

VERTIGO RESOURCE HUB

CLINICAL CHEAT SHEET



Refer to PT



HEALING VERTIGO

Vestibular Physiotherapy

Red Flags (Urgent Medical Assessment Needed) ▶

- New severe headaches + dizziness
- Neurological deficits (ataxia, dysarthria, diplopia, weakness)
- Vertical nystagmus or direction-changing gaze-evoked nystagmus
- Acute hearing loss
- Inability to stand or walk
- High vascular risk + acute continuous vertigo (HINTS exam normal)

Condition	Timing	Triggers	Key Findings	What MD Can Do	When to Refer to Vestibular PT
BPPV	Brief (10-30 sec)	Rolling in bed, lying back, looking up	Positional nystagmus on Dix-Hallpike	Perform Epley if trained	Persistent symptoms, unclear ear/variant
Vestibular Neuritis	Sudden onset, continuous for days	No specific trigger	Spontaneous nystagmus, abnormal head impulse, no hearing loss	Short-term vestibular suppressant (<3 days)	As soon as patient tolerates movement
Labyrinthitis	Same as neuritis	Same	PLUS acute hearing loss	Audiology + ENT	Same
Vestibular Migraine	Minutes - hours	Variable	Motion sensitivity, light/sound sensitivity, migraine features	Migraine management	For balance, motion sensitivity, persistent dizziness & lifestyle management
Meniere's Disease	Episodic (20 min - 12 hrs)	Often spontaneous	Fluctuating hearing, tinnitus, aural fullness	Sodium reduction, diuretic, vestibular suppressant	For imbalance between episode & lifestyle management
PPPD	Persistent, daily > 3 months	Visual environments, motion	Rocking/swaying sensation	Education, anxiety support	Vestibular rehab + CBT type strategies
Concussion	Persistent post-injury	Head/visual motion	Dizziness, visual & cervical involvement	Early reassurance	Full vestibular-concussion assessment
MdDS	Persistent rocking after travel	None	Rocking improves with passive motion (e.g. in a vehicle)	Reassurance	Specialized vestibular rehab
Stroke (Central Cause)	Sudden onset, continuous or fluctuating	None (not positional)	Vertical or direction-changing nystagmus, severe imbalance, ataxia, diplopia, dysarthria, abnormal HINTS	Immediate emergency evaluation	Not appropriate initially; may refer later post-stroke for balance/vestibular rehab

Digital Resources



- BPPV video guide
- HINTS exam video
- Triage tools
- Downloadable resources

Triage Questions <30 sec

- Is dizziness triggered by head movement?
- Is dizziness episodic or continuous?
- Are there associated symptoms (hearing changes, headache, visual aura, neck pain)?
- Any recent illness, injury or travel?
- Any red flags?

When to Refer to Vestibular Physiotherapy

- Any dizziness lasting >2-3 weeks
- Recurrent BPPV or atypical findings
- Post-concussion dizziness
- Vestibular migraine motion sensitivity
- PPPD
- Persistent imbalance after any acute vestibular episode
- You're unsure - we sort it out!