

Vertigo relief app

BPPV is the most common vestibular disorder, yet sufferers face long waits for ENT/vestibular specialists and struggle to perform repositioning maneuvers like the Epley correctly at home from static diagrams. Without guided head-positioning, episode tracking, and recurrence coaching, patients self-treat incorrectly, relapse (recurrence occurs in roughly half of cases), and miss daily activities.

Vertigo relief app should be tested as a narrow first-win workflow for Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..

MODERATE DIFFICULTY

FREEMIUM CONSUMER SUBSCRIPTION (CORE MANEUVER GUIDES FREE; ADVANCED TRACKING, HISTORY EXPORT, AND REMINDERS BEHIND A MONTHLY/ANNUAL PLAN) PLUS A B2B CLINIC TIER WHERE ENT/AUDIOLOGY/PHYSIO PRACTICES LICENSE THE APP FOR PATIENT HOME PROGRAMS.

56/100

VALIDATION VERDICT / RESEARCH

Validation is a weighted rubric, not a guarantee. Use the next validation step before building.

Confidence	58%
Lifecycle	Heating
Timing	62/100
Rubric	INAV-VALIDATION-2026-06-04

HEATING Watch window

Demand signal	6/10
Problem severity	6.3/10
Willingness to pay	5.5/10
Competitive saturation	3.9/10

VERDICT

Research • 56/100

Vertigo relief app should be tested as a narrow first-win workflow for Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..

THIS WEEK'S TEST

Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.

KILL IT IF

Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

Read the idea like a product signal board.

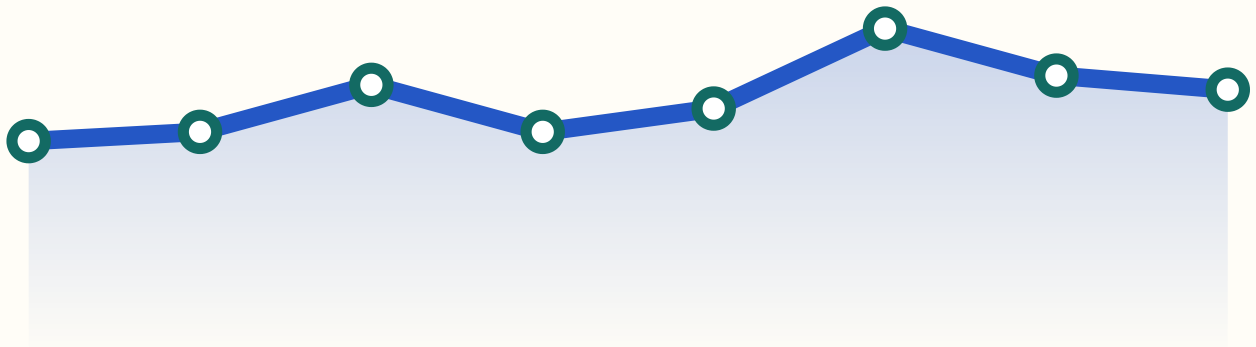
These visuals are generated from the report's existing scores. They make the decision path scannable without pretending to be live market data.

CONSUMER DIGITAL HEALTH FOR VESTIBULAR DISORDERS, SPECIFICALLY BPPV AND DIZZINESS SELF-MANAGEMENT, WITHIN THE BROADER TELEREHABILITATION AND DIGITAL THERAPEUTICS SPACE.

SIGNAL MODEL

Vertigo relief app

Vertigo relief app should be tested as a narrow first-win workflow for Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..



