

VERTIGO

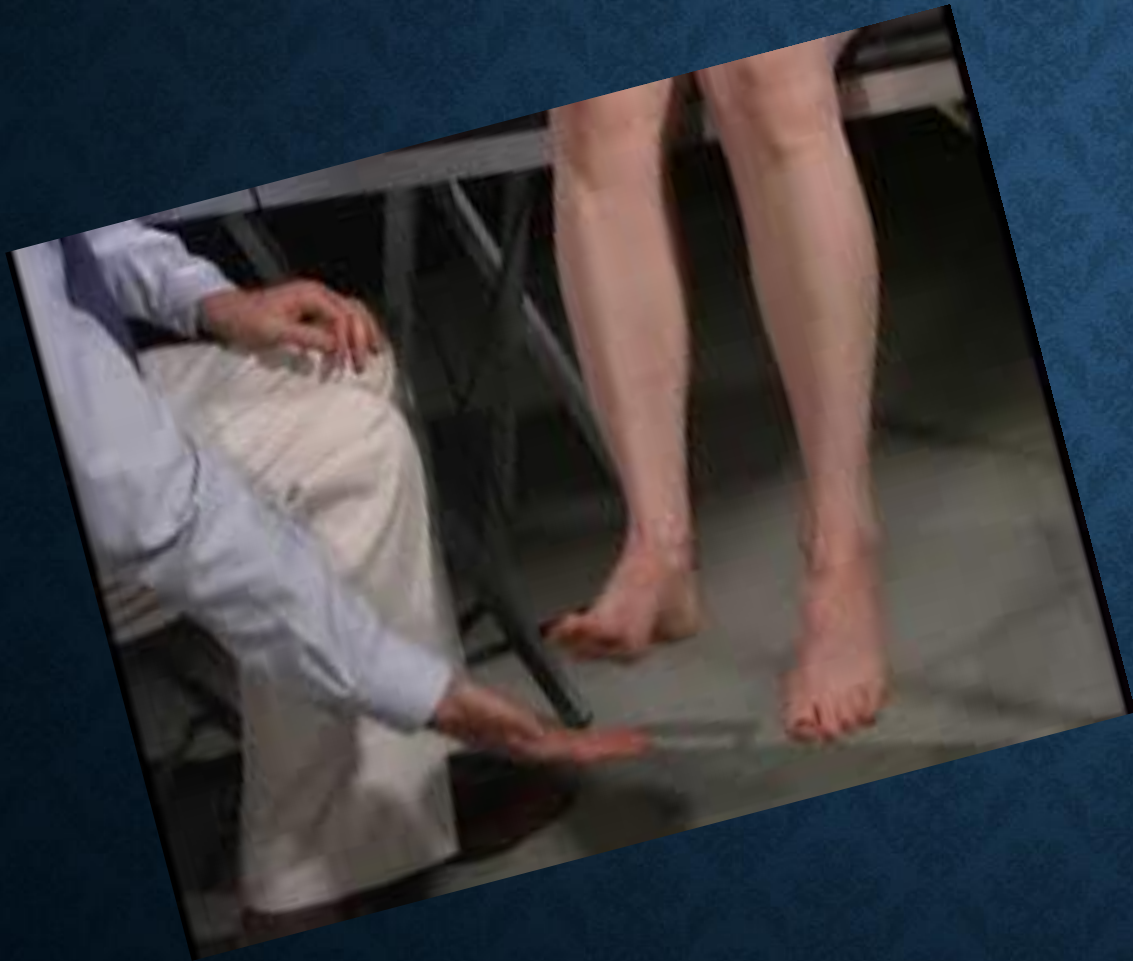
SOME EXTRA TESTS

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RAPID ALTERNATIVE MOVEMENT TEST





