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ABSTRACT

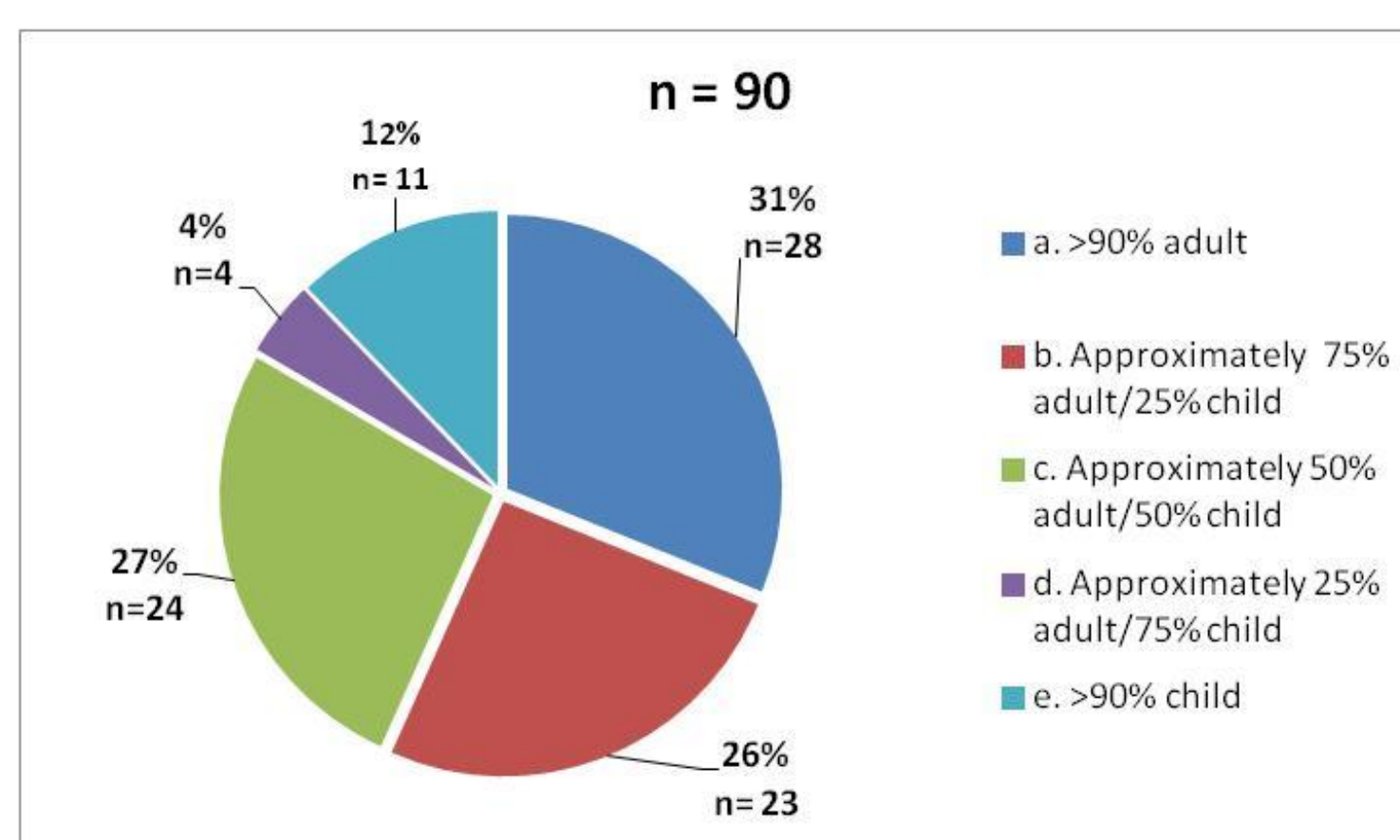
Bimodal programming presents many new challenges for the Audiologist. Combining an electrical signal from the cochlear implant and an acoustic signal from the hearing aid provides added benefit for the listener but little is known about the necessary programming changes for this configuration. In order to better understand the current clinical approach to bimodal programming an 11 question survey was administered via email to cochlear implant programming centers in the United States. Results indicated a large variety in current clinical practices regarding hearing aid programming in the bimodal set-up.

METHODS

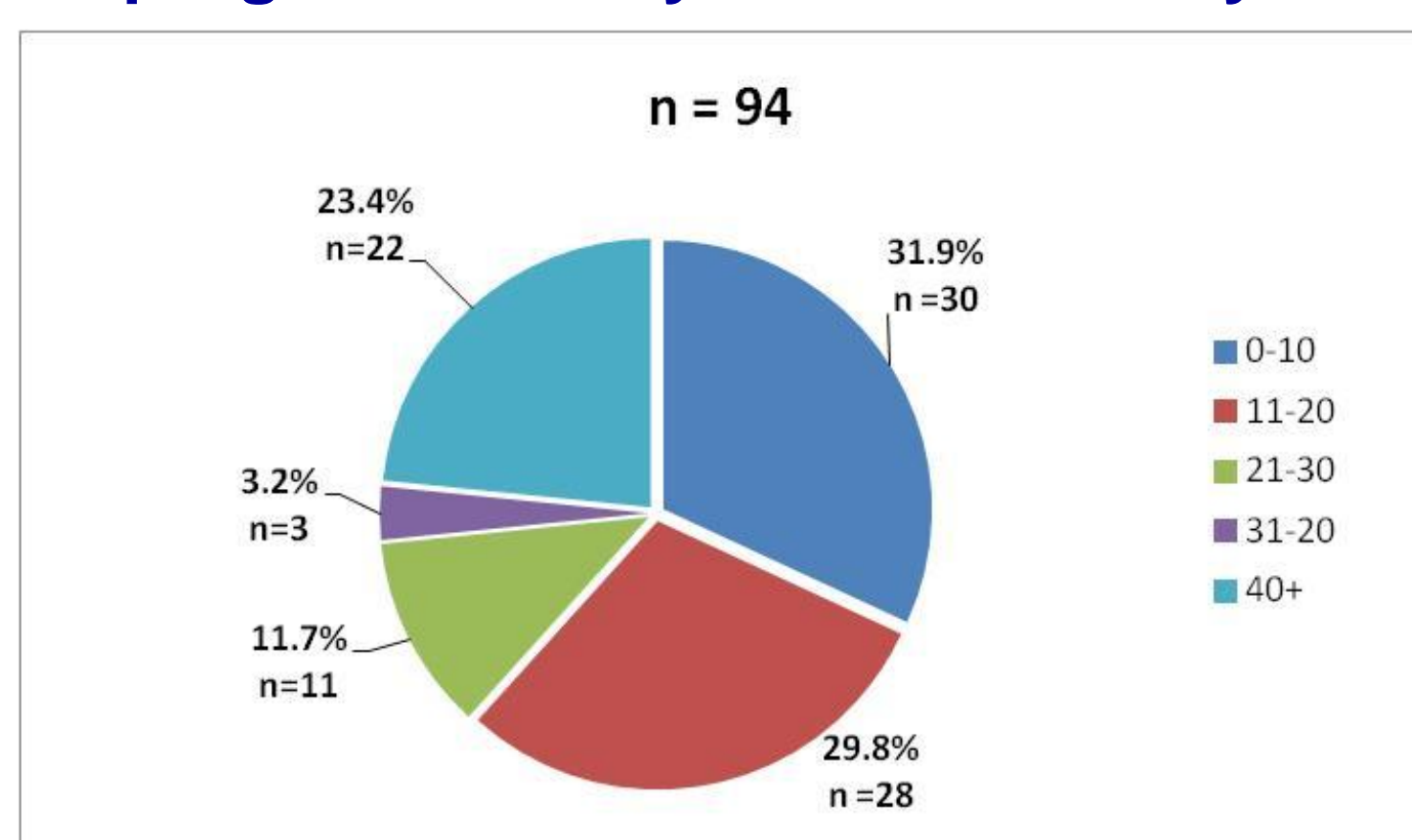
- A list of all cochlear implant(CI) programming centers was obtained through the three CI-company websites (Advanced Bionics, Cochlear Corporation & Med-El). Contact email addresses were acquired from the company websites and from the American Academy of Audiology's directory.
- A survey was created electronically and sent via email to 406 people. 46 of those email addresses were invalid and a follow-up email was sent two weeks later to 360 individuals with valid email addresses.
- 122(34%) people responded to the email but not all responded to every question, resulting in a 20-25% response rate for each question.

