

IN BALANCE

Vol 7 DATE May 2007

VESTIBULAR INVESTIGATION UNIT

A collaborative service provided by the Royal Victorian Eye & Ear Hospital and University of Melbourne Department of Otolaryngology
<http://www.medoto.unimelb.edu.au/oto/vestibular.html>

EDITORS NOTE

In the time since our last news update, we have been busy! Our department has grown, with the employment of two new full-time staff members as well as Nichola's welcomed return from maternity leave, joining us 2 days per week. These additions bring staff numbers to four full time and seven part-time/casual Vestibular Audiologists, which has shrunk the waiting list to a timely 4 weeks. The New Year has also seen a review of all our test protocols. These protocols are followed routinely in the basic or comprehensive vestibular assessment. The review has enabled us to update and modify our test procedures to align with current best practice. Self assessment studies are also underway, assessing our Vestibular evoked myogenic potential (VEMP) test procedure and result analysis, along with a project to examine the way we activate and record the sternocleidomastoid muscle contraction.

- Rebecca Verhoef

CLINIC WAITING LIST

Waiting times for patient assessments are now stabilising to a timely 4 weeks, allowing for prompt reporting of the vestibular function of your dizzy or imbalanced patients.

Our new Public Vestibular Physiotherapy Service has been extremely successful. It has been very pleasing to manage this clinic over the last two years but, of course, it also unfortunately means that the wait time to access this service is currently very lengthy. New patients are waiting approximately five months. We understand this is unacceptable for many clients and with the help of our physiotherapist, Kate Murray (PhD), we have collated a list of alternative Vestibular rehabilitation services available throughout Victoria. This list contains both Public and Private Services, to give our clients the best possible choices. The list is readily available from our website.

(<http://www.bionicear.org/oto/vestibular.html>)

INTERIM REPORTS

Do you have access to email? Would you like an 'interim' report of your patient emailed to you? We would like to encourage our referrers to provide us with their email contact address to shorten the time taken for a report to reach its recipient and to save some trees! Only 'interim' reports will be emailed, and a paper copy along with the results will be mailed once read by our expert neurologist, Dr Mark Paine. To take part in this, email your address to enticott@unimelb.edu.au



FACT

Only 4% of patients we see (who do not suffer from migraine) experience nausea and/or vomiting during vestibular testing. Often our patients come prepared for feeling sick, as they have been told that this is likely. Help us, by using this encouraging example, only 4 in 100 people feel nauseous and vomit during our testing.

STAFF MOVEMENT

A few months ago we said goodbye to Melanie Van Der Schoot who has worked within the unit for the past 3 years. We welcomed two new full time Audiologists, Katie Dale and Nick Margetts, and also welcomed back from maternity leave, Nichola Baker.

NEWS

Vestibular Information sessions

Shortly, the Vestibular Investigation Unit will be running information sessions which will be open to the public. Information provided will include a basic description of how the vestibular system works, the link between anxiety and vestibular symptoms, vestibular tests available, physiotherapy options and simple exercises for those with vestibular disturbance. These sessions will be open to all clients who are under the care of an Otologist or Neurologist, and will be targeted towards “doctor shopping” clients who perhaps need more counselling and education about what they can do for themselves for their problem. Advertisements for session times will follow. For more information, contact Joanne Enticott (enticott@unimelb.edu.au).

Progress of Research within the Department...

Recognised experts report between 10% - 30% of patients with unilateral vestibular dysfunction do not compensate completely, often for unknown reasons (Curthoys and Halmagyi, 1999; Hall et al, 2004; Herdman et al, 2003). Recent research performed here also found a small percentage (4-5%) of adults didn't fully compensate for any vestibular disturbance experienced after cochlear implant surgery even 3-6 years later. Significant proportions of these subjects were of an older age (mean 72 years) and had lost significant caloric responsiveness in the implanted ear too. As a direct result of this study, implant recipients are now referred into a Vestibular Rehabilitation program if they continue to report significant vestibular symptoms at their six month review. Stay tuned for this publication— a paper was recently submitted to *Otology & Neurotology* (2007).

Recent Publications...

Vestibular Rehabilitation in Individuals with Inner-ear Dysfunction: A Pilot Study. J.C. Enticott, J. J. Vitkovic, B. Reid, P. O'Neill and Paine, M. Journal of Audiology and Neurotology. IN PRESS (2007)

Superior canal dehiscence syndrome was first described by Lloyd Minor in 1998. Our audiovestibular assessments are assisting specialists with the diagnosis of this pathology, and currently we are seeing many patients with this problem. A team of Audiologists here and eminent Otologist, Mr Rob Briggs, are collaboratively working to study these patients and the effects of reparative surgery – stay tuned for the results.

Each year, enthusiastic Audiology Master's students undertake Vestibular related research projects helping to develop our unit and, more importantly, helping those with vestibular dysfunction. Being so closely associated with the University of Melbourne, School of Audiology and being involved with these projects also make it a professionally rewarding experience for the staff working within the unit. This year research projects include: *Amy Hare* studying the effects of cochlear implantation on vestibular function, *Jacqui Peck* designing and developing a feedback mechanism for the VEMP test, *Ali Grenness* examining Vestibular habituation effects, *Michelle Moran* studying perceptions of motion, nausea and anxiety during caloric and rotational chair tests, and *Joe Thompson* examining specific symptoms that improve (or don't improve) in subjects undertaking vestibular rehabilitation to guide further development of the program.

Vestibular migraineurs are 4 times more likely to be nauseous to caloric testing than other dizzy patients, including those with a co-existing history of migraine! To investigate why, we need the help of your vestibular migraine patients. Patients will be required to come into the VIU for testing. Please contact Jessica Vitkovic for more information on 9929 8235.

To complete the study “Electrocochleography (ECoG) – for specific use in diagnosing Meniere's syndrome” an advertisement will be featured in the upcoming ‘Whirligig’ requesting volunteers for this study. We hope to be able to complete the study and conclude results by the end of 2007.

Vestibular Investigations Unit
Locked bag 8, East Melbourne 3002
Tel: 9929 8740 Fax: 9662 3312

