CG

Coral Gables Vestibular Clinic
2801 Ponce de Leon Blvd, Suite 410 · Coral Gables, FL 33134 · (305) 555-0147

VertigoDx

FDA CLEARED · K260566

CLASS II

VESTIBULAR ASSESSMENT

VESTIBULAR PHYSIOTHERAPY RE-EVALUATION

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Vestibular physiotherapy re-evaluation

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

• Course since last visit: not documented; this was presented as a first episode of these symptoms. Onset two weeks previously, on a Sunday, on turning over in bed towards the right. 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 and triggers: most mornings, on turning in bed, looking up to the top shelf in the pantry, and bending forward to tie her shoes.

• Side: "Mostly the right. Once or twice on the left, but much milder."

• Character: Patient: "Spinning. Proper spinning, like a merry-go-round."

• Associated symptoms: nausea, especially in the mornings, without vomiting. Between attacks, Patient: "A bit off balance. Like I am walking on a boat. But no spinning unless I move my head."

• Pertinent negatives on questioning: no change in hearing, no tinnitus, no blocked sensation; no headaches (migraines in her thirties, none for twenty years); no double vision, speech disturbance, numbness or weakness of face, arm or leg; no recent head injury and no preceding cold or influenza.

• Falls since last visit: no falls, though she reported coming close and now holds on to things.

• Adherence: not documented.

• Medication: amlodipine 5 mg for blood pressure and vitamin D. One dose of Stugeron given by her daughter on day two, not repeated because of sedation.

• Family history: mother had dizzy spells in her seventies, cause unknown.

• Patient goals in their words: not documented.

OUTCOME MEASURES

DHI: not documented

ABC: not documented

DGI/FGA: not documented

TUG: not documented

VAS dizziness: not documented

POSITIONAL TESTING

Dix-Hallpike Right: Clinician described a delay before onset and a strong down-beating nystagmus with visible torsion; symptoms reproduced — Patient: "Here it comes. Oh, that is horrible. The room is going over." On repeat testing after treatment there was no nystagmus and no vertigo.

Straight Head Hang: Clinician noted an up-beating and twisting, counter-clockwise nystagmus fitting the right anterior canal; symptoms reproduced — Patient: "Oh, dizzy again. Not as bad as the last one."

Roll Right: Symptoms reproduced — Patient: "Oh. Oh, that is it. That is the spinning." Clinician observed the eyes beating from side to side, settling quickly.

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

OCULOMOTOR, VOR AND BALANCE

Post-treatment eye check on sitting up: clear.

All other items: not documented.

ANALYSIS

The clinician's impression was benign paroxysmal positional vertigo of the right ear, with otoconia in both the right posterior canal (delayed-onset down-beating nystagmus on Dix-Hallpike Right) and the right anterior canal (up-torsional counter-clockwise nystagmus on Straight Head Hang). The left side showed only minimal response and the right roll response was attributed to the same right ear. Clinician: "All the right ear." Following the right Yacovino and right Epley manoeuvres, repeat Dix-Hallpike Right was negative for nystagmus and vertigo, indicating resolution on the day; the clinician noted that about one in three patients require repetition. Residual floaty sensation was expected for a day or two. Red-flag features were reviewed and none were present. Progress toward goals and barriers: not documented.

HOME EXERCISE PROGRAMME

Not discussed.

PLAN

Advice No post-manoeuvre restrictions: lie flat and sleep on either side; sleeping upright and movement avoidance not advised.

No dizziness suppressant medication; continue the blood pressure tablet as usual.

Review If the vertigo returns in the next few days, telephone the practice for a repeat 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 brief positional dizziness.

Advice Sit in the waiting room for ten minutes before driving; if not steady, arrange a lift.

A written summary of the findings and plan 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: the handset assessment record carries a date of service of 1 July 2026, which differs from the recording date of 6 September 2026.

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

SmartVertigo classifier V4 (v24) · FDA cleared K260566 · Drafted by VertigoDx Scribe from the clinician's dictation and the SmartVertigo examination; reviewed and approved by the signing clinician. Generated 08 Sept 2026 · 04:13.