

MOTION SENSITIVITY TESTING

Name: _____

Date: _____

Intensity: 0-5

Duration: 5-10s = 1
11-30s = 2
>30s = 3

Score =
Intensity + Duration

| Baseline Symptoms | Intensity | Duration | Score |
|---|-----------|----------|-------|
| 1. Sitting to supine | | | |
| 2. Supine to left side | | | |
| 3. Supine to right side | | | |
| 4. Supine to sitting | | | |
| 5. Left Hallpike-Dix | | | |
| 6. Up from left | | | |
| 7. Right Hallpike-Dix | | | |
| 8. Up from right | | | |
| 9. Sitting, head tipped to left knee (18" apart) | | | |
| 10. Head up from left knee | | | |
| 11. Sitting, head tipped to right knee (18" apart) | | | |
| 12. Head up from right knee | | | |
| 13. Sitting head turns (5) | | | |
| 14. Sitting head pitches (5) | | | |
| 15. In stance, 180 degree turn to left | | | |
| 16. In stance, 180 degree turn to right | | | |

MSQ = Total Score x (# of positions that tested positive)/20.48

MSQ = _____