



OPTIMOVE

Physical Therapy and Wellness

This is Treatable

Dizzy and Anxious

5 powerful tips to return to the life you were living
before you became dizzy

Dr. Jeffrey R. Guild, PT, DPT, CSCS

Dizzy & Anxious? A Common Problem That *is* Treatable

5 Powerful Tips To Begin The Journey To Live Life The Way It Was Before The Dizziness & Anxiousness

By

Dr. Jeffrey R. Guild, PT, DPT, CSCS

About The Author

Dr. Jeffrey Guild has worked with people for the past 15 years in various settings of fitness and rehabilitation to help people return to *their* optimal movement. He started his journey as a strength & conditioning professional working with elite Division I athletes and applied those principles to the general public. Jeffrey's first career as a strength & conditioning professional focused on preventing falls and helping adults move better in a fitness setting.

Once shifting to physical therapy, Jeffrey placed his emphasis on vestibular (inner ear balance) and neurological rehabilitation. This was the key ingredient that was missing on the quest to fully understand how to address balance and falls; the inner ear balance system and its intimate connection with the nervous system, which helps us balance and move. To broaden his understanding of helping adults move better, Jeffrey worked as a physical therapist in acute care hospital settings, intensive multidisciplinary inpatient rehabilitation, outpatient orthopedics, outpatient neurological, skilled nursing, assisted living, Hospice, and pediatrics. His passion for research has resulted in publications in a peer reviewed journal and a geriatric rehabilitation journal.

About This Tips Report

In this tips report about dizziness and anxiety, I share with you 5 powerful ways to guide you in the correct direction to take control of your constant dizziness and anxiety. Some of these tips will help you live your life again and improve your symptoms quickly. Other tips

Copyright 2018 Optimove Physical Therapy & Wellness, LLC. Unauthorized use prohibited. No portion of these materials may be reproduced in any manner whatsoever, without the express written consent of the publisher, except you may freely post a hyperlink to this webpage.

will start you on a journey which will get you living your life again the way you knew it before.

I have spent several years now trying to get the message out about how treatable this condition is, all without costly tests. The biggest problem with dizziness is its obscurity in our healthcare system. This book is intended not only to lead you on a path to take control of your life, but to be spread far and wide to get the word out about how many people can be helped by getting on the right path.

But this condition is completely treatable. Now that you have the power of this information in your hands, it is up to you to act, to begin the journey that will give you the power over this condition. And as you will see, these tips will give you the information **now**, about how to take control and resume living.

So pour yourself a coffee or tea, read this on the go, or enjoy a little night reading to help you sleep, this information is gold, and will put the power in your hands to achieve your optimal movement in order to return to engaging fully in your life again.

About The Evidence

This tips report is full of information cited from original sources. This way you can be sure anything cited **is** the **actual source** of information and not from the introduction or discussion sections of articles which may be simply citing a textbook or opinion paper. The exception to this is if the statement is an important part of a position paper by a large physician organization. Ex. *Otolaryngology-Head and Neck Surgery*. This is not to say a physical therapy journal is less

relevant, but when a physical therapist is making bold statements about medications, for instance, consistent formal guidelines from physician organizations tends to pull more weight.

The purpose for emphasizing the evidence is because the biggest problem with dizziness and vertigo is its obscurity in our healthcare system. Bringing out the evidence for the general public and healthcare providers is one strategy to address the obscurity problem. One of the best ways we can help those affected is to let them know exactly what is going on, the **physical cause**, and that there **is evidence** all throughout the medical literature, not based on anatomical theory or animal studies (I will clearly let you know when this is the case). This way, more people suffering from inner ear balance disorders can address their problem from a place of solid knowledge and understanding.

If you are feeling dizzy and anxious and have a lot of other odd symptoms that do not make sense,⁽¹⁾ all of which prevent you from living your life the way you used to, you are not alone. What you are experiencing may be the second most common inner ear balance problem,⁽²⁾⁽³⁾ now recognized by the World Health Organization,⁽³⁾ and it **can** be explained by a **physical** change in the brain.⁽⁴⁾⁽⁵⁾⁽⁶⁾ And... **it is treatable!**⁽²⁾

The worse you feel, the more you can feel better again with treatment.⁽²⁾ You may have had several brain scans, seen several different doctors,⁽²⁾⁽³⁾ and all of them told you the tests were normal⁽⁴⁾⁽⁷⁾ and there is nothing wrong with you. How can there be nothing wrong when you often look like you are walking on ice?⁽⁸⁾⁽³⁾

Maybe when you move you feel your heart racing and pounding, short of breath,⁽⁸⁾ lightheaded, and dizzy.

