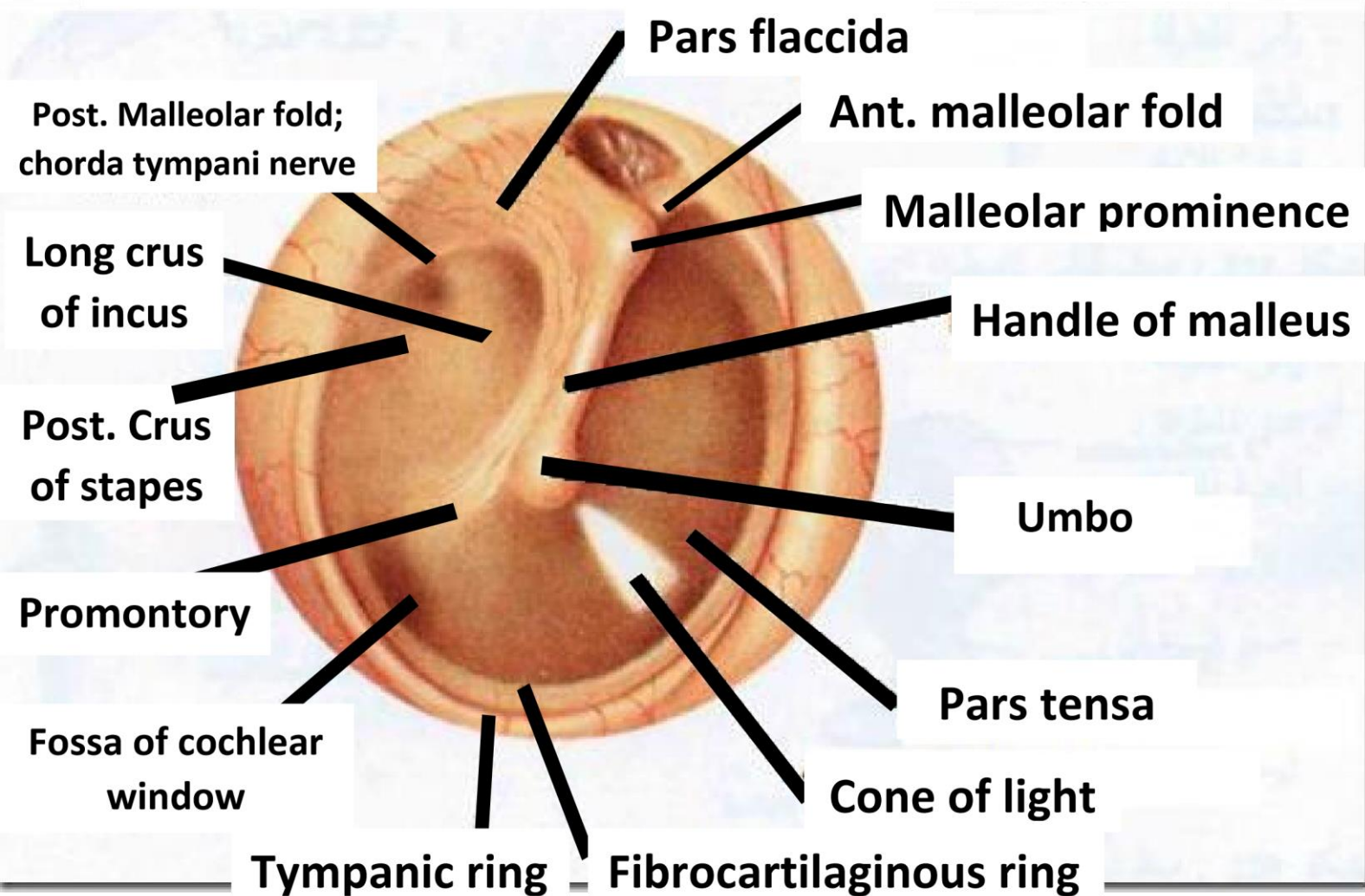
