The Speech Language Pathologist’s Role in Auditory Rehabilitation Therapy

Clinical Mentoring Program
Speech-Language Pathology

Objectives

- To understand the anatomy and physiology of hearing loss
- To understand how to assess a patient’s hearing handicap
- To understand how to develop and implement an auditory rehabilitation plan of care
- To understand how to develop goals and document progress for auditory rehabilitation patients
What is Auditory Rehabilitation?

“... an ecological, interactive process that facilitates one’s ability to minimize or prevent the limitations and restrictions that auditory dysfunctions can impose on well-being and communication, including interpersonal, psychosocial, educational, and vocational functioning.”

Knowledge and skills required for the practice of audiological/aural rehabilitation

Why is the SLP Involved?

- In 2001, ASHA redefined the role of the Speech Language Pathologist and the Audiologist in Auditory Rehabilitation Therapy. They determined the following:
  - Both Audiologists and Speech Language Pathologists traditionally have provided rehabilitation services for children and adults with hearing disorders

Why is the SLP Involved?

- In 2001, ASHA redefined the role of the Speech Language Pathologist and the Audiologist in Auditory Rehabilitation Therapy. They determined the following:
  - Hearing disorders profoundly affect the acquisition, development, and use of speech and language
  - The role of the speech language pathologist and the audiologist may be complementary, interrelated and at times overlapping
Why is the SLP Involved?

In 2001, ASHA redefined the role of the Speech Language Pathologist and the Audiologist in Auditory Rehabilitation Therapy. They determined the following:

- Inherent in the practice of Auditory Rehabilitation (AR) are many areas of knowledge and skills that are fundamental to both audiology and speech language pathology.

Why is the SLP Involved?

AR is broader than just speechreading and auditory training to help compensate for loss of hearing due to some peripheral impairment or hearing aid orientation. It includes:

- Mode of communication
- Literacy
- Self advocacy
- Rehabilitative assessments and measures
- Educational, behavioral, technological counseling
- Intervention procedures
- Ongoing patient-clinician interaction to evaluate and monitor progress as well as the impact on the family.

The evolving breadth of AR services makes it less likely that audiologists and speech language pathologists have identical roles in AR or that they bring the same knowledge and skills to the AR process.
Knowledge and Skills Speech Language Pathologists Possess

- Describes the impact of various disorders of auditory function on communication
- Assesses and determines the patient's preferred mode of communication
- Verifies adequate visual acuity for communication purposes
- Determines types of assessments

Knowledge and Skills Speech Language Pathologists Possess continued

- Determines the need for referral to other medical and non-medical specialists
- Provides for ongoing assessment of developmental progress
- Conducts audiological screening as appropriate for initial identification or referral purposes
- Describes type and degree of hearing loss from audiometric test results

Knowledge and Skills Speech Language Pathologists Possess continued

- Provides diagnostic evaluations of speech perception in auditory, visual, auditory visual, or tactile modalities
- Identifies the effects of hearing loss on speech perception, communication performance, listening skills, speechreading, communication strategies, and personal adjustment
- Monitors the patient's prescribed use of personal amplification systems
Knowledge and Skills Speech Language Pathologists Possess

- Describes options and applications of sensory aid and telecommunication devices
- Describes effects of amplification on communication
- Describes the effect of hearing loss on psychosocial development
- Makes appropriate referral to an Audiologist

Basic Audiology

How Do We Hear?

