



Journal of
*The Association of Hearing Instrument
Practitioners of Ontario*

Signal

Summer/2015 • Edition 106

Symposium 2015

**Secure the
Dog House**

**Living Pain Free
Part 2**

Publication Mail Agreement #40025049



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The Association of Hearing Instrument
Practitioners of Ontario

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The mission of the Association of Hearing Instrument Practitioners of Ontario is to represent and guide its members in their practice which include, the testing, selecting and fitting, and dispensing hearing instruments and associated devices in the best interest of the hard of hearing, and may include the removal of cerumen from the external ear canal. Membership is available to hearing instrument practitioners or to those who have an interest in the hearing instrument profession.

Signal is the official journal of AHIP, the professional association of Hearing Instrument Practitioners of Ontario, incorporated in 1988 for the purpose of ensuring quality care for the hard of hearing. *Signal* presents technical and trade information to assist hearing instrument practitioners to better serve the hard of hearing.

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Dear Members,

I would like to take this opportunity to thank you for your support and confidence in electing me as president. As well, I would like to specifically thank Maggie Arzani for her dedication and commitment as president over the past two terms. Also, congratulations to the newly elected Board of Directors whom I will rely on for their support and expertise. You have my assurance that the strong AHIP tradition of protecting the rights of the Ontario Hard of Hearing as well as protecting the rights and interests of our profession will continue.

Hitting the road running, your Executive and Board met on June 2, 2015 with new Chair and Committees established. Many of the issues discussed were of those which were outlined to you in your May 7, 2015 membership mailing entitled: "AGM & Professional Relations Update."

Please enjoy this edition of the *Signal* which looks back on the wonderful experience of Symposium 2015. It was certainly beyond compare with record attendance, exceptional education and amazing entertainment. This event could not have happened without your support and the commitment and expertise of Chris Helik and Maggie Arzani as well as all of those who made it all possible.

I am looking forward to a very positive and productive term. Have a Great summer!

Lisa Simmonds Talyor
AHIP President



Executive



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Dear Members,

Congratulations to Lisa Simmonds Taylor elected AHIP president, vice-president, Vivienne Saba-Gesa; secretary, Nancy Chan; treasurer, Shelley Randall; and to the Board of Directors: Chris Arnold, Katty Herrera, Tasos Kapernekas, Scott Laidman, and Adam Perrie.

I would like to extend a special thank you and sincere appreciation to Maggie Arzani, past president for her personal commitment to excellence in serving the profession with integrity and vision.

Each term brings new challenges for your Board of Director's and sometimes a continuation of a project or issue which began the term or terms before. Ensuring issues and projects are not lost in the transition from one term to another requires a united board who truly understands the complexities of the issues, background and contacts involved. You are very fortunate to have had over the years both experienced and new faces on your Board of Directors which has combined continuity with fresh ideas and new directions.

As usual, strange and sometimes not so amazing things continue to be addressed in government and professional relations. As always, updates on all major issues will be sent to you via membership mailings and website postings.

Have a safe and happy summer!

Respectfully Submitted,

Joanne Sproule
Executive Director



Greetings Members,

Greetings Members!

I am privileged to have the torch passed on to me as the new editor-in-chief of the *Signal*. After 7 years of hard work, Lisa has moved on from editor-in-chief to become our AHIP president, congratulations to her! Another successful Symposium is in the books that was full of partying, learning, and well more partying. Check out all the pictures starting on page 11. Another congratulations is due to past president, Maggie Arzani as she was the inaugural winner of the Opportunity Niagara Ambassador's Program. AHIP means a lot to the tourism of Niagara Falls and Maggie was honored to be nominated by the Hilton Fallsview Hotel & Suites and The Fallsview Casino Resort. That story continues on Page 18.

In this issue you'll also find a study on improving your balance with hearing aids (page 9), the connection between speech perception, cognitive function, and

Cochlear implantation in older adults (page 10). As well, renowned hearing loss advocate, blogger, actress, public speaker, and now author, Gael Hannan discusses her brand new book *The Way I Hear It* (Page 16), and frequent contributor John Niekraszewicz writes about something many forget to do, writing your will (page 19). Finally we have part two of three on Living Pain Free, this issue the topic is Improving Mobility and Stability (page 21).

