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THE HEARING CENTER

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TARAH PAVA, Au.D., CCC-A Audiologist This information is being sent to you by the audiology department of Vernick & Gopal, LLC because you are scheduled for a dizziness evaluation with Dr. Vernick. Please read the questionnaire and bring the form to your appointment with the questions answered.

Based on your history, symptoms, and office evaluation, Dr. Vernick MAY refer you to the audiology department for testing for a very specific kind of dizziness called BPPV. The following page offers more information about the diagnosing and treating of this kind of dizziness. Please note, this information MAY NOT APPLY TO YOUR SPECIFIC CASE. Your evaluation may result in the need for a different kind of testing or in some cases no testing at all.

We look forward to seeing you at your appointment on

	at	

We are located at 1244 Boylston Street, suite 303; Chestnut Hill MA 02467

If you are a new patient, please be sure to arrive to our office with your paperwork completed 15 minutes prior to your evaluation. You will need to have your health insurance cards and a photo ID with you upon arrival. Please make certain your insurance referral is in place if one is required.



Your physician has referred you to us to determine if the cause of your dizziness is from **Benign Paroxysmal Positional Vertigo** (BPPV). BPPV is one of the most common types of vertigo (the feeling that you and/or the world around you is spinning). It is a disorder of the inner ear. It is **Benign** (non life threatening), **Paroxysmal** (it occurs suddenly and lasts for a short period of time), and **Positional** (the vertigo is triggered by certain head or body movements).

BPPV occurs when the balance crystals of the inner ear, called Otoconia, break loose from their normal position and float into the fluid-filled inner ear balance canals. The presence of the crystals within the inner ear canals is unnatural and causes the fluid to slosh around more than usual after you've stopped moving. This causes the sensation of vertigo. The vertigo is often brief but intense and may be accompanied by nausea.

How we test for BPPV.

The audiologist will ask you some questions about your dizziness to determine the best way to proceed with testing.

Testing is interactive and requires the audiologist to put her hands on your head, neck and upper torso.

You will be helped to lie down on a table with your head and body in various positions, most often with your head turned to the side and hanging off of the table. Your head will be supported and held in the proper position by the audiologist.

You will wear light-weight goggles designed to magnify and record eye movements. Monitoring your eye movements during testing is an integral part of the diagnosis of BPPV so it is very important that you keep your eyes open at all times.

During testing, you may experience vertigo very similar to what is occurring at home. We understand that this can be scary but trust that you are safely on the exam table even though it may feel like you are moving.

How we treat the BPPV.

If testing indicates that you have BPPV, the audiologist will proceed with treatment to eliminate it. The treatment is very similar to the testing in that you will be moved around on the table again. However, the movements will vary depending upon which type of BPPV is diagnosed. The audiologist will review this with you prior to the start of the treatment. Sometimes, more than one treatment is required. These may occur on the same day or in the weeks to follow.

What to expect after treatment.

Most people treated for BPPV experience a lightheaded or woozy sensation after treatment. You will need to sit in the waiting room for 10 minutes after the treatment before leaving the office. In addition, some report nausea and neck strain. In some cases, you may need to rest a bit before driving yourself home or need someone else to drive you home.

How to prepare for testing.

Do not eat or drink up to 2 hours before your appointment and make your last meal a small one.

Wear comfortable clothing. Be sure to have socks with you as you may be required to remove your shoes.



		Patient name:
		DOB:
		Appointment time:
1-	Dizziness means different things to different people. Please remember the initial episode best, please describe that epis	
2-	When did the dizziness start and what were you doing when	it first began?
3-	Does the dizziness come in episodes or is it constant? How I	
4-	How often do you have an attack?	

5-	Do you get a warning of impending dizziness? If so, how can you tell you are about to experience dizziness?
6-	Is there anything you can do to lessen the severity of an attack or stop it entirely? If so, what?
7-	Is there anything you do that seems to bring on an attack of dizziness? If so, what?
8-	Do you have any fullness, pressure, or blockage in your ears? Has your hearing changed with the dizziness or have you developed tinnitus (noises in your ears) with the dizziness?
9-	What do you think is the cause of your dizziness?