

Name: _____

DOB: _____

Date of Assessment: _____



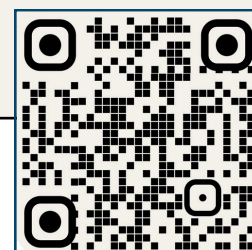
Australian
POTS
Foundation

10 Minute Active Stand Test	BP	HR
Lying (5-10 minutes full rest)		
Standing 1 minute		
Standing 2 minutes		
Standing 3 minutes		
Standing 4 minutes		
Standing 5 minutes		
Standing 6 minutes		
Standing 7 minutes		
Standing 8 minutes		
Standing 9 minutes		
Standing 10 minutes		
Delta Heart Rate (Max sustained HR - Lying HR)		
Is the delta Heart Rate >30 bpm (>40 for 12-19 year olds) or absolute HR >120 bpm *		Yes/No
Is there an absence of blood pressure drop >20/10 mmHg in first 3 minutes?		Yes/No
Have confounding conditions been treated (anaemia, dehydration, thyroid, malnutrition)?		Yes/No
Have the symptoms persisted for longer than 3 months?		Yes/No
If you answered yes to ALL of these questions, this patient most likely has POTS. Proceed to the following questions.		
Does this patient have conditions contraindicated to salt and water loading?		Yes/No
Does this patient have frequent episodes of syncope?		Yes/No
Does this patient have significant functional decline such as work/education absenteeism?		Yes/No
If you answered yes to any of these questions, advise on lifestyle changes that are appropriate and refer for opinion from a POTS aware specialist.		

*A single negative stand test does not exclude a diagnosis of POTS; testing should be repeated if clinical suspicion remains high.

Lifestyle management for POTS:

1. Identify and reduce triggers, including heat, dehydration, prolonged standing, large meals, alcohol, intercurrent illness, allergy, and medications that worsen orthostatic intolerance or tachycardia.
2. Optimise preload through increased fluids (~2–3 L/day), sodium ~4,000–4,800 mg/day (equivalent to ~10–12 g salt) if not contraindicated, and medical grade compression wear if tolerated (20-30mmHg, waist high).
3. If symptoms persist despite optimised conservative measures, consider pharmacotherapy to support pre-load and/or reduce heart rate, followed by an individualised, symptom-guided recumbent or semi-recumbent movement program once therapies are maximised.



See potsfoundation.org.au for the Clinician Registry and GP diagnostic resources