Hope in Innovation:

Emerging Therapies for Chronic Dizziness

These are some of the questions from the 2026 Life Rebalanced Live virtual conference, answered by VeDA volunteers who are vestibular healthcare professionals. Disclaimer: This is not intended as medical advice. Please talk to your healthcare provider before making changes to your treatment plan.

Q: Is anyone familiar with the "Balance Belt" for those with UVL? It is not available in the USA yet (I believe they are seeking FDA approval), but it's an interesting concept.

A: From their website: The BalanceBelt is a smart, lightweight medical device designed for people with severe balance disorders such as Bilateral Vestibular Loss (BVL) or PPPD. It provides real-time feedback that helps patients walk more steadily, without relying on a cane, walker, or other mobility aids. Supported by clinical research and now available through the HTE Framework agreement to all NHS Trusts in the UK, enabling access and prescription. The BalanceBelt offers a definitive treatment method for managing complex vestibular disorders.

Q: How important do you believe talk/cognitive therapy is for those with chronic dizziness? Or are vestibular and lifestyle interventions typically enough to show improvements?

A: Missy, this is a great question. I'm Sarah, a vestibular PT and coach, and the moderator for Monday's Q and A section. I would love to hear today's speakers' opinions on this topic. If you haven't already done so, I would encourage you to post this question in Day 2 and 3 Q&A as well. Those speakers may be able to do deeper into this topic. I will share with you from over 30 years of working with people with vestibular disorders that addressing mental, emotional, and spiritual health is essential. AND...for sure ,people vary on the level and intensity of work that is needed. I have had people not need much and others where it is a huge focus. It's important to at least assess those areas. Sarah Conover PT, MHPT, CHC

Articles from VeDA that might be helpful:

- https://vestibular.org/article/coping-support/psychology/counseling-for-chronic-illness/
- https://vestibular.org/article/coping-support/living-with-a-vestibular-disorder/wellness-coaches/
- https://vestibular.org/article/coping-support/psychology/

Q: I have had Meniere's for over 10 years and moderate hearing loss in the left ear. I have been prescribed hearing aids to wear, but I find that there is no difference in vertigo attacks; in fact, I prefer not to wear them; it is much quieter. I am told I need to wear. What am I missing? Besides the chaos when I put them in?

A: Meniere's disease can cause fluctuating hearing loss, which over time can become more permanent and progressive due to damage in the inner ear structures for hearing. Hearing aids are helpful for the hearing loss component, but really are not a treatment for the vertigo part of Meniere's,s unfortunately. While I know wearing hearing aids can be somewhat "jarring," much of the research does show that the more you wear the devices, the more your brain will "get used to" the sound, and it will eventually become less chaotic as your brain adjusts. If the sounds are just too loud, I would recommend working with your audiologist to get them adjusted to a comfortable place for you, and then wear them as often as you can. The more you can wear them, the more you train your brain to adjust to the sound and strengthen those neural pathways., Ashley Flagge, AuD

Here's a helpful link that gives a bit more detail on this: https://vestibular.org/article/diagnosis-treatment/vision-hearing/hearing-aids

Q: It is hard to find help in rural areas. Are there any telehealth therapists you can work with for long-term sufferers?

A: Hi Kim. I am Sarah, a vestibular PT and coach (who does telehealth), and moderator for today's Q&A. That's a great question. There is a provider directory on the VeDA website. If you put in your state and what type of provider, it will show you who is in your state. There are a number of therapists who do telehealth, and it can be a very effective way to get top-notch care. Sarah Conover PT, MHPT, CHC

https://vestibular.org/healthcare-directory/

Q: How often or how long do you do therapy? I have done therapy at the beginning of my journey. Now, after 5 years, should I try therapy again?

A: Hi Helma, I am Sarah, a vestibular PT and coach, and moderator for today's Q&A. This can really vary from person to person. And yes, I have known people to make progress even years after diagnosis. , Sarah Conover PT, MHPT, CHC

Q: My neurologist and I suspect my vestibular migraine may be a result of Covid. Dr. Hale, have you seen this in your practice? If so, can I expect to get better?

