

Margaret Fitzpatrick, DPT, OCS

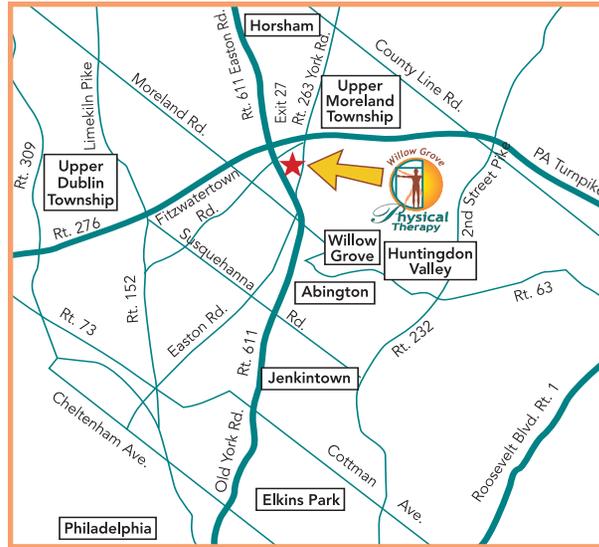
Doctor of Physical Therapy
Certified Vestibular Therapist
Board Certified Orthopedic Clinical Specialist



A licensed physical therapist and certified Vestibular Therapist who has been treating dizziness and imbalance for several years. She is the founder of a Dizziness and Imbalance Support Group for the Bucks and Montgomery County area. Board Member for VEDA (Vestibular Disorders Association).

A distinguishing feature of our therapy clinic is that all of our therapists are certified in Vestibular Rehabilitation... Michelle Lazarski, PT, Gina McGovern, PT, Lynne Harding, PT and Devin Goldstein, DPT.

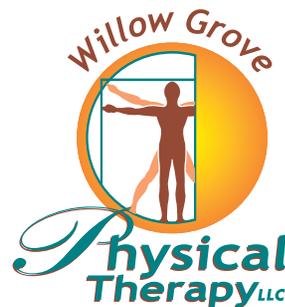
We are the best resource for vestibular rehabilitation in the Philadelphia area.



Monday-Thursday... 8:00am to 7:00pm
Friday... 8:00am to 5:00pm

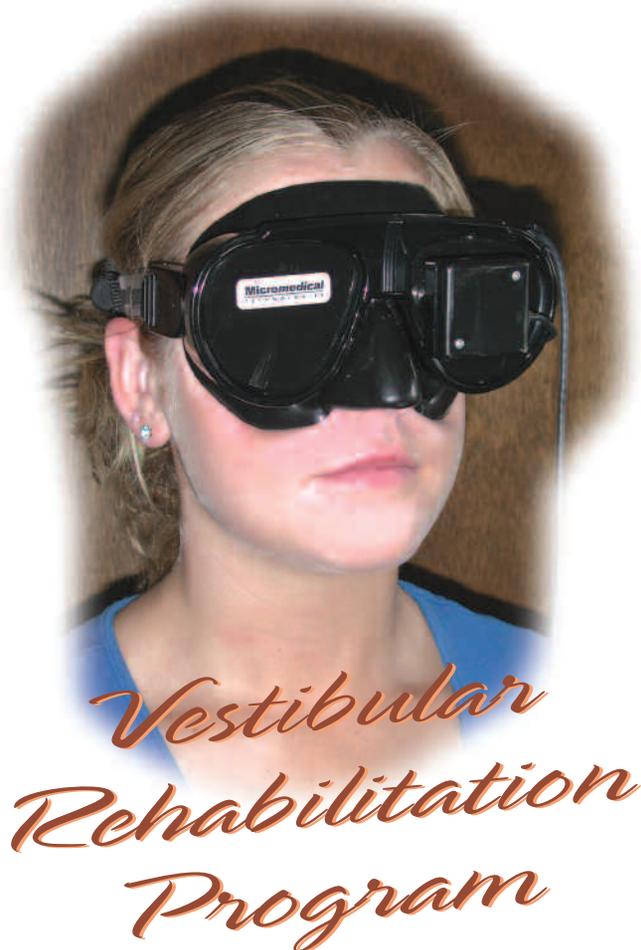
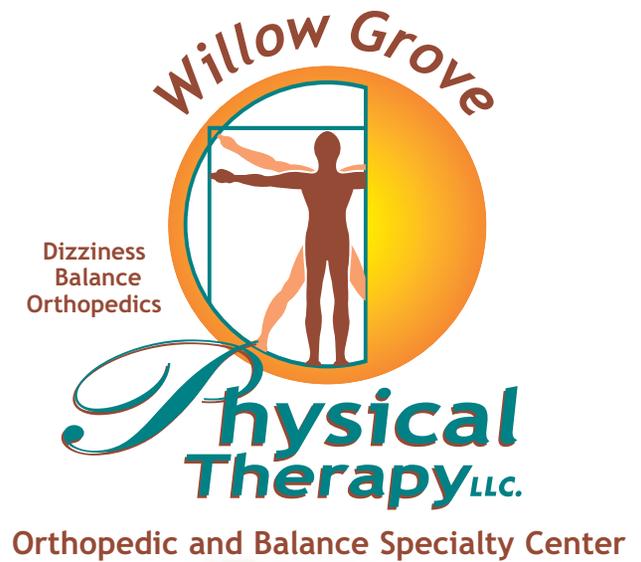
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Dizziness • Balance • Orthopedics

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Vestibular rehabilitation is an effective treatment for vertigo/dizziness, motion sensitivity, and balance disorders. Studies have shown vestibular rehabilitation to be 90% effective in many patients. It is a conservative, non-invasive, drug free option for patients.



Otolaryngologists/ENT, neurologists, cardiologists and family doctors are often consulted to treat the millions of Americans who have complaints of dizziness, lightheadedness and unsteady gait. Since dizziness and imbalance can come from many sources it is important that an accurate diagnosis is made.

Some common causes for dizziness and imbalance may stem from inner ear disorders such as benign paroxysmal positional vertigo (BPPV), labyrinthitis, vestibular neuritis, bilateral vestibular loss from ototoxicity, acoustic neuroma and Meniere's disease. Brain damage from head trauma,



tumors, and stroke can also be a source of dizziness and imbalance. Patients with these types of diagnoses are often referred

for vestibular rehabilitation with positive outcomes.

A vestibular therapist will evaluate patients with dizziness and imbalance to assess their vision and visual motor skills, balance, gait, motion sensitivity, strength, sensation, flexibility and coordination. A hallpike test and canalith repositioning techniques will be performed on patients who are suspected to have benign positional vertigo (BPPV). A custom home exercise program will be given on the first visit and upgraded frequently. Therapy sessions are typically two to three times per week. Patients diagnosed with benign positional vertigo (BPPV) usually improve in one to three sessions in 90% of cases. Treatment for other diagnoses may take from four to eight weeks.

In some cases patients may experience



an increase in their dizziness and imbalance. It is not uncommon to see an exacerbation of symptoms before improvement. Patients who are compliant and persistent with their vestibular rehabilitation program see results of decreased dizziness, improved balance and overall improved quality of life.

Most medical insurance plans will cover this program. Patients should bring their diagnostic test results to their first appointment.

