GOV. MSG. NO. 792

Denby K. F. Rall, Au.D., CCC-A

Tripler Army Medical Center 3-C
1 Jarrett White Rd.
Honolulu, HI 96859

Education/Certification

Central Michigan University – Mt. Pleasant, Michigan
Doctor of Audiology

University of Hawaii at Manoa – Honolulu, Hawaii
Bachelor of Science, Speech Pathology and Audiology

American Speech-Language and Hearing Association (ASHA)
Certificate of Clinical Competence in Audiology (CCC-A)

State of Hawaii Licensed Audiologist

Professional Experience

Tripler Army Medical Center –January 2009 to present (40 hours/week)

1 Jarrett White Road, Honolulu, Hawaii, 96859
Chief of Audiology, TBI Audiologist

Employee supervises military personnel and civilian employees assigned to the TAMC Audiology Clinic. Employee plans, organizes work to be accomplished, establishes priorities, and monitors progress in terms of timeliness and accuracy of work performed. Assigns work to subordinates based on priorities and the capabilities of employees with direction of all Audiology elements, in support of Tripler Army Medical Center (TAMC) and Army Health Care Clinic (AHC), and Hearing Programs (HP). Performance standards are established and used to evaluate work performance of subordinates and administer disciplinary action such as warnings and reprimands involving nonsupervisory subordinates. Provides advice, counsel or instruction to employees on both work and administrative matters. Interview candidates for positions and recommends appointment, promotion, or reassignment to such positions. Employee is involved and has input on work problems presented by employees, and hears and resolves group grievances and effects and recommends action in more serious cases. Identifies and recommends developmental and training needs of employees. Reviews for improvement of performance are accomplished to ensure the most effective and efficient operation. Develops appropriate guidance for TAMC Audiology operations and facilities where existing guidance is inadequate or where guidance is nonexistent. Research, analyze, review, evaluate, and makes recommendations on requests to deviate from established practices or regulations submitted by TAMC subordinate units. Evaluates and recommends approval/disapproval of drawings, plans, and specifications for facilities, equipment, and operations involving Audiology elements.

Performs duties as a Traumatic Brain Injury (TBI)/Bran Injury Clinic (BIC) and general Audiology clinical audiologist providing quality audiology services to all categories of patients eligible to receive authorized health care at Tripler Army Medical Center. Evaluates patients with suspected and confirmed communication disorders. Independently selects appropriate tests for evaluation of hearing for premature infants, full term newborns, infants, children and adults. Cases often require a broad range of testing due to the adverse conditions affecting the evaluation process such as lack of cooperation, and the presence of inconsistent or conflicting test results due to the patient's age or the presence of handicaps or the presence of congenital hearing defects.

a. Pediatric testing as needed: Responsible for the early identification of hearing loss and early aural rehabilitation of hearing impaired children. Coordinates special pediatric appointments with parents, audiology technical staff, physicians, nurses and other appropriate hospital personnel regarding sedation procedures necessary for evaluating very young patients with

Auditory brainstem response testing. Uses visual reinforcement audiometry and conditioned play audiometry as needed.

b. Special testing: Maintains a working knowledge of auditory electrophysiological tests to identify central nervous system or brainstem pathologies and vestibular tests to include posturography, rotary chair, and electro or video nystagmography (ENG/VNG). Utilizes otoacoustic emissions and acoustic reflex testing to assist in locating the site of lesion within the auditory system. Utilizes state-of-the-art technology to evaluate patients with inconsistent or conflicting test results. Requires a working knowledge of the most complex test protocols and tests for non-organicity. Must possess the theoretical aspects of psychoacoustics to implement comprehensive audiometric test batteries that will identify the underlying pathology.

Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, auditory brainstem response (ABR)

Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing, ABR

Determination between conduction and sensorineural hearing loss.

Established Pre-operative baseline hearing levels and Re-tested post-operative hearing levels, Ototoxic Monitoring, Fitting of personal hearing protection

Electrophysiological testing – including diagnostic and retro-cochlear auditory brainstem response testing – completed on adults, sedated and non-sedated pediatric populations.

Cranial-Facial team diagnostic hearing evaluations, Active Duty, Dependent, and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification

Real-Ear Measurement with the Audioscan Verifit in the pediatric population.

Diagnostic Vestibular Evaluation for active duty, dependents, traumatic brain injury (TBI) – determining between central and peripheral vestibular site of lesion, assessment of vestibular rehabilitation candidacy. Utilizing testing procedures and equipment including but not limited to: Videonystagmography (VNG), air caloric testing, rotary chair-slow harmonic acceleration testing and step velocity testing, Computerized Dynamic Posturography (CDP), Fukuda Stepping Test, Dix-Hallpike and Roll Test for posterior/anterior and horizontal Benign Paroxysmal Positional Vertigo (BPPV), Head shake test, unilateral centrifugation testing, OVAR testing, subjective visual vertical, Dynamic Visual Acuity testing.

