



OPTIMOVE

Physical Therapy and Wellness

7 Powerful Ways To
Take Charge Of Spinning
without medication or costly medical tests

Dr. Jeffrey R. Guild, PT, DPT, CSCS

7 Powerful Ways...

To Take Charge Of Spinning
(Vertigo) For A Lifetime

Without Medication Or
Costly Medical Tests

By: Dr. Jeffrey R. Guild, PT, DPT, CSCS

About The Author

Dr. Jeffrey Guild has worked with people for the past 15 years in various settings of fitness and rehabilitation to help people return to *their* optimal movement. He started his journey as a strength & conditioning professional working with elite Division I athletes and applied those principles to the general public. Jeffrey's first career as a strength & conditioning professional focused on preventing falls and helping adults move better in a fitness setting.

Once shifting to physical therapy, Jeffrey placed his emphasis on vestibular (inner ear balance) and neurological rehabilitation. This was the key ingredient that was missing on the quest to fully understand how to address balance and falls; the inner ear balance system and its intimate connection with the nervous system, which helps us balance and move. To broaden his understanding of helping adults move better, Jeffrey worked as a physical therapist in acute care hospital settings, intensive multidisciplinary inpatient rehabilitation, outpatient orthopedics, outpatient neurological, skilled nursing, assisted living, Hospice, and even pediatrics. His passion for research has resulted in publications in a peer reviewed journal and a geriatric rehabilitation journal.

In this tips report about vertigo, I share with you 5 powerful ways to guide you in the correct direction to take control of vertigo. Some of these tips will help you live your life again and improve your symptoms quickly. Other tips will start you on a journey which will likely result in a life nearly free of vertigo, and if it does come back, you will know exactly what to do to get rid of it quickly.

I have spent several years now trying to get the message out about how treatable this condition is, all without medication or costly tests. The biggest problem with vertigo is its obscurity in our healthcare system. This book is intended not only to lead you on a path to take control of your vertigo, but to be spread far and wide to get the word out about how many people can be helped by getting on the right path. This is important, because vertigo is not just an annoying symptom to be put up with by avoiding rolling over in bed to one side⁽¹⁾ but a debilitating condition that truly limits peoples' lives and livelihood.⁽¹⁾⁽²⁾

But this condition is completely treatable. Now that you have the power of this information in your hands, it is up to you to act, to begin the journey that will give you the power over your vertigo. And as you will see, these tips will give you the information **now**, about how to reduce your chances of getting vertigo again. This is due to new scientific research in just the past couple years.

So pour yourself a coffee or tea, read this on the go, or enjoy a little night reading to help you sleep, this information is gold, and will put the power in your hands to active your optimal movement in order to return to engaging fully in your life again.

About The Evidence

This tips report is full of information cited from original sources. This way you can be sure anything cited *is* the **actual source** of information and not from the introduction or discussion sections of articles which may be simply citing a textbook or opinion paper. The exception to this is when we cite very high quality sources that analyze a large amount of quality

evidence to draw conclusions (Ex. Systematic reviews, meta-analyses, and formal guidelines from major medical organizations).

The purpose for emphasizing the evidence is because the biggest problem with dizziness and vertigo is its obscurity in our healthcare system. Bringing out the evidence for the general public and healthcare providers is one strategy to address the obscurity problem. One of the best ways we can help those affected is to let them know exactly what is going on, the ***physical cause***, and that there ***is evidence*** all throughout the medical literature, not based on anatomical theory or animal studies (We will clearly let you know when this is the case). This way, more people suffering from inner ear balance disorders can be treated so they can to engage fully in their life again.

Introduction

If you experience the sensation of spinning, this can be a terrifying experience. Despite how scary this can be, there is great news...

This condition is likely completely treatable! ⁽³⁾⁽⁴⁾⁽⁵⁾⁽⁶⁾

The most important thing to do when experiencing vertigo is to be evaluated by a licensed medical professional and avoid the temptation to just wait and see. While it is not uncommon for the vertigo to go away on its own within 3 months, ⁽⁷⁾⁽⁸⁾ in rare cases the sensation of vertigo can be life-threatening. ⁽⁹⁾⁽¹⁰⁾⁽¹¹⁾ Most of the time the vertigo will cause life-altering consequences ⁽¹⁾⁽²⁾ and in the aging population it will increase risk of falling. ⁽¹²⁾

This tips report will help you engage with your life again, help you to move more, and provide specifics about when to see a specialist about this condition. A vestibular specialist (inner ear balance specialist) are the professionals who can treat your vertigo. When you experience vertigo, talk to your doctor about whether a vestibular specialist is the right thing in your specific situation.

