

Vertigo Home Exercises PDF

Printable Guide for Daily Relief



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Vertigo Home Exercises (PDF): Free Printable Guide for Daily Relief

I know how unsettling a sudden spin or wobble can feel. That's why I created this **free printable guide**. It's filled with safe **vertigo home exercises** you can do at home. Follow this simple routine every day to help manage your vertigo. This **Vertigo Home Exercises PDF** includes exercises like the Epley maneuver and gaze stabilization. Doctors often recommend these. Doing these exercises can help your balance system. It's advised to do them three times a day, add a daily walk, and practice with a caregiver nearby for safety.

But before you dive into these exercises, many people find that this simple 7-second chew method helps support faster vertigo relief...

[Click Here to Try the 7-Second Chew Method for Fast Vertigo Relief](#)

Understanding Vertigo versus General Dizziness

I want to help you understand the difference between true vertigo and general dizziness. This way, you can pick the right care and do **exercises for vertigo at home** safely. Many people confuse any unsteady feeling with "dizziness." Clear definitions can help reduce worry and speed up recovery.

What vertigo feels like compared to lightheadedness

True vertigo is when you or the room feels like it's spinning. It often starts with certain head movements and lasts from seconds to minutes.

Lightheadedness, on the other hand, feels like you might faint. It doesn't usually make you feel like you're spinning. If you feel nauseous or see things blurry, it might be vertigo.

How inner ear problems produce true spinning sensations

The inner ear has canals that sense rotation. Tiny crystals called otoconia can move into a canal.

When these crystals move with head movement, they trigger the canals. The brain then thinks there's motion that isn't real. This creates brief, intense spinning, often triggered by the Dix-Hallpike test.

Repositioning maneuvers, like the Epley, aim to move these crystals back. I include simple steps in the **vertigo home exercises pdf** for safe practice.

Why differentiating the two matters for treatment choice

Knowing if you have vertigo or another type of dizziness helps choose the right treatment. BPPV often responds well to specific exercises done at home.

Other causes, like vestibular neuritis or Ménière's disease, need a different approach. Graded movement and gaze stabilization help when the vestibular pathways are affected.

Matching symptoms with a likely cause helps you choose the right exercises from the **Vertigo Home Exercises PDF**. You'll know when to seek medical care instead of relying only on home routines.

Common Causes of Vertigo: BPPV, Vestibular Neuritis, Ménière's Disease

I meet patients who feel like they're spinning or losing balance. Knowing what causes vertigo helps find the right treatment. It also tells us when to see a doctor.

Benign Paroxysmal Positional Vertigo and Canalithiasis

BPPV occurs when tiny calcium particles move into a semicircular canal. This movement affects the balance sensors. It causes brief spinning when you turn your head.

The Dix-Hallpike test can show if you have BPPV. It looks for a specific eye movement. BPPV can be treated with simple exercises like the Epley and Semont. These help move the particles back to their place.

Vestibular neuritis: viral inflammation of the vestibular nerve

Vestibular neuritis causes sudden, severe vertigo that lasts for days. It's caused by a viral inflammation of the vestibular nerve. This imbalance makes it hard to walk and causes dizziness.

Recovery involves gradual activity and specific exercises for vestibular neuritis. I suggest gaze stabilization and head movement exercises. These help retrain the system and improve tolerance.

Ménière's disease: fluctuating hearing loss, tinnitus, and vertigo

Ménière's disease brings vertigo, hearing changes, tinnitus, and aural fullness. Attacks can be intense and unpredictable.

Hearing can change over time.

Treatment aims to control symptoms and includes specific vestibular work. For balance training, Ménière's disease exercises help reduce dizziness. They also improve steadiness during recovery.

BPPV is the most common treatable cause and often responds to home exercises. Vestibular neuritis and Ménière's need a doctor's assessment and a personalized plan. If you have hearing loss, severe vertigo, or new neurological symptoms, see a doctor right away.

When Home Exercises Are Appropriate and Safe

I choose home exercises for positional vertigo, and when I feel steady. Many find **vertigo self-help exercises** helpful for brief, predictable spinning. Always start with caution and a clear plan.

Which cases respond well to home maneuvers

BPPV often improves with home exercises. The Epley and Brandt-Daroff exercises are commonly used. Repeat the Epley up to three times daily until symptoms stop for 24 hours. While these movements are great for your balance, **most readers find that pairing them with this easy 7-second chew technique brings faster relief...**

[Click Here to Try the 7-Second Chew Method for Fast Vertigo Relief](#)

Contraindications and red flags for self-treatment

Not everyone should try self-maneuvers. Stop and seek care if you experience weakness, slurred speech, or a sudden, severe headache. These could be signs of stroke or another serious problem.

If you have severe neck arthritis, vascular disease, or cannot safely turn your head, do not attempt repositioning without a clinician's clearance.

How to decide whether to call a clinician or go to urgent care

Call a clinician if maneuvers produce persistent or worsening symptoms. Go to urgent care or the emergency department if you have

progressive hearing loss, marked weakness, vision changes, or symptoms that suggest a stroke.

Mild, expected nausea or transient dizziness during an exercise can be normal. But persistent or severe reactions mean it's time to seek help.

I favor a safe setup: have a helper present, keep movements slow, and stop if symptoms become excessively severe. Use a **printable vertigo routine safety** checklist. When in doubt, ask your clinician for guided instruction and a personalized plan.

Preparing to Do Home Vertigo Exercises Safely

I start by setting up a calm, clear space for sitting and reclining safely. I have a bed with a pillow behind my shoulders for head positions. I remove rugs and clutter, place a sturdy chair and counter nearby, and have a family member or friend nearby for support.

I plan my exercise timing and frequency. I aim to do **exercises for vertigo at home** three times a day. I also try to take a short walk each day if possible. I keep a simple daily log to track my progress, noting symptom intensity, duration, and triggers.

I follow specific precautions after clinic maneuvers. I wait about 10 minutes before leaving the office. I have someone drive me home if needed. The first night, I sleep semi-recumbent at a 45° angle with two pillows for a week. I avoid sudden head extension, vigorous head movements, sit-ups, crawl-style swimming, and positions used by dentists or hairdressers for seven days.

