



2025 Annual Convention

You Belong Here!

Sharing Our Similarities, Celebrating Our Differences!



The World Does Not Revolve Around You!

You're Just Dizzy!

presented by:

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&
Victoria Price, AuD**

#SCSHA2025

**The World Does Not
Revolve Around You!**

You're Just Dizzy!

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Board Certified in Audiology**

Victoria Price, AuD



**Beach Audiology
Hearing & Balance Center**



Materials for presentation



Slide Deck



Examples of Balance Patient Intake
Forms

Jason Wigand, AuD, CCC-A

Financial disclosures:

- Owner & Chief Audiologist
Beach Audiology Hearing & Balance Center - Myrtle Beach, SC

Non-financial disclosures:

- Treasurer, South Carolina Academy of Audiology
- Board Member, Board of Examiners for Speech Pathology and Audiology – South Carolina Department of Labor, Licensing and Regulation (LLR)
- Board Member, National Council of State Boards of Examiners for Speech Pathology and Audiology
- State Champion Advocate (SC), American Cochlear Implant Alliance
- Board Member, Alexander Graham Bell Association, SC Chapter



**Beach Audiology
Hearing & Balance Center**

Victoria Price, AuD

Financial disclosures:

- Clinical Audiologist/Vestibular Specialist
Beach Audiology Hearing & Balance Center - Myrtle Beach, SC

Non-financial disclosures:

- None



**Beach Audiology
Hearing & Balance Center**



Beach Audiology Hearing & Balance Center

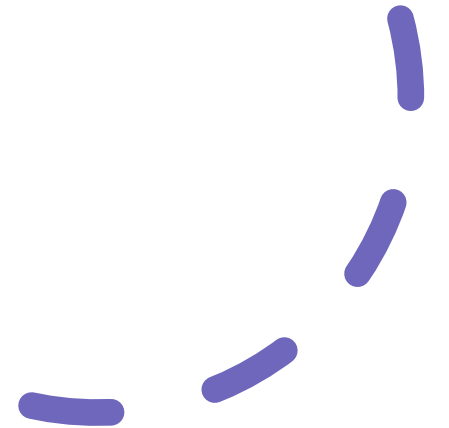
We are proud to be certified as a Center of Specialty Care by the American Institute of Balance! The Institute is widely recognized for providing practitioners with the most current clinical and scientific breakthroughs in treatments.



Did you know?



- Dizziness is the number one complaint reported to medical providers in adults 70 years of age or older.

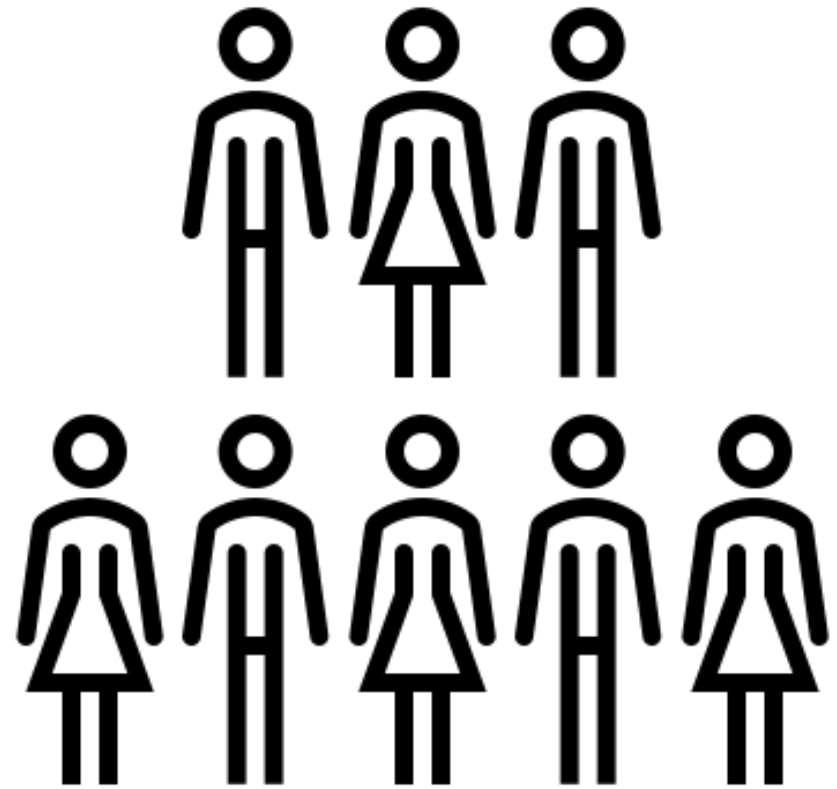




Balance-related
falls cause over
300,000 hip
fractures in
individuals over 65
years of age.

