

ON THE LEVEL

A QUARTERLY NEWSLETTER OF THE VESTIBULAR DISORDERS ASSOCIATION



INFORMATION

SUPPORT

AWARENESS

ADVOCACY



The Light at the End of the Tunnel

By Susan P.

I was first diagnosed with Mènière's disease in 1991. My symptoms were mild in the beginning - uneasiness, nausea, a feeling of fullness in my head. They were generally worst when I spent too long looking at a computer screen. When I had a vertigo attack I would take phenergan - I'd do anything to stop the spinning!

Initially I was given the usual treatment of diuretics and potassium. I also had fistula surgery to see if that might be causing my vertigo, which gave me the worst ear pain I'd ever experienced and didn't fix a thing. Next on the list of ineffective treatments was endolymphatic shunt surgery to drain the fluid from my inner ear. This initially helped and my symptoms subsided for a while, but not for long. When my symptoms returned I didn't know where to turn.

I lived day to day, never able to plan anything and not going far from home. On good days it was all I could do to put one foot in front of the other. I was afraid to drive because I had gotten violently dizzy one

CONTINUED ON PAGE 2

IN THIS ISSUE

VRT: A Case Study	4
Study to Prevent Falls	5
Leave a Legacy	5
Balance Awareness Week	6
Research in the News	8
Emotional Aspects	9
Volunteer Spotlight	12



SUSAN AND HER ANIMAL "FAMILY."

On the Level is a quarterly publication of the Vestibular Disorders Association (VEDA), published in Portland, OR and distributed to national and international members. Information in this newsletter is not intended as a substitute for professional health care. VEDA does not recommend any particular course of treatment, clinic, or health care practitioner. The opinions expressed in these articles are those of the authors and not necessarily those of VEDA's staff, medical and scientific advisors, or board of directors. The publisher reserves the right to accept, reject, or edit any materials received for publication. No part of this publication may be reproduced without written permission. © All rights reserved.

BOARD of DIRECTORS

President: Sheelah Woodhouse, BScPT
Calgary, AB Canada

Vice President: Louise Geib, M.Ed
Atlantic Beach, FL

Treasurer: Claire Haddad, CFA
Cohasset, MA

Secretary: Stacey Buckner, DPT
North Potomac, MD

Fred Arrigg, Jr., MD
Lawrence, MA

Gary Breitbord
Framington, MA

Tom Boismier, MPH
Fort Wayne, IN

Jill Craig, MA
Hillsboro, OR

Jack King, PhD
Bloomsburg, PA

Sue Hickey
Portland, OR

CDR. Bill Manofsky, Jr.
Ridgecrest, CA

EXECUTIVE DIRECTOR

Cynthia Ryan, MBA
Portland, OR

MEDICAL & SCIENTIFIC ADVISORS

Chair: P. Ashley Wackym, MD
Portland, OR

Joel A. Goebel, MD, FACS
St. Louis, MO

Timothy C. Hain, MD
Chicago, IL

Susan J. Herdman, PT, PhD, FAPTA
Atlanta, GA

Fay Horak, PhD, PT
Portland, OR

Jeffrey Kramer, MD
Chicago, IL

Lorne S. Parnes, MD, FRCSC
London, ON, Canada

Michael Schubert, PT, PhD
Baltimore, MD

Alain Semont, PhD, PT
Paris, France

Neil T. Shepard, PhD
Rochester, MN

Conrad Wall III, PhD
Boston, MA

Jack J. Wazen, MD, FACS
Sarasota, FL

LIGHT CONTINUED FROM PAGE 1:

time, and even though I was not far from home I had to pull off the road because I was afraid I might cause an accident.

After this episode I became anxious about everything. Am I going to get sick today? Am I ever going to get better? One of the hardest things for me was that I knew I couldn't be counted on for anything - not by my friends, my family or myself. Mènière's disease can be devastating and humbling because you look fine on the outside but inside you're falling apart. You begin to lose your self-confidence in doing even the simplest tasks, and you wonder if you'll ever be the same again.

