

Practical Exam



1. Overview

The practical examination is designed in different forms in each state, but the main courses are divided into three categories: audiometric test, ear impression and fittings.

Advisors and authors may suggest different ways for preparing for the practical examination. This book is solely focused on passing the exam, nothing else. In reality, the practices in the practical examination are not the same as the practices in the real world. This does not mean the methods in conducting a practical examination are not important. Rather, the practical examination sets the foundation for real-world practice in your future hearing aid dispensing business.

We will remove all unnecessary jargons or wordings in this text. The core elements to be memorized will familiarize the test-taker with the exam. It is important to imagine what will happen in the exam and visualize the test-taking environment.

Obtain the following items to prepare for the practical examination:

- 1) Buy a used audiometer on the internet. Find it on eBay.com, or visit the web site at <http://www.majestllc.biz/5.html>. You may find a local hearing aid dispensing office and ask to rent old equipment, or make an offer to buy old equipment. I recommend when it is available, you must practice with the audiometer in real setting you can prepare. You may find a great audiometer made by Starkey and GN Otometrics,
- 2) Buy Sanitizing cloths that cost about \$5, and a medium-sized hand sanitizer at Target, CVS or other department store. Always use the sanitizing cloth during the practical exam practice, without exception.
- 3) If you do not have an otoscope, buy inexpensive otoscope on eBay.com or from an ENT supplier on the internet. For example, search "otoscope" on eBay.com where there are many otoscopes that cost between \$20 and \$30. You can buy one suitable for your needs after you pass the practical exam. You do not need to spend \$200 to \$300 on an expensive otoscope at this point.
- 4) Order a tube enlarger, tube puller, and regular-size tube from an ENT supplier such as Oaktree. (www.oaktree-products.com)
- 5) Order the ear impression material kit from Modus Publication Company at www.hadexam.com. This is an amazing kit that comes with an ear light, ear impression power, liquid, syringe, and cotton blocks. There are about 25 quantities of impression materials. This is the easiest way to prepare for the ear impression test.
- 6) Buy one cheap BTE or ITE hearing aid on the internet. You may spend \$10 each. Do not worry about the function or performance. If BTE has MTO switches and volume control, it would be more than enough.
- 7) Have one clean white towel on the table to place all your materials.
- 8) Buy all necessary parts or material as needed, but the above-mentioned items are sufficient to practice the exam.

2. Audiometric Testing

The proctor will explain the whole procedure briefly. After that, the time is clicking and calculated.
The test starts at this point.

1) Setup the audiometer

>>> The proctor will ask test-takers to set-up the audiometer to prepare for a test.

1. First, find an electrical outlet for the audiometer.
2. Place the clean towel on the table
3. Place the otoscope, left specula, right specula, hand sanitizer, and sanitizing cloth on the towel.
4. Spend 10 to 15 seconds sanitizing your hands.
5. Take one sanitizing cloth, and clean the headphone completely and place on the towel.
Be sure to clean inside headset as well.
6. Clean the bone oscillator using a sanitizing cloth. Place the bone oscillator on the towel.
7. Clean the audiometer.

You should finish this part in 2 minutes

8. State clearly the following biological check:

First, I do the biological check. Every morning, after I clean up the equipment, I check the air, bone and masking frequencies and intensity. Also, I calibrate my audiometer annually.

9. After stating the biological check, take one sanitizing cloth and clean the headphone again.
Wear the headphone so that the red side is on the right ear and the blue side is on the left ear.
10. Sit down on the chair and choose 1000 Hz. Increase and decrease the intensity dial or knob for 5 seconds.
11. Stand up and take one sanitizing cloth and clean the headphone that was just used.
Place the headphone on the towel.
12. Take one new sanitizing cloth and clean the bone oscillator, and place the bone oscillator on the mastoid area. Be sure the bone oscillator does not touch the Pinna or hair.
13. Increase and decrease the intensity at 1000 Hz.
14. Take one new sanitizing cloth, clean the bone oscillator, and place the bone oscillator on the towel.
15. Do with the Headphone for the air conduction test, and do with Bone Oscillator for the bone conduction test.

16. State clearly as follows:

Everything seems to be fine. I have finished the biological check.

You should finish the biological check in 3 minutes.

2) Otoscopic inspection

>>> After your statement, the proctor may say examine the ear canal before the audiometric testing.

1. Tell the instructor about the examination of ear canal

Now, I examine the ear canal of my patient. Mr. A, I will examine your ear canals with my otoscope. I will start with your right ear by a bridge and brace technique.

