

***UNION EUROPEENNE DES MEDECINS SPECIALISTES (UEMS)***  
***EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)***

**SUBSPECIALTY LOGBOOK Audiology / Audiovestibular medicine**  
**(revision 2024)**

**TRAINING PROGRAMME**

**INTRODUCTION**

The UEMS ORL Section and Board of Otorhinolaryngology has revised this subspecialty logbook in 2024. This programme will serve as a guideline for training centres enabling them to meet the European Standard as set out by the European Board of UEMS. We are moving towards competence-based assessments.

**WORKING GROUP**

Lana Kovac Bilic, Kenneth Muscat, Snezana Aivoric Filipovic

**DEFINITION**

Otorhinolaryngology (ORL) is the specialty which deals with functions and diseases of the ear, nose, throat, skull base, head and Neck. Disorders include trauma, malformations, tumors, infections and other disorders in childhood and in adults of the ear, temporal bone, lateral skull base, nose, paranasal sinuses, anterior skull base, oral cavity, pharynx, larynx, trachea, esophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures. It also includes investigation and treatment of conditions affecting the auditory, vestibular, olfactory and gustatory senses and disorders of the cranial nerves as well as human communication in respect of speech, language and voice disorders. Some of the conditions diagnosed by otorhinolaryngologists but located in adjacent areas will be treated with close co-operation with these related specialists.

The subspecialty of Audiology / Audiovestibular medicine is composed of ORL doctors who have acquired specialized knowledge and high skills during their subspecialty training in the history-taking, examination, investigation, diagnosis and treatment of hearing loss and vestibular disorders as defined in the accompanying subspecialty log book.

## **THE TRAINING PROGRAMME**

The training programme will consist of the following elements:

1. Acquisition of the principles and theoretical knowledge of anatomy, physiology, pathology, aetiology, symptomatology and treatment of diseases of the ear and temporal bone.
2. A list of diagnostic procedures and disease management is outlined in this subspecialty logbook.
3. The European training programme requires documentation of all skills. Confirmation of the progression of the trainee to the required competency is necessary.
4. This subspecialty log book will be used in relation to European training exchange.

## **ASSESSMENT AND EXAMINATION**

1. Examination of the theoretical and practical knowledge of the trainee may be included in the European Training Requirements (ETR). Trainees should also refer to their national requirements.
2. To achieve the award of the certificate of recognition, the trainee must reach the expected level of knowledge and skills approved by the training programme director before being eligible to practise as an independent audiology / audiovestibular medicine subspecialist.
3. Each trainee must be familiar with all diagnostic and therapeutic management associated with the discipline of audiology / audiovestibular medicine.
4. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the log-book.
5. The contents of this subspecialty logbook will be continuously updated by the UEMS ORL-HNS Board at least every 5 years with respect to new developments.
6. The recommended syllabus for the European Board Exam in ORL-HNS includes this logbook produced by the UEMS ORL Section, and the Intercollegiate Surgical Curriculum Programme Syllabus.
- 7.

## TRAINING CENTRE ROTATION

**Trainee:** \_\_\_\_\_  
Name Surname Birthdate

Dates of start and finish of training period	Training Centre	Name of Trainer	Signature of Trainer



# UEMS TRAINING LOGBOOK OF AUDIOLOGY / AUDIOVESTIBULAR MEDICINE COMPLETION OF TRAINING

**Trainee:** \_\_\_\_\_  
Name Surname Birthdate

Date of commencement of training: \_\_\_\_\_

Date of completion of training: \_\_\_\_\_

<b>Lead Training Centre</b>	
<b>Name of Trainer in charge</b>	

I, **the trainer in charge**, certify that the register of diagnostic and disease management shown below is correct.

Date: \_\_\_\_\_ Signature of trainer: \_\_\_\_\_

I, **the trainee** certifies that the details given refer to diagnostic and disease management carried out by me personally.

Date: \_\_\_\_\_ Signature of trainee: \_\_\_\_\_

## **CONTENT OF THE AUDIOLOGY LOGBOOK**

The log book is divided into the following sections.

**A: Theoretical knowledge**

**B: Patient assessments**

**C: Diagnostic Procedures**

**D: Non-Surgical Management**

The relevant trainer should endorse by signing and dating, when the trainee has achieved competency in each particular management or procedure.