During this struggle I learned that I also had BPPV (benign paroxysmal positional vertigo). The only good news about BPPV was that the symptoms didn't last long. I learned that proper head positioning was the best way to avoid BPPV. This knowledge gave me a little bit of control over BPPV compared to Mènière's, but not much. I felt depressed and anxious waking up each day wondering if I'd be violently ill and in bed all day or able to risk driving to the grocery store. Even in a big city like Houston it was difficult to find proper medical treatment for such a specialized problem.

I was talking to a friend about my struggles and she mentioned a physical therapist named Kathleen Stross who treated balance disorders. What? Someone who actually specialized in treating patients like me? I was so excited that I contacted Kathleen that very day.

At my first appointment I knew I was with someone who understood how I was feeling. For the first time in years I could see a light at the end of the tunnel. It was a dark tunnel, but as long as there was a glimmer of hope I vowed to never give up.

I became determined to read everything I could get my hands on about vestibular disorders and luckily for me Kathleen had lots of short, informative handouts from VEDA in her office. I took every handout I saw and ordered almost every publication VEDA offered. I was still on diuretics and potassium and continued to experience Mènière's symptoms so I read the book, "Mènière's

Disease - What You Need To Know." Around that time VEDA published a low-salt cookbook. I had no idea that almost everything I was eating was FULL of salt! That very day was when my life began to change for the better.

I cannot stress enough how important it is to educate yourself on what low-salt means and how many food items contain huge amounts of sodium. Low-salt does not mean to stop using the salt shaker. It means to avoid pizza, canned/instant soups, butter, bread, cheese, salad dressing, baked goods (baking soda & baking powder are HIGH in sodium), cured deli meats and almost anything in a box or a can. I had been so sick before finding this book that I was willing to try anything to avoid a Mènière's attack. Slowly, by changing my diet, the fullness in my ear disappeared, my tinnitus was almost gone, and I rarely had a Mènière's attack. I never imagined that something as simple as eating a low-salt diet could have such a profound impact on my life.

At the same time I had to learn to advocate for myself. I started asking lots of questions when eating out and learned never to eat something just to be polite. I learned that being different is OK because the alternative - eating whatever is put in front of me, especially if it causes me to experience Mènière's symptoms - was not acceptable. But it is oh so worth being able to wake up and know that today is going to be a day without dizziness (knock on wood). I stick to my low-salt diet every single day - fresh fruit, vegetables, meat, fish, chicken - and never eat fast-food or anything processed. The better you feel, the easier it is!

I still experience BPPV from time to time and Kathleen is there to move my head and get those particles back where they belong. She gave me eye exercises when I couldn't look at a computer screen, read a book or look through my camera lens. One of my passions is photography and I was crushed when I couldn't look through the lens of my camera without getting dizzy.

I'm seeing Kathleen once a month now to help me with balance exercises. With her help I'm able to continue to pursue my passion in photography,

which I'm very grateful for. Most importantly, Kathleen gives me the emotional support that vestibular patients need so much.

The best news is that I am no longer on a diuretic or potassium and have not had a Mènière's attack in THREE YEARS!! I attribute this to my low-salt diet and the vestibular rehabilitation therapy Kathleen provides. I am living proof that changing your diet and practicing VRT can do wonders! A few years ago I never imagined that I could be living the full life that I am today. I am thankful to Kathleen for giving me moral support, the confidence that I could get better, and for getting those pesky particles back into place; to Dr. Williamson at Baylor College of Medicine in Houston; and to VEDA for all the helpful, life-saving information you provided me those many, many years ago.

Even though I feel much better today I continue to support VEDA because I recognize how important it was for me to have access to publications that helped me understand my condition, and I want to make sure those resources are available to other vestibular patients who are still searching for a diagnosis. Hang in there! There IS a light at the end of the tunnel.



