How Physiotherapy Can Treat BPPV (Benign Paroxysmal Positional Vertigo)

Introduction

If you've ever felt sudden dizziness or spinning when you turn your head in bed, lean back, or bend over, you might have experienced an episode of BPPV (Benign Paroxysmal Positional Vertigo). It's one of the most common causes of vertigo, especially in middle-aged and older adults. Although symptoms can sometimes resolve on their own, physical therapy offers fast, effective relief — especially when guided by expert vestibular physiotherapists.

In this article, we'll explain what BPPV is, how it's diagnosed, and how physiotherapy can treat it — including the specific techniques used, what to expect during sessions, and how to reduce the risk of recurrence. By the end, you'll understand why seeing a specialist physiotherapist is often the fastest path back to stable balance and life without dizzy spells.

What Is BPPV?

Definition & Basic Mechanism

- BPPV stands for Benign Paroxysmal Positional Vertigo.
- "Benign" means it's not life-threatening; "paroxysmal" means it comes in sudden episodes; "positional" means it's triggered by head movement; and "vertigo" refers to the sensation of spinning or motion.
- The underlying cause is that tiny crystals (otoconia) that normally sit in a part of the inner ear become dislodged and float into one of the semicircular canals. When your head moves, these crystals shift, sending false balance signals to your brain, triggering vertigo.

Prevalence & Risk Factors

- BPPV becomes more common with age.
- It may follow head trauma, inner ear infections, or remain idiopathic (no clear cause).
- Other risk factors (from recent reviews) include cardiovascular and endocrine comorbidities, low vitamin D, cervical issues, migraine, and osteoporosis, among others.

Symptoms of BPPV

Common signs include:

- Sudden onset of spinning or rotational vertigo when changing head position (e.g. looking up, turning in bed)
- Nausea or vomiting
- Involuntary eye movements (nystagmus)
- Feeling unsteady, imbalance
- Sometimes headaches or light-headedness

Because these episodes are brief — often lasting seconds to under a minute — many people don't immediately associate them with a vestibular cause.

Diagnosing BPPV: What a Physiotherapist Does

A properly trained vestibular physiotherapist will use several steps to diagnose BPPV, often collaborating with ENT or audiology teams if needed.

1. Clinical History & Symptoms Review
The physiotherapist will ask about:

- When the dizzy episodes occur (which head motions trigger them)
- How long they last
- Any preceding events (e.g. head injury, infection)
- Other symptoms (hearing loss, tinnitus, neurological signs)

This helps to rule out more serious causes of dizziness.

2. Positional Tests (Provocative Tests)
These are the core diagnostic maneuvers:

- Dix–Hallpike (or Dix–Hallpike–Brandt): The patient is moved rapidly from sitting to supine with the head turned and extended. If BPPV is present (especially in the posterior canal), this triggers vertigo and nystagmus.
- Roll (Supine Roll) Test: To diagnose horizontal canal variants.
- Observation of nystagmus direction, latency, duration helps pinpoint which canal and side are affected.

These tests may provoke uncomfortable sensations, but they are key to determining the correct repositioning manoeuvre.

3. Screening & Safety Checks
Because some positional maneuvers move the neck, therapists check for contraindications like cervical spine issues, vascular problems, or neurological red flags.

4. Additional Balance & Vestibular Assessments
Once BPPV is confirmed (or along with it), the physiotherapist might assess:

- Gait and balance
- Static and dynamic postural control
- Eye–head movement coordination (gaze stability)
- Sensory integration (vision, proprioception)
- Functional impact and disability scales (e.g. Dizziness Handicap Inventory)

From there, a tailored therapy plan is created.

How Physiotherapy Treats BPPV: The Techniques

Physiotherapy offers several evidence-based maneuvers and programmes specifically to correct BPPV and restore balance. These techniques tend to have high success rates, often resolving symptoms in just a few sessions.

Canalith Repositioning Maneuvers (CRPs)

These are the cornerstone of BPPV physiotherapy.

- Epley (Canalith Repositioning Manoeuvre): The most widely used. The patient's head is moved through a series of positions to guide the crystals out of the affected semicircular canal and back into the vestibule.
- Semont (Liberatory Manoeuvre): A quick side-to-side move, intended to dislodge crystals adherent to the cupula.

- Roll or Barbecue (for horizontal canal BPPV): The head is rolled or rotated to move crystals in horizontal canal cases.
- Brandt-Daroff Exercises: Home exercises where the patient repeatedly moves from sitting to lying positions to encourage crystal dispersal.

Typically, one or two CRPs resolve the symptoms in many patients. But in some cases more iterations (3–6 or more) may be needed, especially if risk factors or comorbidities are present.

Vestibular Rehabilitation & Habituation Exercises

Once symptoms are relieved or reduced, physiotherapy continues with vestibular exercises to help the brain adapt and compensate.

