A female patient, 43-years-old, reports to have vertigo type of dizziness when she turned in the night from the right to the left side. She realized that she also has acute dizziness when she bows down to put on her shoes. Since last week, every time she goes to bed, the room is spinning. She feels her heart beating fast, has extreme nausea and feels off-balance when she walks. She is afraid of moving her head, as the dizziness is very acute and scary. She is rather an anxious person, is usually catastrophizing when she is in pain or has other physical problems, although so far, she did not have any serious illnesses. She is on a sick leave for a week now and is scared that she might fall.

What is your hypothesis? What does she have? Why do you think that?

I think she has BPPV as is rather acute type of dizziness(vertigo) And because her symptoms are triggered by turning in bed, or bowing down, which corresponds to BPPV provoked type of dizziness with head or body movements with respect to gravity.

What is your physical examination plan and treatment plan?

Dix Halpike and Supine Roll test

I would treat with the appropriate Therapeutic Maneuvers once I have determined the type of BPPV

There are several symptoms that are not typical for the disorder named in question 1. Explain why she has these symptoms and what it means for your treatment!

She feels her heart beating fast, has extreme nausea and feels off-balance when she walks. She is afraid of moving her head, as the dizziness is very acute and scary.

She is rather an anxious person, is usually catastrophizing when she is in pain or has other physical problems

For this reason, I would also focus in patient education and reassurance. I would also recommend relaxation therapy.

How would you evaluate your treatment plan?

I would re-test with Dix Halpike until nystagmus is not present and symptoms are not triggered by it.