LIVE DEMONSTRATION

The Dizzy History

Call to begin your demo:

1-866-899-6442

⬇

Tell your dizzy history

⬇

Physician Report to your phone

American Academy of Otolaryngology–Head and Neck Surgery

October 16, 2026 · Los Angeles, California

VertigoAssist West Exhibit Hall, Innovation Park Booth J

Join Our Users: **Email Philip@VertigoAssist.com**

Demonstration only — please do not enter any real patient information.

How the Demo Works

You'll play the patient. Speak naturally about "your" dizziness — exactly the way one of your patients would — and let VertigoAssist do the laborious part of the dizzy history, then hand back a documented differential diagnosis and a physician-ready report.

FIVE STEPS

1. **Call the line at 1-866-899-6442** and describe your dizziness out loud, in your own words — you can read one of the example histories on the next page.
2. **Answer the follow-up questions.** The system asks the pertinent questions. Short 10 second pauses between questions are normal, so please be patient.
3. **Let the system conclude.** Stay on the line until it finishes — it will tell you when it's done.
4. **Get the Physician Report on your phone.** A secure link to the Physician Report is texted to the number from which you called.
5. **Explore.** Run another example with different answers to the follow-ups — and watch the differential-diagnosis percentages shift as the evidence changes.

THE PHYSICIAN ADVANTAGE

- ✓ **Faster than the classic dizzy history.** Roughly 8 minutes saved per new dizzy patient — about 30 hours back a year (1 clinic week).
- ✓ **The intellectually laborious part done easily.** The dizzy history including onset, triggers, duration, laterality, and the full central-vertigo red-flag sweep — captured without consuming your energy.

And it's live reasoning, not a script: give it a positional story and **BPPV** leads; add ear fullness and a hearing change and **Menière's** climbs; add headache and light sensitivity and **vestibular migraine** rises — the differential re-weighs with every answer, and you make the call.

Demonstration only. Not a diagnosis. Please do not enter any real patient information.

Three Dizzy Histories to Try

Read any of these aloud when the line asks you to describe your dizziness. Each paints a different classic picture — then vary your follow-up answers to see the differential respond.

01 The positional spinner

CLASSIC BPPV PICTURE

"For about the past week I've been getting sudden spinning spells. It happens when I roll over in bed, especially onto my right side, or when I tip my head back. The room spins hard for maybe fifteen or twenty seconds and then it settles. In between I feel completely normal. No hearing loss, no ringing, no headache."

Try varying: when a follow-up asks about hearing or ear fullness, answer "yes" instead of "no" — and watch a peripheral inner-ear cause climb against BPPV.

02 The headache-linked rocker

CLASSIC VESTIBULAR MIGRAINE PICTURE

"I get episodes of dizziness that last a few hours — more of a rocking, off-balance feeling than true spinning. They come with a headache behind my eyes, and bright lights and noise really bother me during them. I've had migraines since my twenties. Between episodes I'm fine, but this has been happening a couple times a month."

Try varying: drop the headache and light sensitivity on the follow-ups — the migraine signal falls and the differential broadens toward other episodic causes.

03 The ear-fullness attack

CLASSIC MENIÈRE'S PICTURE

"Every few weeks I get a violent spinning attack that lasts a couple of hours. Just before it starts, my left ear feels full and I hear a low roaring sound, and the hearing in that ear goes muffled. Afterward I'm wiped out for the day. The hearing mostly comes back, but it's been getting worse over months."

Try varying: say the spells last only seconds and are triggered by rolling over — and watch the picture swing from Menière's back toward BPPV.