

Guidelines for Auditory Rehabilitation :

Mark Ross (JARA, 1997)

“When it becomes necessary for us to justify our existence as a unique profession to various health, education, and government agencies, we never fail to claim this activity as our own. We just do not do it very much or manage to get it rewarded very well. Too many of our patients enter into a therapeutic “black hole”.

➤ Auditory Rehabilitation (AR) should consist of :

1.	Self Assessment
2.	Hearing aid orientation
3.	Communication training
4.	Speech reading
5.	Auditory training
6.	Dealing with patients minds and not their ears?

The Audiologist should have knowledge of :

- 1) Our current clinical practices of rehabilitation
- 2) Should be able to differentiate between Aural rehabilitation and Audiologic Rehabilitation
- 3) The relationship between audiologic rehabilitation and professional autonomy.
- 4) The variety of Self-Assessment Tools for assessing the impact of hearing loss
- 5) The psychometric principles involved in constructing a valid and reliable self-assessment tool. (SAT)
- 6) The constructs underlying self-assessment
- 7) Identify SAT to be used with various population (peadiatric, teens, adolescents, middle-aged, elderly) and cultures.
- 8) Be familiar with the role of self-assessment methodology in the AR process

➤ In order to be capable with the above mentioned the audiologist should have knowledge of :

- ⌚ The aging process
- ⌚ Sensory and physical changes with aging
- ⌚ The effects of drugs on the elderly (adverse reactions, under utilization and appropriate use)
- ⌚ Age related changes in cognitive processes
- ⌚ CAPD in the aging population
- ⌚ Differentiate between peripheral hearing loss, central processing and cognitive factors in aging

➤ **OUTCOME MEASURES :**

Think about the following : “Where would audiologists be in the health profession’s pyramid if the quality and outcome of our interventions were to determine our reimbursement?”

- 1) Audiologists need to differentiate between treatment efficacy, treatment effectiveness and outcome measures.
- 2) Differentiate between hearing aid benefit and satisfaction
- 3) Know the limitations of outcome measures

➤ Model Rehabilitation Programs

- 1) The Audiologist should be familiar with adult AR programs
- 2) AR in different employment settings
- 3) Determine the efficacy of your AR
- 4) The audiologist should be familiar with the components of the AR process (be able to implement a hearing education and listening program)

If you are working with the aging population you should be familiar with :

- ⌚ The relationship between hearing handicap and AR
- ⌚ The role of significant others (SO) in the AR process
- ⌚ The relationship between amplification and quality of life in AR
- ⌚ The process of aging and influence of over the counter as well as prescribed medication on listening skills