ACPIVR_Patient_Leaflet_Dizziness+Balance_A4_0326_V1.pdf

Dizziness & Balance
How to start your recovery

ACPIVR
THE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS INTERESTED IN VESTIBULAR REHABILITATION

To maintain our balance, we require information from three separate systems:

1. Our eyes
2. Our vestibular system
3. Our skin, muscles & joints.

Disruption to any of these systems can affect how we balance and may cause symptoms of dizziness, vertigo, visual problems, nausea, fatigue and concentration problems.

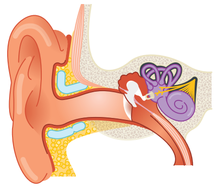
The brain uses information taken from all three systems to control our posture, movements, and a sense of where we are in the space around us, which gives us confidence in our balance.

Exercise will challenge each of these systems. Evidence shows that exercises can improve symptoms such as poor balance, veering when walking, dizziness, visual symptoms, and more.

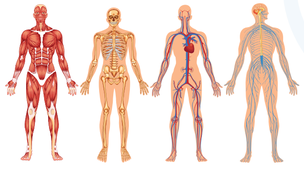
Maintaining an active balance system needs to be part of your **everyday routine**. Continue to challenge your balance system and it will continue to improve.

The Balance System

Eyes
Our eyes offer information about where we are in relation to space and people. It helps us to align to objects in our environment.



Inner Ear
Balance organs (known as the vestibular system) situated within the inner ear provide information that helps us to orientate to where we are, control our upright position and help keep the world steady when moving our head.



Sensation
Sensors in every joint, muscle and across the skin provide information about what position our body is in and how close we are to losing our balance. This information helps to control posture and movements to counteract this.

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Exercises

You can do these from a sitting or standing position. Keep feet at hip width apart. If standing, position yourself in a corner with the walls behind you for safety. Begin slowly, these exercises will challenge your balance and dizziness, but it will improve with practice.

Head movements

A. Turn your head to look from side to side. Repeat 5 times. When comfortable increase gradually, adding 1 head turn each day to a maximum of 10 times.

B. Move your head to look up to ceiling and then down, taking chin to chest. Repeat 5 times. When comfortable increase gradually adding 1 repetition each day to a maximum of 10 times.

Bending forwards

In sitting, bend forwards to take your head and shoulders towards your lap. Alternatively, in standing, bend to take your head and shoulders forwards and down, reaching toward a chair seat then return to upright again. Repeat 5 times. When comfortable increase gradually adding 1 repetition each day to a maximum of 10 times.

Sit to stand

Practise standing up from a chair (a solid chair is more suitable for this), use your arms if you require but as little as you can manage. Slowly sit down, controlling the speed using your leg muscles. Aim to complete 5, when comfortable increase, adding 1 stand a day to a maximum of 10. Place walking aid in front for safety if required.

Eyes Closed

Practice closing your eyes while sitting or standing still. Begin by focusing on the weight distributed through your feet. Wiggle or squeeze your toes then consciously feel the ground beneath your feet. Close your eyes for 10 seconds. Increase to up to 30 seconds as you become steadier and more confident. Repeat 5 times. You may feel a gentle sway, try to keep the weight evenly distributed over your feet.

Go for a walk every day

Begin with 5-10 minutes and gradually build up to 30 minutes per day. Start with a quiet location but vary your route with time. Gradually try to go to busier places.

You may feel your heart rate increase, get a little sweaty and slightly short of breath, but can still hold a conversation. This is a normal response to exercise.

Try not to hold onto anyone but do use your walking aid if you have one.

Look around and target your vision to pick out details on things near and far away. For example, the pattern on leaves and flowers or try to pick out everything that is red on your route.

Try to walk in the daylight. This will help with your vitamin D levels and sleep patterns.

Do not exceed more than 6/10 discomfort with symptoms, pain or dizziness. Should your symptoms persist beyond 48 hours or headaches are triggered, please stop that exercise.

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ACPIVR_Patient_HealthySleepHabits_0326_V1.pdf

Healthy Habits for a Good Night's Sleep

This leaflet provides information and advice about sleep behaviour and simple changes that may help improve the quality of your sleep.

Why is it important to have a good night's sleep?

There are strong links between poor sleep quality and some causes of dizziness. For many people, improving sleep can help reduce overall symptoms and support recovery. Because of this, it is helpful to look at your sleep habits if you experience dizziness.

What can I do to improve my sleep?

Sleep hygiene refers to a set of healthy habits that help you fall asleep more easily and stay asleep throughout the night. These habits are considered one of the most effective long-term approaches for people with ongoing sleep difficulties.

Good sleep hygiene can help you:

- Manage thoughts and behaviours that interfere with sleep
- Reduce stress
- Improve relaxation

Your daily routines—such as what you eat and drink, t hemedicines you take, and how you spend your evenings—can all affect the quality of your sleep. Even small changes can make a meaningful difference.

Tips for better sleep

- Aim **for 7–8 hours of sleep per night.**
- Keep your sleep schedule consistent, even on weekends.
- Create a comfortable and quiet sleep environment.
- Avoid caffeine, alcohol and large meals close to bedtime.
- Limit screen use during the hour before going to bed.
- Consider completing a **two-week sleep diary** to help you understand how your routines affect your sleep.

Digital tools that may help

Several NHS-recommended apps can support healthy sleep habits, including:

- **Sleepio**
- **Every Mind Matters**
- **Headspace**

These can be downloaded onto your phone and may help you develop better sleep routines.

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Top Tips

Follow these tips to establish healthy sleep habits:

- Keep a consistent sleep schedule. Get up and go to bed at the same time every day, even on weekends or during holidays.
- Set a bedtime that is early enough for you to get **at least 7 hours of sleep**.
- Don't go to bed unless you are sleepy and don't go past your natural sleepy point. Learn to recognise when your body is ready for sleep at night.
- If you don't fall asleep after 20 minutes, get out of bed.
- Establish a relaxing bedtime routine.
- Use your bed **only** for sleep and sex.
- Make your bedroom quiet and relaxing. Keep the room at a comfortable, cool temperature.
- Limit exposure to bright light in the evenings.
- Turn off electronic devices at least 30 minutes before bedtime.
- Don't eat a large meal before bedtime. If you are hungry at night, eat a light, healthy slow energy release snack.
- Exercise regularly: 30 minutes of moderate exertion exercise in the daylight, preferably the morning, every day
- Maintain a healthy diet.
- Avoid nicotine, caffeine and other stimulants altogether if possible.
- Avoid consuming alcohol before bedtime.
- Reduce your fluid intake before bedtime and try not to drink anything for 90 minutes before bed. Go to the toilet before going to bed.
- If your mind goes over things in bed write a detailed note or list before you go to sleep.
- Have a daytime nap (20-40 minutes) but try to do this **before 3-4pm**.

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Good sleep habits: worksheet

Looking at your sleep diary and routine what things do you think you can change to help you get to sleep and stay asleep?

