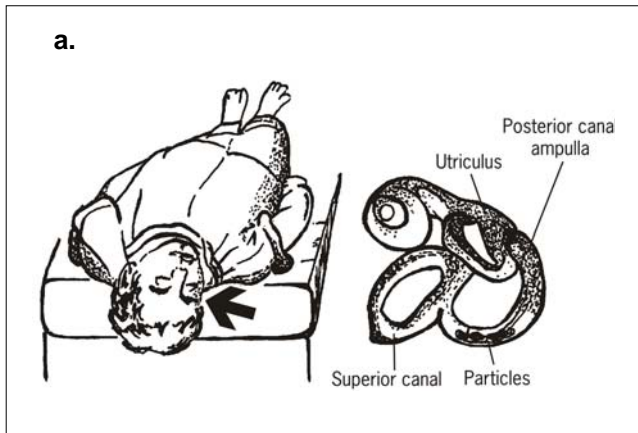


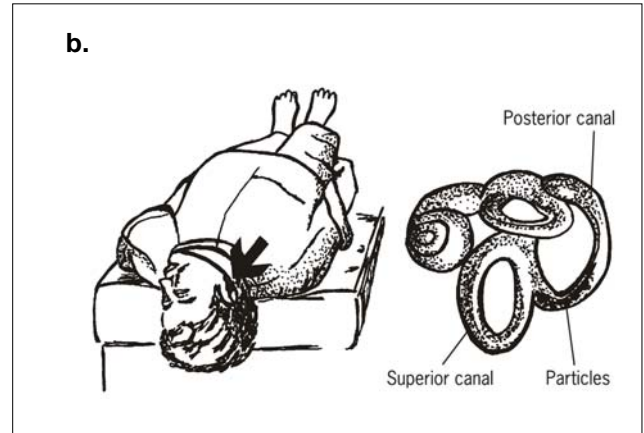
APPENDIX 2. EPLEY MANOEUVER

In the Epley manoeuvre, the dislodged particles that are causing BPV are eased back into the utricle. Several variations of the manoeuvre have been described and shown to be effective.

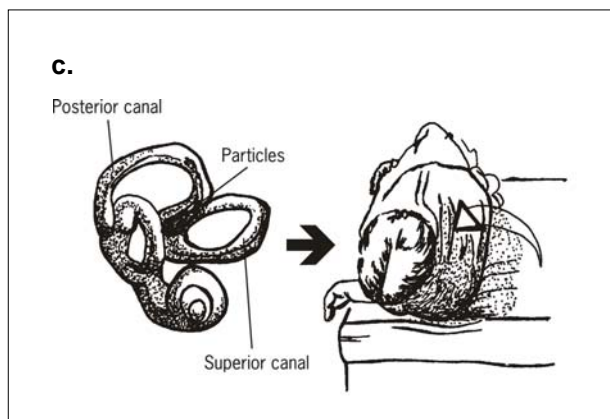
The following example, in which the patient's right ear is being treated, illustrates the steps in the Augmented Epley. In each panel, the movement of the particles within the labyrinth is shown, as well as the corresponding vantage point on the patient (arrows pointing toward the affected ear).



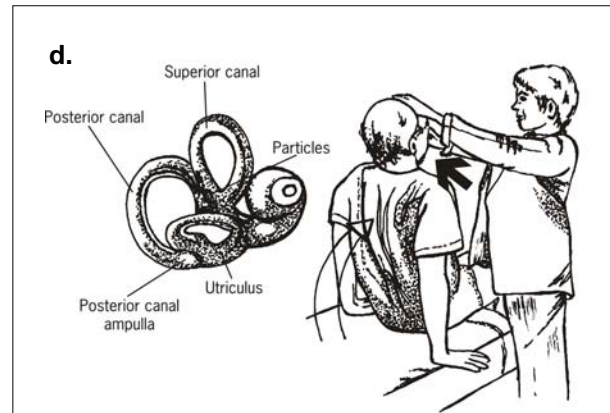
a. The initial position is the same as the final position of the Dix-Hallpike manoeuvre (box, page 4). For this step, the patient starts in a seated position and the head is turned toward the affected ear. With the head turned, the patient is reclined so the head is over the end of the bed. Hold this position until 10 seconds after dizziness stops or at least 30 seconds.



b. Once the vertigo and nystagmus cease, with the patient still reclined, the patient's head is rotated until the left ear is pointing down. Hold until vertigo ceases or for at least 30 seconds.



c. The next step is to rotate both the head and body until the head faces down, ensuring that the tilt stays downward. The patient should now be looking at the floor. Again, hold this position until dizziness ceases or at least 30 seconds.



d. The patient is gently eased up from the table, while the head is *kept turned* toward the left shoulder, until a sitting position is reached. Hold for 30 seconds. Then patient turns head to face forward, and puts the chin down to flex the neck 45 degrees. Hold for 30-60 seconds.

Adapted from: Cohen HS, Kimball KT. Treatment variations on the Epley maneuver for benign paroxysmal positional vertigo. *Am J Otolaryngol* 2004 Jan-Feb;25(1):33-7. ; PMID: 15011204; Clark, MM. How to sort out a complaint of dizziness. *Patient Care* 2003;37:44-52. ; White J. Benign paroxysmal positional vertigo: how to diagnose and quickly treat it. *Cleve Clin J Med*. 2004 Sep;71(9):722-8. PMID: 15478703; www.gpnotebook.co.uk/cache/-1489698801.htm