Assessment of Vestibular Rehabilitation candidacy

Recommendation for vestibular rehabilitation

Canalith Repositioning Maneuver for BPPV rehabilitation

Vestibular rehabilitation program and Aquatic rehabilitation program

Cochlear Implant mapping and functional gain testing

Report Writing

Patient and Parent Counseling

Traumatic Brain Injury Team /Concussion Clinic provider

c. Counseling: Independently counsels adult patients and families of children as to the diagnosis and makes recommendations for necessary referrals. Makes appropriate referrals to other medical services such as ENT, Neurology, and Genetic Counseling. Determines the most effective treatment plan for the patient and initiates treatment.

d. Treatment: Selects appropriate treatment protocols to include: communication strategies, fitting of hearing aids, assistive listening devices and cochlear implants. Verifies and

validates with real-ear measures and/or other objective and subjective measures, the outcome of the proposed treatment plan.

Remains abreast of current literature in the field of audiology; participates in ongoing applied research, and provides audiological instruction for GME to Otolaryngology residents, other TAMC personnel, and graduate interns. Supervises and assists in the development of clinical practicum for audiology graduate students. Maintains a working knowledge of the readiness and profiling requirements for Army active duty service members. Coordinates, schedules, and serves as team leader for on-site evaluations of hearing program efforts conducted by organizations external to TAMC. Provides input to other Federal interactions concerning Audiology program matters. Represents TAMC at conferences, meetings, symposia, workshops, and other such functions. Participates in committees, panels, working groups, etc. Serves as a subject matter expert and technical advisor with regard to Audiology, Audiology related TBI matters and hearing conservation matters as needed.

Keeps informed of current and proposed technical and managerial developments in the Army Hearing Program, and changes in the industry; determines, formulates, and institutes appropriate changes in the TAMC Hearing Program to assure the program embodies state of the art practices and policies. Analyzes plans and procedures, identifies inadequacies, and prescribes measures to enhance Audiologic elements and eliminate or otherwise control hearing-safety hazards and to remedy program deficiencies. Assist and supervise the Army Hearing Program active duty provider to assess Hearing Program compliance with applicable legislation, regulations and policies including those generated by Occupational Safety and Health Administration (OSHA), National Institute of Occupational Safety and Health (NIOSH), DoD, Joint Commission (JC), MEDCOM, and TAMC. Provides analyses and critical reviews of new and proposed standards, regulations, and other publications to ensure technical accuracy and to determine their impact and potential application within TAMC. Evaluates safety and occupational health suggestions for technical accuracy and feasibility, and implements acceptable proposals. Devises and recommends new methods, programs, and policies to bring deficient areas into compliance with applicable Hearing Program legislation, regulations, and policies. Interprets, modifies, and extends as necessary existing standards, regulations, and policies to safely and effectively accomplish TAMC subordinate activity's hearing program missions. Exercises technical supervision over TAMC Audiology personnel and resources. Determines requirements for Hearing Conservation Technician training of TAMC personnel, and ensure completion of the development and implementation of instructional courses or packages for use in conducting training classes in hearing conservation for Unit Hearing Safety Officers, hearing technicians, and their supervisors or managers. Sets priorities, furnishes administrative advice and assistance as required to resolve problems and assure continuity of work effort. Instructs subordinates relative to new or revised policies, procedures, methods and techniques. Evaluates, researches, and resolves existing or potential problems relative to Audiology efforts which are identified by the TAMC Commander and other staff elements, subordinate activities, DoD, DA, and other federal agencies. Provides technically sound advice and accurate information in response to inquiries. Subject matter expert and consultant regarding speech intelligibility issues, personal protective equipment, and engineering and administrative controls necessary to accomplish the Audiology mission. Furnishes expert technical guidance and advice to higher headquarters, other government organizations, professional societies, the private sector, etc., on issues having broad impact and application.

Tripler Army Medical Center –February 2008 to May 2008 (40 hours/week)
1 Jarrett White Road, Honolulu, Hawaii, 96859
Supervisor – Amy Hines, M.S. – Chief of Audiology