2. After sanitizing your hands, pick up the otoscope and the specula with right tip and CLEAN.
Use the bridge and brace technique.

3. Describe the conditions of right ear:

I see the first bend; the ear canal wall is clean and free of earwax. I see the second bend and the eardrum is clear. I see the cone of light. External pinna looks normal. Color and texture appear well. (Look at the backside of the pinna.)

4. Clean the right specula. Put the specula on the table and change to a left specula.

5. Describe all the conditions of the left ear:

I see the first bend; the ear canal wall is clean and free of earwax. I see the second bend and the eardrum is clear. I see the cone of light. External pinna looks normal. Color and texture appear well. (Look at the backside of the pinna.)

6. Clean the otoscope and put it down on the clean towel.

7. State clearly as following:

Both ear conditions are suitable for the audiometric testing.

8. Otological conditions

At this moment, I ask about eight otological conditions set by the FDA for any referrals before I perform the audiometric testing. Mr. A, please answer clearly.

1. Do you have congenital or traumatic deformity of the ear?
2. Do you have a history of active drainage within the last 90 days?
3. Do you have a history of sudden or rapid hearing loss within the last 90 days?
4. Do you have acute or chronic dizziness?

5. Do you have unilateral hearing loss of sudden or recent onset within the last 90 days?
6. Do you have an audiometric air-bone gap equal to or greater than 15 dB at 500, 1000, 2000 Hz?
7. Do you have visible evidence of significant cerumen or foreign body in the ear canal?
8. Do you have pain or discomfort in the ear?

3) Audiometric testing

If all items are answered in the negative, then proceed to the audiometric testing. **Mr. A, do you have a better ear? (Your subject should say NO) Then I will start with your right ear. Mr. A, you will hear a series of beep tones. When you hear beep tones, please raise your hand. It is also important to raise your hand even if the sound is very faint or very small.**

1. Turn the position of the subject 90 degrees.
2. Before putting on the headphone or bone oscillator, I must clean up the headphone or bone oscillator.
3. Before I put the bone oscillator, I must sanitize my hands.
4. Before placement of headphones, I must check with two fingers for collapsed canals.
5. I place the headphone from the front.
6. I place the headphone from right to left.
7. There will be 4 to 5 questions.
8. Wash hands, headphone, and bone oscillator before and after the audiometric test.

1. Begin by testing both ears using air conduction testing at 250, 500, and 1000 Hz.
(or 500, 1000, 2000, or 1000, 2000, 4000)

State: Now I will perform the air conduction test. I will start at 40 dB in the right ear by Houston/Westlake descending order with 3 confirmations.

After this, I mark the threshold using Red and Blue pen on the audiogram.

2. Test the right ear at 250 & 500 Hz using bone conduction. (or 500 & 1000, or 1000 & 2000)

9. Before I put the bone oscillator, I must sanitize my hands and clean the bone oscillator.

State: Now I will perform the bone conduction test. I will start at 40 dB in the right ear by Houston/Westlake descending order. The bone oscillator should not touch the pinna or hair. Also, I would do the Weber test before starting the bone conduction test, but this time I will just place the oscillator on the mastoid area.

After this, I mark the threshold using Red and Blue pen on the audiogram.

3. Masking the right ear. Test the left ear at 250 & 500 Hz using bone conduction. (or Masking

the ear, test the left ear at 500, 1000, 2000 or Masking the ear, test the bone conduction right ear at 250, 500, 1000, 2000)

State: Mr. A, you will hear a windy noise in your right ear, please ignore the noise in that ear, and concentrate on the beep tones in the left ear. When you hear the beep tones in the left ear, please raise your hand. Do you understand? Also, I will use Hood's Plateau method to find the test results.

10. Cover the headphone at the right ear and open at left ear. I may need to find the right ear air threshold or left ear bone threshold at 250 & 500 if there are no indications of the threshold.

After this, I mark the threshold using Red and Blue pen on the audiogram.

4. Test for threshold of discomfort (UCL) in both ears at 1000 & 2000 Hz. (or 2000 & 4000)

11. Turn the position of the patient to your side that will allow you to observe the patient's facial expression.

State: Mr. A, I am going to test your discomfort level in your ears. You will hear beep tones. The tone will gradually get louder. When the tone gets loud enough to become annoying, please raise your finger like this. If the tone becomes so loud that you cannot listen any more, please raise your full hand like this. I will start at 70 dB. Do you understand this procedure?

After this, I mark the threshold using Red and Blue pen on the audiogram.