I treat my vertigo routine as a living tool. I keep my vertigo exercises PDF on my phone, and a printed copy near the bed. I ensure the gaze target for visual drills is about five feet away on a wall. I have a chair or counter to steady myself during exercises.

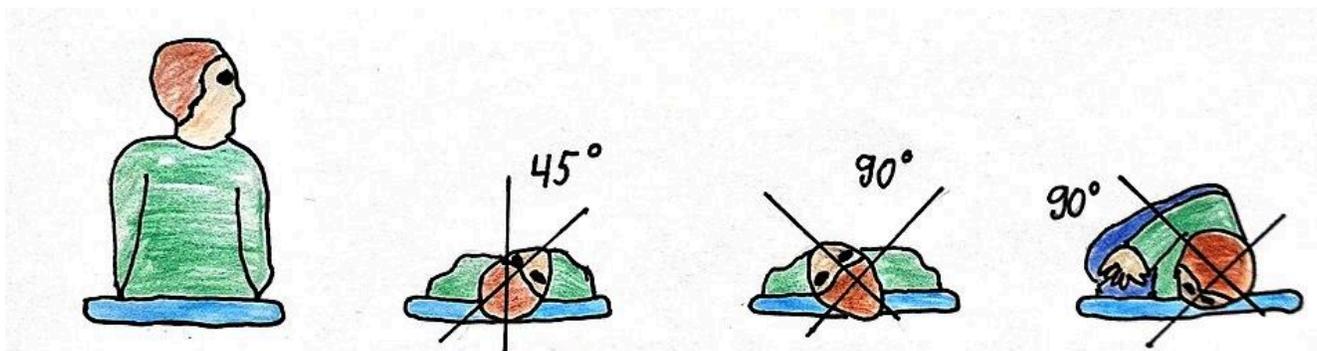
Safety is my top priority for vertigo exercises. I start sessions with someone present. I stop if I experience new weakness, numbness, vision changes, or a severe headache. I pace myself and progress slowly, using my daily log to report to my clinician.

Preparation Step	Action	Why it matters
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Safe space	Bed with pillow behind shoulders, clear floor, chair nearby	Reduces fall risk and supports reclined positions for maneuvers
Timing & frequency	Perform exercises for vertigo at home three times daily; a short daily walk	Consistent practice speeds recovery and builds tolerance
Tracking	Daily log in printable vertigo routine or vertigo home exercises pdf	Helps measure response, identify triggers, and guide clinicians' decisions
Post-maneuver precautions	Wait 10 minutes after clinic maneuvers, get a ride home, sleep semi-recumbent	Reduces immediate risks and helps canaliths settle safely
Movement limits	Avoid sudden head extension, vigorous head turns, sit-ups, and certain swimming strokes for one week	Prevents re-triggering displaced particles and reduces symptom flare-ups
Support	Have someone present for initial sessions; use a chair or counter during drills	Enhances safety for balance and gaze exercises

Epley Maneuver: Step-by-Step Instructions for Home Use

I'll guide you through a simple process to help tiny ear particles move back into place. This method uses gravity and is based on what doctors teach. It works best when you feel dizzy from benign paroxysmal positional vertigo. For a quick reference, look for an **Epley maneuver PDF** or a **vertigo home exercises pdf** to keep by your bedside.



The Epley maneuver (Credits to Ruhrgur, Wikimedia)

How the maneuver repositions canaliths

[The Epley maneuver](#) involves head and body turns to move otoconia out of a semicircular canal. Each turn lets debris settle, moving particles away from sensitive areas. Patients often notice clear changes in their spinning during the process.

Detailed step-by-step instructions for right- and left-sided BPPV

Use a firm bed and a pillow for support. Have someone nearby the first few times. Follow these steps slowly and stop if you feel severe pain or new weakness.

- Start sitting upright in the middle of the bed with legs extended.
- Turn your head 45° toward the affected ear (turn right for right-sided BPPV, left for left-sided BPPV). Hold 60 seconds if tolerated; 30–60 seconds is acceptable.

- Lie back quickly so your shoulders rest on a pillow and your head is reclined but still at 45°. Hold 30–60 seconds.
- Rotate your head 90° toward the opposite (unaffected) ear without lifting it. Hold 30–60 seconds.
- Roll your body and head another 90° in the same direction so your face points toward the floor. Hold 30–60 seconds.
- Sit up on the side you ended on, bringing your head forward about 45°. Hold for 60 seconds before standing slowly.

Recommended frequency, what to expect, and when to stop

I suggest doing three full series per night before sleep when you first start, or up to three times daily until positional vertigo is absent for 24 hours. A single series takes about five minutes. Expect brief vertigo and visible eye movements during position changes. You may feel dizzy afterward; sit quietly for 10 minutes before moving around.

If you have neck disease, severe vascular disease, or worry about cervical safety, check with a clinician before trying **home Epley instructions**. Stop immediately and seek care if you get a severe headache, focal weakness, numbness, or vision changes during the maneuver.

Step	Action	Hold Time	Notes
1	Sit upright, head neutral	10–20s	Prepare bed and pillow; have a helper if needed
2	Turn the head 45° to the affected side	30–60s	Choose 60s if you tolerate motion well

3	Lie back with your head reclined at 45°	30–60s	Watch for nystagmus and brief vertigo
4	Rotate head 90° to the opposite ear	30–60s	Keep your shoulders on the bed, move only your head
5	Roll the body and head 90° toward the same side	30–60s	The face should point down toward the mattress
6	Sit up with head flexed forward 45°	60s	Rise slowly; rest before walking
Frequency	Practice dose	3 series per session	Nightly or up to three times daily until clear
Expectations	Symptoms during and after	5–10 min per series	Transient vertigo and nystagmus are normal
When to stop	Warning signs	Immediate	Severe headache, focal deficits, vision change — seek care

For a printable quick guide, save an **Epley maneuver PDF** or a vertigo home exercises PDF. If you want clear **home Epley instructions** that fit into daily life, these materials pair well with the **best exercises for vertigo at home** to form a simple recovery plan.

