

Vestibular - BPPV

Benign Paroxysmal Positional Vertigo

What is BPPV?

- Benign: means not harmful
- Paroxysmal: means sudden onset
- Positional: means dependent on position
- Vertigo: feeling of false movement, like spinning

BPPV is common in people who are elderly or have suffered head trauma. About 50 per cent of all dizziness in older people is due to BPPV. People with BPPV are at a higher risk of falls.

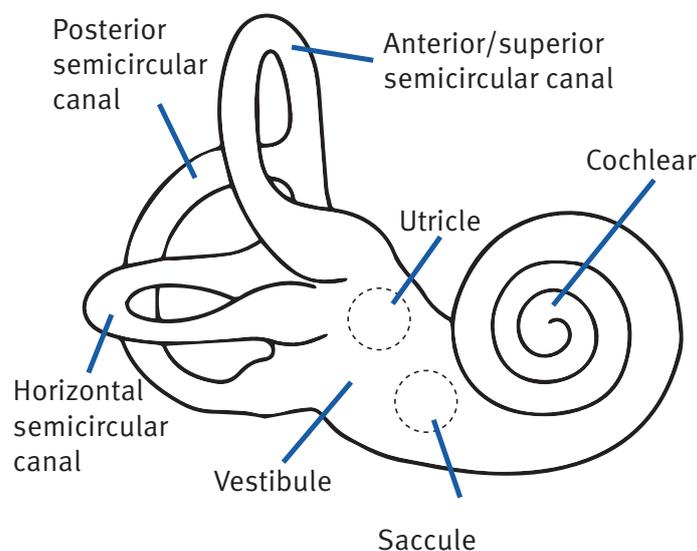
Benign Paroxysmal Positional Vertigo (BPPV) is the most common cause of vertigo, a false sensation of movement, like spinning.

What causes BPPV?

The inner ear system helps keep your vision and balance stable whenever you move your head. BPPV is caused by a problem within the inner ear.

The inner ear is made up of:

- 3 fluid-filled semicircular canals, which pick up rotational head movement
- 2 sac-like structures called the utricle and saccule located in the vestibule. These contain little crystals which pick up head movement with respect to gravity.



Messages about rotational head movement are sent from the canals to the brain. The brain uses this information to keep your vision stable and keep your balance as your head moves.

The crystals in the vestibule can break away and then fall into one of the canals. Once inside the canal the crystals cause false information about your head movement to be sent to the brain.

This results in symptoms of dizziness and imbalance when your head is moved into particular positions. These positions could include rolling in bed, bending over or looking overhead. These symptoms will usually last for less than 1 minute.



Management of BPPV

Your physiotherapist may do a **test** called the Hallpike-Dix to confirm that you have BPPV.

Your physiotherapist can then **treat** BPPV by moving your head through a number of different positions. This is called a canalith repositioning technique, also known as the “Epley Manoeuvre”.

The aim of this treatment is to move the crystals out of the canal so that the body reabsorbs it.



http://www.upandrunningnetworks.com/files/C215_3.pdf

After this treatment it is important to be aware you may feel unsteady on your feet or off balance for a day or two.

Many people have no more dizziness after treatment but in some people this problem can come back. If your symptoms do return, please contact your health professional.

Your physiotherapist may give you a home program so that you can self-manage if the dizziness returns in the future.

Your home program may also include balance exercises to improve any balance problems.

Please contact your physiotherapist if you have any concerns.



Health Professional: _____

Contact details: _____

Initially developed at Princess Alexandra Hospital for Metro South Hospitals and Health Service.

Reference

Herdman, S., & Clendaniel, R. (2014). *Vestibular Rehabilitation*. (4th ed.). Pennsylvania: F.A Davis Company.

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

