Dealing With Hearing Loss

This brochure has been compiled by members of Seniors Sharing Hearing Loss, a support group sponsored by the University of Michigan Turner Geriatric Clinic. It is intended to advise seniors faced with hearing loss late in life. Opinions and recommendations expressed here are those of the individual authors and do not necessarily reflect those of University of Michigan staff.

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Ten Tips for Hard of Hearing (HOH) People

Things HOH people can do to improve communication with others.

Be Prepared! Make sure you have (and know how to use) the best hearing aid and assistive technology you can get.

Don't Bluff! Many HOH people try to hide their hearing loss. This is a BIG mistake. It doesn't fool anyone. Tell people that you don't hear well. Most people are happy to help someone with a hearing loss once they are aware of it.

Be specific about asking for help:
* Ask them to get your attention before they start to talk.
* Ask that only one person talk at a time.
* Ask that they make it clear when the topic changes.
* Explain that you understand better if you can see their face and lips.
  ∙ If you miss something, tell them what you DID hear and ask them to repeat the part you missed.
  ∙ In noisy situations, suggest moving to a more quiet location.

Pick your best location: Arrive at meetings early and sit where you can hear (and see) best. Choose a position that's quiet, and has good lighting. Many HOH people prefer sitting against a wall.

Anticipate: Plan ahead for what questions are likely to be asked next such as "Do you want fries with that?"; "What is your date of birth?"; "What is your phone number?"; etc. When possible, provide answers to follow up questions in advance. For example: "Two eggs over easy with bacon, hashbrowns, whole wheat toast and black coffee."

Pay attention: Concentrate on the speaker. Most people provide visual cues of what is being said through facial expressions, body language and lip movement. Learn to use these as effectively as possible.

Take the pressure off: The person you are speaking with may be afraid of you not understanding them. Let them know that your hearing loss is YOUR problem ... not THEIRS.
**Advocate:** Many public places (like hotels, churches, libraries, museums, stadiums, auditoriums, theatres, TV stations etc.) should provide assistive listening technology. When available, use it. When not available explain how important it is and that it may be required under disability laws. Few managers understand what is needed or most appropriate. Your courteous comments and advice may be welcomed.

**Never Give Up:** Hearing is hard work for HOH people and it is too easy to just stop listening. Keep trying and don't hesitate to ask for clarification.

**Show your appreciation:** Tell anyone who goes out of their way to help you understand how much you appreciate their help.

abridged from Tips for HOH People by Steve Barber at [www.geocities.com/nc-shhh/bhframe.htm](http://www.geocities.com/nc-shhh/bhframe.htm) reprinted with permission
Nine Tips for Talking to Hard of Hearing (HOH) People

Get Their Attention: Make sure the HOH Person knows you are talking to them. Tap them on the shoulder; wave your hand; or say their name until you have their attention ... before starting the conversation.

Make the Subject Clear: Establish the subject at the start of the conversation and when you change subjects make it clear to your listener.

Don't shout: Raising your voice doesn't usually help ... it's the consonants that most HOH people miss, and shouting only makes the vowels louder.

Use Appropriate Gestures: There are many common gestures that help others better understand you. Nod or shake your head for yes or no responses, shrug your shoulders for uncertainty, raise your eyebrows for questions, point to things or people being discussed.

Cut Out Background Noises: Turn off the television or radio if one is playing. Turn off fans or air conditioners if they are interfering. HOH people are usually not able to filter those sounds out to hear your words clearly.

Face the Person You are Talking With: Everyone uses speech reading to fill in what they don't hear. HOH People rely on it but they need a clear view of your face and lips. Trim your beard or mustache. Don't chew gum or candy. Keep your hands away from your mouth.

Don't exaggerate your Lip Movements: Speech reading is difficult; only about 30 percent of the sounds are clearly recognizable. Exaggerating your lip movements just interferes with speech reading.

Rephrase: Don't just repeat yourself when someone doesn't understand. Rephrase your words.

Ask for Confirmation: If what you said is important, ask for confirmation. Not just a nod, but enough response to assure that you were understood.

abridged from "Tips for Hearing People" by Steve Barber at www.geocities.com/nc-shhh/bhframe.htm reprinted with permission.
Assistive Listening Devices (ALD’s)

There are several hundred devices designed and sold to help solve some of the problems faced by those with hearing loss. They range from old fashioned ear trumpets to "Earglasses", plastic cups on a headband that fit behind the ears. Some flash a light when a telephone rings and there are programs that type text in response to spoken words. Only a few of the more common devices are described here but spending a half hour going over a catalogue or website may lead to some device that uniquely fits your needs.

