

CME:

Vertigo: Keeping Your Patients - and Yourself - Upright

December 10, 2025 • Event Summary

On December 10th the second session in a 4-part series, presented by the Shared Care Neurology working group, took place at the Ultimate Banquet Hall. The session, which was attended by 59 FPs, and NPs focused on patient-centered care, learners will be able to apply a structured clinical approach to effectively classify and assess patients and recognize common and important etiologies of dizziness and vertigo. Attendees also had the opportunity to ask questions, fostering further discussion and understanding of these key aspects of neurology.

Key Highlights from the Event Included:

- Clarifying the terminology used when patients complain of dizziness or vertigo
- Developing the skills for conducting a basic bedside exam to help diagnose dizziness or vertigo.
- Providing attendees with an opportunity to learn a live demonstration of the Dix-Hallpike maneuver, Supine Head Roll test, and Head Impulse test.



COMMENTS AND IMPRESSIONS:

"The demonstrations were a great refresher for diagnostic clarification!"
– Respondent

"Nice & very informative session. Live demonstration videos. Very illustrative session."
– Respondent

KEY LEARNINGS

The presenters took the audience through a concise, clinically focused approach to evaluating dizziness and vertigo, emphasizing structured assessment, targeted bedside evaluation, and recognition of key underlying causes.



A TARGETED APPROACH IN DIAGNOSING VERTIGO

- Triage the patients' presentation using the Sudbury Vertigo Risk Score or TRIAGE+ Score
- Classify whether the vertigo syndrome is acute or chronic
- Determine whether there relationship between the trigger stimulus and vertigo is reproducible

PERFORMING BEDSIDE EXAMS

- The Dix-Hallpike maneuver is the gold standard test for BPPV
- The Supine Head Roll test is used to detect BPPV of the horizontal canal which is less common than the posterior canal
- The Head Impulse test determines whether the vestibulo-ocular system can keep the eyes on the target



ADDITIONAL LINKED RESOURCES

[Dr. Arnold's Presentation Slides](#)

[Recorded Session](#)

[Photo Collage](#)

[Event Recap](#)

[RACE App](#)

[HINTS Exam](#)

[Clinical Features of Common Vertigo Symptoms](#)

[Benign Paroxysmal Positional Vertigo - Understand BPPV in One Minute](#)

[Clinical Diagnosis and Treatment of BPPV using the Dix-Hallpike Test and Epley Maneuver \(Dr. Peter Johns\)](#)

[Clinical Features of Benign Paroxysmal Positional Vertigo - Epley's Maneuver Patient Instructional Video](#)
[Common Vertigo Symptoms](#)

SESSION EVALUATION

69% of respondents reported an increased confidence in diagnosing vertigo.

100%

of respondents reported having the opportunity to learn what they hoped to learn in the session

93%

of respondents found that the session provided them with the opportunity for a hands-on examination practice.

74%

of respondents found that the session provided them with enough information to apply what they learned.