

Subject: COCHLEAR IMPLANTS

1 Whereas, audiologists, by virtue of academic degree, license to practice, and clinical training
2 are uniquely qualified to identify audiologic candidacy requirements for adult and pediatric
3 patients considering cochlear implantation, and
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5 Whereas, audiologists possess comprehensive knowledge of the peripheral auditory system,
6 as well as the neuroanatomy and physiology of the auditory nerve, allowing them to
7 administer and interpret evoked physiological responses of the auditory nerve, and within the
8 cochlea, to establish cochlear implant device parameters, and
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10 Whereas, audiologists are specially trained to provide programming (MAPping) of the speech
11 processor utilizing objective and behavioral methods, and
12

13 Whereas, “audiology professionals” are specified on the manufacturer’s FDA-approved
14 package inserts for the cochlear implant as trained members of the cochlear implant team
15 working in conjunction with the cochlear implant surgeon, and
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17 Whereas, audiologists are singularly qualified to validate the cochlear implant MAPing and
18 measure maximization of device function and accurately fine tune the processor to best meet
19 the patients rehabilitative needs, and
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21 Whereas, audiologists have extensive academic training in the psychosocial aspects of
22 prelingual and post-lingual deafness, cultural, and ethical issues surrounding cochlear
23 implantation, and
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25 Whereas, audiologists provide support and counseling for patients and their families
26 considering cochlear implantation by offering unbiased information about the device,
27 alternative amplification devices and expected outcomes with all available options, and
28

29 Whereas audiologists possess academic and clinical expertise in evaluating speech perception
30 and auditory skill development in pediatric and adult populations with severe to profound
31 hearing loss, and
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33 Whereas, audiologists can provide the necessary audiologic rehabilitation and auditory
34 training for individuals who have received cochlear implants to maximize their success with
35 the device, and
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37 Whereas, audiologists understand the potential impact of classroom acoustics on the ability of
38 children with cochlear implants to function in the educational environment and can provide
39 assessment and recommendations to improve use of the cochlear implant in this setting, and
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41 Whereas, audiologists in all practice settings recognize that cochlear implant MAPing should
42 take place only after consultation with a member of the cochlear implant team, principally the
43 “implant audiologist” to make certain that appropriate continuity of care is attained, and
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45 Whereas, all audiologists providing cochlear implant services work collaboratively with other
46 members of the cochlear implant team including the cochlear implant surgeon, speech
47 language pathologists, psychologists, counselors and educators to ensure optimal use of the
48 cochlear implant.
49

50 RESOLVED, that the American Academy of Audiology maintains audiologists are the only
51 licensed professionals who should be permitted to evaluate, recommend, program, verify and
52 validate cochlear implants in patients of all ages, and
53

54 RESOLVED, that the American Academy of Audiology will work with other interested
55 partners who serve the needs of patients seeking cochlear implant services to ensure they
56 receive the appropriate assessment and treatment required to ensure their success with this
57 device.
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59 References:

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67 Insert_9055522-001_Rev-C.pdf](http://www.advancedbionics.com/UserFiles/File/HiRes90K_Harmony_System_Package-Insert_9055522-001_Rev-C.pdf)

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