Good sleep habits	Comments Am I doing this? How am I doing it? How can I improve it?
Set a constant bed time	
Set a constant wake time	
Do not take naps after 3pm	
Have a pre-sleep ritual	
Use the bed only for sleep and sex	
If unable to sleep for more than 20 minutes, get out of bed and do something quiet and relaxing	
Take a warm bath	
Keep temperature of room constant not too warm, not too cold	
Make the bedroom a relaxing and soothing place to be.	
Keep the bedroom dark	
Avoid caffeine, nicotine, and alcohol before bed	
Eat a light snack before bed	
Avoid stimulating activities; do mentally quiet tasks	
Use relaxation techniques (breathing, imagery)	

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ACPIVR_Patient_Leaflet_BPPV_0326_V1.pdf

Benign Paroxysmal Positional Vertigo (BPPV)

This leaflet provides information about Benign Paroxysmal Positional Vertigo (BPPV). If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

Key Points:

- BPPV is one of the most common inner ear problems.
- Most people's symptoms will resolve without treatment.
- It is easily diagnosed and treated with simple head movements.
- Other tests and scans are not usually required.
- Medication is not an effective treatment.

What is BPPV?

BPPV is a disorder of the inner ear balance organ. It presents as sudden, short-lived episodes of vertigo, dizziness or spinning which usually lasts less than a minute. The symptoms can be brought on by quick head movements. The most common positions to trigger this are rolling over in bed or looking up or down and getting in and out of bed.

What are the symptoms of BPPV?

- Dizziness, spinning or vertigo.
- Imbalance and a general disorientation.
- Nausea and occasionally vomiting.
- Headaches may occur but are usually mild.
- Patients may develop anxiety and avoidance behaviour with a fear of triggering dizziness or making it worse.

Many people realise keeping the head still and upright stops the spinning and they may want to sleep propped up on several pillows. Some will therefore develop a stiff neck.

Who gets BPPV?

Anyone can get BPPV. BPPV is one of the most common causes of dizziness and most cases happen for no reason. The risk of developing BPPV increases with age. Women are affected twice as often as men and it is more common after the menopause. It can also occur after a head injury or following other inner ear problems (e.g. an infection).

What causes BPPV?

BPPV occurs when tiny chalk like crystals (otoconia) embedded within our inner ear become free, move around and then get "stuck" in one of the canals in the inner ear balance system. As you roll over or tilt your head, movement of these "crystals" sends abnormal messages to the brain and eyes, causing spinning or dizziness. When you keep your head still symptoms settle within a minute.

BPPV can sometimes be associated with head trauma, osteoporosis, other inner ear problems, diabetes, migraine, high blood pressure, dental surgery or lying in bed for long periods of time (preferred sleep side, surgical procedures, and illness).

How is BPPV diagnosed?

- A Physiotherapist will start by asking you questions about your symptoms. If you answer 'YES' to 4 out of 5 of the following questions it is very likely you have BPPV.
  1. Do you experience spinning dizziness?
  2. Does it last under 1 minute?
  3. Is it triggered getting in and out of bed from lying flat?
  4. Is it triggered by rolling over when lying flat?
  5. Is it NOT there when still?

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- Physiotherapists perform movements of your head which may bring on symptoms and they will look closely at your eye movements. This may involve your head being supported as it hangs back off the bed or is moved to different positions when you are lying down. This will help the examiner know where the 'crystals' are located so they can chose the right treatment for you.
- The most common tests are the Hallpike-Dix and Supine Roll Test.
- Some medications can affect the tests so let your Physiotherapist know if you have taken any medication or had alcohol in the last 48 hours.
- Normal scans, x-rays and medical testing cannot confirm BPPV. However, if your symptoms do not improve after 3-4 treatments a physiotherapist may refer for further tests.

What are Canal Repositioning Manoeuvres?

There are several different manoeuvres or exercises, which can be done by your Physiotherapist. These generally involve moving your head into various positions against gravity. The most common manoeuvre is called the 'Epley manoeuvre'.

What happens after diagnosis and treatment?

This is not a life-threatening condition although the symptoms can be very disabling. People may experience other problems with it like imbalance and anxiety. Treatments are very successful and in 9 out of 10 of patients it will go away within 1-3 treatments. Occasionally people vomit after treatment and a small number of people may feel woozy or more off balance for a few days after treatment. This usually goes away on its own.

- It may be useful to have someone else drive you home or take a taxi after treatment.

Continuing your usual routine and moving around normally will help your balance system recover. If the symptoms don't improve or they return, treatment is repeated. It is important to go back to see your physiotherapist. It is also possible to complete these maneouvres at home, but you should discuss this first.

Keeping safe with Benign Paroxysmal Positional Vertigo

- Tell your employer if dizziness could pose a risk to yourself or others e.g. if you use ladders, operate heavy machinery, or drive.
- To avoid falls, get out of bed slowly and avoid jobs that involve looking upwards or downwards quickly and remove rugs or other trip hazards.
- Turn the light on at night if you need to go to the toilet at night.

Can it come back?

Once dizziness and vertigo has resolved, between 25-50% of people can experience a recurrence of BPPV. However only 25% of people get it on the same side in the same canal. Recurrence is more common with certain conditions e.g. if you have a head injury, low levels of vitamin D, high blood pressure or oesteoporosis for example. Its possible to discuss a set back plan with your Physiotherapist. In some cases you may be able to assess and treat it yourself if you are confident and able to do the procedures independently.

Are there any other treatments?

Medications are usually not needed and will only be useful in cases of severe nausea for a one-off treatment. They do not treat the condition or make it go away. Surgery is extremely rare because the repositioning manoeuvres are more effective.

Useful webpages:

patient.info/signs-symptoms/dizziness/benign-paroxysmal-positional-vertigo

vestibular.org/understanding-vestibular-disorders/types-vestibular-disorders/benign-paroxysmal-positional-vertigo

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ACPIVR_Patient_Leaflet_Dizziness+Driving_0326_V1.pdf

Driving and Dizziness

This leaflet explains the rules about driving and dizziness, giddiness and vertigo. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What are my responsibilities if I have dizziness and I have a driving licence?

The medical standards of fitness to drive are issued by the Driver and Vehicle Licensing Agency (DVLA) in Swansea. By law you must inform the DVLA if you have had, or currently suffer from, a medical condition or disability that may affect your driving. This includes sudden (unpredictable) attacks of disabling dizziness or giddiness. Informing the DVLA is the responsibility of the driver. You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. If you are involved in an accident and it is found that your health condition was a contributing factor, your insurance may not be valid and you may be prosecuted.

What happens next?

When you report unpredictable, sudden and disabling dizziness the DVLA will contact your specialist and will take each decision on an individual basis depending on what your doctor says about your level of fitness and risk of further symptoms. If for medical reasons you are not fit to drive, the DVLA will withdraw your driving licence from you. They will issue you with a new one if you are declared fit to drive again. You do not have to re-take your driving test. In most cases concerning episodes of dizziness, only limited changes occur and a car licence can be reissued after three months without any attacks. If your condition ever gives rise to sudden (unpredictable) and disabling attacks of vertigo, you must comply with the law by notifying the DVLA and your insurer.

How do I report disabling dizziness?

You will need to fill in a form (DIZ1) and you will find this on the DVLA website via the link below. If you drive a lorry or HGV you need to complete a different form (DIZ1V) and stricter rules apply to this license category.

gov.uk/government/publications/diz1-online-confidential-medical-information

Can drugs and medication cause problems with driving?

Section 5 of the Road Traffic Act states it is an offence to drive whilst under the influence of drugs. This may apply to some of the drugs prescribed in the treatment of vertigo and dizziness, with the notable exception of Serc (Betahistine). Check with your own doctor whether any medication you are taking falls into the prohibited category.

In summary:

- If your dizziness is predictable and controllable, you do not have to inform the DVLA.
- You are required by law to inform the DVLA and the company which insures any vehicle you drive of your condition if your dizziness is sudden (unpredictable) and uncontrollable. It is an offence not to do so in either case.
- Medical conditions are considered before the granting of a restricted period license and all cases will be assessed individually by the DVLA.
- It is an offence to drive whilst under the influence of drugs.
- Visit the GOV.UK website for further information: gov.uk/driving-medical-conditions (external link).

