# AUDIOLOGICAL DESK REFERENCE IN INDIA

Reg. No. 02SH0011

An Independent Project as a part fulfillment of First Year M.Sc, (Speech and Hearing), Submitted to the University of Mysore, Mysore.

ALL INDIA INSTITUTE OF SPEECH AND HEARING MYSORE - 570006

June - 2003



# Certificate

This is to certify that this Independent Project entitled "AUDIOLOGICAL DESK REFERENCE IN INDIA" is a bonafide work in part fulfillment for the degree of Master of Science (Speech and Hearing) of the student (Register No. 02SH0011).

Mysore

June, 2003

1. 1 Ong wany Director

All India Institute of Speech and Hearing Mysore - 570 006

# Certificate

This is to certify that this Independent Project entitled "AUDIOLOGICAL DESK REFERENCE IN INDIA" has been prepared under my supervision and guidance.

Guide

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Mysore - 570 006

Mysore

June, 2003

All

India

# **DECLARATION**

This is to certify that this Independent Project entitled "AUDIOLOGICAL DESK REFERENCE IN INDIA" is the result of my own study under the guidance of Dr. K. Rajalakshmi, Lecturer, Department of Audiology, All India Institute of Speech and Hearing, Mysore and has not been submitted earlier in any other University for the award of any Diploma or Degree.

Mysore,

June, 2003

Reg. No. 02SH0011

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# **INTRODUCTION**

Survey is a method of data collection, in which an instrument is used to elicit responses, from a sample / population. It may vary in form, ranging from mail questionnaires to in-depth personal interviews.

The survey method is applied to various fields of study. The significance of survey method is that, it is an instrument of great versatility, applicable to a wide range of problems in the general area of social research. The advantage of survey research is that, a great deal of information can be collected from a large population simultaneously.

Surveys differ greatly in their scope, design and content. As in other methods of research, the specific characteristics of any survey will be determined by the objectives.

In the field of speech and hearing, the survey method has been used for various purposes. Curlee (1975), used the survey method to study the man power resources in speech pathology. Kapur, as cited in Rabindran (1993), conducted a survey of personnel, equipment and facilities available in India in the field of speech and hearing. A survey on man power resources and needs in speech pathology and audiology was done by Balakrishna (1978). Rabindran, MR., (1993), conducted a survey on man-power utilisation and advancement in ear mold technology.

Survey research seems ideally suited for obtaining information regarding manpower and resources available in the field of speech and hearing.

In the recent times many new speech and hearing centres have come up. Many hospitals now have separate departments for the speech and hearing disorders. As more and more centres are being established, the demand for professionally trained personnel in these centres has also increased. Consequently the number of training institutes has also multiplied; which simultaneously caters to the needs of the disordered population.

Each of these centres provides different kinds of facilities for the diagnostic evaluations in hearing disorders. The audiological test procedures being followed may also be different.

Some centres may have more facilities for the paediatric population, while some others may cater mostly to the adult and / or geriatric group. Some centres use standard materials for testing, while some others may use materials that have been developed locally. Lot of research and experimental work is going on for the development of test materials to suit various regional populations at different training centres. Various modifications of the existing tests to suit different age groups is also under progress.

The present study has been designed to provide information regarding the kind of facilities available for audiological evaluations in the various speech and hearing centres across India.

## **NEED FOR THE STUDY**

Each centre provides a different kind of facility for audiological evaluation and the procedures followed may also be different. Most professionals in the field may be unaware of the facilities provided and procedures followed at the other centres.

New materials / techniques are constantly being developed in this field and information regarding such development may not be available to the other speech and hearing centres. Hence, such a compilation would prove very useful.

## AIMS OF THE STUDY

An attempt is being made through this project to present information:

- About the kind of facilities available at the various speech and hearing centres for audiological evaluation purposes.
- Regarding any new tests or materials that may have been developed indigenously.
- Regarding the availability of diagnostic equipments and related materials for audiological testing purposes.

The information obtained will then be compiled to serve as a ready reckoner for students and professionals.

