CG

Coral Gables Vestibular Clinic
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VertigoDx

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CLASS II

VESTIBULAR ASSESSMENT

QUICK DICTATION NOTE

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Quick dictation 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)**

NOTE

Margaret Ellison attended with a two-week history of positional vertigo. The onset was two weeks previously on the Sunday, on turning over in bed towards the 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 attack lasted less than a minute; her husband estimated about half a minute. Since then attacks have occurred most mornings, provoked by turning in bed, looking up to the top shelf in the pantry, and bending forward to tie her shoes. The attacks are mostly on the right, once or twice on the left and much milder. The sensation is spinning (Patient: "Proper spinning, like a merry-go-round."). Nausea is present, particularly in the mornings, without vomiting. Between spells she describes being a bit off balance, "like I am walking on a boat", with no spinning unless she moves her head.

She denied any change in hearing, tinnitus or a blocked feeling. She denied headaches; she had migraines in her thirties but not for twenty years. She denied double vision, difficulty speaking, and numbness or weakness of the face, arm or leg. She had not fallen but had come close and now holds on to things. There was no recent head injury and no preceding cold or influenza. She had never had anything like this before; her mother had dizzy spells in her seventies, of unknown cause.

Medication: amlodipine 5 mg for blood pressure and vitamin D. Her daughter gave her one Stugeron on day two, which made her so sleepy that she took no further doses.

Positional testing was performed with video goggles, all positions tested.

On Roll Right the patient reported the onset of her typical spinning; the nystagmus settled during the position. On Dix-Hallpike Left a small down-beating nystagmus was seen with only mild dizziness. On Dix-Hallpike Right there was a delay before onset, then a strong down-beating nystagmus with a torsional component and marked symptoms, which faded during the position. On Straight Head Hang an up-beating, counter-clockwise torsional nystagmus was seen with dizziness less severe than on the right Dix-Hallpike.

Dr Whitfield advised that the findings were all attributable to the right ear: right posterior canal (delayed burst of nystagmus on right Dix-Hallpike) and right anterior canal (up-beating torsional nystagmus on Straight Head Hang), with only minor findings on the left.

Treatment: right Yacovino manoeuvre for the anterior canal, followed by right Epley manoeuvre for the posterior canal. The patient experienced brief spinning during both manoeuvres, less on the Epley than on initial testing, and a small swirl on rolling onto the left shoulder. She was woozy but not spinning afterwards. Repeat right Dix-Hallpike after treatment showed no nystagmus and no subjective spinning. Sitting check after the manoeuvres was clear.

Dr Whitfield explained that the floaty feeling may last a day or two and is normal, that no post-procedure restrictions apply, that she may lie flat and sleep on whichever side she prefers, and that sleeping upright and avoiding movement do not help. He advised that vestibular suppressant tablets are not indicated as they mask symptoms and delay recalibration, and that the blood pressure tablet should continue as usual. Red flags were discussed: a severe new headache, double vision, slurred speech, weakness or numbness, or constant rather than short-lived dizziness, in which case she should attend the emergency department immediately; none were present today.

Plan:

Advice No restrictions on lying flat or sleeping position.

Continue amlodipine; no dizziness tablets.

Review If the spinning 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.

Advice Sit in the waiting room for ten minutes before driving; if not steady, her husband to drive.

Summary of today's findings and plan to be sent to her 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, latency not recorded" vs classifier L HN 92%; handset item "Right Dix Hallpike latency 16–30 s" vs classifier latency 1 s.

Data note: the date and time in the dictated session header (01 Jul 2026) differ from the recording date supplied with the transcript.

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

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