VALIDATION

56/100

Research

CONFIDENCE

58%

Editorial confidence

SCORE AVG

6.8/10

Scorecard average

PROOF

6.3/10

Proof signal average

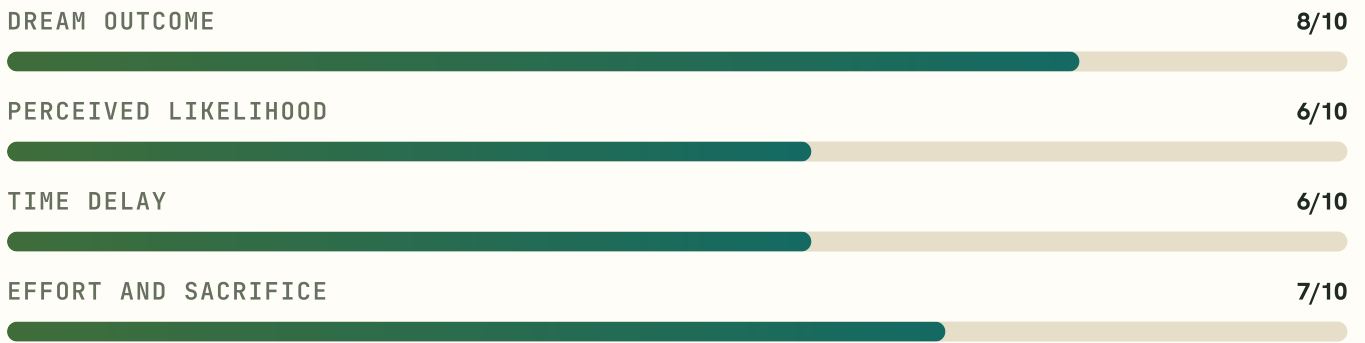
SCORE RADAR

Decision balance



VALUE EQUATION

Offer strength



MARKET MAP

Category king candidate

CUSTOMER VALUE



High value plus high uniqueness deserves deeper research; lower uniqueness requires a clear distribution advantage.

VALIDATION FUNNEL

From pain to product.

1

Buyer pain

Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, pl...

5.7/10

2

Concierge proof

Build a lightweight landing page plus a no-code guided-Epley walkthrough and run...

6.3/10

3

Paid wedge

Concierge review or paid template

7/10

4

Repeatable product

Freemium consumer subscription (core maneuver guides free; advanced tracking, his...

6.5/10

EVIDENCE HEATMAP

Signal intensity.

WHY NOW

5/10

Demand visibility

WHY NOW

6/10

Tooling readiness

WHY NOW

4/10

Budget clarity

WHY NOW

8/10

Competitive window

PAIN

5/10

Repeated workflow friction

MONEY

4/10

Budget hypothesis

URGENCY

6/10

Switching pressure

DISTRIBUTION

10/10

Reachable buyer language

Window opening (62/100): demand is rising while saturation is still manageable.

Deterministic stage assignment from re-check status, demand signals, complaint echo, and competitive saturation.

62/100

HEATING

4 trend-discovery signals match this idea.

No funded competitor penalty is currently applied.

Demand

74/100

Not old enough for a 30-day re-check yet.

Saturation

24/100

0 funded signals across 3 matched competitor signals.

Complaint echo

22/100

Matched adoption substrate is up 23.5%.

Evidence-backed idea-validation score.

The score uses a versioned 2026 rubric across demand, problem severity, willingness to pay, competitive saturation, and feasibility.

56/100

Research

Research is the current validation verdict: problem severity is the strongest signal, while competitive saturation is the main evidence gap to close before scaling the build.

Rubric version: INAV-VALIDATION-2026-06-04 / generated July 1, 2026

Demand signal

6/10

24% WEIGHT

Demand looks thin because the report has 4 source-backed signal(s), an editorial confidence of 58/100, and a defined buyer in Consumer digital health for vestibular disorders, specifically BPPV and dizziness self-management, within the broader telerehabilitation and digital therapeutics space..

- BPPV is the most frequent vestibular disorder, with cumulative lifetime prevalence reported between 2.4% and 10%, higher in women (about 3.2% vs 1.6% in men) and rising with age, per population-based epidemiology studies indexed on NIH/PMC.
- Target buyer: Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care.

Problem severity

6.3/10

22% WEIGHT

Problem severity is thin when the buyer pain, customer value, and dream-outcome scores are combined.