So please enjoy this issue of the *Signal* and I look forward to the next one! Enjoy the summer!

Chris Arnold
Editor-in-Chief



Existing Anti-Stroke Drug Also Effective Treatment For Middle-Ear Infections, Researchers Say

Source: Georgia State University

ATLANTA—An existing anti-stroke drug is an effective treatment for middle-ear infections, showing the ability to suppress mucus overproduction, improve bacterial clearance and reduce hearing loss, according to researchers at Georgia State University and the University of Rochester.

The findings, published May 13 in the *Journal of Immunology*, could result in a novel, non-antibiotic treatment for otitis media, or middle-ear infection, possibly through topical drug delivery. Vinpocetine, the drug involved in the study, has long been used to treat neurological disorders such as stroke.

The study found topical administration of vinpocetine suppressed inflammation and the overproduction of mucus induced by *Streptococcus pneumoniae* bacteria, improved hearing loss in the middle ear and significantly improved bacterial clearance in animal studies.

“Our encouraging preliminary data suggest that the repurposed drug Vinpocetine may play a critical role in inhibiting inflammation and enhancing antimicrobial defenses in otitis media,” said Dr. Jian-Dong Li, director of the Institute for Biomedical Sciences at Georgia State and a Georgia Research Alliance Eminent Scholar in Inflammation and Immunity. “Our proposed studies may lead to developing novel, non-antibiotic

therapeutic strategies to control immunopathology, reduce mucus overproduction, improve hearing loss and enhance host defense for otitis media.”

Otitis media is the most common childhood bacterial infection and the leading cause of conductive hearing loss. *Streptococcus pneumoniae* is one of the most common bacterial pathogens causing middle-ear infection.

In the United States, there are 24.5 million visits to physicians’ offices each year because of otitis media and more than \$5 billion is spent annually for the care of this disease, according to studies in *Pediatric Annals and Otolaryngology – Head and Neck Surgery*.

Children with frequent middle-ear infections may suffer from speech and language disabilities because otitis media causes hearing loss during a crucial period for speech and language development.

There is an urgent need for novel, non-antibiotic agents to suppress overactive inflammation without significant side effects. There are no effective non-antibiotic agents for otitis media because of poor understanding of the *Streptococcus pneumoniae* pathogenesis. Inappropriate antibiotic use has led to increased antibiotic resistance. Vaccines against *Streptococcus pneumoniae* have a limited impact on otitis media, Li said.

Mucin, the major component of mucus, plays an important role in the clearance of bacterial pathogens, but uncontrolled, excessive mucus production can lead to conductive hearing loss and decreased bacterial clearance. There is also a lack of effective therapeutic agents for controlling mucus overproduction in otitis media.

This study’s findings could also have a significant impact as a new treatment option in countries where surgery is not readily available, Li said.

Drug repositioning has several advantages over traditional drug discovery, such as reduced safety risk, side effects, time and costs. There have been no reports of significant adverse effects and toxicity at therapeutic doses of Vinpocetine in adults and children. As a result, Vinpocetine is attractive to scientists and clinicians seeking novel therapeutic applications.

Vinpocetine, an alkaloid extracted from the periwinkle plant, was originally discovered and marketed in 1978 under the trade name Cavinton. It is used as an anti-stroke drug in most countries and a dietary supplement worldwide.

Hearing Aids May Improve Balance

By Julia Evangelou Strait

Enhancing hearing appears to improve balance in older adults with hearing loss, according to new research from [Washington University School of Medicine](#) in St. Louis. Patients with hearing aids in both ears performed better on standard balance tests when their hearing aids were turned on compared with when they were off.

The small study, which appears in the journal *The Laryngoscope*, involved only 14 people ages 65 to 91 but is the first to demonstrate that sound information, separate from the balance system of the inner ear, contributes to maintaining the body's stability. The study lends support to the idea that improving hearing through hearing aids or cochlear implants may help reduce the risk of falls in older people.

