

COMPLETE HEARING HEALTH CARE

TUNING FORK TESTS

Tuning fork tests are screening tests and do not replace formal audiometry. They can be used with patients over eight years of age to check for conductive loss or asymmetric hearing in the low frequencies.

A detailed explanation can be found on the reverse side of this sheet.

Managing sudden hearing loss

When a patient reports a **sudden change** in hearing and tuning fork tests do not show any conductive loss, urgent audiometric testing and referral to an ENT (Ear, Nose and Throat) surgeon is required.

Early commencement of a treatment program maximises the possibility of hearing recovery. Call Neurosensory on **1300 965 513** to organise **same day** testing. We are happy to facilitate an ENT consultation at your request.

Why Neurosensory? Not all hearing tests are the same

- Complete hearing health care company.
- Aligned with 30 ENT surgeons.
- Staff members are ethical, professional and caring.
- Advanced diagnostic services and tailored hearing solutions.
- Supports the medical community.

For further information please call **1300 965 513** or go to our website **www.nsu.com.au**

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We have 10 clinics across South East Queensland in Brisbane, Sunshine Coast, Toowoomba and Gold Coast and a visiting clinic in Northern New South Wales.

Tuning fork test instructions

Weber test*

The Weber test identifies an asymmetry of hearing when hearing changes are recent.

• *Method:* Strike the tuning fork and place it high on the forehead in the midline. Ask the patient if the sound is louder in one ear or equally loud in both ears.

• *Interpretation:* If the Weber lateralises, there is either a conductive loss in the ear to which the sound lateralised, or a sensorineural loss in the opposite ear.

Example 1: A patient reports a recent decrease of hearing in their right ear. The Weber refers to the right. This suggests a conductive hearing loss on the right.

Example 2: A patient reports a recent decrease of hearing in their right ear. The Weber refers to the left. This suggests a sensorineural hearing loss on the right.



If the hearing loss is longstanding or there is loss in both ears, the Rinne test will help with interpretation by confirming if a conductive loss is present.

Rinne test*

The Rinne test identifies the presence of conductive loss.

• *Method:* Strike the tuning fork lightly and place it on the base of the mastoid of the ear being tested. Ask the patient to tell when they can no longer hear the sound. Immediately move the tuning fork to hold it close to the ear canal but not touching the ear. Ask the patient if they can hear the sound, and if so to advise when they can no longer hear the sound.

• *Interpretation:* If the sound cannot be heard by air conduction or doesn't continue to be heard for at least as long as it was heard by bone conduction, there is a conductive hearing loss in the ear being tested.





For further information interpreting result patterns for the Weber and Rinne tests please visit our website **www.nsu.com.au**. Instructions can be found under the *Medical Professionals* tab.

Managing ongoing conductive and sensorineural loss

Referral to Neurosensory for a hearing test provides complete information on your patient's hearing and middle ear function. We will advise if further investigation or referral to an ENT is indicated and provide expert solutions for their hearing needs.

* The results of tuning fork tests may be compromised if the patient has had middle ear reconstructive surgery or a fracture to the temporal bone. Tuning fork tests are not reliable in children under eight years of age.

