



6<sup>th</sup> International Hybrid Conference on

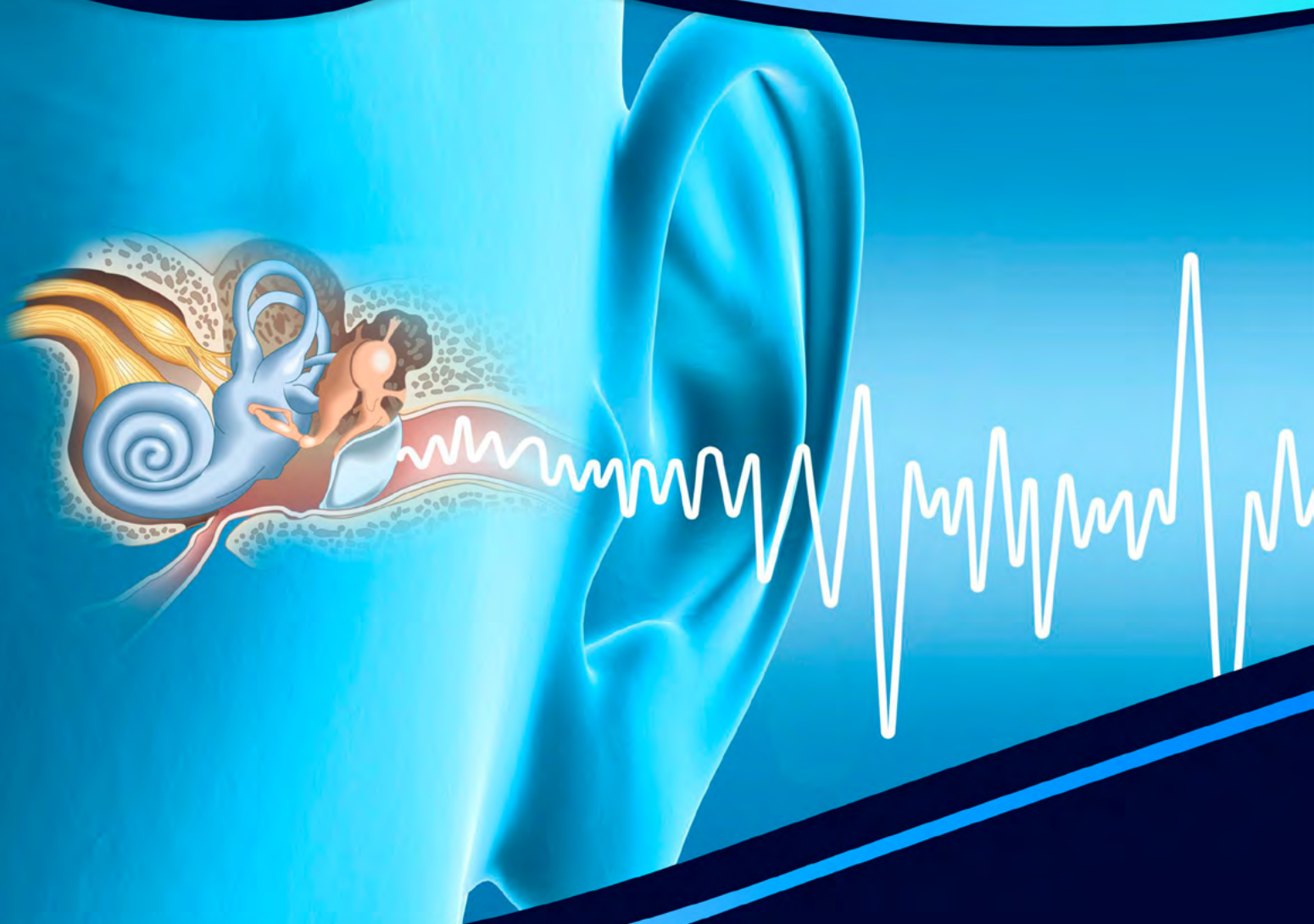
# ENT, Audiology & SLP

April 30 - May 1, 2026 | Tokyo, Japan

Venue: Ana Crowne Plaza Narita

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(GMT+9)

Day - 1 (April 30, 2026, Thursday)

Meeting Hall: Flor

09:00 - 14:00 Registrations and Badge Collection

09:15 - 09:30 Moderator Introduction & Inviting Keynotes

Keynote Forum

09:30 - 09:55 **Title: Velopharyngeal Insufficiency (VPI): It's Effect on Speech and Resonance**

Dr. Ann W. Kummer, University of Cincinnati College of Medicine, USA

09:55 - 10:20 **Title: From shadows to sight- A Rare Paediatric Case of Compressive Optic Neuropathy**

Dr. P.V.L.N. Murthy, Star Hospitals, Hyderabad, India

10:20 - 10:45 **Title: Bridging Gaps in Childhood Hearing Care: A Digital Parent Education Module for Hearing Aid Management in Malaysia**

Dr. Rafidah Mazlan, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Networking & Refreshment Break 10:45 - 11:00

11:00 - 11:25 **Title: Unravelling the Physiological Basis of Idiopathic Anosmia: From olfactory Epithelium to Cortex**

Dr. Jayaram Gadham, Nimra Institute of Medical Sciences, India

Plenary sessions

11:25 - 11:45 **Title: Dyslexia in Multilingual Learners: Challenges and Opportunities for Identification and Support**

Mrs. Jeannette Washington, Bearly Articulating, LLC, USA

11:45 - 12:05 **Title: Smartphone for hearing screening in children and tinnitus treatment**

Dr. Oleg Khorov, Grodno State Medical University, Belarus

12:05 - 12:25 **Title: Tonic Tensor Tympani Syndrome**

Dr. Carina Bezerra, University of São Paulo, Brazil

12:25 - 12:45 **Title: Effects of an Asynchronous, Online Training Program for Caregivers of Children with Autism Using Augmentative and Alternative Communication**

Dr. Meghan E. Wendelken, Adelphi University, USA

12:45 - 13:05 **Title: Genetic Testing for Hearing Loss in Children and Subsequent Treatment for Hearing Loss (CI)**

Dr. Mohammad Sabir, Sheikh Tahnoon Medical City (Al Ain), UAE

Lunch Break @13:05 - 14:05

Keynote Forum

14:05 - 14:25 **Title: Audiological Insights into Verbal Auditory Hallucinations and the Role of Audiologists**

Dr. Noor Alaudin Abdul Wahab, Universiti Kebangsaan Malaysia, Malaysia

14:25 - 14:45 **Title: Telehealth in 2026: Bridging Provider Innovation with Older Adult Readiness in Hybrid Care Models**

Dr. Shobha Sharma, Universiti Kebangsaan Malaysia, Malaysia

Plenary sessions

14:45 - 15:05 **Title: Data Availability and Surveillance of Hearing Loss in Low- and Middle-Income Countries: A Systematic Review**

Dr. James David Komanya, Department of Otorhinolaryngology, Bugando Medical Centre, Mwanza, Tanzania

