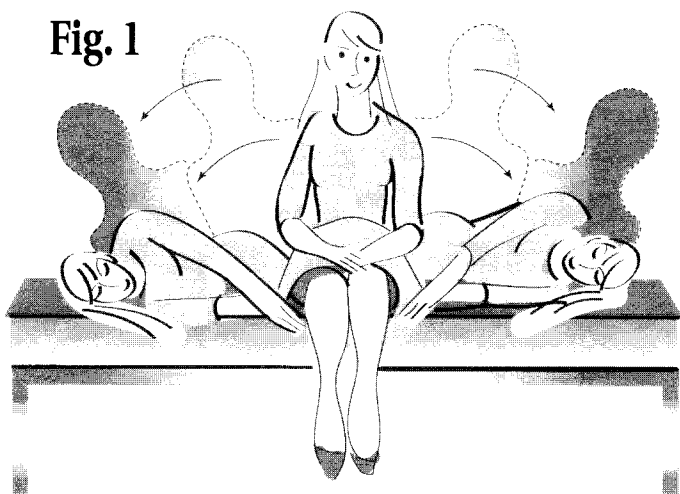


Positioning Exercises *for the treatment of*

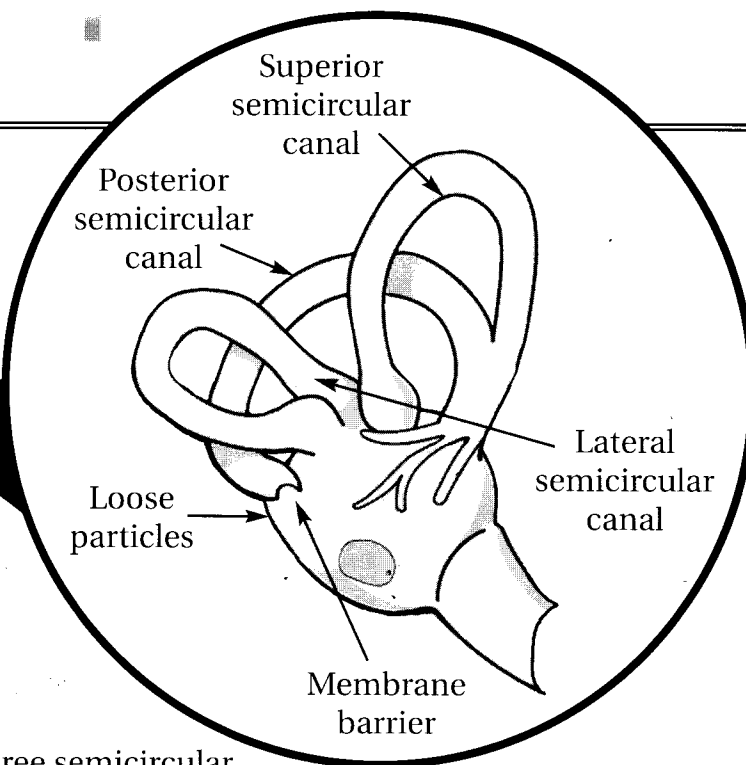
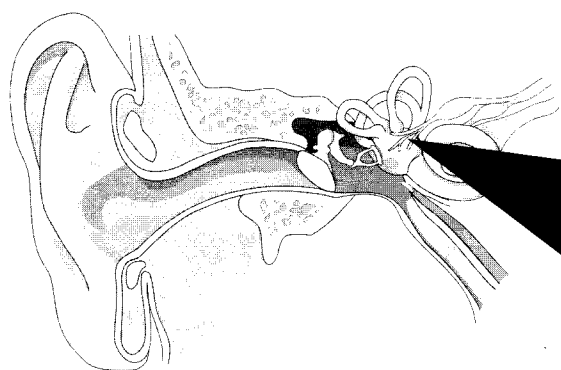
Benign Paroxysmal Positional Vertigo

Exercises for BPPV

Fig. 1



Assume an upright sitting position in bed, with your legs on the floor (see Fig. 1). Close your eyes and suddenly tilt yourself to one side so that one side of your body is against the bed. Turn the head slightly upward and wait for the vertigo to subside. Sit back up and wait for 30 seconds before tilting to the opposite side. If vertigo occurs in this position as well, wait until it subsides and then sit up again. Perform this exercise five times in the morning and five times at night until 2 days have passed during which you do not experience vertigo.



Our inner ear consists of three semicircular canals that contribute to your sense of balance. Over time, particles in your inner ear can break off and accumulate behind a membrane in the posterior canal.

Moving your head to certain directions may cause particles to tug on hair-like sensors, triggering a specific type of dizziness called benign paroxysmal positional vertigo.

Benign Paroxysmal Positional Vertigo

Benign paroxysmal positional vertigo (BPPV) is the most common cause of vertigo in the elderly. The diagnosis is easily made if the patient has had a history of vertigo elicited by turning over in bed and if there is a typical nystagmus pattern that appears on positional testing. The cause is currently believed to be small bits of free debris that are loose in the labyrinthine system and which settle to the bottom of the ear, causing nystagmus for certain head positions. These patients are sometimes troubled by mild gait ataxia, but they are always most concerned by their inability to control vertigo that arises when they roll over in bed at night, or when they get up in the morning.

Drugs are not useful in treating BPPV because, although the vertigo is severe, it lasts only for a few seconds. There are two available approaches to treatment.

Most patients benefit from exercises for BPPV which consist essentially of repeatedly inducing the symptoms of the vertigo for two weeks or until the symptoms can no longer be induced. This approach is often successful, presumably because either (1) the debris is moved to an insensitive portion of the labyrinth, (2) the patient learns to tolerate his or her symptoms, or (3) the disease process remits spontaneously. Because BPPV is fatigable, some patients induce their symptoms purposefully at the beginning of the day so that they can go about their activities without trouble. If the exercises provoke nausea, patients can be premedicated with anti-emetics.

Vestibular Exercises

Gait-training exercises:

Begin walking with feet at a comfortable distance apart, progress to tandem position, eyes closed tandem and head up tandem. Walk across the room with the eyes open and then with the eyes closed. Walk from heel to toe across the room with the eyes open and then with the eyes closed.

Visual-vestibular exercises:

View a small target (about 2 inches by 2 inches) containing written material (e.g. a match cover). Fix the target to the wall or other solid object – do not use a hand held object. While trying to keep the words on the target in clear focus, move you head, first from side to side (approximately forty-five degrees) and then up and down (approximately thirty degrees) at progressively higher speeds. The speed of the head movement should be increased until the words on the target can no longer be read. Perform the above exercise with a large patterned target. Hold a small target or a patterned piece of cardboard at arms length. While trying to keep the pattern or target in focus, move the head and target horizontally in opposite directions approximately 20 degrees to either side. Play any game involving simultaneous movement of the head and use of vision.