- BPPV is the most common vestibular disorder, yet sufferers face long waits for ENT/vestibular specialists and struggle to perform repositioning maneuvers like the Epley correctly at home from static diagrams. Without guided head-positioning, episode tracking, and recurrence coaching, patients self-treat incorrectly, relapse (recurrence occurs in roughly half of cases), and miss daily activities.
- BPPV is the most frequent vestibular disorder, with cumulative lifetime prevalence reported between 2.4% and 10%, higher in women (about 3.2% vs 1.6% in men) and rising with age, per population-based epidemiology studies indexed on NIH/PMC.

Willingness to pay

5.5/10

20% WEIGHT

Willingness to pay is weak; the model has a monetization hypothesis, but it must still be proven through paid pilots or explicit pricing objections.

- Freemium consumer subscription (core maneuver guides free; advanced tracking, history export, and reminders behind a monthly/annual plan) plus a B2B clinic tier where ENT/audiology/physio practices license the app for patient home programs.
- Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.

Competitive saturation

3.9/10

18% WEIGHT

Competitive room is reduced by 3 recorded alternative(s); the wedge must stay narrow and differentiated.

- Recorded alternative: Vertigo BPPV Vestibular Coach
- Competitive score rewards a narrow wedge, not absence of research.

Feasibility

6.2/10

16% WEIGHT

Feasibility is thin for a moderate build if the MVP is limited to the first measurable workflow.

- Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.
- Regulatory and medical-claims risk: positioning the app as treating or curing BPPV can trigger FDA software-as-a-medical-device scrutiny and liability; marketing must stay within wellness/educational claims and carry medical disclaimers.

Next validation step

Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.

Seven days to a build / kill decision.

Derived from this report's own validation test, channels, offers, and kill criteria. Each day has a threshold, so the week ends in a decision instead of a feeling.

DAY 1

Build the buyer list

List 50-100 named adults (skewing female and older) suffering recurrent positional vertigo/bppv, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. Prospects from Community pain posts and Direct outreach — names, not categories.

Threshold: 50+ named, reachable buyers on the list.

DAY 2

Join the watering holes

Join and observe Reddit / forums, Launch communities, Review and alternative pages. Collect the exact words buyers use for this pain.

Threshold: 10+ verbatim pain quotes captured.

DAY 3

Send first outreach

Send the cold outreach template (below) to 15 buyers from the day-1 list, personalized with one detail each.

Threshold: 15 sent; 3+ replies of any kind.

DAY 4

Run buyer interviews

Hold 15-minute calls using the interview script (below). Listen for current workarounds and what they cost.

Threshold: 3+ completed interviews.

DAY 5

Run the report's validation test

Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share...

Threshold: Problem resonance: 5+ calls or 10+ detailed replies.

DAY 6

Make the smoke offer

Offer "Concierge review or paid template" at \$19-\$99 to every interviewed buyer. Manual delivery is fine — payment is the signal.

Threshold: 1+ pre-commitment (payment, signed LOI, or scheduled paid pilot).

DAY 7

Decide against the kill criteria

Score the week against this report's kill criteria, then take the stated next validation step: Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share...

Threshold: A written build / keep-testing / kill decision.

Pass signal

Pass: thresholds on days 3, 4, and 6 are met — proceed to the next validation step with real buyer language in hand.

Fail signal

Kill or rethink if the week confirms: Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

Decision scorecard.

The report is structured to force a yes, no, or test decision instead of leaving the reader with a loose brainstorm.

Opportunity

6/10

PROMISING

Vertigo relief app has an editorial confidence score of 58/100 before live buyer validation.

Problem

5/10

PROMISING

BPPV is the most common vestibular disorder, yet sufferers face long waits for ENT/vestibular specialists and struggle to perform repositioning maneuvers like the Epley correctly at home from static diagrams. Without guided head-positioning, episode tracking, and recurrence coaching, patients self-treat incorrectly, relapse (recurrence occurs in roughly half of cases), and miss daily activities.

Feasibility

6/10

PROMISING

A moderate build can work if the MVP stays limited to the first repeated workflow.

