CG

Coral Gables Vestibular Clinic
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VertigoDx
FDA CLEARED · K260566
CLASS II

VESTIBULAR ASSESSMENT

FOLLOW-UP / TREATMENT VISIT

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Follow-up / treatment visit

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)**

INTERVAL HISTORY

• Previous visit: not documented.
• Onset: two weeks prior, on a Sunday. Patient: "I turned over in bed towards the window, my right side, and the whole room went round. I grabbed the headboard."
• Duration of first attack: less than a minute; the patient's husband estimated about half a minute.
• Frequency since: most mornings.
• Triggers: turning in bed, looking up to a high pantry shelf, bending forward to tie shoelaces.
• Side: mostly the right; once or twice on the left, milder.
• Character: Patient: "Spinning. Proper spinning, like a merry-go-round."
• Nausea present, especially in the mornings; no vomiting.
• Between spells: off balance, Patient: "Like I am walking on a boat," with no spinning unless the head moved.
• Hearing change, tinnitus or aural fullness: denied.
• Headache: denied. Migraine in her thirties, none for twenty years.
• Double vision, speech difficulty, facial, arm or leg numbness or weakness: denied.
• Falls: none, though the patient reported near-falls and now holds on to furniture.
• Medication: amlodipine 5 mg for blood pressure and vitamin D. One dose of Stugeron given by her daughter on day two, caused sleepiness and was not repeated.
• Recent head injury or preceding cold or flu: denied.
• Previous similar episodes: none. Mother had dizzy spells in her seventies, cause unknown.
• Home programme adherence: not documented.

OUTCOME CHANGE

DHI not repeated.

REPEAT EXAMINATION · 7 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	—

POSITION	EYE	NYSTAGMUS	SPV	LATENCY	DURATION	CLINICIAN
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 (Sarah Whitfield, PT, DPT): "That is a strong down-beating nystagmus, and I can see the eye rolling as well." The patient reported reproduction of her symptoms: "Here it comes. Oh, that is horrible. The room is going over." Onset followed a delay before the nystagmus began.

Straight Head Hang — Clinician (Sarah Whitfield, PT, DPT): "There is an up-beating and twisting nystagmus there, counter-clockwise." Patient: "Oh, dizzy again. Not as bad as the last one."

Roll Right — the patient reported spinning in this position: "Oh. Oh, that is it. That is the spinning."

Dix-Hallpike Left — Clinician (Sarah Whitfield, PT, DPT): "I can see a small down-beating nystagmus on the left, but you are not spinning much."

COMPARISON WITH LAST VISIT

Not documented.

IMPRESSION

Canal: anterior and posterior. Side: right. Variant: not documented. No central red flags.

Clinician (Sarah Whitfield, PT, DPT): on the right, laying the patient back with the head turned produced a clear burst of nystagmus with a delay before onset, which he attributed to the right posterior canal; with the head hanging straight back there was a smaller up-beating, torsional nystagmus, which he attributed to the right anterior canal. He stated the left side showed only a little and that the right roll test provoked spinning from the same right ear, concluding that all findings arose from the right ear. He explained to the patient that crystals can sit in two canals on the same side. Red flags were addressed in advice: he stated that severe new headache, double vision, slurred speech, weakness or numbness, or constant rather than brief positional dizziness would not be BPPV, and that none of these were present today. Whether this represents persistence, recurrence or canal conversion is not documented, as no previous visit is recorded.

RECURRENCE RISK FACTORS

- Hypertension: present (on amlodipine 5 mg).
- Migraine: present historically (in her thirties, none for twenty years).
- Head trauma: denied.
- Ménière's: not documented.
- Diabetes: not documented.
- Osteoporosis: not documented.
- Vitamin D deficiency: not documented (taking a vitamin D supplement).
- Female sex: present.
- Age over 65: not documented.

TREATMENT

Right Yacovino manoeuvre · right · cycles not documented · manual. Right Epley manoeuvre · right · cycles not documented · manual. Both tolerated.

The Yacovino manoeuvre was performed first for the anterior canal: head hanging back for thirty seconds, then chin brought quickly to the chest and held a further thirty seconds, then sitting up with the chin down. The patient reported mild spinning in the first position and afterwards said, "Woozy. But the room is not going round." The Epley was then performed for the posterior canal: head turned right and laid back over the edge, where the patient reported spinning and the clinician noted it was already less than on first testing; head turned ninety degrees to the left; roll onto the left shoulder looking at the floor, where the patient reported "A little swirl. Not much"; then sitting up slowly with the chin down. No vomiting was reported. Immediate retest of the right Dix-Hallpike showed no nystagmus and the patient reported no spinning; the clinician stated the treatment had worked.

PLAN

Advice Advice — No postural restrictions. Clinician (Sarah Whitfield, PT, DPT): "No restrictions. You can lie flat tonight, you can sleep on whichever side you like. Sleeping upright and avoiding movement does not help and just makes you stiff." He added that sleeping sitting up is old advice and the studies show it makes no difference.

Review Advice — If the spinning returns in the next few days, telephone the practice and the manoeuvre will be repeated without waiting for the appointment.

Review Review 7 d — Re-check the right side in one week.

Medication — No vestibular suppressants; the clinician stated they mask symptoms and delay recalibration. Continue the blood pressure tablet as usual.

Refer Refer if — Severe new headache, double vision, slurred speech, weakness, numbness, or constant rather than brief positional dizziness: attend the emergency department immediately.

Advice Advice — Sit in the waiting room for ten minutes; drive home only if steady, otherwise call her husband.

Advice Advice — A summary of the visit, with findings and plan, to be sent to the patient's phone.

CODING

Coding (from recorded treatment and handset diagnosis items only): 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 "Dix-Hallpike Right latency 1 s".

Data note: handset item "Straight Head Hang latency 2-15s" vs classifier "Straight Head Hang latency 1 s".

Data note: the handset assessment records a date of service of 01 Jul 2026, which differs from the recording date of 06 Sep 2026.

Data note: the classifier reports down-beating nystagmus in the Sitting position (DBN 38%, peak SPV 13.7°/s), whereas the handset records Sitting as tested and clear.

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

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