

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

COMPREHENSIVE DIAGNOSTIC HEARING EVALUATION STANDARD FOR ADULT PATIENTS

1. A comprehensive diagnostic hearing evaluation is comprised of valid and reliable assessments of auditory function necessary for differential diagnosis. Comprehensive diagnostic hearing evaluations are performed with patients during initial visits. Hearing evaluation during subsequent visits may include all or some of these tests as needed by the audiologist for ongoing care.⁵⁷
2. Communication with patients is conducted in a clear, empathetic manner consistent with the patient's communication mode, comprehension, and their health literacy level. Audiologists encourage involvement of communication partners (e.g., family members, significant others, companions) whenever possible and appropriate.^{5,18,34,35,41,47,48}
3. A thorough patient history is obtained as part of the evaluation.^{1,6,42,58}
4. Visual inspection of the outer ear, ear canal, and eardrum are performed.^{1,19,21,27,36,43,46,59,63}
5. Pure tone air conduction thresholds are obtained at a minimum of octave frequencies, 250 Hz – 8000 Hz. Thresholds are obtained at interoctave frequencies when there is a 20 dB or greater difference between octave thresholds or as otherwise deemed necessary by the audiologist.^{1,2,4,10,12,20,26,61}
6. Pure tone bone conduction thresholds are obtained at octave frequencies 500 Hz – 4000 Hz to identify conductive, sensorineural, or mixed hearing loss. Thresholds are obtained at other octave and interoctave frequencies as deemed necessary by the audiologist.^{1,2,4,11,12,20,26,30,31}
7. Speech recognition thresholds or speech awareness thresholds are obtained using recorded stimuli when the audiologist needs to verify agreement with pure tone findings.^{9,8,14,28,32,33,40,49,60,62,64}

8. A measure of speech recognition ability is obtained using recorded stimuli at a presentation level that is expected to approximate the patient’s maximum performance. Audiologists may measure speech recognition in noise to assess functional capacity.^{1,8,9,13,17,25,26a,22,23,24,37,40,55,56}
9. Acoustic immittance of the external/middle ear is measured to support differential diagnosis. A tympanogram is obtained for each ear using a 226 Hz probe tone. Additional frequencies or conditions may be used. Acoustic reflex thresholds are measured ipsilaterally and/or contralaterally.^{1,16,26c,44,45,50,52,53,54}
10. Results, recommendations, and referrals are communicated to the patient.^{28,35,38,39,48,51}
11. Written documentation of the diagnostic hearing evaluation is maintained as part of the patient record.^{3,7,29,35,65}

CONTRIBUTORS

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