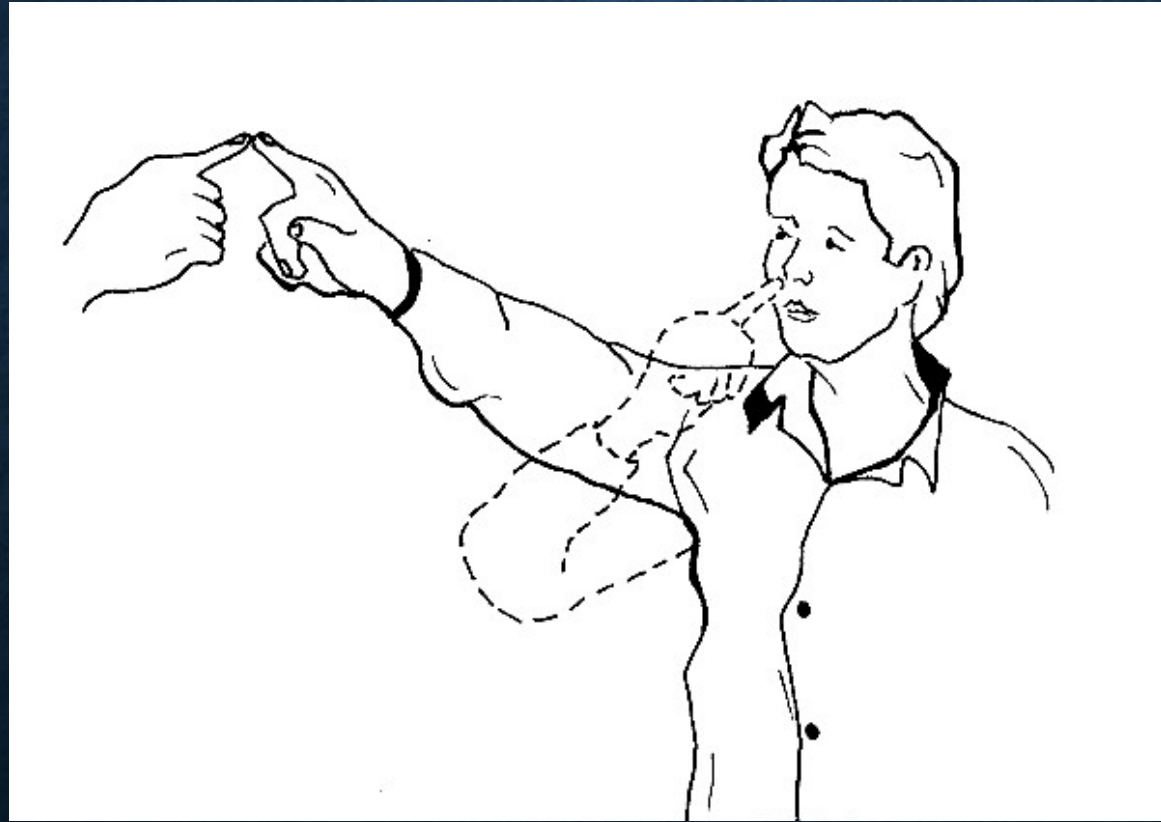
DISDIADOCHOKINESIA:

- Movements are **slow** , **irregular** with imprecise **timing**.

DISDIADOCHOKINESIA:



POINT TO POINT TEST





IS IT OK?



