



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

Signal

Summer/2016 • Edition 110

**Study Shows Earplugs Worn
At Concerts Make A Difference**

The Fictitious Second Wife

**Study Shows Hearing Loss
Affects Infant Babble**

**Hearing Aid Battery Life
Can Vary Widely**



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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 for a second term. Also, congratulations to the newly elected Board of Directors who I will rely on for their support and expertise. The first board meeting of the term took place on May 24, 2016 to discuss time sensitive items and establish new chair and committee positions. I am looking forward to a very positive and productive term.

I hope you enjoy this edition of the *Signal* which publishes after the wonderful experience of AHIP Symposium 2016. 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 the expertise of our Symposium Chair, Maggie Arzani. Special thanks as well to Chris Helik for chairing so many past symposiums which assisted in elevating the AHIP Symposium to become the best in the industry.

On behalf of AHIP, Joanne Sproule and I will be attending the 65th Annual International Hearing Society convention in September 2016. We look forward to being involved in important international discussions and attending the Chapter Leadership and Licensing Board meetings.

Have a safe and happy summer!

Lisa Simmonds Taylor H.I.S.
AHIP President



Executive



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Dear Members,

Congratulations to **Lisa Simmonds Taylor** elected AHIP President, Vice-President (**Vivienne Sabagesa**); Secretary (**Katty Herrera**); Treasurer (**Adam Perrie**); and to the Board of Directors: **Chris Arnold**, **Diana Blank**, **Nancy Chan**, **Kuldip Grewal**, and **Danielle Rizk**.

I would like to extend a special thank you and sincere appreciation to **Shelley Randall** for her personal commitment to excellence in serving the profession with integrity and vision for over 30 years. A review of some of her accomplishments is outlined in this edition of the *Signal*.

Each term brings new challenges for your Board of Directors 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,

I would like to start off by saying thank you to all the members. It means a lot that you've allowed me to stay on as a director at AHIP. It's given me the confidence to continue working at moving the *Signal* forward as well as taking on the AHIP website.

We start the summer off with an article on ear protection at concerts. With summer concert season already started, it's good to arm ourselves with more knowledge to pass on to our patients. Further in the issue we explore how hearing loss can affect infant babble. Following that we have an interesting article on battery life and how much it can vary. Finally, AHIP says goodbye to longtime board member Shelley Randall as we all wish her well.