An inner ear balance specialist (Vestibular Specialist) may be able to identify the specific problem⁽¹³⁾ and provide simple treatment that is very effective and be able to remove the spinning completely.⁽⁷⁾⁽⁸⁾ A specialist knows not only what treatment is needed, but is also more likely to perform the procedures correctly with the results you need.⁽¹⁴⁾ A vestibular specialist will also be able to notice without medical tests or imaging if something more serious is going on⁽¹⁵⁾ and then refer you to the appropriate healthcare provider.

What's more, vertigo often **does** come back for no apparent reason, so having a specialist available on a moments' notice can be a strong way of you taking control of your life when this problem happens. Sometimes the vertigo is part of a larger overall problem with the inner ear balance system, so having a thorough assessment of the whole balance system can be an effective way to spot other problems that could prevent you from doing the things you want to do and continue to feel bad as you live your life. There are times, even when the vertigo is treated correctly, dizziness and anxiety can be a long-term problem⁽¹⁶⁻¹⁹⁾ which can be identified by a vestibular specialist. This long-term problem does not tend to go away on its own but **is** able to be treated by a vestibular specialist.

The sensation of spinning can cause life-changing problems in the majority of cases.⁽¹⁾⁽²⁾ While this condition is more likely to happen with age, it does still happen to people in their 30's and 40's.⁽¹⁾ When people feel themselves or the room spinning, they can also feel just generally dizzy when they move and off-balance. For younger people, this problem is scary and uncomfortable. For the aging population, this increases risk of falls and fractures.⁽¹²⁾

If you **do** decide on treatment, it is important to see a specialist because it is common for individuals with spinning and dizziness to have to see several different types of doctors⁽⁶⁾ before finding a vestibular specialist for the treatment they need. A small percentage of people with this condition get sent by their primary care provider to correct treatment and a majority of people will receive unnecessary imaging and medications⁽¹⁻²⁾⁽²⁰⁻²³⁾ which all become much more expensive.⁽²¹⁻²⁴⁾ While the spinning could be due to other causes, a specialist is trained to figure that out and refer you to the correct specialist.

The 7 Powerful Ways To Take Charge Of Spinning (Vertigo) For A Lifetime Without Medication Or Costly Medical Tests

1) Keep Moving & Continue Your Life

- Those that continue to move, exercise, and live their life have a far better quality of life and a better outcome compared to those who stop moving and stop living their life.
- Exercise is a very important part of dealing with any balance or inner ear problem, and the sensation of spinning (vertigo) is no exception. If you were not exercising before the vertigo started, start a daily exercise routine. Walking is a great start. If you were already exercising, continue what you were doing, just avoid the positions which cause the spinning.

2) Avoid Bending Forward, Looking Overhead, or Rolling Over in Bed

- These positions will not make the condition worse, but they do bring on the symptoms and make you feel worse. So simply avoid them when you can while your pursue treatment.

- You **may** (But not always) find the vertigo often happens when rolling over in bed on one side only. If you do not roll over on that side, you are less likely to feel the spinning.
- Even though the spinning MOSTLY happens with these positions, you may continue to feel dizzy when you are walking and moving around. Exercise, moving around, and continuing to live your life will help with this.
- **WARNING: Do Not Let This Be Your Only Strategy.** This is a short-term solution to keep your symptoms under control.

3) Avoid Lying In Bed or Sitting All Day. Move Around.

- This is the worst thing to do when experiencing vertigo. Avoiding moving will make you feel worse.

