Table 2. Components of the rehabilitation model for severe tinnitus.

**Intervention Strategy** 

Medical	Pharmacology targeting neuroinflammation and neurotransmitter imbalance (e.g., CGRP antagonists, anti-seizure drugs)	Stabilizes neural circuits and reduces central sensitization
Lifestyle	Stress reduction, improved sleep hygiene, anti-inflammatory diet	Reduces triggers of neuroinflammation and lowers threshold for flare-ups
Behavioral	CBT, ACT, mindfulness-based practices	Alleviates emotional burden, reduces hypervigilance
Physical Medicine	Physical therapy for somatic tinnitus (e.g., TMJ or cervical dysfunction)	Alleviates musculoskeletal contributors to tinnitus

## Monitoring and Support Regular follow-ups, motivational coaching, easy (telemedicine) access

condition

Domain

**Physical Education** 

**Target Outcome** 

Maintains long-term engagement and behavioral changes

Long-term recovery and improved quality of life

Empowers patients, ensures adherence to

interventions

**Expected Impact** 

Improved brain health, reduced severity and frequency of tinnitus flare-ups

Tools for self-management and understanding of