

# Physiotherapy in patients with dizziness

A very common cause of dizziness in adults is benign paroxysmal positional vertigo. The only effective treatment method is to perform rotational maneuvers to evacuate the otoconia back into the utricle, where they no longer interfere with the semicircular canal.

## Diagnostics

**Dix-Hallpike** test. The patient sits on a couch with the lower limbs extended in front of him and the head turned 45° to the side of the **affected** labyrinth and 10° anteflexed. The therapist grabs the examinee's head and quickly places him on his back. In the case of benign paroxysmal vertigo, nystagmus appears with a rotational component that beats to the affected side. In the case of a lesion of the posterior canal, a gradual increase in the intensity of the nystagmus is typical. When the patient is placed on the unaffected side of the labyrinth, no dizziness or nystagmus is induced.

## Therapy

### ▪ Sémont's maneuver

The patient sits facing the therapist, in the middle of the side of the examining couch. The therapist firmly grasps the patient's head, which is firmly held by the therapist's arm. The therapist turns the patient's head by 45° away from the affected ear and then places the patient with the affected ear down - in the position of symptomatic equipment - in this position the patient remains motionless until the nystagmus and vertigo subside. This is followed by turning the patient 180° into the opposite position on the opposite side of the couch. 24 hours after the maneuver, the patient should sleep in a sitting position.

### ▪ Epley maneuver

This maneuver is used less often than Sémont's. The patient sits on a couch with his lower limbs extended in front of him and his head turned 45° to the affected side. The therapist places the patient on his back with his head over the edge of the couch and keeps him in this position for 2 minutes. He then turns the patient's head 90° to the opposite side. Finally, the patient slowly straightens up (with the head turned 45° facing the unaffected side) and remains in this position for another 2 minutes.

## Links

## References

- KOLÁŘ, Pavel. *Rehabilitace v klinické praxi*. - edition. Galén, 2009. 713 pp. ISBN 9788072626571.