Most telephone manufacturers provide a few models with built-in amplifiers and/or loud speakers. Non-amplified phones can often be fitted with an in-line amplifier between the handset and the phone itself. Older analog phones work well with hearing aids that are equipped with a "t-coil" (a device which receives the electro-magnetic waves generated by older analog phone). Only a few of the newer digital phones and cell phones can be used in this way, however. Some phones have a special phone jack to which some hearing aids may be directly connected.

A few small and inexpensive amplifiers transmit sound to your ears through headphones or through ear "bugs" that fit into the ear canal. Most of these devices can also supplement hearing aids fitted with t-coils by transmitting sound through an inductance neck loop or an inductance "sillhouette" hung over the ear.

Television and radio listening can be improved with a device which picks up sound directly from the set and transmits it to a specially equipped pair of headphone receivers. The signal is transmitted without wires by either an InfraRed light signal or by a small FM radio transmitter with the appropriate receiver built into the headphones. A volume control is usually built into the headphones.

Alarm clocks can be purchased with extra loud alarms or with flashing lights to signal when the alarm is going off. Many clocks are also equipped with a "bed shaker", a vibrating device placed under the pillow or possibly the mattress. Flashing lights can also be used to signal telephone calls or doorbells. One simple inexpensive device is hung on a doore to flash a light when someone knocks on the door.
Prices and types of such devices vary greatly and comparison shopping through various catalogs and websites can pay substantial dividends in both prices and ideas. The following page illustrates a few assisted listening devices. Lists of some websites and catalogs are given at the end of this brochure.

By Allan G. Feldt, a member of the Seniors Sharing Hearing Loss Group.
A Few Assistive Listening Devices

Speaker Phone with Volume control

Two telephone amplifiers

Williams Pocket Talker with headphones plus neck loop & mike extension cord

Two Radio Shack Personal Amplifiers

Recoton FM Amplifier and headset for TV

Optimus Infra Red Amplifier for TV

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What are Hearing Aids?

Hearing aids are the single most effective therapeutic approach for the majority of people with hearing loss. Hearing aids are ear-level or body-worn instruments designed to amplify sound. They collect sounds from the environment (via a microphone), amplify the sounds, then direct this amplified signal into the user's ear (via a receiver). All hearing aids receive their power from a battery.

How are Hearing Aids Selected for an Individual?

Hearing aids for a given individual should be selected following a complete audiologic evaluation. The main decisions to make when selecting hearing aids are: 1) the style, 2) the electronic circuitry, 3) the features, and 4) the use of binaural (two ears) versus monaural (one ear) hearing aids. For many reasons, a hearing aid for each ear typically provides superior benefit compared to a hearing aid for one ear only. It also is important to understand that all these decisions are generally independent of one another. The style of the hearing aids do not typically indicate how sophisticated the electronics are; any technology of electrical components can be placed in most of the styles.

Hearing Aid Styles

Behind-the-ear hearing aids (BTE). This type of instrument utilizes two parts: the hearing aid and the earmold. The hearing aid is worn behind the ear and connects to a custom-made earmold with plastic tubing that fits in the user's ear. The earmold is created from an impression of the outer ear and ear canal. The impression is taken in the professional's office and is then sent to the manufacturer for production. New earmolds must be periodically made to maintain a proper fit as the outer ear changes or grows (especially in children). BTE hearing aids are suitable for almost all types and degrees of hearing loss and for persons of all ages. They are the most appropriate style for infants and young children and also for individuals with more severe hearing losses.

In-the-ear hearing aids (ITE). The ITE style instrument is built into a custom-made shell obtained from an impression of the outer ear and ear canal. The ITE is appropriate for mild to moderately severe hearing losses. This style of hearing aid is not appropriate for infants or young children.
In-the-canal hearing aid (ITC). This type of device is a smaller version of the ITE. The entire hearing aid is built into a custom-made shell obtained from an impression of the ear canal. It partially extrudes into the outer ear. This style of hearing aid is typically appropriate for mild to moderate hearing losses. It is not appropriate for infants or young children.