4) Ask Your Doctor About Checking Your Vitamin D

- Scientists are discovering a link between low vitamin D levels and vertigo.⁽²⁵⁻²⁶⁾
- And you are less likely to get vertigo again if your Vitamin D was low and now gets treated.⁽²⁷⁾
- To take vitamin D and bone health to another level, vertigo has been associated with osteoporosis and osteopenia (in women over 50).⁽²⁸⁾

5) Do Not Reposition Yourself

- While treatment strategies can be found online, this can make the problem worse, and can even be very dangerous.
- Vertigo can be complicated, so knowing which type of repositioning to do is the first step. This is based on the evaluation by a trained medical professional who is able to figure out where the vertigo is originating from in the inner ear.⁽²⁾
- If the repositioning is done incorrectly, the vertigo can become more complicated to fix and in the meantime the nausea can be made worse.
- Many of the maneuvers are done on the edge of table, and with the sensation of spinning and the sensation of falling off the table, you could fall off the table and cause serious bodily harm.

6) Control Your Blood Pressure

- New evidence is beginning to find a connection between rates of vertigo and high blood pressure, especially with people who have type II diabetes.⁽²⁹⁾
- Scientists are discovering a link between vertigo coming back once treated and high blood pressure.⁽³⁰⁾

7) Seek Treatment From a Vestibular Specialist (Inner Ear Balance Specialist)

- This is the fastest and most reliable way to solve the problem.
- Treatment by a trained experienced professional is very effective for vertigo.⁽²⁾⁽¹⁴⁾

- It is not uncommon for people to have more than one inner ear balance problem, so a vestibular specialist will be able to spot all problems within the inner ear balance system so everything can be addressed.
- A trained specialist will be able to look for more serious problems other than vertigo⁽¹⁵⁾ and then refer to another provider if necessary, so you can have peace of mind that your diagnosis is correct and any more serious problems can be ruled out.

Bonus Tip

Start A Regular Cardiovascular Exercise Program

- We are learning the combination of high blood pressure, diabetes, bone health, and joint health are connected with vertigo coming back again.⁽³⁰⁾ Cardiovascular exercise addresses several of these problems.⁽³¹⁾

Health Advice Disclaimer

We make every effort to ensure that we accurately represent the injury advice and prognosis displayed throughout this Guide. However, examples of injuries and their prognosis are based on typical representations of those injuries that we commonly see in physical therapy. The information given is not intended as representations of every individual's potential injury. As with any injury, each person's symptoms can vary widely and each person's recovery from injury can also vary depending upon background, genetics, previous medical history, psychological status and history, motivation to follow physical therapy advice and various other factors.

It is impossible to give a 100% complete accurate diagnosis and prognosis without a thorough physical examination and likewise the advice given cannot be deemed fully accurate in the absence of this examination from a vestibular specialist.

We are able to offer you this service at a standard charge. Significant injury risk is possible if you do not follow due diligence and seek suitable professional advice about your injury. No guarantees of specific results are expressly made or implied in this report.

References

- 1) Brevern MN, Radtke A, Lezius F, Feldmann M, Ziese T, Lempert T, Neuhauser H. Epidemiology of benign paroxysmal positional vertigo: a population based study. *J Neurol Neurosurg Psychiatry*. 2007;78:710-715
- 2) Bhattacharyya N, Gubbels SP, Swartz SR, Edlow JA, El-Kashlan H, Fife T, et al. Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update). *Otolaryngology-Head and Neck Surgery*. 2017;156(3S):S1-S47.
- 3) Hunt WT, Zimmerman EF, Hilton MP. Modifications of the Epley (canalith repositioning) manoeuvre for posterior canal benign paroxysmal positional vertigo (BPPV) (Review). *Cochrane Database of Systematic Reviews*. 2012;Issue 4
- 4) Hilton MP, Pinder DK. The Epley (canalith repositioning) manoeuvre for benign paroxysmal positional vertigo (Review). *Cochrane Database of Systematic Reviews*. 2014;Issue 12
- 5) McDonnell MN, Millier SL. Vestibular rehabilitation for unilateral peripheral vestibular dysfunction. *Cochrane Database of Systematic Reviews*. 2015;Issue 1.
- 6) Obermann M, Bock E, Sabev N et al. (2015). Long-term outcome of vertigo and dizziness associated disorders following treatment in specialized tertiary care: the Dizziness and Vertigo Registry (DiVeR) Study. *J Neurol*;262(9): 2083–2091.
- 7) Lynn S, Pool A, Rose D, Brey R, Suman V. Randomized trial of the canalith repositioning procedure. *Otolaryngol Head Neck Surg*. 1995;113:712-720.
- 8) Burton MJ, Eby TL, Rosenfeld RM. Extracts from the Cochrane Library: modifications of the Epley (canalith repositioning) maneuver for posterior canal benign paroxysmal positional vertigo. *Otolaryngol Head Neck Surg*. 2012;147:407-411.
- 9) Bosner S, Schwarm S, Grevenrath P, Schmidt L, Horner K, Beidatsch D, et al. Prevalence, aetiologies and prognosis of the symptom dizziness in primary care – a systematic review. *BMC Family Practice*. 2018;19(1):33
- 10) Culic V, Miric D, Eterovic D. Correlation between symptomatology and site of acute myocardial infarction. *International Journal of Cardiology*. 2001;77:163-168.
- 11) Newman-Toker DE, Dy FJ, Stanton VA, Zee DS, Calkins H, Robinson KA. How Often is Dizziness from Primary Cardiovascular Disease True Vertigo? A Systematic Review. *J Gen Intern Med*. 2008;23(12):2087-2094.

