## **Pediatric Hearing Instrument Fitting**

Once reliable threshold data, albeit initially limited, has been obtained from ABR and behavioral testing, or the ABR alone, and a degree of audiological certainty attained, the fitting of hearing instruments can be initiated. In this section, three chapters address this next phase in building a sound foundation for auditory skill development.

Kathryn Beauchaine provides "An Amplification Protocol for Infants." Her approach to hearing instrument fitting has been based on the available evidence and the years of practical experience she has had in the clinical setting. Readers will be pleased with the abundance of immediately applicable information contained in this chapter which should be incorporated readily in the management of infants and young children with hearing loss.

Stefan Launer and Volker Kühnel discuss several technologies beneficial to the fitting of hearing instruments to infants and young children with severe and profound hearing loss. Current amplification approaches provide numerous options for delivering an audible speech signal, some technologies here-to-fore unavailable in a personal hearing aid for children with these more significant degrees of hearing loss.

Achievement of prescriptive amplification targets ensures the audibility of the speech signal. Yet with today's advanced signal processing technologies, this critical phase of hearing instrument fitting can be highly complex. Susan Scollie and Richard Seewald present a detailed approach to this challenge in their chapter "Electroacoustic Verification Measures with Modern Hearing Instrument Technology." This comprehensive, step-by-step approach details measurement considerations for today's advanced hearing instrument circuitry.

When the selection and evaluation of each hearing instrument have been achieved, audiologists and parents can begin to formulate an early intervention plan. It is through the verification stage of the fitting process that the audiologist ensures that the desired electroacoustic response characteristics have been achieved. Only with full knowledge of what the hearing instruments are providing to the child can reasonable goals be set and intervention plans initiated.

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