15:05 - 15:25 **Title: Tympanogram – an Enigma: Does it really correlate with clinical findings**

Dr. Gupta Abhay Kumar, Amaltas Institute of Medical Sciences, Dewas, India

15:25 - 15:45 **Title: The tsunami of antibiotic resistance as a global health crisis in otorhinolaryngology patients: a cross-sectional study**

Dr. Mohamed Shehata Taha, Ain Shams University Hospital, Egypt

15:45 - 16:00 **Title: Neural Encoding of Ling-6 Speech Sounds**

Dr. Reethee Antony, Binghamton University, USA

Networking & Refreshment Break 16:00-16:15

**16:15 - 16:35**

**Title: Tinnitus Station**

Dr. Mahaboob Shahnawaz, Danaah Medical Technologies Pvt Ltd, India

**16:35 - 16:55**

**Title: New Audiometry, The New Gold Standard**

Dr. Martin Sørnes, Founder of Hearoll Medical Inc, Norway

**16:55 - 17:15**

**Title: Analysis of 530 Cases of Tinnitus in Costa Rica: Effectiveness of Tinnitus Band Therapy (TBT Olmo)**

Dr. Juan Carlos Olmo Cordero, Centro Audicion / President of the Costa Rican Association of Audiology (ACOA), Costa Rica

**17:15 - 17:30**

**Title: The Fuel and the Flex: Activating Cultural Humility in the Therapeutic Relationship**

Dr. R. Danielle Scott, Northeastern University Charlotte, United States

**17:30 - 18:00**

**Certificate Presentations & Closing Remarks for Day 1**

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# **Keynote Forum**

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**Dr. Ann W. Kummer**  
University of Cincinnati College of Medicine,  
United States of America

## **Velopharyngeal Insufficiency (VPI): Its Effect on Speech and Resonance**

Many craniofacial professionals do not fully understand or appreciate the complexities of velopharyngeal function during speech. As such, the acoustics and aerodynamic consequences of velopharyngeal insufficiency (VPI) are under-recognised and often misunderstood. In this lecture, the presenter will define resonance as it applies to speech and discuss how variations in the size and shape of the nasal, oral, and pharyngeal cavities of the vocal tract impact both normal and abnormal resonance. The presenter will then review the structural and physiological requirements for normal velopharyngeal function and then describe VPI and how it alters both resonance and airflow during speech. With this background, the presenter will explain how the size of a velopharyngeal opening affects the acoustic characteristics of both speech and resonance, based on the laws of physics. These acoustic qualities, when interpreted accurately, can be used to predict the approximate size of the velopharyngeal opening and guide clinical decision-making.

### **Biography:**

Dr. Ann W. Kummer, MAT, PhD, CCC-SLP, FASHA, retired as Senior Director of Speech-Language Pathology at Cincinnati Children's Hospital Medical Centre and as Professor of Clinical Paediatrics and Otolaryngology at the University of Cincinnati College of Medicine. She is currently a Professor Emeritus. Dr. Kummer has presented more than 400 national and international lectures and seminars on cleft palate and craniofacial anomalies and taught the graduate-level craniofacial course at 5 universities for many years. She has published over 70 peer-reviewed articles, 31 book chapters, and is the author of the book entitled Cleft Palate and Craniofacial Conditions: A Comprehensive Guide to Clinical Management, soon to be in its 5th edition. Dr. Kummer has received numerous honours and awards, including Fellow of the American Speech-Language-Hearing Association (ASHA) and Honours of the Association, the highest award given by ASHA.

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**Dr. P.V.L.N. Murthy**

Star Hospitals, Hyderabad, India

## From shadows to sight- A Rare Paediatric Case of Compressive Optic Neuropathy

**Introduction:** Pneumosinus dilatans is a rare condition characterized by abnormal expansion of air-filled paranasal sinuses. While often asymptomatic, significant dilatation may lead to compression of adjacent structures, notably the optic nerves, resulting in visual impairment. We present a paediatric case of acute bilateral vision loss caused by Pneumosinus dilatans, highlighting the diagnostic and surgical challenges involved.

**Case Presentation:** A 13-year-old girl presented with sudden bilateral visual loss, limited to light perception in both eyes. Associated symptoms included a dull headache and a sensation of pressure over the forehead and periorbital regions. ENT examination was normal. Ophthalmologic evaluation confirmed the severity of visual impairment.

**Investigations:** High-resolution computed tomography (CT) of the paranasal sinuses revealed extensive pneumatization of all sinuses. The optic nerves were found to be compressed within markedly pneumatized Onodi cells bilaterally—diagnostic of Pneumosinus dilatans, causing compressive optic neuropathy.

**Intervention:** A multidisciplinary team involving paediatric otolaryngology and ophthalmology performed bilateral optic nerve and orbital apex decompression using a piezoelectric surgical device. The aim was to relieve the compressive forces and restore visual function.

**Outcome:** At four-month follow-up, the patient showed significant visual recovery, progressing from light perception to finger counting and functional vision. She was able to read and write independently, indicating a successful surgical outcome.

**Conclusion:** This case underscores the importance of considering Pneumosinus dilatans in the differential diagnosis of acute visual loss in paediatric patients. Timely diagnosis and interdisciplinary surgical management can result in significant visual restoration, even in severe cases.

### Biography:

Dr. P.V.L.N. Murthy is an ENT surgeon over 18 years of experience, with special training and experience in the latest technology and techniques in ENT surgeries including Bloodless surgical technology (Coblation) for Tonsils, Adenoids and Snoring Surgeries, Scar less Endoscopic Ear and Advanced Nasal & Sinus surgeries, Balloon Sinoplasty (The latest in the field of sinus surgeries) Navigation and Computer assisted Trans Nasal Skull Base Surgeries and. His areas of interest include Paediatric Airway and Emergencies, along with General ENT.

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**Dr. Rafidah Mazlan**

**Universiti Kebangsaan Malaysia, Kuala Lumpur,  
Malaysia**

## **Bridging Gaps in Childhood Hearing Care: A Digital Parent Education Module for Hearing Aid Management in Malaysia**

Consistent access to sound is critical for children with hearing loss to thrive in their language, learning, and social development. However, many parents face significant challenges in managing their child's hearing aids effectively. In Malaysia, these challenges are further compounded by limited audiology services and the absence of parent-friendly, culturally adapted resources. To address this gap, we developed and tested an online video module specifically designed for Malaysian parents. The module was hosted on YouTube, presented bilingually in Malay and English, and featured culturally relevant examples with clear step-by-step demonstrations for managing behind-the-ear hearing aids. More than fifty parents of young children with hearing loss participated in the study. Over the course of two months, they engaged with the video module and shared their experiences. The findings were encouraging as parents reported feeling more confident in handling hearing aids, experienced a stronger sense of engagement in their child's care, and increased the frequency of checking and monitoring their child's devices. The module was also perceived as accessible, practical, and directly relevant to their daily routines. This study highlights the value of culturally tailored digital resources in family-centered audiological care. By meeting parents within their own context, online and in their preferred language, we can bridge gaps in service delivery and empower families to take an active role in their child's development.

