

1. This document was created to support maximum accessibility for all learners. If you would like to print a hard copy of this document, please follow the general instructions below to print multiple slides on a single page or in black and white.
2. If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
3. This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
4. Copyright: Images used in this course are used in compliance with copyright laws and where required, permission has been secured to use the images in this course. All use of these images outside of this course may be in violation of copyright laws and is strictly prohibited.

## How to print Handouts

- On a PC
  - Open PDF
  - Click Print
  - Choose # of pages per sheet from dropdown menu
  - Choose Black and White from “Color” dropdown
- On a Mac
  - Open PDF in Preview
  - Click File
  - Click Print
  - Click dropdown menu on the right “preview”
  - Click layout
- Choose # of pages per sheet from dropdown menu
- Checkmark Black & White if wanted.
- If more details needed please visit our FAQ page: <https://www.audiologyonline.com/help>

No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without such written permission is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.

### Technical issues with the Recording?

- Clear browser cache using [these instructions](#)
- Switch to another browser
- Use a hardwired Internet connection
- Restart your computer/device

### Still having issues?

- Call 800-753-2160 (M-F, 8 AM-8 PM ET)
- Email [customerservice@AudiologyOnline.com](mailto:customerservice@AudiologyOnline.com)

# Cochlear Implants and Children with Vestibular Impairments



Sharon L. Cushing



# continued<sup>®</sup> Hearing

## Sharon Cushing MD FRCSC

Dr. Sharon Cushing is a full time pediatric otolaryngologist at The Hospital for Sick Children in Toronto, Canada, and an Associate Professor and Clinician Investigator in the Department of Otolaryngology Head and Neck Surgery at the University of Toronto. She is the Director of the Cochlear Implant Program at the Hospital for Sick Children.

Dr. Cushing has a clinical and surgical interest in disorders of the external, middle and inner ear, including hearing loss and vestibular dysfunction. Her research interest include vestibular and balance function and dysfunction in children, and its association with hearing loss and cochlear implantation.



## Disclosures

- **Presenter Disclosure:** Financial: Sharon Cushing is employed by the Hospital for Sick Children in Toronto, Canada, and is an Associate Professor and Clinician Investigator in the Department of Otolaryngology-Head and Neck Surgery at the University of Toronto. She has a sponsored research agreement for Cochlear Corporation and is on their speaker's bureau. She is on Interacoustics' speaker's bureau. She receives royalties from Plural Publishing for the Manual of Pediatric Balance Disorder. She received an honorarium for this presentation. Non-financial: Sharon Cushing has received Patent #: 7041-0: Systems And Methods For Balance Stabilization.
- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure:** This course is presented by AudiologyOnline.

# Cochlear Implant Research Team

## DIRECTORS

- Karen Gordon
- Blake Papsin
- Sharon Cushing

## RESEARCH COORDINATORS

- Carmen McKnight
- Christina Lavalley

## GRADUATE STUDENTS

- Salima Jiwani
- Melissa Polonenko
- Nikolaus Wolter
- Morrison Steel
- Michael Deighton
- Sara Giannantonio
- Josh Gnanasegaram



## COLLABORATORS

### Local – Sick Kids

- Bob Harrison
- Susan Blaser
- Adrian James
- Sam Doesburg
- Vicky Papaioannou

### Local - External

- Sandra Trehub
- Frank Russo

### International

- Robert Cowen
- Richard van Hoesel

## POST-DOCTORAL FELLOWS

- Vijayalakshmi Easwar
- William Parkes
- Shazia Peer

## FUNDING

- CIHR
- SickKids Foundation



CIHR IRSC





# Cochlear Implant Team



- |                     |                    |                        |                     |
|---------------------|--------------------|------------------------|---------------------|
| • Blake Papsin      | ▪ Gina Goulding    | • Mary Lynn Feness     | • Valerie Simard    |
| • Vicky Papaioannou | ▪ Naureen Sohail   | • Pat Di Santos        | • Rebecca Malcomson |
| • Karen Gordon      | ▪ Laurie MacDonald | • Nancy Greenwald-Hood | • Joelene Huber     |
| • Sharon Cushing    | ▪ Patt Fuller      | • Susan Druker         | • Gillian Lieberman |
|                     | ▪ Adrian James     |                        |                     |

## Learning Outcomes

- After this course, participants will be able to
  1. Describe the reciprocal impact of cochlear implants on vestibular function and vice versa.
  2. Discuss which etiologies of SNHL are most likely to have associated vestibular impairment.
  3. Describe the signs and symptoms as well as diagnostics tests that can facilitate a diagnosis of vestibular impairment.



# continued SEMINARS IN Hearing

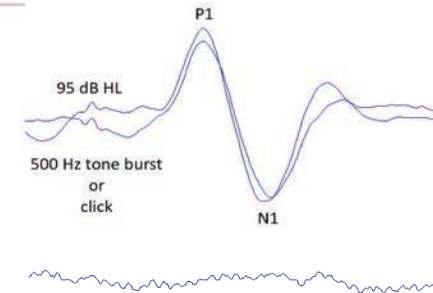
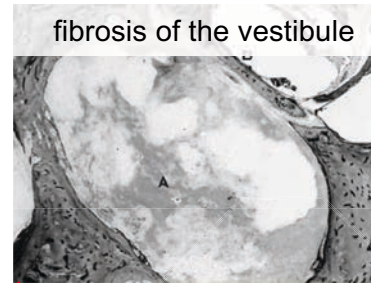
---

## Outline

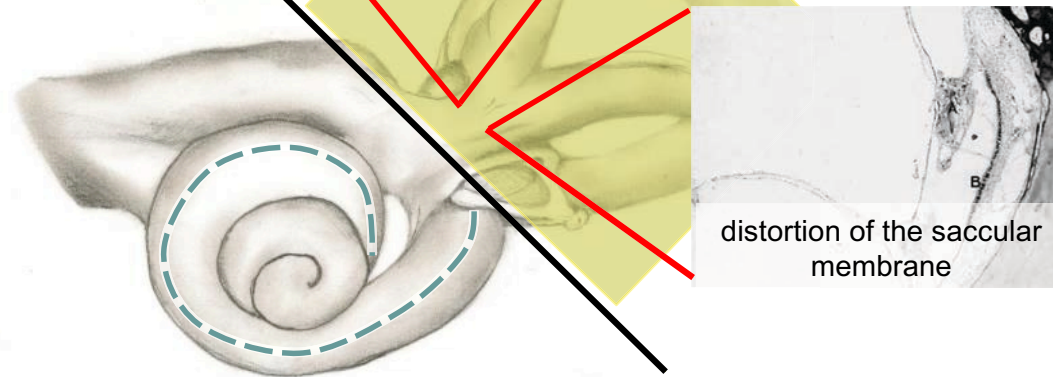
- vestibular & balance dysfunction
  - common in SNHL
- impact of dysfunction
- screening for vestibular dysfunction



# Vestibular Effects of Cochlear Implantation (*negative*)

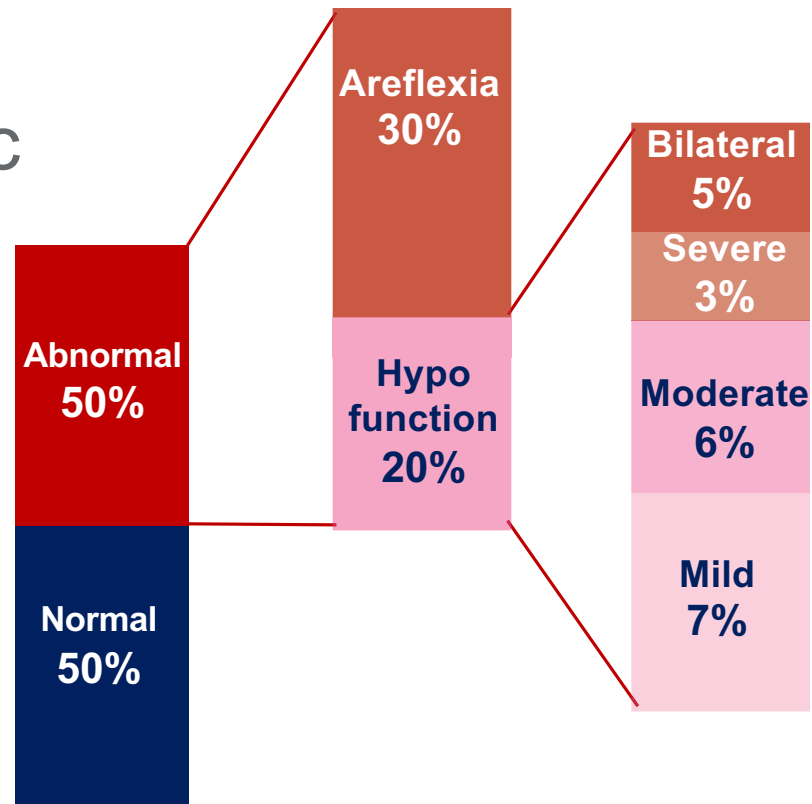


20-100% lose cVEMP  
responses after CI

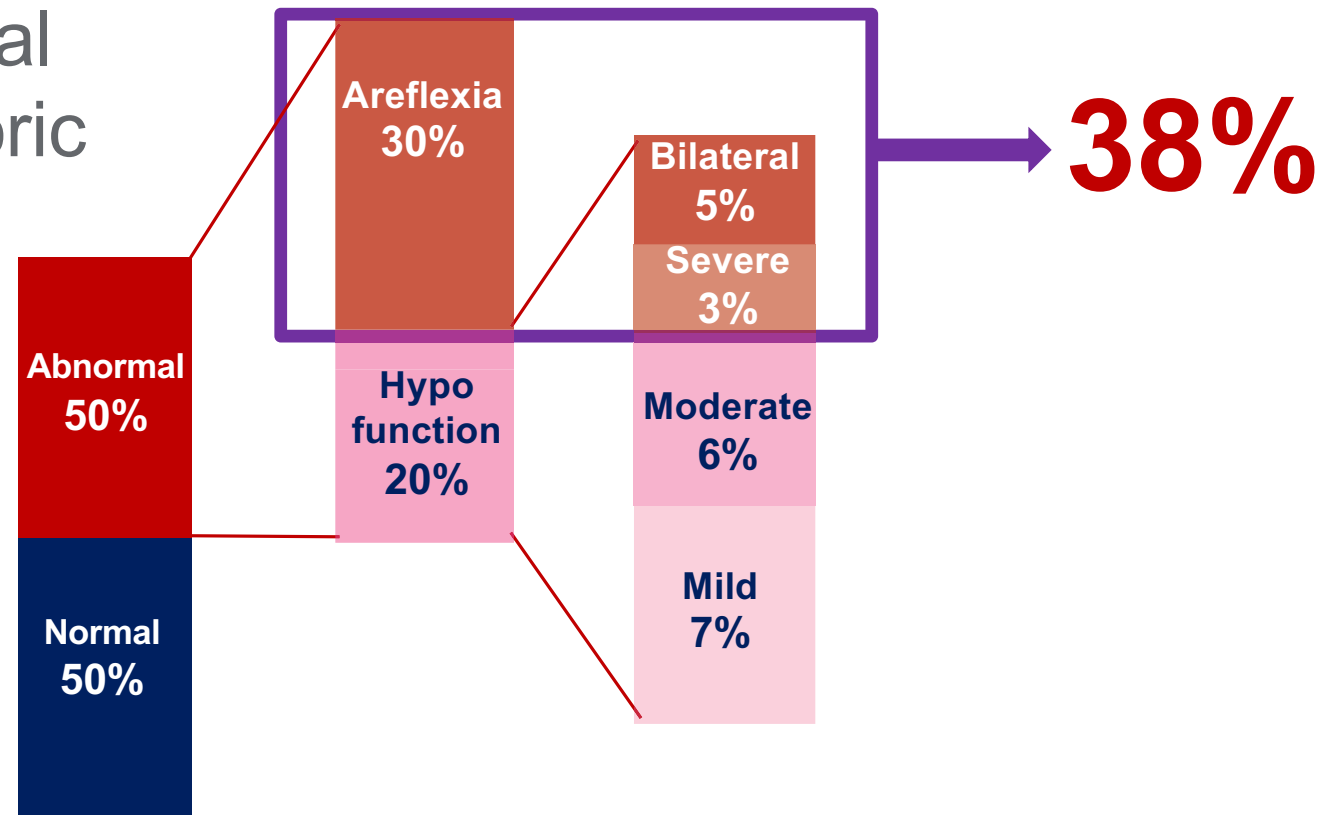


Tien et al, 2002

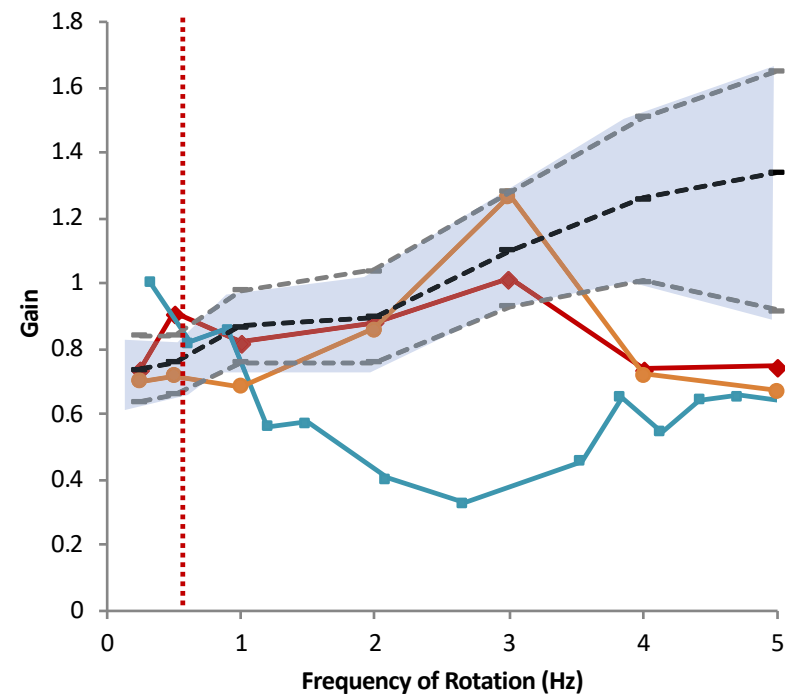
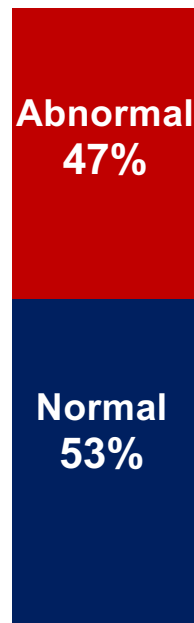
## Horizontal Canal Function - Caloric



