

Chiropractors and Doctors Unite to Revolutionize Diagnosis of Inner Ear Disorder with CBCT Imaging

Chiropractors and Medical Doctors are Uniting to Solve Superior Canal Dehiscence Syndrome Using Revolutionary CBCT Imaging

LOS ANGELES, CA, UNITED STATES, July 11, 2025 /EINPresswire.com/ -- A growing collaboration

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*Dr. Elizabeth S. Hoefer, DC,
DCCJP*

between chiropractors and medical doctors is revolutionizing the diagnosis of Superior Canal Dehiscence Syndrome (SCDS), a perplexing inner ear condition. Using advanced Cone Beam Computed Tomography (CBCT) imaging, healthcare providers can now detect this "invisible" condition in just 30 seconds, ending years of misdiagnosis for thousands of patients.

The Challenge of SCDS

Patients with SCDS often endure a frustrating medical journey, reporting bizarre symptoms like hearing their eyeballs move, dizziness triggered by loud noises, or feeling seasick from their own voice. Many are

misdiagnosed with anxiety, TMJ, or psychological issues. As one patient shared with the Vestibular Disorders Association: "I was originally diagnosed with BPPV, but nothing was making my dizziness better. I also noticed a high sensitivity and vertigo when loud noises occurred... My ENT said that since SCDS is so rare, a lot of radiologists miss seeing a dehiscence."

"These patients have been medical nomads," explains Dr. Elizabeth S. Hoefer, DC, DCCJP.

"They've seen multiple specialists, tried countless treatments, and often been dismissed. But what if I told you their 'psychological' symptoms are actually caused by a missing piece of bone thinner than a contact lens?"

Research in the American Journal of Neuroradiology highlights the diagnostic challenge, noting that while only 0.5% of temporal bones show true dehiscence, "a dehiscence-appearing superior canal was seen in 4.0% of cases" on CT imaging, often due to false positives from imaging limitations. Dr. Eric J. Formeister, neurotologist at Duke University, adds: "It's important to get a very detailed, specific history about symptoms. If you do not ask the right questions, you may

not get the answers you need... We may also request another CT scan" when standard imaging is insufficient.

The Breakthrough: CBCT Imaging

SCDS occurs when the bone covering the superior semicircular canal thins to less than 0.5 millimeters or disappears, creating a "hole in the speaker box" of the inner ear, causing sound and pressure leaks. CBCT imaging, widely available in chiropractic and dental offices, offers unmatched clarity in visualizing this defect.

A study in the Journal of Clinical Imaging Science by Sepúlveda et al. confirmed the effectiveness of Cone Beam Computed Tomography (CBCT) in diagnosing Superior Semicircular Canal Dehiscence. Additional research in European Archives of Otorhinolaryngology demonstrated that CBCT outperforms traditional CT scans in identifying temporal bone structures ($P < 0.05$). CBCT enables clear visualization of abnormal openings in the bone, allowing chiropractors to provide properly formatted images for immediate, definitive diagnosis, effectively revealing previously undetectable issues with exceptional clarity.

CBCT's advantages include higher resolution, superior bone detail, multiple viewing angles, and widespread availability. Research in AJNR indicates that reducing slice thickness to 0.5 mm can increase detection rates from 50% to 93%.

A New Model for Healthcare

This collaboration, led by experts like Dr. Michelle Speranza (Core Balance Centre, Canada), Dr. Jane Brewer (Precision Chiropractic, Colorado), Dr. Bill Lordan (Precision Chiropractic, Connecticut), and Dr. Hoefer ([Well Connected Chiropractic](#), Mission Viejo), represents a shift in healthcare delivery. "This is about patient care," emphasizes Dr. Hoefer. "When we can spot something on routine imaging that solves a patient's decade-long mystery, we have an obligation to act."

Affecting 1-2% of the population, SCDS often goes undiagnosed for years, with symptoms like sound-induced vertigo and autophony (hearing internal body sounds). A patient's story from the Vestibular Disorders Association illustrates the struggle: "I started having extreme dizziness and vertigo in the Spring of 2019... With research I found out that there are 3 doctors in the United States that are very well known experts on SCDS... I really wish I had known about the doctor at Johns Hopkins initially but I am so happy with my end result."

Interdisciplinary Success

CBCT's high-resolution imaging, as noted by Medscape, aligns with diagnostic requirements for SCDS, offering oblique views of the temporal bone. Chiropractors are becoming front-line detectives, referring patients to specialists who accept CBCT as the gold standard. Johns Hopkins Medicine emphasizes the role of proper imaging, while Dr. Formeister notes: "Bone conduction testing can be challenging, and we prefer to rely on results generated by Duke specialists for diagnostic purposes. We may also request another CT scan" when standard imaging falls short.

Medical centers across North America are adopting CBCT for SCDS evaluation, with training programs emerging to standardize imaging protocols. Radiopaedia confirms CBCT's clarity in detecting defects in the arcuate eminence, best seen in the coronal plane.

"This is just the beginning," predicts Dr. Hoefer. "We're fundamentally changing how we approach mysterious vestibular and auditory symptoms. No more medical nomads. No more 'it's all in your head.' Just clear diagnosis and effective treatment."

For patients with unexplained dizziness or sound sensitivity, CBCT may be available at a local chiropractor's office. "We're changing lives. And we're proving that when healthcare professionals work together, patients win," concludes Dr. Hoefer.

About SCDS: SCDS affects 1-2% of the population, resulting from the thinning or absence of bone over the superior semicircular canal, which leads to sound-induced dizziness and autophony.

Scientific References:

Sepúlveda, I., et al. Journal of Clinical Imaging Science, 2014.

American Journal of Neuroradiology, Prevalence of SCDS.

European Archives of Otorhinolaryngology.

Johns Hopkins Medicine, Otology.

Cleveland Clinic, SCDS Guidelines.

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