American Cochlear Implant Alliance Task Force: Recommendations for Determining Cochlear Implant Candidacy in Adults

- *Adult CI candidacy criteria have expanded reflecting improved outcomes for individuals with more residual hearing, higher aided speech recognition scores, and asymmetric hearing loss*
- *Test measures have evolved to include both bilateral and ear specific conditions as well as testing in quiet and in noise*
- *Recognized benefits of CI go beyond objective test measures to include improvements in quality of life, cognitive ability, and social inclusion*
- *Using a "revised 60/60 guideline", if a patient has a PTA ≥ 60 dB HL and an unaided monosyllabic word recognition score ≤ 60% in the worst hearing ear, the patient should be referred for CI evaluation*
- *Adult CI candidacy evaluations should involve a multi-disciplinary team that includes an experienced cochlear implant surgeon and audiologist(s) specializing in CI; where appropriate the team may include rehabilitation specialists, psychologists, social workers, previously implanted peers, and family members*
- *Aural rehabilitation should be encouraged to maximize hearing outcomes*

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