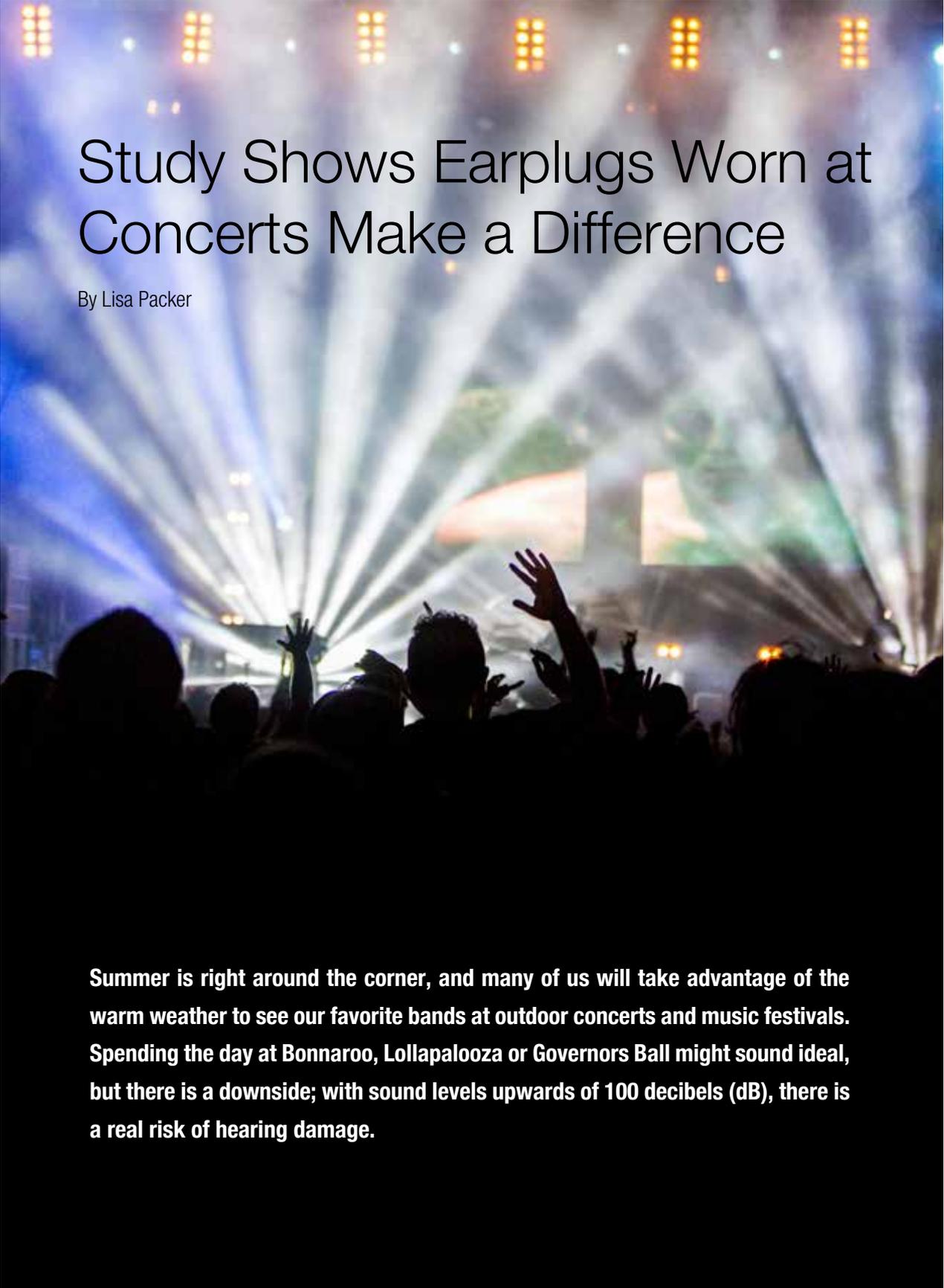
Our two guest columnists, John Niekraszewicz and Pamela Ashton, are back this issue with their regular columns. John writes about discussing your family's

future openly and making sure you have your family in order, so you can have your finances in order. Pamela has another informative interview, this time with Mike Steffler and life after the clinic.

If you have any suggestions, comments, or want to contribute to either the *Signal* or the helpmehear.ca website, please don't hesitate to email me: chris@ahip.ca.

Chris Arnold
Editor-in-Chief





Study Shows Earplugs Worn at Concerts Make a Difference

By Lisa Packer

Summer is right around the corner, and many of us will take advantage of the warm weather to see our favorite bands at outdoor concerts and music festivals. Spending the day at Bonnaroo, Lollapalooza or Governors Ball might sound ideal, but there is a downside; with sound levels upwards of 100 decibels (dB), there is a real risk of hearing damage.



Used correctly, these little earplugs can help you enjoy your favorite band without damaging your hearing.

According to the World Health Organization, 1.1 billion teenagers and young adults worldwide are now at risk of hearing loss due to exposure to unsafe noise levels. Loud entertainment venues such as nightclubs and concerts are a big part of the problem, and now a new study out of the Netherlands confirms it — just a few hours of exposure to loud music without hearing protection can have a detrimental effect on hearing.



The study was devised as a randomized, single blind clinical trial, to be conducted only once at an outdoor music festival in Amsterdam on September 5, 2015. The goal was to determine if the use of earplugs, or the lack thereof, had an effect on temporary threshold shift (TTS). First, the study organizers put out a call for volunteers through social media. Out of 91 respondents who planned to attend the concert,

40 were excluded because they were already planning to wear earplugs to the concert. The remaining 51 were randomly assigned to one of two groups: 25 were assigned to wear earplugs to the concert and 26 were assigned to attend the concert without any hearing protection. After the 4 ½ hour concert, at which sound pressure levels averaged 100 dB, both groups received hearing tests to determine if there was a measurable TTS, and if so to what degree.

