

Healthcare CCC-A

ASHA Clinical Competence in Audiology (CCC-A)

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Question: 1

A patient and audiologist are going over details of an ITC hearing aid. The patient wants to understand how it will fit. How does this type of hearing aid fit?

- A. The ITC fits completely in the ear canal.
- B. The ITC hearing aid fits in the ear canal and behind the ear.
- C. This hearing device fits partly in the ear canal.
- D. The ITC hearing aid fits behind half of the ear.

Answer: C

Explanation:

ITC, or "In the Canal," hearing aids are designed to fit snugly within the ear canal, making them less noticeable than larger models. This type of hearing aid is custom-fitted to sit comfortably partly inside the ear canal, offering a balance between discreet appearance and ease of handling. Unlike smaller Completely-In-Canal (CIC) models, ITC aids are slightly larger, which allows for the inclusion of additional features such as directional microphones and volume controls that are easier for the user to adjust. When discussing how the ITC hearing aid fits, it's important to clarify that it does not fit entirely inside the ear canal nor does it sit completely outside the ear like Behind-The-Ear (BTE) models. Instead, it occupies a position partly within the canal. This placement allows for effective sound amplification while maintaining a relatively inconspicuous presence in the ear. The outer faceplate of the device, which may be visible, is typically colored to match the skin tone to make it less noticeable.

ITC hearing aids are suitable for individuals with mild to moderate hearing loss. They are particularly favored by those who seek a good compromise between performance and cosmetic appeal. The partial in-canal design helps in reducing wind noise and is capable of accommodating a wider range of hearing losses compared to smaller completely-in-canal aids.

In summary, the ITC hearing aid fits partly in the ear canal with a small portion possibly visible at the entrance of the canal. This design helps enhance the user's hearing while being minimally invasive and cosmetically preferred by many. It's important for patients to have a thorough fitting session with an audiologist to ensure that the device is tailored precisely to their ear's anatomy, thereby maximizing comfort and effectiveness.

Question: 2

At what age should a child first be given an audiological evaluation?

- A. Three day old newborn, prior to leaving the hospital.
- B. Prior to attending pre-school, approximately 4 years old.
- C. No later than 1 month of age.
- D. No hearing test is necessary unless there is a problem.

Answer: C

Explanation:

Hearing is a critical sense for the development of speech and language skills in infants and young children. To ensure that any potential hearing issues are identified and addressed as early as possible, audiological evaluations are recommended shortly after birth. The timing of this evaluation is crucial because early detection and intervention can significantly influence the child's development and quality of life.

According to the American Academy of Pediatrics and the Joint Committee on Infant Hearing, all newborns should receive an initial hearing screening before being discharged from the hospital, ideally within the first three days of life. This early screening is vital because it allows for immediate follow-up and intervention if a hearing loss is detected. If a newborn does not pass the initial hearing screening, a more comprehensive audiological evaluation is recommended no later than 1 month of age.

No child is considered too young for a hearing test. Specialized techniques and procedures have been developed to accurately assess the hearing of even the youngest infants and children. These evaluations are typically non-invasive and painless. However, in some cases, multiple sessions may be required to gather all necessary data, especially if the child is uncooperative or if the results are inconclusive. For children who pass the initial newborn screening but are at risk for developing hearing loss due to genetic factors, infections, or other medical conditions, periodic hearing assessments should be continued throughout childhood. This proactive approach ensures that any late-onset or progressive hearing loss is detected and managed promptly.

In summary, the recommendation is for children to have their first audiological evaluation as newborns, ideally before they leave the hospital, or at the very latest, by 1 month of age. Ensuring early and accurate assessment of a child's hearing can lead to timely interventions that are crucial for healthy auditory and speech development.

Question: 3

With this type of hearing aid, all parts are situated in a plastic case, and the aid rests behind the ear.

- A. ITC.
- B. CIC.
- C. ITE.
- D. BTE.

Answer: D

Explanation:

E, which stands for Behind-the-Ear. This type of hearing aid includes all of its components housed within a small plastic case that sits behind the ear. A clear tube then connects this case to an earmold, which fits inside the ear canal.

The BTE design is advantageous for several reasons. Firstly, because of its size, it can accommodate larger batteries, which means longer battery life and more powerful amplification capabilities. This makes BTE hearing aids particularly suitable for individuals with severe to profound hearing loss. The larger size also allows for more features to be included in the hearing aid, such as directional microphones and wireless connectivity.

Another significant advantage of the BTE hearing aid is its durability. The design separates the electronic components from the ear's moisture and earwax, which can damage more compact hearing aids. This separation helps in prolonging the device's lifespan, making it a cost-effective option in the long term. BTE hearing aids are also highly versatile. They can be used by people of all ages, including infants and young children. For children, especially, BTE aids are preferred because they can be fitted with different earmolds as the child grows. Additionally, the earmolds are custom-made for each user, providing a secure and comfortable fit, which is crucial for effective hearing aid use.

