



Information for Electronystagmography/Videonystagmography (ENG/VNG) Testing

ENG/VNG is a test of balance function and eye coordination. It helps determine the condition of the balance portion of the inner ear. We are looking to determine if your dizziness is located in the central nervous system (brain) or the peripheral nervous system (ear and balance organ).

What to expect the day of your testing

Electrodes or goggles are placed on the forehead and around the eyes. Because a good contact is needed for recordings, we ask that you **please refrain from wearing any eye or face makeup and use only a minimal amount of moisturizer, cream or lotion.**

The test consists of three parts:

Ocular-Motor Testing: You will be asked to watch a series of lights, dots and figures. This evaluates your eye muscles and central nervous system.

Positional Testing: You will be asked to sit, lie down, and turn your head various directions. This test evaluates your central nervous system and the balance organs in your inner ear. Please notify your physician or audiologist if you have any neck or back problems that may be aggravated by this portion of the test.

Caloric Testing: Cool and warm air will be put into your ears for appx. one - two minutes each. It is likely to induce some dizziness as balance receptors within the ears are being stimulated.

IMPORTANT INFORMATION:

Certain medications may change the findings of the ENG/VNG exam. We ask that you **refrain from taking any of the following 48 hours before the test.**

Sedatives, tranquilizers, vestibular suppressants, or other medications that make you sleepy. (i.e., **Meclizine, Antivert, Benedryl**, etc.)

Other Non essential medications that need to be stopped 48 hours prior to testing would include, but are not limited to: **Anti-depressants, sleeping pills, tranquilizers, anti-anxiety medications, sedatives, prescription pain killers that contain narcotics, any cold or allergy medications.** Some medications should not be stopped abruptly. Please check with your pharmacist or the physician who wrote the prescription with any questions or concerns regarding stopping these medications. If your physician does not want you to stop any of the meds mentioned in this paragraph, please let us know prior to your appointment. Marijuana products of any kind need to be avoided 48 hours prior to testing. **No caffeine** 24 hours before testing



No alcohol 48 hours before testing.

Do not eat or drink anything three (3) hours before testing

Do not smoke for three (3) hours before testing

Do not wear ANY MAKEUP the day of testing

IF YOU ARE TAKING HEART, BLOOD PRESSURE, DIABETIC, OR SEIZURE MEDICATIONS, PLEASE CONTINUE TAKING THEM AS DIRECTED BY YOUR DOCTOR

Some patients experience slightly increased symptoms of dizziness after testing and **you may wish to have someone available to drive you home.**

If you forget and take any of the above medications in the 48 hours prior to your testing appointment, we will be unable to perform your test and we will need to reschedule your appointment in order to obtain reliable results.

Cancellation Policy

Please be prepared to spend about 1.5-2 hours of time in our office on the day of your audiologic and balance testing. This time slot has been blocked off for you so that we can concentrate on your comfort and ensure that test accuracy is maintained. If you fail to appear for your appointment, the time cannot be utilized for other patients.

In the event that you are unable to keep your appointment, please be kind enough to give us at least 48 hours notice so that we may allow someone else to be tested during this period. There will be a \$75 fee appended to your statement for cancellation with less than 48 hours notice or "no shows".

I have read and understand the above statement.

Patient Signature: _____ Date: _____

DIZZINESS QUESTIONNAIRE



Patient Name: _____

Date: _____

You have indicated you have vertigo, imbalance or dizziness problems. Answer the following questions by circling the appropriate bold response or answering in the blank space provided.

1. My first dizzy attack occurred _____. My most recent dizzy attack occurred _____.

2. I **can** / **cannot** tell an attack is about to begin. If you can tell, how far ahead can you tell? _____.

3. Which of the following most closely resembles your problem? Mark as many as apply.

€ A whirling or spinning sensation where your surroundings, you, or both move.

€ Imbalance without a sensation of motion that:

€ Causes a rocking sensation.

€ Makes you feel like you veer or are pushed to one side.

€ Makes you feel like you need extra support.

€ A sense of lightheadedness, giddiness, head swimming, floating.

€ None of the above, more like _____.

4. I have dizziness **all of the time** / **some of the time** / **once in a while**. Symptoms are **constant** / **fluctuate**.

5. I **have** / **do not have** isolated attacks of vertigo that come _____ times a **week** / **month** / **year**.

6. When attacks occur, the sensation of motion lasts on the average _____ **minutes** / **hours** / **days**. It takes _____ **minutes** / **hours** / **days** for me to completely regain my balance after the motion ceases.

7. When my dizziness occurs, I also experience: (*please circle any that apply*)

Ear Ringing

Ear Fullness

Ear Pressure

Hearing Changes

Sound Distortion

Headache

Visual Changes

Ear Pain

Darkening Vision

Numbness/Tingling

Ear Discharge

Nausea

Vomiting

Problem Working

Difficulty Walking

Falling

Unconsciousness

Other:

8. What triggers dizziness: _____.

9. What makes it worse: _____.

10. What makes it better: _____.

11. My dizziness **seems** / **does not seem** to be worse at a particular time of year.

12. Certain foods **do** / **do not** trigger or exacerbate my symptoms.

13. Number of physician's seen for your dizzy problems: _____

14. Please circle the following specialties you have seen in the past: Family Physician Neurology ENT Specialist

Neurotologist Ophthalmologist Psychiatrist

Please give additional information about any of the following tests that you have had

Test Type	Date and Location	Test Type	Date and Location
CT Scan		Audiogram	
MRI Scan		ENG	
Ultrasound		ABR	
Blood Tests		EcoG	
Balance Testing		Other:	



Audio/Vestibular Testing Insurance Verification

You are scheduled for an upcoming appointment on: _____ @ _____
am/pm.

As the patient, it is your responsibility to know the coverage and limitations with your health insurance plan. You may want to contact your insurance company prior to any testing to verify your benefits. Below is a list of the different types of audio and vestibular testing performed in our office. You can provide your insurance company with the billing codes below to verify coverage and benefits for your individual plan.

- ☐ 92557: Audiogram (Hearing Test)
- ☐ 92567: Tympanogram (Included with Hearing Test)
- ☐ 92652: ABR (Auditory Brain Response Test)
- ☐ 92537/92538: ENG/VNG (Caloric Vestibular Test)
- ☐ 92584: Electrocochleography
- ☐ 92540: Vestibular Evaluation

If you have any questions regarding your appointment please contact the office.