

hyperextended off the bed. Observe for nystagmus and symptoms, allowing up to 30 seconds for latency. Sit the patient up and consider assessing the opposite side if the patient tests negative.

Perform the Epley manoeuvre for BPPV treatment after nystagmus stops if the patient tests positive. Turn their head to the opposite direction. The patient should rotate their body, facilitating further head rotation to 90°. This may trigger further nystagmus and symptoms. When the nystagmus and symptoms stop, return the patient to the seated position. This process can be repeated to increase the likelihood of symptom resolution or confirm BPPV termination.

The Dix-Hallpike and Epley manoeuvres are shown in Figure 1.

Why learn the Semont manoeuvre?

Physical limitations may prevent even the most practiced from performing the Dix-Hallpike and Epley manoeuvres. When assessing patients with vertigo, challenging aspects include anxiety and non-compliance. The rapid backward movement during the Dix-Hallpike manoeuvre can be challenging for those

