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Optimize patient outcomes through combinations of acoustic and electric stimulation

Laura Lassen, AuD
Sr Manager, Market Expansion

Cheryl Lechtenberg, MS F-AAA
Area Market Expansion Manager

Mary Beth O'Sullivan, MS, CCC-A
Sr Manager Clinical Marketing Strategy

Remote Care

Your Remote Check status:
Submitted a moment ago.
Thank you!

Your clinician will review your results and
determine whether or not you need to visit
the clinic.

Learning Outcomes

After this course, participants will be able to:

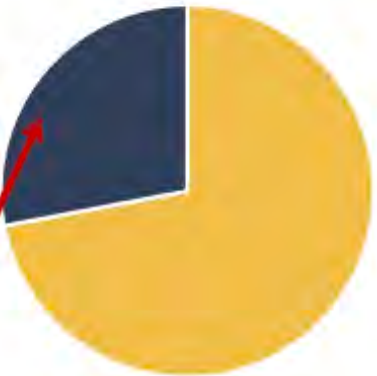
- ✓ Determine adult candidacy for treating hearing loss with bimodal technology (hearing aid plus cochlear implant).
- ✓ Determine adult candidacy for treating hearing loss with ipsilateral electric plus acoustic stimulation (EAS).
- ✓ Determine adult candidacy for treating hearing loss when there is a diagnosis of UHL/SSD.



Hearing healthcare awareness and access



Only 57% of primary care professionals know there is a “normal” hearing metric¹



Only 28% can name this metric¹



9% of patients were able to correctly identify a “normal” or average range of hearing¹

6 years
Average wait time for people with hearing loss to receive treatment²



40.3 million people self-reported hearing loss¹



32% have never seen a hearing loss professional¹



Less than 1 in 20 adults who could benefit from a cochlear implant have one¹

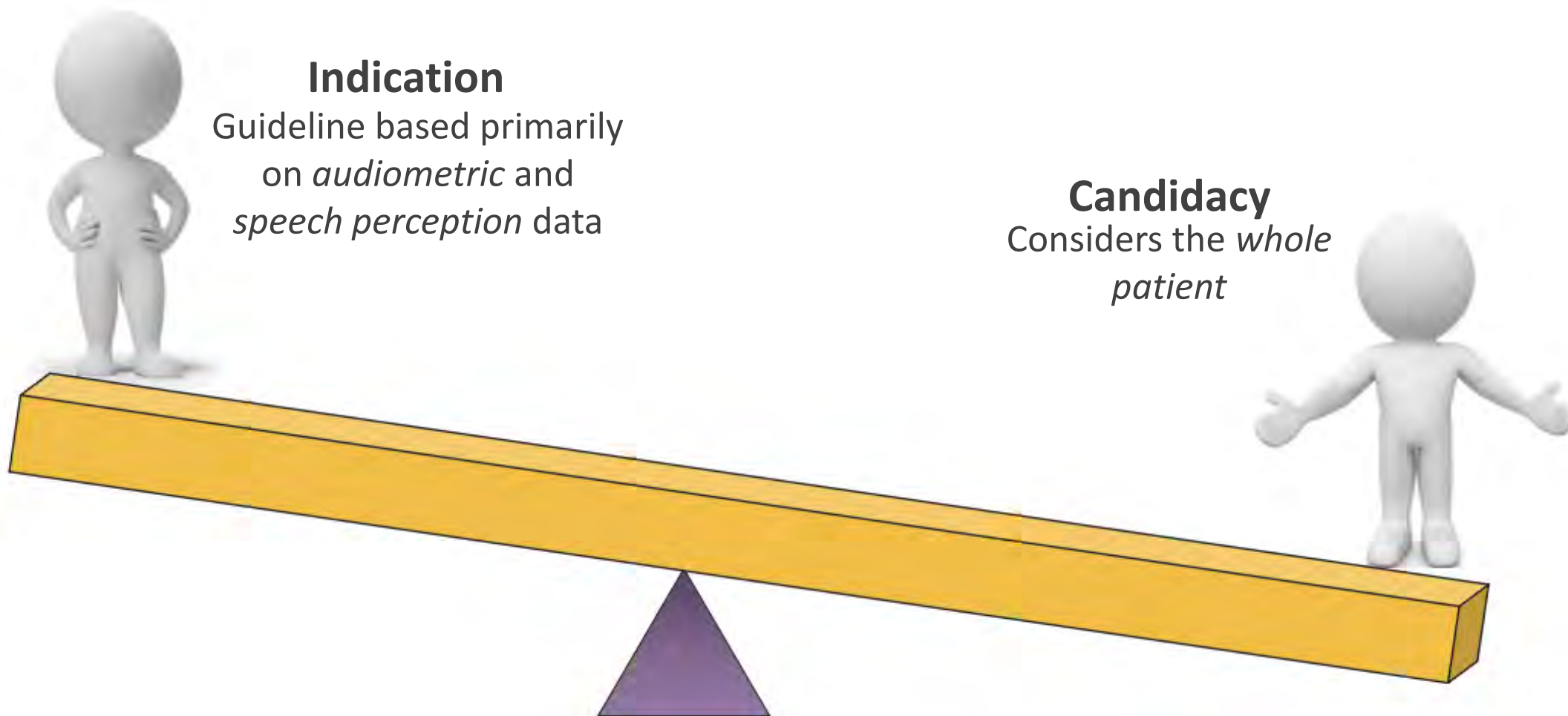
Indication vs Candidacy

Indication

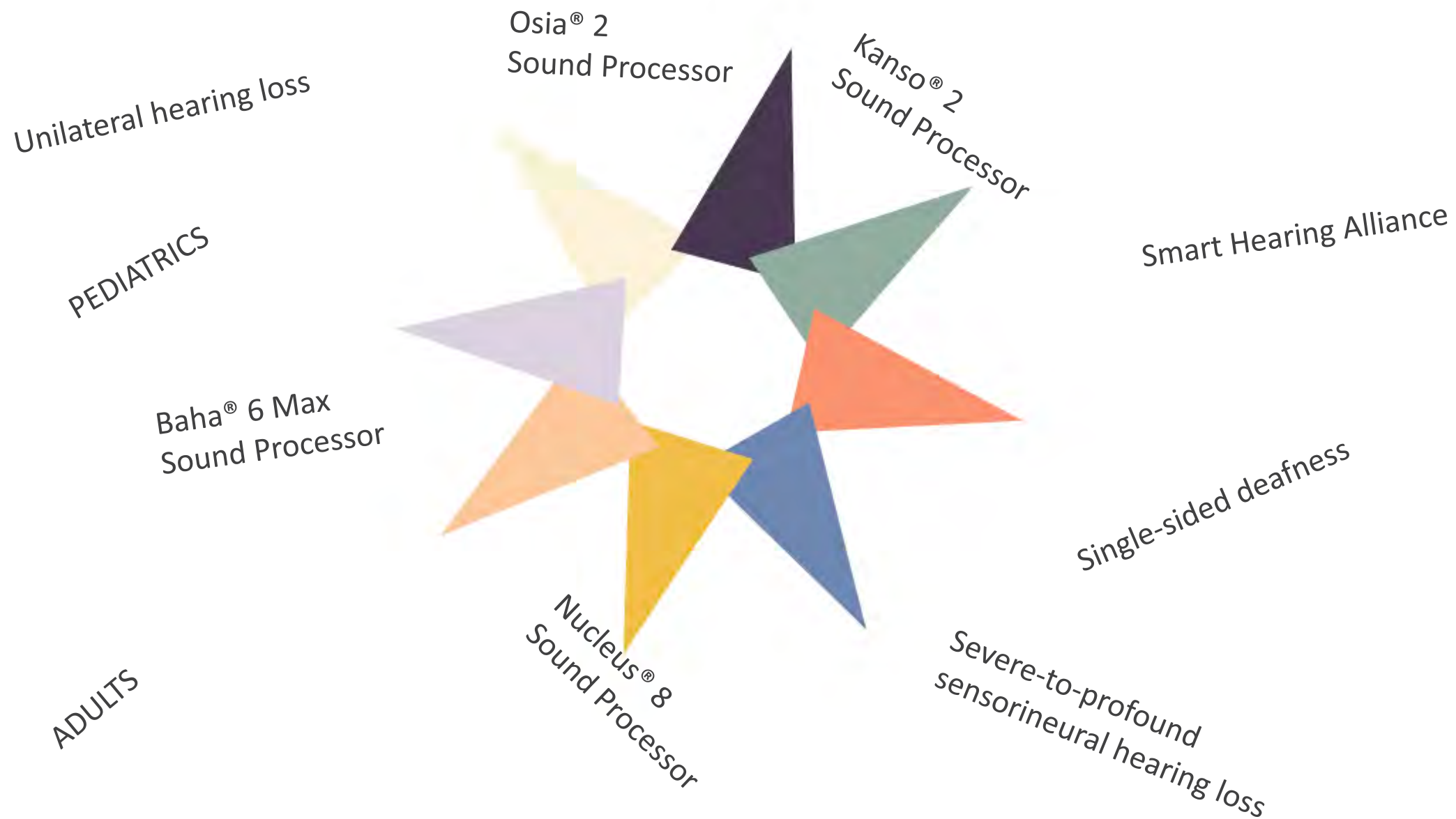
Guideline based primarily
on *audiometric* and
speech perception data

Candidacy

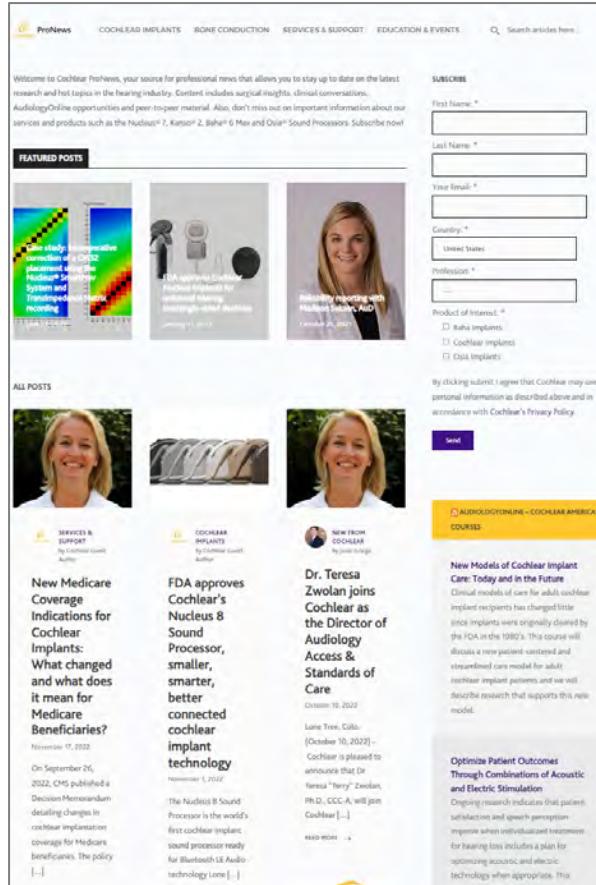
Considers the *whole*
patient



Candidacy criteria for Cochlear™ Systems



More resources



pronews.cochlear.com

Attending AAA 2023?

Learn how cochlear implant technology could help your patients.

Join us on Friday, April 21 at 7:45 AM

Check the Online Conference Planning for updates on location, we hope to see you there!

Keeping up with candidacy: The latest in hearing implant guidelines and indications

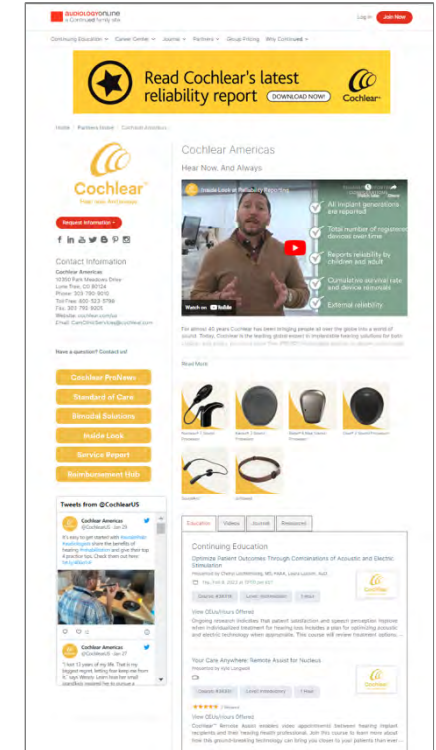
Hearing implant candidacy continues to evolve, now including options for children as young as 9 months and those with ski slope hearing loss or single sided deafness. The literature demonstrates that delaying appropriate intervention as defined by best practice consensus guidelines has a detrimental effect on long term outcomes. Several leading researchers in audiology and otolaryngology have worked to establish Standard of Care guidelines along with best practice consensus papers. This course will walk participants through the changing landscape and introduce resources to ensure you are up to date with the latest information.

