

Protocol for screening patients for dizziness or fall risk

INITIAL CASE HISTORY

- 1) Have you ever experienced dizziness unsteadiness or imbalance.
- 2) Have you had a fall (Slip / trip / near misses) in the last 12 months? If yes, how many?
- 3) Have you ever experienced a spinning or dizzy sensation?



PRIMARY SCREEN
Adapted questionnaire from Colin et al.
Dizziness / Fall Risk

CONCERN YES

SECONDARY SCREEN -> DIZZINESS
Dizziness Handicap Inventory
Dizziness Symptom Profile



CONCERN YES

CONCERN NO

REFERRAL FOR VESTIBULAR BEDSIDE EXAMINATION HISTORY

DISCHARGE

SECONDARY SCREEN -> FALL RISK
Falls Self-Efficacy Scale (FES-I)
List of Medications



CONCERN NO

CONCERN YES



DISCHARGE (WITH PAMPHLET)

MINI-BEST
Age consideration over 65

CONCERN YES

CONCERN YES

BEDSIDE EXAMINATION
CASE HISTORY
CRANIAL NERVES AND CEREBELLAR VOR
HEAD THRUST TEST
HEAD SHAKE
DVA
HYPERVENTILATION
OLDER ADULTS BLOOD PRESSURE IN SUPINE AND STANDING
M-CTSIB
DGI
TUG (OVER 60Y)
DIX- HALLPIKE



REFERRAL GP / PHYSIO

