

Vestibular Symptoms Classification

Clinician Quick-Reference • Australian Dizziness Clinics • 2026

THE BÁRÁNY SOCIETY 2009 — FOUR SYMPTOM CATEGORIES

International Classification of Vestibular Symptoms (Bisdorff et al.)

Category	Core Definition	Key Qualifier
Vertigo	Sensation of self-motion or motion of visual surround when none is occurring	Rotatory or non-rotatory; spontaneous or positional
Non-Vertiginous Dizziness	Sensation of disturbed spatial orientation — not perceived as false motion	Light-headedness, swaying, floating, tilting
Vestibulo-Visual Symptoms	Visual symptoms from vestibular dysfunction — oscillopsia, visual lag, external vertigo, visual tilt	Impaired VOR or tonic otolith imbalance
Postural Symptoms	Balance disturbance in standing or walking — unsteadiness, directional pulsion, falls	Not simply reduced lower-limb strength or proprioception

♦ *These are symptoms, not diagnoses. Code what the patient reports — vertigo AND oscillopsia AND unsteadiness are three separate billable symptoms. One patient may report all four simultaneously.*

SPONTANEOUS VS. TRIGGERED — VERTIGO & DIZZINESS

Duration Pattern When Spontaneous

Duration	Likely Diagnosis
Seconds	Paroxysmal disorder (BPPV if positional)
Minutes	Ménière's disease; posterior fossa TIA
Hours	Vestibular migraine; delayed Ménière's
Days	Acute vestibular syndrome (neuritis or stroke)
Constant (weeks+)	Incomplete compensation; bilateral VH; PPPD

Trigger Type — Differential Value

Trigger	Implication
Head position change	BPPV until proven otherwise
Any head movement	Dynamic VOR asymmetry — peripheral or central
Visual motion / screens	PPPD; visually-dependent balance
Sound or pressure (Valsalva)	SSCD; perilymph fistula
Rising from supine/standing	Haemodynamic / orthostatic cause

♦ *"Does the dizziness come on by itself, or does something trigger it?" — the single most diagnostically useful opening question. Spontaneous = time the attack. Triggered = characterise the trigger precisely.*

SPONTANEOUS VS. TRIGGERED — VESTIBULO-VISUAL SYMPTOMS

Oscillopsia — Differential by Trigger Pattern

Oscillopsia Type	Trigger	Implication
Spontaneous at rest	None — present without head movement	△ Red flag — central cause (acquired nystagmus)
Dynamic	Head movement only	Impaired VOR gain — bilateral or severe UVL
Postural	Walking or running	Bilateral vestibular failure; presbyvestibulopathy

Visual Tilt Differential

- **Spontaneous visual tilt:** Tonic otolith asymmetry — brainstem/Wallenberg; ocular tilt reaction
- **Triggered visual tilt:** Dynamic otolith asymmetry — incomplete peripheral compensation

♦ *"Things bounce when I walk" = two diseases. At rest → central nystagmus (urgent). Walking only → bilateral VH (non-urgent). Always ask: does it bounce when sitting still?*

SPONTANEOUS VS. TRIGGERED — POSTURAL SYMPTOMS

Pattern	Trigger	Clinical Implication
Constant unsteadiness	Spontaneous — at rest and walking	Bilateral VH; cerebellar ataxia; severe acute UVL
Motion-triggered	Head movement or activity	Dynamic asymmetry; incomplete compensation
Environment-triggered	Busy visual spaces; uneven ground	PPPD; visually-dependent balance
Orthostatic	Standing up (first 60 s)	Haemodynamic; autonomic dysfunction
Directional pulsion	Spontaneous (acute onset)	Acute UVL; lateral medullary infarct

♦ *"Do you fall more in the dark, or in the shower?" → bilateral vestibulopathy. Remove visual input and they become dangerously unsteady — Romberg-positive vestibular failure, not ageing.*