## **TEXTBOOKS & LITERATURE**

- <https://www.baap.org.uk/documents-guidelines-and-clinical-standards/>
- Essentials of Audiology 5th Edition by Stanley A. Gelfand (Author), Lauren Calandruccio (Author), 2022
- Vertigo and Dizziness: Common Complaints, Michael Strupp, Thomas Brandt, Marianne Dieterich, 3<sup>rd</sup> Edition, 2023
- Joint Royal Colleges of Physicians Training Board (2020). Audiovestibular Medicine Training Curriculum. Implementation August 2021. Retrieved from <https://www.jrcptb.org.uk>
- 1st Edition, A Textbook of Audiological Medicine, Clinical Aspects of Hearing and Balance, Edited by Linda Luxon, Joseph M. Furman, Alessandro Martini, S. Dafydd G. Stephens, 2003
- Diagnosis and Treatment of Vestibular Disorders, Editors: Seilesh Babu, Christopher A. Schutt, Dennis I. Bojrab, 2019
- Special acknowledgement for Dr Snezana Aivoric Filipovic for giving us access to the Audiovestibular Medicine, Higher Specialist Training Programme, Mater Dei Hospital, Malta, September 2023

## I. BASIC OBJECTIVES

### Relevant Knowledge of Fundamentals in:

Signature of trainer when  
competency achieved

Primary, Secondary and Tertiary Prevention

Screening principles

Epidemiology

Immunization

Perinatal care

Developmental Pediatrics

Geriatrics

Allergy/Autoimmune disease

Psychiatry/Psychology

Ophthalmology

Neurology

Neurochemistry and Pharmacology

Endocrinology

Cardiac function/disease

Vascular function/disease

Musculoskeletal function/pathology

Emergency Medicine and Resuscitation

Medical Quality control

Ethical principles

Social Welfare Legislation

Counselling

Basic laboratory investigations

Normal blood values

Bacteriology/Virology		
<b>Knowledge of Basic Sciences Sub-serving the Audiological and Vestibular Systems</b>		
		<b>Signature of trainer when competency achieved</b>
<b>Physics</b>		
1. Physical properties of sound:		
1a. Frequency		
1b. Intensity		
1c. Rarefaction and Condensation		
1d. Sound pressure level, Intensity and Decibels		
1e. Power, Distance		
1f. Sine waves, Amplitude, Phase		
1g. Complex sounds		
1h. Modulating pure tones		
2. Impedance and Resonance:		
2a. Acoustic Admittance		
2b. Energy transfer		
2c. Resonance of Systems		
3. Speech Sounds:		
3a. Consonant and Vowel Classification		
3b. Acoustic characteristics of vowels		
3c. Acoustic characteristics of consonants		
4. Neural physiology and Psychoacoustics:		
4a. Temporal processing		
4b. Masking		
4c. Loudness and Pitch		
5. Physics of Motion		
5a. Frequency		



5b. Gain	
5c. Phase	
5d. Time constant	
6. Applied physics:	
6a. Room acoustics	
6b. Requirements for sound proofing	
6c. Standards relating to acoustics, and calibration	
6d. Principles, technology and limitations of auditory and vestibular test equipment	
6e. Basic electroacoustic properties of hearing aids	
Anatomy and Physiology of:	
Temporal bone:	
1. External ear, middle ear, ossicles, Eustachian tube, mastoid	
2. Bony labyrinth (cochlea, vestibule and semicircular canals)	
Sensory organs and peripheral Auditory and Vestibular pathways:	
1. Oval and round window	
2. Membranous labyrinth	
3. Cochlear duct, saccule, utricle, and semicircular canals	
4. Endolymphatic sac, endolymph and perilymph	
5. Sensory hair cells (different types, afferent and efferent innervation, asymmetry)	
6. Organ of Corti, Maculae, Cristae	
7. Spiral ganglion and Cochlear nerve	
8. Superior and Inferior Vestibular nerves	
9. Cerebello-pontine angle	
Central Auditory and Vestibular Pathways (afferent and efferent):	
1. Medulla, Pons and Midbrain	
1a. Cochlear Nuclei	
1b. Superior Olivary Complex	
1c. Lateral Lemniscus	

1d. Inferior Colliculus		
1e. Vestibular Nuclei		
1f. Oculomotor Nuclei		
1g. Lateral and medial medulla		
2. Cerebellum		
2a. Vestibulocerebellum		
2b. Mollaret's triangle: Dentate – Red nucleus- Inferior olive		
3. Thalamus and Cortex		
3a. Medial geniculate body		
3b. Corpus callosum		
3c. Auditory and Vestibular projections to thalamus and cortex		
3d. Auditory cortex and subcortex		
3e. Vestibular cortex		
Other sensory and motor connections:		
1. Visuo-vestibular system		
1a. Visual vestibular afferents		
1b. Oculomotor nerves		
1c. Ocular muscles		
2. Vestibulo-spinal		
Vestibulospinal tracts		
3. Proprioception		
3a. Vestibular efferents		
3b. Posterior columns		
3c. Proprioceptive receptors		
Vascular supply:		
1. Vertebral and basilar arteries		
2. Posterior Inferior cerebellar artery		
3. Anterior inferior cerebellar artery		