Despite these advantages, BTE hearing aids might have some drawbacks, such as visibility and susceptibility to wind noise. However, modern advances in design and technology have significantly reduced these issues, making BTE a popular choice among many hearing aid users.

Question: 4

Which of these is the purpose of the otoscope's specula?

- A. It has the power for the light source.
- B. It has the light bulb and magnifying lens.
- C. It is inserted into the ear canal.
- D. It interprets the diagnosis results.

Answer: C

Explanation:

An otoscope is a medical device used by healthcare providers primarily to examine the condition of the ear canal and eardrum. The specula, which is a critical component of the otoscope, serves a specific purpose in this examination process.

The specula of an otoscope is a narrow, cone-shaped attachment that is inserted into the ear canal. This component is designed to provide a clear pathway for the light from the otoscope to reach deep into the ear canal, allowing for an effective examination of the eardrum and other parts of the ear. By illuminating and magnifying the view of the ear's interior, the otoscope helps in diagnosing conditions such as ear infections, buildup of earwax, and other abnormalities.

It is important to clarify that the specula itself does not house any light source or magnifying components. The handle of the otoscope typically contains the power source for the instrument, which may be batteries or a rechargeable system. The head of the otoscope, which is connected to the upper end of the handle, includes the light bulb and a magnifying lens. These parts work in concert to enhance the visibility and detail of the ear's interior, which is crucial for a thorough examination.

Furthermore, the specula does not interpret diagnostic results or suggest treatment options. Its role is purely functional, providing safe and effective access to the inner ear. The interpretation of what is seen

through the otoscope is the responsibility of the healthcare provider, who uses their training and experience to diagnose any issues and recommend appropriate treatment based on the findings. In summary, the specula of an otoscope is essential for directing light into the ear canal and facilitating a detailed view of the inner ear, which is vital for diagnosing ear-related health issues. Its design and function are critical for the effective use of an otoscope in medical examinations.

Question: 5

What information is NOT documented on a hearing screening checklist?

- A. Case History.
- B. Visual Inspection.
- C. Tympanometry.
- D. Neural Diagnosis.

Answer: D

Explanation:

The correct answer to the question about what information is NOT documented on a hearing screening checklist is "Neural Diagnosis." A hearing screening checklist is a tool used by healthcare professionals to record observations and results from a basic hearing screening. This checklist typically includes several key components:

1. **Case History**: This section documents any significant health issues, history of hearing loss, and any delays in language or speech development. The case history helps the screener understand any underlying conditions that might affect the hearing screening results.
2. **Visual Inspection**: This part of the checklist involves examining the external ear for any abnormalities, drainage, or excessive earwax that might obstruct the hearing test or indicate other health issues.
3. **Hearing Screening**: This section includes the details about the calibration of the screening equipment, placement of earphones, the frequencies tested, and the threshold levels at which the client can hear sounds. This helps in determining if there is a hearing loss and, if so, at what levels the loss occurs.
4. **Immittance Tympanometry and Otoacoustic Emissions**: These tests check the functioning of the middle ear (tympanometry) and the cochlear status (otoacoustic emissions), respectively. This section of the checklist will document details about the probe placement, the operation of the equipment, and the interpretation of the results.

However, **Neural Diagnosis** is not a component typically included in a hearing screening checklist. Neural diagnosis involves more in-depth assessments that are usually conducted when a more significant or specific concern regarding the auditory nerve or neural pathways in the brain is suspected. These types of assessments require more sophisticated diagnostic tools and are not part of routine hearing screenings. Therefore, neural diagnosis would not be documented on a basic hearing screening checklist, as such diagnostics are beyond the scope of a preliminary hearing assessment.

Question: 6

An audiologist is working with a patient who needs a hearing aid. The patient wants the smallest type of hearing aid. Which of the following is the smallest type of hearing aid?

- A. The smallest type of hearing aid is the BTE.
- B. The smallest type of hearing aid is the RIC.
- C. The CIC is the smallest that the patient can use.
- D. The smallest kind is the RITE hearing aid.

Answer: C

Explanation:

When considering the different types of hearing aids available, it is essential to understand which ones are smallest and most discreet. The Completely-in-the-Canal (CIC) hearing aids are often recommended for patients who prioritize minimal visibility. CIC models are custom-fitted to sit entirely within the ear canal, making them nearly invisible when worn. This feature is particularly appealing for those who are self-conscious about wearing hearing aids.

