	Available Therapies	Medications
Traumatic olfactory dysfunction	▪ Olfactory training such as patients are exposed to multiple different odors twice daily for at least 24 weeks [20]	▪ Potential use of electrical stimulation[21] ▪ Avoid medications that cause mucosal drying or xerostomia.[4]
Visual deficits (Treatment depends on etiology)	▪ 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]	▪ Some studies have noted faster recovery times with the use of corticosteroids[11]
Vestibular function	▪ 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	Strong recommendation: Tricyclic antidepressants, gabapentinoids, SNRIs [26] Weak recommendation: Lidocaine patch, capsaicin 8% ptch, subcutaneous injection of botulinum toxin type A[26] Generally not recommended for chronic non-cancer pain but may have some evidence of beneficial effect: opioids, tramadol [26-27]
Surgical Treatments		
Trigeminal neuralgia	▪ Microvascular decompression of the trigeminal nerve root ▪ Ablative procedures (rhizotomy, radiosurgery, peripheral neurectomy) (Of note, a complication of surgical therapy is post-traumatic trigeminal neuropathy, which may be more painful than trigeminal neuralgia.)	
Arteriovenous malformations	▪ Microsurgical excision ▪ Stereotactic radiosurgery ▪ Endovascular embolization[28]	