



MODULE 02

A Field Guide to BPPV



LESSON 01

Patient History

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LESSON 01

In This Lesson, You Will Learn:

The important aspects of a patient history.

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The patient history gives us a working hypothesis of the condition. The examination confirms our hypothesis.

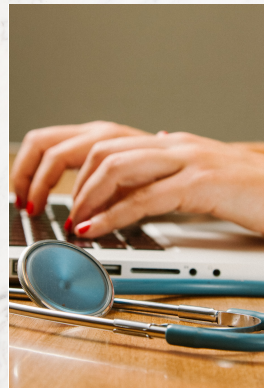
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From the history and examination we can determine who will respond to vestibular therapy. From those who are going to respond we should be able to determine those who will be fast and those who will be slow responders.

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From the assessment we will also need to determine if non-responders need to be referred for further investigation.

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Patient History

What were they doing when the dizziness first occurred and was it preceded by a change in:

- diet,
- health,
- sleep,
- stress,
- medication,
- or, mechanism of injury?

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Patient History

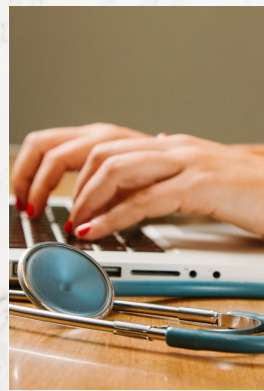
Dizziness acute, chronic, or recurrent?

Tempo - seconds, minutes, hours, or days.

Symptoms - vertigo, light headed, unsteady, aural symptoms, other 5D's, etc.

Circumstance - aggravating factors.

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Patient History

Impaired balance:

- Onset, falls and circumstance (tired, dark environments, etc).

Medical history:

- Past problems with dizziness, comorbidity, surgery, and number of medications.

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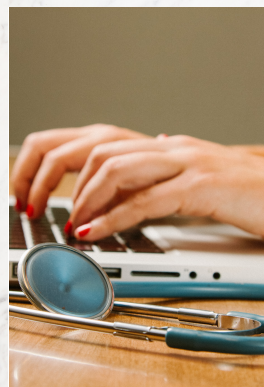


Patient History

Perception:

- Dizziness Handicap Inventory (DHI).
- Activity Specific Balance Confidence Scale (ABC).
- Refer to PDFs.

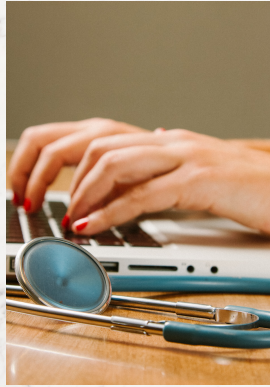
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Patient History

Most commonly seen in seniors and may start with the simple act of rolling over or getting out of bed. With younger individuals it is more often preceded by a whiplash, concussion, or inner ear infection.

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Patient History

Patient complaints can be:

- acute,
- chronic (50% of the time persists beyond 3 months),
- or, recurrent (recurrent up to 36% of the time).

Bhattacharyya 2017

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BPPV

Tempo: Lasts for seconds to minutes.

Symptoms: Vertigo, light headed, nausea, unsteadiness, motion sensitivity.

Circumstances: Positional changes – lying down looking up, bending forward, rolling over in bed.

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Patient History

Disorder	Tempo	Symptoms	Circumstances
Vestibular Neuritis	Constant or intermittent	Vertigo, dizziness, dysequilibrium, N/V, oscillopsia	Spontaneous, exacerbated by movement of the head and/or the eyes
BPPV	Spells: seconds to minutes	Vertigo, dizziness, lightheadedness, nausea	Positional: looking up, bending forward, rolling over in bed, in/out of bed
Orthostatic Hypotension	Spells: seconds	Lightheaded	Positional: sitting and/or standing up
TIA	Spells: minutes	Vertigo, dizziness, lightheaded, dysequilibrium	Spontaneous
Migraine	Spells: minutes to hours	Vertigo, dizziness, motion sickness	Can be triggered by head motion, visual stimulus, sounds, smells, weather, and/or hormonal changes
Meniere's	Spells: minutes to hours	Vertigo, dizziness, dysequilibrium, ear fullness/pain/tinnitus/hearing loss	Spontaneous: exacerbated by head movement

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Remember:

The patient has all the key answers, we just need to ask the right questions.

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Remember:

Rule out:

Other 5D's - dysarthria, dysphagia, drop attacks, and diplopia.

Aural symptoms - ear pain, pressure, tinnitus, and hearing loss.

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Remember:

- ➔ The patient can have dizziness arising from BPPV and something else.
- ➔ If a patient does not become dizzy with a positional change, it is not BPPV.

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LESSON 01

In This Lesson, You Learned:

The important aspects of a patient history.



LESSON PREVIEW

In the Next Lesson You Will Learn:

How to perform key positional tests for BPPV.