"I KNEW I WAS WITH SOMEONE WHO UNDERSTOOD HOW I WAS FEELING. FOR THE FIRST TIME IN YEARS I COULD SEE A LIGHT AT THE END OF THE TUNNEL. "

VRT for Mènière's: A Case Study

By Kathleen Stross, PT, MS

What can a vestibular physical therapist do for a patient with Mènière's disease, a condition that is considered chronic and incurable?

I first saw Susan P. in 1999 for a seemingly unrelated case of BPPV. Fortunately, as one of the first therapists to use particle repositioning in the 90's, I was able to distinguish the BPPV from the positional nystagmus which may be present in unilateral Mènière's disease.

Her positional vertigo was eliminated with canalith repositioning, and as is typical in my practice, balance and equilibrium were evaluated after the BPPV was resolved. Two weeks later she was still free of vertigo, but she could not balance if her eyes were closed. Thus, her equilibrium remained impaired under situations in which she could not rely on her vision to compensate.

First I set out to minimize her dependence on vision for balance by teaching her to be more aware of the sensation of pressure she could feel in her feet. By facilitating awareness of foot pressure (somatosensory input) for equilibrium Susan's dependence on vision decreased.

Understanding that she had Mènière's disease was critical here, because while my goal was to normalize her balance I did not want to promote dependence on vestibular input. Said another way, if her exercises taught her to increase awareness of her head movement she would likely then be more symptomatic during her next Mènière's attack. So, what we were really trying to do was to desensitize her to vestibular input by

heightening her sensitivity to the body sensations of pressure and postural muscle awareness.

Exercises start with orientation to the body position with the BRF technique, which is pronounced "barf." In **stage 1** the patient is told to: "Breathe, relax and feel. Feel gravity pulling you straight down into the floor. Tell yourself you are steady and not moving." This increased awareness of body

sensation is furthered during exercises with eyes closed.

Stage 2 begins with sit-to-stand, standing still, and standing sway.

Stage 3 progresses to examining sensory input in the feet following standing on the foam surface. It is amazing how steady you feel when you step down onto a hard floor after standing on a foam surface.

Stage 4 includes exercises where the eyes are open but vision is needed for something other than equilibrium. In these more complicated exercises the patient must still rely on somatosensory input even though the eyes are open.

Keeping the right "balance" in her balance system (vestibular, visual, and somatosensory) allows Susan to enjoy her

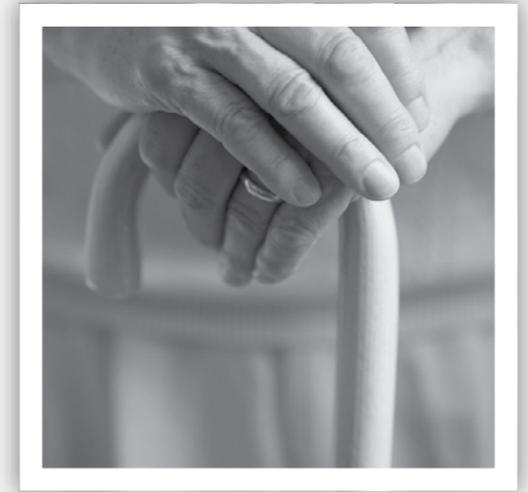
active lifestyle, while her unrelenting discipline with a low-salt diet keeps her free of Mènière's attacks. Our infrequent visits now serve to keep her postural muscles in shape, and her "balance system" in balance. For now, Mènière's disease is a monster that will always be lurking in the background for Susan. It is awesome to be on her team to keep all systems strong and keep that monster at bay.



Major Study to Prevent Fall-Related Injuries

PCORI (Patient Centered Outcomes Research Institute) and the National Institute on Aging (NIA) of the National Institutes of Health announced on June 4 the selection of a research team that will carry out a major, five-year, \$30 million patient-centered study of the effectiveness of individually tailored care plans to help older individuals avoid falls and related injuries, many of which are due to vestibular disorders.