### **Biography:**

Associate Professor Dr. Rafidah Mazlan is a lecturer, researcher, and audiologist specializing in paediatric hearing healthcare. She earned her PhD from The University of Queensland, Australia, and is currently with the Audiology Programme, Center for Rehabilitation and Special Needs, Faculty of Health Sciences, Universiti Kebangsaan Malaysia (UKM). Her work focuses on early hearing detection and intervention, childhood hearing loss, and middle ear measures, with a strong emphasis on family-centered care. She has led several projects addressing parental support in hearing aid management, digital learning interventions, and strategies to improve access to hearing care services. Among her contributions is the development and validation of an online Hearing Aid Management (HAM) module to empower parents in supporting their children effectively. Through her teaching, research, and advocacy, Dr. Rafidah is committed to bridging gaps in hearing healthcare by promoting awareness and developing innovative tools to enhance outcomes for children with hearing loss.

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**Dr. Jayaram Gadham**

**Nimra Institute of Medical Sciences, India**

**Dr. P.V.L.N. Murthy, MS; Dr. M. Lakshmi Prasanna, MD; Dr. K. Ravikiran, MD; Dr. Gopinayak, MS.**

## **Unravelling the Physiological Basis of Idiopathic Anosmia: From Olfactory Epithelium to Cortex.**

Idiopathic Anosmia is defined as a persistent loss of smell without an identifiable sinonasal, traumatic, or neurodegenerative cause. While often considered a diagnosis of exclusion, emerging evidence highlights underlying physiological alterations in the olfactory system that may explain its pathogenesis. Recent advances suggest that dysfunction may occur at multiple physiological levels, from the olfactory epithelium to central cortical processing.

**Aims/Objectives:** To explore the physiological basis of idiopathic anosmia, integrating clinical profiles with mechanisms at the peripheral, central and molecular levels.

**Material and Methods:** This is a cross-sectional observational study that included patients presenting with persistent anosmia of unknown cause to the ENT OPD. Each patient underwent a detailed history, ENT examination, psychophysical olfactory testing (Sniffin' Stick/UPSIT) and imaging (CT/MRI) to exclude secondary causes. Clinical data have been integrated with current physiological insights into olfactory receptor neuron regeneration, olfactory bulb morphology, and cortical network activity. Data will be analyzed descriptively, and test scores will be compared against age- and sex normative values.

**Results:** A total of 85 participants included in the study design, while 91 per cent met criteria for functional anosmia, and 9 per cent had severe anosmia. CT and MRI excluded sinonasal obstruction, olfactory bulb lesions, or intracranial pathology in all participants.

**Conclusion:** Idiopathic Anosmia is characterized by markedly reduced psychophysical test scores despite normal imaging, confirming dysfunction without an identifiable structural cause. The findings highlight physiological disturbances extending from the olfactory epithelium to the bulb and cortical networks.

Understanding these mechanisms underscores the need for standardized diagnostic protocols and novel therapies targeting regeneration and neuroplasticity.

### **Biography:**

Dr. Jayaram Gadham is a highly accomplished medical professional with an extensive academic and clinical background. He graduated with an MBBS degree in the 1995 batch from Andhra Medical College. He further pursued an MD in Physiology from Guntur Medical College. To specialize in a critical aspect of modern healthcare, he obtained a Diploma in Diabetology from Annamalai University. Dr. Gadham began his career as a Medical Officer in the leprosy unit, demonstrating his dedication to serving vulnerable populations. Dr. Gadham actively engages in academic and clinical research, contributing to the advancement of medical science. A passionate educator serves as an examiner for undergraduate, postgraduate, and PhD students, mentoring the next generation of medical professionals.

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# **Plenary sessions**

## Plenary Sessions

**Title: Dyslexia in Multilingual Learners: Challenges and Opportunities for Identification and Support**

Mrs. Jeannette Washington, Bearly Articulating, LLC, USA

**Title: Smartphone for hearing screening in children and finnitus treatment**

Dr. Oleg Khorov, Grodno State Medical University, Belarus

**Title: Tonic Tensor Tympani Syndrome**

Dr. Carina Bezerra, University of São Paulo, Brazil

**Title: Effects of an Asynchronous, Online Training Program for Caregivers of Children with Autism Using Augmentative and Alternative Communication**

Dr. Meghan E. Wendelken, Adelphi University, USA

**Title: Genetic Testing for Hearing Loss in Children and Subsequent Treatment for Hearing Loss (CI)**

Dr. Mohammad Sabir, Sheikh Tahnoon Medical City (Al Ain), UAE

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## Dyslexia in Multilingual Learners: Challenges and Opportunities for Identification and Support

### Mrs. Jeannette Washington

Chief Academic Officer & Creative Director, Bearly Articulating United States / Namibia

Dyslexia, a language-based learning difference, takes on added complexity for students acquiring literacy in more than one language. Symptoms may look different across languages, and many existing diagnostic and intervention models are based on monolingual English speakers. This gap leads to frequent under-identification and misinterpretation of multilingual learners with dyslexia.

This presentation examines how dyslexia presents in multilingual contexts and provides strategies for accurate identification and effective support. Key points include:

- The influence of orthographic depth, phonology, and code-switching on reading development.
- Why dyslexia may appear differently across languages and scripts.
- Screening approaches that minimize bias against multilingual students.
- Instructional supports that can transfer skills across languages.

Practical classroom strategies and case examples from diverse international contexts will be shared to illustrate both common challenges and effective practices. Attendees will leave with a clearer understanding of how to adjust their screening tools, instructional strategies, and expectations to meet the needs of multilingual learners with dyslexia. This talk underscores the need for a broader, globally relevant approach to dyslexia—one that reflects the realities of today's linguistically diverse classrooms.

### Biography:

Mrs. Jeannette Washington is an international speech-language pathologist, educator, and author who has worked at the intersection of literacy, neurodiversity, and multilingual education for over a decade. She has delivered professional development, curriculum design, and consulting services across the United States, Europe, Africa, and beyond. Jeannette is the author of *Technical Difficulties: Why Dyslexic Narratives Matter in Tech* and *The Speech Pathologist's Guide to Dyslexia*. As Chief Academic Officer of Bearly Articulating, she develops resources and frameworks that help educators and clinicians recognize and support dyslexia in linguistically diverse learners. Through global workshops, publications, and keynote talks, Jeannette continues to advance culturally responsive approaches that move dyslexic learners from overlooked to understood.

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## Smartphone for hearing screening in children and tinnitus treatment

### Dr. Oleg Khorov

Grodno State Medical University, Belarus

### Dr. Julija Bondarchuk

Grodno State Medical University, Belarus

**Purpose of the study:** Develop and use mobile smartphone applications for the diagnosis and treatment of hearing impairment as a hearing screening and for the treatment of tinnitus. Materials and methods used 1. We have developed a mobile application “Petralex” for the screening and hearing examination of school-age children based on the Android operating system. Audio sampling rate 44.1 kHz. Hearing testing with a smartphone is performed separately for the right and left ear using pure tone audiometry at frequencies of 125, 250, 500, 1000, 2000, 3000, 4000, and 8000 Hz. The test signal is a tone signal of a given frequency with increasing amplitude.