DYSMETRIA

- Improper measuring of distance in muscular act
- Lack of coordination

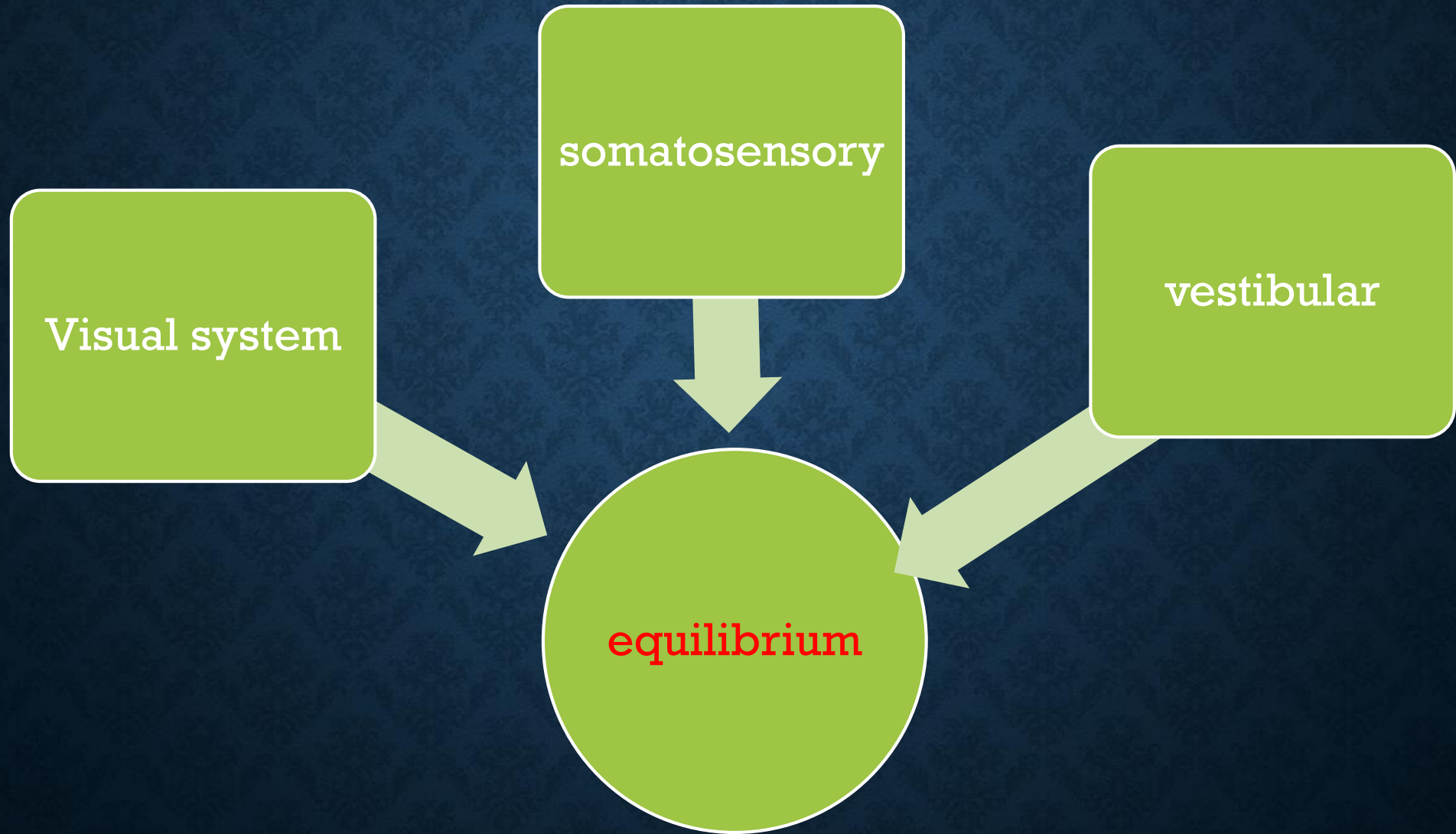
DYSMETRIA



ROMBERG TEST:

- First : with open eyes
- Then : with closed eyes (30-60 sec)
- Assessment of position





INTERPRETATION:

- Disequilibrium even with open eyes: cerebellar dysfunction
- Normal with open eyes and positive with closed eyes: posterior column disease



PRONATOR DRIFT TEST:

