What to Expect at Your Hearing Exam

When it comes to your hearing, one size does not fit all.
A hearing evaluation is about more than listening to beeps through a pair of headphones. A full hearing evaluation performed by an audiologist or hearing instrument specialist is a thorough examination that results in valuable, in-depth information about your hearing.

Once you’ve had an exam by a certified provider, they can recommend a customized hearing solution to meet your unique needs. Which is something you can’t get with over-the-counter personal sound amplifiers.

Although hearing exams may vary slightly between clinics, and different parts of the exam may be completed by different staff, they all have essentially the same five parts:

- A case history
- Otoscopy
- Tympanometry
- Speech testing
- Air and bone conduction testing

The first four parts of the exam give the provider information about your health and lifestyle. The air and bone conduction testing results in an audiogram—which is a detailed report of the frequencies you can hear. Together they’re used to build a complete picture of your hearing health, so your provider can individualize your hearing care.

**Part 1: Case History**

Like most healthcare professionals, your hearing care provider needs to ask you about your health history and lifestyle.

Questions in a case history can cover many areas and some might seem irrelevant but they’re all important. For example, a typical question like “What ear do you use while listening on the phone?” can seem unimportant. However, knowing which ear you use can be a

If you’ve noticed a significant problem hearing and have worked in very noisy good candidate for hearing aids. On the
situations for many years, you may be a clue to the audiologist that one ear is functioning better than the other.

A case history is also likely to cover questions about your medical history, medications you current take, family history of hearing loss and illness, exposure to noise, work history, hobbies, and any hearing difficulties you or your family members notice.

Your answers to these questions help give your provider a picture of your current hearing situation, clues to what may be expected on the tests, and how you may respond to different treatment options.

The provider will stick an instrument in your ear to see if there is anything blocking your ear canal, like earwax, an infection, or foreign object. It also provides a view of your eardrum to check for scarring or abnormality.

In some cases, these problems need to be addressed by a physician before a test can be completed correctly.

Part 3: Tympanometry

Tympanometry is a test that looks at the flexibility of your eardrum. To do this, the provider places a probe in your ear, creating an airtight seal around the ear canal. The probe gently raises the pressure in your ear canal (pressing the eardrum in) and draws it back out (pulling the eardrum outwards).

As it does this, the machine creates a graph of the pressure changes. A normal, healthy eardrum will result in a graph with a single peak. In an ear where there is a problem, an infection for example,
the eardrum will not move as much and the graph will result in a flat line with little to no peak. There are also cases where the eardrum is overly flexible and creates a peak that is taller than the normal range.

The results of the tympanogram let the audiologist know whether your eardrum is healthy, if there is a perforation, or if other medical issues are in play.

This test corroborates information found during other parts of your evaluation, particularly the audiogram.

Part 4: Speech testing
Speech testing is a two-part process. You’ll complete this test in the sound booth while wearing headphones. In both parts, you’ll repeat words you’ll hear through the headphones.

The first portion—speech reception threshold (SRT)—is meant to find the softest level at which you can recognize simple words. Words are spoken at continually softer levels until you get only 50% correct. That level is the threshold. The threshold level of the SRT is the level at which you can begin to hear speech.

In the second part of speech testing—word recognition testing (WRT)—you’ll repeat the words spoken to you through the headphones again, but this time the words you’ll hear will be at a normal volume. Often, people with hearing loss will have a hard time not just hearing speech, but understanding it. This test measures the normal amount of speech you can understand.

Speech testing is designed to give you the best possible chance to understand words correctly. The results are used to determine how well you might do with hearing aids or other assistive devices.

Part 5: Air and bone conduction testing
The audiogram is the best-known part of a hearing exam. It’s what most people call a hearing test and what hearing care providers use to categorize your hearing abilities. Similar to speech testing, this is also a two-part process.

In part one, air conduction testing, you’ll wear headphones and listen to the infamous beeps. The audiologist will play tones at varying levels and frequencies. Then you’ll give your provider a signal—usually raising a hand or pressing a button—to let them know you heard
the tone. From this test, your provider can determine your hearing threshold, which is the softest level you can hear consistently.

**Air conduction testing gives your provider a definitive picture of your hearing ability. It shows, in terms of volume and frequency, how good or bad your hearing is.**

The second part, bone conduction testing, uses the same process. The only difference is the way you hear the sounds. Instead of typical headphones, you’ll have a headband strapped to your head with a small plastic piece placed snugly behind your ear. When a tone sounds, the plastic piece vibrates directly on the bone behind your ear. This allows the sound to bypass the eardrum and outer portions of the ear and be processed by the nerve directly.

Bone conduction usually provides the same results as air conduction, which suggests that the system leading up to the nerve is functioning normally. But the two tests don’t always have the same results. If bone conduction results differ from air conduction results, that usually indicates there may be a physical problem that blocks the sound from the outer ear from reaching the cochlear nerve.

Several issues can have an impact on the audiogram results, including an ear infection or wax buildup. Generally, these issues can be resolved with medications (or surgery, in some cases) before pursuing hearing aids further.

The audiogram allows the audiologist to make a diagnosis of your hearing and make a personalized recommendation on hearing aids for your particular loss.
Using all these tests in concert gives your provider a complete picture of your hearing and lifestyle. A full hearing exam doesn’t just measure your hearing level but takes into account many factors that go into giving you a personal recommendation on treatment options, if necessary.

After your provider completes your evaluation, you’ll have a lot of information to process. It’s important to ask your provider any questions you or family members may have about your hearing. Each individual will have different questions for their provider, depending on their unique needs and concerns. However, here are a handful of points you should understand when walking away from a hearing exam:

- Whether or not a hearing loss was found
- Your specific hearing diagnosis
- Next steps for treatment
- How to protect your hearing moving forward

A comprehensive hearing exam is the best way to ensure you get the individual recommendations and care you need. Being prepared for your exam will help you get the most out of your experience and avoid any unwanted stress, anxiety, or confusion.

If you have questions about scheduling an exam with a provider in your area, TruHearing can help.

Call today to learn more: (844) 325-8976