Why now

10/10

EXCEPTIONAL

COVID accelerated a durable shift to telehealth and home-based rehab, smartphones now carry accurate motion/gyroscope sensors capable of measuring head-tilt angles in real time, and reimbursement for digital therapeutics is maturing. The digital vestibular rehabilitation platforms market was estimated near USD 498M in 2024 with a projected ~13.5% CAGR through 2033, signaling growing buyer and payer acceptance.

Business fit and offer ladder.

Revenue potential

\$250K-\$2M ARR potential if the wedge proves budget urgency and becomes a recurring workflow.

Execution difficulty

Execution is moderate; the main constraint is staying narrow enough for a first proof loop.

Go-to-market

Start with manual concierge output, direct outreach, and community proof before paid acquisition.

Founder fit

Best for an AI-assisted solo founder who can interview the buyer and ship a focused first version quickly.

1. Lead magnet

Vertigo Relief App checklist

Free

Helps Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. audit the painful workflow before buying software.

Capture qualified leads and learn the buyer's exact language.

2. Frontend offer

Concierge review or paid template

\$19-\$99

Delivers the first useful output manually before automation is trusted.

Validate urgency, workflow fit, and willingness to pay.

3. Core offer

Vertigo relief app focused SaaS

\$49-\$499/month

Turns the recurring manual workflow into a repeatable product loop.

Create the recurring revenue product after the narrow wedge survives tests.

4. Continuity

Monitoring, benchmarks, and monthly reporting

\$99-\$1,000/year add-on

Keeps the buyer engaged with ongoing proof, saved time, or reduced risk.

Increase retention and make the product part of a routine.

5. Backend offer

Done-with-you setup, agency, or team rollout

Custom

Adds implementation help, integrations, and workflow migration.

Capture higher-value accounts once the productized wedge is proven.

Price-anchored revenue scenarios.

Derived from this report's "Core offer" offer-ladder stage (\$49-\$499/month). These are price-anchored scenarios, not market-size claims.

Proof

\$490-\$4,990 MRR

10 CUSTOMERS

Ten paying customers proves willingness to pay and funds continued validation.

Wedge

\$2,450-\$24,950 MRR

50 CUSTOMERS

Fifty customers in one niche makes the workflow the default in that circle and feeds referrals.

Vertical leader

\$12,250-\$124,750 MRR

250 CUSTOMERS

A few hundred accounts in one vertical is a real business before any horizontal expansion.

Break-even

At \$49-\$499/month, 1 customer covers the stated Local-first MVP budget: \$0-\$10K before paid acquisition budget within a month; fewer if they land at the top of the range.

Sizing the buyer universe

Size the buyer universe in one day: count adults (skewing female and older) suffering recurrent positional vertigo/bppv, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. Reachable through the report's channels (directories, associations, communities) until the list stops growing — the test only needs the first 100 names, not a TAM estimate.

Pricing benchmark

3 adjacent products recorded (2 strong). Position the price against what adults (skewing female and older) suffering recurrent positional vertigo/bppv, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. Already pays in time or tooling, and verify each named alternative's public pricing during the sprint.

Why now and proof signals.

Why now

5/10

Demand visibility

BPPV is the most frequent vestibular disorder, with cumulative lifetime prevalence reported between 2.4% and 10%, higher in women (about 3.2% vs 1.6% in men) and rising with age, per population-based epidemiology studies indexed on NIH/PMC.

Build only if the complaint repeats across interviews, posts, or existing workflow artifacts.

6/10

Tooling readiness

AI-assisted product work and managed infrastructure reduce the first-version cost.

The first release should automate one high-friction step rather than become a broad platform.

4/10

Budget clarity

Freemium consumer subscription (core maneuver guides free; advanced tracking, history export, and reminders behind a monthly/annual plan) plus a B2B clinic tier where ENT/audiology/physio practices license the app for patient home programs.

Ask for money during validation before building the full workflow.

8/10

Competitive window

The wedge is specific enough to test without claiming the whole market.

Position around one buyer and one measurable first-win outcome.

