

Dizziness...Do I Have to Live with it?

BY DR. LISA NELSON, OWNER,
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Dizziness is more common than most people think. In fact, it's the second most common complaint people bring to their doctors. It is estimated that as many as 40% of all adults experience dizziness severe enough to warrant reporting it to their doctors. Fortunately, most causes of dizziness are detectable and treatable, especially with today's sophisticated computerized diagnostics, vestibular rehabilitation processes, medicines and advanced surgical techniques.

Dizziness has been described as a feeling of:

- Lightheadedness
- Feeling as if you are moving when you are not
- A spinning sensation

Dizziness often occurs along with other symptoms, such as nausea, anxiety, and hearing loss. Pressure or fullness in the head or ears, or a ringing in the ears called tinnitus can also accompany the dizziness. It is important that your doctor and audiologist know if these or any other problems accompany your dizziness.

Do I have to live with it?

No, although diagnosing dizziness can be complex and the process usually requires several tests. In most cases, you'll start with a detailed medical history and a physical examination. Because the balance system is located primarily in the inner ear, a hearing test with Otoacoustic Emissions (OAEs) and Tympanometry is a common diagnostic procedure in combination with the ENG (Electronystagmography), measuring eye movements with various stimuli. They have been the cardinal tests used to identify vestibular/inner ear disorders. But is there more?

The "Advanced" diagnostic processes

Some of today's audiology based balance centers go beyond the previ-



ous protocols mentioned above and can offer much more precision when evaluating a patient's vestibular system. For more information regarding specific diagnostic testing please visit

our website at www.hearing-professionals.com.

When will I feel better?

Once the Comprehensive Vestibular Test Battery is completed, the patient's dizziness would be categorized as vestibular (inner ear), abnormal (requiring further radiographic studies to investigate the brainstem or central nervous system), or other possible causes (cardiovascular, metabolic, medication/poly-pharmacy, multi-factorial etc.) Working with your primary care physician, additional referrals may be indicated (Cardiology, Neurology, Otolaryngology, Physical Therapy, and/or radiographic studies, etc.). Vestibular disorders are responsible for 85% of patients complaining of dizziness. Most medications geared towards treating the symptoms of dizziness and dysequilibrium hinder the natural vestibular compensation process (the body's repair mechanism).

Patients that are identified with vestibular disorders, who are considered candidates for Vestibular Rehabilitation Therapy (VRT), will receive clinician or self-directed exercises that focus on the weaknesses identified (Adaptation and/or Substitution exercises). The typical therapy lasts for seven to thirteen weeks, depending on the origin of the disorder and any multi-factorial symptoms. Patients who have balance disorders due to neurological events are given a poorer prognosis. Therapy directed towards a specific diagnosis resulted in resolution of symptoms in 85% of patients, while general vestibular rehabilitation exercises resulted in resolution of symptoms in only 64% of patients.

Another facet of VRT is treating Benign Paroxysmal Positional Vertigo, the most treatable and most common vestibular disorder. The

treatment requires one of several repositioning maneuvers. To be effective this procedure requires appropriate diagnosis to differentiate between a canalolithiasis versus cupulolithiasis and to determine which canals and which ear are involved. The success rate with less than two visits is over 95 percent, with accurate diagnosis and treatment by specially trained audiologists.

The inner ear houses two vital sensory systems: hearing and balance. Evaluating both of them is critical to finding an accurate diagnosis for your dizziness. Audiologists are the professionals uniquely qualified to evaluate and treat, through rehabilitation, disorders of the ear that are not surgical/medical conditions. *

(Information and statistics were gathered from the American Institute of Balance.)

About Hearing Professionals

Hearing Professionals (HPI) began in 1995 after the owner, Dr. Lisa Nelson, had been providing services for more than 5 years at other practices. During this time, Dr. Nelson came to believe that personalized care should be the ultimate goal of an audiology practice. She also believed that using the most technologically advanced equipment should be standard care. To achieve this vision and provide an advanced level of care, Dr. Nelson started HPI in Laurel, Maryland. All of the audiologists at HPI are clinically trained to diagnose, evaluate and recommend a treatment plan for your hearing and balance system needs. At a minimum, our audiologists hold a Masters Degree in Audiology, although most of our Audiologists hold a doctorate, Au.D., or Doctor of Audiology.



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