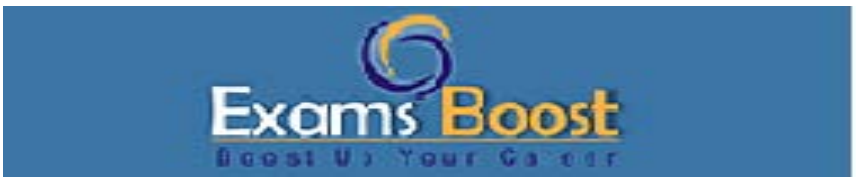
International
DHA-Audiology-Assistant
DHA Audiology Assistant Certification Exam



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Question: 1

The Conditioned Assessment of Speech Production has how many levels of assessment?

A. 3.
B. 5.
C. 7.
D. 9.

Answer: A

Explanation:
The Conditioned Assessment of Speech Production (CASP) has three distinct levels of assessment. This diagnostic tool is specifically designed to evaluate the speech production abilities of children who are deaf or hard of hearing. Each level focuses on different aspects of vocal development and speech production, which are critical in understanding and supporting the communication skills of these children.
3. The first level of assessment, pre-canonical vocalizations, involves the examination of early vocal outputs such as cooing and gooing sounds. These sounds are typically produced by infants before they begin to form basic syllable structures. This stage is crucial as it represents the initial phase of vocal experimentation and development, laying the groundwork for more complex speech patterns.
3. The second level, basic canonical syllables, assesses the child's ability to produce simple syllable structures, such as ba, ma, and da. These are the foundational blocks of speech and are critical for the development of clear and effective communication. At this stage, the focus is on the child's ability to form consistent and recognizable syllables, which are pivotal for the further development of language skills.
3. The third and final level of the CASP, advanced forms, evaluates more complex speech production capabilities, including the use of multisyllabic words and varied intonation patterns. This level is indicative of a more mature grasp of speech, where the child begins to use speech in a more dynamic and functional manner, incorporating different sounds and syllable combinations effectively.
3. Each level of the CASP is designed to provide a comprehensive overview of the child's current speech production capabilities, allowing for targeted interventions and support. By assessing across these three levels, specialists can identify specific areas of need and tailor their therapeutic approaches accordingly to enhance the communicative abilities of deaf or hard of hearing children.

Question: 2

During this assessment, the patient is securely harnessed with head restrained while seated in a computerized chair that turns gently from left to right. Eye movements are recorded as the chair turns, to evaluate the vestibular-ocular reflex.

A. Vestibular Evoked Ocular Potential.

B. Rotational Radiographic Study.
C. Tympanic Membrane Displacement.
D. Rotational Chair Testing.

Answer: D

Explanation:
The correct answer to the question is Rotational Chair Testing. This medical diagnostic test is specifically designed to evaluate the vestibular-ocular reflex (VOR), which is a crucial reflex that helps maintain stable vision as the head moves. The VOR allows the eyes to move in the opposite direction of head movement at the same speed, ensuring that vision remains clear and stable.
During the Rotational Chair Testing, the patient is securely seated in a specially designed computerized chair. This chair gently rotates from left to right to simulate natural head turns. The purpose of this motion is to activate and assess the function of the vestibular system, which includes the inner ear and its connections to the brain, responsible for maintaining balance and stabilizing the eyes during movement.
To accurately measure the eye movements that correspond to the chair's rotations, the patient wears goggles equipped with sensors. These goggles record the movements of the eyes in detail. The data collected from these eye movements is then analyzed to determine how well the vestibular-ocular reflex is functioning. The test is conducted in a darkened booth to eliminate visual cues that could influence the eyes' movements, ensuring the results reflect the reflex's performance accurately.
The patient's safety and comfort are paramount during this test. They are securely harnessed to prevent any falls or excessive movement that could affect the results or cause injury. Additionally, the head is restrained against a headrest to isolate the movements of the vestibular system and ensure that only the rotations induced by the chair stimulate the vestibular-ocular reflex.
Rotational Chair Testing is a critical tool in diagnosing disorders of the vestibular system, such as vertigo, imbalance, and other conditions that can affect a person's ability to navigate their environment. By understanding how the vestibular-ocular reflex performs, healthcare providers can better diagnose issues, plan treatments, and manage the rehabilitation of patients suffering from vestibular disorders.

Question: 3

What would be used to assess narrow band masking?