## Horizontal Canal Function - Caloric

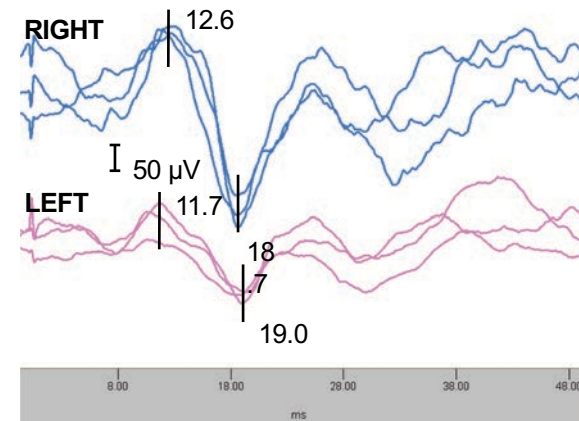
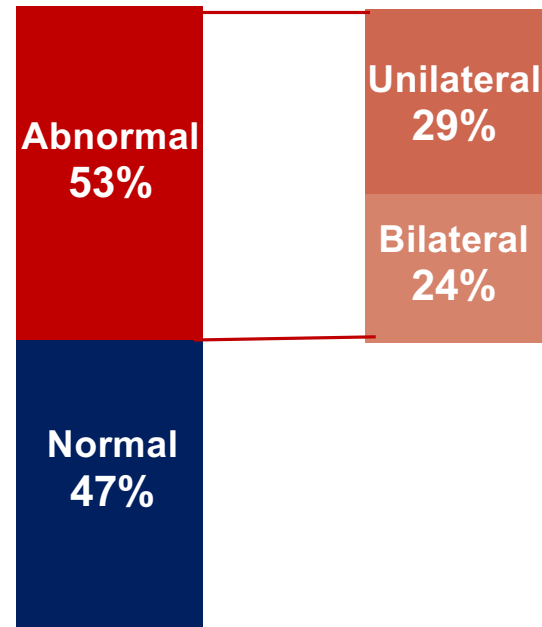


## Horizontal Canal Function - Rotation





## Saccular Function - cVEMP

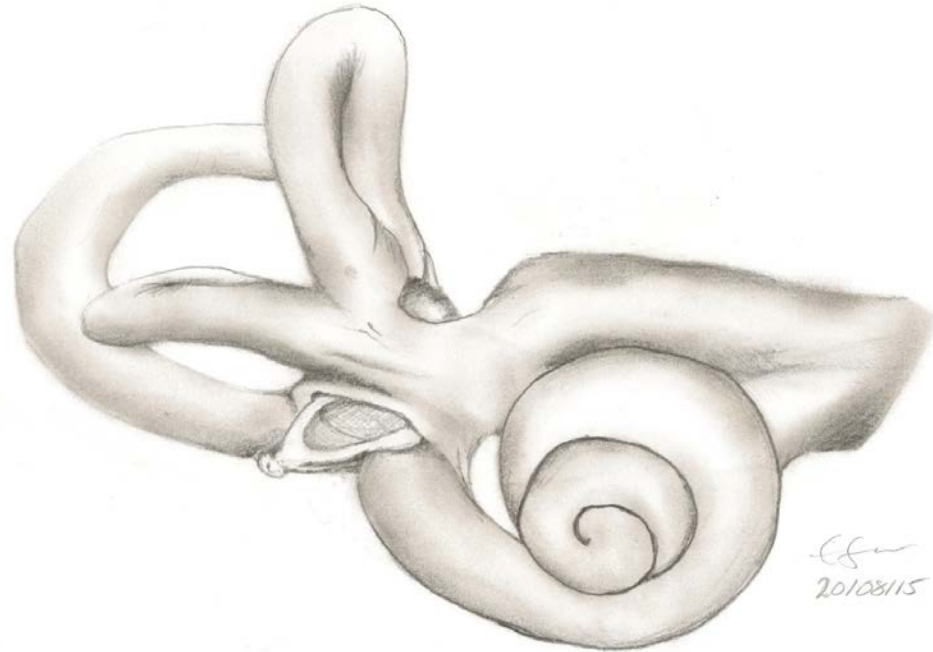


Otol Neurotol. 2013

# continued<sup>®</sup> Hearing

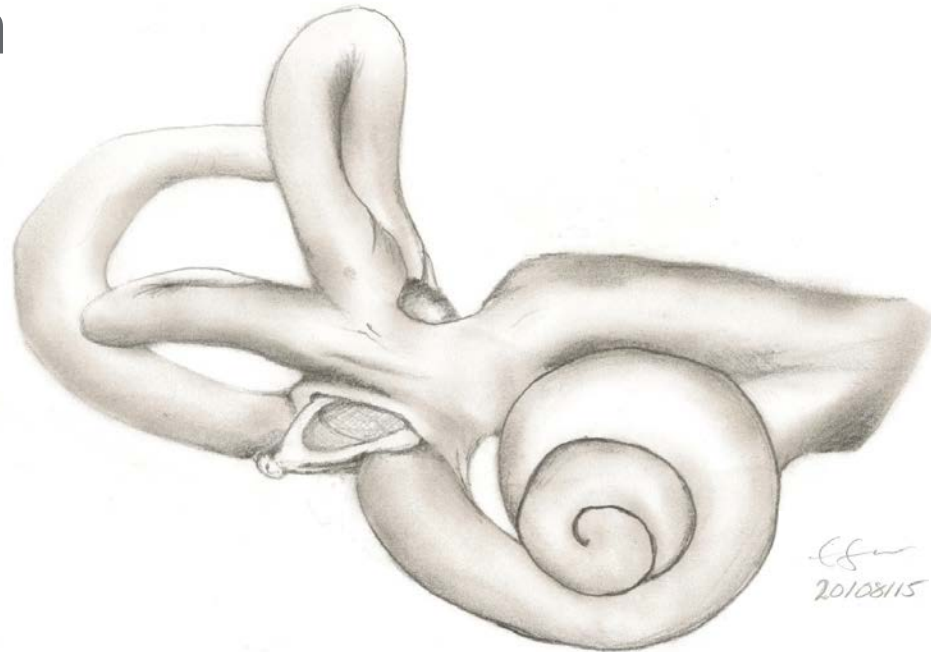
## Vestibular Dysfunction is Common in Children with SNHL

70% dysfunction  
**35-40% complete  
areflexia**



## Vestibular Dysfunction is Common in Children with SNHL

**70% dysfunction**  
**35-40% complete**  
**areflexia**



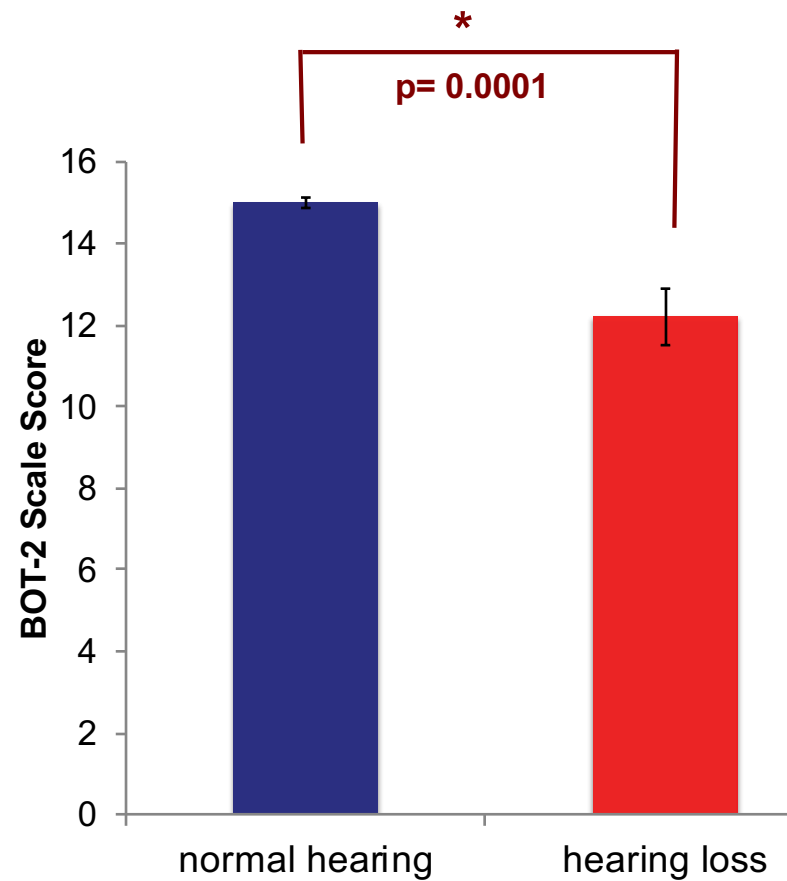
vestibular impairment is the single  
**most common** associated feature of SNHL

