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Concept HEAR Rehabilitation for people with hearing impairments (cochlear implant users, people with hearing loss, chronic tinnitus sufferers, those affected with hypersensitivity to noise (hyperacusis), balance disorders/dizziness and Menière's disease

The term “rehabilitation”, usually called “REHAB” in short, comes from the Latin language and literally means “recovery”.

The basic goal of rehabilitation is to enable patients to lead an independent life, pursue a job or complete training, if possible without outside help. It is important to prevent or at least postpone disability-related retirements and the need for care and to enable active participation in life in society.

The effects and interactions of rehabilitation are described in the International Classification of Functioning, Disability and Health (ICF) adopted by the WHO (www.dimdi.de).

People with hearing impairments often suffer from a lack of self-confidence. Because those affected can never be sure that they will understand everything acoustically correctly, their own insecurity increases and so this insecurity often becomes an accompanying attitude to life.

As part of a HEARING rehabilitation, the self-esteem of the hearing impaired person is strengthened so that he/she can better assess his/her situation and thus take targeted measures to master life with the hearing impairment and to meet the demands of a “hearing” world. Communication between people who are hard of hearing requires a high degree of concentration, attention and resilience and causes constant tension. The effects of a hearing impairment are more noticeable in professional life, as communicative demands such as telephone calls, meetings, team work, further training, working in a noisy environment, etc. are very high.

The psychological suffering and increasing exhaustion result in social withdrawal. The social effects of hearing loss extend into all areas of life: they affect school, adulthood, relationships, work and leisure activities.

After the hearing system has been fitted, HEARING rehabilitation begins. The perception of hearing with hearing systems differs significantly from hearing with healthy ears.

In order to achieve the success of a cochlear implantation and to intensify hearing and speech intelligibility with the cochlear implant and speech processor, inpatient HEARING rehabilitation is of utmost importance. But inpatient HEARING rehabilitation can also be urgently required as part of hearing aid care.

Each ear needs a certain amount of time to get used to its newly adapted hearing system (hearing aids, cochlear implants, partially implantable hearing systems, etc.). You have to learn how to use the hearing systems and adjust them so that the hearing sensation is comfortable. This process is often very lengthy and leads to mental and physical stress. Many people who are hard of hearing often do not acknowledge their impairment.

With a hearing system, the person affected has to learn to hear again because many things now sound completely different than before. With this new beginning, the aim is to help the hearing impaired person and give them the opportunity to compensate for their need to catch up on “life with the hearing system” through a lot of speech and noises, which the affected person is now discovering.

The focus of several weeks of inpatient rehabilitation is special hearing training in individual and group settings with speech therapists and audio therapists.

As part of a HEARING rehabilitation, those affected should, among other things, **achieve optimal adjustment of the hearing systems, learn how to use and HEAR WITH hearing systems** (hearing aids, cochlear implants, partially implantable hearing systems such as BAHA, Bonebrige, Soundbrige), **how to deal with and live with the hearing impairment** and be prepared for the best possible inclusion.

In order for the hearing center or the brain to adapt to the new hearing, individual and intensive hearing training is required. Good speech understanding with well-adjusted hearing systems can only be achieved through intensive training and is based on linking the new hearing impressions with the familiar ones.

The use of additional hearing aids and autonomous use of hearing systems is part of rehabilitation. The psychosocial level is also important; here you learn to deal with the situation better and thus take targeted measures to master your life with the hearing impairment and to meet the demands of a “hearing” world.

Common **mental and physical consequences** of hearing loss include:

- chronic tinnitus, (approx. 80% of all hearing impaired people)
- “Hyperacusis” (sensitivity to noise)
- Sleep disorder
- Dizziness symptoms
- Nervousness, restlessness

- Headache
- Concentration restriction
- Performance limitation
- Anxiety disorder
- Depression and even suicidal thoughts
- orthopedic problems (cervical spine)
- Sexual disorders
- Loss of self-confidence

as well as **social problems** that often result from this:

- private conflicts (marriage, family)
- Workplace conflict
- Isolation through social withdrawal

Hearing loss makes professional and personal goals unattainable: In many cases, the person affected loses their value as a human being - this makes **hearing rehabilitation** not only sensible, but **absolutely necessary**.