A. Use the audiometer.
B. Use the tuning fork.
C. Use the otoscopy.
D. Use pure tones.

Answer: D

Explanation:
To assess narrow band masking in audiology, the specific approach used is to employ pure tones. Pure tones are single frequency sounds that help in precisely determining the frequency-specific hearing thresholds of an individual. Unlike wide band masking, which utilizes a broader range of frequencies to

cover the entire spectrum necessary for testing, narrow band masking focuses on a specific, targeted frequency band.
The purpose of using pure tones in narrow band masking is to isolate and evaluate specific areas of hearing sensitivity. This method allows audiologists to pinpoint the exact frequency where hearing loss may be occurring. For instance, if there is a suspected loss at 1000 Hz, a pure tone at this frequency will be used to mask the non-test ear, ensuring that the test results accurately reflect the hearing ability of the ear being examined.
Wide band masking, on the other hand, typically involves using noise that covers a range of frequencies, such as white noise or speech noise. This type of masking is used in situations where a broad assessment of hearing across multiple frequencies is needed. Wide band noise is generally used in audiometric tests to mask the entire range of hearing to prevent the non-test ear from detecting the sounds presented to the test ear.
In summary, the use of pure tones is essential for narrow band masking because it provides a focused, frequency-specific assessment, which is crucial for accurate diagnosis and treatment planning in audiology. The technique ensures that only the frequencies of interest are addressed during the test, thereby providing clear and precise information about the patient's auditory status at those specific points.

Question: 4

Of the following, what is an Orthopedic condition that is seen in children with hearing loss?

A. HIV/Aids.
B. Malformations of the kidney.
C. Rickets.
D. Cataracts.

Answer: C

Explanation:
The question asks about identifying an orthopedic condition that is seen in children with hearing loss, from a given list of conditions. It is important first to understand what each condition primarily involves:
1. **HIV/AIDS**: This is primarily an immunologic condition caused by the human immunodeficiency virus, which attacks the immune system. HIV/AIDS is not typically associated directly with orthopedic issues or hearing loss.
2. **Malformations of the kidney**: These are renal conditions affecting the kidneys. Kidney malformations can lead to various health problems, but they do not directly correlate with orthopedic conditions or specifically cause hearing loss.
3. **Rickets**: Rickets is indeed an orthopedic condition that primarily affects bone growth and bone strength in children, caused by a deficiency in vitamin D, calcium, or phosphate. Interestingly, there are documented cases and studies that suggest a correlation between rickets and hearing loss, particularly when the deficiency affects the bones of the middle ear, which are crucial for hearing.
4. **Cataracts**: Cataracts pertain to ophthalmic conditions and involve the clouding of the lens in the eye, leading to decreased vision. This condition is primarily related to the eyes and does not directly affect orthopedic health or hearing.
From the options provided, "Rickets" is the correct answer as it is an orthopedic condition and there is scientific evidence that links rickets with potential hearing loss in children. This connection is mainly due

to the deficiency of vitamin D affecting the proper formation and function of bones, including those found in the ear, crucial for hearing.

Question: 5

You are assessing a child using the visual reinforcement audiometry method. That child is MOST likely what age?

A. 0-6 months.
B. 5-24 months.
C. 2-5 years.
D. ≥ 6months.

Answer: B

Explanation:
Visual reinforcement audiometry (VRA) is a method used in audiology to assess the hearing levels of young children who are not old enough to verbally communicate or participate in conventional hearing tests. This technique utilizes the natural reflex of children to turn towards a sound source when they hear it. Once the child turns towards the sound, they are 'rewarded' with a visual reinforcement. This could be something like a toy that moves or lights up. The goal is to condition the child to associate turning towards the sound with a positive visual stimulus, thereby encouraging repeated engagement during the testing process.
The age range that is most suitable for using VRA is typically from 5 to 24 months. Children within this age bracket are generally able to sit up with minimal support and have developed sufficient neck control to turn their heads independently. They also possess the cognitive ability to associate the sound with the visual reward, which is crucial for the success of the VRA method. This age range is ideal because younger infants might not have the motor control necessary to consistently respond to auditory stimuli by turning their heads, and older children might be more effectively tested using other methods that can engage them more directly or require active participation.
During a VRA test, sounds are presented through speakers or insert earphones. The sounds used typically range in frequency from 500 to 4000 Hz, which are critical for understanding speech. The test aims to find the softest levels of sound (minimum response levels) that the child can hear. Testing each ear separately is important to assess if there is hearing loss in one ear and not the other, which is vital for developing appropriate and effective interventions.
For children younger than 5 months, other methods such as auditory brainstem response (ABR) testing might be used, as these methods do not require any behavioral response from the child. For children older than 24 months, conditioned play audiometry (CPA) or conventional audiometry might be more appropriate, as these children can follow instructions and actively participate in the testing process.
In summary, visual reinforcement audiometry is most effective and typically used for children aged 5-24 months. This method combines auditory and visual stimuli to obtain reliable responses from young children regarding their auditory capabilities, crucial for early detection and management of hearing impairments.

