

Arriving at a PT Diagnosis for Patients with complaints of dizziness

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To close CSM 2009 in Las Vegas, at our Vestibular SIG meeting this year, Susan Herdman, PhD, PT, FAPTA presented a talk on “Arriving at a PT Diagnosis for Patients with Complaints of Dizziness.” She introduced the audience to a modified version of the clinical decision making paradigm that is published in her text “Vestibular Rehabilitation.” (FA Davis, 2007).

The clinical decision making tree was designed to assist the clinician identify the possible underlying cause of a client’s complaints of dizziness, as well as identifying those causes which may be amenable to physical therapy interventions versus those that suggest referral back to the physician. When arriving at an appropriate PT diagnosis, Dr. Herdman stressed the importance of taking a thorough patient history, being sure to clearly define the patient’s *symptoms*, the *tempo* or duration of those symptoms, and the *circumstance* or provocative nature of the symptoms.

That history should be coupled with our clinical assessment, particular to Vestibular Rehabilitation, including oculomotor assessment, positional testing, head impulse testing and neck torsion testing. Using the history combined with our clinical test results, the paradigm can act as a guide to assist with interpretation of the results to aid the clinician’s decision making process.

Case studies were then presented with videos of eye movements, as the audience was guided through the decision-making paradigm. She reiterated that the flowchart should *aid* clinical judgment, *not replace it*, as she presented various circumstances which may inadvertently mislead the therapist down the wrong clinical pathway on the decision making tree. The lecture was informative and engaging and reiterated the need for skilled and highly-trained professionals working with this patient population. We will look for her updated clinical decision-making paradigm, introduced at CSM, to be published in the near future!