Brandt-Daroff Exercises: A Home Habit for Repeated Symptoms

I use [Brandt-Daroff exercises](#) when BPPV keeps coming back. Clinicians also suggest them after a repositioning maneuver. These exercises help by gently working on the inner ear response. I recommend a **Brandt-Daroff exercises PDF** or a **printable vertigo routine** for easy steps at home.



These exercises have a purpose and are backed by evidence. They help when vertigo symptoms return or don't go away. I tell people to do them daily to build tolerance and reduce symptoms.

Here's how to do it. Sit on the edge of a bed with your feet flat. Turn your head 45° away from the side that feels worse. Then, lie down quickly on the shoulder of the turned head and keep your face slightly up. Hold for about 30 seconds or until the vertigo goes away. Get back

to sitting and wait 30 seconds. Do the same on the other side in the mirror.

Do 5–10 repetitions per session, three times a day for weeks. Keep track of your symptoms. You can download a **Brandt-Daroff exercises PDF** or add it to your vertigo routine to stay consistent. Start with five reps and increase as you get better.

As you get better, you can do more reps or rest less.

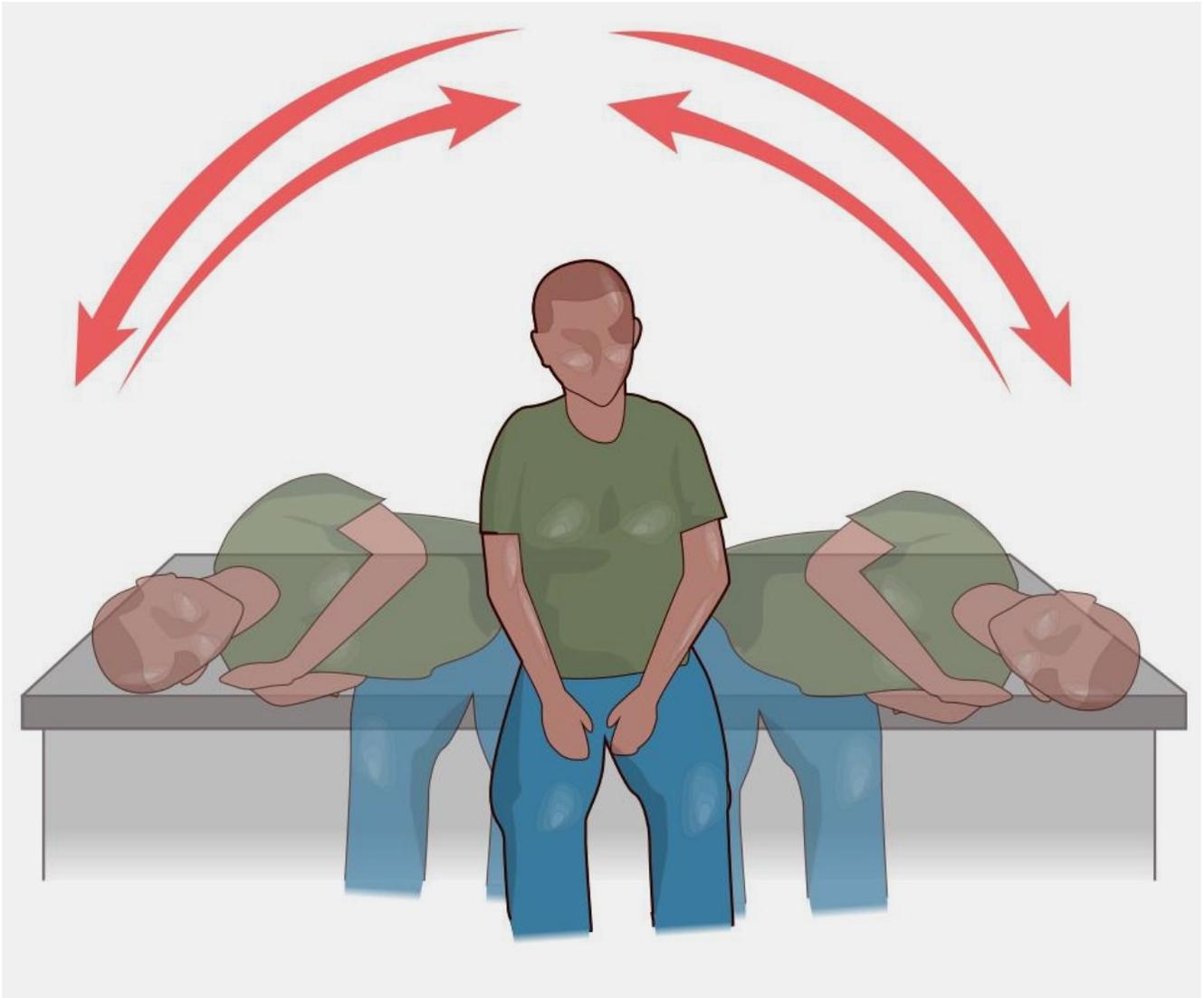
But, stop if vertigo gets worse, new symptoms appear, or if your doctor says to wait. Remember, start these exercises after two days of a clinic visit unless told to do so sooner.

Item	What to Do	Typical Frequency	When to Stop or Modify
Starting position	Sit on the bed edge, head turned 45° away from the affected ear	Before each repetition	Stop if neck or back pain increases
Lying phase	Lie quickly on the shoulder of the turned head, hold for ~30 seconds	5–10 reps per session	Pause if vertigo is prolonged or severe
Sitting recovery	Return to sitting, hold 30 seconds before next rep	Three sessions daily	Avoid within 48 hours of clinic maneuvers unless cleared

Progression	Increase reps or reduce rest as tolerated	Adjust weekly based on symptoms	Consult a clinician for worsening or new symptoms
Resources	Use a Brandt-Daroff exercises PDF or printable vertigo routine for guidance	Keep visible at the bedside	Stop self-treatment if advised by a clinician

Semont Maneuver: Fast Repositioning for BPPV

I explain a quick, one-step method to move posterior canaliths fast. [The Semont maneuver](#) is an option for some patients instead of the Epley. It's part of the vertigo home exercises confirmed by a doctor. You can find a **Semont maneuver PDF** for clinic handouts or personal use.