Completely-in-the-canal hearing aid (CIC). Like the ITC, the entire CIC is built into a custom-made shell obtained from an impression of the ear canal. The CIC, however, fits a bit farther into the ear canal and extends deeper toward the eardrum than the ITC. Although generally not "invisible," this hearing aid style is often the least conspicuous. These instruments are usually appropriate for mild to moderate, and for sloping high-frequency hearing losses. Like the ITE and ITC, this style is not appropriate for infants or young children.

Body hearing aid. This style of hearing aid utilizes a body- or pocket-worn rectangular case connect by cords to earmolds. Because of acoustic advantages and technological advancements in ear-level hearing aids, body hearing aids are not used very often, and are reserved for only the most severe of hearing losses, if then.

Hearing Aid Electronics (What's Inside the Hearing Aid?)

Circuitry

Nonprogrammable analog ("conventional") hearing aids. These hearing aids contain analog electronic components to amplify and control the sounds coming through the hearing aids. They are generally not as flexible as programmable analog or digital hearing aids in adjusting to the particular hearing loss and listening needs of the user, and the signal processing is less sophisticated. However, they are the least expensive hearing aid technology.

Programmable analog hearing aids. These hearing aids are computer programmed by the professional for each individual and often contain options that are not available in conventional hearing aids. They often offer automatic adjustment for loud or soft sounds without having to use a volume control. The major advantages of these hearing aids are: flexibility, advanced compression circuitry (amplification of soft sounds, without
overamplification of loud sounds), and, in some cases, multiple programs (which can be used in different listening situations or if hearing fluctuates). Some of these hearing aids require the use of a remote control; others contain a small push button on the hearing aid itself to change the program.

Programmable digital hearing aids. These hearing aids analyze incoming sound and convert the sound to a digital (numeric) signal. The numbers are then manipulated based on the characteristics of the incoming sound and the user's hearing levels and listening needs. These adjusted numbers are then reconverted to analog form (sound waves), and delivered to the ears. Advancements in hearing aids that process sound digitally offer the potential for dramatic improvements over previously available instruments. Many individuals report a subjective preference for digital hearing aids due to more natural and comfortable sound. As with other types of hearing aids, there is a range of features, such as directional or multiple microphones, and single or multiple programs.

Additional Special Features
Telecoils (T-coils). Many BTEs and some ITEs and ITCs contain a built-in telecoil circuit that can be activated by a switch or button on the hearing aid. The T-coil enables telephone use without interference by picking up an electromagnetic signal from the telephone. The T-coil then converts that signal back to amplified sound. In addition to telephone use, the T-coil is valuable for direct communication with other sources containing electromagnetic energy, such as audio induction loop systems for groups (e.g., classrooms, churches, theatres) and a variety of personal assistive listening devices (e.g., TV and radio listening).

Directional or multiple hearing aid microphones. Directional (one microphone with two sound inlets) and multiple microphones are available for some conventional and programmable, and most digital, hearing aids. By taking advantage of spatial or directional differences between a signal and surrounding noise, these microphones enhance hearing in certain noisy environments.

Ear-level FM systems. FM listening devices are particularly beneficial for persons with hearing loss in overcoming adverse effects of noise, reverberation, and speaker distance. Recent developments have placed cordless FM technology into ear-level BTE instruments, combining a hearing aid and an FM receiver within the same case. Although slightly larger than most BTE hearing aids, BTE FMs are the most discreet of the personal worn FM devices for children and adults.
What Do Hearing Aids Cost?

The price of hearing aids varies throughout the country, and also varies according to the scope of services which may or may not be included with the hearing aids. Hearing aids, excluding the cost of audiological examinations, may range from approximately $600-1500 per hearing aid for conventional, $1000-2300 per aid for programmable analog, and $1800-3400 per aid for fully digital hearing aids. Smaller styles generally cost more than larger styles. Medicare does not cover any of the cost of hearing aids, nor does it usually cover the cost of a hearing test associated with determining candidacy for hearing aids. Medicaid and certain state agencies for children provide hearing aid coverage in some cases when financial and specific hearing loss criteria are met. Only a limited number of insurance companies cover all or part of the cost of hearing aids, though some AG Bell members have been successful in gaining such coverage. Some fraternal and charitable organizations provide financial assistance in obtaining new or reconditioned hearing aids for those who meet financial eligibility requirements. Please contact AG Bell to learn more about organizations that provide financial assistance for purchasing hearing aids.