4. Labyrinthine artery and its branches		
5. Superior cerebellar artery		
Embryology of:		
Development of the external and middle ear		
Development of the inner ear (auditory and vestibular sensory organs)		
Development of the peripheral and central neural connections of the external, middle, and inner ear		

II. PAEDIATRIC AUDIOLOGICAL MEDICINE		
Diseases/Conditions/Issues		
		Signature of trainer when competency achieved
<b>External Ear</b>		
Congenital malformations/ conductive hearing loss		
Infections		
Traumatic injuries		
<b>Middle Ear</b>		
Congenital malformations/ conductive hearing loss		
Acute & chronic otitis media		
Chronic otitis media with effusion		
Traumatic injuries/ hearing loss		
<b>Inner Ear</b>		
Congenital malformations/Congenital hearing loss		
Infective disorders/ hearing loss e.g. labyrinthitis, meningitis		
Autoimmune /vasculitis hearing loss		
Meniere's disease		
Traumatic or blast injury or barotrauma		

Ototoxicity		
Auditory dyssynchrony		
<b>Auditory Nerve</b>		
Infection/ Inflammation/ Demyelination		
Traumatic injury		
Auditory Neuropathy		
Tumors		
Vascular loops		
<b>Central Auditory Pathways</b>		
Infection		
Traumatic injury		
Neurotoxicity		
Temporal lobe epilepsy		
Hearing disorder in other neurological conditions e.g. vascular, tumors, demyelination, neurodegenerative conditions		
Central Auditory Processing Disorder		
<b>Other Audiological Conditions/ Issues</b>		
Sensorineural hearing loss vs Conductive hearing loss and Mixed hearing loss		
Suprathreshold hearing loss		
Congenital hearing loss		
Genetic hearing loss		
1. Syndromic hearing loss		
2. Non syndromic hearing loss		
Delayed and late onset hearing loss		
Metabolic hearing loss		
Non implantable and Implantable hearing devices		
Issues related to transition		
Tinnitus		
Hyperacusis and misophonia		

Non organic hearing loss Facial nerve palsy and other related facial nerve disorders		
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<b>History</b>		
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		<b>Signature of trainer when competency achieved</b>
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<b>Specific/Primary presentation</b>		
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Hearing problem		
Listening difficulties		
Sudden hearing loss		
Fluctuating hearing loss		
Progressive hearing loss		
Unilateral hearing loss		
Speech and language difficulties		
Auditory processing difficulties		
Dysacusis		
Aural fullness		
Tinnitus		
Hyperacusis		
Otalgia		
Otorrhoea		
Vertigo/Imbalance/Delayed walking		

<b>General</b>		
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Pregnancy (Maternal infections /illness/drugs during pregnancy)		
Delivery (Prematurity/ Low or very low birthweight/hypoxia and APGAR score/trauma/head and neck malformations and other anomalies or stigmata of syndromes)		
Postnatal complications (Neonatal Intensive Care admission /infections/hyperbilirubinemia at a level which requires exchange transfusion/mechanical ventilation/ ototoxic medication/operations)		
History of ear infections		

Allergic rhinitis/asthma			
Toxoplasmosis, Rubella, Cytomegalovirus, Herpes (TORCH) and other generalized infections e.g. mumps			
History of meningitis			
Immunization status			
History of delayed motor milestones/balance difficulties			
Past history of otological surgery			
Head trauma			
Ototoxic usage / radiation			
Interrelated parents			
Family history of hearing or balance disorders, speech delay or learning difficulties			
Family history of visual defects/pigmentation abnormalities/thyroid or renal problems			
<b>A. Patient Assessment and Diagnostic Procedures</b>			
<b>a) General Clinical Examination</b>			
		<b>Signature of trainer when competency achieved</b>	
Height, weight, head circumference; inspection of craniofacial region			
Examination of the neck, skin and nails, limbs, chest, abdomen			
Acquired speech and language assessment			
Gait assessment			
Development assessment			
<b>b) ENT Examination</b>			
		<b>Signature of trainer when competency achieved</b>	
External ear			
Otoscopy			
Microscopy / Otoendoscopy			
<b>c) Others</b>			
		<b>Signature of trainer when competency achieved</b>	
Visual acuity			

**B. Diagnostic Work-up (depending on developmental age)****a) Hearing Function Tests****Signature of trainer when  
competency achieved**

Distraction test

Visual reinforcement audiometry

Play audiometry

Pure tone audiometry including different techniques and masking

Speech tests

Tympanometry

Stapedial reflex

Oto-acoustic emissions (OAEs)

Electrocochleography (ECoChG)

Auditory brainstem response (ABR)

Cortical evoked response audiometry (CERA)

Auditory processing disorder tests

**b) Imaging****Signature of trainer when  
competency achieved**

Computerized tomography (CT)

Magnetic Resonance Imaging

Renal Ultrasound (relevance)