11. When finished, clean and pack all equipment and leave the station.
12. Do not forget to thank the proctors.

Tips:

1. You must mask no matter how much the non-test ear threshold. For example, in air conduction or bone conduction, if the NTE threshold at 1000 Hz is 10 dB, the masking level should be 20 dB (NTE 10 dB + 10 dB.). In the book, you do not need to mask if the non-test ear is less than 40 dB. However, during the exam, masking is required!
2. Do not retest 1000Hz in the exam. For example, if you need to test 500, 1000, and 2000 Hz, you just need to test 1000, 2000, and 500 in order.
3. Air conduction masking: Effective masking = AirNTE + 10 dB
4. Bone conduction masking: Effective masking = AirNTE + Occlusion effect + 10 dB

Occlusion effect =
250 Hz---- 15 dB
500 Hz---- 15 dB
1000 Hz----10 dB
Above 1000 Hz---0 dB

3. Ear Impression

1. After washing your hands, have a clean towel on which to place the equipment. Clean the equipment:

- Clean towel
- Otoscope
- Right and left specula tips
- Ear light
- Impression material (Powder and Liquid) - 2 Sets
- Syringe
- Otoblocks (Cotton blocks): Various sizes - 2 Sets

2. Clean all equipment and place the equipment on the clean towel.

1) Otological conditions

3. Start and state as following:

First, I would like to ask eight otological conditions set by the FDA for any referral before I take an impression of your ear. Mr. A, please answer clearly.

1. Do you have congenital or traumatic deformity of the ear?
2. Do you have a history of active drainage within the last 90 days?
3. Do you have a history of sudden or rapid hearing loss within the last 90 days?
4. Do you have acute or chronic dizziness?
5. Do you have unilateral hearing loss of sudden or recent onset within the last 90 days?
6. Do you have an audiometric air-bone gap equal to or greater than 15 dB at 500, 1000, 2000 Hz?
7. Do you have visible evidence of significant cerumen or foreign body in the ear canal?
8. Do you have pain or discomfort in the ear?

2) Basic explanation of the impression procedure

If all items are answered negatively, I will proceed to take an impression of your ear. First of all, Mr. A, I will inspect your pinna and ear canals with my otoscope. If everything is fine, I will place a cotton block inside your ear canal to prevent overflowing of impression material. Then I will take an impression. The whole procedure should take approximately 15 minutes.

3) Ear inspection

4. Start inspecting with the right ear. Pick up the otoscope and clean. Pick up the right specula and clean. Use the bridge and brace technique.
5. State the following:

I see the first bend; the ear canal wall is clean and free of earwax. I see the second bend and the eardrum is clear. I see the cone of light. External pinna looks normal. Color and texture appear well. (Look at the backside of the pinna.)

6. Clean right specula, put on the table and change left specula.
7. And describe all the conditions of the left ear.....

I see the first bend; the ear canal wall is clean and free of earwax. I see the second bend and the eardrum is clear. I see the cone of light. External pinna looks normal. Color and texture appear well. (Look at the backside of the pinna.)

The ear condition is suitable to take an ear impression.

4) Impression

Now, I will take an impression of your ear. Please stay still. However, if you feel any pain, please say STOP. Do you understand? (Your subject answers.)

8. Clean the ear light and pick up the cotton block, and place the cotton block in the ear canal. Do bridge and brace technique.
9. After this, CLEAN and PICK UP the otoscope and specula to make sure the cotton block is placed properly.

State: There is no gap between the canal wall and the cotton block, and the block is firmly in place.

10. The proctor will check the otoblock placement. I must recheck after the proctor is done.

Mr. A, You will feel a cool flow in your ear canal as I fill the impression material, but it will be fine.

11. After sanitize hands, impression material, syringe, putty, and all, mix impression material and place inside syringe and take impression.
12. Clear the end flow of the tip of the syringe. Use the bridge and brace technique. After injecting the impression into the canal, sanitize hands.

It will take approximately 10 minutes for the impression material to be cured completely.

13. I count the time with my watch.

5) Removal and description

In our office, we wait exactly 10 minutes for the impression material to be cured, but due to the limitation of time in this exam, I will remove the ear impression a little earlier.

14. After sanitizing your hands, remove the impression.
15. Remove the impression slowly. Pull up the pinna to the backside, up side and bottom side and make some vibration with minimal force.
16. After removal, clean the impression with sanitizing cloth and place on the towel.
17. Recheck the ear canal
18. After removing the impression, sanitize hands, clean the otoscope and specula and re-examine the ear that made the impression.

