

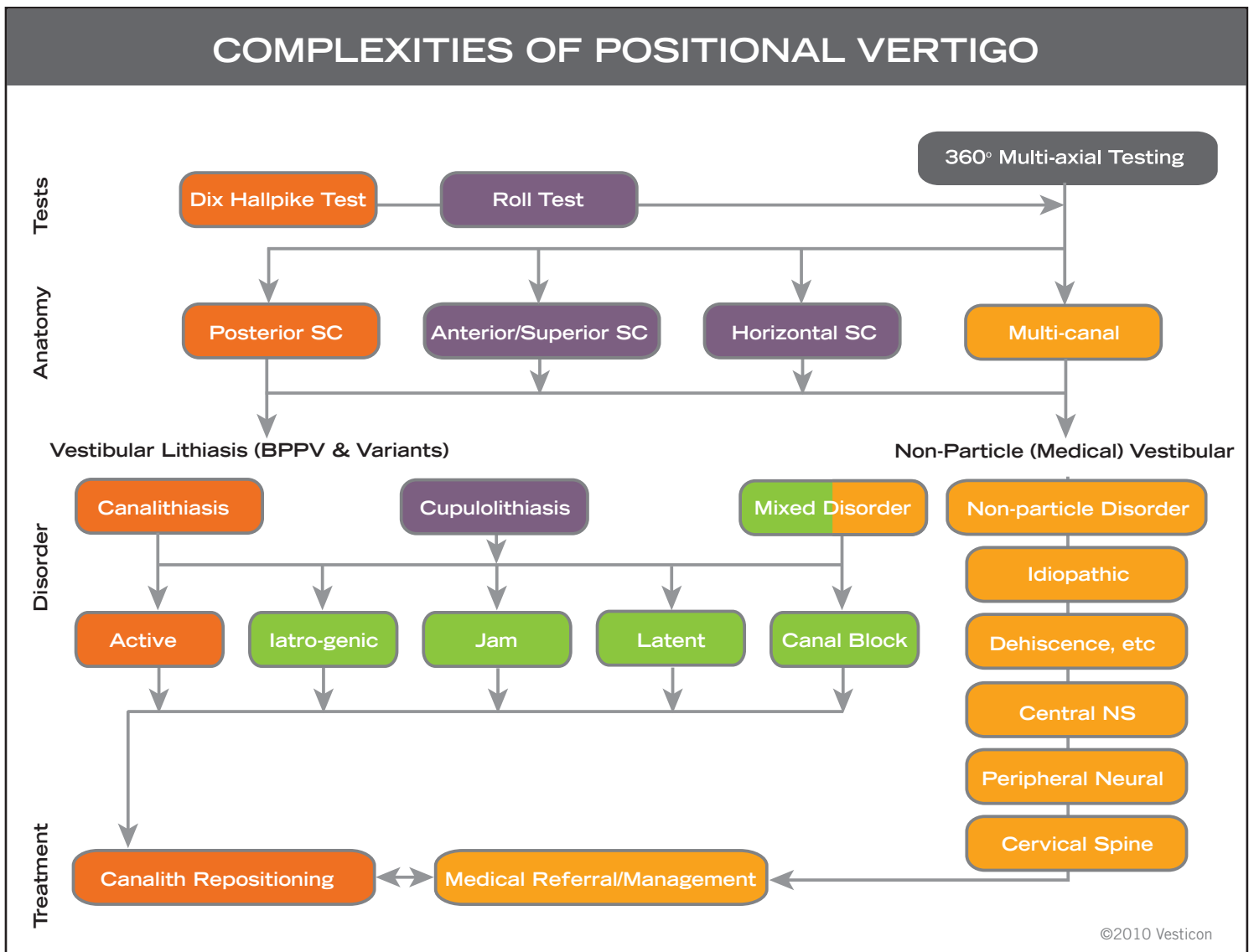
“If I knew then what I know now...”



John Epley, MD, Neurotologist (ret.)

Dr. John Epley first developed the Epley Omniax® System as a means of bridging the gap between knowledge and clinical applications in vestibular care. After having developed the Epley Maneuver, Dr. Epley came to realize that positional vertigo is far more complex than was previously understood. Many cases are difficult diagnostically, with co-morbidities and multiple causes or etiologies. Without advanced diagnostic tools, providers are left with making “best guesses” as to the causes of complex, recalcitrant cases. Today, with the Epley Omniax System, providers are making great strides in understanding vertigo and providing improved and more satisfying care.

The chart below illustrates the complex nature of positional vertigo and possible causes that can easily be missed without the Epley Omniax System.



LEGEND

- █ Typically performed on the table
- █ More difficult, easily missed in table management
- █ █ Difficult/impossible to detect positional symptoms without Omniax 360° positioning.

From the Desk of Dr. John Epley

ABOUT DR. EPLEY:



Dr. Epley is a retired neurotologist who ran a private practice from 1965 to 2009. Always at the forefront, he developed the canalith theory

and canalith repositioning (Epley maneuvers) in the late 1970s. Despite the naysayers, he persevered to teach thousands that BPPV is caused by particles in the semi-circular canals in the ears. He developed and taught procedures for analyzing nystagmus patterns to localize particles, and then, based on that information, maneuvering the patient to clear the particles from the canals. Today, his procedures help tens of millions of patients and are considered the standard of care worldwide. He continues to expand on the existing body of knowledge regarding positional vertigo/nystagmus and share those findings with others.

Dr. Epley's clinic, the Portland Otologic Clinic, was located in Oregon and served the spectrum of dizzy patients, both acute and chronic. Referrals came from all medical disciplines. The POC offered vestibular testing and therapy including, VNG, ECOG, VEMP ABR, audiometric impedance, sound and pressure destabilization, CDP and intratympanic perfusion. Patients who might have benefitted from a parallel therapy are referred for physical therapy.

Dear Provider:

Being a provider in the dizzy field is often a thankless job. Many cases tend to be difficult diagnostically with co-morbidities and multiple causes or etiologies, leaving us to make our management decisions based upon the information available; a 'best guess' if you will. It was these complex, recalcitrant situations that inspired me to dig deeper and ultimately led me to develop the Omniax in 1993. Today, with the benefit of the Epley Omniax® System, I have made great strides in understanding these cases and providing improved and satisfying care.

My original reason for developing the Omniax was the 360-degree positioning capability that I knew was needed based upon the physiology and functionality of the vestibular system. A bonus was certainly to make it easier to move patients, to do maneuvers that I couldn't do manually, to have constant monitoring throughout the entire procedure, and to do multiple maneuvers per procedure.

However, as it turns out, these are not the most important benefits the System offers. The Omniax System's biggest strength is as a powerful diagnostic and management tool, deepening my understanding of the entire spectrum of patients - from simple to complex. It provides a comprehensive understanding of position-related vertigo and nystagmus, and a new world of information for managing not just difficult cases, but even those patients that were once assumed to be classic or simple presentations. Rarely does a day go by that I am not surprised by a case that is not so 'straight-forward' as the history might imply.

Those of us who choose the care of the vestibular patient know that it isn't all about posterior canal BPPV. The Omniax System raises the level of science in this field, and takes the differential diagnosis and management of position-related pathologies seriously finally.

I am grateful that Vesticon has made it possible to share my decades of work and this technology with my vestibular colleagues. Together, we can continue to advance the level of care for dizzy patients. I look forward to the opportunity to share my experiences, and to working with you as well.

Sincerely,

Dr. John M. Epley MD