

Getting the Most Out of Your Audiological Appointment

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- First and foremost, this is a partnership so you need to feel comfortable with this person because you may all be spending a lot of time together!
- Especially if you child likes to hide their hearing aids or flush their earmolds.

It is a journey one which your audiologist needs to be happy, willing and prepared to share with you.

Communication is the key.



Your audiologist should make you
feel that:

- There is open and free communication and you are not being judged. Ever.
- You can ask any question you need to ask, especially if you don't understand the big words they are using! They should be willing to explain, explain, and explain some more until you all get it.

Your audiologist should make you feel that:

- You don't feel rushed during your appointments.



- They like children, and can handle children with special needs, challenging behaviors, etc.
- They will be able to keep their cool, no matter what.

Your audiologist should make you feel that:

- They will be able to help your child get through the hearing test
 - Call the otoscope a flashlight
 - Say, “hug mommy”
 - Be willing to use headphones if your child has sensory issues and can't handle insert phones, and be willing to use speakers if your child can't handle the headphones
 - Be able to handle getting tickled, peed on, pooped on, and thrown up on and hug mommy and say it will all be OK



Your audiologist should make you feel that:

- They can help YOU, the parent, get through the hearing test even if you are afraid of enclosed spaces and/or have a “FEAR OF CLOWNS”.



Your audiologist should make you feel that:

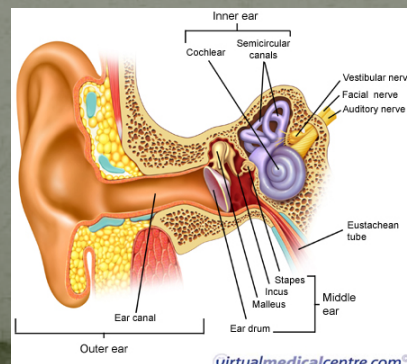
- They have kid-friendly offices
- They understand that while Audiology is their choice, it is not your choice and sometimes you don't think you can handle one more thing



- They understand that you, your spouse, your parents and grandparents, and the baby's siblings all may need help too, and where to get that help.

Your audiologist should make you feel that:

- They know where to help you find answers when they don't know the answer.
- It is OK if they have a different opinion than you have come to for whatever reason.
- They can help you understand how the hearing mechanism works and what is going on with your child.



Your audiologist should make you feel that:

- They can help you understand how hearing aids work and what other technology may be available to help your child hear better at home and school.
- They are willing to help you, your child, your family, your school, and your community make this work.
- They can refer you to the right programs and early intervention people, speech pathologists, LSL people, sign language teachers, ENT's, pediatricians, geneticists and babysitters.

Your audiologist should make you feel that:

- They are willing to write down what they did in adjusting your child's hearing aids or CI so you can give it to the school because they understand that after you leave the office you can't remember what they said and they are OK WITH THAT.
- They understand that sometimes you want to cry when you see them because they gave you the bad news and coming to see you brings up bad memories. Ditto IEP and Family Service Plan meetings.

Your audiologist should make you feel that:

- They won't think bad thoughts about you if they know your dog chewed up ANOTHER earmold because that dog actually licked it off the kid's ear. Really.

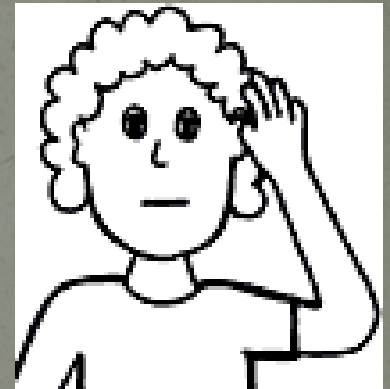


- THEY ARE EXCITED ABOUT YOUR CHILD'S PROGRESS AND CARE ABOUT HOW HARD YOU HAVE WORKED TO GET TO THIS POINT!

Here are some things that can help us help you.

We are looking for:

- Information to help us know where to start with the hearing evaluation:
 - Low vs. high frequencies
 - Where to start conditioning responses
 - How is your baby's vision?



Here are some things that can help us help you.

We are looking for:

The cause of the hearing loss, if possible.

