

A FREE RESOURCE

DIZZINESS & VERTIGO RESOURCE GUIDE

FINDING STABILITY THROUGH
FUNCTIONAL NEUROLOGY





**DELTA
NEURO
HEALTH**

about us

Delta Neuro Health is a functional neurology clinic in Columbus, Ohio, specializing in neurological rehab, neurofeedback, and neurotoxicity. We offer individualized treatment plans for complex neurological conditions. We help create personalized solutions for a wide range of conditions, including concussion, POTS, vertigo, migraine, anxiety, dizziness, seizures, headaches, dysautonomia, and chronic pain. Our approach focuses on the whole person, addressing the mind and body to achieve optimal health and wellness by rewiring the brain through the concept of neuroplasticity.

Questions?

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WELCOME

We hope this guide helps to address some of your concerns, and would love to connect with you via a free phone consultation if you have additional questions about your care.

Contact us to begin your health journey:



614-706-2093



www.deltaneurohealth.com

WHY AM I DIZZY?

Dizziness and vertigo are symptoms—not diagnoses. They often stem from dysfunction in one or more of the body's key balance systems:

- Vestibular System (inner ear & brainstem)
- Proprioceptive System (body/joint position awareness)
- Visual/Oculomotor System (eye movement & stability)

When these systems are out of sync, the brain receives conflicting signals—leading to dizziness, unsteadiness, motion sensitivity, and even nausea or anxiety.

CONCLUSION

Your Brain Can Recalibrate

The nervous system is plastic—it can adapt and heal with the right input. If you've been told "everything looks normal" or "you just have to live with it," let's dig deeper. We're here to help your brain regain balance.

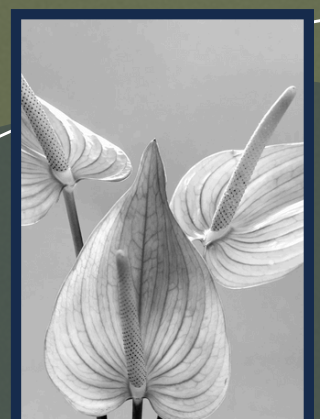
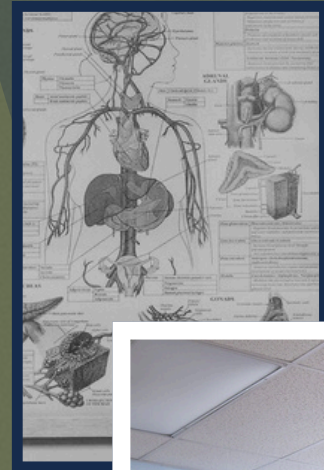


Our Functional Neurology Approach

We focus on re-integrating your sensory systems and calming the brain's response to faulty signals through targeted assessment and rehab.

What We Do:

1. Comprehensive Neurological Testing
Including vestibular, eye movement, and balance system evaluations
2. Personalized Neuro-Rehab
Brain-based exercises to retrain faulty sensory input and recalibrate your nervous system
3. Oculomotor & Gaze Stability Training
Improve how your brain processes visual motion and stabilizes your vision
4. Vestibular & Proprioceptive Integration
Head-eye-body coordination drills to retrain pathways involved in spatial awareness
5. Neuro-Calming Tools
Vagal stimulation, breathwork, and neurofeedback to reduce sensory overload and anxiety



Key characteristics of common types of dizziness

1. Benign Paroxysmal Positional Vertigo (BPPV)

- Hallmark Features:
 - Sudden, brief episodes of spinning vertigo
 - Last seconds to <1 minute
 - Triggered by head position changes
- Common Triggers:
 - Rolling over in bed
 - Looking up
 - Bending forward

2. Vestibular Neuritis / Labyrinthitis

- Hallmark Features:
 - Sudden, severe vertigo lasting hours-days
 - Constant spinning sensation
 - Nausea and vomiting common
- Key Differences:
 - Vestibular neuritis → vertigo without hearing loss
 - Labyrinthitis → vertigo with hearing loss or tinnitus
- Key Clues:
 - Recent viral illness
 - Difficulty standing or walking straight
 - Positive head impulse test



Key characteristics of common types of dizziness (cont.)

