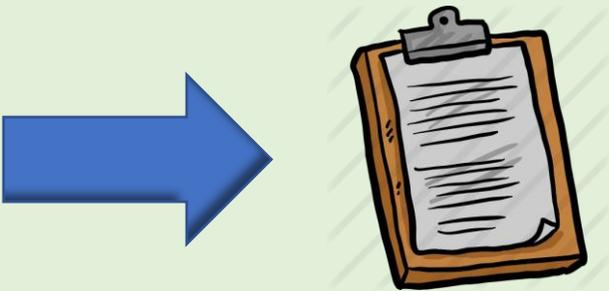


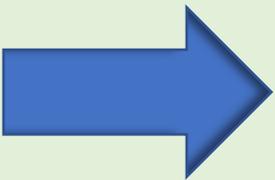
Step 1: Case History



The first step involves an in-depth, systemic inventory of each patient's hearing health history. This allows the audiologist the ability to gain a sharpened understanding

of why the instance happened as it did – sudden or progressive through intake forms, doctor referrals, & face to face questioning

Step 2: Otoscopic Examination



Otoscopic examinations allow the audiologists to view different angles of the canal walls and eardrum

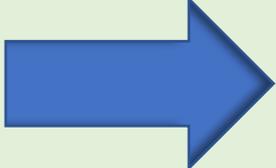


Step 3: Tympanometry

This type of Impedance Audiometry is used to measure the function and integrity of the middle ear system. Air pressure in the ear canal is varied to test the condition and mobility (movement) of the ear drum (tympanic membrane). Used in conjunction with the Stapedial Reflexes, this also provides neural information about the 7th and 8th nerve function



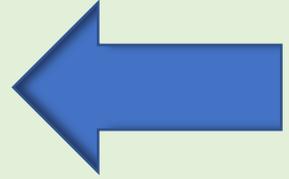
Step 4: Stapedial Reflex Testing



Used in conjunction with tympanometry. This type of Impedance Audiometry is used to test for Otosclerosis, and scarring of the middle ear from otitis media. The increase in stiffness may be detected by measuring the resistance of the ossicular chain to sound transmission

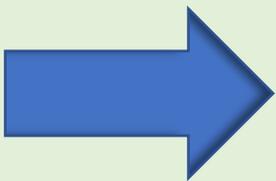
Step 5: Puretone Air Conduction

Used in conjunction with Puretone Bone Conduction to determine type and etiology of hearing loss (conductive / sensorineural / mixed / central / functional). The pure tone stimuli are presented through insert earphones while the patient is in a sound-treated room



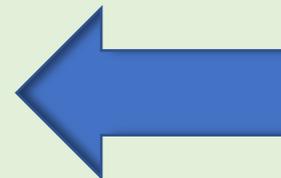
Step 6: Puretone Bone Conduction

Used in conjunction with Puretone Air Conduction to determine type and etiology of hearing loss (conductive / sensorineural / mixed / central / functional). The difference here is the pure tone stimuli are presented through a bone oscillator while the patient is in a sound-treated room



Step 7: Speech Audiometry

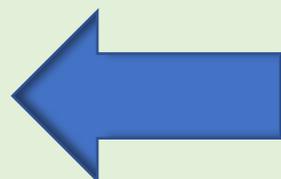
This test gives us information about interaural symmetry and will help us understand the hearing handicap of the patient. It is done to help determine realistic expectations for aural rehabilitation through Speech Recognition Thresholds (SRT) and Word Recognition Ability or Discrimination Ability.



Step 8: QuickSIN

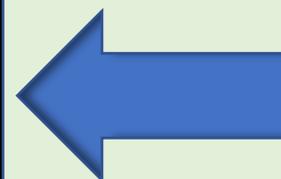
An objective test that measures speech in noise (*this is a test for how people hear with background noise*)

ISI 1	score
. A white silk jacket goes with any shoes.	S/N 25 <u>5</u>
1. The child crawled into the dense grass.	S/N 20 <u>5</u>
1. Footprints showed the x in he took up the beach.	S/N 15 <u>4</u>
1. A x nt near the edge brought in fresh air.	S/N 10 <u>3</u>
1. It is a band of x eel x ee in x es wide.	S/N 5 <u>2</u>
1. The x ght of the x age was x n on the x h x ile.	S/N 0 <u>0</u>
25.5 - TOTAL = 6.5 SNR Loss	TOTAL 19

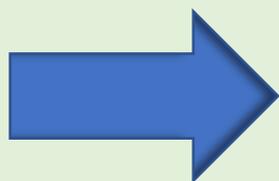


Step 9: DPOAEs

Distortion Product Otoacoustic Emissions (DPOAE). This is a test of outer hair cell function in the inner ear. This area of the ear tends to be most susceptible to noise, aging, genetics, and certain medical conditions. DPOAEs provide a pass/fail objective test for hearing and are used in conjunction with the rest of the test battery for diagnostic purposes



Step 10: Cognition Testing



Eastside Audiology currently uses Cognivue Thrive for our cognition testing. This is an adjunctive tool for evaluating cognitive function. It is not a stand-alone diagnostic tool as clinical contextualization is required.



Step 11: Comprehensive Findings Report

Each report is individually created and clearly states all results found, including audiogram, as well as individual recommendations for each patient. Reports can be forwarded to all referring physicians and family physicians as required.