RESULTS

Question 1. What is your current clinical population?

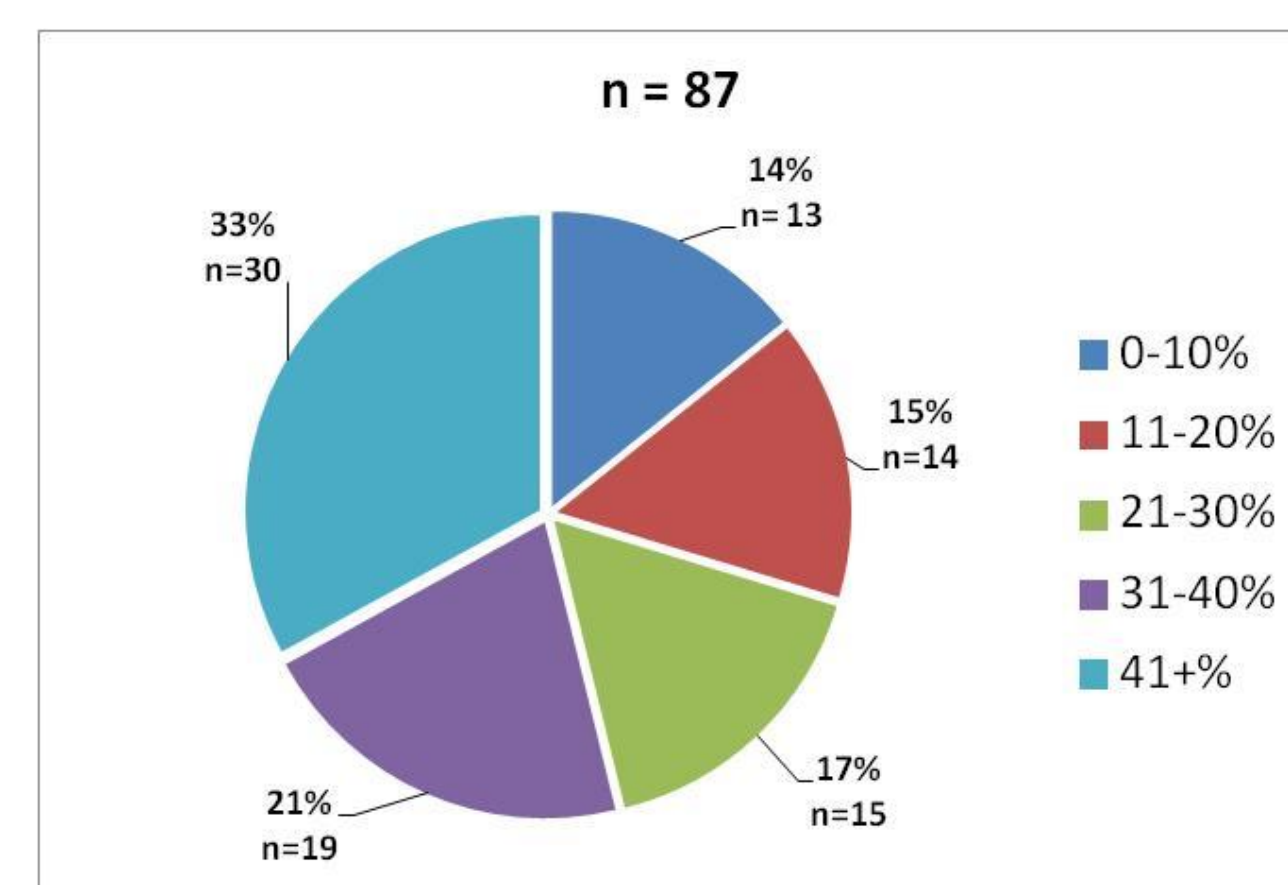


Question 2. How many NEW cochlear implant patients are programmed in your clinic each year?