The Semont maneuver (Credits to Hariadhi, Wikimedia)

I use the maneuver for patients who can't do the Epley's step-by-step turns. The Semont uses a quick lateral shift to move otoconia from the

posterior canal. It's a top vertigo exercise to try at home after a doctor's guidance.

I provide a clear sequence below for a reliable routine. For a printable, search for an **effective vertigo exercises pdf** with illustrations and post-manipulation instructions.

- Sit on the edge of the bed with your feet on the floor.
- Turn your head 45° away from the affected ear and hold.
- With a helper if possible, quickly lie down on the side of the affected ear so the head points upward. Hold briefly.
- In one swift motion, move to lie on the opposite side without rotating the head; the face should point toward the floor. Hold for about 1–2 minutes.
- Slowly return to a seated position and remain upright for roughly 10 minutes before driving or engaging in strenuous activity.

I suggest having a helper for the first tries. Use your hands for support and get ready for intense spinning and nausea. These symptoms usually last a few minutes.

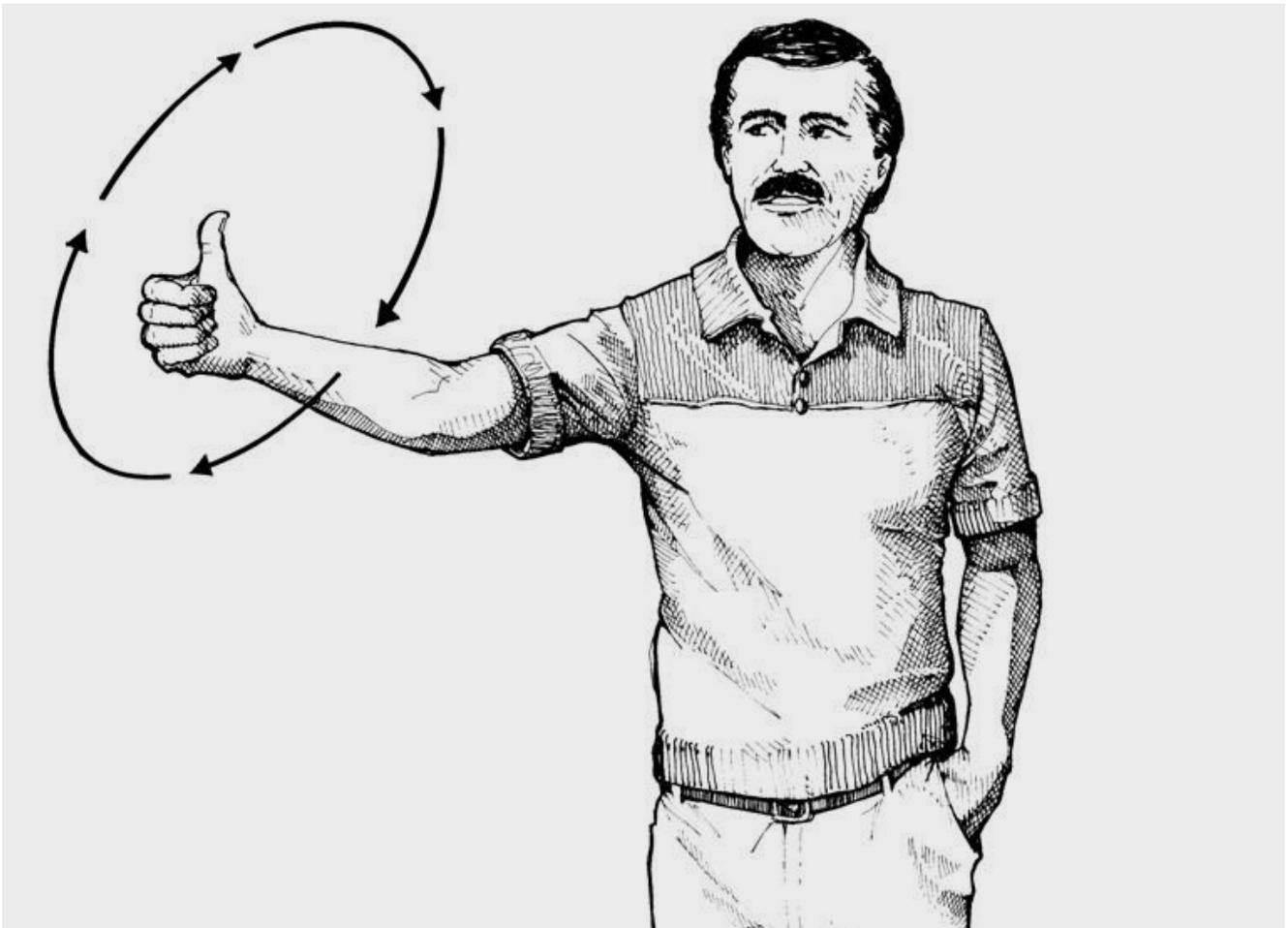
Don't do the maneuver if you can't safely turn your head, have significant cervical spine disease, have had recent cardiac events, have uncontrolled hypertension, or have vertebrobasilar insufficiency. If you experience prolonged severe vertigo, new weakness, numbness, vision changes, or a severe headache after the maneuver, stop and seek immediate care.

If Semont doesn't work, talk to a clinician about other options. You can choose from the Epley, Brandt-Daroff exercises, or supervised vestibular therapy. For a step-by-step guide, look for a **Semont**

maneuver **PDF** or an **effective vertigo exercises pdf** that matches your clinician's instructions.

Gaze Stabilization Exercises for Visual Vertigo and VOR Recovery

I explain how simple, [progressive gaze work](#) helps the brain relearn stable vision during movement. These drills train the vestibulo-ocular reflex so your eyes stay fixed on a target while your head moves. I recommend combining these exercises with other **dizziness relief exercises** to reduce visual dependence and blurred vision.



Gaze Stabilization Exercises (Credits to Bratalex, Wikimedia)

How gaze work retrains the reflex

When the VOR is sluggish, movement makes the world bounce. I use targeted head movements while keeping my eyes on a fixed point. The

repeated mismatch forces neural recalibration. Movement is medicine if you start gently and increase challenge as symptoms allow.