For further information contact the DVLA:
Post: Drivers Medical Enquiries, DVLA, Swansea SA99 1TU
Telephone: 0300 790 6806 (car or motorcycle), 0300 790 6807 (bus, coach or lorry)
Fax: 0845 850 0095
Email: via the website
Web: gov.uk/driving-medical-conditions

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Sleep Diary

You should complete the Sleep Diary on a daily basis. It will provide information about your sleep patterns that you can use to improve your sleep habits. The diary should be completed each morning after the previous night's sleep. Do not use it during the night or keep it in your bedroom. Use it only as a guideline and spend no more than 30 seconds filling it out in the morning.

Day	Naps	Bedtime	Time to Fall Asleep	Number of Waking Times	Duration	Final Wake Time	Out of Bed	Time Spent Asleep	Next Day Alertness 1 - 10 (10 = most alert)
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

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ACPIVR_Patient_Leaflet_DizzinessInMS_0326_V1.pdf

Dizziness in Multiple Sclerosis

What causes dizziness and vertigo in Multiple Sclerosis?

Multiple Sclerosis (MS) can affect all parts of the balance system. It can disrupt how information is sent to the brain or how accurately the brain can interpret and respond to balance related information.

When these messages are unclear or delayed, the brain has trouble keeping the body steady. This can cause symptoms like dizziness or vertigo.

Dizziness can have many causes. People with MS often assume that dizziness is simply a symptom of their condition. However, they are just as likely as anyone else to experience dizziness due to issues in the inner ear (vestibular system), such as infections, injuries, or age-related changes.

It is important to find out what is causing the dizziness so that you get the right treatment.

Did you know?

Over 50% of people with MS may experience dizziness and one in 5 people with MS experience vertigo caused by problems with the inner ear.

What are the common symptoms?

- Vertigo (a sensation of spinning)
- Nausea or vomiting
- Unsteadiness
- Muzzy headedness
- Veering to the side when walking
- Dizziness brought on by certain movements
- Feeling anxious or overwhelmed in busy environments

Symptoms can vary person to person and may be influenced by other MS symptoms, e.g. blurred or double vision, numbness or tingling in the arms and legs, weakness and fatigue.

What do I do if I have these symptoms?

Any new symptoms should be reported to your GP, neurologist, MS nurse specialist, or another healthcare professional. They may recommend tests to identify the cause of your dizziness and prescribe medication to help manage your symptoms. A referral to a specialist physiotherapist may also be recommended to help with dizziness, vertigo, and balance problems.

How can physiotherapy help with vertigo and dizziness?

Physiotherapists trained in Vestibular Rehabilitation can identify whether your dizziness is a result of changes to your nervous system from the MS, whether you have a problem with your inner ear or a combination of both. Once the cause has been identified, your physiotherapist can provide you with specialised treatments and exercises to help you with your symptoms. These exercises may involve a combination of head and eye movements, balance and walking exercises.

Sometimes the exercises may temporarily increase your dizziness. Don't be afraid - this is normal and should settle after completing the exercises. It is important that you try to complete the exercises as prescribed to achieve the best recovery.

Occasionally, you may be prescribed medication to help you with your dizzy symptoms. These can be effective but are generally intended for short-term relief only. Taking these medications long term can delay recovery or make the exercises less effective.

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What can I do to help?

The most important thing you can do is to try and keep moving around as normally as possible.

Many people with MS who experience dizziness have inner ear problems.. This type of dizziness is very responsive to rehabilitation with dizzy symptoms improving for most people. Continuing your normal activity is encouraged to make the best recovery.

If symptoms are treated and resolve they may never recur, other symptoms may never completely go away, but most people respond well to treatment. Occasionally symptoms may come back. This can happen spontaneously, or after a period of illness or stress. If this happens please talk to your health care professional about a referral back to your physiotherapist.

Useful websites:

mstrust.org.uk

mssociety.org.uk

nice.org.uk/guidance/ng220

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ACPIVR_Patient_Leaflet_MedicationDizziness_0326_V1.pdf

Medicines and Dizzinesss

This patient information leaflet provides answers to commonly asked questions about the link between medicines and dizziness.

Why are medicines important?

Medicine is an important part of treating and controlling a wide range of symptoms linked to different medical conditions. Almost half of all adults take prescription medication, most commonly to treat cholesterol, high blood pressure and pain. A quarter of people report taking at least 3 prescribed medicines a week.

Did you know?

- 70% of people over 75 take 3 or more prescribed medicines a week.

Do medicines cause dizziness?

Yes. Dizziness accounts for 5% of all reported drug side effects. Dizziness, lightheaded-ness and imbalance are a side effect of many common drugs. This can increase the risk of falling and injury. Falls are one of the biggest causes of injuries and many people end up in accident and emergency.

Some medicines can make your balance system worse or prevent you recovering well from an acute episode of dizziness. These medicines are called vestibular suppressants e.g. Prochlorperazine, Cinnarizine, Cyclizine, Promethazine etc. Some help to treat an acute attack of dizziness but if taken long term can stop your natural recovery. Some medicines for other problems may affect your inner ear or balance system e.g. antibiotics which are toxic to your inner ear and balance/ vestibular organ.

Did you know?

- The more medicines you take, the higher your risk of a fall.
- If medicines for dizziness (vestibular suppressants) are taken for a long time after an acute episode you are more likely to experience long-term problems with dizziness and balance.

Top Tips

- If you are over 70 and on 3 or more medications, you should ask your doctor or community pharmacist for a medication review every 6 months.
- Only take dizziness medication for as short a time possible (1-3 days) before reviewing whether you need to continue taking it.

What medications cause dizziness?

Different medications have different effects in the body. They can act on the brain and nervous system, the inner ear, vision and the sensors for touch, muscle and joint awareness. They can also affect hormones and the cardiovascular systems e.g. blood pressure, heart rate etc. These medications can potentially cause dizziness. For example blood pressure medications work by keeping your blood pressure lower and slow down the speed at which it changes. For example if you are lying in bed and stand quickly you may feel dizzy and lightheaded until your blood pressure adjusts to being stood up right. If you take 2 or more blood pressure medications they can react with each other to make the drop in blood pressure worse and may even cause you to faint or black out. It is important that you tell your GP about any symptoms you may experience, such as dizziness, palpitations, nausea, chest pain, shortness of breath or fainting.

Did you know?

- Taking medication (e.g. paracetamol or ibuprofen) for pain more than twice a week can cause headaches and dizziness as well as an increase in your pain, pain sensitivity, and cause rebound pain or headaches.
- The most common cause of dizziness and vertigo is BPPV which does not resolve with medication.
- Recreational drugs e.g. cannabis, cocaine, amphetamines, heroin, can also cause dizziness.

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How do I know if a medication is the cause of my dizziness?

Having information about medication history is important. It is essential to know about your drug tolerance, previous experience of a drug and drug allergies. If you are concerned about dizziness and think your medication may be involved please speak to your Doctor, Nurse or Independent Prescriber.

A **TREND** review helps find information about symptoms of dizziness and possible connections to the medications you are taking.

