

BalanceMD Bulletin

Your guide to the latest developments in vestibular medicine and hearing healthcare

Clinic News

BalanceMD announces the latest technology in vestibular testing equipment - the Micromedical System 2000 Reclining Rotational Vestibular Chair - now also available in our Lafayette office. This system allows ease of testing for the patient while obtaining the most accurate clinical data for precise diagnosis and implementation of successful treatment.

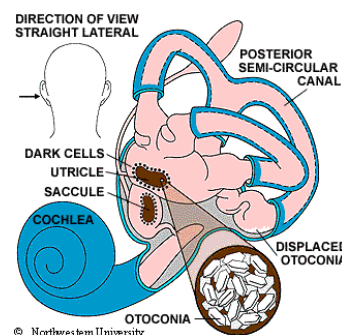


Dr. Scott Sanders
Neuro-ophthalmology &
Vestibular Medicine

BPPV is Over-diagnosed

What is BPPV?

BPPV (Benign Paroxysmal Positional Vertigo) is a common inner ear disorder that causes brief spells of vertigo triggered by a change in head position. For example, lying back or rolling over in bed, getting up from bed, looking up or down results in brief, 10-15 seconds of vertigo. BPPV is caused by otoconia (calcium carbonate “crystals”) normally present in one part of the inner ear (utricle) being displaced into another part of the inner ear (semi-circular canal) where they are called “canaliths” (canal rocks). However, *there are many patients diagnosed with BPPV who do not fit this description of symptoms or have a different cause of positional vertigo*, yet are often diagnosed and treated as though they had BPPV, albeit unsuccessfully.



Why is BPPV Over-diagnosed?

BPPV has gained popularity as a diagnosis because it is a benign condition that causes vertigo and is readily diagnosed and immediately cured by a skilled healthcare provider. Patients often joke about having a “few loose rocks” in their head. BPPV is a common condition, but there are many more people diagnosed with BPPV than actually have BPPV.

How is BPPV Treated?

BPPV is treated by canalith (“crystal”) repositioning maneuver (CRM), which is designed to move the canaliths by gravity back to the utricle of the inner ear where they originated, where they may be dissolved. The type of CRM utilized depends on the type of BPPV. For example posterior canal BPPV is commonly treated with a modified Epley or a Semont maneuver and horizontal canal BPPV with a Lempert roll. There is also a type of BPPV where the canaliths are actually stuck to a membrane in the semicircular canal known as the cupula (and called cupulolithiasis). This type of BPPV is treated with a headshake or Gufoni maneuver. BPPV is no longer treated by habituation exercises, such as Brandt-Daroff or Cawthorne-Cooksey, or with medications, such as meclizine (Antivert). **We are actually able to cure BPPV in one visit over 90% of the time with the appropriate CRM.** We have seen many patients incorrectly diagnosed with BPPV undergoing a modified Epley maneuver dozens of times unsuccessfully. *If the patient is not cured immediately with a CRM, then the diagnosis may not be correct.*

What else causes positional vertigo if it's not BPPV?



Because migraine is the most common cause of dizziness/vertigo and can cause positional symptoms, the most common diagnosis in those mis-diagnosed with BPPV is vestibular migraine. Other conditions which may cause positional dizziness include vestibular nerve weakness, orthostatic hypotension and even brain tumors. Obviously, it is very important to be certain the cause of vertigo symptoms, as we don't want to treat for a condition that isn't present and we don't want to miss a more sinister cause.

At BalanceMD, we treat all types of BPPV on a daily basis and perform over 400 CRMs each year. We are able to quickly recognize BPPV and differentiate BPPV from other causes of positional vertigo. Patients with BPPV usually need only a single visit for their positional vertigo symptoms to be cured. If you have patients with BPPV, we are dedicated to cure their symptoms at their first (and usually only) visit.

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Vestibular Rehabilitation Therapy Works Best When Diagnosis is Known

Vestibular rehabilitation therapy (VRT) is a subspecialty of physical therapy (PT), focusing on treating vestibular system disorders causing dizziness and imbalance. Vestibular therapists (VT) have training beyond what is typically received in PT school and this additional training includes recognizing the symptoms and signs of vestibular system disorders, such as Benign Paroxysmal Positional Vertigo (BPPV), vestibular nerve weakness (unilateral or bilateral), cervicogenic (neck-related) dizziness and central (brain) disorders. It is extremely important to recognize the various vestibular system disorders and have an accurate diagnosis because ***the type of VRT that would best benefit the patient is dependent on the diagnosis.*** The ability for even a trained and experienced VT to diagnose a specific vestibular system disorder is limited. While VTs are trained to perform clinical tests to help determine the cause of a patient's symptoms, *the results of vestibular function testing is an invaluable tool in any VTs ability to design and implement the most optimal treatment for patients suffering from a vestibular system disorder.*



Imagine, for example, a patient presenting with chest pain. There are questions and some basic clinical tests that could be performed to determine the cause of the chest pain, but laboratory tests, such as an EKG and blood tests would aid in identifying a heart attack, while a chest X-ray would help determine pneumonia or a broken rib as the source. In the same way, dizziness and imbalance may be caused by a variety of medical conditions and vestibular function testing is the best way to evaluate these symptoms when the cause is not obvious.

Results from vestibular function testing allows the skilled VT to begin the correct treatment sooner and *treatment is more efficient and successful when the precise cause of dizziness or imbalance is known.* Different VRT exercises are prescribed for vestibular nerve weakness



(unilateral or bilateral), cervicogenic (neck-related) and central (brain) disorders. **Having this knowledge leads to fewer VRT visits, which saves time and cost for the patient.** In the same way, the patient with pneumonia as the cause of their chest pain may not improve as much or as quickly without the appropriate treatment with antibiotics. Unfortunately, we see many patients who have been through VRT elsewhere without significant improvement only because the proper vestibular exercises were not administered due not knowing the correct diagnosis.

Stephanie Ford, PT, is BalanceMD's vestibular therapist. She has extensive post-graduation training and many years of experience treating patients with vestibular system disorders. She utilizes the results of vestibular function testing in order to obtain maximal improvement in her patients.

