



# Amtronix Diagnostics

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## PATIENT HISTORY

### VESTIBULAR –RELATED SYMPTOMS

#### A. Dizziness sensation

? Describe what you are experiencing – in your own words without using the word dizziness

- Vertigo (false sense of movement)
  - Spinning
  - Whirling
  - Rolling, rocking, bouncing
  - Movement of self or environment
  - Decrease with visual fixation
- Unsteadiness
- Light-headedness
- Muscular weakness
- Feeling faint
- Blacking out
- Wooziness (Dazed, confused)
- Falling to one side

**Commented [A1]:** Complaint of vertigo indicates a peripheral vestibular asymmetry but can mean migraine or infarct

**Commented [A2]:** Usually not vestibular

**Commented [A3]:** Often Neurological

**Commented [A4]:** Presyncope is a state consisting of light-headedness, muscular weakness, and feeling faint - most often cardiovascular in aetiology. Pre-syncope and/or transient loss of balance, of less than one minute after rising most of the time indicates orthostatic hypo-tension. Symptoms of a presyncopal episode can include:

- Dizziness, Light-headedness, or Vertigo as well as blurry or narrowed vision (Tunnel Vision); nausea and/or vomiting; headache; sweating; heart palpitations; stomach ache or abdominal discomfort; confusion or disorientation; slurred speech

**Commented [A5]:** Associated with neurological problems, heart, lung and panic attacks

**Commented [A6]:** Most common: Stroke, TIA, Heart attack, Migraine but also experienced with SCD, BPPV, AN, MD, VN and PLF.

**Commented [A7]:** e.g. dizziness lasting < 1 min when the patient is lying down is associated with BPPV, dizziness lasting <1min when the patients stands is associated with orthostatic hypotension (OH) – Notes: BPPV can occur either with khying down or with rising from the supone position, OH will only trigger dizziness when going from a down to an up osition (lying to sitting, sitting to standing –

**Commented [A8]:** Often vestibular e.g. VN, MD, PLF.

**Commented [A9]:** Vertigo lasting for 48 hours or more with no improvement most of the time indicates CN or psychiatric etiology.

**Commented [A10]:** Symptoms noted only while standing are related to vascular orthopedic disease

**Commented [A11]:** distinct episodes or sudden onset of symptoms suggests peripheral disease, whereas gradual onset is indicative of a more central disorder (except cerebellar stroke)

**Commented [A12]:** Symptoms that are brought on or increased by a change in head position, or with eyes closed, suggest peripheral disease. Symptoms noticed only while standing, but never when sitting or lying suggest vascular or orthopedic disease. Symptoms that are constant and are unaffected by position change are suggestive of central or psychiatric pathology

**Commented [A13]:** Most often associated with vestibular Migraine

#### B. Duration of dizziness sensation

? Comparison between first and subsequent attacks \_\_\_\_\_

? Patient status between attacks \_\_\_\_\_

- Seconds
- Minutes to hours
- Continuous disequilibrium

#### C. Onset of the dizziness sensation

? Anything that happened before the first episode e.g. illness \_\_\_\_\_

? Affected by body positioning e.g. standing up quickly \_\_\_\_\_

- Abrupt in onset
- Head positioning
- Photophobia
- Phonophobia



**D. Time course**

- Short (e.g. few days for vestibular neuritis)
- Recurrent (e.g. Meniere's disease)
- Specific head movements (e.g. BPPV)

**E. Associated symptoms**

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <input checked="" type="radio"/> Nausea   | <input type="checkbox"/> | <input checked="" type="radio"/> Dysarthria              | <input type="checkbox"/> |
| <input checked="" type="radio"/> Vomiting | <input type="checkbox"/> | <input checked="" type="radio"/> Dysphagia               | <input type="checkbox"/> |
| <input checked="" type="radio"/> Pale     | <input type="checkbox"/> | <input checked="" type="radio"/> Diplopia                | <input type="checkbox"/> |
| <input checked="" type="radio"/> Sweating | <input type="checkbox"/> | <input checked="" type="radio"/> Dysmetria               | <input type="checkbox"/> |
|   |                          | <input checked="" type="radio"/> Hemiparesis             | <input type="checkbox"/> |
|   |                          | <input checked="" type="radio"/> Seizures                | <input type="checkbox"/> |
|   |                          | <input checked="" type="radio"/> Memory loss / confusion | <input type="checkbox"/> |
|   |                          | <input checked="" type="radio"/> Numbness / tingling     | <input type="checkbox"/> |
|   |                          | <input checked="" type="radio"/> Syncope                 | <input type="checkbox"/> |