**c) Laboratory Tests****Signature of trainer when  
competency achieved**

Relevant blood tests (hematology and biochemistry)

Urine (Urinalysis and CMV DNA Polymerase chain reaction)

Genetic tests

Metabolic screen (blood and urine)

<b>d) other tests</b>		
		<b>Signature of trainer when competency achieved</b>
Electrocardiography (ECG)		
Electroencephalography (EEG)		
<b>C. Management</b>		
		<b>Signature of trainer when competency achieved</b>
1. Explanation of the test results to parents and child if old enough		
2. Pharmacological treatment		
3. Communication guidelines for parents /requests for parental observation and feedback		
4. Appropriate hearing amplification		
4a hearing aid fitting (different hearing aid characteristics and programming)		
4b hearing aid 'plumbing system' hooks, moulds, tubing and effect on amplification		
4c measuring hearing aid performance		
4d radio aids and FM soundfield systems		
5. Implantable devices (Bone conduction and cochlear implants)		
5a selection and assessment (severity/type of hearing impairment, age/onset etc.)		
5b relevant radiology		
5c intraoperative monitoring		
5d switch on and mapping		
6. Speech and Language therapy		
7. Guidance on classroom management (e.g. FM system) with teacher/TOD involvement		
8. Joint reviews with developmental pediatricians, audiologists and other relevant health professionals		
9. Referral to educational/clinical psychology		
10. Reports for the Child Development Assessment Unit and Education Department		
11. Referral to geneticist		
12. Peri-operative management of patients undergoing otological surgery		



<b>D. Knowledge of Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
13. Wax removal		
14. Management of otomatoma		
15. Excision of lesions of the auricle		
16. Foreign body removal		
17. Removal of external auditory canal lesions		
18. Meatoplasty (Soft tissue & bony)		
19. Myringotomy		
20. Ventilation tube insertion		
21. Trans-tympanic injection		
22. Bone anchored hearing aids		
23. Cochlear implants and other implantable hearing devices		
24. Correction of malformations:		
24a. Auricle		
24b. Peri-auricular fistula		
24c. External auditory canal		
24d. Middle ear		
25. Repair of injuries:		
25a. Auricle		
25b. External auditory canal		
25c. Middle and inner ear including nerves, vessels, and dura of middle cranial fossa / posterior cranial fossa		
<b>E. Knowledge of Postoperative complications</b>		
		<b>Signature of trainer when competency achieved</b>
Complications of general and local anesthesia		
Bleeding / hematoma		
Peri and post operative infection		
Conductive hearing loss		
Sensorineural hearing loss		

Vertigo / imbalance		
Tinnitus		
Hyperacusis		
Facial nerve paresis / palsy		
Taste disturbance		
Numbness of the auricle		
CSF leakage		
Intracranial infection/meningitis		
Lower cranial neuropathy		

III. ADULT AUDIOLOGICAL MEDICINE		
Diseases/Conditions/Issues		
		Signature of trainer when competency achieved
<b>External Ear</b>		
Infections		
Inflammatory		
Benign & malignant tumors		
Exostoses		
Necrotizing otitis externa		
Keratitis obturans/external canal cholesteatoma		
Traumatic injuries		
<b>Middle Ear</b>		
Ossicular fixation and discontinuity/ conductive hearing loss		
Acute & chronic otitis media		
Otosclerosis		
Benign & malignant tumors		
Traumatic injuries		
Barotrauma		

Eustachian tube dysfunction		
<b>Inner Ear</b>		
Congenital malformations of the cochlea and vestibule/ semicircular canal dehiscence		
Benign & malignant tumors		
Infective disorders/hearing loss e.g. labyrinthitis, meningitis		
Traumatic or blast injuries or barotrauma/hearing loss		
Decompression sickness of the inner ear		
Ototoxicity		
Auditory dyssynchrony		
Noise induced hearing loss/Occupational hearing loss		
Presbycusis (age related hearing loss)		
Hidden hearing loss		
Meniere's disease and other endolymphatic hydrops		
Autoimmune inner ear disease		
<b>Auditory Nerve</b>		
Infection/Inflammation/Demyelination		
Traumatic Injury		
Auditory Neuropathy		
Tumors		
Vascular loop		
Presbycusis (age related hearing loss)		
<b>Central Auditory System</b>		
Infection		
Traumatic injury		
Neurotoxicity		
Temporal lobe epilepsy		
Hearing disorder in neurological conditions e.g. stroke, demyelination, tumors		
Neurodegenerative disorders		
Central Auditory Processing disorder		
Presbycusis (age related hearing loss)		

