



## **Mr Glenn Watson**

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### **BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV) A guide for Mr Watson's patients**

Benign Paroxysmal Positional Vertigo (BPPV) is a condition where rotatory vertigo (dizziness) occurs on lying down or turning to a particular side. Vertigo is the sensation of spinning. The patient feels that either they or the room is spinning around them.

Balance is maintained by the brain coding information received from the inner ear, eyes and touch receptors in skin and muscles. The ear is the main contributor of balance information to the brain. The ear is divided into three compartments, which are the outer ear, middle and inner ear. The inner ear is deep inside the skull and comprises of three semi-circular canals containing fluid and balance receptors. Small crystals sit upon a receptor, for example, like apples on an apple tree. If these crystals dislodge from the receptor then they collect around the base of the receptor and this causes Vertigo.

Typically the Vertigo occurs when the patient turns the head or body to one particular side. The Vertigo can be extremely severe and distressing. It may result in vomiting.

#### **Treatment**

The treatment is to carry out a manoeuvre that moves the crystals away from the base of the receptor. This is done by moving the head in certain directions. This creates movements of the fluid within the semi-circular canals and washes away the crystals with the flow of fluid.

The manoeuvre is performed as follows:

- Sit on a bed with no pillow or alternatively on the floor. Position the pillow on the bed or floor so that when you lay back it will be under your shoulders or mid back. In this way your head will be tilted 30° backwards which is the preferred head position for this exercise. Alternatively your head may hang over the edge of the bed to achieve the same 30° head back positioning. Remember you will get dizzy with this exercise with each movement. You therefore need to have an assistant with you to prevent you from falling from the bed or hitting objects such as

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bedside tables etc. Obviously if you have neck problems, you may need to be cautious with this exercise.

- If you get dizzy turning the head to the left side then follow steps 1-6 below. If you get dizzy turning to the right, then follow the same instructions but for the right side.

### Epley Manoeuvre (Left Sided)

- 1 Start by sitting up on the bed with your assistant.
- 2 Lay down reasonably quickly turning your head to the left side as you lay down. It is best to have your head tilted 30° backwards on lying down. Keep your eyes open and wait for 1 whole minute.
- 3 Turn right over to the right side looking down at the floor. Wait 1 whole minute.
- 4 Turn your whole body to the right side looking down at the floor. Wait 1 whole minute.
- 5 Lie back down flat looking up at the ceiling. Wait 1 whole minute.
- 6 Sit up slowly.

Dizziness may be experienced in all the steps above. If you get dizzy turning your head to the right, follow the instructions above making sure you concentrate on the right side instead of the left. This needs to be carried out daily. Each day gets better and better.

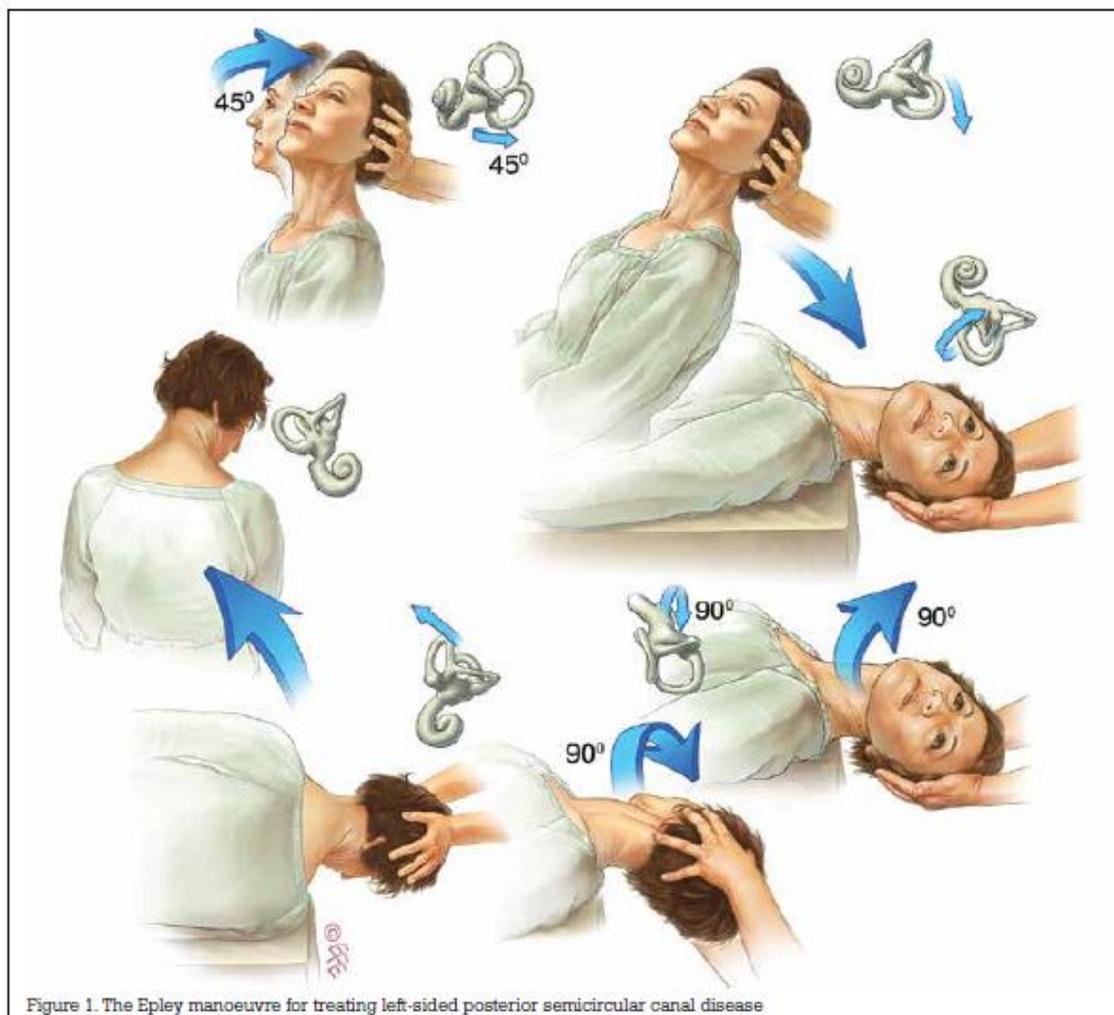


Figure 1. The Epley manoeuvre for treating left-sided posterior semicircular canal disease

Figure 1: Australian Family Physician Vol. 42, No. 1/2, January/February 2013

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Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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