



# .Innovative Simple. .Unique

Designed and developed with the help of the visionary and world-renowned otologist **Dr. Erik Ulmer**, Synapsys VHIT is a unique product in balance testing.

Thanks to a revolutionary remote camera system, Synapsys VHIT is the first and only video VHIT that does not require the use of goggles or any kind of other device to be placed on patient's head.

This results in a total prevention of mask slippage artifacts, a greater patient comfort and an absolute freedom of movement for the practitioner.

Moreover, thanks to its remote camera, Synapsys VHIT is never in direct contact with patient's skin or body, preventing any need for sanitization/disinfection, or the use of disposables.

No other system offers the opportunity to analyze position graphs (gaze vs. head) and to re-evaluate possible not accepted maneuvers thanks to a slow-motion playback of the maneuver video.

Synapsys VHIT is your only solution when it comes to testing **children**. Goggles attached tightly to the head are clearly not tolerated by infants. This remote camera system allows

## **INNOVATIVE** JUST LIKE YOUR CLINIC.

"Synapsys VHIT represents a unique way to perform Video Head Impulse Test (VHIT)"



- VHIT Screening for testing lateral canals only
- VHIT Evolution for a complete six canals





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to simply perform Video Head Impulse Test in infants as young as 3 months old.

Synapsys VHIT is designed to be fast and simple to use.

Just **5 maneuvers per canal** are needed to obtain reliable results and this allows to test all the 6 semi-circular canals in less than 5 minutes.

Thanks to the **display and sound information**, the software is able to guide the doctor and help him/her perform the maneuvers correctly.

Detecting direction of patient's head movements, the camera automatically recognizes the investigated plane (horizontal, vertical RALP or vertical LARP), thus allows the operator to perform the entire examination without ever leaving the patient.

Synapsys VHIT does not require any calibration procedure, thanks to the fixed focus of the camera at 90 cm. It is only necessary to position the patient at the right distance in order to obtain sharp images: an easy operation thanks to the motorized camera that allows fine and fast positioning adjustments.



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**UNIQUE** AS ALL YOUR PATIENTS.

## SYNAPSYS VHIT Clinical evidence

#### Normative Values of semicircular canal Vestibulo-Ocular reflex gain in infants and children

Aim. Assess normative values of semicircular canal VOR gain in infants and children using a Video Head Impulse system with a remote camera

Results. Data show a non-linear and monotonous evolution: VOR gain increases rapidly up to the age of about 6 years old (with variation among canals), then progresses more slowly to reach adult values by the age of 16.

**Conclusions.** Remote video recordings and adapted protocols permit HIT in children as young as 3 months old in less than 10 min. The remote camera system allowed to determine the evolution curve of the VOR gain over time.

[Wiener-Vacher, Sylvette R., and Sidney I. Wiener. Frontiers in neurology 8 (2017): 434].

#### Cerebellar haemorrhage mimicking acute peripheral vestibulopathy: the role of the video head impulse test in differential diagnosis

Aim. Support a possible role of video-HIT as an easy, quick and useful test in vestibular assessment and differential diagnosis of central disease mimicking peripheral vertigo.

Results. Video-HIT is most useful in patients with acute vertigo, where it helps to distinguish peripheral vestibular loss (positive test) from a central vestibular lesion (negative test). If the test appears to be negative, the clinician will suspect acute cerebellar vascular disease and will order imaging tests (CT and MRI).

Conclusions. In a patient with acute vestibular syndrome without neurologic signs or symptoms, a negative video-HIT appears to be useful in diagnosis of central disease.

[Armato, E., et al. Acta Otorhinolaryngologica Italica 34.4 (2014): 288].

### **A WORD FROM THE EXPERTS**

Sylvette Wiener-Vacher

The VHIT technique has revolutionized the of VOR gains at high speeds on each of the semicircular canals.

In my pediatric practice (600 children per year), the Synapsys VHIT is an essential tool, absolutely not comparable to the others. Thanks to its remote camera, no devices are needed on the head of the child, giving you complete freedom while performing the exam. This is really important, because you can perform just 2-3 maneuvers and move on to the next plain preventing the child to get annoyed. At the end you can go back and complete the 5 required maneuvers per canal to get a complete result.

#### **Olivier Dumas**

I have been using Synapsys VHIT for 14 years vestibular system assessment by allowing the analysis now in the vestibular rehabilitation field, and this device has become essential to me. The speed and accuracy with which examinations are carried out are surprising, and the fact that there is no need for calibration is a considerable time saving.

> The use of a remote camera greatly simplifies the exam practice learning, as I observe it daily during my teaching activities.

> Moreover, the Synapsys VHIT allows to perform a precise analysis of early saccadic function, making this device an important rehabilitation tool.



ENT doctor - Center for Evaluation of Balance Disorders in Children (EFEE), Robert Debré University Hospital, Paris, FR

Vestibular Physiotherapist, Lyon, France -Professor in vestibular assessment, Lyon Sud University Hospital, Lyon, FR

#### **Enrico Armato**



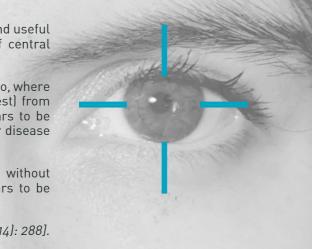
Synapsys VHIT has transformed my daily My practice as a VHIT user with remote camera has been going on for several years now, during which practice. I integrated it into my initial assessment I have successfully tested more than a thousand together with videonystagmoscopy. patients.

From the very beginning I have appreciated the ease and speed with which the tests can be performed, the clarity of the results and the several printing options.

Synapsys VHIT an indispensable tool in approaching in contact with my patients, which allows to prevent patients with balance disorders. I consider this device slippage artifacts and risks of damages, and the of great interest for all those who want to enter the possibility of analyzing the slow-motion playback video fascinating field of instrumental vestibular diagnostics. of each acquisition in a second moment.



ENT doctor at ULSS 3 Serenissima Regione Veneto, Venice, IT



### Laurent Tardivet

It provides in a few minutes all the results necessary to evaluate a nystagmus, to diagnose with precision and reliability a canal deficit and thus to exclude a central pathology.

My experience is highly positive and has made the I particularly appreciate the absence of equipment



ENT doctor - Pasteur University Hospital, Nice, FR

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# **Key benefits**



	Synapsys VHIT
	Remote infrared camera
	Up to 100 Hz
	Motorized adjustment: image sharpness, horizontal & vertical alignment of the camera
	Lateral canals Anterior and posterior canals (only VHIT Evolution)
	Head and eyes movements (position, velocity), Canalogram Ulmer, Results Table, VOR gain value, Saccades description, Video recording (playback of each maneuver)
	Inter-pupillary distance, pupil size, acceleration threshold
on guide	Visual indicators, synthetic voice message
nents	Automatic (manual correction available)
is	High-frequency VOR, overt/covert saccades
	Right / Left gaze, Head movements, Position, Velocity, Gain
	Maestro (included)
	USB
	752 x 480
	CCD 1/3 "
	6 kg (without cables)



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TECHNICAL DATA





#### SYNAPSYS SAS

2 RUE MARC DONADILLE 13013 MARSEILLE – FRANCE PHONE: 04 91 11 75 75 FAX: 04 91 11 75 75 synapsys@synapsys.fr www.synapsys.fr

#### INVENTIS s.r.l. CORSO STATI UNITI, 1/3

5127 PADOVA – ITALY PHONE: +39.049.8962 844 FAX: +39.049.8966 343 info@inventis.it www.inventis.it

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