Clinical Case #1

Name: John Doe

Clinician:

Age: 31 years

Date Tested: 2/14/2008

Gender: Male

Case History:

Mr. Doe came in today for an audiological evaluation as a requirement for his application of a truck driver's license. He reports no complaints of decreased hearing, but does state that his wife occasionally remarks that he cannot hear her. As a child, Mr. Doe had numerous ear infections, and received pressure-equalization tubes in his left ear on two occasions before the age of five. He notes no ear infections in adulthood. Mr. Doe denies any ear pain, vertigo, or that he is currently taking medications. Mr. Doe experiences tinnitus only after attending rock concerts, especially when he stands close to the stage. Mr. Doe's only reported noise exposure is loud music. He also states that he has a family history of hearing loss, as his father is hard of hearing, but his father does not wear a hearing aid. Mr. Doe also does not wear a hearing aid.

Results:

Otoscopy revealed normal ear canals for both ears. The left tympanic membrane (TM) showed a monomere in the posterior-inferior position. This is consistent with the patient's history of PE tubes in the left ear. Both tympanic membranes show tympanosclerosis, or deposits located on the TMs. These deposits are most likely due to Mr. Doe's history of ear infections, and subsequent fluid in his ears as a child. Tympanometry results indicate normal volume and peak pressure. Volume in the right ear, however, seems to be high when compared to the left ear. Compliance, while still in the normal limits, may be considered slightly elevated, especially in the right ear. Higher compliance is typical in patients with a history of ear infections. Multi-frequency tympanometry suggests there is hyper-mobility of the TM, most likely due to the tympanosclerosis. Acoustic reflex thresholds are within normal limits, and there is no reflex decay for either ear. Pure tone audiometry indicates normal hearing bilaterally in the low to mid frequencies. Thresholds in both ears slope down to a mild loss at 4000 Hz and 8000 Hz. Bone conduction thresholds are within normal limits bilaterally at all frequencies. The small air-bone gaps at 4000 Hz and 8000 Hz suggest the hearing loss is conductive in nature. Speech recognition thresholds were 5 dB for the right and 2 dB for the left and consistent with the pure tone averages. Word recognition was excellent (100%) for both ears at 50 dB HL.

Recommendations:

Mr. Doe should be referred to an ENT physician to confirm that his tympanic membranes are functioning normally and have healed correctly. With the difference in volume between the two ears, it may be possible there is a hole in the right TM. An ENT physician would be better able to assess Mr. Doe's middle ear function. Since Mr. Doe reports no problems communicating, it seems as though his hearing loss is not affecting him at this time. However, Mr. Doe should have annual audiological evaluations, or sooner if needed, in order to monitor his mild high frequency conductive loss.

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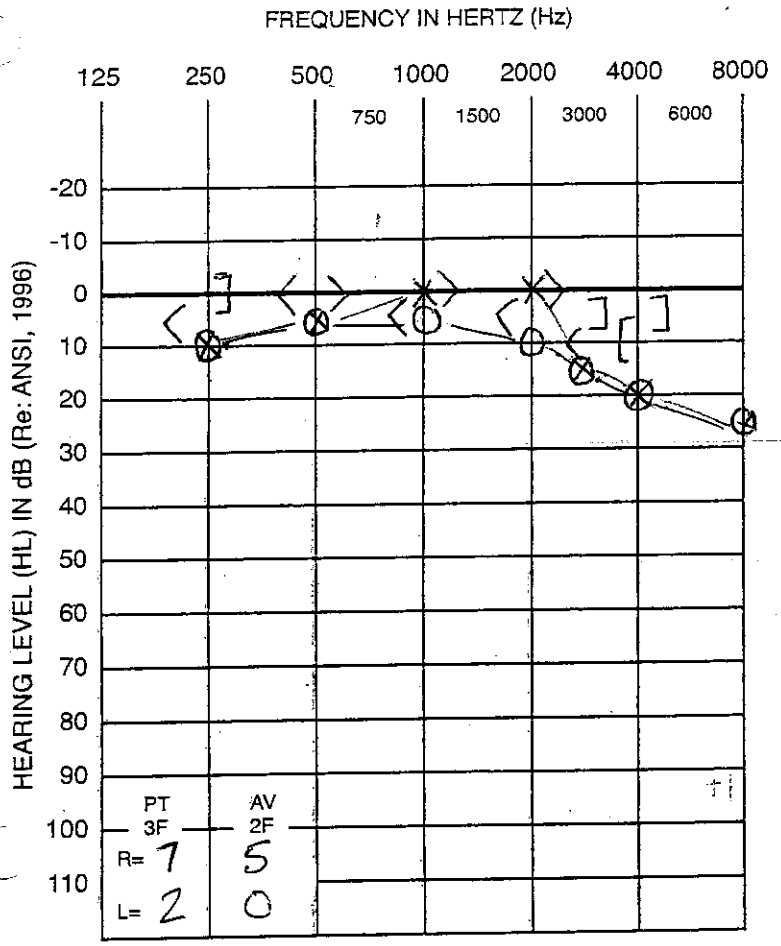

