

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 to establish
8 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
16

17 Whereas, audiologists are singularly qualified to validate the cochlear implant MAPing,
18 measure maximization of device function, accurately fine tune the processor to best meet the
19 patients rehabilitative needs and measure patient outcomes, 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
36

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
40

41 Whereas, audiologists work collaboratively with other members of the cochlear implant team
42 including the cochlear implant surgeon, speech-language pathologists, psychologists,
43 counselors and educators to ensure optimal use of the cochlear implant.

44

45 RESOLVED, that the American Academy of Audiology maintains audiologists and
46 physicians are the only licensed professionals qualified to evaluate and recommend the use of
47 cochlear implants, and audiologists are the most skilled professionals to program, verify and
48 validate cochlear implants in patients of all ages, and

49

50 RESOLVED, that the American Academy of Audiology will work with other interested
51 partners who serve the needs of patients seeking cochlear implant services to provide
52 appropriate assessment and treatment, and

53

54 RESOLVED, that audiologist involvement is required to maximize patient success with this
55 device.

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57 References:

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59 Joint Committee on Clinical Practice Algorithms and Statements. (2000, August). Audiology
60 clinical practice algorithms and statements. *Audiology Today*, Special Issue 2000.

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62 http://products.cochlearamericas.com/sites/default/files/Nucleus_Insert_web.pdf

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64 [http://www.advancedbionics.com/UserFiles/File/HiRes90K_Harmony_System_Package-
65 Insert_905522-001_Rev-C.pdf](http://www.advancedbionics.com/UserFiles/File/HiRes90K_Harmony_System_Package-Insert_905522-001_Rev-C.pdf)

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67 <http://www.nidcd.nih.gov/health/hearing/coch.asp>

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69 <http://consensus.nih.gov/1995/1995CochlearImplants100html.htm>