



## BIAP recommendation n° 14/1 : Audiophonological structures

### DEFINITION OF AUDIOPHONOLOGY

The aim of Audiophonology is the study of hearing, phonation, speech and language.  
It includes the anatomical, physiological, psychological, acoustic, phonetic, linguistic and sociological aspects of communication.  
The care of communication disorders presents a medical, a pedagogical, a speech therapy, a psychological and a prosthetic element.

Audiophonology is a speciality that comprises several disciplines : medical, psychological, paramedical and pedagogic.  
This multidisciplinary team must be co-ordinated, coherent and interactive.

#### **I. The audiophonology team is composed of one or several :**

- ENT doctors, phoniatrists , paediatricians, neurologists, ...
- psychologists,
- speech therapists
- audiologists, audioprothesists,
- specialised pedagogues and any other specialist who may be called in.

The coordination of this team must be ensured by a medical specialist skilled in audiophonology. It can be directed by a professional from another discipline, but who must always be familiar with or trained in Audiophonology.

**II. An audiophonological structure** must include all the sectors relating to the disciplines mentioned in the definition of Audiophonology (cf. above).  
This structure can be within a hospital centre or autonomous but must necessarily correspond to the definition of an audiophonology team.

This structure must take charge of the diagnosis, care and follow-up of the patient.

##### *a. Diagnosis*

- The structure must have the technical means to ensure :
- the clinical psycho-acoustic and physiological assessment of a patient's hearing, at whatever age (1),
  - voice, speech and language assessment of the patient (2),
  - psychological, psycho-social, pedagogic and psychomotricity assessment of the patient at the time of diagnosis.

##### *b. Care and follow-up*

- The audiophonology team must be able to provide a rehabilitation programme as soon as possible after diagnosis.  
The programme must be adapted to the age, pathology and reality of the patient. In the case of communication disorders, this programme must take into consideration all the technical aids necessary (hearing aids including cochlear implants and any other specific devices) and all the augmentative or alternative communication strategies necessitated by the pathology in question. (3)  
The care of children requires a multidisciplinary parental guidance programme and close collaboration with schooling structures. (4).

**III. An Audiophonological structure** shall be in regular contact with training organisms and also, if possible, take part in research programmes.

(1) cf. recommendation BIAP [12/4](#)

(2) cf. recommendations BIAP [20/1](#) and [27/1](#)

(3) cf. recommendations BIAP [06/2](#), [06/3](#), [06/4](#), [06/5](#), [06/6](#), [06/7](#) and [7/1](#)

(4) cf. recommendations BIAP [15/1](#) and [25/1](#)

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