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The Bell Method™ *A Fresh Perspective*



Practice Update: 2017 BPPV Clinical Practice Guidelines

by Dr. Kimberley Bell, DPT

Are you ready to learn how to more confidently assess and treat patients with dizziness and vertigo?

The purpose article is to alert professional physical therapists, physical therapist assistants and DPT/ PTA students of a very important document that represents the ***evidence-based best practice recommendations for management of patients with dizziness in any clinical practice setting***, the 2017 revised BPPV Clinical Practice Guidelines (CPG).

This CPG is intended for ***all clinicians*** who are likely to manage patients with dizziness, and it applies to all clinical practice settings where patients with dizziness or vertigo would be managed.

That includes all providers that care for geriatric patients and ***especially patients with chronic falls***. The 2017 publication is an update to the original BPPV Clinical Practice guidelines released in 2008.



Some of the Key findings about BPPV include:

- **Many patients with BPPV are misdiagnosed or under-diagnosed, due to lack of proper root cause evaluation for patients with complaints of dizziness and vertigo.**
- To arrive at a diagnosis of BPPV, the average cost is \$2,000.

- Many patients undergo unnecessary diagnostic testing and inappropriate or ineffective treatments, resulting in prolonged delays in care for months.
- Delays in appropriate diagnosis and treatment have a significant cost and reduce the quality of life for the patient AND their caregivers.
- Due to the prevalence of BPPV, especially in the elderly, the societal impacts are TREMENDOUS.
- Older people with BPPV have a higher incidence of depression, falls and reduced daily activity levels.
- With the increasing age of the US population, the incidence and prevalence of BPPV is expected to increase.
- Several other disorders may present similarly to BPPV, and should be considered as part of a comprehensive exam. BPPV can also co-exist with these disorders and none of these potential causes should be overlooked.
- **The diagnosis and immediate treatment of BPPV can be made based on the clinical history and physical exam by a properly trained clinician *without any specialized testing equipment.***
- All patients with a history of chronic falls should be evaluated for BPPV as an underlying cause.
- All providers who care for patients with dizziness should have a basic familiarity with BPPV and refer to other specialty providers to prevent the adverse events that are commonly associated with undiagnosed or mismanaged BPPV.
- BPPV is a Bio-Mechanical problem that can be effectively treated with a complete resolution by a properly trained provider in most cases.

If you are interested in reading – or sharing – the 2017 BPPV Clinical Practice Guidelines, [click here](#).

After all, are we not the Bio-Mechanical Experts in Healthcare?