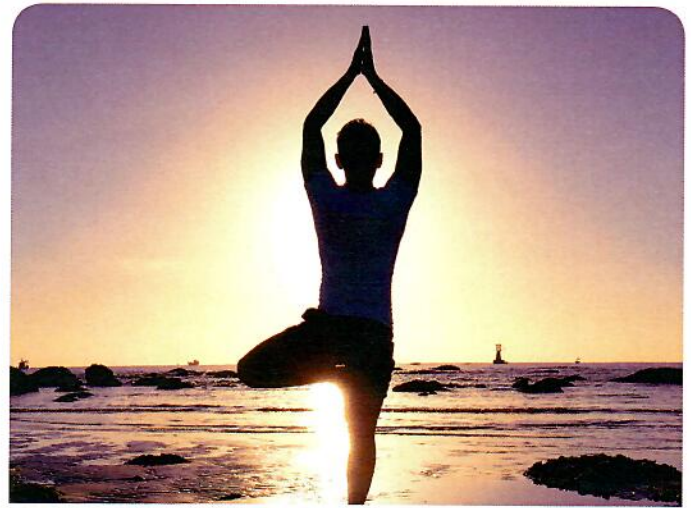


# Vertigo

## Back in Balance with Chiropractic

Vertigo is a type of dizziness where the patient experiences the perception of motion, due to a problem with the inner ear, vestibular system or central nervous system. Symptoms associated with vertigo can often include: headaches, vision problems, nausea and ringing in the ears (tinnitus).

Vertigo can be quite debilitating; one study showed that 86% of affected individuals sought medical consultation and had interruption of their daily activities or sick leave from work.



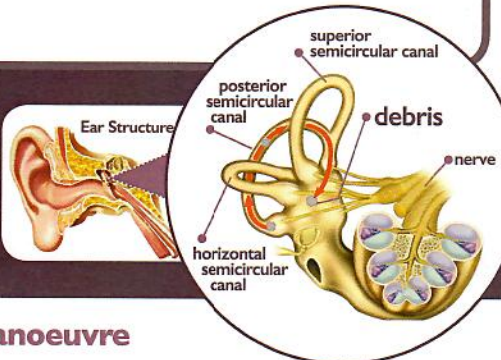
### What are the different causes of vertigo?

In general, the reflexes responsible for maintaining balance are regulated through the inner ear, eye muscles and cervical spine (neck). Disturbance in any one of these regions can cause symptoms of vertigo. Some specific causes of vertigo include:

- Bacterial Infection
- BPPV \*
- Certain Prescription Medications
- Cervicogenic Vertigo (Subluxation and/or Muscle Tension)
- Meniere's Disease
- Migraines
- Seizures
- Trauma to the Skull or Spine
- Tumors / Cancers
- Vestibular Neuritis

\*Most common

In BPPV, repositioning manoeuvres are used to move tiny fragments of calcium carbonate crystals (debris) through the canal using gravity.



### Chiropractic and Vertigo

The management of vertigo depends on its cause – there is evidence to support the rationale for chiropractic care in many cases, often in conjunction with repositioning manoeuvres. By correcting spinal misalignments (subluxations), particularly in the neck, one of the potential contributors of vertigo can be eliminated.

### Benign Paroxysmal Positional Vertigo (BPPV)

BPPV is the most common type of vertigo, caused by free floating calcium carbonate crystals in the inner ear. BPPV may be diagnosed by your chiropractor using a simple in-office test and once positively identified, can often be treated successfully using simple repositioning techniques, such as The Epley Manoeuvre or The Semont (Liberatory) Manoeuvre. These repositioning techniques have shown to be very effective, with many studies showing as high as 90% success rates.

### The Epley Manoeuvre

- 1 The patient is seated, with legs fully extended and head rotated 45 degrees towards the affected side.
- 2 The patient is quickly brought into a supine (face up) position, with head extended 30 degrees and still rotated to affected side (patient remains in this position for 1-2 minutes).
- 3 The patient's head is rotated 90 degrees to the opposite side, while still maintaining head extension (patient remains in this position for 1-2 minutes).
- 4 The patient rolls into a side lying position, and rotates the head another 90 degrees in the same direction, so that they are now looking downwards at a 45 degree angle (patient remains in this position for 1-2 minutes).
- 5 Patient is slowly brought back up to a seated position, maintaining the 45 degree head rotation (patient holds the seated position for 30 seconds).



The manoeuvre may be done up to 3 times in succession. It is normal for the patient to experience dizziness during each step of the treatment.

### The Semont or Liberatory Manoeuvre

- 1 The patient is seated, with head rotated 45 degrees towards the unaffected side.
- 2 The patient is brought into a side lying position towards the affected side, with head still rotated towards unaffected side (patient remains in this position for 3-5 minutes).
- 3 The patient is then quickly brought back through the seated position and into a side lying position on the unaffected side, with the head held steady the entire time, now facing downward 45 degrees (patient remains in this position for 3-5 minutes).
- 4 The patient is slowly brought back to an upright, seated position.



It is normal for the patient to experience dizziness during each step of the treatment.

### Post treatment instructions for the Epley and Semont Manoeuvres

Patients should wait 10-15 minutes before returning home and should not drive themselves. Following treatment, patients are encouraged to maintain an upright head posture for a minimum of 24 to 48 hours, including during sleep (sleeping semi-reclined in a chair instead of lying flat). For at least one week following treatment, patients should avoid sleeping on the affected side.