



## BPPV or Benign Paroxysmal Positional Vertigo

### What is BPPV?

A common inner ear problem and the most common cause of vertigo (false sense of spinning).

It stands for:

*Benign* – not life threatening

*Paroxysmal* – it comes and goes

*Positional* – head movements or positions can trigger the episodes

*Vertigo* – feeling like you or the world around you is spinning

### What causes BPPV?

We all have tiny crystals in our inner ear called Oticonia. They are usually stuck down and move in the fluid in the inner ear to stimulate sensory cells of balance which is then transmitted to the brain. Sometimes these Oticonia become unstuck travelling and stimulating other parts of the inner ear. When the crystals move in the inner ear your brain is getting false messages that you are spinning creating the sensation of vertigo. The vertigo or spinning stops when the crystals settle.

Most cases of BPPV don't have an underlying cause. It can sometimes be associated with head trauma. It is more likely to occur in older people and people who have had it before.

### What symptoms can you have?

- Episodes of vertigo or spinning triggered by movement (sitting up, looking up, bending over). Episodes are usually no longer than a few seconds to a couple of minutes at a time.
- Nausea (sometimes vomiting)

### How is a diagnosis made?

History and by physical examination. Your consultation during the COVID crisis will most likely be via teleconference. If this is the case your doctor will instruct you to prepare a flat surface (usually a bed) prior to your appointment so they can talk through the examination with you. There are no X-rays or blood tests to diagnose this condition.

### How is BPPV treated?

BPPV is treated by repositioning manoeuvres. This means exercises to put the crystals back into the original position. See the attached information below on how to do these exercises.

### More information on BPPV:

American Academy Patient Summary on BPPV

Cut and paste the following address into your browser:

<http://journals.sagepub.com/doi/pdf/10.1177/0194599816689671>

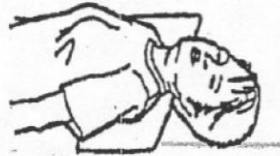


## Canalith Repositioning Maneuver for Left Side Benign Paroxysmal Positional Vertigo

Adapted from Ronald J Tusa, MD, PhD and Susan J Herdman, PT, PhD.  
Emory University Dizziness and Balance Center



- Place a folded blanket on the bed so it is at shoulder blade level when you are lying down. This will allow your neck to be slightly extended while your head is supported by the bed.

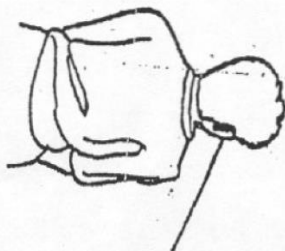


- Sit on your bed with your legs stretched out in front of you. Turn your head 45 degrees to the left.



- Lie down quickly over the blanket, while keeping your head turned to the left but supported by the bed. Stay in that position for 30 seconds, or until dizziness stops, whichever is longer.

- While keeping your head tipped backwards in contact with the bed, slowly rotate your head to the right. Stay in that position for 30 seconds.



- Roll on your right side so that your nose is pointed halfway to the floor. Stay in that position for 30 seconds.



- Slowly sit up keeping your head turned to the right side. After sitting up, you can straighten your head, but keep your chin level.

- Rest for 15 minutes, then repeat the entire procedure once more. Keep your chin level for 1 hour.