



Westchester Medical Center
The Balance Center
19 Bradhurst Avenue Suite 3800S
Hawthorne, NY 10532
Telephone: (914) 493-4634 Fax: (914) 493-7853

Vestibular and Balance Physical Therapy Welcome Packet

What to expect out of vestibular and balance rehabilitation?

The first day of therapy is an initial evaluation. This appointment is for about an hour. Your therapist will assess your eye movement, balance, walking ability, strength, and potentially a few other things that could be contributing to your symptoms. Some activities and assessments performed during vestibular rehabilitation might reproduce your symptoms so it is recommended that for your first appointment, you have someone drive you, or give yourself enough time to sit for several minutes following the evaluation.

At the end of your first appointment, your therapist will provide education regarding your evaluation findings, and in some cases might provide exercises to start at home. You and your therapist will also discuss goals for your future therapy sessions. It might be recommended to follow up once or twice a week depending on what your therapist feels is necessary. Follow-up appointments will last 30 minutes.

How long will I have to go to vestibular rehab?

On average, patients will be on a therapy program for approximately 6 weeks, but this is variable depending on your personal situation. Some people will only need a few sessions, while others might be in treatment beyond 6 weeks. Your therapist will make this determination upon assessments. It is recommended that you make your first 6 weeks of appointments on the day of your first visit, to ensure that you are on the schedule for your follow-up sessions.

How do I make the most of Vestibular therapy?

While you will be following up with your therapist regularly, it is important to do your prescribed exercises at home. It is typically recommended that you perform your exercises twice a day which is key to your success and improvement of symptoms. It is also important to stay consistent with your follow up appointments.

What if I have scheduling issues?

The balance center does ask that if you need to cancel or change your appointment that you give at least 24 hours of notice. This allows other patients who might need appointments a chance to get scheduled.

Recommendations:

1. It is recommended that you arrive at least 15 minutes before your appointment time to account for parking spot availability and fill out paperwork.
2. Wear comfortable shoes like sneakers or closed-toe shoes for your sessions.
3. If possible, please avoid taking medications for allergies, nausea, and dizziness on the day of your PT session as these can alter the test results.

We look forward to helping you reach your goals and eliminate your symptoms.



BALANCE CENTER - Dizziness Questionnaire

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Name: _____ Date: _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer "Yes", "No", or "Sometimes" to each question by writing the corresponding letter on the line next to each question. *Answer each question as it pertains to your dizziness or unsteadiness only.*

Y = Yes

S = Sometimes

N = No

1. _____ Does looking up increase your problem?
2. _____ Because of your problem do you feel frustrated?
3. _____ Because of your problem, do you restrict travel for business or recreation?
4. _____ Does walking down the aisle of a supermarket increase your problem?
5. _____ Because of your problems do you have difficulty getting into or out of bed?
6. _____ Does your problem significantly restrict your participation in social activities such as going out to dinner, movies, dancing, or parties?
7. _____ Because of your problem do you have difficulty reading?
8. _____ Does performing more ambitious activities like sports, dancing, and household chores such as sweeping or putting dishes away increase your problem?
9. _____ Because of your problems are you afraid to leave your home without having someone accompany you?
10. _____ Because of your problem have you been embarrassed in front of others?
11. _____ Do quick movements of your head increase your problem?
12. _____ Because of your problem do you avoid heights?
13. _____ Does turning over in bed increase your problem?
14. _____ Because of your problem is it difficult for you to do strenuous house or yard work?
15. _____ Because of your problem are you afraid people may think you are intoxicated?
16. _____ Because of your problem is it difficult for you to go for a walk by yourself?
17. _____ Does walking down a sidewalk increase your problem?
18. _____ Because of your problem is it difficult for you to concentrate?
19. _____ Because of your problem, is it difficult for you to walk around your house in the dark?
20. _____ Because of your problem, are you afraid to stay home alone?
21. _____ Because of your problem, do you feel handicapped?
22. _____ Has your problem placed stress on your relationships with members of your family or friends?
23. _____ Because of your problem are you depressed?
24. _____ Does your problem interfere with your job or household responsibilities?
25. _____ Does bending over increase your problem?



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BALANCE CENTER and COCHLEAR IMPLANT CENTER

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Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Patient DOB: _____ Patient Sex: _____
SS #: _____ Patient Marital Status: ___ Single ___ Married ___ Other

Email Address: _____

Emergency Contact: _____ Phone #: _____

Employer Name: _____

Address: _____

Primary Dr: _____ Referring Dr: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Primary Ins: _____ Policy #: _____ Group #: _____

Address: _____

Phone #: _____

Policy Holder Name: _____

Policy Holder DOB: _____ Policy Holder SS#: _____

Policy Holder Relation to Patient: _____

Secondary Ins: _____ Policy #: _____ Group #: _____

Address: _____ Phone #: _____

Policy Holder Name: _____

Policy Holder DOB: _____ Policy Holder SS #: _____

***Patient Signature: _____ Date: _____



Westchester Medical Center

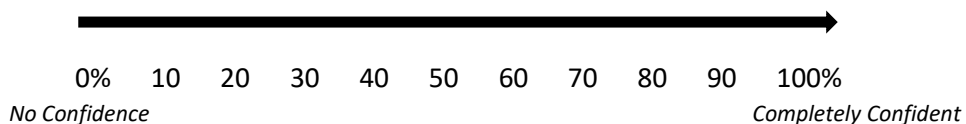
The Balance Center

The Activities-specific Balance Confidence (ABC) Scale

Name: _____

Date: _____

Instructions to Participants: For each of the following activities, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady from choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports.



