



Rancho Los Amigos National Rehabilitation Center

Communication Disorders Department- Audiology

Policy and Procedure

SUBJECT: COMPREHENSIVE AUDIOLOGIC ASSESSMENT

Policy No.: 407
Supersedes: September 1990
Revision Date: February 2022
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PURPOSE

To outline the procedure of the Comprehensive Audiologic Assessment.

POLICY

A comprehensive audiologic assessment is comprised of the Basic Audiologic Assessment (see Communication Disorders Department Policy- Basic Audiologic Assessment) as well as other procedures and is used to assess the status of the peripheral auditory system, the auditory nerve, and/or the central auditory nervous system. The comprehensive audiologic assessment is also performed to help establish the site of the auditory disorder as well as to detect and/or quantify pseudohypoacusis. Assessment may result in recommendations for further audiologic assessment, medical/educational referral, hearing aid assessment, aural rehabilitation assessment, speech and language assessment, or counseling.

Comprehensive Audiologic Assessment is conducted according to the Fundamental Components of Preferred Practice Patterns.

PROCEDURES

1. The assessment includes procedures contained in The Basic Audiologic Assessment.
2. Procedures to assess cochlear versus retrocochlear (i.e., eighth cranial nerve, brainstem, or cortical) auditory disorders may include but are not limited to:
 - a. Acoustic reflex threshold
 - b. Acoustic reflex decay
 - c. Auditory evoked potentials
 - d. Performance intensity- phonetically balanced speech discrimination (PIPB)
 - e. OAES
 - f. ENG
3. Procedures to assess central auditory nervous system disorders may include but are not limited to auditory evoked potentials.

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COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES

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4. Procedures for detecting or quantifying pseudohypoacusis may include but are not limited to:
 - a. Comparing pure-tone averages and speech recognition thresholds
 - b. Stenger tests
 - c. Acoustic reflex thresholds
 - d. Auditory evoked potentials
 - e. Weber/Rinne Tests
 - f. Reflex decay tests
 - g. OAES
 - h. ENG
5. Recently documented measurement procedures may supplement the comprehensive audiologic assessment.
6. Patients/clients with identified hearing loss or auditory disorders:
 - a. Receive audiologic follow-up services to monitor audiologic status and to ensure appropriate treatment.
 - b. Appropriate referrals may include but are not limited to:
 1. Referrals to outside vendors for ear molds and/or hearing aids or assistive devices.
 2. Referrals to other disciplines such as ENT, Speech-Language Pathology, Neurology.
 3. Referrals to funding agencies such as California Children's Services (CCS).
7. Assessments are conducted with calibrated acoustic stimuli (e.g., pure tones, broadband noise).
8. Electroacoustic equipment and ambient noise meet ANSI standards and manufacturers specifications, where applicable.
9. For documentation procedures of the comprehensive audiologic assessment see Communication Disorders Department Policy- Content of the Audiology Note.

Source: Preferred Practice Patterns for the Professions of Speech-Language Pathology and Audiology, ASHA- Supplement No. 11, March 1993.

American Speech and Hearing Association, Committee on Audiometric Evaluation (1978a). Guidelines for manual pure tone threshold audiometry. ASHA, 20,297-301.

American National Standards Institute (1977), Criteria for permissible ambient noise during audiometric testing. ANSI S3.1 -1977. New York: American National Standards.

American National Standards Institute (1989). American national standard specification for audiometers. ANSI S3.6- 1989. New York: American National Standards Institute.

ASHA.org Preferred Practice Patterns, Audiology