**Submission Template**

**Implantables**

# **Descriptive Title of Case. Replace this heading with your title.**

# **Authors**

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ACKNOWLEDGEMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines ([www.AudCases.com](http://www.AudCases.com)) Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

Introductory

Intermediate

Advanced

# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

By completing this case, the student will be able to:

1. Determine if the patient is a candidate for cochlear implants
2. Evaluate the adequacy of the current mapping

# **History**

## **Hearing History**

Include onset of loss and age of identification.

Describe chronological age and hearing age.

## **Initial Evaluation Results**

If there are prior evaluation results, summarize them here. If including audiogram(s), please use the audiogram generator at <http://www.audsim.com/audgenJS/> if possible. The submission guidelines document details when other formats can/should be used.

## **Previous Hearing Aid / Devices**

Include trials with Softband, Soundarc, Adhesive

## **Medical History / Imaging Results**

Include other medical evaluations. Report on diagnosis, vestibular concerns, psychological and behavior evaluations in this section.

## **Patient / Family Questionnaires**

Include patient or family questionnaire outcomes pre and/or post implant.

## **Patient / Family Expectations**

## **Family Support**

* What question do you want to insert here? Delete if no question is to be used. Questions can be included in the individual subheadings above, as appropriate for your case. Copy and paste these bullets so that the format remains consistent.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Most Recent Audiological Results**

## **Otoscopy**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Tympanometry**

If acoustic reflex data are presented, change heading to Immittance Results

* What question do you want to insert here? Delete if no question is to be used.
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## **Audiometry**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> The “annotate” feature can be used to insert symbols such as L and R or S and A. The submission guidelines document details when other formats can/should be used.

* What question do you want to insert here? Delete if no question is to be used.
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Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format. Replace SRT with SAT if appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  | |
| Spondee Technique | MLV | WRS Technique | Recorded | |
|  |  | List and Number | NU-6 Right: 1A Left: 2B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice PP = Picture Pointing

NU-6 = Northwestern University List 6 CID W-22 = Central Institute of the Deaf, Word List 22.

10 MD = 10 Most Difficult

NU-ChiPS = Northwestern University Children’s Perception of Speech

WIPI = Word Intelligibility by Picture Identification

PB-K = Phonetically Balanced – Kindergarten

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Implant Evaluation, Assessment and Management

Delete this section if not relevant to the case

# **Implant Evaluation**

## **Hearing Aid Verification**

Include relevant hearing aid information as well as hearing aid verification prior to testing.

## **Soundfield Aided Testing**

Please use this table to record pre-implantation data.

If tests are not performed, please leave them blank. If one side is not relevant to the case, then delete the rows of the table for that side.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Behavioral Results** | **Right** | | | | | **Left** | | | | | | **Bilateral** | | | | | |
| **SRT** |  | | | | |  | | | | | |  | | | | | |
| **NBN/Warble Tones** |  | | | | |  | | | | | |  | | | | | |
| **250 Hz** |  | | | | |  | | | | | |  | | | | | |
| **500 Hz** |  | | | | |  | | | | | |  | | | | | |
| **1000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **2000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **3000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **4000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **6000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **8000 Hz** |  | | | | |  | | | | | |  | | | | | |
| **Right Side** | **dB HL** | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | |
| **AzBio in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **AzBio in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **BKB SIN** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **CNC** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Other:** |  | | | | | | | | | | | | | | | | |
| **Left Side** | **dB HL** | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | |
| **AzBio in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **AzBio in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Pediatric AzBio Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Quiet** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **HINT in Noise** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **BKB SIN** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **CNC** |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Other:** |  | | | | | | | | | | | | | | | | |
| **Bilateral** | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** | | **dB HL** | | **SNR** | | **%** |
| **AzBio in Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **AzBio in Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Pediatric AzBio Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Pediatric AzBio Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **HINT in Quiet** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **HINT in Noise** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **BKB SIN** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **CNC** |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **Other:** |  | | | | | | | | | | | | | | | | |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Device Selection**

## **Technology**

Bimodal, bilateral, unilateral?

* What question do you want to insert here? Delete if no question is to be used.
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## **Patient Counseling**

* What question do you want to insert here? Delete if no question is to be used.
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# **Implantation**

This information would be in the history section for those who are already implanted. Retain section for new implantation cases.

Describe date of implantation. Include information from the surgical report.

Include visual inspection of surgical site / magnet site / abutment site

* What question do you want to insert here? Delete if no question is to be used.
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# **Mapping / Programming**

## **Activation / Initial Fitting**

Omit if already implanted.

