

WINTER 2021

BALANCING NEW YEAR'S RESOLUTIONS

How to make long-term goals
not seem like a setup for failure

PAGE 12

VEDA

A QUARTERLY NEWSLETTER
OF THE VESTIBULAR
DISORDERS ASSOCIATION

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CONTENTS

3

SPOTLIGHT

Freelance writer **Tara Lynn Brinkley** shares her journey with imbalance due to vestibulo-ocular reflex (VOR) impairment.

6

LIGHT SENSITIVITY

What does it mean when your eyes are sensitive to light?

10

RESEARCH

Balance performance when responding to visual stimuli in patients with Benign Paroxysmal Positional Vertigo (BPPV)

12

COPING + SUPPORT

New Year's resolutions for living with vestibular disorders

14

2021 ACTION PLAN

Learn about new resources VeDA has planned to support the growing global vestibular community

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TARA LYNNE BRINKLEY

Tara Lynne is a full-time writer diagnosed with a vestibular and a neurological disorder in 2020.

Tara Lynne blogs at www.thewobblywriter.com to tell people about what a vestibular disorder is, why educating yourself and others matters, and how you can help yourself and others impacted by debilitating vestibular dysfunction.



My vestibular issues are pretty severe and, as I've come to understand, fairly atypical.

On top of my vestibular problems, I have an acquired functioning neurological disorder. I'm going through vestibular rehab, physical rehab, visual rehab, and speech therapy. I have months, if not years, of healing ahead of me. It's still unknown if I'll be able to repair the neurological damage done from neglecting my progressive health problems.

Basically, I'm a poster child for what can go wrong if you ignore your body when it's telling you something's wrong.

MY VESTIBULAR JOURNEY

I'd never even heard of the vestibular system until this year, and I never imagined that it was the reason I was so sick.

My problems began about four years ago and went on for a long time before anyone could tell me what was wrong.

In 2016, I had a double ear infection. I'm allergic

to penicillin, and it took seven months of different antibiotics to finally get rid of the ear infection. But, I never really got better. I just kept getting sicker and sicker.

I had unbelievable nausea and a headache every single day – vertigo, dizziness, even falling down. One of my biggest triggers is big flashing lights. Over time I've become more and more light-sensitive. I can't even deal with the ambient lighting on a cellphone. The only way to get relief from the dizziness and nausea was to spend time in bed.

Then, about a year ago, I started having weird problems. I'd try to turn around but didn't know what was going on or where I was, almost like I was having a stroke. I was completely confused.

My eyes couldn't make sense of what I was looking at – it could be an elephant, but I didn't have the words to describe it. I stopped driving because I would get confused and not know where I was.

I became basically home-bound. I would walk from my living room, which has wood floors, into





my kitchen, where there is linoleum, and just fall down. I didn't understand what was going on; how could I explain it to my doctors or expect them to understand? So, I did nothing.

Finally, in late April of 2020, my eyes just broke. I can't describe it any other way. I could see but not see. I couldn't read or write. I was overwhelmed with dizziness and sea-sickness. All I could do was lay down with my eyes shut. The confusion from spinning too fast became these seizure-like events in which I was paralyzed but completely conscious. And I got really scared – scared enough to finally go to the doctor.

FINDING HELP

Let's just say a 43-year-old woman who walks into the doctor and says she is having sudden seizures knows this isn't going to go well. My emotions were crazy; I was having panic attacks. I kept yelling at my physician, "It's my eyes! Something's wrong with my eyes, causing all these things to happen."

My doctor couldn't find anything wrong with me, so she referred me to a neurologist.

The first neurologist I saw wanted to do an EEG to test for epilepsy because I was very insistent that this thing – this invisible illness – was visually triggered. So I agreed to the EEG early in May. That was a huge mistake. During the test I started having convulsions. After the EEG, every visual trigger made me convulse, even the slightest trigger. From May until the end of August I was having six or more convulsions a day.

My condition worsened. I saw several more specialists, but none could explain what was wrong with me. By July I lost my ability to walk and talk.

Fortunately, I found an optometrist who recognized that there was something wrong with me. He referred me to an ENT, who diagnosed me with PPPD (Persistent Postural Perceptual Dizziness), a "vestibular" disorder in my inner ear.

"A what?" I asked. I was very confused what the inner ear had to do with my eyes.

But at least now I finally had a word to work with. I started researching "vestibular" issues, and that's how I found VeDA.