- The human ear serves as an astounding transducer
- It converts sound energy to mechanical energy
- It converts mechanical energy to a nerve impulse which is transmitted to the brain
- The pitch of sound is detected by the wave’s frequency
- The loudness of sound is detected by the wave’s amplitude
- The timbre of the sound is detected by various frequencies which make up a complex sound wave
Three Parts of the Ear

- The Outer Ear
- The Middle Ear
- The Inner Ear

The Outer Ear

- The outer ear consists of the pinna on the side of the head
- It has a canal through which sound travels
- The curvature of the ear prevents the gathering of water and other objects
- The outer portion is soft and the inner portion is bony
- The inner wall contains glands that secrete earwax
- It localizes, collects, and enhances sounds

The Middle Ear

- The middle ear consists of air-filled space behind the eardrum
- Contains 3 small bones
  1. Hammer
  2. Anvil
  3. Stirrup
- When sound makes the eardrum vibrate, the chain of bones is set into vibration
- The stirrup induces a wave movement in the lymphatic liquid in the inner ear
The Inner Ear

- The inner ear is filled with fluids and many microscopic components which behave like a microphone.
- When the liquid is set into motion, it will set the basilar membrane and the hair cells into vibration.
- Different hair cells correspond to different sounds, with the low frequency sounds placed at the top of the cochlea and the high frequency sounds at the bottom.
- The vibrations convert sound waves into a message that travels to the brain via the auditory nerve.

Types of Hearing Losses

- Conductive
- Sensori-neural
- Mixed

Conductive Hearing Loss

- The transmission of sound to the inner ear is impeded by some condition of the outer or middle ear.
Conductive Hearing Loss

- **Causes:**
  - Collapse of the ear canal
  - Cerumen accumulation
  - Calcification of the small bones of the middle ear
  - Tumors or growth in the outer and middle ears such as cholesteatomas

Sensori-neural Hearing Loss

- **Causes:**
  - Congenital
  - Presbyacusis
  - Ototoxicity
  - Acoustic Trauma (noise induced)
  - Lesions
  - Heredity

Sound is delivered to the inner ear effectively, but the nerve response in the cochlea is not what it should be.

- Accounts for 75%-80% of all losses
- Is usually inoperable
Mixed Hearing Loss

- A combination of sensori-neural hearing loss and conductive hearing loss
- The patient has a sensorineural hearing loss that includes a conductive component

Audiologist

- Has a general knowledge of the basic communication process
- Identifies, describes, and differentiates among disorders of auditory function, including:
  - Disorders of the outer, middle, and inner ear
  - Disorders of the vestibular system
  - Disorders of the auditory nerve
- Refers to a SLP or other professionals as appropriate
- Performs Audiological Assessment and Procedures
- Evaluates and manages the devices and technologies for individuals with hearing impairments

Audiological Evaluation

- The Audiological Exam consists of:
  - Interview to determine factors that may have impacted hearing
  - Otoscopic examination of the ear canal and ear drum
  - Pure tone testing in a sound-proof booth to determine the severity and type of the hearing problem
  - Speech discrimination to determine how speech is perceived
  - Middle ear testing to determine the integrity of the middle ear
- The results are recorded on the audiogram
Audiogram

- A graph which gives a detailed description of your hearing acuity
  - The vertical axis represents sound volume or intensity
  - The horizontal axis represents sound frequency
- Shows your hearing threshold at various frequencies
  - A hearing threshold between 0 and 25 db is considered normal

Results of the Audiological Evaluation

- As a result of the audiological evaluation, the audiologist:
  - Refers to an ENT for a differential diagnosis of any otopathology
  - Recommends hearing aids or other types of assistive listening devices
  - Refers to a speech language pathologist for speechreading to enhance communication and ensure that the patient is benefiting from the hearing aid

Hearing Aids

- Significantly increase the ability to hear for some hearing losses
  - Do not restore hearing to normal
- Allow individuals to hear sounds they were missing (i.e.: birds singing, door bells ringing, the wind, water running)
- May improve social, psychological and physical sense of well-being
Hearing Aids

- May not be effective for everyone; some individuals have difficulty adjusting to hearing aids
- Are often costly and some individuals are not able to afford them