Proof signals

5/10

Pain: Repeated workflow friction

BPPV is the most frequent vestibular disorder, with cumulative lifetime prevalence reported between 2.4% and 10%, higher in women (about 3.2% vs 1.6% in men) and rising with age, per population-based epidemiology studies indexed on NIH/PMC.

4/10

Money: Budget hypothesis

Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. is the first group to test because the monetization path is: Freemium consumer subscription (core maneuver guides free; advanced tracking, history export, and reminders behind a monthly/annual plan) plus a B2B clinic tier where ENT/audiology/physio practices license the app for patient home programs.

6/10

Urgency: Switching pressure

Urgency becomes real only if the current workaround costs time, risk, money, or reputation every week.

10/10

Distribution: Reachable buyer language

The first channel should be whichever source lane already contains the buyer's vocabulary.

Market gaps and execution plan.

Underserved segments

- Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. who still run the workflow in spreadsheets, generic docs, email, or chat threads.
- Small teams in Consumer digital health for vestibular disorders, specifically BPPV and dizziness self-management, within the broader telerehabilitation and digital therapeutics space. that feel the pain weekly but are too narrow for broad incumbents.
- New adopters who need guided proof before committing to a larger platform.

Feature gaps

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.

Differentiation levers

- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.

Execution snapshot

Type	Consumer app product
Timeline	4-8 weeks
Budget	Local-first MVP budget: \$0-\$10K before paid acquisition.
Initial offer	Concierge review or paid template
Build only the first-win workflow for "Vertigo relief app" and keep research, setup, and exceptions manual until the wedge is proven.	

Weekly

Community pain posts

Use communities and forums where Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. already describe the painful workflow.

Problem teardown, interview ask, and short demo clip / 5 qualified calls or 10 detailed replies in 7 days

Daily during validation

Direct outreach

Direct conversations are the fastest way to verify budget ownership and switching cost.

Concierge pilot offer with a manually prepared sample / 3 paid pilots, LOIs, or budget-owner follow-ups

Bi-weekly

Searchable comparison content

Alternative and comparison pages reveal objections, pricing language, and buying intent.

Before-and-after page or alternatives memo for the exact workflow / Organic clicks, booked demos, or waitlist joins from comparison intent

Once MVP is clickable

Launch directory

Launches test whether the promise is legible to people outside the first interview set.

Single-purpose demo and first-win story / 25% demo completion or 10 waitlist joins

Alternatives, incumbents, and whitespace.

This section names likely workarounds and public players so the report can argue where the wedge is still open.

Vertigo relief app should be positioned against generic AI assistants, no-code workarounds, and any vertical incumbent that already owns Consumer digital health for vestibular disorders, specifically BPPV and dizziness self-management, within the broader telerehabilitation and digital therapeutics space.. The opening is a narrower first-win workflow for Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..

DIRECT

Vertigo BPPV Vestibular Coach

competitor app

Directly overlapping product: a toolkit to manage BPPV, track dizziness episodes, and follow guided Epley and Brandt-Daroff exercises, including a 30-second motion-sensor balance self-check. Demonstrates the exact MVP exists and validates demand while raising the differentiation bar.

DIRECT

Epley Assist: Dizziness Relief

competitor app

A free, well-rated (4.9 stars) iOS app from IntuitiveMed that guides users through the Epley maneuver with animated visuals and a candidacy survey. Confirms a free competitor already covers core guided-maneuver functionality, pressuring monetization and feature differentiation.

ADJACENT

DizzyFIX Vertigo & BPPV Relief

competitor product/app

A physical/clinical BPPV repositioning aid with associated app guidance, literature-based and adopted by some clinicians, indicating an established player straddling consumer and professional channels that a clinic-focused B2B tier would compete against.

WORKAROUND

Airtable

No-code database

Competes when the first version can be modeled as a lightweight database and workflow view.

WORKAROUND

Asana

Project management

Competes where the buyer can express the workflow as tasks, owners, and due dates.

