Insight CI Rehab
What ist possible

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CIICA Brussels

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Deister Weser Klinik Bad Münder

Vita

- Since the age of 4 severe hearing impairment on both sides 64 years of hearing aid experience, for 10 years CI on the left
- 43 years 18 years of ENT experience in outpatient practice, 35 years as an attending physician in Neunkirchen/Saar.
- 20 years as Chief Physician MediClin Bosenbergklinik St Wendel/Saar
- 1995- 2018 President of the German Association of the Hard of Hearing e.V., the largest self-help group for the hard of hearing and deaf
- Chairman of the Board of the German Hearing Association since 2022
- Major projects: Development of the training course for audio therapy, speech-to-text interpreters, collaboration on legislative changes SGB V and SGB IX, GBA, LL AWMF
- Development of an outpatient center TTHZ in Neunkirchen for tinnitus and hearing impairment.
- Since 2025 Chief Physician ENT Deister Weser Klinik Bad Münder Germany

TOP 1 Presentation Rehab clinic in Bad Münder

- **MediClin Deister Weser Kliniken**:
- **Haus Deister**:
- Rehabilitation Specialist Clinic for Oncology , ENT, Urology
- Haus Weser:
- Rehabilitation Clinics for Psychosomatics and Behavioral Medicine
- Clinic for Acute Psychosomatics and Psychotherapy



Panorama DWK Bad Münder



Recreation in therapy



Klangstuhl Musiktherapie



MTT Raum



Training in nature



DWK : Barrierfree für HOH / Tinnitus Betroffene nach § 4 BGG



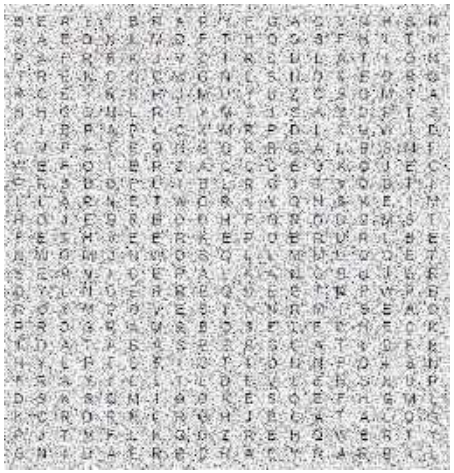


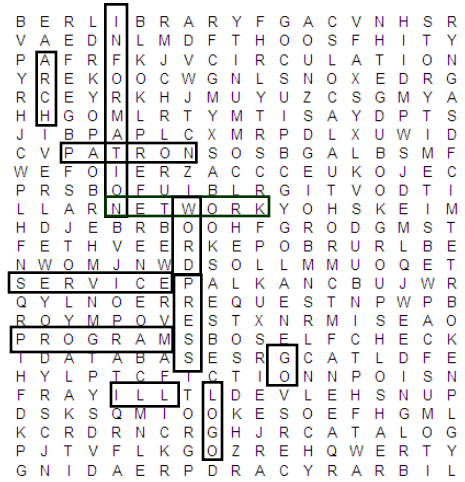
- Roomacustic engineering in all hospital areas
- Inclusion as a development benchmark
- Training of therapists, staff, reception
- Communication Technology
- Competence of Concern - Hearing Impaired
- , audio therapists, doctors,
- Communication strategies, reticle, feedback
- Self-help involved in all phases
- Organization of further care after rehabilitation

Barrierfreie HNO Zimmer



Hearing with Cochlear Implant















A.Pollack, New York Times

4 Wochen | 8 Wochen | 10 Wochen | > 8 Monat

Reorganization of the auditory cortex
on the basis of a neuronal plasticity

Restart

- Changing communication strategies
  - Family and relationships
  - Professional changes

New CI indications

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- **No age limit (0 to 80+)**
- High-frequency deafness (hearing residues)
- Audiology + Acoustic Decompensation
- **SSD-Single-Side Deafness** (Tinnitus Masking) !! Spatial hearing
- dizziness (Meniere's disease, acoustic neuroma,
- vestibular failure)
- **prelingual Deafness** no longer a strict contraindication !!

