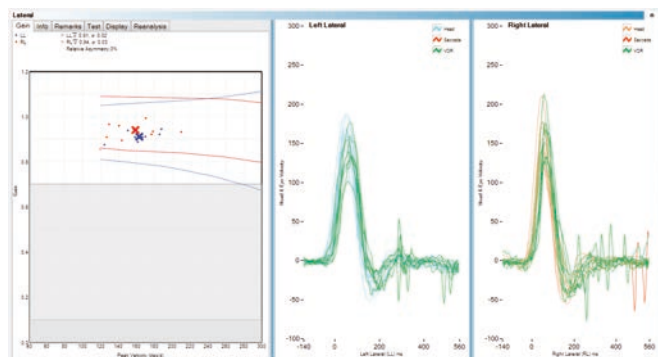


SHIMP TEST PROVIDES ADDITIONAL INFORMATION ABOUT THE VESTIBULO-OCULAR REFLEX SYSTEM AND IS ESPECIALLY USEFUL IN PATIENTS WITH BILATERAL LOSS

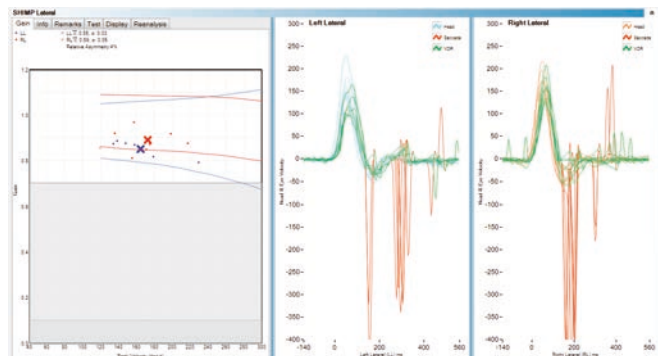
Purpose: Identify if vestibular residual function is present

How is it different than head impulse test? Head impulse uses an earth fixed target and SHIMP uses a head fixed target.

WITHIN NORMAL LIMITS

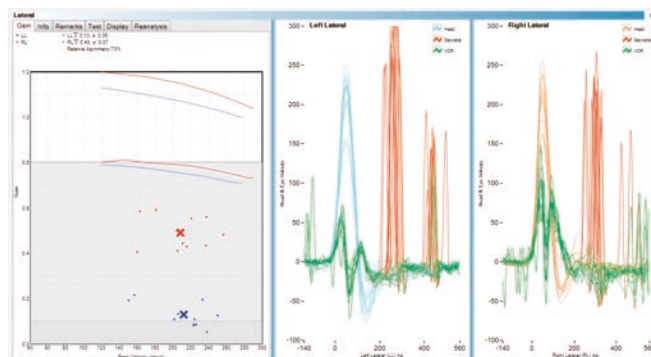


vHIT – gain within normal limits and none to very few catch-up saccades

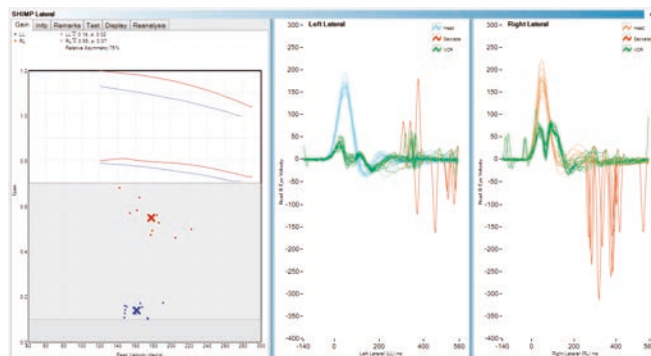


SHIMP – gain within normal limits and downward overt catch-up saccades with large amplitudes

VESTIBULAR DISORDER



vHIT – abnormal gain and presence of covert or overt catch-up saccades



SHIMP - abnormal gain if overt catch-up saccades are present it is a sign of residual vestibular function (right side has vestibular function, left side is questionable)

UNDERSTANDING BILATERAL LOSS:

Rare
0.6 to 4% of patients

Symptoms
Gaze instability with rapid head movements
Oscillopsia
Imbalance and unsteadiness
Worsens in the dark

Causes
Otoxic Drugs
Infection such as Meningitis
Congenital disorders
Autoimmune disorders
Degenerative disorders
Co-occurrence with cerebellar ataxia (CANVAS & Superficial Siderosis)

Interpretation:

For bilateral loss – is it paralysis or paresis?

Catch-up Saccades present indicates vestibular function
No catch-up saccades present indicates vestibular loss

Reference:

MacDougall HG, McGarvie LA, Halmagyi GM, Rogers SJ, Manzari L, Burgess AM, Curthoys IS, Weber KP. A new saccadic indicator of peripheral vestibular function based on the video head impulse test. *Neurology* 2016, in press.