VeDA saved me. There is so much information on the VeDA website. Reading was difficult, but I read article after article, and inside I was saying to myself, "Yes! That's how I feel." This gave me the motivation to keep looking for healthcare

professionals who could understand my symptoms, and treatment that would help me feel better.

PPPD explained some issues, but not everything. I read a VeDA article about what happens when something is wrong with your vestibular-ocular reflex (VOR). It recommended finding a neuro-optometrist, so I set out to find this rare specialist. Fortunately I found one in my area. She did a thorough assessment. By mid-August, I finally began visual therapy.

Slowly, she added more visual exercises to

strengthen my eyes and relieve the symptoms, like nausea and headaches. It took me a long time before I could walk in a circle without falling over.

When I first started visual therapy, I'd lost most of my mobility and speech, and my cognitive processing skills were severely impaired. The simplest task was too complicated; I couldn't even turn on a light switch. My central nervous system had been overtaxed because of my impaired vestibular system. It developed into a neurological disorder. I needed additional therapy, much like a stroke victim, to recover from my speech and physical impairments.

My neuro-optometrist referred me to a physical therapist trained in vestibular therapy, who met with me virtually. It was rough, but I finally found my healthcare team. They are helping me get my life back.



When you're affected by visual issues that come with a vestibular disorder, you can't just go to the grocery store or you will pay for it.

– Tara Lynne Brinkley

WORK & FAMILY

Being sick has been hard on my family. My husband has had to do everything, work and take care of me and our kids. I was the cook and baker, but now I go into the pantry and get confused.

It's been a very stressful year, but we are making it. I like to think that we're learning and teaching each other about facing tough times together. My kids see me working hard every day to get better, to get back to taking care of them and back to work as much as possible.

I'm a writer. It's who I am, my passion. I also love to read. Losing my eyes, not being able to read or write, is the most challenging thing I've had to face.

I had a book series that was supposed to be released in October 2020, but September was the hardest month during my journey so I've had to push back the release to 2021. Everything takes a little bit longer now and I'm learning to accept that.

The hardest part is accepting the ups and downs. It's hard to accept that this crawling pace is progress.

One of the benefits of living in the country is that there is less to deal with visually. One downside, though, is that when I need medical care it's about an hour away, which means I need to drive. Being in a car takes everything out of me and then it takes me a week to recover.

My father drives me to my doctor appointments. He's a stroke victim and fought the battle of gaining your life back, so he relates to what I'm going through. He pushes me, calls me every day. He's my biggest advocate, and I'm so grateful for his support. I'm not always able to talk when I get to the doctor, so he makes sure I'm understood.

VESTIBULAR REHABILITATION

I've only been doing rehabilitation for a few months now, and I'm definitely feeling better than I was a year ago.

I meet with my therapists virtually each week. I would not have been able to get any treatment without being able to do virtual doctor meetings. For months, if I had to go to the doctor I had to ride blindfolded to block out the visual stimulation.

My physical therapy is focused on reconnecting my brain and body, and strengthening my muscles for stability and balance. I've lost a lot of my body tone because I've become so immobile. It's hard to move when you're constantly dizzy and nauseous.

Vestibular therapy is slower for me because of the VOR disorder. I have to work on the visual exercises before I can add the head movements.

I told my neuro-optometrist at our first meeting that my primary goal was to read again. About six weeks ago I read an actual physical book. That was a blessing.

SETTING GOALS

I must set goals. I need to know what I'm aiming for, such as being able to leave my house. I want the fun things back. Even simple things like going the grocery store. I have to build up my tolerance to visual stimulation slowly, otherwise I might cause more damage. Setting boundaries keeps me from overdoing it. Without limits I will do too much and set myself back.

I find it useful to track my symptoms and progress by writing them down on a notepad. You have to track things so you can connect the dots and see how far you've come. On a bad day you can look back and say, okay, four weeks ago I couldn't walk 20 steps but now I can stand on one foot, that's progress. Or, I ate that twice now; each time I got dizzy, so I probably shouldn't eat it again.

I will continue writing, of course. A big part of my recovery is learning to be patient and give myself permission to take things slowly. I am not who I was before this "vestibular something" happened to me, but I am learning to accept who I am. ■

What does VOR stand for?