“We don’t think it’s just that wearing hearing aids makes the person more alert,” said senior author [Timothy E. Hullar](#), MD, professor of otolaryngology at the School of Medicine. “The participants appeared to be using the sound information coming through their hearing aids as auditory reference points or landmarks to help maintain balance. It’s a bit like using your eyes to tell where you are in space. If we turn out the lights, people sway a little bit — more than they would if they could see. This study suggests that opening your ears also gives you information about balance.”

All participants served as their own controls, performing the balance tests with and without their hearing aids turned on. Since the researchers were interested in examining the effect of hearing, all tests were

conducted in the presence of a sound source producing white noise, similar to the sound of radio static.

In one test, subjects’ eyes were covered as they stood with their feet together on a thick foam pad. In a second, more difficult task, patients stood on the floor with one foot in front of the other, heel to toe, also with no visual cues for balance. Patients were timed to see how long they could stand in these positions without moving their arms or feet, or requiring the aid of another person to maintain balance.

Several of the participants could maintain stability on the foam pad for at least 30 seconds (which is the considered normal), whether their hearing aids were on or not. But those having more difficulty with balance in this test performed better when their hearing aids were on. And the improvement in performance was even more apparent in the more challenging balance test.

“We wanted to see if we could detect an improvement even in people who did very well on the foam test,” Hullar said. “And we found, indeed, their balance improved during the harder test with their hearing aids on.”

For the foam pad test, patients maintained balance an average of 17 seconds with hearing aids off. With hearing aids on, this average increased to almost 26 seconds. And in the more difficult heel-to-toe test, patients remained stable an average of 5 seconds with hearing aids off. With them on, this time increased to an average of 10 seconds. Even with the small number of patients in the trial, both time differences were statistically significant.

Although patients could tell whether their hearing aids were on or off, the researchers randomized the order of the conditions in which each patient performed these tests, so that some performed the tests with hearing aids on first and some started with them off.

Hullar pointed out that many of the study patients did not report being consciously aware that they had performed better on these tests when their hearing aids were working. But he said he has heard anecdotal evidence that some people notice a difference.

“Many of my patients say their balance is better when they’re wearing hearing aids or cochlear implants,” Hullar said. “We wanted to find out if improved hearing really has a measurable effect on balance. And the metric that we use — how many seconds can you stand on a piece of foam — has a well-documented relationship to risk of falling.

“This is a small study,” Hullar added. “Obviously it needs to be repeated in a much larger study, and we’re seeking funding to do that.”

This work was supported by the Washington University Institute of Clinical and Translational Sciences grants UL1 TR000448 and TL1 TR000449 from the National Center for Advancing Translational Sciences.

Source: Washington University in St. Louis
<http://news.wustl.edu/news/Pages/27773.aspx>

Cochlear Implantation Associated with Improved Speech Perception, Cognitive Function in Older Adults

Source: JAMA Network

Cochlear implantation was associated with improved speech perception and cognitive function in adults 65 years or older with profound hearing loss, according to a report published online by *JAMA Otolaryngology-Head & Neck Surgery*.

Hearing impairment is associated with cognitive decline. In cases of severe to profound hearing loss where there is no benefit from conventional amplification (i.e. hearing aids), cochlear implantation that uses direct electrical stimulation of the auditory nerve has proven successful and selected older patients are among those who can benefit, according to the study background.

Isabelle Mosnier, M.D., of Assistance Publique-Hopitaux de Paris, France, and coauthors examined the relationship between cognitive function and hearing restoration with cochlear implantation in older patients at 10 tertiary referral centers between 2006 and 2009. The study included 94 patients (ages 65 to 85) with profound postlingual (after speech has developed) hearing loss who were evaluated before cochlear implantation and then six and 12 months after.

Results show cochlear implantation was associated with improved speech perception in quiet and in noise, quality of life and depression scores, with 76 percent of patients giving responses that indicate no depression at 12 months after implantation vs. 59 percent before implantation. As early as six months after cochlear implantation, improved average scores in all cognitive domains were seen. More than 80 percent of the patients (30 of 37) who had the poorest cognitive scores before implantation improved their cognitive function one year after implantation. In contrast, patients with the best cognitive performance before implantation showed stable postimplantation results, although there was a decline in some patients, according to the results.