Now, I examine the ear canal again.

19. After you examine the ear canal, state as following:

The ear canal is clear of debris.

20. After removing the impression, describe the condition of the impression as following:

I will describe the impression I took. Outside surface is smooth, not rough. I can see the concha here, helix area here, and tragus here. I can see the first bend, but not the second bend. I will take another impression containing the second bend before I send the impression to the lab.

21. Have a container ready to hold the finished impression.
22. Clean equipment, pack and leave
23. I may be asked to identify the suitable condition of the ear canal or ear drum.
You need to choose the picture containing the clear cone of light.
24. Pack all equipment and thank the proctors.

4. BTE Pre - delivery

1) PREDELIVERY CHECK

1. You sanitize your hand first and handle the hearing aid with the sanitizing cloth, and do the exact action with the statement as below:

In our office, we wash our hands before handling the hearing aids. We also handle the hearing aids with a sanitizing cloth. The serial number, size, model, specification and color will be checked against the patient's order form and patient's record.

2. I do the following and state:

The battery is checked in the battery tester. If the battery is not in good condition, I will replace it with a fresh battery. The battery door, battery contact point, microphone, receiver, vent, ear mold, tubing, ear mold type and all moveable parts are checked and inspected. Battery door swings well. Battery contact is intact. No wax is in the microphone and receiver. The ear mold and tube are intact.

I rub the hearing aid with my hands and the soft part of my arm to check for scratchy surfaces. I also run a hearing test box to check that the factory sent the correct hearing aid.

2) LISTENING CHECK

3. OPEN AND CLOSE the battery door 10 TIMES.
4. Turn the VOLUME UP AND DOWN 10 TIMES.
5. LISTEN WITH A STETHOSCOPE.
6. Move the MTO switches UP AND DOWN 10 TIMES.

The volume control and taper are checked using a stethoscope. One, two, and three settings. Testing One, Two, Three. There are no dead spots on the volume control. During the listening check, I check the quality of sound, feedback and noise. I check the MTO Switches and make sure all switches are working properly.

3) ADJUSTMENT OF CONTROL

This hearing aid is checked against the audiogram, MCL, and UCL. Then the pots are adjusted accordingly. In our office, we also use a real ear measurement to help us with adjustments and verification. After pre-delivery inspection, I will place the hearing aid in a clean container and call the patient.

5. Replacement of Tube

1) Fit tubing in the ear mold

1. You sanitize your hand first and handle the hearing aid with the sanitizing cloth, and do the exact action with the statement as below:
2. Before using any tool, sanitize first.

In our office, we wash our hands before handling the ear mold and the tubing. The old tubing is removed from the ear mold and the mold is cleaned. The new tubing is installed like this using a tubing puller to insert the tube inside the ear mold. I pull the tube back a little bit more, cut, put some glue at the end of the tubing and then pull back a little bit more and put some glue at the opposite side. I finish the replacement of the tube.

2) Install the tube in the BTE/ Fit BTE assembly to the ear

3. Before using any tool, sanitize first.

Before I do it, I must check the ear canals of my patients. I sanitize my hand and clean the ear mold and tubing assembly before I insert it into the ear. BTE is cleaned and placed over the ear. Then I mark the correct length of the tubing for a proper fit. I mark a little bit more because there should be a little room to move around without any tension with the ear. Remove the ear mold and BTE from the ear. Cut the tubing on the mark. The ear mold tubing is attached to the ear hook using tubing stretcher. Finally, clean up the assembly. The ear mold and BTE are placed over the patient's ear.

After this, I wash my hand.

6. Delivery and Orientation

1. State all the BOLD contents

I have done the pre-delivery inspection, listening checks and adjustments of control. Before I do the delivery and fitting, I sanitize my hands and instruments. I also ask the patient if anything has changed with their hearing since I saw them last time. During delivery, I go over many points in detail with my patients.

2. PRETEND TO DO the delivery and fitting of the hearing aid ON THE MODEL EAR and describe the condition. YOU MUST TALK TO THE MODEL EAR AS A PERSON. IF YOU DO NOT TALK TO THE MODEL EAR, YOU WILL FAIL.

Now, I would like to summarize the delivery and fitting procedure in 8 steps.

No 1: Oto-inspection:

The pinna and canals are inspected before delivery of the hearing aids.

No 2: Expectation:

I will guide the patient through what to expect and what to not expect from the hearing aids.

