Conductive hearing loss

Patients tend to speak with normal or low volume voice

2. etiologies: anything that interferes with ossicular movement. Included:

a) otitis media with middle ear effusion

b) otosclerosis

3. clinical findings with unilateral hearing loss

a) Weber test will lateralize to side of hearing loss (Weber test: place a vibrating 256 or 512 Hz tuning fork on the center of the forehead; the sound will lateralize (i.e.sound louder) on the side of conductive hearing loss, or opposite to the side of SNHL)

The “hum test” can provide the same information as theWeber test by having the patient hum, anddoes not require special equipment and can be done remotely (e.g. over the phone).

b) Rinne test will be abnormal (BC > AC) on the side of hearing loss, called a negative Rinne (Rinne test: place a vibrating 256 or 512 Hz tuning fork on the mastoid process; when sound is no longer heard, move the fork to just outside the ear to see if air conduction [AC] is > bone conduction [BC])

4. middle ear impedance measurements are abnormal