

□ If your insurance will not cover the cost of a hearing test, find a way to get it done anyway even if you have to work out a payment plan. Many states will cover ONE in depth audiometric evaluation for any child in the state who needs testing and you may be able to take advantage of this funding opportunity to at least establish that your child's hearing is normal or not. Usually the state MHMR department will handle this funding - also schools must have access to an educational audiologist and if you send a formal, written request to the school for in depth audiometric evaluation you should be able to get testing done eventually.

□ Never assume anyone's hearing is normal, test and find out! Also, if your child SHOULD have been tested because he/she meets the risk indicators (prematurity, breathing problems, low birth weight, certain medications such as the mycin drugs, etc) but WASN'T you may want to check with your OB/GYN and or the pediatrician to find out WHY the testing wasn't done. You may have a positive impact on another child even though it is late for your own.

Last month I 'found' another 4 year old boy with delayed and unclear speech, family history of cleft palate in the dad and hearing loss in the paternal grandmother who proved to have a moderate to severe sensorineural hearing loss and he had NEVER been screened or tested! His family history alone suggests that every child born into the family needs to be tested and is at risk for being born with hearing loss but this has not happened and this situation is not in the least unusual. This child SHOULD have been tested as a newborn and fitted with a hearing aid before his first birthday! Now he has YEARS of catch up to do. Sad case, but not all that rare, I'm afraid!

Brochure downloaded from  
<http://www.tayloredmktg.com/dyspraxia/>

CAN WE HEAR?

by

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*This article stresses the importance of hearing testing for all children with speech delays and disorders.*

Hearing loss, seems to be one of those areas where I am not sure we are making inroads in terms of early diagnosis and treatment, even though the expertise, tests and equipment which exist now make early detection a relatively simple process.

I see, on average, about 3-5 children each year who have permanent, sensorineural hearing losses and need hearing aids, AND who are usually about 4 years old and have NEVER been tested before! Many of these kids meet the risk indicators which would suggest that testing in infancy is needed and for a variety of reasons (often times the reason given is that the parents were unaware testing was indicated and the hospital where the child was born just didn't do this testing or they didn't get around to it before this child was discharged etc).

Getting a hearing aid for the first time at age 4 when the hearing loss has been present since birth is, in itself, adding to the handicap of the child. Waiting to provide amplification to a hearing impaired child is almost NEVER a good idea - getting a hearing aid on as early as possible is ALWAYS a good idea.

You can get definite, reliable results on

babies these days so there is no excuse for an audiologist to NOT get reliable measures (sometimes they may have to work with the child and have a few repeated visits and maybe a sedated ABR study - but this should take weeks, not months).

Here are some hints:

- ALWAYS find an audiologist who specializes in testing children - you may have to travel to a children's hospital or specialty clinic to find a good audiologist and may have to return for a few visits but it will be time well spent.
- NEVER allow any teacher, therapist, nurse who performs a 'screening' to tell you that your child just wasn't paying attention and that is why he/she didn't do well on the screening. If your child doesn't do well on a hearing screening, get an in depth audiometric evaluation as soon as possible to rule out hearing loss.
- NEVER assume that your child's hearing is 'normal' based solely on some occasional responses to speech/sounds. If listening is inconsistent and speech is poor, a formal audiometric evaluation is needed to rule out hearing loss as a factor and you can not do this at home, in therapy or at school - it needs to be measured by a specialist in a sound booth .
- NEVER take middle ear problems/ear infections lightly in a child with communication problems. Encourage your physician to take an aggressive stance with your child's middle ear health/hearing status - your child with a communication problem cannot afford to have any more problems to the system, if you can help it. Aggressive intervention means that you might pursue allergy testing/treatments sooner than you would with a typically developing child, pursue tubes sooner, go to an ENT sooner, etc.
- Every parent of a child with a speech problem SHOULD be able to state with confidence that their child has normal hearing BASED UPON FORMAL, PROFESSIONAL TESTING/SCREENING. If your child has not had formal screenings or if the measurements were shaky or inconsistent, get formal testing as soon as possible.