Presented by:
Douglas Sladen, PhD





acialliance.org



Search: Cochlear Audiology Online
www.audiologyonline.com/partners/cochlear-americas/

Definitions

Bilateral: affecting both sides

Binaural: affecting both ears

Bimodal: hearing implant on one ear and a hearing aid on the other ear

Unilateral hearing loss (UHL): one ear has hearing levels in the normal range, with hearing loss in the other ear

Single-sided deafness (SSD): one ear has hearing levels in the normal range, with severe-to-profound hearing loss in the other ear



Our Mission



We help people hear and be heard.

We **empower** people to connect with others and live a full life.

We **transform** the way people understand and treat hearing loss.

We **innovate** and bring to market a range of implantable hearing solutions that deliver a lifetime of hearing outcomes.



Hear now. And always



Evolution of Candidacy

Cochlear™ hearing implants – a history of innovation

Sound Processors



82 **89** **94** **97** **98** **02** **05** **09** **13** **16** **17** **20** **22**

WSP MSP Spectra SPrint™ ESPrit™ ESPrit™ 3G Freedom® Nucleus® 5 Nucleus® 6 Kanso® Nucleus® 7 Kanso® 2 Nucleus® 8

Cochlear Implants



85 **97** **98** **00** **05** **08** **09** **14** **19**

CI22M CI24M ABI CI24R CI24RE Hybrid™ L24 (CI24REH) CI500 Series Profile® Series (CI500) Profile® Plus Series (CI600)

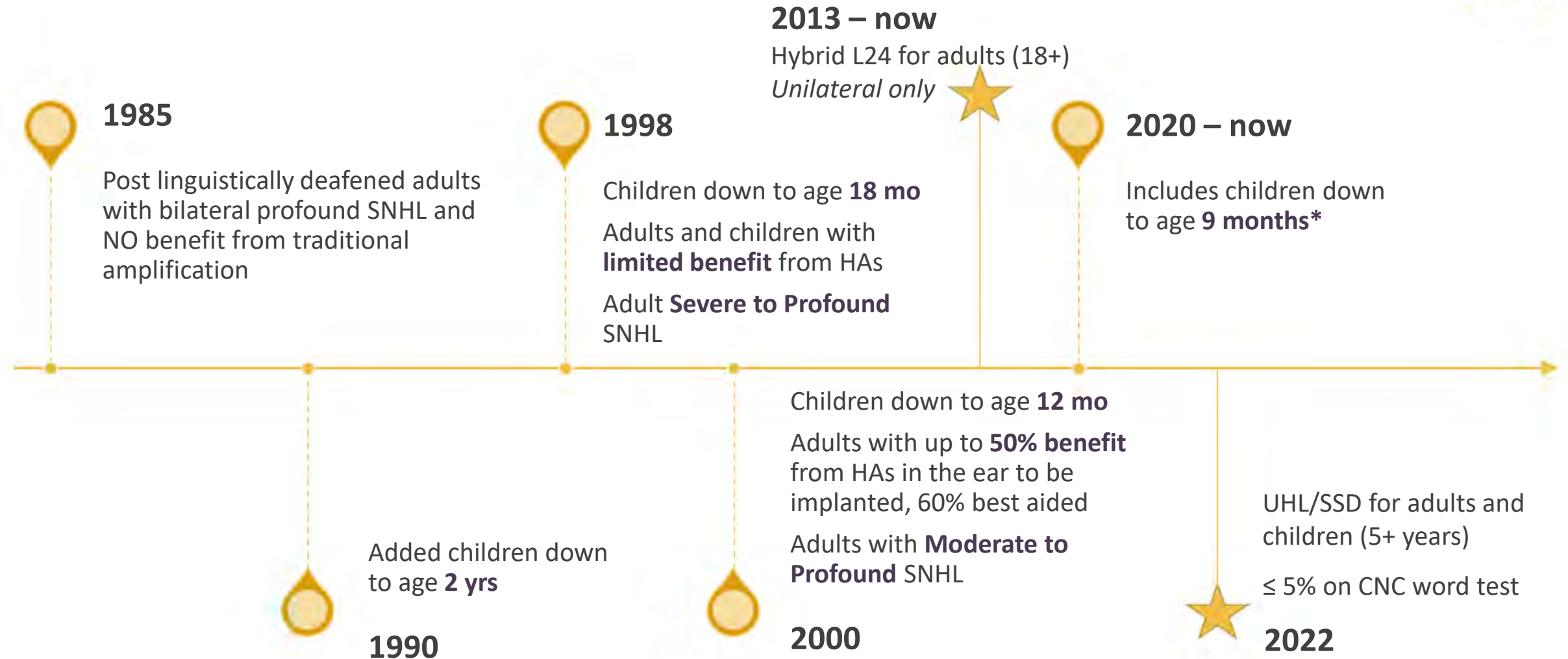
Electrodes



85 **98** **00** **00** **02** **08** **11** **16** **19**

Straight ABI Double Array Contour® Contour Advance® Hybrid™ L24 Slim Straight Slim Modiolar Slim 20

Evolution of Cochlear Implant Indications



*In the United States, the Cochlear Nucleus Implant System is approved for use in children 9 to 24 months of age who have profound sensorineural hearing loss in both ears and demonstrate limited benefit from appropriate binaural hearing aids. Children 2 years of age or older may demonstrate severe to profound hearing loss in both ears.

Adult Indication: Nucleus® Cochlear Implant



Nucleus Cochlear Implants are intended for use in adults who have bilateral moderate to profound sensorineural hearing impairment and obtain limited benefit from appropriately fit bilateral hearing aids.

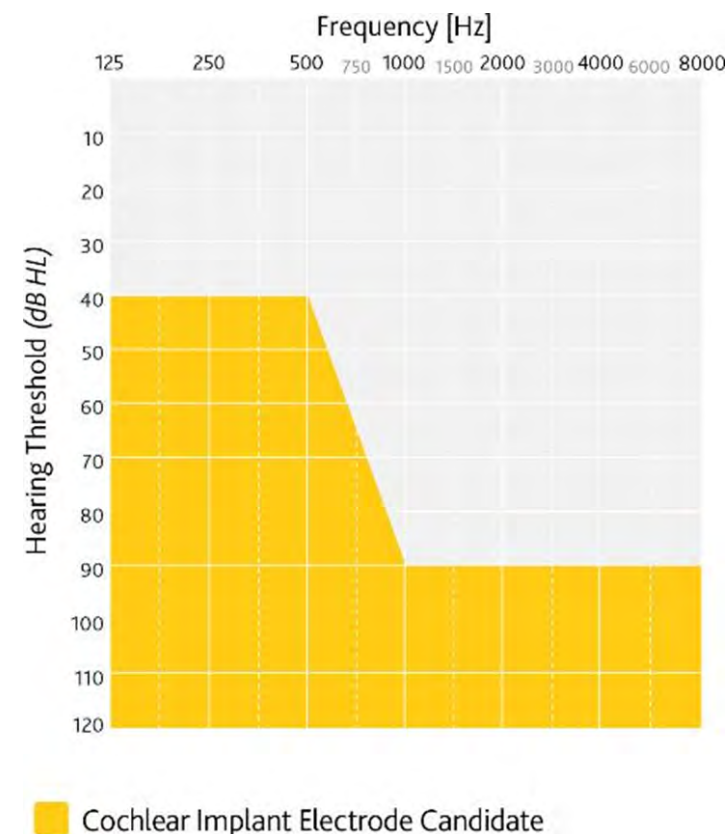
- ✓ Moderate to Profound hearing thresholds in the low frequencies

Profound (≥ 90 dBHL) in the mid to high frequency range

- ✓ Limited benefit from amplification

50% or less in the ear to be implanted

60% or less in the best-aided condition
on recorded sentence measures



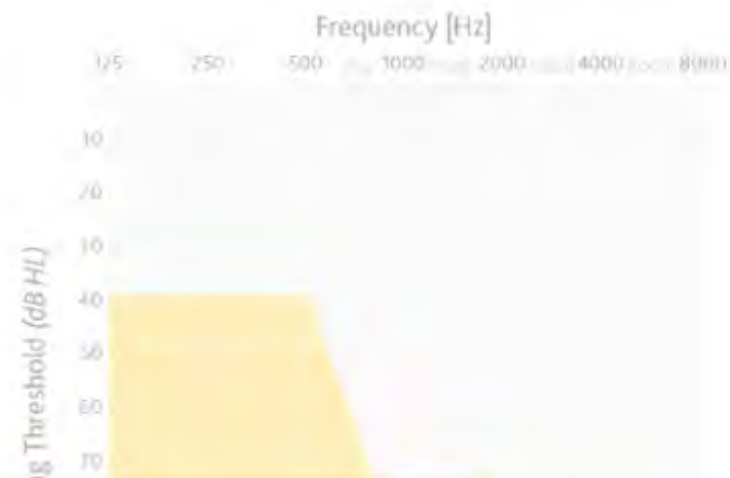
Adult Indication: Nucleus® Cochlear Implant



Nucleus Cochlear Implants are intended for use in adults who have bilateral moderate to profound sensorineural hearing impairment and obtain limited benefit from appropriately fit bilateral hearing aids.

- ✓ Moderate to Profound hearing thresholds in the low frequencies

- ✓ Limited benefit from amplification
 - 50% or less in the ear to be implanted
 - 60% or less in the best-aided condition on recorded sentence measures



Medicare coverage expansion

Effective for services performed on or after September 26, 2022, cochlear implantation may be covered for treatment of bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification.

Limited benefit from amplification is defined by test scores of less than or equal to 60% correct in the best-aided listening condition on recorded tests of open-set sentence recognition.

Hear now. And always



When to Consider a Cochlear Implant Evaluation in Adults

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

Speech understanding: Unaided Word Recognition Score

6 greater than
or equal to
60dB¹
in the better
ear



6 less than
or equal to
60%¹
in the better
ear

**Patient experiences
ANY of the following:**

- ☐ Struggles to hear on the phone
- ☐ Has difficulty understanding others
- ☐ Withdraws from social events
- ☐ Often needs others to repeat themselves

Revolution of Bone Conduction

Late 1970's
Tjellstrom develops surgical technique and performs **first Baha surgery**

1995 - 2001
Baha System Introduced
FDA Clearances for mixed and conductive loss, bilateral fittings pediatric ≥ 5 years old

2008
Baha Intenso
First 55 dB benchmark fitting range

2002
Baha System is cleared for treatment of SSD and Softband introduced for children under 5.

2012
DermaLock abutments designed to preserve soft tissue & improve esthetics.

2010
BI300 Implant sets new standards for implant stability and reliability.

2014 -2015
Baha 5 and Attract
First magnetic bone conduction system featuring first Made for iPhone Sound Processor

2019
Cochlear Osia® System
First active system using Piezo Power Transducer 55 dB fitting range.

2021
Baha 6 Max
Smallest sound processor with 55 dB fitting range and extended high frequency range.

2022
Cochlear MRI Kit Access to 1.5T MRI without magnet removal.



Cochlear™ bone conduction solutions

Candidacy guidelines

If your patients meet the criteria below, a bone conduction hearing demonstration with Baha® Start can help determine if an Osia® System or Baha System is right for them.



Mixed and conductive

**PTA BC
threshold
≤55dB SNHL****

(0.5, 1, 2, 3 kHz)



Single-sided deafness

Poor ear

**Non-
functional
hearing**

(i.e. profound hearing loss)

Good ear

**PTA AC
threshold
≤20dB SNHL**

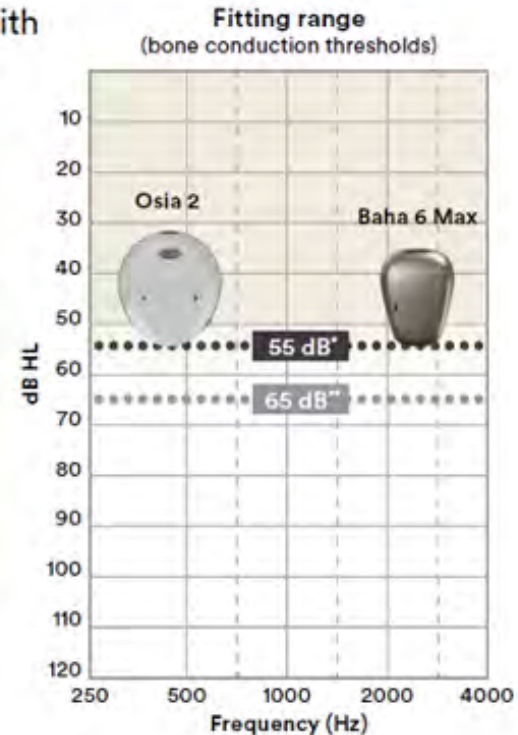
(0.5, 1, 2, 3 kHz)



Contact your local Cochlear representative for more information on bone conduction solutions or visit www.cochlear.us/whyboneconduction

* The Baha 6 Max Sound Processor and the Osia 2 System have a fitting range of up to 55 dB SNHL.

