

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

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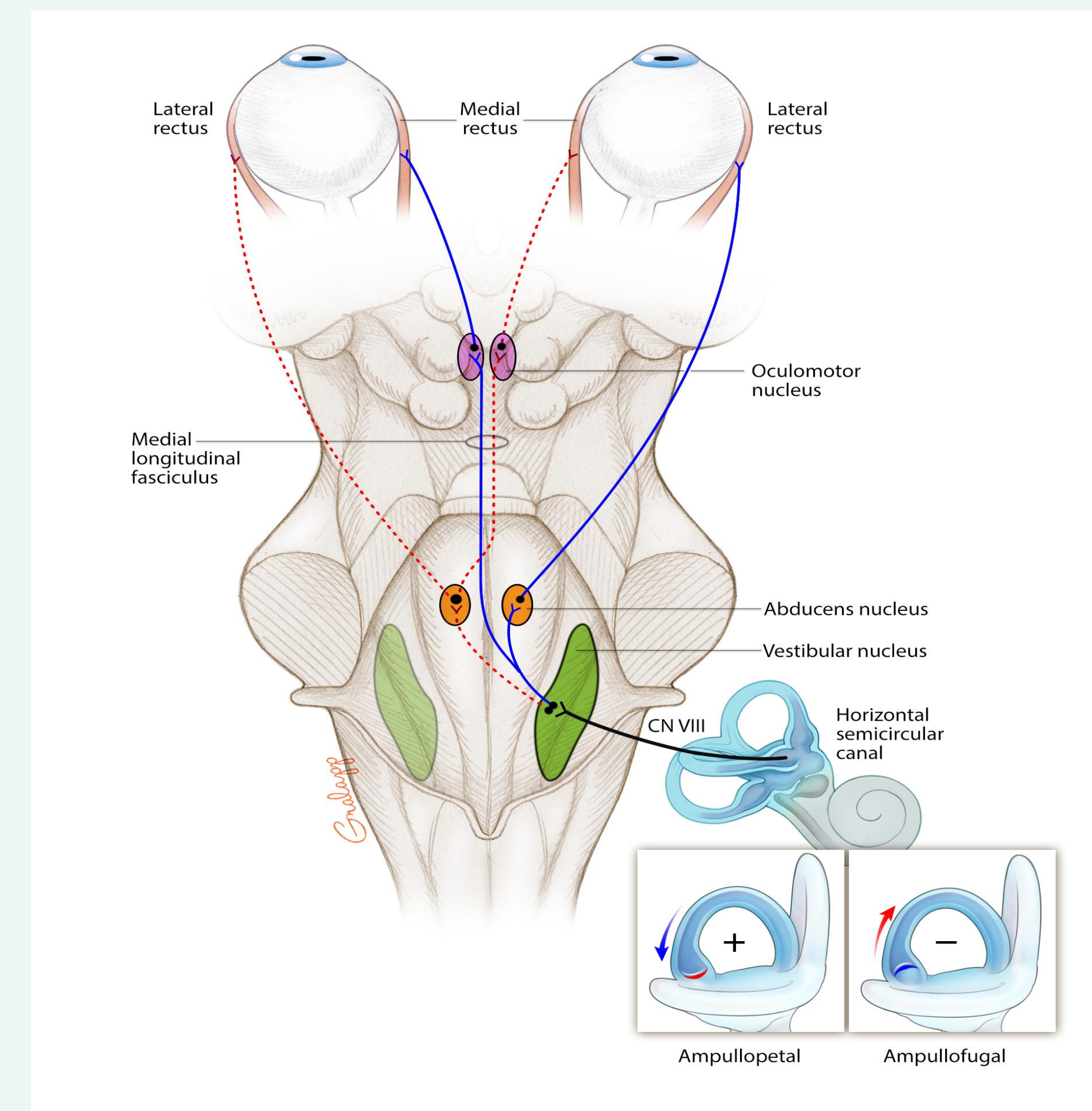
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## ABSTRACT

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.

