



The Human Balance System—

A Complex Coordination of Central and Peripheral Systems

By the Vestibular Disorders Association, with contributions by Mary Ann Watson, MA, and F. Owen Black, MD, FACS

Good balance is often taken for granted. Most people don't find it difficult to walk across a gravel driveway, transition from walking on a sidewalk to grass, or get out of bed in the middle of the night without stumbling. However, with impaired balance such activities can be extremely fatiguing and sometimes dangerous. Symptoms that accompany the unsteadiness can include dizziness, vertigo, hearing and vision problems, and difficulty with concentration and memory.

What is balance?

Balance is the ability to maintain the body's center of mass over its base of support.¹ A properly functioning balance system allows humans to see clearly while moving, identify orientation with respect to gravity, determine direction and speed of movement, and make automatic postural adjustments to maintain posture and stability in various conditions and activities.

Balance is achieved and maintained by a complex set of sensorimotor control systems that include **sensory input** from vision (sight), proprioception (touch), and the vestibular system (motion, equilibrium, spatial orientation); **integration** of that sensory input; and **motor output** to

the eye and body muscles. Injury, disease, or the aging process can affect one or more of these components.

Sensory input

Maintaining balance depends on information received by the brain from three peripheral sources: eyes, muscles and joints, and vestibular organs (Figure 1). All three of these sources send information to the brain in the form of nerve impulses from special nerve endings called *sensory receptors*.

Input from the eyes

Sensory receptors in the retina are called rods and cones. When light strikes the rods and cones, they send impulses to the brain that provide visual cues identifying how a person is oriented relative to other objects. For example, as a pedestrian walks along a city street, the surrounding buildings appear vertically aligned, and each storefront passed first moves into and then beyond the range of peripheral vision.

Input from the muscles and joints

Proprioceptive information from the skin, muscles, and joints involves sensory receptors that are sensitive to stretch or pressure in the surrounding tissues. For

example, increased pressure is felt in the front part of the soles of the feet when a standing person leans forward. With any movement of the legs, arms, and other body parts, sensory receptors respond by sending impulses to the brain.

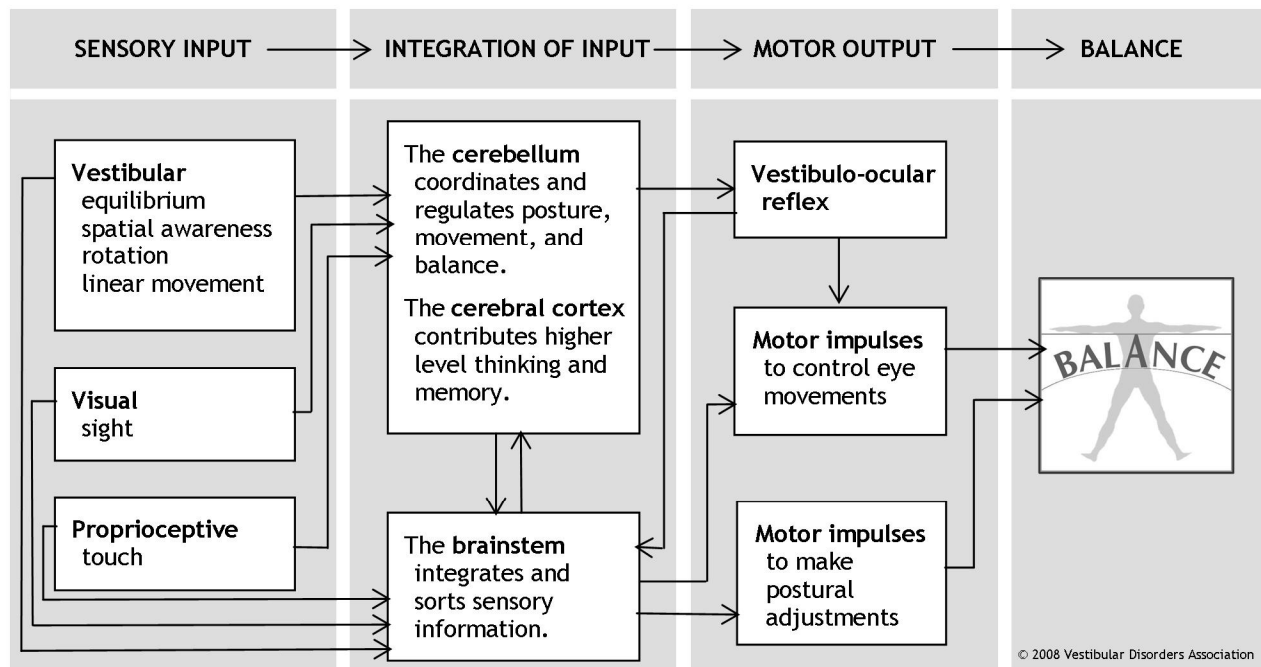
The sensory impulses originating in the neck and ankles are especially important.