# continued<sup>ed</sup> SEMINARS IN Hearing



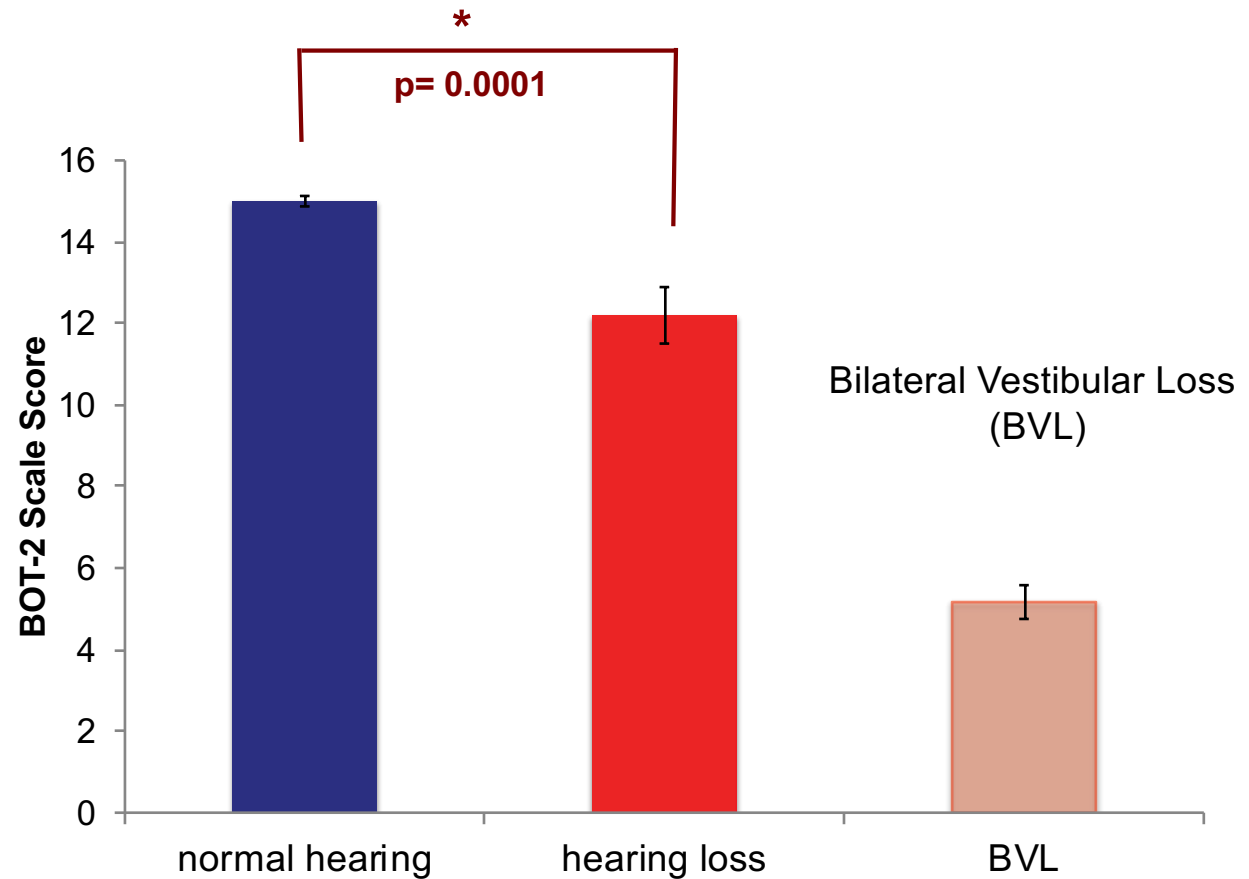
# continued Hearing

## Vestibular Loss Impacts Balance



# continued Hearing

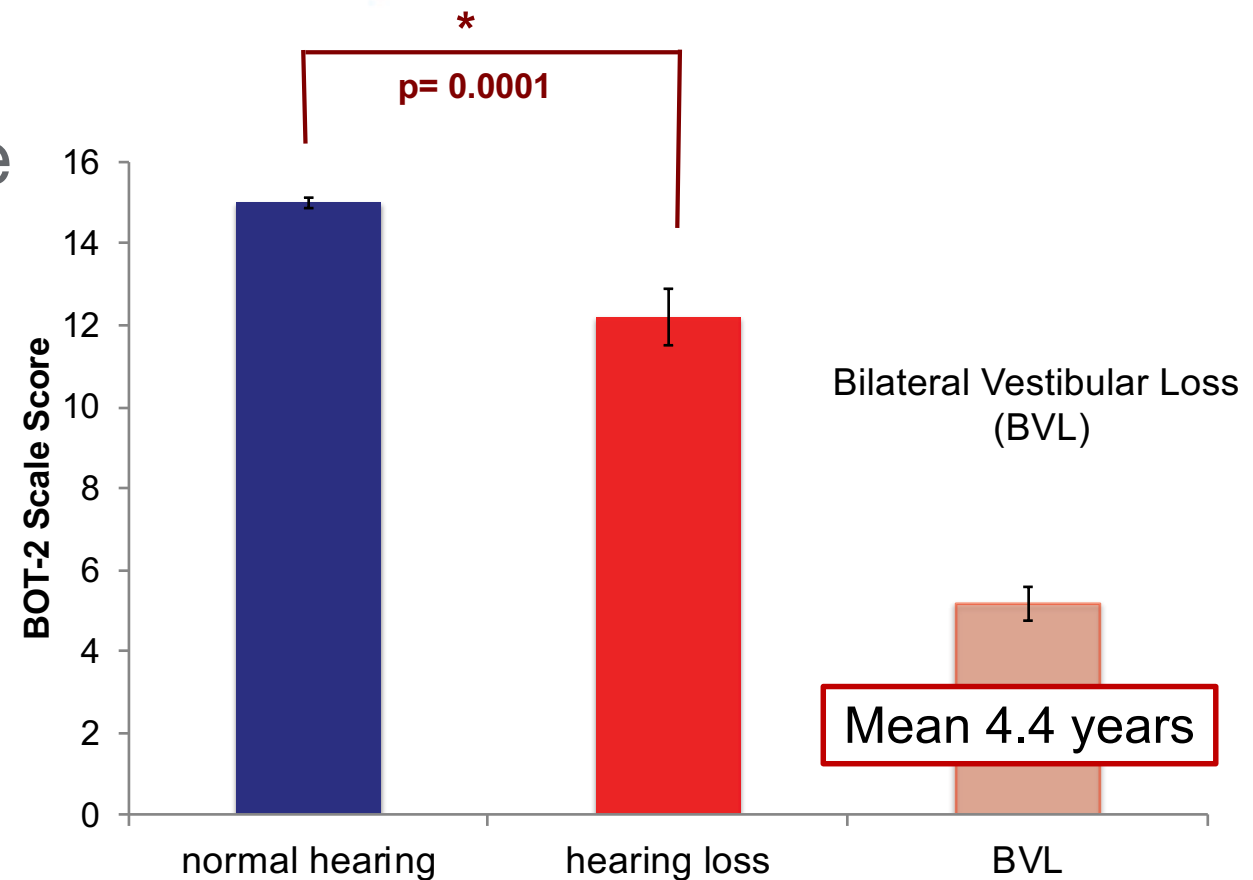
## Vestibular Loss Impacts Balance





# continued<sup>®</sup> SEMINARS IN Hearing

## Vestibular Loss Impacts Balance



Q2

## Vestibular Loss Impacts Balance

balance deficits are not  
always apparent



# CONTINU<sup>ed</sup> SEMINARS IN **Hearing**



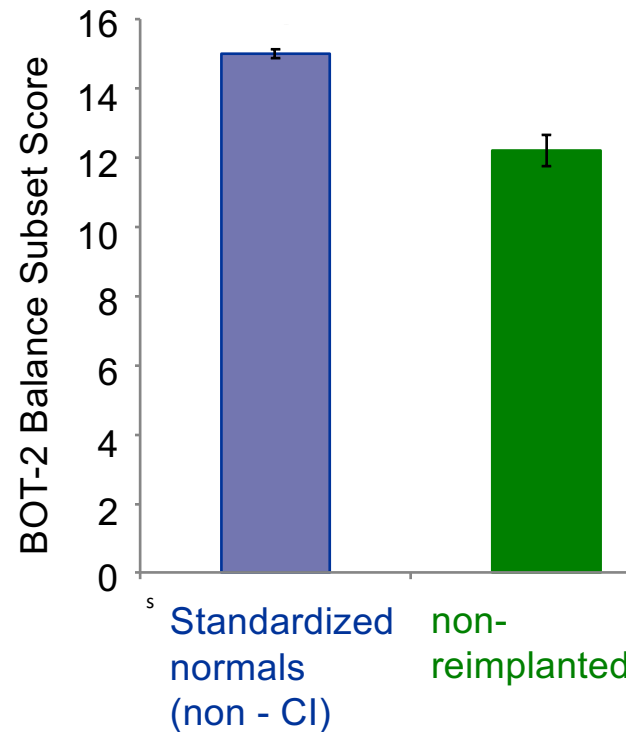
# CONTINU<sup>ed</sup> SEMINARS IN **Hearing**



# CONTINU<sup>ed</sup> SEMINARS IN Hearing

## When Balance is Poor – Implants Fail

- static and dynamic balance – BOT-2

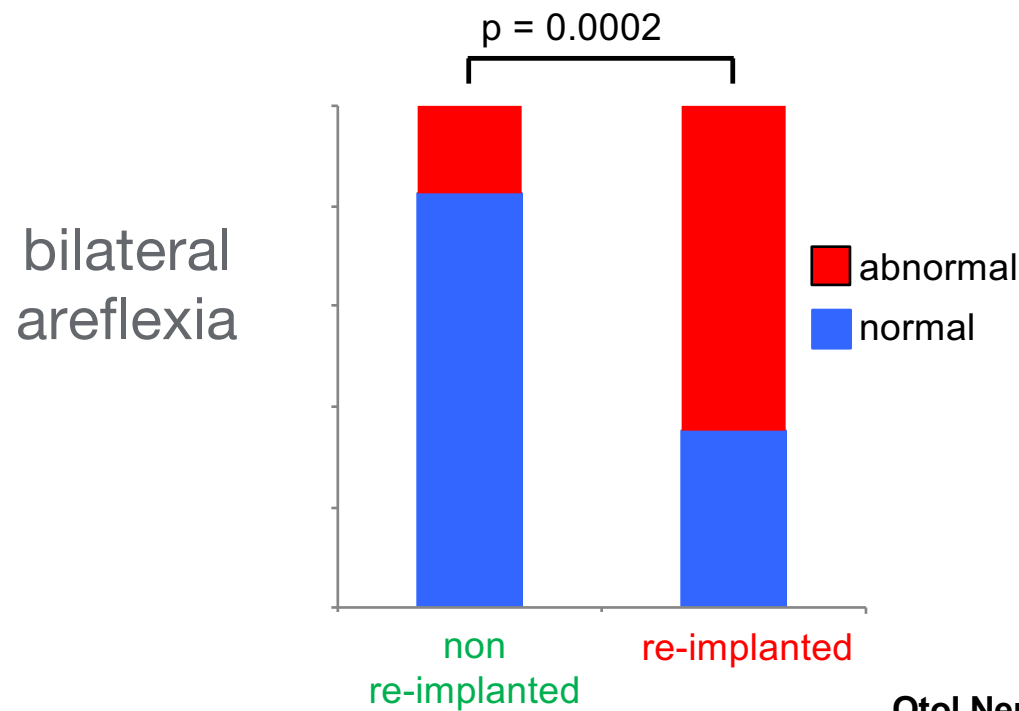


Otol Neurotol. 2015

Q6

# continued<sup>®</sup> Hearing

## When Vestibular Function is Poor – Implants Fail



Otol Neurotol. 2015

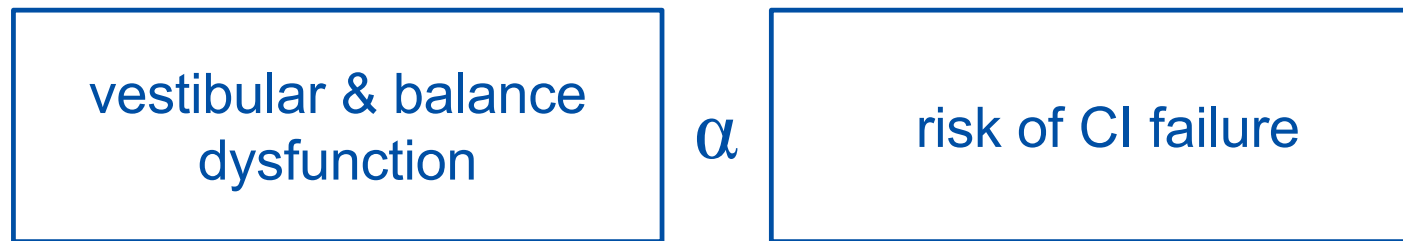
Q6

23



# continued Hearing

## When Vestibular Function is Poor – Implants Fail



Bilateral Areflexia

Odds ratio: 8.6

Implant failure

Otol Neurotol. 2015

Q6

24

## Vestibular and Balance Dysfunction Risk by Etiology

- Cochleovestibular anomalies
  - Phelps
  - Waardenburg
  - Klippel Feil
  - Pendred
- Ototoxicity
- Usher Syndrome
- Meningitis

- CMV
- ANSD

- Connexin
- Mitochondrial?
- Autoimmune?

# continued Hearing

## Vestibular and Balance Dysfunction Risk by Etiology

- Cochleovestibular anomalies
  - Phelps
  - Waardenburg
  - Klippel Feil
  - Pendred
- Ototoxicity
- Usher Syndrome
- Meningitis

- CMV
- ANSD

- Connexin
- Mitochondrial?
- Autoimmune?

## Ototoxicity in Cancer

cochleotoxicity  $\approx$  vestibulotoxicity

25-90%

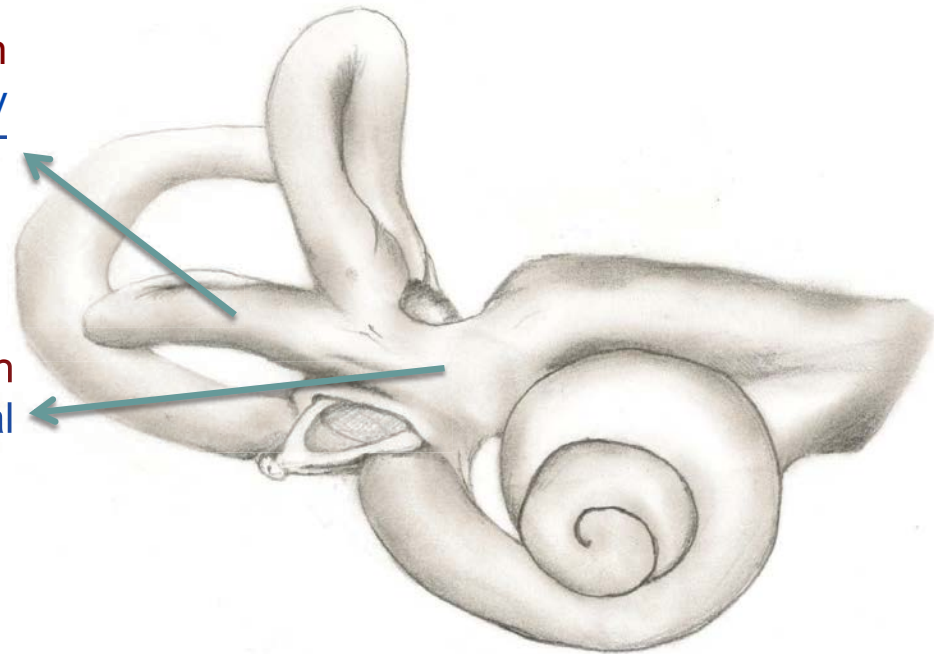
?