- 20-30 sec
- Corticospinal abnormalities
- Hit hands and reassess

A



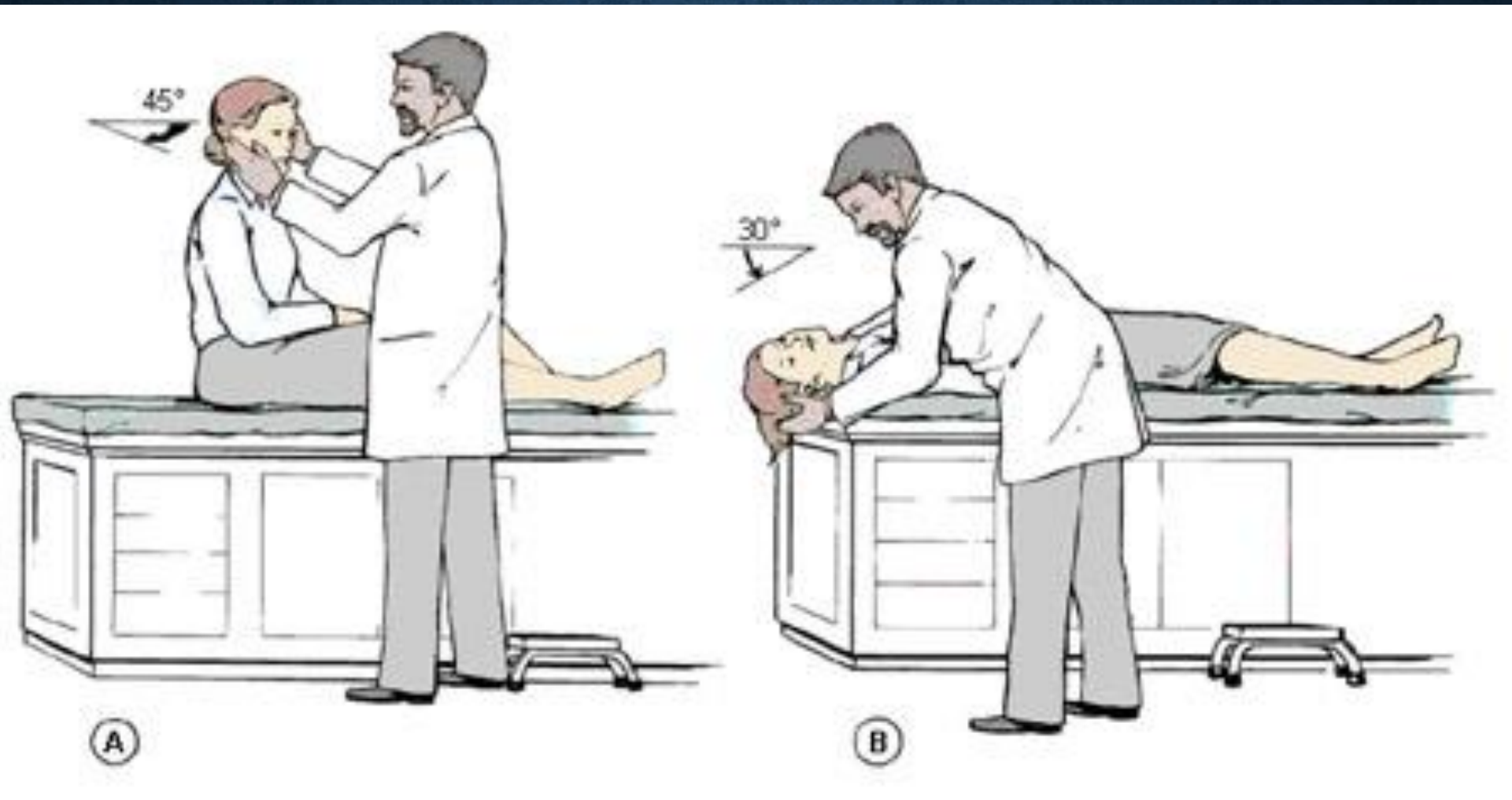
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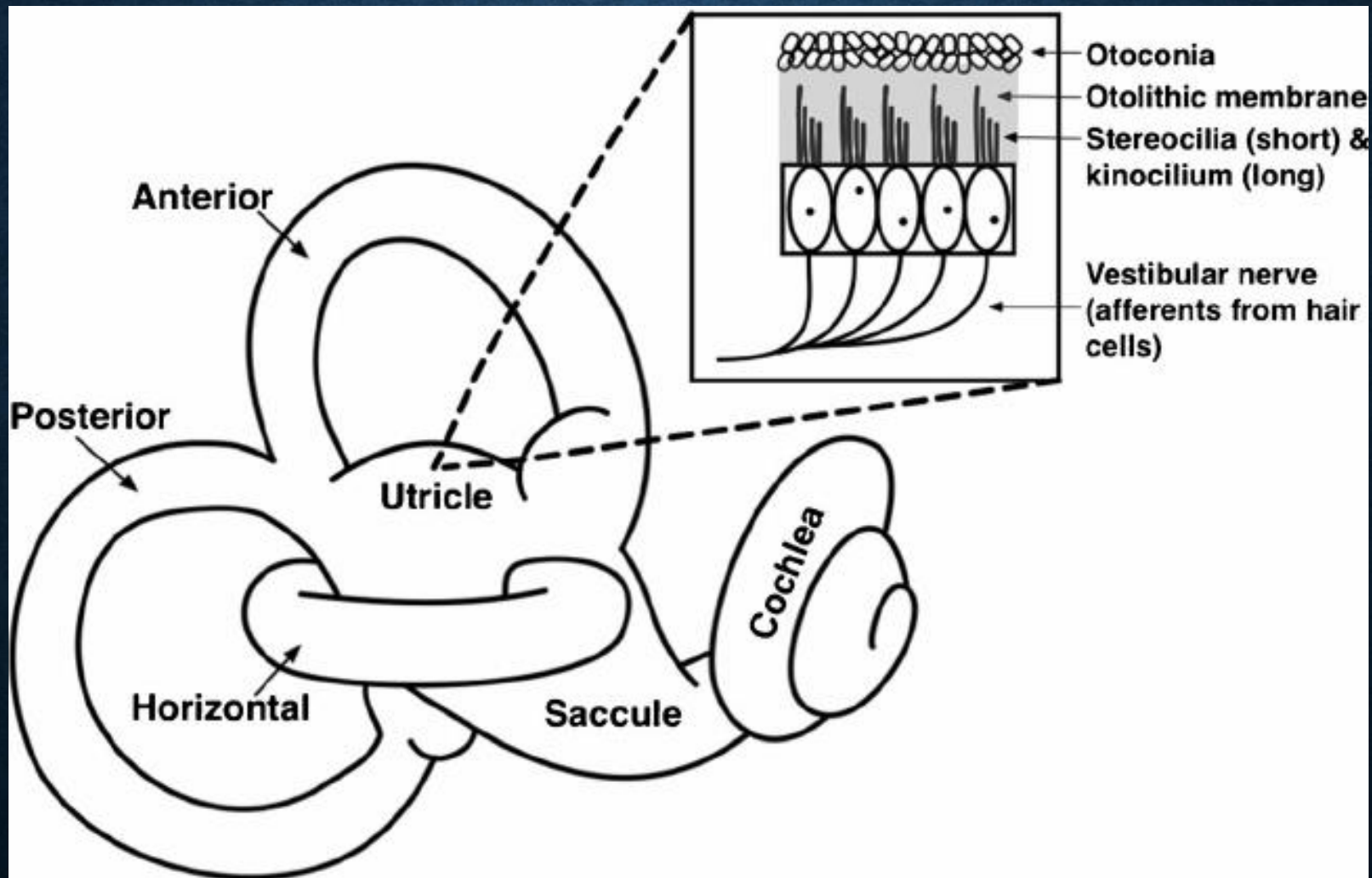




DIX-HALLPIKE TEST

- Head hanging positioning test
- Nylon- Barony maneuver
- Diagnostic test : BPPV





CONTRAINDICATION:

- Severe cervical spinal disease
- Unstable spinal injury
- High grade carotid stenosis
- Unstable heart disease