Hearing Loss in the Elderly

Presbyacusis

- Hearing loss caused by the aging process
  - Develops slowly as people age
  - Affects the ability to hear sound at a lower volume
  - Affects the ability to understand speech in a normal conversation
  - Grows worse with age
  - Causes difficulty understanding speech when there is background noise (sounds are garbled)
Presbyacusis

Physiologically:
- The eardrum loses elasticity
- The joints of the bones in the middle ear stiffen, affecting the transmission of sound
- The number of sensory cells or hair cells declines

Presbyacusis

Speech is garbled because:
- Hearing in the low pitch range is spared which allows perception of the vowel sounds, but
- Hearing loss occurs in the high pitch ranges which reduces or eliminates the perception of consonants which carry most of the meaning of speech
- The decreased recognition of consonant sounds and the intact recognition of vowel sounds causes speech to sound garbled

Prevalence of Presbyacusis

- Aging is the number one factor in hearing loss
- 25% of the population over age 65 suffers from hearing loss
- 50% of the population over the age of 75 suffers from hearing loss
Prevalence of Presbyacusis

Over the age of 85, four out of every five people have hearing problems.

Hearing loss is the third most common chronic condition in elderly Americans, after high blood pressure and arthritis.

2/3 of elderly individuals with hearing impairments refuse or fail to seek treatment that could help, even though they are urged to do so by family and friends.

Impact of Hearing Loss

Hearing loss has a profound impact on individuals' emotional, physical and social well-being.

Elderly people with hearing impairments are more likely to report:
- Depression
- Dissatisfaction with life
- Reduced functional health
- Withdrawal from social activities
- Isolation
- Embarrassment

Potential Obstacles to Successful Treatment

The low tech generation is often embarrassed to wear a hearing aid.

Hearing aids alone sometimes do not restore hearing to functional levels.

Some individuals have difficulty adjusting to wearing hearing aid.

The elderly usually do not seek out help or treatment.

The elderly are not always knowledgeable about how auditory rehabilitation can be helpful.
Auditory Rehabilitation Therapy

The Role of the SLP in AR Therapy
- Conducting assessments to determine the patient’s preferred mode of communication, educational needs, communication strengths and weaknesses
- Providing speechreading therapy to improve overall communication ability
- Providing patient advocacy and caregiver training

The Line in the Sand
- Medicare does not allow the SLP to:
  - Teach auditory training
  - Prescribe a hearing aid
  - Perform an auditory evaluation
  - Instruct the patient or the caregiver on how to operate and care for a hearing aid
Assessment Objectives

- Determine the handicap caused by the hearing impairment, especially in terms of the patient’s communication ability
- Determine the intervention techniques that will minimize or alleviate the handicapping effect
- Determine the educational needs of the family and caregivers to assist with reducing the hearing handicap

Assessment Objectives continued

- To determine what methods are most useful for a specific patient
  - Visual recognition of sound
  - Use of contextual cues/language redundancies
  - Use of situational cues
- To assess how much speechreading is contributing to the person’s overall communication

Testing Conditions

- Auditory cues only
- Visual cues only
- Visual and auditory cues
Problems with Testing

- Most tests have individual unrelated sentences
- The sentences and vocabulary may be unfamiliar
  - This causes lower scores, and therefore may not reflect speechreading ability

Problems with Testing continued

- Tests give the expectation that the patient will recognize every word
  - This is not necessary in conversation because of contextual cues
- Some speakers/testers are easier to speechread than others

Areas of Assessment

- Otoscopic evaluation
- Speechreading
- Patient’s perception of hearing handicap
- Other assessment areas
  - Language/Memory
  - Visual problems
  - Reading
Otoscopic Examination

- Ensure the otoscope has light
- Pull up slightly on the pinna
- Place the otoscope into the ear canal
- Visualize the tympanic membrane
- If the view of the tympanic membrane is blocked by excessive wax or a growth, refer to the physician for wax removal or further evaluation

