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

SUBSPECIALTY LOGBOOK PHONIATRICS

(revision 2024)

TRAINING PROGRAMME

INTRODUCTION

The UEMS ORL-HNS Section and the Board of Otorhinolaryngology has revised the European subspecialty training programme 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

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DEFINITION

Otorhinolaryngology-Head & Neck Surgery (ORL-HNS) is the specialty which deals with functions and diseases of the ear, nose, throat, skull base, head and neck. Disorders include trauma, malformations, tumors 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, oesophagus, 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 cooperation with these related specialists.

The subspecialty of phoniatrics comprises medical doctors who have acquired specialized knowledge and high surgical skills during their subspecialty training in the history-taking, examination, investigation and treatment planning (surgical and non-surgical treatment) of benign (and malignant) conditions, malformations and trauma in the field of phoniatrics as defined in the accompanying subspecialty log book.
Phoniatrics is the medical field for communication disorders, concerned with functions and diseases of voice, speech, language, hearing (especially in so far as hearing impairment has its effects on any of the areas previously mentioned), swallowing, and musicians' medicine. Phoniatrics is a multidisciplinary discipline combining information from medical and non-medical sciences. In addition to general medical investigations and treatment procedures, Phoniatrics encompasses complex competencies in cognition, learning abilities, psychological behaviour, and rehabilitation procedures. The most important medical fields for clinical practice are otorhinolaryngology (ENT), neurology, neuropediatrics, (child) psychiatry, pediatrics, radiology, genetics, endocrinology, dentistry and gerontology.
Phoniatric training programmes are not limited to medical disciplines. They also incorporate the fundamentals of non-medical disciplines such as linguistics, phonetics, (neuro-) psychology, pedagogy, acoustics, informatics, and communication sciences. This interdisciplinary approach is essential for a comprehensive understanding of Phoniatrics.
Phoniatrics' status varies internationally, ranging from an independent Specialty to a Subspecialty of Otorhinolaryngology approved by national healthcare authorities or medical associations. In some countries, there are no established training programmes at all. To address this variation, the European training programme aims to support physicians interested in specializing in Phoniatrics through visitation and rotation activities of the UEP/UEMS. In the countries that have developed this specialty, different areas are included than in others. For instance, some phoniatric units focus on diagnosing and rehabilitating developmental language disorders or hearing impairment in children. In contrast, others primarily handle the diagnostics and conservative and/or surgical treatment of voice-disordered patients. When planning a training programme for an individual medical doctor, it is crucial to consider the national and local demands of the scientific society, as well as the special interests of the attendee. The breadth of the field makes sub-specialization highly recommended.

THE TRAINING PROGRAMME

The training programme will consist of the following elements:

1. Acquisition of the principles of surgery in general and theoretical knowledge of anatomy, physiology, pathology, aetiology, symptomatology and treatment of diseases in the field of phoniatrics.

2. A list of diagnostic procedures, non-surgical management and surgical management is outlined in this subspecialty logbook.

3. The Subspecialty training programme requires documentation of all skills and operative procedures/management itemized in the section of surgical management. 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 can be included in the training programme. Trainees should remember also to refer to their national requirements.

2. Each trainee must be familiar with all diagnostic and therapeutic (surgical and non-surgical) management associated with the discipline of phoniatrics.

3. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the subspecialty logbook.

4. The contents of the log book will be continuously updated by the UEMS-ORL-HNS Board at least every 5 years with respect to new developments.

5. The recommended syllabus for the European Board Exam in Phoniatrics includes this logbook produced by the UEMS ORL-HNS Section, and the Intercollegiate Surgical Curriculum Programme Syllabus.

TRAINING CENTRE ROTATION

Trainee: _____

Name Surname Birthdate

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

ATTENDANCE AT ACCREDITED COURSES AND MEETINGS

Date	Course	Comments

UEMS SUBSPECIALTY TRAINING LOGBOOK OF PHONIATRICS COMPLETION OF TRAINING

Trainee: _____
Name Surname Birthdate

Date of commencement of training: _____

Date of completion of training: _____

Lead Training centre	
Name of Trainer in charge	

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

Date: _____ Signature of trainer: _____

I, **the trainee,** confirm that the information provided relates to diagnostic, non-surgical and surgical treatments performed by me personally or to operations in which I was involved as an assistant.

