

## Superior Semicircular Canal Dehiscence Syndrome (SSCDS)

All Classes  
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A.</b> Incidental finding on imaging</p> <p>AND</p> <p><b>NO</b> symptoms</p>	<p>The AME should obtain why the imaging was performed.</p> <p>Review a detailed, Clinical Progress Note from ENT (otolaryngology) performed any time after identification on imaging. If the ENT evaluation verifies:</p> <ul style="list-style-type: none"> <li>• An incidental finding on imaging;</li> <li>• The individual never had symptoms*; and</li> <li>• No required treatment</li> </ul> <p>AND</p> <p>The AME verifies no symptoms since diagnosis and there is no other condition found (which warranted imaging):</p> <p>If ANY symptoms, go to Row B.</p> <p>*Symptoms may include vertigo induced by a loud noise, autophonia, chronic imbalance, tinnitus, and hyperacusis.</p> <p>If another condition is found, see that page.</p>	<p><b>ISSUE</b></p> <p><b>Annotate</b> Block 60 <b>and submit the</b> ENT evaluation to the FAA for retention in the file.</p>
<p><b>B.</b> History of symptoms</p>	<p>After:</p> <ul style="list-style-type: none"> <li>• One (1) month after surgery; <b>and</b></li> <li>• Released to full duties by the treating physician; <b>and</b></li> <li>• No further vertiginous attacks; <b>and</b></li> <li>• Hearing remains within standards.</li> </ul> <p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. A <b>current, detailed Clinical Progress Note</b> generated from a clinic visit with the treating <b>ENT (otolaryngologist), preferably a neurotologist</b> (a sub-specialty of ENT/otolaryngology). The clinic visit should be no more than 90 days prior to the AME exam. It must include: <ul style="list-style-type: none"> <li>• A detailed summary of the history of the condition;</li> <li>• Current medications, dosage, and side effects (if any);</li> <li>• Physical exam findings;</li> </ul> </li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow up Issuance</b> Will be per the Authorization Letter</p>

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	<ul style="list-style-type: none"> <li>• Results of any testing performed;</li> <li>• Diagnosis;</li> <li>• Assessment and plan (prognosis); and</li> <li>• Follow-up.</li> </ul> <p>2. It must specifically include:</p> <ul style="list-style-type: none"> <li>• If active disease exists.</li> <li>• If in remission, when did remission commence.</li> </ul> <p>3. Current clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discrimination (SD) (performed within the past 90 days).</p> <p>4. Additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated.</p> <p>5. All Office treatment records.</p> <p>6. Copy of Operative report (if surgery performed).</p>	