Appendix 1: Training Programme and Toolkit

**BPPV Physiotherapy Competency**

This document is designed to indicate knowledge and skills in the assessment and management of BPPV. It is valid only at the time of your assessment and does not guarantee competence thereafter. It’s recommended that 10 hours of continuing professional development be undertaken within any 2 years following this training. This may be done through existing pathways for continuing professional development.

**Theoretical components**

Through observed assessment and presentation, the therapist should demonstrate a basic theoretical understanding of:

* Anatomy and physiology of the peripheral vestibular system, specifically semi-circular canals, otoliths and receptor organs
* Theories of BPPV
* Epidemiology and prognosis of BPPV
* Precautions and modifications to tests
* Evidence base for assessment and treatment approaches
* Prioritise and justify the physical assessment order
* Show basic awareness of other common differential diagnoses for dizziness and balance dysfunction.

**Practical components**

Therapist has practical skills to:

* Conduct Oculomotor assessment, specifically spontaneous and gaze holding nystagmus, smooth pursuit, saccades, VOR cancellation and vergence testing
* Safely and effectively perform the Positional Tests: Dix Hallpike, Side Lying Test and Roll Test
* Interpret effectively any observed nystagmus
* Identify the appropriate management of BPPV
* Safely and effectively perform the Canalith Repositioning Techniques (CRT) of the Epley and BBQ Roll or Gufoni
* Recognise alternative forms of BPPV and seek support from Vestibular colleagues to treat
* Advise the patient of post CRT advice and agree appropriate review

**Miscellaneous**

Therapist is able to:

* Complete a risk assessment as part of POMR and SOAP notes
* Communicate effectively to the patient the test procedure and treatment plan
* Communicate and educate the patient effectively regarding the diagnosis
* Document accurately assessment findings and treatment intervention
* Ensure timely reporting to medical staff of outcome and intervention
* Manage adverse incidences and complete Datix if indicated

**Programme outline**

* Complete Knowledge and confidence questionnaire
* 2.5 hours BPPV Theory, Assessment and Treatment of BPPV
* 1.5 hours Practical: Assessment and Treatment techniques
* Self-directed practice with patients over 6 months
* 4 hours observation in Balance Clinic with Vestibular Specialist
* 4 short case based discussions
* 10-minute case presentation
* OSCE in assessment and treatment techniques for BPPV
* Completion of knowledge and questionnaire (75% pass mark)

**BPPV Competency Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency aspect** | **Date** | **Assessor Signature** | **Comments** |
| Anatomy & Physiology  (P, Q, C) |  |  |  |
| Theories of BPPV (P, Q) |  |  |  |
| Epidemiology and prognosis of BPPV (P, Q) |  |  |  |
| Precautions & modifications  (O, Q, P) |  |  |  |
| Evidence base (P, Q,) |  |  |  |
| Prioritise physical assessment  (P) |  |  |  |
| Oculomotor assessment (O, P) |  |  |  |
| Positional tests (P, O, Q, C)   * Dix Hallpike * Side Lying Test * Supine Roll test |  |  |  |
| Interpret nystagmus (P, Q, C) |  |  |  |
| Identify appropriate management (P, Q, C) |  |  |  |
| Canalith repositioning techniques (O, P, C, Q)   * Epley * Semonts * BBQ Roll * Gufoni |  |  |  |
| Seek appropriate support (Q) |  |  |  |
| Advise patient of post CRT advice (Q) |  |  |  |
| Complete risk assessment (Q) |  |  |  |
| Communicate assessment & treatment to patient (O, P, C) |  |  |  |
| Communicate diagnosis to patient (O, P, C) |  |  |  |
| Accurate documentation  (P) |  |  |  |
| Reporting to medical staff  (P) |  |  |  |
| Manage adverse incidences  (P, Q) |  |  |  |

P= Presentation O= Observation C=Cases Q= Questionnaire

**Evidence of Competency**

The table below is to be completed with details of 4 case based discussions. This should be completed by the Healthcare Professional and signed off by the suitably qualified assessor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation of BPPV** | **Treatment** | **Outcome** | **Comments** |
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|  |  |  |  |

**10-minute presentation of case report**

**Date:**

|  |  |  |
| --- | --- | --- |
| **Case Report presentation** | **Pass/ Fail** | **Assessors signature and date** |
|  |  |  |

**Observation of Vestibular Specialist**

**Date:**

|  |  |  |
| --- | --- | --- |
| **Vestibular Specialist: Name and Venue** | **Number of Observed Hours Completed** | **Vestibular Specialist**  **Signature and Date** |
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**BPPV COMPETENCY ASSESSMENT TOOL: ASSESSMENT AND TREATMENT TECHNIQUES**

Summary:

You are working in your clinical environment

* You have a patient presenting subjectively with dizziness that is characteristic of BPPV
* Please assess the patient for BPPV taking into consideration infection control measures and communication skill.