Residency	
	Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, auditory brainstem response (ABR) Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing, ABR Determination between conduction and sensorineural hearing loss. Established Pre-operative baseline hearing levels and Re-tested post-operative hearing levels Ototoxic Monitoring Hearing Conservation - diagnostic testing and processing Fitting of personal hearing protection Electrophysiological testing – including diagnostic and retro-cochlear auditory brainstem response testing – completed on adults, sedated and non-sedated pediatric populations. Cranial-Facial team diagnostic hearing evaluations Active Duty, Dependent, and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification Real-Ear Measurement with the Audioscan Verifit in the pediatric population. Diagnostic Vestibular Evaluation for active duty, dependents, traumatic brain injury (TBI) – determining between central and peripheral vestibular site of lesion, assessment of vestibular rehabilitation candidacy. Utilizing testing procedures and equipment including but not limited to: Videonystagmography (VNG), air caloric testing, rotary chair-slow harmonic acceleration testing and step velocity testing, Computerized Dynamic Posturography (CDP), Fukuda Stepping Test, Dix-Hallpike and Roll Test for posterior/anterior and horizontal Benign Paroxysmal Positional Vertigo (BPPV), Head shake test Assessment of Vestibular Rehabilitation candidacy Recommendation for vestibular rehabilitation Canalith Repositioning Maneuver for BPPV rehabilitation Cochlear Implant mapping and functional gain testing Report Writing Patient and Parent Counseling

Newport-Mesa Audiology Balance and Ear Institute –July 2007 to January 2008 (40 hours/week)

500 Old Newport Boulevard suite 101, Newport Beach, California, 92663

Supervisor – Howard Mango, Au.D., Ph.D.

Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, auditory brainstem response (ABR)

Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing, ABR

Determination between conduction and sensorineural hearing loss.

Established Pre-operative baseline hearing levels

Re-tested post-operative hearing levels

Ototoxic Monitoring

Auditory Evoked Potential and Electrophysiological testing – including diagnostic and retro-cochlear ABR – completed on adults, non-sedated pediatric populations. Auditory Stead State Response (ASSR), Stacked ABR, CHAMP testing for cochlear hydrops/Meneire's Disease diagnosis, Vestibular Evoked Myogenic Potential (VEMP)
Adult and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification
Real-Ear Measurement with the Audioscan Verifit and Visi-Speech platforms
Diagnostic Vestibular Evaluation – determining between central and peripheral vestibular site of lesion. Utilizing testing procedures and equipment including but not limited to: Videonystagmography (VNG), air caloric testing, traditional rotary chair-slow harmonic acceleration testing and step velocity testing, Computerized Dynamic Posturography (CDP)-including the Sensory Organization Test, Motor Control Test, and Adaptation test. Fukuda Stepping Test, Dix-Hallpike and Roll Test for posterior/anterior and horizontal Benign Paroxysmal Positional Vertigo (BPPV), Head shake test, CHAMP, VEMP, Computerized Dynamic Visual Acuity Testing, Subjective Visual Vertical (SVV) testing, Subjective Visual Horizontal (SVH) Testing. Vestibular Auto Rotation Testing (VAT), unilateral centrifugation with and without SVV.
Training, calibration, and use/testing with the Neuro-kinetic Institute Rotary Chair with Unilateral Centrifugation and Off-Vertical Axis Rotation.
Assessment of Vestibular Rehabilitation candidacy
Canalith Repositioning Maneuver for BPPV rehabilitation
Planned and Administered Vestibular Rehabilitation
Worked in conjunction with a physical therapist for vestibular rehabilitation and gait therapy.
Report Writing
Patient and Parent Counseling

Central Michigan University –August 2004 to May 2007 (various hours/week)
Health Professions Building 1101, Mt. Pleasant, Michigan, 48858
Supervisors – M. Dawn Nelson, Ph.D., Sandra Rayner, Au.D., Kate Glynn, M.S., Jill Bolman, M.S., Michael Stewart, Ph.D., and Gail Weddington, Ph.D.

Participate in various aspects of audiology and clinical mentoring
Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, auditory brainstem response (ABR)
Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing, ABR Determination between conduction and sensorineural hearing loss.
Auditory Evoked Potential and Electrophysiological testing – including diagnostic and retro-cochlear ABR – completed on adults, non-sedated pediatric populations. Auditory Stead State Response (ASSR), Vestibular Evoked Myogenic Potential (VEMP)
Adult and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification

Real-Ear Measurement with the Audioscan Verifit platform
Diagnostic Vestibular Evaluation – determining between central and peripheral vestibular site of lesion, Utilizing testing procedures and equipment including but not limited to: Electonystagmography (ENG), Videonystagmography (VNG), air caloric testing, traditional rotary chair-slow harmonic acceleration testing and step velocity testing, Computerized Dynamic Posturography (CDP)-including the Sensory Organization Test, Motor Control Test, and Adaptation test. Dix-Hallpike and Roll Test for posterior/anterior and horizontal Benign Paroxysmal Positional Vertigo (BPPV), VEMP
Canalith Repositioning Maneuver for BPPV rehabilitation
Direct and manage Central Auditory Processing Disorder testing
Educational Audiology – Midland County ESA – appropriate fitting and teacher trainings for FM system use, installation of Sound Field FM systems, trouble shooting in school settings.
Cochlear Implant mapping
Report Writing
Patient and Parent Counseling

Kapiolani Medical Center for Women and Children / Pali Momi – June 2006 to August 2006
1319 Punahou Street, Honolulu, Hawaii 96826 **(40 hours/week)**
Supervisor – Yusnita Weirather, M.S.

Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, auditory brainstem response (ABR)
Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing, ABR
Determination between conduction and sensorineural hearing loss.
Adult and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification
Real-Ear Measurement with the Audioscan Verifit platform
Electonystagmography (ENG)
Dix-Hallpike and Roll Test for posterior/anterior and horizontal Benign Paroxysmal Positional Vertigo (BPPV), Canalith Repositioning Maneuver for BPPV rehabilitation
Direct and manage Central Auditory Processing Disorder testing
Cochlear Implant mapping
Report Writing
Patient and Parent Counseling

Professional Hearing ENT – January 2006 to April 2006 (8 hours/week)
2045 Asher Court, Lansing, Michigan, 48823
Supervisor – Cathy Stewart, M.S.
Unpaid internship

Adult Hearing Evaluations – including otoscopy, tympanometry, otoacoustic emissions (OAE), air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing,
Pediatric Hearing Evaluations – including otoscopy, tympanometry, OAE, air conduction and bone conduction pure tone testing, use of effective masking, speech detection testing, speech reception testing, conditioned play audiometry, visual reinforcement audiometry (VRA), sound field testing,
Adult and Pediatric Hearing Aid Recommendation, Selection, Fitting, and Modification

Presentations and Publications

Presentations:

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2021.

Rall DK: Audiology. Otolaryngology Updates, Honolulu, HI, October 2020.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2020.

Rall DK: Audiology. Otolaryngology Updates, Honolulu, HI, October 2019

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2019.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Mar 2018.

Rall DK: Tinnitus, Honolulu, HI, October 2017

Rall DK: Audiology. Otolaryngology Resident Training, Honolulu, HI, July 2017.

Rall DK: TBI and Audiology, Honolulu, HI, June 2017.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2017.

Rall DK: Tinnitus for Behavioral Health, Honolulu, HI, Jan 2017.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2016

Rall DK: Audiology. Otolaryngology Updates, Honolulu, HI, October 2015.

Rall DK: Hearing Science. Otolaryngology Resident Training, Honolulu, HI, Sept 2015.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2015.

Rall DK: Audiology. Otolaryngology Resident Training, Honolulu, HI, Sept 2014.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2014.

Rall DK: Audiomentry and Vestibular Function Testing. Otolaryngology Resident Training, Honolulu, HI, Sept 2013.

Rall DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2013.

Rall DK: Audiology. Otolaryngology Resident Training, Honolulu, HI, Sept 2012.

Fukuda DK: Audiology Overview. Otolaryngology Resident Review, Honolulu, HI, Feb 2012.

Fukuda DK: Vestibular Diagnostic and Rehabilitation. Otolaryngology Resident Training, Honolulu, HI, Sept 2011.

Fukuda DK: Vestibular Function Testing. Otolaryngology Resident Review, Honolulu, HI, Nov 2011.

Fukuda DK: Bedside Vestibular Testing. Otolaryngology Update for the Primary Care Provider, Honolulu, HI, Oct 2010.

Fukuda DK: Vestibular Testing. Otolaryngology Resident Training, Honolulu, HI, Sept 2010.

Fukuda DK: Vestibular Diagnostic and Rehabilitation. Otolaryngology Resident Review, Honolulu, HI, Feb 2010.

Fukuda DK: Dizziness and Balance. Otolaryngology Resident Training, Honolulu, HI, Sept 2009.

Fukuda DK: Overview of Otolith Function Testing. Otolaryngology Resident Training, Honolulu, HI, July 2009.

Fukuda DK: Vestibular Rehabilitation. Traumatic Brain Injury Meeting, Honolulu, HI, July 2009.

	Publications: Fukuda DK, Ramsey, MJ. *Audiometry*. Encyclopedia of Otolaryngology, Head and Neck Surgery 199-206. 2013.
Volunteer / Leader Experience and Affiliations	**Chief of Audiology, Tripler Army Medical Center** February 2011 to present **American Association of Audiology** Fall 2004 to 2012 **American Speech and Hearing Association (ASHA)** Fall 2004 to present **American Balance Society** 2009 to present **National Association of Future Doctors of Audiology** Fall 2004 to 2007 Chapter President (2006-2007) **Mortar Board Honor Society** University of Hawaii at Manoa – Hui Pookela Chapter Spring 2003 to 2004 Service and Social Chair (2003-2004) **Golden Key National Honour Society** University of Hawaii at Manoa Fall 2002 to Spring 2004 **Michigan Special Olympics** *Summer(s) 2004, 2005, 2006* **Hawai'i Special Olympics** *Summer(s) 1996, 1997, 1998, 2003, 2009, 2010, 2013, 2014, 2015,2018, 2019*