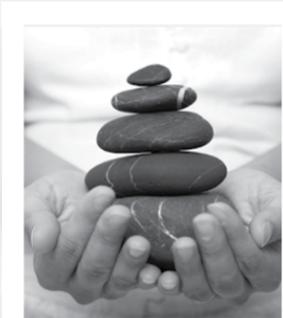
Every year, roughly one in three older Americans suffers a fall. Although evidence points to effective ways to prevent falls, rates of fall-related injury remain stubbornly high, making falls one of the most common causes of disability and loss of independence among older adults.



TO LEARN MORE ABOUT BALANCE AND AGING VISIT VESTIBULAR.ORG/SENIORS.

"LIKE AN ORBITING SATELLITE, UNLESS ALL PARTS OF THE GYROSCOPE ARE WORKING PROPERLY, THE SPACECRAFT WILL WAVER OFF COURSE. ONCE A SATELLITE FALLS OFF COURSE, SCIENTISTS CANNOT SIMPLY REMOVE OR REPLACE THE MISSING PART, BUT INSTEAD WORK TO REPROGRAM THE SENSORS IN THE GYROSCOPE AND ADJUST THE MOTORS TO RETURN THE CRAFT TO ITS BALANCED ORBIT. IN THE SAME WAY, OUR EQUILIBRIUM SYSTEM IS MADE OF MANY DIFFERENT SENSORS, AND SOMETIMES WE HAVE TO TURN OFF OR TUNE OUT THE BROKEN SENSOR AND TURN UP THE ONES THAT ARE STILL WORKING PROPERLY. THANKFULLY, OUR BRAINS CAN BE REPROGRAMMED TO SOME EXTENT!" - KATHLEEN STROSS, PT, MS

JOIN VEDA'S BALANCE SOCIETY



LEAVE A LEGACY THAT WILL IMPROVE THE QUALITY OF LIFE FOR MILLIONS OF VESTIBULAR PATIENTS TODAY, TOMORROW, AND INTO THE FUTURE.

For more information, contact Tony Staser at (503) 294-9085 or tony.staser@vestibular.org.



BALANCE AWARENESS WEEK to DEFEAT DIZZINESS™

September 15-21, 2014

5 SIMPLE WAYS YOU CAN GET INVOLVED:

- MAKE A DONATION: VESTIBULAR.ORG/BAW2014
- TELL YOUR STORY BY CREATING A PERSONAL CAMPAIGN PAGE AND ASK YOUR FRIENDS, FAMILY AND COWORKERS TO SUPPORT YOU
- BECOME A SPONSOR
- DISTRIBUTE BALANCE AWARENESS WEEK POSTERS IN YOUR COMMUNITY.
- LAUNCH A SOCIAL MEDIA CAMPAIGN
 - > MAKE YOUR PROFILE PICTURE THE BALANCE AWARENESS WEEK LOGO
 - > SHARE VEDA'S BALANCE AWARENESS WEEK POSTS
 - > TAKE A VIDEO OF YOURSELF TALKING ABOUT YOUR EXPERIENCE WITH A VESTIBULAR DISORDER AND POST IT ON YOUR NEWSFEED WITH #DEFEATDIZZINESS.

FOR MORE INFORMATION CONTACT TONY STASER (TONY.STASER@VESTIBULAR.ORG, 503.294.9085).

A MESSAGE FROM VEDA'S HONORARY BALANCE AWARENESS WEEK

CHAIR, DR. TIMOTHY HAIN:

"I am pleased to participate in Balance Awareness Week. It is critical that the healthcare community help to raise awareness about vestibular disorders. My hope is that you will help VEDA continue to provide education and support to those who are affected."

