**Submission Template**

**Immittance and Otoacoustic Emissions**

# **Descriptive Title of Case. Replace this heading with your title.**

# **Authors**

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ACKNOWLEDGMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines [www.AudCases.com](http://www.AudCases.com). Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

 Introductory

 Intermediate

 Advanced

# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

By completing this case, the student will be able to:

1. Determine the appropriate Vanhuyse label for the 668 Hz tympanograms
2. Tabulate OAE level and SNR data from available printouts
3. Interpret the difference between the pure-tone and BBN reflex thresholds

# **Case History**

Initials, a \_\_ year old (gender if appropriate), . . .

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Otoscopy**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Audiometric Data**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> . The submission guidelines document details when other formats can/should be used. Omit portions that are not applicable to the case.

* What question do you want to insert here? Delete if no question is to be used.
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  |
| Spondee Technique | MLV | WRS Technique | Recorded |
|  |  | List and Number | NU-6 Right: 1A Left: 2A |
|  |  | Number of Items |  Right: 50 Left: 10 MD |

MLV = Monitored Live Voice PP = Picture Pointing

NU-6 = Northwestern University List 6 CID W-22 = Central Institute of the Deaf, Word List 22.

10 MD = 10 Most Difficult

NU-ChiPS = Northwestern University Children’s Perception of Speech

WIPI = Word Intelligibility by Picture Identification PB-K = Phonetically Balanced – Kindergarten

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# **Tympanometry**

226 Hz / Y tympanograms should be included in this section

* What question do you want to insert here? Delete if no question is to be used.
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# **Advanced Middle Ear Analysis**

If multiple types of middle ear analysis are included, please use this ordering

## **Multifrequency Tympanometry**

Provide traces. The preferred format is for B/G traces to be on the same printout with a separate Y trace.

Ensure that probe frequency is clearly noted.

* What question do you want to insert here? Delete if no question is to be used.
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## **Wideband Acoustic Immittance (WAI)**

Provide high-quality graphics

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Middle Ear Absorption**

Provide high-quality graphics

* What question do you want to insert here? Delete if no question is to be used. Questions can be moved to the subheadings above, they need not appear after all of the middle ear data are provided.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Acoustic Reflexes**

## **Thresholds**

Please put acoustic reflex results in the table below. Thresholds are assumed to be in dB HL. If in dB SPL then change the upper left-hand table notation AND note in text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(dB HL)****Probe Ear** | **Hz 🡪****Stimulated Ear (Mode)** | **500** | **1000** | **2000** | **4000** | **BBN** |
| Right | Right(Ipsi) | 85 | 105 | 110 | Absent | 95 |
| Right | Left(Contra) | 80 | 100 | Absent | Absent | 90 |
| Left | Left(Ipsi) | 90 | 105 | 110 | Absent | 100 |
| Left | Right(Contra) | 95 | 110 | Absent | Absent | 95 |

* What question do you want to insert here? Delete if no question is to be used.
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## **Acoustic Reflex Decay**

Insert high-quality reproductions of the test results.

* What question do you want to insert here? Delete if no question is to be used.
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# **Otoacoustic Emissions**

## **Transient-Evoked**

Insert high-quality reproductions of the test results.

Use of a tabular format, either as a way of presenting the results. Adjust table, adding and removing and relabeling frequencies as appropriate to the case.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Freq (Hz)** | **500** | **1000** | **2000** | **3000** | **4000** | **6000** |
| **Right Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |
| **Left Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
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## **Distortion-Product**

Insert high-quality reproductions of the test results.

Use of a tabular format, either as a way of presenting the results. Adjust table, adding and removing and relabeling frequencies as appropriate to the case.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Freq (Hz)** | **500** | **1000** | **2000** | **3000** | **4000** | **6000** |
| **Right Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |
| **Left Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Summary and Discussion**

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

* What question do you want to insert here? Delete if no question is to be used.
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# **Recommendations**

Omit this category if it is not appropriate to your case.

* What question do you want to insert here? Delete if no question is to be used.
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