Premier Neurology and Wellness Center
1050 SE Monterey Road, Suite 201
Stuart, FL 34994

VIDEO NYSTAGMOGRAPHY (VNG)

Background:
Video nystagmography (VNG) technology is a test used to examine the inner ear and central motor functions. VNG testing is considered the new standard for testing inner ear functions and measures the movements of the eyes directly through infrared cameras. This test also addresses the functionality of each ear and if an inner ear disease may be the cause of dizziness or balance problem.

Why is The Test Performed?
VNG testing is used to determine if a vestibular (inner ear) disease may be causing dizziness, room spinning sensation or balance problems, and is one of the only tests available today that can decipher between an unilateral (one ear) and bilateral (both ears) vestibular loss vestibular loss. VNG testing is a series of tests designed to document a person's ability to follow visual objects withtheir eyes and how well the eyes respond to information from the vestibular system.

How is the Test Performed?
You will be asked to have your eyes follow certain objects that jump from place to place to view a large, continuously moving image to see if your eyes can appropriately track these movements. The technician will move your head and body into various positions to make sure that there are no inappropriate eye movements (nystagmus), when your head is in different positions. This test is looking at your inner ear system and the condition of the endolymph fluid in your semi-circular canals.

Test Preparation:
There is no specific test preparation. The study is very short in duration. The patient generally will be ready to go home immediately following the test.
DO NOT USE ANY MAKEUP!

Cancelling Appointments:
A notice of at least 24 hours is required should you be unable to keep your scheduled appointment. We reserve the right to charge a $100 fee for missed appointments or "no shows."

- Appointment Date:_____

- Appointment Time: _____

- Patient Contact Phone #: _____

Patient Name: _____ Patient Signature:_____