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Is There Any Downside to Just Doing the Epley Maneuver?

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Yes, there can be negative effects of performing Epley maneuvers. The first would be what is called canal conversion. Otoconia debris may fall into the horizontal canal, producing symptoms that are generally more intense and frequent than posterior canal BPPV. When not identified and addressed, this may lead to a longer recovery time. There is a higher chance of this happening when the individual performs Epley on their own than when it is performed by a professional.

It is also important to highlight that the Epley maneuver only addresses one disorder, which is posterior canal BPPV. When you are having acute symptoms of motion induced dizziness caused by other issues, you may have strong reactions and temporary worsening of symptoms, also likely prolonging recovery.

When Epley maneuver is applied to properly diagnosed posterior canal BPPV, a couple of maneuvers is sufficient to fully resolve symptoms in more than 90% of people. Therefore, for most people, it is also not appropriate to insist in Epley maneuvers when symptoms persist – other avenues for treatment and management should be explored without delay.

The answer to this is to assess the need for an Epley maneuver and only perform it when appropriate. This is done in the first position of the Epley (which is called Dix-Hallpike) – the Epley maneuver should be completed only on the side where nystagmus and vertigo are present, ideally with the help of a professional or at least with someone who can help guide the person into the proper head and body positions.

Now I am off the soap box.

