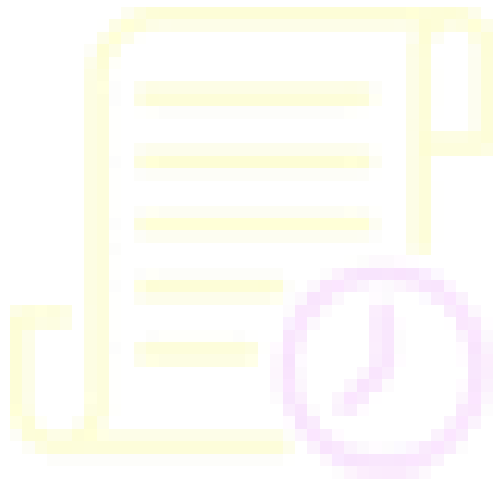


Healthcare



Student's Name
Academic Institution

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Healthcare

Mrs. M has a mild to profound sensor neural hearing loss. Mrs. M was fitted with BTE hearing aids several weeks ago. She has returned today to tell you about her experiences over the last few weeks with the hearing aids.

Note: Most of your decisions will have guidelines in the literature, however some of the decisions you make, may not have clear guidelines in the literature – in this case, ensure you explain why you are making your adjustments/changes/etc in detail. You will need to try and find some references as required.

Concern 1:

The first thing you notice is that the hearing aid mould on one side is upside down in the ear with the hearing aid dangling in the air (i.e. not behind her ear where it should be). The hearing aid on the other side is in the right way up but appears to not be seated in the ear completely and is feeding back horrendously. She reports that her ears are sore after wearing the aids for any length of time. What is the most likely reason her ears are sore? What might be some strategies to help assist Mrs. M, what modifications might you make?

On examining Mrs. M who attended the clinic for a review/follow-up appointment I found that she was not inserting the hearing aids correctly. First, I would inspect both hearing aids for wax and split tubes. I would test the working of the hearing aids for static-like mechanical distortion. I would then instruct her how to insert them correctly and encourage her to practice correct insertion at home. The most likely reason for Mrs. M's ear becoming sore is that the

hearing aids were not inserted properly. I probably would advise correct insertion and not perform any modifications at this stage. According to Pascoe (1990), one of the common problems with insertion is fitting the hearing aid or ear mould into the canal and leaving the helix lock outside of the pinna, which usually results in discomfort and feedback. Once the hearing aids are properly inserted in Mrs. M's ears, I would check for any physical discomfort in the ear. If there is soreness or any excessive pressure applied to any point in the ear, the area of the ear mould that is causing discomfort can be ground (Dillon, 2001). Moreover, if the client finds it too difficult to insert a hearing aid with a helix lock, this part of the ear mould can be ground as well (Dillon, 2001). Essentially, I would ensure that Mrs. M can properly insert and operate her hearing aids. I would instruct her and the family member or caretaker, if present, on the management of her hearing aids and that would include such tasks as changing batteries, cleaning, and turning the hearing aids on and off. Subsequently, I would ask Mrs. M to come for her second follow-up appointment, where I would recheck these issues again.

Concern 2

She reports that when she has been able to insert the aids correctly, she has found that when watching the TV, the voices on the shows are too soft and the commercials hurt her ears. Also when her little granddaughter "whispers and mumbles" at her, she cannot hear her but when her "oaf of a father shouts at the football on the television" she has to leave the room due to the distortion and discomfort it causes. What settings might we alter on the hearing aid and why?

This problem appears to be a compression issue, where the soft sounds are not being sufficiently amplified and the loud sounds amplified too much. Here it would be appropriate to fine-tune the hearing aids to ensure comfort and balance in sound quality. The solution to the

above problems will be to reduce the gain given to loud sounds and increase the gain for soft sounds (Dillon, 2001). Depending on the flexibility of the hearing aid it would be helpful to reduce the maximum power output (MPO) in the frequency regions that are responsible for excessive loudness. I would then perform an MPO check to ensure loud sounds are comfortable and not harsh or painful. I would also check with Mrs. M how her voice sounds, how my voice sounds, and if the sound quality is balanced in both ears. I would further counsel her to acclimatize herself to sounds and explain that some sounds seem to be loud because they are. For example, TV commercials are certainly louder than actual televised programs. In addition communication tactics or strategies will need to be addressed. Mrs. M could ask her father not to yell when she has her hearing aids on and to remind her granddaughter to face her directly and speak clearly when speaking to her. I would also give her a hearing aid booklet with sections on communication strategies and hearing loss to pass on to her family and those around her, so that they too are aware of the effects of hearing loss. I would advise Mrs. M to try the new strategies at home and find out if she is experiencing similar or even greater difficulties. Any problem will be addressed in her next follow-up appointment.

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References

Harvey, D. (2001). *Hearing aids*. Sydney: Boomerang Press.

Pascoe, D. P. (1990). Chapter three: Post-Fitting and rehabilitative management of the adult hearing aid user. In R. E. Sandlin, (Ed.), *Handbook of hearing aid amplification, Volume II: Clinical considerations and fitting practices* (pp. 61-86). Boston: College-Hill Press.

