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## Onderhoude

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Van Zyl, B. 2002, November. Pretoria

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## Fluitspel: die invloed op die instrumentalis se gehoor

Die doel van die studie wat gedoen word oor die gehoor van die blaser, veral die fluitspeler, is om die instrumentalis te waarsku teen gehoorverlies en hom/haar in staat te stel om dit te voorkom. 'n Uitgebreide literatuur studie is gedoen oor die onderwerp "nywerheidsdoofheid" terwyl oudiogramme gebruik word om te bewys dat fluitspel en ander instrumente spel wel 'n nadelige effek het op die gehoor van die instrumentalis. Voorkoming word voorgestel aan die deelnemende kandidate. Daar is geen risiko by die studie betrokke nie en dit is vrywillig. Die oudiogramme duur ongeveer 75 minute en is gratis. Die oudiogramme word by die Departement Kommunikasiepatologie gedoen by die Universiteit van Pretoria onder leiding van Mev. N. Venter. Al die inligting wat ingesamel word, is konfidensieël en sal só hanteer word. Die inligting sal anoniem in die verhandeling gebruik word en daarna sal die inligting vernietig word. Daar sal na afloop van die eksaminering, 'n kopie van die verhandeling in die musiekbiblioteek gehou word.

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### Toestemmings vorm

Ek \_\_\_\_\_ gee hiermee toestemming om deel te neem aan die gevalle studie vir die verhandeling van M.G. Schutte (97191664) wat handel oor instrumente spel en geraasgeïnduseerde doofheid.

Ek is bewus daarvan dat die studie 'n oudiogram insluit, en dat ek 'n vraelys sal beantwoord. Ek kan op enige stadium myself onttrek van die studie.

*Handtekening:*

*Datum:*

*Plek:*

\*\*\*\*\*

*Handtekening van Navorser:*

*Datum:*

*Plek:*

*This form is also available in English*

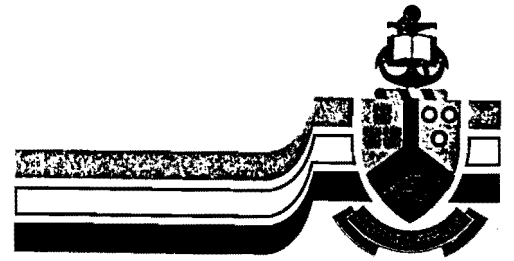


## Questionnaire for case studies

1. What is your approximate age?
2. Are you aware of any damage to your hearing / ears through illness or exposure to loud noises (e.g. gunshots, explosions, etc.)?
3. How long have you played a musical instrument?
4. How long have you played an instrument professionally?
5. How long do you currently play your instrument each day (average)?
6. How long did you practice each day while studying (average)? For how many years?
7. Is your work environment excessively noisy?
8. After playing your instrument do you notice that your hearing has been affected?
9. If **yes**, in what way is it affected:
  - 9.1 a ringing sound,
  - 9.2 a tingling sensation,
  - 9.3 sounds are muted / dampened,
  - 9.4 other (please describe)?
10. For how long does this effect last?
11. Do you consider your hearing to be as good as it was ten years ago? Five years ago?
12. Are you aware of the potential dangers to a musician's hearing through playing an instrument?
13. How much do you know about ear protection?
14. Do you ever wear ear protectors? If yes, which type?
15. What was the result of your audiogram?

If you are aware of any hearing impairment having taken place over the last five or ten years:

1. Do you have trouble conversing in a noisy environment?
2. Do you find it difficult to follow conversations where there is considerable background noise?
3. Do you find that you need the TV / radio volume set higher than other people?
4. Have your family members, friends or colleagues noticed that you have a hearing problem?
5. Are you afraid / wary of loud noises?



24 April 2002

Geagte

Baie dankie vir u besoek and Spraak- en Gehoorkliniek van die Universiteit van Pretoria op 24 April 2002. 'n Volledige gehoorevaluasie, wat 'n otoskopiese ondersoek, immittansiemetings asook suiwertoon- en spraakaudiometrie insluit is uitgevoer. Die volgende resultate is verkry.

- **Suiwertoon- en spraakaudiometrie**

Volgens die suiwertoonaudiogram vertoon u normale gehoor in die linkeroor. Die regteroor vertoon 'n geringe afname in gehoorsensitiwiteit by die lae frekwensies. Vanaf 2000 – 8000 Hz blyk dit egter dat u 'n gemiddeld tot ernstige afname in gehoorvermoëns vertoon.

Die spraakaudiogram bevestig die voorafgaande resultate en toon aan dat u 100 % korrekte woorddiskriminasie by 30 dB en 50 dB in die linker – en regteroor onderskeidelik verkry. Dit dui op goeie diskriminasievermoëns maar is by 'n effense hoër intensiteit as die normale (30dB) in die regteroor verkry. U kan dus verwag om probleme te ondervind met normale gesprekspraak, veral in die teenwoordigheid van agtergrondslawaai.

- **Immittansiemetings**

Ten einde middelloorfunksionering te evalueer is immittansiemetings uitgevoer. In u regteroor is 'n tipe A timpanogram verkry wat op normale middelloorfunksionering toon. In u linkeroor is 'n tipe Ad timpanogram verkry, wat beteken dat die middelloor sisteem meer beweeglik as die normale is. Dit blyk egter dat dit geen invloed op u gehoor uitoefen nie. Die akoestiese reflekse wat ontlok is bevestig die voorafgaande resultate.

