Therapeutic effects of large-field visual virtual immersion on balance control in unilateral vestibular patients
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INTRODUCTION | VR-based balance rehab. relevance?

- Automatic sensory and motor compensations (visual-vestibular-motor) to reduce the patients’ visual dependence

METHODS | The PIVVIT project (Plateforme d’Imagerie Visuelle Virtuelle Thérapeutique)

CLINICAL TRIAL - PATIENTS
- Unilateral vestibular patients (42-80 y.o.; 3 m., 4 f.)
- Visually-induced dizziness (areflexia, chronic recurrent dizziness, vestibular neuritis)
- 8 weeks rehab. period = 1 or 2 rehab. session per week included in the patients care process
- Ethics validation (CPP - voluntary informed patients)

VISUAL STIMULI
- Large-field (panoramic) visual virtual flows
- Standardized optokinetic stimuli
- 8 Optic flows STIM.: 3D scrolls (Up, Down) + 3D Rotations (Clockwise, Counterclockwise) + 3D Radial expansion.
- 6 flows SPEED (speed ratio from 0.3 to s2B A.U.)
- Scenario optimized for efficiency on patient: visual-flows constraints increase throughout the therapeutic session: flows pattern (scroll, radial and rotation), stimulation speed increased, gaze anchoring on the visual reference (with/without).

GAZE ANCHORAGE (GA)
- Visual-spatial reference
- With GA: session 1-4; Without GA: session 5-8
- [With: session 9; Without: session 10]

PROTOCOL
- 1 Trial = Visual stimulation [Near - Far; Fast - 22 cm]
- 1 session = 6 speed [2 stim. = 5 speed - 8 trials]
- 1 Series = 8 stim. (8 trials)
- 5 different 10/20-3D visual flows

DISCUSSION – CONCLUSION | Rapid VR-based rehab. benefits

At a Clinical-Rehab. level: Positive effects of the “large visual field” increase on balance restoration
- METH. Patient-related sessions repetition + difficulty-dependent tunable scenarios + patient follow-up + methodical practice through short period (two months)
- BENEFITS. Rapid functional restoration of efficient synergistic control between balance and gaze process.
- PSYCHOL. Patients motivation and self-confidence!

At a Neuro-functional level: “visual-vestibular-motor” adaptation occurs despite the vestibular deficits
- PROCESS. Reweighting of the visual-vestibular sensory inputs reciprocally inhibition restoration
- ADAPTATION. Reduction of the visual dependence by visual-vestibular reverse compensations
- Questions about the neural basis of the “visual-vestibular plasticity”
- Sensory adaptive threshold/gain of the VOR and/or OKN?
- Dual sensorimotor balance in restoration: Interaction MT visual area - vestibular nuclei visual-vestibular integration for motor command tuning/adjustment.

CONCLUSION
- Optimized rehabilitation strategies based on simple virtual visual immersions Vs. standardized rehabilitation protocols (uncontrolled OKS) for unilateral vestibular patient
- Limit: No long-term effects (reported by patients after a six months period) requiring periodic booster sessions
- Our study corroborate the proof of concept of interactive VR-rehabilitation based on a large visual field stimulation device (experimental and clinical validation).


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