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Guidelines for Manual Pure-Tone Threshold Audiometry

Working Group on Manual Pure-Tone Threshold Audiometry

These guidelines were developed by the Working Group on Manual Pure-Tone Threshold Audiometry, under the office of the Vice President for Professional Practices in Audiology of the American Speech-Language-Hearing Association (ASHA) and were approved by the ASHA Legislative Council in November 2005. Members of the Working Group were John Campbell, Jeffrey Graley. Deanna Meinke, Linda Vaughan (ex officio), Roberta Aumest (monitoring vice president), and Ted Madison (chair). This set of guidelines is the fourth of a series. The first was the Guidelines for Audiometric Symbols (1990a). adopted by ASHA in December 1973. The second was the Guidelines for Identification Audiometry (1975), adopted by ASHA in November 1974. The third was the Manual Pure-Tone Threshold Audiometry Guidelines (1976), adopted by ASHA in November 1977, ASHA encourages the professional community to use these guidelines.

These guidelines present a recommended set of procedures based on existing practice and research findings. Their intention is not to mandate a single way of accomplishing a clinical process, but to suggest standard procedures that in the final analysis should benefit the persons we serve. The purpose is to improve interclinician and interclinic comparison of data, thereby allowing for a more effective transfer of information.

Reference this material as follows: American Speech-Language-Hearing Association. (2005). Guidelines for manual pure-tone threshold audiemetry. Bockville, MD: Author. Available from http://www.asha.org/members/ deskref-journal/deskref/default

Index terms: pure-tone air conduction testing, pure-tone bone conduction testing, calibration, monitoring, hearing, assessment.

Document type: Guidelines

Associated documents: Position statement, technical report, knowledge and skills

The American Speech-Hearing-Language Association (ASHA) Guidelines for Manual Pure-Tone Threshold Audiometry contain procedures for accomplishing hearing threshold measurement with pure tones that are applicable in a wide variety of settings. Diagnostic standard pure-tone threshold audiometry, used most often in clinical settings, includes manual air-conduction measurements at 250, 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz (125 Hz under some circumstances) plus bone-conduction measurements at octave intervals from 250 Hz to 4000 Hz and at 3000 Hz as needed. Also, when required, appropriate masking is used. For special purposes, extended highfrequency audiometry may be used for frequencies of 9000 to 16000 Hz. Pure-tone threshold audiometry is used for both diagnostic and monitoring purposes.

Scope

Pure-tone threshold audiometry is the measurement of an individual's hearing sensitivity for calibrated pure tones. Three general methods are used: (a) manual audiometry, also referred to as conventional audiometry; (b) automatic audiometry, also known as Bik-6y audiometry; and (c) computerized audiometry. The guidelines presented in this document are limited to manual pure-tone audiometry. Sound field audiometry using loudspeakers is not addressed in this document. Detailed information on auditory measurements in the sound field can be found in Sound Field Measurement Tutorial 11-371 (ASHA, 1990b).

The historical antecedents of pure-tone audiometry were the classical tuning fork tests. The development of the audiometer made it possible to control signal intensity and duration in ways that were not

Note. When guidelines and standards referred to in this document are superseded by an approved revision, the revision shall apply.

Manual Pure Tone Threshold Audiometry

Stig Arlinger

Manual Pure Tone Threshold Audiometry:

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Table of Contents Manual Pure Tone Threshold Audiometry

- 1. Understanding the eBook Manual Pure Tone Threshold Audiometry
 - The Rise of Digital Reading Manual Pure Tone Threshold Audiometry
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Manual Pure Tone Threshold Audiometry
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Manual Pure Tone Threshold Audiometry
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Manual Pure Tone Threshold Audiometry
 - Personalized Recommendations
 - Manual Pure Tone Threshold Audiometry User Reviews and Ratings
 - Manual Pure Tone Threshold Audiometry and Bestseller Lists
- 5. Accessing Manual Pure Tone Threshold Audiometry Free and Paid eBooks
 - Manual Pure Tone Threshold Audiometry Public Domain eBooks
 - Manual Pure Tone Threshold Audiometry eBook Subscription Services
 - Manual Pure Tone Threshold Audiometry Budget-Friendly Options

- 6. Navigating Manual Pure Tone Threshold Audiometry eBook Formats
 - o ePub, PDF, MOBI, and More
 - Manual Pure Tone Threshold Audiometry Compatibility with Devices
 - Manual Pure Tone Threshold Audiometry Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - o Adjustable Fonts and Text Sizes of Manual Pure Tone Threshold Audiometry
 - Highlighting and Note-Taking Manual Pure Tone Threshold Audiometry
 - Interactive Elements Manual Pure Tone Threshold Audiometry
- 8. Staying Engaged with Manual Pure Tone Threshold Audiometry
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Manual Pure Tone Threshold Audiometry
- 9. Balancing eBooks and Physical Books Manual Pure Tone Threshold Audiometry
 - Benefits of a Digital Library
 - o Creating a Diverse Reading Collection Manual Pure Tone Threshold Audiometry
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Manual Pure Tone Threshold Audiometry
 - Setting Reading Goals Manual Pure Tone Threshold Audiometry
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Manual Pure Tone Threshold Audiometry
 - Fact-Checking eBook Content of Manual Pure Tone Threshold Audiometry
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements

• Interactive and Gamified eBooks

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