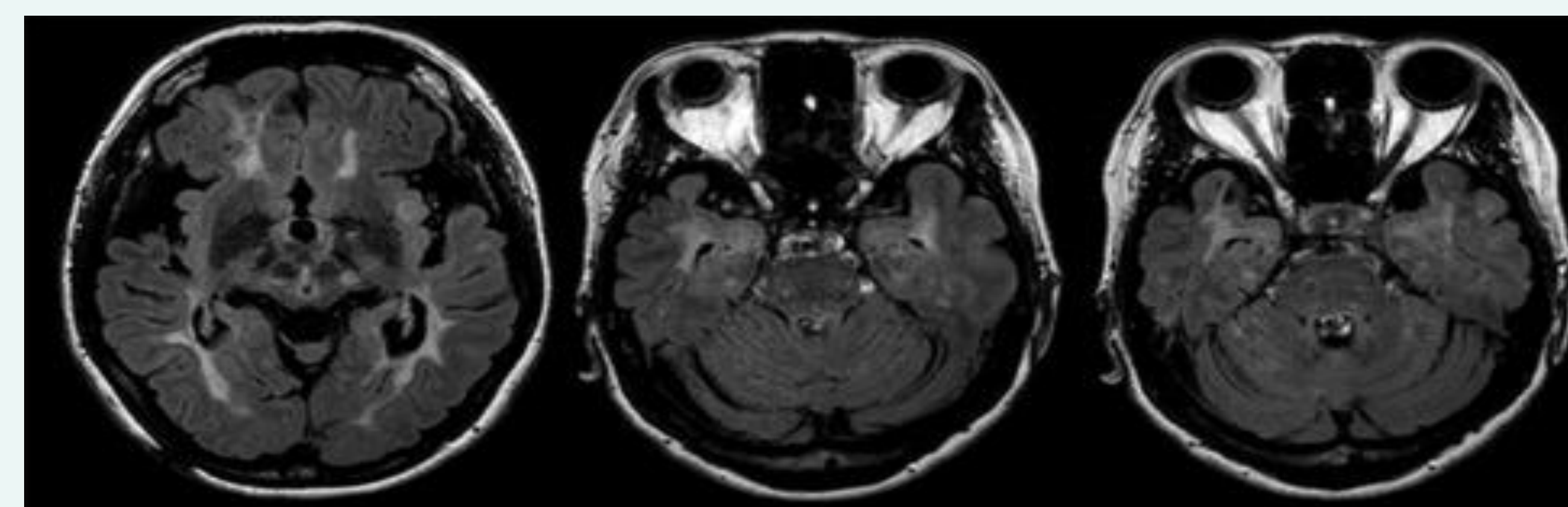
## INTRODUCTION

A common challenge physicians face in the outpatient setting is a chief complaint of blurry vision. Patients often use that phrase to describe a variety of different symptoms. A physician's examination skills and precise questioning can help differentiate between similar conditions, especially when presented with other nonspecific findings. One condition that is particularly difficult to characterize is oscillopsia, which is generally defined as visual impairment largely due to an underlying ocular misalignment or neurologic pathology that causes the affected individual to perceive a constant, rhythmic oscillation of the surrounding environment. This motion can be described as a jumping or vibrating motion. With this condition presenting so rarely in the clinical setting (as high as 81 per 100,000 adults in the U.S.), it is easy to be overlooked as many physicians may not come across it as often, especially when presenting unconventionally in a primary care setting. When missed as a diagnosis, oscillopsia has the potential to further worsen patient outcomes, as it even has the potential to play a role in other paraneoplastic conditions. Understanding how sensory input, central processing, and motor coordination all play a role in how oscillopsia manifests is imperative for clinicians to diagnose and manage this debilitating condition properly. In this report we present an isolated case of oscillopsia when brought forth in a primary care setting and underline the importance of a prompt diagnosis to prevent further complications and improve overall patient well being.



**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

An 89-year-old female presented with persistent visual impairment accompanied by oscillopsia, characterized by a continuous oscillation of her surroundings even in stillness, leading to dizziness and difficulty focusing on objects. These symptoms significantly impacted her daily life, prompting a referral to physical therapy. Upon evaluation, she exhibited decreased endurance, dizziness, impaired motor and postural control, resulting in limitations in activities of daily living.

The initial management involved a comprehensive physical therapy program targeting her oscillopsia-related symptoms. Goals were set to improve dynamic balance based on ambulation and standing balance assessments. Additionally, she was prescribed a single-point cane and BalanceWear, a lumbar-sacral orthotic model. With consistent therapy over several months, her symptoms notably improved, allowing her to resume daily activities with greater comfort.

Long-term monitoring and management included regular follow-up appointments with primary care and physical therapy to monitor symptoms and prevent exacerbations. These visits facilitated addressing immediate concerns and adjusting treatment accordingly. The patient actively engaged in stress management techniques, remained compliant with prescribed exercises, and diligently used her orthotics, demonstrating a pivotal role in her ongoing improvement.

## 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

## REFERENCES



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