platinum based therapy  
aminoglycosides  
cranial radiation  
surgical therapy

## Vestibular Impairment from Ototoxicity

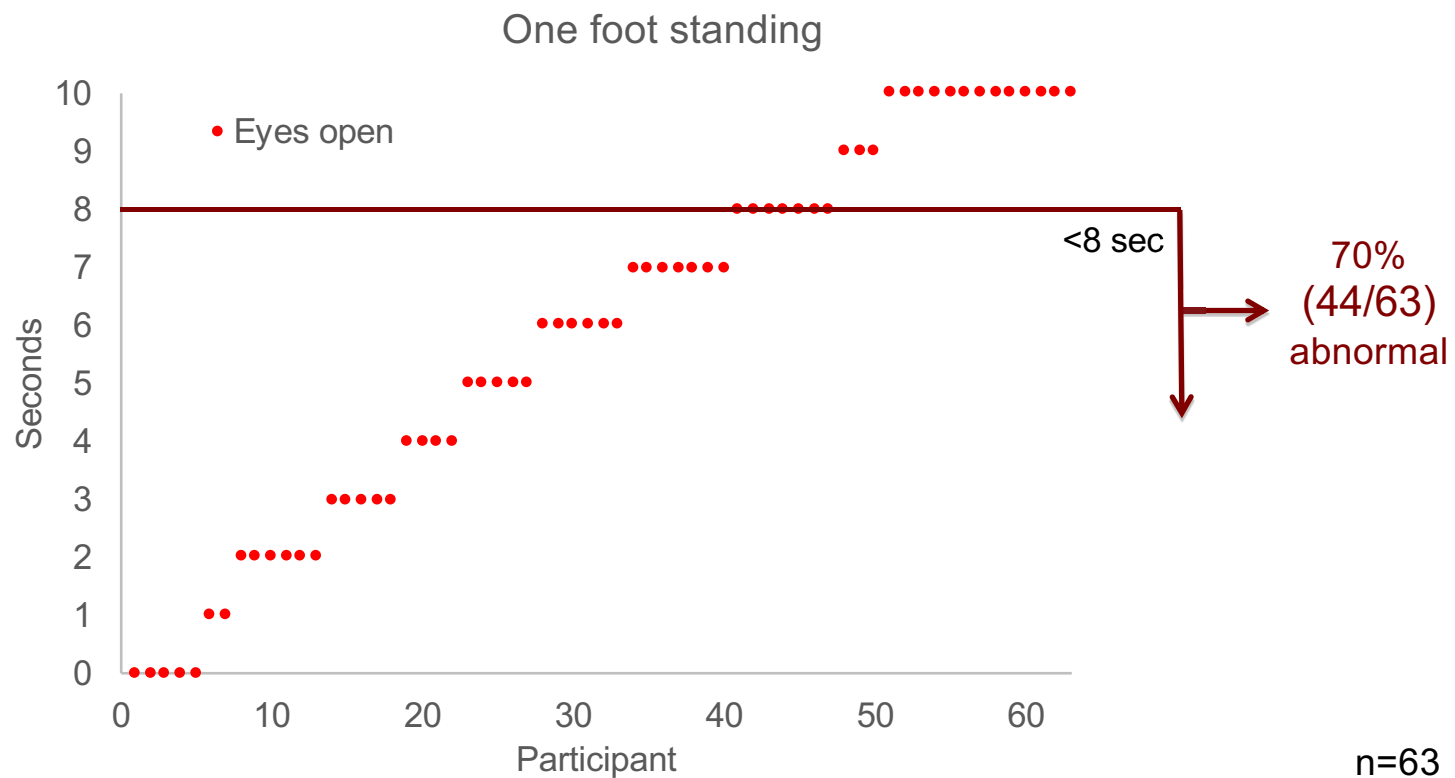
Horizontal Canal Dysfunction  
44% Dynamic Visual Acuity  
51% VOR loss vHIT

59% Utricular Dysfunction  
Subjective Visual Vertical



N = 63

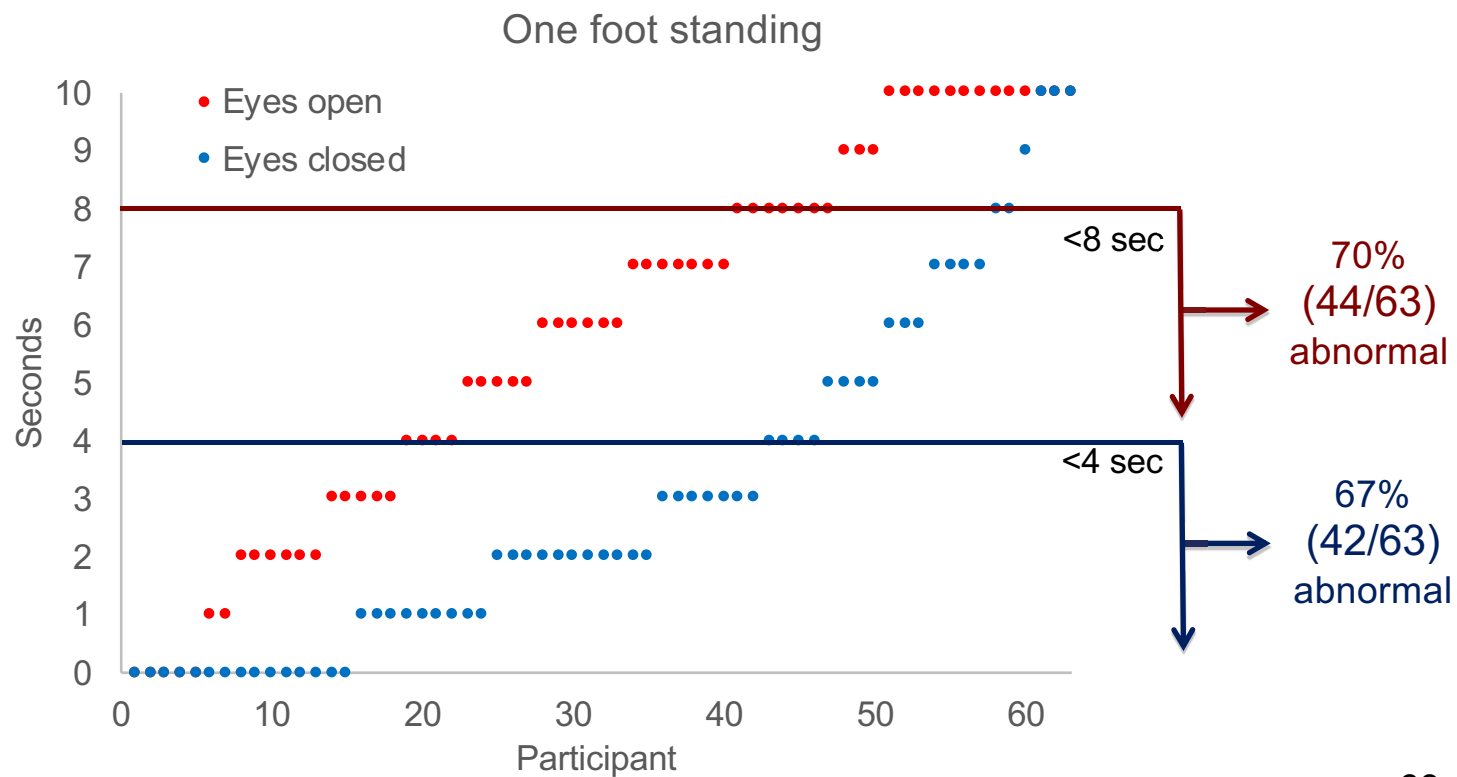
## Ototoxicity Related Balance Impairment



n=63

Q9

## Ototoxicity Related Balance Impairment



n=63

Q9

## Ototoxicity in Cancer

cochleotoxicity  $\approx$  vestibulotoxicity  $\approx$  balance impairment

25-90%

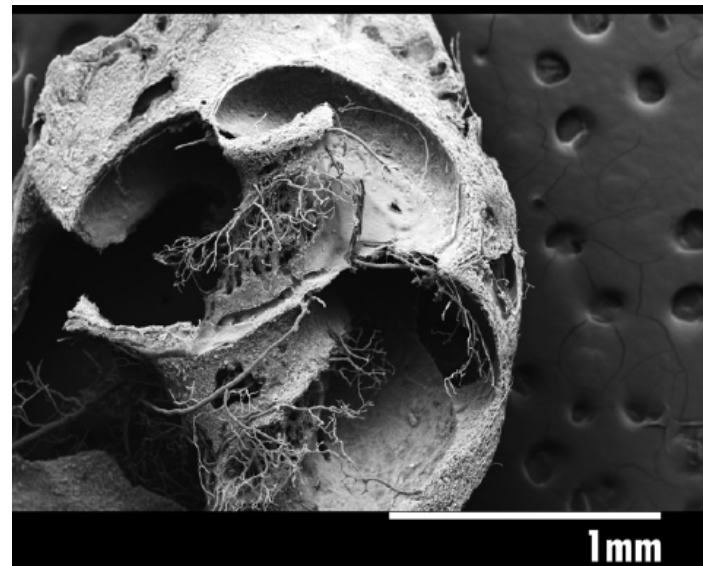
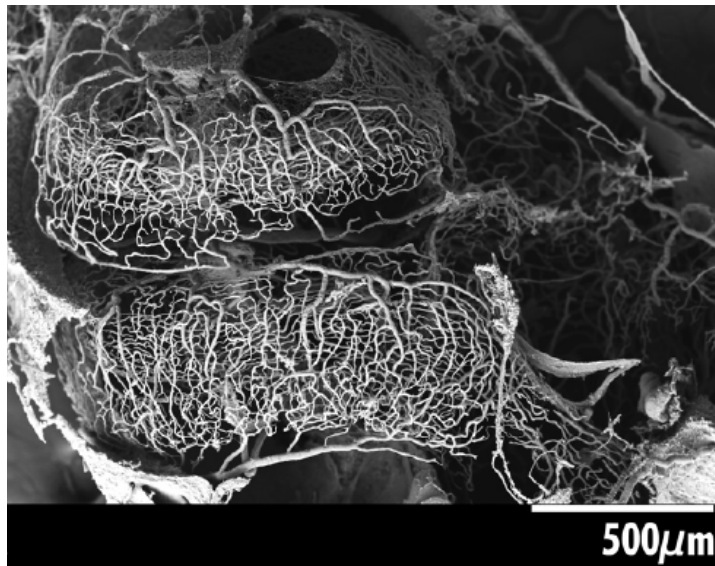
50%