Dr. Hain has been a member of VEDA since 1993 and is a member of VEDA's Board of Medical & Scientific Advisors. A board-certified Neurologist and the lead physician at Chicago Dizziness and Hearing, he and is a widely recognized leader in the field of otoneurology. He is also a professor, emeritus at Northwestern University and is known internationally for his work in vestibular rehabilitation. VEDA would like to thank Dr. Hain for sharing his knowledge and expertise with the greater vestibular community. His commitment and support are greatly appreciated.



VEDA
AMBASSADOR

The Dizzy Dancer



Iris Tunsman is a dancer. She began her career learning classical ballet at the School of American Ballet, started by the legendary choreographer George Balanchine, and later at the Juilliard School of Dance. In the 1960's Iris lived and performed in Rome and Paris. Iris also had the great honor to dance with Josephine

Baker, known in many circles as the "Black Pearl." After many years of pirouetting on stage Iris retired; then her world truly began to spin.

Eventually Iris was diagnosed with positional vertigo. Like so many vestibular patients, Iris has faced a challenging road to recovery, and with the grace and stamina of a consummate dancer she has prevailed. Today she manages her symptoms with meditation and "athletic engineering" classes that focus on balance.

Iris is raising awareness about vestibular disorders during Balance Awareness Week by sharing her story.

To support Iris visit vestibular.org/iris



THANKS TO OUR SPONSORS!

PRESENTING:	CORPORATE PARTNERS	PLATINUM	SILVER	INTERNATIONAL PARTNERS

Research in the News

Source: Department of Defense Journal of Rehabilitative Research & Development, Vol. 49 No. 7, 2012. Pgs. 985-994

In addition to its role in spatial analysis, the vestibular system is also highly integrated with arousal, autonomic functions, and emotional modulation.

Vestibular nuclei project to and receive projections from multiple rostral structures implicated in arousal, autonomic function, emotional decisions, fear, and anxiety. Because of the close alignment between the vestibular system and the noradrenergic and limbic systems, vestibular signals have the capacity to generate strong negative emotions, from disgust to fear. **Thus, vestibular dysfunction can result in negative emotions and avoidance behavior.**

When vestibular dysfunction is chronic and continuous it may generate anxiety, and the link between anxiety and vestibular symptoms may not be apparent to the patient.

Recent studies have demonstrated a link between sensory-integrative balance dysfunction and anxiety. Deficits in sensory-integrative control of balance in the absence of peripheral vestibular dysfunction are specifically associated with a form of space and motion anxiety but not anxiety disorders in general. Similarly, dizziness from blast injuries is also correlated with an enhanced dependence on somatosensory and visual cues for balance. These findings suggest that blast-related damage to central vestibular sensory-integration networks also carries a risk for spatial anxieties and may relate to the development of PTSD. Given these risks, it is critical to accurately identify higher-order vestibular deficits following combat-related blast injury.

Dizziness can occur in the absence of a recognized vestibular disorder, in which case the diagnosis of psychogenic dizziness is traditionally applied. Psychogenic dizziness is thought to originate from psychological conflicts and therefore is a psychiatric rather than a vestibular disorder. Because this diagnosis is employed when dizziness is present but no known vestibular disorder is found, it may be overused in cases of central dysfunction where objective injury cannot be confirmed. Given the neuroanatomical links between the vestibular and the emotional systems, it is likely that anxiety and vestibular symptoms will co-occur. Further, as described earlier, central vestibular dysfunction is not comprehensively assessed, so at this time, it is difficult to rule out CNS sources of dizziness symptoms. Thus, especially in cases of TBI, caution should be used in attributing dizziness to psychogenic causes.

Unilateral Ménière's?

A research
study is now
enrolling
people with
Ménière's

See if you qualify

www.MeniereStudy.net

1-800-828-6304

Emotional Aspects of Vestibular Disorders

By Rachel Bilgri, PhD

Vestibular disorders affect individuals physically AND psychologically. These disorders are variable not only in their physical manifestation, but in their psychological manifestation as well. And while it is important to understand your physical symptoms, it is equally important to understand your psychological symptoms as they can often trigger and/or exacerbate your physical symptoms.