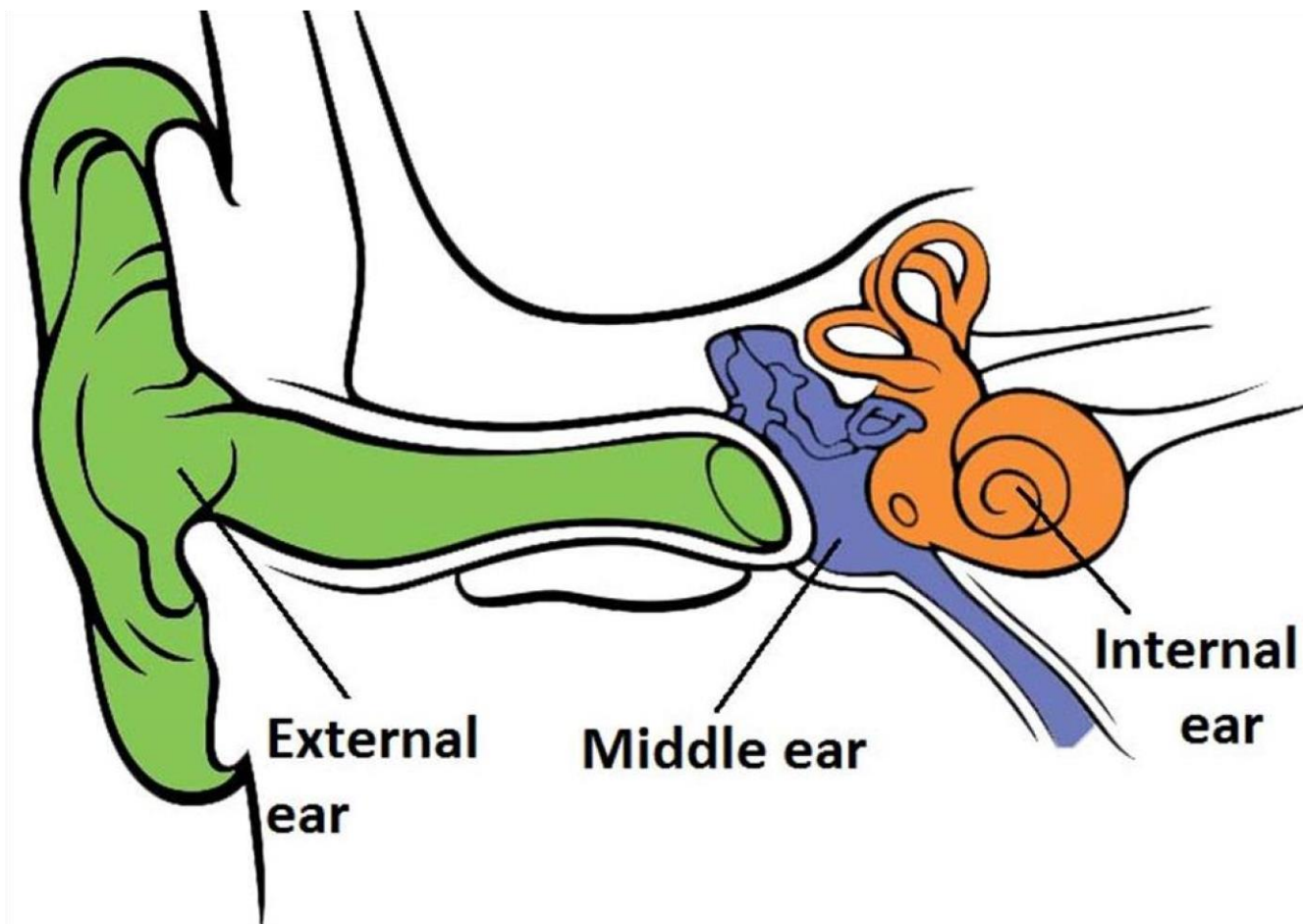
