The following algorithm is designed to be a basic guide in the taking of a history from a “dizzy” patient. First the “dizzy” patient must have their chief complaint specified into: vertigo (true spinning), light headed (sense of feeling faint, or passing out), or imbalanced (unsteady or tipsy). A few of the most common diagnostic criteria are then provided to differentiate conditions. Finally the most common conditions are found at the end of each branch. This is not a substitution for a thorough history and exam.

**History Algorithm for the “Dizzy” Patient**

**Lightheaded**
- Orthostatic changes of position
  - Orthostatic hypotension
    - dehydration
    - adverse effect of cardio-vascular medication
    - cardiac dysfunction

**Spontaneous**
- Arrhythmia
  - Labryinthitis
  - Vestibular neuronitis
  - Anterior vestibular artery stroke

**Imbalanced**
- Preceding spontaneous vertiginous episode
  - Vestibular neuronitis
  - Anterior vestibular artery stroke
- Associated dysarthria, diplopia, headache, limb discoordination
  - Consider CNS disorder
- Bilateral vestibular loss
  - Acoustic neuroma
- Hearing Loss
  - Orthostatic hypotension
  - dehydration
  - adverse effect of cardio-vascular medication
  - cardiac dysfunction

**Head motion induced**
- Persistent with gait/station
  - Consider non-vestibular cause:
    - cerebellar
    - sensory loss (neuropathy, vision loss)
    - weakness

**Positional Complaints**
- Review of systems screen

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Vertigo

Positional Complaints

- Spontaneous
  - <1 min duration/episode
    - Vestibular paroxysmia
    - Migraine variant dizziness
    - BPPV (cupulolithiasis)
    - Phobic positional vertigo
  - >1 min duration/episode
    - Vestibular paroxysmia
    - Migraine variant dizziness
    - BPPV (cupulolithiasis)
    - Phobic positional vertigo

- Persistent >1 week
  - Non-otologic in nature

Spontaneous

- Persistent >1 week
  - Hearing Loss
    - Yes
      - Recurrent
        - Meniere’s disease
      - Single Episode
        - Labryinthitis
    - No
      - Yes
        - Vestibular neuronitis
        - Anterior vestibular artery stroke
      - No
        - Induced by Sound and/or Pressure
          - Yes
            - TIA/Stroke
          - No
            - Superior canal dehiscence
            - Perilymphatic fistula

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