

Resolution of Vertigo and Headaches in a 38-year-old female: A case report

Adrienne Leahy, Ruth Postlethwaite and Clare McIvor

Background: A 38-year-old female presented for chiropractic care six-months postpartum, with a chief complaint of vertigo. The initial onset had been two-three years prior following a six metre fall in which she sustained an L2/L3 fracture, symptoms had worsened with pregnancy.

Intervention: The patient underwent a course of Chiropractic care in which she was cared for using the Advanced Biostructural Correction Technique, which included stretching meningeal adhesions.

Outcomes: Concomitant with an improvement in objective measures, the patient experienced a complete reversal of vertigo symptoms and now enjoyed life without the condition.

Conclusion: Chiropractic care should be considered alongside long term rehabilitation after injury, and more research into chiropractic care and vestibular function may be warranted.

Indexing Terms: Chiropractic; Subluxation; Advanced Biostructural Correction Technique; ABC; vertigo; postpartum headache.

Introduction

Chiropractic care has long been sought for effective relief of headaches and improvement of posture. Often these concerns present together, with patients sometimes presenting for one in particular, with the other identified by the treating Chiropractor during initial evaluation. Kyphosis, or forward head posture, in particular is often seen alongside complaints of headache. This is likely due to the increased tension being placed on the spine and associated musculature caused by the weight of the head relative to the spine increasing as the head moves further forward.

Despite the well known narrative of '*patient presents to a Chiropractic practice for headaches*', something new can be gleaned from each case report, especially those highlighting the other factors that may be affecting the patient's primary concern and Quality of Life.

While headaches may be a well documented area of Chiropractic research, the topic of migraine within Chiropractic research is less so. Consisting

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predominantly of case report data, there is early evidence to suggest that Chiropractic care may support those trying to manage migraine. (1, 2, 3)

Migraine can be a complex presentation, manifesting as a range of symptoms and impairing the lives of those experiencing them in varying severities. During a migraine attack there is severe pain and throbbing felt in the head and it can be accompanied by vision changes, difficulty speaking, and confusion, which is referred to as '*migraine with aura*'. (4) Migraine can manifest as less obvious symptoms, such as vertigo or abdominal pain, which can make an already complex condition even more difficult to diagnose and manage.

This case report details the effective Chiropractic care of a patient presenting with vertigo and neck pain. Following a course of Chiropractic care following the Advanced Bio-structural Correction Protocol, there was an improvement in symptoms and an increase in overall wellbeing.

Case details

A 38-year-old female presented for Chiropractic care six-months postpartum, with a chief complaint of vertigo. At the time of presentation, she was a stay-at-home mother with a moderate activity level, and new to Chiropractic care.

At the time of presentation, she had been suffering from vertigo for approximately three years, following a six-metre fall from a staircase in which she sustained a fracture of L2 and L3. This was treated non-surgically with a full spinal brace for up to 12 weeks. A vascular surgeon had assessed her case and advised on the chosen non-surgical treatment pathway given his finding that the left vertebral artery passed through the C4 foramen instead of the C6 foramen. He found no damage or impairment to vertebral arteries bilaterally and thus, given the combination of factors, no surgery was recommended.

While her vertigo symptoms had onset three years prior to her presentation at the Chiropractic clinic, she reported that her symptoms had worsened with pregnancy. Benign Positional Vertigo (BPV) had been ruled out prior to consultation. She had also been diagnosed with atypical migraines subsequent to her Chiropractic presentation.

She described her vertigo symptoms as dizziness (the room spinning) and nausea occurring once every two-to-three weeks, and lasting for days at a time. She rated the severity as between three and eight out of ten. She had sought treatment from a physiotherapist who performed Epley's manoeuvre, however her symptoms worsened following treatment. She remarked that these episodes would often start upon waking in the morning, and she could attain only mild relief from rest and Voltaren and temporary relief with osteopathy. Observation suggested the symptoms also worsened with fatigue and poor sleeping positions.

Secondary complaints included constant neck pain and tension, stiffness and pain around the L2/L3 spine and frequent bouts of vertigo at the end of the day.

Clinical findings

Upon presentation at my clinic the patient underwent a thorough clinical history and physical examination according to the Advanced Biostructural Correction Protocol. This included a clinical history and physical examination, as well as spinal x-rays and a patient outcome survey.

Posture assessment was undertaken using the Posture Pro Software, along with data from the spinal x-rays. She also undertook a patient outcome survey. Active range of motion (AROM) was restricted in bilateral lateral flexion and bilateral rotation. Thoracic ROM was restricted in extension and lumbar ROM was restricted in extension

Lewins/Adam's test was positive in the thoracic spine on the right side. Kemp's test was positive in the Cervical spine, bilaterally, for pain and stiffness. Compression assessment was

positive in the Cervical Spine for pain and stiffness. The Cough test was negative, as were Rhombberg's and Vertebral Artery Dissection Tests, but the slump test was positive for vertigo.

