Hearing Test Battery

Name:
Date:
What you need: A silent room, a comfortable chair for your patient, and a tuning fork I. The Whisper Test
Instructions:
Have the patient sit on a chair.
 Position yourself at arm's length from your patient. You should be at least two feet away from them.
Explain the purpose of this test to the patient.
Ask if the patient is ready. Once they're ready, you can start the test.
 Have the patient cover whichever ear isn't being tested. They will cover it by putting one of their fingers over the tragus, and they will need to slowly move their finger in a circular motion
Take a deep breath and exhale fully before whispering a number and letter set. Examples of possible combinations they can whisper include:
- 8-M-3 - 2-J-7 - K-5-R - S-4-G
 After whispering the combination, the patient must repeat the combination. They get two tries. If they pass the first one, then the ear you're assessing is fine, so you should assess the other ear after. If they fail once, recite another combination. If they get that right, they pass; otherwise, they fail.
• If they pass for both ears, you don't have to push through with the rest of the battery, but you can still conduct the other two tests just to be sure.
If one or both ears don't pass, you must conduct the Weber and Rinne Tests.
Right Ear:
□ Pass
☐ Fail

Left Ear:
□ Pass
□ Fail
Additional Comments:
II. Weber Test
Instructions
Ask your patient which ear is affected.
Hold the base of the tuning fork.
Softly strike the tuning fork's tines on your elbow or knee to make it vibrate.
 Place the tuning fork right in the middle of the patient's forehead or in the middle of the vertex. Make sure that the fork is touching the skin.
Ask the patient if the sound is louder in the left, right, or middle.
Results:
If their ears the sound right in the middle and the loudness is equal for both ears, that means their ears are fine!
If the sound is louder in their affected ear, this is indicative of unilateral conductive hearing loss. Best to conduct more tests that focus on the middle ear.
If the sound is louder in the unaffected ear or the better ear, this is indicative of sensorineural hearing loss. Best to conduct more tests that focus on the inner ear.
Patient Results:
Patient Results: Their ears are fine

Additional Comments:				

III. Rinne Test

Instructions:

- Have your patient sit on a chair.
- Ask your patient which ear is affected.
- Strike the tuning fork on your elbow or knee to activate it.
- **Bone Conduction:** as soon as you activate the tuning fork, move it and place it firmly on the patient's mastoid process.
- Ask the patient if they hear the sound from the vibrating tuning fork. Tell them to let you know if they no longer hear the sound.
- **Air Conduction:** as soon as the patient tells you they no longer hear the sound, quickly move the vibrating tuning fork from the mastoid process to the entrance of the ear canal. The fork should not touch the ear.
- Ask the patient if they hear the sound again. Then, tell them to let you know the moment they stop hearing the sound.

Results:

The test results will depend on how long they heard each sound during both the bone conduction and air conduction phases of the test.

If the length of time they heard the sound is twice as long during the air conduction phase than during the bone conduction phase, plus, they heard it clearly, then the test is **positive**, and the hearing is normal.

If the length of time they heard the sound is twice as long during the bone conduction phase than during the air conduction phase, the test is **negative** and indicates that the patient is dealing with **conductive hearing loss**. Please conduct more tests that cover the middle ear.

If the length of time they heard the sound is longer during the air conduction phase than during the bone conduction phase, but both sounds are equally depreciated, then the test is a false positive. This indicates that the patient has sensorineural hearing loss.

If they don't hear anything at all with their affected ear, then the test is a **false negative**. This means that the **hearing loss is significant**. As with the others, a comprehensive examination should be conducted after.