AN ALTERNATIVE TREATMENT OPTION FOR ANTERIOR CANAL BENIGN PAROXYSMAL POSITIONAL VERTIGO

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BACKGROUND AND PURPOSE
BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)
ANTERIOR CANAL BPPV

SUBJECTIVE FINDINGS

“spinning” sensation while:
(1) lying down in bed
(2) rolling over in bed
(3) looking upward
(4) bending over

OBJECTIVE FINDINGS
TREATMENT OPTIONS

- anterior canal BPPV techniques [1]
- posterior canal BPPV techniques [2]
The purpose of this case report was to describe the treatment of anterior canal BPPV using a “reverse” Parnes particle repositioning maneuver.
CASE DESCRIPTION
SUBJECTIVE EVALUATION

- 93-year-old female
- “spinning” sensation whenever she would bend over or lie on her left side
- previous medical history of a brain aneurysm, hypertension, arthritis, osteoporosis, and recurrent back pain
OBJECTIVE EVALUATION

- ambulated without the use of an assistive device
- demonstrated a staggering gait pattern and a slow gait velocity
- reported a “spinning” sensation during the left Dix-Hallpike test (could not visualize the possible nystagmus because she closed her eyes)
INITIAL TREATMENT APPROACH

- The patient was initially treated with the Parnes particle repositioning maneuver secondary to suspected left-sided posterior canal BPPV.
- This maneuver was unsuccessful after two attempts.
- After the second attempt, the patient demonstrated a negative Dix-Hallpike test bilaterally.
- However, she demonstrated downbeating right torsional nystagmus when she rolled over onto her left side.
- Therefore, the patient was diagnosed with suspected right-sided anterior canal BPPV.
The Crevits maneuver [3] was not attempted, because it required a bedside pulley system.

The Lorin maneuver [4] was not attempted, because it required a vertical rotatory chair.

The Kim maneuver [5] was attempted, but it was unsuccessful.
“REVERSE” PARNES PARTICLE REPOSITIONING MANEUVER
OUTCOMES
3 DAYS POST-TREATMENT

- no vertigo during her everyday life, even when she would bend over or lie on her left side
- slight antalgic gait secondary to a recent orthopedic issue
- negative Dix-Hallpike test bilaterally
3 MONTHS POST-TREATMENT

- never returned to physical therapy
- contacted over the telephone
- continued to experience no vertigo or functional problems during her everyday life
DISCUSSION
“REVERSE” PARNES PARTICLE REPOSITIONING MANEUVER

- a viable alternative in the management of anterior canal BPPV
- useful as the first treatment option or when other appropriate techniques have been unsuccessful
- a safe and effective treatment technique despite a patient’s advanced age and/or preexisting health concerns
REFERENCES


To obtain further information about this presentation or a vestibular rehabilitation continuing education course, you may contact Bonni at:

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