Core exercises with progressions

- **Head shake “no”:** Sit about five feet from a wall target. Keep your eyes on the target while shaking your head side to side. Begin with 10 seconds and build to one minute. Level 2: speed up or stand. Level 3: perform while walking toward and away from the target.
- **Head nod “yes”:** Same setup. Nod up and down while fixing your gaze. Start short, progress to one minute, then add standing or walking as balance improves.
- **Rotation with hands:** Extend your arms, thumbs up, and turn your head and body together while keeping your thumbs steady in view. Do 10 reps. Progress to standing or use a foam cushion under your feet for added challenge.
- **Combined turns:** Alternate side-to-side and up-down sequences of 5–20 repetitions. Work through levels: eyes closed for brief sets, standing, then walking in a hallway while turning your head.

Typical dosing and safe advancement

I suggest doing gaze stabilization exercises three times daily. Choose the level that provokes modest symptoms but does not leave you worse for hours. Start with 10–20 second sets and build toward one minute as tolerated.

Keep a chair or counter nearby and have someone present in the first few sessions. Stop or reduce intensity if you feel severe imbalance, exhaustion, or persistent symptom escalation. Use the **gaze stabilization exercises PDF** in your routine for written progressions and tracking.

For beginners, **vertigo exercises for beginners at home** often start with the head shake and nodding drills. If you pair these with other vertigo home exercises, progress tends to be steadier and safer.

Balance Retraining Exercises to Reduce Fall Risk

I help readers with simple **balance exercises for vertigo**. These exercises lower fall risk and boost confidence. Start with supported drills and then move to dynamic tasks that mix head movement and walking. Keep a vertigo home exercises pdf handy to track your progress and use a printable vertigo routine every day.



Start with poses like feet together, semi-tandem, tandem, and single-leg stands. Begin with a chair or countertop nearby.

Practice each pose for 10–30 seconds, repeat 3–5 times, and reduce support as you get more stable.

Dynamic balance drills

Try weight shifts, stepping side to side, and turning your head while standing. Practice stepping over a low object or walking a straight line. Add head rotations or nods to improve vestibular and locomotor control. If you want a printable vertigo routine, include sets and rest times for these drills.

Using assistive surfaces and graded difficulty

Start seated, then stand holding a sturdy surface. Move to standing without support, then to standing on a cushion or pillow when safe. Always wear stable shoes and practice in a clear, well-lit space with a helper during early sessions.

Walking drills that combine head movement and gait

Walk in a hallway and turn your head and eyes right for three steps, then left for three steps. Repeat this 10–20 times. Increase your pace or try uneven surfaces only after you can do the set comfortably. These walking drills are key for [balance exercises for vertigo](#) and help with real-world balance reactions.

I keep notes in a vertigo home exercises pdf or on a checklist to track progress. A daily printable vertigo routine helps keep practice consistent. Small, steady progress is the safest way to achieve lasting **balance retraining for vertigo**.

Diaphragmatic Breathing and Relaxation to Reduce Symptom Amplification

I know stress can make a dizzy spell feel worse. When my body shifts into fight-or-flight, heart rate and tension rise. This can make vertigo symptoms worse and slow down recovery. Relaxation helps break this cycle and makes **dizziness relief exercises** more effective.



Why stress and anxiety can worsen dizziness

Tension tightens neck and chest muscles. This changes breathing patterns and can reduce oxygen flow. The brain reads these signals as danger. Vertigo symptoms become louder and more persistent. Calming the body often lowers symptom intensity fast.

How to do diaphragmatic breathing step-by-step

I teach this simple routine to use during exercise sessions or sudden attacks. Sit upright with one hand on your upper belly and one on your chest. Close your eyes to lower sensory input.

- Inhale through your nose for four seconds. Feel your belly expand under your hand while your chest stays still.
- Exhale through pursed lips for eight seconds, letting your belly fall.
- Complete four breaths in a row, then rest for one minute.
- Repeat that set four times total. Do the series multiple times each day or whenever you need quick **dizziness relief exercises**.

When to use breathing during exercise sessions or attacks

Start and end vertigo routines with a breathing set to lower baseline tension. During acute episodes, stop movement and perform the sequence seated for safety. This technique pairs well with other approaches in the vertigo home exercises pdf or with simple **home remedies for vertigo attacks** when immediate medical danger is not present.

I remind readers that [diaphragmatic breathing for vertigo](#) is supportive care. If you see red-flag signs or severe new neurologic symptoms, seek urgent medical help rather than relying solely on home measures.

Daily Printable Routine: How to Use the Free Vertigo Home Exercises PDF

I made a simple guide for you to follow a daily plan for getting better from vertigo. The free vertigo home exercises PDF I use has exercises like repositioning maneuvers and gaze work. It also has balance drills, breathing exercises, and a safety checklist.

It's best to do these exercises three times a day. Take a short walk each day. For Epley, do three cycles before bed or three times a day if you have [BPPV](#).

Brandt-Daroff works well three times a day for repeat triggers. Start with short gaze stabilization and increase to one minute as you get better.

I included clear instructions for common maneuvers. This makes the routine easy to follow. For Epley, I show both right and left versions. Brandt-Daroff is listed as repetitive side-lying sets.

Semont is included for those who want a faster option. It has safety notes to stop if you feel very sick or weak.

I divided the routine into three timed blocks: morning, midday, and bedtime. Each block has specific exercises, safety reminders, and space to note symptoms. The guide also lists easy exercises to do at home, like target-focused gaze and head-turn walking.

What to include

- Timing and sets: recommended frequency (three times daily), Epley options, Brandt-Daroff schedule.

- Safety notes: chair nearby, helper present when needed, phone within reach, stop if acute neurologic signs occur.
- Red-flag warnings: new weakness, sudden vision change, slurred speech, sudden severe headache.
- Progress tracking: daily symptom intensity, duration, and triggers; a box for clinician contact info.

Sample printable routine layout

Time	Activities	Duration / Reps
Morning	Diaphragmatic breathing; gaze stabilization; balance retraining; short walk	4 min breathing; gaze 10–20s per exercise; balance 10 min; 5–10 min walk
Midday	Gaze progressions; head-turn walking drill; symptom log entry	3 sets gaze; 5–10 min head-turn walk; note intensity/duration
Bedtime	Epley protocol or Brandt-Daroff if instructed; lie semi-recumbent if advised	Epley: 3 series before bed or 3 times daily; Brandt-Daroff: 3 sets as needed

Personalize the PDF

- Record the side of symptoms (left or right) and mark which maneuvers relieved you.
- Adjust repetitions or duration by tolerance. If dizziness worsens, reduce the time and inform your clinician.

