Background

• Autonomic Dysfunction is a dysfunction of the autonomic nervous system that regulates nonvoluntary body functions
  • Common complaints include dizziness, giddiness, blurred or tunnel vision, headache, neck pain, nausea, or fatigue
  • Postural Orthostatic Tachycardia Syndrome (POTS) is a variant of autonomic dysfunction
  • Most common complaints include dizziness, weakness, rapid heartbeat and palpitation
  • Frequency of diagnostic errors in outpatient care approximately 5.08%
  • Evidence supports the use of psychosocial approach

Phase 1: With a medical diagnosis of BPPV/vestibular disorder
  • Repositioning maneuvers to rule out BPPV
  • VOR & balance training
  • Manual therapy to the cervical and upper thoracic spine regions

Phase 2: With a medical diagnosis of POTS
  • Total body strengthening and balance training
  • Manual therapy as needed
  • Dual task activities (motor-motor & motor-cognitive)

Phase 3: With a medical diagnosis of Autonomic Dysfunction
  • Focused on cardiovascular endurance and LE strengthening
  • Increased water consumption, decreased hours of sleep per day

Case Description

16 year-old female with chief complaint of neck pain, headaches, chronic dizziness, decreased balance

Patient reported lack of belief in her diagnosis resulting in decreased buy in and fear avoidance behaviors during therapy

Examination findings are summarized using the International Classification of Function, Disability, and Health Model (ICF) in Figure 1

Environmental factors:
- Neck pain
- Chronic headaches
- Headache

Participation Restrictions:
- Going to school
- Walking around the mall with her friends

Figure 1. Patient's ICF Model Upon Examination

Figure 2. Patient's Timeline of Events

Outcomes

Table 1. IE, Re-evaluation, & Discharge Findings

*PSFS MCID = 2.0 points*; DHI MCID = 11 points

References