The vestibular system and the visual system coordinate with each other through brain pathways to control visual fixation. The "ear to eye" connection is known as the vestibulo-ocular reflex (VOR), which plays a critical role in keeping the eyes still during head motion. This is known as **gaze stability**. The VOR also sends a signal down to the postural muscles of the trunk/arms/legs, which is crucial for maintaining balance.

For more information about the VOR, please visit

vestibular.org/VOR

What does it mean when your eyes are **sensitive to light**?

Otherwise known as photophobia, light sensitivity can cause pain, nausea, and migraine. It can interrupt your life in a number of ways. Light conditions that other people consider normal and healthy are terribly painful and disruptive for you.

The real-world effects of photophobia might be described by some as disorienting, a feeling of panic, uneasiness, or feeling disconnected. In many people, their sensitivity to light leads to anxiety and feelings of nervousness when exposed to bright light or certain types of light.

Light sensitivity can also affect focus and concentration. Wearing sunglasses or computer glasses may provide some relief, but can also cause your eyes to become adapted to the dark and make them more light sensitive over time.



WHAT IS LIGHT SENSITIVITY?

There are unique light-sensitive cells in the back of the eye called intrinsically photosensitive retinal ganglion cells (ipRGCs, or melanopsin cells).

These cells send signals to the pain centers in the brain.

Researchers believe that this cell-to-brain connection may play an integral role in photophobia and its symptoms.

The ipRGCs cells are most reactive to certain wavelengths of light (the blue-green portion of the light spectrum). That means that only a small portion of the light you see causes photophobia.

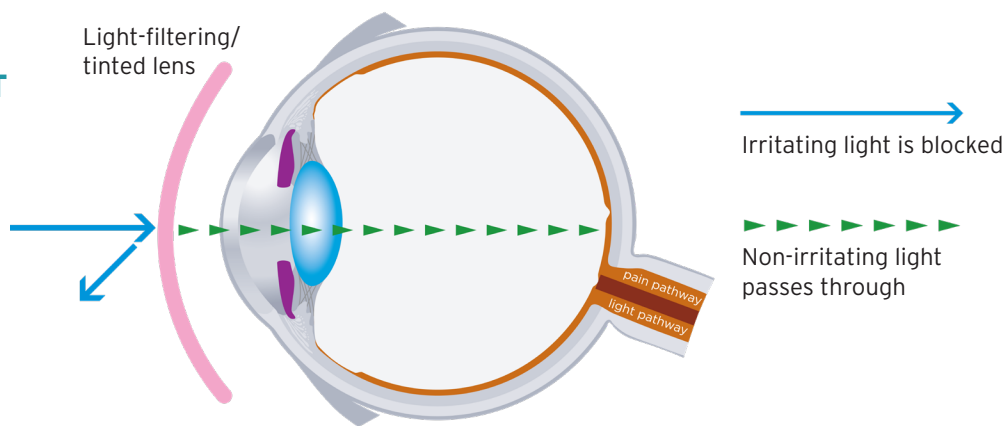
PHOTOPHOBIA PREVENTION

Here are some practical tips that can help minimize photophobia:

- Use polarized sunglasses when outdoors.
- Wear a hat or cap.
- Avoid bright fluorescent lights.
- Utilize natural light where possible for indoor settings.
- Control indoor lighting with dimmers and consider replacing any fluorescent or cool white LED lightbulbs with a warm white LED lightbulb or an incandescent lightbulb.
- Control the brightness on your screen by adjusting the settings on your TV, computer, phone, and other devices.
- Wear light-filtering or tinted lenses.

At home is where we have the greatest ability to control our light environment.

One of the biggest challenges is how to prevent photophobia in the workplace, supermarket,



and shopping centers, which often use bright and cheap lighting.

Even driving at night with other car headlights can be very uncomfortable.

WHAT NOT TO DO

Wearing sunglasses indoors can make your condition worse and is strongly discouraged.

Wearing sunglasses indoors might provide relief initially, but it is likely to make your light sensitivity worse over time. By wearing dark glasses indoors, you are dark-adapting your retina, which aggravates sensitivity to light and worsens photophobia. Instead, use lenses that are specifically intended for indoor use.

DO WEAR LIGHT-FILTERING LENSES

Specially-tinted lenses are designed to block wavelengths most commonly associated with triggering photophobia symptoms without blocking other types of light, so vision remains clear and unimpeded.

