

VERTIGO

**THE RESOLUTION OF BENIGN PAROXYSMAL
POSITIONAL VERTIGO (BPPV) IN A 33-YEAR-OLD FEMALE
FOLLOWING CHIROPRACTIC CARE: A CASE REPORT &
SELECTIVE REVIEW OF LITERATURE
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OBJECTIVE:

To describe the chiropractic management of a 33-year-old female with Benign Paroxysmal Positional Vertigo (BPPV).



CLINICAL FEATURES:

A 33-year-old female with BPPV presented to her chiropractor following a failed Epley maneuver by the patient's otolaryngologist (ENT). She was prescribed medication, but refused to take it because she was nursing.

INTERVENTION & OUTCOMES:

Care began during the patient's most severe episode of BPPV, rendering her unable to drive herself to appointments. Insight technology was used to obtain paraspinal thermography as well as surface electromyography scans to assess for vertebral subluxations. Cervical radiographs were also taken prior to beginning care. Diversified adjusting techniques were administered, along with cranial adjustments, manual therapy, and massage. Within three visits, the patient was able to drive herself to her visits and her symptoms had greatly improved. By the 14th visit, the patient presented symptom-free.

CONCLUSIONS:

This case study shows that chiropractic care was beneficial in the management of BPPV. More research on chiropractic's potential role in vestibular disorders is warranted.

SUBLUXATION CONNECTION

Vertigo and dizziness are complex situations that involve the upper neck neurology and the inner ear. Vertigo can begin after head or neck trauma or be a progressive symptom. Vertigo can be managed using spinal adjustments to release spinal nerve tension and rebuild stronger and healthier nerve controls and spinal alignments.

