**Submission Template**

**Amplification**

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

# **Authors**

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# **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 if the probe-tube measurements indicate acceptable amplification
2. Recommend specific products appropriate for the patient

# **Pertinent 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.

# **Previous Testing**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/>. If sound field results are desired, use the “Annotate” feature to input other symbols. The submission guidelines document details when other formats can/should be used.

* What question do you want to insert here? Delete if no question is to be used.
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Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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: 1B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice NU-6 = Northwestern University List 6

CID W-22 = Central Institute of the Deaf, Word List 22.

PB-K = Phonetically Balanced – Kindergarten 10 MD = 10 Most Difficult

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# **Pre-Fitting Tests**

## **Uncomfortable Loudness Levels**

## **Acceptable Noise Level**

* What question do you want to insert here? Delete if no question is to be used.
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# **Speech-in-Noise Assessment**

* What question do you want to insert here? Delete if no question is to be used.
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# **Self-Assessment Measures**

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

## **Device Selection**

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

List prescription method. Discuss limitations.

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# **Probe-Microphone Measurements**

High-quality graphical information is preferred.

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

Include information on adjustments made after the initial fitting.

* 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

# **Outcomes Measurement**

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