70%

platinum based therapy  
aminoglycosides  
cranial radiation  
surgical therapy

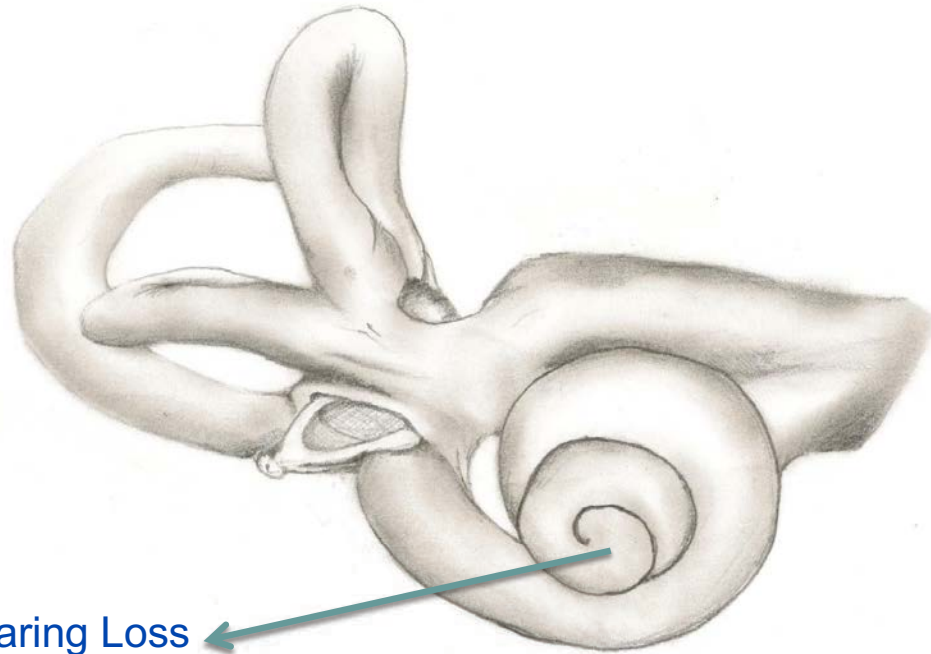


## Congenital Cytomegalovirus



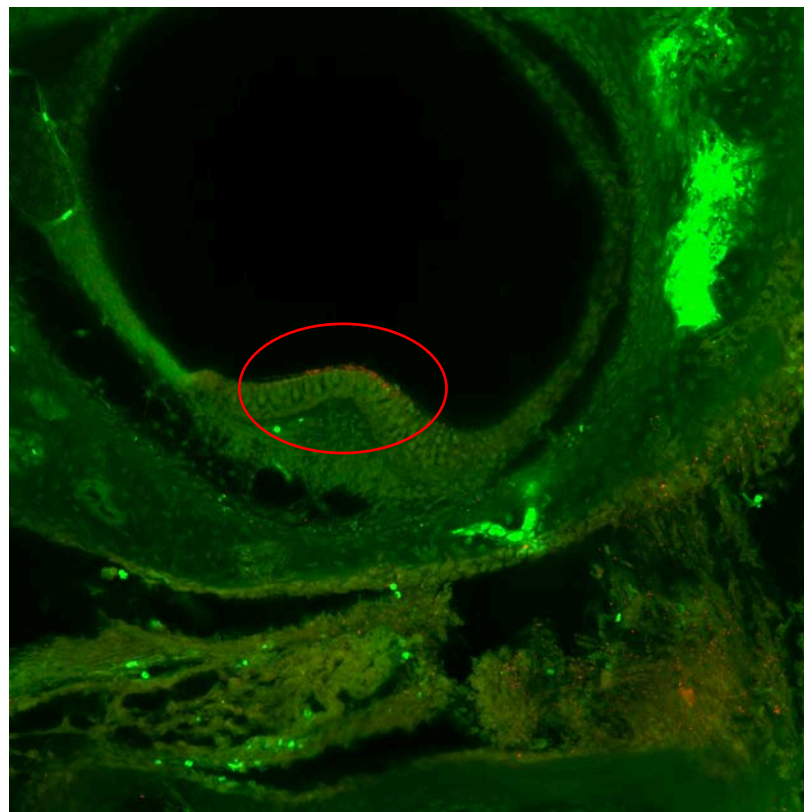
photos courtesy of Dr. Robert Harrison

## Congenital Cytomegalovirus



20-50% Sensorineural Hearing Loss

# Congenital Cytomegalovirus



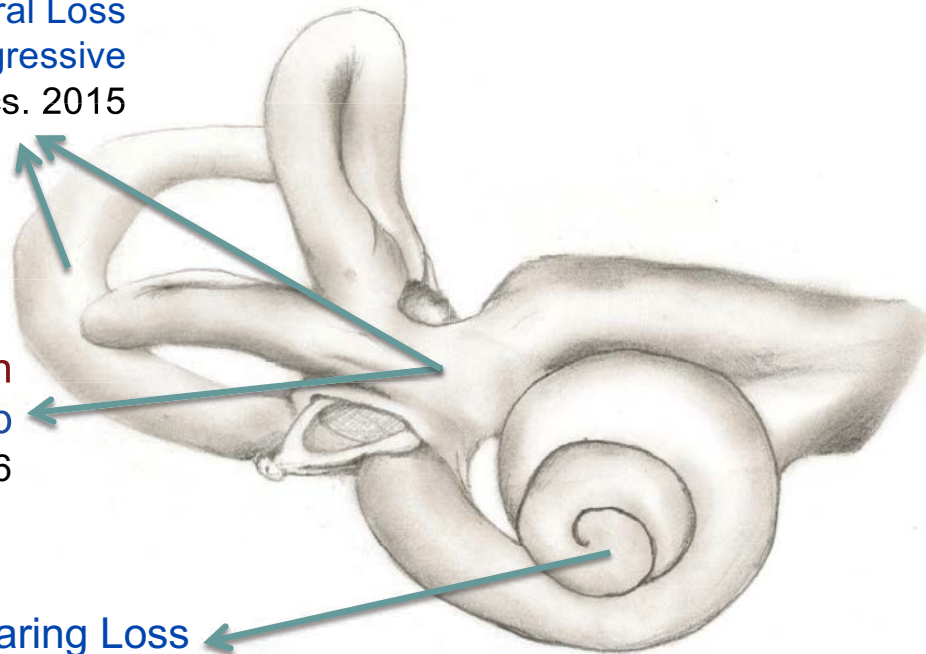
photos courtesy of Dr. Robert Harrison

## Congenital Cytomegalovirus

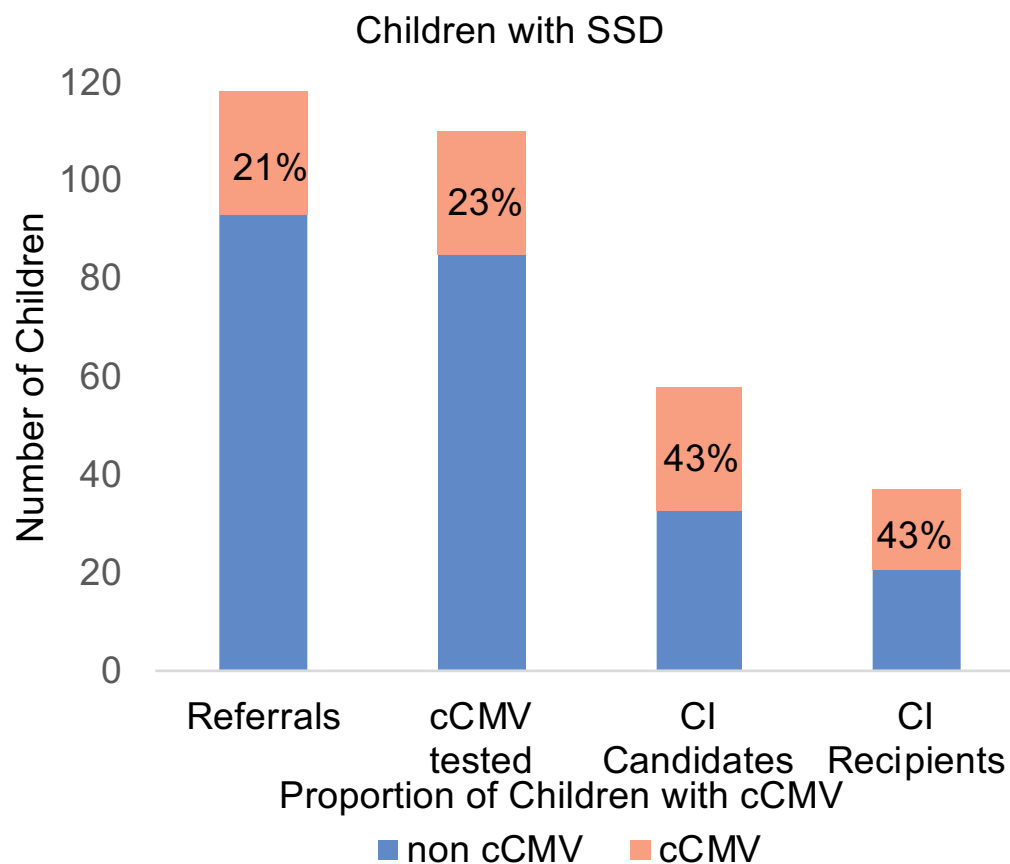
92% Vestibular end-organ Dysfunction  
33% Complete Bilateral Loss  
50% Progressive  
Bernard et al. Pediatrics. 2015