It affects millions...

- According the National Institute of Health (NIH), dizziness or loss of balance will affect 90 million Americans sometime during their lifetime.





- Problems with equilibrium may indicate serious health risks or limit a person's everyday living.

Vertigo is most common in people with cardiovascular issues, diabetes, or history of migraines.



What's The Difference?

Vertigo

- Swaying/Rotating
- True spinning sensation
- The world or yourself are spinning



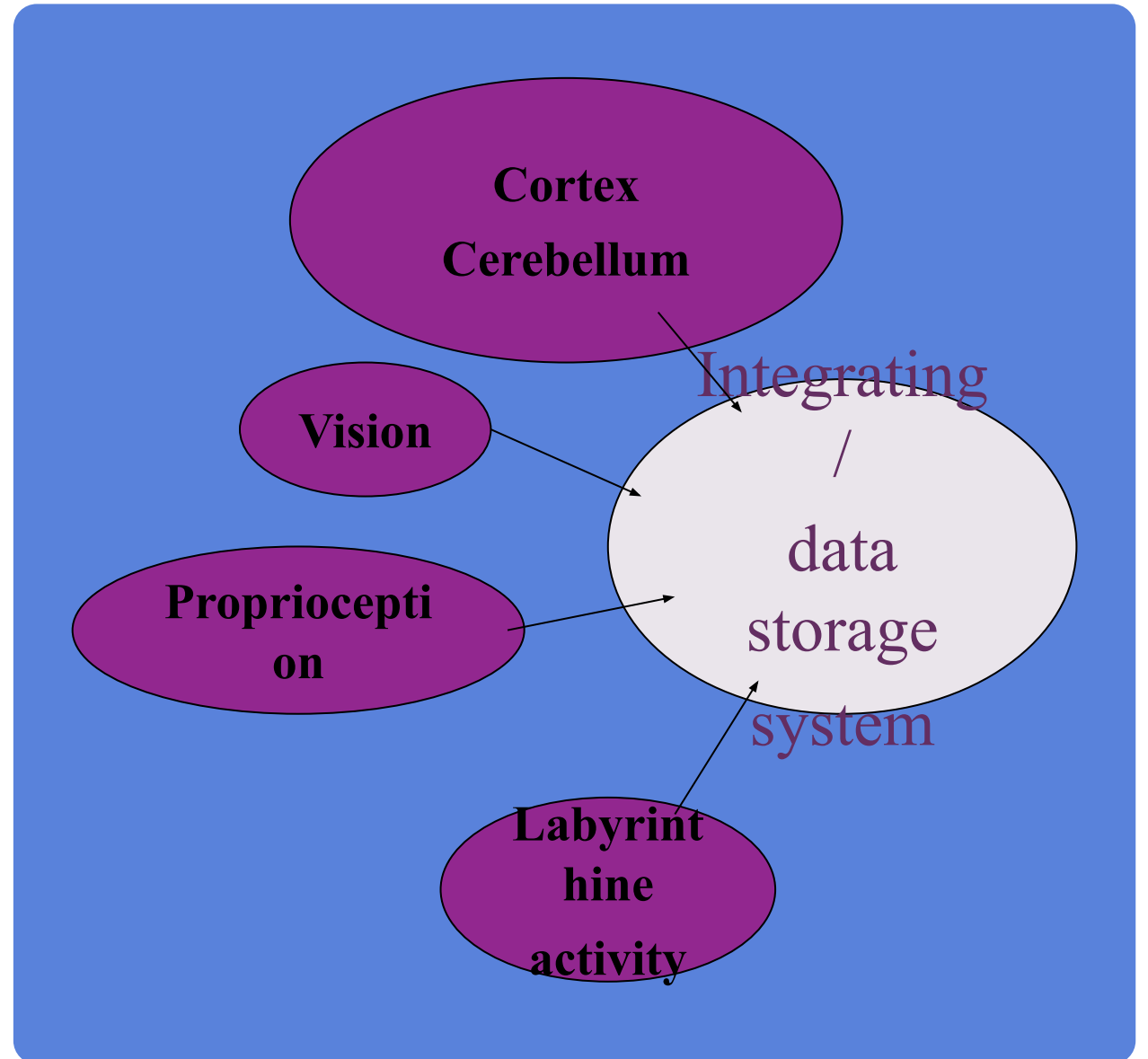
Dizziness

- Lightheadedness
- Unsteadiness
- Feeling like you're going to faint

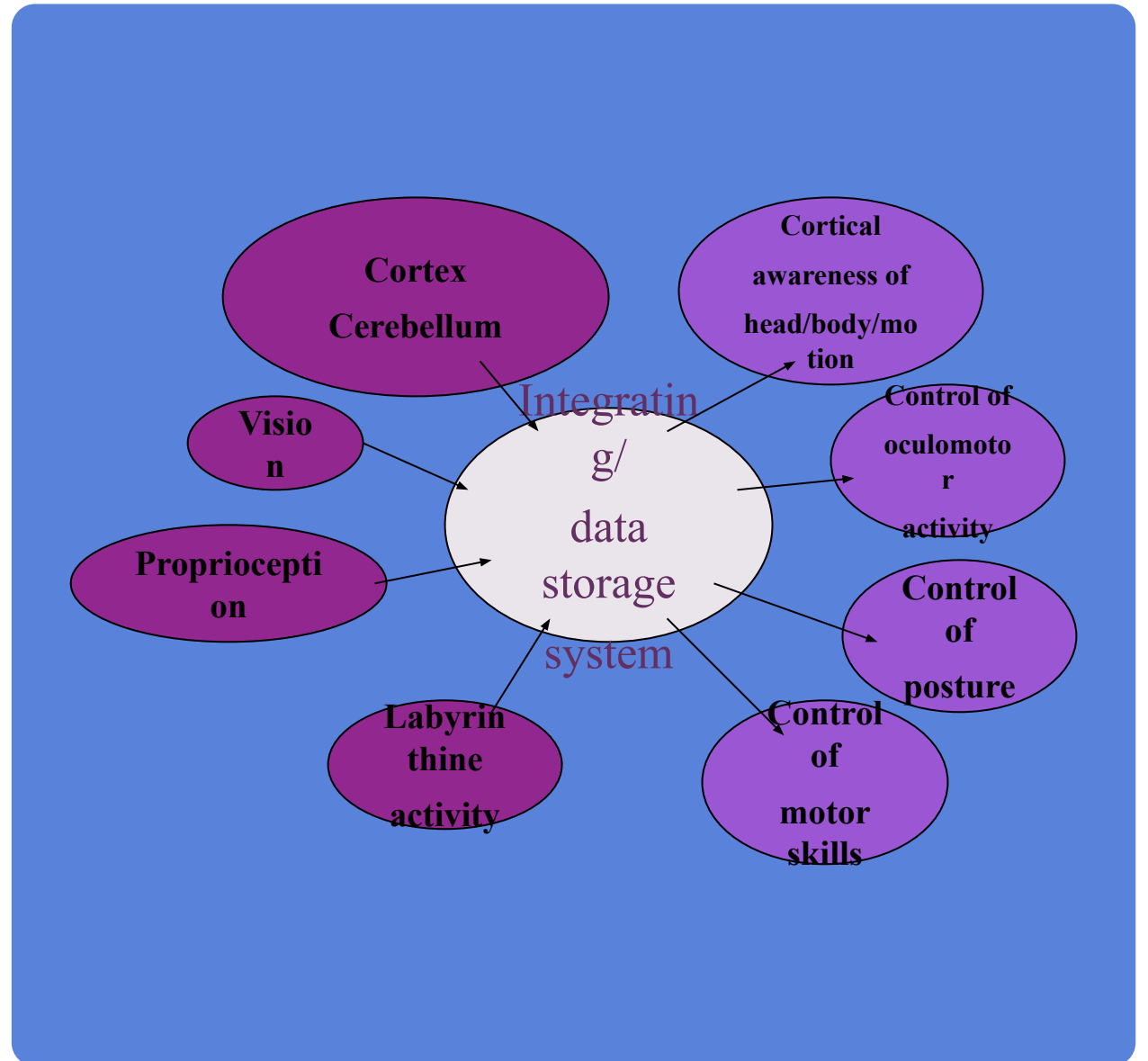
Let's start with some definitions...

