Cervical vertigo ou dizziness

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Brooks JX, Cullen KE. Multimodal integration in rostral fastigial nucleus diagnosis. Finally, other causes of dizziness should be eliminated.

A correct perception of the body balance during head movement requires both a vascular mechanism is very rarely involved in the presence of two functional vertebral arteries and a normal Willis polygon. The increase in the gain of cervical-ocular reflex or the presence of a cervical nystagmus are not convincing arguments for a cervical origin of dizziness. Diagnostic criteria proposed in the literature require a temporal relationship between neck pain and postural instability even during recurrences, and the lack of neck pain excludes this diagnosis. Finally, other causes of dizziness should be eliminated.

Further reading

http://dx.doi.org/10.1016/j.rehab.2013.07.327

What is multisensory reponderation change before and after a therapeutic repositionning manoeuvre of a vertical semicircular one-sided BPPV?

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Cervical vertigo is rarely true vertigo but there are several experimental and clinical arguments in favour of a possible origin of cervical postural instability. A correct perception of the body balance during head movement requires both a vestibular signal and precise cervical static and dynamic proprioceptive information. This finding alone is sufficient to validate the concept of a feeling of instability of cervical origin, called by some authors "cervical vertigo". A vascular mechanism is very rarely involved in the presence of two functional vertebral arteries and a normal Willis polygon. The increase in the gain of cervical-ocular reflex or the presence of a cervical nystagmus are not convincing arguments for a cervical origin of dizziness. Diagnostic criteria proposed in the literature require a temporal relationship between neck pain and postural instability even during recurrences, and the lack of neck pain excludes this diagnosis. Finally, other causes of dizziness should be eliminated.

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Keywords: Vertigo; Dizziness; Imbalance; Cervical vertebrae; Cervicalgia


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References

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Bilateral or unilateral tendon-vibration in the postural control: What are effects?

N.C. Duclos, L. Maynard, S. Mesure

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The use of KT, for Gastrocnemius tonus harmonization aims, induced a relocation in the frontal plane (A) of the plantar pressure which is maintained after 48–72 hours (B) [2], whereas SC seems to have more mechanical [3] than proprioceptive effect. This mechanical effect was observed as a posterior to anterior blocking phenomena, which could be followed by a mid-term frontal re-equilibration owing to results of B. To conclude, KT and SC are two therapies with different but complementary aims depending on either stabilization or proprioceptive goals.

References

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Keywords: Kinesio-Tape; Proprioception; Stability

Keywords: Cervicogenic Dizziness

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Introduction.– Patients affected by BPPV present postural disorders: hystating deambulation, fast movements perturbation. Although 1/3 of the patients complain about an walking instability discharging otolithic repositionning manoeuvres, we make the clinical hypothesis of an improvement of the global instrumental postural balance after these treatments.

Methodology.– Ten patients (3 mens) damage the SOT Framiral Test (condition 6) 72 h after SC application, and no effect after 48 h. Experiment A revealed a significant increase in right plantar pressures [F(2, 21) = 2.59; P = .00] from barefoot to KT. Besides, a significant increase in footplantar pressure was observed from KT to SC [F(2, 21) = 3.65; P = .00]. However, KT and SC were not significantly different each other (P > .05). Experiment B showed an increase in left side plantar pressure 48–72 h after SC application, and no effect after 48–72 h of KT application in both anterior-posterior and mediolateral axes.

Discussion.– The use of KT, for Gastrocnemius tonus harmonization aims, induced a relocation in the frontal plane (A) of the plantar pressure which is maintained after 48–72 hours (B) [2], whereas SC seems to have more mechanical [3] than proprioceptive effect. This mechanical effect was observed as a posterior to anterior blocking phenomena, which could be followed by a mid-term frontal re-equilibration owing to results of B. To conclude, KT and SC are two therapies with different but complementary aims depending on either stabilization or proprioceptive goals.

Keywords: Vestibular disorders; Beginn positional paroxysmic vertigo; Rehabilitation; Repositioning manoeuvre

Trends of these percentage were analysed.

Participants.– Ten patients (3 mens) affected by an posterior semicircular one-sided BPPV. 

Ten patients (3 mens) affected by an posterior semicircular one-sided BPPV. 

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