What If I Don't Like My Hearing Aids?

Often, hearing aids will not sound perfectly natural at first. It is important to recognize that the brain requires a period of time to adjust to new sounds. Most dispensers of hearing aids offer a 30-day trial period during which users may evaluate their performance with the hearing aids. (A number of states require this trial period.) However, many people find that they require a trial period longer than 30 days and AG Bell encourages you to seek a 60-day trial period. Ask your audiologist or dispenser if this possible.

If it is determined that the hearing aids do not meet the listening needs of the user, and if the hearing aids are still in good condition, they may be returned within the trial period for a refund.

Who Can Benefit from Hearing Aids?

Almost all degrees (mild to profound) and types (sensorineural, conductive, or mixed) of hearing loss can now be helped with hearing aids. Hearing loss affects people of all ages; there is no lower or upper age limit for which hearing aids are appropriate. Babies with hearing loss can and should be fit with hearing aids within the first months of life.

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Hearing aids do not restore hearing to normal levels. However, they certainly can make listening more enjoyable for everyone involved. Hearing aids must be utilized along with active listening and good communication strategies. Hearing benefit often improves over time as the individual adjusts to the sound and feel of hearing aids; consistent hearing aid use enables and enhances this process. An important component of the hearing-aid fitting process is the counseling the audiologist provides regarding active listening and realistic expectations of amplification.

Additional Resources Available from AG Bell — Call 202-337-5220 (V) / 5221 (TTY) to order.

Hearing Aid Care Kit — A hearing aid survival kit for users of all ages, it includes battery tester, air blower, wax loop, dehumidifier, telephone receiver ear pad, cleaner/disinfectant and lubricant.

Hear What You’ve Been Missing: How to Cope with Hearing Loss by Donna S. Wayner, Ph.D. — This straightforward guide outlines the tools and strategies people with hearing loss have at their disposal, including hearing aids and assistive devices.

A Consumer Handbook on Hearing Loss & Hearing Aids edited by Richard Carmen — Designed to educate readers about hearing loss, hearing aids and related products, this must-have book helps readers understand the benefits and limitations of amplification.

Patrick Gets Hearing Aids by Maureen Cassidy Riski and Nikolas Klakow and Hooray for Harold: Dealing with Hearing Loss from the Dr. Wellbook Collection — Both beautifully illustrated books for beginning readers that explain hearing loss and amplification.

Author Credit: AG Bell would like to thank Robert Sweetow, Ph.D., Director of Audiology at the University of California at San Francisco, and Becky Bingea, also of the University of California at San Francisco, for their time and expertise in writing this brochure.

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Hearing Aid Recommendations

I am a lifelong hearing aid wearer and an Assistive Device vendor, and I have shared office space with hearing aid dispensers. So my suggestions are based on experience and inside knowledge.

Hearing aids are expensive. It doesn't matter whether that's right or wrong, they just are. A person purchases a hearing aid to improve his/her life, but one out of four aids end up in a dresser drawer. I can only think this happens because of the relationship between the buyer and seller.

Hearing aids do work, provided they are properly fitted and the buyer has realistic expectations of them. So choose your dispenser wisely.

Here are my suggestions and things to consider:

1) Get a medical exam to be sure your hearing loss is not a result of clogged ears or other conditions that can be medically treated.

2) ALL quality hearing aid manufacturers produce an aid that fits your loss.

3) ALL aids in the correct volume range can be "adjusted", "fitted", "programmed" etc. to fit your loss.

4) Don't confuse digital technology with digitally programmed hearing aids. Most aids can be programmed using digital technology. It does NOT mean they are digital hearing aids.

5) For some people, digital hearing aids are super. For others the improvement is not worth the increase in cost. Still others say there is no difference between analog and digital hearing aids. Each person is different. It is up to you to determine what works for you. Ask the dispenser to try both types.

6) Ask why the dispenser is choosing the particular brand/make/model for you.

7) Ask for a 60-day trial/return policy. (Most manufacturers offer 90 days to the dispenser.)
8) Ask about the Manufacturer's warranty. Some of them offer up to two years! That's the one you want - the manufacturer's warranty.

9) Ask what monies the dispenser will keep if you return the aid. (I think keeping the cost of the audiogram and the earmold or shell is reasonable.)

