

Outcomes decline with delay.[1]

Refer for cochlear implant evaluation today.

77% wish they were implanted earlier[4]

95% satisfaction with cochlear implants[3]

90% are not referred[2]

Recognize undertreatment.

- Speech clarity not improved by hearing aid use
- Dependence on family members for communication
- Unable to understand phone conversations*
- Requires captions for TV viewing*
- Difficulty understanding in noisy environments*

*You may need to ask objective questions to confirm this.

Follow the evidence.

According to the AAO Age-Related Hearing Loss Clinical Practice Guidelines, cochlear implant referrals are highly recommended.[5]

- Do not wait until communication difficulty becomes severe.

Perform a hearing test and refer for a cochlear implant evaluation if the below criteria are met.[6*]

Audibility
Pure Tone Average
(500, 1000, 2000 Hz)

60 greater than or equal to **60 dB** in the better ear

+

Difficulty understanding speech
even with appropriately fit hearing aids

- An evaluation is NOT a commitment to surgery. It provides a baseline for future testing — even if the patient is not currently a candidate.

Refer with confidence. Find a clinic.

Scan the QR code to Find & Connect with a cochlear implant center near you.

See back for references

1. Dowell, R. C. (2016). *The case for earlier cochlear implantation in postlingually deaf adults. International Journal of Audiology*, 55(Suppl 2), S51–S56.
2. Swords, C., Ghedia, R., Blanchford, H., Arwyn-Jones, J., Heward, E., Milinis, K., Hardman, J., Smith, M. E., Bance, M., Muzaffar, J., & INTEGRATE (2024). Socioeconomic and ethnic disparities associated with access to cochlear implantation for severe-to-profound hearing loss: A multicentre observational study of UK adults. PLoS medicine, 21(4), e1004296. https://doi.org/10.1371/journal.pmed.1004296.
3. Lupo, J. E., Biever, A., & Kelsall, D. C. (2020). *Comprehensive hearing aid assessment in adults with bilateral severe-profound sensorineural hearing loss who present for cochlear implant evaluation. American Journal of Otolaryngology*, 41(2), 102300. https://doi.org/10.1016/j.amjoto.2019.102300
4. Cochlear. (n.d.). *Cochlear internal estimate, recipients data.*
5. Tsai Do, B. S., Bush, M. L., Weinreich, H. M., Schwartz, S. R., Anne, S., Adunka, O. F., Bender, K., Bold, K. M., Brenner, M. J., Hashmi, A. Z., Keenan, T. A., Kim, A. H., Moore, D. J., Nieman, C. L., Palmer, C. V., Ross, E. J., Steenerson, K. K., Zhan, K. Y., Reyes, J., … Dhepyasuwan, N. (2024). *Clinical practice guideline: Age-related hearing loss. Otolaryngology–Head and Neck Surgery*, 170,S1-S54. https://doi.org/10.1002/ohn.750
6. Zwolan, T. A., Schvartz-Leyzac, K. C., & Pleasant, T. (2020). *Development of a 60/60 guideline for referring adults for a traditional cochlear implant candidacy evaluation. Otology & Neurotology*, 41(7), 895–900. https://doi.org/10.1097/MAO.0000000000002664

* This provides a recommendation only of when an adult may be referred for a cochlear implant evaluation but does not guarantee candidacy based on indications. (Only for adults).

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The content of this guideline is intended as a guide for information purposes only and does not replace or remove clinical judgment or the professional care and duty necessary for each specific recipient case. Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources, expertise, and standards of care and practice.

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