

Cleveland Head and Neck Clinic

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Benign Positional Vertigo

Benign paroxysmal positional vertigo (BPPV) is a common cause of dizziness. One study showed that roughly one in 10 people over the age of 75 had the condition. It is caused by small stones, sludge, or calcium crystals developing in an abnormal location in the inner ear, leading to dizziness. It is sometimes called “top shelf vertigo” since looking up and changing the head position may bring on the vertigo. Turning over in bed or getting out of bed are common triggers, as well as bending over or stooping.

Once the diagnosis has been confirmed in our office, it may be treated by manipulating the head and body position in order to move the inner ear particles away from the area of abnormal stimulation into another area of the inner ear, where they don't cause vertigo. This maneuver, called the Epley Maneuver, is performed by your physician, or the audiologist. This treatment is about 80% effective, though more than one treatment in the office may be required.

If instructed by your physician, some patients can perform a modified Epley procedure on themselves.

How to Do It

Patients start by sitting on a bed and placing a pillow behind them so that it will be under their shoulders when they lie back. Then,

- Turn your head 45 degrees to the left, if the vertigo is in the left ear, or to the right if it is in the right ear.
- Lie back quickly with shoulders on the pillow, neck extended, and head resting on the bed. In this position, the affected ear is underneath. This maneuver will cause the onset of vertigo, which doesn't last long. Wait 30 seconds in this position after the vertigo has subsided.
- Turn your head 90 degrees away from the affected ear (without raising it), and wait again for 30 seconds.
- Turn your body and head (roll) another 90 degrees away from the affected ear, so that you are on your side with the head turned. Wait another 30 seconds.
- Sit up sideways on the side of the bed.

The maneuver should be performed three times a day and repeated daily until there are no signs of vertigo for at least 24 hours.

Roughly a third of patients have recurrences within a year of treatment and half have recurrences within five years. If you have been treated successfully before using this technique, then you may try the maneuver to see if it alleviates the vertigo. If there is associated change in hearing or ringing in the ear, then you should call the office for a prompt evaluation. You should be reevaluated if the vertigo is made worse or is persistent. **Certainly, do not do anything dangerous where you may hurt yourself, or others, when you are having vertigo or dizziness.**