

## **Audiology**

### **What are Brandt-Daroff exercises?**

Brandt-Daroff exercises are used for the treatment of Benign Paroxysmal Positional Vertigo (BPPV). For more information on BPPV please see our separate leaflet on this.

### **What is the benefit of doing the exercises?**

The exercises can stop the dizzy spells experienced by BPPV sufferers. It is not clear why the exercises work, some evidence suggests that the exercises help to relocate the loose crystals that cause the dizziness in the first place, whereas other evidence suggests that repeated exposure to the feeling of dizziness reduces its intensity.

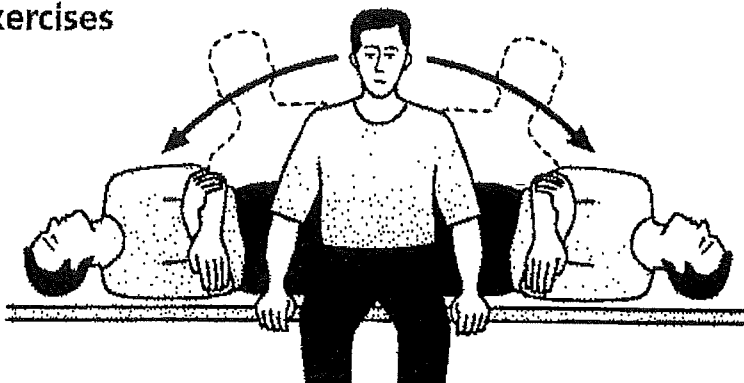
### **What are the risks or disadvantages?**

The exercises are likely to provoke dizziness, therefore should be performed in a safe environment, preferably with another person present. Some people find it difficult to persevere with the exercises but the exercises have a good success rate.

### **Are there any alternatives to performing these exercises?**

There are alternative manoeuvres that can be used to treat BPPV, so as an Epley manoeuvre. Your specialist may perform an Epley manoeuvre with you in clinic and then recommend Brandt-Daroff exercises for you to use at home as these are easier to perform unsupervised.

### **How to do the exercises**



1. Start sitting upright on the edge of the bed.
2. Turn your head 45 degrees to the left, or as far as is comfortable.
3. Lie down on your right side.
4. Remain in this position for 30 seconds or until any dizziness has subsided.
5. Sit up and turn head back to centre.
6. Turn your head 45 degrees to the right, or as far as is comfortable.
7. Lie down on your left side.

# Brandt-Daroff Exercises

Information and advice for patients

## ***Audiology***

8. Remain in this position for 30 seconds or until the dizziness has subsided.

9. Sit up and turn head back to centre.

The above description is one repetition. The exercises should be performed in a set of 5 repetitions. They should be performed three times a day for two weeks.

### **Suggested schedule:**

Morning	5 repetitions	} Everyday for 2 weeks
Afternoon	5 repetitions	
Evening	5 repetitions	

If the dizziness persists after 2 weeks you may require a further appointment.

### **Sources used for the information in this leaflet:**

- Archives of Otolaryngology, Brandt & Daroff 'Physical Therapy for Benign Paroxysmal Positional Vertigo'. 1980
- NHS Evidence Clinical Knowledge Summaries, 'Benign Paroxysmal Positional Vertigo', February 2011.

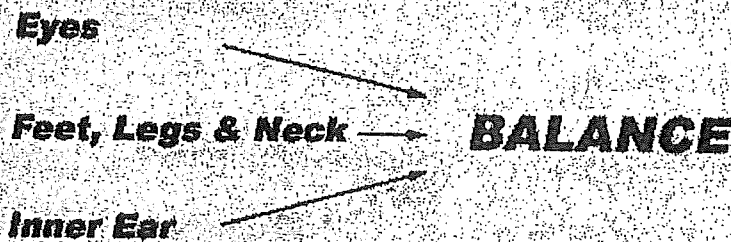
## Dizziness and Vertigo

Dizziness is a term that refers to a disturbance of balance. Fainting attacks, heart problems, thyroid problems and brain problems can all give rise to feelings of light-headedness, giddiness and general imbalance.

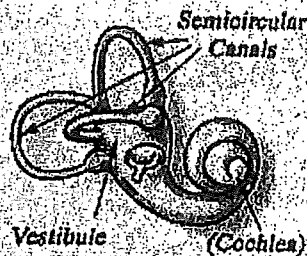
One form of dizziness is vertigo. This is a specific complaint of either the environment moving in relation to the patient or the patient moving in relation to the environment. It is usually a spinning or rotatory sensation. Vertigo is specifically linked to problems with the inner ear.

### Normal Balance

Balance and the ability to remain upright is dependent upon three systems:



All three of these systems give information to the brain about the position of the body in space. Generally people can keep their balance if two of the three systems are working, but they cannot cope with only one system working. This is why most people tend to become more unsteady as they get older, because they may have arthritis in their legs and their neck or poor eyesight.



The balance organ (or labyrinth) is made up of three semicircular canals and the vestibule, which are all filled with liquid. The semicircular canals sense rotational movement and the vestibule senses acceleration and deceleration.

## **Cooksey-Cawthorne Exercises for Rehabilitation of Balance Problems**

The following exercises were developed to encourage and hasten recovery of balance that had been upset by a disorder in the inner ear.

Any sudden problem of the inner ear, whether due to injury or other causes, is followed by giddiness, which in the first few days may be very intense.

Fortunately this giddiness gets better as the body adapts, but usually there remains a degree of dizziness that is particularly caused by sudden turning or bending movements of the head.

The following exercises are designed to bring about a variety of head movements and encourage your body to get over the effects of any dizziness

Diligence and perseverance are required but the earlier and more regularly the exercise regimen is carried out, the faster and more complete will be the return to normal activity. Ideally these activities should be done with a supervised group. Individual patients should be accompanied by a relative or a friend

## The Exercises

### 1. In bed or sitting

1. Eye movements – at first slow, then quick
  1. up and down
  2. from side to side
  3. focusing on finger moving from 3 feet to 1 foot away from face
2. Head movements at first slow, then quick, later with eyes closed
  1. bending forward and backward
  2. turning from side to side

### 2. Sitting

1. Eye movements and head movements as above
2. Shoulder shrugging and circling
3. Bending forward and picking up objects from the ground

### 3. Standing

1. Eye, head and shoulder movements as before
2. Changing from sitting to standing position with eyes open and shut
3. Throwing a small ball from hand to hand (above eye level)
4. Throwing a ball from hand to hand under knee
5. Changing from sitting to standing and turning around in between

### 4. Moving about

1. Circle around center person who will throw a large ball and to whom it will be returned
2. Walk across room with eyes open and then closed
3. Walk up and down slope with eyes open and then closed
4. Walk up and down steps with eyes open and then closed
5. Any game involving stooping and stretching and aiming such as bowling and basketball

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