Presents with Dizziness (Obtain History)

Cardiac/ Hemodynamic Presyncope? Syncope? Orthostasis? Micturition/straining related? Tunnel vision? Chest pain? Palpitations?

— No →

— Yes ↓

Consider Cardiac workup:
-Orthostatic VS
-Medication review
-EKG

A single episode of syncope does not require neurology work up

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Recurrent syncope with negative cardiac work up, may consider Autonomic Neurology referral

Altered Gait Mechanics or Painful Gait

— No →

— Yes ↓

Symptoms	DDX to Consider
Numbness or tingling in feet	Peripheral Neuropathy, radiculopathy
Difficulty initiating movements	Parkinson's, deconditioning
Knees or hips buckle	Orthopedic or musculoskeletal
Leg pain with activity	Claudication

Vestibular Sensation of movement (rocking, floating, tilting, swaying, spinning, oscillations)?

— No →

— Yes ↓

Classify Syndrome Based on Temporal Profile

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First, acute, continuous (never stops) dizziness or vertigo: building over minutes to hours

(See page 2)

Recurrent, spontaneous (no positional or other clear triggers), dizziness or vertigo

(See page 3)

Recurrent, positional or triggered, dizziness or vertigo

(see page 4)

Chronic dizziness (present >50% of the time for >3 months)

(See page 5)

Unspecified Age Related? Polypharmacy? Multifactorial? Anxiety? Functional disorders?

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Assess for Fear of Falling (Consider CDCSteadi Algorithm*)

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Consider treating underlying cause

CT head is never appropriate for dizziness evaluation in the outpatient setting

* CDC Steadi Algorithm for fall risk assessment: https://www.cdc.gov/steadi/pdf/steadi-algorithm-508.pdf