Speechreading Assessments

- Assess recognition skills for visual characteristics of individual sounds and/or sound groups of speech as they occur in words, phrases and sentences
- Determine the functional integrity of the auditory/visual perceptual systems as well as communicative efficiency
- Use formalized tests such as Utley Lip Reading Test, or develop a similar informal phrase and sentence list
- If the patient has a hearing aid, use it during the bimodal testing. Speak within 3 feet of the patient

Speechreading Assessments continued

- Have the patient repeat sentences given under the following conditions:
  - With visual and auditory cues (visual acuity should be determined prior to testing)
  - With auditory clues only (patient's eyes are closed or covered)
  - With visual cues only (remove aid and use very soft or no voice)
  - With noise (turn the TV volume up just to the point that it interferes with your speech)
Interpretation

- By comparing the results under the various testing conditions, the following can be determined:
  - The strongest modality and whether or not the addition of second modality increases the score
  - If the patient is an analytic speechreader or a synthetic speechreader
    - Analytic speechreader – only gives the words he can actually perceive
    - Synthetic speechreader – attempts to give entire sentence, filling in words missed by guessing

Interpretation continued

- By comparing the results under the various testing conditions, the following can be determined:
  - Whether to begin treatment at the word or the sentence level.
  - The impact of noise on speechreading

Patient’s Perception of Hearing Handicap

- Hearing Handicap Inventory
  - Assesses the social and emotional effect of hearing impairments on the patient
  - Standardized on 100 subjects over 65 years old
  - Divided into 2 major subscales
    - Emotional effects
    - Situational effects
  - Questionnaire is given face to face with the tester reading the questions to the patient
Interpretation

- By comparing responses, one can determine:
  - Factors influencing functional communication levels
  - Overall acceptance of hearing loss
  - Overall awareness of hearing loss
  - Where blame is placed when communication breakdowns occur
  - Knowledge and use of compensatory techniques
  - Overall degree of handicap

Other Areas to Assess

- Auditory comprehension
  - To determine whether underlying perceptual difficulties inhibit the patient’s communicative effectiveness
- Visual comprehension
  - To determine the impact of visual perception, memory and reading skills on communicative effectiveness

Other Areas to Assess

- Voice and Articulation
  - To determine whether hearing loss has an adverse effect on the patient’s speech
- Language
  - To determine overall language ability, cognition, judgment and retention skills
Speechreading Therapy

Speechreading

- The ability to understand a speaker’s thoughts by watching the movements of the face/body and by using information provided by the situation and the language
  - Increases speech synthesis skills
  - Develops effective educated guessing skills
  - Recognizes body language and gestures to assist with comprehension
  - Recognizes the visual appearance of classes of phonemes in words, phrases, and sentences

Speechreading Approaches

- Analytic approach
  - Recognizes speech movements while de-emphasizing use of contextual or situational cues
  - Eye training
- Synthetic approach
  - Emphasizes use of language redundancy for speech understanding and minimizes training in recognition of lip movement
  - Mind training
Components of Speechreading

- Gestures and body language
- Facial expressions
- Situational clues
- Linguistic factors

Gestures and Body Language

- Hand and body movements used to supplement speech
- Research has shown that understanding of speech with hearing impaired patients significantly improves when gestures are used, and deteriorates when gestures are not used or are not appropriately used
- The speaker’s emotions are often visible in body language

Facial Expressions

- Facial expressions are a typical component of normal communication
- A smiling face indicates happiness; raised eyebrows indicates questioning; a puzzled look suggests lack of understanding
- The more expressive a speaker, the better he/she is understood
- The more a speechreader can interpret facial expressions, the better he/she understands
Situational Clues

- Situational clues include the place of the conversation and the roles of the people talking
- The speaker’s role in a given situation affects what is said
  - In a restaurant, a waiter will not use the same words as your dinner companion
- Situational cues help the speechreader predict the words being spoken

