Answer- 1:

My hypothesis is that this case present like PPPD since the patient has normal BPPV tests (as confirmed by the ENT doctor), score well on uneven and moving surfaces and does well on foam/unstable surfaces (this will not happen in vestibular hypofunction). Additionally, her GAD-7 score of 18 suggest anxiety issues and failure of other therapy for neck/c-spine suggests the patient has been suffering with  his issue a lot and trying to cover all grounds to get some relief.

Answer 2:

The treatment part for PPD must include

1. Vestibular rehab to deal with vestibular symptoms.
2. Pschotherapy/talking therapy for alleviating anxiety around her balance issues.

1. Vestibular rehabilitation
   1. Gradual and progressive gaze stabilization and habituation exercises from lying to sitting to standing and finally to stand on one leg and on side provoked.
   2. Motion sensitivity desensitization- introducing patient to videos inducing motion sensitivity eg- bust street or changing complex colour/patterns. And slowly increasing the level of difficulty once patient start tolerating well.
   3. Function gait training especially with head tilted to Rt.- gradually increasing level of difficulty.

1. Psychological counselling.
   1. Breathing exercises.
   2. Coping strategy
   3. Education and understanding on PPPD symptoms.

Answer 3: How to monitor progress.

Adv patient to make Symptom diaries.

Repeat MSQ and VVAS scores every 3-4 weeks.

GAD-7 every month to monitor anxiety improvements.

Score patient on mCTSIB and FGA reassessment every 4–6 weeks:

Gaze stability/DVA retest: Should improve with training.

Efforts to Regains Confidence in movement and Reduced long term fear avoidance behaviours.