**Results:** We examined children in schools in Grodno and the Grodno region. 1267 children (2534 ears) in grades 1-4 were examined. In 1151 (90.8 ± 0.8%) children, the level of hearing was normal. In 116 (9.2 ± 0.8%) children, hearing loss of varying severity was detected, which was caused by exudative otitis media, acute otitis media, chronic otitis media, cerumen, tubootitis, and sensorineural hearing loss. Materials and methods used 2. Our other mobile application, “Stop-Tinnitus”, is aimed at the diagnosis and treatment of tinnitus (tinnitus masking). We took as a basis the principle of tinnitus treatment according to the TRT (tinnitus retraining therapy) model. Application includes:

- 1) THI (Tinnitus Handicap Inventory) questionnaire,
- 2) tone audiometry (by air conduction) from 125 Hz to 12000 Hz;
- 3) psychoacoustic noise level;
- 4) automatic selection of sound, noise;
- 5) visual stimulation.

We applied mobile app treatment to 146 patients diagnosed with H93.1 Tinnitus (subjective) and varying degrees of hearing loss (normal to severe). The duration of tinnitus was more than 6 months. All of our patients scored 18 or higher on the THI questionnaire.

**Results:** After 6 months, reduction of tinnitus in 99 (67.8±3.9%) cases, disappearance of tinnitus in 21 (14.4±2.9%) patients, no change in 26 (17.8±3.2%) cases.

**Conclusion:** A smartphone and audiology mobile app, namely our Stop-Tinnitus and Petralex apps, can eliminate the need for expensive equipment and highly trained medical staff to perform some therapeutic and diagnostic audiology procedures, such as hearing screening or tinnitus treatment.

### Biography:

Head of the Department, D. Sc. (Medicine), Prof., Vice-Chairman of the Republican Scientific and Practical Otolaryngology Society of Belarus, Visiting Otolaryngologist for the adult population of the Directorate-General of Health Care at the Grodno Executive Committee, Head of Otology Research School of the Grodno State Medical University, Member of HAC Expert Council. O. G. Khorov has 9 patents, one author's certificate, and one patent for a utility model. He is the author of 417 scientific works, 3 monographs, and 4 manuals classified by the Ministry of Education and the Educational and Methodological Association of the Republic of Belarus, 12 application instructions for new methods of treatment.

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## Tonic Tensor Tympani Syndrome

**Dr. Carina Bezerra**

University of São Paulo, Brazil

Tonic Tensor Tympani Syndrome (TTTS) is a proposed clinical condition involving the involuntary, sustained activation of the tensor tympani muscle, one of the small muscles in the middle ear. This muscle normally helps modulate sound transmission by increasing tension on the tympanic membrane and dampening ossicular vibrations, potentially protecting the inner ear from loud sounds or reducing self-generated noise during chewing and speaking. When TTTS occurs, the reflex threshold for tensor tympani contraction is abnormally low, leading to frequent spasms that may produce aural symptoms without detectable ear pathology. The tensor tympani muscle is innervated by the trigeminal nerve, as are the masticatory muscles and the tensor veil palatini. Clinically, TTTS has been associated with tinnitus, hyperacusis, ear fullness, aural pain, tympanic flutter, and altered hearing perception. Epidemiological data indicate a high prevalence of TTTS-related symptoms among patients with hyperacusis, ear fullness, and tinnitus. Some studies propose that anxiety and stress may lower the threshold for tensor tympani reflex activation, contributing to symptom persistence. The three most common causes in clinical practice are bruxism, temporomandibular disorder, and acoustic shock. Therefore, a multidisciplinary team composed of an otolaryngologist, a physiotherapist, and a dentist is necessary. Researchers show that tensor tympani hyperactivity can affect middle ear mechanics, including changes in middle ear compliance and low-frequency hearing responses. Management strategies range from conservative approaches (manual therapy, dry needling, TNS, self-massage, hot packs) to medical and surgical interventions, such as tenotomy of the tensor tympani, tailored to individual symptom profiles.

### Biography:

Dr. Carina Bezerra is a Physical Therapist, PhD, and MSc from the University of São Paulo, Brazil. She was the first physical therapist to research somatosensory tinnitus and has clinical experience in tinnitus for more than 20 years. Actually, is a professor in the postgraduate course. She is an author and co-author of scientific articles and book chapters on tinnitus. Since 2021, she has hosted the somatosensory tinnitus symposium, and since 2018, the somatosensory tinnitus disclosure week. She believes that the physical therapist is fundamental within an interdisciplinary team.

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## Effects of an Asynchronous, Online Training Program for Caregivers of Children with Autism Using Augmentative and Alternative Communication

**Dr. Meghan E. Wendelken**

Adelphi University, USA

**Diane L. Williams PhD**

The Pennsylvania State University, USA

Individuals with autism who are minimally speaking often use augmentative and alternative communication (AAC). AAC is any modality of communication other than speech. AAC includes, but is not limited to, communication modalities such as laminated picture cards, communication applications on iPads, picture boards/books, and sign language. Communication partner training is an integral element of AAC intervention, and caregivers are ideal communication partners for supporting their child's language development. However, significant barriers exist that prevent caregivers from participating in training to support their child who uses AAC to communicate. Asynchronous, online training may offer caregivers an accessible and flexible medium to learn to support their child's AAC communication. The current study used a single-case randomized multiple-probe design to evaluate the effects of an asynchronous, online caregiver training on caregivers' AAC strategy use in the context of shared book reading. Visual and statistical analyses were used to determine the presence and magnitude of effects. Four out of five caregivers acquired the target strategy. A functional relation was observed between the online training and caregiver strategy use in addition to individual components of the strategy (e.g., modeling). Tau-U nonoverlap calculations suggested medium to large effects of the intervention on caregiver strategy use. Asynchronous, online trainings may offer a valuable resource to caregivers of children who use AAC for communication, and caregivers may prefer the flexibility and accessibility that is associated with asynchronous trainings. Future research should work toward identifying how online programs can most effectively support widespread parent training and improve outcomes for children who require AAC.

### **Biography:**

Dr. Meghan Wendelken received her bachelor's and master's degrees in Speech-Language Pathology (SLP) at Duquesne University in Pittsburgh, PA. She worked clinically as a licensed speech-language pathologist in New York. Her clinical practice primarily involved working with autistic children who were nonspeaking and required augmentative and alternative communication (AAC), which is any communication form other than speech (e.g., iPads, picture symbols, sign language). She completed her PhD at The Pennsylvania State University. Her research focuses on intervention for autistic children learning to use AAC, specifically language processing across different input modalities and communication partner training.