“Our study demonstrates that hearing rehabilitation using cochlear implants in the elderly is associated with improvements in impaired cognitive function. Further research is needed to evaluate the long-term influence of hearing restoration on cognitive decline and its effect on public health,” the study concludes. (*JAMA Otolaryngol Head Neck Surg*. Published online

March 12, 2015. doi:10.1001/jamaoto.2015.129. Available pre-embargo to the media at .)

Editor’s Note: This work was equally funded by Advanced Bionics AG, Cochlear France, Vibrant Medel Hearing Technology and Oticon Medical/Neurelec. Please see article for additional information, including other authors, author contributions and affiliations, financial disclosures, funding and support, etc.

<http://archotol.jamanetwork.com/article.aspx?doi=10.1001/jamaoto.2015.129>



Symposium 2015 Speakers & Entertainment

Photos courtesy Lisa Simmonds Taylor
and Glenn Hewie



Symposium 2015

Thank You to the Exhibitors

Photos courtesy Lisa Simmonds Taylor and Glenn Hewie





Symposium 2015 AHIP Members

Photos courtesy Lisa Simmonds Taylor
and Glenn Hewie



Symposium 2015 Photo Booth

Photos courtesy Lisa Simmonds Taylor
and Glenn Hewie





The View from the Other Side of the Chair

By Gael Hannan

About the Author

Gael Hannan is a writer, actor, and public speaker who grew up with a progressive hearing loss that is now severe-to-profound. She is a director on the national board of the Canadian Hard of Hearing Association (CHHA) and an advocate whose work includes speechreading instruction, hearing awareness, workshops for youth with hearing loss, and work on hearing access committees.

Gael is a sought-after speaker for her humorous and insightful performances about hearing loss. *Unheard Voices* and *EarRage!* are ground-breaking solo shows that illuminate the profound impact of hearing loss on a person's life and relationships, and which Gael has presented to appreciative audiences around Canada, the United States and New Zealand. A DVD/video version of *Unheard Voices* is now available. She has received several awards for her work, including the Consumer Advocacy Award from the Canadian Association of Speech Language Pathologists and Audiologists.

Gael lives with her husband and son in Toronto.

I am pleased to be writing this “consumer’s-perspective” column for *Signal* and the hearing instrument specialist community, one that I have worked with many years.

I put quotation marks around the word consumer, because the only time we people with hearing loss call ourselves *consumers* is when we're within earshot of hearing health professionals, or in the same room. You know, so that other people can tell us apart, because we *look* exactly the same. Most of the time. Similarly, although the Canadian Hard of Hearing Association is referred to as a consumer association—presumably so that people won't ask us to look in their ears and tell them if they, too, have hearing loss – it is actually an association of people who have hearing loss. The term “consumer” means that we exist to buy



hearing technology and services, rather than our real goal, which is to live a life that is as accessible and communication-rich as possible.

When there are no HIPs around, we self-identify to others and ourselves in any of the following ways: hard of hearing, deaf, a little deaf, oral deaf, late-deafened, hearing-impaired, person with hearing loss, CI user, hearing aid user or even – heaven help us – hearing challenged or differently hearing.

After many years as a hearing loss advocate, I'm tired of spitting out those long-winded terms (not to mention politely arguing about the correct term to use) and frequently refer to myself as a HoH, the acronym for Hard of Hearing. In my world, there's no confusion, my people know what being a HoH means.

I used to care more about what particular term a person used to self-identify. The term hearing-impaired, favoured by the professional hearing community, is generally disliked by hearing loss advocates. But I've come to accept even *that* term, if a person chooses to use it, because the truly important thing is that they admit their hearing difficulties and reach out for help – from hearing care professionals *and* from the hearing loss community.