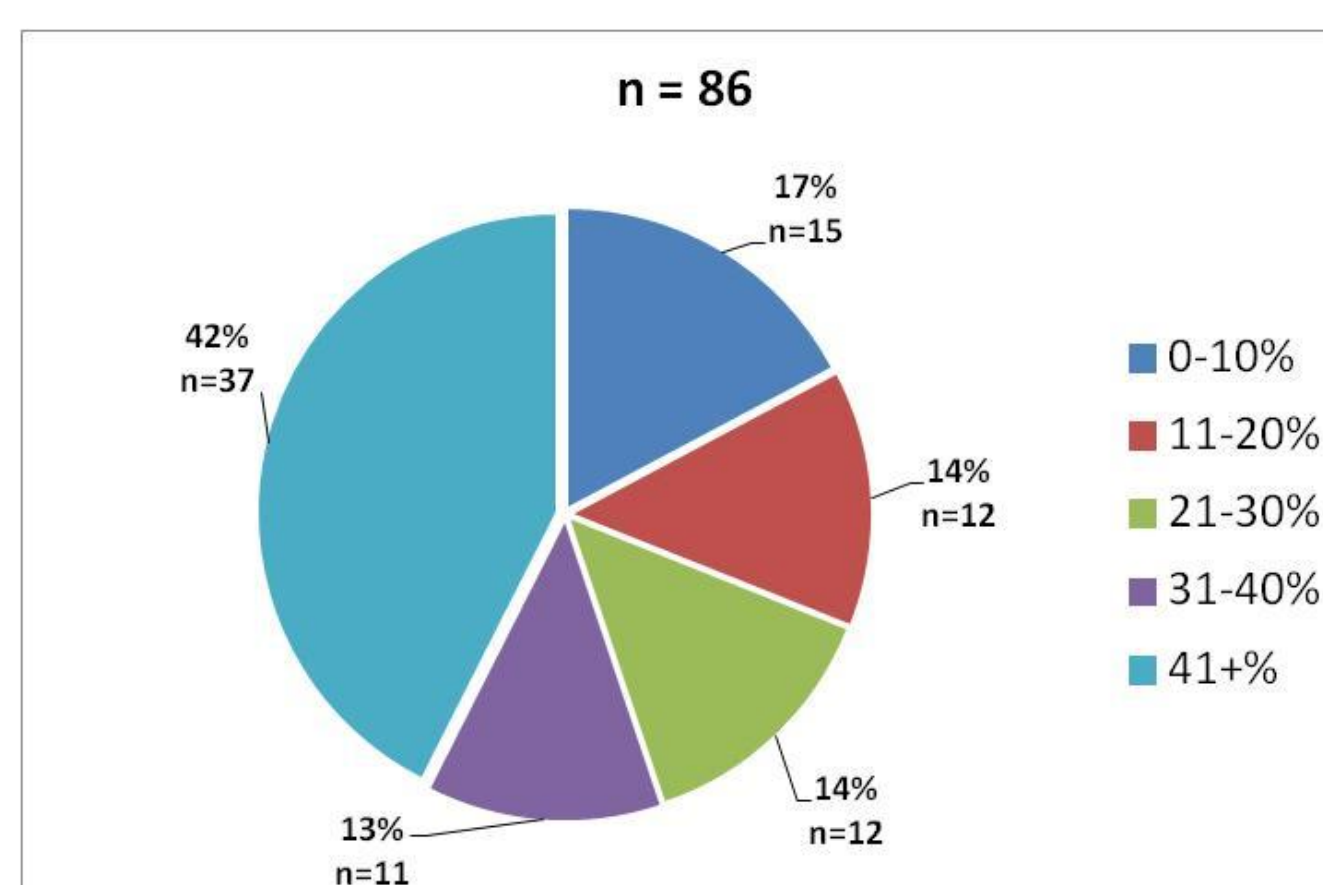


RESULTS

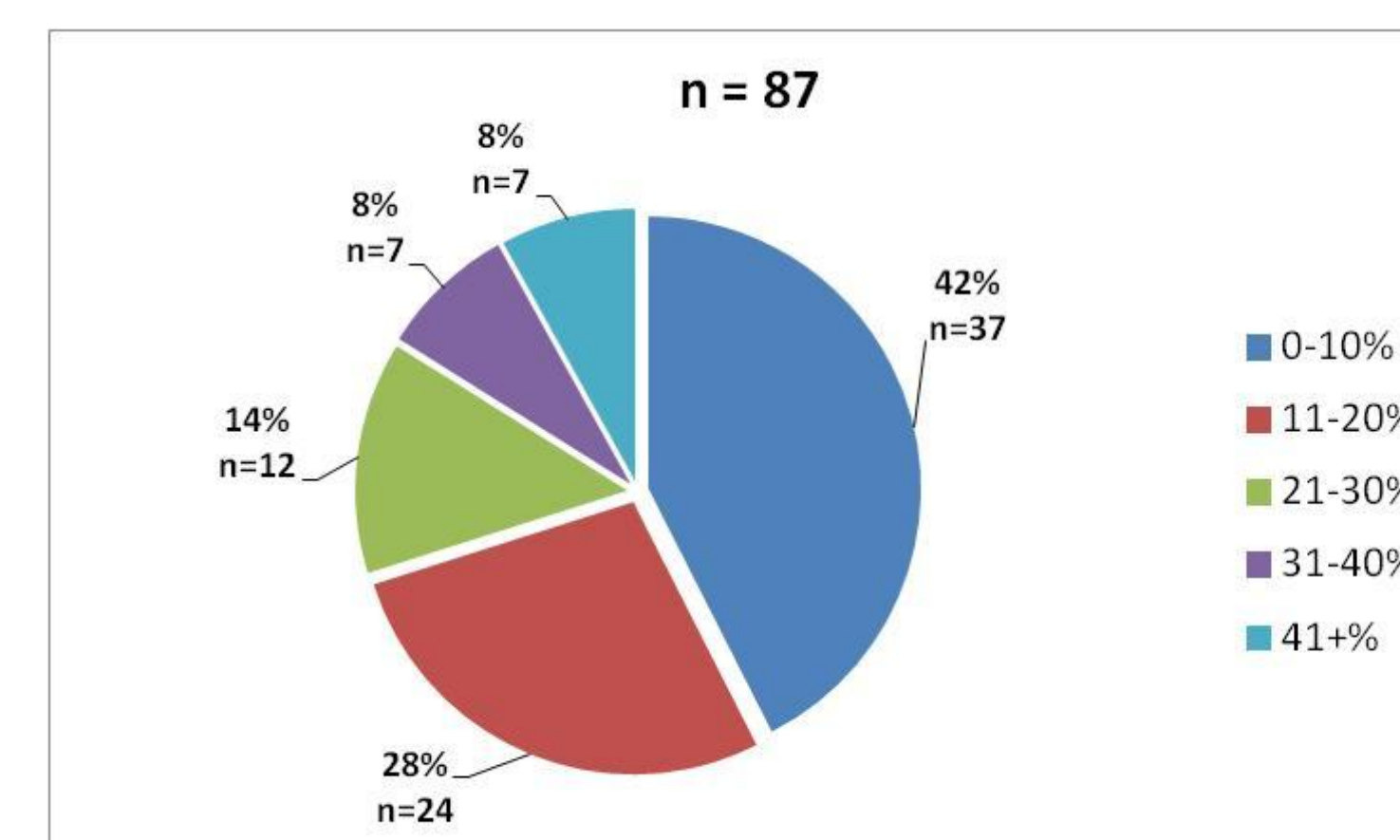
Question 3. What percent of your adult CI patients are unilateral wearers (no HA on contralateral ear)?