10) Get a copy of your audiogram. It is YOUR medical record. You PAID for it.

11) Good dispensing takes lots of practice. Find a dispenser you are comfortable with. You will need to go back for fine-tuning. Make sure you can feel GOOD about going back.

12) For any loss beginning with Mild-to-Moderate, Behind the Ear (BTE) aids are best. They are usually less fragile, last longer and have the best options. Generally they cost less too! Your hearing is important, don't hide its loss behind an invisible aid.

13) Always get strong, pre-amplified telecoils in your hearing aids. Ask for Tibbets coils. Ask that they be programmed to work with the microphone. Be sure they are positioned for both LOOP and Telephone use.

14) Telecoils can fit inside all but the smallest hearing aids.

15) Hearing aids can be retrofitted with telecoils. Figure an additional $50 to $75 for a telecoil.

16) Ask the dispenser to explain the "Microphone/Telecoil" combination and straight "Telecoil" use.

17) If the dispenser shrugs off the importance of telecoils, find another dispenser. Telecoils turns any aid from working like a Ford into a Cadillac. Telecoils may be the difference between whether or not you hear on the telephone, in a movie theatre, or in a car (using assistive devices).
18) After being fitted, use the dispenser's telephone to practice using the telecoil. Don't leave his office until you are comfortable using it.

19) List EVERYTHING that bothers you the first week or so after being fitted with the aid. List it regardless of how unimportant it seems. Return to the dispenser with this list. Most likely they have a solution, but they are too busy to follow up. Follow-up is YOUR responsibility. That aid needs to be worn all the time to maintain your quality of life.

20) Remember that hearing aids amplify ALL sounds. In a quiet room, if you are close to the speaker, the ONLY sound is the sound you want to hear. In that situation, hearing aids work GREAT. But in other situations, you will need assistive devices and telecoils.

21) Always ask the dispenser to let you try at least three different hearing aids.

22) Feedback (whistling) is often the result of IMPROPER FITTING! Do not accept feedback. It is caused by loose earmolds, loose fitting, cracked tubing, or other things that your audiologist or dispenser can fix.

23) Assistive Devices and your telecoils are the best way to help eliminate background noise.

I hope this is helpful. Please feel free to contact me at any time with questions, comments, or concerns. Or visit my website. I can help you with assistive devices for the telephone, TV, wakeup alarm, doorknocker, restaurant conversing, etc.

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Interpreting Audiograms

This is a typical 'Ski slope' hearing loss where 0's are readings for the right ear and X's are readings for the left ear. Circled areas indicate typical letters or sounds which occur at those frequencies and sound levels.

This patient has Mild to Severe hearing loss in his right ear and Moderate to Profound Loss in his left ear. He can no longer hear leaves rustling, birds singing, clocks ticking, and many parts of normal speech including the letters F, S, Th, Z, H, K, Ch, L, Sh, A, O, and Z. The remaining letters plus the sound of a baby crying can only be heard through his right ear. He can still hear dogs, planes, etc. with both ears.
Troubleshooting Your Hearing Aid

Hearing aids are delicate (and very expensive!) instruments. Within their tiny, fragile cases, they pack an enormous amount of highly sensitive, sophisticated electronic circuitry. Unlike eyeglasses, hearing aids need regular upkeep and a lot of tender loving care to ensure continued optimal performance. With reasonable care, the life expectancy of a hearing aid is about three to five years; with care and attention to maintenance, that lifetime may be extended.

Protection and Storage

There are some things hearing aids do not like: shock, temperature extremes, and moisture.

Shock: Trauma to the hearing aid caused by being dropped or roughly handled, or parked temporarily on undesirable spots of high or low temperatures such as radiators or air conditioners. Dogs love to chew on hearing aids. Babies also find them attractive, sometimes edible. Any of these can be devastating to the proper functioning of a hearing aid (not to mention the baby!)

Some preventative measures: Provide proper storage for your hearing aid whenever it is not in your ear. Set aside a good place, protected from danger of being knocked off a table or picked up, or subjected to the teeth treatment of a pet or child. A box in a drawer by your bed is a good place and is handy when you rise or retire.

Temperature extremes: Damage incurred from high heat or cold, which may adversely affect a hearing aid’s performance. Much of this damage is caused by the changes in temperature, which causes a condensation of moisture within the aid, rather than the temperature itself. This change can occur many times a day, as someone goes from hot to air-conditioned comfort and back again. High humidity and perspiration exacerbates this problem.