Date: _____ Signature of trainee: _____

CONTENT OF THE PHONIATRICS SUBSPECIALTY LOGBOOK

The log book is divided into the following sections.

A: Dysphagia
B: Dysphonia
C: Acquired language disorders
D: Developmental language disorders
E: Fluency disorders
F: Hearing impairments as part of communication disorders
G: Musicians' medicine
H: Dyslexia and Dysgraphia

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

TEXTBOOKS & LITERATURE

Voice disorders

- European manual of medicine phoniatrics.
    - Vol I Fundamentals – Voice Disorders – Disorders of Language and Hearing Development, 2020, ISBN 978-3-662-46779-4. Antoinette am Zehnhoff-Dinnesen, Bozena Wiskirska-Woznica, Katrin Neumann, Tadeus Nawka.
    - Vol II Speech and Speech Fluency Disorders – Literacy Development Disorders, 2024, ISBN 978-3-031-25174-0. Antoinette am Zehnhoff-Dinnesen, Joseph Sopko, Marie, Claude Monfrais, Pfauwadel, Katrin Neumann.
    - Vol III Acquired Motor Speech and Language Disorders – Dysphagia – Phoniatrics and COVID-19, 2024, ISBN 978-3-031-48090-4. Antoinette am Zehnhoff-Dinnesen, Antonio Schindler, Patrick G. Zorowka.

- Voice Disorders (4th Edition). Christine Sapienza and Bari Hoffman, 2020, Plural Publishing Inc. ISBN: 9781635502626
- Clinical Voice Disorders (4th Edition). Arnold Aronson and Diane Bless, 2009, Thieme Group Publisher. ISBN: 9781588906618
- Operative Techniques in Laryngology. Rosen, C.A. and Simpson, C.B., 2024, Springer International Publishing, ISBN: 9783031343544
- Working with Voice Disorders: Theory and Practice (3rd Edition). Stephanie Martin, 2021, Routledge (Taylor and Francis group) Publisher ISBN: 9781000284249
- Professional Voice: The Science and Art of Clinical Care. Robert T. Sataloff, 2017, ISBN13: 978-1-59756-709-1

- Classification Manual for Voice Disorders-I. Katherine Verdolini, Clark A. Rosen, Ryan C. Branski, 2006, ISBN 9780805856316

Swallowing Disorders

- Dysphagia Assessment and Treatment Planning: A Team Approach, Fifth Edition. Rebecca Leonard and Katherine Kendall, 2023, Plural Publishing Inc. ISBN: 9781635504378
- Clinical Management of Swallowing Disorders, Sixth Edition. Thomas Murry and Karen Chan, 2024, Plural Publishing Inc. ISBN: 9781635504835
- Pediatric Swallowing and Feeding: Assessment and Management, Third Edition. Joan C. Arvedson, Linda Brodsky, and Maureen A. Lefton-Greif, 2020, Plural Publishing Inc. ISBN: 9781944883522
- Multidisciplinary Management of Pediatric Voice and Swallowing Disorders. J. Scott McMurray, Matthew R. Hoffman, Maia N. Braden (eds.), 2020, DOI https://doi.org/10.1007/978-3-030-26191-7. Springer Nature Switzerland AG. ISBN: 9783030261917
- Assessing and Treating Dysphagia: A Lifespan Perspective," edited by Debra Suiter and Memorie Gosa, 2020, Thieme Group Publisher. ISBN: 9781626232150
- The IDDSI framework. https://iddsi.org/Framework