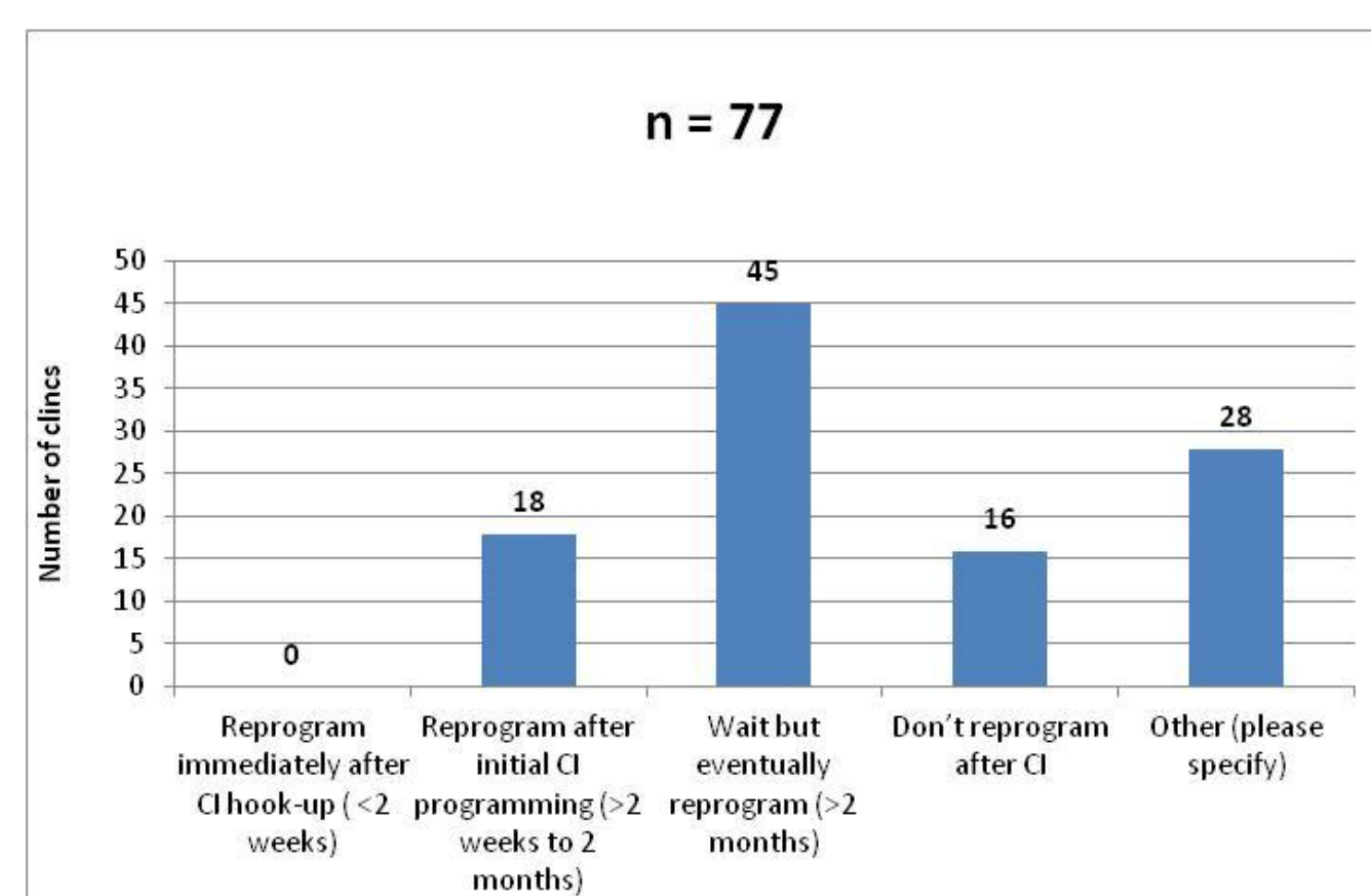
Question 4. What percent of your adult CI patients are bimodal wearers (HA on contralateral ear)?



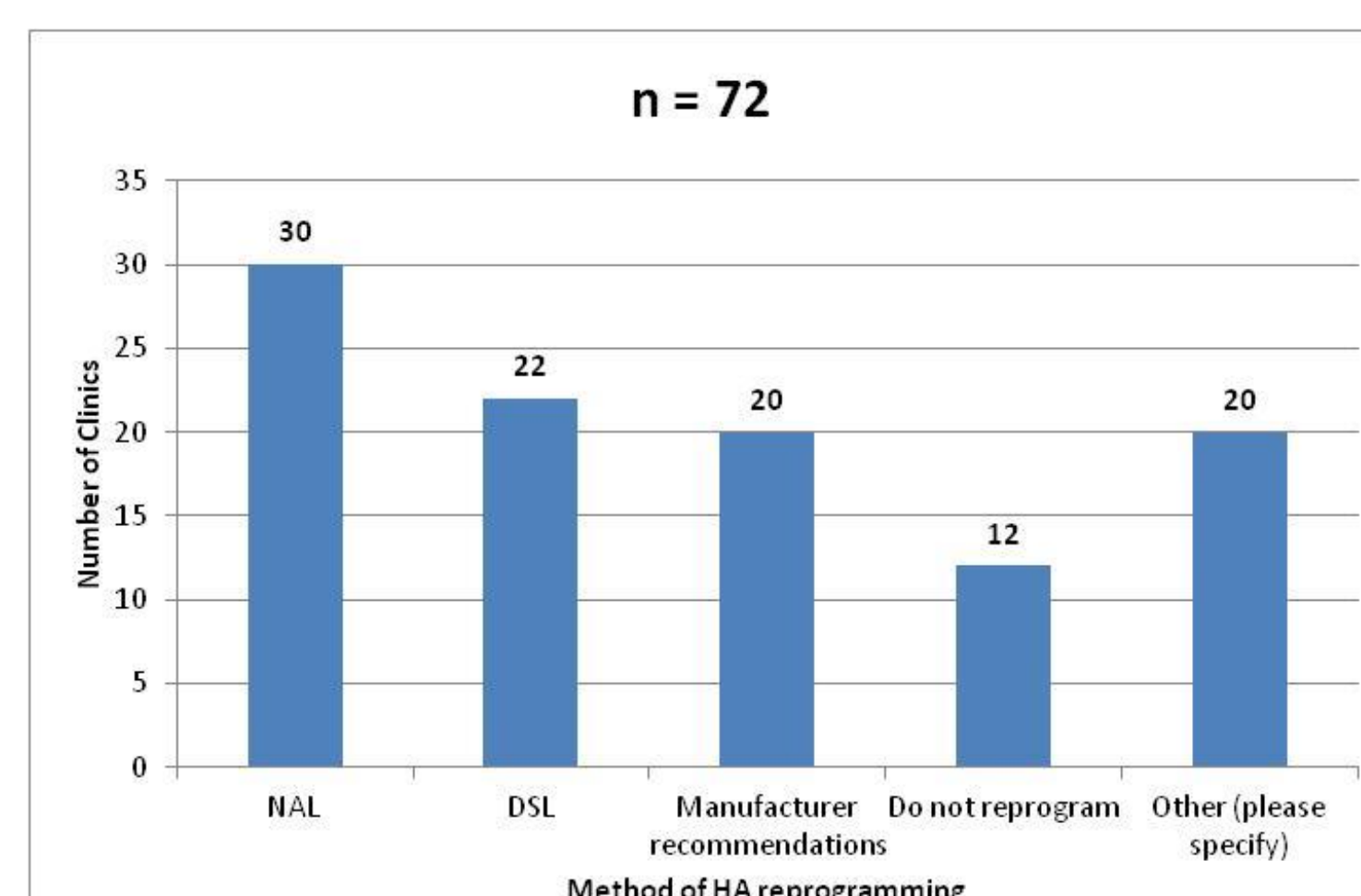
Question 3. What percent of your adult CI patients are bilateral wearers (CI on both sides)?



