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The Tilt Table Test

A safe way to reproduce fainting in the lab, so the team can see the pattern behind it. How to prepare and what to expect.

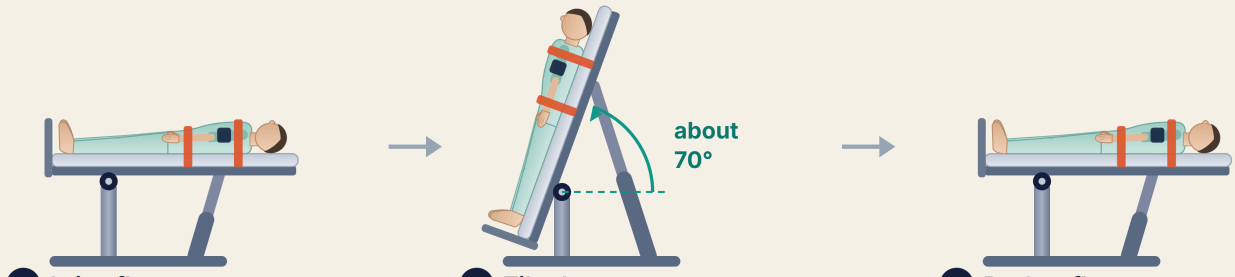
30–45
minutes tilted upright, after 10 to 15 minutes lying flat

60–90
minutes is the usual total time at the lab, then home to rest

4–6
hours of fasting before the test at most labs

ON TEST DAY

Lying flat, then nearly standing



1 **Lying flat**
10 to 15 minutes of baseline

2 **Tilted up**
30 to 45 minutes, feet on the footboard

3 **Back to flat**
right away if you faint

Plan to arrive 30 to 60 minutes early. EKG leads go on your chest, a blood pressure cuff on your arm and a small IV in case a medication is needed. After 10 to 15 minutes lying flat, the table tilts the head end up to about 70 degrees for 30 to 45 minutes while the team watches your heart rhythm, blood pressure and symptoms. With vasovagal fainting, you may feel the same warmth, nausea and lightheadedness you get at home. If you faint, the table goes flat right away, and most people wake up within seconds.

GETTING READY

Four things to do before the test

1 **Fast 4 to 6 hours**
It lowers the chance of vomiting if you faint. Ask whether small sips of water are allowed.

2 **Check medicines**
Your cardiologist may pause some blood pressure or rhythm drugs 24 to 48 hours ahead. Don't stop any on your own.

3 **Drink normally**
Extra fluid or salt can hide the patterns the test looks for. Don't go short either, and skip alcohol the day before.

4 **Arrange a ride**
You may faint or feel lightheaded after, so don't drive yourself. Wear loose clothes and bring a snack and water.

A safe, targeted test

Fainting during the test is the expected outcome in many cases, and the team is right there. When it's the right test, the pattern it finds often points to a clear treatment path.

WHAT THE RESULTS MEAN AND WHEN TO CALL ARE ON THE BACK

AFTER THE TEST

What the results mean, and when to call

WHAT THE TEST CAN SHOW

each has its own treatment

Vasovagal syncope	The most common finding. After a stretch upright, heart rate, blood pressure or both drop and you faint. It doesn't cause heart attacks, strokes or sudden death, and treatment is mostly fluids, salt and counter-pressure moves.
POTS	Heart rate rises at least 30 beats a minute within 10 minutes upright, or to over 120, without a big blood pressure drop. Treatment centers on reconditioning, fluids and salt.
Orthostatic hypotension	Blood pressure falls at least 20 points (top number) or 10 (bottom number) within 3 minutes upright, or later in the delayed form. The first step is a review of medicines that can cause it.
Inappropriate sinus tachycardia	Resting heart rate already in the 90s or above, and faster on standing. Beta-blockers, ivabradine and reconditioning help, and most people respond well.
Negative test	None of these patterns showed up that day, which doesn't rule out vasovagal syncope. Fainting that keeps happening deserves more testing, often an implantable loop recorder (a small rhythm monitor under the skin) or other longer monitoring.

CALL 911

these come first

Chest pain	New chest pain that is ongoing or severe. It isn't caused by the test.
Fainting with symptoms	Fainting with chest pain, shortness of breath, or palpitations that don't settle.
Injury or exertion	Fainting with an injury from the fall, or fainting during exertion.
Signs of stroke	Sudden weakness, slurred speech, vision loss or a severe headache.
Something different	Any episode that feels different from your usual pattern.

CALL YOUR CARDIOLOGIST WITHIN A DAY

when nothing in the red box applies

New symptoms	Long-lasting palpitations or new shortness of breath that wasn't part of your test, without fainting. Report mild chest pain that goes away completely on the same day. A severe headache counts as a stroke sign, so use the red box.
Faint or fall at home	A faint at home that feels different from your usual pattern, or an injury from a fall during a faint, is on the red list too, so go by the red box.
Any worry	Any concern that's keeping you worried.

THE REST OF THE DAY

Rest, drink water, eat a normal meal and avoid alcohol and long stretches of standing. Symptoms you felt during the test may briefly return for an hour or two as your body resets. A follow-up visit, typically 2 to 4 weeks later, sets up your plan.

READ THE FULL ARTICLE

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tilt-table-testing

For education only, and not a substitute for advice from your own physician. Sources include the 2017 ACC/AHA/HRS and 2018 ESC syncope guidelines, the 2015 Heart Rhythm Society consensus statement on POTS, inappropriate sinus tachycardia and vasovagal syncope, and the ISSUE-3 trial (Circulation 2012).

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