Speech Disorders

- Understanding and Managing Fluency Disorders. Santosh Maruthy and Pallavi Kelkar eds., 2023, Routledge (Taylor and Francis group) Publisher. ISBN: 9781000899092
- Clinical Cases in Dysfluency. Kurt Eggers and Margaret M. Leahy eds., (2023, Routledge (Taylor and Francis group) Publisher. ISBN: 9781000637212
- Cleft Palate and Craniofacial Conditions: A Comprehensive Guide to Clinical Management: 4th Edition. Ann Kummer ed., 2020, Navigate Advantage Access. ISBN: 9781284149104

Dysarthria

- Clinical Cases in Dysarthria. Margaret Walshe and Nick Miller, 2023, Routledge (Taylor and Francis group) Publisher. ISBN: 9781032000565

Language Disorders

- Language Disorders: A Functional Approach to Assessment and Intervention (7th Edition). Robert E. Owens Jr., 2022, Plural Publishing Inc. ISBN: 9781635504149
- Language Disorders from Infancy Through Adolescence: Listening, Speaking, Reading, Writing, and Communicating (5th Edition). Rhea Paul, Courtenay Norbury, and Carolyn Gosse, 2017, Elsevier Publisher. ISBN: 9780323442350
- A Coursebook on Aphasia and Other Neurogenic Language Disorders (5th Edition). M.N. Hegde, 2024, Plural Publishing Inc. ISBN: 9781635504439

Hearing Disorders

- Pediatric audiology: diagnosis, technology, and management. Jane R. Madell [ed]. Madell, Jane Reger., Flexer, Carol Ann., Wolfe, Jace., Schafer, Erin C. 3rd ed., New York: Thieme, 2019, ISBN: 9781626234024
- ABRs and Electrically Evoked ABRs in Children. Kimitaka Kaga (Editor), 2022, DOIhttps://doi.org/10.1007/978-4-431-54189-9, Springer Tokyo, 2022, ISBN: 9784431541882
- Handbook of clinical audiology / editor-in-chief, Jack Katz; editors, Marshall Chasin, Kristina English, Linda J. Hood, Kim L. Tillery. – Seventh edition, 2015, Wolters Kluwer Health. (https://archive.org/details/handbook-of-clinical-audiology) ISBN: 9781451191639
- Audiologists' Desk Reference: Diagnostic audiology principles, procedures and protocols. Hall JW, Muller HG, 2006, Singular Publishing Group, ISBN: 9781401832124
- Handbook of Clinical Audiology. Katz J, Chasin M, English KM, Hood LJ, Tillery KL. Wolters Kluwer Health, 2015, ISBN: 9781451191639
- Paediatric Audiology 0 - 5 YEARS. McCormick B: Wiley; 2004, ISBN: 9781861561701

A: DYSPHAGIA		
Diseases/Disorders		
		Signature of trainer when competency achieved
Benign Disorder		
Oedema of tongue and/or larynx		
Malignant disorder		
Dysphagia after surgery for oral and oropharyngeal cancer		
Dysphagia following hypopharyngeal and/or laryngeal resection		
Dysphagia following radiotherapy of oropharyngeal cancer		
Dysphagia following radiotherapy of hypopharyngeal and/or laryngeal cancer		
Dysphagia following Infratemporal Fossa Approach Surgery		
Other – Dysphagia caused by...		
Palsy of cranial nerves (VII, IX, X, XII)		
Apoplectic stroke		
Parkinson's Disease/Parkinsonism		
Myasthenia gravis		
Lateral amyotrophic sclerosis		
Dementia		
Diffuse Idiopathic Skeletal Hyperostosis (DISH, M. Forrestier)		
History		
Specific		
Disturbed swallowing for different consistencies		
Coughing during food intake		
Voice changes during food intake ("wet voice")		
Nasal regurgitation		
General		
Fever		
Past history of pneumonia		
Loss of body weight		