To understand TTS, it is first necessary to understand auditory threshold. Auditory threshold is the sound level below which a person's ear is unable to detect any sound. TTS is an increase in the auditory threshold, and manifests itself in a temporary hearing loss during which sounds are unclear or muffled.

The results of the study spoke volumes. Of the group that did not wear ear protection during the concert, researchers found that 22 out of their collective 52 ears experienced a TTS at frequencies over 3 and 4 kHz, as opposed to only 4 out of the collective 50 ears of the group who wore hearing protection. And the rate of tinnitus was 40 percent in the non-earplug wearing group, as opposed to only 12 percent in the group who wore earplugs.

According to the research team, led by Dr. Wilko Grolman of the University Medical Center Utrecht, results of the study are evidence that earplugs are effective in preventing temporary hearing loss as a result of excessively loud music levels, and their use should be encouraged. Just encouraging teens and young adults to wear earplugs might not be quite enough, however, to cause the sweeping change that is necessary. But could some high profile intervention turn the tide?



Let's hope so. Concertgoers seeing one of the most popular bands on tour this summer, Pearl Jam, will notice a new addition among the t-shirts and other merchandise: earplugs. After taking notice of the prevalence of hearing loss among musicians and music lovers, Pearl Jam joined forces with MusiCares to provide earplugs to all attendees of their upcoming concerts for a minimal suggested donation.

“Don't be careless and lazy at loud rock shows or cranking tunes through an old Walkman like I was thirty years ago (but boy did it all sound good). Wear hearing protection or you'll end up with a 1.5k [Hz] ring in both ears every night when you go to bed, or worse when you are trying to enjoy the serene quiet of an empty desert or forest, again like me,” said Pearl Jam bassist Jeff Ament.

If you have attended a loud concert and sounds are muffled or you are experiencing ringing or buzzing in the ears (tinnitus), the good news is that it is most likely only temporary. But temporary doesn't necessarily mean there is no long-term effect. It is important to allow your ears a period of quiet rest and recovery if you are experiencing TTS. During this period of time it is crucial not to expose yourself to any loud sounds. After such a period of rest and recovery, hearing should return to normal. The recovery time for a temporary threshold shift varies, and could take anywhere from a few hours to a few days. Be sure to seek help from a hearing care professional if your hearing does not return to normal after a few days.

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The Fictitious Second Wife

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.

Judy was an only child whose marriage just ended. After seeing their daughter being drained physically, emotionally and financially by the divorce proceedings, Mary and Bob did not want Judy to go through similar events again when something happened to them. They wanted to simplify and secure their estate to ensure that Judy and her daughter would be financially secure when both Mary and Bob passed away.

As part of the estate planning solution, Judy was to be named as the sole beneficiary of an estate life insurance policy on both of Mary and Bob's lives. This would enable Judy to cover the tax burden on the family business and real estate assets. Bob and Mary seemed to be in good health for their age so life insurance medicals were arranged for both of them. Unfortunately, there was an issue with Mary's medical results and she was declined for any life insurance coverage.



Over time Mary's behaviour became uncharacteristic and delusional. She was spending less time at the family business and was convinced that Bob was seeing other women. "When I'm gone, I don't want Bob's new wife getting Judy's inheritance. Judy deserves everything."

Mary was diagnosed with a hereditary illness and put into palliative care. Judy, her boyfriend and other family friends visited Mary during the day. Bob visited separately from the others since he was busy during the day keeping the family business afloat. During the day, everyone who visited heard Mary's concerns about "Bob's second wife" and they were willing to reinforce her belief.

Unbeknownst to Bob, Mary was convinced to change her will. Judy was to inherit all of Mary's assets which included her 50% ownership of the house, 50% ownership of the business, 100% of the cottage, 100% of Mary's Registered Retirement Savings Plan (RRSP), 100% of Mary's Tax Free Savings Account (TFSA), and 100% of her investment account. Wow.



