

	Available Therapies	Medications
Traumatic olfactory dysfunction	<ul style="list-style-type: none"> ▪ Olfactory training such as patients are exposed to multiple different odors twice daily for at least 24 weeks²⁰ 	<ul style="list-style-type: none"> ▪ Potential use of electrical stimulation²¹ ▪ Avoid medications that cause mucosal drying or xerostomia.⁴
Visual deficits (Treatment depends on etiology)	<ul style="list-style-type: none"> ▪ Visual training may improve visual spatial disorders, balance, dizziness and posture.²² ▪ Lubrication and patching can protect the cornea when sensation and eye closure is impaired. ▪ Tarsorrhaphy may be performed if conservative measures are ineffective. ▪ Prisms for diplopia ▪ Neurolysis ▪ Exercises for diplopia depending on different etiologies (convergence vs divergence insufficiency, etc.), and occasional surgery if indicated.²² 	<ul style="list-style-type: none"> ▪ Some studies have noted faster recovery times with the use of corticosteroids¹¹
Vestibular function	<ul style="list-style-type: none"> ▪ Vestibular therapies aim to overstimulate the vestibular response, which may cause nausea, and may progress as patient cooperation improves.⁴ ▪ Rehabilitation reduces vestibular symptoms and improves function up to 85% of the time.²³ ▪ Various modalities have been used to address tinnitus with less than consistent results ▪ Amplification devices and visual cues can compensate for hearing loss.⁴ 	Medicines should be used judiciously, for a short period and on an "as needed" basis, if at all. ²⁴
Dysphagia treatment	Exercises with Speech Language Pathologists, appropriate diet (texture/viscosity), positioning, assistive maneuvers and supervision to reduce risk of aspiration. ²⁵	
Neuropathic pain	Spinal cord stimulation or dorsal column stimulation has been suggested to suppress central neuronal	<p>Strong recommendation: Tricyclic antidepressants, gabapentinoids, SNRIs²⁶</p> <p>Weak recommendation: Lidocaine patch, capsaicin 8% patch, subcutaneous injection of botulinum toxin type A²⁶</p> <p>Generally not recommended for chronic non-cancer pain but may have some evidence of beneficial effect: opioids, tramadol²⁶⁻²⁷</p>
Surgical Treatments		
Trigeminal neuralgia	<ul style="list-style-type: none"> ▪ Microvascular decompression of the trigeminal nerve root ▪ Ablative procedures (rhizotomy, radiosurgery, peripheral neurectomy) <p>(Of note, a complication of surgical therapy is post-traumatic trigeminal neuropathy, which may be more painful than trigeminal neuralgia.)</p>	
Arteriovenous malformations	<ul style="list-style-type: none"> ▪ Microsurgical excision ▪ Stereotactic radiosurgery ▪ Endovascular embolization²⁸ 	