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Correction

In "Exercise therapy for positional vertigo" by Troost and Patton, which was published in the August issue (*Neurology* 1992;42:1441-1444), an error appears in table 2. In sections 1A and 1B of the table, "23 minutes" should have been "2-3 minutes." The entire table is reproduced below.

Table 2.

Semont's Liberatory Maneuver (Manoeuvre Libératoire)

1. A. Starting with the patient sitting straight up on the examining table, swing the patient down quickly, with the offending ear down and the head "slightly declined." If the nystagmus appears (it should be torsional with the fast phase beating toward the down ear), keep the patient there until the nystagmus disappears, and then wait another 2-3 minutes.
B. If the nystagmus doesn't appear in A, turn the head so that the face is up 45 degrees from the horizontal. The nystagmus should then appear. Again, keep the patient in this position for 2-3 minutes after nystagmus stops.
2. Hold the patient's head and neck with both hands and swing the patient quickly to the opposite side. The speed of the head must be 0 at the moment it touches the examining table.
3. A. If you are dealing with a classic case of BPPV, a rotary nystagmus will develop with the fast phase still beating toward the offending ear (the top ear). If it is beating toward the down ear, all bets are off and you are not dealing with BPPV. The typical BPPV nystagmus generally has a greater amplitude but lower frequency than the nystagmus with the bad ear down.
B. If no nystagmus develops after the turn to the opposite ear, move the head slowly to 90 degrees facing up, and then turn the head in the opposite direction 135 degrees so that it is 45 degrees facing down below the horizontal (with the sick ear up). The nystagmus should then occur.
C. Hold the patient in the nystagmus-inducing position for at least 5 minutes, and then bring the patient back to a sitting position "very, very slowly."
4. Have the patient keep the head absolutely vertical during the next 48 hours, day and night. This is achieved by the "Instructions to Patients," below.
5. After the 48-hour interval, patients are prohibited from sleeping on their vertigo-generating side for 1 week. If the maneuver is not successful, it is performed again a week later.

There is an 84% positive success rate with one maneuver and 90% positive success rate after a second maneuver 1 week later. The recurrence rate is 4.2%.

Instructions to BPPV patients after the Liberatory Maneuver

Whatever the position of your body, you must keep your head vertical for the next 48 hours. Imagine your head being hung by an invisible string to the ceiling. You must not bend your head forward or backward. You must not go to the barber, hairdresser, or dentist. No exercise. When men shave under their chins, they should bend their bodies forward in order to tense the skin and keep their head vertical. No eyedrops. Shampoo only under the shower.

At night, lie on your back with plenty of pillows to keep your head vertical while your trunk is about 30 to 45 degrees elevated off the bed. Put something at the bottom of the bed in order not to slip down during the night.

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Correction

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