THIS ARTICLE ADDRESSES THE EMOTIONAL ASPECTS OF VESTIBULAR DISORDERS.

The mind/body connection is complex. Emotional factors - the way we think, feel and behave - can have a significant effect, for better or worse, on our physical health and our capacity to recover from illness. Emotions can trigger genuine physiological arousal. In the context of a vestibular disorder, a vicious cycle may develop whereby physical symptoms initially triggered by your condition result in anxiety and/or other emotional responses and further increase feelings of dizziness, vertigo, or other vestibular symptoms.

COMMON EXPERIENCES THAT PROVOKE PSYCHOLOGICAL REACTIONS IN PEOPLE WITH VESTIBULAR CONDITIONS

In my work treating individuals with vestibular disorders I have identified frequently occurring experiences and issues that can set off emotional disturbance. It starts with the diagnostic process. The lengthy, convoluted journey of visiting numerous specialists offering various opinions can be frustrating, to say the least. What's worse, some of you might have been told your symptoms are being caused by anxiety and depression and that the symptoms are "in your head."

The sudden onset of symptoms, the unpredictability, and variability that often occur with a vestibular disorder are terrifying, unsettling and turn your world upside down ... literally and figuratively. Another common experience I've often heard people describe is what I refer to as the invisibility of your illness. Vestibular disorders are, well, invisible ... and thus more likely to be misunderstood. Most

of the time people with vestibular disorders don't look sick or unwell. Unlike a broken limb, a runny nose, a cough, or a positive blood test or scan, the damage/injury can't be seen, furthering this lack of understanding. However, invisible does not mean imaginary. This invisibility can lead to another common concern: a fear of being misperceived as lazy.

Other common concerns include: worrying you may be perceived as drunk due to balance issues and sensitivity to light, sound and geometric patterns.

ANXIETY: THE MOST COMMON COMPLAINT

Anxiety, fear, and panic are probably the most common emotional responses people have when diagnosed with a vestibular disorder. Anxiety often manifests in response to feeling ungrounded and insecure about being steady on your feet. A fear of falling due to imbalance, dizziness or lightheadedness is commonly reported. Panic attacks are also commonly reported. A panic attack is "an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes and during which time [symptoms such as palpitations, sweating, trembling, shortness of breath, nausea, feeling dizzy] occur." (DSM-V, 2013) It is no wonder that given the predominance of physiological symptoms, a panic attack is often mistaken for a medical condition, such as a heart attack.

In the context of a vestibular condition, a panic attack only serves to exacerbate physical symptoms, as well as trigger fears of losing control. In response to anxiety, fear and panic, individuals with vestibular conditions experience increased social isolation, withdrawing from social interaction and avoiding activities that normally bring them pleasure and satisfaction. It is important to note that it is very often fear and anxiety, not the actual physical symptoms that interfere with functioning.

VESTIBULAR DISORDERS CAN TRIGGER FEELINGS OF SADNESS & DEPRESSION, IN MANY FORMS

CONTINUED ON PAGE 10

Having a vestibular disorder often results in a change in life style. Changes to your activity level (at home and at work), your independence, your abilities, your stamina, and your relationships are experienced as losses. Loss, grief, and the process of mourning are just some of the feelings and experiences that these changes arouse. Social isolation can lead to feelings of loneliness. Feeling misunderstood by family members, friends, even physicians fosters a sense of helplessness and hopelessness. Guilt is commonly expressed in response to not being able to perform your usual duties and responsibilities. In addition, you may experience sleep and appetite disturbance and lethargy. These are the many forms and manifestations that sadness and depression can take in response to a vestibular condition.

