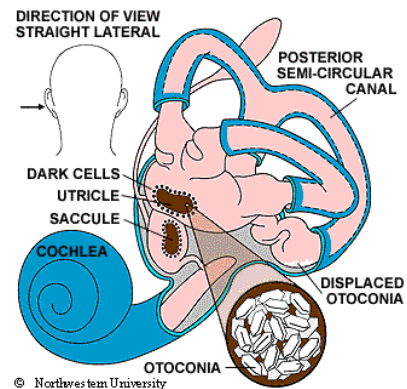


Benign Paroxysmal Positional Vertigo (BPPV)

What is it?

The distinguishing characteristic of BPPV is the positional onset of vertigo (spinning). BPPV is due to misplaced debris that has collected in the inner ear. This debris, commonly called "ear rocks," is composed of calcium-carbonate crystals. Patients typically associate their onset of vertigo with lying down, rolling over in bed, tilting their head back to look up and/or bending over. BPPV is the most common cause of brief spells of vertigo. These symptoms may occur over several days or weeks and disappear, then reoccur.



What causes BPPV?

The causes of BPPV are often considered to be "idiopathic" – occurring for no known reason. However, BPPV is more common following head trauma, an illness (e.g., inner ear infection), and/or a sudden change in the fluid of the inner ear. BPPV is also common in the older adult population simply due to degenerative changes of the inner ear.

How is BPPV diagnosed?

The diagnosis of BPPV is determined by the patient's complaints and/or positive findings with specific positional testing, which is commonly known as the Dix-Hallpike. Testing can be further confirmed with electronystagmography (ENG) or with video goggles. Although BPPV can occur by itself, it is most commonly seen with other inner ear disorders. Therefore, additional balance and hearing tests provide comprehensive information about any underlying cause of BPPV.

How is BPPV treated?

A maneuver known as the Epley maneuver is the most effective treatment for BPPV. This procedure includes a physical movement of the patient to reposition the crystals back into an area of the inner ear that is less sensitive to head movement. The maneuver is specific to the right or left ear, the canal(s) involved, and the type of BPPV that exists. For example, BPPV may occur in one or both ears, one or more of the semicircular canals, and may be "free floating" within the canal or adhering to a part of the canal. When performed by a qualified health care provider, this maneuver has shown to be 90% successful in 1-2 visits. An alternate treatment if the Epley maneuver is not successful is Brandt-Daroff exercises. Surgery is rarely used to treat BPPV but may be necessary.

When the maneuvers are used, the patient is asked to follow a specific set of home instructions. These instructions decrease the chance of the crystals becoming dislodged again. If imbalance and/or movement-related symptoms are persistent after the BPPV is resolved, vestibular rehabilitation may be necessary.





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