THE BLOCKED EAR
Ear anatomy: The ear has three compartments: the external canal, the middle ear (drum and ossicles), and the inner ear (cochlea, vestibule and semicircular canals). All three can cause a feeling of blockage in the ear.
If the ear is the cause of blockage, some of these symptoms will be present, especially deafness. If not, consider the TMJ.
The normal external canal and drum. If these are clear, and if there is no hearing loss, the ear is unlikely to be the cause of a blocked sensation.
A tortuous eternal canal. If the ear feels blocked, check the anterior recess carefully for debris.
Hard wax impacted in the anterior angle between the pars tensa and anterior canal wall. Extract by suction or fine instrumentation. Hair on the canal wall.
Firm cerumen mass lodged against the inferior pars tensa, causing a sensation of fullness or blockage.
Large mass of hard wax impacted on the drum. Blocked ear. Will resist syringing. Remove with suction or instruments.
Wax impacted by the ram-rod action of cotton bud cleaning. The ear feels blocked and very deaf.
Multiple fine hairs and wax on the pars tensa. Probable mild muffling, fullness or stuffy sensations. Remove with suction toilet.
Dried debris forming a film on the pars tensa. The use of ear drops and subsequent drying have coated the pars tensa with a fine tensile film of dry debris. May need expert removal, using fine needles under microscopy.
Profuse oily antibiotic drops filling the deep canal. Resultant persistent partial deafness for several weeks. Resists evaporation. Syringe or suction removal.
Gross occlusion due to EAC exostoses, exacerbated by debris occluding in the deep canal. Persistent blockage and intermittent infection are probable.
Mixed fungal and ceruminous debris filling the deep EAC.
Pruritic, blocked, painful and deaf if the drum is perforated.

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Serous effusion, left drum. Classic honeyed drum discolouration. Blocked ear, possible gurgling or fluid sensation.
Early acute bacterial otitis media (AOM). Progressive inflammation and purulent effusion formation. Deafness and pain as the drum distends.
Perforated AOM. Profuse discharge of mucopurulent effusion from the EAC. Gurgling sensation, blockage and deafness.
Attic cholesteatoma, a sac extending into the facial recess, overlying the round window. Tubal dysfunction has caused a serous middle ear effusion.
OTHER CAUSES
ELH: Failure of the saccus drainage results in four outcomes: fullness in the ear, tinnitus, a sensorineural deafness (usually low frequency type) and rotatory vertigo. The exact cause of failure remains undecided.
Audiology in early ELH. The hearing loss, and a blocked feeling, may antedate vertigo by several years, or the problem may progress rapidly, perhaps severely.
The temporo-mandibular (jaw) joint (TMJ) lies immediately next to the ear. It is a notorious source of blockage/water/pain sensations felt in the ear but not of the hearing mechanisms.
The occlusal splint is a common management of TMJ symptoms, acting similarly to stretching a cramped muscle.
Summary

If not the ear, suspect the TMJ