

Good morning Ladies and Gentlemen:

My name is Scott Jones and I am a board certified hearing instrument specialist. I have been happy to call this my profession for the last 22 years.

It is my honor to be able to speak to the Credentialing review Committee today.

Today I will be talking about Tinnitus, Tympanometry, & Cerumen.

Tinnitus is when you experience ringing or other noises in one or both ears. The noise you hear when you have tinnitus isn't caused by an external sound, and other people usually can't hear it. Tinnitus is a common problem. It affects about 15% to 20% of people, and is especially common in older adults. Tinnitus is usually caused by an underlying condition, such as age-related hearing loss, an ear injury or a problem with the circulatory system. For many people, tinnitus improves with treatment of the underlying cause or with other treatments that reduce or mask the noise, making tinnitus less noticeable.

Tympanometry Is a quick non-invasive test performed to assess the health of the eardrum and middle ear. The tympanometer causes the air pressure in your ear canal to change as you hear a low-pitched tone. The feeling is similar to the pressure changes felt during take off and landing on an airplane. The test is typically performed to detect or rule out: fluid in the middle ear, a hole in the eardrum, or eustachian tube dysfunction. This test can be given to adults as part of a hearing test to determine if there are any middle ear problems contributing to hearing loss.

What is cerumen or earwax?

Earwax causes the ear canal to be acidic, which inhibits bacterial and fungal growth. It also repels water from the ear, further protecting it from infection.

A normal amount of ear wax is actually good for people to have.

Cerumen is produced by the sebaceous glands of the hair follicles in the outer half of the ear canal, and it naturally flows outward along these hairs. Older adults are more susceptible to impaction due to the decrease in cerumen producing glands, resulting in drier and harder wax.

Why are we told to not use Q-tips to clean our ears?

One of the problems associated with Q-tips is they can push the wax inward, away from these hairs, and against the eardrum, where the wax can stick and harden. Not only can Q-tips do this but hearing aids can also impede the natural movement of wax out of the ear canal.

Do many people need to have the wax removed from their ears? Yes they do!

Earwax accumulation leads to 12 million patient visits and 8 million cerumen removal procedures annually in the U.S. That's approximately 150,000 cerumen removals in the United States per week. Cerumen impaction is present in approximately 10% of children, 5% of healthy adults, 57% of older patients in nursing homes, and 36% of patients suffering from intellectual or developmental disabilities.

This bill will make the process of obtaining hearing aids more efficient and seamless for consumers in Nebraska, as well as less expensive.

There are approximately 371,000 adults in Nebraska with hearing loss. When fitting hearing aids, a hearing instrument specialist often must remove cerumen (earwax) from the outer ear, to properly fit a hearing aid. Presently, many consumers have to be unnecessarily referred to a physician to first clean the outer ear despite hearing instrument specialists being capable to do so in a safe and effective manner. This is costly, unnecessary, and time consuming for patients. Some patients do not drive anymore and have to pay for someone to take them to their appointments, which is an additional expense that can be hard on some seniors on a limited budget. In addition, those who are hesitant about getting hearing aids may give up completely because of the cost or hassle of seeing a second health care provider.

Research shows that hearing aids can help delay and minimize falls, dementia, and depression in older adults.

With proper training, basic, non-invasive cerumen management is a skill very much within the scope of practice for hearing instrument specialists.