

BPPV: Have You Ever Had Vertigo?



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Do you have symptoms of dizziness, lightheadedness, nausea, or feelings of being off balance? These are all symptoms of an inner ear disorder called Benign Paroxysmal Positional Vertigo or BPPV. It is the most common disorder of the inner ear, with an estimated incidence of 107 per 100,000 per year. It can affect adults of all ages but especially as we get older. It affects aging adults more frequently than others. About 85% of adults over 65 years of age have had an occurrence of BPPV.

What is BPPV?

Benign means that this type of vertigo is not life threatening. It is related to the inner ear, unlike a stroke which occurs in the brain. **Paroxysmal** means a sudden burst of symptoms that generally last 10 to 20 seconds but can sometimes last a full minute. **Positional** means it is triggered with changes in head position, such as tilting your head up or laying down. **Vertigo** is an illusion of motion—of yourself being in motion or your surroundings being in motion. Though you know that motion is not actually taking place, it feels very real to you.

BPPV is a mechanical disorder of the inner ear that occurs when calcium carbonate crystals, called otoconia, which are normally embedded in the utricle of the inner ear, become dislodged. They migrate into one or more of the three semicircular canals, where they're not supposed to be. When this happens, the otoconia shift and create abnormal fluid movement in the canal, causing a false sense of rotational motion. The illusion of motion causes abnormal eye movement called nystagmus. Once the otoconia are loose, if we move our head or body, the fluid moves

more quickly because of the weight of the crystals. This results in the false sensation of spinning.

What are the causes and symptoms?

Most cases of vertigo occur for no apparent reason; however, the body's movement often causes the sudden onset of vertigo. Often patients say it is caused by laying down or getting out of bed, which triggers a spinning sensation. Patients often hold onto something to stabilize themselves. The symptoms of vertigo commonly pass in seconds but can last up to a minute. It is sometimes called "top-shelf vertigo" because looking up can trigger it. Vertigo events can be triggered for patients when getting their hair washed at the hairdresser, tilting their head back in the dentist chair, or going to the food store where you have to bend or reach for items. As a result, patients often avoid such activities.

For some patients, a vertigo event can feel like they are falling or being pushed over. Exactly how vertigo interferes with the balance is complex, but essentially one ear is sending false signals to the brain, creating a mismatch between what the other ear is sensing and the eyes are perceiving—which then causes patients to feel off-balance. Any combination of vertigo symptoms can be very disabling to patients, so it's important to get the correct diagnosis and treatment as quickly as possible. BPPV is associated with increased falls in the elderly, so seeking treatment can help with fall prevention.

Though we can't always pinpoint what triggers vertigo, attacks can be associated with trauma, such as concussion or whiplash from a motor vehicle accident, and they are more prevalent in women than men. People with migraines and inner-ear infections are more likely to have episodes of vertigo. It appears to occur more commonly in patients with a history of osteoporosis and diabetes.

How is vertigo treated?

Since BPPV is a mechanical disorder of the inner ear, it can be treated quickly and mechanically without medicines. It is treated by vestibular physical therapists who are specially trained to resolve vertigo by performing an **Epley maneuver**, which facilitates the return of the otoconia to the chamber where they're supposed to be. Also called a **canalith repositioning maneuver**, this specific series of head and body movements allows the therapist to guide otoconia back to the utricle where they belong.

Therapists use infrared video goggles to track nystagmus, or rapid eye movements, that are produced when you feel the spinning symptoms. This technology helps the therapist to be very accurate in diagnosing and treating BPPV. Each canal has a different pattern of eye movement, and there are maneuvers for each of the 3 canals. These maneuvers effectively treat BPPV 80% of the time in just 1 or 2 visits.

Unfortunately, BPPV is a condition that can reoccur periodically once you've had an initial event. Reoccurrence rates as high as 50% within 5 years are noted especially in those patients with a traumatic cause. This may include a fall, a bump on the head, or even a concussion.



The professionals at WWSPT are experts in treatment of BPPV. They are all certified in vestibular rehabilitation for the treatment of inner-ear and balance disorders, which ensures the most successful diagnosis and treatment. A video demonstration of how therapists diagnose and treat BPPV is available online at <https://wwspt.com/>. Don't let vertigo limit your lifestyle. Call for an appointment today!

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