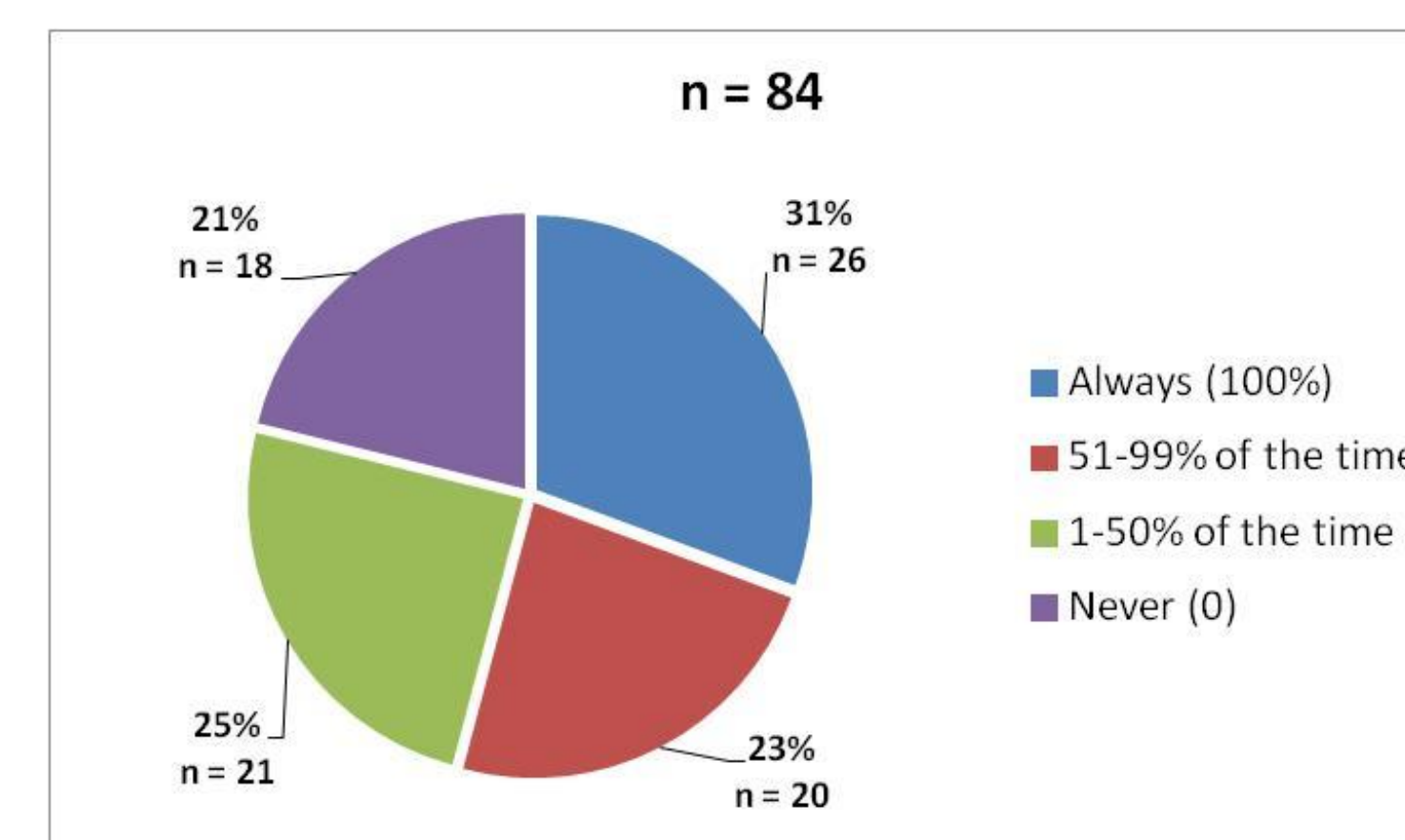
Question 6. For bimodal listeners: Do you reprogram the HA once the patient receives their cochlear implant or do they continue wearing the same programming?



