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Speech-Language-Hearing Association of Virginia

Position Statement on Licensed Audiologists in the Commonwealth of Virginia managing cerumen (ear wax)

It is our association's position that Audiologists licensed in the Commonwealth have, within their scope of practice, the management of cerumen as specified by the national associations (American Speech-Language-Hearing Association and the American Academy of Audiology). Cerumen management has been and is part of the Doctor of Audiology (Au.D.) curriculum for more than twenty years (http://www.audiology.org/resources/documentlibrary/Pages/AuDStandards.aspx).

Further, "It is the position of the American Speech-Language-Hearing Association (ASHA) that otoscopic inspection of the external auditory canal and the tympanic membrane (TM), as well as limited management of occluding cerumen, is within the scope of practice of audiologists. This area of practice requires that audiologists possess sufficient knowledge and skills in the use of pneumatic otoscopy, recognition of the canal and tympanic membrane condition, and removal of cerumen when it can be performed comfortably and safely, not requiring direct contact with the TM. Audiologists should have knowledge of the medical conditions of the pinna external canal and tympanic membrane, and of how these potentially could have an impact on the examination and the audiological procedures. Practical, supervised experience along with efficiency (skill) in the inspection of the pinna and external auditory canal, tympanic membrane integrity and cerumen management are required.Education and training may vary for these procedures; however, a foundation for the knowledge required should be obtained through the audiologist's academic program. The training should take place through direct supervision by a qualified professional in a setting allowing the trainee adequate clinical experience. The training of the use of pneumatic otoscopy is needed since determination of integrity of the TM by the referring

physician is typically limited to an otolaryngologist, yet referrals for the caloric irrigation procedures are received from a wide range of medical specialties. Tympanometry may be substituted as a means for determining TM integrity, however pneumatic otoscopy is a more direct and simpler method for this determination, and therefore is felt to be a needed skill. Each practitioner must determine whether he/she has obtained a sufficient degree and kind of education and training to be competent to perform external auditory canal examination and limited cerumen management." If practitioners elect to perform these procedures, indicators should be developed, as part of a continuous quality improvement process, to monitor and evaluate the appropriateness, efficacy, and safety of the procedure conducted. Education and training may vary for these procedures; however, a foundation for the knowledge required should be obtained through the audiologist's academic program. The training should take place through direct supervision by a qualified professional in a setting allowing the trainee adequate clinical experience." (http://www.asha.org/policy/GLKSPS1992-00034.htm) "Cerumen is removed from the external auditory canal using established procedures to include one or more of the following: mechanical removal, irrigation suction" ASHA 2006. http://www.asha.org/policy/PP2006-00274.htm

A review of the National Library of Medicine's data base (PubMed) revealed few peer reviewed published reports regarding audiologists and cerumen management. A current paper SURVEY OF AUDIOLOGISTS AND CERUMEN MANAGEMENT.(Johnson CE, Danhauer JL, Rice EN, Fisher SK. Am J Audiol. 2012) used an internet questionnaire sent to 1575 Au.D. audiologists who were members of American Academy of Audiology and only 447 responded and 69% indicated they performed cerumen management. 87% in private practice performed it while 69% in medical practices did. In clinical setting where audiologists worked, 68% of the physicians, 34% of nurse practitioners, 32% physician's assistants 11% of nurses aids performed curenem management. 67% of the physicians agree that Au.D.s can perform cerumen management successfully and safely.

Much can be made from the statement that48% of the audiologist indicated that their preparation was inadequate. A careful reading of the question revealed it did not specify just their Au.D. training and since the vast majority of audiologists held masters degrees, they may very well have been referring to that component of their training (phased out years ago). Even so, if half of the 300 audiologists thought so, that is a small number (obscured by the percentage) compared with the more than 550 audiologist just in the Commonwealth of Virginia.

Recall that the ASHA position papers on cerunem management are more than twenty years old; in that time there have been no peer reviewed papers on adverse events by audiologist in performing cerunem management in the audiology or otolaryngology literature. An additional study "Removal of impacted cerumen in children using an aural irrigation system.(Int J Pediatr Otorhinolaryngol. 2012 Dec;76(12):1840-3) revealed there was mild or no discomfort in 99% of patients and there were no incidences of trauma.

The State of New Jersey also recognizes cerumen management as being within the scope of audiology practice but the audiologist must meet a minimal educational standard (essentially the Au.D. curriculum) or training endorsed by the professional organizations and successfully perform the procedure under the supervision of a licensed practitioner

(http://www.state.nj.us/lps/ca/aud/NJAC13_44c_7_1a.pdf). We endorse those measures to insure patient safety.

Why is cerunem management valuable to the citizens of the commonwealth? A British study focuses the point "Endoscopic dewaxing in the audiology department--the Bristol experience" (Clin. Otolaryngol. 2007 Dec;32(6):462-4) demonstrated a considerable number of cancelled audiology appointments were due to patients being referred back to their physician for wax removal. Audiologists began to remove wax and were successfully in 94% of the patients allowing audiological procedures to continue as scheduled. Allowing audiologists to perform cerunem management as part of their scope of practice will be a service to patients in terms of time and expense without any increase in patient safety risks.

ASHA considers cerumen management as part of the scope of practice of an audiologist; however, it is not included in the Code of Virginia. Ms. Pritekel moved to submit a legislative proposal to amend the definition of the practice of audiology to include cerumen management. The motion was seconded and carried.

We fully support the Board of Audiology and Speech-Language Pathology in proposing legislation to amend the definition of the practice of audiology to include cerumen management.

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