This scope of practice in audiology statement is an official policy of the American Speech-Language Hearing Association (ASHA). The document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Audiology and approved in 1995 by the Legislative Council (8–95). Members of the ad hoc committee include David Wark (chair), Tamara Adkins, J. Michael Dennis, Dana L. Oviatt, Lori Williams, and Evelyn Cherow (ex officio). Lawrence Higdon, ASHA vice president for professional practices in audiology, served as monitoring vice president. This statement supersedes the Scope of Practice, Speech-Language Pathology and Audiology statement (LC 6-89), Asha, April 1990, 1–2.

Scope of Practice in Audiology

Preamble

This statement delineates the scope of practice of audiology for the purposes of (a) describing the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serving as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) informing members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and rehabilitative services for all areas of auditory, vestibular, and related disorders. These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other postgraduate professionals from rendering services in common practice areas.

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The schema in Figure 1 depicts the relationship of the scope of practice to ASHA’s policy documents of the Association that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 1994).

Audiologists serve diverse populations. The client population includes persons of different race, age,
gender, religion, national origin, and sexual orientation. Audiologists’ caseloads include persons from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

**Definition of an Audiologist**

Audiologists are autonomous professionals who identify, assess, and manage disorders of the auditory, balance, and other neural systems. Audiologists provide audiological (aural) rehabilitation to children and adults across the entire age span. Audiologists select, fit, and dispense amplification systems such as hearing aids and related devices. Audiologists prevent hearing loss through the provision and fitting of hearing protective devices, consultation on the effects of noise on hearing, and consumer education. Audiologists are involved in auditory and related research pertinent to the prevention, identification, and management of hearing loss, tinnitus, and balance system dysfunction. Audiologists serve as expert witnesses in litigation related to their areas of expertise.

Audiologists currently hold a master’s or doctoral degree in audiology from an accredited university or professional school. ASHA-certified audiologists serve a 9-month postgraduate fellowship and pass a national standardized examination. Where required, audiologists are licensed or registered by the state in which they practice.

Audiologists provide services in private practice; medical settings such as hospitals and physicians’ offices; community hearing and speech centers; managed care systems; industry; the military; home health, subacute rehabilitation, long-term care and intermediate-care facilities; and school systems. Audiologists provide academic education in universities to students and practitioners in audiology, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, assessment, and nonmedical management of auditory, balance, and related disorders.

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**Figure 1. Conceptual Framework of ASHA Policy Statements**

The documents depicted in this diagram together serve as a guide to professional practice in audiology.
Scope of Practice

The practice of audiology includes:

1. Activities that identify, assess, diagnose, manage, and interpret test results related to disorders of human hearing, balance, and other neural systems.

2. Otoscopic examination and external ear canal management for removal of cerumen in order to evaluate hearing or balance, make ear impressions, fit hearing protection or prosthetic devices, and monitor the continuous use of hearing aids.

3. The conduct and interpretation of behavioral, electroacoustic, or electrophysiologic methods used to assess hearing, balance, and neural system function.


5. Supervision and conduct of newborn hearing screening programs.

6. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.

7. Provision of hearing care by selecting, evaluating, fitting, facilitating adjustment to, and dispensing prosthetic devices for hearing loss—including hearing aids, sensory aids, hearing assistive devices, alerting and telecommunication systems, and captioning devices.

8. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, programming, and audiological rehabilitation to optimize device use.

9. Provision of audiological rehabilitation including speechreading, communication management, language development, auditory skill development, and counseling for psychosocial adjustment to hearing loss for persons with hearing loss and their families/caregivers.

10. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss.

11. Prevention of hearing loss and conservation of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs.

12. Consultation and provision of rehabilitation to persons with balance disorders using habituation, exercise therapy, and balance retraining.

13. Design and conduct of basic and applied audiological research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy of assessment and treatment paradigms; dissemination of research findings to other professionals and to the public.

14. Education and administration in audiology graduate and professional education programs.

15. Measurement of functional outcomes, consumer satisfaction, effectiveness, efficiency, and cost-benefit of practices and programs to maintain and improve the quality of audiological services.

16. Administration and supervision of professional and technical personnel who provide support functions to the practice of audiology.

17. Screening of speech-language, use of sign language (e.g., American Sign Language and cued speech), and other factors affecting communication function for the purposes of an audiological evaluation and/or initial identification of individuals with other communication disorders.

18. Consultation about accessibility for persons with hearing loss in public and private buildings, programs, and services.

19. Assessment and nonmedical management of tinnitus using biofeedback, masking, hearing aids, education, and counseling.

20. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and balance system disorders, and relevant noise-related considerations.

21. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiological status and management and to make recommendations about educational and vocational programming.

22. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.

23. Participation in the development of professional and technical standards.
Outcomes of Audiology Services

Outcomes of audiology services may be measured to determine treatment effectiveness, efficiency, cost-benefit, and consumer satisfaction. In the future, specific outcome data may assist consumers to make decisions about audiology service delivery. The following listing describes the types of outcomes that consumers may expect to receive from an audiologist.

1. Interpretation of otoscopic examination for appropriate management or referral;
2. Identification of populations and individuals
   a. with or at risk for hearing loss or related auditory disorders,
   b. with normal hearing or no related auditory disorders,
   c. with communication disorders associated with hearing loss,
   d. with or at risk of balance disorders, and
   e. with tinnitus.
3. Professional interpretation of the results of audiological findings;
4. Referrals to other professions, agencies, and/or consumer organizations;
5. Counseling for personal adjustment and discussion of the effects of hearing loss and the potential benefits to be gained from audiological rehabilitation, sensory aids including hearing and tactile aids, hearing assistive devices, cochlear implants, captioning devices, and signal/warning devices;
6. Counseling regarding the effects of balance system dysfunction;
7. Selection, monitoring, dispensing, and maintenance of hearing aids and large-area amplification systems;
8. Development of a culturally appropriate, audioligic, rehabilitative management plan including, when appropriate:
   a. Fitting and dispensing recommendations, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
   b. Counseling relating to psychosocial aspects of hearing loss and processes to enhance communication competence;
   c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
   d. Evaluation and modification of the audioligic management plan.
9. Preparation of a report summarizing findings, interpretation, recommendations, and audioligic management plan;
10. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
11. Provision of in-service programs for personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss; and
12. Planning, development, implementation, and evaluation of hearing conservation programs.

References

