



## 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

Falls  
Gait abnormalities  
Incoordination

#### **Common Diagnoses**

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

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-Developmental Treatment (NDT)  
Manual Guiding  
Fall/Floor Recovery  
Gross/Fine Motor Coordination Activities

**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 (Grisso et al. 1991)

#### **Common Diagnoses**

Benign Paroxysmal Positional Vertigo (BPPV)  
“Dizziness” or “Falls”

Vertigo  
Vestibular Neuritis

#### **Treatment Methods/Procedures**

Canalith Repositioning Maneuvers  
Balance Training (Stable/Unstable Surfaces)  
Oculomotor Exercises

Gait Training (Level/Unlevel Surfaces)  
Fall/Floor Recovery

**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

Posture Training

TMJ-specific exercises

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