ADJACENT

Claude

Generic AI assistant

Competes for document-heavy review, writing, analysis, and coding workflows.

Whitespace

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.
- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.
- Own the specific buyer workflow instead of selling a broad AI assistant.

Positioning moves

- Lead with the exact buyer: Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..
- Show a proof artifact for: Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.
- Name the generic-assistant workaround directly and explain what it misses.
- Offer concierge setup before promising a full platform.

Public source

Apple App Store

<https://apps.apple.com/us/app/vertigo-bppv-vestibular-coach/id6764793454>

Public source

Apple App Store

<https://apps.apple.com/us/app/epley-assist-dizziness-relief/id6448395635>

Public source

DizzyFIX

<https://www.dizzyfix.com/>

Public source

Airtable

<https://www.airtable.com/>

Public source

Asana

<https://asana.com/>

Public source

Anthropic

<https://www.anthropic.com/claude>

Public source

Report source

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2117684/>

Public source

Report source

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606415/>

Segments, channels, and intent language.

The companion is also published as a standalone HTML page and Markdown file for research handoff.

Primary audience

Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. is the first audience because the report already names a repeated pain, reachable channels, and a validation test that can be run before software is complete.

VERTIGO WORKFLOW

RELIEF VALIDATION

VERTIGO AI

RELIEF AUTOMATION

DIGITAL-HEALTH

VESTIBULAR

BPPV

TELEHEALTH

First validation channels

- **Reddit / forums:** Post a problem teardown for Consumer digital health for vestibular disorders, specifically BPPV and dizziness self-management, within the broader telerehabilitation and digital therapeutics space. and ask how people solve it today.
- **Launch communities:** Ship a narrow demo and watch which promise gets clicks.
- **Review and alternative pages:** Write an alternatives page that owns one narrow use case.
- **Community pain posts:** Problem teardown, interview ask, and short demo clip

Execution-readiness scorecard.

The score turns the report into bottlenecks, accelerators, and a dated first-month launch plan.

65/100

Needs focused validation

Vertigo relief app scores 65/100 for execution readiness. The recommended next step is Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients.

Execution scorecard is generated from report validation, confidence, feasibility, founder fit, and difficulty.

Bottlenecks

- Regulatory and medical-claims risk: positioning the app as treating or curing BPPV can trigger FDA software-as-a-medical-device scrutiny and liability; marketing must stay within wellness/educational claims and carry medical disclaimers.
- Clinical safety risk: the Epley maneuver is unsafe for some users (neck/back disease, vascular conditions, retinal detachment) and self-diagnosis may miss serious causes of vertigo such as stroke, so robust screening and escalation prompts are essential.
- Crowded niche with several established free and low-cost competitors and inherently low willingness-to-pay for an episodic, often self-resolving condition, making retention and recurring revenue difficult.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.

First milestones

- 2026-07-01: Frame the wedge
- 2026-07-04: Interview 10 people who match the buyer persona.
- 2026-07-08: Ship a clickable demo or concierge workflow that produces the first useful artifact.
- 2026-07-15: Run one paid pilot or collect explicit pricing objections before automating the rest.

Value equation, matrix, and ACP.

Fit, roast, and kill criteria.

8/10

Founder fit

A solo or AI-assisted founder with direct access to Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care..

ADVANTAGES

- Can talk to the buyer before writing much code.
- Can ship a narrow first-win demo quickly.
- Can use local-first research artifacts to keep validation moving without a large team.

GAPS

- Needs real buyer access, not only desk research.
- Needs proof of budget or repeated urgency.
- Needs a crisp wedge before broad product work starts.

Roast

Promising enough to test, not strong enough to build broadly.

BLIND SPOTS

- Regulatory and medical-claims risk: positioning the app as treating or curing BPPV can trigger FDA software-as-a-medical-device scrutiny and liability; marketing must stay within wellness/educational claims and carry medical disclaimers.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.

HARD QUESTIONS

- Who wakes up already trying to solve this?
- What do they stop paying for or stop doing when this works?
- What proof would make a skeptical buyer trust it in one screen?
- What is the smallest paid version of this idea?