Sensory information about motion, equilibrium, and spatial orientation is provided by the vestibular apparatus, which in each ear includes the utricle, saccule, and three semicircular canals. The utricle and saccule detect gravity (vertical orientation) and linear movement. The semicircular canals, which detect rotational movement, are located at right angles to each other and are filled with a fluid called endolymph. When the head rotates in the direction sensed by a

Proprioceptive cues from the neck indicate the direction in which the head is turned. Cues from the ankles indicate the body's movement or sway relative to both the standing surface (floor or ground) and the quality of that surface (for example, hard, soft, slippery, or uneven).

Input from the vestibular system

particular canal, the endolymphatic fluid within it lags behind because of inertia and exerts pressure against the canal's sensory receptor. The receptor then sends impulses to the brain about movement. When the vestibular organs on both sides of the head are functioning properly, they send symmetrical impulses to the brain. (Impulses originating from the right side are consistent with impulses originating from the left side.)



Integration of sensory input

Balance information provided by the peripheral sensory organs—eyes, muscles and joints, and the two sides of the vestibular system—is sent to the brain stem. There, it is sorted out and integrated with learned information contributed by the cerebellum (the coordination center of the brain) and the cerebral cortex (the thinking and memory center). The cerebellum provides information about automatic movements that have been learned through repeated exposure to certain motions. For example, by repeatedly practicing serving a ball, a tennis player learns to optimize balance control during that movement. Contributions from the cerebral cortex include previously learned information; for example, because icy sidewalks are slippery, one is required to use a different pattern of movement in order to safely navigate them.

Processing of conflicting sensory input

A person can become disoriented if the sensory input received from his or her eyes, muscles and joints, or vestibular organs sources conflicts with one another. For example, this may occur for example, when a person is standing next to a bus that is pulling away from the curb. The visual image of the large rolling bus may create an illusion for the pedestrian that he or she—rather than the bus—is moving. However, at the same time the proprioceptive information from his muscles and joints indicates that he is not actually moving. Sensory information

provided by the vestibular organs may help override this sensory conflict. In addition, higher level thinking and memory might compel the person to glance away from the moving bus to look down in order to seek visual confirmation that his body is not moving relative to the pavement.

Motor output

As sensory integration takes place, the brain stem transmits impulses to the muscles that control movements of the eyes, head and neck, trunk, and legs, thus allowing a person to both maintain balance and have clear vision while moving.

Motor output to the muscles and joints

A baby learns to balance through practice and repetition as impulses sent from the sensory receptors to the brain stem and then out to the muscles form a new pathway. With repetition, it becomes easier for these impulses to travel along that nerve pathway—a process called *facilitation*—and the baby is able to maintain balance during any activity. Strong evidence exists suggesting that such synaptic reorganization occurs throughout a person's lifetime of adjusting to changing motion environs.

This pathway facilitation is the reason dancers and athletes practice so arduously. Even very complex movements become nearly automatic over a period of time.