Linguistic Factors

- There are many linguistic cues that help in understanding of spoken language
- These cues are based on the structure of language and the many opportunities to correct interpretation of a spoken message that occur simultaneously
- These are called redundancies

Redundancy

*I am the teacher in this class*

- You may understand the key word, teacher
  - The way it looks on the lips
  - The way it sounds
  - The context of the sentences itself
- All of that is redundancy
- The more redundant a language is, the less likely you are to make mistakes, and the better you are able to function if some clues are missing that impact the clarity of the message
Linguistic Factors
- There are a limited number of sounds in the English language (38). All spoken messages must consist of only those sounds.
- Sound can be combined only in certain ways:
  - e.g. /pr/ as in the word pretty is possible, but combinations such as /st/ or /gl/ are not.
- Prefixes and suffixes can be connected to main words only in certain ways:
  - e.g. “coming” not “ingcome”

Linguistic Factors continued
- Words can only be combined in certain ways; the subject comes first, then the verb and then the object:
  - “Going to the store he” is obviously incorrect.
- When people speak, they emphasize certain words to give meaning to what they say:
  - They use various intonations.

Linguistic Factors continued
- Pauses in a sentence
- The difference between long and short words
- The stressed word in a sentence
- Intonation
- Some vowel sounds

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What Makes a Good Speechreader?

- Synthetic ability and the willingness to guess
- The amount of training
  - The more training the better
- Good language comprehension
  - Knowledge of vocabulary
  - Knowledge of grammar
  - Knowledge of everyday and idiomatic expressions

What Makes a Good Speechreader continued

- Degree of hearing loss in younger hard-of-hearing population
- Emotional factors
  - Motivation
  - Self-confidence
- Visual skills

Problems with Speechreading

- Facial hair, small lips or accents
- Distance from the speaker
- Lighting problems
- Distractions
- Group communications at parties, meetings or dinner tables
- Not guessing
- Lack of a sense of humor
- Speed of the conversation
- Lack of topic knowledge
- Homophones

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Homophones

- Homophones, or consonants that look like other consonants, make speechreading difficult.
- Many words look like other words.
- We identify the correct word by whether it makes sense in the sentence or conversation.
- Some sounds which are difficult to see are easy to hear – and vice versa.

Treatment Approaches/Strategies

Speech Language Pathologists need to train our Hearing Impaired Patients to...

Be Assertive

- Be willing to admit a hearing problem
  - The speaker may think you are not listening, not interested, not paying attention or not too intelligent.
- Be willing to explain the problem to others as appropriate
  - The speaker often thinks that all he or she needs to do is speak louder, and often that is not helpful.
Be Assertive

- Be able to suggest ways to improve communication
  - The speaker needs to express his or her needs to the listener (i.e.: speak slowly, face me when you speak...)

Deal with Problem Speakers

- Speakers with food or cigarettes in their mouths
- Speakers who talk too fast
- Speakers with sloppy pronunciation
- Speakers with voices too loud, too soft or too high-pitched

Deal with Problem Speakers

- Unfamiliar speakers
- Speakers with distracting gestures
- Speakers with limited facial expressions
- Speakers who have a beard or mustache that covers their lips

continued
Utilize Repair Strategies for Coping with Problem Speakers

- Anticipatory strategies
- Repetition
- Rephrasing
- Key word
- Spelling and code word
- Digits
- Writing

Anticipatory Strategies

- Identify potential problems in advance
- Explain the difficulty and tactfully ask/inform the speaker of what is needed for better communication such as:
  - Having the speaker remove gum/food from his mouth before speaking
  - Asking the speaker to speak more loudly
  - Having the speaker stand in better light or on your better side
  - Encouraging the speaker not to exaggerate when speaking

Repetition

- Repetition is used most often, but the patient must be careful not to overuse it (no more than once or twice)
  - Ask the speaker to “please say that sentence (word) again”
  - Ask the speaker to repeat only the part missed. (“I met John at the store.” “You met John where?”)
  - Develop a few key phrases that seem pleasant and use them instead of “What?”; or “Huh?”
Clarification/Confirmation

- Clarification/confirmation is useful when patients want to be sure they understood what was said
  - They will either confirm what they thought they heard or ask for clarification
  - If they understood correctly the speaker will confirm what was said, or correct it

Rephrasing

- Rephrasing is a good alternative to repetition
- It is useful when the speaker is using technical or unfamiliar language
  - Tell the speaker, "I don't understand what you said. Please say it a different way."

