

The members of the committee subscribe in principle to the statement of policy of the subcommittee of the Academy of Ophthalmology and Otolaryngology which is as follows:

"Hearing loss produced by prolonged exposure to loud noise may be considered permanent if it still persists after the individual has been removed from the noise environment for a period of six months."

Therefore, those individuals who have removed themselves for six months or longer from their noisy working areas can have a final determination made of their hearing status. Those individuals who continue to work in noisy environments should have the audiometric and hearing evaluations made after a 48-hour removal from the noisy areas and where several examinations are made under similar conditions at closely spaced intervals the best audiometric record should be used in computing the hearing status of the individual. In addition, five decibels should be deducted from the average decibel ratings of the 500, 1,000 and 2,000 frequencies to allow for the "recovery factor." This result shall be the final permanent loss as of the time of such examinations and deductions.

IV. What cases of occupational loss of hearing can be improved by hearing aids and to what extent?

Answer: The improvement resulting from the use of a hearing aid in these cases is too variable to warrant its consideration as a corrective factor. Many of these individuals cannot wear a hearing aid with any degree of satisfaction. Any benefit which might be obtained in any individual case from the use of a hearing aid should not be considered in arriving at a percentage of hearing loss or disability.

V. Which test is most suitable for pre-employment examinations? What formula is recommended (as to frequencies and intensities)?

Answer: The use of the pure-tone air conduction audiometer is recommended for recording the hearing acuity of workers in pre-employment examinations. The audiometer should be one accepted and approved by the Council on Physical Medicine of the American Medical Association. The audiometer should be routinely and periodically calibrated. The pre-employment record should include a satisfactory history and physical examination as it may pertain to the hearing status and must include the pure-tone air conduction audiometric record. Otological examinations and evaluations should be made where indicated. All frequencies between 250 and 8,000 cycles per second found on the audiometer should be recorded.

VI. Is treatment of any value in reduction of the hearing loss due to noise?

Answer: The hearing loss resulting from industrial noise exposure cannot be improved by any known medical or surgical treatment.

VII. In general, what examinations can and should be made to determine the nature of loss, i.e., whether due to noise or to other cause?

Answer: By history, physical examination, otological and audiometric examinations.

HEARING DISABILITY TABLE

Average Decibel Loss	Per Cent of Compensable Hearing Loss	Average Decibel Loss	Per Cent of Compensable Hearing Loss
16	1.5	50	52.5
17	3.	51	54.
18	4.5	52	55.5
19	6.	53	57.
20	7.5	54	58.5
21	9.	55	60.
22	10.5	56	61.5
23	12.	57	63.
24	13.5	58	64.5
25	15.	59	66.
26	16.5	60	67.5
27	18.	61	69.
28	19.5	62	70.5
29	21.	63	72.
30	22.5	64	73.5
31	24.	65	75.
32	25.5	66	76.5
33	27.	67	78.
34	28.5	68	79.5
35	30.	69	81.
36	31.5	70	82.5
37	33.	71	84.
38	34.5	72	85.5
39	36.	73	87.
40	37.5	74	88.5
41	39.	75	90.
42	40.5	76	91.5
43	42.	77	93.
44	43.5	78	94.5
45	45.	79	96.
46	46.5	80	97.5
47	48.	81	99.
48	49.5	82-100	100.
49	51.		

Members of the medical advisory committee wish to emphasize that the above recommendation and test procedures cannot be regarded as final. The present answers and conclusions are based upon the "best" scientific information available at this time. Revisions will be required from time to time as additional knowledge accumulates and better technical methods and instruments are developed.

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