- Nystagmus at rest and FND : no indication

NYSTAGMUS CHARACTERISTICS:

- Latency(1-10 sec)
- Duration (less than 1 min)
- Direction(up beating and ipsilateral torsional)
- fatigability

POINTS:

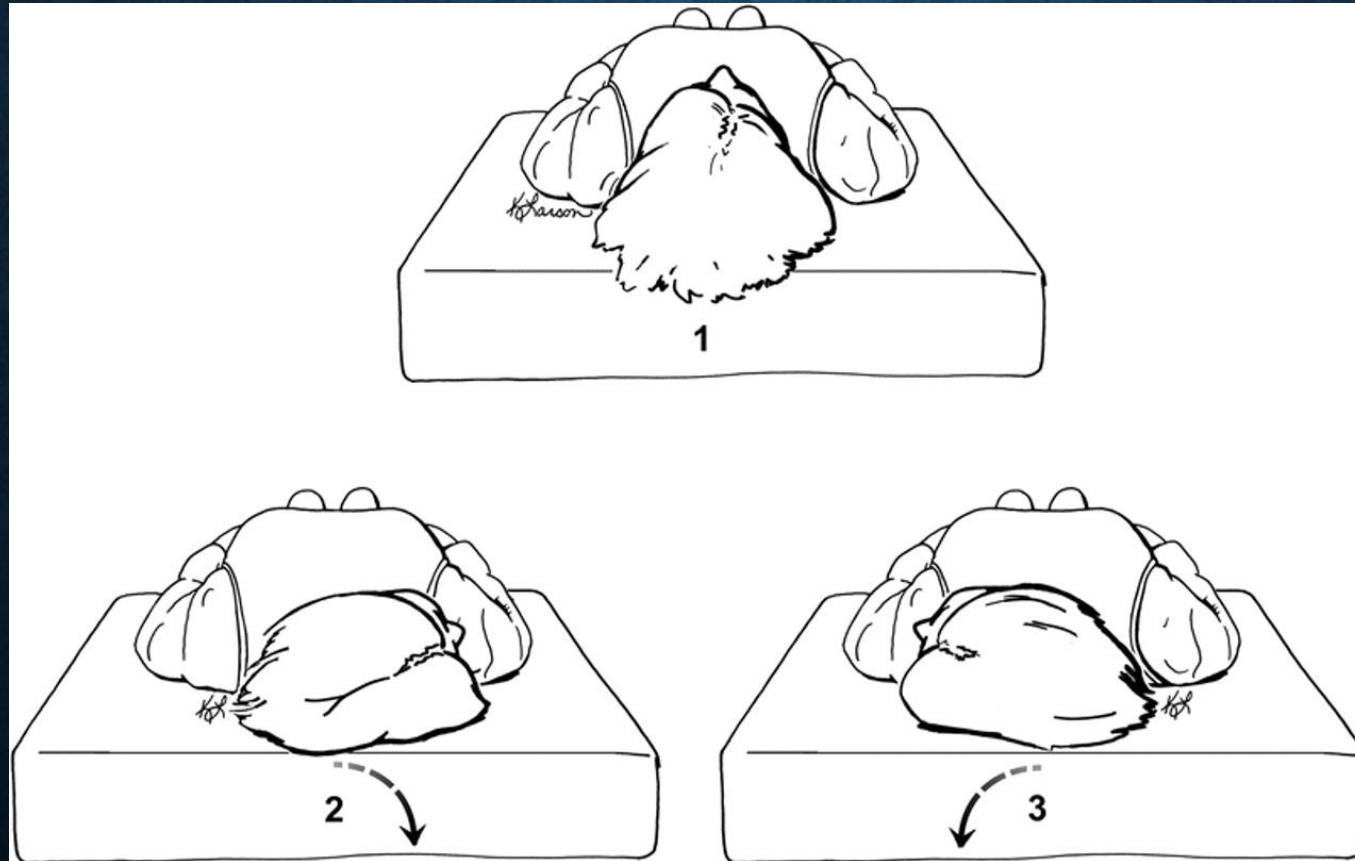
- Selection patients for treatment
- The most common canal : posterior
- Different maneuver in horizontal canal



