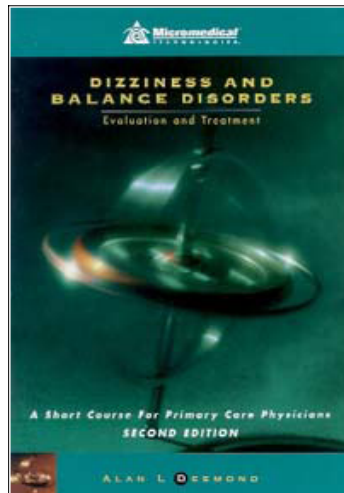


Providing Insight Into The Complexity Of The Balance System

Dizziness and Balance Disorders: Evaluation and Treatment

by **Alan L. Desmond, Au.D, CCC-A**



Dizziness and Balance Disorders: Evaluation and Treatment gives insight into the classifications, causes, and rehabilitation options for dizziness and balance disorders. This book is an essential overview for both the seasoned specialist and novice clinician alike.

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Excerpt

The prevalence and debilitating nature of balance disorders calls for a rethinking in the diagnosis and treatment of these patients. The commonly used equation of “dizziness equals inner ear disorder equals vestibular suppressant” needs to be refigured. Currently, 50% of patients seen in the primary care setting receive no diagnosis for their complaints of dizziness, yet 70% receive a prescription for Meclizine (Antivert) (Squires, Burke). According to the Physicians Desk Reference, meclizine is considered “effective” for the treatment of motion sickness, and “possibly effective” for management of vertigo. Meclizine has not been demonstrated to be effective or appropriate in the treatment of chronic dysequilibrium and imbalance, or lightheadedness (Physicians Desk Reference, 1999). Considering the frequency with which meclizine is prescribed for dizziness, there are remarkably few studies to

evaluate its' effectiveness and side effects. Considering the known side effects, which include drowsiness, lethargy, reduced reaction time and negative effect on the natural recovery process from vestibular injury, capricious or extended use of vestibular suppressant medication is frequently ineffective, and probably harmful. Appropriate treatment following an episode of acute vertigo would be to encourage activity to promote central compensation. Additionally, some patients may be experiencing imbalance or dysequilibrium from a non-vestibular cause. These patients may actually experience greater symptoms as suppressant medications may hinder the function of the vestibular system at a time when the patient may be most dependent on it.

Table of Contents

| TOPIC | PAGE NO. |
|--------------------------------------------------------------------|-----------|
| INTRODUCTION | 1 |
| STRUCTURE AND FUNCTION OF THE VESTIBULAR SYSTEM | 2 |
| SCREENING PATIENTS FOR APPROPRIATE REFERRAL | 4 |
| Quality | 6 |
| Temporal Course | 6 |
| Precipitating, Exacerbating or Relieving Factors | 7 |
| Associated Symptoms | 7 |
| General Health Status | 7 |
| Medications | 7 |
| Medications and Vestibular Testing | 9 |
| Examination of the Vestibulo-Ocular Reflex | 9 |
| Static Evaluation | 9 |
| Dynamic Evaluation | 10 |
| <i>HeadShake Nystagmus</i> | 10 |
| <i>Head Thrust</i> | 10 |
| <i>Dynamic Visual Acuity</i> | 11 |
| Eye Movement Tests | 12 |
| Positioning | 12 |
| Romberg Testing | 13 |
| Dysdiadochokinesis | 13 |
| Tandem Gait | 13 |
| Fukuda Stepping | 13 |
| Hyperventilation Syndrome | 13 |
| Orthostatic (Postural) Hypotension | 14 |
| REFERRAL TO A VESTIBULAR SPECIALIST | 15 |
| EVALUATION TECHNIQUES | 16 |
| Audiometric Evaluation | 16 |
| <i>Auditory Asymmetry</i> | 16 |
| <i>Retrocochlear Pathology</i> | 16 |
| <i>Health and Integrity of the Ear Canal and Tympanic Membrane</i> | 16 |
| Electronystagmography | 17 |
| Rotational Tests | 20 |
| Posturographic Studies | 21 |
| Auditory Evoked Potentials (AEP or ABR) | 22 |
| Otoacoustic Emissions | 22 |
| Lifestyle Considerations | 22 |

| | |
|------------------------------------------------------------|-----------|
| COMMON DISORDERS OF VESTIBULAR AND BALANCE FUNCTION | 23 |
| Benign Paroxysmal Positional Vertigo (BPPV) | 23 |
| Vestibular Neuritis | 24 |
| Meniere's Disease | 24 |
| Perilymph Fistula | 25 |
| Central Dizziness | 25 |
| Vestibular Equivalent Migraine | 25 |
| Ototoxicity | 25 |
| Vertebro-Basilar Insufficiency | 26 |
| Acoustic Neuroma | 26 |
| Mal de Barquement Syndrome | 26 |
| Superior Canal Dehiscence Syndrome | 26 |
| Barotrauma | 26 |
| Hyperventilation | 26 |
| Postural Hypotension | 26 |
| TREATMENT TECHNIQUES | 27 |
| Benign Paroxysmal Positional Vertigo (BPPV) | 28 |
| Stable Unilateral Lesions | 28 |
| Unstable Unilateral Lesions | 28 |
| Bilaterally Stable Lesions | 28 |
| Non-Vestibular Disorders | 29 |
| FALL PREVENTION | 30 |
| GLOSSARY | 32 |
| REFERENCES | 34 |