- To help in planning and to know outcomes
- To help know what other issues may affect your child, and how these issues may affect your child's health, hearing loss, and learning
- To watch for middle ear problems, which complicate every hearing loss even further
- To watch for progressive hearing loss, and risk factors for such losses

Please Share Birth History Information With Your Audiologist:

- Premature birth
- Low birth weight
- Complications during your pregnancy or delivery (APGAR score)
- Exposure to Cytomegalovirus, Rubella, Toxoplasmosis, etc.
- Drug exposure (meth can cause interesting hearing issues)
- Jaundice, especially requiring a transfusion

Please Share Birth History Information With Your Audiologist:

- Illness of baby or mother
- Rh Factor issues
- Time spent in the NICU
- Did the baby breathe on its own
- Feeding or swallowing issues
- Refer on Newborn Hearing Screening
- Cleft lip or palate, congenital atresia
- Down Syndrome
- Cerebral Palsy
- Vision loss
- Nystagmus, vestibular problems

Risk Factors for Delayed Onset Hearing Loss:

- Speech and Language delay
- Family history of hearing loss
- Assisted ventilation (ECMO)
- Exposure to ototoxic drugs
- Genetic Syndromes associated with progressive hearing loss (Neurofibromatosis, Usher, Pendred, Stickler, Waardenburg, Hunter-Hurler)
- Bacterial infections (meningitis)

Risk Factors for Delayed Onset Hearing Loss:

- Head Trauma involving skull fracture
- Chemotherapy
- Ear infections
- Enlarged Vestibular Aquaduct Syndrome
- Feeding issues associated with structural problems (sub-mucosal cleft palate)
- Anoxia
- Seizures

Please be sure to keep your audiologist informed as you receive more information about your child because it can change our recommendations and ideas about what can help you.

Parent Provided Information:

- What listening situations are difficult for everyone and what can we do about this? Let's brainstorm what we need to do to help.



- Are they showing indications that sounds are uncomfortable? and what are they? Is it because of how loud the sound is or can they just not handle that much background noise?

Parent Provided Information:

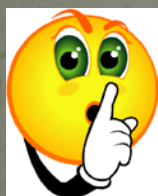
What progress are they making in their speech and language development?



Parent Provided Information:

Can they hear the Ling sounds?

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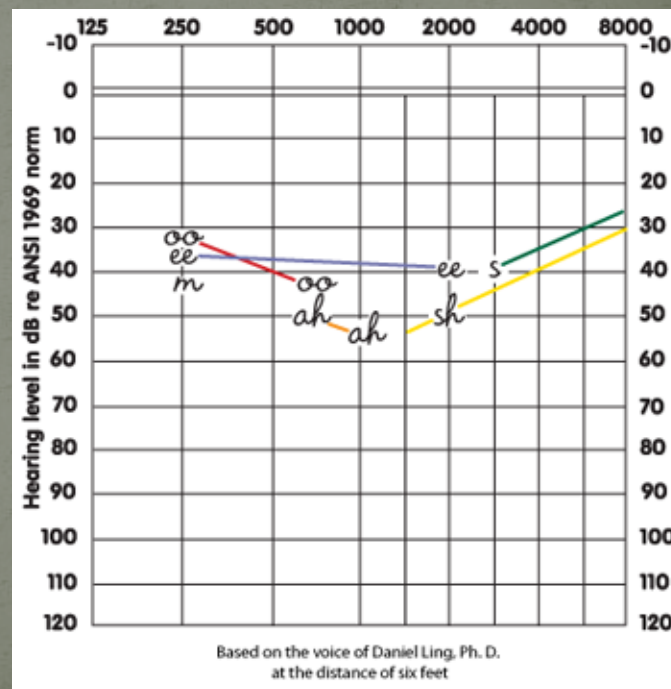
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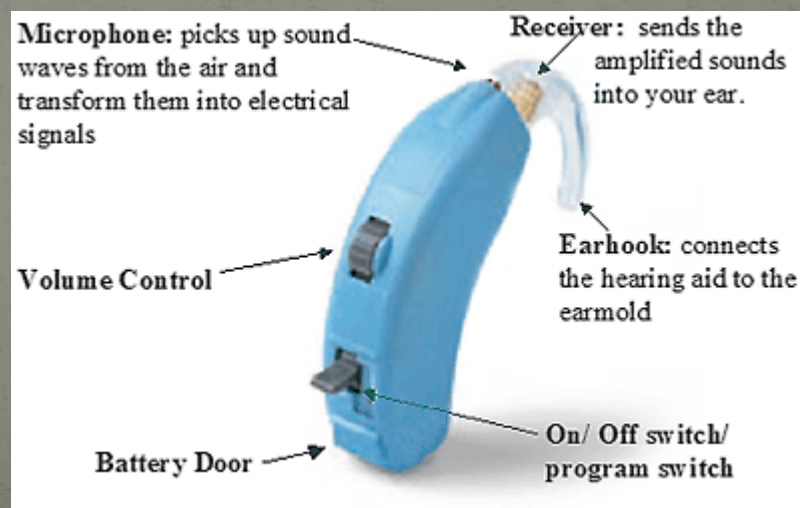


