Cervical vestibular evoked myogenic potentials

Stellingen

behorend bij het proefschrift

Cervical Vestibular Evoked Myogenic Potentials
Toward optimizing clinical use

1. The ability to assess each vestibular sense organ separately is essential for our understanding of vestibular disease, for localization of vestibular pathology and for improving diagnosis and treatment. (This thesis)

2. The VEMP inhibition depth (VEMPid) metric estimates the fractional inhibition of sternocleidomastoid muscle motoneurons produced by activation of the saccule and can be computed with a generic template, allowing for its use in a clinical population. (This thesis)

3. Normalization of the cVEMP peak-to-peak amplitude negates the need for patients to exert high sternocleidomastoid muscle contractions during cVEMP testing. (This thesis)

4. The third window indicator, which is a combination of 250 Hz air-bone gap and 500 Hz cVEMP threshold, improves the detection of superior semicircular canal dehiscence syndrome. (This thesis)

5. The 2000 Hz tone burst seems the most promising sound stimulus for detecting superior semicircular canal dehiscence syndrome using cVEMP and requires validation in a patient population with similar symptomatology. (This thesis)

6. The cVEMP is sensitive to pre-symptomatic changes in the asymptomatic ear of patients with unilateral Menière's disease and could be used as a predictive tool to determine which patients will develop bilateral Menière's disease. (This thesis)

7. Balance is a use it or lose it proposition. (Dr. Steven Rauch)

8. Scientific figures are like baby pictures - when they are yours you want to show them all, but everyone else only wants to see the best one. (Dr. Steven Rauch)

9. Medicine is not merely a science but an art. (Dr. Theophrastus von Hohenheim)

10. After climbing a great hill, one only finds that there are many more hills to climb. (Nelson Mandela)

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