HOW LIGHT SENSITIVITY GLASSES WORK: FL-41

Some of the earliest work involving eyeglasses for therapeutic use began in the late 1980s-early 1990s at Cambridge University, where Dr. Arnold Wilkins had a number of patients who complained that fluorescent lights caused them to experience eye strain and headaches.

In an effort to help them find some type of relief, he began developing a tint that would reduce what he hypothesized as the fluorescent light wavelengths that had the most rapid modulation from the lights.





After much trial and error, Dr. Wilkins and his team developed a tint they labeled FL-41, which had a brown-red color.

ROSE IS THE COLOR

In 1998, Dr. Bradley Katz, a neuro-ophthalmologist, decided to try the FL-41 lenses and collect the data on an informal basis. Many of his patients reported dramatic improvement.

Dr. Katz and his research team showed the tint worked, but they didn't know why it worked.

"I didn't think too much about it until 2002, when I read a research article published in

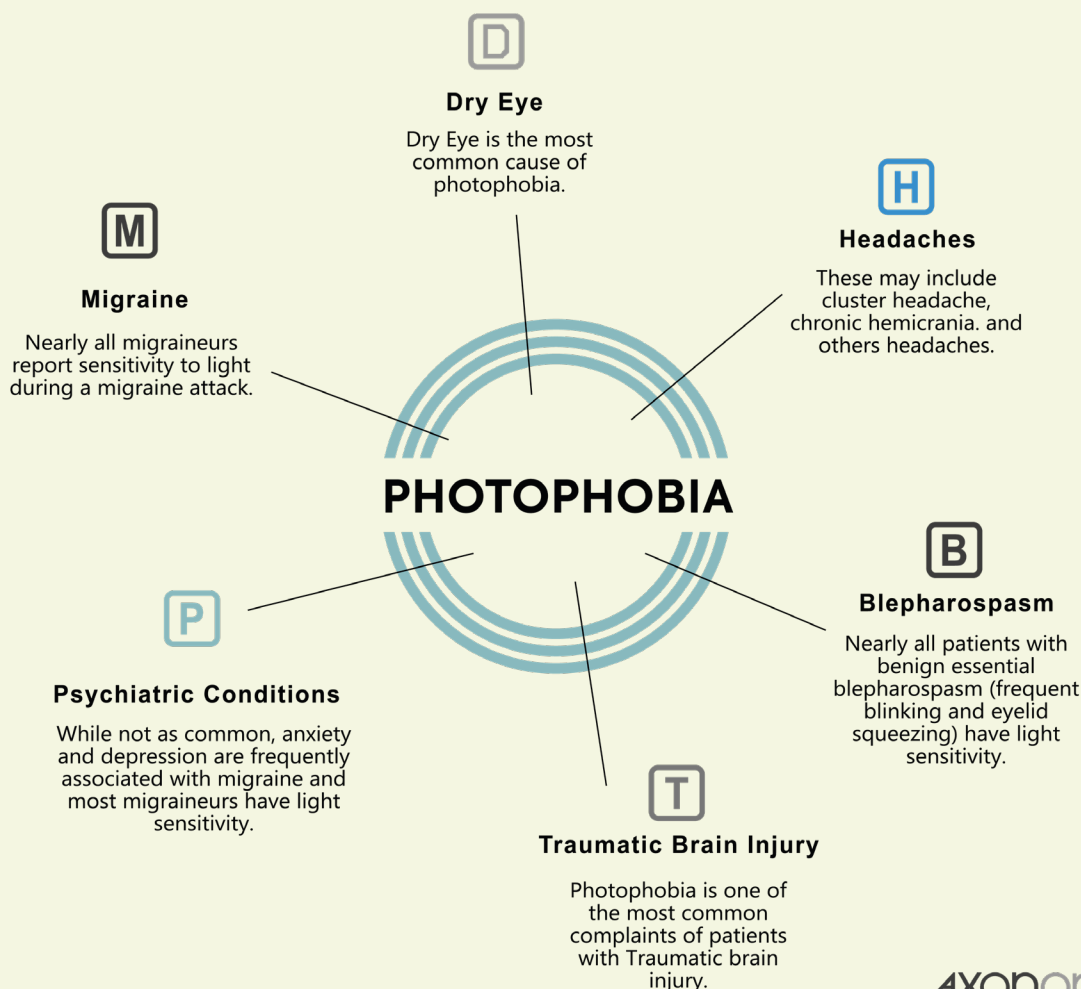
Science," says Dr. Katz. "The article explained that researchers had discovered a new type of cell in the eye."