## **Prior Programs**

Omit if this is a new implantation

## **Current Issues / Concerns**

Omit if this is a new implantation

## **Datalogging**

Omit if this is a new implantation

## **Programs / Program Changes**

For new implants, use the subheading of “Programs”. If this is an adjustment, use the heading “Program Changes”.

* What question do you want to insert here? Delete if no question is to be used.
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**Osseointegrated Hearing Device Check**

Omit if not pertinent to the case. Describe devices / manufacturer / external / accessories, using the table to the extent possible, add in additional information here.

Include results of device listening check and visual inspection.

Omit table sections that are not appropriate to the case.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RIGHT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Type of Connection (softband, connect, magnet)** |  | | | |
| **Accessories** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Programs** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEFT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Type of Connection (softband, connect, magnet)** |  | | | |
| **Accessories** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Programs** |  |  |  |  |

# **Cochlear Implant Device Check**

Omit if not relevant to the case. Describe devices / manufacturer / internal / external / accessories, using the table to the extent possible, add in additional information here.

Include results of device listening check and visual inspection

Describe results of impedance measures for CI cases

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RIGHT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Accessories** |  | | | |
| **Magnet Strength** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Impedance Check** (stable, change, short, open) |  | | | |
| **Telemetry** |  | | | |
|  |  | | | |
| **Average Dynamic Range** |  | | | |
| **Maxima** |  | | | |
|  |  |  |  |  |
| **Programs** |  |  |  |  |
| **Volume** |  |  |  |  |
| **Sensitivity** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEFT SIDE RESULTS** |  | | | |
| **Company** |  | | | |
| **Processor** |  | | | |
| **Accessories** |  | | | |
| **Magnet Strength** |  | | | |
| **Otoscopy (surgical site)** |  | | | |
| **Impedance Check** (stable, change, short, open) |  | | | |
| **Telemetry** |  | | | |
|  |  | | | |
| **Average Dynamic Range** |  | | | |
| **Maxima** |  | | | |
|  |  |  |  |  |
| **Programs** |  |  |  |  |
| **Volume** |  |  |  |  |
| **Sensitivity** |  |  |  |  |
|  |  |  |  |  |

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# **Verification/Validation**

Complete the table and add other textual information here. If the case is pediatric, change the speech tests to those used.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Behavioral Results** | **Right** | | | **Left** | | | **Bimodal/Bilateral** | | |
| **Ling 6** |  | | |  | | |  | | |
| **Spondees** |  | | |  | | |  | | |
| **SRT** |  | | |  | | |  | | |
| **NBN/Warble Tones** |  | | |  | | |  | | |
| **250 Hz** |  | | |  | | |  | | |
| **500 Hz** |  | | |  | | |  | | |
| **1000 Hz** |  | | |  | | |  | | |
| **2000 Hz** |  | | |  | | |  | | |
| **3000 Hz** |  | | |  | | |  | | |
| **4000 Hz** |  | | |  | | |  | | |
| **6000 Hz** |  | | |  | | |  | | |
| **8000 Hz** |  | | |  | | |  | | |
| **Right Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **AzBio in Quiet** |  |  |  |  |  |  |  |  |  |
| **AzBio in Noise** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Quiet** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Noise** |  |  |  |  |  |  |  |  |  |
| **HINT in Quiet** |  |  |  |  |  |  |  |  |  |
| **HINT in Noise** |  |  |  |  |  |  |  |  |  |
| **BKB SIN** |  |  |  |  |  |  |  |  |  |
| **CNC** |  |  |  |  |  |  |  |  |  |
| **Other:** |  | | | | | | | | |
| **Left Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **AzBio in Quiet** |  |  |  |  |  |  |  |  |  |
| **AzBio in Noise** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Quiet** |  |  |  |  |  |  |  |  |  |
| **Pediatric AzBio Noise** |  |  |  |  |  |  |  |  |  |
| **HINT in Quiet** |  |  |  |  |  |  |  |  |  |
| **HINT in Noise** |  |  |  |  |  |  |  |  |  |
| **BKB SIN** |  |  |  |  |  |  |  |  |  |
| **CNC** |  |  |  |  |  |  |  |  |  |
| **Other:** |  | | | | | | | | |

* What question do you want to insert here? Delete if no question is to be used.
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# **Summary and Discussion**

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

* What question do you want to insert here? Delete if no question is to be used.
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# **Recommendations**

Omit this category if it is not appropriate to your case.

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