50% Otolithic Dysfunction  
cVemp  
Maes, Ear & Hearing. 2016

20-50% Sensorineural Hearing Loss

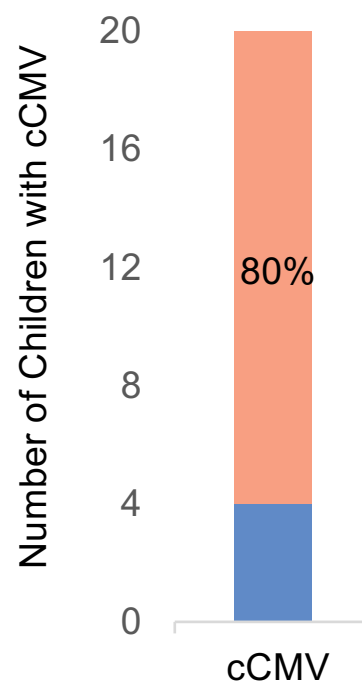


cCMV is  
Common  
in SSD

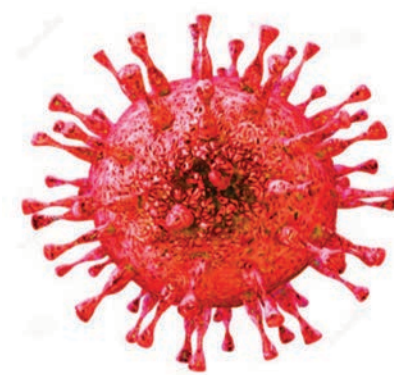


## Children with cCMV Proceed to Implant

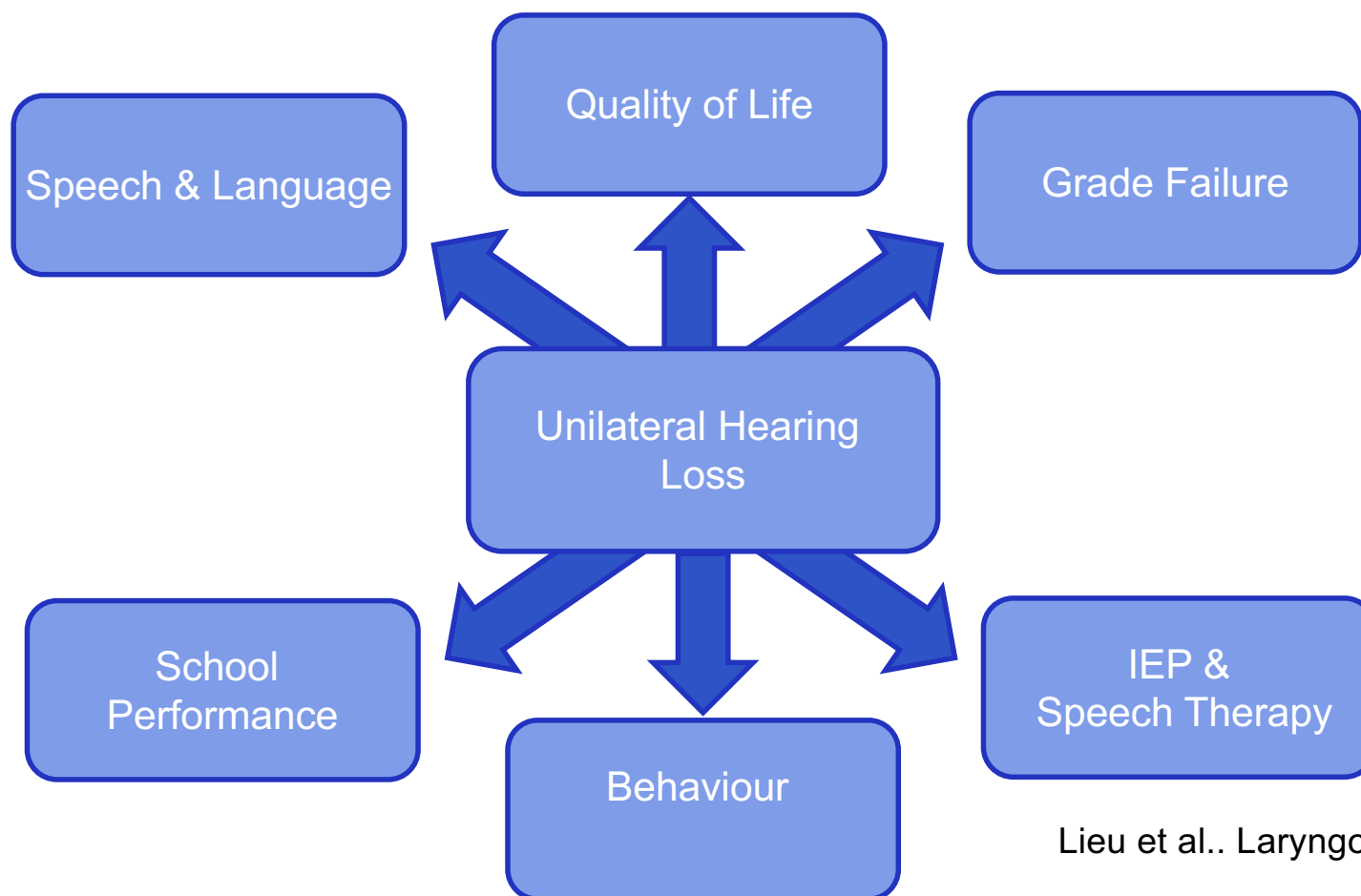
Children with SSD and cCMV



■ non-implanted ■ implanted



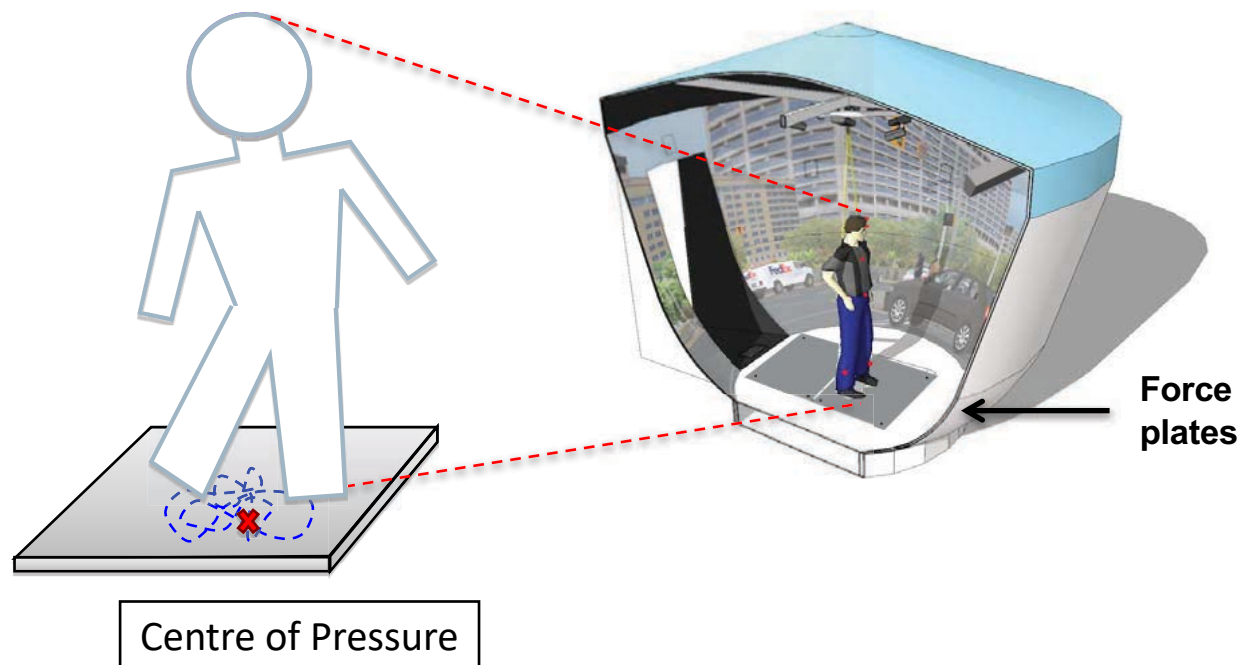
## Consequences of SSD in Children



Lieu et al.. Laryngoscope. 2012



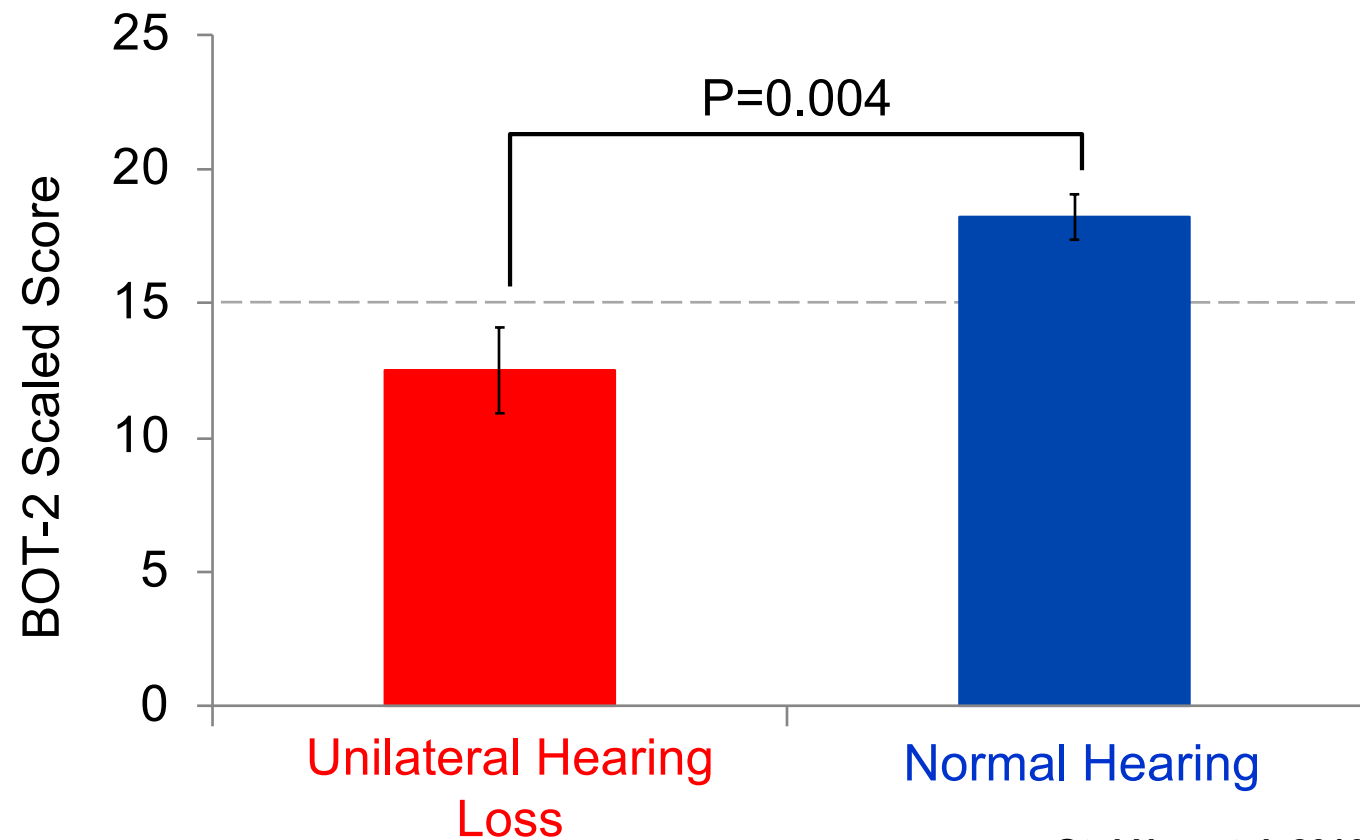
## Measuring Balance Impairment





# CONTINU<sup>ed</sup> SEMINARS IN Hearing

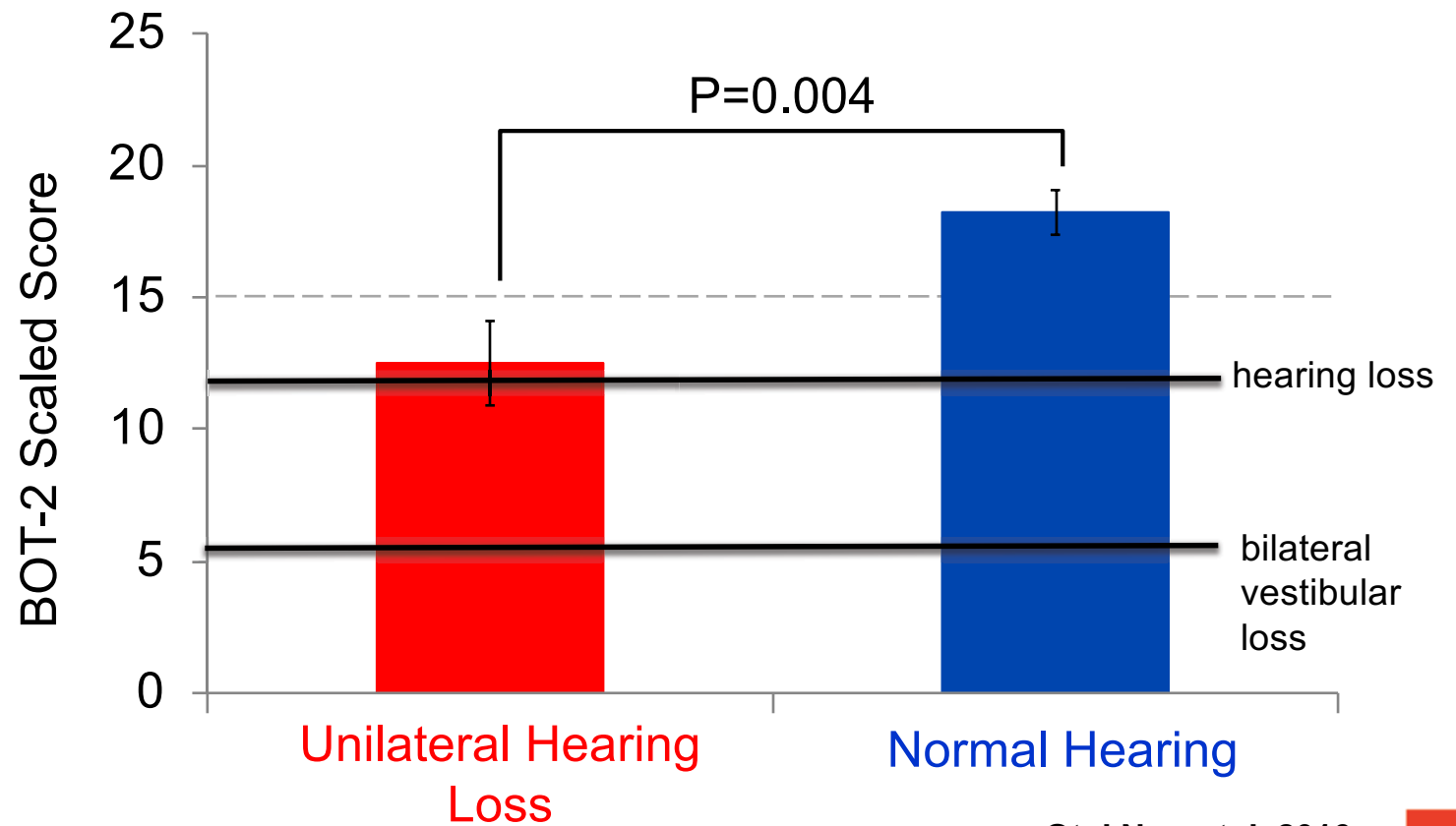
Balance is  
