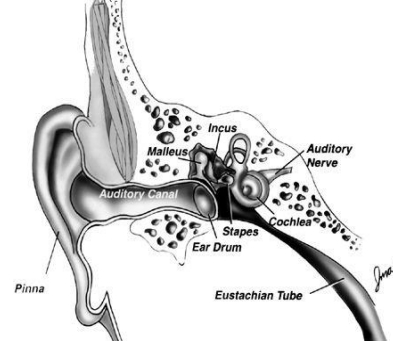


HEAD EXERCISES FOR VERTIGO **(Cawthorne-Cooksey Exercises)**



INTRODUCTION

The following exercises are used to encourage and hasten restoration of balance and also eventually to reduce episodes of vertigo.

Any sudden illness/injury to the inner ear, whether due to injury or other cause, is followed by giddiness, which in the first few days may be very intense. Fortunately this giddiness diminishes as compensation takes place, but usually there remains a residue of dizziness that is particularly provoked by sudden turning or bending movements of the head.

The head exercises described below are designed to encourage the inner ear to recover and to remove the excessive vertigo associated with sudden head movement or head turning. These exercises have been particularly helpful for the dizziness that follows concussion, and after operations on the ear for Ménière's Disease or otosclerosis (stapedectomy). They can also be used whenever there is giddiness as the result of partial or complete loss of function of the inner ear.

In addition to head moving exercises, practise in balancing when walking with the eyes open and closed, up and down hill and up and down stairs is necessary to restore confidence in balancing under every day conditions. Patients with vertigo tend to fix the eyes on a stationary object ahead and to keep the neck as still as possible. This can lead to poor neck posture, neck strain and limitation in daily activities.

These exercises aim to:

- Loosen up the muscles of the neck and shoulders to overcome protective muscular spasm and tendency to move "in one piece".
- Train movement of the eyes independent of the hand.
- Practise balancing under every day conditions with special attention to the eyes, muscles and joint senses helping balance.
- Generally encourage the restoration of self-confidence and easy spontaneous movement.
- Retrain and rehabilitate the inner ear by repetitively performing head movements, with less dizziness being provoked by movement.
- Facilitate moving about naturally in daylight and in the dark.

Progression

Following operations on the ear, these exercises may be started in bed on the third day. For other cases progress will be governed by the general condition of the patient.

All exercises should be performed initially slowly with gradual progression to faster movements. Exercises should be performed 3 times a day. Progression is variable but in most circumstances you should aim to progress from sitting in bed and performing exercises to performing them whilst moving about over approximately a 3 week period.

Cawthorne Cooksey Exercises (Adapted from Dix and Hood, 1984 and Herdman, 1994)

In bed or sitting

Eye movements (first slowly, then quickly)

Up and down

Side to side

Focusing on finger moving from 3 feet to 1 foot away from face

Head movements (first slowly, then quickly then with eyes closed)

Bending forward and backward

Turning from side to side

Sitting

Eye movements and head movements as above

Shoulder shrugging and circling

Bending forward and picking up objects from the ground

Standing

Eye, head and shoulder movements as before

Change from sitting to standing position with eyes open and shut

Throwing a small ball from hand to hand (above eye level)

Throwing a ball from hand to hand under knee

Changing from sitting to standing and turning around in between

Moving about

Walk across room with eyes open and then closed

Walk up and down slope with eyes open and then closed

Walk up and down steps with eyes open and then closed

Any game involving stooping and stretching and aiming such as bowling and basketball

Circling around a person who will throw a large ball forward and back.

Perseverance is required! The earlier and more regularly the exercise regimen is carried out, the faster and more complete will be the return to normal activity. If balance and giddiness is very bad then these exercises should be done with the help of a friend or relative.