisciplinary approach to manage the effects of dizziness and imbalance. Treatment addresses the individualized needs of patients utilizing state of the art technology, including the Smart Balance Master® and Dynavision™ technology, sophisticated, computerized systems that help evaluate sensory-motor needs and visual reaction, allowing therapists to teach techniques to improve balance.

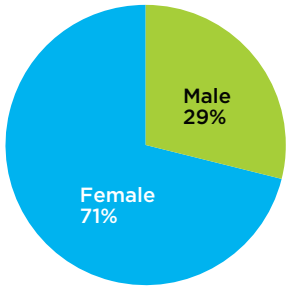
For more information about this report or the Vestibular Rehabilitation Program, please call 484.596.3943.

STATISTICS

Sample Size:	**239 patients**
Average BPPV* Visits:	**2.7 patients**
Average Total Visits:	**10.5**

* Benign Paroxysmal Positional Vertigo





** Acoustic Neuroma Resection, Dysequilibrium, Vestibular Neuronitis, Vestibular, Unspecified

Results

Berg Balance Test

The Berg Balance Test measures balance and helps determine a patient's risk of falling. During the Berg Balance Test patients are evaluated doing 14 tasks ranging from sitting to standing, turning and reaching. Scores range from 0 when no tasks can be completed to 56 where patients have excellent balance. A score of 45 or less can be indicative of the probability of a fall.

RESULT:

% with improved scores	**80%**
% falls risk at admissions that improved to no falls risk at discharge	**81%**
Average improvement	**5 points**

Balance Master

The Balance Master Test identifies abnormalities in a patient's use of the three sensory systems that are used for balance, including somatosensory, visual and vestibular. Patients' Balance Master Scores are compared to age-related norms.

RESULT:

% with improved scores	**91%**
Average improvement	**20 points**

MSQ

MSQ or Motion Sensitivity Quotient tests 16 different maneuvers that are known to provoke symptoms patients will experience when their head is in motion. The symptoms are rated by intensity and duration and test results are reported by percentage.

RESULT:

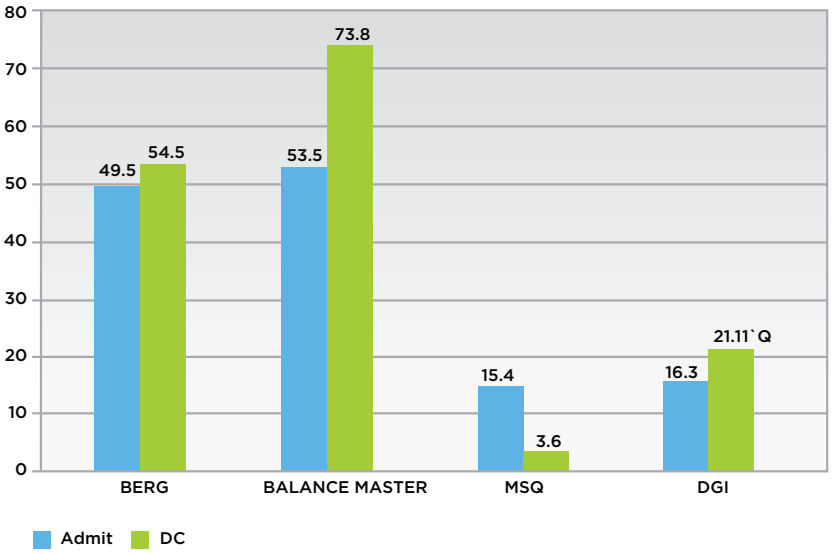
% with improved scores	**90%**
Average improvement	**10 points**

DGI

DGI or Dynamic Gait Index tests 8 facets of gait. The index is used to determine the likelihood of a patient falling. The highest score a patient can achieve is 24 with a score of 19 or less considered to be a high risk for falling.

RESULT:

% with improved scores	**91.3%**
# falls risk at admissions that improved to no falls risk at discharge	**85%**
Average improvement	**5 points**

Overview

Vestibular Rehabilitation Program Outcomes