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## The Use of Zero Balancing in Vestibular Rehabilitation

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## The Use of Zero Balancing in Vestibular Rehabilitation

### Cover Page Footnote

Mary Behrens is a Vestibular Physical Therapist and Certified Zero Balancer who lives in Northern Indiana. She is part of the Teacher Training program for Zero Balancing and is enthusiastic about bridging the gaps between eastern and western models of healing.

## The Use of Zero Balancing in Vestibular Rehabilitation

Mary Behrens, PT  
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**Background:** I remembered Gerry; I had treated him for positional vertigo a few years ago with a head repositioning treatment called the Epley maneuver. He was in his mid 70's and suffered from medical complications possibly due to exposure to agent orange during his time serving in Viet Nam. He had an opening in one of the semicircular canals in his inner ear that was inoperable, along with hearing loss. Now, he was in my office reporting severe migraine headaches, recurring daily, lasting for hours at a time. Because his migraines caused unsteadiness and dizziness in addition to the other symptoms, his specialist diagnosed him with vestibular migraines. His specialist, an ear, nose, and throat doctor with an extensive background in dizziness related to the inner ear, told Gerry that he was unfortunately not a candidate for prescription migraine medication due to his medical complications. These migraine spells induced vomiting, made Gerry unsteady on his feet, and caused light and noise sensitivity. His wife described the scene at home on a typical day: Gerry lying on the couch with a bucket next to him, unable to move his head, and utterly miserable. As these spells continued, Gerry became dehydrated and lost weight.

By the time I met with Gerry and his wife, they were both very discouraged. His migraines were still frequent, and they didn't know where else to turn. He was already taking the recommended supplements of B12, magnesium, and melatonin for sleep. We reviewed some possible triggers for his spells, including diet, sleep, and emotional stressors. I was shocked and saddened to hear that in the last year, they had lost one of their adult daughters. We sat with that reality for several moments. I wondered if this loss and grief was behind his migraines. It is interesting to note that vestibular migraine is often seen with positional vertigo, and although his

positional vertigo was resolved with the Epley maneuver in the past, testing this time around (Dix Hallpike test) did not indicate that diagnosis. I knew from prior experience as well as best practices in Vestibular Physical Therapy, that his headache needed to be under control before he did vestibular exercises. This was a good time to try Zero Balancing for several reasons. First, there is evidence from preliminary studies that Zero Balancing helps patients with feelings of wellbeing including improvements in depression and/or anxiety. Second, with his history of military service in Viet Nam there was a strong possibility of held tension in the bone due to trauma. Third, Gerry and his wife expressed desperation at his condition and deserved at least a trial of this form of therapy. Typical protocol is to try Zero Balancing for 3 sessions to see if there is an effect, and to move onto another treatment if not.

We also discussed the option of seeking counseling to help with the grieving process. (I am not trained as a counselor, and often refer my patients to local therapists to support their healing.) In addition, after hearing Gerry's story, I proposed doing a balance assessment at the start of each session, as is typical in the clinic so that we could document his progress, but then use only Zero Balancing for his treatments. Both Gerry and his wife agreed to this plan.

**Treatment:** The initial assessment included giving Gerry a questionnaire about the frequency of his symptoms, called the Dizziness Handicap Inventory. It has 25 questions, and a higher score indicates a higher level of perceived impairment due to dizziness. His initial score was 52 out of a possible 100, showing a moderate level of impairment. Due to his report of being unsteady on his feet, I also measured his balance standing on both the floor and a piece of foam with his eyes open and closed. Gerry had trouble with this as well, scoring 95 out of a possible 120 seconds,

indicating that his balance reactions were limited due to not fully using the information from his vestibular system.

For the first four weeks of treatment for his vestibular migraines, Gerry received weekly Zero Balancing Sessions. Zero Balancing is a form of manual therapy which addresses the bones, ligaments, and particular joints in the body. The sessions involve a set protocol with light finger pressure, traction, and compression, with the goal of balancing body structure (bone) with body energy. For Gerry as with any client with headache, the bones of the skull are also addressed. In Gerry's case, I noticed increased density in his ribs, skull, and feet, which were addressed with fulcrums for those areas. A fulcrum is a point where the practitioner applies pressure on the bone for several seconds to release the tension held in the bone. I reassessed Gerry's balance at the beginning of each session and asked him to work on it at home as he was able. Because of the severity of his headaches, we did not do any exercises involving head movement. Our priority was to get rid of his migraine spells, and I hoped that Zero Balancing would be the answer for him.

**Outcome:** After the first two ZB sessions, Gerry came to his third appointment reporting that his headaches were much better. In Zero Balancing the theory is that when held tension in the bone is released back into the body, that energy is available for healing. I was delighted that he felt dramatically better after months of suffering. Several sessions later, he told me he was able to play with his grandchildren out in the yard, which he hadn't been able to do since the migraines started. In fact, he seemed happy to be complaining of exhaustion from playing with them for so long. We laughed about how much energy young children have, and it felt good to be laughing about that!

After 7 sessions, Gerry's headaches were gone. His Dizziness Handicap Inventory improved from the initial score of 52/100 to 0/100. His balance scores improved as well with the timed test from 95 to 110/120 seconds. Most importantly, Gerry had returned to doing the things he enjoyed, and his wife was happy to have her husband back to his normal self.

Gerry's case was the first time I saw someone in the physical therapy clinic with severe migraine spells who was unable to be treated with medication. At first, I wasn't sure if I could help him. When he reported such dramatic improvement, I felt encouraged and finally empowered to see the potential of Zero Balancing to alleviate suffering in even the most severe cases. Knowing that this had been "the end of the line" in terms of Gerry getting help freed me up in a way to use whatever means I had to help his headaches. Having the tool of ZB to use in the medical clinic enables me to help a much wider range of people than I would be able to otherwise. Moreover, practicing ZB within a traditional physical therapy clinic provides patients such as Gerry—people who are not candidates for medicated solutions—a new avenue of healing in a medical setting.

Mary Behrens, PT has passed the Emory Vestibular Competency Examination and is Certified Zero Balancer who lives in Northern Indiana. She is part of the Teacher Training program for Zero Balancing and is enthusiastic about bridging the gaps between eastern and western models of healing.