Some preventative measures: Never leave a hearing aid on a radiator or an air conditioner, near a stove, in a sunny window, in the glove compartment of a car on a hot day, or in any other extremely hot or cold place. Do not try
to dry the hearing aid in an oven or clothes dryer, or wear it while using a hair dryer or tanning under a sun lamp.

Moisture: Anything wet – high humidity, perspiration, condensation, accidental immersion in bath or pool – can cause damage to a hearing aid and prevent it from functioning properly. Keep your hearing aid dry. An exception may be made for the few hearing aid models recently marketed as being specifically designed as water resistant. If you are interested in this type, ask your hearing aid dispenser.

Some preventative measures: If you live in an area subject to high humidity or regularly engage in perspiration-inducing activities, consider buying some sort of DRI-AID kit. This is a small, inexpensive kit consisting of silica (desiccating) crystals in a jar. At night, after removing the battery, place the hearing aid down in the jar. During the night, the moisture in the hearing aid will be absorbed by crystals. The silica crystals can be recycled by oven heating when they become moist (indicated by change in color), so the kit has a long life.

A recently introduced product, Dry & Store, is an electrical appliance that uses heat, moving air, as well as a desiccating substance to remove moisture from a hearing aid (as well as from any cerumen that may have infiltrated the sound bore). The unit will accommodate two hearing aids (any type). Once turned on, it is programmed for an eight hour cycle, the first eight minutes of which a germicidal lamp helps kill off bacteria, molds or fungi that may be growing on the surface of the hearing aid shell or earmold. With this unit, it is best not to remove the battery (but keeping the battery compartment open) since the removal of moisture from the battery may slightly shorten its life span. A number of anecdotal reports suggest that that the regular use of this device can help ensure the hearing aid’s optimal performance over the long run.

HEARING AID BATTERIES

Batteries are the lifelines for your hearing aid, so learn how to use them most effectively. Take note of the positive and negative (+ and -) on both the battery and in the battery compartment in the hearing aid, and be sure to insert the batteries properly.
If possible, buy batteries a month ahead to ensure that you will always have a supply on hand and that you never run out at a crucial moment. In the past, it was suggested that a refrigerator as a good location to store extra batteries. Current recommendations are against refrigeration, as moisture and condensation can affect battery life.

Always carry a spare battery or two so you have a workable supply on hand. Your hearing aid dispenser can provide you with a small plastic case that you can use to store several batteries. This case can be attached to a key chain, or placed in a pocket or purse. Be sure to replace any that you may use during the day.

Remove the batteries from your hearing aid at night, or at least open the battery compartment. This will allow air to circulate and help dry out the aid. It will also lengthen the battery life by preventing drainage of power if you accidentally leave the aid on all night, and will eliminate the possibility of leakage from a defective battery damaging the aid.

Invest in a battery tester, to check the power of your batteries. These are inexpensive and will save you money in the long run by ensuring that you do not discard a battery too soon. However, even a slight drop in power may require that the battery be replaced, since hearing aid performance can be adversely affected. How much voltage drop will be discernible depends upon your hearing loss and the unique electrical interactions between the battery and the aid.

Become aware of the average life cycle of your battery. If you notice a sudden decrease in battery life, ask your hearing aid dispenser to check the aid. Excessive drain on batteries usually means a malfunction in the hearing aid.

Keep the battery contacts in the hearing aid clean; poor contacts may mean loss of power or a “frying” noise. Scrape contacts gently with a sharpened pencil eraser or cotton swab dipped in isopropyl alcohol. In humid weather or after heavy perspiration, dry off the contact with a cotton swab. If the contact becomes corroded, ask your hearing aid dispenser to clean them.

Warning: Tiny button batteries have sometimes been swallowed by a person mistaking them for pills or by a small child attracted to a shiny
surface. This can be lethal. Store your batteries properly to prevent such unauthorized use. If you suspect that a battery has been swallowed, immediately call a physician.

earmolds and tubing (for behind the ear aids)

Keep earmolds clean. If the sound bore seems clogged with wax, clean it gently with a pin, wire-loop, or toothpick. At regular intervals, remove the earmold from hearing aid and wash it with gentle soap and water. Be sure the mold is dry before reconnecting to the hearing aid, as even a bit of liquid can interfere with the sound transmission. A forced-air earmold cleaner (squeezable rubber) is useful for cleaning both earmold and tubing. This can be obtained from a hearing aid dispenser. Also obtainable from hearing aid dispensers are non-alcoholic “audio-wipes” with which the surface of the earmold can be cleaned frequently (every day is not too much!).