Impaired in  
SSD



Otol Neurotol. 2016

# CONTINU<sup>ed</sup> SEMINARS IN Hearing

Balance is  
Impaired in  
SSD



## Vestibular Dysfunction in SSD

### Horizontal Canal Dysfunction

48% Caloric Reduction

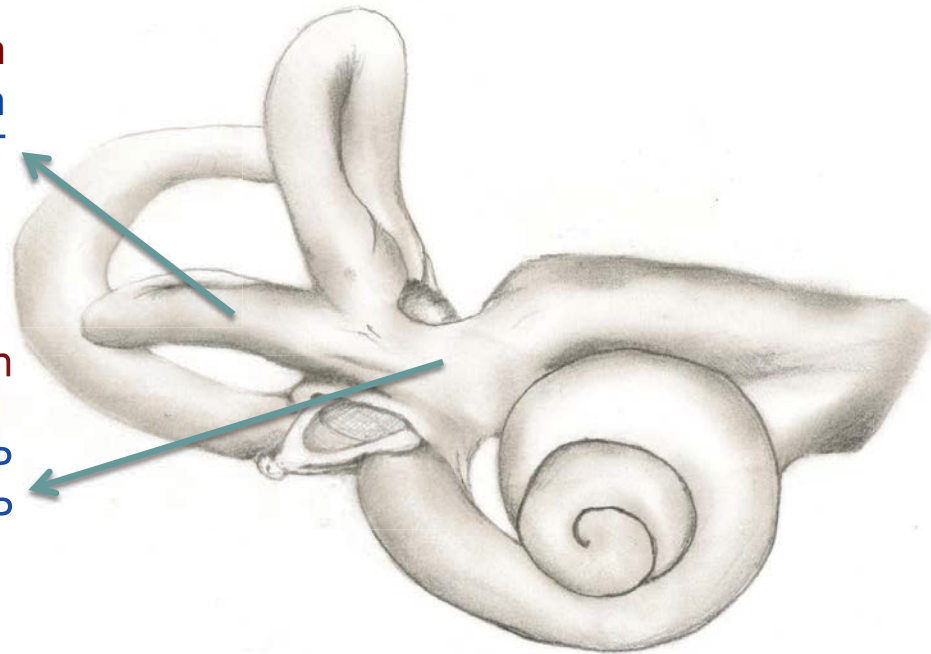
50% VOR loss vHIT

### Otolithic Dysfunction

62.5%

Utricular 42% oVEMP

Saccular 25% cVEMP

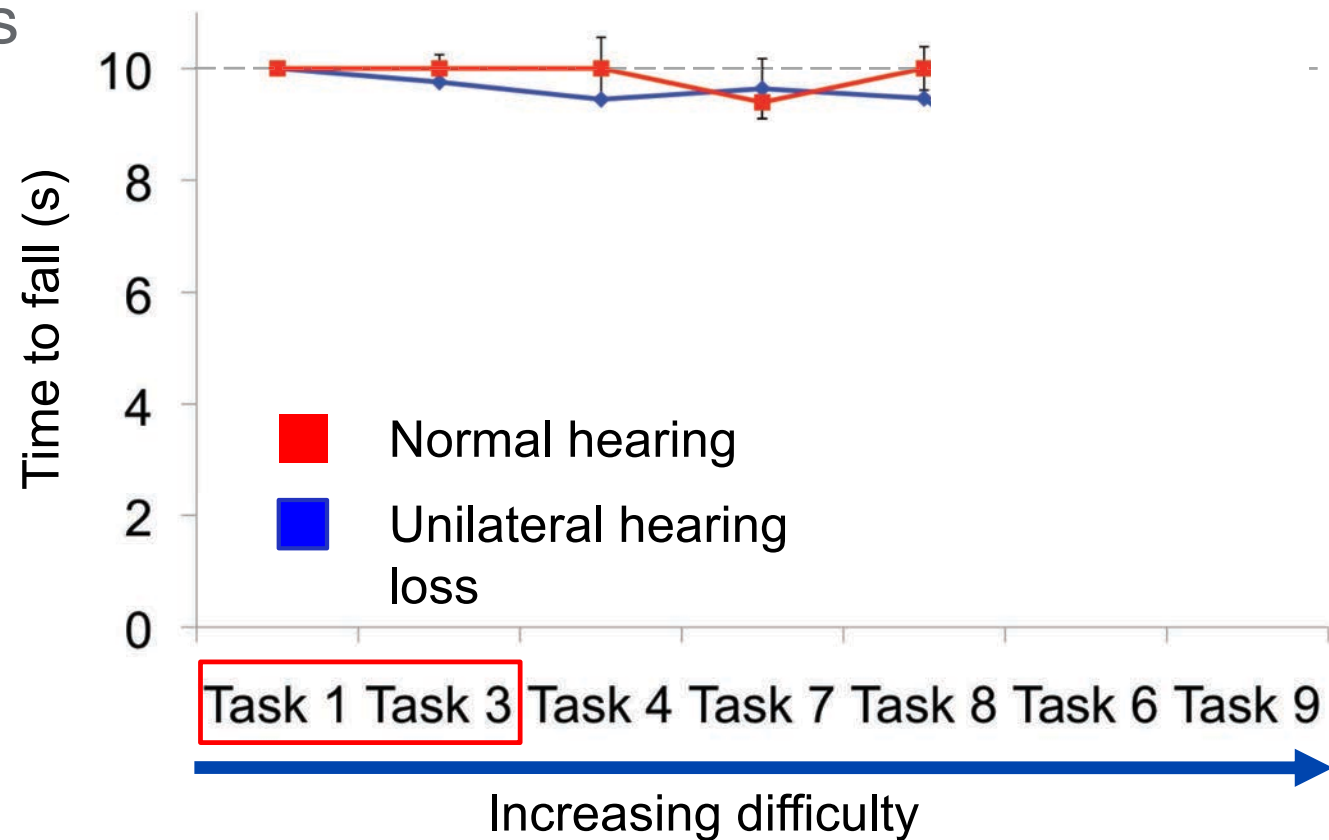


N = 20

Hear Res. 2018

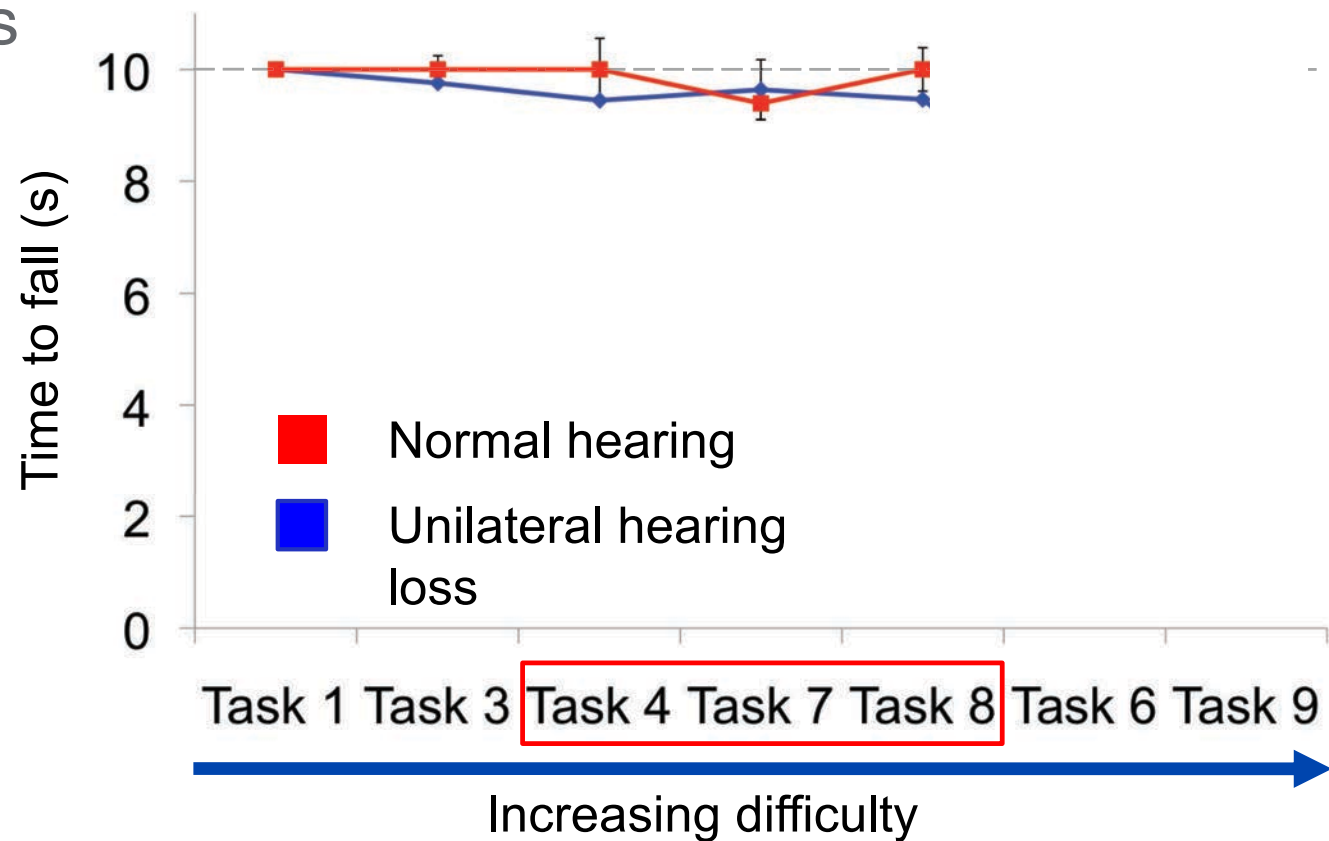
# continued SEMINARS IN Hearing

Balance Abilities  
Deteriorate as  
Task Difficulty  
Increases



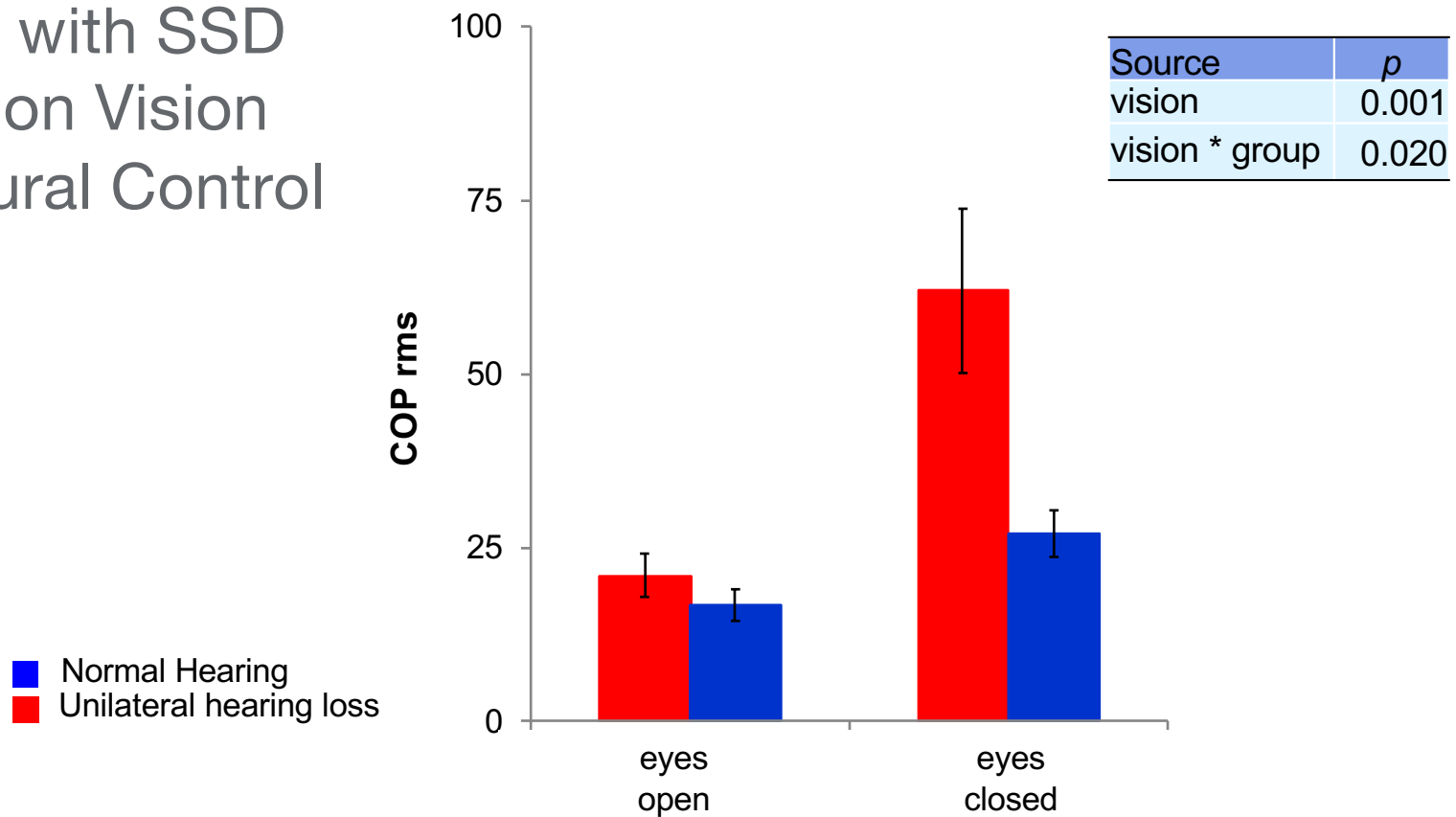
# CONTINU<sup>ed</sup> SEMINARS IN Hearing