You may have had a sudden attack of dizziness and maybe nausea or spinning in the past, and your life has not been the same since then because of this dizziness and anxiety.⁽¹⁾⁽⁴⁾⁽⁹⁾ Or this may have started for no apparent reason.⁽¹⁾⁽⁴⁾ But that sudden attack of dizziness or spinning was months or years ago!⁽¹⁾ You used to be a normal motivated person. Even though you may be afraid of falling, you are not old!⁽¹⁾⁽⁴⁾⁽⁷⁾⁽⁸⁾⁽⁹⁾

This dizziness and anxiety problem can get to the point where you avoid simple daily life activities that make you feel worse such as shopping in stores or walking in a crowd.⁽¹⁾⁽⁸⁾⁽¹⁰⁾ Some people may have difficulty simply moving around the house,⁽¹⁾⁽⁹⁾ always feeling physically tired.⁽³⁾⁽¹⁰⁾

Your heart racing, shortness of breath, or abdominal problems⁽⁸⁾ lead you to see more doctors who tell you there is nothing wrong with you. Your friends, co-workers, and even **you**, are beginning to think you are crazy. ***But you are not crazy.***

It is not uncommon for people to have long-term dizziness after a sudden attack of dizziness or spinning sensations,⁽⁴⁾⁽⁹⁾⁽¹¹⁾ sometimes with anxiety,⁽⁷⁾⁽¹¹⁾ sometimes just always dizzy.⁽⁹⁾ This type of inner ear balance problem is usually not on the radar of most doctors,⁽²⁾ including the ear nose and throat doctor and neurologist.⁽²⁾ Even though this problem is physical, it cannot be picked up on traditional imaging or traditional medical tests.⁽⁷⁾ However, recent brain scan studies are revealing the physical changes in the brain related to this

problem⁽⁴⁾⁽⁵⁾ and giving scientists a true picture of why the brain is making you feel this way.⁽⁴⁾⁽⁵⁾⁽⁶⁾⁽⁷⁾

The 5 Powerful Tips To Begin The Journey To Live Life The Way It Was Before The Dizziness & Anxiousness

1) Recognize The Problem Is An Actual Physical Disorder⁽⁴⁾⁽⁵⁾⁽⁶⁾⁽⁷⁾⁽¹²⁾

And it is treatable!⁽²⁾

- This is THE most important step to begin to feel better,⁽¹²⁾ getting better, and resuming your life.
- Once you fully accept that this has an actual physical cause and understand the disorder you can begin to manage your recovery.⁽²⁾

2) Begin Living Your Daily Life Again And Move Around Exactly The Way You Used To

- By doing this, your brain will reorganize itself and you will begin to resume your life more by more, little by little.
- You are not likely to fall, even though you feel as though you are.⁽⁸⁾ The more you move, the more your balance will improve.

- What you are feeling **can** be changed by the way you **think** about your dizziness,⁽¹³⁾ and then those thoughts will change your actions. This way of thinking influencing behavior is part of the treatment inside and outside of the clinic.⁽¹⁾⁽¹²⁾⁽¹⁴⁾
- By distracting yourself with life's tasks, you will move better.⁽⁸⁾⁽¹⁵⁾
- The ability to cope and have a positive mind-set will improve your ability to recover.⁽¹³⁾

3) Walk Outside Every Day

- Walking will get you out of the house, reduce your symptoms over time, and improve your sense of well-being.
- This is another important step of recovery inside and outside of the clinic. You can start walking **today!**

4) Walk Fast

- Walking slow as if you are walking on eggshells and holding your head ridged is a common response when someone is experiencing all these symptoms.⁽⁸⁾ Walking faster will reverse that cascade.⁽⁸⁾
- Walking fast **was normal** for you, and now walking fast will help you walk normally.⁽⁸⁾ This is important to help

you begin to reverse all these symptoms you are feeling. Walking fast also makes your head move more, which is a specific part of treatment inside and outside of the clinic.