The article explained that when these cells (ipRGCs) were in the presence of light, they stimulated your internal clock which regulates your sleeping pattern (circadian process). These cells were super sensitive around blue-green light, or the 480 wavelength.

Dr. Katz thought that these new cells might also contribute to photophobia.

"I ran a test on the FL-41 lenses and it blocked 480," says Dr. Katz. "So I put two and two

Conditions Associated With Photophobia



axonoptics
therapeutic eyewear



together and saw that these aren't just magic glasses. There is a physiological basis for them."

In the late 2000s, Dr. Katz conducted several studies using an updated, lighter version of the tint with more of a rose hue as opposed to the earlier red-brown. It wasn't just the color of the lens that made the glasses work.

His analysis showed that the wavelengths played a vital role in their effectiveness.

Dr. Katz tested a generic rose-colored lens against the "updated rose FL-41" lens and saw that the two were not the same. His updated FL-41 lens tested significantly better.

FURTHER IMPROVEMENTS

In 2016, Dr. Rami Burstein from Harvard University found that exposing migraine sufferers to a narrow band of green light significantly reduced photophobia, which, in turn, also reduced headache severity.

Dr. Burstein and his research team decided that the color that is the most comfortable is right between 480 and 590, which is a green hue. This provided further evidence backing Dr. Katz's research, which proved migraineurs and those with light sensitivity should avoid 480 light.

Dr. Katz wanted to see if he could improve the lenses even further.

"I wanted to develop a lens that could block 480 better than the existing FL-41 tint, but without the lens color distortion and darkness," he said.

He teamed up with Dr. Steve Blair, a professor of engineering at the University of Utah, and developed an updated lens that did just that.

In 2016, Dr. Katz and Dr. Blair put this new lens to the test for 48 migraine and light sensitivity patients. On average, the participants reduced

the impact of their light-triggered migraine by wearing the new lens.

However, something unexpected happened.

Participants wore a second lens which was meant to be a placebo, but it helped as well! Dr. Katz and his team researched why what they had assumed to be a "sham" lens was also helpful.

The newly discovered cells reached maximum sensitivity at around 480 – the target of the new lens – and around 590, which was close to the target of the placebo lens. So, in order to reduce a person's sensitivity to light and light-triggered migraine, the lens should be blocking around the 480 and 590 wavelengths.

This is what made the green light so effective: It essentially filters out these wavelengths as light passes through it.

Dr. Katz and his University of Utah team patented an updated lens design targeting the 480 and 590 wavelengths, which is currently undergoing additional clinical studies. This "next generation" technology is being developed as a potential evolution of their lenses.

VEDA + AXON OPTICS

The cutting-edge technology used to develop the lighter, rose-tinted version of the FL-41 lenses attenuates both the 480 and 590 wavelengths (unlike the original brown-red version). These lenses are available right now from VeDA's partner, Axon Optics.

Axon Optics offers VeDA members a discount on therapeutic eyewear. Use code **VDQ41ODIS** to save \$10 on each purchase and also receive a free glasses case and cleaning pouch. Axon also donates 20% of each sale back to VeDA.

For more information please visit www.axonoptics.com/veda/. ■

Balance Performance when Responding to Visual Stimuli in Patients with Benign Paroxysmal Positional Vertigo (BPPV)

Summary written by Jennifer Robbins, MPT, with contributions from Kamran Barin, Ph.D.

JOURNAL OF VESTIBULAR RESEARCH

IOS
Press

The Official Journal of the Bárány Society

VeDA partners with the Barany Society and the Journal of Vestibular Research to bring patient-friendly summaries of the most current developments in vestibular medicine.

Benign paroxysmal positional vertigo (BPPV)

is a common condition in which the inner ear crystals (otoconia) become displaced and land in an area where they are not supposed to be. This confuses the brain and causes vertigo whenever the head moves to a certain position.

Although most of the time vertigo symptoms in BPPV occur immediately following head movements, many patients complain of imbalance throughout the day. This is most likely related to the fact that we have to constantly monitor our orientation by integrating information from our vestibular system – our eyes, muscles, and joints.

If the vestibular system does not provide accurate information about our orientation, we may develop an altered sensation of balance with respect to the surrounding environment.

In particular, the mismatch between the vestibular and visual information may lead to visually induced imbalance.

