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Purpose: The purpose of this systematic review of the literature is to explore the reasons underlying the underutilization of the physical therapist(PT) in the acute care setting to assist in the diagnosis of peripheral vestibular dysfunction in the dizzy patient.

Description: A database search was conducted in SCOPUS, and studies were scrutinized for inclusion criteria. Each study was evaluated using the PEDRO scale, and details surrounding diagnosis and PT utilization were obtained. Of the 215 articles found, 15 articles were reviewed in full text.

Summary of Use: Of the 15 full text articles, there were 9 studies that met all inclusion criteria. Upon extensive review, four themes emerged: “Diagnosis and Benign Paroxysmal Positional Vertigo” including diagnostic tests and imaging utilization, “Referral Patterns” by primary physicians, “Barriers” to PT utilization, and impressions of “Physical Therapy” and PT practice considerations in acute care.

Importance to Members: Implementation of the PT in acute care for dizzy patients could decrease unnecessary imaging and other diagnostic tests and hasten the time to a specific etiologic diagnosis. Because dizzy patient presentations and diagnoses are often variable, physicians can be unaware of proper referrals to specialized care, including PT. There are a variety of barriers identified by physicians concerning physical therapists on the vestibular patient management team. However, once physical therapy referrals are implemented, physicians find partnering with physical therapists valuable, as they are competent in bedside testing and diagnostic maneuvers. Physical therapists are proficient in bedside exams that may decrease diagnostic costs, increase patient satisfaction, and increase departmental efficiency.