Quick Guide
Reading the Audiogram

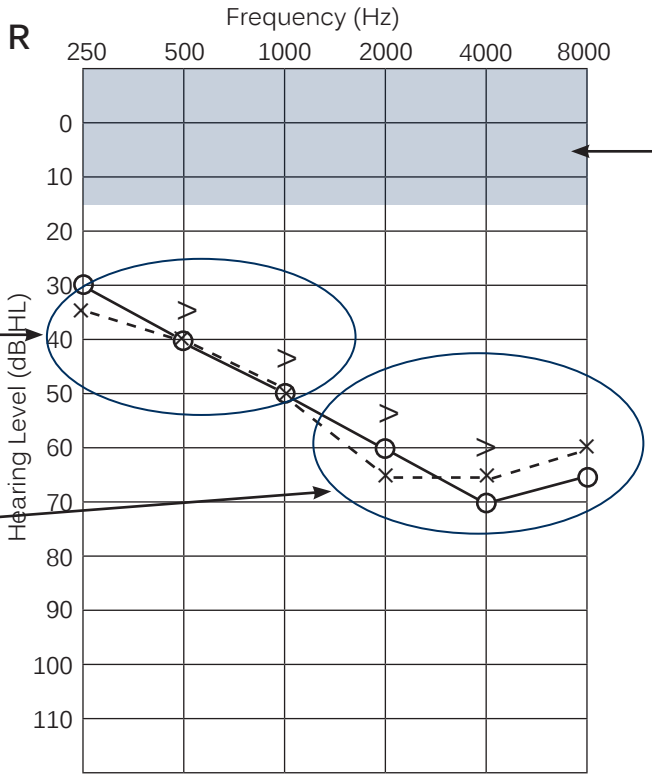
DILWORTH HEARING

PURE-TONE AUDIOMETRY
What are the softest sounds the patient can hear?

The further down the graph the circles and crosses are, the worse the hearing is.

Low-pitched hearing important for volume.

High-pitched hearing important for clarity.



Normal range of hearing. Anything outside the normal range usually requires treatment.

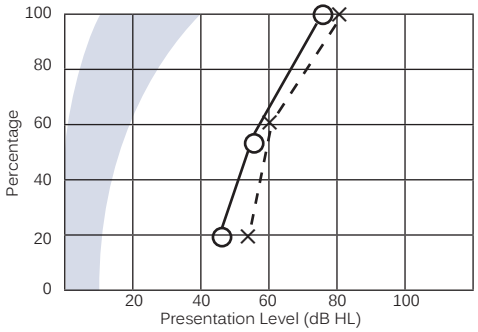
KEY:
> = Bone Conduction (BC) thresholds.
× = Left ear
○ = Right ear
Air conduction (AC) thresholds

The difference between BC and AC thresholds tells us if the loss is permanent or not. Most hearing loss is permanent.

SPEECH AUDIOMETRY
How well can the patient hear amplified speech? Are the results consistent with the audiogram?

Speech understanding % should increase when loudness is increased.

A decrease in speech understanding with increased volume may indicate retro-cochlear pathology.



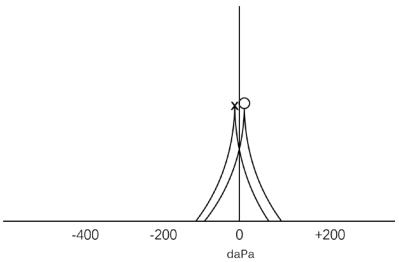
An improvement in speech understanding with increased volume gives us an indication of benefit from amplification.

Poor speech scores may indicate retro-cochlear pathology or a hearing loss that has gone untreated for a long period of time.

TYMPANOMETRY

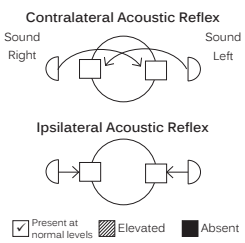
Is the eardrum and middle ear of the patient functioning normally?

Broad categories are:
Type A = Normal function.
Type C = Eustachian tube dysfunction.
Type B = Middle ear dysfunction or perforation.



ACOUSTIC REFLEXES

Are the results consistent with the audiogram? Is there an indication of pathology?



The audiologist will look at the pattern of results to determine consistency with the audiogram.

Certain patterns can help identify the site of lesion(s).

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