- **T**iming: Did symptoms start around the time of a new drug? Are you taking a drug that causes side effects over time (e.g. opioids / antiepileptics)?
- **R**e-challenge: If you take the drug again do the side effects occur?
- **E**xperience: Have you had the drug before and did you experience any adverse reactions?
- **N**ature: Are the symptoms a recognised side effect of the drug?
- **D**e-challenge: Do symptoms resolve when the medication is stopped?

Most common medicines causing dizziness and headaches can be found below but this list is not exclusive, and medications should not be stopped without discussing it first with your GP or the person who prescribed them.

Condition	Common medications with the reported side effect of dizziness
Blood pressure	Propranolol, Atenolol, Bisoprolol, Candesartan, Losartan, Irbesartan, Ramipril, Nicorandil, Amlodipine etc.
Epilepsy/ muscle relaxants	Phenytoin, Carbamazepine, Gabapentin, Pregabalin, Topiramate, Lamotrigine, Baclofen, Tizanidine, Cannibis extract, Dantrolene, Diazepam, etc.
Anxiety/ Depression	Fluoxetine, Trazodone, Sertraline, Citalopram, Mirtazapine, Paroxetine etc.
Cholesterol	Simvastatin, Atorvastatin etc.
Antibiotics	Ciprofloxacin, Amoxicillin, Azithromycin, Erythromycin, Vancomycin, Gentamicin etc.
Pain killers	Paracetamol, Codeine, Dihydracodeine, Co-codamol, Tramadol, Fentynl, Ibuprofen, Naproxen, Diclofenac etc.

Top Tips

- Do not stop taking medication without consulting your GP, Pharmacist, Nurse or Independent Prescriber.
- It maybe possible to reduce the amount of medication you are on by making some simple changes to your diet and lifestyle. Your GP practice, Pharmacist, Physiotherapist or Practice Nurse can help develop a programme for you, monitor the effects and advise on whether it is safe to stop any of your medications.
- Making small changes can make a big difference.

Why not try:

- Take a brisk walk for 30 minutes every day in the daylight, with moderate exertion and look around, moving your head, taking notice of the detail in the world around you.
- Try healthy eating, cut out processed foods, try to cook unprocessed fresh food.
- Stay hydrated and drink 2-3 liters of fluid daily.
- Avoid too much caffeine found in tea, coffee, cola, energy drinks and chocolate etc.
- Eat and sleep at the same time through the week.
- Try something new like tai chi, adult ballet classes, yoga or bowling.

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ACPIVR_Patient_Leaflet_MenieresDisease_0326_V1.pdf

Meniere's Disease

What is Meniere's Disease?

Meniere's disease is a disorder of the inner ear. It is associated with a condition called endolymphatic hydrops (excess fluid in the inner ear). However, hydrops alone does not fully explain the symptoms, and Meniere's disease is now understood as a clinical syndrome with multiple possible contributing mechanisms.

Many factors are probably involved in the development of the disease. It has often been put down to viral infections of the inner ear, head injury, a hereditary predisposition (15% of patients have a family history of MD), and allergy. Vestibular migraine is now recognised as one of the most common conditions mistaken for Ménière's disease. Because symptoms can overlap, careful history and repeated hearing test are essential for accurate diagnosis.

What are the symptoms of Meniere's?

- Episodes of vertigo/nausea/vomiting/unsteadiness
- Tinnitus - ringing in the ears, and fullness or pressure in the ear
- Fluctuating hearing loss during attacks, with a progressive hearing loss in the affected ear over time.

A Meniere's Attack:

- Can last between 2-4 hours
- Can leave people exhausted and they may need to sleep for several hours.
- Meniere's episodes may occur in clusters - that is, several attacks may occur within a short period of time. However, years may pass between episodes.

How is a diagnosis made?

The diagnosis is based on internationally agreed criteria, combining vertigo attacks, fluctuating hearing loss confirmed with hearing tests and associated tinnitus or ear fullness.

Simple clinic balance tests will be carried out by either an ENT Consultant or Specialist Physiotherapist.

Occasionally scans and other specific vestibular function tests may be required, but these are not done in all patients.

Did you know?

- About 1 in 2000 people develop Meniere's Disease.
- It can occur at all ages, and most frequently starts between ages of 20 and 50 years.
- To start with usually the disease affects one ear, but 15% of people will have both ears affected.
- Although an acute attack can be incapacitating, the disease itself is not fatal.
- Meniere's Disease is an over-diagnosed condition, you must have symptoms of tinnitus, fullness in the ear, hearing loss/ fluctuating hearing and vertigo or dizziness to be correctly diagnosed.

What are the treatments for Meniere's Disease?

- You will receive advice on any medication that may help.
- Intratympanic steroid injections can reduce the frequency and severity of vertigo in some people with Ménière's disease. They are commonly used when symptoms are not controlled with medication and lifestyle measures. The benefits are mainly for vertigo control rather than hearing improvement, and response varies between individuals.

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- Audiologists will assess and help with hearing loss and tinnitus, providing hearing aids as needed, white noise generators to help with tinnitus, and tinnitus counselling where necessary.
- Specialist vestibular physiotherapy can help with balance problems between attacks and with persistent dizziness or visual dependence, and reduced confidence in movement. While physiotherapy doesn't prevent attacks, it can improve function, reduce falls risk and support recovery between episodes.
- Physiotherapists can also help you manage your acute attacks and any anxiety you may have.
- Dietary and lifestyle changes may be recommended. While low-salt diets have traditionally been advised, evidence for strict salt restriction is limited. Many people benefit from maintaining good hydration, regular meals, managing stress, improving sleep, and addressing migraine triggers where relevant.
- Some patients may need counselling to help with the anxiety, activity avoidance or persistent symptoms between attacks, associated with Meniere's Disease.
- Surgical treatment or gentamycin injection is only indicated in extreme circumstances. is only indicated in extreme circumstances.

Top Tips:

- Most people with MD cope well with their symptoms once they have a clear diagnosis and advice on self- management.
- During an acute attack, lay down on a firm surface. Most people prefer to lie down until the severe vertigo (spinning) passes, and then get up SLOWLY. After the attack subsides, you'll probably feel very tired and need to sleep for several hours.
- If you have been given medication to reduce vomiting and nausea take it immediately at onset of the symptoms or warning signs.
- Regular exercise is beneficial.
- Methods to combat stress may help ease the anxiety associated with the episodes.
- Stopping smoking if you are a smoker.

Useful websites:

nhs.uk/conditions/menieres-disease/

menieres.org.uk/information-and-support/symptoms-and-conditions/menieres-disease

patient.info/health/tinnitus-leaflet/menieres-disease

Things to Consider:

As it may be difficult to predict when the next episode may occur, it may be worthwhile considering the risks of the following activities:

- Swimming
- Driving
- Climbing ladders
- Operating heavy machinery

Driving and Meniere's Disease:

If you are prone to sudden episodes of dizziness without warning signs you must inform the DVLA.

For more information about driving and dizziness please refer to the ACPIVR leaflet on 'Driving and Dizziness'.

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ACPIVR_Patient_Leaflet_PPPD_0326_V1.pdf

Persistent Postural-Perceptual Dizziness (PPPD)

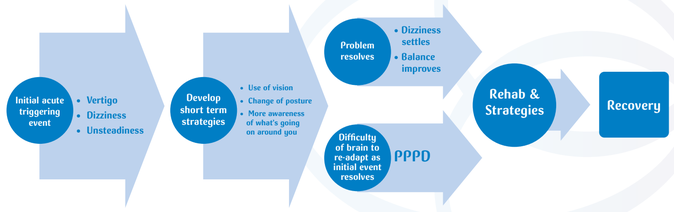
This leaflet contains information about a condition called Persistent Postural Perceptual Dizziness (PPPD). If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What is Persistent Postural-Perceptual Dizziness?

