Hearing loss ranges in severity from mild to profound. A patient may have different communication difficulties depending on their degree of hearing loss. With a more severe hearing loss, the communication difficulties will be more noticeable. However, less severe degrees of hearing loss accompanied by poor sound clarity and poor speech discrimination can be just as challenging.

Using good communication strategies will benefit your hard of hearing patients (and patients with other communication issues). If your patient is still having difficulty, consider checking his or her hearing aids to see if they are working. If your patient does not wear hearing aids, consider using a personal amplifying device, such as a pocket talker, to aid communication (these are inexpensive, can be bought at electronic stores and are ideal to have in your office). Some patients may have difficulty understanding a conversation even while wearing properly fitting hearing aids.

Hearing aids are devices that process and amplify sound. They consist of a microphone, an internal sound processor and amplifier and a receiver or speaker. There are many different styles of hearing aids. Some are worn completely in the ear and some are worn behind the ear with a tube or mold that fits inside the ear. They all need batteries to function. Properly fitting hearing aids do not squeal or whistle. Whistling is referred to as feedback.

A patient may also present with an implantable hearing device, such as a cochlear implant or a bone anchored hearing device. These instruments function in a similar way to hearing aids but deliver sound to the auditory pathway in different ways.

Common visual landmarks of a hearing aid include:

- a microphone opening
- a battery door (most hearing aids can be turned off by opening the battery door)
- a receiver opening
- a left (blue) or right (red) marker to indicate which ear the aid is for
- the hearing aid may have a volume control (this could be a wheel or a toggle switch)
- buttons to change internal settings and some may have a remote control

Behind-the-ear aids also have tubing and earmolds.
If you suspect the hearing aid is not working:

1. Cup the hearing aid in your hands to induce feedback or squealing. If there is no feedback, there could be something wrong with the hearing aid. (You can also cup your hand to the patient’s hearing aid in his/her ear to check for feedback.)

2. Visually inspect the hearing aid. Is there wax or debris covering one of the sound openings? If so, try removing the buildup by gently wiping the device with a soft cloth. Is the casing cracked? If the hearing aid has a tube, is it blocked or cracked?

3. Is the hearing aid properly inserted? Does it sit flush to the patient’s ear? If the hearing aid is not inserted correctly, there could be feedback present.

4. Inspect the patient’s ear canals. Is there significant cerumen or debris that needs to be removed?

5. Check the battery. Is it working? Is the battery inserted properly? Confirm that the “+” sign is in line with the “+” sign on the cover. Make sure the battery door is fully closed.

If you are concerned about whether or not a patient’s hearing aids are working, contact his or her audiologist for further assistance. The audiologist can do a thorough physical inspection of the hearing aids and also run electroacoustic measurements to ensure they are functioning according to prescribed settings.