



VERTIGO

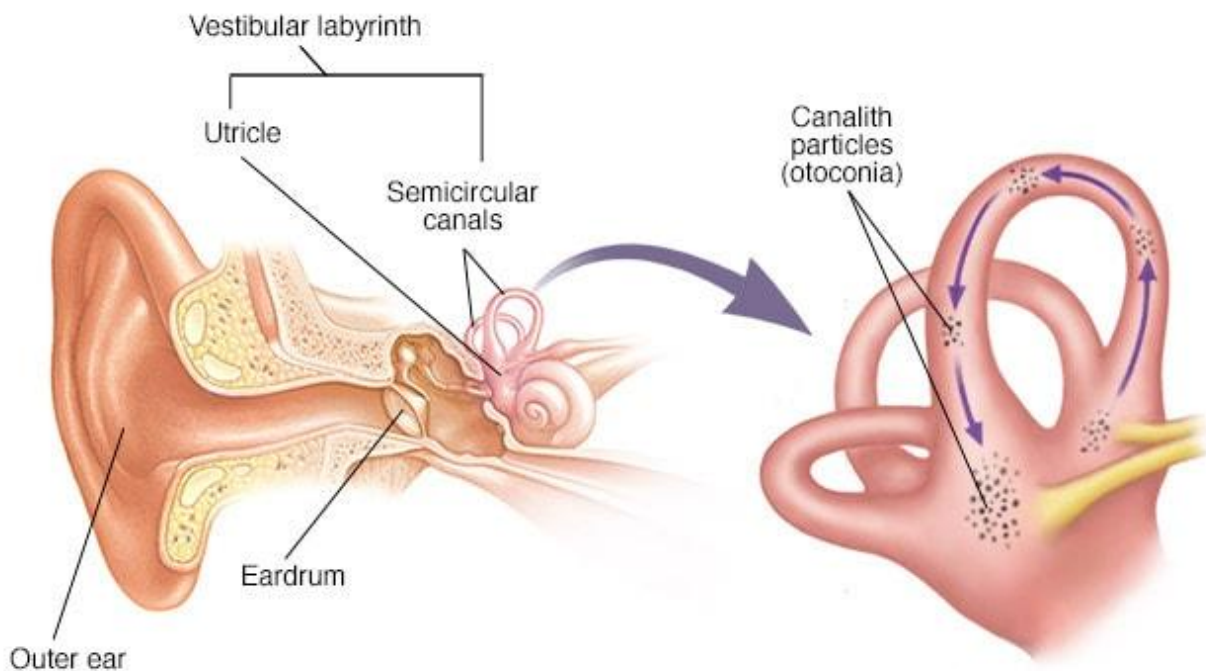
Benign paroxysmal positional vertigo (BPPV) is a common inner ear disorder causing brief episodes of dizziness or vertigo triggered by specific head movements, like rolling over in bed or looking up. It occurs when tiny calcium carbonate crystals (otoconia) in the inner ear become dislodged and float into the semicircular canals, disrupting the ear's balance system.

Symptoms

- **Vertigo:** Sudden spinning sensation lasting seconds to a minute, often triggered by head position changes.
- **Nystagmus:** Involuntary eye movements during episodes.
- **Nausea** or lightheadedness.
- Symptoms are typically brief and stop when the head is still.

Causes

- **Dislodged otoconia:** Crystals move into the semicircular canals, sending false signals to the brain about head movement.
- Common triggers include:
 - Head trauma or injury.
 - Aging (more common in people over 50).
 - Inner ear infections or disorders.
 - Often, no clear cause is identified (idiopathic).



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Diagnosis

- **Dix-Hallpike maneuver:** A clinical test where a doctor moves your head in specific ways to trigger vertigo and observe eye movements.
- **Medical history** and symptom review.
- Imaging (e.g., MRI) is rarely needed unless other conditions are suspected.

Treatment

- Canalith repositioning maneuvers:

- **Epley maneuver:** A series of head movements to guide crystals back to their proper place in the inner ear. Often highly effective, with relief in 1–2 sessions.
- **Semont maneuver:** Another repositioning technique for specific canal involvement.
- **Home exercises:** Brandt-Daroff exercises may help if symptoms persist.
- **Medications:** Rarely used, but anti-nausea drugs (e.g., meclizine) may help with severe nausea.
- **Surgery:** Extremely rare, reserved for persistent cases (e.g., canal plugging).

Prognosis

- BPPV is **benign** (not life-threatening) and often resolves with treatment.
- Recurrence is common (up to 50% of cases), but maneuvers can be repeated.
- Most people manage symptoms effectively with professional guidance.

