



**CENTER FOR VESTIBULAR AND BALANCE DISORDERS REFERRAL  
GUIDELINES**

**Phone: 401-885-8484**

**Fax: 401-647-6827**

This document should be used as a resource by our valued referring clinicians in order to facilitate a streamlined appointment process for our shared patients. We do require a referral with documentation to certify the need for sub-specialty care, to communicate patient medical histories for optimal safe medical care, and to prevent unnecessary repeat testing. Most patients will require an insurance referral from their primary care clinician, which we will also require prior to scheduling future appointments.

We value your continued collaboration to provide our patients with the highest level of care in the timeliest manner possible.

**Referring to Neuro-otology vs. Otoneurology vs. Vestibular Rehabilitation**

Please address referrals for patients with undiagnosed vestibular and balance disorders to our otoneurologist Melissa Ramocki, MD at The Center for Vestibular and Balance Disorders.

Please address referrals to our neuro-otologist Brian Duff, MD ONLY if the referral is for a SURGICAL opinion regarding a specific diagnosis.

We are able to offer gold standard rotation (SVAR), bithermal caloric (CALORIC) and visual-vestibular interaction (VVI) studies without physician consultation to patients of our neurology and otolaryngology colleagues when they feel that this is in the patient's best interest.

If you have a patient who requires referrals to BOTH Dr. Brian Duff and Dr. Melissa Ramocki, then please ensure that two distinct diagnoses and referrals are clearly delineated in your clinical documentation. Please be explicit regarding the clinical basis for the patient to be seen by both sub-specialists.

Please address referrals for patients with Benign Paroxysmal Positional Vertigo (BPPV) to vestibular therapist Joann Perry, PT.

Patients with isolated BPPV do not need to see a medical or surgical subspecialist. They should be referred to see our experienced center vestibular therapist Joann Perry. If you feel confident that your patient has BPPV due to positive exam findings or symptoms, then please refer directly for vestibular rehabilitation. Approximately fifty percent of patients with BPPV

experience it on a relapsing basis and might require repeated referrals over time. There are other reasons that patients can have atypical positional dizziness, and so if your patient has atypical symptoms or has never had an exam confirming active BPPV, then a referral to Dr. Melissa Ramocki for “dizziness” is appropriate. If a patient is referred to physical therapy with the question, “please evaluate and treat for BPPV,” and the patient is found to not have active BPPV, then this information will be communicated back to you.

Please feel free to contact our staff at the Center for Vestibular and Balance Disorders if there are questions regarding the referral process or whether the patient should be scheduled with the medical vs. the surgical vs. the vestibular therapy sub-specialist at 401-626-3754.

**Symptoms that warrant referral to the Center for Vestibular and Balance Disorders:**

- Vertigo
- Non-specific dizziness including sensation of self or external motion
- Imbalance or ataxia
- Unexplained recurrent falls

**Note that we DO NOT accept referrals for the following:**

- Syncope or near-syncope
- Motion sickness isolated to vehicles/ boats
- Isolated tinnitus or hearing loss without dizziness (patients should be referred to one of our ENT clinicians instead)

Many of our patients have more than one diagnosis. Patients evaluated in our center are typically diagnosed with one or more of the following problems:

Fixed unilateral or bilateral peripheral vestibular hypofunction  
Primary or secondary Meniere’s syndromes  
Recurrent vestibulopathy  
Migraine disease/ vestibular migraine  
Primary or secondary persistent postural perceptual dizziness  
Benign paroxysmal positional vertigo or cupulolithiasis  
Sensorineural or conductive hearing loss  
Superior semicircular canal dehiscence syndrome  
Perilymphatic fistula  
Episodic ataxias  
Neurodegenerative diseases  
Paraneoplastic diseases  
Structural posterior fossa and retrocochlear processes including stroke or neoplasm  
Vestibular paroxysmia  
Neuropathy or myelopathy  
Medication side effects

**Please ensure that results from any previous tests are sent with the referral including:**

- Audiological evaluation (hearing test)—*Standard of care for vestibular disorders*
- VNG or other vestibular function tests
- MRI brain/ IAC with and without contrast or other MRI brain studies
- CT temporal bone
- MRA or CTA of the brain and neck
- CT head or CTA ELVO
- Lab tests (blood, CSF, and/ or urine) including genetic tests
- EMG/ NCS
- EEG
- Results of formal orthostatic BP and HR measurements
- Neurology, Neuro-ophthalmology, ophthalmology, or optometry clinic notes when relevant

\*For questions regarding the referral process, providers may call 401-626-3754, to speak to a member of our referral team.