
TRV Chair



**State of the art
chair for diagnosing
and treating
Benign Paroxysmal
Positional Vertigo
(BPPV)**



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Unique chair for diagnosing and treating Benign Paroxysmal Positional Vertigo (BPPV)

Benign Paroxysmal Positional Vertigo (BPPV)

Vertigo, or dizziness, accounts for about 6 million clinic visits in the U.S. every year, and nearly 50% of these patients are eventually diagnosed with BPPV. BPPV represents the most common cause of otogenic vertigo. Nearly 10% of the population will experience an incidence of BPPV during their lifetime.

BPPV affects all ages but the incidence steadily increases by 38% per 10 years of life, with a peak incidence between 50 and 70 years.

Easy to diagnose

Diagnosing heavy patients, disabled patients, elderly patients or patients with a history of neck issues has always been a challenge when applying manual tests such as the Dix-Hallpike and Positional tests. Between 10 and 20% of patients with BPPV cannot be adequately diagnosed and treated with conventional methods.

The combination of a balanced TRV chair with a video-enabled goggle allows the clinician to move the patient to any required position while monitoring the eyes for positional induced nystagmus.

Safe and secure

With the patient comfortably secured by a four-point harness, additional headrest, and foot support - the examiner can rotate the patient in any canal planes with 360 degrees of freedom around the vertical and horizontal axes.



Easy to operate

Due to the system with the adjustable counterweight, the weight of the chair and the patient are balanced, making it very easy to perform the maneuvers with little effort from the operator.

Improved diagnostic specificity

With the improved accuracy in performing each maneuver and the high quality eye video imaging achieved with the TRV set up, a pattern of previously undocumented pathologies has been identified:

- More cases of lateral canal involvement, multi-canal involvement and cupulolithiasis are reported
- Relatively more cases of combined canal involvement
- Relatively more cases of cupulolithiasis
- Shock absorbers provide a more effective treatment of cupulolithiasis

From diagnosis to treatment

The TRV chair is not only a diagnostic tool, but it is also an integral part of the rehabilitation process. In addition to the standard BPPV maneuvers (such as an Epley or Semont) there are unique new maneuvers (Dynamic maneuvers) to treat all types of BPPV in any of the 6 canals.

Innovative patented product

Thanks to its perfect balance, the TRV chair allows the examiner to easily rotate the patient 360 degrees along the plane of each semicircular canals (scc) and to hold the patient in any position for detailed examination of the semicircular canals. This facilitates stress-free and precise stimulation and diagnosis of any of the 6 semicircular canals.



The TRV Chair works via VNG software from Interacoustics (VF405, VisualEyes 515 or 525)



The TRV Chair is a unique tool for diagnosing and treating BPPV



Accurate and effective

The rehabilitation of patients with BPPV commonly involves traditional maneuvers such as the Epley, Semont, Gufoni, Appiani and similar.

With the TRV chair the effectiveness of these maneuvers can be enhanced by following the exact plane of the canal, and by adding kinetic energy to the liberatory maneuver. The kinetic energy will accelerate the movement of the smaller otoconia that would otherwise remain in their original location. This is often the only way to treat patients with residual lateral canalithiasis linked to a very few otoliths in the canal resulting in a weaker positional nystagmus despite strong symptoms.

The kinetic energy is added by driving the main arm of the TRV chair against a hydraulic stop in each sequence in the liberatory maneuver; this produces a mild de-acceleration which is sufficient to free even the smallest otoconia and secure a successful treatment.

Kinetic energy is also applied in the Dynamic BBQ Maneuver (DBM). DBM is a series of 2 x 7 rotations around the vertical axis with shifts between acceleration and deceleration; a highly effective treatment of lateral canal BPPV.

Handles heavy patients with ease

All clinicians are familiar with the challenge of administering the traditional manual maneuvers to heavy patients. Supporting heavy patients on an examination table, not only puts a lot of strain on the clinician, but may also be a frightening experience for the patient causing him or her to become uncooperative. This in turn may lead to more strain on the clinician and may even result in the session being discontinued.

Handles patients with neck issues

Even some patients with a history of neck issues can be treated safely in the TRV chair. The patient is securely supported during the entire maneuver and therefore the chair reduces the strain on the patient's neck.

Combination with VNG

The TRV Chair works via the Interacoustics VF405, VisualEyes 515 or 525 software modules and also requires a wall hung 42"+ display to monitor (and record) eye movements.

Availability

Due to registration requirements the TRV chair may not be available in your market at present. Please contact your local Interacoustics representative for information about availability.



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Interacoustics

Interacoustics is a world leading provider of diagnostic solutions in the field of hearing and balance assessment. Since 1967 we have designed and manufactured our innovative diagnostic solutions for the world of audiology with a constant focus on providing our customers with quality, dependable products.

With you at all times

We operate in over 100 countries worldwide through a carefully selected network of distributors and service centres. Purchasing an Interacoustics product guarantees not only a quality product, but also direct access to our highly professional training and support service.

Product specifications

All technical and hardware specifications concerning the TRV Chair can be downloaded from our website.

Read more at
interacoustics.com

Go online to
explore our
full product
range



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