Key Word

- Ask the speaker to provide the most important word or key word
- Ask the speaker to repeat it or spell it to ensure understanding
- If one key word is not enough, ask for a second key word
- An individual with good English skills can figure out a whole sentence by knowing one or two key words.
Spelling and Code Word

- If there is a problem understanding a word, a name or a number, ask the speaker to spell the word.
- In many instances, names or people and places are difficult to speechread.
- Numbers are often confused with each other and context is of little help.

Spelling and Code Word continued

- One cannot guess these words because precise information is necessary.
- If there is a problem understanding a letter, relate it to an object: "a" as in apple?

Digits

- Use when trying to understand a large number or several numbers spoken together.
  - Ask the speaker to give the number digit-by-digit.
  - If the digit is not understood, ask the speaker to spell the digit.
  - After all the digits are spoken, repeat what you understood in order to confirm.
Writing

- In situations requiring specific information, writing makes the most sense
- Asking the speaker to write information ensures that the information is correct and that names and numbers will not be trusted to memory
- This strategy is appropriate when getting directions, addresses, phone numbers, and bus, train, or airplane schedules
- It is also good when all other strategies fail to keep communication going

Using Receptive Repair Strategies

<table>
<thead>
<tr>
<th>if you...</th>
<th>understood nothing</th>
<th>understood only 1 word</th>
<th>understood more than 1 key word</th>
<th>understood every thing but 1 word</th>
<th>(think) understood everything</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ask to repeat</td>
<td>Ask a general question</td>
<td>Ask a general question</td>
<td>Ask specific question</td>
<td>Confirm</td>
</tr>
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<td>E</td>
<td>Ask to repeat</td>
<td>Ask to repeat</td>
<td>Ask to repeat</td>
<td>Ask specific question</td>
<td>Ask to spell</td>
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<tr>
<td>B</td>
<td>Ask to repeat</td>
<td>Ask to repeat</td>
<td>Ask a general question</td>
<td>Ask specific question</td>
<td>Ask to spell</td>
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<td>C</td>
<td>Ask a general question</td>
<td>Ask a general question</td>
<td>Ask a general question</td>
<td>Ask specific question</td>
<td>Ask to spell</td>
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<td>D</td>
<td>Ask to repeat</td>
<td>Ask to repeat</td>
<td>Ask a general question</td>
<td>Ask specific question</td>
<td>Ask to spell</td>
</tr>
</tbody>
</table>

Problems with Group Communication

- Conversation jumps quickly from person to person
- Some of the speakers may not be visible
- Topics change quickly
- More than 1 person may be speaking at one time
Utilize Group Repair Strategies

- Ask one member of the group to give a cue when the topic changes
- Ask each speaker to signal prior to speaking
- Sit at the head of the table because most people can be seen
- Sit in a chair where no one will be seated beside you
- Ask “what are you talking about…?”