None of those affected can be compared with anyone else, which is why all rehabilitation measures must always be individually adapted and tailored to each person.

In order to meet the communicative requirements of those affected, corresponding requirements must be placed on the structural and equipment (acoustic accessibility) of a rehabilitation clinic. The most important point, however, is that the employees of a rehabilitation facility know about the special situation of the hearing impaired and the effects of the hearing impairment on everyday life.

There are currently such special clinics in Germany, namely in St. Wendel, Bad Nauheim, Bad Grönenbach, Bad Berleburg and the Rendsburg rehabilitation center.

Examples from Germany:

Further details can be found on the following homepages: www-bosenberg-kliniken.de or www.median-kliniken.de

The CI rehabilitation concept of the **MediClin Bosenberg Clinic** in St. Wendel includes the following components:

- Daily optimization of the speech processor setting
- Intensive individual listening training by trained speech therapists supports the speech processor adjustment
- Telephone training (reducing the fear of not understanding)
- Hearing training on the PC in the patient's room under the guidance of an audio therapist
- Technical advice and testing of additional technology
- Audiotherapeutic individual and group lessons

- Additional training measures to improve communication via audio books, TV or music
- Communication café for the exchange of experiences among like-minded people and interested parties who want to find out more about the topic of cochlear implants
- Comprehensive care from ENT specialists
- Balance training
- Relaxation methods
- Psychological care
- Physical therapy
- Nutritional advice
- Occupational therapy
- Social counseling

The **MEDIAN Kaiserberg Clinic** in Bad Nauheim has placed the focus of patients with cochlear implants on optimizing their hearing results:

- With psychological support, people who are hard of hearing and deaf can develop coping mechanisms to better cope with their hearing impairment in everyday life and to prevent states of exhaustion.
- As part of audio therapy, communication strategies are developed and the use of technical aids is practiced.
- Patients with tinnitus and hyperacusis learn to perceive the noises that bother them as neutral. Additional stressful factors are dealt with psychological support.
- The perception is directed towards positive aspects of one's own life. Relaxation techniques such as progressive muscle relaxation and Tai Chi increase the quality of life.
- If there is dizziness or balance problems, physical and mental stabilization are the focus of the healing process. Balance training and accompanying psychological discussions help you find your own center again.
- None of the hearing impaired, deaf people or CI users can be compared with anyone else, which is why all rehabilitation measures must always be adapted to the individual person and tailored to them.

Therapeutic spectrum:

- Balance training
- Physiotherapy and physical applications
- Lectures and training courses
- Thematically focused discussion groups
- Psychological individual discussions
- Progressive muscle relaxation
- Audiotherapy
- Perceptual training
- Technical aid advice

If the hearing impairment itself usually evades treatment, it is the secondary complaints and illnesses mentioned that need to be treated. During rehabilitation, experienced doctors, qualified psychologists, exercise therapists, physiotherapists, special education teachers, social workers, physiotherapists, nutritionists and nursing staff work closely together in a **team** that creates an individual treatment plan in consultation with the person affected. The **goal** is a **sustained improvement in the quality of life**.

At the 6th CI Symposium, in the MediClin Bosenberg Clinics St. Wendel/Germany, November 2012, Dr. Seidler says that inpatient HEAR rehabilitation has a positive impact not only on the health but also on the **economic aspect**, for example

- Shortening of reintegration in the professional and private environment,
- Avoidance of co-morbidity (sickness) due to loss of motivation, disappointment, depression, social withdrawal
- Maintaining professional prospects
- positive performance image
- Timely setting of the course for professional development: benefits for participation in working life, retraining, etc.
- Improving communication strategies
- Promoting mobility
- Personality change through acceptance of hearing impairment

At the start of rehab, 90% of rehabilitants have little knowledge of the equipment and massive operating deficiencies in their speech processors and hearing aids, as the technical instruction and training in the clinics is simply neglected. For example, a patient walked around with a T-coil switched on for three months and this was corrected as part of the rehab.

