

VERTIGO RESOURCE HUB

CLINICAL CHEAT SHEET

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)



Refer to PT



HEALING VERTIGO
Vestibular Physiotherapy

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!