Anterior to Posterior Posture Assessment revealed a 3° elevation in the head and neck on the right side. The patient's shoulders were elevated 2° on the left side, and her hips were also elevated by 1° on the left. A lateral posture assessment revealed a forward head and neck shift of 11°. The patient also had an anterior pelvic tilt of 6°.

Subluxations were assessed and treated using the Advanced Bio-structural Correction Method, and were found in the spinal meninges, between C7 and L5, sacrum and bilateral lower limbs.

Management

Upon completion of the initial examination the patient commenced a care plan during which she was treated exclusively with the Advanced Bio-structural Correction Protocol. She was initially seen three times per week for four weeks, before a progress examination was conducted. She then continued at a frequency of two sessions per week for a total of six weeks before another comparative examination took place.

The care plan focused on the patient's aims to reduce the frequency, severity and duration of her vertigo symptoms. She also wanted to improve overall spinal mobility and reduce points of tension and pain. Improved quality of sleep was an additional outcome. Due to her positive slump test for symptoms of vertigo in addition to Epley's manoeuvre intensifying her symptoms rather than relieving them, the Chiropractor was confident there was a mechanical influence at play that specifically affected her upper body. This translated to clinical priorities of engaging in subluxation-based care, especially to the cervical spine, shoulders and rib cage, as well as lower body subluxations which were checked at each visit.

The patient's Chiropractic care included stretching meningeal adhesions, correcting spinal subluxations in an anterior to posterior direction, as well as adjustments and mobilisation to the sacrum, hips and lower limb joints.

Additional care recommendations included instructions on how to sit for correct ergonomics but more importantly was demonstrated how to set up a pillow for correct side sleeping, so that she was more supported and neutral instead of twisted.

Outcomes

At the ten week review, which occurred at the twenty-fourth treatment, the patient reported an 80% improvement in the frequency, duration and severity of all symptoms. She also noted significant improvements in her postural stance, as well as sleep, energy, feelings of vitality, overall wellbeing, and her state of mind.

Her anterior-to-posterior posture assessment showed that her head and neck left side elevation had reduced to 1°. Her lateral posture assessment showed that her forward head carriage had reduced to 2°, from 11° at the commencement of care. Her anterior pelvic tilt had also reduced to 2° from 6° at the beginning of care. These analyses were taken using Posture Pro Digital assessment software and subjective patient survey responses.

At the completion of the care plan, the patient remarked that *'My vertigo has been bothering me for two years and I can now enjoy my life without it'*. This represented a remarkable change in Quality of Life.

Discussion

Preliminary research suggests that Chiropractic care holds potential for being an effective way to manage migraine, yet the specifics underpinning this potential are yet to be elucidated. A qualitative study, using data obtained during a larger randomised control trial found that

participants had a greater awareness of how musculoskeletal tension and posture may trigger migraine, following Chiropractic care. Participants in this study also reported that the Chiropractor-patient relationship was an important part of managing their migraine effectively. (5)

In this case, the resolution of vertigo and headaches had a significant and meaningful impact on the patient's Quality of Life. As her symptoms decreased, she reported improvements in sleep, energy levels, and overall mental state. These changes allowed her to be more present and engaged with her infant daughter, and as her daughter grew older, she felt more capable and confident in beginning the process of seeking employment.

During the course of care, the patient did not receive any other treatments. Given the chronic and progressively worsening nature of her condition, alongside the lack of response to previous interventions, it is reasonable to conclude that her improvements were directly related to the Chiropractic care she received.

Conclusion

Following her initial consultation the patient was formally diagnosed with atypical migraines, which in her case presented predominantly as vertigo. Migraines are complex neurological conditions that can manifest in diverse ways, often with significant physical, emotional, and functional consequences.

This case highlights how Chiropractic care, particularly using Advanced Biostructural Correction (ABC), may play an important role in reducing the impact of such conditions and restoring Quality of Life.

The positive outcomes observed in this case underscore the need for further research into the role of ABC and other structural Chiropractic techniques in addressing mechanical and postural contributors to migraines and vertigo. Expanding the evidence base in this area could help clarify the mechanisms through which Chiropractic care influences these challenging and often debilitating conditions.

Ruth Postlethwaite
BBiomedSc
Writer, ASRF

Clare McIvor
BBus(Admin),
GD Comms(ProfWrit,Edit),
GD(Psych)(Cand)
Writer, ASRF

Adrienne Leahy
BChiroprSc, MChiropr
Private practice of Chiropractic
Crows Nest, Sydney
aleahy@spineandhealth.com.au

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About the Chiropractor

Dr Adrienne Leahy completed her Bachelor of Chiropractic Science at Murdoch University, Western Australia in 2011 and her Master of Chiropractic at Macquarie University in Sydney in 2013. Upon completing her Master Degree Adrienne studied Advanced Biostructural Correction™ through seminars conducted by Advanced Biostructural Correction Australasia and their international counterparts. Adrienne is a part of a group practice of Chiropractors in Sydney's Lower North Shore providing ABC Chiropractic care for their patients.

