THE DYNAMIC MANAGEMENT OF OSCILLOPSIA: A CASE REPORT EMPHASIZING PATIENT-CENTERED CARE IN OUTPATIENT SETTINGS

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ABSTRACT

In outpatient care, physicians often encounter patients complaining of blurry vision, a symptom with various underlying causes. Differentiating between conditions requires precise examination and questioning. Oscillopsia, characterized by unnatural visual motion, poses diagnostic challenges due to its rarity (81 per 100,000 adults in the U.S.) and unconventional presentation in primary care. Missing its diagnosis can worsen outcomes, potentially contributing to other conditions. Highlighting a case of oscillopsia in primary care underscores the need for prompt diagnosis to prevent complications and enhance patient well-being. The patient is an 89-year-old female who presented with ongoing complaints of visual impairment. She described that even while remaining still, her surroundings seemed to oscillate continuously which caused her dizziness and interrupted her ability to focus on specific objects. This caused her distress in her day-to-day life. She was referred to physical therapy where evaluation endorsed decreased endurance, dizziness, impaired motor control, and postural control resulting in limitations of activities of daily living. Upon diagnosis, the patient underwent physical therapy to address her oscillopsia-related symptoms. Here, goals for dynamic balance improvement were set based on ambulation and standing balance. Additionally, she was approved for a single-point cane and BalanceWear, a lumbar-sacral orthotic model. Over several months of continued therapy, her symptoms improved significantly. She was able to resume activities of daily living with improved comfort. The primary care physician stressed the significance of regular follow-up appointments to monitor patient progress. During these visits, the patient reported occasional episodes of oscillopsia that appeared during position changes. Through regular adjustments in her care and managing her case in a dynamic and patient-centered approach, she was able to drive with no inciting symptoms and will be capable of managing to live alone.

INTRODUCTION

Blurry vision is a frequent chief complaint in outpatient settings, with patients often using the term to describe a range of visual disturbances. Differentiating between conditions with similar presentations requires skilled examination and precise questioning by the physician. Oscillopsia, a challenging condition to diagnose, is characterized by a visual disturbance where patients perceive continuous motion due to underlying ocular misalignment or neurologic pathology. Without prompt diagnosis, it can lead to worsened patient outcomes and may be associated with other paraneoplastic conditions. This case highlights a unique presentation of oscillopsia in a primary care setting, emphasizing the importance of timely intervention and management to improve patient outcomes.

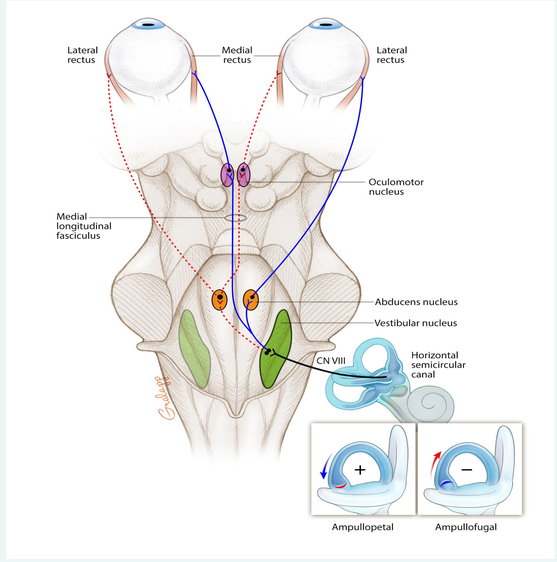

Image provided by Stanford Medicine Otologic Surgery Atlas

Figure 1. The Vestibulocochlear system
The vestibulocochlear system, crucial for balance and auditory perception, can lead to debilitating symptoms like oscillopsia when dysfunctions disrupt sensory integration, causing a perceived rhythmic oscillation of the environment. Understanding these complexities is essential for effective diagnosis and management.

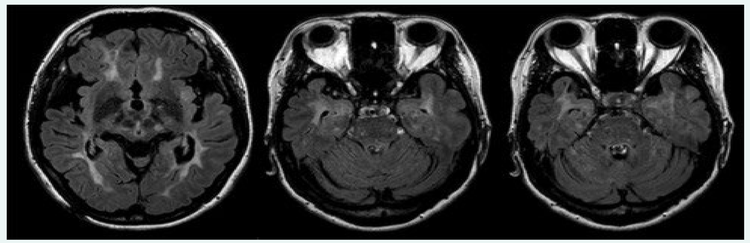

Figure 2. Oscillopsia as a Result of Multiple Sclerosis
The MRI shows demyelinating lesions in the periventricular white matter and in the paramedian tegmental areas of the midbrain and pons, which ultimately led to this patient developing oscillopsia. This condition can be the result of multiple etiologies, as shown in the image as a case of multiple sclerosis.

CASE DESCRIPTION

Patient Description**

- - Age/Gender: 89-year-old female
- - Primary Complaint: Visual disturbances described as continuous oscillation of her surroundings, even while stationary.
- - Associated Symptoms: Dizziness, inability to focus on objects, distress in daily activities.

Findings*

- Physical Therapy Evaluation:**
- - Decreased endurance
- - Dizziness
- - Impaired motor and postural control
- - Limitations in daily activities
- **Treatment**
- - Initial Management:
- - Referred to physical therapy for symptom management.
- - Dynamic balance improvement goals were set, focusing on ambulation and standing balance.
- - Provided a single-point cane and BalanceWear (lumbar-sacral orthotic).
- **Outcome:**
- - Significant symptom improvement over several months.
- - Patient was able to resume daily activities with greater comfort.
- - Occasional oscillopsia episodes during position changes were reported.
- - Regular follow-up care and adjustments allowed the patient to drive and live independently.
- **Importance of Follow-Up**

CONCLUSION

- Emphasize the importance of continuous follow-up care for patients with oscillopsia in the primary care setting
- Underscore the significance of patient involvement for long-term improvement
- Highlight the role of frequent communication to ensure long-term relief and improved patient quality of life
- Be able to recognize oscillopsia as a limiting condition for patients in primary care
- Demonstrate the integral role of primary care in ongoing management and patient well-being in the context of any chronic disease management
- Stress the importance of personalized interventions and patient education in enhancing the quality of life for patients with oscillopsia

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