PEDIATRIC AUDIOLOGY/ CHDD/UWMC

AUDIOLOGICAL EVALUATION TEST DATE: May 8, 2017

HISTORY

Name: Kendall McGowen

Age: 24 months Reason for visit: Hearing evaluation due to concerns about language development Hearing history: Kendall passed a newborn hearing screening at Evergreen Hospital. Middle ear history: Kendall has a negative history of ear infections. Family history of childhood hearing loss: negative Medical home: Kendall is followed by Alice Harper, ND, in Monroe.

TEST RESULTS

Behavioral Assessment

Procedure: visual reinforcement audiometry (VRA): a child is taught to respond to auditory stimuli with a head turn response toward the sound, and the child is then rewarded with the activation of a mechanical toy. Threshold is determined as the lowest decibel (dB) level at which the child responds a minimum of two times. Testing was completed using a test assistant in the test room with the child. A judgment of the reliability of the child's responses is noted on the audiogram.

Normal range: Normal hearing is defined as thresholds of 0-20 dBHL

Results: Kendall demonstrates a soundfield speech awareness threshold of 20 dBHL. She could not be conditioned to provide reliable responses to frequency-specific tones and narrowband noise at 500 and 2000 Hz.

Evoked Otoacoustic Emissions

Procedure: The status of the child's peripheral hearing status was evaluated using distortion product evoked otoacoustic emissions (DPOAE). OAEs are acoustic signals generated by the cochlea in response to external auditory stimulation. OAEs are thought to be generated by the outer hair cells within the cochlea and are independent of neural activity.

Normal range: A normal DPOAE response is indicated by a signal to noise response (SNR) greater than 5 dB and a minimum DP level of -8. Individuals with normal cochlear function have robust OAEs in response to stimulation from 1000-5000 Hz, whereas individuals with hearing loss greater than 30 dB HL show no OAE in the frequency region of the hearing loss. **Results:**

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Kendall has normal auditory function in both ears. Specifically, she demonstrates robust otoacoustic emissions across the frequency range of 1500 to 6000 Hz in both ears. She demonstrates normal hearing sensitivity for a broadband speech stimulus during behavioral soundfield (speaker) testing. During behavioral hearing testing, she was not able to provide consistent responses to frequency-specific tones and narrow-band noises.

RECOMMENDATIONS

Hearing can change throughout childhood;

- Screen hearing yearly from age 4 to 16 at regular well-child visits and in public school according to national health guidelines.
- If there are concerns about a change in hearing, it is recommended that a child's hearing be evaluated by an audiologist.

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cc: parents (Kelsey & Jackson McGowen), primary care physician (Dr. Alice Harper)

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