Earphone: ☒ insert ☐ supraural

Legend:

	RE	LE	No Response (Examples)
AIR CONDUCTION			
Unmasked	O	X	X, O
Masked	△	□	
BONE CONDUCTION			
Unmasked	<	>	
Masked	[	]	

SPEECH AUDIOMETRY

	SRT/ SDT	SPEECH RECOGNITION %	HL	S/N		Test
R	5dB HL	100	50			NU-6
L	20dB HL	100	50			NU-6
SF						

IMMITTANCE MEASUREMENTS

REFLEX DECAY

	FREQUENCY 500	1000	2000
RE		>10s	
LE		7.10s	

TYMPANOMETRY

	R	L
Ear Canal Vol.	2.54	2.06
Pressure Peak (daPa)	21	0
Compliance (ml)	2.12	1.87

ACOUSTIC REFLEX THRESHOLDS

STIM EAR	PROBE EAR	FREQUENCY 250	500	1000	2000	4000	WBN
R	R		95	95	95		
L	R		100	95	95		
L	L		95	95	100		
R	L		95	95	95		

AUDIOLOGICAL SUMMARY AND RECOMMENDATIONS

Subject ID: John Doe

DOB: _____ Age: 31

Tester: _____ Date: 12/14/08 (date of test)

+18/20

total = 28/30 93%

Clinical Case Grading Rubric
Written Report & Audiogram

Points	Writing Style	Completenes Of Case History	Description of Test Results			Appropriate Selection Of Tests	Recommendations	
			Completenes	Clarity	Accuracy		Clarity	Appropriateness
0	Very difficult to read. Writing is unclear. Contains numerous grammatical/ spelling errors.	No case history information or only demographic information provided.	No description of results provided.	Description is unclear.	All descriptions provided are incorrect.	Missing the majority of appropriate tests or simply includes results for all available tests without regard to appropriateness for this case.	Recommendations are unclear.	No recommendations made or recommendations are all inappropriate for this case.
1	Difficult to read. Writing is somewhat unclear. Contains several grammatical/ spelling errors.	Minimal case history information provided. Missing important pieces relevant to case.	Description of some results provided, but others are omitted.	Description is moderately clear.	The descriptions contain a mix of accurate and inaccurate information.	Missing 1-2 important tests and/or included information for 1-2 inappropriate tests. The tests choosen are broadly appropriate.	Recommendations moderately clear.	Recommendations contain a mix of appropriate and inappropriate recommendations and/or 1-2 key recommendations are omitted. ✓
2	Moderately easy to read. Writing is clear. Few grammatical/ spelling errors.	Case history information is mostly complete, only less important information has been omitted.	Description of all relevant test results provided. ✓	Description is clear and easy to understand. ✓	The descriptions are mostly accurate with only 1 or 2 errors. ✓	No more than one error of omission or inclusion of appropriate tests. Test choice is accurate with one exception.	Recommendations very clear. ✓	Recommendations are appropriate and comprehensive.
3	Easy to read. Writing is very clear. <2 grammatical/ spelling errors. ✓	Case history information is complete. ✓			The descriptions are accurate.	All necessary tests included and no unnecessary tests included. ✓		

3 3 2 2 2 3 2 1 = 18

10/10

Clinical Case Grading Rubric
Written Report & Audiogram

	Correct (1 pt. each)	Incorrect (0 pts. each)
Identifying Information	1	
Pure-Tone Audiogram AC Thresholds	1	
Pure-Tone Audiogram BC Thresholds	1	
Tympanometry	1	
Ipsilateral Reflexes	1	
Contralateral Reflexes	1	
Acoustic Reflex Decay	1	
Pure-tone Average	1	
SRT	1	
Word Recognition	1	
Total Correct	10	