**Non-neurologic Causes**  
H&P suggestive of toxic, metabolic, cardiac, infectious cause → pursue workup

**“Dizzy” Patient**

**Neurologic Dizzy Patient**

**Timing and Triggers of Dizziness**

**Episodic Vestibular Syndrome (EVS)**

**Triggered EVS**  
Benign: BPPV  
- Short episodes of room spinning sensation  
- Resolves with rest  
- Triggered by head movement  
- Positive Dix-Hallpike-reproducible, latent horizontal/rotational nystagmus

**Spontaneous EVS**  
Benign: vestibular migraines  
Dangerous: TIA  
*Difficult to distinguish*

**Obtain MRI if patient has:**  
- Neurologic deficit, unable to sit/stand/walk  
- Abnormal HINTS exam (in AVS patients)  
- Numerous stroke risk factors

**Acute (Continuous) Vestibular Syndrome (AVS)**

Need to distinguish vestibular vs central etiology
- **HINTS exam**
- **General Neurologic Exam:**  
  - focal neurologic deficits (especially CN deficits)  
  - ability to sit/stand/walk

**HA/Neck Pain/Trauma?**  
- consider CT/CTA to eval for ICH/dissection

**HINTS Exam**

**Peripheral Findings:**  
- Abnormal head impulse  
- Unidirectional or horizontal nystagmus  
- Normal test of skew

**Central Findings:**  
- Normal head impulse  
- Vertical or multidirectional nystagmus  
- Vertical eye skew