** Additional powerful Baha device available with up to a 65 dB fitting range. Contact your Cochlear representative for more information.



Hear now. And always



Benefits of bimodal stimulation

Proven bimodal benefits



IMPROVED

- ✓ Sound localization¹⁻³
- ✓ Speech perception in quiet^{1,2,4,5}
- ✓ Speech perception in noise^{2,3,5}
- ✓ Sound quality^{1,2}
- ✓ Functioning in real-life environments³
- ✓ Quality of life⁴
- ✓ Perception of music⁶

"It's incredible how much quality of life it has provided me back."

Mathias, Smart Hearing Alliance bimodal user

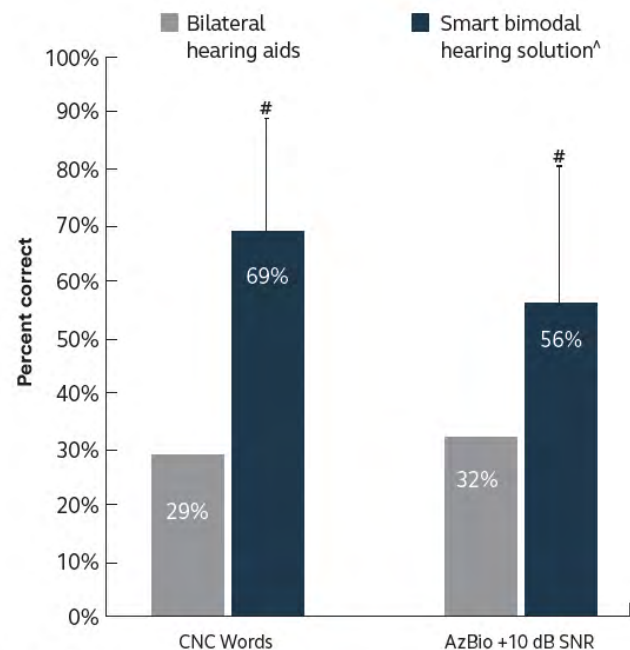
1. Potts LG, Skinner MW, Litovsky RA., et al. Recognition and localization of speech by adult cochlear implant recipients wearing a digital hearing aid in the nonimplanted ear (bimodal hearing). J Am Acad Audiol (2009 Jun); 20, 353–373.
2. Morera C, Cavalle L, Manrique M, et al. Contralateral hearing aid use in cochlear implanted patients: Multicenter study of bimodal benefit. Acta Otolaryngol (2012 Jun); 132, 1084–1094.
3. Ching TY, Incerti P, Hill M. Binaural benefits for adults who use hearing aids and cochlear implants in opposite ears. Ear Hear (2004 Feb); 25, 9–21.
4. Farinetti A, Roman S, Mancini J, et al. Quality of life in bimodal hearing users (unilateral cochlear implants and contralateral hearing aids). Eur Arch Otorhinolaryngol (2015 Nov); 272, 3209–3215.
5. Gifford RH, Dorman MF, McKarns SA, Spahr AJ. Combined electric and contralateral acoustic hearing: Word and sentence recognition with bimodal hearing. Journal of Speech, Language, and Hearing Research. (2007 Aug) 1;50(4):835-43.
6. Sucher CM, McDermott HJ. Bimodal stimulation: benefits for music perception and sound quality. Cochlear Implants International. (2009 Jan); 1;10(S1):96-9.

Improved outcomes and satisfaction through smart bimodal solutions



95% of recipients in a study were satisfied or very satisfied with their overall hearing performance, **compared to 9%** when they used two hearing aids.¹

Speech perception ¹



#p = < 0.001

N=95

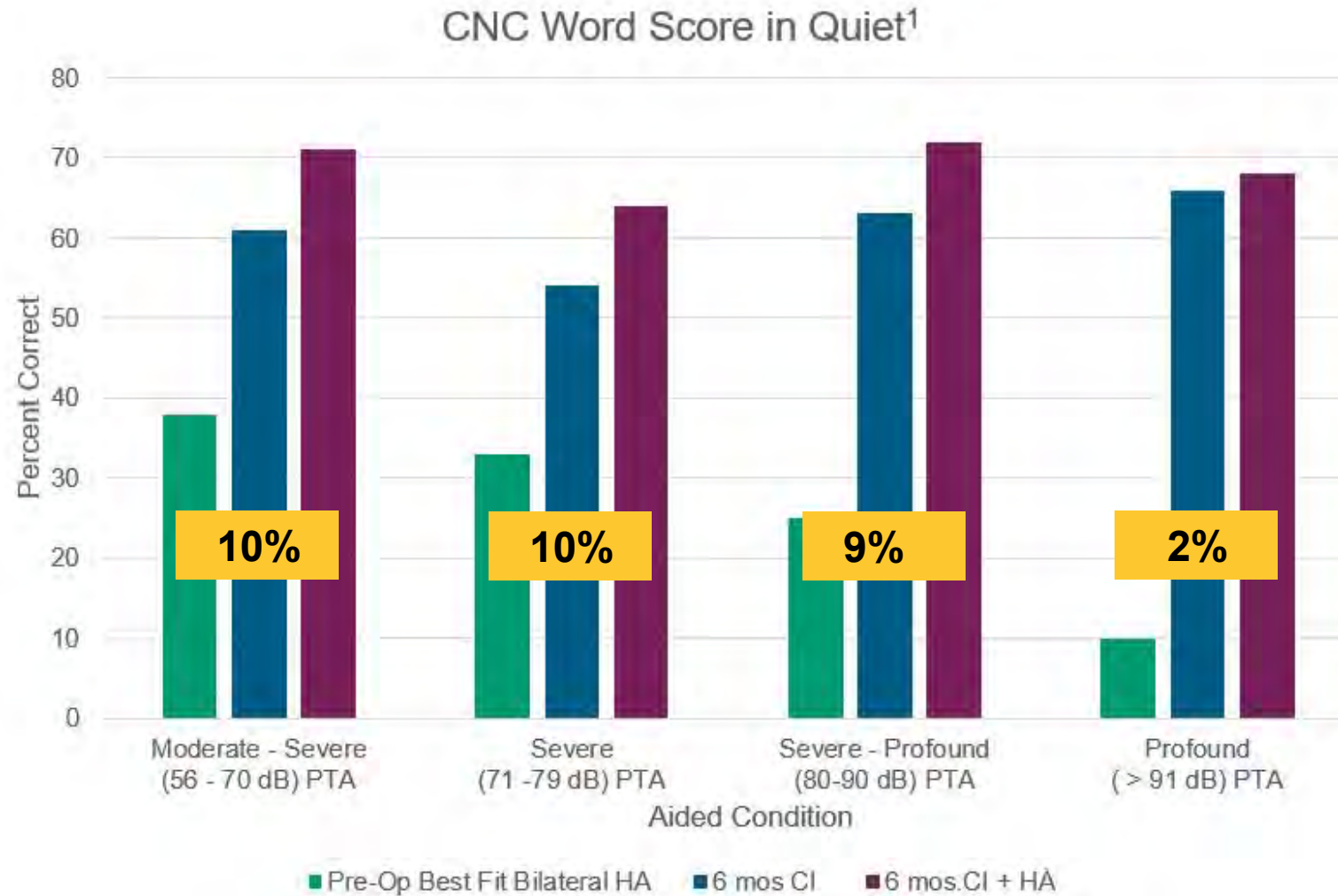
[^] Nucleus® 7 Sound Processor and compatible ReSound hearing aid*

Self-assessed satisfaction in hearing performance ¹	Two hearing aids	Smart bimodal hearing solution*
Hearing performance in background noise	2%	58%
Ability to understand conversations in a small group	8%	79%
Ability to understand people on the phone	6%	71%
Ability to understand what is said on TV	13%	76%
Ability to listen to and appreciate music	13%	68%

Nucleus® 7 Sound Processor and compatible ReSound hearing aid. For compatibility information and devices visit cochlear.com/compatibility and resound.com/compatibility

1. Lupo J, Biever A, Kelsall D. Comprehensive hearing aid assessment in adults with bilateral severe-profound sensorineural hearing loss who present for Cochlear implant evaluation. American Journal of Otolaryngology. 2020;41(2):102300.

Objective Outcomes: Bimodal benefit varies across hearing conditio



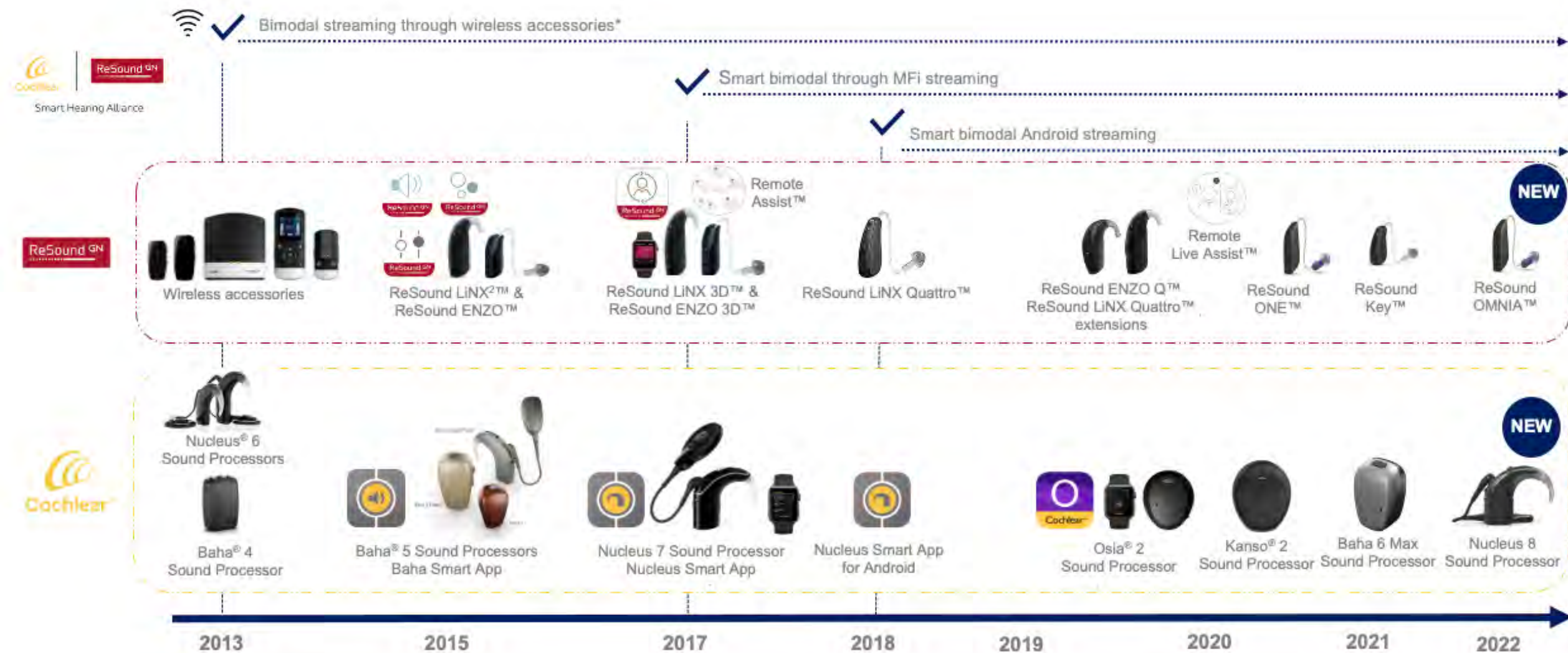
Guidelines for Best Practice in the Audiological Management of Adults Using Bimodal Hearing Configurations

Jourdan T. Holder,¹ Meredith A. Holcomb,² Hillary Snapp,² Robert F. Labadie,³ Jantien Vroegop,⁴ Christine Rocca,⁵ Mohamed Salah Elgandy,⁶ Camille Dunn,⁶ and René H. Gifford¹

Abstract: Clinics are treating a growing number of patients with greater amounts of residual hearing. These patients often benefit from a bimodal hearing configuration in which acoustic input from a hearing aid on 1 ear is combined with electrical stimulation from a cochlear implant on the other ear. The current guidelines aim to review the literature and provide best practice recommendations for the evaluation and treatment of individuals with bilateral sensorineural hearing loss who may benefit from bimodal hearing configurations. Specifically, the guidelines review: benefits of bimodal listening, preoperative and postoperative cochlear implant evaluation and programming, bimodal hearing aid fitting, contralateral routing of signal considerations, bimodal treatment for tinnitus, and aural rehabilitation recommendations.

