

The Balance Centre

Our service:

A one stop assessment of patients with dizziness and imbalance of presumed vestibular origin. A comprehensive physiotherapy vestibular assessment followed by specialised audio-vestibular testing by audiology. These patients are reviewed jointly with ENT and any further investigations and management plan is decided. Vestibular rehabilitation is delivered by physiotherapy as clinically indicated.

Criteria for referral:

- Adults with dizziness and balance problems of possible vestibular origin or without clear alternative cause.

Vestibular symptoms commonly include:

- Vertigo (illusion of movement)
- Vertigo or Dizziness triggered by head motion, change of position or visual stimulus.
- Associated audiological symptoms.

If the information contained within the referral meets our exclusion criteria or any one of the red flags below, their referral will be rejected or should be re-directed to the appropriate consultant led service.

Exclusion criteria:

- Obvious non-vestibular symptom or cause from referral letter.
- Patients with general age-related multifactorial imbalance and falls / severe frailty without clear vestibular symptoms. Consider referring these patients for supportive therapy in the community or falls/ geriatric service. If any urgent balance concern or falls risk refer to the Rapid community assessment team.
- **Any of the red flags below should be seen in an alternative consultant led clinic.**
 - **Incapacitating dizziness lasting for more than six weeks.**
 - **Any neurological symptoms or signs.**
 - **Ear discharge.**
 - **Ear pain.**
 - **Progressive unsteadiness or falls.**
 - **Extreme cases of social, occupational, or emotional stress.**
 - **Syncope.**

Kasbekar et al. (2014) and Burrows et al. (2017). BAA direct balance service, Hawkins and Lough (2019)

- Ear pain, discharge, sudden hearing loss or new onset tinnitus, refer to general ENT directly.
- Neurological signs, progressive dizziness and headache features refer to neurology or stroke as indicated. If clear neurological cause (e.g. MS) refer to neurology directly.
- If clear cardiology cause (including unexplained syncope), refer to cardiology directly.

Before referral checklist:

1. Basic haematological and biochemical screen to exclude systematic causes (FBC, ESR, TFT, U&E, LFTs, random blood sugar.
2. Check lying and standing blood pressure.
3. Include all medical history and medication list.
4. If investigations have been completed at other health care providers, please attach all relevant documents.