**Case A**

1. This looks like a straightforward case of bppv, the lady is having acute dizziness and vertigo on rolling in the bed and when she's looking down therefore it is positional vertigo likely coming from the posterior semi-circular canal, in bppv there might be symptoms of nausea and vomiting in very acute setting when the symptoms are worse however these symptoms are not expected to last long and will gradually ease down. Because the patient is anxious person and catastrophizes events it looks like due to recurrent dizziness and vertigo with bppv she is having episodes of anxiety which is leading to fast heartbeat.
2. The physical examination plan includes a detailed history, checking for neurological symptoms and examination. A normal neurological examination is expected. The main Stay of examination is performing Dix the -Hallpike test to ascertain if it is posterior SCC BPPV on one particular ear, if that comes negative, than perform Supine Roll test and bow and lean test to check Lateral SCC involvement. The nystagmus expected with Posterior SCC are up beating torsional nystagmus on the side affected whereas in Lateral SCC the nystagmus are geotropic and beating to the side affected. positional Nystagmus lasting more than 1 min may suggest cupulolithiasis.
3. Treatment with Repositioning manoeuvre
* Epley manoeuvre and Semont's manoeuvre for P SCC BPPV
* Lempart's Barbeque/Spine roll manoeuvre, Goffoni/s manoeuvre and Forced prolonged position for Lateral/Horizontal SCC
* Head shaking manoeuvre, CRM and Reverse guffoni/s manoeuvre for Cupulolithasis
* Gaze stabilization exercises and habituation exercises.
1. She is experiencing anxiety symptoms resulting in fast heart beat and also feeling of off balance. This suggest that this lady may catastrophise her symptoms and with recurrent episodes of BPPV may eventually develop PPPD in long run and therefore good education on symptoms and effective treatment at this stage is important for good outcome.
2. Evaluation of treatment:

 By performing provoking manoeuvre and symptomatic relief that patient experiences.