Key Words: Bimodal—Cochlear implant—Hearing aid.

Leading the market with innovative and bimodal solutions

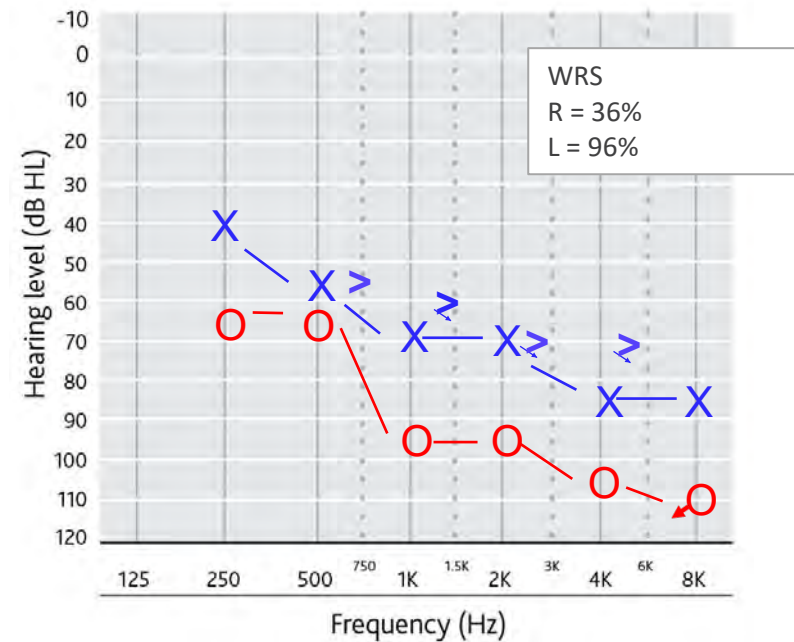


* For compatibility information and devices visit cochlear.com/compatibility and resound.com/compatibility

Case Study

J.J. is referred for a CI eval based on 60/60 referral guidelines¹.

- A) PTA is 65 dB
- B) Reports struggling to hear on the phone and often asking for repetition



A note about word recognition scores:

- Word recognition tests are presented in highly variable ways and are very rarely presented in the binaural condition.
- Speech perception tests place different demands on the auditory system and therefore provide different information for CI evaluation purposes.
- The goal is to optimize the hearing in both ears. Depending on medical history, it is likely that the right ear would be implanted, creating the potential for a better binaural outcome.

Case Study

Pre-operative evaluation

	R	L	AU
AzBio % (Aided)	27%	58%	52%
CNC Words % (Aided)	9%	53%	49%

3-month post-operative evaluation

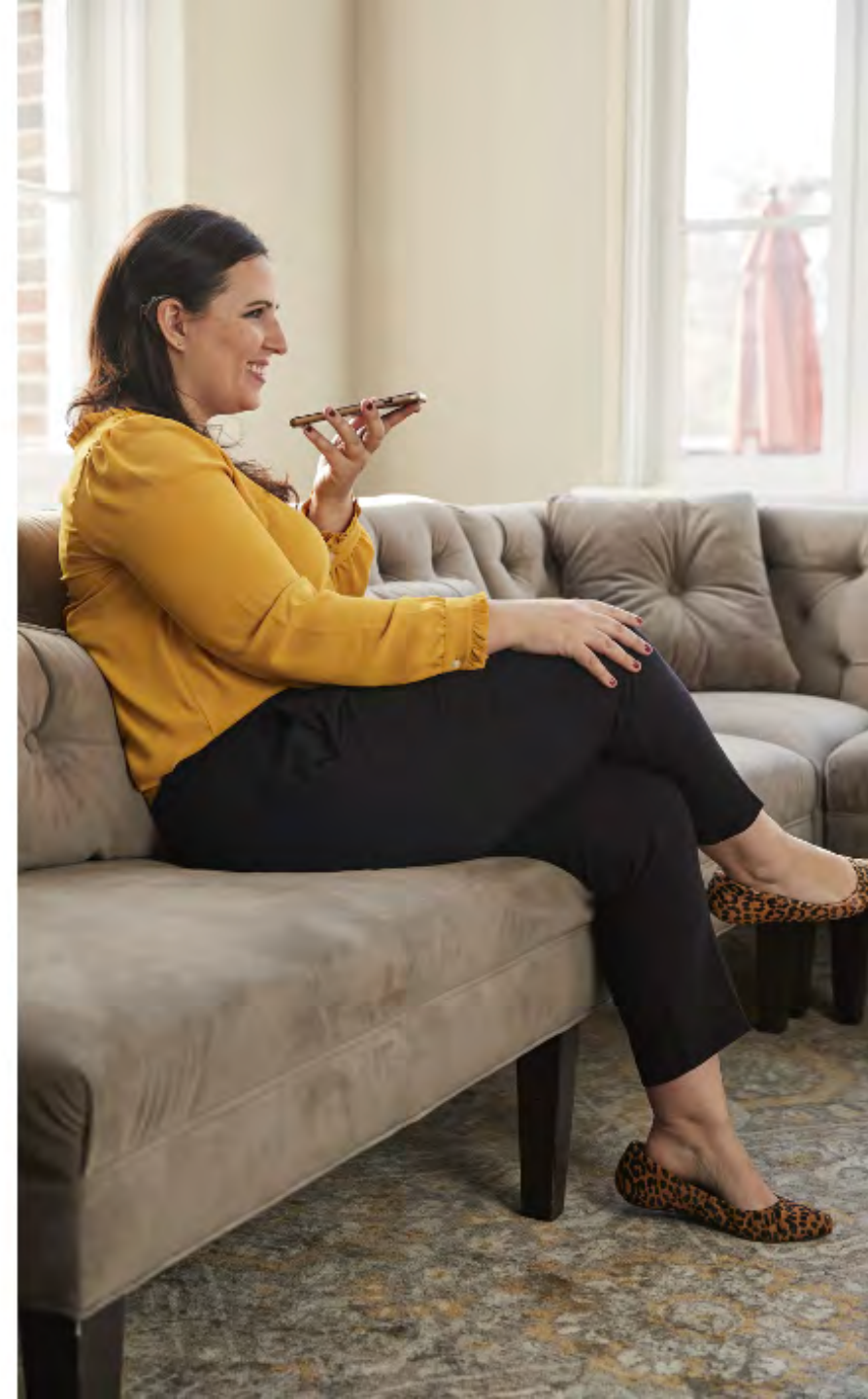
	R	L	AU
AzBio % (Aided)	72%	58%	85%
CNC Words % (Aided)	45%	53%	58%



Following best practice guidelines¹, real-ear verification is completed to confirm hearing aid.

Current evidence does not support the following for bimodal best practice:

- frequency lowering
- AGC synchronization between HA + CI
- interaural loudness balancing except when binaural summation leads to unexpected discomfort