- 12) Liao WL, Chang TP, Chen HJ, Kao CH. Benign paroxysmal positional vertigo is associated with an increased risk of fracture: a population-based cohort study. *J Orthop Sports Phys Ther.* 2015;45(5):406-412.
- 13) Geser R, Straumann D. Referral and final diagnoses of patients assessed in an academic vertigo center. *Frontiers Neurology.* 2012;3(169):1-5.
- 14) Nunez RA, Cass SP, Furman JM. Short- and long-term outcomes of canalith repositioning for benign paroxysmal positional vertigo. *Otolaryngol Head Neck Surg.* 2000;122:647-652.
- 15) Welgampola MS, Akdal G, Halmagyi M. Neuro-otology- some recent clinical advances. *J Neurol.* 2017;264:188-203
- 16) Huppert D, Strupp M, Rettinger N, Hecht J, Brandt T. Phobic postural vertigo. A long-term follow-up (5 to 15 years) of 106 patients. *J Neurol.* 2005;252:564-569.
- 17) Yan Z, Cui L, Yu T, Liang H, Wang Y, Chen C. Analysis of the characteristics of persistent postural-perceptual dizziness: A clinical-based study in China. *International Journal of Audiology.* 2017;56(1):33-37.
- 18) Wurthmann S, Naegel S, Steinberg BS, Theysohn N, Diener HC, Kleinschnitz C, et al. Cerebral gray matter changes in persistent postural perceptual dizziness. *Journal of Psychosomatic Research.* 2017;103:95-101
- 19) Tschan R, Best C, Beutel ME, Knebel A, Wiltink J, Dieterich M, et al. Patients' psychological well-being and resilient coping protect from secondary somatoform vertigo and dizziness (SVD) 1 year after vestibular disease. *J Neurol.* 2011;258:104-112.
- 20) Grill E, Strupp M, Müller M, Klaus J. Health services utilization of patients with vertigo in primary care: a retrospective cohort study. *J Neurol.* 2014;261:1492-1498.
- 21) Wang H, Yu D, Song N, Yin S. Delayed diagnosis and treatment of benign paroxysmal positional vertigo associated with current practice. *Eur Arch Otorhinolaryngol.* 2014;271:261-264.
- 22) Li JC, Li CJ, Epley J, et al. Cost-effective management of benign positional vertigo using canalith repositioning. *Otolaryngol Head Neck Surg.* 2000;122:334-339.
- 23) Fife D, FitzGerald JE. Do patients with benign paroxysmal positional vertigo receive prompt treatment? Analysis of waiting times and human and financial costs associated with current practice. *Int J Audiol.* 2005;44:50-57