Persistent Postural-Perceptual Dizziness (PPPD) is a chronic vestibular condition which causes persistent sensations of dizziness and/or unsteadiness. It is sometimes referred to as a functional neurological disorder, which means that it is a condition that is thought to originate from changes that occur in the way that the brain functions as opposed to a structural problem. If we were to imagine the brain as a computer, it could be described as being similar to a software issue, as opposed to a problem with the hardware. PPPD is relatively common and symptoms generally involve non-vertiginous dizziness, often described as a rocking, bobbing, or swaying sensation, as well as associated unsteadiness. These symptoms are generally fairly continuous and have been present for more than three months. For some people, these symptoms may ease after laying down. For many they are worse when upright and moving, with quick or repetitive head or body movements, and with exposure to motion-rich or complex visual environments. For example, many people with PPPD struggle with supermarkets, busy environments with large moving crowds, or when watching scrolling screens or fast paced movies. Anxiety and depression may also feature, and many individuals report increased fatigue and cognitive difficulties (e.g., brain fog).

Why do I get Persistent Postural-Perceptual Dizziness?

PPPD is thought to occur due to a maladaptative process which happens within the brain following a triggering event. Generally this initial event involves the symptoms of vertigo, dizziness, or unsteadiness. This could be due to a another vestibular condition (e.g. BPPV, vestibular neuritis, or vestibular migraine), but can also be due to other causes (e.g., panic attack, cardiac event, or even a fall). In response to this initial event the brain changes the way that it perceives and processes information related to dizziness and balance. This



Adapted from Staab, Behavioural Neuro-otology in Bronstein (ed), Oxford Textbook of Vertigo.

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may involve a greater reliance on the other sensory systems which contribute to your balance control (e.g., vision or proprioception), changes in the way that you stand and move, as well as an increased awareness (hypervigilance) of how you are moving and what is happening within in your environment. These changes are thought to be protective strategies of the brain for the initial event, but that for people with PPPD the brain continues to remain on 'high alert' and continues to rely on these strategies even after the initial event has resolved. Often people with PPPD have predisposing factors, behavioural responses, and perpetuating factors which contribute to their presentation.

How is PPPD diagnosed?

PPPD is generally diagnosed based on your history and presenting symptoms. There are diagnostic criteria that your consultant will have considered when providing you with a diagnosis. Generally with PPPD many of the tests and investigations which are conducted (e.g., MRI/CT scan of the brain and vestibular function tests) may return normal. It is important to recognise that these tests are used to aid diagnosis, and rule out other conditions. This does not mean that your symptoms are not real. Sometimes these tests may also be abnormal as a result of other comorbid conditions, including that which may have contributed to the initial development of the PPPD.

What is the treatment for Persistent Postural-Perceptual Dizziness?

The three main options for treatment of PPPD include; vestibular rehabilitation, psychological therapy (e.g., cognitive behavioural therapy), and medication (typically selective serotonin reuptake inhibitors (SSRIs) and selective norepinephrine reuptake inhibitors (SNRIs). Further large-scale studies which have investigated the effectiveness of these treatments on people living with PPPD is needed, but these are emerging and there are a number of smaller studies which support one or more in their effectiveness. Some people respond better to one type of therapy than others, but for many a combination is ideal. Education and an understanding of the diagnosis is often one of the most important aspects of treatment, as is an individualised treatment plan which considers the unique contextual factors of each case.

Can Physiotherapy help me manage my Persistent Postural-Perceptual Dizziness?

A physiotherapist who specialises in vestibular rehabilitation will be able to provide advice, education, and guidance about your presentation. This may include specific information about PPPD, as well as general recommendations regarding lifestyle behaviours and possible modifications which may be contributing to your presentation. Your physiotherapist will also likely give you vestibular rehabilitation exercises designed to help you become less sensitive to activities that provoke your symptoms. Often this will involve you being given a program of specific exercises for you to do at home. These exercises are generally progressed over time, depending on the individual and their circumstance, but will often require follow-up with your physiotherapist for further review and guidance. With time and practice these exercises and strategies can help many people reduce their symptoms of dizziness and unsteadiness, and improve their ability to do every day activities. Your physiotherapist will often also be able to provide guidance as to whether you may need further investigations or input from other health professionals and is able to facilitate communication between different members of your healthcare team

Other Sources for information:

vestibular.org/article/diagnosis-treatment/types-of-vestibular-disorders/persistent-postural-perceptual-dizziness/

neurosymptoms.org/en/symptoms/fnd-symptoms/functional-dizziness-pppd/

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ACPIVR_Patient_Leaflet_VestibularMigraine_0326_V1.pdf

Vestibular Migraine

This leaflet contains information about a condition called Vestibular Migraine. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What is a Vestibular Migraine?

Vestibular Migraine is one of the most common causes of dizziness seen in a Balance Clinic. Around 30% of people with Migraine experience dizziness at some time, making it one of the most common symptoms. However, many people who are diagnosed with Vestibular Migraine do not have severe headaches.

People with vestibular migraine can experience dizziness, balance problems or other physical symptoms similar to motion sickness. The brain can become very sensitive to movement of the head or of the visual environment. Other symptoms reported include increased sensitivity to light or sound.

Why do I get Vestibular Migraine?

The exact cause of vestibular migraine is still not fully understood. Most people think it is caused by abnormal electrical activity in the brain tissues, which generates changes in blood flow and chemicals in the brain. Some migraines are linked to your genes and might mean someone in your family could also have migraine. The electrical disturbance can be caused by triggers, such as certain foods, stress and sleep disruption etc. The spread of the electrical and chemical 'wave' over different areas of the brain is responsible for different symptoms i.e. the part of the brain that controls vision can produce visual 'auras' under the wave while the part of the brain controlling balance can cause dizziness or balance 'auras'.

What are common triggers?

Triggers can be anything that can start a migraine. Commonly reported migraine triggers include hunger, dehydration, stress, fatigue, flashing lights and changes in routine etc. However, triggers can be different for everyone and sometimes it can be difficult to identify them which can be frustrating. Keeping a symptom diary is very helpful. Common triggers include:

- Stress – emotional or physical
- Sleep disruption / irregular sleep
- Diet – particularly irregular meals or lack of food; alcohol or caffeine; not drinking enough water
- Hormonal changes e.g. changes in oestrogen or testosterone levels.
- Environmental factors – lights; noise; smell; changes in weather; flickering lights (computer, television, etc.); bright sunshine; smoking. Sometimes it is not always clear whether these are triggers or symptoms of the migraine itself.
- Neck and shoulder tension
- Medication – frequent use of paracetamol / ibuprofen / morphine products

What is the treatment for Vestibular Migraine?

Finding out what triggers an attack may help you. Keeping a diary can help you to identify your own personal triggers. When you look back at your diary you may find a pattern emerges and simple changes to your diet or lifestyle can reduce the frequency and severity of your attacks. Try to follow these general rules:

- **Keep a regular sleep pattern.** Try to go to bed and get up at the same time every day, including weekends.
- **Keep regular mealtimes.** Try not to skip meals and eat a healthy balanced diet. Try to eat at the same time every day and there is evidence low carbohydrate and low sugar diets help. Some people find that limiting citrus fruits, chocolate and cheese can help.