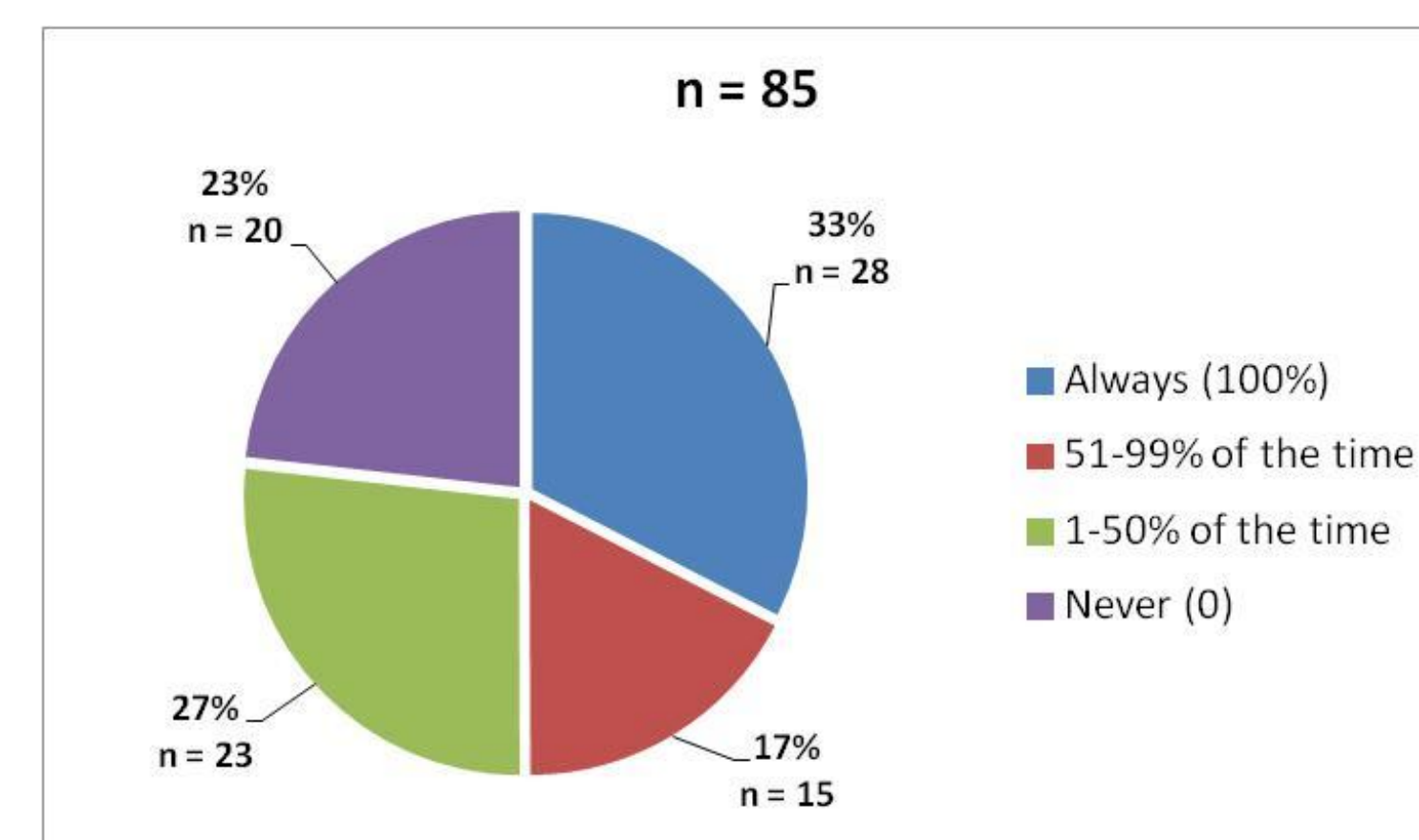
Question 7. If you reprogram the HA do you use:



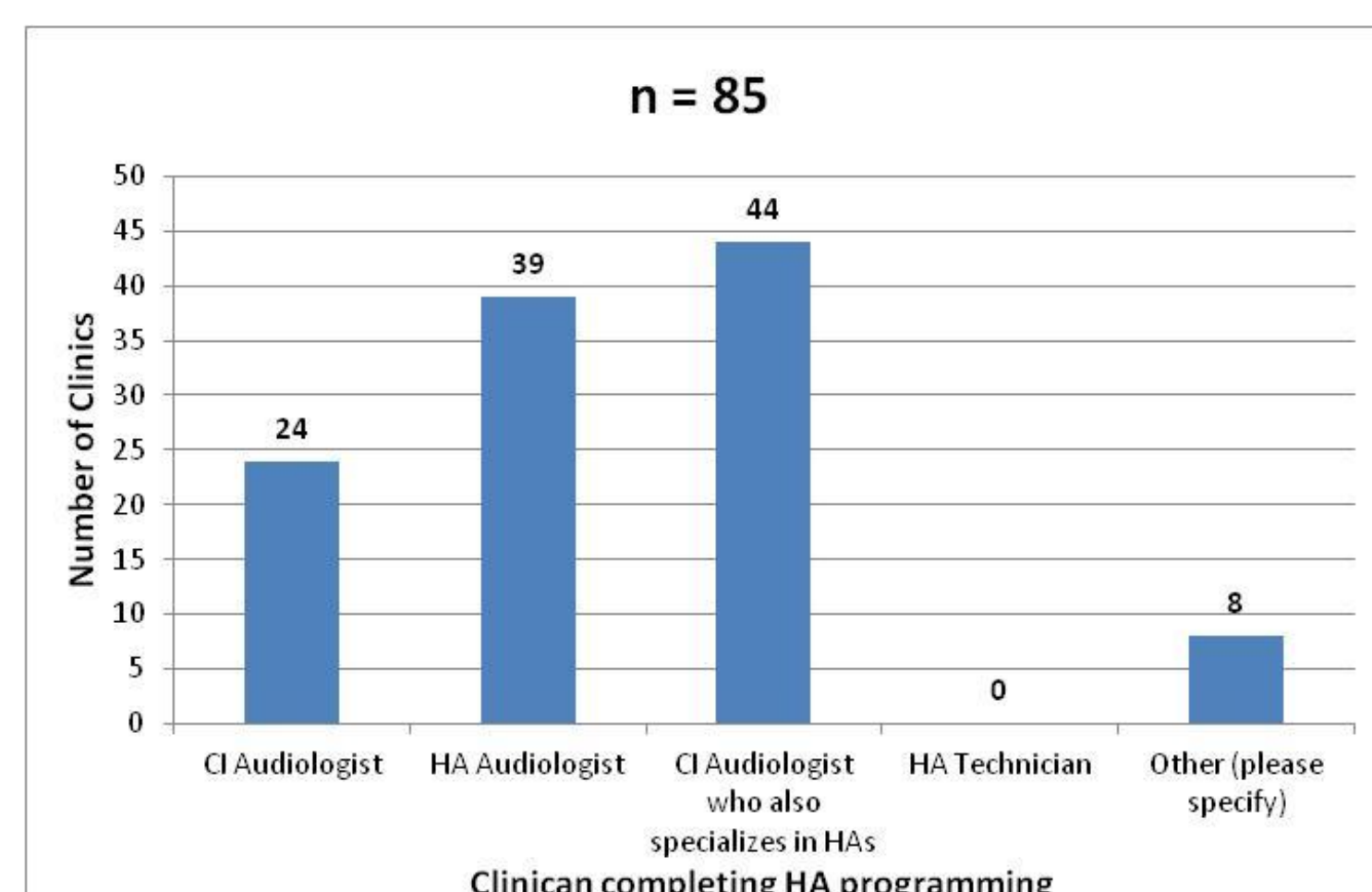
Question 8. Do you run Real Ear measures on their hearing aids?