Kill criteria

- Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.
- No buyer can name a current cost in time, money, risk, or reputation.
- The first demo does not produce a clear next step, paid pilot, or specific objection.

Next actions

- Write the one-sentence promise and test it in the strongest channel.
- Create the lead magnet and use it to recruit interviews.
- Build the smallest demo that proves the first win.

Move from reading to testing.

Local-first handoff cards copy prompts or structured data without requiring an account.

BUILD THIS IDEA

Copy the focused build brief for a coding agent.

COPY

ROAST

Copy the critique lens and blind spots before committing time.

COPY

LANDING PAGE

Copy a landing-page brief based on buyer, pain, and validation.

COPY

BRAND PACKAGE

Copy positioning inputs for naming, messaging, and design direction.

COPY

AD CREATIVES

Copy campaign angles for buyer-problem validation.

COPY

EXPORT DATA

Copy structured JSON for a research engine, roadmap tracker, or another agent.

COPY

FOUNDER FIT

Copy the founder-fit self-check before entering build mode.

COPY

Outreach template and interview script.

Built from this report's buyer, pain language, and channels. Personalize one detail per message — these are starting points, not spam ammunition.

Cold outreach message

QUESTION ABOUT VERTIGO WORKFLOW

HOW ARE YOU HANDLING BPPV IS THE MOST COMMON VESTIBULAR DISORDER, YET SUFFERERS...

15 MINUTES ON A CONSUMER DIGITAL HEALTH FOR VESTIBULAR DISORDERS, SPECIFICALLY BPPV AND DIZZINESS SELF-MANAGEMENT, WITHIN THE BROADER TELEREHABILITATION AND DIGITAL THERAPEUTICS SPACE. WORKFLOW?

Hi {{firstName}},

I'm researching how adults (skewing female and older) suffering recurrent positional vertigo/bppv, plus ent clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care. handle this today: BPPV is the most common vestibular disorder, yet sufferers face long waits for ENT/vestibular specialists and struggle to perform repositio...

I'm not selling anything yet – I'm testing whether "Vertigo relief app" is worth building, and I'd rather learn from people living the workflow than guess.

Would you trade 15 minutes for first access (and a say in what gets built) if it goes ahead?

{{yourName}}

COPY MESSAGE

Buyer interview script

1. Walk me through the last time this happened: BPPV is the most common vestibular disorder, yet sufferers face long waits for ENT/vestibular specialists and struggle... What did you actually do?
2. What does that workaround cost you — in hours, money, or risk — in a normal month?
3. What have you already tried or bought to fix it, and why didn't it stick?
4. If "An iOS/Android app that (1) screens BPPV candidacy with a short safety survey and optional motion-s..." existed, what would have to be true for you to switch in the first week?
5. Who else feels this worse than you do — and would you introduce me?

WHERE TO SEND IT

- Community pain posts — Problem teardown, interview ask, and short demo clip
- Direct outreach — Concierge pilot offer with a manually prepared sample
- Searchable comparison content — Before-and-after page or alternatives memo for the exact workflow
- Reddit / forums — Post a problem teardown for Consumer digital health for vestibular disorders, specifically BPPV and dizziness self-management, within the broader telerehabilitation and digital therapeutics space. and ask how people solve it today.
- Launch communities — Ship a narrow demo and watch which promise gets clicks.

Build and review prompts.

Build prompt

Build a narrow MVP for "Vertigo relief app" for Adults (skewing female and older) suffering recurrent positional vertigo/BPPV, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care.. Preserve the evidence, build only the first-win workflow, include source links, and treat Build a lightweight landing page plus a no-code guided-Epley walkthrough and run targeted ads to vertigo/BPPV search terms; measure email signups and the share who complete the maneuver flow. Validate B2B demand by pitching 10-15 ENT/audiology/physio clinics on recommending it for between-visit home care and counting how many agree to trial it with patients. as the first acceptance gate.