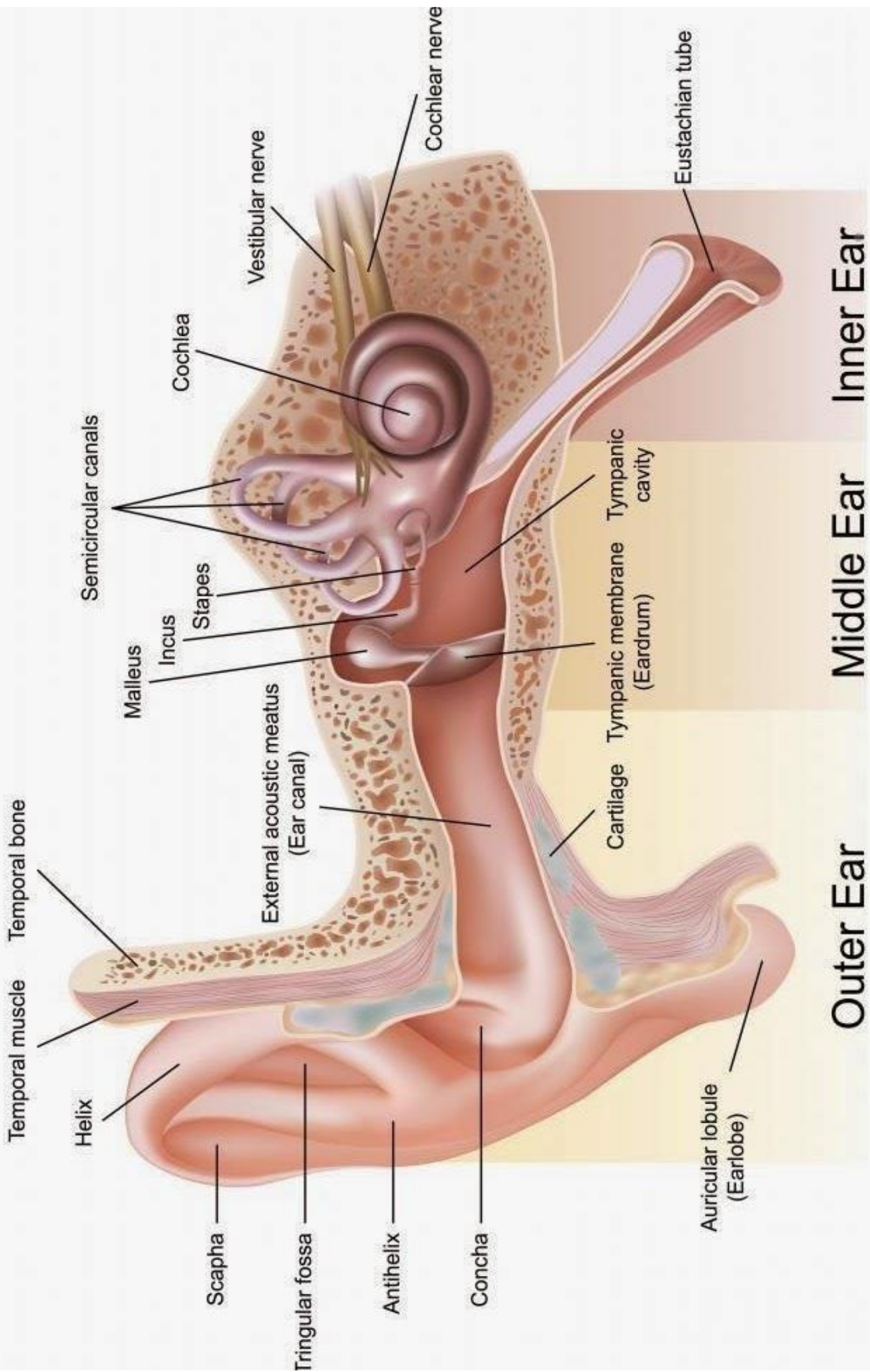


