Head Tilt and Gait Analysis:
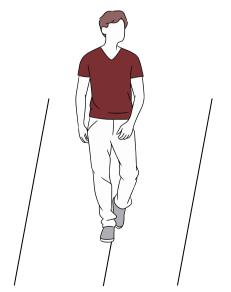
A simple exercise to detect visible BVD

People with subtle vision misalignments, phorias, or BVD often adopt an abnormal head posture and an unsteady gait. The head tilt is an attempt to realign vertical image displacement, and the gait abnormalities are physiologically implemented to improve steadiness to avoid falling.

How to perform Head Tilt Analysis

Sit directly in front of the patient and observe their head posture as you converse with them. Is a tilt obvious? Is their hair parted on the "higher" side"? Is one earring higher than the other?

How to perform Gait Analysis

Center the patient in the middle of the hallway before they begin walking. Say To the patient: "Walk down the hallway, looking at the (target at eye level), as if you are going to meet a friend. Turn, and then walk straight back to me."

Observe for the following:

- Are they walking slowly and cautiously, or swiftly and confidently?
- Are their strides short?
- Do they drift to one side or weave back and forth?
- Do they look at the ground when walking? Or straight ahead?
- Do they shuffle?
- Do they tilt their head while walking? To which side?
- Do they keep their arms out stiff?
- Do they swing only one arm?
- Are they reaching for the wall?
- Are they taking an extra step in the turn?
- Do they look more unsteady after the turn?

What does this mean?

Head Tilt?

If a head tilt is present, the patient most likely has a vertical eye misalignment, yet those providing care for patients with headaches, dizziness, anxiety, neck pain and other symptoms don't tend to understand the connection between these symptoms, the head tilt and the causative vision misalignment. But now you do.

Gait Abnormalities?

Gait abnormalities are not acute events in this population. They have usually been present for years and previously evaluated by other doctors for possible causes, and in most instances no satisfactory reason has been identified, and adequate symptomatic relief has not been obtained.