5) Seek Help From An Inner Ear Balance (Vestibular) Specialist

- Since this disorder is not likely to be familiar to most healthcare providers, finding a specialist in your area who truly understands and knows how to diagnose⁽¹⁶⁾ and treat these problems is important for good results.⁽²⁾ The correct intensity of treatment is important for success which requires skill and experience.⁽³⁾
- A Vestibular Specialist will give you an **individualized & specific** exercise program which will address **your** impairments.⁽¹⁷⁾
- A Vestibular Specialist will help you understand why this likely happened in your individual situation⁽²⁾⁽¹²⁾ physiologically why you are feeling what you are feeling, and discuss a plan to get you back to living your life again the way you lived before.
- A Vestibular Specialist is trained to know when your dizziness is caused by something not related to the inner ear and **will** refer you to the correct specialist.
- By treating your individual impairments, a Vestibular Specialist will help you begin to live your life again.⁽²⁾⁽¹⁴⁾⁽¹⁷⁾

References

- 1) Huppert D, Strupp M, Rettinger N, Hecht J, Brandt T. Phobic postural vertigo. A long-term follow-up (5 to 15 years) of 106 patients. *J Neurol*. 2005;252:564-569.
- 2) Obermann M, Bock E, Sabev N et al. Long-term outcome of vertigo and dizziness associated disorders following treatment in specialized tertiary care: the Dizziness and Vertigo Registry (DiVer) Study. *J Neurol* . 2015; 262(9): 2083–2091.
- 3) Popkirov S, Staab JP, Stone J. Persistent postural-perceptual dizziness (PPPD): a common, characteristic and treatable cause of chronic dizziness. *Pract Neurol*. 2017; 0:1-9.
- 4) Wurthmann S, Naegel S, Steinberg BS, Theysohn N, Diener HC, Kleinschnitz C, et al. Cerebral gray matter changes in persistent postural perceptual dizziness. *Journal of Psychosomatic Research*. 2017; 103: 95-101
- 5) Indovina I, Riccelli R, Chiarella G, Petrolo C, Augimeri A, Giofre L, Lacquaniti F, Staab JP and Passamonti L Role of the Insula and Vestibular System in Patients with Chronic Subjective Dizziness: An fMRI Study Using Sound Evoked Vestibular Stimulation. *Front Behav Neurosci*. 2015;9:334
- 6) Riccelli R, Passamonti L, Toschi N, Nigro S, Chiarella G, Petrolo C, et al. Altered Insular and Occipital Responses to Simulated Vertical Self-Motion in Patients with Persistent Postural-Perceptual Dizziness. *Front Neurol*. 2017;8:529.
- 7) Bittar RS, Sohsten Lins EM. Clinical characteristics of patients with persistent postural-perceptual dizziness. *Braz J Otorhinolaryngol*. 2015;81:276-82
- 8) Schniepp R, Wuehr M, Huth S, Pradhan C, Brandt T, Jahn K. Gait characteristic of patients with phobic postural vertigo: effects of fear of falling, attention, and visual input. *J Neurol*. 2014;261:738-746
- 9) Yan Z, Cui L, Yu T, Liang H, Wang Y, Chen C. Analysis of the characteristics of persistent postural-perceptual dizziness: A clinical-based study in China. *International Journal of Audiology*. 2017; 56(1), 33-37.
- 10) Wuehr M, Pradhan C, Novozhilov S, Krafczyk S, Brandt T, Jahn K, Schniepp R. Inadequate interaction between open-and closed-loop postural control in phobic postural vertigo. *J Neurol* . 2013;260:1314-1323.