Clinical Examination		
General		
Assessment of orofacial function		
Assessment of tongue coordination and motion		
Assessment of velar function		
Function of the Cranial Nerves (VII, IX, X, XII)		
Assessment of oral bolus residues		
Endoscopy		
Flexible endoscopic evaluation of swallowing (FEES)		
Rigid laryngoscopy (70°, 90°)		
Oesophagoscopy		
Oesophageal manometry		
Ultrasonography		
Sonography of tongue during swallowing		
Other		
Automatic digital swallowing recordings (acoustic or electric devices)		
Auscultation (neck & lung)		
Diagnostic work up		
Imaging		
Videofluoroscopy		
CT, MRI, PET, Scintigraphy		
Laboratory tests		
Blood tests		
Inflammation markers		
Cytology		
Treatment		
Pharmacological treatment		
Artificial saliva		
Corticosteroids (cave: contraindications)		
Chemotherapy		
Radiotherapy		

Physical rehabilitation		
Logopedic therapy		
Physiotherapeutic therapy		
sEMG Biofeedback		
Additional therapy		
Definition of special nutrition according to International Dysphagia Diet Standardisation Initiative (IDDSI)		
Nasogastric tube feeding		
Surgical Treatment		
PEG		
Dilatation of oesophageal sphincter/oesophagus		
Myotomy of M. cricopharyngeus		
Laryngo-tracheal separation		
Complications		
Aspiration		
Pneumonia		
Cachexia		

B: DYSPHONIA		
Diseases/Disorders		
		Signature of trainer when competency achieved
Non-organic disorders causing dysphonia		
Regulatory (functional) dysphonia e.g. hyper-, hypofunctional dysphonia		
Induced laryngeal obstruction (ILO)		
Paradoxical vocal fold movements		
Spasmodic dysphonia		
Psychogenic dysphonia and aphonia		
Organic disorders causing dysphonia		
Infectious diseases, acute and chronic		
Benign lesions of the epithelium– e.g. keratosis, papilloma, cysts		
Benign lesions of the lamina propria – e.g. Reinke´s oedema, polyps, nodules		

Contact granuloma		
Malformations e.g. sulcus, glottic web, laryngocele		
Laryngomalacia		
Atrophy e.g. presbylarynx		
Malignant lesions e.g. laryngeal cancer		
Larynx trauma		
Other		
Peripheral neurogenic disorders e.g. laryngeal paralysis		
Central neurogenic disorders e.g. dysarthrophonia		
Mutational voice disorder		
History		
		Signature of trainer when competency achieved
Specific		
Hoarseness		
Vocal fatigue		
Reduced voice dynamics		
Throat-clearing		
General		
Stress		
Reflux		
Clinical Examination		
		Signature of trainer when competency achieved
General		
Auditory/visual/palpatory examination		
Aerodynamics e.g. maximum phonation time, phonatory airflow		
Acoustics e.g. jitter, shimmer, mean fundamental frequency		
Perceptual voice assessment by GRBAS/RBH, visual analogue scales		
Voice range profile (VRP) and derived parameters e.g. vocal extent measure (VEM),		
Multiparametric voice evaluation e.g. dysphonia severity index (DSI), average voice quality index (AVQI)		
Subjective self-assessment e.g. voice handicap index (VHI)		

Vocal load test		
Endoscopy		
Direct/indirect rigid laryngoscopy		
Video-laryngostroboscopy		
Flexible transnasal laryngoscopy		
High-speed recordings		
Diagnostic work up		
		Signature of trainer when competency achieved
Imaging		
CT, MRI and rtMRI (real time MRI) of vocal tract/larynx		
Electrophysiology		
Electroglottography		
Laryngeal electromyography		
Other		
Gastroscopy/PH-analysis		
Pure-tone audiometry		
Non-surgical treatment		
		Signature of trainer when competency achieved
Medication e.g. antibiotics, botulinum toxin, corticosteroids, PPI		
Functional voice therapy e.g. semi-occluded vocal tract exercises (SOVTE)		
Medication – e.g. antibiotics, botulinum toxin, corticosteroids, PPI		
Inhalation therapy		
Surgical Treatment		
		Signature of trainer when competency achieved
Interventions in local anaesthesia – e.g. injections, removal of small pathologic findings		
Microlaryngoscopy		
Pitch raising glottoplasty		
Laryngeal framework surgery, type I-IV		
Neuromuscular surgery		
Reconstructive surgery		
Laser surgery e.g. CO2 laser, blue laser		

