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<Title>Reason For Wearing Hat</Title>

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<li>Reason</li>

<li>Triggers</li>

<li>Diagnosis</li>

<li>Treatments</li>

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<h1>Why I Wear My Hat In Class</h1>

<p>You may wonder why I always wear a baseball cap in class. I am not going bald, and I really don’t like wearing a hat indoors. Yet I must wear a hat to help me cope with a medical condition I have.</p>

<p>In October 2003, I went on a Disney Cruise and SCUBA dived in Cozumel. When I got back to the ship it felt like I had water in my right ear and I used some ear drying drops that did not remedy the sensation. Three days later, I arrived back at Port Canaveral and debarked. It still felt like I had water in my right ear along with the usual sensation of still being on the ship. This sensation usually ends after one day ashore. Two weeks later, I still felt like I was on the ship and still felt like I had water in my ear. </p>

<p>After much testing, many procedures, and drug trials, it was determined I had Meniere’s Disease. This condition causes a fullness sensation in my right ear, temporary and erratic deafness in my right ear, tinnitus in both my ears, and nystagmus. Whenever I close my eyes or when I’m in a dark room, it feels like I am leaning 10-15 degrees to the right and slowly turning to the left. 80 percent of my right ear balance system is inoperative. I get vection whenever I drive more than 45 minutes. Also, this disease causes motion sickness and migraines when I am exposed to my triggers.</p>

<p>One of my triggers is scrolling computer screens. Whenever a professor scrolls a computer screen, I can get motion sickness and if there is enough scrolling I will get a migraine. To avoid this trigger, I sit in the front of the class and wear a baseball cap that I can tilt forward and block the scrolling screen. Sitting in the front of the class also allows me to use the podium as a barrier and limits the likelihood that I will have other students scrolling their screens in front or beside me.</p>

<p>Over the last 14 years I have learned what my triggers are and do my best to avoid them. Sometimes it is unavoidable, and I usually carry Antivert and Maxalt to treat the motion sickness and migraines. On days where it is raining hard and continuously I will often miss class to avoid driving with windshield wipers on, they also trigger nausea and migraines.</p>

<p>I also carry a note from my doctor in each of my cars in case I get pulled over while driving. I don’t want to get arrested for failing a DUI test when I have not been drinking. My nystagmus could lead a police officer to believe I have been drinking and my compromised balance system would make it easy for me to fail any balance tests. The note explains this and though I haven’t had to use it, I hope it works.</p>

</article>

<aside><h2>What is vection?</h2>

<p>Vection is the sensation that you are moving while your body is still. For me, I feel like I am still moving forward after I stop driving. The longer I drive, the longer I have the sensation. Sometimes it takes hours for that sensation to end.</p></aside>

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<Title>My Triggers</Title>

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<h1>What Are My Triggers?</h1>

<h2>Visual</h2>

<ul>

<li>Strobes</li>

<li>Scrolling computer screens or text (like movie credits) </li>

<li>Shadows on the road</li>

<li>Busy visual environments (Target, Lowe’s) </li>

<li>Windshield Wipers</li>

</ul>

<h2>Audio</h2>

<ul>

<li>Repetitive sounds (like fire alarms) </li>

<li>Repetitive or loud bass</li>

<li>Loud rooms with many conversations</li>

</ul>

<h2>Environment</h2>

<ul>

<li>Changes in barometric pressure

<ul>

<li>By changes in elevation</li>

<li>By changes in weather patterns</li>

</ul>

</li>

<h2>Vertical Vibrations</h2>

<ul>

<li>Planes</li>

<li>Ships</li>

<li>Trains</li>

</ul>

<h2>Others</h2>

<ul>

<li>Stress</li>

<li>Caffeine</li>

</ul>

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<aside>When riding the tube in London, I found the symptoms were worse when I rode perpendicular to the tracks than when I sat in the direction of the rails</aside>

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<Title>Meniere’s Disease Diagnostic Process</Title>

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<h1>What Tests Were Required For My Diagnosis?</h1>

<h2>Physical</h2>

<ul>

<li>Balance platform tests</li>

<li> Rotary-chair tests</li>

<li>Electroencephalogram (EEG) </li>

<li>Electronystagmography (ENG) </li>

<li>Videonystagmography (VNG) (sometimes called caloric tests)

<ul>

<li>Air</li>

<li>Water</li>

</ul>

</li>

<li>Epley Maneuvers</li>

<li>Tympanometry</li>

<li>Audiograms</li>

</ul>

<h2>Imagery</h2>

<ul>

<li>Magnetic Resonance Imaging (MRI) scans</li>

<li>Computerized Tomography (CT) scans</li>

</ul>

</article>

<aside> <h3>Epley Maneuver</h3>

The Epley maneuver or repositioning maneuver is a maneuver used to treat benign paroxysmal positional vertigo (BPPV) of the posterior or anterior canals. It works by allowing free floating particles from the affected semicircular canal to be relocated, using gravity, back into the utricle, where they can no longer stimulate the cupula, therefore relieving the patient of bothersome vertigo. It is often performed by a medical doctor, nurse practitioner, occupational therapist, audiologist, physical therapist, osteopath or chiropractor after confirmation of a diagnosis of BPPV using the Dix-Hallpike test and has a reported success rate of between 90–95%.This maneuver was developed by Dr. John Epley and first described in 1980.Physiotherapists, osteopaths and some chiropractors now use a version of the maneuver called the "modified" Epley that does not include vibrations of the mastoid process originally indicated by Epley, as they have since been shown not to improve the efficacy of the treatment.</aside>

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<h1> What are the Possible Treatments?</h1>

<h2>Completed<h2>

<ul>

<li>Anti-viral agents delivered via a wick around the eardrum</li>

<li>Grommet through the eardrum</li>

<li>Steroids injected through the eardrum</li>

<li>Oral treatments

<ul>

<li>Steroids</li>

<li>Diuretics</li>

<li>Valacyclovir (Valtrex)</li>

<li>Diazepam (Valium)</li>

<li>Meclizine (Antivert)</li>

<li>Glycopyrrolate (Robinul)</li>

<li>Lorazepam (Ativan)</li>

</ul>

</li>

</ul>

<h2>Not Yet Completed</h2>

<ul>

<li>Drilling a hole in my skull and retracting my brain to perform:

<ul>

<li> Endolymphatic sac procedure. </li>

Surgeon installs a shunt in the Endolymphatic sac near the inner ear

<li> Vestibular nerve section.

Surgeon clips the two balance nerves to the bad ear

<li>Labyrinthectomy.

Surgeon removes the balance portion of the inner ear, thereby removing both balance and hearing function from the affected ear.

</ul>

</li>

<li>Injecting a toxin (Gentamicin)through the eardrum to kill the balance system of my bad ear<ul>

<li>Gentamicin, is an antibiotic that's toxic to your inner ear, reduces the balancing function of the treated ear, and requires the other ear to assume responsibility for balance.</li>

</ul>

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<aside><p>The fullness sensation (which can feel like water trapped in the middle ear) for Meniere’s patients is believed to be caused by excessive hydrops fluid in the endolymphatic sac.</p>

<p>The endolymphatic sac plays a role in regulating inner ear fluid levels. These surgical procedures may alleviate vertigo by decreasing fluid production or increasing fluid absorption. </p>

<p>In endolymphatic sac decompression, a small portion of bone is removed from over the endolymphatic sac. In some cases, this procedure is coupled with the placement of a shunt, a tube that drains excess fluid from your inner ear.</p></aside>

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