Mr. A, you will wear a new hearing aid. It will help you hear better in most of your listening situations, but not recovering your original hearing ability.

No 3: Family:

I will encourage the family to participate in the hearing aid fitting.

Mrs. A, you may help and encourage him to wear the hearing aids: show him how to change battery, clean the hearing aid, discuss the progress of hearing, and assist in other related ways. The support of family members is important to improve his hearing.

No 4: Fitting Introduction

1. Mr. A, I would like to show you the entire hearing aid. This is ITE, In The Ear hearing aid (BTE.) This is the battery compartment. This is the microphone. This is receiver. This is volume control. This is the MTO switch. This is the vent. This hearing aid is made of acrylic/Lucite material.

3. Insert ITE or BTE into THE MODEL EAR.

2. This is ITE. You can distinguish the right or left ITE by observing it. Hold the ITE and face the concha side to you. If the helix is located on the right, it is the right side ITE. If the helix is located on the left, it is the left side ITE. In this case, the helix is located on the right (left), so this ITE is right (left) side ITE.

(This is the ear mold for BTE. You can distinguish the right or left ear mold by observing the ear mold. Hold the ear mold and face the concha side to you. If you see the helix is located no the right, it is the right side ear mold. If the helix is located on the left side, it is the left side ear mold.)

3. Mr. A, insert the ITE like this. First, hold the ITE on the outer side. Softly push it into the canal. Make sure it is securely in place and fits comfortably. Rotate it into the helix. Remove the ITE by doing these steps in reverse.

(BTE: Mr. Lee, you insert the ear mold like this. First, hold your ear mold on the outer side, and softly push into the canal to make sure it is securely in place and fits comfortably and rotate into helix. When you take it out, you do opposite way you insert the ear mold.)

4. To open the battery door, pull the small lid. Insert a battery negative side first, which is the small head side. The positive side is always the large head side. Also you can take it out by pushing up from the bottom. Only use fresh batteries of the same size. Do not leave a dead battery in the hearing aid. Store batteries in a cool and dry place. Do not swallow batteries. Wipe off the battery if it is exposed to moisture. The battery is toxic, so it should stay away from any children. Do not throw batteries in fire.

5. This is the MTO switch. This M stands for a normal Microphone position. T is used for telephone conversations. O turns the hearing aid off.

6. This is the volume control. Increase and decrease the intensity of the sound. Turn on the volume control to the most comfortable listening level. We will also use a real ear machine to verify if the fitting adjustments are correct.

No 5: Cleaning:

Mr. A, I encourage you to clean your hearing aid daily with a soft cloth to the tubing, receiver, vent, microphone. Do not use any liquids on working hearing aids. Remove any wax in the hearing aid using a wax pick and brush. Turn the hearing aid upside down and gently clean it with the wax brush. At night, open the battery door to dehumidify the hearing aid. Do you have any questions regarding cleaning the hearing aid?

No 6: Wearing:

Mr. A, I want you to wear your hearing aid as much as you feel comfortable with and to

extend the length of the wearing time. You may start wearing the hearing aid daily for four hours. Increase usage over time. However, if you feel any pain or soreness, please do not wear the hearing aid and promptly inform us so we may see you next day.

(BTE: Also you will hear feedback or whistling sound if the ear mold tubing is plugged with wax or other foreign matter.)

No 7: Warranty

Mr. A, if you do not like the quality of the hearing aid, we can give you a full money back return in 30 days, or we can exchange it for another hearing aid pursuant to your needs. This receipt lists the model number, serial number, business address, phone number, and my name. Also, this is the warranty document and instruction book. Read through this carefully. If you have any questions, please feel free to give me a call anytime. Do you have any questions?

No 8: Revisiting: We will have follow-up visits to monitor your progress.

Mr. A, I like to see you in one week to check that everything is fine. See me every 3 months for routine cleaning. If you feel any pain or discomfort, please promptly inform us so we may see you next day.

Thank you.

7. Post Fitting

1) Routinely clean and service an ITE

Assessing the ITE

Steps to service an ITE

1. State all the content with proper actions.

Action

I wash my hands before handling the hearing aids. I handle the hearing aids with a sanitizing cloth. I inspect the ear canals of my patient to make sure the ear canals are not blocked with wax or foreign objects. After that, I ask the patient if there is any problem. If the patient has a problem, I ask what kind of problem, when it happened, and how it happened. I pull the patient's chart and make notes.