SUPINE – ROLL TEST

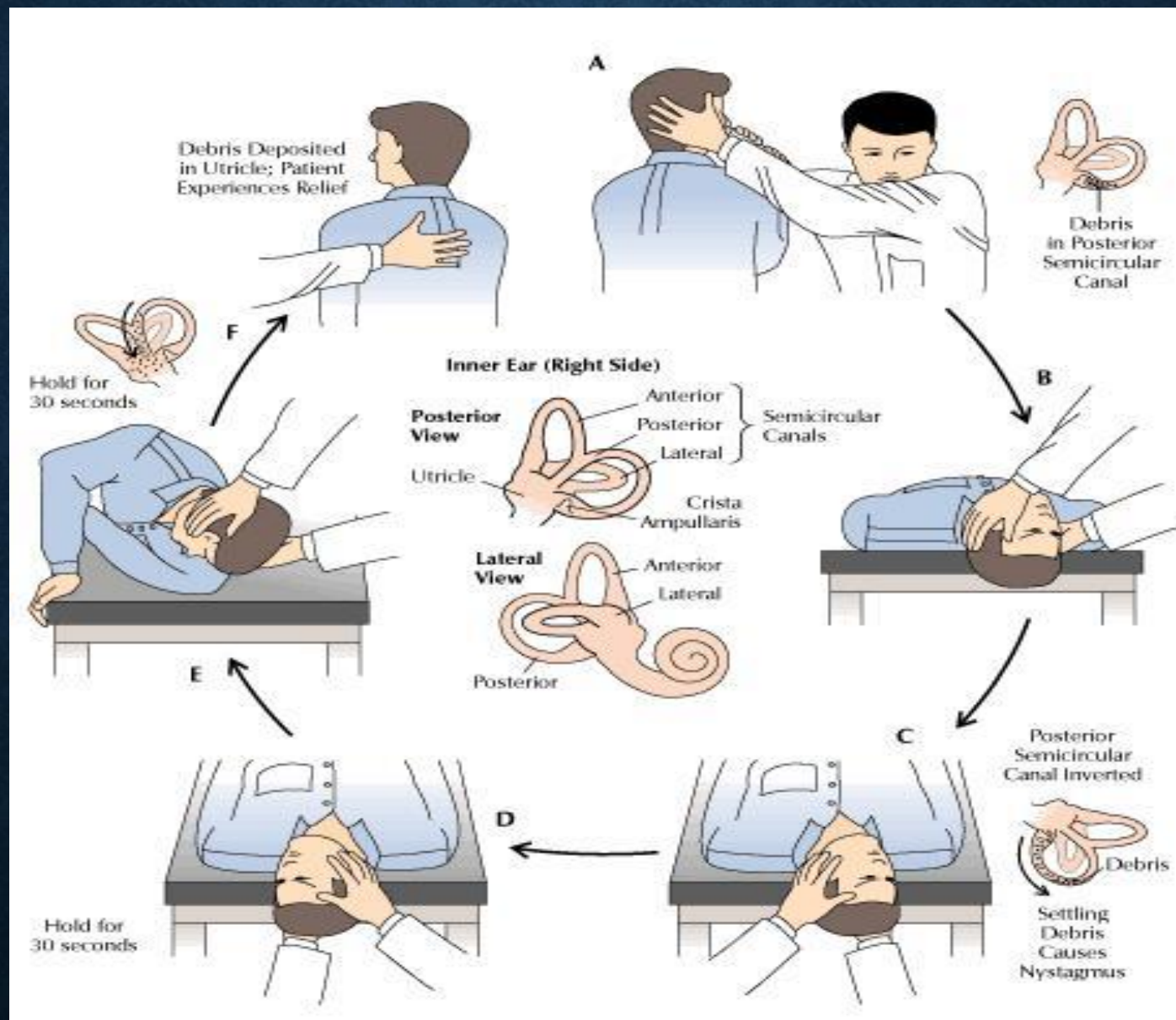
- Horizontal canal BPPV
- Horizontal nystagmus