Question: 6

Which of these results when abnormal bone growth in the modiolus compresses auditory nerve cells?

A. Sensory presbycusis.
B. Metabolic presbycusis.
C. Vascular presbycusis.
D. Hyperostotic presbycusis.

Answer: D

Explanation:
Presbycusis, commonly known as age-related hearing loss, encompasses various types that stem from different pathological changes within the ear. When considering the impact of abnormal bone growth within the ear, particularly in the modiolus, it is essential to understand how this affects auditory function. The modiolus is a conical structure in the cochlea, housing the spiral ganglion cells which transmit auditory information through the auditory nerve to the brain.
In cases where there is abnormal bone growth in the modiolus, such as in certain forms of presbycusis, this can lead to the compression of auditory nerve cells. The specific type of presbycusis related to this phenomenon is termed 'Neural Presbycusis.' Neural presbycusis is characterized by the degeneration of nerve cells in the cochlea, particularly those in the spiral ganglion, which directly impairs the transmission of auditory signals.
Hyperostotic presbycusis, another term mentioned, refers to a type of hearing loss where there is excessive bone growth, potentially similar to the situation described with the modiolus. However, this term is not as commonly used in clinical settings or academic literature regarding presbycusis. It generally relates more broadly to conditions involving abnormal bone density and growth, which could theoretically include situations where bone growth affects the auditory nerves.
When abnormal bone growth occurs at the internal auditory meatus, it can also lead to compression of the auditory nerve cells. This scenario is similar to what happens in the modiolus but occurs in a different anatomical location. The internal auditory meatus is a canal in the temporal bone of the skull through which the auditory nerve passes. Compression in this area can also lead to neural presbycusis due to the degeneration of auditory nerve cells.
Understanding the specific location and type of bone growth is crucial in diagnosing and treating different forms of presbycusis. Neural presbycusis, resulting from nerve degeneration due to physical compression by abnormal bone growth, can significantly impact auditory perception and quality of life. Effective treatment would focus on managing symptoms and potentially addressing the underlying bone growth if possible.

Question: 7

Choose the statement that is NOT correct regarding EustachianTube Dysfunction.

A. Obesity can increase the risk of ETD because fatty deposits may accumulate around the eustachian tubes.
B. Smoking can damage protective hairs in the middle ear (celia) and can increase the chances of mucus getting stuck.
C. People with allergies may experience more mucus and congestion, leading to increased risk of infections.

D. Adults are at a greater risk of ETD because their eustachian tubes are larger, which increases the chance that mucus and germs will become trapped.

Answer: D

Explanation:
The statement that is NOT correct regarding Eustachian Tube Dysfunction (ETD) is: "Adults are at a greater risk of ETD because their eustachian tubes are larger, which increases the chance that mucus and germs will become trapped." This statement is incorrect as it contradicts the generally accepted medical understanding of the anatomical differences and associated risks between adults and children concerning ETD.
In reality, children are more prone to Eustachian Tube Dysfunction than adults, primarily because their eustachian tubes are shorter, narrower, and more horizontally oriented. This anatomical configuration in children makes it easier for pathogens like bacteria and viruses to enter and get trapped in the middle ear. Additionally, the smaller diameter of the tubes in children makes them more susceptible to blockages from swelling or mucus accumulation, which are common during infections like the common cold.
On the other hand, adults have eustachian tubes that are longer, wider, and more vertically oriented, which generally allows for better drainage and less likelihood of obstruction. Therefore, the risk of ETD due to trapped mucus and germs is actually lower in adults compared to children.
Other factors that can contribute to Eustachian Tube Dysfunction include obesity, which may lead to fatty deposits around the eustachian tubes, thereby affecting their function; smoking, which can impair the cilia (tiny hairs) in the middle ear that help move mucus out; and allergies, which can lead to increased mucus production and swelling of the mucosal lining in the tubes. These conditions can affect both adults and children but do not alter the fundamental differences in anatomy that inherently put children at a higher risk for ETD.

Question: 8

Of the following communication approaches, which is made of the merger of the auditory-oral and auditory verbal approaches?