AWMF-Register-Nr.: 017-071 Guideline CI

- The aim is to restore hearing with cochlear implants or central auditory implants if:
- sufficient speech understanding and listening with hearing aids.
- All care is provided by a multidisciplinary team of experts using adequate technical equipment.

AWMF –LL process description



AWMF consensus guideline CI

- **4.3.6 CI Supplying Facility**
- The term "**CI care facility**" is usually understood to mean an inpatient, bed-holding main department for ear, nose and throat medicine. It is used as non-delegable services in the care process to include preoperative diagnostics and indications, surgery, and at least basic audiological therapy
- Audiological **follow-up therapy/CI rehabilitation and aftercare** also take place at the CI care facilities, but can **also be carried out in special rehabilitation facilities and aftercare centers**
- 4.3.7 CI rehabilitation facilities
- The CI rehabilitation facility is an institution that carries out CI rehabilitation measures/follow-up therapy in the care process according to structural and content-related criteria (see chapters 9.3, 9.4, 10).

9. Basic therapy (initial adaptation phase) and follow-up therapy (CI rehabilitation))

- The **basic therapy (initial adjustment**) should be carried out in the implanting clinic.
- **For follow-up therapy (CI rehabilitation), the CI care facility or corresponding qualified CI rehabilitation centers should also be available**, which can take over the CI rehabilitation in close cooperation with the CI care facility.

9.3.1 Contents of CI follow-up therapy and CI rehabilitation (see also Fig. 2, page 13)

- technical controls, step-by-step optimization of the CI processor setting,
- intensive listening-speech therapy,
- speech therapy, phoniatric, pedagogical and psychological diagnostics,
- audiometric hearing and speech tests (at rest and in noise),
- Counseling of the patient and his social environment,
- psychological care,
- Further training in the handling of the CI system (care, maintenance, fault detection) and in the use of additional equipment,
- Documentation and evaluation of the results in the context of the weekly team meetings,
- Advice from the social service on disability rights and professional integration.

Ways to inpatient CI rehabilitation

- AHB – Follow-up treatment via the **German Pension Insurance (DRV) professional rehabilitation.**
- AH – Follow-up treatment at the expense of the **statutory health insurance (GKV)children and pensioners**
- Healing methods as an independent access route
- Employers' Liability Insurance Associations (BG)
- Accident Insurance Funds (UK)
- Private health insurance (PKV)

Follow-up treatment AHB (DRV) German Pension Insurance

- Approved facility by DRV
- AHB indication since 2025 Group 40
- medical rehabilitation measure, which usually **begins no later than 14 days after inpatient hospital treatment.**
- It usually lasts **three weeks** and can be an inpatient or full-day outpatient
- Procedure and application
- Organisation: The **social service** of the treating hospital will support you directly on site with the application.
- Right of preference and choice: You may indicate your wishes regarding the clinic (e.g. a specific specialty or proximity to your place of residence).
- Cost bearers: Usually the German pension insurance (for employees)

Listening and communication training



- Communication tactics, listening tactics
- Workplace analysis and simulation, communication at the workplace (measures for participation in working life), MBOR professional work trials, occupational changes, retraining, barrier-free workplace
- Sound space with realistic sound database
- Communication Group
- Communication Café (Real Situation)
- Additional training measures (audio books, TV, music,App)
- Speech therapy (speech and language therapy)

Accesories training



Core competence: Technology for people with hearing loss

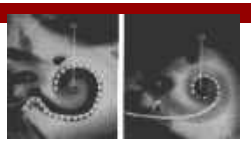
- The portfolio includes audiological technology...



Music therapy



Basics of inpatient rehabilitation at MediClin Deister Weser Clinic Bad Münder



- Speech Processor Optimization
- Intensive individual and group listening training by trained speech therapists supports speech processor adjustment
- Audio therapy and psychological stabilization

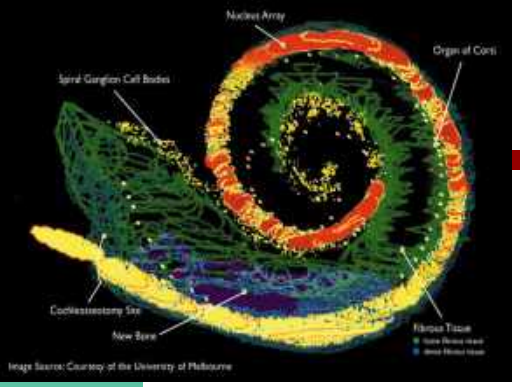


Listening training group daily Differentiation by hearing status (A. B. C.)