- Delay Brandt-Daroff after office maneuvers if your clinician recommends waiting.
- Use validated measures like the Dizziness Handicap Inventory to track changes and share results at follow-up.

I designed the **printable guide** to be an **effective vertigo exercises pdf** and a portable tool you can use at home or share with your therapist. It has space for notes and a short safety checklist so you never practice alone without a plan.

Keep the printable vertigo routine visible where you practice and update it as symptoms change. A compact effective vertigo exercises PDF with daily logs helps you see progress and know when to call your clinician.

Safety Warnings and Red-Flag Symptoms

Before you start any home routine or follow a vertigo home exercises pdf, it's crucial to know the safety steps. Some signs might seem minor, but others are serious and need immediate care. Please read these notes carefully and keep them nearby.

If you experience a severe headache, new weakness, numbness, or vision change, stop any Epley or home maneuver right away. These are **red flag symptoms that vertigo** patients should not ignore. Face droop, slurred speech, or trouble walking are emergencies. Call emergency services immediately.

If exercises cause persistent dizziness with new neurologic signs, seek evaluation without delay. Worsening double vision, ongoing vomiting, sudden hearing loss with vertigo, or fainting are serious signs. I recommend imaging or prompt clinician assessment when these occur.

After an in-office maneuver, wait at least ten minutes before leaving. Brief spins can recur right after treatment. If you still feel unsteady, don't drive yourself home. Arrange for a friend, family member, or rideshare to transport you.

For the night after an office maneuver, try a semi-recumbent sleep position at about 45 degrees. Use two pillows and avoid the affected side for roughly one week. Skip hairdresser appointments or dental procedures that force head extension during that time.

Avoid sit-ups, crawl-style swimming, or sustained head-tilt positions while you recover. If exercises in a vertigo home exercises pdf cause new or worsening neurologic signs, stop immediately and contact your clinician. Know **when to seek care for vertigo** and act quickly.

Warning Sign	What I advise	Urgency
Sudden, severe new headache	Stop maneuvers and call emergency services for immediate assessment	High
Weakness or numbness (one side)	Do not delay; go to the nearest emergency department	High
Slurred speech or facial droop	Activate EMS; these are focal neurologic deficits	High
Persistent double vision or loss of coordination	Seek urgent clinician evaluation and possible imaging	High
Ongoing vomiting or inability to keep fluids down	Present to urgent care for rehydration and assessment	Moderate to High
Sudden hearing loss with vertigo	Arrange prompt ENT or emergency assessment	High
Brief recurrent spins after office maneuver	Rest 10 minutes in the clinic; do not drive until stable	Low to Moderate

Tips to Reduce Dizziness at Home Between Exercises

I follow simple habits to keep my balance steady between therapy sessions. Making small daily changes can reduce symptoms and help me stick to my vertigo exercises. This makes it easier to move on to more challenging exercises.

Hydration and sleep

Drinking water regularly and getting consistent sleep are key. Dehydration and poor sleep can make dizziness worse. After therapy, I rest my head on two pillows or sleep at a 45° angle for a few nights, as advised by my clinician.

Avoid provoking head positions

I avoid tilting my head too far back or extending my neck. This means no shampooing with my head back and asking my stylist to wash my hair while I sit up. At the dentist, I prefer a slightly reclined chair instead of lying back.

Pace movements and use support

I stand slowly from a chair and hold onto something stable when turning. I break tasks into smaller steps. When shaving or grooming under the chin, I sit and lean forward so my head stays up.

Daily activity tweaks

- I avoid sudden head turns and quick bends. I plan grooming and chores so I can sit where needed.
- I skip sit-ups and crawl-style swimming for at least one week after repositioning maneuvers. Breaststroke feels comfortable and is allowed when cleared by my clinician.

- I return to other workouts gradually and follow guidance from my physical therapist or ENT.

Short-term aids during bad moments

When an attack starts, I sit or lie down, fix my gaze on a stable point, and use calm breathing. I keep a list of **home remedies for vertigo attacks** on my phone so I don't panic if symptoms return.

Use of resources

I keep a printed vertigo home exercises PDF on the fridge and place notes about pacing, hydration, and safe positions where I will see them. This steady reminder helps me follow **tips to reduce dizziness** and practice **balance exercises for vertigo** between formal sessions.

Home Remedies and Supportive Measures for Vertigo Attacks

Vertigo can really disrupt your day. Start by sitting or lying down in a safe spot and keep your head very still. Look at a stable object straight ahead to help your eyes and inner ear stay aligned. Use slow diaphragmatic breathing to calm your heart rate and lower symptom amplification.

If nausea appears, try ginger tea or peppermint candies for mild relief. Drink water to stay hydrated and eat small, frequent snacks if you suspect low blood sugar. Avoid alcohol, heavy sedatives, and driving after a major episode.

I recommend simple dizziness relief exercises once the worst of the spinning fades. Gentle gaze stabilization and short balance drills help reduce recovery time. You can find a vertigo home exercises pdf to print and follow a daily routine that fits your symptoms.

Over-the-counter options such as [meclizine](#) sold by brands like Bonine may ease motion-related nausea, but they can dull balance.

Nonprescription remedies and rest are sensible first steps for mild attacks. If your symptoms are persistent, severe, or come with hearing loss or weakness, seek medical care without delay.

After an attack that feels positional, try guided maneuvers like the Epley or Brandt-Daroff per established instructions. If vertigo lasts for many hours or follows a viral illness, contact a clinician to evaluate for vestibular neuritis or Ménière's disease and to discuss tailored care.

Below is a quick comparison of short-term supportive options and their intended use. Use this to decide which home measures to try and when to get professional help.

