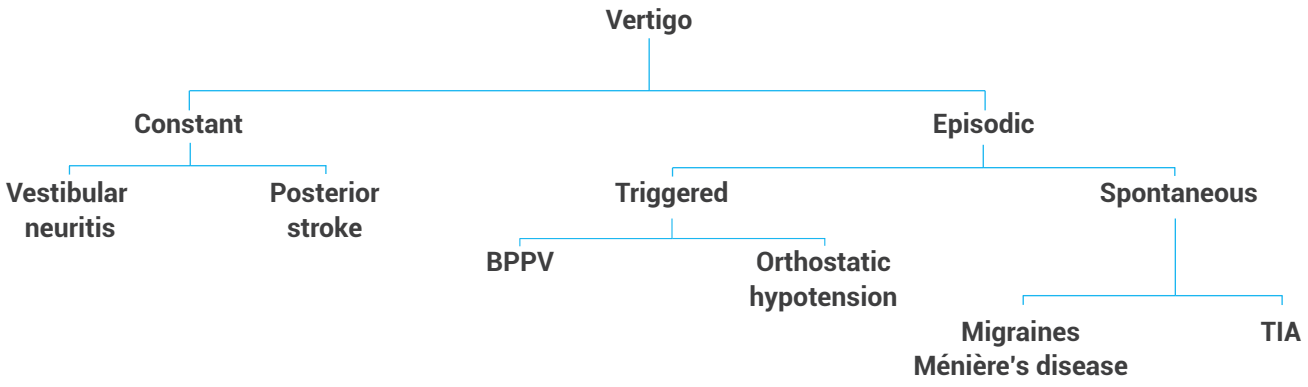
Chapter 5

VERTIGO MANEUVERS



Benign paroxysmal positional vertigo (BPPV)

- Brief episodes, triggered by head movement
- Commonly caused by obstruction of fluid flow in semicircular canal
- Diagnose with Dix-Hallpike
- Treat with Epley maneuver

Vestibular neuritis

- Constant, prolonged episodes
- Viral etiology
- Transient 8th cranial nerve palsy
- Diagnose with HINTS exam

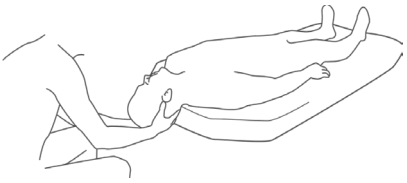
Stroke

- Generally abrupt onset, gait impairments, vomiting
- Consider risk factors (e.g., smoking, hypertension, diabetes)
- Physical exam (motor / sensory impairments, gaze palsy, cerebellar deficits)
- Perform HINTS exam

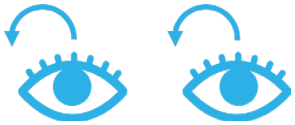
Dix-Hallpike maneuver

1. Seat patient on bed such that, when they lay down, their head extends beyond the head of the bed

2. Start with the side that makes patient dizzy
3. Quickly lay patient supine, with head turned 45 degrees to side you're testing, and neck extended 30 degrees off bed



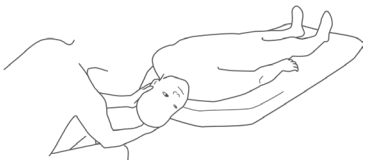
4. Look for nystagmus



5. If no nystagmus or vertigo, repeat in opposite direction

Epley maneuver

1. Perform the Dix-Hallpike
2. Wait 30 seconds after nystagmus resolves
3. Turn patient's head 90 degrees in opposite direction



4. Wait 1 minute
5. Have patient roll onto shoulder and face down to ground

6. Help patient sit up looking forward, maintain position for at least 3 minutes

7. Confirm resolution with a negative Dix-Hallpike, and repeat Epley if necessary

HINTS exam

- Helps differentiate between peripheral and central causes of vertigo
- Head impulse test (HIT)
  - tests vestibulo-ocular reflex
  - corrective saccade indicates vestibular neuritis
  - no corrective saccade (reflex intact) indicates central cause
- Nystagmus
  - vertical or direction changing nystagmus indicates central cause
- Test of skew
  - vertical or diagonal eye movement indicates central cause

Pearls

- Never perform Dix-Hallpike on a patient who has persistent vertigo
- Never perform HINTS on an asymptomatic patient
- All forms of vertigo are worsened with head movement