

ICS Impulse

Great precision...

...fast diagnosis

Quick Guide



Please review the Head Impulse Training Video prior to testing patients



Goggle preparation

- Clean the goggle housing: The goggle housing is made of molded PVC material which can be cleaned using a damp cloth moistened with a mild detergent and water solution.
- Ensure goggles have a new, unused face cushion.
- Clean mirror using the cleaning cloth.

Test setup

1. Choose a wall that allows you to position the patient at least one meter in front of the wall.
2. Apply one of the fixation dots supplied with the system to the wall in a location that allows you to position the patient directly in front of the fixation dot.

Goggle placement

Caution: Improper goggle placement may result in goggle slippage. Slippage will result in inaccurate data collection.

1. Position the goggles on the patient's face over the bridge of the nose.
2. Bring the strap above the patient's ears and around to the back of head.
3. Tighten strap tight enough to ensure that goggles will not shift horizontally during test.
4. Allowing some flexibility in the cables for head movement during testing, clip the cable clip to the patient's clothing at the top of the shoulder.
5. Ensure the eyes are wide open with eyelids positioned to not interfere with data collection.

Pupil detection

1. Position the pupil in the ROI (region of interest): use the mouse to center the ROI box on the pupil and click, or click on the pupil to center the pupil inside the green box.
2. In the Video window, choose **Grayscale Image** or **Pupil Location**.
3. Select **Display Pupil Tracking**.
4. Select **Auto Threshold**. The system centers the cross-hair on the pupil.
5. Ask the patient to stare at the fixation dot. If the cross-hair fails to track the pupil (jumps around and does not stay centered on the pupil), move the threshold slider to adjust.

Note: When Image Display is set to Pupil Location, make additional adjustments to remove any white dots outside the white circular image of the pupil.

Caution: Do not look directly at the lasers.



6. Turn on both lasers.
7. Ask the patient to position the left and right dots equidistant on each side of the fixation dot.
8. Without moving their head, ask the patient to look at the left dot, then at the right dot. In the Video window, check that the cross-hair continues to track the pupil.

Note: Use the Real Time Trace window to monitor the patient. By observing the head trace (red) and the eye trace (green), you can tell if the patient is moving their head or eyes (instead of staring at the fixation dot), blinking excessively, or not following instructions being given (not cooperating).

9. If the cross-hair fails to track the pupil (jumps around and does not stay centered on the pupil), move the threshold slider to make further adjustments.
10. When pupil detection is set, start calibration

Calibration

In the calibration procedure, the patient is asked to switch their gaze between the two dots that appear when the lasers are on. If the patient cannot be calibrated, click **Default** to use the calibration default values.

Caution: During this procedure both lasers will turn on. Do not look directly at the lasers.



1. Click **Run Calibration**.
2. Ask the patient to face the fixation dot and hold their head still.
3. Ask the patient to look right at the laser beam dot. The calibration values are automatically saved. The Collection window opens and you are ready to begin testing.

Caution: Once calibration has been performed, it is recommended not to move the goggles.



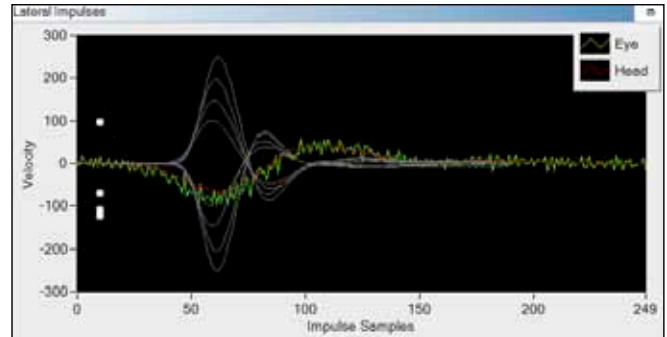
Lateral head impulse data collection

1. For patients with spontaneous nystagmus, select the check box **Patient has Spontaneous Nystagmus**.

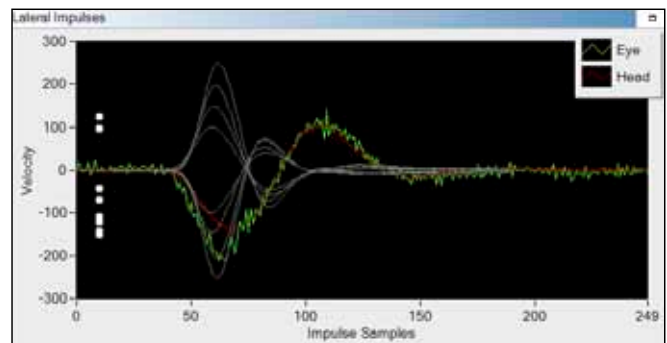
Caution: Touching the goggles or the goggle strap while moving the patient's head can result in moving the camera which produces artifacts in the collection data.

2. Standing behind the patient, place your hands on the top of the patient's head well away from the goggles and the goggles strap.
3. Ask the patient to stare at the fixation dot and perform a head impulse as described in the Head Impulse Training video.

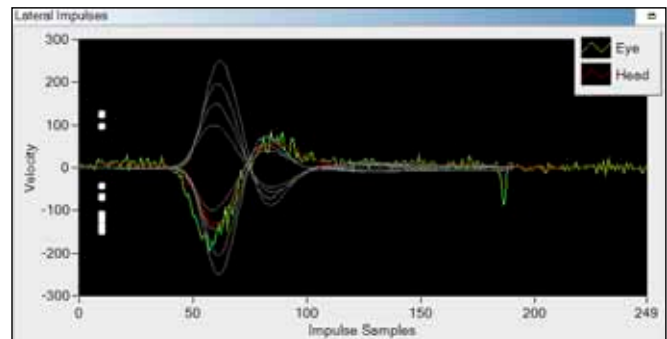
Examples of head impulse tracings



This head impulse is performed too slow. The clinician needs to increase the speed of the head impulse.



This head impulse is performed with a quick return. After performing the head impulse the clinician needs to hold it there for a few seconds and then slowly bring the head back to straight ahead or facing the wall.



This is an example of a good head impulse.