



[Home](#) → [Medical Encyclopedia](#) → Benign positional vertigo

URL of this page: //medlineplus.gov/ency/article/001420.htm

Benign positional vertigo

Benign positional vertigo is the most common type of vertigo. Vertigo is the feeling that you are spinning or that everything is spinning around you. It may occur when you move your head in a certain position.

Causes

Benign positional vertigo is also called benign paroxysmal positional vertigo (BPPV). It is caused by a problem in the inner ear.

The inner ear has fluid-filled tubes called semicircular canals. When you move, the fluid moves inside these tubes. The canals are very sensitive to any movement of the fluid. The sensation of the fluid moving in the tube tells your brain the position of your body. This helps you keep your balance.

BPPV occurs when small pieces of bone-like calcium (called canaliths) break free and float inside the tube. This sends confusing messages to your brain about your body's position.

BPPV has no major risk factors. But, your risk of developing BPPV may increase if you have:

- Family members with BPPV
- Had a prior head injury (even a slight bump to the head)
- Had an inner ear infection called labyrinthitis

Symptoms

BPPV symptoms include any of the following:

- Feeling like you are spinning or moving
- Feeling like the world is spinning around you
- Loss of balance
- Nausea and vomiting
- Hearing loss
- Vision problems, such as a feeling that things are jumping or moving

The spinning sensation:

- Is usually triggered by moving your head

- Often starts suddenly
- Lasts a few seconds to minutes

Certain positions can trigger the spinning feeling:

- Rolling over in bed
- Tilting your head up to look at something

Exams and Tests

Your health care provider will do a physical exam and ask about your medical history.

To diagnose BPPV, your provider may perform a test called the Dix-Hallpike maneuver.

- Your provider holds your head in a certain position. Then you are asked to lie quickly backward over a table.
- As you do this, your provider will look for abnormal eye movements (called nystagmus) and ask if you feel like you are spinning.

If this test doesn't show a clear result, you may be asked to do other tests.

You may have brain and nervous system (neurological) tests to rule out other causes. These may include:

- Electronystagmography (ENG)
- Head CT scan
- Head MRI scan
- Hearing test
- Magnetic resonance angiography of the head
- Warming and cooling the inner ear with water or air to test eye movements (caloric stimulation)

Treatment

Your provider may perform a procedure called the Epley maneuver. It is a series of head movements to reposition the canaliths in your inner ear. The procedure may need to be repeated if symptoms come back, but this treatment works best to cure BPPV.

Your provider may teach you other repositioning exercises that you can do at home, but may take longer than the Epley maneuver to work. Other exercises, such as balance therapy, may help some people.

Some medicines can help relieve spinning sensations:

- Antihistamines
- Anticholinergics
- Sedative-hypnotics

But, these medicines often do not work well for treating vertigo.

Follow instructions on how to take care for yourself at home. To keep your symptoms from getting worse, avoid the positions that trigger it.

Outlook (Prognosis)

BPPV is uncomfortable, but it can usually be treated with the Epley maneuver. It may come back again without warning.

Possible Complications

People with severe vertigo may get dehydrated due to frequent vomiting.

When to Contact a Medical Professional

Contact your provider if:

- You develop vertigo.
- Treatment for vertigo doesn't work.

Get medical help right away if you also have symptoms such as:

- Weakness
- Slurred speech
- Vision problems

These may be signs of a more serious condition.

Prevention

Avoid head positions that trigger positional vertigo.

Alternative Names

Vertigo - positional; Benign paroxysmal positional vertigo; BPPV; Dizziness - positional

References

Baloh RW, Jen JC. Hearing and equilibrium. In: Goldman L, Cooney KA, eds. *Goldman-Cecil Medicine*. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 396.

Bhattacharyya N, Gubbels SP, Schwartz SR, et al; American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical practice guideline: benign paroxysmal positional vertigo (update). *Otolaryngol Head Neck Surg*. 2017;156(3_Suppl):S1-S47. PMID: 28248609
pubmed.ncbi.nlm.nih.gov/28248609/ [https://pubmed.ncbi.nlm.nih.gov/28248609/].

Crane BT, Minor LB. Peripheral vestibular disorders. In: Flint PW, Francis HW, Haughey BH, et al, eds. *Cummings Otolaryngology: Head & Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:chap 167.

Review Date 8/28/2023

Updated by: Joseph V. Campellone, MD, Department of Neurology, Cooper Medical School at Rowan University, Camden, NJ. Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



CERTIFIED
Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.



National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services

National Institutes of Health