Hi, my name is Christine Zaborowski, and I will be talking about benign paroxysmal positional vertigo today. What is benign paroxysmal positional vertigo? Vertigo is the sensation of rotational movement of the patient or the surroundings without any actual movement. There are different types and causes of vertigo. The one we will discuss today is positional vertigo. This is vertigo that is present when changes in head position relative to gravity occurs. Specifically, Benign Proximal Positional Vertigo, or BPPV, is an inner ear disorder where the patient has repeated occurrences of positional vertigo. The pathophysiology of this disorder is typically related to an inner ear problem. It most commonly occurs in the posterior semicircular canal, and the true pathophysiology is unknown and is disputed. The most recent accepted theory is that fragmented… fragmented otoconia enter and cause inertial changes to the cupula and the posterior canal of the ear. When the head moves the affected canal, vertigo occurs. In the US, as of 2022, 64 of every 100,000 people have BPPV. The highest occurrence of patients with BPPV are between ages 50 and 70 but it can occur in any age group. In younger age groups, it typically occurs with a history of head injury. BPPV diagnoses have escalated 38% every decade, with approximately 200,000 new incidences per year. When diagnosing a patient that has BPPV, the HPI is very important to differentiate if this is a vestibular cause or a central cause. If it is a central cause, the patient likely needs more urgent care. The way to differentiate this is to ask the patient, the OLDCARTS of, you know, the patient's symptoms, asking if they have had any recent viral infections, are they taking any new medications that may be ototoxic and have they had any trauma to the head? Asking the patient if the attacks reoccur or if they happen in relation to movement is helpful as well. On physical exam, the patient will appear unremarkable. HEENT should be fully assessed to rule out other causes of vertigo. To diagnose BPPV, the gold standard is to perform the Dix-Hallpike Test. For this test, the patient is rapidly moved from a sitting to the supine posture with the head turned 45 degrees to the right. After 20 to 30 seconds, the patient is brought back to the sitting position. If there is no nystagmus, the same procedure is repeated on the left side. The clinical practice guidelines for BPPV were originally released in 2008 and were most recently updated by the American Academy of Otolaryngology in 2016. This update is based on new studies and evidence-based practice for management of these patients. The purpose of the guideline is to improve the outcomes and the care of patients with BPPV by improving the pathway to diagnosis for all providers, including primary care practitioners. By doing this, they hope to reduce inappropriate use of vestibular suppressant