CIC hearing aids are not only small but also effective for a range of hearing losses, typically from mild to moderate. By being positioned deep within the ear canal, they can utilize the natural acoustics of the ear, providing a more natural sound quality. This positioning also helps in reducing wind noise, which is a common issue with some other types of hearing aids.

It is important to note that while CIC aids are the smallest available, they may not be suitable for everyone. Factors such as the severity of hearing loss, the size and shape of the ear canal, and the dexterity of the user to handle small devices should be considered. Some users may find them challenging to insert and remove due to their small size.

Other types of hearing aids include Behind-the-Ear (BTE), Receiver-in-the-Canal (RIC), and Receiver-in-the-Ear (RITE). Although these are larger than CIC models, they are designed for ease of use and can accommodate more severe forms of hearing loss. They typically feature external components that sit behind the ear, with a wire or tube that directs sound into the ear canal.

In summary, for a patient seeking the smallest type of hearing aid, the Completely-in-the-Canal (CIC) models would be the most appropriate choice. However, it's crucial to consult with an audiologist to ensure that this type of hearing aid is suitable for the patient's specific hearing needs and lifestyle. The audiologist can provide a tailored recommendation based on a thorough assessment of the patient's auditory profile.

Question: 7

Of the following, which demonstrates the child's ability for auditory sequencing digits?

- A. He can repeat model, 5-8-3-6.
- B. He can put the ball in the basket, doll in the chair, and cup on the table.
- C. He can hear and understand dad talking, while the TV is on.
- D. He can retell "Goldilocks and the Three Bears" in order.

Answer: A

Explanation:

Among the options provided, the correct demonstration of a child's ability for auditory sequencing of digits is the option where the child can repeat a model such as "5-8-3-6." This task specifically involves remembering and reproducing a sequence of numbers in the same order as they were originally presented, which directly tests auditory sequencing skills.

Auditory sequencing is the ability to understand and recall the order of words, numbers, or other items presented verbally. This skill is crucial for tasks such as following multi-step directions, performing mathematical calculations, and comprehending spoken language. When a child repeats a sequence like "5-8-3-6" correctly after hearing it, it indicates that the child can process, store, and retrieve auditory information in the correct sequence.

The other options provided do not specifically test for auditory sequencing of digits: 1. Remembering groups of words like "big dog with short brown hair" tests memory for phrases or short sentences, but not the sequencing of individual elements like numbers. 2. Being able to perform actions like putting a ball in a basket, a doll in a chair, and a cup on the table involves understanding and following instructions but does not directly test for auditory sequential memory of digits. 3. Ability to hear and understand someone talking while the TV is on demonstrates selective listening and divided attention, rather than sequencing. 4. Recounting a story such as "Goldilocks and the Three Bears" in order does involve sequencing of events, but it is different from the specific task of sequencing digits; it tests narrative memory and comprehension.

Therefore, the best answer to the question about demonstrating a child's ability for auditory sequencing of digits is the repeated option where the child successfully recalls and repeats a sequence of numbers ("5-8-3-6") after hearing them. This indicates that the child has the capacity to sequence auditory numerical information accurately.

Question: 8

This nerve is responsible for bringing sound and proprioception into the brain.

- A. Accessory Nerve (XI).
- B. Glossopharyngeal Nerve (IX).
- C. Vestibulocochlear Nerve (VIII).
- D. Facial Nerve (VII).

Answer: C

Explanation:

The correct answer to the question, "This nerve is responsible for bringing sound and proprioception into the brain," is the Vestibulocochlear Nerve (VIII). This nerve plays a critical role in the sensory systems that handle hearing and balance, which are essential for proprioception related to head positioning and movement.

The Vestibulocochlear Nerve, also known as Cranial Nerve VIII, is bifurcated into two main components: the cochlear nerve and the vestibular nerve. The cochlear nerve is specifically dedicated to transmitting sound information from the inner ear to the brain, allowing us to perceive and process sounds. This part of the nerve picks up mechanical sound vibrations converted into electrical signals by hair cells in the cochlea and then transmits these signals to the brain for auditory recognition.

The vestibular part of the Vestibulocochlear Nerve, on the other hand, is crucial for balance and spatial orientation. It sends information from the vestibular apparatus of the inner ear, where semicircular canals perceive rotations and otolith organs perceive linear accelerations. This information is vital for

maintaining posture and balance, coordinating head and eye movements, and orienting oneself in space.

Comparatively, the other cranial nerves listed have different functions: - The Accessory Nerve (XI) mainly controls specific muscles in the neck that help in head movements. - The Oculomotor Nerve (III) is primarily involved in eye movements and the adjustment of the pupil and lens of the eye. - The Glossopharyngeal Nerve (IX) deals with taste sensations from the posterior part of the tongue and contributes to swallowing. - The Facial Nerve (VII) manages facial expressions, conveys taste sensations from the anterior two-thirds of the tongue, and supplies some glands in the head.