Action

I clean the shell of the ITE using a clean cloth or sanitizing cloth. Then I do a physical inspection of the hearing aid to find any physical damage, cracks or missing parts. First, I check the battery in the hearing aid and check the contact point. I test the battery power in the battery tester. I will replace the battery if it is in poor condition.

I check the microphone and receiver for any blockage of wax. I remove any wax in the hearing aid using wax pick, wax loop and wax brush.

Action

The MTO and volume switches are checked. The listening check is done using the stethoscope. During the listening check, I check the quality of sound, feedback, and noise. If the patient complains of a sound variance, I use a hearing aid test box to make sure the hearing aid is working properly.

Action

Before the hearing aid is returned to the patient, I always check the patient's ear canals to make sure the ear canals are not blocked with wax or foreign objects using the otoscope and ear light.

After I finish the routine service, I wash my hands.

2) Troubling Shooting

We wash our hands before handling the hearing aid. We handle the hearing aid with a sanitizing cloth. We also perform otoscopic inspection on ears of patients in all repair cases.

We will troubleshoot in 5 steps.

1. Procedure:

I do a physical inspection of the hearing aid to find any physical damage, cracks and missing parts.

I check the battery and contact points.

I check the Microphone and receiver for any blockage (using otoscope.)

I check the MTO and volume switches. A listening check is done using a stethoscope.

I check the ear mold and tubing for cracks or cuts.

2. I always mention the types of hearing aids such as BTE, ITE, ITC, Open Ear.

3. State all of the BOLD contents below:

Case1: I feel that I hear better when the hearing aid is not in my ear. Hearing Aid is dead.

For each repair, I wash my hand and use a sanitizing cloth.

Cause:

- 1. Battery is dead**
- 2. Battery contact is not good or not there**
- 3. Battery is not right size or half size**
- 4. No other causes**

Solution:

- 1. Test battery in the battery tester. If battery is dead or not right size or not good replace it and test again and return it to the patient.**
- 2. If the battery contact is not good or not there, send it to the lab to repair.**
- 3. If there are no other causes, it is an internal problem. I will send it to the Lab for repairs.**

Case 2: It is not loud enough. Weak

For each repair, I wash my hand and use a sanitizing cloth.

Causes:

- 1. Battery is weak**
- 2. Hearing aid is full of wax**

Solution:

- 1. Test battery in the battery tester. Replace the battery if it is weak.
Test the battery again and return it to the patient.**
- 2. If there is wax inside hearing aid, I will clean the wax out with a wax pick and brush.
I will conduct the listening check and return it to the patient.**

Case 3: I do not hear very well.

For each repair, I wash my hand and use a sanitizing cloth.

Cause: I find the Mic is pushed in

Solutions: I send it to the Lab to repair

Case 4: I do not hear well.

For each repair, I wash my hand and use a sanitizing cloth.

Cause: I find the Receiver pushed in

Solutions: I will send it to the Lab to repair.

Case 5: People tell me that I whistle when I am around (I hear a whistling sound).

This is only the BTE.

For each repair, I wash my hand and use a sanitizing cloth.

Cause: The BTE whistles at volume control setting at 2 and up.

Solution: I take the earhook out and the covered nozzle area.

The whistling sound is no longer heard. I will replace the earhook and do the listening check again. This service can be done in our office.

Case 6: Hollow, Nasal, and Echo

For each repair, I wash my hand and use a sanitizing cloth.

Cause: The patient can feel plugged up due to the vent is too small.

Solution: I increase the vent size.

Case 7: The complaint is static noise.

For each repair, I wash my hand and use a sanitizing cloth.

Cause: The hearing aid battery contact point is not good and volume control is not good.

Solution: I check the battery contact point and check the volume control using otoscope and stethoscope, and I will send it to the Lab to repair.

Case 8: The sound is too tiny.

For each repair, I wash my hand and use a sanitizing cloth.

Cause: Vent is a little larger. The patient complaints excessive high frequency.
Solution: I decrease the vent size.

Case 9: The complaint is “too loud”.

For each repair, I wash my hand and use a sanitizing cloth.

Solution: I check the hearing aid output in the hearing aid test box and compare it with audiogram, MCL and UCL. I will reprogram the hearing aid or send it to the lab for repairs.

3) Ear mold types

What Kind, Side, Material, and Loss?

Most material of the earmold in the test is acrylic (Lucite.)

1. Skeleton: moderate to severe
2. Canal with helix lock: mild to moderate
3. Canal with canal lock: mild to moderate
4. Full occlusion with no vent: mild to moderate, high frequency loss
5. No occluding mold: severe to profound