

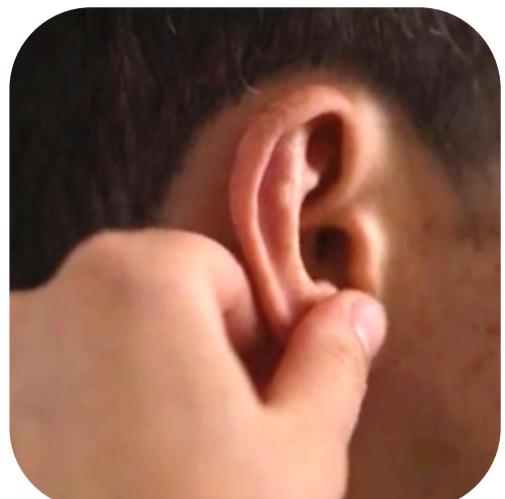
Otoscopy

Combining a history of symptoms with hearing assessment and clinical signs from observation and otoscopy an accurate diagnosis can be made. Once a better understanding of the cause of the ear symptoms has been achieved the best actions to help the patient can be delivered. How to test assess hearing and deliver primary ear care actions are described in a separate poster.

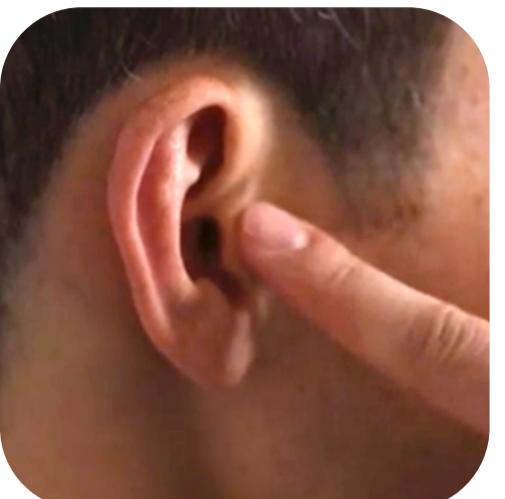
1. Observation and Palpation



Observe: Redness, Swelling & Pus



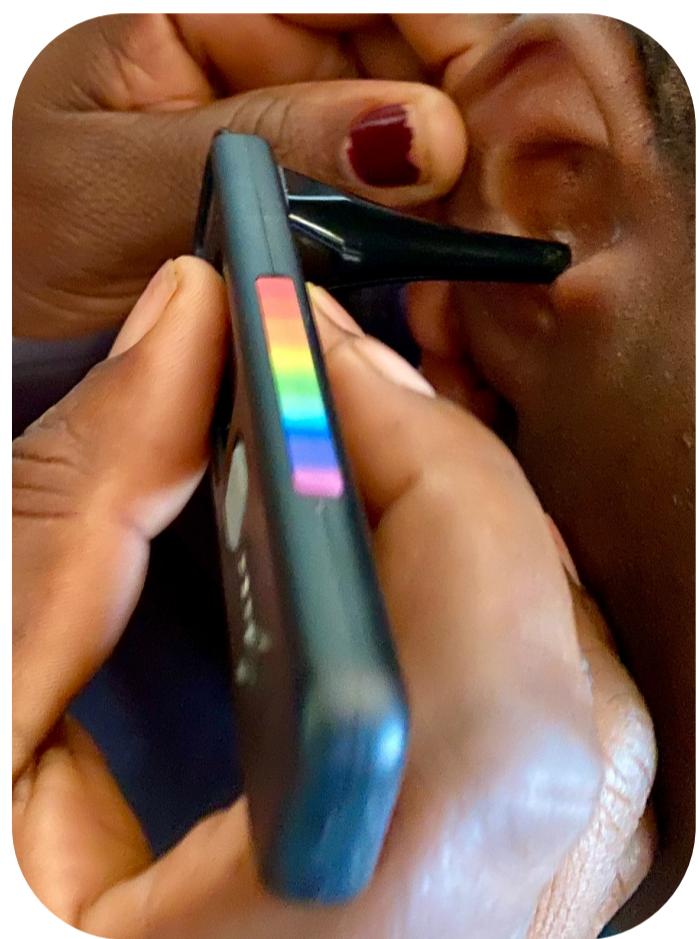
Palpate Pinna and Tragus for Tenderness



Prepare Otoscope: Bright Light & Correct Speculum



2. Holding and Placing Otoscope



Hold 'like a pen'
Right hand for right ear



Straighten canal: Pull pinna upwards and backwards. In children only backwards.



Tilt head away.
Place the speculum tip by the opening of the ear canal.

