

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

EVALUATION OF PATIENTS WITH TINNITUS

1. The needs of tinnitus patients are complex and ever changing. Providing comprehensive care requires a multi-disciplinary collaborative approach. The audiologist determines when tinnitus diagnostic standards are applicable to each patient.^{7, 19, 21, 36}
2. Tinnitus intake requires a comprehensive case history. A pediatric-specific case history is used when appropriate for the patient's developmental level.^{3 4, 6, 7, 8, 13, 15, 22, 24, 25, 35, 38, 41, 46, 47, 49, 52, 53}
 - a. **Audiological case history** [see S1.1 Intake Standards] including noise and music exposure.
 - b. **Lifestyle** including hobbies, personal factors (diet, smoking, alcohol, drug use, etc.), and sleep hygiene.
 - c. **Tinnitus-specific history** including tinnitus descriptors, stressors, onset, progression and any sound intolerance.
 - d. **Medical case history** including medications, infectious diseases, trauma, and sleep disorders, as well as vestibular, cardiac, cervical, oral and maxillofacial disorders. The medical case history also includes other related physiological or anatomical conditions, and tinnitus specific sequelae.
 - e. **History or indications of mental health conditions** and treatments.
 - f. **History of injury, accident, or potential legal claims** related to tinnitus.
 - g. **Current and past tinnitus treatments** and strategies.
3. The audiologist uses quantifiable and validated questionnaires to obtain a qualitative understanding of the tinnitus. This includes distress, handicap, and impact on quality of life. These measures may be repeated to assess patient status over time. Age-appropriate subjective questionnaires should be utilized when appropriate for the patient's developmental level.^{11, 12, 16, 22, 26, 34, 35, 37, 39, 43, 44, 53, 56, 57,}
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4. Standard audiological evaluation is performed as described in *S3.1 Comprehensive Diagnostic Hearing Evaluation Standard for Adult Patients* or *S3.2 Diagnostic Hearing Evaluation Standard for Pediatric Patients*. Tinnitus patients present unique needs and may have adverse reactions, requiring the audiologist to alter diagnostic procedures. Pediatric-specific diagnostic measures are used when appropriate for the patient's developmental level.^{1, 22, 37, 50, 51, 53}
 5. The audiologist utilizes additional diagnostic measurements to validate patient subjective reports and to identify an appropriate management plan. These measures may include: inter-octave pure tone thresholds, extended high frequency pure tone thresholds, speech-in-noise tests, uncomfortable loudness levels, most comfortable levels, pitch and loudness matching, minimum masking levels, residual inhibition, and otoacoustic emissions.^{10, 14, 17, 18, 20, 23, 31, 32, 34, 35, 40, 42, 53, 54, 55, 58}
 6. Timely and detailed documentation is maintained in the patient's clinical record. Results and recommendations are communicated with the patient, family members, the multi-disciplinary care team, or legal counsel as appropriate.^{2, 27, 30, 45}
 7. The audiologist and staff need to have a mental health protocol established, which provides a systematic, evidence-based framework to promote patient safety and comprehensive care.^{5, 9, 28, 29, 48}
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DISCLAIMER

Adherence to this standard will not ensure successful treatment in every situation. Furthermore, this standard should not be deemed inclusive of all appropriate methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the audiologist and the patient, in light of all the circumstances presented by the individual patient. This standard reflects the best available data at the time the standard was prepared. The results of future studies may require revisions to this standard to reflect new data.

CONTRIBUTORS

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DEVELOPMENT WORKGROUP

Nicole Anzalone, AuD

Craig Kasper, AuD

Jason Leyendecker, AuD

Emily McMahan, AuD

Natalie Phillips, AuD

Tricia Scaglione, AuD MBA

Gail Whitelaw, PhD

VERIFICATION WORKGROUP

Jon Douglas, AuD

Sarah Matthews, AuD

Teresa Parsons, AuD

Ashlee Vandiver, AuD

Sarah Wakefield, AuD

Student Scribe: Breanna Langenek, AuD

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