RELATIONSHIPS ARE SIGNIFICANTLY AFFECTED BY VESTIBULAR DISORDERS LEADING TO INTERPERSONAL STRESS

“I get dizzy too” or “It’s all in your head.” Are these responses you’ve heard from family members, friends, even physicians when you explain your vestibular symptoms? It wouldn’t be surprising if you have heard them ... and felt misunderstood, frustrated and alone. Add to these feelings the need to rely more on others, to be more dependent on family members and friends for help with tasks you could easily do on your own previously and what you’ve got is a new challenge of managing interpersonal stress that didn’t exist before your vestibular condition. This tension in relationships often leads to increased arguments, social withdrawal, and loss of closeness and connection with even the most important people in your life at a time when these connections are vital.

THE MOST PROFOUND CHANGE: A CHANGE IN YOUR SENSE OF SELF

I was once running an educational group for people suffering from vestibular disorders and we were discussing the emotional impact of their respective conditions. One person described looking at herself in the mirror and not recognizing the reflection staring back at her. Nothing about her physical appearance had changed, but she felt like such a different person that she was basically

unrecognizable to herself.

This anecdote painfully demonstrates the kind of change to your sense of self that can occur to those suffering from a vestibular disorder. The discrepancy between how you know yourself now and how you knew yourself before erodes self-esteem and self-worth. Unable to perform your usual responsibilities, changes in your role in relationships, and inability to perform your job can really call into question your identity and how you know yourself. This is probably the most profound change expressed by individuals with vestibular conditions.

COPING STRATEGIES

Thankfully, there are ways to overcome these difficulties and improve your mood, functioning, and quality of life. An important first step is awareness. Understanding your own emotional responses to the stress of having a vestibular disorder is an imperative first step in the process of recovery, both psychologically and physically. This can lead to an informative and inspiring exploration into the dynamics of your individual stress triggers and their origins. Keeping a daily journal that tracks activities, degree and frequency of symptoms, and strategies employed to combat each symptom can be a helpful

COPING STRATEGIES

- EDUCATE YOURSELF AND YOUR FAMILY
- INCREASE AWARENESS AND SELF-MONITORING OF DIFFICULTIES
- IDENTIFY SYMPTOMS OF STRESS
- IDENTIFY TRIGGERS OF STRESS
- LEARN STRESS MANAGEMENT TECHNIQUES
- ASK FOR HELP
- IMPROVE COMMUNICATION SKILLS
- HAVE A SENSE OF HUMOR!
- LEARN THE VALUE OF ACCEPTANCE
- JOIN A SUPPORT GROUP
- SEEK INDIVIDUAL PSYCHOTHERAPY

YES! I WANT TO HELP PEOPLE SUFFERING FROM VESTIBULAR DISORDERS.

Your support helps VEDA provide information on vestibular disorders to thousands of people every year. Thank you!

You can renew your membership or make a donation to support VEDA’s life-changing work online at vestibular.org or send your payment to 5018 NE 15th Ave, Portland, OR 97211 with the enclosed self-addressed envelope.

Annual Membership:

- Basic \$40 (e-newsletter only-email required)
- Professional \$110 (e-newsletter only-email required)
- I would like to receive your newsletter in the mail for \$5 US/\$15 International

Donation:

- \$25 \$50 \$100 \$250 \$500 \$1,000
- Other \$_____
- Charge my credit card monthly \$_____
 - Please make my donation anonymous

Method of Payment:

- Check (payable to VEDA in US Dollars)
- Visa MasterCard American Express
- Please send me information about including VEDA in my Will or Estate Planning.

NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

PHONE _____

CREDIT CARD # _____

EXP. DATE _____ CSV CODE _____

Thank you for supporting the Vestibular Disorders Association! With your help we can reduce the time it takes to accurately diagnose vestibular disorders and improve treatment outcomes, helping patients live happy, productive lives.

tool in increasing awareness and self-monitoring of difficulties. In addition, learning stress management techniques can be quite effective in minimizing the emotional aspects of vestibular disorders. A variety of relaxation techniques, such as diaphragmatic breathing, progressive muscle relaxation and visualization/imagery can combat negative feelings. Other cognitive techniques include thought stopping and the use of positive self-statements. And while it may be difficult and unfamiliar, asking others for help can eliminate some unnecessary stress and strain while also allowing others to get a sense of what you’re going through, and to see what your difficulties are and how you are struggling to function with your vestibular disorder.