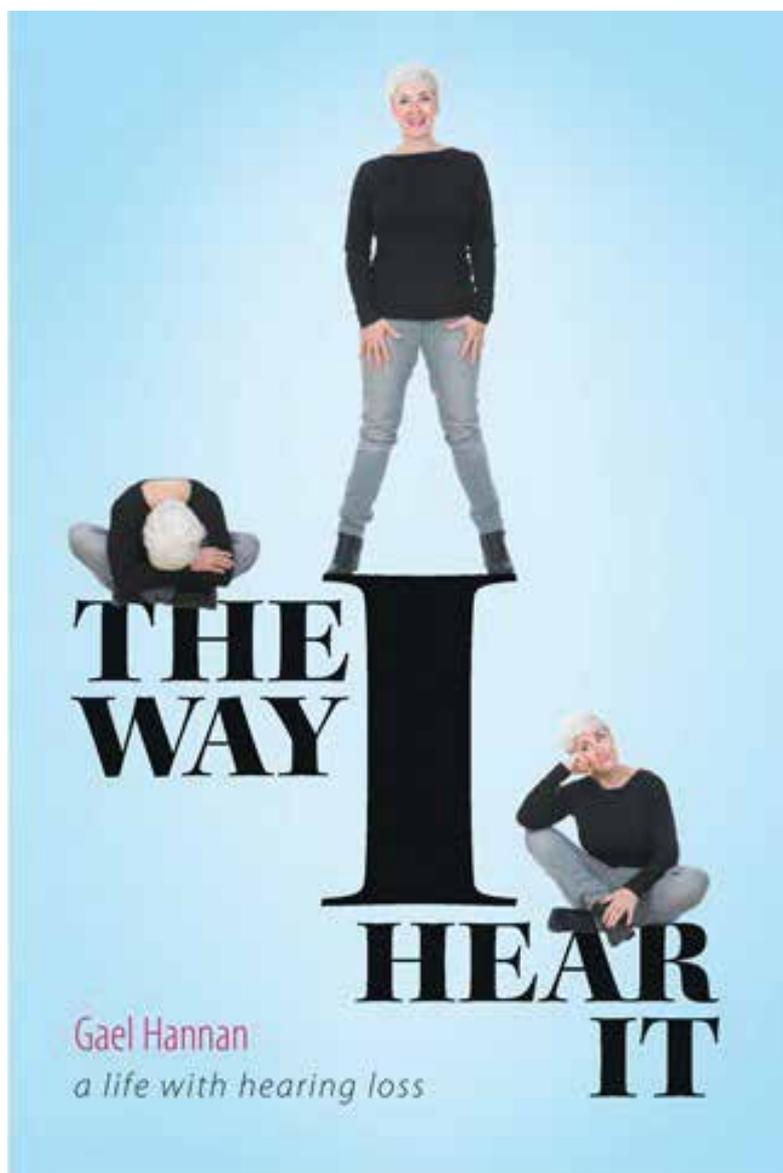
To live well with hearing loss, to get the Big Picture of what lies ahead, a person needs to connect with individuals in both groups. The hearing instrument specialist will measure, evaluate, recommend, and support – with technology and, hopefully, suggestions for communication strategies for key areas of life: the phone, TV, face-to-face chats, etc. Other people with hearing loss *fill in the gaps*.

These are veterans from the trenches, some of them itching to regale you with stories about the hard hearing loss stuff, the frustrations, the *insensitivity* of people who won't accommodate our needs – and *of course* those professionals who they see as just trying to *gouge* you for the latest technical wizardry that you don't really need. But there are many others, the people who get that Big Picture, who will help you understand that technology is your friend, give you tips on how to survive traveling with hearing loss or staying in the conversation at a dinner party, and what to ask your hearing specialist. Most importantly, they will hold your hand and tell you not to give up on life and the things all the things you used to love doing.

In my new book, *The Way I Hear It*, I devote a chapter to the importance of a HoH's new best friends: other people with hearing loss and the professionals who serve them. I see the relationship between a person with hearing loss (me) and the hearing health professional (you) as a partnership. I need *your* expertise

and understanding and technical know-how. You need *me*, not only for my business, but because you *chose* this path, a helping profession, as a satisfying and reasonably lucrative career.

After a lifetime of hearing loss, of trial and error, of numerous hearing aids and the professionals who provide them, I'm living the hearing loss dream: I know how to have my needs met, and I respect the expertise and empathy that I get from you, the well-trained professional. I'm a Happy HoH.



