



Guideline for Audiological Vestibular Referrals

1) When a patient/caregiver expresses concerns regarding dizziness or balance issues the following problems may indicate the need for a referral

- Ask patient to describe the “dizziness” without using the word dizzy
 - True vertigo will be a “room spinning” sensation
- Inquire on patterns and length of episodes of dizziness
 - Red flags:
 - A. Specific position evoked dizziness (i.e. when I turn my head or wash my hair)
 - B. Is the dizziness subsequent to an injury, related to a specific date of onset, or following a change in medication
 - C. Does the dizziness cause restrictions in daily activities? (i.e. restricted sports or driving)
- Do other symptoms accompany the dizziness
 - Headaches, changes in vision, changes in hearing
- Did patient achieve developmental milestone of walking unassisted by 15 months
 - Ages & Stages gross motor section may serve as screening measure for children up to age 5

2) Children with the following conditions are at a higher risk for Vestibular Dysfunction

- Cochlear Malformations
 - Enlarged Vestibular Aqueduct Syndrome (EVA)
 - Partitioning Defects
 - Common Cavity
 - Mondini Malformation
- Cochlear Implant patients
 - Pre & Post
- Syndromes
 - Waardenburg
 - Usher
 - Pendred
- VIII Nerve Defects
 - Wispy nerve
 - Absent nerve
 - ANSD
- Ototoxicity
 - Vestibulotoxicity
- Head Trauma
 - Sports
 - Concussion



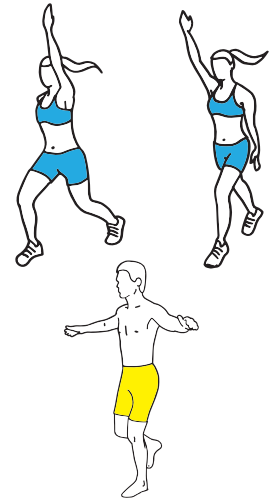
Guideline for PT & OT Vestibular Referrals

1) When a patient/caregiver expresses concerns regarding balance, dizziness, falling down, running into things or clumsiness, the following problems may indicate the need for referral

- Problems with balance or complaints of feeling dizzy
- Changes in vision, difficulty with reading from the board or book or electronic device
- Difficulty with writing, difficulty keeping up with others, does not enjoy sports, playing or catching a ball
- Headaches, Hearing concerns, Dizziness, Motion Sickness

2) Difficulty with these physical skills may indicate the need for a referral

- Vision Check – saccades/pursuits – tracking in all planes, convergence
- Eye hand coordination task – nose to fingers (horizontal placement and vertical placement)
- Jumping Jack
- Touching toes and return to stand position
- Ski Jacks (alternating arm/leg in front position)
- Single leg balance stance with eyes open/closed for 20 sec



3) Children with the following conditions are at a higher risk for Vestibular Dysfunction

- Cerebral Palsy
- Cochlear Implants or Malformations
- Hearing Loss
- Injury to head
- Ototoxicity – Vestibulotoxicity
- Oncology
- Chronic Pulmonary concerns
- Cardiac conditions, heart transplant
- Neuromuscular concerns
- VIII Nerve Defects