



Key Points Summary

Swan, A. A., Nelson, J. T., Pogoda, T. K., Akin, F. W., Riska, K. M., Hall, C. D., Amuan, M. E., Yaffe, K., & Pugh, M. J. (2020). Association of traumatic brain injury with vestibular dysfunction and dizziness in post-9/11 veterans. *Journal of Head Trauma Rehabilitation*, 35(3). doi:10.1097/htr.0000000000000513

Primary Question this Study Addresses

Among post-9/11 veterans, what is the prevalence and impact of vestibular dysfunction and nonspecific dizziness diagnoses, and what are their associations with traumatic brain injury (TBI) severity, mechanism, and postconcussive comorbidities?

Study Findings That Add to Our Knowledge

Less than 1 out of 100 Veterans had vestibular function and about 2.5 out of 100 had nonspecific dizziness.

Veterans with vestibular dysfunction or nonspecific dizziness were more likely to have evidence of sustaining TBI and reported more disruption from neurobehavioral symptoms.

Blast and nonblast injuries were associated with greater symptom disruption, particularly in combination.

How Study Evidence Might Be Used in Practice

There was a consistent, significant association between vestibular dysfunction or nonspecific dizziness and having a TBI among Veterans.

For those post-9/11 Veterans diagnosed with vestibular dysfunction or nonspecific dizziness, clinicians should be alert for signs and symptoms of TBI in addition to managing these diagnosed conditions.

For more information on managing vestibular dysfunction and dizziness, visit:

 [Resource](#)

To access the study abstract, click here:

 [Abstract](#)

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