A male patient, 38-years-old, comes to your practice with refractory BPPV.

You ask further questions about the dizziness; your patient answers the following:

He has the diagnosis “BPPV” made by an ENT physician.

The patient reports to have 1 BPPV per month, often when it is very stressful at work or when he sleeps/drinks little. He is a project manager and has a lot of responsibility.

When he has his monthly BPPV, he does the exercises he got from the ENT doctor. He shows you a handout of the Epley maneuver. When your patient has vertigo, he does the Epley maneuver 3x for the left side and 3x for the right side. He does this three times a day, in the morning, at noon and in the evening.

After 1-2 days the BPPV is always gone. Between the attacks he is fine, he has no vertigo.

When he has dizziness, it is a postural unsteadiness, he then does not feel safe on his feet.

He also has a feeling of pressure in the eye-forehead area now and then.

He finds bus rides, bright lights, colorful/flashing neon signs and wildly patterned clothing/umbrellas unpleasant.

Especially as a child he was very sensitive to such stimuli.

You do your physical examination afterwards; these are your findings:

Cerebral examination is normal.

Oculomotor examination: Everything normal, but he finds it unpleasant (slightly symptom provoking). He keeps rubbing his eyes.

HIT, DVA, mCTSIB are normal and well tolerated. FGA score is 30 points.

The patient calls you after a few hours and reports that he is feeling worse. He suspects BPPV. You have another free appointment the next day and plan him for the next day. At the appointment, you first test for BPPV. The BPPV-tests are uncomfortable, but all negative (no nystagmus).

While he’s there, you still have him perform the MSQ and VVAS:

MSQ (page 2 of the document “Daily exercise program – Habituation Therapy“) – Items 2, 3, 4, 6, 7 are ticked.

VVAS (page 2 the document “Habituation therapy for visual vertigo – Videos“) – Being a passenger in a car 5, fluorescent lights 7, traffic at a busy intersection 5, walking through a mall/supermarket 4, riding an escalator 4, watching a movie in a theater 8, walking across a patterned floor 8, watching an action movie 7.

What is your hypothesis? What does he have? Why do you think that?

My hypothesis is that whe has VM Vestibular Migrane.

His symptoms are triggered by stress, lack of sleep and alcohol, also he has visual and motion sensitivity.

BPPV should not come back every month and should test positive for nystagmus.

Develop a treatment plan that includes an intervention for all symptoms / problems!

Patient education, lifestyle modifications and habituation exercises for visual and motion sensitivity.

How would you evaluate the progress of your treatment?

Reassess every couple of weeks and increase the intensity of the habituation exercises.