



BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

This most common form of peripheral vertigo is caused by calcium carbonate crystals deflecting inappropriately within the inner ear (semicircular canals). This is most likely due to head trauma or inflammation of the inner ear. By utilizing a highly specific sequence of head movements our trained therapists move the crystals away from the area creating the mismatched signals, therefore resolving the dizziness.

CERVICOGENIC DIZZINESS

This is defined as a non-specific sensation of altered orientation in space originating from the neck. 20-58% of patients with whiplash will experience dizziness due to abnormal sensory input from cervical receptors. In more mature patients, cervical arthropathy and hypomobility frequently causes the same type of sensory input impairment. Fortunately, orthopedic physical therapy interventions conducted by a trained manual therapist such as myofascial techniques, trigger point release, active and passive ranges of motion, and soft tissue and joint mobilization will help to facilitate recovery from dizziness and impaired postural control.

PARRY PHYSICAL THERAPY GROUP

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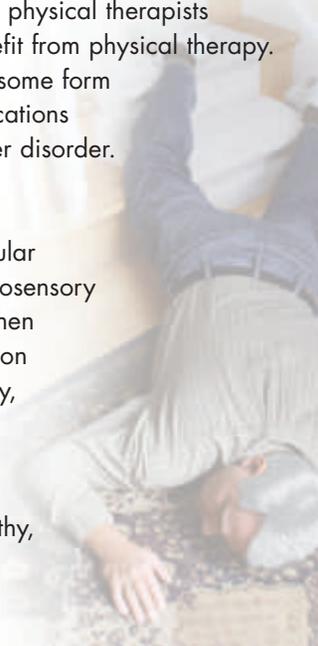
BALANCE THERAPY: MANAGEMENT OF PERIPHERAL, VESTIBULAR, AND CERVICOGENIC DIZZINESS

Balance disorders are the number one cause for falls in older adults. Dizziness is one of the most common reasons for older people to see their doctor. Recently, there has been an explosion of research on and interest in balance control and vestibular disorders. An increased number of patients are seeking physical therapists to treat their dizziness and vertigo. Balance training and vestibular therapy has become a specialty service offered by **Parry Physical Therapy Group**. With the ability to assess, evaluate, and treat dizziness, vertigo, and balance impairments caused by peripheral, central, or cervicogenic vestibular disorders, we have been able to meet the needs of these patients.

Dizziness, a nonspecific term describing an altered orientation in space, affects more than 30% of elderly adults. Dizziness can be described by lightheadedness, blurry vision, imbalance, weakness, headache, vertigo, and nausea. Our role as physical therapists is to assess and differentially diagnose whether the patient will benefit from physical therapy. Almost 90% of patients diagnosed with a balance disorder receive some form of medication to treat their disorder. However, in some cases medications may be causing increased dizziness and may actually lead to further disorder.

PATHOPHYSIOLOGY

Dizziness is associated with a sensory mismatch between the vestibular system (our main sensory organ for balance and orientation), somatosensory system (the ability to use tactile function), and the visual system. When there is a malfunction with any of these systems inaccurate information is sent to the brain which leads to imbalance, nystagmus (involuntary, oscillatory eye movement), and vertigo and/or dizziness. Sensory information is also relayed from the muscles and joints of the cervical spine. Therefore, with common injuries such as whiplash or with cervical arthrosis, myofascial syndromes, lumbar radiculopathy, or lower extremity weakness, it is common to develop dizziness or balance disorders as well.



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