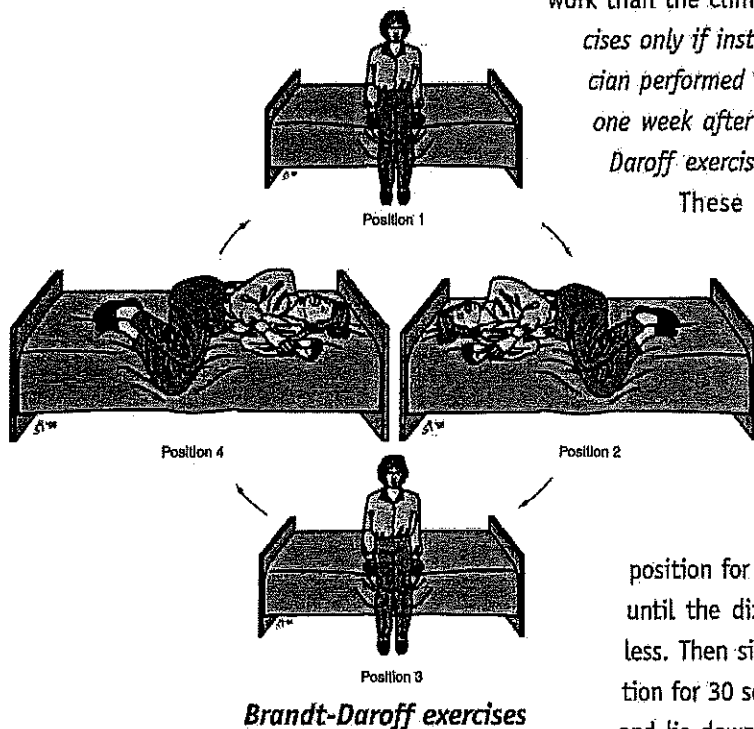


HOME TREATMENT OF BPPV (Brandt-Daroff Exercises)

When the clinic treatment (Epley or Semont) fails, when the involved side is not determined, or when a case is mild, the Brandt-Daroff exercises may be recommended. These exercises succeed in 95 percent of cases but take longer to work than the clinic treatments. *You should perform these exercises only if instructed to do so by your clinician. If your clinician performed the Epley or Semont maneuver, you must wait one week after that treatment before you begin the Brandt-Daroff exercises.*



These exercises should be performed on a flat surface, without a pillow. Start sitting upright on the edge of the bed or on the floor (Position 1). Turn your head 45 degrees to the left and lie down on your right side (Position 2). When in the right side-lying position, your head should be at a 45-degree angle turned halfway between the flat surface and the ceiling. Stay in the side-lying position for at least 30 seconds. If you are still dizzy, stay until the dizziness subsides or one minute, whichever is less. Then sit up (Position 3) and stay in the sitting position for 30 seconds. Turn your head 45 degrees to the right and lie down on your left side (Position 4), again keeping your head turned halfway toward the ceiling for 30 seconds

or until the dizziness subsides. Return to Position 1 (sit upright) for 30 seconds. This is one repetition. One set (five repetitions) takes about 10 minutes to complete and should be performed each morning, mid-day and evening.

The Brandt-Daroff exercises should be performed for two weeks, three sets each day, or for three weeks, two sets each day (52 sets total). In most individuals, complete relief from symptoms is obtained after 30 sets, or about 10 days. In approximately 30 percent of patients, BPPV will recur within one year. If BPPV recurs you may wish to add one 10-minute exercise (one set) to your daily routine.

If the maneuvers or exercises do not control symptoms that have persisted for a year or longer and the diagnosis is very clear, surgery may be recommended. The most common surgical procedure, called posterior canal plugging, blocks most of the posterior canal's function without affecting the functions of the other canals or parts of the ear. There is, however, a small risk of hearing loss. This surgery is effective in about 90 percent of individuals who have not responded to other treatments and when symptoms are severe and long-standing.

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