## **METHOD**

#### Aim

To obtain information regarding the kind of facilities available, the procedures followed for audiological testing and any new test and / or materials that have been developed in the centre.

#### **Materials**

A letter was formulated, inviting information regarding:

- The type of set-up
- Audiological test procedure routinely followed for:
  - > Paediatric population
  - > Adult and geriatric population (others)
- Any special tests that are being administered.
- Instruments / equipments available for testing.
- Any new materials that have been developed at the centre.
- The specialists involved in testing.

#### Procedure

About 25 speech and hearing centres across the country were identified, based on common knowledge. The letters were then sent out by post or e-mailed.

Follow-up letters were mailed to many centres as no response was elicited within the stipulated time. Some of the centres were personally visited to obtain information.

## RESULTS AND DISCUSSION

The letter was mailed to 25 different centres across 'the country to elicit the information. No response was obtained from some centres even after a follow-up letter was sent, which some others sent it without the complete information and hence were rendered invalid.

Thus,

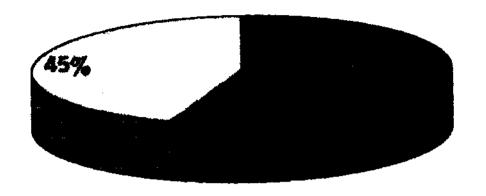
Number of letters mailed = 25

Number of complete responses received =9.

The information obtained has been compiled and is being presented below.

## A. Type of set-up:

Type of set-up Names of the Centres	Here after referred to as		
Government All India Institute of Speech and Hearing, Mysore a) SHC I			
Government AH Yavar Jung National Institute for the Hearing Handicapped, Mumbai	b) SHC II		
Government Ali Yavar Jung National Institute for the Hearing	c) SHC III		
Handicapped, Kolkata			
Private SRC Institute of Speech and Hearing, Bangalore d	) SHC IV		
Private Dr. M.V. Shetty College of Speech & Hearing, Mangalore	e) SHC V		
Hospital Sri Ramachandra Medical College and Research	f) SHC VI		
Institute CDU, Chennai			
Hospital Malabar Institute of Medical Science, Calicut	g) SHC VII		
Hospital Sri Chitra Tirunaal Institute for Medical Sciences and Technology, Thiruvananthapuram	h) SHC VIII		
Hospital Government Medical College Hospital, Coimbatore	i) SHC IX		



# • Government • Private Hospital

Figure 1: Percentage distribution of the various types of set-ups

## B. Audiological test procedure routinely followed for:

#### (i) Paediatric population:

SHC-I : Behavioural observation audiometry (BOA)

Visual reinforment Audiometry (VRA)

Evoked Response Audiomety (ERA)

Oto Acoustic Emissions (OAE) Immittance Audiometry (IMM)

Conditioned Response Audiometry (CRA)

SHC-II : BOA

VRA ERA

OAE

Immittance Audiometry

Conditioned Response Audiometry

SHC-III : BOA

**ERA** 

#### OAE

## Immittance Audiometry

Conditioned Response Audiometry

SHC-IV . BOA

ERA OAE

Immittance Audiometry

Conditioned Response Audiometry

SHC-V : BOA

ERA OAE

**Immittance Audiometry** 

Conditioned Response Audiometry

SHC-VI : BOA

VRA ERA

Immittance Audiometry

Conditioned Response Audiometry

SHC-VII : ERA

Immittance Audiometry

SHC-VIII : Cater mostly to the adult and geriatric population

SHC-IX : BOA

Immittance audiometry

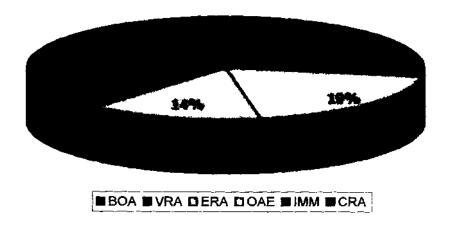


Figure 2: Percentage distribution of tests used for the paediatric population

#### (ii) Others

SHC-I : Pure Tone Audiometry (PTA)

