

Dizziness is one of the most common reasons that patients seek medical care. Benign Paroxysmal Positional Vertigo (BPPV) is a common cause of dizziness. About 20% of all dizziness is due to BPPV, and about 50% of all dizziness in older people is thought to be caused by this disorder.

Vertigo is a commonly used term for dizziness, but true vertigo is characterized by "spinning" or a feeling of rotation of self or surroundings. It is important to note the difference from nonvertigo because true vertigo is frequently associated with inner ear dysfunction, whereas nonvertigo may be associated with systemic disease, cardiovascular etiology, or central nervous system dysfunction.

The most common cause of BPPV in people under age 50 is head injury. In older people, the most common cause is degeneration of the vestibular system of the inner ear. The chances of developing BPPV increases with advancing age.

In BPPV, the dizziness or spinning is due to debris "ear rocks" that are loose in the inner ear. The formal name for these rocks is otoconia and they are small crystals of calcium carbonate derived from a structure in the ear called the utricle. The loose "ear rocks" make their way into the canals, most commonly the posterior canal, and movements such as getting out of bed or rolling around in bed will cause them to move. Activities which bring on symptoms will vary among persons, but symptoms are almost always precipitated by a change of head position with respect to gravity. BPPV may be present for a few weeks, stop, then come back again.

When you visit your doctor, he will make the diagnosis based on your history and findings on a physical examination, which will include the Dix-Hallpike test. This test will help the doctor properly determine if the cause of vertigo or dizziness is true BPPV.

There are different treatments that can be implemented for patients with BPPV. In the physical therapist's office, the Epley and Semont Maneuvers can be performed. Both maneuvers are very effective, with roughly an 80% cure rate and are intended to move the "ear rocks" out of the canal and to a less sensitive location. At home, you can do the Brandt-Daroff exercises or the Home Epley maneuver, which are self maneuvers of the head and body. There are several problems with the "do-it-yourself" method. If the diagnosis of BPPV has not been confirmed, you may be treating another condition with these positional exercises. Also, you need to make sure that you are doing the exercises correctly so that you are not just moving the "ear rocks" into another canal. So, it is important that you have these maneuvers performed first in the office and then follow your physical therapist's instructions for home treatments. There is also a surgical treatment for BPPV which includes plugging the posterior canal. Surgery should not be considered until all maneuvers/exercises have been attempted and have not succeeded. Only about 1/200 of BPPV patients will have this surgical procedure done.

Information retrieved from: "The Spin on Vertigo" by Anne Scheck, Today in PT BPPV - www.dizziness-and-balance.com/disorders/bppv/bppv.html

The health information contained herein is provided for educational purposes only and is not intended to replace discussions with a healthcare provider. Decisions regarding patient care must be made with a healthcare provider, considering the unique characteristics of the patient.

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