<b>Other Audiological Conditions/Issues</b>		
Sensorineural hearing loss vs Conductive hearing loss and Mixed hearing loss		
Asymmetrical sensorineural hearing loss		
Iatrogenic hearing loss		
Genetic hearing loss		
Autoimmune/vasculitis hearing loss		
Metabolic hearing loss		
Non-implantable and implantable hearing devices		
Non-organic hearing loss		
Tinnitus (including pulsatile and clicking tinnitus)		
Hyperacusis		
Misophonia		
Facial nerve		
<b>History</b>		
		<b>Signature of trainer when competency achieved</b>
<b>Specific/Primary presentation</b>		
Hearing problem		
Listening difficulty		
Sudden hearing loss		
Fluctuating hearing loss		
Progressive hearing loss		
Tinnitus (site and character)		
Aural fullness		
Hyperacusis		
Autophony		
Otalgia (including referred otalgia)		
Otorrhoea		
Auditory hallucination		
Vertigo / Imbalance / Disequilibrium		

Tullio phenomenon		
Facial paresis / palsy		
<b>General</b>		
Previous hearing tests		
Prior viral infections/meningitis		
Prior use of medication/ drug history/ototoxic drugs		
Past history of ear infections		
Past history of ear surgery		
Head trauma		
Noise exposure (work environment, firearms, leisure)		
Radiotherapy		
Barotrauma		
Inner ear decompression sickness		
Migraine		
Family history of hearing or balance disorders		
<b>Questionnaires</b>		
Tinnitus Handicap Inventory		
Tinnitus Functional Index		
<b>A. Patient Assessment and Diagnostic Procedures</b>		
<b>a) Clinical Examination</b>		
		<b>Signature of trainer when competency achieved</b>
1. Otoscopy		
2. Microscopy		
3. Oto-endoscopy		
<b>b) Hearing Function</b>		
		<b>Signature of trainer when competency achieved</b>
4. Tuning fork tests		
5. Clinical hearing tests		

<b>c) Others</b>		
		<b>Signature of trainer when competency achieved</b>
6. Auscultation (for bruits in case of pulsatile tinnitus)		
<b>B. Diagnostic Work-up</b>		
<b>a) Hearing Function Tests</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pure tone audiometry		
2. Uncomfortable loudness levels		
3. Tinnitus tests (loudness match, pitch match, minimum masking level)		
2. Tympanometry		
3. Stapedial reflex (and other facial nerve function tests)		
4. Speech audiometry		
5. Oto-acoustic emissions (OAEs)		
6. Electrocochleography (ECoChG)		
7. Auditory brainstem response (ABR)		
8. Middle Latency Responses (MLR)		
9. Cortical Evoked response audiometry (CERA)		
10. Frequency following responses (FFR)		
11. Auditory processing disorder tests		
<b>b) Imaging</b>		
		<b>Signature of trainer when competency achieved</b>
8. Plain X-ray		
9. Computerized tomography (to include cone beam CT of the temporal bones)		
10. Magnetic resonance imaging		
11. Angiography		
11a. CT Angiography		
11b. MR Angiography		
11c. Cerebral Angiography		

12. Positron Emission Tomography		
13. Radionuclide scanning e.g. technetium, gallium scanning		
<b>c) Laboratory Tests</b>		
		<b>Signature of trainer when competency achieved</b>
14. Relevant blood tests (hematology and biochemistry)		
15. Genetic tests		
16. Cytology		
17. Histology		
18. Microbiology		
<b>C. Non-Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pharmacological treatment or withdrawal of medication		
2. Hearing aid rehabilitation (fitting and fine tuning)		
3. Tinnitus retraining therapy (noise generators and environmental sound enrichment)		
4. Tactile and environmental aids		
5. Non instrumental rehabilitation (e.g., hearing tactics, speechreading)		
6. Alternative communication systems		
7. Psychosocial: External support agencies, voluntary bodies and policies		
8. Referral to clinical psychology / psychiatry		
9. Implantable devices (bone conduction and cochlear implants and others)		
9a. Selection and assessment		
9b. Relevant radiology		
9c. Intraoperative monitoring		
9d. Switch on and mapping		
10. Peri-operative management of patients undergoing otological surgery		
11. Stereotactic radiosurgery		

**D. Knowledge of Surgical Management**

		<b>Signature of trainer when competency achieved</b>
12. Wax removal		
13. Management of otohematoma		
14. Excision of lesions of the auricle		
15. Foreign body removal		
16. Removal of external auditory canal lesions		
17. Meatoplasty (Soft tissue & bony)		
18. Removal of osteomas/exostoses		
19. Myringotomy		
20. Trans-tympanic injection		
21. Ventilation tube insertion		
22. Myringoplasty (Type1 Tympanoplasty)		
23. Tympanotomy		
24. Mastoidectomy		
24a. Cortical		
24b. Modified radical / radical (Back to front approach)		
24c. Atticotomy / Attico-antrostomy (Front to back approach)		
24d. Combined approach tympanoplasty		
24e. Mastoid obliteration		
25. Bone anchored hearing aids		
26. Ossiculoplasty		
27. Implantation of prostheses		
27a. Middle ear prosthesis (ossicular prosthesis/implantable hearing aids)		
27b. Cochlear implants		
28. Stapes Surgery		
29. Correction of malformations		
29a. Auricle		
29b. Peri-auricular fistula		
29c. External auditory canal		
29d. Middle ear		