Complications		
		Signature of trainer when competency achieved
Identify and treat any acute complications after surgical treatment e.g. dyspnoea, infections, bleeding, dysphagia		
Identify and treat (if possible) any late complications after surgical treatment e.g. permanent dysphonia/aphonia/dysphagia		

C: ACQUIRED SPEECH OR LANGUAGE DISORDERS		
Diseases		
		Signature of trainer when competency achieved
Dysphasia/Aphasia, Dysarthria/Anarthria, Dyspaxia/Apraxia		
Acquired Fluency Disorders		
Childhood Apraxia of Speech (CAS, in case of organic causes)		
Acquired Dysglossia e.g. after trauma, mutilating surgery		
History		
		Signature of trainer when competency achieved
Specific		
Speech: Reduced intelligibility of speech, unintelligible speech, total loss of oral and verbal speech ability		
Language: Reduced comprehension, reduced production (e.g. use of vocabulary, phrases), total loss of verbal language		
General		
Stroke: pre-/ peri-/ postnatal		
Craniocerebral, craniofacial or throat/neck-larynx trauma or surgery		
Asphyxia, hypoxemia, acute respiratory distress syndrome		
Brain tumour		
Infection/inflammation		
Neurodegenerative disease		
Dementia		
Intoxication		
Syndrome causing acquired language disorders (e.g. Landau-Kleffner)		

Clinical Examination		
		Signature of trainer when competency achieved
General		
Assessment of receptive and expressive verbal communication: phonetic, phonological, morphological, syntactic, semantic, lexical, and pragmatic levels		
Assessment of speech and voice: phonation, respiration with and without phonation, articulation, prosody, speech tempo and fluency, resonance and nasality, diadochokinesis		
Inspection of orofacial structure, oral motor function, and muscle tone at rest		
Standard neurological examination		
Function of the Nns. VII, IX, X, XII		
Assessment of dysphasia/aphasia, including writing and reading skills, using standardized tests		
Evaluation of other communication modes, e.g. gestures/signs/writing/talker		
Assessing the need for augmentative and alternative communication for non-speaking people or people with severe expressive speech or language disorders		
Assessment of cognitive/psychological status		
Endoscopy		
Flexible endoscopic evaluation of aero-digestive tract morphology and function		
Ultrasonography		
Sonography of tongue during speech		
Other		
Audiometry		
Vision tests		
Diagnostic work up		
		Signature of trainer when competency achieved
Imaging		
Sonography, e.g. neck arteries, brain, and brain-supplying arteries		
Cerebral CT, cerebral MRI		
PET, Scintigraphy, NIRS		
Laboratory tests		
Serology (e.g. neurotropic viruses and bacteria)		
Neurologic assessment		
EMG (electromyography), ENG (electroneurography), EEG (electroencephalography)		

Treatment		
		Signature of trainer when competency achieved
Speech therapy (specific for dyspraxia, dysarthria, dysglossia, fluency disorder)		
Language therapy (specific for aphasia)		
Augmentative and Alternative Communication (AAC)		
Medical treatment (e.g. medication for causes of acquired speech or language disorder)		
Planning and monitoring of speech-language therapy rehabilitation		
Neuromodulation – (e.g. transcranial magnetic stimulation, electrical brain stimulation)		
Brain-computer interfaces		

D: DEVELOPMENTAL LANGUAGE DISORDERS (DLD) AND SPEECH SOUND DISORDER (SSD)		
Diseases / Developmental Language disorders		
		Signature of trainer when competency achieved
Developmental language delay (Late Talkers)		
Developmental language disorder (including phonological speech sound disorders)		
Developmental language disorder associated with comorbidity (e.g. hearing loss, autism spectrum disorder, psychiatric disorder or trauma, mutism, selective mutism, intellectual disability, a language-relevant syndrome, and/or multiple disabilities, or in case of bi-/multilingualism)		
History		
		Signature of trainer when competency achieved
Specific		
Delay in reaching typical milestones of early receptive & expressive speech and language development: babbling, vocabulary, phrases (grammar), speech sound development, intelligibility, pragmatics		
Delay in speech sound development; reduced speech intelligibility; specific symptoms for Developmental Verbal Dyspraxia – DVD		
Small vocabulary for age; slow vocabulary growth		
Speech comprehension reduced/delayed for age		
Grammatical impairment (impaired/delayed use of syntactical and morphological rules)		
Reduced narrative ability		