A. Auditory Brainstem Response.
B. Listening and Spoken Language.
C. Cued Speech.
D. Manually Coded English.

Answer: B

Explanation:
In evaluating the communication approaches that merge elements of both the auditory-oral and auditory-verbal approaches, it is essential to understand the distinct features of each method. The auditory-oral approach actively uses both amplification technology, such as hearing aids or cochlear implants, and the child's residual hearing to facilitate the development of spoken language and speech skills. This approach encourages the use of all sensory inputs available, including lip-reading and speech-reading, to aid in understanding spoken language.

On the other hand, the auditory-verbal approach focuses exclusively on the use of auditory inputs without relying on visual cues like lip-reading. This method emphasizes the development of listening skills to interpret spoken language solely through hearing. The goal is to foster an environment where the child learns to use hearing as the primary sensory modality for communication.
The question seeks to identify a communication approach that integrates elements from both the auditory-oral and auditory-verbal methods. Among the options provided, "Listening and Spoken Language" is the approach that aligns with this description. This approach is a synthesis of the auditory-oral and auditory-verbal philosophies, promoting the use of residual hearing enhanced by technological aids, while also focusing on the development of listening skills without necessarily depending on visual cues like lip-reading.
"Listening and Spoken Language" is designed to maximize a child's potential to use spoken language through listening. Instructors in this approach are trained to use techniques that may incorporate auditory-verbal strategies, encouraging exclusive auditory learning, and when beneficial, can also integrate auditory-oral strategies that utilize visual aids. This provides a flexible framework that adjusts to the individual needs of the child, making it a comprehensive method that supports the full development of spoken language abilities.
Other options listed, such as "Cued Speech," "Total Communication," and "Manually Coded English," involve different strategies and aids, such as manual cues or sign language, which do not exclusively focus on developing listening and spoken language through auditory means alone. Therefore, they do not represent a merger of the auditory-oral and auditory-verbal approaches in the same way that "Listening and Spoken Language" does.

Question: 9

The Infant Monitor of Vocal Production assesses how many of the child's transitions in vocal production?

A. 2.
B. 3.
C. 5.
D. 6.

Answer: B

Explanation:
The Infant Monitor of Vocal Production is a tool designed to assess three key transitions in a child's vocal development. These transitions are critical as they represent different phases of speech development, each characterized by distinct vocal characteristics and developmental significance.
1. The first transition assessed is **Reflexive Vocal Production**. This stage involves vocalizations that occur without the need for an auditory feedback loop. Typically seen in very young infants, these sounds are not influenced by hearing their own voice or the voices of others around them. Reflexive vocalizations include cries, coughs, and other automatic responses that are not yet communicative or imitative in nature. This phase is foundational, as it represents the infant's initial ability to produce sounds.
2. The second transition focuses on **Vocal Production that Mimics the Suprasegmental/Segmental Elements of the Native Spoken Language**. This stage is more advanced and occurs when infants begin to produce sounds that resemble the tone, rhythm, and intonation patterns of the language spoken in their environment. At this point, infants are not just making random sounds but are starting to engage

with the linguistic structure of their native language. This transition is crucial for the development of language-specific phonetics and prepares the child for actual word formation.
3. The third transition assessed is the progression **From Vocalizations to Word Production**. This represents a significant milestone in speech development, where the child moves from simple sound production to using recognizable words. This transition includes the initial use of words with intention to communicate specific meanings, which is a fundamental aspect of language use. This stage reflects the integration of hearing, cognitive, and motor skills that are necessary for intentional speech and language development. Understanding these transitions helps researchers and parents recognize the natural progression in a child's ability to communicate and can also aid in identifying any delays or abnormalities in vocal development. By monitoring these stages, interventions can be timely applied to support and enhance the child's communication skills.

Question: 10

As a licensed audiologist, you must uphold and maintain a particular code of ethics, standards of practice, etc. These standards have a specific section, dedicated to "conflict of interest". Which of the below listed topics is not included as a conflict of interest for you?

A. Commercial interests, such as ownership or the interest in a product manufacturer, vendor, etc. of a product or service that you use or recommend in your practice.
B. Profession development conferences, educational opportunities, etc. that are sponsored or hosted by a particular manufacturer of a hearing assistive device used in your office.
C. Performing consultation services to a hearing assistive device manufacturer, systems providers, etc., including the disclosure to your patients.
D. Receiving donations from community businesses to be used in the services provided in lower income areas of the city.

Answer: D

Explanation:
The industry guidelines for the definition of "conflict of interest" include any practice that could be perceived as unethical to your colleagues, patients, and community. This includes the acceptance of gifts, the consulting or research that you may be involved in, the acceptance of education or professional development at little or no cost, etc. Accepting donations for the use in low income areas, is not included in these standards.

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