

HEARING EVALUATION SERVICES
OF BUFFALO, INC.

Sound Sense

For Professionals

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In This Edition...

Welcome to:

Sound Sense for Professionals

- "Can You Hear Me Now?" - The importance of health care providers in identifying hearing loss
- Balance Assessment at Hearing Evaluation Services
- An overview of Benign Paroxysmal Positional Vertigo (BPPV)

Can You Hear Me Now?

Audiologists were asking this question long before Verizon ever existed. As with all fields that use technology, audiology and hearing aids have come a long way in the last 10 years. In fact, much like computers, we have significant advances in hearing technology every 6 to 18 months. Hearing aids are smaller, less visible, and more effective than ever before. Unfortunately, many people with hearing loss still deny they have difficulty hearing and some medical providers don't stress the importance of getting a hearing test.

Several studies have reported that **fewer than one in five medical professionals screen for hearing loss** during routine physical examinations. Hearing loss is not just an ailment of old age. It can strike at any time and any age, even childhood. Studies have linked untreated hearing loss to:

- avoidance or withdrawal from social situations
- social rejection & loneliness
- reduced alertness & increased risk to personal safety
- irritability and anger

- tension, stress & depression
- impaired memory and ability to learn new tasks
- reduced job performance and earning power
- diminished psychological and overall health

Another study found that **if the medical professional reports positive experiences with hearing instruments, a hearing-impaired individual will be more motivated to seek treatment** for hearing loss. To further highlight the importance of the medical professional's role in hearing loss identification & treatment, **persons with hearing loss are eight times more likely to be positively inclined to try a hearing instrument if their medical professional has recommended one.**



We share this information with you because it shows that you can make a difference in helping your patients hear better. Better hearing can impact every facet of their daily lives.

Please help us help your patients by recommending a hearing test from an audiologist for any patient over 50 years old or for anyone who has tinnitus or difficulty hearing.

Balance Assessment

The staff at Hearing Evaluation Services has vast experience and specialized training in balance assessment. Our office also has state-of-the-art Videonystagmography (VNG) equipment for evaluating the role of the vestibular system in the patient's balance and dizziness difficulties. Our balance assessment protocol includes:

- A comprehensive history
- An audiologic evaluation
- VNG testing
- Dynamic Visual Acuity test for oscillopsia, if needed
- Sensory Orientation Performance Test assessing visual, vestibular, and proprioceptive information
- Canalith Repositioning Maneuver for those with a diagnosis of BPPV



Your office will receive a comprehensive report within a week of your patient being seen for a balance assessment. If a more immediate response is needed just let our office staff know, we will be happy to accommodate you.

Each balance assessment patient receives an instructional brochure with pre-test instructions and information about what they can expect during the test.

If you would like complementary brochures for your office, please call 833-4488 and we will gladly send you a supply .

Benign Paroxysmal Positional Vertigo (BPPV)

Benign Paroxysmal Positional Vertigo (BPPV) is the most common disorder of the inner ear's vestibular system.

The name accurately describes the condition as the patient experiences the sensation of **vertigo** (spinning) that is both **paroxysmal** (sudden onset) and as a result of a change in head **position**.

BPPV - Why does it cause vertigo?

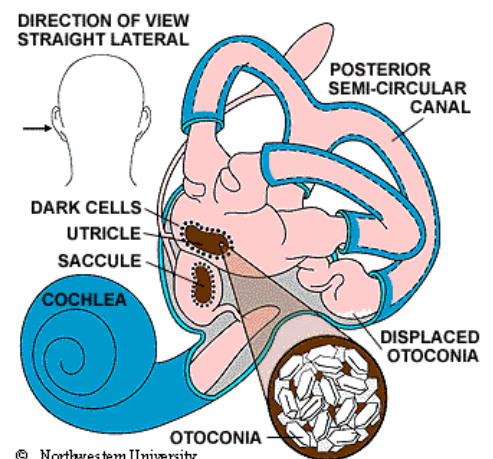
The vestibular organs include the utricle, saccule and the semi-circular canals. The three semi-circular canals are at right angles to one another and detect angular and rotational head movement. The semi-circular canals are filled with a viscous fluid called endolymph. When the head moves the endolymph lags behind and