30. Repair of injuries		
30a. Auricle		
30b. External auditory canal		
31. Surgery of tumors		
31a. Auricle		
31b. External auditory canal		
31c. Middle and inner ear including nerves, vessels, dura of middle cranial fossa / posterior cranial fossa and temporal bone resection		
32. Revision ear surgery		
<b>E. Knowledge of postoperative complications</b>		
		<b>Signature of trainer when competency achieved</b>
Complications of general and local anesthesia		
Bleeding / hematoma		
Peri and Postoperative infection		
Conductive hearing loss		
Sensorineural hearing loss		
Vertigo / imbalance		
Tinnitus		
Hyperacusis		
Facial nerve paresis / palsy		
Taste disturbance		
Numbness of the auricle		
CSF leakage		
Intracranial infection		
Lower cranial neuropathy		

## IV. PAEDIATRIC VESTIBULAR MEDICINE

### Diseases/Conditions/Issues

**Signature of trainer when  
competency achieved**

#### Peripheral vestibular causes

Unilateral vestibular hypofunction (possibly with co-existent hearing loss)

Bilateral vestibular hypofunction (possibly with co-existent hearing loss)

Genetic syndromes with vestibular hypofunction

Congenital inner ear anomalies

Vestibular neuritis/labyrinthitis

Middle ear disease

Benign paroxysmal positional vertigo

Meniere's disease

Ototoxicity

Vestibular neuropathy/demyelination

#### Central vestibular causes

Congenital e.g., Arnold Chiari malformation, cerebellar hypoplasia, vascular malformations

Intracranial space occupying lesions

Neurologic conditions e.g., episodic ataxia, epilepsy, demyelination

#### Mixed vestibular causes

Migraine equivalents

a. Paroxysmal Torticollis of infancy

b. Benign paroxysmal vertigo of childhood

Vestibular manifestations of migraine including Pseudo BPPV

Head injury related dizziness

Infective causes

a. CMV/ Herpes Zoster

b. Meningitis/Encephalitis

**Others:**

Ocular disorders		
Musculoskeletal disorders		
Developmental coordination disorder		
Metabolic and hematological disorders		
Cardiovascular disorders		
Psychological dizziness		
Motion sickness		
<b>History</b>		
		<b>Signature of trainer when competency achieved</b>
<b>Specific/Primary presentation</b>		
Motor developmental delay		
Vertigo / Dizziness / Imbalance		
Ataxia		
Changes in vision		
Frequent falls/'clumsiness'		
Abnormal eye movement e.g., nystagmus, skew deviations		
Tullio phenomenon		
<b>General</b>		
Previous hearing tests/ hearing loss		
Tinnitus		
Prior viral infections/meningitis		
Prior use of medication/ drug history/ototoxic drugs		
Past history of ear infections		
Past history of ear surgery		
Head trauma		
Eye disorders		
Motor milestones		
Motion disorders		
Headaches		
Seizures		

Family history of hearing or balance disorders		
Family history of migraine, epilepsy, neurofibromatosis, endocrine or renal disease		
<b>A. Patient Assessment and Diagnostic Procedures (depending on developmental age)</b>		
<b>a) General Clinical Examination</b>		
		<b>Signature of trainer when competency achieved</b>
1. Height, weight, head circumference; inspection of craniofacial region		
2. Examination of the neck, skin and nails, chest, abdomen		
<b>b) ENT Examination</b>		
		<b>Signature of trainer when competency achieved</b>
3. External ear		
4. Otoscopy		
5. Microscopy / Otoendoscopy		
<b>c) Neurovestibular examination</b>		
		<b>Signature of trainer when competency achieved</b>
6. Moro reflex		
7. Doll's eye test		
8. Neonatal rotation test		
9. Righting responses		
10. Gaze test		
11. Smooth pursuit		
12. Vestibulo-ocular reflex (VOR) cancellation		
13. Saccades		
14. Cover test/Test of Skew		
15. Head thrust test		
16. Rotation test (office chair)		
17. Headshake test		
18. Cranial nerves examination		
19. Cerebellar tests		

