

## The DC and the Deaf Patient

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The purpose of this article is to facilitate the chiropractic treatment of deaf and hearing impaired (HI) individuals. The treatment options for deafness will be left for future articles.

It is estimated that 33 million Americans have a hearing loss significant enough to hinder communications with others. This number will likely increase significantly in the future with the "graying of America," and the chronic exposure to high noise levels that is common in our modern society. It is estimated that 88 percent of Americans over the age of 65 have some degree of hearing loss.<sup>1</sup> Is your office prepared to handle this growing segment of the population?

There are several strategies that can be used to facilitate communications between a chiropractor and staff and the deaf or HI patient. The following tips come from my experience as a HI chiropractic patient and as a chiropractor treating deaf and HI patients.

Many HI individuals have the sensory/neurological type of hearing loss. With hearing aids, they may actually hear speech at near normal levels. However, they will probably still have trouble understanding speech because the sounds they hear are distorted.

To help enhance speech comprehension for HI patients, follow these basic guidelines:

1. Do not mumble.
2. Do not shout. Shouting distorts speech and often makes its comprehension more difficult (and also bothers others in your office).
3. Hearing aids tend to over-amplify background noise. Background music and conversations can make it difficult for a HI patient to focus on what you are saying.
4. HI individuals may not understand certain words no matter how often they are repeated because of their distorted hearing. Try substituting a different word that has a similar meaning.

Most HI people use speech reading to some extent. There are two components of this skill. The first is lip reading, which involves looking at the shape of the speaker's lips and the position of their tongue to help determine what sounds are being made. Lip reading is facilitated by:

- looking at the patients while talking to them
- keeping your hands away from your mouth

- making sure the light in the room is adequate
- keeping beards and mustaches closely trimmed
- voicing your words in a normal manner. Moving the lips without speaking or exaggerating lip movements will distort them beyond comprehension.

The other component of speech reading involves reading facial expressions and gestures. Although some people use these naturally while speaking, others need to practice expressing themselves nonverbally. Miming is another tool that can be used very effectively to help get an idea across.

Obviously, speech reading cannot be done while lying prone. If you need to have your patients in this position be sure to give them any needed instructions before they turn their face away from you. Lip reading is also difficult to do upside down, such as when the patient is lying supine and the doctor is at the head of the table.

Most hearing aids will generate feedback if you put your hands too close to them, such as when using a supporting hand while delivering a cervical adjustment. Also, pressure on their earmolds may be painful. It is often best to have your patients remove their aids for cervical adjustments. Some sophisticated aids can cost over \$2,000 each, so be very careful while handling them.

#### The Deaf Patient

The remainder of this article will deal with the estimated two million profoundly deaf individuals in this country. These are people who cannot understand speech even with amplification. Although some can follow conversations remarkably well by using speech reading, the majority cannot. You will need to make a special effort to serve this group.

Probably the least attractive communication method to use with deaf patients is to pass written notes back and forth. This is a slow and tedious process for anyone, and especially so for many deaf people who grew up using sign language almost exclusively and have poor English skills.

A better solution is for the doctor or CA to go to a local college or adult education school and learn American Sign Language (ASL), which is the most common language used by the deaf community. Although mastery of this language is probably as difficult as learning any foreign language, just one year of study can give someone enough of the basics to greatly facilitate communications with deaf individuals.

Initial histories are probably the point where the most communication needs to take place. If possible, the deaf patient should bring an interpreter with them for their first visit. These individuals make about \$25 an hour, so do not keep your patients waiting too long.

A problem deaf patients had in the past was using the telephone for things like making appointments. Luckily, this has been solved by modern technology. A telecommunications device for the deaf (TDD) will enable you and your patients to exchange written messages over the phone. This machine can be purchased for about \$200-300. You do not have to get a separate phone number for the machine. Deaf patients can call your office and their machine will announce that a TDD is needed for the call. Your CA then places their phone headset on your TDD, and a small keyboard is used for typing messages (do not be surprised to see nonstandard grammar and

spelling on the screen). Your local phone company can tell you how TDDs may be obtained in your area.

Alternatively, most states have a free relay service for deaf people. In California the number to call is 1-800-735-2922. In other states you can call your local phone company to get the number. This service provides you with an operator who has a TDD machine and will act as an interpreter between you and your patient.

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1. Carmen R: Our endangered Hearing: Understanding and Coping with Hearing Loss, Rodale Press, PA 1977.

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