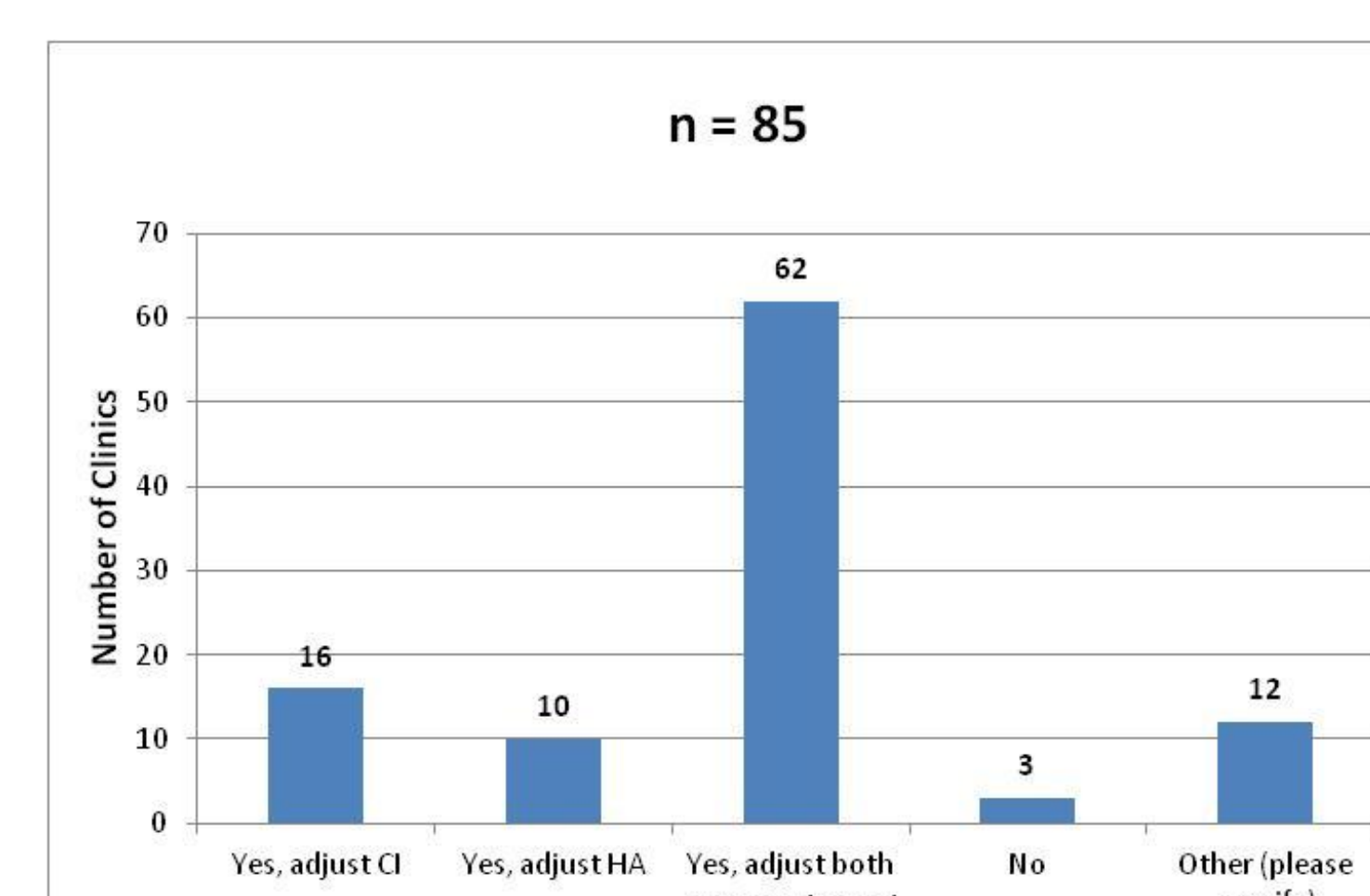
Question 9. Do you run test box measures on their hearing aids?