Peculiarities/specific symptoms in communication and pragmatics (e.g. reduced spontaneous speech; reduced joy or willingness to speak, verbal shyness, specific symptoms for selective mutism staying silent in certain situations or towards certain people, reduced eye contact, reduced dialogical skills (e.g. turn-taking, greeting, initiating and terminating communication; specific autistic behaviour)		
Reduced verbal short-term memory for language		
Delayed symbolic development (e.g play; indication of intellectual disability)		
Permanent hearing loss, fluctuating hearing: e.g. repeated otitis media with effusion (OME)		
History or diagnosis of autism spectrum disorder		
History or diagnosis of syndromes or diseases associated with language or hearing disorders, global developmental disorders, intellectual disabilities		
General		
Bi-/multilingualism		
Delayed general development		
Delayed motor development		
Delayed cognitive/intelligence development		
Other diseases which may interfere with symptoms and may influence treatment and rehabilitation, e.g. Attention Deficit (hyperactivity) Disorder (AD(H)D), epilepsy, and other neurological or oncological disorders		
Clinical Examination		
		Signature of trainer when competency achieved
General		
Head and neck examination, inspection		
Parent questionnaires (e.g. language biography, vocabulary; general child development and its subdomains)		
Assessment of receptive and expressive verbal communication by tests: phonetic, phonological, morphological, syntactic, semantic, lexical, and pragmatic language status		
Assessment of preverbal/early communication and play		
Oral motor examination, oral diadochokinesis, velopharyngeal function		
Assessment of auditory short-term memory for language		
Assessment of phonological awareness, reading and writing skills		
Assessment of general motor, psycho-emotional, social, cognitive, and language developmental status (e.g. Snijders-Oomen SON-R 2-8, Bailey Scales)		
Assessment of sensory-motor development		

Assessing the need for augmentative and alternative communication for non-speaking children or children with severe expressive language disorders		
Search for speech-, language- and communication-relevant comorbidities		
Assessment of speech and language development in case of bi-/multilingualism		
Diagnostic work up		
		Signature of trainer when competency achieved
Ear and hearing status (see section F for pediatric audiometry)		
Ear microscopy/otoscopy		
Vestibular assessment		
Imaging		
Sonography, CT, MRI		
Laboratory tests		
Metabolic testing		
Genetic testing		
Neuropediatric assessment		
EEG		
Ophthalmologic assessment		
Eyesight-test		
Prevention/Treatment/Rehabilitation		
		Signature of trainer when competency achieved
Planning, initiation, and monitoring of speech-language therapy, including parent guidance (enhancement of supportive language facilitating strategies and dialogic book-reading)		
Linguistic enrichment		
Augmentative and Alternative Communication (AAC) methods and parent guidance		
Ergotherapy		
Physiotherapy		
Genetic counselling		
Planning, initiation, monitoring, and coordination of speech-language rehabilitation		