The clear plastic tubing connecting the earmold with behind-the-ear types of hearing aids will need to be replaced periodically. Make regular checks to be sure it is not cracked, dried out, or bent. Also, watch out for possible droplets of moisture caused by humidity or perspiration. These should be removed by gently blowing through the tube until it is dry, or using the forced-air earmold cleaner mentioned above. If this is a frequent problem for you, ask your hearing aid dispenser or audiologist about the new moisture-resistant tubing.

IN-THE-EAR HEARING AIDS (OF ALL TYPES)

Dried cerumen (earwax) on the hearing aid surface can irritate the ear canal as well as cause infections. It is a good idea to wipe it off with a dry cloth, tissue, or “audio-wipes” whenever you remove it from your ear or before you reinsert it in the morning. Do not use any type of liquid solution to clean an in-the-ear hearing aid.

Cerumen infiltrating into the hearing aid sound bore is one of the most frequent reasons for hearing aid malfunction. What happens is that the earwax gets lodged in the sound bore and either blocks the sound or interferes with the function of the hearing aid receiver (the hearing aid “loudspeaker”). Many hearing aids come with a “wax loop” or other means to keep wax out of the hearing aid. If a hearing aid does not include this
feature, then a replaceable, acoustically transparent band-aid ("ad-hear") will protect the sound bore from wax. These can be obtained from your hearing aid dispenser. Or if none of the above is available, then you can use a wire loop to remove the wax (but be careful not to insert the wire loop very far into the sound bore).

HEARING AID PROBLEMS

If the Aid Does Not Work At All

* Make sure the aid is turned on (don’t laugh; this happens!).

* Make sure that that the T-switch is correctly positioned (not in the “T” position).

* Check if the battery is inserted correctly (+ and – in the right place). If you have to force the battery, you probably have it wrong.

* Check to see that the battery is not dead. If in doubt, try a new one (where you have to remove the sticky paper flap off the battery surface). A dead battery is the most common reason for “dead aids”.

* Check battery contacts to be sure they are not corroded.

* Check tubing to be sure it is not clogged with moisture (shown by water or condensation in the tube).

* Check earmold to be sure that sound bore is not clogged with wax.

If Sound is Weaker Than Usual

* Check battery. Replace if necessary.

* Check tubing for cracks, fraying, moisture, etc. Replace if necessary.

* Check that the earmold is not clogged with wax.

* Reposition the earmold for a tighter fit; it may have been whistling (feedback) at a pitch you cannot hear.
If Aid Goes On/Off or Has Scratchy Sound

* Flick on/off switch back and forth, in case dust or lint has collected in the controls.

* Check battery contacts.

* Think where you have been. If in a very humid environment or have experienced excessive perspiration from vigorous activities, moisture may clog the aid and distort sounds. Use a hearing aid dehumidifier overnight and try again (see discussion above under “Moisture”).

* Check the tubing from earmold to the hearing aid and replace it if bent, cracked, frayed.

If the Aid Whistles (“Feedback”)

* Probably an earmold problem. Remove the aid, put a finger over the earmold hole. If the whistling stops, the earmold was not properly inserted in the ear, or is not a good fit. Try it again in the ear; if the whistle continues, consult your hearing aid dispenser.

* Sometimes feedback may occur when you have a blockage of wax in the ear canal, a stiff eardrum (from a cold, for example) or any condition that causes sound to be reflected from the ear canal. In these cases, the earmold may be fine, and the feedback will disappear when the condition is corrected.

* Check volume control; it may have been turned too high.

INSURING YOUR HEARING AID

When purchasing a new aid, you may wish to consider insuring it against damages from such as fire or water, accidental breakage or automobile accidents, theft or other disappearance. A policy may be obtained within 90 days of the purchase of an aid. For information about such insurance policies, ask your hearing aid dispenser.

We hope the above tips will help you add years to the life of your hearing aid.
aids. Remember, if you have consistent problems, you may need a new hearing aid with a different power range, or new earmold. Hearing levels and even the shape of ear canals DO change, particularly as we move into the later years of life.