SUMMARY

In this study, 30 patients with a history of BPPV were assessed before canalith repositioning maneuvers. The diagnosis of BPPV was confirmed by positioning tests and by excluding other vestibular and central abnormalities.

Two other groups, one consisting of 30 healthy individuals ages 20 to 25 years, and another



Canalith repositioning, also known as the Epley maneuver, is a series of movements, normally carried out on a person by a doctor, to relieve the symptoms of BPPV.

consisting of 30 healthy individuals ages greater than 60 years, were included in the study.

The test involved the subjects standing on a plate that measured body movements in the front-to-back and side-to-side directions.

The test was conducted under three different conditions of eyes open without goggles while watching a static image, while displayed in head-mounted goggles, and while watching a moving image with the same goggles. Each test condition lasted 30 seconds.

The study demonstrated that both BPPV patients and older healthy subjects had more body movements compared to the younger group. Increased movements in the front-to-

back direction occurred for all visual conditions, whereas increased movements in the side-side directions occurred only during the first 20 seconds of the test.

In addition, body movements in the front-to-back direction were influenced by the static and moving images.

CONCLUSIONS

Previous studies have shown that the vestibular system deteriorates with aging. Furthermore, older individuals become more dependent on vision for maintaining balance.

This study demonstrates that BPPV patients behave similarly to the older individuals. Increased body sway in patients with BPPV may increase the risk of fall in these patients.

Therefore, balance training exercises may help these patients use more effective postural control strategies.

It should be noted that the findings of this study are diminished somewhat because the researchers did not repeat the test after repositioning maneuvers. Therefore, it is not clear if these findings are related to misplaced particles that can be resolved by repositioning maneuvers, or if they reflect a long-term deterioration of the vestibular structures. ■

Source: Sang-I Lin, Yi-Ju Tsai and Pei-Yun Lee, Department of Physical Therapy, College of Medicine, National Cheng Kung University, Tainan, Taiwan. *Journal of Vestibular Research* 30 (2020); 267-274.

Kamran Barin, PhD, is Assistant Professor Emeritus at the Department of Otolaryngology Head and Neck Surgery and Department of Speech and Hearing Sciences at The Ohio State University. He is a former vice president of VeDA's Board of Directors.

Jennifer Robbins, MPT, is the owner of Integration Physical Therapy in Old Greenwich, Connecticut. She has extensive experience as a physical therapist in hospital, skilled nursing facility, outpatient, home care, and managed care settings, specializing in adult orthopedics through the lifespan.

YOUR SUPPORT MATTERS

We are all affected by COVID-19.

Your gift allows VeDA to continue supporting vestibular patients during these trying times, when symptoms are heightened and health care systems are overloaded.



YOU CAN HELP

Your gift helps VeDA support vestibular patients, reduce diagnosis times, and improve treatment outcomes.

Donate online or return your check in the enclosed envelope.

vestibular.org/donate

VEDA

Making New Year's Resolutions for Living with Vestibular Disorders

By Karen R. Mizrach, B.S.W, M.Ed. Counseling

For those of us who are faced with daily health challenges, making long-term goals seems like a setup for failure.

It is hard to look at a whole looming year and determine what, if anything, we can change about our circumstances.

Our resolutions are made each day, as we set simple, basic goals for surviving.

I know I've woken up and been determined to take a slightly longer walk, or do two loads of laundry instead of one, only to ditch all of it.

A DIFFERENT KIND OF GOAL

Recently, I met with a wellness coach who asked me to identify a six-month goal. I was at a loss for words. I think I laughed. I live from day to day, without really looking too much toward the future.

But, he was persistent and encouraged me to embrace the idea of setting a long-term goal or two – not a five-year plan, just six or so months.

The idea was to work toward something beyond whatever my baseline is.

How would I make doable goals, other than the basic survival tasks I struggle to accomplish every day?

LIFE CATEGORIES

Approach the process by first dividing your life into categories, such as Health, Family, Social, Emotional, Work, Hobbies, Exercise, and so on. Write down the categories that matter to you, then start to identify more specific items under each category. List things you currently do, things you wish you could do, things you've heard about, anything that matters to you.

If you hate lists, look at all the categories and circle the one you want to do more with -- not should do more with, want to do more with!

The idea is to bring a smile to your face and a hope inside your heart as you brainstorm. This

is not an exercise in frustration or despair. If a category doesn't appeal to you or seem relevant right now, just cross it off.

