

# Shifting the Balance



**GINA RICCI, MS, PT**  
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**Using vestibular therapy and state-of-the-art equipment, specially trained physical therapists make a dramatic difference for people suffering from vertigo.**

Imagine not being able to make a single change in body position without severe dizziness and nausea. Without warning, Robin Westerman found herself battling that very problem.

"For the first forty-eight hours, it really limited me," she recalls. "From there, it got better every day except the dizziness never left me while I was lying down or turning to my right side. It really interfered with my gym workouts and just lying flat in general."

After seeing her medical doctor and undergoing a full range of tests to rule out a neurological problem, Robin was diagnosed with benign paroxysmal positional vertigo (BPPV) and given a prescription for physical therapy.

"My doctor recommended Gina's Physical Therapy," she says, "and I felt very good about trying it. I was hopeful."

## An inner-ear disturbance

Gina Ricci, MS, PT, has studied at prestigious institutes around the nation, including NYU Rusk Institute in New York and the Jones Institute in Carlsbad, CA.

"For many people, dizziness is due to BPPV, a vestibular condition," she says, adding that the vestibular system is the sensory system in the inner ear responsible for maintaining orientation in balance, space, and posture, as well as coordinating head and eye movement and keeping objects in focus as the body moves.

"BPPV is an inner-ear problem caused when particulate matter or calcium carbon crystals known as *otoconia* become dislodged," Gina explains. "This causes an acute sense of vertigo associated with head or body movement."

The most common cause of episodic vertigo is BPPV, and symptoms include a spinning sensation, falling to the floor without warning, nausea, vomiting, or endlessly falling.

Often, Gina says, patients are so overwhelmed by the symptoms that they seek emergency treatment. "Because they think it's so serious, a lot of times patients end up in the emergency room. They go through a bunch of tests and, ultimately, are told there's nothing wrong and that they can't be helped."

## Thorough diagnosis

Fortunately for Robin, her medical doctor was already familiar with both the condition *and* its remedy, vestibular therapy. As a result, she was able to avoid the cycle of misdiagnosis and take steps to correct the problem.

Once the process began, Robin, a registered nurse, says she could not have been more surprised by the results she achieved with only one treatment. "If I hadn't experienced it myself, I would not have believed that position changes could have made such a difference."

To start, Gina verifies the diagnosis of BPPV with two different tests. "First, we use an infrared camera that records eye movements. We then perform another test known as the Dix-Hallpike, which relies on a maneuver of the head."

Once BPPV is either confirmed or ruled out, she also runs a series of tests to indicate vestibular impairment or nerve damage.

"There is a vestibular nerve on both the left and right side of the inner ear," educates Gina. "These nerves communicate information to the brain about where you are in space and what muscles to contract to keep you balanced. An imbalance occurs when one nerve is communicating faster than the other."

To treat nerve damage, eye exercises are employed. "We bombard the vestibular nerve and tone down the side that is working too strongly," she says. "It evens them out again so the information arrives at the same time and balance is restored."

In Robin's case, though she did have a small amount of nerve impairment, she says Gina felt that, following treatment for BPPV, and given the fact that Robin was relatively young and free of disabilities, the imbalance would likely correct itself through routine physical activity.

## Simple and painless

As for the treatment, Robin describes it as a "very simple procedure." Basically, she shares, she was guided through a series of positional changes intended to flush the



dislodged carbon crystal out of her system. Following this maneuver, she was given very specific instructions to ensure that the crystal didn't float back.

"I had to wear a brace so my neck didn't move forward or backward for the rest of the day. At night, I could remove the brace but I had to sleep at a forty-five-degree angle and, in my case, I couldn't lie on my right side for five days."

Afterward, Robin says, when she went from sitting to lying on her back, she did not feel dizzy. "I knew within two or three days that it had worked."

And the results clearly took her by surprise. "I was shocked. I really thought I would need a few more treatments, or that I would need to work on it daily to make sure it was totally gone. I can't believe that I put up with it for almost two months before I went and just had this very simple thing done and totally got rid of it."

Even more surprising, she says, is the fact that, as a health care professional, she knew nothing about vestibular therapy. "It would be good to create awareness that this is available; that if you have vertigo, you should ask your physician if physical



**Gina Ricci, MS, PT**, earned her Master's degree in Physical Therapy from the College of Staten Island, NY. Additionally, she has studied at prestigious institutes around the nation, including NYU Rusk Institute, NY, and Jones Institute, Carlsbad, CA. Gina has received extensive training in areas that include: manual techniques to correct for neuromuscular dysfunctions, vestibular nerve diagnosis and treatment, cervical spine role in fibromyalgia treatment, and muscle energy techniques for back and sacroiliac joint pain. Her backgrounds in mental health, aerobic instruction, and martial arts also strongly influence her treatment choices.



**Colleen Earley, MS, PT**, is a native of upstate New York and graduated from Nazareth College of Rochester with her Master of Science in Physical Therapy Degree. She has extensive training in all areas of therapy including orthopedic, neurological, pediatrics, acute care, and skilled nursing settings. She has also undergone extensive training in vestibular rehabilitation and manual therapies for the spine and extremities. Colleen has great interest and experience in treating disorders of the spine and extremities and has honed a skill set of manual therapies and exercise techniques that lead to successful outcomes, managing dysfunction, decreasing pain, and increasing functional abilities.



**Alex W. Brown, DPT**, received her Doctorate in Physical Therapy from Nova Southeastern University and is the newest addition to the Gina's Physical Therapy team. Alexandra has received training in different areas in physical therapy including musculoskeletal, pediatric, vestibular, balance, acute, osteoporosis training, and various neurological disorders. Alexandra has a special interest in manual therapy to the cervical, thoracic and lumbar regions of the spine, along with wounds and lymphedema management.

therapy can help."

Gina couldn't agree more. "I've been asked over and over, by people who come in and are cured in two visits, why more people don't know about this," she shares. "Trained therapists do specialize and, for BPPV, they have to be trained in vestibular rehabilitation.

"But when you find a trained therapist, it's so treatable." **FHCN—Brenda Klettke**



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**For more information, please visit**  
**[www.ginasphysicaltherapy.com](http://www.ginasphysicaltherapy.com)**

## Help is in their hands

The staff at Gina's Physical Therapy looks forward to helping the readers of *Florida Health Care News*. Call (772) 871-2866 for the facility located at **435 N.W. Prima Vista Blvd.** in Port Saint Lucie, or (772) 223-3440 for the facility at **4203 S.E. Federal Hwy., Ste. 102**, in Stuart.