

## Put Our Expertise on Your Side.

*Listening, observing, and palpating tell us where to go and what to do, more than MRI or X-ray. Our quest for better results keeps us continually training and revising our approach to physical therapy. We utilize non-traditional, research based interventions that yield superior results for many people such as:*

- ◆ **Vestibular Rehab:** Specific maneuvers for the semicircular canals of the inner ear.
- ◆ **Fascial Manipulation®:** Targeted soft tissue techniques aimed at restoring pain-free mobility to tissue layers.
- ◆ **Dry Needling:** For resolution of fascial densifications, fibrosis and Myofascial trigger points that cause pain and limit motion.
- ◆ **Movement Re-education:** Using verbal and tactile cuing to retrain the trunk and extremities in normal movement patterns.
- ◆ **Individualized Exercise:** Not an impossible long list to do for the rest of your life, but a few key exercises to sustain gains.
- ◆ **Education:** Learning how to get out and stay out of pain and dysfunction.



### Explore Your Options.

*Learn more about the non-surgical and non-pharmacological options we offer:*

- ◆ Call and speak with one of our therapists.
- ◆ Go to our website—it's loaded with information!
- ◆ Visit one of our offices and pick up an informational brochure.
- ◆ Schedule a screening—15 minute consultation with a therapist, free of charge.
- ◆ Schedule an evaluation - for the first time, or if it's been a long time since you've seen us. We are *always* learning and may have something new to offer.

*In many cases a referral is not necessary, and insurance may cover.*

*Se habla español*

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**Appalachian Physical Therapy**  
*"There's a difference you can feel!"*

## **DIZZINESS & VERTIGO**



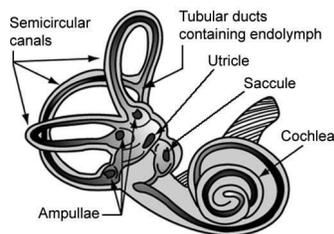
*Get Your Head  
on Straight!*

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**Harrisonburg** 2035 E. Market St., Suite 45 Harrisonburg, VA 22801 540-209-8977

[www.apafc.com](http://www.apafc.com)

## Some Head Turning Facts...

- ◆ It is estimated that approximately 40% of the population in the United States will experience some form of dizziness or balance difficulty over the course of a lifetime
- ◆ Dizziness and vertigo in the pediatric population is estimated to occur in 8%-18% of children.
- ◆ 80% of people aged 65 years and older have experienced dizziness.



## Signs and Symptoms

People describe a variety of symptoms in many ways, but most often any or all of the following may occur:

- ◆ Dizziness, light-headedness, “giddiness,” spinning, or the floor is moving.
- ◆ Symptoms can vary from mild to severe, and vary in duration lasting a few seconds to minutes.
- ◆ They may occur consistently with certain activities, such as: turning the head, looking up, standing up, bending over, or rolling over in bed. Symptoms may also be very inconsistent and unpredictable, not always occurring in the same manner with the same activities.
- ◆ Other triggers may include dim light, uneven surfaces, large/open spaces, fatigue, and crowded settings.

## Causes...

There are a variety of causes for dizziness and vertigo. People of all ages are affected although the elderly are more susceptible from these influences:

**Vestibular System**—provides the body vital information as to where it is in space. Dysfunction of this system can skew positional awareness and cause the body to perceive the environment incorrectly. Benign Paroxysmal Positional Vertigo (BPPV) is a condition where the tiny crystals of the inner ear become dislodged and abnormally stimulate the vestibular system, giving incorrect information to the nervous system as to where the body is in space.

**Restriction, Pain, and/or Weakness**—in the head, neck, feet, and ankles. The nervous system counts on feedback from the trunk and limbs to determine position. When nerve endings in the fascia, tendons, muscles, and joints are not being properly stimulated by normal movement, communication between the body and nervous system can be altered.

**Trauma**—head injury, such as a concussion or whip-lash can lead to symptoms of dizziness and vertigo.

**Temporomandibular Dysfunction (TMD)** - the temporomandibular (jaw) joint is very close to the ear. Swelling, pain, and altered motion in the jaw can influence the vestibular system.

**Vision**—gives input to the nervous system regarding body position. Visual disturbances interfere with this important feedback mechanism to the brain that sorts out environmental information.

**Medication**—Every medication has a side effect. For some this might be dizziness.

## Where to start.....

We believe that the neuro / myofascial /skeletal system is best assessed by a practitioner who works with it on a regular basis and is an expert in the recognition of faulty movement patterns throughout the body. In the realm of dizziness and vertigo, this includes:

- ◆ **HISTORY:** Past episodes of head, neck, and dizziness symptoms; Old problems in other areas that can be influencing the current problem; Surgeries; Fractures; Internal dysfunction (constipation, urinary incontinence, IBS, etc.) all play into the complete story.
- ◆ **INSPECTION:** Bunions, hammer toes, flat or high-arched feet; Enlarged joints such as the knees; Shifts or rotations in the trunk; Postural abnormalities. *These all tell a story of a body that is being pulled into dysfunction.*
- ◆ **MOVEMENT ASSESSMENT:** Gait; Trunk and head/neck movement; Extremity mobility; Strength and endurance; *Quantity* of movement (too little, too much) as well as *quality* of movement (speed, ease, compensations, crepitus, pain) reveal much about the status of the myofascial, nervous, and skeletal systems.
- ◆ **PALPATION:** Tissues tell a story and guide treatment. A skilled pair of hands can identify dysfunction in the muscles, fascia, tendons, bursa, ligaments, and joints. In dizziness the head, neck, and feet are key.