Key: **I** -Independent **S**- Supervised (1-2 verbal ques) **A**- Assisted (1-2 physical ques) **D**- Dependent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASSESSMENT CRITERIA** | **ELEMENTS** | **PARTICIPANT PERFORMANCE** | | | |
| Hallpike-Dix manoeuvre | Demonstrates: pre-test instructions, warnings and gains consent, checks Csp ROM, performs Hallpike Dix, holds for 30-60 seconds, return to sitting, observes for 20 seconds | **I** | **S** | **A** | **D** |
| Supine Roll Test | Demonstrates: pre-test instructions, warnings and gains consent, checks Csp ROM, performs Supine Roll Test, holds for 30-60 seconds, return to sitting, observes for 20 seconds |  |  |  |  |
| Epley Manoeuvre | Demonstrates: Pre-treatment instructions, warnings and gains consent, holds each position for 30-60 seconds, returns to sitting and safely supports patient in case of Tumarkin event |  |  |  |  |
| Gufoni Manoeuvre | Demonstrates: Pre-treatment instructions, warnings and gains consent, holds each position for 30-60 seconds, returns to sitting and safely supports patient in case of adverse event |  |  |  |  |
| BBQ Roll Manoeuvre | Demonstrates: Pre-treatment instructions, warnings and gains consent, holds each position for 30-60 seconds, returns to sitting and safely supports patient in case of adverse event |  |  |  |  |

**PASS FAIL**

**Candidate to re-read presentation material and re-book practical assessment**

**Candidates: Name Designation Sign**

**Assessors: Name Designation Sign:**

**Date:**

**BPPV Marking Matrix for 10 Minute Presentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA/ TOPIC- BPPV Assessment and Treatment** | **Mark:**  **FAIL** | **Mark:**  **PASS** | **Mark:**  **EVIDENCE** |
| **Information**: Description of condition, patient, present condition, PMH, DH, SH, assessment findings, outcome measures, treatment technique including any patient advise given, red flags, when to refer on. | * Poor or little detail * Inaccurate or inappropriate assessment techniques used * No outcome measure, no test re-test, not relevant to BPPV | * Detailed description of BPPV including canal type * Accurate assessment and interpretation of information * Relevant outcomes and tests used |  |
| **Structure:** Logical and ordered presentation of patient information, subjective and objective assessment, treatment and follow up | * Poor reasoning * Muddled, incoherent * Argument underdeveloped and not entirely clear | * Clearly argued presentation of patient symptoms, assessment, findings and treatment * Logical * Evidence of reasoning process |  |
| **Analysis:** Critical reasoning of findings in subjective and objective assessments, follow up (test-retest) and discharge planning, differential diagnosis of one or more potential causes of dizziness in such cases | * Superficial reporting without critical analysis * Uncritical * Incorrectly reasoned | * Evidence of independent thought and application to case study * Accurate critical analysis of findings * Demonstrates awareness of supporting literature |  |
| **Interpretation of results:** Identify +ve BPPV test result, other causes of dizziness, special questions, red flags etc. | * Incorrectly identifies BPPV * Misinterprets test results | * Correctly identifies canal and type of BPPV * Correctly interprets test results |  |
| **Use of relevant & accurate evidence:** Clinical Practise Guidelines for BPPV | * Poor or mis-application of Clinical Practise Guidelines for BPPV | * Demonstrates awareness and appropriate application of best practise |  |
| **Presentation skills:** Write and present a case study about an experience assessing for and treating BPPV in 10 minutes | * Clumsy, disjointed, difficult to follow * Uninteresting * Unable to stay within time limit | * Generally clear, lively; use of appropriate visual aids * Interesting * Good time management |  |
| **Group Skills:** Deliver accurate and clear information, answer questions, develop eye contact, engage with group, answer questions, encourage discussion, ability to answer questions appropriately | * Uncomfortable responding to questions * No attempt at engaging with group | * Engages well with group * Encourages discussion * Responds well to questions |  |
| **Comments:**  **Overall Mark: FAIL PASS**  1st Assessor signature: Print:  2nd Assessor signature: Print: | | | |

**Benign Paroxysmal Positional Vertigo (BPPV):**

**Knowledge and Confidence Questionnaire**

To highlight knowledge and confidence in assessing and treating Benign Paroxysmal Positional Vertigo (BPPV) you will need to complete this questionnaire before and after the BPPV training course. The questionnaire at the beginning of the course is to understand your current knowledge and confidence levels. The information from the questionnaire at the end of the course will contribute to your competency assessment. This information will be part of data collection into the impact of BPPV competency training. An up to date marking matrix will be used to mark the answers.

