



# HEALING VERTIGO

Vestibular Physiotherapy

## Understanding BPPV

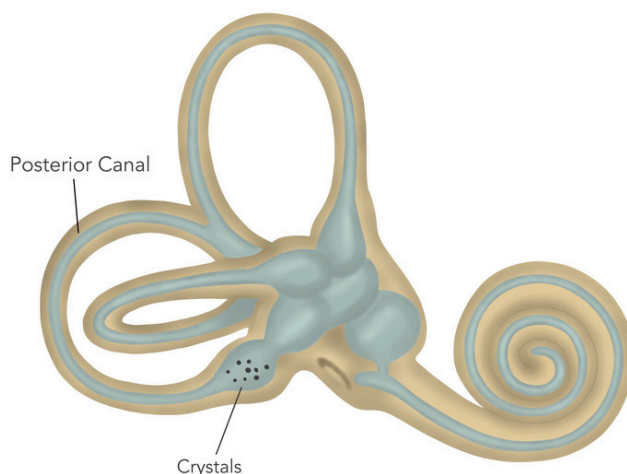
**Benign Paroxysmal Positional Vertigo**, also known as BPPV, is a condition of the inner ear and the most common cause of vertigo. Although its name is complex, it outlines well what is going on:

- **Benign**: meaning it is not life-threatening
- **Paroxysmal**: sudden brief spells
- **Positional**: symptoms are brought on by certain head movements or positions
- **Vertigo**: a sensation of spinning

### What is Causing my Vertigo?

Inside our inner ear lives our vestibular system, which consists of 3 semicircular canals. These canals tell our brain about our head's movement, like when we turn side to side or up and down.

In BPPV, small **crystals** from another part of our inner ear break free and fall into one of these canals. When enough of these crystals accumulate, they change the canal's response to gravity. This false information does not match what the rest of our body is sensing, and the mismatched information is perceived in our brain as vertigo and dizziness.



There are two different types of BPPV that can occur.

- **Canalithiasis**: where the crystals are floating in the semicircular canal
- **Cupulolithiasis**: where the crystals are adhered within the canal

Each type will present slightly differently, however both types are treatable.



## What does BPPV feel like?

The most common symptom of BPPV is vertigo, which is a **sensation of spinning**. Typically, this sensation is brought on when we move our head or body, such as when lying down, rolling over in bed, looking up towards the ceiling, or tilting our head back to wash our hair. For most people these episodes are brief and last **10-30 seconds**. However, for some, it can last up to a minute. Even after the sense of spinning is gone, we still may feel “off”.

Many people report the following symptoms in addition to their vertigo:

- Dizzy or lightheaded
- Unsteady, sense of tilt
- Nausea and/or vomiting
- Trouble walking
- Sense of floating
- Blurred vision

### TAKE THE Vertigo Quiz

If any of these statements are true, talk to your healthcare provider about BPPV:

- ☐ I feel dizzy getting out of bed
- ☐ I feel dizzy rolling over in bed
- ☐ Quick head movements make me dizzy
- ☐ Looking up makes me dizzy
- ☐ I feel dizzy bending over

## Who is Affected?

BPPV is a common condition, with 2.4% of people experiencing it at some point in their lifetime. It can occur to anyone at any age; however, the highest rates are in people over the age of 65 years. For most people there is **no direct cause** of BPPV, it is something you get seemingly out of the blue. However, BPPV can occur after a head injury or following an inner ear infection. There have also been associations made with migraines, diabetes, osteoporosis, and low Vitamin D levels.

## How is BPPV Diagnosed?

Medical imaging including **MRIs cannot pick up on BPPV**. Instead, your provider diagnoses BPPV through tests which put your head in specific positions that cause the crystals to move and trigger your symptoms. The most common tests used are:

- The Dix-Hallpike Test
- The Side-Lying Test
- The Roll Test



## How is BPPV Treated?

Treatment for BPPV works by moving your head in specific orientations to help move the crystals out of the semicircular canal, restoring the vestibular system's proper function once again. Knowing which treatment maneuver to do is the roll of your provider. The success of these treatment maneuvers is very good, well into the 90% range within 1-3 treatments.

One of the most common maneuvers used is **The Epley Maneuver**. This is because this maneuver treats crystals that are in the posterior canal, which is the most common canal in BPPV. Other common maneuvers include the Semont's Maneuver, BBQ Roll, Gufoni Maneuver, and Casani Maneuver.

## Post-Treatment Information

There are **no restrictions** required after you have undergone BPPV treatment.

Once your BPPV has been resolved, it is normal to feel mild residual sensitivity to motion and unsteadiness. Often this will go away on its own within 24-48 hours, but it's important to follow up with your provider in case you require additional rehabilitation strategies to improve these symptoms.

## Can by BPPV Return?

Yes, unfortunately BPPV is a condition that can re-occur, with long-term recurrence rates as high as 50% within 5 years. Your provider may show you how to complete the test and treatment maneuvers so that you may try to treat this on your own next time.

Online tools such as the Healing Vertigo App may also be recommended to help guide you through self-management. However, if you are not comfortable treating it at home, or you do not have success, returning to see your provider is recommended.

For more information on BPPV treatment, visit **Healing Vertigo Physiotherapy** or speak to our trained vestibular physiotherapists.



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