Speech Audiometry (Sp A)

Immittance Audiometry

SHC-II : Pure tone Audiometry

Speech Audiometry

Immittance Audiometry

SHC-II I : Pure Tone Audiometry

Speech Audiometry

Immittance Audiometry

SHC-IV : Pure Tone Audiometry

Speech Audiometry

Immittance Audiometry

SHC-V : Pure Tone Audiometry

Speech Audiometry

Inmmittance Audiometry

SHC-VI : Pure Tone Audiometry

Speech Audiometry.

Immittance Audiometry

SHC-VII : Pure Tone Audiometry

Speech Audiometry

Immittance Audiometry

SHC-VTII : Pure Tone Audiometry

Speech Audiometry

SHC-IX : Pure Tone Audiometry

Speech Audiometry

Immittance Audiometry

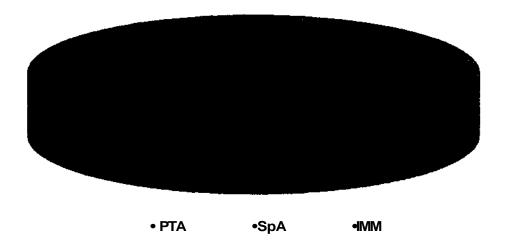


Figure 3: Percentage distribution of tests used for the adult and geriatric population

#### C. Special Tests Administered

SHC-I : Audiometric Weber (A Weber)

Tone Decay Test (TDT)

Supra Threshold Adaptation Test (STAT)

Reflex Decay Test (RDT)

Short Increment Sensitivity Index (SISI)

Stenger test

Eustachian Tube Function test (ET function test)

**ERA** 

OAE

SHC-II : STAT

TDT

RDT

Performance - Intensity for Phonetically Balanced

words (PI-PB function)

Stenger test

**ERA** 

OAE

SHC-1II TDT SIS1 Alternates Binaural Loudness Balance test (ABLB) ERA OAE RDT SHC-IV STAT TDTAcoustic Reflex Latency Test (ARLT) PI-PB function ET function test ERA OAE SHC-V : TDT RDT STAT SISI ABLB Metz Recruitment Test (MRT) Stenger Test ET Function Test **ERA** OAE SHC-VI TDT **STAT** RDT **MRT** ET Function test (ET test)

Lombard test

Stenger test

ERA

SHC-VII : TDT

STAT

**ERA** 

SHC-VIIf : SISI

TDT

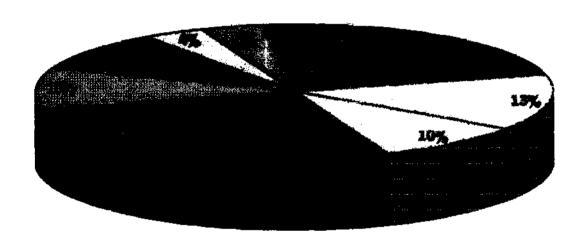
STAT

SHC-IX : Audiotnetric Weber

TDT

SISI

**ABLB** 



• A Weber •TDT STAT RDT

Stenger
 ET function test
 ERA
 OAE
 PI-PBfunction
 ABLB
 ARLT
 MRT

• Lombard

Figure 4: Percentage distribution of special tests used at the various centres

#### (D) Instruments available for testing:

SHC-1 : Audiometers

GS161, Beltone 110, OB822, OB922

Immittance meters

GSI33 (version 1 and Version 2) Zodiac, GSI

Tympstar, MA52

**ERA** 

Biologic, Nicolet Bravo

**OAE** 

IL0292 (TEOAE)

GS160 (DPOAE)

SHC-II : Audiometers

GSI 16, Beltone 2000, AD-29, Elkonmulti, Madimate,

**OB922** 

Immittance meters -

GSI33, Maico401, Zodiac 901

ERA-

MK22, MK12, Nicolet

OAE-

ILOV5 (TfiOAE)

Echoport (DPOAE)

SHC-III : Audiometers -

AD229, Amplaid 171, Beltone 110, Arphi MKSI,

ELKON 3N3/ multi, Lotus 118.

