



## ACP Academy

### Dix-Hallpike & Epley Manoeuvre – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

#### GETTING STARTED

1. Perform hand hygiene and wear PPE if required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Ask the patient if turning to one side seems to trigger their dizziness.
5. Briefly explain the exam: “I’ll be performing some head movements that may reproduce your dizziness. It helps us understand what’s going on with your balance system.”
6. Ask about any neck or back problems that may contraindicate the test.
7. Confirm they have someone to accompany them home – they may feel dizzy afterwards.
8. Gain verbal consent and offer a chaperone.

#### DIX-HALLPIKE TEST

9. Ask the patient to sit upright on the examination couch.
10. Adjust the position so their head will hang over the edge when they lie down.
11. Stand behind the patient and turn their head 45° to one side (start with suspected affected side).
12. Support the neck and briskly move them to a supine position, with the head extended ~30° below horizontal.
13. Ask the patient to keep their eyes open.
14. Observe closely for nystagmus for at least 30 seconds.
15. If negative, help the patient sit back up.
16. After a brief rest, repeat the test on the opposite side.

## EPLEY MANOEUVRE

17. If the Dix-Hallpike test is positive, proceed with the Epley Manoeuvre.
18. With the patient lying flat, head turned 45° toward the affected side and extended, rotate the head 90° to the opposite side (now ~45° past midline). Hold for 30 seconds.
19. Ask the patient to roll onto their side in the direction their head is now facing.
20. Rotate the head again so the patient is looking down at the floor. Hold 30–60 seconds.
21. Sit the patient up sideways while maintaining head position.
22. Finally, tilt the head forward (chin to chest) for 30 seconds, then return to neutral.

## CLOSING THE EXAM

23. Let the patient know the assessment is complete.
24. Offer assistance as needed and provide aftercare advice: “You may feel dizzy for a little while, so take it easy for the rest of the day.”
25. Perform hand hygiene and dispose of PPE.
26. Summarise your findings.
27. Suggest appropriate follow-up, e.g. hearing assessment, otoscopy, full cerebellar examination, or ENT referral.

**The Dix-Hallpike test and Epley manoeuvre are gold standards for diagnosing and managing BPPV. Simple, quick, and often curative – this is primary care magic when done well.**