20. Romberg (including sensitized Romberg and single leg stance)		
21. Gait tests (including heel gait, toe gait, hopping)		
22. Gross motor skills		
23. Positioning tests		
<b>d) Others</b>		
		<b>Signature of trainer when competency achieved</b>
24. Visual acuity		
<b>B. Diagnostic Work-up (depending on developmental age)</b>		
<b>a) Hearing Function Tests</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pure tone audiometry		
2. Distraction test		
3. Play audiometry		
4. Tympanometry		
5. Stapedial reflex		
6. Oto-acoustic emissions (OAEs)		
7. VRA		
8. ABR		
9. Video Head Impulse Test (v-HIT)		
10. Caloric test		
11. Electronystagmography (ENG) /Videonystagmography (VNG)		
12. Rotational chair		
13. Subjective Visual Vertical and Subjective Visual Horizontal		
14. Vestibular Evoked Myogenic potentials (cVEMP. oVEMP)		
15. Posturography		
<b>c) Imaging</b>		
		<b>Signature of trainer when competency achieved</b>
Computerized tomography (to include cone beam CT of the temporal bone)		

Magnetic resonance imaging including MR Angiography		
<b>d) Laboratory Tests</b>		
		<b>Signature of trainer when competency achieved</b>
Relevant blood tests (hematology and biochemistry)		
Genetic tests		
Microbiology		
<b>e) Others</b>		
EEG		
Visual acuity/ophthalmologic examination		
<b>C. Non-Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pharmacological treatment		
2. Withdrawal of aggravating factors		
3. Referral to clinical/child psychology/psychiatry		
4. Referral to pediatric neurology		
5. Referral to pediatric ophthalmology		
6. Referral to clinical geneticist		
7. Age-appropriate rehabilitation therapy		
7a. adaptation		
7b. habituation		
7c. substitution		
8. Optimization of related sensory/motor function		
9. Particle repositioning maneuvers		
10. Peri-operative management of patients undergoing otological surgery		
<b>D. Knowledge of Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
11. Wax removal		
12. Myringotomy		

13. Ventilation tube insertion		
14. Trans-tympanic injection		
15. Surgical treatment of cholesteatoma		
<b>E. Knowledge of side effects and complications of treatment</b>		
		<b>Signature of trainer when competency achieved</b>
Contraindications and management of side effects of medication given in the acute phase or in the long term		
Contraindications to positioning during examination		
Management of acute vertiginous attacks /emesis/drop attacks after otolith repositioning maneuvers		
Contraindications and age restrictions for caloric test and other balance tests		
Management of adverse reactions to caloric testing (including vestibulogenic epilepsy) and other balance tests		
Management of postoperative complications		

<b>IV. ADULT VESTIBULAR MEDICINE</b>		
<b>Diseases/Conditions/Issues</b>		
		<b>Signature of trainer when competency achieved</b>
<b>Peripheral vestibular causes</b>		
Benign paroxysmal positional vertigo		
Unilateral vestibular hypofunction		
Bilateral vestibular hypofunction		
Middle ear disease		
Vestibular neuritis/Labyrinthitis		
Vestibular symptoms related to cochlear implants and other implantable devices		
Meniere's disease and other endolymphatic hydrops disorders		
Autoimmune inner ear disorders		
3 <sup>rd</sup> window disorders		
a. perilymphatic fistula		

b. semicircular canal dehiscence		
c. enlarged vestibular aqueducts		
Ototoxicity		
Genetic syndromes with vestibular hypofunction		
<b>Central vestibular causes</b>		
Intracranial space occupying lesions e.g., vestibular schwannoma		
Neurological conditions including:		
a. demyelinating conditions		
b. epilepsy		
c. strokes		
d. progressive degenerative conditions (including cognitive e.g., dementia)		
e. episodic ataxia		
f. movement disorders		
Congenital e.g., Arnold Chiari malformation, vascular malformations		
<b>Mixed vestibular causes</b>		
Migraine and its variants		
Head injury related dizziness and imbalance		
Neuropathy		
Vestibular paroxysmia		
Infective causes		
a. Syphilis/HIV		
b. Meningitis/Encephalitis		

<b>Others</b>		
Persistent Postural Perceptual Dizziness (PPPD)		
Mal de Debarquement		
Psychogenic dizziness		
Orthostatic dizziness and/or vertigo		
Cardiovascular disorders		
Ocular disorders		



Musculoskeletal disorders		
Metabolic and endocrine conditions		
Hematologic disorders		
<b>History</b>		
		<b>Signature of trainer when competency achieved</b>
<b>Specific/Primary presentation</b>		
Vertigo / Dizziness / Imbalance		
Ataxia		
Abnormal gait		
Frequent falls		
Drop attacks		
Oscillopsia		
Changes in vision		
Headaches and migraine		
Tullio phenomenon		
Positional vertigo		
<b>General</b>		
		<b>Signature of trainer when competency achieved</b>
Hearing loss		
Tinnitus		
Ear fullness		
Prior viral infections		
Prior use of medication/ drug history/ototoxic drugs		
Past history of ear infections		
Past history of ear surgery		
Head trauma/whiplash injury		
Motion sickness		
Visual acuity		
Loss of consciousness		

