SHIMP TEST PROVIDES ADDITIONAL INFORMATION ABOUT THE VESTIBULO-OCULAR REFLEX SYSTEM AND IS ESPECIALLY USEFUL IN PATIENTS WITH BILATERAL LOSS

**Purpose:** Identify if vestibular residual function is present

**How is it different than head impulse test?** Head impulse uses an earth fixed target and SHIMP uses a head fixed target.

**WITHIN NORMAL LIMITS**

- **vHIT** – gain within normal limits and none to very few catch-up saccades

- **SHIMP** – gain within normal limits and downward overt catch-up saccades with large amplitudes

**VESTIBULAR DISORDER**

- **vHIT** – abnormal gain and presence of covert or overt catch-up saccades

- **SHIMP** - abnormal gain if overt catch-up saccades are present it is a sign of residual vestibular function (right side has vestibular function, left side is questionable)

**UNDERSTANDING BILATERAL LOSS:**

- **Rare**
  - 0.6 to 4% of patients

- **Symptoms**
  - Gaze instability with rapid head movements
  - Oscillopsia
  - Imbalance and unsteadiness
  - Worsens in the dark

- **Causes**
  - Ototoxic Drugs
  - Infection such as Meningitis
  - Congenital disorders
  - Autoimmune disorders
  - Degenerative disorders
  - Co-occurrence with cerebellar ataxia (CANVAS & Superficial Siderosis)

**Interpretation:**

- **For bilateral loss – is it paralysis or paresis?**
  - Catch-up Saccades present indicates vestibular function
  - No catch-up saccades present indicates vestibular loss

**Reference:**