CLINICAL FRAMEWORKS — TITRATE & ICVD

TiTRATE: Timing + Triggers + Targeted Examination

Syndrome	Timing	Triggers	Key Exam
AVS	Continuous hours–days	None (spontaneous)	HINTS: Head Impulse, Nystagmus, Skew
EVS (positional)	Seconds, recurrent	Head position change	Dix-Hallpike; supine roll
EVS (spontaneous)	Minutes–hours, recurrent	None (spontaneous)	Audiogram; orthostatics; migraine Hx
CVS	Constant ≥ 3 months	Activity; environment	DHI; Romberg; gait; vHIT

ICVD — 3-Tier Diagnostic Hierarchy

- **Tier 1 — Symptoms:** vertigo, dizziness, vestibulo-visual, postural (Bisdorff 2009)
- **Tier 2 — Syndromes:** AVS; EVS (positional / spontaneous); CVS
- **Tier 3 — Diseases:** BPPV, Ménière's, vestibular neuritis, vestibular migraine, bilateral VH, PPPD

KEY HISTORY QUESTIONS — BY SYMPTOM DOMAIN

Domain	Must-Ask Questions
Vertigo / Dizziness	Spontaneous or triggered? • Duration per episode • Hearing loss, tinnitus, aural fullness? • Headache / photophobia / phonophobia?
Vestibulo-Visual	Does the world move when sitting still? • Does vision bounce only when walking? • Objects tilted? • Any double vision?
Postural	Unsteady all the time or only with movement? • Worse in the dark or eyes closed? • Falls in shower? • Better when sitting?

COMMON TERMINOLOGY PITFALLS

Incorrect Usage	Correct Term	Why It Matters
"Dizziness" for everything	Specify: vertigo / dizziness / oscillopsia / unsteadiness	Vague documentation misdirects investigation and referral
"Vertigo" for any dizziness	Reserve for false motion perception only	Vertigo implies a specific differential — BPPV, Ménière's, neuritis
"Balance problem" alone	Add trigger: spontaneous vs. environment vs. motion-triggered	Trigger pattern determines entire management pathway
"Blackout" for pre-syncope	Distinguish presyncope (haemodynamic) from vestibular dizziness	Conflation leads to missed cardiac and autonomic causes

RED FLAGS — URGENT FEATURES BY SYMPTOM CATEGORY

Symptom Domain	Red Flag Feature	Reason for Urgency
Vertigo	New headache; direction-changing nystagmus; vertical nystagmus	Posterior fossa stroke or tumour; cerebellar bleed
Vertigo	Normal head impulse + spontaneous nystagmus + skew deviation	HINTS-positive: central AVS — MRI urgent
Dizziness	Pre-syncope with exertion; new onset with cardiac medication	Cardiac arrhythmia; haemodynamic compromise
Vestibulo-Visual	Oscillopsia at rest (without head movement)	Acquired nystagmus — brainstem or cerebellar lesion
Postural	Acute severe gait ataxia — cannot walk	Cerebellar or brainstem infarct; haemorrhage

PLAIN LANGUAGE → BÁRÁNY CLASSIFICATION

Patient Says	Classify As	Follow-Up Question
"The room spins"	Vertigo — external	Spontaneous or triggered by position?
"I feel like I'm spinning inside"	Vertigo — internal	Duration? Any hearing change?
"I feel dizzy / woozy / foggy"	Non-vertiginous dizziness	Continuous or comes in waves?
"My vision shakes / bounces"	Vestibulo-visual — oscillopsia	At rest or only when moving?
"Things look tilted"	Vestibulo-visual — visual tilt	Constant or intermittent?
"I feel unsteady on my feet"	Postural symptom	Worse in dark or eyes closed?
"I feel like I will fall sideways"	Postural — directional pulsion	Sudden onset? Hearing loss?
"I feel like I will black out"	Not vestibular — query presyncope	Worse standing up? Heart rate?

♦ Train patients to distinguish "spinning" (vertigo) from "woozy" (dizziness) from "things move" (oscillopsia). Precise symptom language saves 10 minutes in every subsequent consultation.