

Patient Name:		
Appointment Date:	Appointment Time:	am / pm
Vestibular Evoked Myogenic Potential	(VFMP)	

Vestibular Evoked Myogenic Potential (VEMP) is a neurophysiological assessment technique used to determine the function of the otolithic organs, utricle and saccule, of the inner ear. It compliments the information provided by caloric testing and other forms of inner ear testing. VEMP testing is used to evaluate whether certain vestibular organs and associated nerves are intact and functioning normally. Responses in this test are measured from different muscles in the neck or around the eyes. VEMP testing uses adhesive, skin surface electrodes and earphones like those used during a hearing test. Sound is played through the earphones, the vestibular organs are stimulated and activate muscle responses in the neck, and the electrodes record the results.

Videonystagmography (VNG)

Videonystagmography (VNG) is used to evaluate patients with dizziness, vertigo, or balance dysfunction. The inner ear and eyes movements are connected through the vestibulo-ocular reflex. The vestibular system monitors the position and movements of the head in order to stabilize retinal images on the eye. In this test, eye movements are recorded, and give information about the central and peripheral balance system. It provides an objective assessment of the oculomotor and vestibular systems. VNG testing consists of three parts: oculomotor evaluation, positioning/positional testing, and caloric stimulation of the vestibular system.

The test takes about up to 1.5 hour (90 minutes) to complete. Some dizziness is normal with VNG testing, and typically is of short duration. Everyone's reaction is different. Your response depends on the underlying cause of your dizziness. If you're already dealing with dizziness symptoms, the tests won't make them worse than they already are and they won't cause previous dizziness episodes to return.

Most of our patients feel just fine to drive after testing, however; it is advised to bring someone to the appointment to drive you home, should you feel unwell afterwards.

You must discontinue use of the following medications for 48 hours prior to your test:

- Allergy pills
- Tranquilizers (Valium, Libruim, Xanax, etc.)
- Sedative pills (all sleeping pills or tranquilizers)
- Decongestants/Antihistamines (Benadryl, Sudafed, Dimetapp, Chlortrimeton, Seldane)
- Pain pills
- Diet pills
- Nerve/muscle relaxant pills (Robaxin, Valium)



- Dizziness pills (Antivert, Meclizine, Bonine, ear patches, etc.)
- Aspirin or aspirin substitutes (Tylenol, etc.)
- Narcotics/Barbiturates (Codeine, Demerol, Percodan, Phenobarbital, antidepressants)

Additional instructions:

- Wear comfortable clothing and flat, supportive shoes.
- Clean face, no facial or eye makeup.
- If you are a contact wearer, be prepared to remove them if it interferes with the testing.
- No solid foods for 2 to 4 hours before the test.
- No coffee, tea, or cola after midnight on the day of the test.
- No alcoholic beverages/liquid medication containing alcohol 48 hours before the test.
- Discontinue all medication for 48 hours prior to the test, except "maintenance" medications for your heart, blood pressure, diabetes, or seizures, and any medications deemed by your physician to be necessary.

Please consult your physician with any questions. It is helpful if you bring a list of the medications you take regularly, or even the medications themselves. Medications can be resumed immediately following the VNG testing procedures. If there are any questions about the test or medication, please contact your doctor or our office at 520-795-7550.

Patient Questionnaire Please complete before your appointment and bring it with you.

When you are "dizzy" do you experience any of the following sensations/symptoms?
Check all that apply
Spinning
○ Lightheadedness
 Swimming sensation in the head
○ Black out/Loss of consciousness
○ Hearing loss
○ Headache
○ Tinnitus (notice in the head/ears)
Full feeling in the ear(s)
○ Nausea/vomiting
Pressure in the head
○ Sensitivity to light/noise
 Tendency to fall to the (circle one): right left forward backwards all directions
Describe your "dizziness" attack(s)
Is your dizziness constant or periodic?
When did first attack occur?
How long since last attack?
How often do the attacks occur?
How long do they last?
What, if any, warning signs do you have before an attack?



Does dizziness occur in certain body/nead positions?	
Are you completely free of dizziness between attacks?	
Do you know of any possible causes for your dizziness?	
Do you know of anything that will stop your dizziness or ma	ake it worse?
Have you changed medications prior to the onset of your d	dizziness?
Health Questions – Check all that apply	
Do you or have you ever	
Had ear surgery	 Had an autoimmune issue such as
Had difficulty with hearing	rheumatoid arthritis
Had fluctuating hearing loss	Had an acute ear/sinus infection
Had pain/discharge in ears	Have diabetes
Been exposed to or work in loud noise	Have high or low blood pressure
Allergies	Headaches
○ Use tobacco	Neuropathy
Use alcohol	Arthritis
Had cold sores/shingles/herpes	Back/neck/knee pain
simplex virus	Orthopedic surgery
What brings on your dizziness? Check all that apply.	
Opo you get dizzy after exertion or overwork?	
Opes heavy lifting or straining bring on dizziness	s?
Opid you recently get new glasses/contact lenses	5?
Op you get dizzy if you miss a meal?	
O Do you get dizzy when standing up?	
O Do you get dizzying when looking up?	
O Do you get dizzy when bending over?	
Op you get dizzying with quick head movements	s?
Op you get dizzy turning over in bed? Right? Le	eft?
Operation Do you tend to get stressed easily?	
 Have you ever had a neck or back injury 	
Opo you get dizzy walking down the aisle in the g	grocery store?
Opo loud sounds make you dizzy?	
Opes dizziness occur just prior to your menstrua	al cycle?



Have you ever experienced any of the following symptoms? Check all that apply.
O Double vision
○ Numbness of face or arms/legs
Blurred vision or blindness
Weakness in arms/legs
Confusion or loss of consciousness
O Difficulty with speech
O Difficulty with swallowing
Tingling around the mouth
Tringing around the mouth
Please describe your dizziness in your own words and note any additional information that may be helpful in treating your dizziness.
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Other Important Information

Cancellation

Please give us at least 24 hours notice if you need to cancel this test for any reason.

Medical Records

In order to provide you with the best care, we ask that if you have any medical records regarding your dizziness or balance problem, please have your primary care doctor or specialist send them to our clinic prior to your initial appointment. This is not required to undergo testing but aids our providers in evaluating your condition. This includes past ENG's, VNG's, EMG's, MRI's, CT scans, hearing tests or any other related studies. If you don't know how to obtain or send your medical records, call our office before your appointment and we will be glad to help locate them for you.

Insurance

Please bring a picture ID and your insurance card to your appointment. Videonystagmography (VNG) is covered by most medical insurances. Please check your policy for coverage details including deductibles and copayments. Insurance co-payments are due at the time of visit.

Maps & Directions

We are conveniently located on the south side of River Road east of Campbell Avenue and west of Dodge Boulevard near the intersection of River and Hacienda Del Sol Roads.

Address: 2450 E. River Road

Tucson, AZ 85718

Main Phone: 520-795-7750 Main Fax: 520-320-2155

Hours: 7:30 am to 5:00 pm, Monday through Friday

