

HTS Balance Assessment & Rehabilitation

Some suggestions about Exam Expectations

Trainee MUST be able to justify everything they do - 'why are you doing it this way and not another way?'

eg use a standard test battery (to rule out pathology), or pick specific tests based on history
alert or not alert during gaze testing
order of testing

(There may not be one 'right' answer. What's important is whether someone has thought through what they do and can justify it. Secondments can be extremely helpful in this process).

Know something about 'bedside' tests (Romberg, Unterberger) and their limitations. Be able to perform them, and know what they do and don't tell you.

Rehabilitation: in the logbook, this patient group is defined as those with 'motion-provoked symptoms'. *Addendum from workshop: This means you need to be able to do vestibular rehabilitation (only doing an Epley for particle-repositioning would not be adequate).*

Must know the theory inside-out of any possible nystagmus or unusual result, and be able to draw appropriate conclusions. 'I don't know' or being completely unable to interpret unusual results, will fail you. You will be expected to make a reasonably-educated guess as to the diagnosis, whatever results you get.

Know how to differentiate peripheral / central / congenital nystagmus.
Know the typical peripheral and central indicators on a positional test.

Know at least some research papers in this area.

Know the range of what is 'normal' practice across the UK.

Although it is not explicitly stated in the logbook that Audiometry is required, I would expect this to be done.

Anne Davies

Head of Audiology Training & CPD, James Cook University Hospital, Middlesbrough

anne.davies@stees.nhs.uk

Workshop DMU Leicester Friday 9 July 2010: HTS 'Balance Assessment & Rehabilitation' module