OVERCOMING BARRIERS

A barrier we often set up is "I can't do anything other than what I'm doing," but it's important to remember that barriers can be breached by stretching your thinking and pushing your boundaries.

If you'd love to be able to drive for two hours to visit a family member, but driving just one hour seems to be your limit right now, at least consider the possibility that the longer drive may be an option. It's a goal to work toward over the course of a few months.

Also, consider your health situation. Living with a chronic vestibular condition affects each and every category of our lives.

When deciding to try something new or make life changes, we need to factor in our limits – that place that lies beyond what we can do easily in the here and now, and the place we can get to with a bit of a push.

Please, cross off any ideas on the list that are not realistic or appealing. Instead of hoping to walk all 2,200 miles of the Appalachian Trail, simply opt to increase your walking time or try to begin walking up hills.

Pick goals that will make you proud of yourself. If it causes stress or panic or sadness to think about trying a certain activity, cross it off. As you proceed, pick one thing that calls out to you that feels right.

IT'S NOT ALL ABOUT YOU

A resolution does not have to be a self-oriented goal. It can be about others in our lives.

You might aspire to be a better listener, but be as specific as possible – it's not necessary to be a better listener to everyone! Pick someone important to you and target them for that extra attention.



Since we are always working hard to care for ourselves and treat our challenges, it can be therapeutic to focus on something outside of our own needs. You could target taking your dog for an extra walk each day, for instance.

If you don't have any goals for yourself right now, you could be there to support someone else in their quest. Become a volunteer - it might be just the thing to kick-start your new goals!

I know for myself it's often helpful to hear other people's ideas for resolutions, so here are some that may be workable no matter what your current ability level is:

- Make an appointment with that new doctor, physical therapist, or nutritionist you've heard about.
- Begin listening to audiobooks if reading is difficult on your eyes.
- Change a few aspects of your diet that

could help your symptoms (reduce or eliminate coffee and/or salt, or drink more water).

- Try a creative outlet like writing, painting, playing a musical instrument, or knitting.
- Bake the muffins you love once a month and share them with someone.
- Check regularly on an older neighbor.

Making a resolution serves a purpose other than just pushing us forward. It is a reminder that life is always changing and adapting and growing. We can make small changes that will improve our quality of life and sense of well-being in the coming year.

MIND YOUR MINDSET

Finally, it's important to take the perspective that making a resolution is an uplifting process. We really don't want to set ourselves up for failure.

If you ponder all this and find that making a resolution doesn't feel right in January, make the resolution to be okay with that too.

Continue taking each day as it comes, and if you bump into a resolution along the way, even if it's in March, grab on and give it a try. ■

Karen Mizrach is a retired reading teacher, former social worker, and yoga teacher, who currently participates in a memoir writing group. She enjoys hiking and works on improving her cooking (following the "Heal Your Headache Migraine Diet" as much as possible). She is also adapting to life with a vestibular disorder. This experience has changed everything in her world, but after a rough few years, Karen has begun to feel human again. A personal goal is to reach out and support others who struggle with similar challenges. She is thankful to VeDA as the source of much needed education, support and connection. Karen lives, writes, and wobbles in Richmond, Virginia, USA.

2021 Action Plan Highlights

By Cynthia Ryan, VeDA Executive Director

Each year, in addition to our ongoing patient education, support, and advocacy programs, VeDA seeks to improve and add to the resources we make available to the global vestibular community.

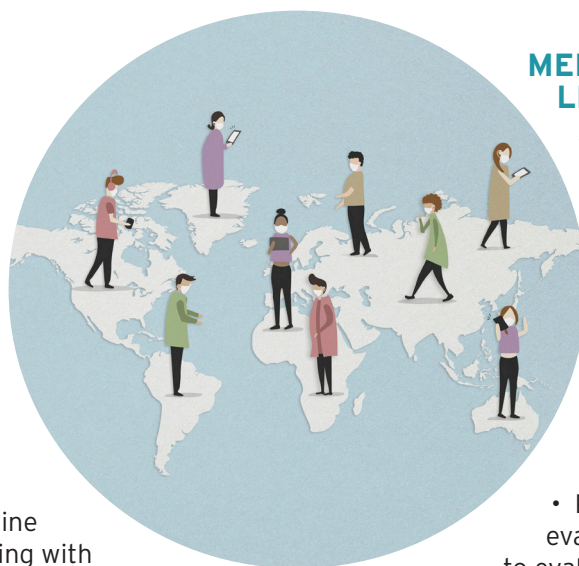
Here are a few highlights upcoming in 2021 ...