SUPINE – ROLL TEST

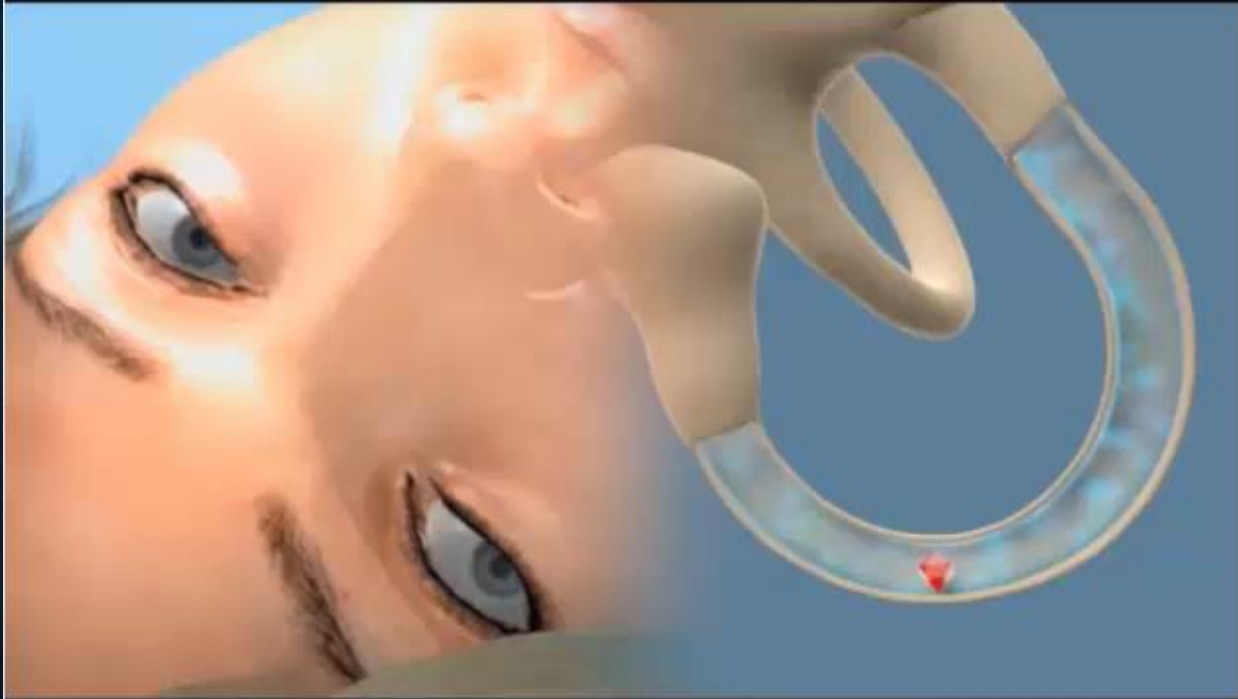


EPLEY TEST:

- Success key: proper patient selection
- For treatment of BPPV
- Contraindication: same to Hallpike test
- After test : upright position (up to 24 h)
-

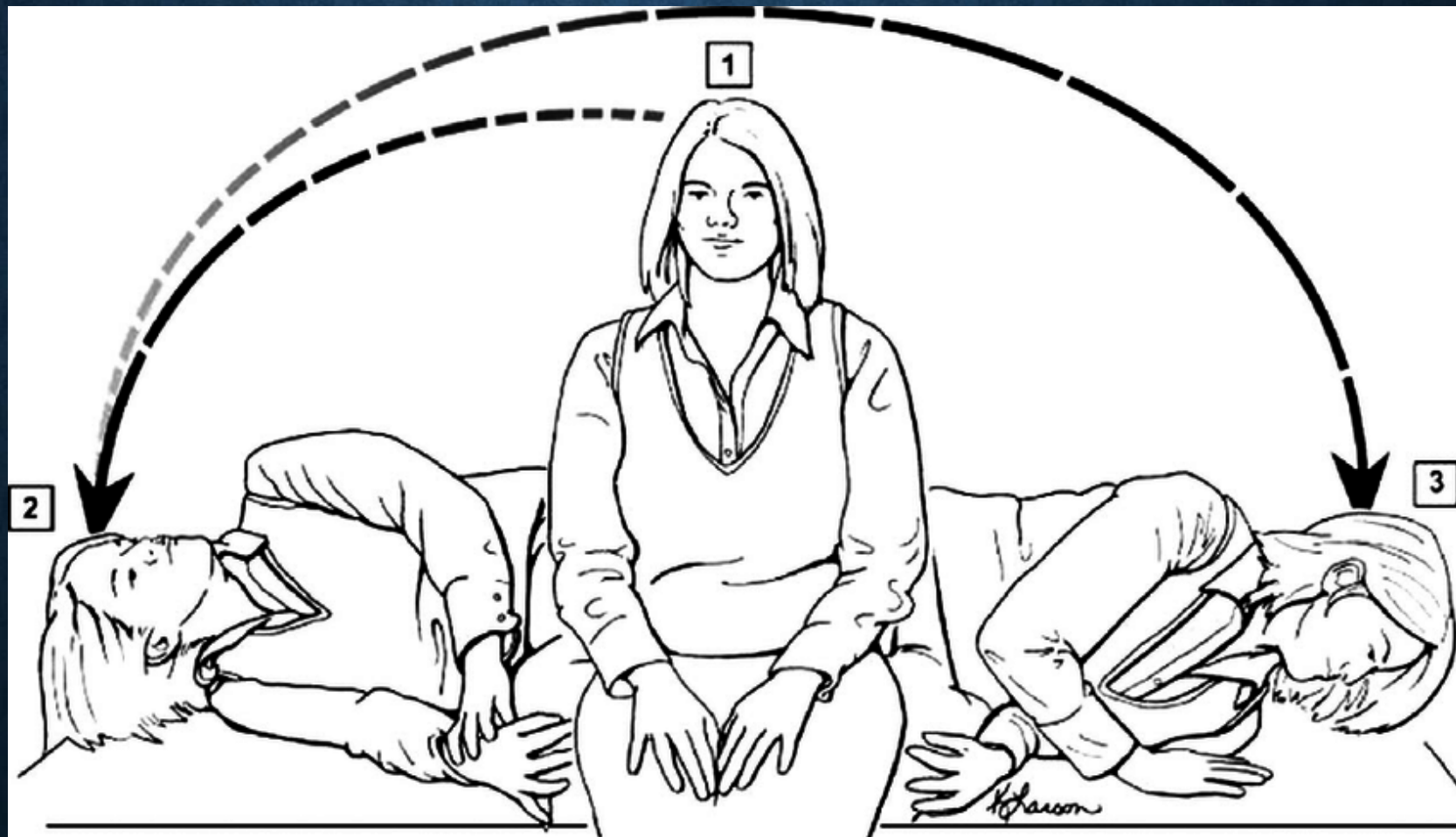


Diagnose What BPPV You Have 



SEMONT MANEUVER:

- Treatment of BPPV
- First toward unaffected side then other side
- Each step: 4 min



H-HIT TEST

- Horizontal head-impulse test
- Head thrust test
- Positive in vestibular diseases
- No indication in bidirectional nystagmus and positive skew test

NORMAL VOR

Patient focused on examiners nose



After sharp turn to patient's right, patient remains focused on examiners nose

ABNORMAL VOR

Patient focused on examiners nose



Corrective saccades

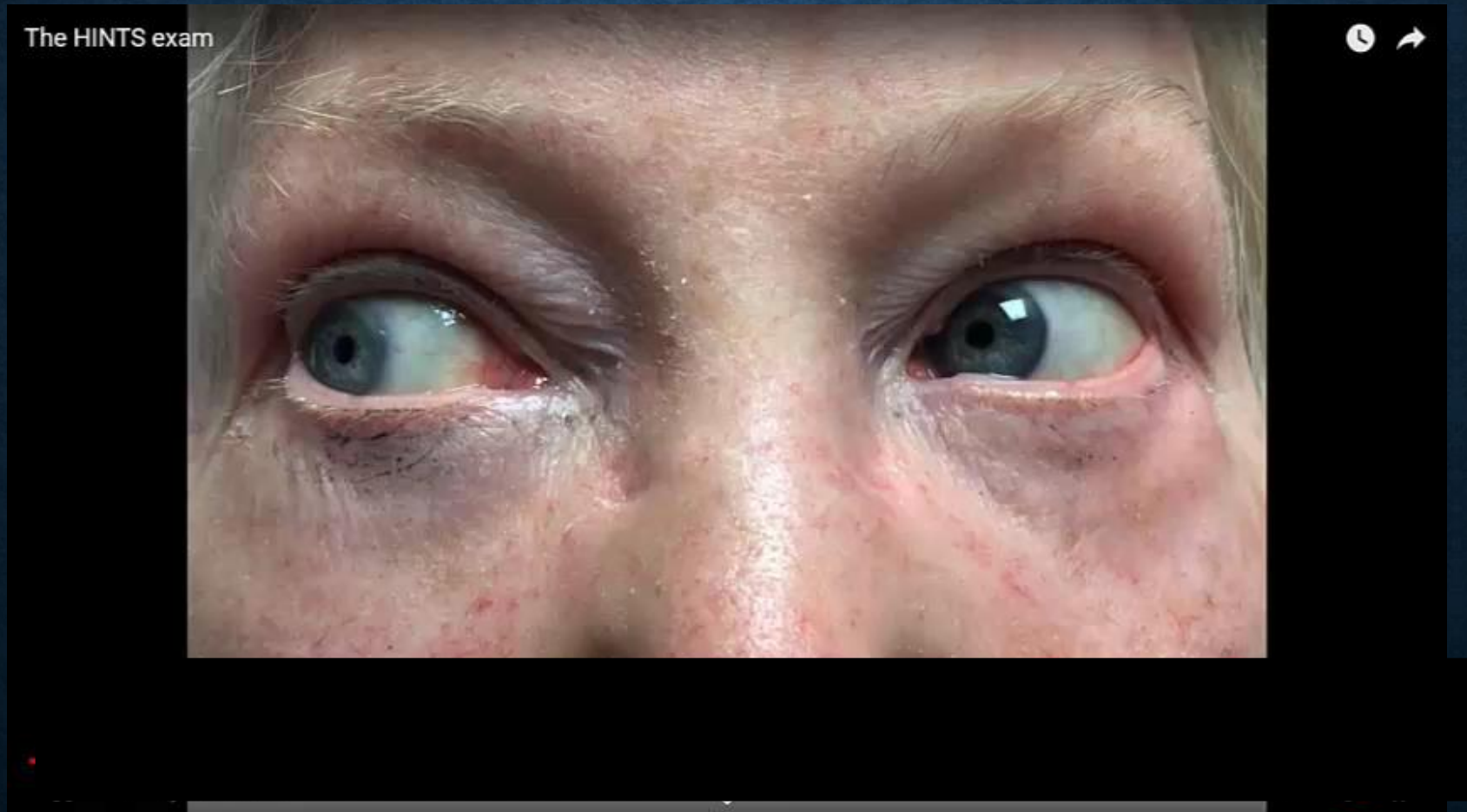


Pause (k)

HINTS:

- Head impulse test
- Nystagmus(directional – changing)
- Skew Test
- Diagnosis of central vertigo

BIDIRECTIONAL NISTAGMUS



SKEW TEST

- No contraindication
- Cover and uncover test
- Positive in central



01:03

