

Comprehensive Physical Therapy Center Staff

Bruce Buley, MA, PT, OCS, CSCS, Clinic Director

Received his physical therapy training at downstate Medical Center in New York City and earned an advanced Master's in physical therapy at UNC-CH. His 30 years of physical therapy experience have included treating patients with orthopedic, neurological, cardiac, pediatric and sports related problems, including foot and orthotic fabrication. Bruce has served on the academic and clinic faculties of UNC and Medical College of Georgia. In 1999, Bruce became a Certified Orthopedic Specialist by the American Physical Therapy Association and in 2002, became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. He received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association., and in 2005, was awarded the "Mabel Parker Clinical Education Excellence" award from UNC. In 2006, Bruce became a credentialed clinical instructor with the APTA.

Christine Viola, DPT, OCS, received her Doctor of Physical Therapy degree from Duke University in May 2007 and previously her B.A. in Biology from Hamilton College in May 2004. During her time at Duke, she gained experience in orthopedics, sports medicine, and vestibular rehabilitation. She also took additional courses in general manual therapy and vestibular assessment/treatment to further specialize her orthopedic and vestibular rehab skills. In addition to being available for these services, she will also provide any general women's health physical therapy needs.

Valerie Boyle, DPT, received her Doctor of Physical Therapy degree from Elon University in 2006. After growing up in Fuquay-Varina, she graduated with a B.S. in Biology and Chemistry in 2003 from Greensboro College, where she also played soccer. In 2009, Valerie became a credentialed clinical instructor with the APTA, as well as a Certified Ergonomics Assessment Specialist through the Back School of Atlanta. In 2010, she completed Women's Health Pelvic Physical Therapy training with internal examination.

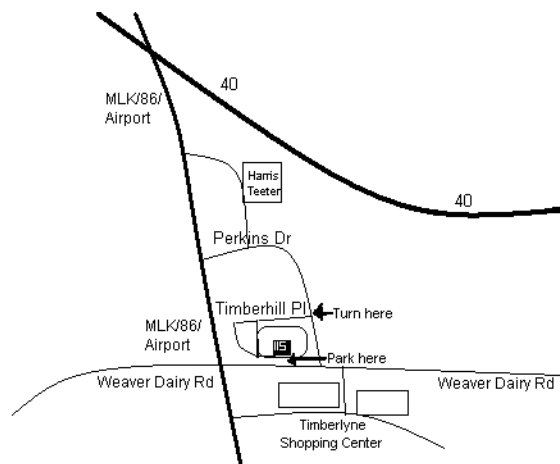
Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral Medicine and has worked in the field of rehabilitative medicine for over 14 years. Jeanne also has been teaching stress management techniques for over 8 years.

Office Hours:

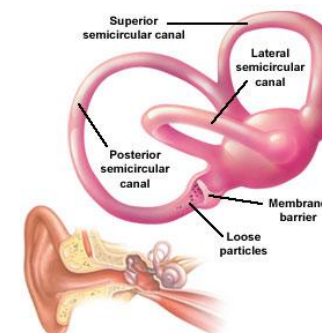
Monday through Friday 8:00 am to 5:00 pm
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Benign Paroxysmal Positional Vertigo



What is making you so dizzy?

What is Benign Paroxysmal Positional Vertigo (BPPV)?

- Vertigo is the sudden sensation that the world is spinning or moving around you. Benign Paroxysmal Positional Vertigo is the most common form of vertigo, and nearly half the people over the age of 65 will develop BPPV.
- The vertigo associated with BPPV is due to the movement of calcium carbonate crystals within the semicircular canals of the inner ear.
- Calcium carbonate crystals, called *otoconia*, belong within the utricle in the vestibule of the inner ear. When the utricle is damaged by trauma or infection, or degenerates due to aging, the otoconia may detach from the utricle and end up within the semicircular canals.
- With head movement, the displaced otoconia move within the fluid-filled semicircular canals. The abnormal movement within the canals sends an error signal to the brain that the head is spinning, which leads to the sensation of vertigo!
- The spinning sensation can also result in abnormal rhythmic eye movements (nystagmus).

Signs and Symptoms of BPPV

- Dizziness, vertigo, lightheadedness, imbalance, and nausea.
- Symptoms are typically brief, lasting less than 30 seconds at a time and occur with changes in head position relative to gravity.
- Symptoms occur with rolling over in bed, tipping your head back to reach a high shelf, or with returning from a forward bent position.
- Dizziness may be intermittent and seem come and go in an unpredictable manner.
- You may notice that your symptoms began after having an infection, or trauma to your head.
- If you experience sudden episodes of severe dizziness accompanied by other unexplained symptoms, you should first see your medical doctor for a thorough examination, as dizziness may be a sign of serious pathology.

Diagnosis and Treatment

- During a physical examination your doctor or physical therapist will look to see if your dizziness is reproduced with head movements such as tipping your head back or lying on your side.

- Once a diagnosis of BPPV is made, and other more serious pathology can be ruled out, treatment consists of repositioning the displaced otoconia within the inner ear.
- The Canalith Repositioning Maneuver (CRM) is a highly successful treatment technique when performed by a trained physical therapist. The therapist will take you through a series of head position changes, which reposition the displaced otoconia from the canal to the utricle. Once in the utricle, the otoconia may re-adhere to the otolithic membrane, dissolve, or be broken up.
- The CRM is very effective, with an approximate cure rate of up to 90%, though the recurrence rate for BPPV may be as high as 30% in the year following initial diagnosis.
- Treatment may also consist of individualized vestibular physical therapy exercises to retrain the vestibular system.

References / Resources

Froehling DA, Bowen JM, Mohr DN, et al. The canalith repositioning procedure for the treatment of benign paroxysmal positional vertigo: a randomized controlled trial. *Mayo Clin Proc* 2000;75:695–700

Mayo Clinic website. Vestibular rehabilitation. Available at www.mayoclinic.org/balance-rst/vestrehab.html.

Vestibular Disorders Association (VEDA) website. Benign Paroxysmal Positional Vertigo (BPPV): www.vestibular.org/bppv.html.