

Dizziness

Focused History

History of Present Illness

Caveat: First question, “what do you mean by dizzy?”
People use “dizzy” to describe different sensations.
What does this patient mean?

- Vertigo: Sensation of rotation, tipping, or motion.
 - Lightheadedness or presyncope: Feeling of passing out, losing consciousness.
 - Dysequilibrium or imbalance: Not presyncopal, but loss of balance.
 - Nonspecific, ill defined: Not vertiginous, not presyncopal, not easily classified as dysequilibrium.
1. **Character/circumstances:** Type of dizziness as above. How did it start? (antecedent URI; associated with any injuries?)
 2. **Exacerbating/alleviating factors:** Orthostatic? Turning head or body a certain way? During or after activity? Under stress?
 3. **Associated symptoms:** Have they fallen because of the dizziness? Nausea, tinnitus, or hearing loss (triad for vestibular problems)? Vision dims? Curtain coming down? Spots before eyes? Neck pain? Headache? Palpitations? Chest pressure? Associated with cough, micturition, defecation, anxiety, or tingling in fingers or around mouth?
 4. **Severity:** Interferes with going out, activities, job, or hobbies?
 5. **Timing:**
 - Pattern: acute or chronic, constant or intermittent?
 - Onset: sudden or gradual?
 - Duration of each episode and total time the symptom is present?
 6. **Relevant past medical history:** Medications currently in use or recently stopped (prescription and over the counter); allergies; cervical arthritis; cardiovascular problems, rhythm disturbances, or TIAs.
 7. **Relevant social history:** Occupation affected? Alcohol use? What are patient’s concerns?
 8. **Relevant family history:** Ear or hearing problems, others as indicated.

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Focused Physical Exam

1. **Vital signs:** Including orthostatic blood pressure and pulse rate.
2. **General appearance:** Evidence of trauma if the patient has or may have fallen.
3. **HEENT:** If vertigo, test hearing. Consider auscultation for carotid bruits if indicated—gently, especially in the older patient!
4. **Neck movement**
5. **Neurological exam:** Cranial nerves, strength, sensation, reflexes, cerebellar. Special: Romberg (when in doubt about how much of a neurological exam to do, do it all).
6. **Cardiovascular exam:** Inspection, auscultation, PMI.
7. **Other parts of physical exam** as indicated.
8. **Special:** Can try hyperventilating patient.
Barany’s or Dix Hallpike:

- BPV: 10 seconds or less.
- Vertigo and nystagmus: Appears within seconds of change in position.
- Central vertigo: Not fatigable, lasts longer, appears immediately.