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## **Genetic testing for hearing loss in children and subsequent treatment for hearing loss**

### **Dr. Mohammad Sabir**

Senior Audiologist, vice President at Emirates Audiology association Seha Sheikh Tahnoon Medical City STMC / Tawam Hospital, Al Ain, United Arab Emirates

Genetic factors are among the most significant causes of severe to profound sensorineural hearing loss and have a critical influence on outcomes of cochlear implantation. Advances in molecular genetics have identified numerous deafness-related genes, such as Connexin 26/30 and mitochondrial mutations, which contribute to both syndromic and non-syndromic hearing loss. Understanding the pathogenic mechanisms of these mutations is essential for predicting auditory performance following cochlear implantation. Recent studies highlight that outcomes are not solely determined by the device or rehabilitation process, but also by the underlying genetic profile and survival of neural structures such as spiral ganglion cells. Patients with specific mutations may show variable results after implantation, underscoring the need for genotype-based counseling and treatment planning. For example, children with auditory neuropathy spectrum disorder, often linked to genetic mutations, may present with unique challenges that influence candidacy and long-term benefit from cochlear implants. The integration of genetic testing into clinical audiology practice allows for earlier diagnosis, more accurate prognosis, and individualized treatment strategies. Genetic insights also inform family counselling and open new avenues for future therapies such as gene therapy and targeted interventions. This review discusses current progress in cochlear implantation outcomes among genetically defined populations, with a focus on the relationship between clinic types, genetic variants, and auditory rehabilitation success.

### **Biography:**

Dr. Mohammad Sabir is a Senior Clinical Audiologist at Sheikh Tahnoon Medical City (Al Ain, UAE) with over 14 years of experience. He specializes in cochlear implants, vestibular diagnostics, and patient rehabilitation, having supported more than 40 implant surgeries. As Vice President and Co-Founder of the Emirates Audiology Society, and a Scientific Committee member for Dubai Otology 2025, he is active in advancing audiology standards, research, and community outreach across the UAE.



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# **Keynote Forum**

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**Dr. Noor Alaudin Abdul Wahab**  
Universiti Kebangsaan Malaysia (UKM)

**Che Muhammad Amir Che Awang, Dr. Nashrah Maamor, Prof. Dr. Suzaily Wahab**  
Universiti Kebangsaan Malaysia (UKM)

**Prof. Dr. Mohd**  
Normani Zakaria, Universiti Sains Malaysia (USM)

## **Hearing Voices: Audiological Insights into Verbal Auditory Hallucinations and the Role of Audiologists**

Verbal Auditory Hallucinations (VAHs), common in schizophrenia, are complex and poorly understood, warranting further research into their mechanisms. Evidence suggests abnormalities in auditory pathways, involving afferent and efferent systems, contribute to their occurrence. The theory of brain dysconnectivity, involving abnormal functional integration between distinct brain regions like the prefrontal lobe and auditory cortices, is implicated in VAH generation, leading to abnormal auditory cortex function. This dysconnectivity often includes deficits in corollary discharge, which typically affects auditory cortex activity, thereby failing to reduce efferent pathway stimulation and potentially contributing to hyperactivity. This theoretical framework underscores a crucial, yet underutilized, role for audiologists in the assessment and management of VAHs. Objective audiological research provides compelling evidence supporting this involvement. Schizophrenia patients, particularly those experiencing recent VAHs, demonstrate significantly greater contralateral suppression of otoacoustic emissions (CSOAE) compared to healthy controls. This finding strongly indicates hyperactivity within the efferent auditory system and automatic auditory cortex activation, consistent with dysconnectivity. The ALAUDIN©-CSOAE test is a promising objective tool to detect these specific efferent pathway abnormalities and differentiate patients experiencing recent VAHs. Furthermore, patients also exhibit binaural hearing deficits, characterized by higher speech reception thresholds (RTS) in the Hearing in Noise Test (HINT), which suggests impaired binaural summation and potential brainstem dysfunction. Electrophysiological assessments, such as Auditory Brainstem Response (ABR), further reveal subtle brainstem pathologies, especially under challenging noise conditions. These audiological insights highlight the importance of routine audiological assessments for the detection of auditory processing disorders in schizophrenia and could inform targeted interventions such as auditory training or sound therapies. A multidisciplinary approach, integrating audiology expertise, is vital to enhance our understanding and improve management strategies for individuals with schizophrenia experiencing VAHs.

### **Biography:**

Assoc. Prof. Dr. Noor Alaudin Abdul Wahab is an Associate Professor at the Centre for Rehabilitation and Special Needs Studies (ICaRehab), Faculty of Health Sciences, Universiti Kebangsaan Malaysia. He earned his Bachelor of Audiology (Hons) from UKM (1999), Master's in Communicative Disorders (Audiology) from the University of Wisconsin-Madison (2003), and PhD in Neuroaudiology from Universiti Sains Malaysia (2018). His research centres on auditory processing in schizophrenia, particularly auditory hallucinations. His team developed the Alternate Auditory Attention (ALAUDIN©) tasks integrated with contralateral suppression of otoacoustic emissions (CSOAE), uncovering significant auditory processing differences in schizophrenia. He has also identified abnormalities in binaural interaction, efferent pathways, and hearing-in-noise performance.

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**Dr. Shobha Sharma**  
Universiti Kebangsaan Malaysia, Malaysia

## Telehealth in 2026: Bridging Provider Innovation with Older Adult Readiness in Hybrid Care Models

**Background:** Telehealth encompasses a wide variety of technologies used to deliver virtual medical and health services. While there was a massive shift to telehealth during the COVID-19 pandemic, less attention has been given to the specific needs of older adults. Older adults are more prone to health-related issues and need greater access to healthcare. Critically for ENT and audiology, alterations in vision, hearing, and dexterity are specific barriers that may impede their use of telehealth. Furthermore, technical issues such as poor audibility and lagging during sessions pose significant challenges for this demographic.

**Objectives:** This study aims to explore the needs, perceptions, and opinions of older adults prior to implementing a telehealth service.

**Methods:** Using purposive sampling, this qualitative study obtained data from focus group discussions with 80 older adults aged 60 to 90 across all states in Malaysia. Discussions focused on participants' knowledge, experiences, perceptions, and perceived barriers regarding telehealth from a consumer point of view.

**Results:** The focus groups revealed a wide variation in the perceptions and needs of older adults. Many participants preferred conventional hospital visits but did not refuse the possibility of using telehealth actively if the need arose. Two main themes influenced their preferences: uncertainty and trust, alongside challenges and facilitators. Primary barriers included technological access, lack of exposure and awareness, and personal factors tied to age and digital literacy. Conversely, recognized benefits included reduced travel expenses and more convenient access to services.

**Conclusion:** While well-designed telehealth services can maximize human and financial resources, successful implementation depends heavily on an individual's trust in the system. Providers must carefully take into consideration the needs of older adults, particularly regarding digital literacy and hearing barriers.

