



A BALANCED APPROACH TO DIZZINESS

Dizziness is one of the most common complaints patients bring to their physicians, generating about eight million doctor visits a year. Despite that prevalence, its causes continue to elude many healthcare professionals.

This can leave patients in a state of frustration, going from one practitioner to another but failing to find effective treatment or good answers. At the University of Tennessee Medical Center's Balance and Hearing Center, people suffering from dizziness can get information, help, and often relief for the condition.

The University of Tennessee Medical Center opened its Balance and Hearing Center in 2003, with one goal in mind: to provide the most comprehensive diagnostic and treatment facility in the region for people with dizziness, imbalance, or vestibular (inner-ear) dysfunction. Since that time, under the direction of medical consultant William D. Horton II, MD, the specially trained staff of audiologists and physical therapists has evaluated more than 2,500 patients with symptoms and diagnoses including BPPV, vestibular hypofunction, motion sensitivity, and difficulty walking.

It's the team approach employed at the Balance and Hearing Center that sets the facility apart from other clinics. When new patients come to the center for an evaluation, they get two complementary examinations to assess balance: a VNG (videonystagmography) test administered by an audiologist, and a physical-therapy evaluation. The VNG examines the status of the inner ear, and the physical-therapy evaluation determines whether there are any functional deficits that need to be addressed with therapy. Since both tests are done in the same facility, communication between disciplines is

easy. This flow of clear information between audiologist and physical therapist results in better care for the patient. Most medical facilities don't house the two disciplines together, which makes diagnosis and treatment more disjointed.

In addition to the Balance Center team's daily communications, its members meet once a week to discuss every patient who has been referred for evaluation and treatment. At this meeting, the center's director, otolaryngologist William Horton, MD, meets with the audiologists and physical therapists to hear salient evaluation findings, discuss possible courses of treatment, and suggest further medical evaluation in other specialty areas when appropriate. Involving three different medical perspectives and scheduling time for face-to-face conversation opens the way to concrete problem-solving and provides unique benefits to patients, especially those whose conditions are complex. "The causes of and variability in dizziness are so broad that the team approach is the only way to consistently identify the diagnosis and most effective treatment," explains Wes Priestley, PT. "This is really medicine at its best – thorough communication between three overlapping fields of expertise to arrive at a singular conclusion and plan of action."

Most patients treated at the Balance Center experience a reduction in symptoms and an improvement in function. Elderly patients who complete therapy will soon have the option of continuing with a strength-and-balance fitness program known as SAIL, which will be offered through the fitness center in the same clinical department. The goal is to restore patients

to the highest possible level of independence and autonomy and to encourage well-maintained fitness and balance.

If dizziness or vertigo is plaguing you and you haven't been able to find relief, maybe the Balance and Hearing Center at the University of Tennessee Medical Center, with its skilled team dedicated to providing the best possible care to every patient, is for you. Call 865-305-6630 if you have questions about a patient referral.

Kristine Nevans

Kristine Nevans, physical therapist, walks a patient through the center's evaluation process.



Benign paroxysmal positional vertigo (BPPV) is the most common cause of vertigo and dizziness. This condition typically produces brief episodes of vertigo (a sense of false motion), provoked by particular changes in head position and accompanied by rotary eye movements (nystagmus). Classic BPPV has proved to be highly treatable with canalith-repositioning maneuvers (CRM). The Balance and Hearing Center sees many patients who have the subjective complaints associated with BPPV without the nystagmus. A study was conducted to ascertain whether patients with

subjective symptoms of BPPV might respond to canalith-repositioning maneuvers as well as those with classic BPPV do. The study looked at pre- and post-testing data for 36 patients in the "objective" group (those with nystagmus) and 27 patients in the "subjective" group (those without nystagmus). Both groups of patients showed dramatic improvement in symptoms after receiving CRM treatment. It took both groups an average of 3.2 visits to eradicate the symptoms of BPPV. These findings reinforce the idea that CRM is an effective treatment for BPPV, whether the symptoms include nystagmus or not.

Susan Lytle