For example, when a person is turning

cartwheels in a park, impulses transmitted from the brain stem inform the cerebral cortex that this particular activity is appropriately accompanied by the sight of the park whirling in circles. With more practice, the brain learns to interpret a whirling visual field as normal during this type of body rotation. Alternatively, dancers learn that in order to maintain balance while performing a series of pirouettes, they must keep their eyes fixed on one spot in the distance as long as possible while rotating their body.

Motor output to the eyes

The vestibular system sends motor control signals via the nervous system to the muscles of the eyes with an automatic function called the *vestibulo-ocular reflex*. When the head is not moving, the number of impulses from the vestibular organs on the right side is equal to the number of impulses coming from the left side. When the head turns toward the right, the number of impulses from the right ear increases and the number from the left ear decreases. The difference in impulses sent from each side controls eye movements and stabilizes the gaze during active head movements (e.g., while running or watching a hockey game) and passive head movements (e.g., while sitting in a car that is accelerating or decelerating).

The coordinated balance system

The human balance system involves a complex set of sensorimotor-control

systems. Its interlacing feedback mechanisms can be disrupted by damage to one or more components through injury, disease, or the aging process. Impaired balance can be accompanied by other symptoms such as dizziness, vertigo, vision problems, nausea, fatigue, and concentration difficulties.

The complexity of the human balance system creates challenges in diagnosing and treating the underlying cause of imbalance. Vestibular dysfunction as a cause of imbalance offers a particularly intricate challenge because of the vestibular system's interaction with cognitive functioning,² and the degree of influence it has on the control of eye movements and posture.

References

1. Shumway-Cook A, Woollacott MH. *Motor Control: Theory and Practical Applications*. Philadelphia: Lippincott, Williams & Wilkins; 2001.
2. Hanes DA, McCollum G. *Journal of Vestibular Research* 2006; 16(3):75–91.

© 2008 Vestibular Disorders Association

VEDA's publications are protected under copyright. For more information, see our permissions guide at www.vestibular.org.

This document is not intended as a substitute for professional health care.



VESTIBULAR

DISORDERS ASSOCIATION

PO Box 13305 · PORTLAND, OR 97213 · FAX: (503) 229-8064 · (800) 837-8428 · INFO@VESTIBULAR.ORG · WWW.VESTIBULAR.ORG

Did this free publication from VEDA help you?

Thanks to VEDA, vestibular disorders are becoming recognized for their impacts on lives and our economy. We see new diagnostic tools and research studies, more accessible treatments, and a growing respect for how life-changing vestibular disorders can be.

VEDA provides tools to help people have a better quality of life: educational materials, support networks, professional resources, and elevated public awareness.

Your support of VEDA matters. Please help us to continue providing such great help by becoming a member or donor.

Members receive an information packet; discounts on purchases; a subscription to VEDA's newsletter, *On the Level*, containing information on diagnosis, treatment, research, and coping strategies; and the option of communicating directly with others who understand the personal impacts of a vestibular disorder. Professional members also receive the option to list training opportunities on our site, bulk-discounted prices on patient education materials, and a listing on VEDA's provider directory, the only of its kind serving patients seeking help from a vestibular specialist.

SUPPORT VEDA

Membership, 1-year

\$ 40 ... Basic

\$110 ... Professional

Memberships include electronic & online newsletter & free publications. For hard copies, include optional shipping fees.

\$ 5 ... Shipping (domestic)

\$ 15 ...Shipping (international)

\$ _____ Please indicate your desired subscription amount here.

Optional Contribution

I'd to support VEDA with a donation (instead of or in addition to membership).

\$ _____ Please indicate your desired subscription amount here.

Check this box if you prefer that your donation remain anonymous.

\$

Total

PAYMENT INFORMATION

If you prefer, you can make your purchases online at <http://www.vestibular.org>.

Check or money order in US funds, payable to VEDA (enclosed)

Visa

MC

Amex

_____ Card number

_____ Exp. date (mo./yr.)

_____ Billing address of card (if different from mailing information)

MAILING INFORMATION

Name _____

Address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone _____ E-mail _____