One final thought: For people who need them, hearing aids can markedly improve the quality of life. However, a hearing aid is often not enough. Consider the use of other types of hearing assistive technologies (such as TV listening, telephone, and signaling and warning devices). Check these out with SHHH members and with your hearing aid dispenser.

By Mark Ross, Ph.D. reprinted with permission from the following website. www.hearingresearch.org/Dr.Ross/troubleshooting_your_hearing_aid.htm
<table>
<thead>
<tr>
<th>Name</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Phone 1</th>
<th>Phone 2</th>
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<tbody>
<tr>
<td>Michigan Otolaryngology Surgery Assoc.</td>
<td>5333 McCauley, Ypsilanti</td>
<td></td>
<td>734-712-5112</td>
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<tr>
<td>Hear Clear</td>
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<td>Home Hearing Evaluations</td>
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<td></td>
<td>313-274-7399</td>
<td>1-866-274-7399</td>
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<td>U. of Mich. Otolaryngology</td>
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<td>Audiology Clinic</td>
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<tr>
<td>1500 E. Medical Center Dr</td>
<td></td>
<td></td>
<td>734-936-7507</td>
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<td>Hearing Care Center</td>
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<tr>
<td>775 S. Main St.</td>
<td></td>
<td></td>
<td>734-475-3990</td>
<td></td>
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<tr>
<td>Chelsea, MI 48118</td>
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<td></td>
<td></td>
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<tr>
<td>(M-Care insured only)</td>
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<tr>
<td>Hear USA, Inc.</td>
<td>2900 S./State St.</td>
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<td>734-663-2915</td>
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<tr>
<td>Chelsea Hearing Aid Center</td>
<td>134 W. Middle St.. Suite A</td>
<td></td>
<td>734-475-9109</td>
<td>1-800-543-1965</td>
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<td>Ann Arbor, MI 48108</td>
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<tr>
<td>Hearing Care Center of Ann Arbor</td>
<td>2220 Huron Parkway</td>
<td></td>
<td>734-971-4327</td>
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<tr>
<td>Sewrs - Miracle Ear</td>
<td>900 Briarwood Circle</td>
<td></td>
<td>734-769-8226</td>
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<tr>
<td>Fogarty Hearing Center</td>
<td>269 Collingwood Street</td>
<td></td>
<td>734-662-8130</td>
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<tr>
<td>Beltone Hearing Aids</td>
<td>4341 Jackson Road</td>
<td></td>
<td>734-995-9300</td>
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<tr>
<td>Ann Arbor, MI 48105</td>
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<tr>
<td>Saline Hearing</td>
<td>203 W. Michigan Ave.</td>
<td></td>
<td>734-429-4400</td>
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<tr>
<td>Beltone Hearing Aids</td>
<td>2150 Washtenaw</td>
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<td>734-481-0883</td>
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<td>Saline, MI</td>
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A Few Hearing Loss Websites and Catalogs

HARC, Mercantile Ltd.
1111 Centre Ave.
Portage, MI  49024
800-445-9968
www.harcmercantile.com

Harris Communications
15155 Technology Dr.
Eden Prairie, MN 55344
800-825-6758
www.harriscomm.com

Soundbytes
PO BOX 287175
New York, NY 10128
800-667-1777
www.soundbytes.com

Lloyd Hearing Aid Corp.
PO Box 1645
Rockford, IL 61110
815-964-4191
www.lloydhearingaid.com

Hearing Technology Resources
710Charles St.
Ypsilanti, MI  48198
734-487-1830
email:  heartech@ix.netcom.com

Radio Shack
300 W. Third St, Suite 1200
Fort Worth, TX  76102
800-843-7422
www.RadioShack.com

Hearing Planet
http://www.hearingplanet.com

Hearing Loss Help Co
75 Townsend Street
Worcester, MA  01609
www.hearing-loss-help-co.com/

Sonic Alert, Inc.
1050East Maple Rd
Troy, MI  48083
248-577-5400
www.sonicalert.com

National Assoc. for the Deaf
Captioned Media Program
1447 East Main St.
Spartanburg, SC  29307
800-237-6213
www.cfv.org

Websites with a broad variety of Information on Hearing issues :

www.hearinglossweb.com
www.agbell.org
www.geocities.com/nc-shhh/bhframe.htm)
www.silent-call@ameritech.org
www.hearingloss.org

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