Specialty Physical Therapy Services

**Neurological Rehabilitation**
Also referred to as “Neuro-Rehab”, neurological rehabilitation in physical therapy addresses the functional impairments that can arise from injury or dysfunction in the nervous system.

**Examples of Functional Impairments**
- Decreased balance
- Sensory disturbances
- Dizziness

**Common Diagnoses**
- Stroke (aka, CVA)
- Head/Brain Injury
- Cerebral Palsy
- Cervicogenic Headache
- Rare or complex neurologic diseases

**Common Diagnoses**
- Parkinson’s
- Multiple Sclerosis
- Peripheral Neuropathy

**Treatment Methods/Procedures**
- Proprioceptive Neuromuscular Facilitation (PNF)
- Neuromuscular Re-Education
- Gait Training (Level/Unlevel Surfaces)
- Balance Training (Stable/Unstable Surfaces)

**Neuro-Rehab Physical Therapist:** Marci Silverberg, MPT (former PNF Instructor, Kaiser Vallejo PNF Residency Program)

**Vestibular Rehabilitation**
**Vestibular Rehabilitation (VRT)** addresses functional impairments related to disorders of the vestibular (inner ear/balance) system. Individuals with vestibular disorders can experience problems like vertigo, dizziness, visual disturbances, imbalance, and perhaps the most devastating - falls.

**Did you know?**
- Most common cause of traumatic brain injury is from falls (Jager et al. 2000)
- 20-30% of fallers suffer moderate to severe injury (Sterling et al. 2001)
- Over 95% of hip fractures in adults over age 65 are caused by falls (Grasso et al. 1991)

**Common Diagnoses**
- Benign Paroxysmal Positional Vertigo (BPPV)
- “Dizziness” or “Falls”

**Treatment Methods/Procedures**
- Canalith Repositioning Maneuvers
- Balance Training (Stable/Unstable Surfaces)
- Oculomotor Exercises

**Vestibular Physical Therapists:** Marci Silverberg, MPT and Stewart Lin, DPT
TMJ Rehabilitation

TMJ Rehabilitation refers to an area of physical therapy that treats craniofacial pain and dysfunction arising from, or associated with, the temporomandibular (jaw) joint. Signs of TMJ dysfunction include “clicking” or “popping” noises in the jaw and difficulty fully opening the mouth or asymmetrical opening. These signs are frequently noticed before pain development. Thus, it is recommended to initiate therapy as early as possible to maximize treatment outcomes.

How can physical therapy benefit those with TMJ pain and dysfunction?
- Altered regional muscle control, parafunction habits, poor breathing patterns, and poor posture can contribute to pain and dysfunction at the TMJ.
- Additionally, the cervical spine has become more recognized as a contributing factor in the development of TMJ and craniofacial pain and dysfunction.
- Studies have found that clicking and asymmetrical opening often manifest before pain. Patients treated before pain onset often had better outcomes than those who did not.

Treatment Methods/Procedures
Orthopedic manual therapy
TMJ-specific exercises
Posture Training
Breathing Instruction

TMJ Physical Therapist: Nicholas Verville, DPT

Pelvic Floor Rehabilitation

Do you leak when you cough or sneeze? Is there pain with sexual intercourse? How about persistent pain in the deep buttock, groin, or high hamstring that “comes and goes” or is hard to find? All of the above could be related to dysfunction in your pelvic floor muscles!

Pelvic floor physical therapy treats a broad range of problems associated with dysfunctions of the muscles and structures in and around the pelvic floor (including, but not limited to, bowel and bladder dysfunction; pain or discomfort with sexual intercourse; and musculoskeletal pain in the pelvis, perineum, vagina, and rectum) – as well as, dysfunctions of the abdominal wall muscles (e.g., Diastasis Recti) associated with pregnancy or faulty breathing patterns.

Assessment and treatment of pelvic floor muscles are best performed internally via the vagina or rectum; however, treatment can be modified based upon individual comfort level. Both male and female clients can benefit from Pelvic Floor Physical Therapy.

Common Dysfunctions Treated
Urinary Incontinence (Stress, Urge, and Mixed)  Overactive Bladder
Bowel Dysfunction (Constipation, Diarrhea)  Anal Sphincter Dyssynergia / Anismus
Fecal Incontinence  Dyspareunia / Vaginismus
Chronic Pelvic Pain (CPP)  Coccydynia
Diastasis Recti  Post-Prostatectomy Urinary Dysfunction
Erectile Dysfunction

Treatment Methods/Procedures
Pelvic floor exercises  Breathing and relaxation
Internal / external stretch & release techniques  Abdominal wall massage
Voiding logs  Manual therapy
Computer-assisted biofeedback  Electrical stimulation
Bladder and bowel retraining  Patient education / home program
Therapeutic exercises  Functional training

Pelvic Floor Physical Therapist: Kris Wittman, OT/L, MPT, CEAS