3. Canal & Tympanic Membrane

Bring your eye in close

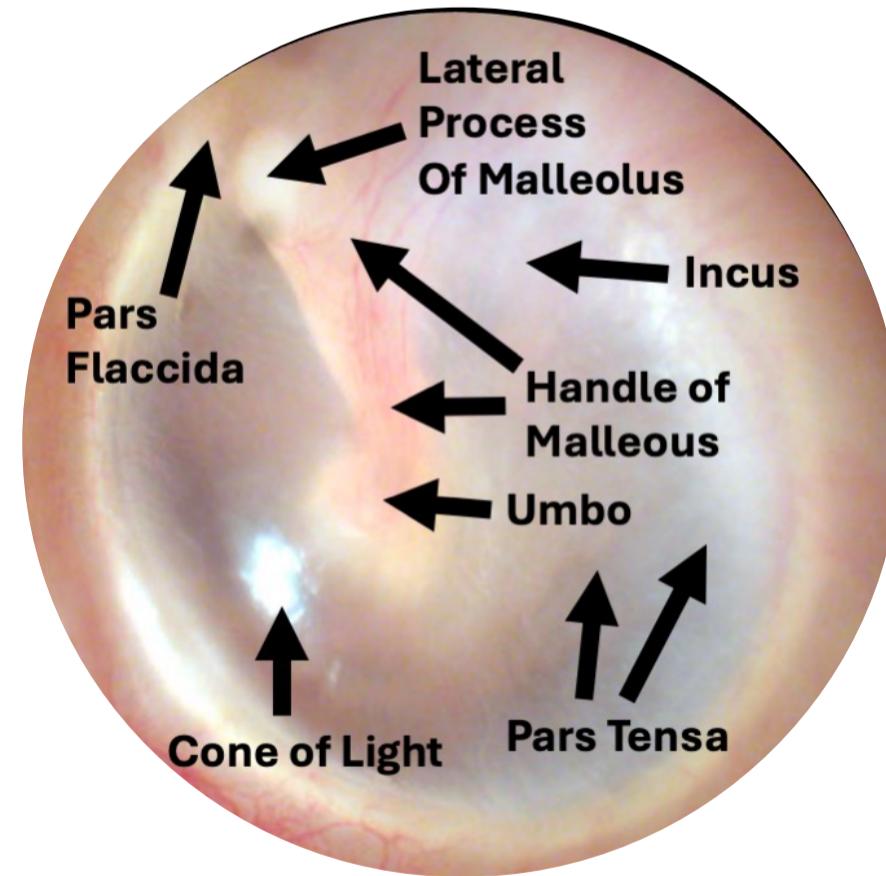


Examine the external meatus and canal

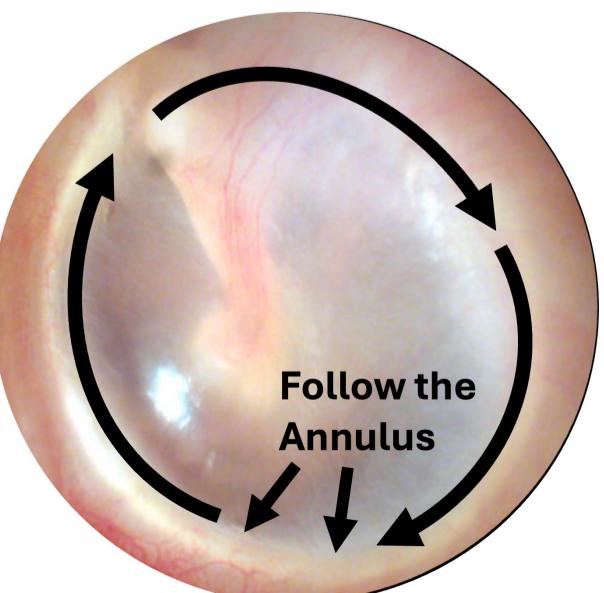
Appearance of canal entrance in different racial groups. You will see hairs and wax. If view obstructed by wax perform washout.



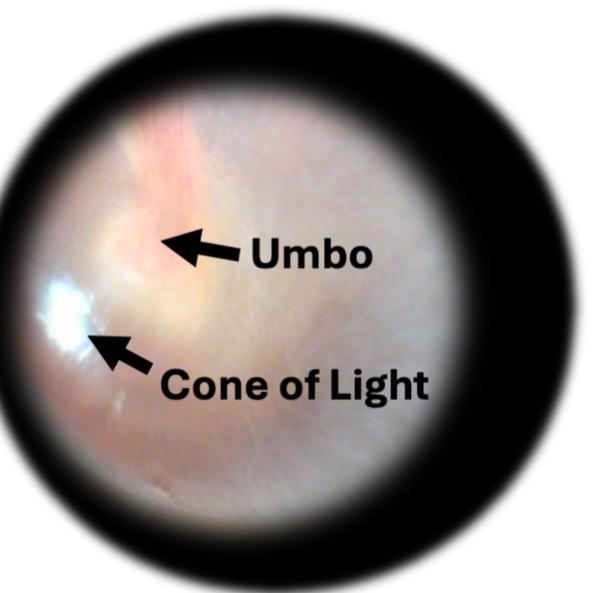
Next move slowly and gently forwards and upwards to see the tympanic membrane and structures.



4. Follow annulus in a circle to see all structures



Widefield 'full' view
of Tympanic Membrane with camera



With an otoscope the field of view is smaller. You can only see one section of the tympanic membrane at a time.
It is important to follow the annulus in a circular motion to 'piece together' the whole view