E: FLUENCY DISORDERS		
Diseases / Fluency disorders		
		Signature of trainer when competency achieved
Stuttering		
Cluttering		
Mixed stuttering-cluttering		
History		
		Signature of trainer when competency achieved
Specific		
Stutter-typical disfluencies (syllable and monosyllabic word repetitions, blocks, prolongations, filled pauses)		
Clutter-typical disfluencies (e.g., atypical pauses within sentences, deletion and/or collapsing of syllables, excessive levels of typical disfluencies)		
General		
Interview of parents/patients		
Secondary symptoms of stuttering (motor, breathing, vegetative, social-emotional), coping, and escape behaviours		
Adverse reactions of social environment on stuttering (negative attitudes, ableist language, discrimination, mobbing, bullying, difficulties in schooling, academics, employment, and romantic relations)		
Clinical Examination		
		Signature of trainer when competency achieved
General		
Auditory/visual examination (stutter-/clutter-typical and normal disfluencies, secondary behaviours)		
Evaluation of psychosocial and emotional behaviour		
Screening (e.g. Screening List for Stuttering, SLS) and tests (e.g. Stuttering Severity Instrument 4th edition, SSI-4) of stuttering		
Screening (e.g. Predictive Inventory, PCI) and tests (e.g. Fluency Assessment Battery) of cluttering		
Recording and analysis of speech samples (e.g. stuttering frequency, longest stuttered event, motor concomitants)		
Rating of speech naturalness		
Neurological examination in case of suspected acquired neurogenic stuttering or cluttering		

Psychological examination in case of negative psycho-social sequelae of stuttering (e.g. social phobia) or cluttering, or of psychogenic/functional stuttering		
Differentiation of stuttering and cluttering		
Questionnaires		
Fluency disorder-related quality of life questionnaire (children and adults, e.g. Overall Assessment of the Speaker's Experience of Stuttering OASES, Unhelpful Thoughts and Beliefs About Stuttering UTBAS)		
Public Opinion Survey of Human Attributes – Stuttering (POSHA-S)		
Diagnostic work up		
		Signature of trainer when competency achieved
Imaging		
For acquired stuttering or cluttering: cerebral CT, cerebral MRI		
Treatment and Rehabilitation		
		Signature of trainer when competency achieved
Behavioural stuttering/cluttering therapy		
Cognitive behaviour therapy (CBT), other psychotherapy		
Devices (e.g. for delayed auditory feedback, frequency altered auditory feedback)		
Apps for fluency training		
Temporary brain stimulation (e.g. transcranial magnetic stimulation, direct current stimulation)		
Pharmacotherapy, only for primary brain disorders in case of acquired stuttering/cluttering		

F: HEARING IMPAIRMENTS AS PART OF COMMUNICATION DISORDERS		
Diseases / Hearing impairments		
		Signature of trainer when competency achieved
Conductive hearing loss and mixed hearing loss		
Sensorineural hearing loss (cochlear and retrocochlear)		
Sudden sensorineural hearing loss (SSHL)		
Central hearing loss		
Auditory processing disorder		
Tinnitus		

History		
		Signature of trainer when competency achieved
Specific		
Time and dynamic of onset		
Description of impairment right/left ear		
Balance disturbances		
Known etiology		
Effects on voice, speech, and language communication abilities		
Previous diagnostic and therapeutic measures		
General		
Additional handicaps, diseases		
Delayed psychomotor development		
Delayed cognitive development		
Clinical Examination		
		Signature of trainer when competency achieved
ENT examination including binaural otoscopy/otomicroscopy, clinical hearing tests and tuning fork tests		
Diagnostic work up		
		Signature of trainer when competency achieved
Audiological tests		
Newborn hearing screening		
Age-specific subjective tests (visual reinforcement audiometry – VRA, behavioural observational audiometry – BOA, play audiometry, pure-tone audiometry – PTA, speech audiometry in quiet and noise)		
Objective audiometry (transitory evoked otoacoustic emissions – TEOAE, distortion product otoacoustic emissions – DPOAE, auditory brainstem response – ABR, auditory steady state response – ASSR, cortical auditory evoked potentials – CAEP)		
Impedance measurement (tympanometry, stapedius reflexes)		
Vestibular assessment		
Imaging		
CT, MRI		

Laboratory tests		
Serologic tests		
Genetic assessment		
Indication of Consultant Diagnostics		
Paediatrics/Neuro-paediatrics		
Neurologist		
Psychologist		
Ophthalmologist		
Urologist		
Geneticist		
Treatment and (re-) habilitation		
		Signature of trainer when competency achieved
Supply with hearing devices		
(Re-) Habilitation procedures		
Disorder- specific advice e.g. in SSHL pharmacological treatment, hyperbaric oxygenation therapy (HBO)		
Complications		
		Signature of trainer when competency achieved
Permanent deficit or loss of communication competence		