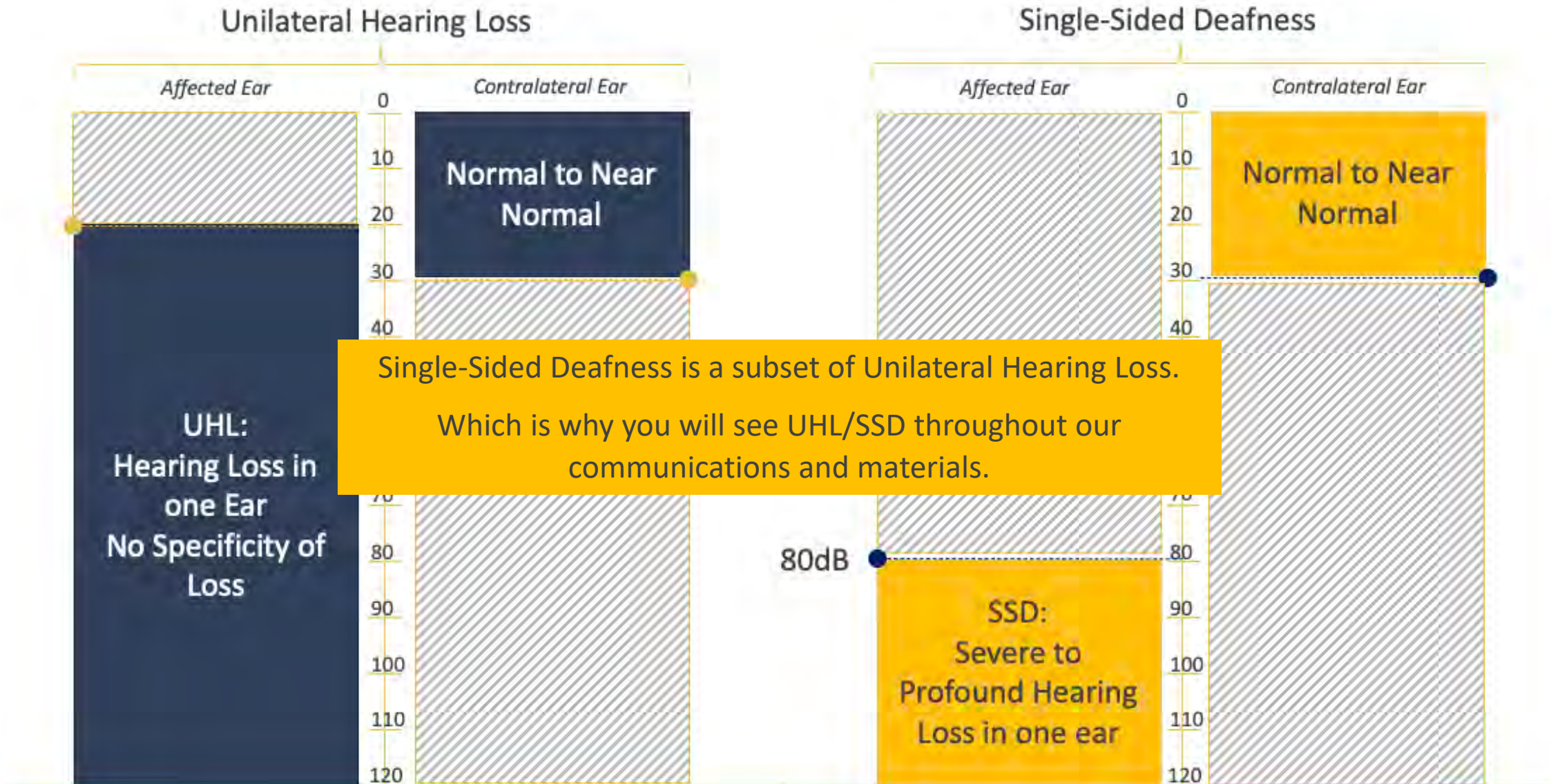


Hear now. And always

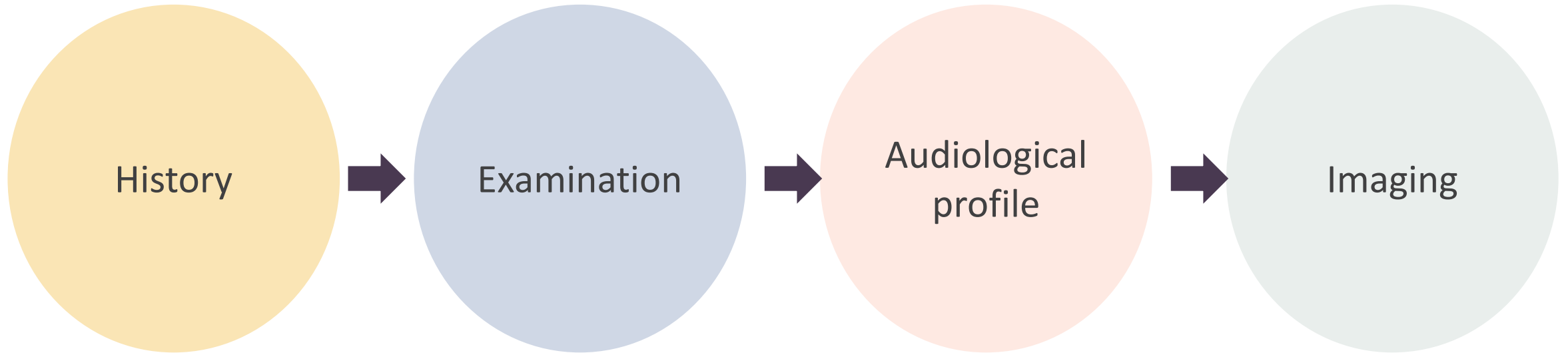


Unilateral hearing loss and single sided deafness

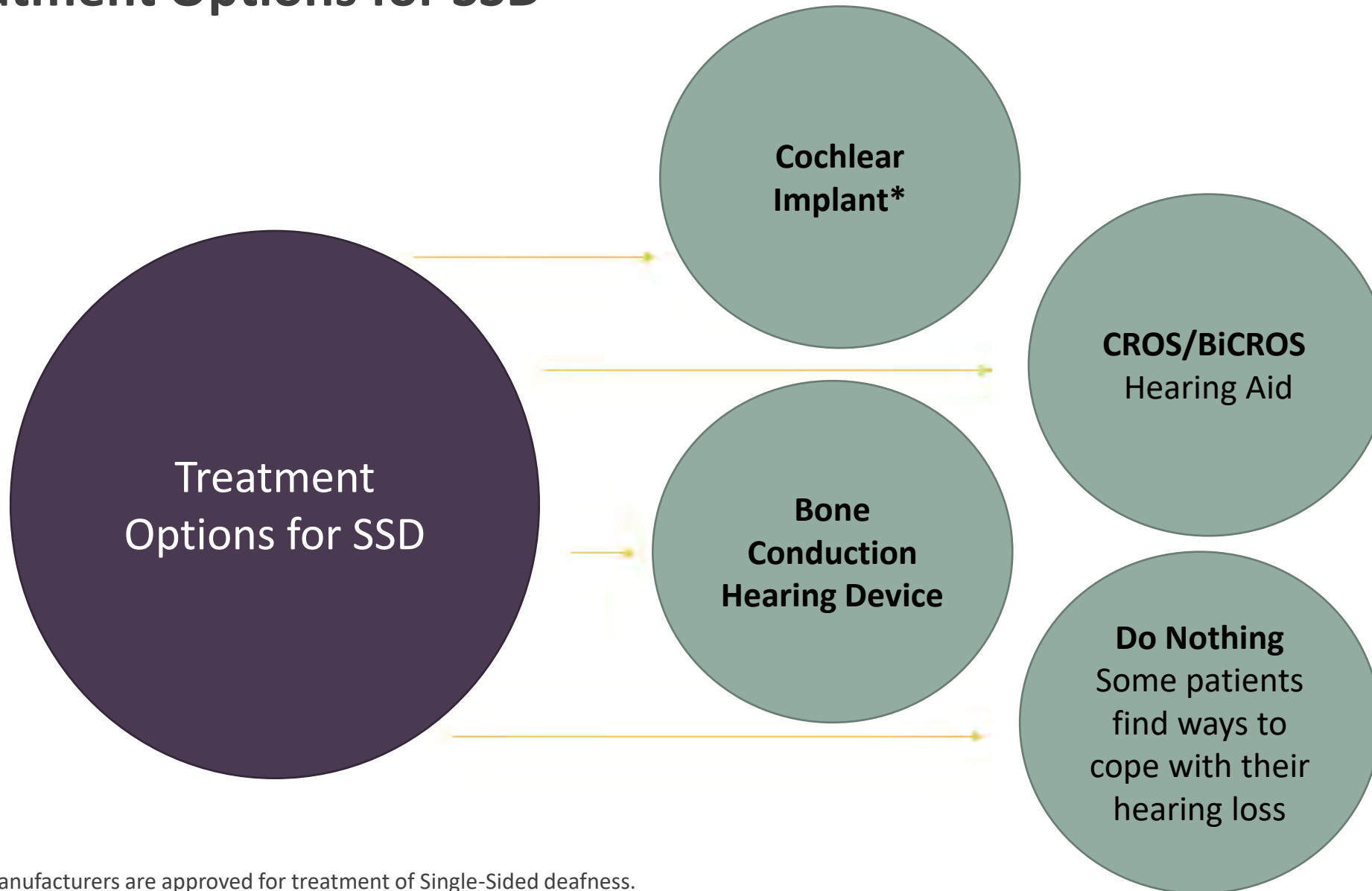
Unilateral Hearing Loss/Single-Sided Deafness



Treatment Pathway for An Adult with UHL/SSD



Treatment Options for SSD



* Not all Manufacturers are approved for treatment of Single-Sided deafness.

Clinical recommendations for the treatment of unilateral hearing loss/single side deafness



Cochlear partnered with 24 surgeons, audiologists, and hearing scientists with expertise in treating SSD to develop recommendations for evaluation (both pre and post op), programming, and follow up protocols when treating SSD patients with CI¹.

		TREATMENT OPTION			
		No Treatment/ Observation	CROS/BiCROS	Baha™/Osia™ System	Nucleus® Cochlear Implant
AUDITORY BENEFIT	Overcome Head Shadow	×	✓	✓	✓
	Sound Lateralization	×	✓	✓	✓
	Improved Localization	×	×	×	✓
	Binaural Summation	×	×	×	✓
	Squelch	×	×	×	✓

1. Brown, K. et al (2022). Clinical recommendations for the treatment of unilateral hearing loss/single sided deafness with cochlear implantation [White paper]. Cochlear sponsored UHL/SSD Thought Leadership Conference.

When to consider a hearing implant evaluation for single sided deafness (SSD)

Does your patient meet any of these criteria?



	 Poor ear	 Good ear	Age	Daily interactions ^{1,2}
Cochlear implant Pure Tone Average (AC @ 500, 1000, 2000, 4000 Hz)	greater than 80 dB HL	less than or equal to 30 dB HL	5 years and older	Patient experiences ANY of the following: ☐ Unhappy with hearing aids ☐ Has tinnitus with hearing loss ☐ Favors one ear ☐ Struggles localizing sounds ☐ Withdraws from social events ☐ Often needs others to repeat themselves
Bone conduction Pure Tone Average (AC @ 500, 1000, 2000, 3000 Hz)	greater than or equal to 80 dB HL	less than or equal to 20 dB HL	surgical: 5 years and older non-surgical: any age	

* This provides a recommendation only of when to refer for a cochlear implant or bone conduction evaluation, but does not guarantee candidacy based on indications. For more information on candidacy criteria, please visit <https://www.cochlear.com/us/en/home/diagnosis-and-treatment/how-cochlear-solutions-work>

1. Firszt JB, Reeder RM, Holden LK, Dwyer NY. Asymmetric Hearing Study T. Results in adult cochlear implant recipients with varied asymmetric hearing: a prospective longitudinal study of speech recognition, localization, and participant report. *Ear Hear* 2018;39:845–862.

2. Alhanballi, S., Dawes, P., Lloyd, S., & Munro, K. J. (2017). Self-Reported Listening-Related Effort and Fatigue in Hearing-Impaired Adults. *Ear and Hearing*, 38(1), e39–e48. <https://doi.org/10.1097/AUD.0000000000000361>.

This material is intended for health professionals.

 FUN4637 ISS1 MAR22



Scan to learn more about when to refer

www.cochlear.us/SSD

Piezoelectric transducers

The piezoelectric effect causes the tension or compression of certain solid materials when a voltage is applied

