

Otological History & Examination



History

As with all specialities a concise yet thorough history is paramount to ensure no important information is missed. The format you have learned from day one enables this, however taking a focused speciality history requires specific closed questions. There are five main otological symptoms to consider when taking an otological history:

1. Otolgia (ear pain)

- S**ite (Where does the pain originate. Is it definitely the ear)
- O**nset (when did the pain start. Gradual Vs Sudden)
- C**haracter (what is the pain like Sharp, dull, stabbing)
- R**adiation (does the pain radiate anywhere)
- A**ssociations (any other signs associated with the pain – e.g. headaches)
- T**ime course (does the pain follow a pattern)
- E**xacerbating/relieving factors
- S**everity

2. Otorrhoea (ear discharge)

- Colour
- Offensive smelling
- Volume +/- bleeding

3. Hearing loss

- Duration
- Laterality
- Fluctuation
- Onset
- Frequency

4. Tinnitus

- Pulsatile
- Buzzing
- Laterality
- Impact on life

5. Vertigo / imbalance

- ? True rotational sensation

- Triggers
- Timing, other associated symptoms
- Presence of neurological symptoms (particularly posterior fossa)

Examination

Below is a summary of the steps conducted during an examination of the ear.

- Inspection of pinna and its surrounds bilaterally
- Palpate external pinna, mastoid and tragus bilaterally
- Inspect external auditory canal bilaterally
- Examine external auditory canal and tympanic membrane with safe auriscope technique bilaterally
- Test approximate hearing bilaterally [e.g. whispering numbers]
- Perform Rinne Test bilaterally
- Perform Weber Test

A full examination will also include a vestibular assessment and a hearing test.