- Gaze stabilization / visual tracking (e.g. moving eyes while head remains still, then vice versa)
- Balance retraining: Progressively challenging tasks (standing on unstable surfaces, walking with head turns)
- Habituation exercises: repeated exposure to head movements that provoke mild symptoms to desensitize the system
- Cawthorne–Cooksey exercises: Traditional set of eye, head, and body movements to improve central compensation.

These programmes help reduce long-term dizziness, improve balance, and reduce relapse risk.

Patient Education & Self-Management

Physiotherapists provide education to optimize recovery:

- Explaining what BPPV is and how it works
- Guidance on head movement precautions immediately after maneuvers
- Safe sleeping positions (avoiding the affected side) for 1–2 days post maneuvers
- Advice on gradual return to normal head motions
- Home exercise compliance

What to Expect During Physiotherapy for BPPV

Here's a typical flow of treatment at a specialist physiotherapy clinic:

1. Initial Assessment (45–60 min)

History, positional testing, balance and vestibular assessments.

2. First CRP Session

Therapist performs Epley, Semont, or other manoeuvre depending on canal identified.
Immediately after, you may have a brief period of residual dizziness.

3. Post-Treatment Precautions / Guidance

You may be asked to avoid lying fully flat, delaying head movements or sleeping in certain positions for a short period.

4. Follow-up Sessions

In many cases, one session is enough. If symptoms persist or partially resolve, further manoeuvres or exercises will be used.
Vestibular rehab starts to be introduced as needed.

5. Home Exercise Plan & Monitoring

You'll be given exercises to continue at home daily, and progress will be tracked.

Success rates are good: many patients are symptom-free after 1–3 sessions.

Benefits of Physiotherapy Over "Wait and See"

- Rapid relief: Instead of waiting months, physiotherapy often resolves symptoms in days to weeks.
- Reduced risk of falls: BPPV contributes to unsteadiness and fall risk, especially in older adults.
- Tailored care: Treatment is adapted to your type of canal, side, and physical constraints.
- Improved compensation: Vestibular rehab helps the brain adapt, reducing lingering dizziness.
- Lower recurrence: With education and follow-up, recurrence risk can be lowered.

Studies of physiotherapist-led BPPV management find it acceptable, appropriate, and feasible in many settings.

Challenges, Limitations & Recurrence

While physiotherapy is highly effective, some challenges exist:

- Comorbidities & anatomical constraints: Neck stiffness, cervical spine disease, or limited mobility may make some manoeuvres harder or riskier.
- Risk of recurrence: BPPV can recur months or years later.
- Variable first-manoeuvre success: Some patients need multiple repositioning manoeuvres before full resolution.
- Patient tolerance: Some may find induced dizziness during tests uncomfortable, though it's usually short and tolerable.
- Misdiagnosis: Some dizziness is from central or neurological causes; hence red flag screening is essential.

Even when BPPV episodes recur, a physiotherapist can often resolve them more quickly, especially when the patient is familiar with the process.

Case Example (Hypothetical)

"Mrs. A, age 62, experienced sudden vertigo when getting out of bed. She visited our clinic the next day. After Dix–Hallpike testing, right posterior canal BPPV was confirmed. We performed the Epley manoeuvre in session one. She had mild residual dizziness that evening, which resolved by next morning. Two follow-up sessions introduced balance exercises and gaze stabilization. At 6 months her symptoms have not recurred."

This is representative of many BPPV cases treated efficiently in clinic.

Tips for Patients (Do's & Don'ts)

Do:

- Get to a physiotherapist experienced in vestibular rehab as soon as possible

- Follow positional and head movement guidance after maneuvers
- Perform prescribed exercises daily
- Inform your therapist of neck or spine issues before maneuvers
- Return for review if dizziness returns

Don't:

- Turn your head suddenly or jerkily
- Sleep flat on the affected side for several nights
- Use vestibular suppressants (e.g. strong sedatives) excessively — they may delay compensation
- Ignore repeated episodes

Why Choose a Specialist Clinic (e.g. Weaver Physio)

When seeking BPPV treatment, a specialist physiotherapy clinic offers advantages:

- Expertise in vestibular physiotherapy
- Proper screening protocols for red flags
- Use of modern assessment and treatment tools
- Integration with balance, gait, and multisensory rehab
- Close monitoring and follow-up for recurrence prevention

At Weaver Physiotherapy & Sports Injury Clinic, our team is trained in vestibular assessment, CRPs, and rehabilitation to help Northwich, Cheshire, and surrounding areas get back to stable balance fast.

Summary & Takeaway

- BPPV is caused by displaced inner ear crystals and leads to brief episodes of vertigo triggered by head motion.
- A trained physiotherapist can accurately diagnose BPPV via positional tests and eye movements.
- Canalith repositioning maneuvers (e.g. Epley, Semont) are highly effective in resolving symptoms.
- Vestibular rehabilitation exercises and balance training further restore function and reduce recurrence.
- Seeking physiotherapy early is safer, faster, and more reliable than waiting for spontaneous resolution.

If you suffer from recurring dizziness, spinning sensations, or balance problems when changing position, book a vestibular assessment. With the right treatment, most people regain normal balance and life without vertigo.