VESTIBULAR DISORDERS ASSOCIATION

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Response to SSA Questions Re: Changes to the Medical Criteria for Evaluating Hearing Loss and Disturbances of Labyrinthine-Vestibular Function

By The Vestibular Disorders Association
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1. **Do the rules for evaluating hearing loss or disturbances of labyrinthine-vestibular function contain technical language or jargon that is not clearly explained? If not clearly explained, what technical language or jargon needs further explanation?**

- Please explain the different diagnoses discussed, such as BPPV and N, Meneire's disease, Perilymphatic Fistula, Labyrinthitis and Vestibular Neuritis. A short 1-2 sentence description of these disorders would be helpful for the reader. Also, it may be beneficial to include other disorders that cause dizziness, such as vestibular migraine, auto-immune inner ear disorder, acoustic neuroma and superior canal dehiscence.

2. **Are the requirements for otological examinations and audiometric testing provided in §§2.00B and 102.00B clearly stated? If not clearly stated, what requirements need further clarification?**

- Due to the format, we had a difficult time finding this information. In terms of otologic examination, be sure to include ENG/VNG, radiology (MRI/CT), general physical examination by a qualified specialist, VOR function, and a physical therapy evaluation to determine the functional limitations of the individual. CDP has its benefits; however, it is not a diagnostic test.

3. **What types of testing should the agency consider when evaluating hearing loss in adults or children who cannot cooperate in behavioral testing?**

Assuming conventional audiometry has already been attempted (including visual reinforcement audiometry, sound field speech reception thresholds, startle response, and play audiometry) the following tests would be appropriate in testing noncompliant patients:

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- Acoustic Reflex measurements
- Otoacoustic Emissions
- Auditory Brainstem Response thresholds

4. Would it be helpful to add a sample audiogram that contains all the requirements necessary for evaluation of hearing loss in adults or children?

No, as the necessary components of audiometric testing varies by individual patient symptomology, suspected pathology, and patient reliability. The qualified audiologist adapts the test battery according to these factors.

*It is also important to note that not all vestibular disease results in hearing loss.

5. What word recognition tests other than the Hearing in Noise Test (HINT) or the Hearing in Noise Test-Children (HINT-C) should the agency consider when it evaluates hearing loss treated with cochlear implantation?

- Consonant-Nucleus-Consonant (CNC) test
- Four-choice Spondee subtest of the Minimal Auditory Capabilities battery
- The City University of New York (CUNY) Sentence test
- Early Speech Perception Test
- Lexical Neighborhood Test (LNT)
- Multisyllabic Lexical Neighborhood Test (MLNT)

6. Should the SSA provide examples of medical reasons for a discrepancy between the speech reception threshold and the pure tone average?

Yes. While the most common cause of this inconsistency is a functional/nonorganic hearing loss, there are other possible causes which may arise. These include: test variables such as equipment malfunction, misunderstanding of the instructions by the patient, patient developmental level, irregular auditory sensitivity, or the presence of a cognitive, language, or central auditory disorder.

7. Could the SSA improve clarity by replacing the phrase "disturbances in labyrinthine-vestibular function" with the phrase "disturbances of inner ear function"?

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- "Disturbances of inner ear function" is more easily understood by the general public. However, "disturbances of the inner ear function" brings the cochlea/hearing apparatus into the equation, which is not accurate in terms of evaluating vestibular function. Technically "disturbances in central or peripheral vestibular function" is most appropriate.

8. Rather than evaluating disturbances in labyrinthine-vestibular function in adults under the listings, would evaluating disturbances in labyrinthine-vestibular function using residual functional capacity improve the determination process?

- Both methods together are ideal.
- Vestibular function testing is limited in its ability to evaluate all portions of the system and all speeds and directions of normal head movement, as well as central vestibular disorders. On the flip side, there are people with clearly abnormal testing who compensate just fine and have no residential disabled functions.
- Residual functional capacity testing is most appropriately done by a vestibular-trained physical therapist.

9. Should the SSA continue to evaluate disturbances of labyrinthine-vestibular function under the Special Senses and Speech body system?

- Yes, this is appropriate, though a case could be made for including it under 'neurological' also.

10. What else could the SSA do to make the rules for evaluating hearing or disturbances in labyrinthine-vestibular function easier to understand?

- The following would improve the ease of readability and understanding: format revision, explanation of disorders and explanation of evaluation methods.
- Separate "hearing" from "vestibular."

11. Would a different format make the rules easier to understand (for example, changing the grouping or ordering of sections; use of headings; paragraphing; use of diagrams; use of tables)?

- The document is cumbersome, especially for an individual with a vestibular disorder who may be cognitively impaired. A table of contents would be helpful, then headings for the separate sections pertaining to the vestibular system.
- Diagrams, such as one of the inner ear would also be helpful.

12. Experts who study disability believe that many personal, environmental, educational, and social factors contribute in significant ways to the relationship between an individual's hearing ability and the ability to work. Rather than

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providing criteria for evaluating hearing loss in adults under the listings, should the SSA evaluate all hearing loss using re53700, August 30, 2013 residual functional

- See 8 above.

Other Comments:

i. Hearing vs. Vestibular: Repeated input to distinguish and separate vestibular disorders from hearing impairment warrants emphasis of this point. Many vestibular patients do not experience hearing loss, while putting emphasis on hearing loss diminishes the impact of other vestibular symptoms (e.g. dizziness, imbalance, visual disturbances and cognitive impairment).

ii. Motion evoked symptoms: A patient's vestibular symptoms (e.g. dizziness, vertigo, imbalance) should not have to be evoked by motion. A patient can experience symptoms when perfectly still.

iii. Job accommodation: Even if a person can perform a job with accommodations, the SSA needs to take into account if the person can actually transport himself/herself to such job, considering that driving or taking public transportation can be difficult because of a patient's lack of stamina to stimuli such as oncoming headlights, windshield wipers, the movement of passing cars, etc.

iv. Frequency of attacks: Many disabling vestibular conditions do not necessarily present with frequent attacks (the condition may be constant, and may increase with movement, position, visual stimulation, fatigue, etc.), tinnitus, or hearing loss.

v. Vestibular testing has severe limitations, so you cannot always say that "normal" vestibular function testing = a normal vestibular system.

vi. The SSA criteria seem focused on describing Meniere's disease, which is only one of many vestibular conditions.