**Submission Template**

**Audiologic Rehabilitation**

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

# **Authors**

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# **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. Identify the type of loss
2. Describe the loss severity

# **Pertinent History**

# **Previous Testing**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> 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.
* 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.

Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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: 1B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice NU-6 = Northwestern University List 6

CID W-22 = Central Institute of the Deaf, Word List 22.

PB-K = Phonetically Balanced – Kindergarten 10 MD = 10 Most Difficult

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# **Rehabilitative Behavioral Testing**

## Omit tests that are not applicable to the case. Please use the following order unless there is a compelling reason for a different order.

## **Binaural Word Recognition Score**

The binaural word recognition score was \_\_% at \_\_dB HL.

Word list used = \_\_\_. Number of stimuli = \_\_\_\_.

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

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

* What question do you want to insert here? Delete if no question is to be used.
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## **Speech-in-Noise Assessment**

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

* 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.

## **Summary**

* If a summarization of all of the Rehabilitative Behavioral Testing question is desired, insert here. Delete the ENTIRE SUMMARY SECTION if it is not relevant.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide.

# **Self-Assessment Measures**

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

## **Group Communication Skills Training**

* 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.

## **Individual Communication Skills Training**

* What question do you want to insert here? Delete if no question is to be used.
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## **Family/Communication Partner Engagement**

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

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

* 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.

## **Informational Counseling**

* 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.

# **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.
* 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.

# **Recommendations**

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

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