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- **Limit caffeine.** For people who experience migraine limiting caffeine may help. If you stop caffeine suddenly caffeine withdrawal can cause headaches. Caffeine can sometimes help in the early stages of a headache, which is why it is an ingredient in many over the counter medicines, but this should be limited to not more than 2 days per week.
- **Limit painkillers.** Taking too many painkillers can make headaches worse or cause rebound headaches. Try to limit pain-relief medicine to no more than twice a week or no more than 8 days out of the month.
- **Limit alcohol.** Alcohol can trigger attacks and affect quality and patterns of sleep, so it is best avoided until you find out about your triggers.
- **Moderate Exertion Exercise.** Exercise three to five times a week for at least 20-30 minutes in the daylight. This can include a brisk walk or other activities like cycling, swimming, Tai Chi or Yoga. It is important to move your head when walking around, take notice of the detail around you.
- **Practise relaxation,** mindfulness and stress management. Be kind to yourself.
- **Keep a diary.** Look for triggers and a pattern to the symptoms.

There are a wide range of migraine treatments available, including acute treatments to take when an attack strikes, or preventative treatments which are designed to be taken on a daily basis to relieve the frequency and severity of attacks. Some of these treatments may need to be prescribed by a health professional specialised in vestibular migraine. There are also a range of recommended supplements that you can take that have been proven to be beneficial e.g. Magnesium, Riboflavin, Q10 co-enzyme and Feverfew. In addition, acupuncture has proven to be a successful treatment.

Can Physiotherapy help me manage my Vestibular Migraine?

A physiotherapist who specialises in Vestibular Rehabilitation can provide advice and education about your condition. They will use exercises designed to help you become less sensitive to activities that trigger your symptoms. They may also assess your neck, vision and inner ear function to see if there are any contributing factors to your symptoms.

You may be given a programme of exercises to carry out at home. Usually the exercise prescription is paced and graded to your needs. The wrong type or dose of exercise can make symptoms worse. If your exercise programme is making your Vestibular Migraines worse speak to your Physiotherapist. Physiotherapy may have to be delayed or modified if the headaches are too frequent. It is important to see a physiotherapist with experience in the managment this condition.

Useful websites:

migraine.org.uk

migrainetrust.org

vestibular.org

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ACPIVR_Patient_Leaflet_VestibularSchwannoma_0326_V1.pdf

Vestibular Schwannoma

This is a patient information leaflet designed to help answer the common questions asked about Vestibular Schwannoma. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What is a Vestibular Schwannoma (also called an Acoustic Neuroma)?

A Vestibular Schwannoma is a very rare, small, non-cancerous, slow-growing tumour on the vestibular nerve. This is also known as the 8th cranial nerve and it transmits information from the inner ear to the brain. This nerve runs through a narrow bony canal and carries messages to the brain about hearing and balance. A growth here can press on the nerve or sometimes grow out of the canal and press on parts of the brain. The cause of the growth is usually not known, it affects men and women equally and is most commonly diagnosed between the ages of 30 and 60 years of age. A rare condition called Neurofibromatosis Type 2 is also associated with benign growths on the vestibular nerve.

How is a Vestibular Schwannoma diagnosed?

One-sided hearing loss, balance and tinnitus (hissing noise in the ear) are usually the first symptoms people see a doctor/GP with. Balance may be affected in 50% of cases and if the benign growth presses on the nerve that supplies the muscles in the face there may be some facial weakness.

An MRI scan is the best type of scan to use for monitoring these tumours. However, occasionally a CT scan will be used instead if an MRI scan is not possible, for instance if you have any magnetic metal work inside your body. The MRI scan takes around thirty minutes and you will have an injection in your hand. The scan is painless, but it can be quite loud inside the scanner. Once the scan is done, the specialist will look at the scan and write to you with the result.

If the MRI scan shows a vestibular schwannoma, you will be given the diagnosis and referred to a neurosurgeon at a specialist centre for advice about the best management for you.

What are the treatment options for a Vestibular Schwannoma?

Medical Management Annual Surveillance Monitoring (Watch and Wait)

If the tumour is small (less than 1.5cm) the recommendation is to have an annual MRI scan to monitor any changes. If there is no change in size over a few years, they may extend the time between scans. If the tumour grows to more than 1.5cm alternative treatments may be discussed. The average growth rate is between 1-2mm per year and some don't change size over many years.

Surgery

An operation to remove the tumour may be considered, depending on its size, location, your age and other health conditions. Specialist skull base centres perform this type of surgery.

Radiotherapy (Gamma Knife Radiosurgery)

Radiotherapy can halt the growth of the tumour and is an alternative to surgery. It is only suitable for smaller tumours. It involves attending a specialist radiosurgery/Gamma Knife centre and having a special frame fitted to your head for an MRI and delivery of the stereotactic (very precise) radiotherapy. Follow up MRI scans re-check the size of the tumour and any signs of re-growth.

How can physiotherapy help?

A specialist Vestibular Rehabilitation Physiotherapist can offer you an exercise programme to improve your balance and reduce dizziness.

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Following an assessment, a treatment plan is agreed. This helps you work towards achieving your goals, for example returning to work. Vestibular physiotherapy treatment will include exercises for you to do at home. This can include eye and head movements and some exercises that challenge your balance. The exercises will be designed for your individual needs.

The exercises may be difficult, but your balance needs to be challenged to improve your symptoms. Commitment will be required to see improvements in your balance and you may be asked to do things that you do not like doing or have been avoiding. Daily exercise is important. Vestibular Rehabilitation helps the balance system compensate through movement. Exercises teach the unaffected balance mechanisms and the brain to adjust to the loss of sensory information on the affected side.

Support and understanding from family and friends, managers and employers is important. Your physiotherapist may be able to provide some guidance around how to discuss reasonable adaptations with your employer or workplace.

What else can I do to help myself?

Other things that will support your recovery are:

- Keep positive, be patient and accept support from those around you.
- Don't avoid doing things you enjoy even if they make you feel alittle dizzy. Avoid severe dizziness initially and build up your exercises gradually.
- Get out and about and keep active, for example dancing/ line dancing, gardening, swimming, tai chi and walking are all activities to promote balance and general fitness. You may need to build up steadily to do some of these activities. Choose something that you enjoy.
- Try something different. It is only by challenging balance that it improves.
- Practise relaxation and mindfulness. Be kind to yourself.

Acoustic neuroma and driving

You can be fined up to £1,000 if you do not tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

Car or motorcycle licence

You must tell DVLA if you experience sudden and disabling dizziness.

Talk to your doctor if you're not sure if your acoustic neuroma causes other symptoms that will affect your driving, or if you must tell DVLA about them.

Fill in forms B1 and DIZ1 and send them to DVLA.

The appropriate forms can be found online:
www.gov.uk/dizziness-and-driving

Bus, coach or lorry licence

You must tell DVLA if you either:

experience any sudden and disabling dizziness

have acoustic neuroma in both ears

You do not have to tell the DVLA if you have not experienced sudden and disabling dizziness and only have acoustic neuroma in one ear.

Fill in forms B1V and DIZ1V and send them to DVLA. The address is on the form.

After surgery you can gradually return to driving as long as you feel safe to do so.. Always take advise from your doctor or surgeon.

Flying

Travelling by aeroplane should be avoided for at least three months after vestibular schwannoma surgery.

Useful websites:

British Acoustic Neuroma Association
bana-uk.com

gov.uk/acoustic-neuroma-and-driving

The Chartered Society of Physiotherapy (2013)
Physiotherapy Works: Vestibular Rehabilitation
csp.org.uk

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ACPIVR_Patient_Leaflet_Ageing_0326_V1.pdf

The Effect of Age on Balance and Dizziness

Many different changes happen in our bodies with time. Most of us notice our energy may fade a little or it may become more difficult to lose excess body weight. Our ability to balance and feel steady on our feet may also change as well.

