

Is Your Dizziness the Treatable Kind?

A senior physiotherapist's plain-English guide to understanding your dizziness — and what to do about it.

A free guide from the senior physiotherapy team at Kinetika

PAGE 1 — INTRODUCTION: YOU'RE NOT IMAGINING IT

If you're reading this, you've probably been dizzy for longer than you'd like — and you've probably been told, by someone, that it's "nothing to worry about" or "just your age."

Here's the first thing worth knowing: dizziness is one of the most common reasons people see a doctor anywhere in the world. You are in very large company. And here's the second, more important thing: dizziness is a *symptom*, not a diagnosis — and the reason so many people stay dizzy for months or years is that nobody ever worked out *which kind* they have.

This short guide will help you understand the most common causes of dizziness, walk you through a simple 3-question self-check, and explain what your answers might mean. It is not a diagnosis — only an in-person assessment can give you that — but it will help you understand whether your dizziness is likely the common, highly treatable kind.

We've kept it plain and short. Let's begin.

PAGE 2 — WHY "DIZZINESS" ISN'T ONE THING

People use the word "dizzy" for several quite different sensations:

- **Spinning** — the room, or you, seems to rotate (this is what doctors call *vertigo*)
- **Floating or swaying** — like being on a boat that won't dock
- **Unsteadiness** — your balance feels unreliable, especially walking or on stairs
- **Light-headedness** — a faint, "about to black out" feeling

These point to different causes. And that matters enormously — because each cause is treated completely differently. This is the single biggest reason dizziness goes unresolved: people are treated for "dizziness" in general, when they needed to be treated for their *specific* cause.

The most common cause of true spinning vertigo is a condition called **BPPV** — and BPPV is one of the most treatable conditions in all of physiotherapy. For many people, it can be resolved in just a few sessions. The tragedy is how many people live with it for years without knowing that.

PAGE 3 — THE 3-QUESTION TEST

Answer these honestly. They don't diagnose you — but they help you understand what's more or less likely.

Question 1: Does your dizziness get triggered by changes in head position?

For example: rolling over in bed, lying down, looking up to a high shelf, or bending down.

→ *If yes*: this is a classic pattern for BPPV — the common, highly treatable kind.

Question 2: When the dizziness hits, how long does the spinning last?

→ *If it's short — seconds to a minute or so, then settles:* again, this points toward BPPV.

→ *If it lasts hours, or is constant:* this points toward a different cause that still needs proper assessment, but is less likely to be simple BPPV.

Question 3: Did it start fairly suddenly, often noticed first thing in the morning or on lying down — rather than building up gradually over weeks?

→ *If yes:* another pattern consistent with BPPV.

What your answers suggest:

- **Mostly "yes" to position-triggered, short-lasting, sudden-onset dizziness:** your dizziness has the hallmarks of the common, highly treatable kind. An assessment can confirm it and, often, treat it quickly.
- **Mixed or "no" answers:** your dizziness may have a different cause — which is exactly why a proper assessment matters. "Different cause" does not mean "untreatable" — it means it needs to be correctly identified.

Either way, the message is the same: the answer isn't to keep waiting. It's to get assessed.

PAGE 4 — WHY "WAIT AND SEE" ALMOST NEVER WORKS

It's the most common advice dizzy people are given. It's also, for most causes, the least effective.

Here's what actually happens while you wait:

- **Your world quietly narrows.** You stop driving, stop exercising, stop the activities that involve head movement — one cancelled plan at a time.
- **Your body adapts *around* the problem instead of fixing it.** You move cautiously, you turn your whole body instead of your head, your neck and shoulders tense up — and you can end up with stiffness and neck pain layered on top of the original dizziness.
- **The worry compounds.** Not knowing what's wrong is its own burden, and it grows the longer it goes on.

For BPPV specifically, "waiting" is especially frustrating, because the treatment is often quick and precise. People wait months for something that could have been substantially better in a few visits.

PAGE 5 — WHAT A PROPER VESTIBULAR ASSESSMENT INVOLVES

A real assessment is different from a quick "follow my finger" check. Here's what it should include:

- **A proper history.** When does it happen, what triggers it, how long does it last, how is it affecting your life? This alone narrows the cause significantly.

- **Specialist diagnostic testing.** Tools like Video Head Impulse Testing (VHIT) and Videonystagmoscopy (VNS) let a clinician actually see how your balance system is functioning — the part a basic check can't reach.
- **Identifying the specific cause.** BPPV, a hypofunction, a balance-system issue, or something needing onward referral — named clearly, in plain language.
- **Treatment, often the same day.** For BPPV, a precise repositioning manoeuvre can often begin immediately — and many people feel a difference straight away.
- **A clear plan.** What's going on, what's recommended, how many sessions, and what you can do yourself.

Not every clinic has the equipment or the specifically-trained physiotherapists to do this properly. It's worth asking before you book anywhere: *do you have vestibular diagnostic equipment, and a physiotherapist trained specifically in balance and vestibular conditions?*

PAGE 6 — WHAT TO DO NEXT

If this guide has done its job, you now understand three things:

1. "Dizziness" isn't one condition — it's a symptom with several possible causes, each treated differently.
2. The most common cause, BPPV, is also one of the most treatable — often resolved in just a few sessions.
3. The thing that keeps people dizzy for months or years isn't an untreatable problem. It's an *unidentified* one.

The next step is simple: get properly assessed by someone with the right equipment and the right training.

At Kinetika, we've made that easy to do. Our Comprehensive Vestibular Assessment includes the full history, specialist diagnostic testing, identification of the cause, initial treatment where appropriate, and a written take-home plan. For a limited time it's **AED 600** (regular price AED 800) — and if we don't believe we're the right people to help you, we'll tell you honestly and you won't pay for the session.

[Book My Vestibular Assessment — AED 600](#)

Or call/WhatsApp us on +971 50 800 3206.

Kinetika — Physiotherapy & Rehabilitation, Dubai Hills

BACK COVER / DISCLAIMER

This guide is general information from qualified physiotherapists and is not a diagnosis or a substitute for an in-person assessment. If your dizziness is severe, sudden, or accompanied by other symptoms such as severe headache, weakness, difficulty speaking, or

vision changes, seek urgent medical attention. [Final disclaimer wording to be confirmed by Kinetika's Medical Director per DHA requirements.]