

# Masking Assistant™

## Author

*Johannes Lantz, Audiologist*

The Masking Assistant is designed to make your tone audiometry procedure more efficient, decrease the risk for masking errors, and limit the time you and your patient spend on very time consuming tasks that may be both tiresome and stressful.

Now you don't have to use the (inefficient) 40 dB difference criterion to judge whether an air conduction threshold needs masking or not. The Masking Assistant will instead tell you when to mask. The Masking Assistant suggests when to mask based on proven transducer- and frequency specific masking criteria, leading to avoidance of unnecessary masking. Just wait for the prompt. A threshold that requires masking will start blinking in the audiogram graph when necessary. In order to determine this masking need, the Masking Assistant automatically does all the cross-checking of the different thresholds and curves in order to determine whether the need for masking occurs thus relieving you from that task.

For the first time, the Masking Assistant, makes it practically feasible to use transducer and frequency specific criteria for deciding whether clinical masking is needed for air conduction threshold testing. This is reportedly more efficient and safer than using a traditional "one-number-fits-all" dB criterion which is otherwise used. In the highly esteemed Katz' "Handbook of Clinical Audiology" (2002), Katz & Lezynski conclude that using the traditional 40 decibels Minimum Interaural Attenuation (Min IA) criterion for all frequencies is "... inefficient, may have caused some errors, and increased the wear and tear on our patients because at 2000 Hz and above, Min IA is 45 or 50 dB (and at 125 Hz, 35 dB is Min IA). By using more accurate frequency-dependent Min IA criteria rather than "one-number-fits-all" frequencies, unnecessary masking may be avoided." If you use insert phones together with the Masking Assistant, you have the unsurpassed combination for reducing your masking efforts to an absolute minimum.

## Masking is not free

### – unnecessary masking should be avoided

Masking is time consuming and can be tiresome for both you and your patient. Masking can also introduce variability to your threshold measures. The Masking Assistant helps you reduce the instances of masking by simply applying the (too-hard-to-remember) frequency specific interaural attenuation criteria that are recommended in such contemporary audiological literature as "Audiologists' Desk Reference Vol. I", by James W. Hall and H. Gustav Mueller and "Handbook of Clinical Audiology" by Jack Katz (Ed.). This assistance is invaluable because masking is not free.

- Unnecessary masking requires re-instructing the patient
- Unnecessary masking for bone conduction requires entering the test chamber
- Unnecessary masking requires rechecking thresholds
- Unnecessary masking is uncomfortable or unsettling to some patients
- Unnecessary masking contributes to patient fatigue
- Unnecessary masking can cause temporary threshold shift after a period of masking
- Unnecessary masking sometimes confuses children and the elderly
- Unnecessary masking heightens the central masking effect in some patients

Because of the considerable cost of clinical time, the potential effects on patients, and the possible contamination of the threshold measure itself, there is sufficient reason not to use masking when there is no actual need. The Masking Assistant helps you avoid the unnecessary masking.

**Healthcare solutions with one thing in mind. You.**

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