Measure	When to Use	Expected Benefit
Sit or lie still; fix gaze	During acute spinning	Immediate symptom reduction and fall prevention
Diaphragmatic breathing	Anxiety or symptom amplification	Calms the nervous system and lowers the intensity of dizziness
Hydration and small snacks	Mild attacks; suspected low blood sugar	Improves overall tolerance and energy
Ginger or peppermint	Nausea with vertigo	Reduces queasiness without prescription drugs
OTC motion remedies (meclizine)	Short-term symptomatic relief	Less nausea and motion sensitivity; may impair balance
Dizziness relief exercises	Post-attack recovery and prevention	Promotes vestibular compensation and steadiness
Vertigo Home Exercises PDF	Structured home practice	Clear step-by-step plan to reduce recurrence
When to call a clinician	Severe, recurrent, or neurologic symptoms	Timely diagnosis and targeted treatment

Tracking Progress: Tools, Outcome Measures, and When to Reassess

I suggest keeping a daily log to track your symptoms and small victories. Write down the date and time, rate your dizziness from 0 to 10, and note how long it lasts. Also, list any positions that make it worse and the exercises you try.

Include the side affected and any triggers or improvements. This helps you see how you're doing.

Using printable checkboxes makes logging easier. I recommend a space for your doctor's contact info and a weekly summary. This way, your doctor can quickly see your progress. A vertigo home exercises pdf with these fields is very helpful.

For more detailed tracking, I use validated tools. The **Dizziness Handicap Inventory PDF** shows how dizziness impacts your daily life. The **Berg Balance Scale PDF** checks your balance and fall risk. If you're feeling down, the Geriatric Depression Scale can help.

Here's a quick guide to help you pick the right tool for your follow-up with a doctor.

Measure	Purpose	When I Use It
Dizziness Handicap Inventory (DHI)	Assesses perceived handicap from dizziness across physical, emotional, and functional domains	At baseline and every 2-4 weeks to monitor change; request a printable Dizziness Handicap Inventory PDF for clinic sharing

Berg Balance Scale	Scores performance on 14 common balance tasks to estimate fall risk	When balance deficits are present or after falls; obtain a Berg Balance Scale PDF for documentation
Daily Symptom Log (custom)	Tracks intensity, duration, triggers, exercises done, and immediate responses	Daily during active self-treatment using a vertigo home exercises pdf or printable routine
Geriatric Depression Scale	Screens mood changes that may influence dizziness perception	If low mood, anxiety, or social withdrawal appear during recovery

Check your progress after one week of treatment. If you don't see improvement or symptoms get worse, stop and call your doctor. Ask for vestibular testing, physical therapy, or a specialist if hearing loss, central causes, or red flags show up.

When teaching patients, I stress the importance of knowing when to seek help. Look for worsening balance, new weakness, severe headaches, or vision changes. Use your log and any **Dizziness Handicap Inventory PDF** or **Berg Balance Scale PDF** results to show your doctor your progress.

Conclusion

Many cases of positional vertigo, like BPPV, can be helped by home exercises. Techniques like the Epley, Semont, and Brandt-Daroff are effective. These exercises, along with gaze stabilization and breathing, can improve balance and reduce falls.

For a structured approach, download this vertigo home exercises PDF. This free guide offers step-by-step instructions for daily practice. It's highly recommended that you also create a printable daily log to track your progress.

If you haven't tried the chew method yet, give it a try now – it's an even easier way to get relief from vertigo:

[Click Here to Try the 7-Second Chew Method for Fast Vertigo Relief](#)

This report is free to share with anyone who might benefit from it. All I ask is that you keep it intact and unmodified.

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FAQ

What's the difference between true vertigo and general lightheadedness?

True vertigo feels like you or the room is spinning. Lightheadedness feels faint and not spinning. Vertigo often comes with nausea and imbalance, pointing to inner ear or brain issues. Lightheadedness usually relates to low blood pressure or dehydration.

How do inner ear problems produce a spinning sensation?

The inner ear's semicircular canals detect rotation. Tiny calcium crystals can loosen and cause a brief, intense spinning episode. This is typical of BPPV (benign paroxysmal positional vertigo).

Why does it matter whether I have vertigo or just dizziness?

The cause directs treatment. Positional vertigo, like BPPV, usually responds to home maneuvers. Continuous or prolonged vertigo needs a clinician's evaluation and tailored rehab or medications. Correct labeling helps you choose safe, effective self-help versus urgent care.

What are the most common causes of vertigo?

Common causes include BPPV, vestibular neuritis, and Ménière's disease. BPPV is the most frequent and most amenable to home maneuvers.

Which types of vertigo respond well to home maneuvers?

Positional vertigo from BPPV usually responds well. Repositioning techniques like Epley or Semont maneuvers are commonly used at home.

When should I NOT try home maneuvers and see a clinician instead?

Don't attempt self-manipulations if you have new focal neurologic signs or a sudden, severe headache. Also, seek prompt care if vertigo is continuous and severe, accompanied by vomiting or an unclear cause.

How should I set up a safe space to try maneuvers at home?

Use a bed or firm surface with a pillow for head support. Clear the floor around you and have a sturdy chair or counter nearby. Keep a phone and water within reach and wear stable shoes if you'll be standing for balance drills.

How often should I do vestibular exercises, and how do I track progress?

Perform vestibular exercises three times daily and aim for a short daily walk. For Epley in confirmed BPPV, options include three complete series before bed or three times daily until symptom-free for 24 hours. Keep a simple daily log to track progress and guide clinician follow-up.

What precautions should I follow after an in-office maneuver?

Wait at least 10 minutes before leaving the clinic. Don't drive yourself if you feel dizzy – have someone drive you. Sleep semi-recumbent (about 45°) the next night using two pillows and avoid provoking head positions, vigorous head motion, sit-ups, and crawl swimming for about a week unless directed by your clinician.

How does the Epley maneuver work, and how long does it take?

Epley uses gravity and a stepwise sequence of head and body rotations to move canaliths from the affected semicircular canal back into the utricle. One full series takes about 5 minutes. Expect nystagmus and transient vertigo during position changes. If you experience severe headache, weakness, numbness, or vision changes, stop and seek medical care.

What are the step-by-step Epley instructions for right- and left-sided BPPV?

