Assessment 1

Scenario:

You have a 14-month old child whom has these as his records. This is the first time he has been diagnosed with a hearing loss, and more than likely has had it since birth.

- What are the facts provided on each of these reports? Look carefully. List anything affecting outer, middle, inner ears and anything that might impact auditory processing.
- What are the potential implications of these facts? What might the child not hear? What might the child's speech and language sound like?

Assignment:

- Make a list of all the information you can gather from these two reports in an orderly fashion.
- A parent says, "These are greek to me. What does all this mean?" The parent is moderately educated, but is unfamiliar with any of the jargon being used. Write out what you would say to this parent.
- Make a list of implications--based on the facts listed above. How does each fact influence what a child might perceive? What might they be missing?
 What might their speech/language/communication be like? Any potential auditory processing issues that may arise?

Auditory Brainstem Response Report

was seen for an auditory brainstem response test, tympanometry and otoacoustic emissions test on May 26, 2005. The procedures were performed under general anesthesia in the Operating Room.

Tympanometry yielded Type B (stiff) readings bilaterally, with volume measurements of Procedures: 0.8. Otoacoustic emissions tests showed no frequency areas with consistent responses.

Auditory Brainstem Response (ABR) testing was done utilizing rarefacting click-evoked stimuli delivered via insert earphones at a rate of 13.3/sec. Repeatable responses were obtained at levels as low as 80 dB nHL in the left ear and 65 dB nHL in the right ear. No responses were obtained for softer stimuli. Bone-conduction stimuli yielded responses at 50 dB nHL, with no observable response for softer stimuli.

Auditory steady state response (ASSR) testing was then performed, and results showed responses via air conduction at 80 dB to 85 dB at 1K Hz and 2K Hz in the left ear. The right ear showed a response at 70 dB at 500 Hz, and at 85 dB at 1K, 2K, and 4K Hz.

Summary: There appears to be a mixed type of hearing loss. Air-conduction hearing loss is in the moderately severe to severe range bilaterally. Underlying cochlear reserve is likely to be better than 50 dB (in the better hearing ear). The gap between airconduction and bone-conduction is likely related to a stiffness component in the middle ear system.

As a result of the auditory findings, it is likely that hearing aids will be of benefit. Earmold impressions were made for both ears. A follow-up appointment will be scheduled in ENT for medical clearance and for management of the conductive components, and subsequently hearing aids will be fit in approximately 3 weeks.

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Assessment 2

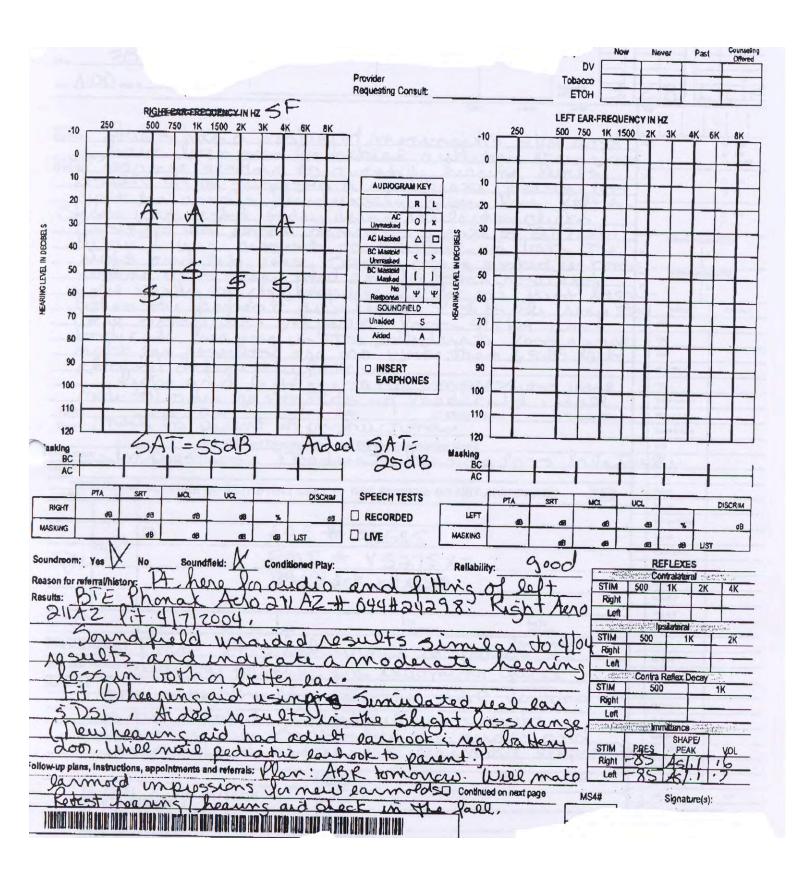
Scenario:

You have a 16-month old child whom has these as his records. The child has been diagnosed since 12 months, also the date of onset of his hearing loss.

- What are the facts provided on each of these reports? Look carefully. List anything affecting outer, middle, inner ears and anything that might impact auditory processing.
- What are the potential implications of these facts? What might the child not hear? What might the child's speech and language sound like?

Assignment:

- Make a list of all the information you can gather from these two reports in an orderly fashion.
- Make a list of implications--based on the facts listed above. How does each fact influence what a child might perceive? What might they be missing?
 What might their speech/language/communication be like? Any potential auditory processing issues that may arise?
- How could you assess for these implications?
- List your first 5 ideas for intervention strategies, how they might help the child gain access to more information, and why those 5 intervention strategies are important and chosen before others.



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