AHIP's Maggie Arzani Wins Opportunity Niagara Ambassador's Program

By Lynne Taylor

AHIP Members and Board of Directors congratulates Maggie Arzani, Co-Chair of AHIP's Annual Symposium, as an inaugural winner of the Opportunity Niagara Ambassador's Program.

Niagara Falls Tourism, in collaboration with the Scotiabank Convention Centre, and Niagara Industry Partners launched a residential program looking for champions of the community to partner with Niagara Falls in increasing Business Events opportunities for the destination.

In launching this program Niagara Falls Tourism invited the Niagara Industry Partners to a look back to see who in the community were already delivering this message and acting as undeclared 'champions'. It was felt that it was important to thank and recognize these champions.

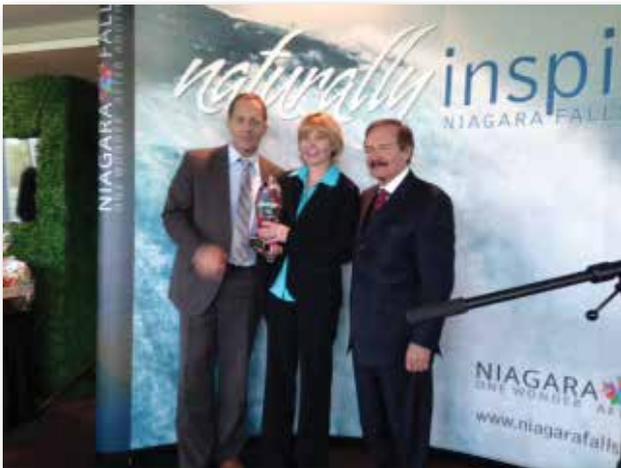


(left to right) Fallsview Casino Resort's Annette Bennitz, with AHIP's Maggie Arzani, and Samantha Knight also with Fallsview Casino Resort.

Nominated By Hilton Hotel & Suites And The Fallsview Casino Resort



Maggie Arzani



(left to right) The Mayor of Niagara Falls Jim Diodati is pictured with AHIP's, Maggie Arzani, and Former Niagara Falls Mayor Wayne Thompson.

In 2003 Maggie Arzani moved to Niagara Falls and today still commutes to her work in Toronto. Maggie has held several positions on the Executive and Board of the Association of Hearing Instrument Practitioners of Ontario and in 2004 booked the annual AHIP conference in Niagara at the Hilton Hotel & Suites. In 2005 the event attendance grew and the conference was hosted at the Fallsview Casino Resort with delegates staying at the Hilton. They have been coming here annually ever since. So once a year, every spring Maggie's commute is much shorter. Thank you for bringing 400 room nights and over 400 delegates to Niagara for 3 days a year!

Secure the Dog House

By John Niekraszewicz



About the Author

John Niekraszewicz (Nick-ra-shev-itch) BMath, FCSI, CFP, FMA is the Certified Financial Planner responsible for the AHIP Health & Dental Benefits Plan provided by JVK Life & Wealth Insurance Group. John is also the Principal of JVK Life & Wealth Advisory Group, specializing in Wealth & Estate Planning. John welcomes your questions and can be reached at 1-800-767-5933 or john.niekraszewicz@jvkgroup.com.

Mary didn't have a business succession plan, retirement plan, or estate plan. She was fortunate enough to have a steady stream of cash flow from her professional practice and real estate investments. "I have more money than I know what to do with, and both of my children don't need my financial help," said Mary. "When I die my children will inherit everything I have and then they can plan all they want."

Her success had made her complacent about any further planning and she became generally unapproachable to every financial advisor. Then Mary got remarried, real estate prices dropped, and the stream of money became not so steady. Mary's health deteriorated and her children's nightmare began.

At the recent AHIP Symposium, I discussed how even the best thought of wealth and estate plans have weak links that only a trained eye can uncover. Then I showed a slide that I called "Secure the Dog House." The dog house is illustrative of how important it is to not take anything for granted and comes from a favorite 1960's sitcom, *Hogan's Heroes*.