For the affected side first: sit upright on the bed. Turn your head 45° toward the affected ear and hold for ~1 minute. Lie back quickly with your shoulders on a pillow, head still 45° and reclined; hold 30–60 seconds. Turn head 90° toward the opposite ear; hold 30–60 seconds. Roll your body 90° in the same direction so your face points toward the floor; hold 30–60 seconds. Sit up on the side you ended on, flex head forward ~45°; hold 1 minute. Repeat per the recommended schedule. If unsure which side is affected, seek a clinician's confirmation first.

How often should I perform the Epley maneuver, and what should I expect afterward?

Common approaches are three series before bed or three times a day until you are free of positional vertigo for 24 hours. You may feel brief spinning during the steps and mild imbalance afterward. If you're treated in the clinic, wait 10 minutes before leaving and avoid driving if still dizzy. Monitor symptoms and stop if new neurologic signs appear.

What are Brandt-Daroff exercises, and when should I use them?

Brandt-Daroff exercises are habituation movements used for recurrent positional symptoms or as a follow-up home habit. They involve moving from sitting to lying on one side with the head turned, returning to sitting, then repeating on the other side for several repetitions. Typical dosing is three times daily with 5–10 reps per session for several weeks. Don't start them immediately after an office repositioning unless your clinician advises it.

How does the Semont maneuver differ from the Epley, and when is it used?

Semont uses brisk lateral movements and a liberatory thrust to dislodge canaliths quickly from the posterior canal, rather than the slow stepwise rotation of Epley. It can cause an intense short burst of vertigo and is

often done in a clinic; use caution at home and avoid if you have neck, vascular, or cardiac issues. If you can't safely turn your head, don't attempt Semont.

What are gaze stabilization exercises, and how do they help?

Gaze stabilization retrains the vestibulo-ocular reflex (VOR) so your eyes remain steady during head movement, reducing blurred vision and oscillopsia. Exercises include head-shake ("no") and head-nod ("yes") while keeping eyes on a fixed target about 5 feet away. Start with short durations (10–20 seconds) and progress to 1 minute and to standing or walking levels as tolerated.

What are safe progressions for gaze stabilization and head movement drills?

Start seated with a stable target and short sets. Progress to faster head turns, standing, then walking while turning your head. Level up only when you can complete a set without prolonged worsening. Always have support nearby and a helper present for early sessions.

Which balance retraining exercises reduce my fall risk?

Begin with static drills (feet together, semi-tandem, tandem, single-leg) using a chair or counter for support. Move to dynamic drills: turning your head while stepping, weight shifts, tandem walking, and obstacle negotiation. Use a pillow or soft surface to increase challenge only after you can do the basic tasks safely.

How do walking drills incorporate head movement safely?

Walk in a clear hallway wearing good shoes. Turn your head and eyes right for three steps, then left for three steps; repeat 10–20 times. Start slowly and use support or a helper if unsteady. Increase speed or add uneven surfaces only when confident.

Why is diaphragmatic breathing part of a vestibular program?

Stress and anxiety amplify dizziness through a physiological loop. Diaphragmatic breathing calms the nervous system, reduces symptom amplification, and helps you tolerate and progress through exercises. It's also useful during acute attacks to reduce panic and nausea.

How do I do diaphragmatic breathing step-by-step?

Sit upright with one hand on your belly and one on your chest. Inhale through your nose for 4 seconds so the belly rises while the chest stays relatively still. Exhale through pursed lips for 8 seconds. Do four breaths, rest one minute, and repeat four times. Use seated at first for safety.

What should a daily printable routine include?

A useful PDF includes timing and sets (morning/midday/bedtime), step-by-step Epley/Brandt-Daroff/Semont instructions, gaze stabilization progressions, balance drills, diaphragmatic breathing, a safety checklist (chair, helper, phone), a daily log for symptoms and exercises, and clinician contact info.

Can over-the-counter remedies help during an acute attack?

Short-term measures like hydration, ginger or peppermint for nausea, rest, and small snacks may ease symptoms. They're supportive but shouldn't delay medical care when red-flag symptoms appear. Avoid alcohol or sedating substances that impair balance during recovery.

What are the red-flag symptoms that require immediate medical attention?

Seek urgent care for new focal neurologic deficits (weakness, slurred speech), sudden severe headache, double vision, loss of coordination, persistent vomiting, sudden hearing loss with vertigo, or loss of

consciousness. If maneuvers cause persistent or worsening neurologic signs, stop and get prompt evaluation.

What should I do immediately during a vertigo attack?

Sit or lie down in a safe place and keep your head still. Fix your gaze on a stable target and use diaphragmatic breathing to calm your body. Only attempt repositioning maneuvers if the pattern fits BPPV and you can do them safely; contact your clinician if unsure.

How long should I try home treatment before seeing a specialist?

If appropriate maneuvers and vestibular exercises are done correctly and there's no improvement after about one week, or if symptoms worsen or you develop hearing loss or neurologic signs, contact your clinician for reassessment, vestibular testing, or referral to vestibular physical therapy or ENT/neurology.

Are there practical tips to reduce dizziness between exercise sessions?

Stay well hydrated, sleep semi-recumbent (about 45°) after maneuvers, avoid sudden head extensions and provoking positions, pace movements, stand up slowly, and plan grooming tasks to reduce awkward head positions. Avoid hairdresser or dental head-tilts for about a week after maneuvers.

Where can I find reputable printable tools and resources?

Trusted resources include the Vestibular Disorders Association (vestibular.org), Mayo Clinic patient pages, and validated PDFs such as the Dizziness Handicap Inventory (DHI) and Berg Balance Scale. My downloadable Vertigo Home Exercises PDF bundles routines, a daily log, safety checklist, and links to these resources.

Will these exercises always stop my vertigo?

Many cases of BPPV respond well to repositioning maneuvers, but not all vertigo types resolve with home exercises. Vestibular neuritis, Ménière's, and central causes may need additional medical treatment and specialized rehabilitation. If exercises don't help within a week or you have concerning symptoms, get a clinical evaluation.

What should I do about transport after an in-office maneuver?

Wait at least 10 minutes after the maneuver before leaving. If you still feel dizzy, don't drive – have someone else drive you. Rest and follow post-manipulation precautions like sleeping semi-recumbent and avoiding provocative head positions for about a week.

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