Hear Your Best
A Guide to Cochlear Implant Rehabilitation
As you’re choosing to receive a cochlear implant, we know there is a lot you might be thinking about.

You’re not alone. Hundreds of thousands of people have chosen a cochlear implant to reconnect with their work and social lives, better understand conversations, and enjoy listening to music again.

To get the most out of your cochlear implant you’ll need to practice. The activities that can build your hearing and listening skills are called rehabilitation.

This guide will help you as an introduction to rehabilitation. It describes the different specialists you’ll work with, gives you an overview of what to expect after getting your cochlear implant, and shares some activities that can help you to improve your hearing. It is just one in a range of rehabilitation resources available from MED-EL.
Learning how to hear with a cochlear implant is like re-learning how to hear. Your brain already has the memories of what some sounds sound like. Now, what you need to do is connect these old memories with the sounds you hear when using your cochlear implant.

This is what rehabilitation does. It helps you to build these connections and helps your brain to interpret and understand sounds. Rehabilitation can be done in structured environments, as well as during your daily life. Doing rehabilitation activities is the most important step you can take to help improve your listening and communication skills.

What is Rehabilitation?
Building a Foundation of Sound
A Network of Professionals

There will be many different professionals who can help you learn how to hear with a cochlear implant. Each will have a different background and specialty. They’ll all work together to help you get the best hearing possible.

Here are some of the different professionals you might meet:

**Ear, Nose, and Throat Specialist (ENT)**
An ENT specialist is a doctor or surgeon who has additional education to treat the ear, nose, or throat.

**Audiologist**
An audiologist does cochlear implant assessments, counselling, educational consultation, some rehabilitation activities, and programs your audio processor.

**Hearing Therapist**
A hearing therapist will help you with assessments and setting expectations before receiving your cochlear implant. They will also help with training and rehabilitation post-implantation.

**Speech & Language Pathologist/Therapist**
A SLP/T assesses your speech, language, and communication abilities before you receive your implant. They will also work with you to make sure you can get the most out of your cochlear implant.

You can get the most out of your cochlear implant. This includes monitoring your progress over time, developing goals to help you continue to make positive progress, and answering communication-related questions.

**Psychologist or Counsellor**
Not every recipient will meet with a psychologist or counsellor. However, some recipients might find it useful to talk with an outside professional about their experiences and have them as support during their hearing journey.

**Family and Friends**
Your family and friends will be the foundation of your support network. They will be the ones who you communicate with the most, and the ones you will tend to rely upon the most. Letting them know about your cochlear implant and your hearing will help them to better understand your communication needs.

Areas of Rehabilitation

Generally speaking, rehabilitation activities will cover several categories that have an impact on your communication. Your rehabilitation might include additional areas, but these are the main ones:

**Audition**
Auditory rehabilitation is one of the most important parts of cochlear implant rehabilitation. It focuses on developing your awareness of sounds, and building an understanding of what these sounds mean.

**Speech**
Having a hearing loss will keep you from hearing some of the sounds of your own voice. You might lose some of your speaking skills, like clear pronunciation of some speech sounds, in the time before getting a cochlear implant. Speech rehabilitation will help you re-learn how voices sound with a cochlear implant and monitor the sounds in your own speech.

**Language Development and Communication Management**
This is using your speaking skills in everyday conversation. Part of this is learning how to identify the sounds of different words and combining these into words, sentences, and conversation. You’ll also learn how to manage difficulties understanding others during conversation.

**Practical and Technical Guidance**
This means using your cochlear implant’s components. It will start with basic information about how to operate and take care of the audio processor. Your medical professionals will also share other advanced methods and technologies that can help to improve your hearing in differing situations.

**Compensatory Strategies**
You might experience situations where it is difficult to communicate. Compensatory strategies can help you to be independent and manage obstacles in conversation.
You can prepare for the next stage of your hearing journey even before receiving your cochlear implant. Talk with your cochlear implant team, because they can give you the right support and answers for your unique hearing. It might help to share this information with friends and family so that they can support you as best they can.

Learning about your cochlear implant, what rehabilitation services are available, and commonly used jargon and terminology can help as you prepare to receive a cochlear implant.

Connect with others who have, or are thinking about, a cochlear implant with HearPeers, the MED-EL forum: www.hearpeers.com

After your audio processor is activated, you should be wearing it whenever you’re awake. Even if your cochlear implant is not the only way you hear sounds, it’s important that you are wearing it consistently. Wearing it is the only way that you can give your brain the chance to hear the sounds from your cochlear implant, and learn how to interpret them. If you are not wearing your audio processor, rehabilitation exercises can’t be effective.

After receiving your implant, developing listening and communication skills requires building useful and practical activities into your everyday life. Specific examples of these activities are listed at the end of this guide.
The Best Environment for Hearing

The trick is separating the sounds that you want to hear from the sounds that you don’t. If there is too much noise around you, you may not be able to hear what others are saying and therefore not understand them properly. It’s important to hear spoken words, without background noise, as you begin to develop your listening skills.

The best way to do this is by making the important sounds, or the sounds of speech, easy for you to hear.