Why is this important?



Parent Provided Information:

- Are they uncomfortable with their earmolds? Pulling on their ears? Fussy?
- Please let me know that you understand how the hearing aids work and are comfortable with all of this, and know why the batteries sometimes go dead a half hour after you tested them put them in and they were working just fine.



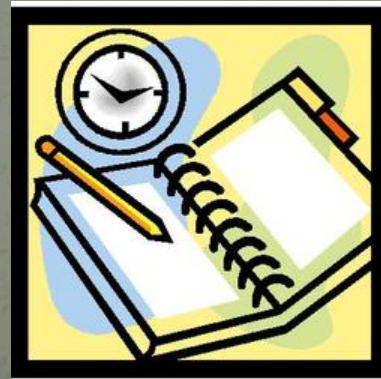
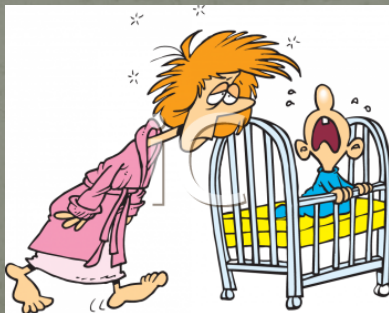
Parent Provided Information:

- There is a change in your child's hearing after you buy a trampoline, start karate and gymnastics or your child hits their head.



Parent Provided Information:

As a parent, I can't cope with _____



Progressive Hearing Loss

- If your child's hearing has changed, it is important to figure out why.
- This may mean a visit with the Ear, Nose, and Throat specialist, Neurologist, Geneticist, and a CT or MRI scan, in addition to the audiologist.



Progressive Hearing Loss

- Some children will also experience days where they have better hearing than others, and can even have days when they have variations in their understanding. In other words, they can hear you but can't understand what you are saying to them.
- If your child has EVAS, a minor head bump can cause a significant change in their hearing, as can jumping on a trampoline, gymnastics or a fever.

Progressive Hearing Loss

- If your child has bumped their head, some ENT's recommend that they have a tapered dose of steroids to see if the hearing can be saved. Some also recommend this for children with fluctuations due to CMV.
- Know that fluctuating hearing and/or decreases in hearing can be a source of significant stress for you and your child. They will do better when you stay calm, even though you don't feel calm. Get help if you need it.



**KEEP
CALM
AND
CARRY
ON**

Progressive Hearing Loss

- Clingy behavior, fear of the dark, not wanting to sleep at night, speaking in a louder voice, etc. can all be signs their hearing is fluctuating or decreasing.



- Most of the time, these changes are due to middle ear problems, but see your audiologist as soon as possible if you notice changes in their listening behaviors.

Middle Ear Problems....

The bane of all of our existence!



PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

THIS IS A SIGNIFICANT ISSUE BECAUSE OF THE INCREASED RISK FOR MENINGITIS IF YOUR CHILD HAS A COCHLEAR IMPLANT, AND ALSO BECAUSE OUR MOST COMMON ANTIBIOTICS ARE LOSING THEIR EFFICACY AGAINST BACTERIA.