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causes pressure on the sensory receptors at the base of the canal. BPPV results from

tiny calcium carbonate crystals called otoconia detaching from the utricle. The otoconia migrate into one of the semicircular canals, typically the posterior canal. When the head is still the otoconia clump and

settle. When there is head movement the otoconia move in the endolymph sending false signals to the brain. This results in vertigo and nystagmus.



BPPV—Symptoms

The most common symptom of BPPV is motion-provoked vertigo. In addition to vertigo, the patient may experience dizziness or lightheadedness, imbalance, difficulty concentrating and nausea. Generally, the symptoms are precipitated by a change in head position in respect to gravity. The symptoms vary in intensity, duration and frequency; however, the

vertigo lasts less than a minute and usually under 30 seconds. The most common problematic head movements are:

- Looking up
- rolling over in bed
- getting out of bed

Although not life-threatening, BPPV can be very disruptive and disconcerting to a patient and may also pose an increased risk of falling.

BPPV Facts

- **BPPV is the #1 most common cause of vertigo**
- **On average BPPV takes 4.5 physician visits to diagnose**
- **BPPV can be indicative of a more serious underlying inner ear problem or disease process**
- **BPPV can lead to falls or drop-like attacks**
- **BPPV has a 90% or better treatment rate**

BPPV—Causes

BPPV is the most common vestibular disorder. Approximately 2.4% of all people will experience it at some point in their lifetime. BPPV accounts for at least 20% of diagnoses made by physicians who specialize in dizziness and vestibular

disorders. BPPV is the cause for 50% of dizziness in older people. The most common

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cause of BPPV in patients under age 50 is head trauma causing the displacement of otoconia. BPPV is commonly idiopathic in patients over age 50. It is generally associated with natural age degeneration of the otolithic membrane.

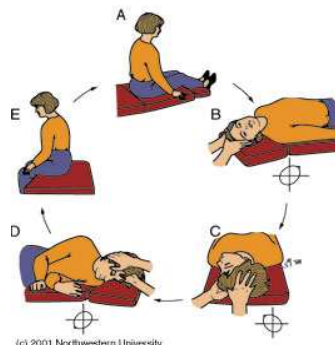
BPPV—Diagnosis and Treatment

Diagnosis of BPPV is based on the history, physical examination and results of vestibular and auditory tests. The VNG allows for diagnosis of BPPV by provoking and observing an abnormal nystagmus response during a maneuver called the Dix-Hallpike. The VNG allows for specific inspection of the direction of the nystagmus, which facilitates the identification of the involved semi-circular canal.

The Canalith Repositioning Maneuver (CRM) is generally the treatment of choice for BPPV. CRM is a simple non-invasive procedure designed to move the otoconia out of the

offending semicircular canal. The success rate of this procedure is over 90% when performed by an experienced clinician.

The audiologists at Hearing Evaluation Services provide CRM. Physical Therapists trained in vestibular rehabilitation also provide CRM therapy. For more information on a variety of balance disorders and treatments visit: www.vestibular.org



“HEAR THE DIFFERENCE”

**HEARING EVALUATION SERVICES
OF BUFFALO, INC.**

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Special Edition:

**Physicians
Physician Assistants
& Nurse Practitioners**



Where do you send your Hearing Aid and Balance patients?

The staff at Hearing Evaluation Services is proud to present you with *Sound Sense for Professionals*. Hearing Evaluation Services has been providing competent, caring and compassionate hearing health care services to Buffalo and Western New York since 1981.

- **Staff of 8 Doctors of Audiology**
- **Patient reports within a week**
 - **Quality Care**
 - **High Customer Satisfaction**
- **State of the art testing equipment**

For further information on our services please visit our website at

www.hearingevaluationservices.com