
Learner Outcomes
Each reader of this article should be able to
- Describe the current understanding of the physiological basis for the vestibular evoked myogenic potential (VEMP);
- List four pathologies capable of producing larger than normal amplitudes of the VEMP; and
- Discuss how a dorsolateral medullary infarct might produce an unexpectedly large amplitude VEMP recording.

1. Normal vestibular evoked myogenic potentials (VEMP) recorded from a contracted, ipsilateral sternocleidomastoid muscle reflect:
   a. transient decreases in myogenic potentials
   b. transient increases in motor unit firings
   c. sustained, prolonged tetany
   d. electrophysiologic artifacts

2. The latency of a VEMP response varies with:
   a. stimulus intensities below 100 dB nHL
   b. stimulus intensities above 90 dB nHL
   c. alternating stimulus intensities 90–100 dB nHL
   d. latency does not vary with stimulus intensity

3. Absent or low amplitude VEMPs are attributed to:
   a. sensorineural hearing loss
   b. utricle pathology
   c. conductive hearing loss
   d. cortical lesions

4. Commonly recognized causes of enlarged VEMPs include:
   a. dehiscent superior semicircular canal
   b. barotrauma
   c. benign paroxysmal positional vertigo
   d. multiple sclerosis

5. In the case reported, the VEMP amplitude and threshold recorded on the side contralateral to the lesion were:
   a. 183 µV and 90 dB nHL
   b. 374 µV and 55 dB nHL
   c. 247 µV and 80 dB nHL
   d. asymmetry ratio was reported in place of amplitude and threshold

6. The hallmark findings of a RIGHT dorsolateral medullary infarct would include:
   a. LEFT (contralateral) loss of ability to detect pinprick and cold sensation
   b. RIGHT (ipsilateral) ptosis and miosis
   c. ataxic, wide based gait
   d. all of the above

7. In a normal vestibule with a normal stapes, the distance between the medial surface of the stapes footplate and the saccule is:
   a. greater than 5 mm
   b. 0.38–1.5 mm
   c. 1.5–5 mm
   d. the stapes is not proximal to the saccule

8. The saccule projects significant afferent input to which vestibular nucleus?
   a. inferior
   b. lateral
   c. medial
   d. superior

9. The major neuronal commissural pathway of the brainstem involved in central vestibular compensation after unilateral loss of vestibular function is:
   a. medial vestibular nucleus → medial vestibular nucleus
   b. dorsal cochlear nucleus → superior olivary complex
   c. trigeminal nucleus → facial nucleus
   d. facial nucleus → hypoglossal nucleus

10. From a neurophysiologic view, loss of an inhibitory function is termed:
    a. hyperinhibition
    b. amnestic response
    c. disinhibition
    d. paralysis
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