TREATMENT

Participation in psychotherapy provides support, validation and normalization in an individualized setting. Emotions can interfere with and hinder your physical recovery by exacerbating your physical symptoms. Working with a therapist to better manage your emotions will maximize your physical recovery. A therapist can also work with you on identifying, learning and applying the various stress

management techniques mentioned above into your day-to-day life. Using these techniques consistently can help to restore a sense of control. Working with a therapist also provides an opportunity to address the interpersonal tension that often co-exists with a vestibular disorder through developing improved communication skills. Treatment can and often does involve family members and close friends to facilitate their education of your disorder, as well as to work on improving communication. In addition, being in treatment can facilitate acceptance of this new aspect of your identity, helping you to create a more integrated sense of self. Participation in a support group can also really help to minimize feeling misunderstood and alone while providing validation. It is not easy to share these kinds of complications. It takes strength and courage. But the benefits are well worth it.

RACHEL BILGREI, PSY.D. IS A CLINICAL PSYCHOLOGIST IN PRIVATE PRACTICE IN NYC. PREVIOUSLY, SHE WORKED AS THE VESTIBULAR PSYCHOLOGY COORDINATOR AT THE RUSK INSTITUTE OF REHABILITATION MEDICINE. CURRENTLY, DR. BILGREI IS COMPLETING HER PSYCHOANALYTIC TRAINING AT THE NYU POSTDOCTORAL PROGRAM IN PSYCHOTHERAPY AND PSYCHOANALYSIS. RACHEL IS A LONG TIME VEDA MEMBER.



VESTIBULAR

DISORDERS ASSOCIATION

5018 NE 15th Ave, Portland, OR 97211, USA
800.837.8428 | info@vestibular.org
vestibular.org

NONPROFIT ORG
U.S. POSTAGE
PAID
PORTLAND, OR
PERMIT NO. 5882

CHANGE SERVICE REQUESTED

The Vestibular Disorders Association (VEDA) is a 501(c)(3) nonprofit organization with a mission to serve people with vestibular disorders by providing access to information, offering a support network, and elevating awareness of the challenges associated with these disorders.

For more information on volunteering visit vestibular.org/volunteer

Volunteer Spotlight



VEDA would like to thank Meg Haney for donating her time to help us improve our member outreach.

Meg was diagnosed with vestibular neuritis 3 ½ years ago. It was a typical work day, then out of the blue she started feeling off-balance and nauseated. For 6 months she couldn't work, drive or ride in a car, or even walk around the block. She still feels constant disequilibrium and fatigue, but she is learning to accept her "new life" and make it the best it can be.

When Meg was first diagnosed she searched the internet for information about her illness. VEDA's website helped her understand her condition and realize that, not only is she not crazy, she is not alone. Meg wanted to give back to the organization that helped her during a very difficult time in her life, so last year she joined VEDA as a member and this year she became a volunteer.

Meg and her husband Dan have six children and a long-haired dachshund named Ginger Marie. Meg says, "I enjoy life, I have more time with friends and family. I am blessed that those closest to me are supportive and helpful."

VEDA IS EXCITED TO ANNOUNCE THE LAUNCH OF OUR AMBASSADOR BOARD



David Morrill
Ambassador Board Chair

We are looking for enthusiastic and dedicated VEDA members who are excited to share their expertise to help elevate awareness for vestibular disorders. VEDA Ambassadors participate in four activities per year, such as social media postings, distributing educational materials, public presentations, participating in Balance Awareness Week activities, and more.

To participate, please complete a volunteer application at vestibular.org/volunteer. For more information contact: Kerrie Denner at KerrieDenner@vestibular.org.