

Introduction to Assessing and Treating Benign Paroxysmal Positional Vertigo (BPPV)

Date	Venue	Tutor
Sat 22 nd Nov 2008	Dunedin Hospital, Reading	Adrian Yeoman
Sun 8 th Feb 2009	Whittington Hospital, Archway, London	Adrian Yeoman

The aim of this course is to:

- To introduce participants to the condition of vertigo and Benign Paroxysmal Positional Vertigo (BPPV) in particular.
- To teach participants how to diagnose and treat BPPV effectively and safely

At the end of the course students will be able to:

1. Describe the clinical presentation of BPPV
2. Describe the patho-anatomy of BPPV
3. Effectively carry out the Hall-Pike Dix diagnostic test and both the
4. Eley canalith repositioning manoeuvre and the Semont Liberatory manoeuvre to treat BPPV.
5. Identify and treat horizontal canal BPPV
6. Identify 5 differential diagnoses of vertigo

This is an extremely common cause of vertigo; about 20% of all dizziness is due to BPPV. It can occur in children but the older you are, the more likely it is that your dizziness is due to BPPV. About 50% of all dizziness in older people is due to BPPV.

In Benign Paroxysmal Positional Vertigo (BPPV) dizziness is caused by debris that has collected within a part of the inner ear.

This debris consists of tiny crystals of calcium carbonate. They come from a part of the ear called the utricle and cause trouble when they migrate into the canal system. The utricle may have been damaged by head injury, infection, or other disorder of the inner ear, or may have degenerated because of advanced age.

This problem often subsides or disappears within six months of onset but a significant number of patients are plagued for years. Until a few years ago the condition was untreatable, nowadays a very effective treatment has been found which involves moving the head in a specific pattern to dislodge the crystals from the canal system. This manoeuvre is referred to as the Epley canalith repositioning manoeuvre and can be easily learnt during a day course. The Semont Liberatory manoeuvre is also taught. Participants are also shown how to identify and treat the less common horizontal canal BPPV. These treatments have been found to be 70-80% effective with one treatment, with increasing effectiveness with repetition. Participants will be taught the differential diagnosis of other causes of vertigo and how to identify the signs and symptoms of serious pathology.

This condition is frequently the cause of falls and therefore useful for physiotherapists working with the elderly. It is increasingly referred to outpatient departments by consultants and GPs. This course will be particularly useful to staff working with the elderly and in outpatient departments. Teaching involves plenty of practical and necessary anatomy revision. This is a "hands-on" course and students are expected to fully participate in practical sessions

Start: 9am

Finish: 5pm

There will be a morning and afternoon break and a lunch break.

The course is broken down as follows:

Morning Session

Theory of balance
What is vertigo?
Anatomy and Physiology of Vestibular system
BPPV signs and symptoms
Differential Diagnosis
Demonstration of Treatment

Afternoon Session

Practical : Treatment techniques
Case Scenarios
Alternative treatment approaches
Practical and theory test