

Providing Support for Vestibular Patients During Covid-19

By: Erica Zaia & Janine Verge, CAA Board Members (April 9, 2020)

With self-isolation, Covid-19 has created a challenge in how we provide services as Audiologists assessing and managing patients with vestibular disorders. As we depend on equipment to conduct formal vestibular testing for our patients, providing objective assessments will most likely not be feasible through tele-health at this time. However, providing remote support for patients struggling with dizziness may be possible in some scenarios, as suggested below.

As a general rule, when providing eAudiology, remember:

- Use a secure videoconference platform - you may need a business associate agreement. For instance, Microsoft products and Skype for business are HIPAA compliant.
- Be compliant with provincial, territorial, federal privacy and agency/clinic policies, confidentiality, privacy, security and consent laws.
- Consent can be verbal or written and should be noted in chart.
- Continue to work within your scope of practice when providing assessment and management for vestibular disorders.
- Make the patient aware audio/video as well as data is being transmitted and what the potential consequences might be (e.g. information is intercepted and re-transmitted).
- Patient should be aware of security issues at their own site/with their own computer equipment.
- To use appropriate eAudiology etiquette (e.g., dressing appropriately, having a professional background).
- Practice ahead of time.
- Have IT support in case something goes wrong.
- To enhance hearing accessibility, use a microphone, use speech to text captioning if available on your videoconference platform, and always have your face seen to help with speech reading.
- If using the telephone only, consider using a speech to text app (e.g., my call to text) have a family member present to ensure understanding, e-mail list of questions ahead of time, or consider using a relay service.

More details on this can be found on the webinar: [eAudiology: For Right Now and for the Future: CAA Webinar with Bill Campbell](#)

Considering the specific needs of individuals seeking help for vestibular disorders, the following approaches may be useful:

1) Acute dizziness/vertigo (first two weeks after the onset of symptoms): Individuals dealing with acute symptoms are more likely to seek medical help but may resort to a vestibular audiologist as per doctor's recommendations or as an alternative to Emergency Services. It is strongly recommended that they are seen by a medical doctor first. It is important for audiologists to work within their scope of practice.

For individuals referred by a medical professional, seek for written consultation notes and recommendations. Conduct a comprehensive case history (please refer to the document with link below, "Vestibular Assessment & Management for Canadian Audiologist: A Scoping Review" for more information). In general, the recovery of an acute dizziness/vertigo episode involves resting until symptoms reduce to a point where the individual can gradually return to function. You may then consider counselling the individual on the importance of resuming natural patterns of head and body movements and suggest self guided vestibular exercises. Exclusions to treat according to the APTA's "Evidence-Based Clinical Practice Guideline for Peripheral Vestibular Hypofunction" include those at risk for bleeding or cerebrospinal fluid leak, cognitive or general mobility deficit that impedes application of treatment, and active Meniere's Disease. Here are some resources to consider using:

[BC Balance and Dizziness Society Home-Based Exercises](#)

[Balance Retraining - University of Southampton](#)

[Vestibular Assessment & Management for Canadian Audiologist: A Scoping Review](#)

[APTA Evidence-Based Clinical Practice Guidelines for Peripheral Vestibular Hypofunction](#)

2) Sub-acute dizziness/vertigo (after first two weeks and up to three months the onset of symptoms): If an individual seeks your services at this point, it is likely that they have recovered some of their function but are still experiencing symptoms. Restoring natural patterns of head and body movements and self-guided resources described above are valuable for individuals in this stage as well. Evaluate the resources they have available to them, whether they are practicing any exercises, and if yes, the type of exercises they are doing, how they are performing the exercises and how often, and the effect of the exercises on their symptoms. It is possible the individual needs guidance on how to perform the exercises correctly or that the exercises need to be altered. It is also essential that self-care measures are suggested. Please see below for information on self-care measures and on exercise progression.

[BC Balance and Dizziness Society - Help Yourself](#)

[Progression of Balance Exercises](#)

If the individual is reporting positional vertigo, you may consider guiding them remotely through clinical positional/positioning testing and repositioning maneuvers, despite the fact that formal testing cannot be done. This will depend on the individual's age, risk factors, previous history and situation at home (e.g. living alone or with someone). This is recommended only if you have training and expertise in vestibular rehabilitation.

[University of Michigan - Patient information - Vestibular](#)

3) Chronic dizziness (after three months from the onset of initial symptoms): During these unprecedented times, with increased mental health challenges, individuals dealing with chronic dizziness may experience worsening in their symptoms. The resources linked above, guiding individuals to build a self-help plan and to begin gradually introducing head and body movements are most helpful. For individuals in crisis, suggest they contact their psychologist, psychiatrist, or [Canadian Crisis Centre](#)