Review prompt

Review the "Vertigo relief app" MVP for over-breadth, unsupported claims, weak buyer proof, privacy risk, and missing validation instrumentation. Do not approve expansion until the kill criteria and success metrics are measurable.

peer-reviewed study / [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)

Epidemiology of benign paroxysmal positional vertigo: a population based study

Population-based epidemiology of BPPV reporting lifetime prevalence around 2.4%, with higher rates in women and the elderly, and noting that the condition led most sufferers to seek medical care or interrupt daily activities. Establishes the size and demographics of the target buyer.

peer-reviewed study / [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)

Efficacy of Epley's Maneuver in Treating BPPV Patients: A Prospective Observational Study

Prospective study documenting Epley maneuver success rates of roughly 63.6% at one week rising to 72.7% at two weeks, supporting the clinical rationale that a well-guided home Epley protocol can deliver measurable symptom relief for posterior-canal BPPV.

medical institution patient guide / hopkinsmedicine.org

Home Epley Maneuver

Johns Hopkins Medicine patient guide explaining how to perform the Epley maneuver at home, its mechanism, who should avoid it (neck/back/vascular/retinal conditions), and that BPPV often recurs. Confirms the app concept maps to a recognized, clinician-endorsed home procedure.

market research report / growthmarketreports.com

Digital Vestibular Rehabilitation Platforms Market Research Report 2033

Market report estimating the digital vestibular rehabilitation platforms market near USD 498M in 2024 with a ~13.5% CAGR to about USD 1.56B by 2033, North America leading and homecare a fast-growing segment, supporting the whyNow timing and commercial opportunity.

If this exact wedge isn't yours, these are adjacent.

Derived deterministically from this report's buyers, vertical language, and business model.

Same problem, different buyer: Budget owner who feels the operational cost of the broken workflow.

The workflow pain in this report is not exclusive to adults (skewing female and older) suffering recurrent positional vertigo/bppv, plus ENT clinics, audiologists, and vestibular physiotherapists who could recommend or white-label the app for between-visit home care.. Budget owner who feels the operational cost of the broken workflow. faces the same friction with their own budget and urgency.

First test: Re-run day 3 of the sprint (15 outreach messages) against this buyer only, and compare reply rates before changing anything else.

Same workflow, adjacent vertical: Agencies & Professional Services

This report's language already overlaps Agencies & Professional Services (marketing agencies). The same first-win workflow usually transfers with new vocabulary and one changed integration.

First test: Rewrite the one-line promise for a Agencies buyer and test it in that vertical's channels before building anything new.

Open that vertical's brief

Same wedge, alternate model: a productized service (fixed-price, done-for-you delivery)

This report monetizes via "Freemium consumer subscription (core maneuver guides free; advanced tracking, history export, and reminders behind a monthly/annual plan) plus a B2B clinic tier where ENT/audiology/physio practices license the app for patient home programs.". Concierge delivery validates willingness to pay before any software exists and earns the workflow knowledge the product needs.

First test: Offer both versions on day 6 of the sprint and let the first pre-commitment choose the model.

Where this report sits in the intelligence graph.

Links from the ontology layer. Declared links are explicit in the research record; inferred links are keyword overlap and labeled as such. Full graph at /graph.json.

EVIDENCE INDEPENDENCE 87/100

5 source domains, 7 evidence edges. Dominant family: local:data/regulatory-clock.json. Audit all provenance .

Adjacent verticals

- Agencies & Professional Services

— IN THIS VERTICAL

Healthcare & Life Sciences

Ranked 4 of 7 by validation score among published Healthcare & Life Sciences reports.

VALIDATE · 78/100

Consumer health and safety signal monitor: CRISPR tech selectively shreds cancer cells, including "undruggable" cancers

Consumer health and safety

OPEN REPORT

VALIDATE · 67/100

AI compliance brief generator for small clinics

Healthcare operations

OPEN REPORT

VALIDATE · 66/100

Appointment no-show recovery planner for therapy practices

Healthcare operations

OPEN REPORT

— FULL NARRATIVE