This is also a concern if your child has Enlarged Vestibular Aquaduct Syndrome and/or Mondini's Dysplasia as there may be structural issues that predispose them to meningitis.

PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

PREVENTION IS A MUCH BETTER SOLUTION.

- Encourage breast-feeding rather than bottle-feeding.
- If bottle-feeding, promote good head position. Never let the baby hold the bottle himself while lying on his back. Never prop the bottle or increase the nipple size; babies need to suck hard on the bottle to help open their Eustachian tubes.



PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

PREVENTION IS A MUCH BETTER SOLUTION.

- Maintain an upright head position after feeding to encourage milk to go down.
- Bedtime bottles should contain water after the child is 9 or 10 months old and getting adequate nutrition during the day.

PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

PREVENTION IS A MUCH BETTER SOLUTION.

- CHILDREN SHOULD NOT BE EXPOSED TO CIGARETTE SMOKE. IF YOU USE A WOOD STOVE FOR HEAT, MAKE SURE IT IS WELL VENTED, BURNING CLEANLY, AND THAT THE CHILD IS NOT EXPOSED TO SMOKE IN THE HOUSE.



PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

PREVENTION IS A MUCH BETTER SOLUTION.

- Physicians now use caution in antibiotic prescription. Remember to give the antibiotic until it is gone even if your child feels better.
- CHILDREN WITH COCHLEAR IMPLANTS NEED TO BE ON AN ANTIBIOTIC NO MATTER WHAT. IT MIGHT BE WORTH IT TO BUY AN OTOSCOPE FOR HOME TO HELP MONITOR MIDDLE EAR PROBLEMS.



PREVENTION OF MIDDLE EAR PROBLEMS IN INFANTS AND CHILDREN

PREVENTION IS A MUCH BETTER SOLUTION.

- Check for allergies to see if this is a contributing factor. Wheat and milk allergies are common culprits. Milk allergy is often suspected in children who are mouth-breathers and/or have dark circles under their eyes even when they are getting plenty of sleep. These children tend to crave milk and cheese!



PREVENTION OF EAR INFECTIONS IN THE MULTI-HANDICAPPED POPULATION

- This population has a significantly higher rate of middle ear problems than the general population.
- This is especially critical for children that cannot sit up on their own, or are wheel-chair bound.



PREVENTION OF EAR INFECTIONS IN THE MULTI-HANDICAPPED POPULATION

- If your child has a cleft lip or palate, or other feeding issues, you and your physician will need to be especially vigilant about ear infections or fluid (you can have fluid without having an infection).



- Maintain good head position during the day. This is especially critical after feeding.

PREVENTION OF EAR INFECTIONS IN THE MULTI-HANDICAPPED POPULATION

- Be sure you know how well they are swallowing and how well they are handling their food. They may need a swallow study to be sure, especially if your child has had pneumonia.
- Be sure you know if they have reflux. This can also take the form of Colic. Reflux can contribute to middle ear problems. You may need to prop up your baby while sleeping, as well as after eating.

PREVENTION OF EAR INFECTIONS IN THE MULTI-HANDICAPPED POPULATION

- Be sure the child is upright for at least a half an hour after feeding, even if they are being tube-fed to ensure there is no reflux.
- Help your child maintain good health.



What I would like to share with all of my patients, but don't:

- When you cry, I would like to cry along with you but really try not to.
- I know this is hard.
- I know even if it is hard, you will all be OK. Including the grandparents.
- I keep everything as calm and low-key as I can because this can keep your child calm too, especially when I am giving a family bad news. It is my job to give people bad news sometimes.

What I would like to share with all of my patients, but don't:

- I understand that it is almost a full time job for one parent to handle all of the appointments, meetings, devices, home therapy, etc. The divorce rate is 90% here at MSDB. I can see the dynamics of what happens when one parent takes on all of the work, and the other one goes to work at their job because they don't know what else to do. The kids that do the very, very best are the ones in situations where they know they can count on their family members for help and support, and everyone supports each other.



I know this isn't what you thought you would be doing,
but this can enrich your life in countless ways. I am
grateful to share this journey with you.



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