Southern Health Santé Sud

Rehabilitation Services
Physiotherapy Vestibular Assessment

☐ Patient consents to proceed with assessment and treatment.
☐ Attendance Policy was provided and explained to patient.

Referral Source:_____________________________ Diagnosis:__________________________

Specialists seen:____

HPI:

PMHx:

Meds:

Imaging/testing:

Precautions: Neck surgery/trauma
Severe RA
C1-C2 instability
Detached Retina
Severe Atherosclerosis
VB insufficiency (face/tongue paresthesia, speech difficulties drop attacks, diplopia)

Symptoms:	Onset: ☐ Sudden ☐ Gradual
☐ Vertigo ☐ Nausea/Vomiting ☐ Light Headed ☐ LOC/blacking out ☐ Fatigue ☐ Headaches ☐ Numbness/tinging ☐ Ataxia ☐ Other:	Occur in Certain Positions? _______________ ☐ Constant ☐ Periodic ☐ Occasional ☐ Increasing ☐ Static ☐ Decreasing Aggravates: Eases:
☐ Dizziness ☐ LOB with walking Veers L _____ R _____ ☐ Tendency to fall - Direction? ☐ Swimming Sensation ☐ Pressure in head ☐ ↓ Concentration ☐ Weakness ☐ Word finding difficulty	Difficulty with: ☐ Shopping ☐ Driving ☐ Driver ☐ Day ☐ Passenger ☐ Night ☐ Computer/TV/Reading ☐ Motion Sickness ☐ Other

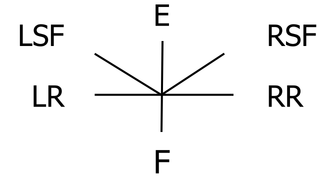
Hearing:

- ☐ Difficulty Hearing ☐ L ☐ R
- When did this start? ____________
- ☐ Hearing Aides
- ☐ Noise in your ears? Describe____________
- Change with dizziness? ____________
- Anything make it better? ____________
- ☐ Aural fullness/stuffiness ☐ L ☐ R
- Change with dizziness? ____________
- ☐ Pain in Ear ☐ L ☐ R
- ☐ Discharge from ears ☐ L ☐ R

Vision:

- ☐ Blurry Vision When? ____________
- ☐ Diplopia When? ____________
- ☐ New Glasses When? ____________
- ☐ Eye Exam in last year? When? ____________
- ☐ Retina Problems
- ☐ Cataracts ☐ L ☐ R

General Posture/ROM/Strength



Ligament Stability:

- ☐ Alar
- ☐ Sharp Purser

- ☐ Cervical Dizziness Test
- ☐ Vertebral Artery Test

Neuro/Cerebellar Scan

- ☐ RAM
- ☐ Finger/nose test
- ☐ Heel/shin test

Static Balance ☐ Rhomberg
☐ Tandem Rhomberg
☐ Foam

Dynamic Balance ☐ N ☐ AbN
GAIT ☐ N ☐ W
Other:____________

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Oculomotor Tests:

Smooth Pursuit ☐ N ☐ AbN
end gaze nystagmus/saccadic movement

Convergence ☐ N ☐ AbN
Distance ____________

Saccades ☐ N ☐ AbN
(steps, overshoot, undershoot) L _____ R _____

VOR – Head Thrust Test L _____ R _____
VORc ☐ N ☐ AbN
Dynamic visual Acuity DVA
Head Stationary ____________
Head Moving:____________
Lines lost:____________

Frenzel Lenses:

Ocular Alignment ☐ N ☐ AbN ☐ Spontaneous nystagmus ____________
Head Shaking ☐ N ☐ AbN ____________
Position Tests ____________
Dix Hallpike L ____________ R____________
Roll Test L ____________ R____________

Impression/Assessment:

Treatment Plan:

- ☐ Assessment and treatment plan explained to patient.
- ☐ Patient consents to treatment plan.
- ☐ Educational information provided. ____________

Physiotherapist: ____________ Date: ____________