Ear Assessment





Temporal muscle

Temporal bone

Helix

Scapha

Triangular fossa

Antihelix

Concha

Auricular lobule
(Earlobe)

Semicircular canals

Malleus

Incus

Stapes

Cochlea

Vestibular nerve

External acoustic meatus
(Ear canal)

Cochlear nerve

Cartilage

Tympanic membrane
(Eardrum)

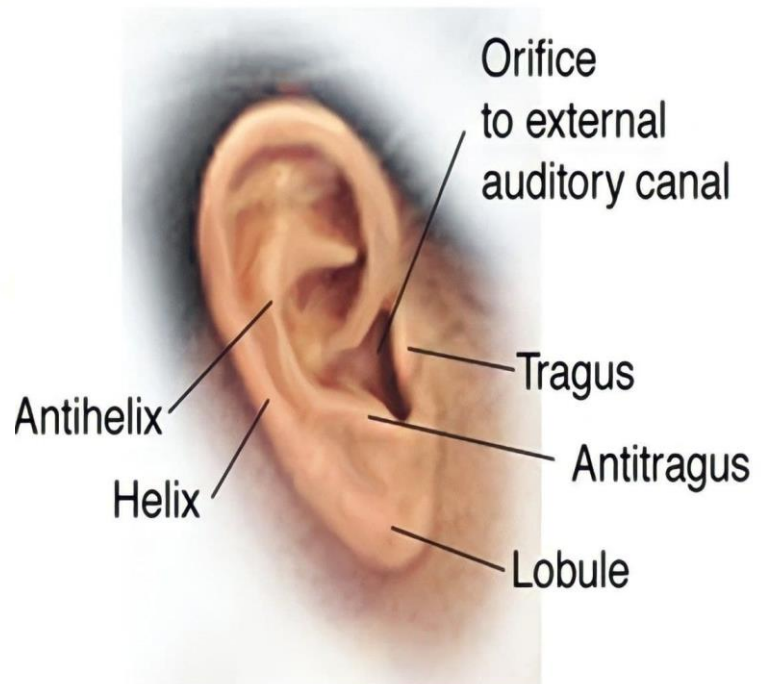
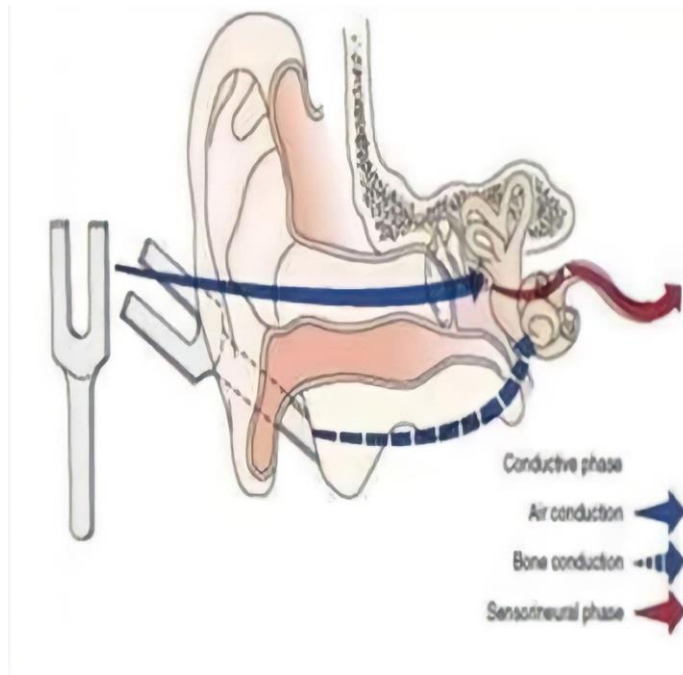
Tympanic cavity

Eustachian tube

Outer Ear

Middle Ear

Inner Ear



Current symptoms	Describe any recent changes in your hearing	Sudden decrease in ability to hear in one ear may be associated with otitis media
	Are all sounds affected with change or just some sounds?	Presbycusis often begins with a loss of the ability to hear high frequency sound
	Do you have any ear drainage? Describe the amount and Order?	Otorrhea usually indicates infection ,purulent bloody drainage suggests an infection of the external ear
	Do you have any ear pain	Otalgia can occur with ear infection ,sinus infection or teeth and gums problems
	Do you experiencing any ringing or crackling in your ears	Tinnitus may be associated with excessive ear wax build up, high blood pressure
	Do you ever feel dizzy or unbalanced	Vertigo (true spinning motion) may be associated with an inner ear problem
Past History	Have you ever had problems A history of repeated infections with your ears as infectious or trauma	A history of repeated infections can affect the tympanic membrane and hearing