- Vertigo
 - A specific illusion or hallucination of movement, usually rotatory
- Dizziness
 - Light-headedness, faintness, giddiness, swimming/floating feelings, imbalance, ataxia, minor episodes of mental confusion

Balance - Input



Balance -Output





CASE HISTORY:

THE most important part!!!!



Diagnosis

- Differential diagnosis
 - Vestibular (peripheral)?
 - Neurological (central)?
 - General medical / systemic?
- Vertigo ~ peripheral vestibular disorder
- 'Dizziness' ~ general medical disorder
- TRY. TO. SPECIFY!



Otologic causes

- Inner ear inflammation ('labyrinthitis' or 'vestibular neuronitis')
- Vascular disease (labyrinthine end artery)
- Meniere's disease
- BPPV
- Vestibular schwannoma

Otologic causes

- Vestibular neuronitis:
 - Sudden onset acute vertigo lasting several days, all positions
 - Slow central compensation (weeks)
 - Longer if vestibular sedatives used
 - May be left with peripheral hypofunction
 - **Tendency to relapse in years to come**



Vestibular Neuronitis



Acute episode of vertigo lasting days then slow resolution as central systems compensate for any persistent loss of vestibular function



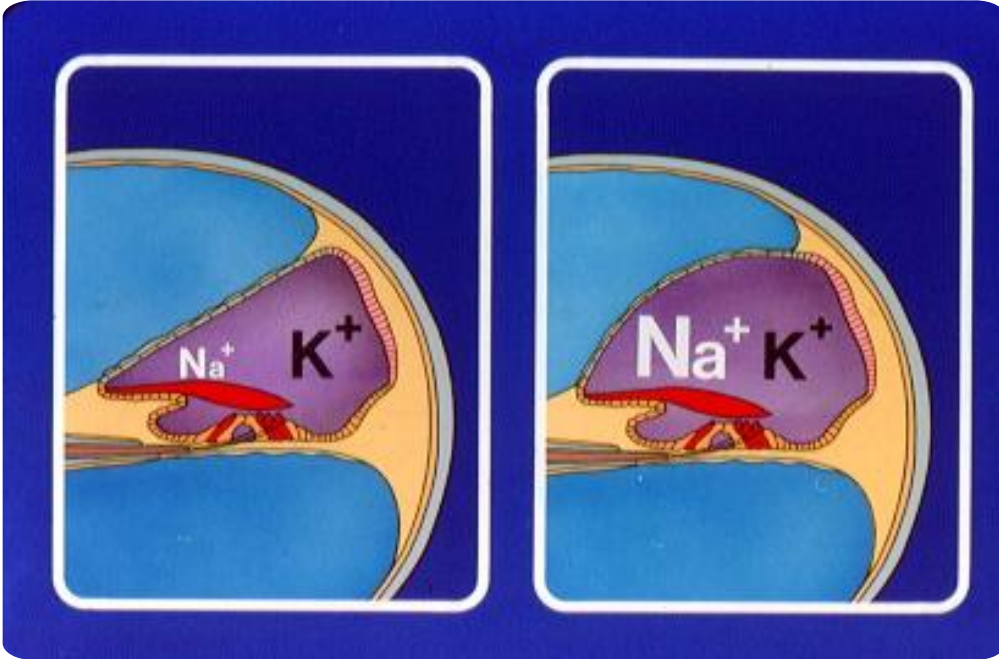
If associated with hearing loss, implies it was a true labyrinthitis i.e. damage to entire labyrinth, including cochlea (possible auditory deficit)

BPPV

- Short-lived rotatory vertigo related to certain head positions
- Diagnosed by Dix-Hallpike test
- Attacks often precipitated by rolling over in bed
- Treated by Epley maneuver



Meniere's disease



- Rare
- Triad of
 - **fluctuating hearing loss**
 - **Tinnitus**
 - **vertiginous attacks** (< 12 hrs)
- With time, **hearing loss persists** and **vertigo attacks subside**
- May be left with chronic vestibular failure

A decorative background featuring various geometric shapes in blue and purple. There is a large purple circle on the left containing the text 'Meniere's disease'. To its right is a list of treatments. The background also includes a blue circle in the top left, a blue triangle in the top right, and several blue and purple lines and shapes at the bottom.

