



Physitec Advanced Physiotherapy

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Patient Education Series – Vertigo

Dizziness is a vague sensation of light headedness or a feeling having tendency to fall. Common descriptive words are being 'dizzy', light headedness, disequilibrium and oscillopsia (targets in visual field appear to move during head motion).

Vertigo lasting seconds to minutes commonly suggests benign paroxysmal positional vertigo. In contrast, **vertigo lasting minutes to hours** suggest Ménière's disease, and **vertigo lasting for days** implies vestibular neuronitis or migraine-associated dizziness.

BPPV (Benign Paroxysmal Positional Vertigo) is the commonest and respond well with Vestibular Rehabilitation done by skilled Physiotherapy. The fundamental is the **Dix-Hallpike Test** which not only has diagnostic value for BPPV but is also used for canalith repositioning manoeuvre as a treatment.

The Physiotherapy techniques to treat BPPV and UVD include **the canalith repositioning maneuver, the Liberatory (Semont) maneuver, and Brandt–Daroff exercises**. It can also include **gaze stability ex, postural stability exercises, habituation exercises (motion sensitivity) and balance ex and progression**. They are collectively known as **Vestibular Rehabilitation**.



FIG. 15-1 Dix-Hallpike maneuver to elicit benign positional vertigo (A and B) and treatment with the canalith repositioning maneuver (C-F). See text for details. (Adapted from Fife, with permission.)

Patients are advised not to try this at home without consultation/supervision of a trained Physiotherapist