	Describe any past treatments you have received for ear problems	Client may be dissatisfied with past treatment for ear or hearing problems
Family History	Is there of hearing loss in your family?	Many ear problems have familial tendencies
Life style and Health practice	Do you work or live in an area with frequent or continuous loud noises	continuous loud noises can causes a hearing loss unless the ears are protected
	Do you expend a lot of time swimming or in water?	Swimmer's ear (infection of the ear canal) may be seen when contaminated water left in the ear
	Has your hearing loss affect your ability to care for yourself top work	Hearing loss or pain may interfere with the client's ability to perform usual activities of daily living
	How do you care for your ears	Use cotton tipped applicators inside the ear can cause wax to become impacted and cause ear damage

External Ear Structures	
Inspect the auricle, tragus and lobule Noting shape, size and position	Ears are equal in size bilaterally normal (4-10) cm Alignment of pinna with corner of eye and within 10 degree angle of vertical position
	Ear are smaller than 4 cm or longer than 10 cm Mal aligned or lower set ears may be seen with chromosomal defects
Observe lesions ,discoloration and discharge	The skin is smooth with no lesion, lumps or nodules. Color is a constant with the facial color
	Enlarged Preauricular and postauricular lymph nodes — infection

	Tophi non tender, hard cream —colored nodules on the helix or antihelix containing uric acid crystal gout.
	Ulcerated , crystal nodules that bleed cancer
	Redness swelling scaling or itching otitis externa
	Pale blue ear color frostbit

Palpate auricle and mastoid	Normally auricle tragus, and mastoid process are not tender	Painful auricle and tragus is associate with otitis externa or post auricular cyst Tender over mastoid process suggest mastoiditis Tenderness behind the ear may occur with otitis
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Inspect the external auditory canal using otoscope Note any discharge along with the color and consistency of the cerumen (ear wax)	A small amount of odorless cerumen which may be color: yellow, orange ,red brown and gray Consistency: waxy, flaky, soft, moist and dry Odor: None.
	Foul smelling, sticky, yellow discharge —Otitis externa or impacted foreign body
	Bloody ,purulent discharge -Otitis media with rupture tympanic membrane
	Bloody or water drainage (cerebrospinal fluid) skull trauma
Observe color and consistency of the ear canal walls	The canal wall should be pink and smooth and without nodules
	Redness swollen canals Otitis externa
	Polyps usually surrounded by purulent discharge and blocking the view of the eardrum

Inspect tympanic membrane (eardrum) Note color ,shape ,consistency and land marks	Pearly gray shiny and translucent with no bulging or retraction It is slightly concave smooth and intact Intact: may show movement when swallowing
	Cone of light, umbo, handle of malleus & short process of malleus easily visualized A Cone shape reflection of otoscope light is normally seen at 5 o'clock in the right ear and 7 0'clock in the lift ear
	Red ,bulging eardrum and diminished or absent light reflex acute otitis media
	Perforation —trauma from infection
	Prominent and land mark- eardrum retraction from negative ear pressure resulting from an obstructed
	Obscure or absent landmark eardrum thickening from chronic otitis media

	Hearing and Equilibrium Test	
Whisper test To assess a client's gross hearing	Client correct repeat two syllable word	Client correct repeat the word or has difficulty repeating the word spoken by examiner
Weber's Test- To assess diminished or hearing loss in one ear -Helps, evaluate the condition of sound wave to distinguish between conductive hearing and sensorineural hearing	Vibrations are heard equally well in both ears No lateralization of sound to either ear	With conductive hearing loss ,the client reports lateralization of sound to the poor ear that is the client hear the Vibrations in the poor ear With sensor ineural hearing loss ,the client reports lateralization of sound to the good ear

<p>Rinne Test Compare air (AC) and bone conduction (BC) sound</p>	<p>Air conduction sound is normally heard longer than bone conduction sound (AC>BC)</p>	<p>with conductive hearing loss BC sound is heard longer than or equal AC sound (BC>AC) With sensor ineural hearing loss AC sound is heard longer than or equal BC sound (AC>BC)</p>
<p>Romberg Test Assess the client's equilibrium</p>	<p>Client maintains position for 20 second without or with minimal swaying</p>	<p>Vestibular disorder ,client moves feel apart to prevent falls or start to fall from loss of balance</p>