**Commented [A14]:** Usually associated with vestibular disease but common in Gsatro and heart problems.

**Commented [A15]:** CNS disease – 4 D's wit asymmetrical muscle weakness points to posterior fossa

**AUDITORY SYMPTOMS**

-Before, after or during dizziness-

- Hearing loss
  - Unilateral / bilateral
  - Progressive (e.g. Acoustic neuroma / otosyphilis)
  - Fluctuating (e.g. Meniere's disease / Autoimmune disease)
  - Sudden decrease (e.g. labyrinthitis)
  - Associated with the dizziness
- Tinnitus
  - Laterality
  - Intensity
- Distortion of speech
- Fullness in ear (or head)
- Pressure
- Blocked feeling
- Ear pain
- Discharge

**Commented [A16]:** Very often this can give valuable information regarding the affected side.

**Commented [A17]:** Differentiating between plateau and roll-over can give information regarding site of lesion

**Commented [A18]:** Often associated with Meniere's disease (MD), Perilymph fistula (PLF) but also acoustic neuronma (AN)



**GENERAL NEUROLOGIC SYMPTOMS**

<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Loss of consciousness <input type="checkbox"/></li> <li><input checked="" type="radio"/> Headaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> severity _____</li> <li><input type="checkbox"/> recurrent <input type="checkbox"/></li> </ul> </li> <li><input checked="" type="radio"/> Trouble walking in the dark <input type="checkbox"/></li> <li><input checked="" type="radio"/> Changes in vision             <ul style="list-style-type: none"> <li><input type="checkbox"/> double <input type="checkbox"/></li> <li><input type="checkbox"/> blurry <input type="checkbox"/></li> <li><input type="checkbox"/> sensitivity to light <input type="checkbox"/></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Changes in motor function <input type="checkbox"/></li> <li><input checked="" type="radio"/> Changes in sensory function <input type="checkbox"/></li> <li><input checked="" type="radio"/> Any head trauma <input type="checkbox"/></li> <li><input checked="" type="radio"/> Seizures <input type="checkbox"/></li> </ul>
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**Commented [A19]:** Usually neural but consider endocrine crisis or vestibular crisis

**Commented [A20]:** On even surfaces somatosensory deficit, on uneven surfaces mostly vestibular system

**PAST MEDICAL HISTORY**

<p><b>Viral illness</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent cold or flu</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Bacterial illness</b> <input type="checkbox"/></p> <p>Sinusitis with airway obstruction <input type="checkbox"/></p> <p>Sleep apnea <input type="checkbox"/></p> <p>Noise exposure <input type="checkbox"/></p> <p>Family history <input type="checkbox"/></p> <p>Excessive intake of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caffeine</li> <li><input type="checkbox"/> Nicotine</li> <li><input type="checkbox"/> Alcohol</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Chronic disease</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Thyroid dysfunction</li> <li><input type="checkbox"/> Cardiac disease</li> <li><input type="checkbox"/> Blood pressure disorders</li> <li><input type="checkbox"/> Medication / drug use</li> </ul> <p>Any surgery</p> <p>Previous assessment (tests, scans)</p>
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**Commented [A21]:** Possible neuritis / labyrinthitis



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PERIPHERAL CAUSES End-organs / vestibular nerve	CENTRAL CAUSES Vest nuclei, cerebellum, oculomotor, vestibulospinal, proprioceptive	CERVICAL	MISCELLANEOUS
<ul style="list-style-type: none"> <li>Ⓢ Meniere's disease</li> <li>Ⓢ Vestibular neuritis</li> <li>Ⓢ Labyrinthitis</li> <li>Ⓢ BPPV</li> <li>Ⓢ PLF</li> <li>Ⓢ Trauma</li> <li>Ⓢ Infection</li> <li>Ⓢ Autoimmune inner ear disease</li> </ul>	<ul style="list-style-type: none"> <li>Ⓢ Vascular loop (compression of cranial nerves)</li> <li>Ⓢ Vertebrobasilar insufficiency</li> <li>Ⓢ Hypothalamus (body temp, hunger, thirst, fatigue, sleep)</li> <li>Ⓢ Pituitary glands</li> <li>Ⓢ MS</li> <li>Ⓢ Migraine</li> </ul>	<ul style="list-style-type: none"> <li>✓ Musculo-skeletal</li> </ul>	<ul style="list-style-type: none"> <li>✓ Metabolic</li> <li>✓ Hormonal system</li> <li>✓ Immune system</li> <li>✓ Drugs &amp; Medications</li> <li>✓ Allergies</li> <li>✓ Blood disorders</li> <li>✓ Psychological (anxiety, insomnia, depression, apprehension)</li> </ul>