- 11) F. Godemann, K. Siefert, M. Hantschke-Bruggemann, P. Neu, R. Seidl and A. Ströhle. What accounts for vertigo one year after neuritis vestibularis—anxiety or a dysfunctional vestibular organ? *J Psychiatr Res.* 2005;39:529–534
- 12) Shaaf H, Hesse G. Patients with long-lasting dizziness: a follow-up after neurotological and psychotherapeutic inpatient treatment after a period of at least 1 year. *Eur Arch Otorhinolaryngol.* 2015;272:1529-1535.
- 13) Tschan R, Best C, Beutel ME, Knebel A, Wiltink J, Dieterich M, et al. Patients' psychological well-being and resilient coping protect from secondary somatoform vertigo and dizziness (SVD) 1 year after vestibular disease. *J Neurol.* 2011;258:104-112.
- 14) Meli A, Zimatore G, Badaracco C, Angelis ED, Tufarelli D. Effects of vestibular rehabilitation therapy in chronic vestibular patients. *Journal of Psychosomatic Research.* 2007;63:185-190.
- 15) Wuehr M, Brandt T, Schniepp R. Distracting attention in phobic postural vertigo normalizes leg muscle activity and balance. *Neurology.* 2017;88:284-288.
- 16) Geser R, Straumann D. Referral and final diagnoses of patients assessed in an academic vertigo center. *Frontiers in Neurology.* 2012;3:169
- 17) Black FW, Angel CR, Pesznecker SC, Gianna C. Outcome Analysis of Individualized Vestibular Rehabilitation Protocols. *The American Journal of Otolaryngology.* 2000;21:543-551.

Health Advice Disclaimer

We make every effort to ensure that we accurately represent the injury advice and prognosis displayed throughout this Guide. However, examples of injuries and their prognosis are based on typical representations of those injuries that we commonly see in physical therapy. The information given is not intended as representations of every individual's potential injury. As with any injury, each person's symptoms can vary widely and each person's recovery from injury can also vary depending upon background, genetics, previous medical history, psychological status and history, motivation to follow physical therapy advice and various other factors.

It is impossible to give a 100% complete accurate diagnosis and prognosis without a thorough physical examination and likewise the advice given cannot be deemed fully accurate in the absence of this examination from a vestibular specialist.

We are able to offer you this service at a standard charge. Significant injury risk is possible if you do not follow due diligence and seek suitable professional advice about your injury. No guarantees of specific results are expressly made or implied in this report.

Copyright 2018 Optimove Physical Therapy & Wellness, LLC. Unauthorized use prohibited. No portion of these materials may be reproduced in any manner whatsoever, without the express written consent of the publisher, except you may freely post a hyperlink to this webpage.

Balance and Falls Checklist

A Quick & Simple Tool To Make Sure You Are Taking The Action You Need To Prevent Falls

OPTIMOVE

Physical Therapy and Wellness

General		Answers		Doctor/Healthcare Provider Notes
Do you exercise regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If you've fallen, did you tell your doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Check Meds, Vitamin D, BP, Arrhythmias, Cataracts, Refer To Specialists
Has your cane or walker been checked by a Physical Therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Physical Therapy
Do you have problems with Balance, Dizziness, or Vertigo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Vestibular Specialist
Do you have problems walking, or do you walk slower than you used to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Physical Therapy
Do you have a fear of falling? Or do you touch furniture when you walk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Physical Therapy
Environmental		Answers		Doctor/Healthcare Provider Notes
Is your home safe for your ability to move around?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Occupational Therapy
Do you have difficulties with bathing, grooming, or dressing yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Occupational Therapy
Do you have problems with thinking and/or remember important things lately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Refer To Speech Therapy Or Neurological Psychology
Frailty		Answers		Doctor/Healthcare Provider Notes
Have you lost 5% or more of your weight in the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If "yes" is the answer to at least two of these questions, frailty is a problem and fall risk is higher
Are you unable to stand up from a chair 5 times without using hands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Would you say your energy level is low?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Physical Therapy, Nutrition, and or Medical Management may be helpful
History		Answers		Doctor/Healthcare Provider Notes
When is the last time you had a bone scan?	Date: _____			Reduces fractures. Low bone density is associated with vestibular/balance problems
When is the last time you had your Vitamin D checked?	Date: _____			Supplementing low Vitamin D reduces fall risk and may reduce risk of vertigo

Information for development of this checklist is based primarily on, but not limited to: Deandrea S, et al. 2010. *Epidemiology, Ther.*, Muir SW, et al. 2010. *J Clin Epidemiol.*, Gillespie LD, 2012. *Cochrane*, Lusardi MM, et al. 2017. *J Geriatr Phys*, Dhalwani NN, et al. 2017. *BMJ Open.*, and Sherrington C, et al. 2011. *NSW Public Health Bull.*

Copyright © 2018, Optimove Physical Therapy & Wellness, LLC. Unauthorized use prohibited. No portion of this material may be reproduced in any manner whatsoever, without the express written consent of the publisher.