At Work, School, and Social Environments

There are times when you might not be able to control your environment like you can at home. Poor lighting or background noise can all make it more difficult to communicate. In times like these, let others know when you’re having trouble hearing them.

If you can, take it upon yourself to make adjustments to the environments you are listening in. Close doors or windows to block any noises from outside, or move to a different room. Move so the background noise is behind you and the speakers are in front of you. Or, if the background noise is music, ask if it could be turned down or switched off. These steps can all have a big impact on how well you can hear the people you’re communicating with.

You could also ask your hearing specialist about specific assistive listening devices (ALDs). ALDs are devices that you can use to hear more clearly in certain situations.

At Home

At home, the best listening environment is one where there’s minimal background noise. Background noise is any sound that isn’t who or what you are communicating with. This could include the TV or radio, the hum of a fan or outside noises like traffic.

To create a more effective listening environment in your home, you should try to minimise these noises. Turn off appliances when they aren’t in use, or close windows or doors to block out outside noise.

Noise can also be sound echoing off hard surfaces, like wooden or tiled floors, windoess, or hard tables. Using carpets, curtains, rugs, or pillows can help to reduce echoes and make it easier for you to hear the words that are being spoken by those you’re communicating with.
There are many factors that influence how well you will hear and communicate with a cochlear implant. For some cochlear implant users it may take a short time to develop their listening, speaking, and communication skills, and for others it may take many months or years. A key predictor of success is how long you’ve had hearing loss. A shorter time with hearing loss is associated with better hearing with a cochlear implant. Keep in contact with your audiologist and other hearing rehabilitation specialists, because they can help you work on your communication skills. Tell your specialists how you’re hearing throughout your day, both in and out of the home. This will help them tailor your rehabilitation programme to your specific hearing and communication needs.

What to Expect From Rehabilitation

At MED-EL, we don’t believe one size fits all. We believe that every recipient deserves a customised rehabilitation programme based on their individual needs.

That’s why we’ve developed the most comprehensive collection of rehabilitation resources for cochlear implant recipients. With print materials, listening exercises, interactive games, videos, and mobile apps, you’ll find countless hours of rehabilitation material to help you develop your listening skills.

Our resources are designed to be mixed and matched. You and your rehabilitation specialists can choose the best activities to fit your needs and build these into a rehabilitation programme that works for you and you alone.

Download

You can start today, with online materials or free downloadable activities:
- Free brochures and printable resources: www.medel.com/rehabilitation
- Interactive listening games: www.medel.com/soundscape
- Smartphone apps: www.medel.com/listening-apps
- Blog articles from our rehabilitation specialists, posted weekly: www.medel.com/blog

Your clinic will also help you get further rehabilitation resources. These range from resources that you can use at home with family and friends, CDs and musical listening activities that you can use on your own, and materials to help you track your hearing development. For more information about these resources, talk with your specialists or MED-EL representative.
**Glossary of Common Rehabilitation Terms**

**Articulation:** The pronunciation of sounds and words.

**Assessment:** Procedures and tests that identify someone’s skill level, strengths, weaknesses, and needs for rehabilitation.

**Assistive Listening Devices:** Technological devices that can help enhance your hearing in different listening environments.

**Audition:** Being able to perceive sound.

**Body language:** Gesturing, making facial expressions, or body movements to communicate without using words.

**Consonants:** Letters and sounds that are made by closing the throat, mouth, or lips. B, F, M, and T are examples of consonants.

**Communication:** Having a conversation, or exchanging information, with other people.

**Compensatory strategies:** Strategies to help you get past difficulties in communication.

**Communication partner:** Someone with whom you are communicating.

**Delay:** When someone’s skill level is below what’s expected for their chronological age.

**Diagnosis:** Identifying the cause of an existing condition. This is done through assessment, evaluation, and interpretation of someone’s clinical presentation and history.

**Environmental sounds:** Sounds that aren’t speech, like the telephone ringing, birds chirping, or traffic noise.

**Fitting session:** The time when an audio processor is activated or programmed.

**Gesture:** Moving a part of the body to communicate. Pointing at an object is a gesture.

**Goals:** The measureable outcomes of therapy or rehabilitation.

**Hearing loss:** A partial or complete inability to hear sound.

**Implicit or Incidental learning:** Learning something without being told or shown its meaning directly.

**Language:** The comprehension and expression of meaningful communication that follows a set of rules. It includes speech, gesture, reading, and writing.

**Pragmatics:** Using language socially.

**Spoken language:** Verbal communication that uses understandable language.

**Syllable:** A unit of a word that gives each word its rhythm. For example, there are three syllables in computer (com-put-er) and two in water (wa-ter).

**Rehabilitation:** Intervention, therapy, or treatment that focusses on developing a given skill or skill set.

**Phoneme:** The shortest unit of sound that can be recognised, like /k/ or /t/. Phonemes are the building blocks of syllables and words.

**Utterance:** All the sounds that are said before pausing or stopping speaking.

**Vocalisation:** Any sound a person produces.

**Vowels:** Sounds that can be made without closing the throat, mouth, or lips. A, E, I, O, and U are all vowels.
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