



TPMG Ear, Nose and Throat Specialists

1030 Champions Way | Suffolk, VA 23435
Phone (757) 673-6118 | Fax (757) 967-9003

802 Lockwood Ave., Suite C | Newport News, VA 23602
Phone (757) 367-8027 | Fax (757) 243-8412

CAWTHORNE'S EXERCISES

Goals:

1. To loosen up the muscles of the neck and shoulder to overcome the protective muscular spasm and tendency to move "in one piece."
2. To train movement of the eyes independent of the head.
3. To develop proprioceptive and visual mechanisms to compensate for the disturbance in labyrinthine function.
4. Generally, to improve muscle coordination.
5. To practice balancing under everyday conditions with special attention to developing the use of the eyes and muscle and joint sense.
6. To practice head movements that cause dizziness, and gradually overcome the disability.
7. To become accustomed to moving about naturally in daylight and in the dark.
8. Generally, to encourage the restoration of self-confidence and easy, spontaneous movement.

A. Seated or in Bed

1. Eye movements, at first slowly, then quickly - up and down, side to side, diagonal movements, and focusing on finger moving from three feet to one foot away from face
2. Head movements, at first slowly, then quickly and later with eyes closed - bending forward and backward, turning from side to side, tilting from side to side, and diagonal movements
3. Coordinated movements of both eyes and the head in the same directions as in Section A, Step 2
4. Shoulder shrugging and circling
5. Bending forward and picking up objects from the ground

B. Standing (repeat Section A)

1. Changing from sitting to standing position with the eyes open and shut
2. Throwing ball from hand to hand (above eye level)
3. Throwing ball from hand to hand under knee
4. Change from sitting to standing and turning around in between

C. Moving About

1. Walking across the room with eyes open and then closed
2. Walking up and down a slope with the eyes open and then closed
3. Walking up and down steps with eyes open and then closed
4. Sitting up and lying down in bed
5. Standing up and sitting in a chair
6. Recovering balance when pushed in each direction
7. Throwing and catching a ball
8. Any game involving stooping or stretching and aiming, such as bowling or shuffleboard

In addition, the following are helpful:

1. It is often extremely valuable to have the patients carry a light cane, not for support, but to provide additional information to, and in tactile and proprioceptive orientating input.
2. Optimal visual correction should be achieved, if possible, since it carries a major risk of further impairment of balance, because of the visual distortions induced by the lenses that must be worn. If the patient has already undergone such surgery, the use of the contact lenses (which avoid such distortions) is advisable.
3. In walking, the patient should be advised not to look down, but to select a distant point for fixation, using peripheral vision to avoid nearby objects.
4. A night light and bathroom light should always be left on in the patient's home.