Seizures		
Stroke		
Other neurological disease		
Heart disease		
High blood pressure		
Hyperlipidemia/smoking		
Alcohol consumption		
Diabetes/ endocrine disease		
Autoimmune disease/ arthritis		
Anemia		
Depression/Anxiety		
Family history of hearing or balance disorders		
<b>Questionnaires</b>		
Dizziness Handicap Inventory		
PPPD Calculator		
Meniere's Disease Calculator		
Migraine Screen Questionnaire		

<b>A. Patient assessment and Diagnostic Procedures</b>		
<b>a) ENT examination and hearing</b>		
		<b>Signature of trainer when competency achieved</b>
1. Otoscopy		
2. Microscopy and Otoendoscopy		
3. Tuning fork tests		
<b>b) Neurovestibular examination</b>		
		<b>Signature of trainer when competency achieved</b>
4. Gaze test and use of Frenzel's glasses		
5. Cover test/Test of Skew		
6. Smooth pursuit		

7. VOR cancellation		
8. Saccades		
9. Fistula test		
10. Fundoscopy		
11. Cranial nerves examination		
12. Cerebellar tests		
13. Head thrust test		
14. Headshake test		
15. Static and Dynamic visual acuity		
16. Positioning tests		
16. Romberg (including sensitized/tandem Romberg and single leg stance)		
17. Untenberger (Fukuda stepping test)		
18. Gait (including gait in tandem and with eyes closed)		
19. Clinical test for sensory interaction in balance		
<b>c) Cardiovascular function</b>		
		<b>Signature of trainer when competency achieved</b>
19. Pulses		
20. Auscultation for heart sounds, murmurs and bruits		
21. Blood pressure and testing for a postural drop in Blood Pressure		
<b>d) Others</b>		
		<b>Signature of trainer when competency achieved</b>
22. Hyperventilation provocation test		
<b>B. Diagnostic Work-up</b>		
<b>a) Hearing Function Tests</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pure tone audiometry		
2. Tympanometry		
3. Stapedial reflex		
4. Speech audiometry		
5. ECoChG		

6. ABR		
7. v-HIT		
8. Caloric test		
9. ENG/VNG		
10. Rotational chair		
11. Subjective Visual Vertical and Subjective Visual Horizontal		
12. cVEMP and oVEMP		
13. Posturography		
<b>c) Imaging</b>		
		<b>Signature of trainer when competency achieved</b>
13. Computerized tomography (to include cone beam CT of the temporal bones)		
14. Magnetic resonance imaging		
15. Angiography		
15a. CT Angiography		
15b. MR Angiography		
15c. Cerebral Angiography		
16. Positron Emission Tomography		
17. Radionuclide scanning e.g. technetium, gallium scanning		
<b>d) Laboratory Tests</b>		
		<b>Signature of trainer when competency achieved</b>
18. Relevant blood tests (hematology, biochemistry, hormonal assays and immunology)		
19. Genetic tests		
20. Microbiology		
<b>C. Non-Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
1. Pharmacological treatment in the acute phase		
2. Long term pharmacologic treatment		
3. Withdrawal of aggravating factors		

4. Psychological support		
5. Vestibular rehabilitation therapy		
4a. adaptation		
4b. habituation		
4c. substitution		
6. Optimization of related sensory/motor function		
7. Otolith repositioning maneuvers		
8. Referral to psychiatry, neurology/neurosurgery, ophthalmology, genetics as appropriate		
9. Stereotactic radiotherapy		
10. Peri-operative management of patients undergoing otological surgery		
<b>D. Knowledge of Surgical Management</b>		
		<b>Signature of trainer when competency achieved</b>
11. Wax removal		
12. Myringotomy		
13. Ventilation tube insertion		
14. Trans-tympanic steroid/gentamycin injection		
15. Myringoplasty (Type 1 Tympanoplasty)		
16. Tympanotomy		
17. Mastoidectomy		
17a. Cortical		
17b. Modified radical / radical (Back to front approach)		
17c. Atticotomy /Attico-antrostomy (Front to back approach)		
17d. Combined approach tympanoplasty		
17e. Mastoid obliteration		
18. Cochlear implants and other implantable devices		
19. Stapes surgery		
20. Surgery of middle and inner ear tumors		
21. Revision ear surgery e.g., repair of perilymphatic fistula		

**E. knowledge of side effects and complications of treatment**

		<b>Signature of trainer when competency achieved</b>
Contraindications and management of side effects of medication given in the acute phase or in the long term		
Contraindications to positioning during examination		
Management of acute vertiginous attacks /emesis/drop attacks after otolith repositioning maneuvers		
Contraindications for carrying out caloric tests and other balance tests		
Management of adverse reactions to caloric testing (including vestibulogenic epilepsy) and other balance tests		
Management of complications of stereotactic radiotherapy		
Management of postoperative complications		

