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*One to One Treatment always  
with a licensed professional*

#### Your Therapy Team

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Priscilla Kowal, MPT, COTAL  
Jennifer Meier, MPT, CLT  
Kevin Sadowski, DC, Cert MDT  
Jennifer Cavanaugh, PTA

**3,000 square foot facility  
with private treatment  
rooms**

#### Providing Physical Therapy for:

Work Injuries  
Auto Injuries  
Back Pain  
Neck Pain  
Vertigo / Vestibular Rehab  
Lymphedema  
Post Surgical Rehab  
Orthopedic Complaints  
Headaches

Functional Capacity Evaluations

#### Specially Certified In:

McKenzie Technique  
Lymphedema Management  
Vestibular Therapy  
Graston Technique  
Mulligan Technique  
Functional Capacity Evaluations

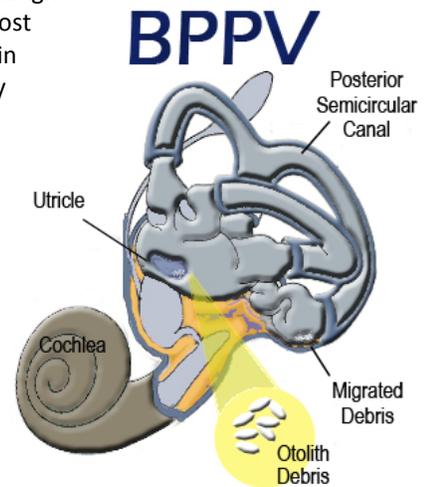
#### Payment

Accepting Medicare and most  
major insurance. Letters of  
protection accepted.

## Success with the Most Common Form of Vertigo in Two Treatments

The Vestibular Disorders Association estimates that 42% of the adult population reports episodes of dizziness or vertigo to their physicians and that in 85% of those cases, vestibular dysfunction causes the patient's problems. Left unaddressed, the occasional dizziness or dysequilibrium can lead to injury falls, auto accidents, work accidents, or fear of performing normal activities of daily living. Benign Paroxysmal Positional Vertigo (BPPV) has been described as the most prevalent form of vertigo<sup>1</sup>, with incidence rates estimated as high as 50% in the age 70+ population.<sup>2</sup> **Enfield Health & Wellness Center** efficiently improves most types of peripheral and central vestibular disorders and effectively treats BPPV with conservative positioning maneuvers.

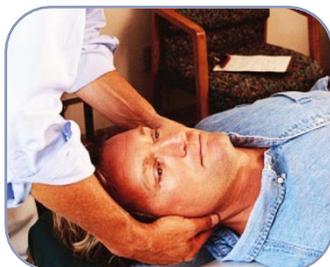
**Impressive Results:** Numerous studies have demonstrated the efficacy of physical therapy approaches for BPPV.<sup>3-10</sup> Noteworthy among these studies for the large number of patients treated is the work of Gans and Harrington-Gans, which followed 376 patients with confirmed diagnoses of BPPV-posterior canal. **Seventy-nine percent of their patients required only one treatment** and 17% required two treatments. Between 2% and 7% experienced recurrence. Most other investigators using similar diagnostic criteria similarly report success rates greater than 90%. **Enfield Health & Wellness** uses the evaluations and treatments described by Gans and enjoys similar outcomes.



**Pathophysiology & Diagnosis:** BPPV is caused when otolith debris degenerates within the utricle and migrates into the semi-circular canals – predominantly the posterior canal. The material either adheres to the cupula (cupulolithiasis) or lies within the long process of the canal (canalolithiasis) and causes deflection of the cupula with changes in head position. In younger patients, other ear dysfunctions often precede BPPV. Diagnosing PC-BPPV involves identifying four classic criteria:

1. Transient rotatory-torsional nystagmus toward the undermost ear when side-leaning or lying
2. Subjective vertigo that parallels the nystagmus
3. Latency of onset of nystagmus
4. A possible reversal of nystagmus upon return to sitting position

We treat BPPV with a modified Canalith Repositioning Maneuver and/or a Semont Liberatory Maneuver. The head repositioning techniques work to mobilize debris in the posterior canal so that it can return to the utricle and dissolve.



Vertebral compression of the artery contraindicates some maneuvers in vestibular rehabilitation. Enfield Health & Wellness will pre-screen all patients with a Vertebral Artery Test. When tested positive, we will report to the referring practitioner and avoid neck hyperextension positions. We will also screen for orthopedic and neurologic conditions that may contraindicate evaluation or treatment. These maneuvers should be conducted by trained professionals. Complications from the BPPV repositioning maneuvers include horizontal canal migration and canalith jam. Additional repositioning maneuvers can correct both of these complications.

**Please refer your patients to Enfield Health & Wellness Center**  
Doctor Recommended, Patient Preferred

## REFERENCES

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