### Biography:

Associate Professor Dr. Shobha Sharma is a dedicated researcher focused on the advancement and implementation of telehealth services in Malaysia. Her extensive research explores the feasibility, validity, and patient acceptance of telerehabilitation systems across diverse clinical disciplines. Notably, her expertise includes telehealth within speech-language pathology, encompassing the remote assessment and management of voice and swallowing disorders (dysphagia). Furthermore, she has conducted critical needs assessments to understand the perceptions, readiness, and technological barriers of older adults utilizing virtual healthcare. As an experienced academic supervisor, she guides research on innovative telehealth applications, including digital interventions for people with dementia and in physiotherapy. Her highly regarded work is recognized internationally, including award-winning presentations at the 22nd IAGG World Congress of Geriatrics and Gerontology and, more recently, at the National Population Conference 2025, striving to ensure future telehealth models are accessible, effective, and age-friendly.

6<sup>th</sup> International Hybrid Conference on

# **ENT, Audiology & SLP**

April 30 - May 1, 2026 | Tokyo, Japan



# **Plenary sessions**

## Plenary Sessions

**Title: Data Availability and Surveillance of Hearing Loss in Low- and Middle-Income Countries: A Systematic Review**

Dr. James David Komanya, Department of Otorhinolaryngology, Bugando Medical Centre, Mwanza, Tanzania

**Title: Tympanogram – an Enigma: Does it really correlate with clinical findings**

Dr. Gupta Abhay Kumar, Amaltas Institute of Medical Sciences, Dewas, India

**Title: The tsunami of antibiotic resistance as a global health crisis in otorhinolaryngology patients: a cross-sectional study**

Dr. Mohamed Shehata Taha, Ain Shams University Hospital, Egypt

**Title: Neural Encoding of Ling-6 Speech Sounds**

Dr. Reethee Antony, Binghamton University, USA

**Title: Tinnitus Station**

Dr. Mahaboob Shahnawaz, Danaah Medical Technologies Pvt Ltd, India

**Title: New Audiometry, The New Gold Standard**

Dr. Martin Sørnes, Founder of Hearoll Medical Inc, Norway

**Title: Analysis of 530 Cases of Tinnitus in Costa Rica: Effectiveness of Tinnitus Band Therapy (TBT Olmo)**

Dr. Juan Carlos Olmo Cordero, Centro Audicion / President of the Costa Rican Association of Audiology (ACOA), Costa Rica

**Title: The Fuel and the Flex: Activating Cultural Humility in the Therapeutic Relationship**

Dr. R. Danielle Scott, Northeastern University Charlotte, United States

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## Data Availability and Surveillance of Hearing Loss in Low- and Middle-Income Countries: A Systematic Review

**Dr. James David Komanya, MBBS, MCAHT**

Department of Otorhinolaryngology, Bugando Medical Centre, Mwanza, Tanzania

**Halima N. Shemsi, ANO; Anastazia M Shelembi**

Department of Otorhinolaryngology, Bugando Medical Centre, Mwanza, Tanzania

**Background:** Hearing loss is a major global health concern, disproportionately affecting populations in low- and middle-income countries (LMICs). Despite its growing burden, reliable surveillance systems to inform prevention, early detection, and rehabilitation remain limited in many settings.

**Objective:** To systematically evaluate the availability, sources, methods, and quality of hearing loss surveillance data in LMICs and identify key gaps in current systems.

**Methods:** A systematic review was conducted following PRISMA 2020 guidelines. PubMed, Scopus, Web of Science, and Global Health databases were searched for studies published between 2000 and 2025. Eligible studies reported population-level hearing loss data or described surveillance approaches in LMICs. Data extraction included study design, data sources, assessment methods, and surveillance characteristics. Methodological quality was assessed using STROBE-informed criteria.

**Results:** A total of 78 studies from 42 LMICs were included. Data sources were predominantly population-based surveys (56%), followed by school-based screenings (18%), hospital records (15%), and national surveillance systems (11%). Only nine countries reported recurring national surveillance. Objective assessment methods were used in 34% of studies for pure-tone audiometry, 12% for otoacoustic emissions, and 6% for automated auditory brainstem response, while 48% relied on screening tools or self-report. Substantial heterogeneity in case definitions and thresholds (ranging from >25 dB HL to >40 dB HL) limited comparability. Key population gaps included older adults, rural communities, and early childhood groups. Only 21% of studies met high methodological quality criteria.

**Conclusion:** Hearing loss surveillance in LMICs is fragmented, inconsistent, and methodologically heterogeneous. Strengthening standardized, integrated surveillance systems aligned with global recommendations is essential to support evidence-based policy and equitable hearing healthcare delivery.

### Biography:

Dr. James David Komanya is a medical doctor and clinical audiologist based at Bugando Medical Centre, Mwanza, Tanzania. He serves as President of the Audiology Association of Tanzania and is actively involved in clinical care, research, and advocacy in hearing and balance health. His professional interests include noise-induced hearing loss, early intervention for hearing impairment, and the use of AI to strengthen audiology education and clinical practice in low- and middle-income settings.

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## **Tympanogram - an Enigma: Does it really correlate with clinical findings**

### **Dr. Abhay Kumar Gupta**

Professor & Head, Department of Otorhinolaryngology, Amaltas Institute of Medical Sciences, Dewas

### **Dr. Ajay Karkare**

Department of Otorhinolaryngology, Amaltas Institute of Medical Sciences, Dewas

### **Dr. Harsh Agrawal**

Associate Professor, Department of Otorhinolaryngology, Amaltas Institute of Medical Sciences, Dewas

### **Dr. Ajay Lavania**

Specialist Otorhinolaryngologist, NHS, ENT Specialist, Communitas clinic, Northeast London

### **Dr. Harsh Joshi**

Junior Registrar, Department of Otorhinolaryngology, Amaltas Institute of Medical Sciences, Dewas

Tympanometry has become an indispensable component in the evaluation of middle ear function. As an objective, non-invasive, and rapid diagnostic tool, it complements clinical otoscopy and audiometric findings, providing valuable information about middle ear compliance, pressure, and Eustachian tube function. In contemporary otological practice, tympanometry not only enhances diagnostic accuracy but also aids in treatment planning and outcome assessment, particularly in disorders involving the tympanic membrane and middle ear cleft. However, there have been incidences where the clinical picture and tympanometry do not match each other. For example, a patient coming with a simple blockage with grade II retraction of the tympanic membrane might have a Type A impedance graph, or a patient with no complaint might have a Type C or Type C1 (pressure -100 to -199). In our study of 200 cases and 400 ears having various complaints like hearing loss in 147 ears, Ear blockage in 115, earache in 118 ears, noise in ears in 58 ears and 75 asymptomatic ears. Examination showed Grade 1 retraction in 135 ears, Grade 2 in 72, and Grade 3 in 15 ears. While atelectasis was seen in 12 and a bulged Tympanic membrane in 9 ears only. On tympanometry we found 'As' type graph in 133 ears, 'Ad' in 7, type B in 31 and type C in 57 ears, while 172 ears had a normal Type A graph. Statistical analysis using the Chi-square test value found was 40.1417 with p value is 0.000742. The result found was statistically significant at  $p < 0.05$ . Type A Sensitivity was 66.1% and Specificity 44.4%. Positive Predictive value was 22.4-24.8%, and Negative predictive value: 80.7%

### **Biography:**

Dr. Abhay Kumar Gupta is a distinguished Professor & Head of Otorhinolaryngology and Director – Academics at Amaltas Institute of Medical Sciences and Research, Amaltas University, India. With broad international exposure, he has authored 20+ publications, including research articles and unique case reports, and serves on the editorial boards of multiple journals. Dr. Gupta has chaired sessions and moderated panels at numerous national conferences and has been actively involved in surgical discussions and academic forums. His clinical and research interests span Otology, Rhinology, Audiology, and Laryngology. He is deeply committed to education, mentoring undergraduate and postgraduate students, guiding departmental research, and advancing institutional R&D initiatives. As a member of the Academic Council, he contributes to curriculum development and the strengthening of academic standards across programs.