A: COVID is a virus that can affect the vestibular nerve. As with other central vestibular problems, vestibular rehabilitation therapy can be useful. Here are some papers and articles about COVID and vestibular problems: https://vestibular.org/article/diagnosis-treatment/covid-19-information-for-vestibular-patients/, Cynthia Ryan

Q: I'm interested in learning more about how to prevent and treat vestibular migraines during pregnancy. Are neuromodulation devices safe and effective during pregnancy? And which is most effective for vestibular migraines? How

effective is Botox for vestibular migraines, and are they safe during pregnancy?

A: Hey Robin, you can work with your neuro and MFM on it. My maternal fetal medicine doctor approved it for me, and I had a lot of success using it during both pregnancies. , Alicia Wolf-The Dizzy Cook

Q: Would love to hear about the Meniere's update. Is that related to ebselen?

A: Here is Neil Canham's blog post about Meniere's research: https://substack.com/@neilcanham/p-180242146.

Re: Ebselen (SPI-1005) - you can learn more about that from Sound Pharamceuticals: https://soundpharma.com/sound-pharma-announces-positive-phase-3-results-for-the-treatment-of-menieres-disease-with-spi-1005/, Cynthia Ryan

Q: How credible do you believe "Open Evidence" is compared to ChatGPT?

No research has been done to compare the different AI platforms in relation to their knowledge of the vestibular system. All should be viewed with the same level of skepticism. It is important to be careful how you ask a question, ask for references, and confirm that they are accurate., Cynthia Ryan

Q: My Neuro-optometrist has expressed concern with VR treatments' effects not lasting in the long term, as well as physical treatment. Have the speakers noticed this as well? Are there particular treatments where VR works better than others?

A: This is definitely an individual thing. There are patients I have that absolutely benefit from VR, and those with whom I would never use it. If your neuro-optometrist has concerns, I would make sure you understand all the "whys" for you and talk to your PT as well. , Sarah Conover PT, MHPT, CHC

Q: Dr. Whitney, why do you think people with tinnitus post-concussion can take longer to get better, and is there any change in their management to help with this?

A: In my experience, a history of concussion can at times add some challenges, but not always. It's very individualized. Learn more here: https://vestibular.org/article/diagnosis-treatment/types-of-vestibular-disorders/tbi/, Sarah Conover PT, MHPT, CHC

Q: Can vestibular therapy worsen my dizziness/nausea if integrated at the wrong time during an acute episode, or is that just a fear I have?

A: VRT can at times be provided in a dose that is too intense. An experienced therapist can most of the time properly titrate the intensity of therapy or make adjustments early on. If this happens, it's rarely long-lasting. People usually just take a bit longer to recover, with no permanent detriment. VRT can be incredibly helpful, and in most cases, the potential benefit far outweighs the potential risks., Sarah Conover PT, MHPT, CHC

Q: I have had MdDS for 16 years, and I get caught between professionals. One says this is an ENT issue, and the ENT says it's Neuro - I do not get the support I need. Has this issue been resolved? Is it ENT or Neuro OR both?

A: MdDS is a neurological disorder. It is also a very specialized diagnosis, so while technically a neurologist is most appropriate, not all neurologists will be familiar with it. Here is a helpful resource for people with MdDS: https://mddsfoundation.org/., Cynthia Ryan

Q: Have you tried the ZOK device and has it worked for you?

A: No, I have never used it. I've never heard a positive experience from patients, and Ive had a lot of vestibular therapists and neurotologists tell me it can even be dangerous to put in your ears. I think they have good marketing, though. , Alicia Wolf, The Dizzy Cook

Q: Is there a difference between dizziness and vertigo?

A: Yes, here are their definitions: Dizziness: A sensation of lightheadedness, faintness, or unsteadiness. Vertigo: A rotational, spinning component, and is the perception of movement, either of the self or surrounding objects., Cynthia Ryan

Q: What was the device for the back of the head that Alicia mentioned to treat visual issues?

A: https://www.migraineagain.com/vestibular-migraine-treatments/, Alicia Wolf

Q: @Alicia did you say Atenolol eye drops? I am taking this beta blocker as a preventative

A: Timolol
https://thedizzycook.com/timolol-eye-drops-as-a-migraine-preventative-and-acute-treatment/, Alicia Wolf

Q: I just started Nerivio for VM. Does anyone know anything about it?

A: It's similar to the Cefaly device, but Cefaly has a small study for VM, so that's why we covered it more. Nerivio can be helpful too. I just find patients prefer Cefaly because it's something they don't need a prescription for, and easier to use more often. , Alicia Wolf, The Dizzy Cook