

Table 11- Hearing and other Functions of the Ear

Introduction to Table 11

- Table 11 is to be used to assess the functional impact of a diagnosed condition when performing activities involving hearing function or other functions of the ear (such as balance).
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner with corroborating evidence from an audiologist, neurosurgeon, neurologist or Ear, Nose and Throat (ENT) specialist.
- There must be corroborating evidence of the person's impairment.
- Self-report of symptoms must be supported by corroborating medical evidence.

Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:

- a report from the person's treating doctor.
 - a report from a medical specialist (such as an ENT specialist, neurologist or neurosurgeon) confirming diagnosis of conditions associated with hearing impairment or other impaired function of the ear (such as congenital deafness, presbycusis, acoustic neuroma, head or neck cancer, side-effects of medication including chemotherapy, Meniere's disease or neurological conditions);
 - Results of audiological assessment undertaken by a fully qualified audiologist, audiometrist or ENT specialist.
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- Table 11 should be applied with the person using any prescribed hearing aid, cochlear implant or other assistive listening device that they usually use.
 - If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11.
 - When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would normally be expected to do so and not only once, or rarely.
 - When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
 - The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) can hear a conversation at average volume in a room with an average level of background noise, such as other people talking quietly in the background; and (b) Does not have difficulty with balance, dizziness or ringing in the ears.
5	<p><i>There is mild functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has mild difficulty hearing a conversation at an average volume in a room with background noise, such as other people talking quietly in the background; and (b) has mild difficulty hearing conversations when using a standard telephone, particularly in a room with background noise; or <p>(2) The person has occasional difficulty with balance, such as occasional dizziness, or ringing in the ears, which occasionally interferes with communication ability or routine activities due to a medically diagnosed disorder of the inner ear, such as Meniere's disease.</p>
10	<p><i>There is a moderate functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has moderate difficulty hearing a conversation at average volume in a room with no background noise; and (b) the person has occasional difficulty with some words; and (c) is partially reliant on lip-reading or a recognised sign language, such as Auslan, that is, the person needs to lip-read or watch a sign language interpreter in some situations where background noise is present or needs to have parts of conversations clarified or repeated using lip-reading or recognised sign language; or <p>(2) The person has more frequent difficulty with balance, such as having dizziness or having to sit down or hold on to a solid object, or ringing in the ears which interferes with communication ability or routine activities, due to a medically diagnosed disorder of the inner ear, such as Meniere's disease.</p>

20	<p><i>There is a severe functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> has severe difficulty hearing any conversation even at raised volume in a room with no background noise such as someone speaking to them in a loud voice shouting a warning, such as <i>'Look Out!'</i> and (b) has severe difficulty hearing sounds needed for personal or workplace safety, such as a smoke alarm, fire evacuation siren, or car or truck horn; and (c) is reliant on captions to follow a television program or movie; and (d) is completely reliant in all situations on a recognised sign language, such as Auslan, lip reading, other non-verbal communication method, such as note taking, to converse with others; or <p>(2) The person has continual difficulty with balance, such as having continual dizziness or having to sit down or hold on to a solid object, or continual ringing in the ears that interferes with hearing, due to a medically diagnosed disorder of the inner ear, such as Meniere's disease.</p>
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30	<p><i>There is an extreme functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is unable to hear anything at all; and (b) has limited or no ability to understand a recognised sign language, such as Auslan, lip reading, or other non-verbal communication methods, such as written notes; and (c) is unable to sustain an upright posture due to extreme difficulty with balance.
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