



What is Aural Rehabilitation?

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Short Communication

Aural rehabilitation is often described as an add-on to the services that we as professionals in the field of audiology provide on behalf of our patients. We too often find ourselves in a position of attempting to persuade our patients to participate in a service that we feel would be of benefit to them. But then, not wanting to pay extra for another service on top of the cost of the diagnostic services, and perhaps the purchase of expensive hearing aids, our patients may refuse to accept what they consider to be an additional costly service [1-3].

In this author's view, there is something wrong with this scenario since audiologists generally feel that what is provided in the name of aural rehabilitation is not an added service. Rather, it extends the services that we provide into the life of our patients, to assist them in enhancing their communicative skills in spite of an otherwise frustrating hearing impairment. But, in the end, should it actually be an added service? Should it not be an important part of the ongoing audiology services that we provide on behalf of our patients? [4-6].

The service that we have traditionally called "aural rehabilitation" has taken many forms over the years. It has grown from an "activity" that decades ago was once called lip-reading, and then more recently called speech reading. From there, it has moved into a somewhat nebulous service that we call "aural rehabilitation" and the many names it has been given including "auditory rehabilitation", "audiologic rehabilitation", "hearing rehabilitation", "listening training", and the list goes on and on.

I have written five books and many articles on the topic of aural rehabilitation, and each time the image that I have of this service changes. My image of this service within the field of audiology has matured over the years, a maturity that has given me pause as I reconsider its nature and what it should include. I continue to consider what the service means, and what we as audiologists should be doing on behalf of our patients in the name of "aural rehabilitation" [7-9].

I have come to the conclusion that aural rehabilitation, or "hearing rehabilitation", which is the term that I have come to accept as having greater meaning regarding what we are actually doing, does not, or should not entail a separate service. It should not be presented as an add-on service that our patients only accept reluctantly, or may not accept at all. I have come to the conclusion that rather than a separate service, audiologists have the unique opportunity, plus the unique qualifications to go beyond the traditional separate service mode of aural rehabilitation "classes", or individual or group therapy. I feel that what we generally call "aural rehabilitation" is what we should be doing on behalf of our patients as we as audiologists serve them and

their hearing/communicative needs. It should be an important part of the ongoing services that we provide on their behalf. It should be intertwined within everything we do, including:

- the diagnostic testing in its various forms, and the discussions between audiologist and patient that take place as those testing sessions take place;
- the counseling that we provide as we discuss the audiogram and other test results with our patients and respond constructively to their questions regarding the difficult communicative situations that they face each day;
- the counseling that we provide as we discuss the benefits and limitations of hearing aids and other assistive listening devices;
- the counseling that we provide as we discuss the benefits of the use of vision to supplement impaired hearing;
- the counseling that we provide that stresses the need for positive assertiveness on the part of our patients for the purpose of changing their difficult listening situations to their advantage;
- the counseling that we provide as we bring husband and wife or other significant other together to discuss ways in which support can be provided on behalf of our patients in difficult listening environments;
- counseling regarding the importance of hearing protection devices that can help to preserve our patient's residual hearing;
- the counseling that takes place when patients are requested to return to our office to see if they have further questions, counseling regarding other difficult listening situations that they may be facing, and to make sure their hearing aids or other assistive listening devices are assisting them as we expect they should be;
- and all of the other counseling, cajoling, encouraging, challenging that we engage in during our interactions with our patients

That is, or should be, the essence of aural rehabilitation, hearing rehabilitation, or whatever we decide to call the service. It doesn't have to be an extra add-on service. It is a critically important part of what we as audiologists do each day on behalf of our patients.

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