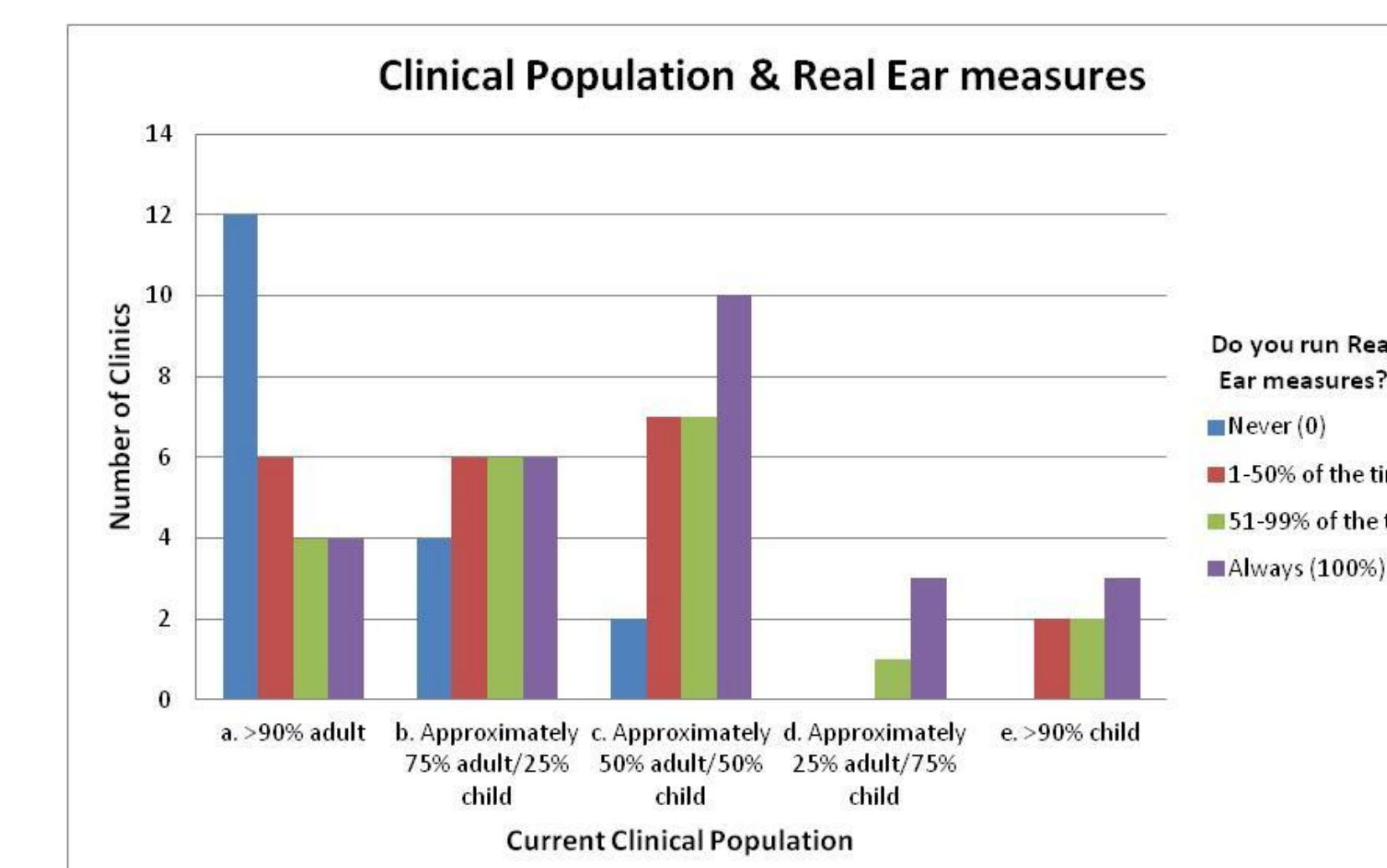
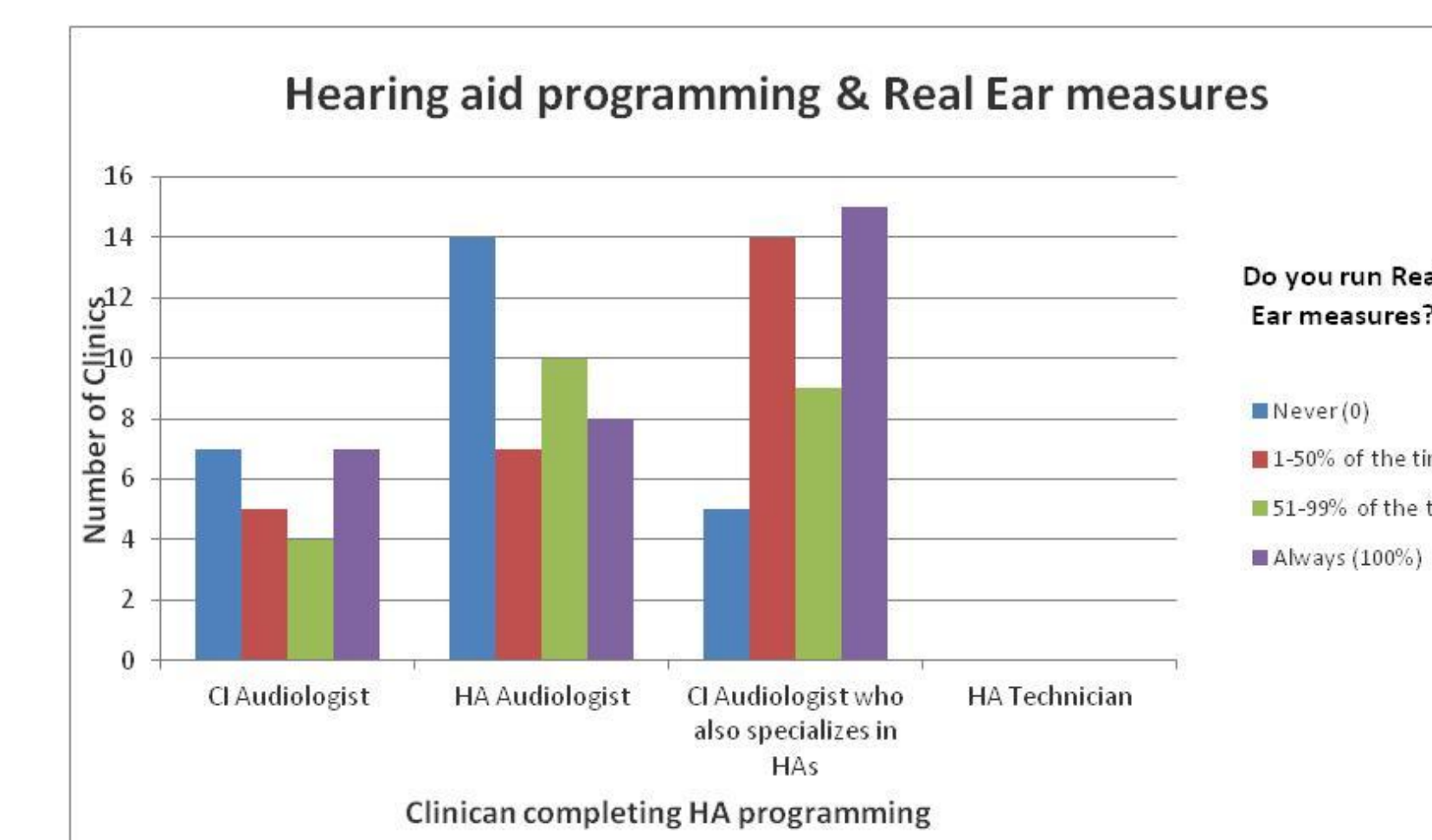
Question 10. Who completes the HA programming?



Question 11. Do you make adjustments based on patient subjective report with both the CI and the HA on?



RESULTS



DISCUSSION

- Respondents were from a variety of clinical settings (private practice, ENT, university clinic, etc).
- Respondents were given one month to complete the survey with one email reminder two weeks after the initial survey was sent.
- The results of this survey have a number of research implications:
 - Survey results were consistent with current research regarding bimodal programming. There was large variation in responses indicating there is currently no standard clinical approach to bimodal programming.
 - Yet, 42% of the respondents reported >41% of their adult CI patients were bimodal wearers.
 - Results from this survey show a lack of consistency in the when bimodal programming takes places, who completes the programming and how the devices are programmed.
 - Subjective report from respondents indicated a lack of clinical protocol for HA programming in the bimodal setting.
 - Survey results support a need for future research in bimodal programming.