CG

Coral Gables Vestibular Clinic
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VertigoDx
FDA CLEARED · K260566
CLASS II

VESTIBULAR ASSESSMENT

SIMPLE EMR NOTE

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Simple EMR note

PATIENT

Margaret Ellison

DOB **14 Mar 1961**
Sex **F**
File no. **CGV-04471**
Referred by **Alan Reyes, MD (primary care)**

CLINICIAN

Sarah Whitfield, PT, DPT

Profession **Physical Therapist (PT, DPT)**
Reg. no. **FL PT 30412**
Device **SmartVertigo · iPhone 14 Pro Max**
Classifier **V4 (v24)**

SUBJECTIVE

Margaret Ellison presented with a two-week history of positional vertigo, beginning on a Sunday when she turned over in bed towards her right side (Patient: "I turned over in bed towards the window, my right side, and the whole room went round. I grabbed the headboard."). The first spell lasted under a minute, her husband estimating about half a minute, and spells have recurred most mornings, triggered by turning in bed, looking up to a high shelf and bending forward, mostly on the right and once or twice more mildly on the left. She described the sensation as "Spinning. Proper spinning, like a merry-go-round," with associated nausea but no vomiting, and a persistent off-balance feeling between spells (Patient: "Like I am walking on a boat."). She denied hearing change, tinnitus or aural fullness, headache (past migraines in her thirties, none for twenty years), double vision, speech difficulty, facial or limb numbness or weakness, falls, recent head injury and preceding cold or influenza; medication was amlodipine 5 mg and vitamin D, with a single dose of Stugeron on day two which caused sedation.

OBJECTIVE · POSITIONS

POSITION	EYE	NYSTAGMUS	SPV	LATENCY	DURATION	CLINICIAN
Sitting	R	Down-beating 2nd opinion: No BPPV	13.7°/s	0 s	7 s	—
Lying	L	Down-beating	3.3°/s	0 s	9 s	—
Roll Left	L	Right-beating horizontal 2nd opinion: No BPPV	5.1°/s	0 s	2 s	—
Roll Right	R	Left-beating horizontal	4.2°/s	0 s	16 s	—
Dix-Hallpike Left	L	Down-beating 2nd opinion: No BPPV	20.4°/s	0 s	5 s	—
Dix-Hallpike Right	R	Down-beating	26.5°/s	1 s	12 s	—
Straight Head Hang	R	Up-torsional, counter-clockwise	12.6°/s	1 s	14 s	—

Dix-Hallpike Right: Clinician noted a delay before onset, a strong down-beating nystagmus with visible torsion, peaking then fading, with the patient's symptoms reproduced (Patient: "Here it comes. Oh, that is horrible. The room is going over.").

Straight Head Hang: Clinician noted an up-beating and twisting, counter-clockwise nystagmus fitting the right anterior canal, with dizziness reproduced.

Roll Right: Symptoms reproduced (Patient: "Oh, that is it. That is the spinning."), settling quickly.

Dix-Hallpike Left: Clinician noted a small down-beating nystagmus with little subjective spinning.

ASSESSMENT

Right posterior canal and right anterior canal BPPV; red flags reviewed and denied, with no central features.

PLAN

Right Yacovino manoeuvre performed for the anterior canal, with brief spinning during the manoeuvre and residual wooziness without room-spin afterwards.

Treated Right Epley manoeuvre performed for the posterior canal, with nystagmus on the initial position that was less than on testing and only a slight swirl on the final roll.

Review Repeat right Dix-Hallpike after treatment: no nystagmus and no subjective spinning.

Refer No postural restrictions — she may lie flat and sleep on whichever side she prefers; sleeping upright was advised against as unhelpful.

No dizziness tablets; continue the blood pressure tablet as usual.

Review If the spinning returns in the next few days, telephone the practice to repeat the manoeuvre without waiting for the appointment.

Review Review in one week to re-check the right side.

Refer Attend the emergency department immediately for severe new headache, double vision, slurred speech, weakness or numbness, or constant rather than short-lived dizziness.

Advice Sit in the waiting room for ten minutes before driving; if unsteady, arrange a lift.

Summary of the visit to be sent to the patient's phone.

CODING

ICD-10 H81.11 (right) benign paroxysmal vertigo; CPT 95992 canalith repositioning procedure (from the recorded treatment)

DATA NOTES

Data note: handset item "Right Roll: Ageo HN" vs classifier "Roll Right: L HN 92%".

Data note: handset item "Right Dix Hallpike latency 16-30s" vs classifier latency 1 s.

Data note: handset "Tested and clear: Sitting, Supine, Left Roll" vs classifier down-beating labels recorded at Sitting and Lying and a right-beating horizontal label at Roll Left.

Sarah Whitfield, PT, DPT
Physical Therapist (PT, DPT) · Coral Gables Vestibular Clinic
Signed electronically · 06 Sept 2026 · 07:23

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