

DIZZINESS, VERTIGO & IMBALANCE

Questions & Answers



Dizziness Facts...

- *Dizziness and Balance problems affect approximately 50% of adults at some time in their life*
- *In people over the age of 65, dizziness is one of the common reasons for physician visit. This accounts for 5-10% of all physician visits for all age groups*
- *1 in 5 adults over the age of 60 suffers from some form of vertigo or inner ear problem that increases the risk of falls and creates fear of falling and loss of independence*

HOW DOES THE BALANCE SYSTEM WORK?

Balance is controlled by 4 major systems in your body:

1. Vestibular system (inner ear)
2. Visual system (eyes)
3. Information from your feet, muscles and joints about your body's position (Proprioception)
4. Central Nervous System (Spinal cord and brain) which Integrates sensory input and orders muscles to generate a controlled response. To be perfectly balanced, brain constantly receives signals from the eyes, muscles and joints and from the inner ear's balance organs.

MOST COMMON CAUSES FOR DIZZINESS AND IMBALANCE

Most common causes for dizziness and imbalance are:

- Benign Paroxysmal Positional Vertigo (BPPV) known as Vertigo is the most common cause of dizziness
- Viral infection affecting the inner ear
 - Trauma such as car accident, sports injuries or falls causing concussion with vestibular component
 - Age; although the occurrence of dizziness is more frequent in older adults, dizziness should not be considered a normal part of aging
 - Medicine affecting the balance system
 - Meniere's disease
 - Central Nervous System causes such as stroke, MS, and tumours.

WHY IS VESTIBULAR SYSTEM SO IMPORTANT?

The vestibular system includes organs in the inner ear that are connected with areas of your brain that control eye movements and balance. The vestibular system has two main functions:

- To keep your eyes focused on objects when your head is moving.
- To keep you from falling over by controlling your balance.

When vestibular organs are affected by infections, disease or injury, the brain cannot receive the correct information from eyes and balance organs. This usually causes symptoms such as dizziness, vertigo (feeling like you are spinning), loss of balance and blurred vision. Prolonged & persistent symptoms can affect one's ability to work, participate in sports and may even cause discomfort in busy environments and crowded places like grocery stores or malls.

In most cases, vestibular symptoms are temporary and are not a major medical concern. MRI and CT Scans are not usually necessary unless your symptoms persist beyond an expected time and no improvement is achieved.



BPPV EXPLAINED...

Benign: *it is not life-threatening, even though the symptoms can be very intense and upsetting*

Paroxysmal (par-ek-siz-muhl): *it attacks in short spells*

Positional: *certain head positions or movements can trigger a spell*

Vertigo: *feeling like you are spinning or the world around you is spinning*

BPPV cannot be confirmed by typical medical imaging, such as scans and X-rays, or medical laboratory testing. The diagnosis of BPPV is usually confirmed through simple bedside testing by a healthcare practitioner.

What is BPPV (Vertigo) and how is it diagnosed?

BPPV is the most common inner ear problem and the cause of vertigo and refers to episodes of sudden and severe false sense of spinning associated with head movements, rolling in bed, getting out of bed and lifting head to look up. BPPV is caused when the particles within the vestibular system are misplaced and float in the fluid filling vestibular canals.

Does BPPV go away by itself?

Left untreated, BPPV can go away or subside significantly within weeks. However, the motion provoked unsteadiness and dizziness can increase the risk for falling as long as the crystals are floating. Take precautions to prevent falling. This is even more important if you are a senior or have other balance issues. Seeking professional help to manage the vertigo symptom is encouraged in seniors.

How is BPPV treated?

BPPV can effectively be treated by repositioning manoeuvres that settle floating crystals and quickly improve symptoms specific to the vestibular system located in the inner ear. These manoeuvres are performed by healthcare practitioners with training in vestibular rehabilitation, usually a medical doctor or physiotherapist.

Do I benefit from Vestibular physiotherapy?

When the symptoms of vertigo & dizziness affect the activities of daily living and social life, vestibular rehabilitation can assist patients to retrain the brain and minimize the effects of dizziness on life, improve visual focus (gaze stability), lower sensitivity to motion and increase confidence and return to normal life and work.

Vestibular rehabilitation offers education and exercise programs created just for you. These exercises help the brain learn how to compensate for the impaired or loss of inner ear function. Vestibular exercises are commonly complemented by balance exercises and falls prevention in older adults.

What is the success rate of Vestibular Rehabilitation?

An average of 85 percent of patients with dizziness symptoms related to inner-ear problems get at least partial relief from vestibular rehabilitation. It is estimated that 30 percent of patients with dizziness recover completely. As the population ages and in part because dizziness is a major problem for the elderly, physiotherapists are increasingly being involved in this area of healthcare. Although a very effective, drug-free, risk-free treatment, Vestibular Rehabilitation is not for everyone. Some inner-ear disorders require medication or surgery.

We are here to help...

Physiomobility's vestibular rehabilitation program is directed by Gita Mikal, a physiotherapist with advanced post-graduate level vestibular rehabilitation training through Emory University & University of Southern California joint program and University of Pittsburgh. Gita is also a trained Shift Concussion provider. We will always be in contact with your referring physician and/or specialist to update them on your progress.



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