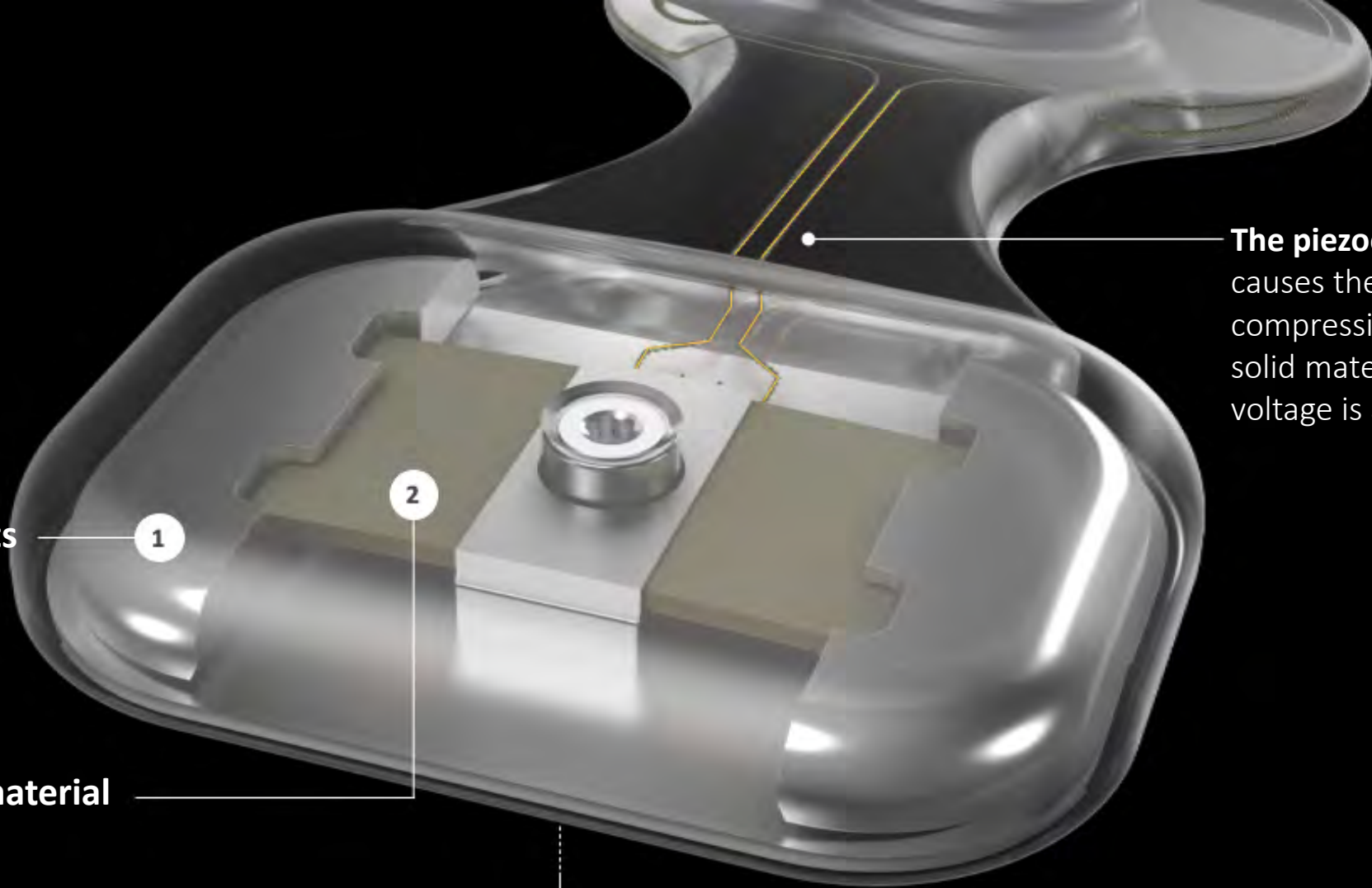
Counterweights

1

Piezoelectric material

2

Coupling



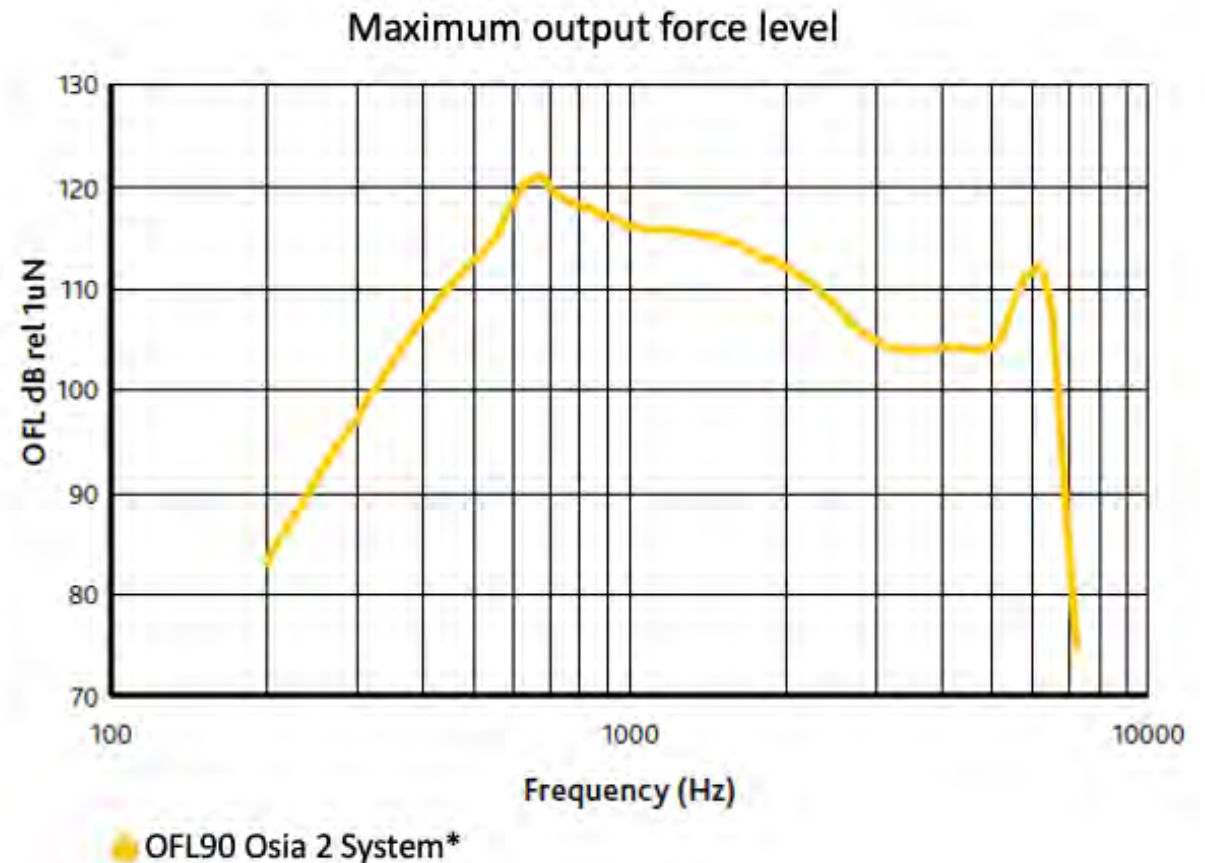
Delivering High Frequency Power



The Osia[®] System has an MPO on par with 55 dB percutaneous bone conduction implant systems.¹

With plenty of headroom, the system has the capacity to support patients with better hearing today and over time.

55 dB Fitting range



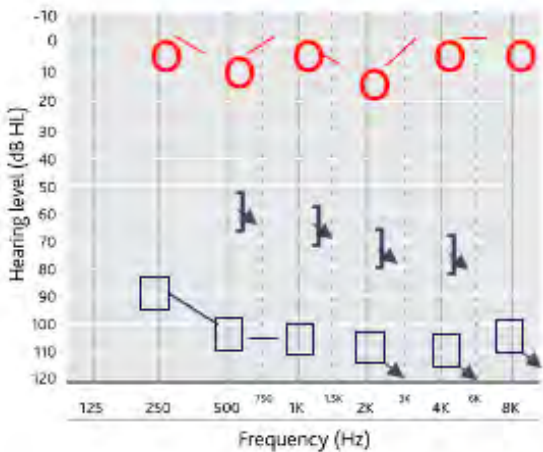
* with position compensation based on: Transmission properties of bone conducted sound: measurements in cadaver heads, Stenfelt S, Goode RL, The Journal of the Acoustical Society of America 2005 Oct;118(4):2373-91.

Case Study, C.Y.

- C.Y. Experienced sudden sensorineural hearing loss at age 47 resulting in single sided deafness and tinnitus
- Medical evaluation was unremarkable
- Hearing aid trial was not successful
- C.Y. received a cochlear implant within 6 months

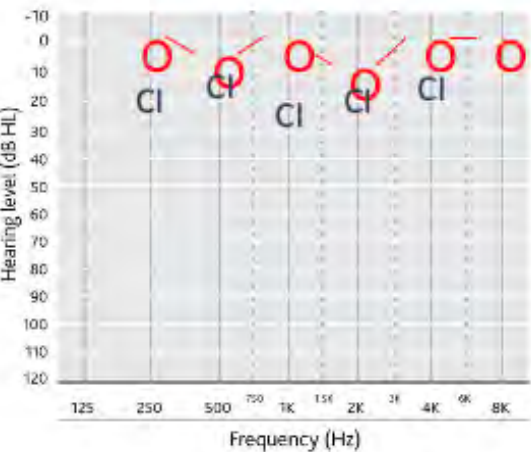
Pre-operative evaluation

	R	L	AU
AzBio % (Aided)	100%	12%	92%
CNC Words % (Aided)	96%	9%	88%



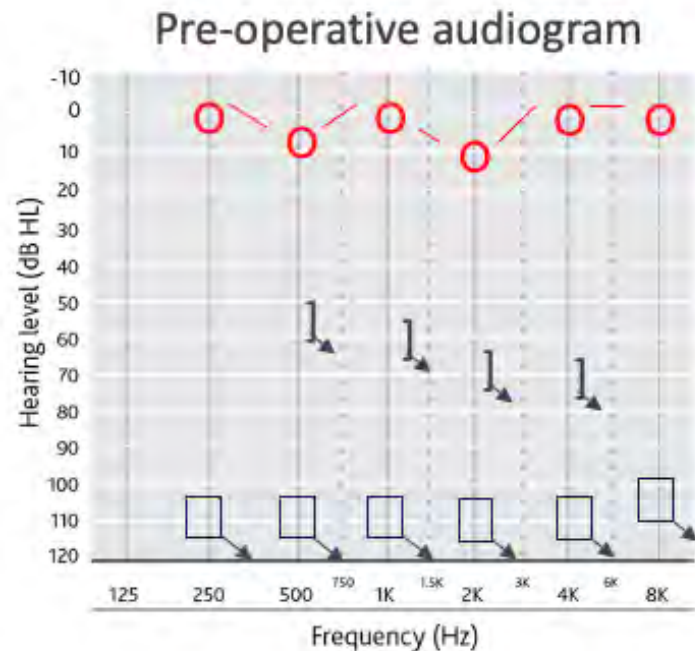
Post-operative evaluation at 3 months

	R	L	AU
AzBio % (Aided)	100%	76%	100%
CNC Words % (Aided)	100%	58%	100%



Case Study, Z.M. age 14

- Diagnosed with unilateral hearing loss at age 2
- Profound sensorineural hearing loss in the left ear
- Parents were advised that his better hearing ear would compensate.
- High school became overwhelming
 - Reports difficulty hearing in noise
 - Reports headaches and fatigue from working to process high level information
- Hearing aid trial at age 13 was not successful
- Due to hearing loss greater than 10 years clinic recommends OSIA 2.

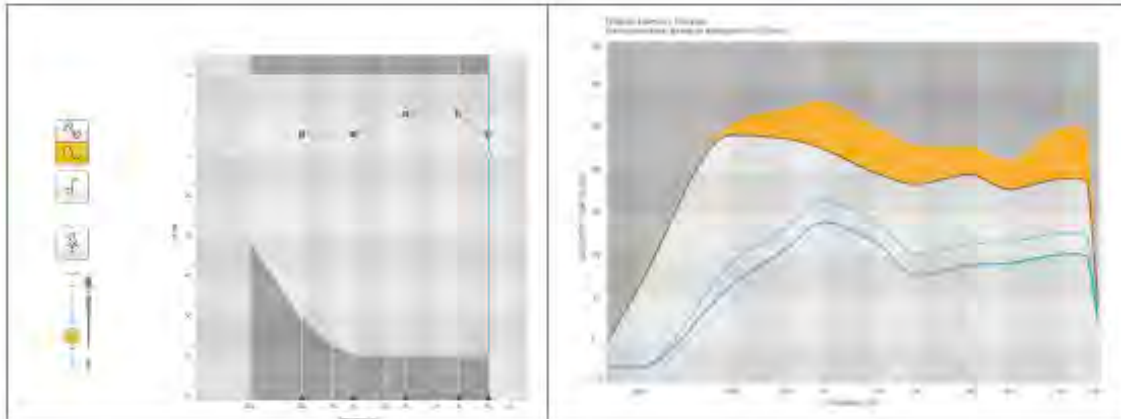


*The Cochlear Osia 2 Sound Processor is protected against water to level IP52 of the International Standard IEC60529 and IP57 with the battery compartment removed. The Cochlear Osia 2 Sound Processor with Aqua+ is dust and water resistant to level IP68 of the International Standard IEC60529 when used with LR44 alkaline or nickel metal hydride disposable batteries. This water protection rating means that the sound processor with the Aqua+ can be continuously submerged under water to a depth of 3 meters (9 feet and 9 inches) for up to 2 hours. Refer to the relevant User Guide for more information. In the United States, the Osia 2 System is cleared for children ages 12 and older. In Canada, the Osia 2 System is approved for children 5 years of age or older.

Post-operative measures

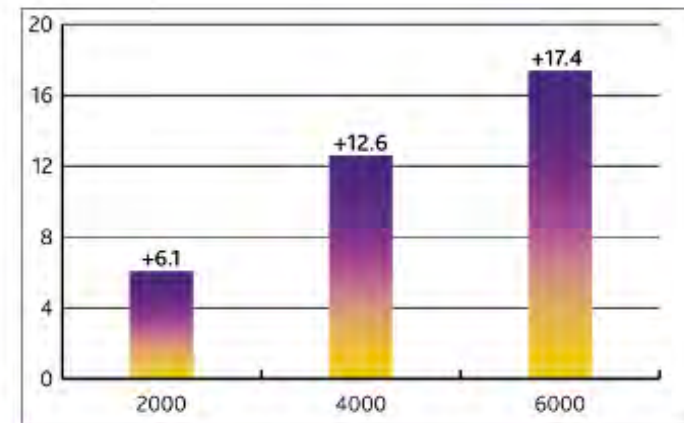


- Reports school is manageable, significant reduction in headaches and fatigue
- Reports hearing better in noise
- Grades have come back up
- Given normal hearing ear, speech perception testing is not a useful verification tool
- In situ testing within OSF software indicates responses are within 0-10 dB 500 – 6000 Hz



Average of **12 dB more**
available gain in high frequencies¹

Speech recognition in quiet
improved by 22 percentage points on average²
compared to BP110 Power on Softband at 50 dB
presentation level using the Osia System



 The additional available gain with the Osia System*, when compared with Baha 5 Power on the Baha Connect System.

1) Fyrlund, H. (2019). Osia performance [Powerpoint Slide 4]. Data on file.

2) Data on file Windchill Document D14784732.

