Dizziness is a general term often used by patients to describe their symptoms. Prescribing the appropriate rehabilitation program begins with the clinician asking specific questions to better define their dizziness. Dizziness affects approximately 40% of the population at least once in their lifetime and is one of the most common reasons older Americans consult a physician. Dizziness can be caused by a variety of problems, including viral or bacterial infection, head trauma, vascular dysfunction, neurological disorders, and inner ear pathology. Dizziness is usually categorized as follows:

- Vertigo: a sense of spinning or rotation
- Disequilibrium: a distinct feeling of being off balance
- Oscillopsia: visual instability in which images appear to move or bounce
- Lightheadedness: a vague description of dizziness and complaint of pre-syncope

Many types of dizziness can be managed successfully with a specific type of therapy called "vestibular rehabilitation," which involves specific exercises and/or repositioning maneuvers designed to reduce dizziness, increase balance function, and increase general activity levels. Vestibular exercises are designed to promote central nervous system compensation for vestibular system deficits, while repositioning maneuvers are used to remove debris (otoconia) from the canals of the inner ear in patients with position-dependent dizziness.

The purpose of this presentation is to introduce the audience to vestibular rehabilitation with a clinical emphasis on one of the more common clinical presentations of dizziness called benign paroxysmal positional vertigo (BPPV). BPPV is a very common disorder, especially in the elderly population, which responds very well to vestibular rehabilitation.

References