Balance is the combination of all senses coming together to make a clear picture in our brain. The good news is that if any one of these becomes less accurate, the other two can adapt to step in. The main sensors are:

1. **Vision:** We rely on our eyes to orientate us in our world. We can tell where we are by seeing our position in the environment
2. **Pressure:** We feel the ground under our feet. The way we shift our weight on our legs tells our muscles and joints what to do to keep us upright
3. **Inner ear:** There are tiny tubes filled with fluid in our ears that sense when we move. This tells our brain how to respond to sudden shifts in weight or quick turns so that we don't fall over

The Eyes: Most people rely heavily on the eyes to keep their balance. As we age, our eyes may be more affected by sudden changes from light to dark, or lose their ability to focus as easily. Often we need spectacles to improve our vision. Cataracts, glaucoma, and the effects of diabetes or other conditions can alter our vision as well. Often people will choose bifocal or varifocal lenses for convenience. Over time, these can affect your depth perception causing you to trip on curbs or uneven surfaces. A study from Australia in 2010 found that 300 long time users of bifocals had twice as many falls as 300 people with separate reading and distance glasses.

Vision checks are recommended every 2 years or every year if you are over 65 years of age.

The Feet: Being able to feel the ground under our feet is an often overlooked part of being steady. Children enjoy bouncy castles because of the challenge of keeping their balance (and they don't get hurt if they fall over). Many things can cause this ability to fade as we age. Poor circulation due to smoking, excessive alcohol, diabetes, and other things can cause nerves in the feet to die off. Feet can be left feeling numb or having pins and needles sensations. Arthritic changes in the small joints of the feet or in the lower back can change how we feel the ground beneath us as well.

If you can't feel the ground beneath you it is difficult to know where you are and it can feel bouncy or wobbly when you walk.

These changes can be prevented by taking healthy steps early, such as quitting smoking, adopting healthy diets and seeking regular foot care from a podiatrist or chiropodist. We can also make wise choices about footwear that are supportive, firm, and the fit correctly. Shoes with soft, squishy soles can seem very tempting particularly for people with bunions or other arthritic changes in their feet. Be careful about these types of shoes and trainers as it can be like walking in a bouncy castle all day.

Good strength in muscles is needed to be able to act on the messages the brain receives from vision, joints and movement planning centres in the brain. Maintaining strength through daily activity also helps circulation, lungs, and helps joints be less stiff.

The Inner Ear: This is a very important sensor for balance. As the fluid moves in tiny tubes in each ear, messages are sent to the brain which then sends messages to the eyes and the muscles about how to move safely. The brain depends upon the messages from the ears being of equal strength. The messages can become muddled for many reasons. The most common are calcium crystals getting stuck in the balance tubes, side effects of medications, growths on the nerves connecting them to the brain, or infections. Then the messages to the eyes and muscles becomes muddled as well. This can cause feelings of dizziness, being "off balance", or vertigo. Vertigo is a feeling that the world is moving around you

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The most common cause of dizziness and vertigo in people older than 65 is when calcium crystals from one chamber in the inner ear move into tiny tubes of fluid also in the inner ear. This is a condition called Benign Paroxysmal Positional Vertigo (BPPV). The good news about this condition is it's easily fixed by moving the crystals out of the tube and back to the chamber they came from. This is done with an Epley Manoeuvre. A qualified Physiotherapist, Doctor, or Audiologist may be able to help you perform this manoeuvre and normally people feel better very quickly. The risk of developing this condition is increased by having diabetes and/or being low in vitamin D, head injury or whiplash. It is important to remember that dizziness is not just a part of aging. You should seek professional advice if you do become dizzy.

Nobody intends to fall over and hurt themselves and you shouldn't go through life in fear because fear of falling actually increases your risk of falling. However, we can be proactive and do things that reduce the risk. 1 in 3 people who fall are over the age of 65.

What else can cause you to feel dizzy or fall over?

Postural Hypotension: This is when blood pressure drops suddenly when you stand up. This can be due to dehydration, irregular heart rhythms or side effects of certain medications.

Medication side effects: Its common for people to take more medications with age to address blood pressure, blood sugars, depression, anxiety, heart problems, pain, or other conditions that develop. Having more than 4 medications a day increases the risk of falling over. It is strongly recommended that people review their medications with their GP at least once a year or after any change in their health including weight gain or loss.

Medical Conditions: Parkinson's disease, Multiple Sclerosis, Stroke, Heart Disease, Hypertension, Diabetes and many other medical conditions can affect one or all three of the senses needed to balance.

Malnutrition and dehydration: Protein is needed for strong muscles, calcium for strong bones, water to keep our cells healthy, and vitamins to keep all the different systems in our bodies working properly. Our sense of thirst and hunger can change as we get older. Take extra care and make sure you have enough food and fluid regularly. Remember the effects of alcohol may become more pronounced with getting older and alcohol also affects your inner ear and balance.

If you, or someone you care for, feel unsteady, dizzy or lightheaded, speak to your GP, nurse practitioner, or physiotherapist for advice on how to make positive changes to stay active. Falling doesn't have to be a part of getting older. Dizziness and imbalance can be prevented, managed and corrected with the right treatment and exercise. If you are in good health, remember to stay active. Do things you enjoy; dancing, yoga, Tai-Chi, golf, bowls, swimming, anything that gets your heart rate up and keeps your muscles strong. If your health prevents you from exercising speak to your GP about seeing a Physiotherapist. A Physiotherapist will be able to put together an individual movement and management programme that will reduce your risk of falling.

Useful Websites:

If you have additional queries, go to the Chartered Society of Physiotherapy website:

csp.org.uk

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ACPIVR_Patient_Leaflet_HeadTrauma_0326_V1.pdf

Head Trauma

This leaflet contains information about dizziness and balance problems following Head Trauma. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What type of head trauma can lead to inner ear problems?

Trauma to the head can affect the inner ear 'directly' or 'indirectly'. Direct head trauma involves a physical injury to the head and most commonly occurs after falls, motor vehicle accidents or assaults. Indirect head trauma commonly occurs through impact to the body where rapid acceleration-deceleration forces cause the brain to 'wobble' in the skull increasing the risk of injury to the structures of the inner ear (e.g. motor vehicle collisions without direct head injury or tackle injuries in sport).

Head trauma can be classified by its severity as either mild (often referred to as 'concussion'), moderate or severe. The injury severity due to head trauma should be made by a medical professional with specialist experience and only after a thorough assessment. Inner ear problems can occur after all types of head trauma and will vary from person to person.

The structures of the inner ear are located in the skull just behind both ears. The inner ears communicate through complex pathways that go to all areas in the brain. Head trauma can involve any part of this balance pathway and an assessment by a physiotherapist who specialises in vestibular disorders (dizziness/balance problems) can help.

Did you know?

The most common cause of head trauma are falls that are less than 2 metres in height in people older than 65 years of age.

How common is dizziness after head trauma?

Symptoms of dizziness are commonly reported after head trauma. Dizziness is present in 23% to 81% of cases in the first few days after injury. The reasons for the wide range of reported dizziness symptoms includes the following:

- Depending on injury severity, dizziness may not be a problem in the first days after injury if you are not moving around as much.
- Dizziness is a complex symptom and often difficult to describe.
- Some health professionals may not be aware of inner ear problems after head trauma and therefore may not ask specific questions about dizziness or balance issues.
- Dizziness may be attributed to non-vestibular (non-inner ear) problems.
- Some people with severe head trauma become less aware of balance and dizziness problems and so don't report them (balance agnosia).