Balance Abilities  
Deteriorate as  
Task Difficulty  
Increases



# continued Hearing

## Children with SSD Depend on Vision for Postural Control



## Vestibular Dysfunction in SSD

### Horizontal Canal Dysfunction

48% Caloric Reduction

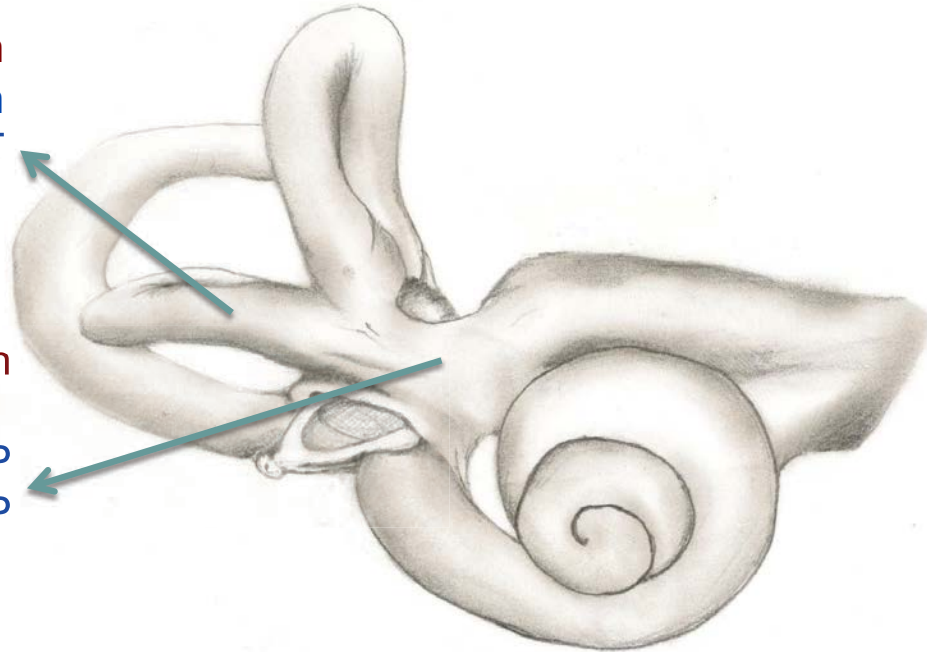
50% VOR loss vHIT

### Otolithic Dysfunction

62.5%

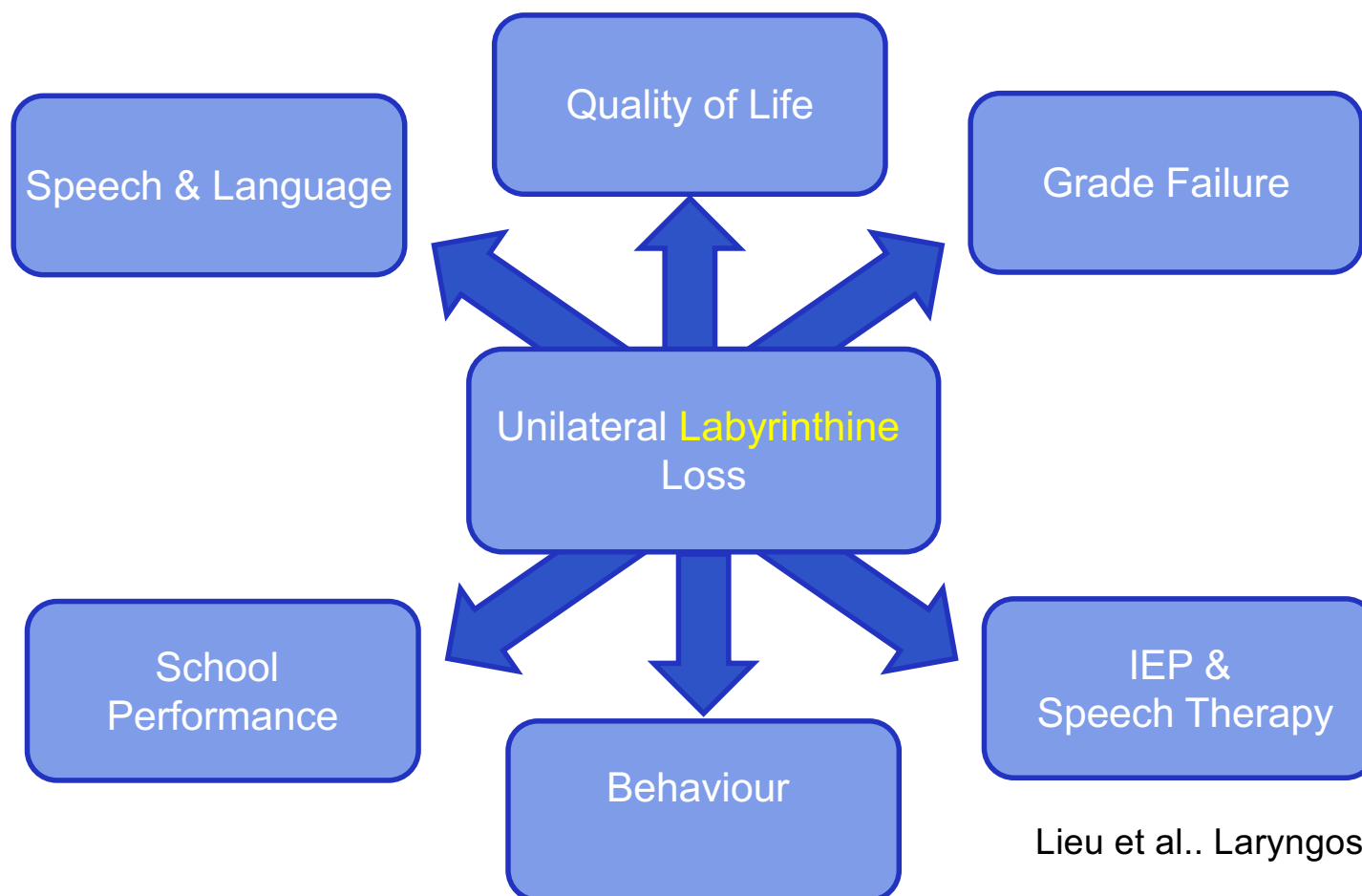
Utricular 42% oVEMP

Saccular 25% cVEMP



N = 20

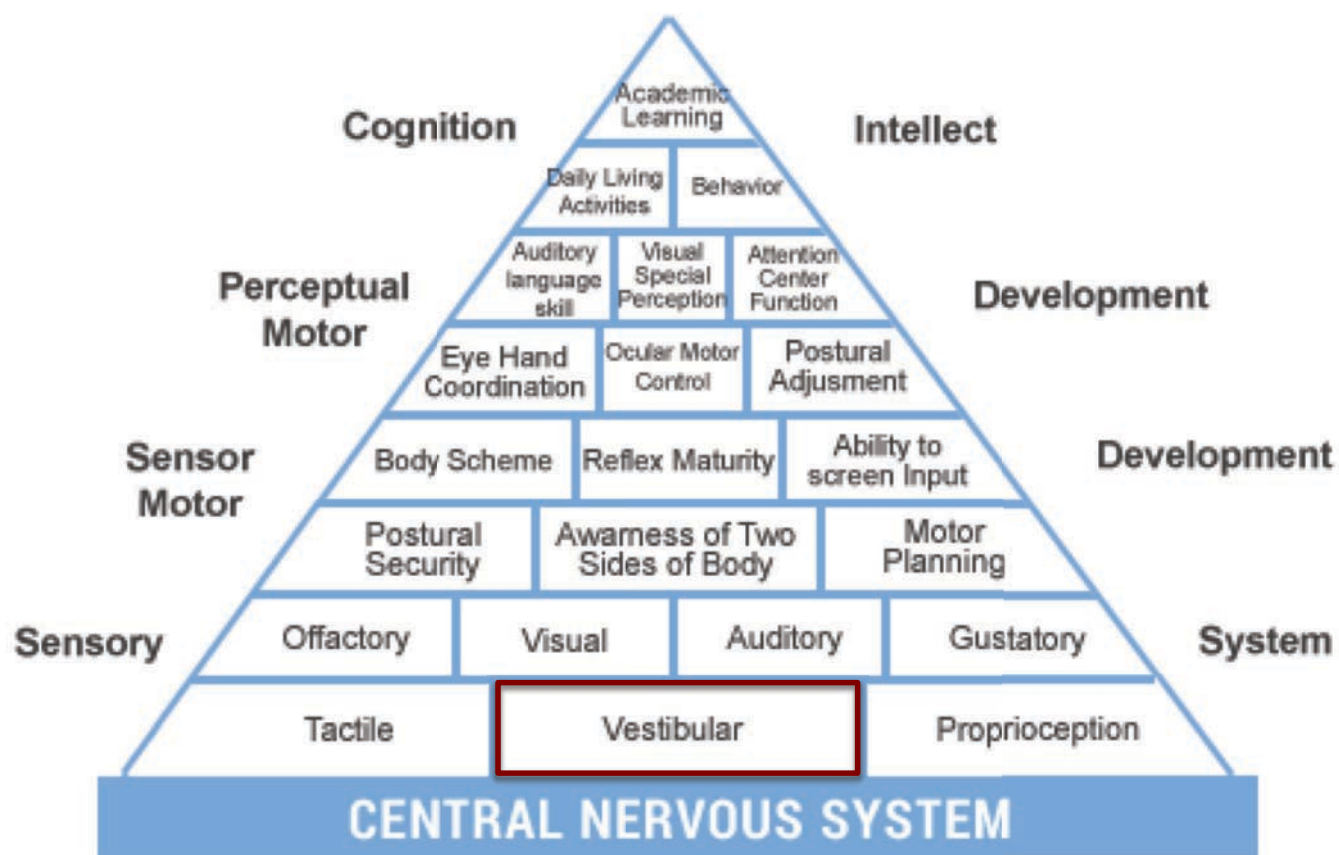
# Consequences of SSD in Children



Lieu et al.. Laryngoscope. 2012



# CONTINU<sup>ed</sup> SEMINARS IN **Hearing**



Pyramid of Learning. (Williams & Shellenbeger, 1-4)



## Screening Vestibular & Balance Function 3 Easy Steps

1. motor milestones
2. motor function
3. horizontal canal

## Motor Milestones – Upper Limits

- head control
  - 4 months
- sitting
  - 9 months
- walking
  - 18 months



## Screening Vestibular & Balance Function 3 Easy Steps

1. motor milestones
2. motor function
3. horizontal canal

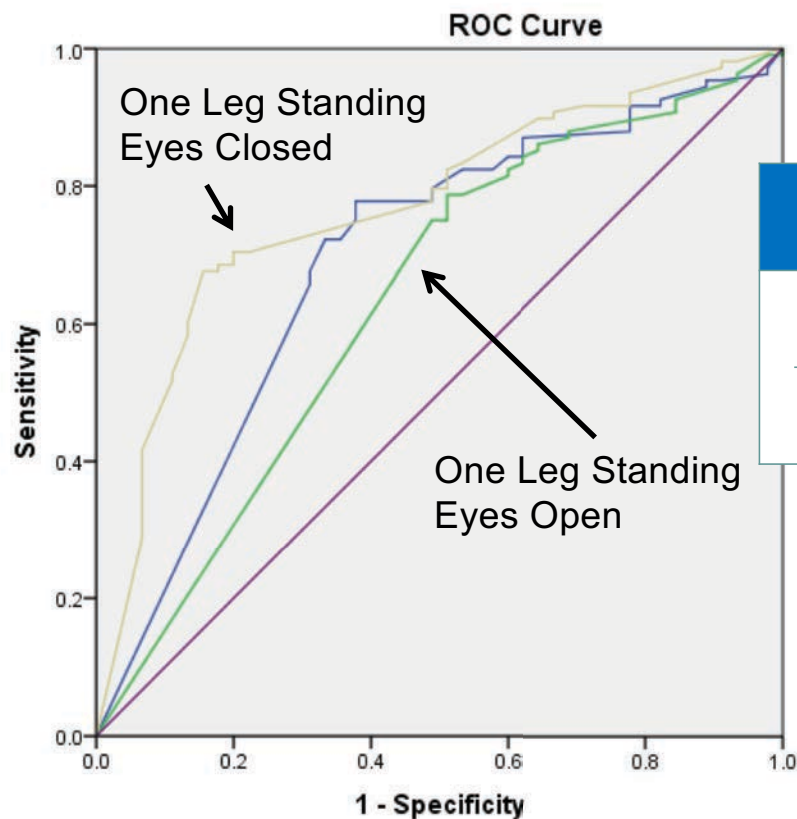
## One Leg Standing

<b>Age</b>	<b>Duration (sec) 1 foot standing</b>
30 months	1 (briefly)
36 months	2
4 years	5
5 years	10





# One Leg Standing



Diagonal segments are produced by ties.

Children age 5 and older

One Leg Standing	Sensitivity	Specificity
Eyes Open < 8 seconds	100%	49%
Eyes Closed < 4 seconds	90%	84%

Otol Neurotol. 2016

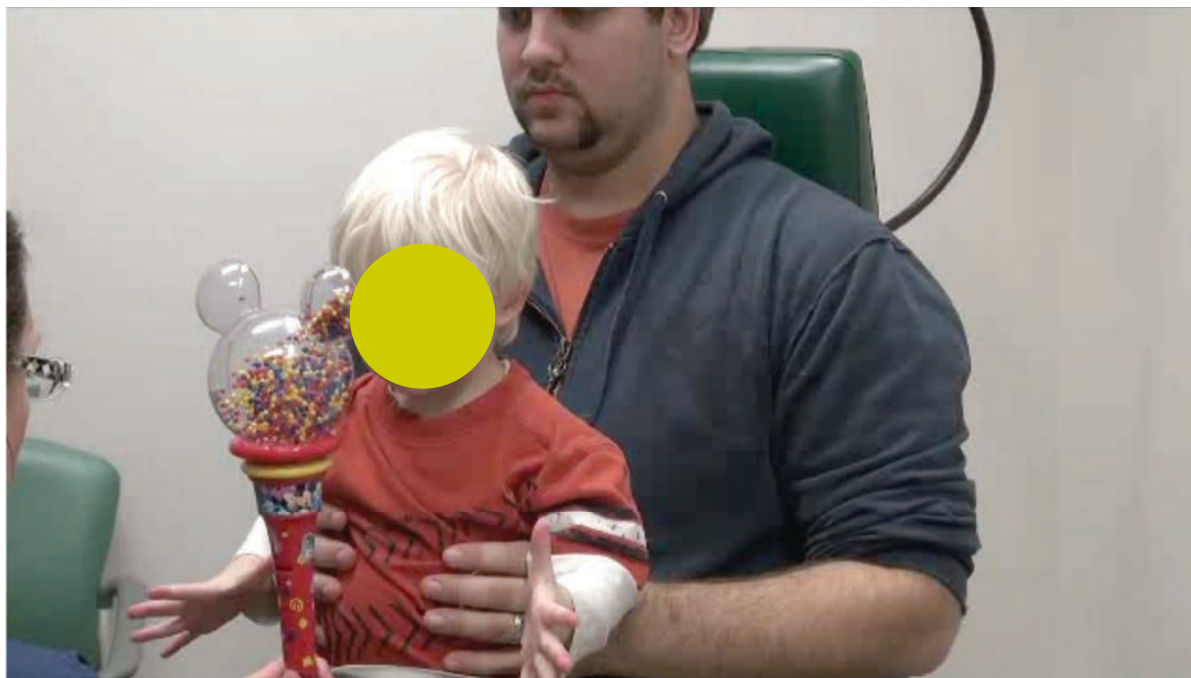
# continued Hearing

---

## Screening Vestibular & Balance Function 3 Easy Steps

1. motor milestones
2. motor function
3. horizontal canal

## Assess Horizontal Canal Function

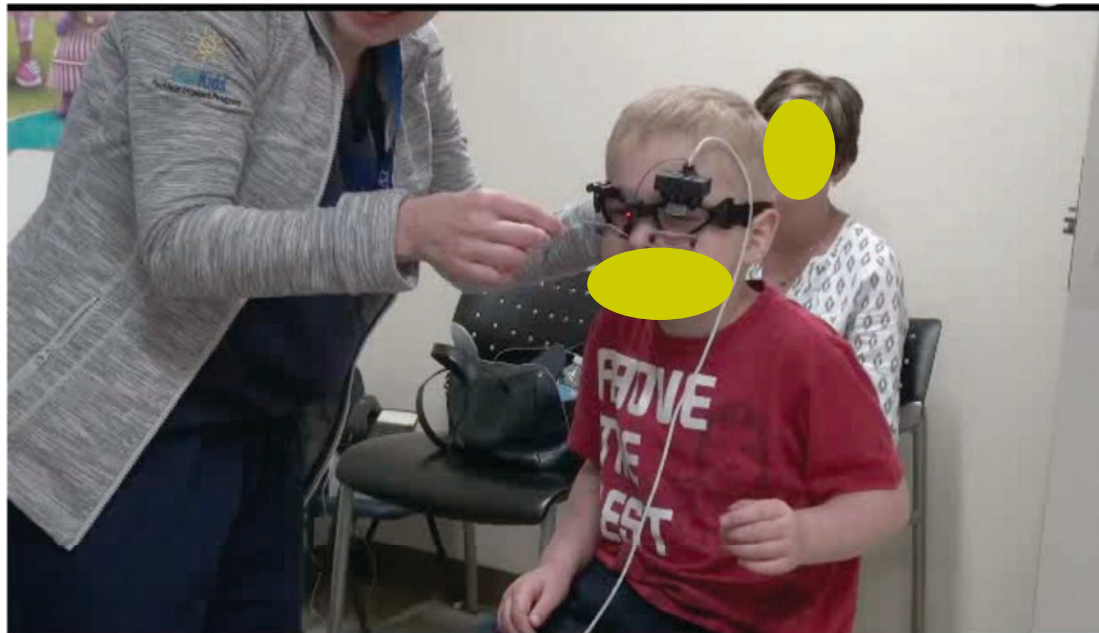


Q10, Q3



# continued Hearing

## video Head Impulse Testing (vHIT) (EyeSeeCam, Interacoustics)



## video Head Impulse Testing (vHIT) Synapsys



# continued **Hearing**

Infants < 6 months cannot visually suppress the VOR



Q10, Q3

## Screening Vestibular & Balance Function 3 Easy Steps

1. motor milestones
2. motor function
3. horizontal canal

## Summary

- vestibular & balance dysfunction
  - common in SNHL
- vestibular & balance dysfunction matters
- screening for dysfunction is feasible

## Restoring Connection with Cochlear Implants, presented in partnership with the American Auditory Society

Course: #35340    Level: Intermediate    1 Hour

📅 Wed, Oct 28, 2020 at 12:00 pm EDT

This course will review what cochlear implants have taught us about the developing auditory and vestibular system and examine the functional impact of rehabilitated sensory deficits

American Auditory Society    Cochlear Implants

👁️ Preview Exam

### Upcoming Live Webinars

**Wed, Oct 28, 2020 at 12:00 pm EDT**

Register

**CEUs/Hours Offered:** ACAud/1.0; BAA/1.0; CAA/1.0; Calif SLPAB/1.0; IACET/0.1; IHS/1.0; Kansas, LTS-S0035/1.0; NZAS/1.0; SAC/1.0  
Under Review: AAA/0.1 Intermediate

### Presented By

**Sharon Cushing, MD, FRCSC**

Dr. Sharon Cushing is a full time paediatric otolaryngologist at The Hospital for Sick Children in Toronto, Canada, and an Associate Professor and Clinician Investigator in the Department of Otolaryngology Head and Neck Surgery at the University of Toronto. She is the Director of the



[More](#)

<https://www.audiologyonline.com/audiology-ceus/course/restoring-connection-with-cochlear-implants-35340>