# Cawthorne and Cooksey Exercises

Diligence and perseverance are required but the earlier and more regularly the exercise regimen is carried out, the faster and more complete will be the return to normal activity. Ideally these activities should be done with a supervised group. Individual patients should be accompanied by a friend or relative who also learns the exercises.

### In Bed or Sitting

- Eye movements -- at first slow, then quick
  - 1. Up and down
  - 2. From side to side
  - 3. Focusing on finger moving from 3 feet to 1 foot away from face
- Head movements at first slow, then quick, later with eyes closed
  - 1. Bending forward and backward
  - 2. Turning from side to side

#### Sitting

- 1. Eye movements and head movements as above
- 2. Shoulder shrugging and circling
- 3. Bending forward and picking up objects from the ground

## Standing

- 1. Eye, head and shoulder movements as before
- 2. Changing form sitting to standing position with eyes open and shut
- 3. Throwing a small ball from hand to hand (above eye level)
- 4. Throwing a ball from hand to hand under knee
- 5. Changing from sitting to standing and turning around in between

## Moving about

- 1. Circle around center person who will throw a large ball and to whom it will be returned
- 2. Walk across room with eyes open and then closed
- 3. Walk up and down slope with eyes open and then closed
- 4. Walk up and down steps with eyes open and then closed
- 5. Any game involving stooping and stretching and aiming such as bowling and basketball

## (Adapted from Dix and Hood, 1984 and Herdman, 1994; 2000; 2007)

## Sources:

- Fetter, M. (2007). Vestibular system disorders. In Herdman, S. J. (Ed.), *Vestibular rehabilitation* (3<sup>rd</sup> Ed.) (p. 316). Philadelphia, PA: F. A. Davis Company.
- Jáuregui-Renauda, K., Villanueva Padróna, L., & Cruz Gómez, N. (2007). The effect of vestibular rehabilitation supplemented by training of the breathing rhythm or proprioception exercises, in patients with chronic peripheral vestibular disease. *Journal of Vestibular Research: Equilibrium & Orientation, 17*(1), 63-72.

http://www.tampabayhearing.com/docs/cookseyinstruct.pdf

### Occupational Therapy Intervention Skills for Vestibular Rehabilitation

**Repositioning treatments** for benign paroxysmal positional vertigo, including canalith repositioning, liberatory maneuvers, log-rolling maneuvers, Brandt Daroff exercises, other repositioning exercises and activities

**Vertigo habituation exercises and activity programs** Gaze stabilization exercises and activities, including eye-head coordination tasks

**Balance therapy:** exercises and activities for "static" standing, weight shifting, and balance control; exercises and activities for "dynamic" balance control during translation through space, leading to independence in dual task performance and safety during obstacle avoidance tasks

Home and work safety, including environmental modifications for lighting, flooring, modification of work area

**Training in mobility skills** on the bed; transfers to and from the floor, in the home, and in the external environment for falls prevention (e.g., use of a ladder, elevator, escalator, stairs, opening door, transfers to and from automobile, and functional mobility through visually challenging environments and environments with challenging support surfaces)

Knowledge of community and online resources for patient information

Patient education about condition, symptoms

**Specific to Ménierè's disease patients**: in coordination with nursing, work on meal-planning skills if dietary restriction is recommended by the physician

**In coordination with audiology**, for patients with hearing loss recommend communication and functional devices for telephone, alarm clock, and other devices for which sound is important; recommendations for modification of work and other tasks, as needed, for hearing loss

**Recommendation of assistive devices** for balance and safety during standing, walking, carrying objects, and other activities of daily living

**Task modification** to reduce cognitive load during dual- and multitask performance; dual-task performance training

Source: Cohen, H., Burkhardt, A., Cronin, G., & McGuire, M. (2006). Specialized knowledge and skills in adult vestibular rehabilitation for occupational therapy practice. *The American Journal of Occupational Therapy*, *60*(6), p. 674.