How confident are you that you will not lose your balance or become unsteady when you...

1. ...walk around the house? _____%
2. ...walk up or down stairs? _____%
3. ...bend over and pick up a slipper from the front of a closet floor? _____%
4. ...reach for a small can off a shelf at eye level? _____%
5. ...stand on your tip toes and reach for something above your head? _____%
6. ...stand on a chair and reach for something? _____%
7. ...sweep the floor? _____%
8. ...walk outside the house to a car parked in the driveway? _____%
9. ...get into or out of a car? _____%
10. ...walk across a parking lot to the mall? _____%
11. ...walk up or down a ramp? _____%
12. ...walk in a crowded mall where people rapidly walk past you? _____%
13. ...are bumped into by people as you walk through the mall? _____%
14. ...step onto or off of an escalator while you are holding onto a railing? _____%
15. ...step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? _____%
16. ...walk outside on icy sidewalks? _____%

For Providers: Total ABC Score: _____ **Scoring:** Total ABC Score/16= _____ % of self-confidence

Medicare Patients only: 100% - _____% Function = _____% Impairment



Westchester Medical Center
The Balance Center
Dizziness Handicap Questionnaire

Name: _____

Date: _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please answer “yes, no or sometimes” to each question. *Answer each question as it pertains to your dizziness or unsteadiness only.*

Yes = Y

Sometimes = S

No = No

P1. Does looking up increase your problem?	
E2. Because of your problem, do you feel frustrated?	
F3. Because of your problem, do you restrict your travel for business or recreation?	
P4. Does walking down the aisle of a supermarket increase your problems?	
F5. Because of your problem, do you have difficulty getting into or out of bed?	
F6. Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?	
F7. Because of your problem, do you have difficulty reading?	
P8. Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?	
E9. Because of your problem, are you afraid to leave your home without having without having someone accompany you?	
E10. Because of your problem have you been embarrassed in front of others?	
P11. Do quick movements of your head increase your problem?	
F12. Because of your problem, do you avoid heights?	
P13. Does turning over in bed increase your problem?	
F14. Because of your problem, is it difficult for you to do strenuous homework or yard work?	
E15. Because of your problem, are you afraid people may think you are intoxicated?	
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	
P17. Does walking down a sidewalk increase your problem?	
E18. Because of your problem, is it difficult for you to concentrate	
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	
E20. Because of your problem, are you afraid to stay home alone?	
E21. Because of your problem, do you feel handicapped?	
E22. Has the problem placed stress on your relationships with members of your family or friends	
E23. Because of your problem, are you depressed?	
F24. Does your problem interfere with your job or household responsibilities?	
P25. Does bending over increase your problem?	



Cancelation Policy for Vestibular Therapy

We understand that dizziness and balance issues may cause you to have to reschedule an appointment from time to time. We must also consider others who need appointments and may be delayed in receiving an appointment due to unavailability. We recommend that Patients call the Balance Center within 24-48 hours to cancel or reschedule their appointments.

We will attempt to contact you in the event that you may miss an appointment. If we cannot reach you, or if you have not canceled or rescheduled your appointment beforehand this will be considered a no-show.

Should you experience issues speaking to a live person, kindly email us at wmbalancecenter@WMCHealth.org to correspond with an available patient service representative.

Our therapists are among the most qualified in their field and we respect their time and expertise. If we do not hear from you after 2 missed appointments. You will be automatically discharged and will have to resubmit a new referral to continue treatment at our Center.

Cancelation Policy for Balance Function Test

We recommend that Patients call the Balance Center within 24-48 hours to cancel or reschedule their appointments. Patients who do not call ahead to notify the office that they wish to reschedule will be considered a “no-show” and placed on our waitlist for the next available appointment.

Please note, all new patients will receive a welcome packet with the above information available to you.

Call us if you have any questions at 914-493-4634.

Late Arrivals

All Balance Center patients are extended a 10-minute grace period for late arrival and 15 minutes for new patients. We understand parking can be challenging. We recommend all patients arrive at least 10 minutes early to avoid being rescheduled by the Center. If your appointment runs the risk of interfering with the next patient, you will be rescheduled.

We look forward to helping you get back to Better Balance!