The damage created for Bob was immeasurable. There were no other women. The second wife was a figment of Mary's imagination. Not only was Bob's family life now in a mess, financially he was left with Mary's RRSP and cottage tax burden. This unexpected financial squeeze also put the business at risk. "How could this have happened? If only I was with Mary 24/7." There was no way for Bob to rationalize the events that ruined his life.

Unfortunately, the enormous wealth of baby boomers, dysfunctional family dynamics, and tough economic times will only cause situations like Bob and Mary's to become more commonplace.

When it comes to dealing with clients who exhibit uncharacteristic behaviour, there may be a rational explanation. As professionals running a client-centric practice, it is our duty to ask questions and try to understand the motivation behind their actions. As in Mary's case, having advance knowledge of her family medical history and life experiences may have led to a different path to secure and satisfy her wealth transfer concerns, resulting in peace of mind and harmony for all family members.

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 structuring your family's wealth and estate plans properly, often, bad outcomes occur.

Secure the dog house and invest wisely, then you can enjoy life & have fun.

Study Shows Hearing Loss Affects Infant Babble

By Lisa Packer

Parents all over the world look forward to their babies' first adorable coos, squeals and babbles. Other than crying to express a need or discomfort, these initial vocalizations are the first step toward a lifetime of communication for babies.



Babies with normal hearing babble more than babies who have hearing loss.

But what, exactly, propels infants to start to “goo-goo” and “ma-ma” in the first place? A new study done at the University of Missouri and published in the *Journal of Experimental Child Psychology* suggests that babies babble because of their ability to hear their own speech, and that babies with profound hearing loss didn't make the same sounds with the same frequency as those babies with typical hearing.



The research is especially significant due to the fact that approximately 1.4 out of 1,000 newborns have a hearing loss. The good news is that most states now have mandatory newborn hearing screening, so it is possible to detect hearing loss earlier. However, it is important to remember that a diagnosis is only the first step; following up with early treatment or intervention is critical to language development.

“Hearing is a critical aspect of infants' motivation to make early sounds,” says Mary Fagan, an assistant professor of communication science and disorders in the MU School of Health Professions. “The fact that they attend to and learn from their own behaviors, especially in speech, highlights how infants' own experiences help their language, social and cognitive development. They are actively engaged in their own developmental process.”

Make no mistake; the language that babies hear from others is important as well. One study of pre-term infants showed that those infants whose parents and nurses spoke to their babies in the NICU fared better in language development when tested at 18 months of age than those infants who merely heard others talk about them and their ongoing care. This latest research shows that infants have a part to play as well, proving that they are not just passive recipients of language but are very important players in their own language development.

Babbling is normal among hearing 8 month olds. But in looking at 16 infants with profound hearing loss and 27 infants with typical hearing, the researchers at the University of Missouri found that babies with profound hearing loss rarely make the repetitive vowel sounds, “da-da”, “ma-ma” and “ga-ga”, for example, that are common among babies without hearing loss.

The good news, however, is that the MU researchers found that once the infants received cochlear

implants they began babbling with the same frequency as typically hearing infants within just a few months. Cochlear implants are small electronic devices embedded behind the ear that serve to replace some functions of the impaired inner ear. Researchers noted that not only was there an increase in vocalizations with repetitive syllables, but that the number of repetitions in the string also increased.

Any vocalizations your baby makes are communication. “Babies show they can also express themselves with squeals, vowels and growls in the first months of life,” says Dr. D. Kimbrough Oller, Ph.D., professor of Audiology and speech-language pathology at the University of Memphis. Those early vocalizations also help babies learn to modulate vocal tone and volume. Crying is first, followed by vowel sounds such as “ooh” and “ahh”. Between 5 and 7 months, the consonant sounds begin to be added.