Visual and Auditory Technology

- Take advantage of group amplification systems if available:
  - Induction loops
  - Infrared systems
  - FM devices
  - Closed captioning

Listening Strategies for Groups

- Have appropriate light and face the speaker
- The speaker should speak naturally
- Ask for repetition
- Sit in the best position to see the speaker’s face
- Keep the good ear facing the speaker
- Request that the speaker use a microphone if appropriate
Poor Lighting

- Light should be on the face of the speaker
- A light source behind the speaker will create a shadow, interfering with the ability to see the speaker’s face
- Light should not be shining into the face of the speechreader, as it will impair his or her ability to see the speaker
- Use anticipatory strategies to ensure proper seating

Avoid Noisy Situations and Environments with Poor Acoustics

- Hearing aids pick up all sounds within their range, including background noises
- Be aware that rooms with hard walls, tiled floors and no drapes may have poor acoustics
- Avoid listening situations with televisions or radios or running water
- Sit in the corner in restaurants to avoid hearing others conversations
- Use anticipatory strategies for noisy situations

Utilize Discourse Strategies

- Attention Getting
  - Using subtle gestures such as waving
  - Making eye contact with another person
  - Using phrases like “Excuse me”
  - Gently touching the other person
  - Tapping a surface
- Turn Taking
  - Using facial expressions and watching the speaker’s facial expressions
  - Waiting for natural breaks to speak
Utilize Discourse Strategies

- Terminating a Conversation
  - Slowly moving away from the speaker
  - Looking at your watch
  - Politely excusing yourself
  - Standing up
  - Collecting belongings
  - Putting your coat on
  - Saying, "I'd love to continue but..."
  - Being alert to others' conversation termination strategies

Activity

- Bingo
- Current Events
- Happy Hour
- Meal Time in Dining Room
- Bus Trip to the Mall
- Care Plan Meeting
- Therapy
- Concert at the Theatre

Treatment Activities

- Role play various communication scenarios to determine if the response should be passive, assertive or aggressive. Evaluate the consequences
- Provide various written scenarios and discuss how the patient would handle them
- Set up actual problem listening situations and evaluate the patient's responses
Treatment Activities

- Work on asking specific questions to help limit the amount of the response
- Discuss and practice appropriate seating arrangements for the situations in which the patient is experiencing problems
- Provide seating charts, evaluate various seating arrangements and rank them in various situations like restaurants, dining room, conference etc.

Treatment Activities

- Identify topics or situations and speechread single words, phrases, sentences, and conversations related to topics.
  - Utilize educated guessing and speechreading redundancies to maintain topic
- Use sentence completion tasks to enhance guessing abilities
- Have the patient speechread lists of related words then and give topic or complete lists

Treatment Activities

- Conduct a session in various poor listening situations
- Give a clue and have the patient guess the answer
- Use repair strategies on the phone
- Utilize the facility staff in role play activities
Treatment Activities

- Practice using repair strategies in structured and non-structured situations
- Have patients speechread sentences with topic known and topic unknown
- Develop conversations around a known topic and have the patient speechread to follow conversations

Treatment Strategies Activity

- Review the case study given
- List as many treatment activities as you can
- You have 5 minutes
- Start

Coding and Regulations
Coding and Regulations

- 92507: “Speech Therapy - should be used for auditory (aural) rehabilitation treatment interventions”
- 92626: “Evaluation of auditory rehabilitation status; first hour”
- 92627: “Evaluation of auditory rehabilitation status; each additional 15 minutes have been added for use when an evaluation is being done for a referral that is primarily due to hearing loss/impairment”
- 92508: “Group Therapy”
- NOTE THAT 92510: “Aural Rehabilitation Code” is no longer an acceptable code

Updated: January 2006

Coding and Regulations

- Must be determined and documented that the use of a hearing aid or other amplification alone would not sufficiently improve the patient’s understanding of speech
- Visual skills, cognition, and language comprehension must be sufficiently intact that the patient could benefit from services

Regulations

- “Therapy services and supplies directed toward the operation, use, maintenance or management of a hearing aid or other amplification device are not covered.”
Goals

- Are patient based
- Insure that they are agreed upon by the patient
- Should be functional; related to a specific functional outcome
- Outcome should be easily measured

Goal Activity

Conclusion

- Questions and Answers
- Pre-test/Post-test
- Course Evaluation
- CEU Forms