Meniere's disease

- Treatment:
 - Diet
 - Lasix/water pills
 - Intratympanic gentamicin
 - Rarely, surgery

Otologic causes

- Ototoxicity
 - Antibiotics: Aminoglycosides (streptomycin, gentamicin - which is more vestibulo- than cochleo-toxic)
 - Cytotoxics: Cisplatin, vancomycin
 - Diuretics
 - Salicylates/NSAIDs, (in high dose are cochleotoxic, not vestibulotoxic)

Neurological causes



Cerebrovascular
disease

Migraine



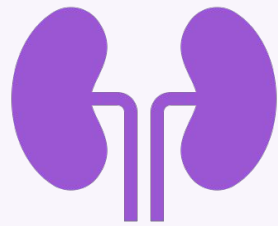
Basal ganglia
disorders

Parkinson's
Alzheimer's
(late in
disease)



Brainstem disease

General medical causes



Cardiovascular

e.g. hypo/hypertension, dysrhythmias,
anemia



Metabolic

e.g. hypothyroidism, Chronic Renal
Failure



ASSESSMENT

- Examination
 - General medical assessment
 - Neurological assessment
 - ENT assessment



ASSESSMENT

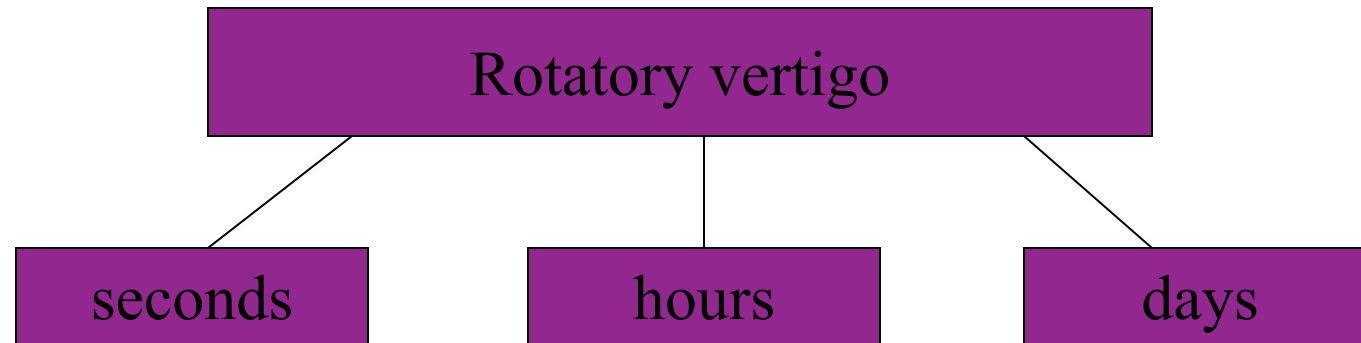
- Examination
 - Nystagmus - vestibulo-ocular reflex
 - Direction of fast phase of eye movement is opposite to ear with damaged/ parietic labyrinth, but body falls to same side
- Positionals
- Calorics
- Sinusoidal (Rotary chair)

ASSESSMENT

- Vestibular investigations
 - Rarely needed but can be used to assess VOR, peripheral vestibular function
- Imaging
 - MRI
 - If Hx doesn't fit with above diagnoses, or if something 'not quite right', atypical nystagmus – need to exclude brain lesions