1. What is your profession?
2. What is your current speciality?
3. What is your main setting at work?
4. Are you aware of any guidelines for the assessment, treatment and management of BPPV? Yes- Please state: No
5. Roughly, how many patients complaining of dizziness do you see each month? Please circle. 0-5 5-10 10-15 15+
6. What technique would you use to assess for: (3 marks)
7. Posterior Canal BPPV:
8. Lateral Canal BPPV:
9. Anterior Canal BPPV:
10. What treatment would you use for: (3 marks)
11. Posterior Canal BPPV:
12. Lateral Canal BPPV:
13. Anterior Canal BPPV:
14. After a canal repositioning manoeuvre: (2marks)
15. What post treatment advice would you give?
16. Do you give routine activity restriction advise post treatment?
17. How many manoeuvres for BPPV would you do in 1 session? (1 mark)
18. How many treatment sessions would you give before considering an onward referral? (1 mark)
19. What objective findings would suggest BPPV is not the only possible diagnosis? (5 marks)
20. What subjective history RED FLAGS may suggest BPPV is not the only diagnosis? (6 marks)
21. What precautions/ contraindications are there to performing tests for BPPV? (4 marks)
22. What clinical signs are there indicating BPPV in the:
23. Subjective assessment:(4 marks)
24. Objective assessment: (4 marks)
25. Have you had any previous training for BPPV? Tick all that apply:

-External Course - Internal Course

-Professional Network -Competency Training

-Teaching by MDT colleagues -Observation with a specialist

-Self-directed -Internet resources

- Student Placements -Instructional Videos

-Supervision -Pre-registration Training

-Other (please state)

16. How confident do you feel in your knowledge and skills?

Please score how confident you are about the different aspects of BPPV on the scale 0-10 where 0 is no confidence at all and 10 is full confidence.

Please score how confident you are about the different aspects of BPPV on the scale 0-10 where 0 is no confidence at all and 10 is full confidence.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Recognising BPPV overall |  |  |  |  |  |  |  |  |  |  |
| Assessing BPPV |  |  |  |  |  |  |  |  |  |  |
| Treating BPPV |  |  |  |  |  |  |  |  |  |  |
| Knowing when it is not BPPV |  |  |  |  |  |  |  |  |  |  |
| Knowing who to refer onto for further assessment |  |  |  |  |  |  |  |  |  |  |

**Benign Paroxysmal Positional Vertigo (BPPV):**

**Knowledge and Confidence Questionnaire**

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1. Are you aware of any guidelines for the assessment, treatment and management of BPPV? Yes- Please state: No
2. Roughly, how many patients complaining of dizziness do you see each month? Please circle. 0-5 5-10 10-15 15+
3. State the specific tests you use to assess for BPPV and the canal each one tests (3 marks)
4. During a Left Hallpike-Dix procedure you observe an upbeat rotational nystagmus to the left which is latent and fatiguing. What is your diagnosis, treatment and management plan? (4 marks)
5. What advice would you give after treatment (3 marks)
6. After a canal repositioning manoeuvre do you give post manoeuvre restrictions on activities? (1 mark) YES NO
7. How many manoeuvres for the treatment of BPPV would you do in 1 session? (1 mark) 1 2 3 4 5
8. During a Right Supine Roll Test procedure, you observe a right horizontal beating right rotational nystagmus which is latent and fatiguing. What is your diagnosis, treatment and management plan? (3 marks)
9. During a test procedure you observe a pure downbeat nystagmus which has an immediate onset and is non -fatiguing. What is your impression, treatment and management plan? (3 marks)
10. What *objective* findings would suggest BPPV is **not** the only possible diagnosis? (5 marks)
11. What *subjective* history RED FLAGS may suggest BPPV is **not** the only diagnosis? (6 marks)
12. What precautions/ contraindications are there to performing tests for BPPV? (4 marks)
13. What clinical signs are there indicating BPPV in the:
14. Subjective assessment: (4 marks)
15. Objective assessment: (3 marks)
16. How confident do you feel in your knowledge and skills?

Please score how confident you are about the different aspects of BPPV on the scale 0-10 where 0 is no confidence at all and 10 is full confidence.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Recognising BPPV overall |  |  |  |  |  |  |  |  |  |  |
| Assessing BPPV |  |  |  |  |  |  |  |  |  |  |
| Treating BPPV |  |  |  |  |  |  |  |  |  |  |
| Knowing when it is not BPPV |  |  |  |  |  |  |  |  |  |  |
| Knowing who to refer onto for further assessment |  |  |  |  |  |  |  |  |  |  |