- 24) Ahsan SF, Syamal MN, Yaremchuk K, Peterson E, Seidman M. The Costs and Utility of Imaging in Evaluating Dizzy Patients in the Emergency Room. *The Laryngoscope*. 2013;123:2250-2253
- 25) Han W, Fan Z, Zhou M, Guo X, Yan W, Lu X, Chen C, Wu Y. Low 25-hydroxyvitamin D levels in postmenopausal female patients with benign paroxysmal positional vertigo. *Acta Oto-Laryngologica*. 2018;138(5):443-446
- 26) Jeong SH, Kim JS, Shin JW, Kim S, Lee H, Lee AY, Kim JM, Jo H, Song J, Ghim Y. Decreased serum vitamin D in idiopathic benign paroxysmal positional vertigo. *J Neurol*. 2013;260(3):832–838.
- 27) Talaat HS, Kabel AMH, Khaliel LH, Abuhadied G, El-Rehem HA, El-Naga A. Reduction of recurrence rate of benign paroxysmal positional vertigo by treatment of severe vitamin D deficiency. *Auris Nasus Larynx*. 2016;43:237-241.
- 28) Wu Y, Gu C, Han W, Lu X, Chen C, Fan Z. Reduction of bone mineral density in native Chinese female idiopathic benign paroxysmal positional vertigo patients. *American Journal of Otolaryngology – Head and Neck Medicine and Surgery*. 2018;39:31-33.
- 29) D’Silva LJ, Staecker H, Lin J, Sykes KJ, Phadnis MA, McMahon TM, Connolly D, et al. Retrospective data suggests that the higher prevalence of benign paroxysmal positional vertigo in individuals with type 2 diabetes is mediated by hypertension. *Journal of Vestibular Research*. 2015;25:233-239.
- 30) De Stefano A, Dispenza F, Suarez H, Perez-Fernandez N, Manrique-Huarte R, Ban JH, et al. A multicenter observational study on the role of comorbidities in the recurrent episodes of benign paroxysmal positional vertigo. *Auris Nasus Larynx*. 2014;41:31-36.
- 31) Wewege MA, Thom JM, Rye KA, Parmenter BJ. Aerobic, resistance or combined training: A systematic review and meta-analysis of exercise to reduce cardiovascular risk in adults with metabolic syndrome. *Atherosclerosis*. 2018;274:162-171

Balance and Falls Checklist

A Quick & Simple Tool To Make Sure You Are Taking The Action You Need To Prevent Falls

OPTIMOVE

Physical Therapy and Wellness

General		Answers		Doctor/Healthcare Provider Notes
Do you exercise regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you've fallen, did you tell your doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Check Meds, Vitamin D, BP, Arrhythmias, Cataracts, Refer To Specialists
Has your cane or walker been checked by a Physical Therapist?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Physical Therapy
Do you have problems with Balance, Dizziness, or Vertigo?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Vestibular Specialist
Do you have problems walking, or do you walk slower than you used to?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Physical Therapy
Do you have a fear of falling? Or do you touch furniture when you walk?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Physical Therapy
Environmental		Answers		Doctor/Healthcare Provider Notes
Is your home safe for your ability to move around?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Occupational Therapy
Do you have difficulties with bathing, grooming, or dressing yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Occupational Therapy
Do you have problems with thinking and/or remember important things lately?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Refer To Speech Therapy Or Neurological Psychology
Frailty		Answers		Doctor/Healthcare Provider Notes
Have you lost 5% or more of your weight in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>			If "yes" is the answer to at least two of these questions, frailty is a problem and fall risk is higher
Are you unable to stand up from a chair 5 times without using hands?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you say your energy level is low?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
History		Answers		Doctor/Healthcare Provider Notes
When is the last time you had a bone scan?	Date: _____			Reduces fractures. Low bone density is associated with vestibular/balance problems
When is the last time you had your Vitamin D checked?	Date: _____			Supplementing low Vitamin D reduces fall risk and may reduce risk of vertigo

Information for development of this checklist is based primarily on, but not limited to: Deandrea S, et al. 2010. *Epidemiology, Ther.*, Muir SW, et al. 2010. *J Clin Epidemiol.*, Gillespie LD, 2012. *Cochrane*, Lusardi MM, et al. 2017. *J Geriatr Phys*, Dhalwani NN, et al. 2017. *BMJ Open*, and Sherrington C, et al. 2011. *NSW Public Health Bull.*

Copyright © 2018, Optimove Physical Therapy & Wellness, LLC. Unauthorized use prohibited. No portion of this material may be reproduced in any manner whatsoever, without the express written consent of the publisher.