Clinical pathways and flowcharts for ED

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Vertigo

- Neurological Assessment
  - +ve: Central – refer to Neurology
  - -ve: Oculomotor Assessment
    - +ve: Central – Refer to Neurology
    - -ve: Skew Deviation
      - +ve: Central – Refer to Neurology
      - -ve: Head Impulse Test
        - +ve: Vestibular Neuronitis
          - Steroid Treatment
            - OP Physio FU
        - -ve: Dix-Hallpike
          - +ve: BPPV
            - Canalith Repositioning technique
              - OP Physio FU
          - -ve: Consider Vestibular Migrane
            - OP Physio FU
Suggested flowchart for acute vertigo presentation in ED
(adapted from Kerber 2009)
VERTIGO
sensation of movement when there is none

CENTRAL SYMPTOMS
- Dysarthria
- Dysphagia
- Dysmetria
- Diplopia
- Disequilibrium (severe gait or truncal ataxia)
- Headache

CENTRAL SIGNS (HINTS)
- Head impulse: NORMAL
- Nystagmus: vertical or multidirectional
- Skew vertical gaze

NO CENTRAL SYMPTOMS & NO CENTRAL SIGNS (HINTS)
- Head Impulse: ABNORMAL
- Nystagmus: unidirectional, never vertical
- No skew vertical gaze

STROKE/NEURO ADMIT
MRI/MRA

CENTRAL VERTIGO

PERIPHERAL VERTIGO

- Benign Paroxysmal Positional Vertigo - triggered by movement, lasts seconds. +ve Hallpike, resolves with Epley’s
- Vestibular neuritis - spontaneous constant vertigo - prednisolone, OP PT review
- Migraine – vertigo +/- headache – Neuro consult
- Meniere’s – vertigo + aural fullness/tinnitus +/- hearing loss
- Perilymph fistula - post trauma triggered by Valsalva

UNSURE IF CENTRAL OR PERIPHERAL

STROKE/NEURO CONSULT