Therefore, the Vestibulocochlear Nerve (VIII) is the correct answer as it directly relates to the sensation of sound and proprioception connected to balance and spatial orientation through its cochlear and vestibular divisions, respectively. This nerve's integral role in auditory and balance systems underscores its importance in everyday activities and complex behaviors.

Question: 9

Read the options below, and select the syndrome that is an X-linked condition with a mutation in the IDS gene.

- A. Goldenhar syndrome.
- B. Klippel-Feil syndrome.
- C. Hunter syndrome.
- D. Jervell and Lange-Nielsen syndrome.

Answer: C

Explanation:

To address the question provided, we need to identify the syndrome among the listed options that is characterized as an X-linked condition caused by a mutation in the IDS gene. Let's break down and understand each option:

****Goldenhar Syndrome:**** This is a congenital condition characterized primarily by abnormalities of the face, eyes, and ears, sometimes involving vertebral anomalies. It is not linked to the IDS gene and does not follow an X-linked inheritance pattern.

****Hunter Syndrome (Mucopolysaccharidosis Type II):**** Hunter syndrome is indeed an X-linked genetic disorder caused by a deficiency in the enzyme iduronate 2-sulfatase, which is necessary for the breakdown of certain complex molecules in the body. This deficiency leads to the buildup of these molecules, causing various symptoms. The gene responsible for this enzyme is the IDS gene, located on the X chromosome. Symptoms of Hunter syndrome can include progressive sensorineural, conductive, or mixed hearing loss, skeletal deformities, coarse facial features, and corneal clouding, among others.

****Klippel-Feil Syndrome:**** This syndrome is characterized by the congenital fusion of any two of the cervical vertebrae. It is not related to the IDS gene and is typically not inherited in an X-linked manner.

****Hurler Syndrome (Mucopolysaccharidosis Type I):**** This is an autosomal recessive disorder caused by a deficiency in the enzyme alpha-L-iduronidase, leading to the buildup of glycosaminoglycans. Though it shares some clinical features with Hunter syndrome, it is caused by mutations in a different gene (IDUA) and is not X-linked.

****Jervell and Lange-Nielsen Syndrome:**** This is a rare inherited disorder of the inner ear and heart characterized by congenital deafness and a heart condition called long QT syndrome. It is not associated with the IDS gene and is inherited in an autosomal recessive pattern.

Based on the descriptions and genetic details provided, **Hunter Syndrome** is the correct answer to the question as it is the only syndrome listed that is an X-linked condition resulting from a mutation in the IDS gene. This syndrome's clinical manifestations as noted (e.g., hearing loss, skeletal deformities, coarse facial features, corneal clouding) align with the symptoms associated with a deficiency in the enzyme iduronate 2-sulfatase, which is directly linked to the IDS gene mutation.

Question: 10

When using the Ling six sound test, the /m/ sound tests what frequency(ies)?

- A. Low and middle frequencies.
- B. First and second formants; middle frequencies.
- C. First formant low frequency; second formant higher frequency.
- D. Middle and high frequencies.

Answer: A

Explanation:

The Ling six sound test is a critical tool used in the field of audiology to check a person's hearing across different frequencies. This test specifically evaluates the ability to hear six distinct phonetic sounds, which represent various frequency ranges crucial for understanding speech. The sounds used in the Ling six sound test are /m/, /ah/, /oo/, /sh/, /s/, and /ee/. Each of these sounds corresponds to different frequency ranges and provides valuable information about the hearing ability in those specific areas. The /m/ sound in the Ling six sound test is particularly important for testing low and middle frequencies. This sound typically corresponds to frequencies around 250 Hz to 1000 Hz. The sound /m/ is a nasal sound and is voiced, meaning it is produced with vibration of the vocal cords. This characteristic of the /m/ sound makes it an excellent choice for probing the hearing ability in lower frequency ranges, which are crucial for hearing and understanding spoken words in normal conversational speech.

When conducting the Ling six sound test, it's imperative to perform the test in a quiet environment to ensure accuracy and prevent any background noise from affecting the perception of the sounds. Using simple words that incorporate the sounds being tested, like "me" for the /m/ sound, helps in evaluating how well these sounds are heard in context. The word "me" combines both the /m/ and /ee/ sounds, allowing for an assessment that covers both low-mid and high frequencies, thereby providing a broader understanding of the individual's hearing capabilities.

The test results can guide audiologists in diagnosing hearing impairments, adjusting hearing aids, or making recommendations for other assistive listening devices. It helps in identifying specific frequency losses and is crucial in the educational planning for children with hearing impairments, ensuring that they have the necessary auditory access to learn spoken language effectively.

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