G: Musicians' medicine		
Diseases / Hearing impairments		
		Signature of trainer when competency achieved
Occupational related conditions e.g. musculo-skeletal, voice, hearing, neurologic, psychosomatic, traumatic etc		
History		
		Signature of trainer when competency achieved
Specific		
Instrument, voice (type, Genre, Fach)		
Acute complaints, pre-diagnostics and pre-treatment		
Possible trigger factors (musical and non-musical, physical and mental, others)		
Playing-related impairments (affected ability to perform)		
Musical education, professional level, age at beginning		
Practice time, cumulative playing time		
Current musical activity		
Instrument-related changes e.g. new equipment, teacher, practice time		
Performance anxiety		
Epidemiology		
General		
Complaint-related history (previous trauma, surgery, similar symptoms)		
Pre-existing conditions, allergies		
Long-term medication		
Physical activity		
Risk factors e.g. smoking, alcohol, drugs		
Clinical Examination		
		Signature of trainer when competency achieved
Singers, wind instrumentalists: full ENT status		
Instrumentalists: basic orthopaedic-neurological assessment (without instrument)		
Functional diagnostics with instrument or voice		

Diagnostic work up		
		Signature of trainer when competency achieved
Audiological tests		
Pure-tone audiometry, speech audiometry (see also section F)		
Vocal and respiratory assessment		
Videolaryngostroboscopy		
Speaking and singing voice analysis (auditory perception, voice range profile, acoustics, aerodynamics, self-assessment questionnaires)		
Spirometry		
Imaging		
MRI, rtMRI (real time MRI), fMRI		
Ultrasound		
Laboratory tests		
Rheumatoid factors, inflammation parameters		
Gastro-esophageal, e.g. pH-metry, manometry		
Stress-hormones		
Indication of Consultant Diagnostics, prevention		
Indications from various specialties, e.g. neurology, orthopaedics, hand surgery, psychosomatics, rheumatology, dentistry and orthodontics, dermatology, ophthalmology, internal medicine		
Preventive measures e.g. practice counselling, physical exercise, body awareness methods (e.g. Alexander technique, Feldenkrais, Dispokinesis), coping strategies		
Treatment		
		Signature of trainer when competency achieved
Body-orientated treatment approaches		
Psychosomatics, psychotherapy		
Logopedic therapy		
Singing voice pedagogy		
Instrumental pedagogy		
Rehabilitation		

Complications		
		Signature of trainer when competency achieved
Short- or long-term inability to perform		
Occupational diseases e.g. hearing impairment, focal dystonia, nerve compression syndromes		
Musician-specific insurance aspects		

H: Dyslexia and Dysgraphia		
Diseases / Hearing impairments		
		Signature of trainer when competency achieved
Illiteracy		
Reading and spelling difficulties		
History		
		Signature of trainer when competency achieved
Diagnostic data collection from parents, teachers etc.		
Clinical Examination		
		Signature of trainer when competency achieved
Assessment of linguistic, general cognitive and academic developmental stage		
Neurological examination		
Diagnostics in attention deficit disorders		
Interpretation of results of other therapists – e.g. (neuro-)psychological examinations, logopedics, pedagogy		
Diagnostic work up		
		Signature of trainer when competency achieved
Audiological tests		
Differential diagnostics in respect of auditory processing disorders (see section F)		
Imaging		
fMRI		
Prevention		
Understanding the importance of early diagnosis and therapy of language impairment		
Diagnostics and treatment of auditory processing disorders (see section F)		
Close cooperation with child psychiatrists in children with attention deficit disorders		

Rehabilitation		
		Signature of trainer when competency achieved
Coordination of rehabilitative measures		
Principles of neuropsychological therapy, logopedic/SLP therapy, pedagogic training in dyslexic and dysgraphic pupils		
Oral motor devices, computerized feedback		