Distraction test
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The distraction test was devised by the Ewings in 1944 and over 50 years later is still being modified and used in clinics and hospitals. It is possible, however, that it may become a targeted screen as universal neonatal screening becomes more widespread. In 2009 the distraction tests is rarely used because of the introduction of neonatal hearing screening.

Purpose of Test
The Distraction Test is a behavioural test of hearing used by Health Visitors in many authorities as a screening test of hearing for babies of six to nine months. The test is also used by paediatric audiologists with children up to 18 months as a diagnostic test and for those who have been referred following screening. It may also be used with older children if they are still at the developmental stage for the test. Test techniques may have to be modified but the rigour must be maintained.

Rationale
The test procedure capitalises on the baby’s ability and instinct at this stage to turn and locate a quiet sound of interest presented at ear level outside the visual field.

Criteria
At six to nine months a baby should be able to:
- sit up with minimal support
- have good head control enabling them to turn from the mid line to either side
- visually fix on the object of interest.

The room should be:
- minimum size 4m x 4m
- internally and externally quiet
- visually quiet (all toys, pictures and bright, shiny objects should be covered or remove).

The testers should both:
- be appropriately trained
- be physically able to do the test
- be able to hear test stimuli at two metres
- have a refresher course every two years
- have no lisp or voice abnormality.

Procedure
Two trained testers are required. The baby is seated on the parent/carer’s lap facing forward and sitting erect. One tester, the occupier, captures and controls his/her attention by a simple activity with, for example a spinning object or small toy on a low table and then covers the object with the baby’s hands. The second tester, the distractor, presents the sound stimulus on a horizontal level with the baby’s ear at a distance of one metre and at an angle of 45 degrees outside the baby’s field of vision. Commonly, the sounds presented are two high frequency and one low frequency. In a screening programme they are presented at minimal levels (< 35 dBA) and for diagnostic testing the threshold of detectability is measured. ‘No sound’ trials are used to check for searching behaviour.

A high frequency rattle, voice and unvoiced ‘sss’, are used as sound stimuli and in some areas warble tones (at .5, 1, 2, and 4 KHz) are used. In diagnostic clinics it is usual to use both.

The test is designed to be performed in clinical conditions which are tightly controlled. Testers must be careful not to give the baby olfactory, visual, tactile or auditory clues.