

# Clinical Tidbits

...for Physicians

February 2014

## Treatment of Benign Paroxysmal Positional Vertigo (BPPV)

**BPPV is the most common cause of vertigo in adults. The vast majority of cases occur in the posterior semicircular canal.**

BPPV is a result of otolithic particles or debris that become free-floating and settle within one of the semicircular canals, typically the posterior semicircular canal. When a person with BPPV tilts their head in the plane of the affected canal, the free-floating particles alter the normal hydro-dynamic properties of the semicircular canal and cause an altered displacement of the cupula. This causes vertigo. The classic characteristics as seen by the diagnosing professional are brief episodes of latent onset vertigo with changes in head position, accompanied by transient rotary nystagmus toward the affected ear. The vertigo and nystagmus fade quickly (typically under 30 seconds) if the head is held in the provoking position.

The most effective and practical treatment for BPPV is called canalith repositioning maneuver (CRM), which is sometimes referred to as "The Epley Maneuver". It should be noted that CRM is an umbrella term that covers any maneuver meant to reposition particles in the inner ear, regardless of semicircular canal. Therefore, maneuvers intended for other canals, such as the Appiani and Casani for horizontal canal BPPV, are considered CRM. The Epley in contrast, typically refers only to a maneuver done to reposition particles in the posterior semicircular canal. However, since over 90% of cases of BPPV are of the posterior canal, the Epley Maneuver, (CRM intended for the posterior canal) is by far the most common treatment.

If the practitioners at your clinic would like an in-service training on how to perform the Epley maneuver, please call the number below.

Huebner et al. Treatment of Objective and Subjective Benign Paroxysmal Positional Vertigo. *J Am Acad Audiol* 24:600-606 (2013)



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