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## The tsunami of antibiotic resistance as a global health crisis in otorhinolaryngology patients: a cross sectional study

**Dr. Mohamed Sheahat Taha**

Ain Shams University Hospitals/Faculty of Medicine/Ain Shams University, Egypt

**Milad, Ossama Ibrahim Mansour, Tarek Ashmawy, Heba Mahmoud Abdelmageed, Samia Abdou Girgis, Azza Omran, Anas Askoura, Omar Yassin, Amr Hamed, Mena Maher Nassif**

Ain Shams University Hospitals/Faculty of Medicine/Ain Shams University, Egypt

Background Antimicrobial resistance (AMR) has emerged as a significant challenge in the treatment of infections, especially in otorhinolaryngology (ORL) and particularly in countries like Egypt, where indiscriminate use of antibiotics, both within and outside healthcare settings, has exacerbated this issue.

**Objective:** Due to the desperate need for sustainable access to effective antibiotics, the patterns of antimicrobial resistance among ORL patients in Egypt were studied, and the implications for clinical management and public health were assessed. **Methods:** This cross-sectional study was conducted on 134 patients with ORL infections who were presented to the outpatient clinic at Ain Shams University Hospital. Swabs were taken from the ear, nose, or throat of the patients, followed by culture and sensitivity testing. Additionally, CBC and CRP tests were performed for all patients.

**Results:** Throat cultures: 61 samples were obtained, with group A beta hemolytic streptococci (GAS) being the most frequently isolated organism, with 37.7%, followed by Staphylococcus aureus, 27.9%. High levels of resistance were observed to Azithromycin and Cefixime. Ear Cultures: Fifty-eight samples were obtained, showing CoNS as the most frequently isolated organism with 17.2%, followed by Staphylococcus Aureus 15.5%, with significant resistance to cotrimoxazole and erythromycin. Nose cultures: 15 samples were obtained, coagulase-negative staphylococci (CoNS) were the most common isolate, 60%, followed by GAS, 33.3%, showing substantial resistance to Erythromycin and Cotrimoxazole.

**Conclusion:** Throat organisms were found to be more susceptible to Amoxicillin-clavulanic acid (ACA), Cefuroxime, and ceftriaxone, respectively. Ear organisms were found to be more susceptible to ACA, ceftriaxone, and cefuroxime, respectively, and nose organisms were found to be more susceptible to ACA, ceftriaxone, and ciprofloxacin, respectively. The high rates of resistance observed in common ORL pathogens call for urgent action in revising treatment protocols and enhancing antibiotic stewardship.

### Biography:

Dr. Mohamed Shehata Taha, MD, is a Professor and Head of ORL-HNS at Badr University in Cairo (BUC), Egypt, and Professor at Ain Shams University Hospitals. With over 34 years of experience in otorhinolaryngology, he specialises in head and neck surgery. Dr. Taha has contributed extensively to clinical practice, research, and academic development in the field. He is actively involved in research and review articles and serves as an Associate Editor for the Egyptian Journal of Otolaryngology (EJO) and EJENTAS. His expertise and leadership have made significant contributions to advancing ENT practices and education in Egypt and internationally.

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## Neural Encoding of Ling-6 Speech Sounds

**Dr. Reethee Antony**

Binghamton University, USA

Cortical auditory evoked potentials (AEPs) refer to neurophysiologic responses to sound stimuli (Davis, 1939). AEPs can be measured using amplitude measured in microvolts ( $\mu\text{V}$ ) and latency measured in milliseconds (ms) (Martin et al., 2008). The Ling-6 sounds include the speech sounds /a/, /i/, /u/, /s/, /sh/, and /m/ in the English language and have often been used in auditory assessment and rehabilitation (Stevens, 1998). However, little is known about the neural encoding of these clinically used speech sounds, hence the need for this study. Sixteen participants between the ages of 20 and 45 participated in the study. All participants were native speakers of American English. Prior to the study, written informed consent was obtained from each participant. Natural digitized speech stimuli were used for the study. The Ling-6 Sounds (i.e., /a/, /i/, /m/, /s/, /sh/, and /u/) were generated by a native English female speaker. The stimuli were presented to the participants in a sound-attenuated booth using insert earphones at 70 dB SPL. A passive paradigm was used, and the participants watched a closed-captioned movie without the audio during the testing. Gtec hardware and software were used to present the auditory stimuli and to measure the auditory potential. A 32-channel cap with gel was used to record the brain responses. The duration of the study per participant was approximately 90 minutes. Breaks were provided as needed. The AEP latencies and amplitudes will be measured. Statistical analysis will include analysis of variance ( $p < 0.05$ ). The neural signatures will be compared across participants and stimuli. The pattern of findings will be presented. The findings from the study have clinical implications in understanding the neurophysiologic responses to Ling-6 sounds.

### Biography:

Dr. Reethee Antony is an Assistant Professor in the Division of Speech and Language Pathology at Binghamton University, New York. She has over 50 presentations at regional, national, and international platforms. Her areas of expertise include electrophysiology, speech perception, multilingualism, and neurogenic communication sciences.

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## Tinnitus Station

### Dr. Mahaboob Shahnawaz

Danaah Medical Technologies Pvt Ltd, India

Summary: - Tinnitus Diagnostics (Tinnitus Station) This diagnostic tool addresses the limitations of standard audiometry by providing high-frequency testing and “One-Hertz” precision for clinical accuracy.

- Tinnitogram: Locates the exact tinnitus frequency using one-hertz steps from 100 Hz to 13,500 Hz. It can test right, left, or both ears simultaneously with various tone types (short, pulse, continuous).
- Pitch and Loudness Matching: Uses procedures like 2AFC (Alternate Forced Choice) and octave frequency sweeps to identify gross frequencies and matching volumes.
- Minimum Masking Level (MML): Determines the lowest level of broadband noise required to suppress the patient’s tinnitus perception during a clinical session.
- Residual Inhibition (RI): A specialized test that presents noise at a sensation level for 60 seconds to see if the patient can temporarily inhibit their tinnitus. Success in this test indicates the patient is a good candidate for sound therapy.
- Octave Confusion Test: Verifies that the patient has identified the correct pitch rather than an octave above or below the target frequency.

Tinnitus Management (Tinnitus Trio) The management software, known as the Tinnitus Trio, is an Android-based platform that uses “Acoustic Neuromodulation” to help the brain habituate to or ignore tinnitus sounds.