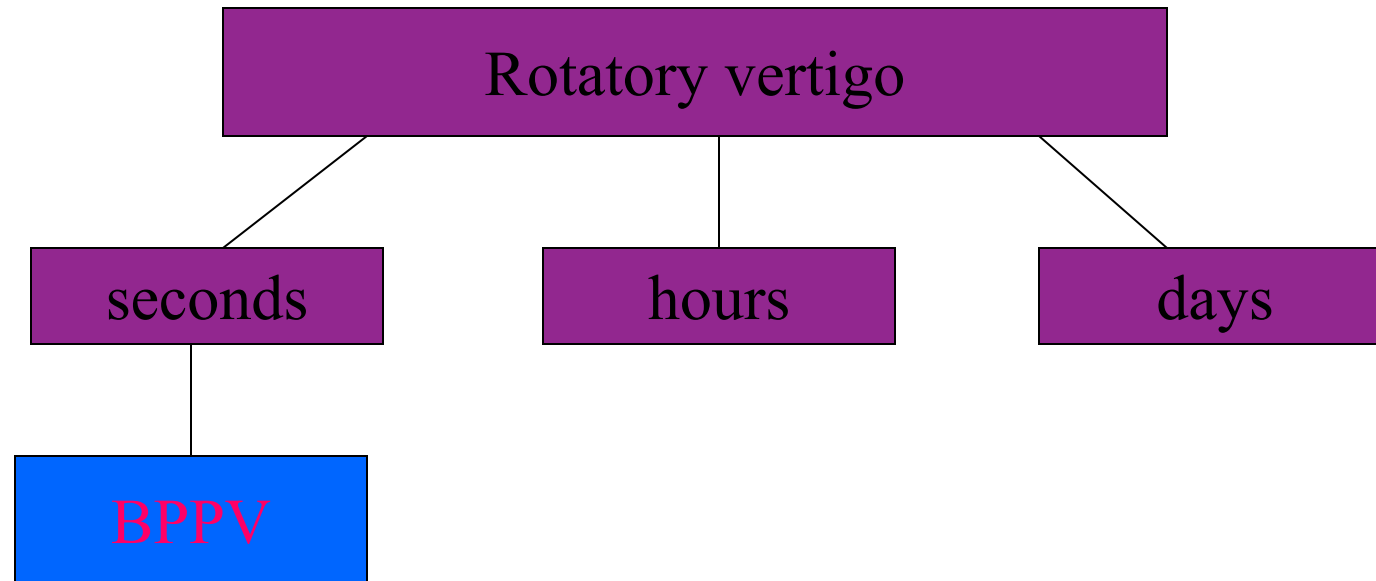
Dizziness

- Summary



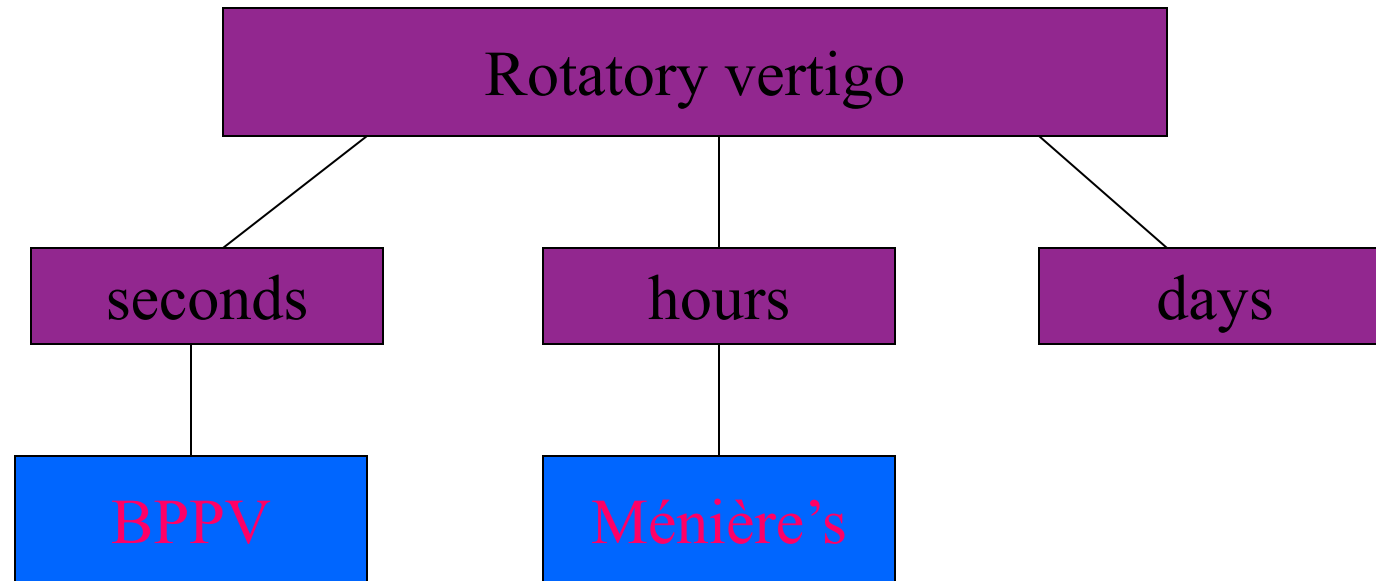
Dizziness

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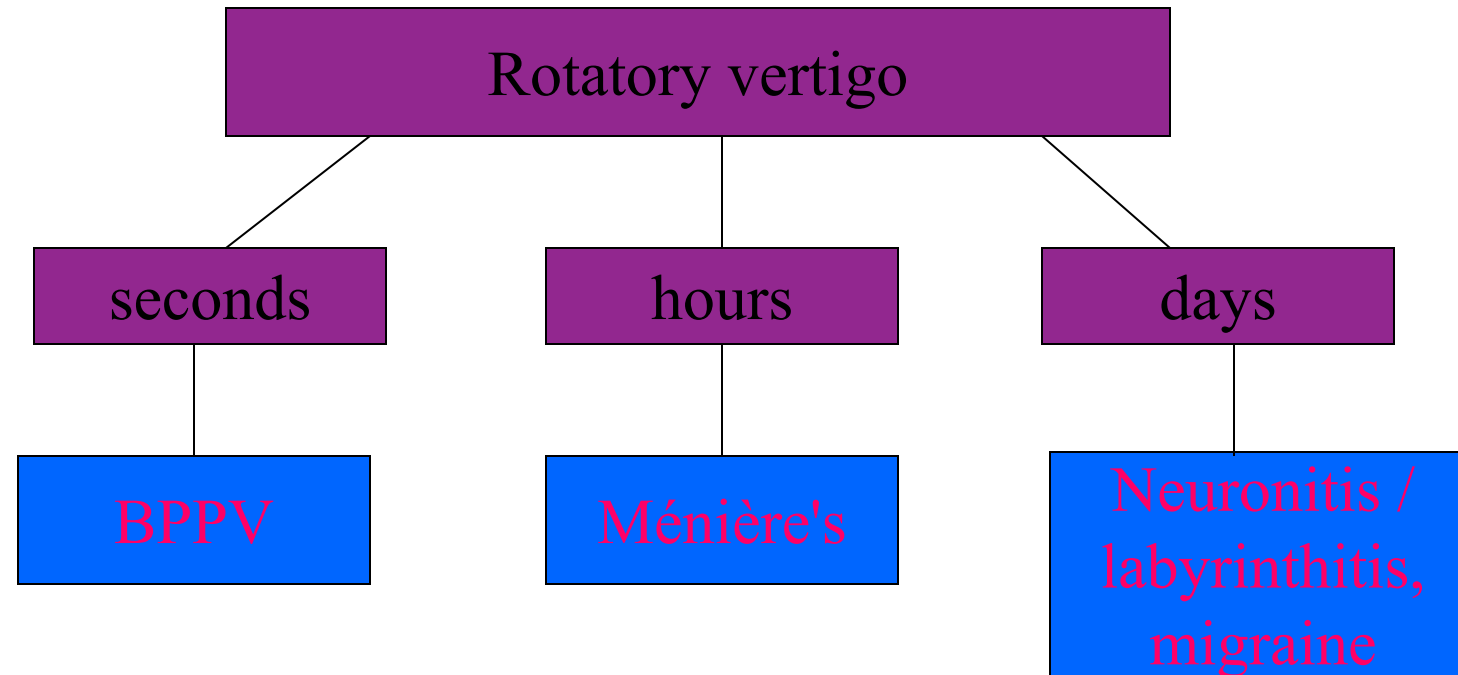
Dizziness

- Summary



Dizziness

- Summary



Rehabilitation

To help regain control,
relieve anxiety, fear of
stigmatization,
isolation

Vestibular rehabilitation

Changing environment

- Replace rugs, improve lighting, handholds
- Ambulatory support



Drugs

- For acute vertigo, may prescribe very short or single dose of vestibular sedative
- In cases of Meniere's, may have preventative action (placebo?)
- DO NOT continue vestibular sedatives long term or use; it prevents full compensation and sedates the remaining functioning part of vestibular system

References

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Beach Audiology Hearing & Balance Center

QUESTIONS ???



Thank You!



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