- **Gevolgtrekking en aanbevelings**

U vertoon normale gehoor in die linkeroor. In die regteroor vertoon u 'n gemiddelde tot ernstige sensories-neurale gehoorverlies by die hoë frekwensies.



Daar word aanbeveel dat u gehoorbeskermers dra wanneer u aan geraas blootgestel gaan word, om 'n verdere gehoorverlies te voorkom. Jaarlikse herevaluasies word ook aanbeveel ten einde u gehoor te monitor.

Kontak ons gerus indien u enige verdere inligting verlang.

Vriendelike groete

*L. Pottas*

Mev. L. Pottas / Oudioloog

Nms prof R Hugo: Hoof

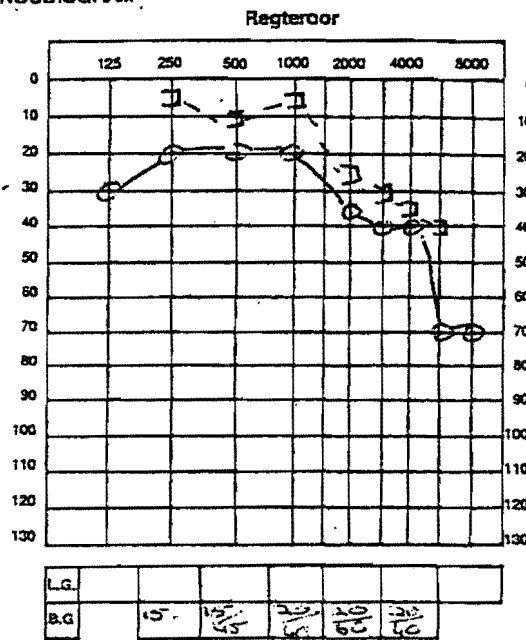
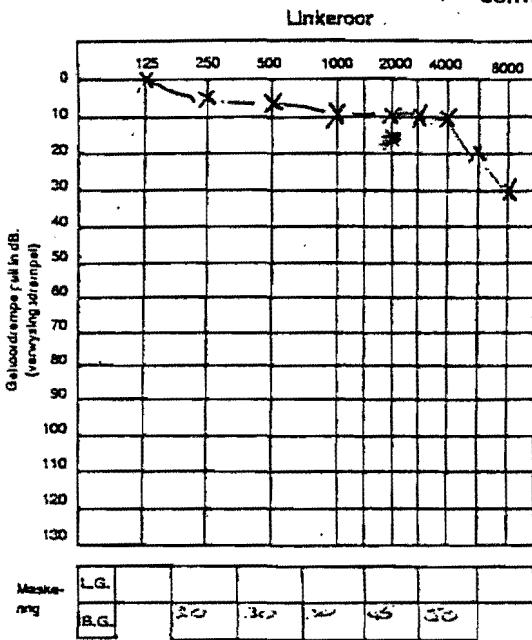
**DEPARTEMENT KOMMUNIKASIEPATOLOGIE**

*Verslag saamgestel deur Astrid Louw / Student*



Voorname en van: \_\_\_\_\_ Datum: 21/11  
 Geboortedatum: \_\_\_\_\_ Oudioloog: Mev. Peters  
 Verwys deur: Mev. Venber Student: \_\_\_\_\_

SUIWERTOONAUDIOGRAM



SLEUTEL:

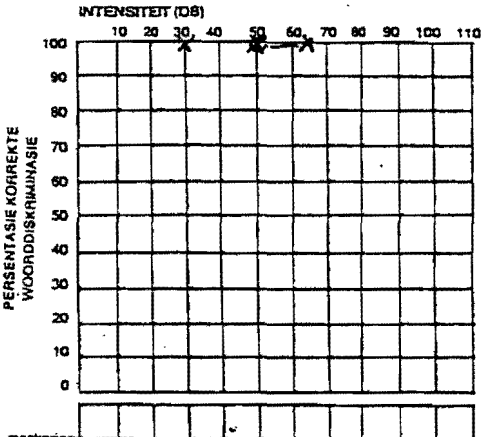
	REGS	LINKS
ongemaskeerde lug	○	X
gemaskerde lug	△	□
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geen respons	↓	↓

Percentage gehoerverlies (I.S.O) Regs: 20 Links: 10 Binourek: \_\_\_\_\_

WEBERTOETS

	250	500	1000	2000	4000

SPRAAKAUDIOGRAM



IMMITANSIEMETING:

Timpansometrie

Linkeroor: Tipe Ad  
 Beweglikheid: 4,1 ml  
 Druk: 10 daPa  
 Oorkanaalvolume: 1,3

Regteroor: Tipe A  
 Beweglikheid: 0,5 ml  
 Druk: -15 daPa  
 Oorkanaalvolume: 1,4

Akoustiese Refleksie

Tipes

	500 Hz	1000 Hz	2000 Hz	4000 Hz
L	105 dB	100 dB	95 dB	-
R	105 dB	105 dB	100 dB	NIR

Kontra

	1000 Hz
L	-
R	NIR

OPMERKINGS:

Oorskopie: Normale resultate  
 \* Regter timpansiese membraan  
 is versag