For those of you too young or too old to remember, *Hogan's Heroes* was a sitcom set in a prisoner of war camp during World War 2. The Allied prisoners actually used the camp as a base of operations for espionage and sabotage against their captors. The camp was run by the incompetent Colonel Klink and Sergeant Schultz who were proud of their security system and boasted that their camp was like a modern day "Fort Knox." However, the prisoners, led by the American, Colonel Hogan, created a secret network of tunnels and were able to leave and return undetected. Amusingly, one tunnel frequented by Colonel Hogan and his team just happened to run under the heavily guarded dog compound and had an exit right under the dog house.

To ease the pain for Mary's family, there should have been a comprehensive wealth and estate plan review conducted at the time of her second marriage. This review of how her financial accounts, insurance policies and her Wills were structured would have identified the fact that Mary's remarriage revoked her previous Will. There was a new Will drafted, but it was questionable.

Unfortunately, many Canadians do not have a current and valid Will. This means that estate planning is being done post mortem and opportunities are reduced. And for those who have a current and updated Will, too much emphasis is placed on who gets what, rather than on how they receive an asset. Overlooked are joint tenancy and named beneficiaries resulting in

inefficient transfers and costs. Regardless of whether or not they have a current and valid Will they both share communication challenges such as:

- don't inform Executors that they have been named
- don't involve family members in their planning
- don't have a co-ordinated team of advisors

Some strategies that can be used to not only minimize estate and probate fees but also the emotional difficulties that come with settling an estate include:

- consolidation of financial assets
- named beneficiaries on assets wherever possible
- estate life insurance naming heirs as beneficiaries

Being appointed an Executor is a significant responsibility that bears administration complications, emotional issues, and legal difficulties. When you talk to someone who has experienced being an Executor and hear, "Why are my parents putting me through hell" and "I have my own children to worry about and that is challenging enough without this extra burden," you may think twice before accepting this position.

It is also important for children to know that their parents have had in-depth conversations regarding their financial well-being with professional advisors. Conversations involving all family members about health and living arrangements and finances should also be made with parents while they still have full capacity.

Before implementing any tax, investment, life insurance, or estate planning solutions it is best to seek professional advice. Have an experienced team of professionals work together to uncover the weak links in your plans and implement the correct solutions. Don't just leave your plans to chance, because without eliminating the weak links in your family's wealth and estate plans, often, bad outcomes occur.

The dog house doesn't stay in the same place all the time. So, it is important to review your wealth and estate plan after a major life event. Such events include having children, buying a home, starting a business, planning a business exit, divorce, or remarriage.



*Secure the dog house,
then you can enjoy life
and have fun.*

Living Pain Free; Improving Mobility and Stability: More Than Stretching and Planks

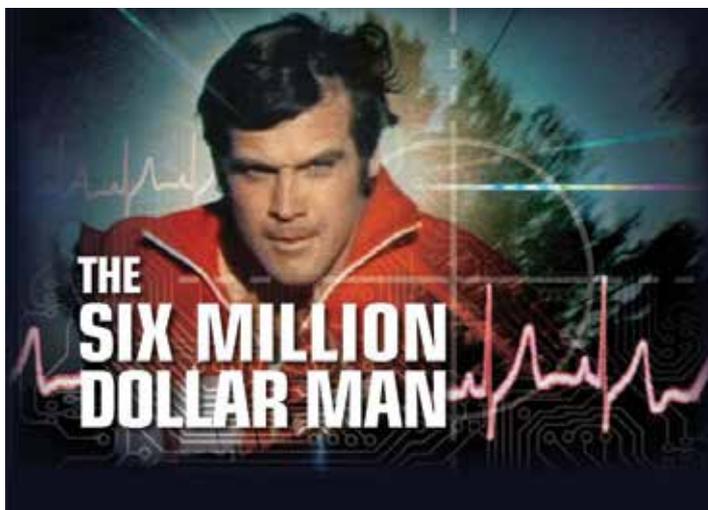
Part 2 of a Three Part Series

By Mark Roozen, M.Ed, CSCS,*D, NSCA-CPT, *D, FNSCA and Doug Wuebben BA, AS, RDCS (Adult and Peds)

In the first part of the series, we talked about the problem that many of us are facing from our decrease in moving and our increase in body mass. We were able to point out the problem, but the positive is that we can change your path from pain and problems, to living a PAIN FREE LIFE. Like Doug spoke about. Coach Rozy's education literally saved his career and life. A short time after taking Rozy's education to heart and to task, his shoulder pain went away. Doug remains pain free to this day. He still does his workout routine religiously. He feels lucky and blessed. Let's continue on with our education and get into what we can do to move down the path of living pain free.