3. Ménière's Disease

- Hallmark Triad:
 - Episodic vertigo
 - Fluctuating hearing loss
 - Tinnitus + ear fullness
- Episode Duration
 - 20 minutes to several hours
- Key Triggers:
 - Salt intake
 - Stress
 - Sleep deprivation
 - Underlying Mechanism
 - Endolymphatic hydrops (fluid pressure imbalance)

4. Vestibular Migraine

- Hallmark Features:
 - Dizziness or vertigo with migraine history
 - May occur with or without headache
 - Highly visual-motion sensitive
- Associated Symptoms:
 - Light and sound sensitivity
 - Visual aura
 - Head pressure
- Common Triggers:
 - Hormonal changes
 - Bright lights
 - Poor sleep
 - Certain foods
- Key Distinction:
 - Normal vestibular testing between episodes

Key characteristics of common types of dizziness (cont.)

5. Cervicogenic Dizziness

- Hallmark Features:
 - Dizziness associated with neck pain or stiffness
 - Worse with head or neck movement
 - Often following whiplash or cervical trauma
- Key Clues:
 - No true spinning
 - Poor head-neck proprioception
 - Asymmetric cervical muscle tone or range of motion
 - Underlying Mechanism
 - Abnormal sensory input from upper cervical mechanoreceptors

6. Persistent Postural-Perceptual Dizziness (PPPD)

- Hallmark Features:
 - Chronic daily dizziness (>3 months)
 - Worse with:
 - Standing
 - Walking
 - Busy visual environments
- Key Characteristics:
 - Non-spinning
 - Feels like rocking, floating, or swaying
 - Often starts after a vestibular event, concussion, or anxiety episode
- Mechanism:
 - Maladapted central sensory integration
 - Increased visual dependence + autonomic involvement

Key characteristics of common types of dizziness (cont.)

7. Orthostatic Dizziness / POTS-Related Dizziness

- Hallmark Features:
 - Lightheadedness or near-fainting upon standing
 - Improves when lying down
 - Often tied to:
 - Tachycardia
 - Exercise intolerance
 - Heat sensitivity
- Clinical Clues:
 - Blood pressure or heart rate changes with posture
 - Often associated with:
 - POTS
 - Dehydration
 - Autonomic neuropathy

8. Functional Dizziness

- Hallmark Features:
 - Constant sense of imbalance
 - Worse in:
 - Stores
 - Driving
 - Crowded spaces
- Key Clues:
 - Normal imaging and vestibular testing
 - Symptoms amplify with sympathetic activation
 - Often overlaps with PPPD and vestibular migraine

Key characteristics of common types of dizziness (cont.)

9. Mal de Débarquement Syndrome (MdDS)

- Hallmark Features:
 - Continuous sensation of rocking, bobbing, or swaying
 - Patients often say they feel like they're:
 - "On a boat"
 - "On a floating dock"
 - Unique feature: Symptoms improve with passive motion (car ride, plane, walking)
- Typical Onset After:
 - Cruise
 - Boat travel
 - Plane travel
 - Prolonged virtual motion exposure (rare)
- Duration
 - Can persist weeks, months, or years
 - Considered chronic MdDS if >1 month
- Key Clinical Clues
 - Normal:
 - MRI
 - Audiogram
 - Standard vestibular testing
 - Worse with:
 - Standing still
 - Lying down
 - Visual fixation in still environments

MdDS	PPPD
Better with motion	Worse with motion
Classic boat/travel onset	Often post-vestibular, concussion, or anxiety
Strong velocity-storage involvement	Multisensory integration + threat response

Dizziness chart

Type	Spinning?	Duration	Hearing Involved	Triggered By
BPPV	✓ Yes	Seconds	✗ No	Head movement
Vestibular Neuritis	✓ Yes	Days	✗ No	Viral onset
Labyrinthitis	✓ Yes	Days	✓ Yes	Viral onset
Ménière's	✓ Yes	Hours	✓ Yes	Salt, stress
Vestibular Migraine	✓/✗ Either	Minutes–hours	✗ No	Light, hormones
Cervicogenic	✗ No	Variable	✗ No	Neck movement
PPPD	✗ No	Chronic	✗ No	Visual motion
POTS	✗ No	Minutes	✗ No	Standing
MdDS	✗ No	Chronic	✗ No	Boat/plane travel; passive motion improves it
Anxiety	✗ No	Variable	✗ No	Stress

helpful resources

- Dizziness vs Vertigo [Blog](#)
- [Neuro Health Broadcast](#)
- Delta Neuro Health [YouTube](#)



learn more

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Book a free phone consult today!



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