



Offers advanced hearing and vision care for infants and toddlers

Rehoboth McKinley Christian Health Care Services announced Feb. 18 that advanced pediatric medical testing devices will be available to residents for testing their youngest family members for vision and hearing ability.

Toddlers as young as 18 months old can now have their eyes examined locally, while six-month-old babies can be tested for hearing. These services will be provided at the hospital's College Clinic of Internal Medicine, Family Practice and Pediatrics.

"Parents can rest assured that their youngest children can have their sight and hearing evaluated routinely, being especially valuable when parents have concerns about the development of their child," said Dr. Thomas Herr, a pediatrician who helps administer eye and ear tests among other health exams for babies and toddlers.

"Children can be readily be examined at our clinic right here in Gallup," said Herr, who points out that children are often first found to have hearing and visual problems at school. With these services, parents will no longer have to wait until their children are in school. They can have

them checked out years earlier.

“We encourage all new parents to make an appointment for these routine exams and ensure their children’s good health,” Dr. Herr said. “Waiting until children are school-aged may impair their ability to learn. Adding routine hearing and sight testing to our routine well-child care helps ensure optimal development.”

These new services are being offered through the addition of medical equipment purchased by RMCH that will enable the hospital to provide more enhanced testing locally, avoiding inconvenient trips to Albuquerque for evaluation.

RMCH recently added the Welch Allyn Vision Screener, a handheld vision-screening device that helps pediatricians detect vision abnormalities on patients at six months of age through adulthood. The device screens eyes from a 3-foot distance using flashing lights to engage children and lessen anxiety over the test.

DETECTING VISUAL PROBLEMS

The device screens children to determine if glasses may be necessary. It will test for six different sight conditions including astigmatism. Navajo children, in general, have a higher incidence of astigmatism than other children. It can also detect a lazy eye, which occurs when one eye is more nearsighted, more farsighted, or has more astigmatism. Eyes with astigmatism have difficulty focusing on far and near objects because an irregular shape has occurred, even with the help of prescription eyeglasses or contact lenses.

With lazy eye, or amblyopia, the vision in one of the eyes is reduced because the eye and the brain are not working together properly. The eye itself looks normal, but it is not being used normally because the brain is favoring the other eye, making the condition difficult to detect by normal observation. This vision problem begins during infancy and early childhood and is important to detect early.

When left untreated, amblyopia can lead to a permanent reduction of sight in the affected eye

and a loss of depth perception. This permanent reduction in sight may be severe enough that the eye becomes functionally blind and is a leading cause of blindness in one eye.

INFANTS HEARING TESTED WITH ERO-SCAN

In addition to expanding eye care services for children, RMCH's College Clinic also now offers hearing tests using an ERO-Scan, a hand-held screening device that can detect hearing abnormalities in babies as young as six months old.

The device uses a range of hearing tones to identify some of the more common ear problems, such as fluid build-up behind the eardrum that can prevent sound waves from passing through the ear canal.

"Central hearing loss is rare in infants and children. Early intervention is the best treatment for infants and children born with hearing loss," said Herr, who notes that 1-3 per-thousand babies born in the U.S. have a severe hearing loss that can only be diagnosed with a hearing screener. All babies are screened for hearing loss at the time of birth.

"Unfortunately, most children are only screened at birth and then again in kindergarten. Hearing problems go undiagnosed during the most critical years, causing permanent hearing loss for many children," said Herr.

Deafness in infants can occur from a genetic problem, or when problems occur in the outer or middle ear. Birth defects can also cause changes in the structure of the ear canal or middle ear, from injury to or rupture of the eardrum, objects stuck in the ear canal, or scars on the eardrum from infections.

Another type of hearing loss occurs when nerve endings that move sound through the ear are damaged. This type of hearing loss can be caused by exposure to certain toxic chemicals or medicines while in the womb or after birth; infections the mother passes to her baby in the womb; after birth brain damage from meningitis or measles; or problems with the structure of the inner ear or tumors.

Central hearing loss results from damage to the auditory nerve itself or the brain pathways that lead to the nerve.

The clinic's new process of doing regular hearing screenings will help identify problems early.

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For the Sun