One

If possible, (and it is if we do THE RIGHT MOVES) we want to start young and start right. We want to begin to build stability in our kids, in our teenagers and even those we know in their early 20s. We also want to implement a way that they can keep the mobility they have and maintain flexibility. Great – you say. I'm over 30. So what am I supposed to do? Here is some good news. You old timers, and those that may have been in the United States, might remember the show *The 6 Million Dollar Man* (For you youngsters, think of *Iron Man*) "We can re-build you. We can make you stronger. We can make you faster. We can make you better." **AND WE CAN.** It doesn't matter where you are, it matters where you end up.



Two

It's easier to keep it if you have it then get it if you never have gotten it. Some more "good news, bad news" information. If you worked out and trained your body in the past, it will be easier to get it back or regain some of those patterns and wellness levels you were at before. Now we're not saying if you exercised and did sports when you were in your 20's, and for the last 30 years have been sitting on a couch that you'll be in the Olympics next year. What we are saying is that if you have been doing SOMETHING, building some type of a base, you

will be further ahead than someone that has never done movement before. Think of it this way. Take two folks in their 40s or 50s. One rode a bike when they were in their teens and 20s. The other never had a bike and never learned to ride. We put them back on a 10-speed now, 20–30 years later.

How will they do? The one that rode the bike in the past might still have the ability to ride the bike. It might not look pretty, they might be wobbly, but chances are they could get back after it with some patience and practice within a short period of time. How about the other person that has never been on a bike? It might take a little bit longer to master that task. Can it be done? **YOU BET IT CAN.** Same with training, working out, building stability, and improving mobility.

IT CAN BE DONE - THE PERSON MIGHT HAVE TO PRACTICE A LITTLE LONGER AND HAVE MORE PATIENCE.



Three

Doing resistance training and stretching, getting stronger and more flexible, IS NOT THE SAME AS BEING MOBILE AND HAVING STABILITY. Coach Rozy has worked with some of the elite and top athletes in the USA and around the world. He always says that “They are the best over compensators I have ever seen.” What does he mean by that? Simply that because of their great abilities and body make-up, they are able to overcome a weakness in one area with their high level of ability in another. There is an athlete with great strength, so he has the ability to still function at a high level, even with lack of mobility. Another athlete might not have the strength in their upper body, but because of their coordination, mobility and reaction time, they can still function at a high level, put themselves in a great

position to make a play. The reality is that MOST OF US **ARE NOT** ELITE, WORLD CLASS ATHLETES. Even if you were, are or hope to be – MOVING RIGHT and TRAINING RIGHT IS STILL VITAL. Coach Rozy helps players and folks on the job still today to help maintain the longevity of their careers on the court, field or track. By doing the right things to maintain stability and mobility, you can maintain longevity in your career too.

Ever take a rock and throw it into a body of water? When you throw in the rock, there is a splash. Then you can see the “ripple effect” that the rock makes. Think of the body like that. Your belly button is the spot where the rock goes in – and the ripple effect moves outward to the rest of your body. In most cases (that means NOT ALL – and I can hear someone after they read this say, “That’s not me,” You would be the exception to the rule) lack of mobility and lack of stability begins in the mid-section; where the rock went in.

We have to think we MOVE AS A UNIT. That’s why we talk all the time about training MOVEMENT - and not just training MUSCLE. In Part 3, the final part of the series, we’ll discuss how looking at changing your training, and doing THE RIGHT MOVES, can make an impact on your job, your life and how you feel.

For questions, information on bringing in Mark and Doug for live presentations or any other inquiries please make contact with Mark “Coach Rozy” and/or Doug at livepainfree4u@gmail.com and at their web site www.coachrozy.com



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