

CLINICAL METHODOLOGIES COMPARISON

ADVANCED VESTIBULAR TREATMENT™ (AVT) VS. VESTIBULAR REHABILITATION THERAPY (VRT)

TREATMENT SUCCESS

Audiologist directed Advanced Vestibular Treatment (AVT) provided through NMA's license delivers 93% clinical efficacy, leaving only 7% of patients without significant measurable improvements^{1,2}.

Vestibular rehabilitation therapy (VRT) directed by physical therapists delivers clinical efficacy of 50%-70%, leaving 30%-50% of patients without significant measurable improvements³.

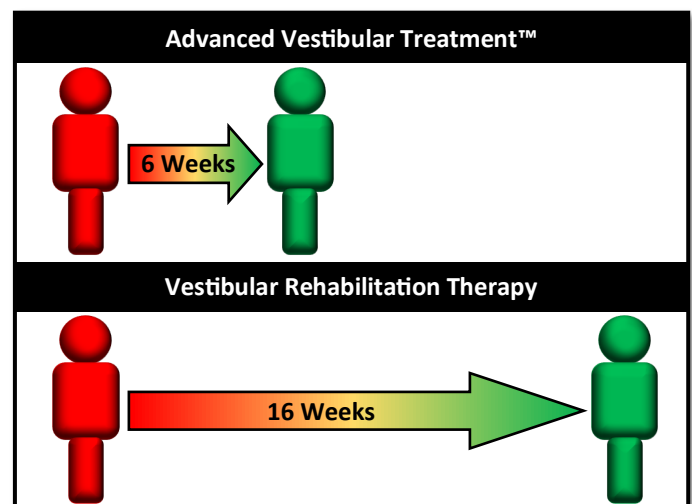
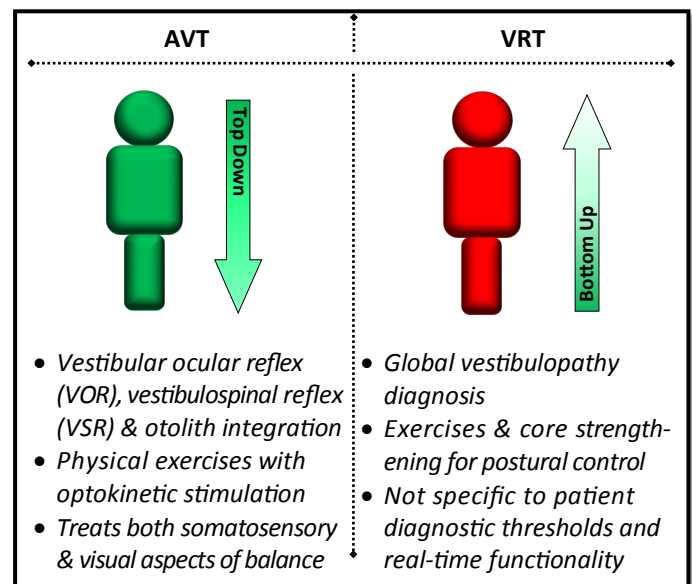
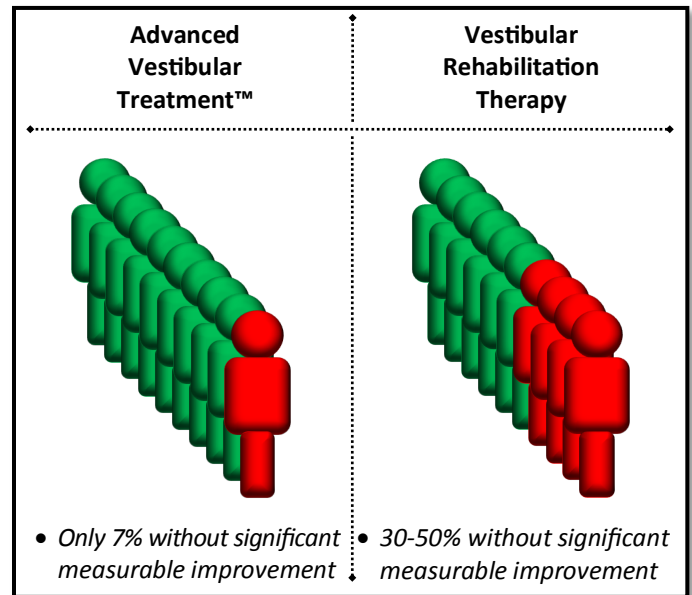
TREATMENT FOCUS

AVT is "top down" treatment – based on vestibular ocular reflex (VOR), vestibulospinal reflex (VSR) and otolith integration based on patient diagnostic thresholds. Incorporating physical exercises with optokinetic stimulation (i.e., visual motion desensitization)⁴, it works on both the somatosensory and visual aspects of balance that undergo re-weighting during the compensation process.

VRT is "bottom up" therapy – based on global vestibulopathy diagnosis that utilizes exercises and core strengthening for postural control⁵. Visual-type exercises are not specific to patient diagnostic thresholds and real-time functionality: bombardment with high-velocity stimuli is not generally incorporated in conventional PT-based VRT.

PATIENT SATISFACTION

93% of patients who complete 6 weeks of AVT treatment demonstrate objective and subjective improvement with a majority demonstrating normative data². After an average of 16 weeks of traditional VRT, DPT-based vestibular rehabilitation has a success rate of 50-70%, leaving 30-50% of patients without significant measurable improvement.



REFERENCES

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