70% of CI users can make phone calls after inpatient rehabilitation.

HEARING rehabilitation for people with hearing impairments should include:

- **Comprehensive information** about all aspects of hearing loss, deafness and their consequences, so that those affected can understand the essential context of “their” illness
- Motivation and development of options together **with the affected person to bring about a change in behavior** to reduce the burden and avoid secondary illnesses. What is important is “listening tactics” and a self-confident approach to dealing with the communication disability in everyday life
- **Hearing training (speech therapy and audio therapy)** in individual settings and in groups helps to increase safety when using hearing aids and CIs, as does learning to use lip-reading. Intensive individual hearing training by trained speech therapists supports the adjustment of the hearing system. Telephone training (reducing the fear of not understanding)
- **Hearing training on the PC in the patient's room** under the guidance of an audio therapist

- Daily **optimization of the hearing systems and their speech processor settings** on site by cochlear implant companies.
- Additional training measures to improve communication via audio books, TV or music and communication training
- **Listening tactics** (behavioral training)
- **Medical therapies** ensure the treatment of the clinical picture, the treatment of subsequent physical symptoms and, if necessary, the improvement and adjustment of drug therapy
- **Psychological therapy** in individual counseling and small group therapy. It's about dealing with hearing impairment or tinnitus symptoms and their psychological and somatic consequences. Existing conflicts in the areas of family, relationships and the workplace are discussed and solutions are developed
- **Learning relaxation techniques** to enable those affected to cope better with stresses and strains
- **Exchange of experiences with other affected people** in small groups. The individual should learn to put their own concerns into perspective through exchanges with other patients and recognize what ways and solutions others with similar problems have tried and found
- **Advice from social workers** to clarify important social questions: e.g. the tension between ability to work - employment and occupational disability - pension
- **Technical advice** from advice centers, hearing aid acousticians or CI companies on improving settings and using additional devices (testing)
- **Arrangement of advice centers and contacts to self-help organizations** in order to enable further ongoing help with the problems and an exchange with similarly affected people on site
- **Physiotherapy** in individual and small group therapy, active training ensures the function of important muscle groups and the restoration of movement sequences, e.g. balance training, breathing therapy and "back school"
- **Special education therapy**, through design and creative therapy to strengthen self-confidence, one's own perception and ability to express oneself
- **Exercise and sports therapy** with the aim of improving physical performance and circulatory regulation
- **Physical therapies**, e.g. massages, heat and cold applications, lymphatic drainage, electrotherapy, etc. for the treatment of chronic pain conditions, also for stimulating the body's defenses and influencing the autonomic nervous system
- **Nutritional advice** leads to a lasting change in eating habits and thus a reduction in risk factors
- Communication café for the **exchange of experiences** among like-minded people and interested parties who want to find out more about the topic of hearing systems (cochlear implants, hearing aids, partially implantable hearing systems).

The task of rehabilitation is to meet those affected where they are and to take their current problems seriously and treat them holistically (physically, psychologically).

Conclusion:

According to EU guidelines, Austrians currently have the opportunity to use facilities and clinics in Germany.

If you apply, working people will receive a rehabilitation stay in Germany financed by their pension insurance following a CI operation. Unfortunately, those who have a severe hearing loss but use hearing devices such as hearing aids do not get any opportunity for hearing rehabilitation.

Affected people who are not employed rarely receive approval from social security, and many people are also afraid to apply for hearing rehabilitation in Germany due to the long journey.

Our advice centers and self-help groups often receive inquiries about possible hearing rehabilitation for people with hearing impairments, hard of hearing people, chronic tinnitus sufferers, those with hypersensitivity to noise (hyperacusis), balance disorders/dizziness, Menière's disease and especially those affected after a cochlear implantation.

For this reason, we ask that a HEAR rehabilitation facility be installed for people with hearing impairments in Austria.

For the sake of the 1.7 million people who are hard of hearing, we ask that this matter be dealt with positively.

Mag. Brigitte Slamanig

President of the ÖSB