Immittance meters -

Amplaid 750, GSI38, Siemen's hand held tymp.,

Zodaic 990

**ERA** 

Nicolet meridian compass.

OAE

ILO98

SHCIV : Audiometers

Fonix-FA12, GSI16, Beltone 2000

Immittance meters

GSI33

**ERA** 

Biologic EP 317

OAE

GSF60 (DPOAE)

ILO (TBOAE)

SHC V : Audiometers

GSI61

Immittance meters

Amplaid 724

**ERA** 

**Biologic** 

OAE

GSI60 (DPOAE)

SHC VI : Audiometers

Arphi MK10, Arphi MK11, Graphic MKIV, GSI6I

Immittance meters

GSI 38, Amplaid 770

SHC VII : Audiometers

Amplaid 311, Eluon EDA 3N3, Multi-diagnostic

audiometer

Immittance meter

Amplaid 750

liRA

Amplaid MK22 BERA system

SHC VIII : Audiometer

Welch Allyn, GS1-61

SHCIX : Audiometer

Clinical audiometer

Immittance meter

Impedance audiometer

E. New Test Materials Developed

SHC I : Picture test of speech perception in Malayalam

(Mathew, P., 1996).

Speech Identification tests for Kannada speaking

children (Vandana, S., 1998)

A picture speech identification test for children in

Tamil (Prakash, B., 1999)

A speech perception test for English speaking hearing

impaired Indian preschoolers (Begum, R., 2000)

Speech reading test in Kannada for adults (Mahesh, S.,

2000)

Development of Environment sound test for assessing

listening skills in children (Rawat, N., 2001)

High frequency- Kannada speech identification test

(HF-test) (Mascerenhas, K.E., 2002)

SHC IV : Spondee list in Kashimiri (Waheed-Ul-Zaman, 2000)

Urdu / Hindi high frequency word list (Preeti, R., 2001)

SHC V : Spondee list in Nepali (Kama, S.L., 2002)

Acoustic Reflex Latency 'lent Retro Cochlenr

Pathology (Pachauri, B., 2002)

F. Specialists involved in testing

SHC I : Audiologists

ENT specialists

SHC II : Audiologists

ENT specialists

SHC III : Audiologists

ENT specialists

SHC IV : Audiologists

ENT specialists

SHC V : Audiologists

ENT specialists

SHC VI : Audiologists

ENT specialists

**Paediatricians** 

Neurologists

SHC VII : Audiologists

ENT specialists

Neurologists

SHC VIII : Audiologists

Neurosurgeons

Neurologists

SHC IX : Audiologists

Audiometricians

ENT specialists





Figure 5: Percentage distribution of specialists involved in the testing across various centres

From the above mentioned results it is evident that there is not much variation in the audiological test procedure followed across the various set-ups. For the paediatric population, Immitance has emerged as the most widely used test, closely followed by BOA, OAE and Conditioned Response Audiometry. For the adult and geriatric population, the test procedure followed is almost uniform across the centers. Among the special tests, ERA, OAE, TDT, STAT and SISI are used most frequently. Most of the test materials have been developed to suit the regional population.

Almost all the centers, which participated in the survey, have equipments for all the routine tests as well as for tests like ERA, OAE etc.

The survey also revealed that, ENT specialists are almost always involved in the testing, along with the Audiologists. Neurologists are also part of the team in many of the centers.

# **SUMMARY AND CONCLUSION**

The present study was aimed at collecting information regarding the facilities available for audiological evaluation in the various speech and hearing centres across the country.

A letter was formulated and mailed / e-mailed to the various centres. The information obtained has been thus compiled.

Such a compilation will help professionals and students alike to keep abreast with the latest developments in the field, while also giving information regarding the kind of facilities available at the various centres. This will also aid in making appropriate patient referrals.

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