Self-Care

- Avoid rapid head movements or triggers (e.g., looking up suddenly).
- Sleep with your head slightly elevated to reduce episodes.
- Follow up with a healthcare provider if symptoms persist or worsen.

If you're experiencing symptoms, consult a doctor or ENT specialist for a proper diagnosis and tailored treatment, as other conditions (e.g., Meniere's disease, vestibular neuritis) can mimic BPPV.

The **Epley maneuver** is a series of head and body movements designed to treat **benign paroxysmal positional vertigo (BPPV)** by repositioning dislodged calcium crystals (otoconia) in the inner ear. It's typically performed by a healthcare provider, but with proper guidance, some people can do it at home. Below are the steps for the Epley maneuver, assuming BPPV affects the **posterior canal** of the **right ear** (the most common type). If the left ear or another canal is affected, the steps are mirrored or adjusted, so consult a doctor for a precise diagnosis first.

Important: Perform this under medical supervision initially to confirm the affected ear and avoid injury. If you're unsure or symptoms worsen, stop and seek professional help.

Steps for the Epley Maneuver (Right Ear)

Preparation:

- Sit on a bed or flat surface with a pillow placed so it will be under your shoulders when you lie down.

- Have someone assist you if possible, especially if you're dizzy.
- Each position is held for **30–60 seconds** or until vertigo/dizziness stops.

1. Starting Position:

- Sit upright with your legs extended and head facing forward.
- Turn your head **45 degrees to the right** (toward the affected ear).

2. Lie Back (Dix-Hallpike Position):

- Quickly lie back, keeping your head turned 45 degrees to the right, so your head rests on the pillow with your neck slightly extended (hanging slightly off the bed's edge).
- You may feel vertigo or see eye movements (nystagmus). Wait until it subsides (30–60 seconds).

3. Rotate Head:

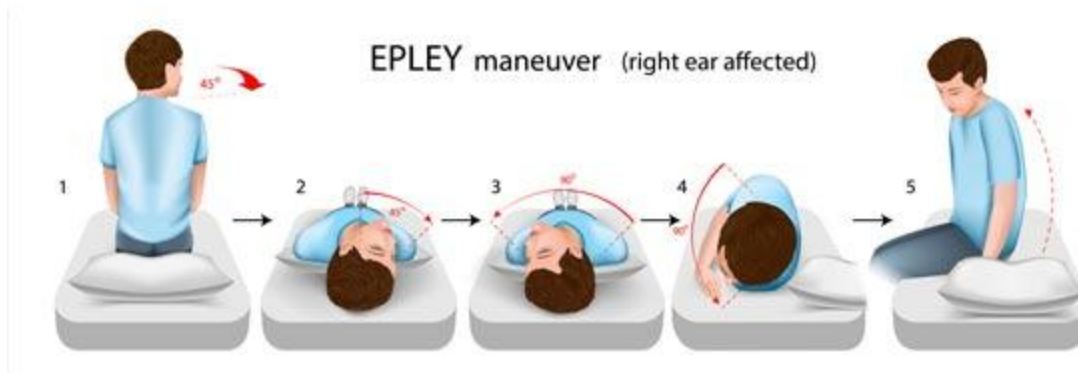
- Slowly turn your head **90 degrees to the left** (so you're facing 45 degrees left) while keeping it tilted back.
- Hold for 30–60 seconds or until dizziness stops.

4. Roll onto Side:

- Roll your entire body onto your **left side**, keeping your head tilted so your nose points slightly downward toward the bed.
- Hold for 30–60 seconds or until dizziness resolves.

5. Return to Sitting:

- Slowly sit up, keeping your head tilted slightly to the left.
- Gradually return your head to a neutral, forward-facing position.
- Rest for a minute or two.



For Left Ear BPPV

- Reverse the directions: Start by turning your head 45 degrees to the **left**, lie back, turn head 90 degrees to the **right****, roll onto your **right side**, then sit up.

Tips and Precautions

- **Repeat if needed:** You may need to repeat the maneuver 2–3 times per session, up to 1–2 sessions daily, until symptoms resolve.
- **Post-maneuver care:**
 - Avoid lying flat for 24–48 hours; sleep semi-upright (e.g., in a recliner or propped up with pillows).
 - Avoid rapid head movements or tilting your head up/down for a couple of days.
- **When to stop:**
 - If you feel severe dizziness, nausea, or pain, stop immediately.
 - Consult a doctor if symptoms persist after 3–4 attempts or worsen.
- **Professional guidance:** A physical therapist or ENT can ensure correct technique and diagnose the affected canal (posterior, anterior, or horizontal).

Why It Works

The Epley maneuver moves the dislodged otoconia out of the semicircular canal and back into the utricle, where they no longer cause vertigo.