CG

Coral Gables Vestibular Clinic
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VertigoDx

FDA CLEARED · K260566

CLASS II

REFERRAL

REFERRAL TO ENT / NEUROLOGY

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Referral to ENT / neurology

6 September 2026, 06:08 · Sarah Whitfield, PT, DPT
The only transcript available was the on-device dictation; it has been treated as a record of the consultation captured by the handset.

ADDRESSEE AND RE

Recipient: not documented.

Patient: Margaret Ellison, date of birth 14 March 1961, ID VDX-CHK32854.

Date of assessment as recorded by the handset: 1 July 2026, 08:29.

Clinician: Coral Gables Vestibular Clinic.

REASON FOR REFERRAL

Not discussed. No referral trigger was stated in the source; no referral was raised during the consultation.

CLINICAL SUMMARY

The patient described a two-week history of short spinning episodes that began 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 episode lasted less than a minute, and since then episodes have occurred most mornings, provoked by turning in bed, looking up to a high shelf and bending forward, mostly on the right and occasionally more mildly on the left, with associated nausea but no vomiting. Between spells she described being off balance (Patient: "Like I am walking on a boat."); she denied hearing change, tinnitus or aural fullness, denied headache (with migraine in her thirties but not for twenty years), denied double vision, speech difficulty, facial or limb numbness or weakness, denied falls, and denied recent head injury or preceding coryzal illness; she reported no previous similar episodes.

On Dix-Hallpike Right the clinician described a strong down-beating nystagmus with an ocular torsional component and a delay before onset, which peaked and then faded, with the patient's symptoms reproduced (Patient: "Here it comes. Oh, that is horrible. The room is going over."). On Straight Head Hang the clinician described an up-beating and torsional counter-clockwise nystagmus with dizziness reproduced. On Dix-Hallpike Left the clinician noted a small down-beating nystagmus without significant spinning. On Roll Right the patient's spinning was reproduced, which the clinician attributed to the same right ear.

Impression as stated by the clinician: otoconia in the right posterior canal (delayed-onset down-beating nystagmus on Dix-Hallpike Right) and in the right anterior canal (up-beating torsional counter-clockwise nystagmus on Straight Head Hang); all findings attributed to the right ear.

TREATMENT TO DATE

On the day of assessment the clinician performed a right Yacovino manoeuvre for the anterior canal, followed by a right Epley manoeuvre for the posterior canal, with brief vertigo during both. On repeat Dix-Hallpike Right after treatment there was no nystagmus and no vertigo. The patient reported taking a single dose of Stugeron on day two, given by her daughter, which caused sleepiness and was not repeated; the clinician advised against vestibular suppressants. Regular medication is amlodipine 5 mg and vitamin D.

SAFETY ALERTS

· Red flags: none reported today — the patient denied double vision, speech difficulty, weakness or numbness, headache and falls.

· Falls: no falls, though the patient reported near-falls and now holds onto furniture.

· Driving advice: to sit in the waiting room for ten minutes and drive only if steady, otherwise call her husband.

· Safety-netting: to attend the emergency department immediately for a severe new headache, double vision, slurred speech, weakness or numbness, or constant rather than episodic dizziness.

PLAN AND REQUESTED ACTIONS

No request of a specialist recipient was stated. The clinician's stated plan was:

Advice No positional restrictions; the patient may lie flat and sleep on either side.

Review If the vertigo returns in the next few days, telephone the practice to have the manoeuvre repeated without waiting for the appointment.

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

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

A written summary of the findings and plan to be sent to the patient's phone.

SIGN-OFF

Sarah Whitfield, PT, DPT, Coral Gables Vestibular Clinic. Profession, registration number and contact details: not documented.

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

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