CG

**Coral Gables Vestibular Clinic**
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VertigoDx

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CLASS II

VESTIBULAR ASSESSMENT

# GENERIC SOAP

Visit **06 Sept 2026 · 07:23**
Report no. **VDX-2026-00004**
Template: Generic SOAP

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. Patient: "Two weeks ago on the Sunday. 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; she reported that it felt like forever, but her husband said it was about half a minute. Since then episodes 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. Symptoms were mostly on the right, with one or two much milder episodes on the left. The sensation was rotatory — Patient: "Spinning. Proper spinning, like a merry-go-round." Nausea was present, particularly in the mornings, without vomiting. Between spells she felt off balance, "like I am walking on a boat", with no spinning unless she moved her head. She denied any change in hearing, tinnitus or aural fullness. She denied headaches; she had migraines in her thirties but none 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 held on to things. Medication: amlodipine 5 mg for blood pressure and vitamin D. She took a single Stugeron on day two, given by her daughter, which made her very sleepy, and took no further doses. She denied recent head injury and denied a preceding cold or influenza. She had never had anything like this before; her mother had dizzy spells in her seventies of unknown cause.

## OBJECTIVE

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

Device: Sitting (eye R): Down-beating; label DBN 38%; peak SPV 13.7°/s. Device: Lying (eye L): Down-beating; label DBN 67%; peak SPV 3.3°/s. Device: Roll Left (eye L): Right-beating horizontal; label R HN 67%; peak SPV 5.1°/s. Device: Roll Right (eye R): Left-beating horizontal; label L HN 92%; peak SPV 4.2°/s. Device: Dix-Hallpike Left (eye L): Down-beating; label DBN 71%; peak SPV 20.4°/s. Device: Dix-Hallpike Right (eye R): Down-beating; label DBN 76%; peak SPV 26.5°/s. Device: Straight Head Hang (eye R): Up-torsional, counter-clockwise; label UTN CC 81%; peak SPV 12.6°/s.

On Roll Right the clinician observed nystagmus beating from side to side which settled quickly, and the patient reported reproduction of her spinning — Patient: "Oh. Oh, that is it. That is the spinning." On Dix-Hallpike Left a small down-beating nystagmus was seen with little subjective spinning. On Dix-Hallpike Right the clinician noted a delay before onset, then a strong down-beating nystagmus with visible torsion, peaking and then fading; the patient reported "The room is going over" and transient nausea. On Straight Head Hang an up-beating, counter-clockwise torsional nystagmus was observed, with dizziness less severe than the right Dix-Hallpike. After treatment, a repeat right Dix-Hallpike showed no nystagmus and no subjective spinning. A check of the eyes on sitting up after the head hang test was clear.

## ASSESSMENT

Clinician's impression was benign paroxysmal positional vertigo of the right ear, with otoliths in the right posterior canal (right Dix-Hallpike nystagmus with latency) and the right anterior canal (up-beating, counter-clockwise torsional nystagmus on Straight Head Hang). The clinician noted the left side showed only a little, and that the Roll Right response related to the same right ear. Red flag features (severe new headache, double vision, slurred speech, weakness or numbness, constant rather than episodic dizziness) were absent on the day, and all findings were felt to fit BPPV.

## PLAN

Right Yacovino manoeuvre performed for the right anterior canal.

**Treated** Right Epley manoeuvre performed for the right posterior canal.

Post-treatment right Dix-Hallpike re-check performed — negative.

**Advice** No post-manoeuvre restrictions: may lie flat tonight and sleep on either side; sleeping upright and avoiding movement is not advised.

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

**Review** Advised that a floaty feeling may persist for a day or two, and that about one in three people need the manoeuvre repeated.

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

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

**Refer** Emergency department attendance advised for severe new headache, double vision, slurred speech, weakness or numbness, or constant rather than episodic dizziness.

**Advice** Advised to sit in the waiting room for ten minutes before driving; if not steady, to call her husband.

Summary of the consultation 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 Dix Hallpike latency 16-30s" vs classifier latency 1 s.

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

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

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

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