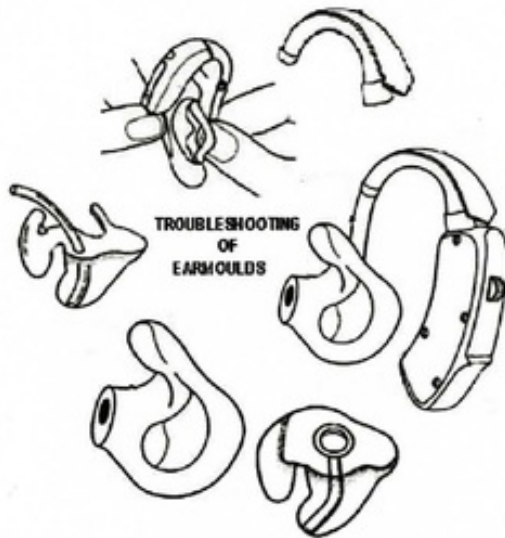


Trouble Shooting of Earmolds

by Audiology 28

FILE	TROUBLESHOOTING_OF_EARMOULDS.PDF (735.95K)		
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TROUBLESHOOTING OF EARMOULDS



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TROUBLESHOOTING OF EARMOULDS

Ear mould is a small plastic device that couples the hearing aid to the ear. Best results are obtained when a custom-fitted ear mould is constructed from an impression made of the ear in which hearing aid is worn.

Even though readymade standard ear moulds are available in the market, a custom made ear mould is essential to get maximum benefit from a hearing aid. They are made from the ear impressions taken of the user's ear. Further, ear moulds are made for each ear separately since right ear moulds do not fit in left ear and vice-versa.

Sometimes, despite the best care, an ear mould may not cause different problems. The following troubleshooting suggestions may help to solve the problems:

Problem	Remediation
No output from aid	Unlock with a wire or soft tooth brush. The mould should be washed with luke warm water and soft detergent.
Low output of distorted sound	Unblock the mould
Hearing aid whistles when worn -	
a) Ear mould is ill fitting. This is especially true for children and or geriatric population	New ear mould required.
b) Ear mould inserted incorrectly	Refit ear mould
c) Wearer's hair in ear with ear mould	Remove hair, refit ear mould
d) Metal ring bush loose in ear mould	New ear mould or bush required
e) Bush worn out receiver ill-fitting	New ear mould or bush required
Fullness of the ear	
a) Ear mould is occluding the ear	A vent is needed in the ear mould (unless aid likely to feed back). Even a small one can relieve that feeling of fullness and equalize the pressure in the ear canal.
b) Canal of ear mould is too long and ear mould is overly tight	Length of canal should be trimmed (again, keeping in mind the strength of the aid the client is wearing).

<p>Ear mould is hurting: Ear mould is a poor fit</p>	<ul style="list-style-type: none"> a. Ask client to show you where the ear mould hurts in the ear. b. Check canal length, it may need to be shortened if seems unnecessarily long for the type of aid/degree of hearing loss. Remember that low and medium gain aids do not usually very long canal. c. Check if there is a bump or ridge on the ear mould that could be causing discomfort (usually there will be corresponding red mark in the clients ear if he/she has been wearing it recently). Ear mould should be trimmed, ensuring final surface is smooth. d. Check if ear mould seems a poor fit overall could be because mould is vey old and client's ear has changed in shape or soft mould has deteriorated with age. A new ear mould will be required.
<p>Surface of ear mould is rough</p>	<p>Smooth out any rough patches or shape edges on the ear mould.</p>
<p>Discomfort due to sensitive skin</p>	<p>Check if the ear looks inflamed and infected. Some people can have an allergic reaction to some ear mould materials. Medical attention will usually be recommended and a different type of mould material may be tried, if the doctor says it is indeed an allergy.</p>
<p>It hurts behind/above ear</p> <ul style="list-style-type: none"> a) Mould not done properly b) Moisture resistant tubing in ear mould 	<p>Mould may need to be modified</p> <p>Tubing too stiff causing pressure sores, usually at top of the ear or concha. Replace with standard tubing if possible. Advise client to watch out for moisture with standard tubing.</p>
<ul style="list-style-type: none"> b) Ear mould itself hurts 	<p>Check there are no sharp edges or rough spots on ear mould. Trim if necessary</p>

Ear mould too small properly seated in the ear	Replace ear mould
Ear mould too large for your ear	Have the ear mould modified
Ear mould not inserted properly	Remove the ear mould and re-insert properly
Ear mould fitting too loosely or there is a crack or hole in the tubing	Ear mould tubing replaced
Wax in the ear mould	Remove wax carefully with the help of small brush
Ear mould often turn yellow and stiff with age	Replaced on a regular basis

**Have your ears checked regularly by an ENT physician
and your hearing checked regularly by an audiologist.
If you have any questions, please contact us immediately.**

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PRIMARY SOURCES

1	Sebastian, Swapna; Chengappa, Shyamala; Kumar R, Sunil and Ballraj, Achamma. "Agraphia and Anomia in Bilingual Individual with Left Temporal Lobe Lesion -- A Case Report", Language in India, 2012.	1 %
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