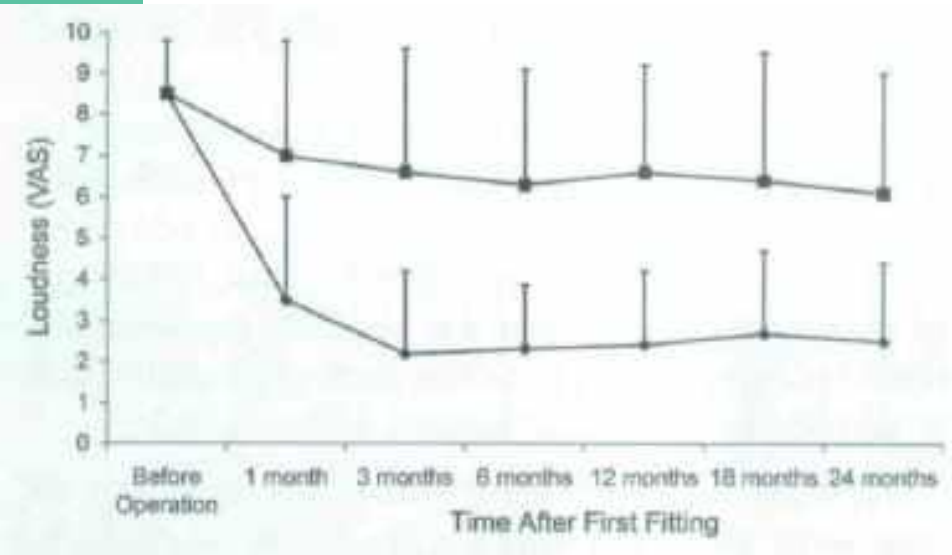
- Understanding each other (Understanding each other)
- create). Social training on a new listening basis.
- Different ways of speaking and dialects
- Adjust to changing conversation partners
- Improvement of one's own articulation in the mirror of the group. How will I be understood?
- Recognizing and respecting the communicative needs of others
- Hearing with and without technical accessories
- Holistic communication. reticle, listening tactics, conversation structure,
- Music perception





CI and tinnitus

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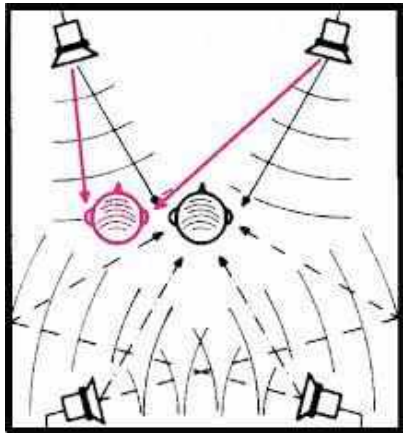
- Most CI wearers already have complex tinnitus preoperatively, as no acoustic stimuli can be absorbed without CI (central perception disorder!)

  Tinnitus perception by CI is reduced in most cases, as acoustic masking becomes possible again (noiser effect)

Studie: Van de Heyninig, Annals of Otology, Rhinology & Laryngology 2008, 117:645-652

Hearing Lab Resources

- Noise Data Database
- Visual support of the dynamic listening situation (station) and video
- Patient excursions with listening circuit training.
- Shopping center, church, office, street noise
- Training of hearing balance (bimodal, SSD)
- Listening condition. Audiogram snapshot only



Hörlabor MBOR



Hearing lab



Outlook

- Demand is constantly increasing (60,000 CI recipients in Germany)
- Studies show that only 5% of candidates are covered.
- Few facilities on the market (high hurdles), high demand.
- Increasing acceptance of acute care clinics for independent rehabilitation competence (groups, pedagogical competence)
- Cost bearers DRV, GKV recognize increasing importance of CI rehabilitation for professional reintegration
- Improved networking of patients (preference and right to choose!)

Team ENT Bad Münder



Thank you for your attention



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