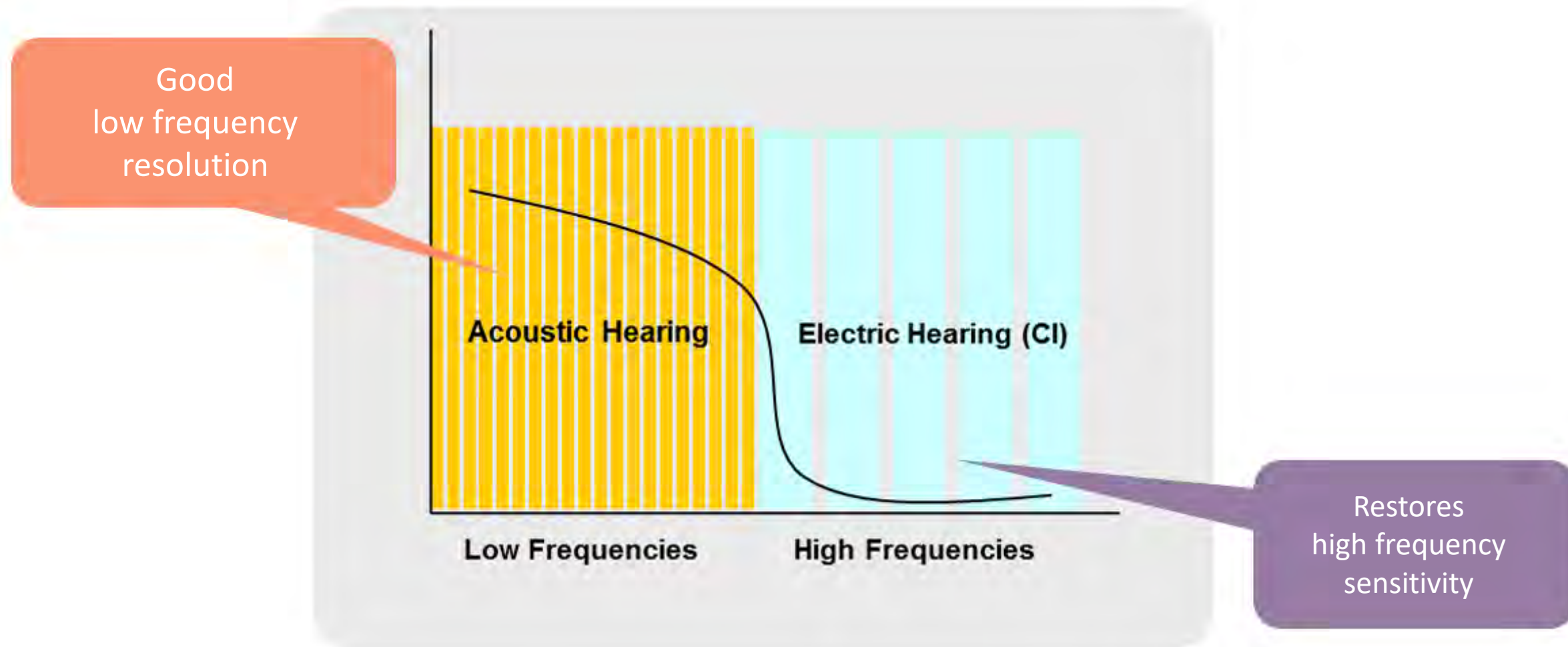
* Data collected using an investigational system

Hear now. And always



Electric + Acoustic Stimulation (EAS)

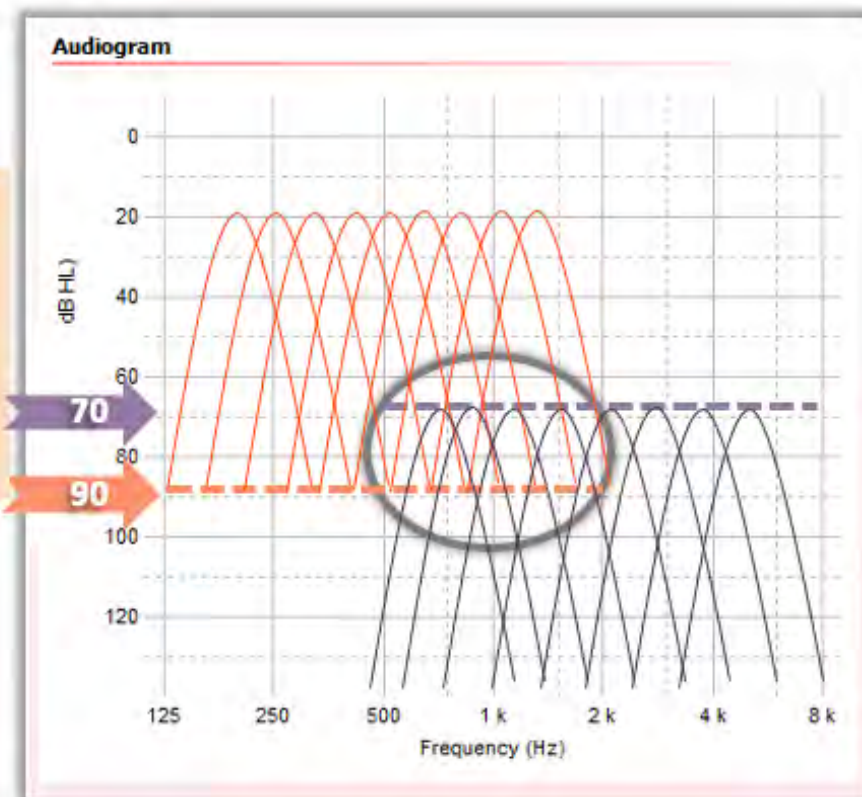
Considerations for Fitting Hybrid™ Mode



*The Cochlear Nucleus Hybrid acoustic component is not compatible with the Kanso® 2 Sound Processor. The Kanso 2 Sound Processor is not intended to be used by the L24 Cochlear Implant recipients who receive benefit from the acoustic component.

Hybrid™ Mode Frequency Bands

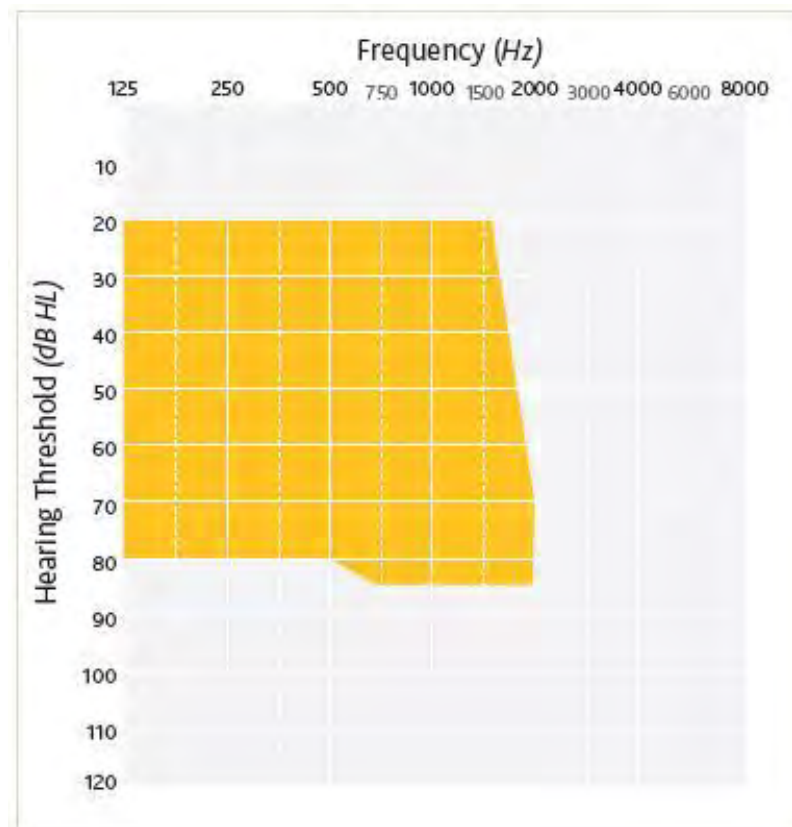
The ACOUSTIC
frequency cut-off
is calculated at
90 dB HL
up to 2 kHz.



The ELECTRIC
frequency cut-off
is calculated at
70 dB HL.

Fitting range for Hybrid™ Mode

Post-operative air conduction thresholds within the shaded area can be amplified by Hybrid mode.
Hybrid mode is available for
Nucleus® 8,
Nucleus® 7 or Nucleus® 6
Sound Processor Nucleus*

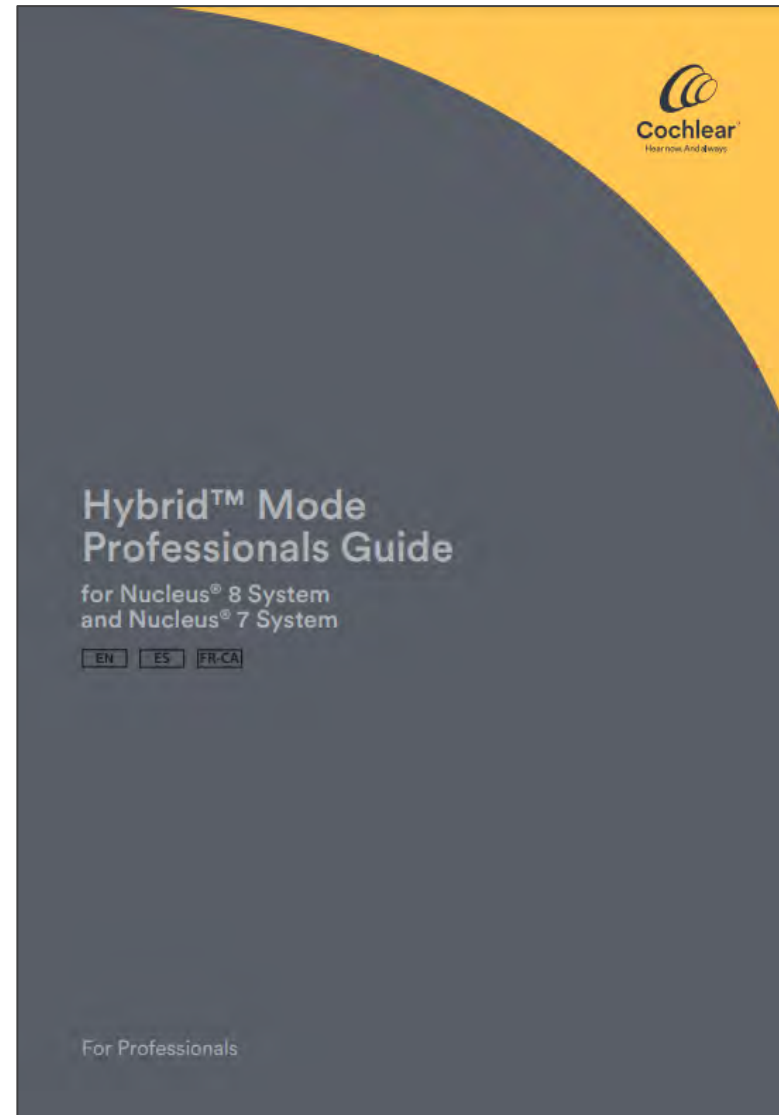


*The Hybrid Earhook and Receiver should only be used when behavioral thresholds can be obtained and the recipient can provide feedback regarding sound quality.

