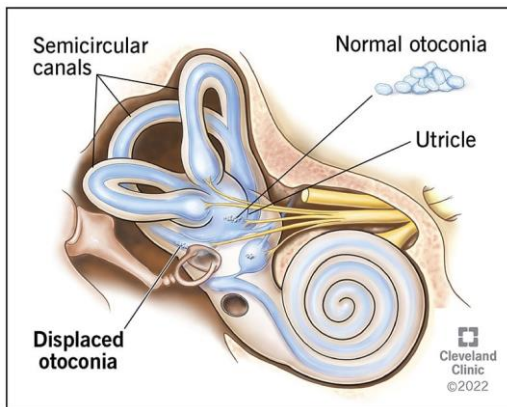


Benign Paroxysmal Positional Vertigo (BPV or BPPV)

What is benign paroxysmal positional vertigo (BPV)?

- BPV is the most common form of vertigo, whereby patients feel dizzy (disequilibrium) or vertiginous (room spinning) for seconds to minutes at a time after certain movements, most often after a rolling or head tilting motion



What causes BPV?

- BPV is theorized to be caused by displacement of tiny calcium deposits (otoconia) within the balance organ (vestibular apparatus) of the inner ear
- Many people will refer to these as “balance crystals” that become “dislodged”
- We don’t know exactly why these otoliths become displaced. It can happen from trauma to the head, but more commonly the reason is unknown
- Furthermore, this displaced otolith theory is just that – a theory. There is no firm evidence that this is the exact cause

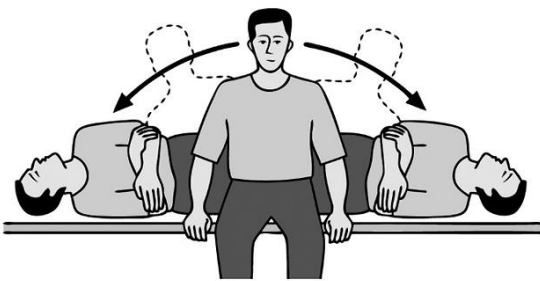
What is the natural disease course of BPV?

- BPV usually lasts from a few days to a couple weeks, until the balance system naturally recalibrates
- Patients may feel off balance between episodes, or feel totally normal between episodes
- Lasting imbalance may occur, especially in elderly patients

How do I treat BPV?

- The mainstay of BPV management includes repositioning exercises, with the goal of repositioning the otoliths to their original position
- The two most common exercises used are Brandt Daroff exercises and the Epley maneuver

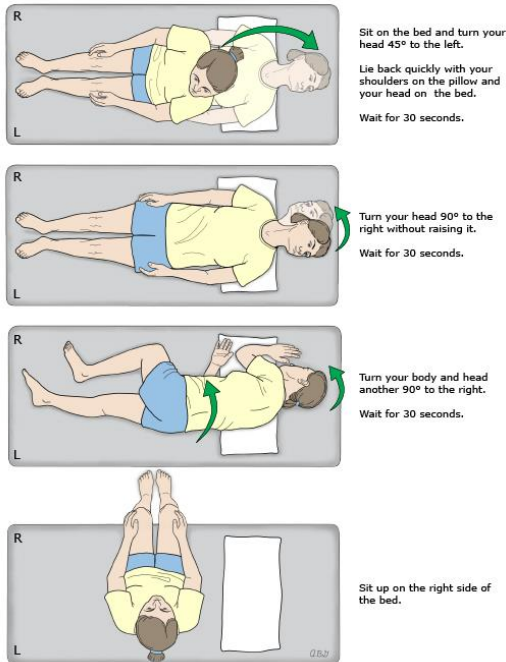
Brandt-Daroff Exercises



Sit with your feet hanging off the end of a bed or couch. Turn your head 45 degree to the right, then quickly lie down flat with your head still turned in a 45 degree manner facing upwards. Hold this position for at least 30 seconds, or until vertigo subsides. Then, quickly sit up straight and perform the same maneuver in the opposite direction, with your head turned 45 degrees to the left. Hold this position for at least 30 seconds, or until vertigo symptoms subside.

Perform this maneuver 5 times for a single cycle. Cycles can be performed up to 3 times daily while symptomatic

Epley Maneuver



The Epley maneuver is a good option if you know which ear in particular is affected. The image here displays the maneuver for when the left ear is affected.

To perform the Epley maneuver, get a rolled blanket or pillow on a supportive surface like a firm bed or couch. Lie down with the blanket or pillow beneath your shoulder blades, so that your head/neck extends backwards about 30 degrees.

Turn your head 45 degrees to the affected side. Wait for at least 30 seconds or until vertigo symptoms resolve. Then turn your head 90 degrees in the opposite direction, so that you're facing 45 degrees the other way. Wait at least 30 seconds, or until vertigo symptoms resolve. Then, turn another 90 degrees away from where you started, this time rolling your body so that your head is facing 45 degrees toward the floor. Maintain this position for at least 30 seconds, or until vertigo symptoms have resolved. Then, slowly sit up.

The Epley maneuver can be performed 3 times per day while you are symptomatic. You can stop once symptoms have not returned for 24 hours.

For further instruction on how to perform Brandt-Daroff and Epley maneuvers, simply type these exercises into YouTube. There are many helpful instructional videos.

What happens if I don't get better with these exercises?

- If you fail to improve within the expected time frame of days to weeks with these exercises, you may be experiencing another cause of positional vertigo
- One other cause is a rare form of positional vertigo called horizontal canal BPV (traditional BPV affects the posterior canal).
- In this case, I recommend performing a log roll (aka BBQ roll or Lampert roll) maneuver. Instructions for this can be found by searching "log roll maneuver" on YouTube. I like the video from Balancing Act Resources
- You may also be experiencing persistent vestibular weakness after impartial recovery from BPV, at which point vestibular physical therapy is often recommended

Once my vertigo goes away, will it occur again?

- We cannot tell with certainty if positional vertigo will return, however it is more likely to occur in those who have experienced it before compared to those who have never experienced it