BUILDING COMMUNITY

- Cultivating a robust online forum where people living with vestibular disorders can connect with one another. To participate, please visit vestibular.org/forum/.
- Creating video chat options for patient and family resource support calls.
- Hiring someone from within the vestibular community to lead our volunteer, Ambassador, and support group programs.
- Helping grow the international vestibular community by partnering with patient and healthcare groups in the United Kingdom, the Netherlands, France, and Australia.

INCREASING AWARENESS

- Promoting support and education for caregivers and support partners.
- Developing videos to showcase what it is like to live with chronic vestibular impairment.
- Identifying ways we can improve our website for people with sensory sensitivities.
- Partnering with the U.S. Hearing Center of Excellence to educate veterans and military service members about vestibular issues.



MEDICAL & LEGISLATIVE ADVOCACY

- Publishing an updated analysis of data from VeDA's Patient Registry on experiences of vestibular patients when engaging with health care in a peer-reviewed journal.
- Publishing a paper evaluating protocols used to evaluate dizzy patients and introduce VeDA's Vestibular Triage Protocols, aimed at helping primary care providers differentiate between vestibular and non-vestibular forms of dizziness so they can refer patients to the appropriate specialist.
- Evaluating tools used to measure quality of life for people living with vestibular impairment and find ways to leverage this data to inform healthcare professionals.
- Engaging VeDA Ambassadors in legislative actions that affect the vestibular community by partnering with professional associations and other nonprofits.

GETTING IN ON THE ACTION

If you would like to give back to the vestibular community, find out how you can get involved by visiting vestibular.org/get-involved/.



Resolve to Give a Little Every Month

While you're making New Year's resolutions, here's one that is a win for you and the vestibular community: Resolve to donate every month to VeDA.

It's a win for you because every month you can earn miles or other credit card rewards, and it's easy to make a large gift over time. For instance, an annual gift \$500 is just \$41.67 per month. Your monthly support can make a huge difference over time!

It's also a win for VeDA because we can count on your donation every month and not have to worry whether we'll be able to continue supporting our community.

2020 was a tough year for all of us. The global pandemic caused much stress and economic uncertainty. Many vestibular healthcare professionals did not renew their membership because their businesses have closed. Despite these challenges, VeDA has kept its doors open and continues to serve the vestibular community.

What would happen if VeDA could no longer financially support these essential services? There is no other organization that serves the vestibular community like VeDA does.

As one recent donor shared with us:

After many years of struggling with my vestibular disorder and having to walk with a cane, I found a physical therapist on your site who has helped me so much that I no longer have to use that awful cane. At a recent visit, my therapist wondered, "How did you find me?" and I was proud to say I found you on VeDA's directory.

My therapist confided that they were wondering if they should renew their membership but having just one patient referred made the cost worthwhile.

Susana P.

By donating to VeDA, you give back to the vestibular community by ensuring the continuation of VeDA's patient education and advocacy efforts.

To set up a monthly gift that works for you please visit vestibular.org/donate/. ■



Every year, over 2 million people visit VeDA's website looking for answers.

Our Facebook posts reach nearly 4 million people, and our Patient & Family Resource Coordinator provides one-on-one coaching to hundreds more.

Your support makes it possible!

THANK YOU TO OUR BALANCE SOCIETY MEMBERS Lifetime Donors of \$5,000

Andrew S. Altersohn
Sue Fisher Seeger
Jeffrey Fuchs
Monica Johnson
William T. Rice
Dr. Janet Odry Helminski, PT

THANK YOU TO OUR NEW BALANCE BENFACTORS \$250 or more

Dr. Darrell High
Carol and Robert Murphy
Tyler Blanchard
James Henwood
Dr. Robert J. Peterka
Elizabeth Temkin
Bernard Gerbarg
Theresa Dunagan
Dr. Sue A. Maurer



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FREE WEBINAR Jan. 26, 2021

Keep active this winter learning how to use walking poles to help keep you balanced, upright, and uplifted all year long. Make 2021 the year that you embrace your outdoor gym and explore the beauty of your neighborhood.

The free webinar will take place at 10 a.m. PST on Tuesday, Jan. 26, 2021. To register, visit urbanpoling.com/veda.