Four Specialized Modules:

- Tonal (Desensitization): Targeted tones from 150 Hz to 13,500 Hz.
- Noise (Suppression): Uses broadband noise from 150 Hz to 13,000 Hz to counteract the internal perception of tinnitus.
- Environmental (Adaptations): Offers 250 calibrated environmental sounds.
- Musical Treatment (Relaxation): Provides 250 tracks of filtered music specifically designed to reduce patient stress.

### Biography:

Dr. Mahaboob Shahnawaz is a veteran audiologist and speech therapist with nearly 50 years of experience in the field. He specializes in audiology and speech therapy, serving as a consultant in hospitals across India and the UAE. He trained at the All-India Institute of Speech and Hearing in Mysore, India, and has worked extensively in clinical settings. His career includes roles at facilities like Park Super Specialty Clinic in Bangalore and Dubai Hospital, where he held positions such as Head of Audiology.

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## New Audiometry, The New Gold Standard

### Mr. Martin Sørnes

Founder of Hearoll Medical Inc, Norway

We still test hearing in the same way today as in the birth of Audiology in the years after WW2. The name "Pure-tone audiometry" was implemented in the early 70's, when there was a need for a global standardization. There has been only one Nobel Prize awarded in the field of Audiology. The need for a new audiometry has been evident for quite some time. This quote from Schuknecht & Gacek is from 1993: "The pure-tone audiogram can show normal auditory thresholds with only 10% of auditory fibers intact." This statement points directly to the fact that pure-tone audiometry is based on measurements in silence, while a lot of our auditory fibers are constructed to help us hear one sound over other competing sounds. Research from Stanford University has confirmed that there is no correlation between discrimination tests performed in silence and in noise. To rethink Audiology as a whole is no longer a possibility it is a necessity. Sørnes will talk about Hearoll Medical Inc's work towards a relevant and more accurate hearing assessment.

### Biography:

Mr. Martin Sørnes is an audiologist with experience from both public and private hearing clinics. He is the founder of Hearoll Medical, where he is working to develop a new approach to audiometry centered on functional hearing and real-world listening performance. His work challenges the traditional reliance on pure-tone audiometry, emphasizing the gap between clinical measurements in silence and patients' actual communication difficulties in everyday environments. Sørnes focuses particularly on speech-in-noise testing and the need for standardized, scalable methods that better reflect real-world hearing function. He is a Global Fellow at HITLAB (New York) and a Fellow of the Royal Society of Arts (RSA). Through his work, he aims to contribute to a shift toward more relevant, data-driven, and patient-centered hearing assessment frameworks.

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## **Analysis of 530 Cases of Tinnitus in Costa Rica: Effectiveness of Tinnitus Band Therapy (TBT Olmo)**

**Dr. Juan Carlos Olmo Cordero**

Centro Audición / President of the Costa Rican Association of Audiology (ACOA), Costa Rica

### **Centro Audición**

President of the Costa Rican Association of Audiology (ACOA), Costa Rica

Tinnitus is a prevalent clinical challenge affecting approximately 15% of the population, often presenting as a debilitating disorder when linked to emotional distress and neural hyperactivity. This presentation details the longitudinal clinical outcomes of 530 patients treated at Centro Audición in San José, Costa Rica, between 2023 and 2026. The study focuses on the implementation of a proprietary integrative protocol, Tinnitus Band Therapy (TBT Olmo), which synthesizes sound therapy, neurophysiological retraining, and cognitive-behavioral counseling. Etiological analysis reveals a predominance of idiopathic and stress-related cases (with or without hearing loss) (42%), followed by noise-induced hearing loss (23%) and presbycusis (15%), with a significant correlation between stress and symptom exacerbation reported by 83% of the cohort. Clinical efficacy was measured using the Spanish-validated Tinnitus Handicap Inventory (THI). Results demonstrate a highly significant reduction in average scores, from an initial baseline of 41.4 (moderate handicap) to a post-intervention mean of 15.7 (mild to no handicap). Furthermore, the talk explores the role of AI-driven hearing aids in refractory cases. The data confirms that an interdisciplinary approach—anchored in audiological diagnosis, evidence-based sound enrichment, and professional counseling—achieves a 71% improvement in patient quality of life. This session provides a neuroscience-based roadmap for moving from patient distress to cortical habituation, highlighting the importance of the audiologist as a primary care coordinator in the management of “phantom” auditory perceptions.

### **Biography:**

Dr. Juan Carlos Olmo Cordero is a senior clinical audiologist with 34 years of continuous practice in the public and private sectors in Costa Rica. He is a co-founder of the professional Audiology degree in the country and holds a master's degree in Audiology and University Education. He has served as President of the Costa Rican Association of Audiology and is a certified Course Director for the Council for Accreditation in Occupational Hearing Conservation (CAOHC), USA. Dr. Olmo is an international lecturer and author of the “Guide for People Suffering from Tinnitus 2026.” He specializes in complex diagnostic audiology, prosthetic adaptation, and neurophysiological tinnitus management.

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April 30 - May 1, 2026 | Tokyo, Japan

## The Fuel and the Flex: Activating Cultural Humility in the Therapeutic Relationship

### Dr. R. Danielle Scott

Ph.D., CCC-SLP, University Charlotte, United States

Research across medicine, counseling psychology, and speech-language pathology consistently demonstrates that the strength of the clinician-client alliance is among the most powerful predictors of treatment outcomes (Scott, 2025). Yet in clinical training programs, the relational dimensions of practice are often treated as secondary to technical skill development. This presentation argues that cultural humility, as conceptualized by Tervalon and Murray-Garcia (1998) is not a supplementary competency, but the essential fuel that powers meaningful, trust-centered therapeutic relationships with culturally and linguistically diverse (CLD) clients and families. Drawing on Scott's (2025) qualitative study of speech-language pathologists and therapeutic relationships, this session explores the critical components of rapport, trust, and partnership that characterize strong clinical alliances, and the role of ongoing self-reflection, power-checking, and cultural responsiveness in sustaining them. Participants will examine how cultural humility moves beyond checklist-driven competence models toward a lifelong, justice-oriented clinical stance. The session also introduces the Culture Flex framework (Scott & Mahowald, 2025), which integrates three interconnected orientations, cultural responsiveness (doing), cultural humility (being), and cultural flexibility (moving), to support clinicians in centering culture as a valued asset in clinical practice. Reflective prompts will guide participants in applying these principles across diverse clinical contexts, populations, and settings.

### Biography:

Dr. R. Danielle Scott, Ph.D., CCC-SLP (she/her) is an Associate Clinical Professor at Northeastern University Charlotte in the Communication Sciences & Disorders Program. Dr. Scott is deeply committed to the work of justice, belonging, and liberation. A Northeastern University Center for Advancing Teaching and Learning Through Research (CATLR) Innovative Teaching Excellence Fellow, Dr. Scott's work in anti-oppressive pedagogy continues to shape her teaching, scholarship, and service. Her research pertains to cultural humility and therapeutic relationships.

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