DizzyFIX™

"ANYBODY CAN TREAT BPPV WITH THE DIZZYFIX"

THE DIZZYFIX IS A HIGHLY EFFECTIVE AND INTUITIVE DEVICE WHICH ENABLES ANYBODY TO COMPLETE A PERFECT PARTICLE REPOSITIONING MANEUVER. WHETHER BEING USED BY A PATIENT AT HOME, A FAMILY DOCTOR OR IN THE EMERGENCY ROOM, THIS DEVICE HELPS DIAGNOSE AND TREAT BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV).

Nearly everyone has experienced dizziness. The most common cause of dizziness related to the ear is BPPV. Ten percent of people over the age of 60 will suffer from the disturbing effects of BPPV.

THE DIZZYFIX HAS A TREATMENT SUCCESS RATE OF 92%

The particle repositioning maneuver is the most effective office treatment for BPPV. The DizzyFIX enables anyone to perform a correct particle repositioning maneuver. With the DizzyFIX, patients can repeat the maneuver at home to increase the success rate of recalcitrant cases and to treat highly recurrent cases without an office visit.

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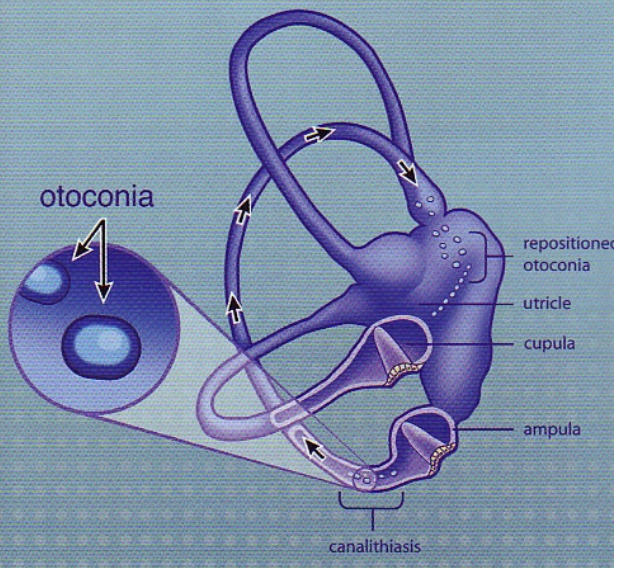

DizzyFIX™

"GREATER THAN

92% EFFECTIVE"

OVERVIEW

THE DIZZYFIX IS A VISUAL ANALOGUE OF THE PARTICLE REPOSITIONING MANEUVER. IT PROVIDES INSTANT FEEDBACK TO PATIENTS AND OBSERVERS ABOUT THE SUCESSS AND CORRECTNESS OF THE MANEUVER.

References:

1) Bromwich, M, Parnes, L. The DizzyFIX – Initial results of a new dynamic visual device for the home treatment of Benign Paroxysmal Positional Vertigo. Pending publication.

2) Bromwich, M, Parnes, L. The DizzyFix - A new dynamic visual device for the home treatment of Benign Paroxysmal Positional Vertigo. In Press. Canadian Journal of Otolaryngology.

3) Epley JM. The canalith repositioning procedure: for treatment of benign paroxysmal positional vertigo. Otolaryngol Head Neck Surg 1992;107:399-404.

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Patent Pending

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METHODS

Three separate clinical trials were conducted to evaluate the DizzyFIX device. The first evaluated the utility of the device in improving patient performance of the particle repositioning maneuver (n=50). Fifty participants were taught the maneuver with written and oral instruction as well as demonstration. Half the group used the device while the other half did not. Each group was tested at one week on their ability to perform the maneuver. A cross over arm was also conducted where controls were given the device at one week and tested again.

The second study evaluated the effectiveness of the device in treating patients with symptoms of BPPV. Patients were tested for active BPPV with a Hallpike maneuver. Active patients were given instructions and the device and asked to perform the maneuver themselves. Follow-up occured at one week.

RESULTS

The age of patients ranged from 37 to 75 years old. Our results indicate that use of the DizzyFIX device improves the performance of the repositioning maneuver when compared with physician demonstration, written or oral instructions ($p<0.001$)[1].

Of the patients treated by the DizzyFIX device 92% experienced immediate resolution of symptoms [2]. Patients were followed up at three months and one year. We encountered a 25% recurrence rate. These findings were similer to previously published reports on the efficacy of physician guided maneuvers[3].

Discussion

Patients were able to understand and use the device without difficulty. Three patients were excluded from the study as a result of a language barrier or morbid obesity. It appears that our findings represent an improvement upon previously published reports as patients had the opportunity to repeat the maneuver during treatment.

Conclusion

The particle repositioning maneuver is not intuitive. Patients typically cannot complete the maneuver unassisted. Results indicate that the use of the DizzyFIX device improves upon the unassisted performance of the particle repositioning maneuver. Such DizzyFIX assisted patient guided repositioning maneuvers appear highly efficacious in patients with active BPPV[1].