Resources



<https://www.Cochlear.com/us/professionals>

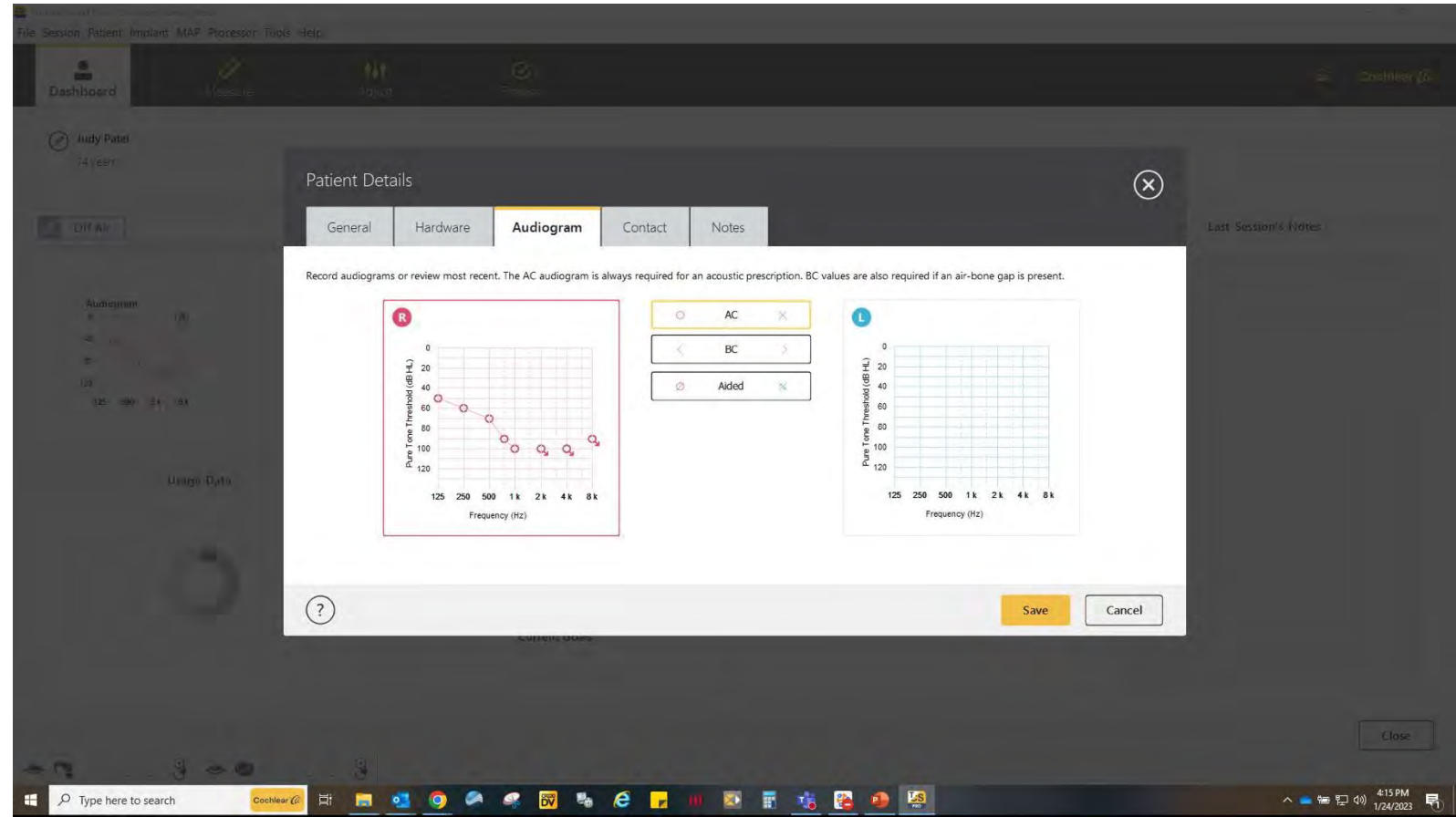


Case Study

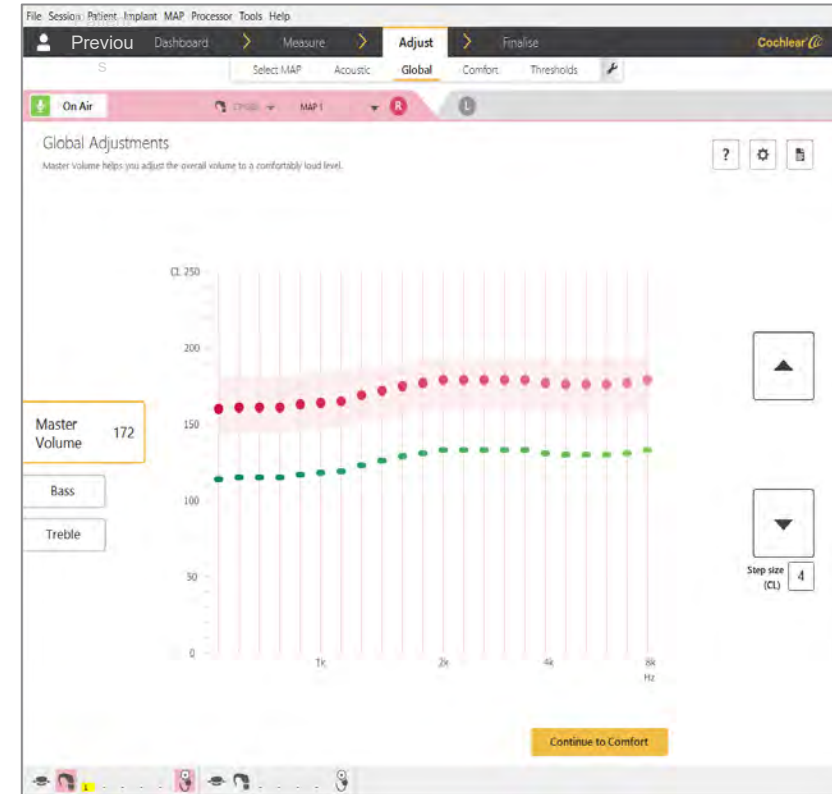
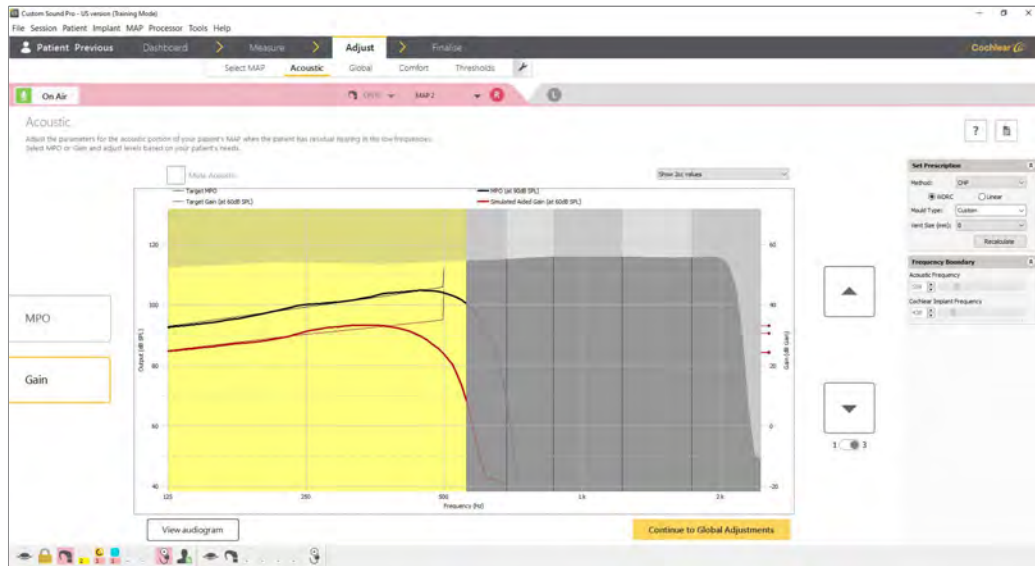
A.Y.

Enter audiogram into Custom Sound® Pro

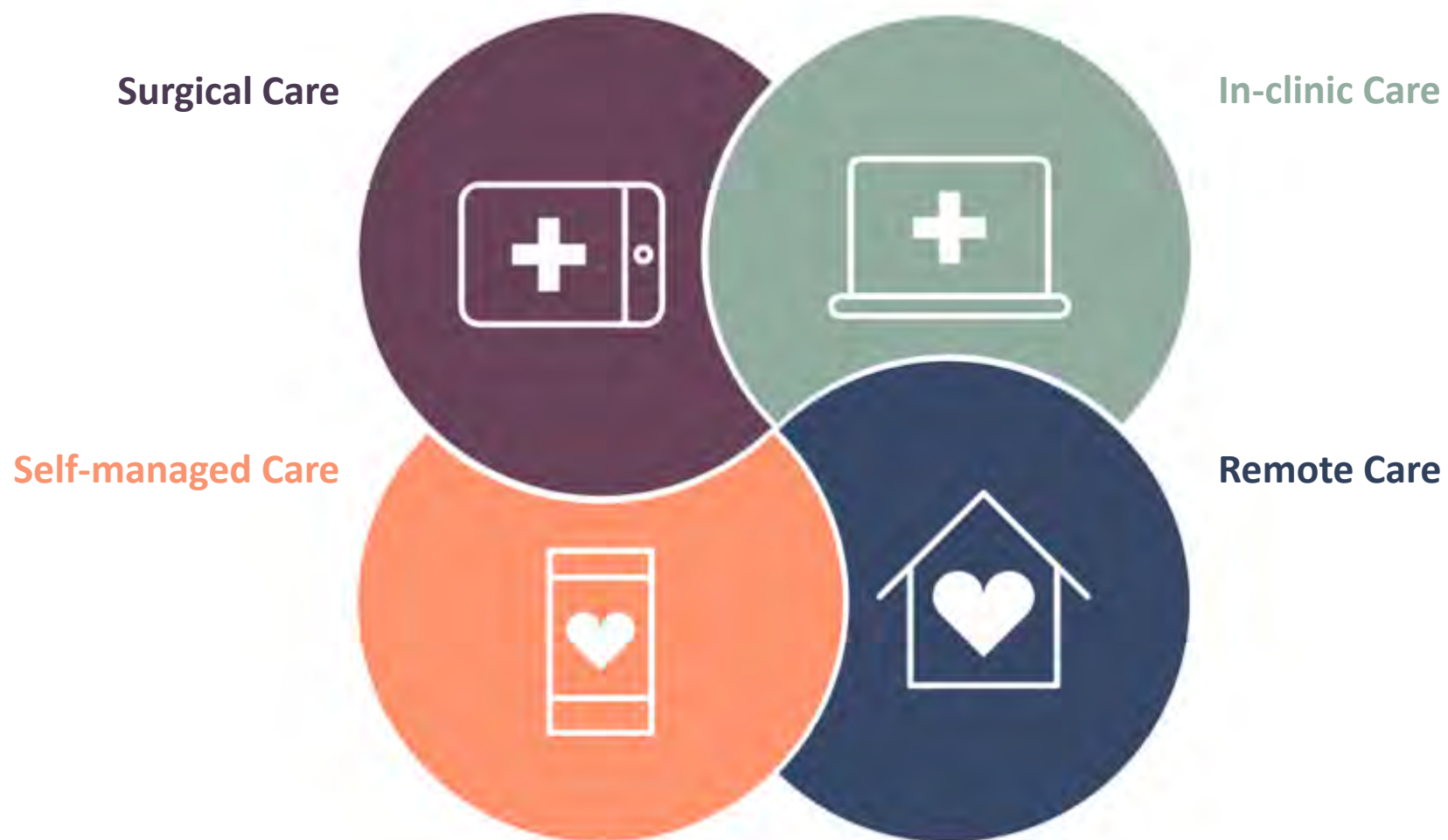
Consider EAS fitting when postoperative thresholds in the implanted ear are 70 dBHL or better through 500 Hz



Program in Custom Sound® Pro

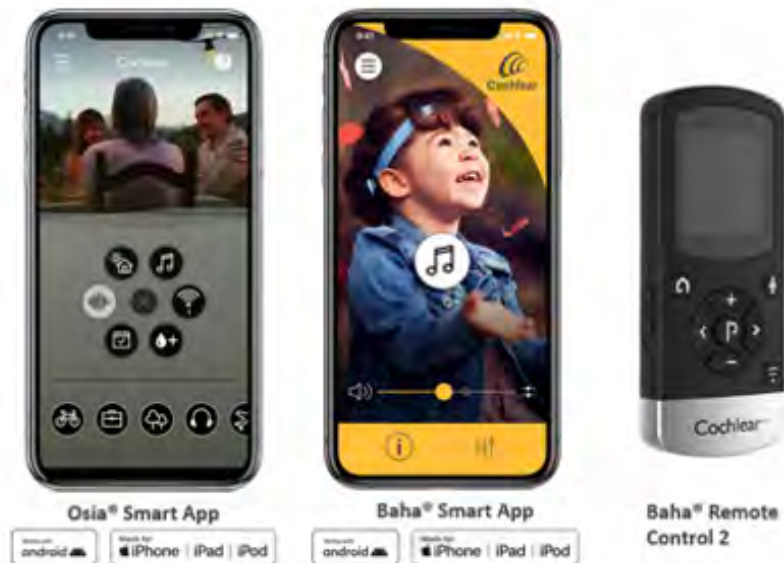


Connected Care supports patients at every stage of their journey



Get Started

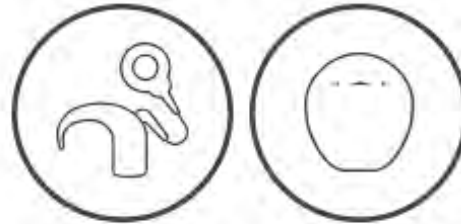
- Equipment basics
- Accessories
- Controlling the sound processor
- Cochlear resources
- Tips & tricks to get started



Cochlear's Remote Care portfolio

*"It takes the stress away, if you like,
of going all the way to the clinic."*

Katie, User of Remote Care



For compatible* Cochlear™
Nucleus® Sound Processors.

Includes:

- Remote Check**
- Remote Assist



For Cochlear Baha® 6 Max
Sound Processors.

Includes:

- Remote Assist

*For sound processor and app compatibility information visit www.cochlear.com/compatibility

**Remote Check and Remote Assist for Nucleus sound processors are intended for ages 6 and older. Remote Check and Remote Assist features are only visible and accessible if they are enabled by a clinician. Clinicians should consider the suitability of the feature before enabling Remote Check and Remote Assist. Remote Check does not replace clinical care and does not involve remote programming of the sound processor. Only available at clinics that have enrolled in Remote Care.

Remote Assist for Baha sound processors is intended for a follow-up adjustment or setup of a replacement or upgrade sound processor for suitable qualified patients based on clinical judgment. Only available at clinics that have enrolled in Remote Care.



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This material is intended for health professionals. If you are a consumer, please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always follow the instructions for use. Not all products are available in all countries.

Please contact your local Cochlear representative for product information.

Views expressed are those of the individual. Consult your health professional to determine if you are a candidate for Cochlear technology.



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The Cochlear Nucleus 8, Nucleus 7, Kanso 2 and Baha 6 Max sound processors are compatible with Apple and Android devices. The Cochlear Nucleus Smart App and Baha Smart App are available on App Store and Google Play. For compatibility information, visit www.cochlear.com/compatibility.

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CAM-MKTP-1207 Jan 2023