Dizziness after head trauma can feel different for different people. Some common descriptions of dizziness include vertigo (spinning), light-headedness, swimmy, floaty, unsteadiness, imbalance, unclear vision.

Symptoms of dizziness can occur in different situations: changing position (e.g. turning over in bed), busy environments (e.g. local grocery store), moving your head (e.g. walking and looking around). **Do not worry if your description of dizziness is not here – everyone has their own way of describing how they feel. This is normal.**

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What other symptoms can you have with head trauma?

It is common to experience other symptoms with dizziness after head trauma and this can include:

- Hearing problems, headaches, sensitivity to light/sound, neck pain
- Anxiety, low mood, irritability
- Reduced attention, concentration and memory, 'fogginess'
- Difficultly getting to sleep, difficulty staying asleep

All these symptoms are common after head trauma and can respond to treatments that work together to improve your quality of life. It is important to have a conversation with your GP or Physiotherapist if you are worried about any symptoms.

Can Physiotherapy help recovery from a Head Trauma?

It is very common for individuals with inner ear problems following head trauma to restrict their level of activity and stop participating in their normal daily routine e.g. cleaning the house, shopping, exercising, walking or working. However, restricting these normal activities because of inner ear problems can slow down recovery.

Physiotherapists specialising in vestibular disorders can help with dizziness after Head Trauma. Vestibular physiotherapists can perform a thorough assessment to determine the underlying cause of your balance system problems and develop a specific treatment plan to address any agreed goals of therapy. Treatment may include education and specific exercises or treatment techniques to help reduce dizziness, improve balance, general strength and fitness levels.

Recovery takes time, sometimes months and years, so it is very important that you get back to your prior activities as soon as is tolerated by your body. Successful recovery takes commitment and patience. Research shows that avoiding movements and activities that make you dizzy may slow your recovery. Following the specific paced and graded rehabilitation programme from your vestibular physiotherapist gives you a chance to obtain the best possible outcome.

Useful resources:

vestibular.org

headway.org.uk

headway.org.uk/media/10603/balance-issues-and-dizziness-after-brain-injury-factsheet.pdf

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ACPIVR_Patient_Leaflet_Vestibulopathy_0326_V1.pdf

Vestibulopathy

This leaflet contains information about a condition called Vestibulopathy. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What is a Vestibulopathy?

A Vestibulopathy is a condition that affects your inner ear and balance organs. There are different types of vestibulopathy, for example, a **Vestibular Neuritis** or **Labyrinthitis.**

Your inner ear contains the vestibular system, a complex organ that works together with your eyes, muscles and sensation in your lower limbs to keep you balanced and your vision clear when you move. If one of those systems isn't working properly it can cause problems with your balance.

A vestibulopathy can lead to under working of the balance organs on one or both sides. There are 2 balance organs (one in each ear) and they normally work together. When one fails to work properly it can lead to a variety of symptoms such as dizziness, nausea and imbalance.

What are the causes of a Vestibulopathy?

A vestibulopathy can be caused by a number of things:

- A viral infection of the inner ear. This usually comes on very suddenly and the acute symptoms can last for a few days or weeks. As the brain gradually adjusts the symptoms start to get better. However, some people can experience symptoms for a longer period of time and need vestibular physiotherapy to fully recover.
- Occasionally a restriction to the normal flow of blood to the inner ear can cause damage.
- Some drugs can affect the working of the balance system and can cause a weakness on one or both sides.
- Other vestibular or neurological conditions can affect the function of the balance organs e.g. MS or Stroke. A specialist Vestibular Rehabilitation Physiotherapist will be able to refer you back to your GP or a specialist doctor if you have any symptoms that are unusual for a vestibulopathy.

What are the common symptoms?

- **Vertigo.** The main symptom is usually vertigo, dizziness or spinning sensation. At the start it may be severe enough to cause nausea and vomiting and will be constant. As time passes the dizziness will reduce and is likely to be present only with head movements or when moving around.
- **Nausea and vomiting.** This usually happens at the start of your symptoms but the nausea can persist and is usually related to movement of the head.
- **Decreased balance.** Initially balance can be severely affected and you may have problems walking unaided. As the body begins to recover you may notice you feel slightly off balance walking around or when moving your head.
- **Walking and balance:** You may notice some difficulties with walking especially when outside or in busy environments. This may cause you to veer sideways or lose balance with quick head or body movements.
- **Blurry vision:** You may experience blurred vision or 'bobbing' vision when turning your head quickly or moving fast. Others can describe a "catch up feeling" as their vision catches up to their head movement.
- **Hearing loss:** If the hearing organ, the cochlea, is involved hearing may be reduced and you may notice you have trouble hearing conversations in busy places of have to turn up the volume on the television.

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What is the treatment for Vestibulopathy?

In the early days when your symptoms are very severe, your GP may prescribe some medication to suppress the vestibular system and reduce nausea. However, beyond this very early stage, medication has limited benefit and may actually prolong the recovery if used for longer. It is beneficial to avoid steroid use in the first 48 hours of your symptoms as this can delay recovery.

The brain will recognise there is an imbalance in the system and will make adjustments for it over time and so the symptoms improve. This is a process called compensation and is most likely to occur if you keep as active as possible despite feeling dizzy.

Unfortunately some people fail to compensate and their symptoms persist. This is when Vestibular Rehabilitation (VR) can have a positive effect on recovery. The aim is to speed up the compensation process by exposing your balance system to many different tasks that bring on your symptoms. This stimulates the brain to recognise the problem and adjust appropriately. This can improve the dizziness.

What should I expect from Physiotherapy and Vestibular Rehabilitation?

Your Physiotherapist will take a full history, examine your head and eye movements and assess your balance. Your Physiotherapist will then develop an exercise programme to help improve your symptoms and any balance problems you may have. Occasionally these exercises may initially increase your symptoms but this is needed to help recovery and is entirely normal. It is normal to experience dizziness and imbalance with some exercises, but it should not be severe, prolonged or disabling. If you have an increase in your symptoms with the exercises talk to your Physiotherapist who will be able to reassure you or modify them if needed.

Exercises may include the following;

- **Gaze stability exercises and VOR training:** You will be asked to look at a target ahead of you and move your head side to side or up and down. This helps your eyes and balance system to work better and reduce symptoms triggered by head movements.
- **Balance exercises:** These are designed to increase your confidence moving around and help the different sensors of the balance system integrate for better balance and reduced dizziness.
- **Walking exercises:** These are generally more challenging and may include walking with head turns, throwing a ball or completing a mental task whilst walking and will help you to feel more balanced when out and about.
- **Anxiety management:** Often people with balance problems have anxiety surrounding their symptoms. Usually the exercises boost confidence with balance and walking and anxiety settles, but your therapist may offer advice and guidance to help manage these symptoms if this facilitates recovery.

Your Physiotherapist will progress your exercises, making them more challenging as your symptoms settle and your activity increases. This may happen over a few sessions or if symptoms have been present for a long time it may take longer.

Vestibular Rehabilitation has proved to be very effective in helping patients with a vestibulopathy. Most people will return to a good quality of life and manage any long-term symptoms well.

Useful websites:

vestibular.org

nhs.uk/conditions/labyrinthitis

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