

Science **made** smarter

TRV Chair

BPPV treatment **made** efficient

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The TRV Chair is a true revolution within the treatment of dizziness as more than half of all patients presenting in our clinic with dizziness suffer from BPPV

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

Balance Quest
by Interacoustics



Interacoustics

TRV Chair

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



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

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 plane 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 Video Frenzel software from Interacoustics (VisualEyes 505)



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 very few otoconia in the canal that results 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 of the liberatory maneuver. This produces a mild deceleration, 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 appropriate 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 strain on the clinician, but may also be a frightening experience for the patient. The TRV chair with its many supports puts the patient at ease and eliminates strain on the clinician.

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, reducing strain on the patient's neck.

Combination with Video Frenzel

The TRV Chair works via the Interacoustics VisualEyes 505 software module and can also utilize an external large display to monitor (and record) eye movements.



The TRV chair works via Video Frenzel software from Interacoustics (VisualEyes 505)

Science made smarter

Interacoustics is more than state-of-the-art solutions

Our mission is clear. We want to lead the way in audiology and balance by translating complexity into clarity:

- Challenges made into clear solutions
- Knowledge made practical
- Invisible medical conditions made tangible and treatable

Our advanced technology and sophisticated solutions ease the lives of healthcare professionals.

We will continue to set the standard for an entire industry. Not for the sake of science. But for the sake of enabling professionals to provide excellent treatment for their millions of patients across the globe.

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Product specifications

All technical and hardware specifications concerning all products can be downloaded from our website.