It is important to remember, however, that all babies develop differently. Just because your friend’s baby is babbling excessively by 6 months and yours isn’t doesn’t necessarily mean there is a problem. As a matter of fact, language is the most common developmental delay. However, if your baby isn’t

cooing by 4 months, or isn’t babbling by 10 months, or if you notice that receptive language is lacking (meaning your baby doesn’t respond when you speak or say familiar words) you might want to run it by your pediatrician. There could be any number of reasons for the delay, most of which don’t warrant serious concern. At some point your pediatrician might decide a hearing test is in order. If it does turn out that your baby has a hearing loss, finding out early is the best thing.

The University of Missouri research isn’t the first indication that early intervention is crucial to language development. Previous research, such as a study done at the University of Colorado Boulder and published by the American Academy of Pediatrics, have also showed that early identified hearing impaired children have significant advantages over later identified children when it comes to language development. Across the board, research agrees that early intervention for hearing loss, whether that comes in the form of hearing aids or cochlear implants, allows babies and children to catch up to their hearing peers in terms of speech.

Fagan stresses that although there is not just one course of action for treatment or intervention in the event of hearing loss, any action taken should be done quickly as time is of the essence when it comes to language development.

“Many parents elect to have their children with profound hearing loss receive cochlear implants, and that’s a decision parents alone can make,” Fagan said. “Whatever decision the parents make, the data strongly show that if parents are going to choose a cochlear implant, the sooner the better. Studies like mine show how rapidly babies with hearing loss respond to cochlear implants, often minimizing the impact on their speech, language and vocabulary development.”

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Hearing Aid Battery Life Can Vary Widely

By Wayne Staab, PhD



About the Author

Dr. Staab is an internationally recognized authority in hearing aids. As President of Dr. Wayne J. Staab and Associates, he is engaged in consulting, research, development, manufacturing, education, and marketing projects related to hearing.

Hearing Aid Battery Life is Not Easy to Predict

The past three weeks this post has been devoted to hearing aid battery life, because those who recommend and fit hearing aids quite often receive complaints from customers about how the battery life doesn't last as long as they were led to believe. Last week's post showed the resultant current drain of a number of hearing aids measured over the past six years, with advanced signal processing activities turned "Off" and "On." A definite difference was measured with the current drain higher when these advanced signal processing algorithms were activated, resulting in expected shorter battery life.

This post will look at this topic again, but in a way that is directly meaningful to how increased current drain affects expected battery life. Specifically, it will look at three common hearing aid cell sizes, Size 10, 312, and 13, and show some examples of what a user might expect when the hearing aid circuitry is asked to do more.

Comparison Conditions

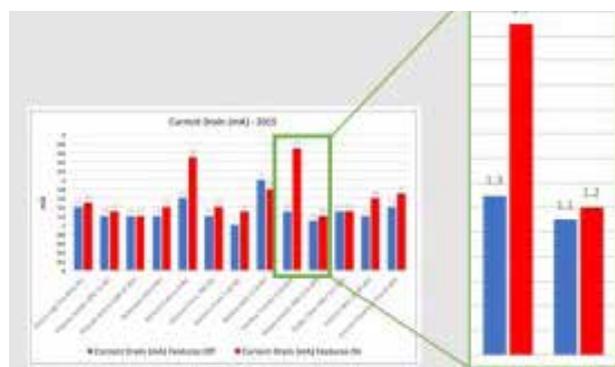


Figure 1. Current drain differences for two hearing aids with advanced signal processing features turned "Off" (blue) and "On" (red).

Current drain conditions for the year 2015 measurements posted last week are used for these comparisons (Figure 1). These will represent the minimum and maximum difference in current drain

from among the thirteen hearing aids measured between the “Features Off” and “Features On” conditions. The minimum current drain change from among the hearing aids was from 1.1 to 1.2 mA, a difference of 0.1 mA. The maximum current change measured was 1.3 to 2.7 mA, a difference of 1.4 mA. These may not seem like much of a change, but let’s wait and see what these differences translate to.

Calculated battery life at different current drains are plotted on the same graph (Figure 2) in this post for the size 10, size 312, and size 13 cells – the most commonly used sizes in hearing aids at this time. From these graphs, providing one knows what the current drain is for their particular hearing aid, anyone can determine how long the battery is expected to last – *kind of*.

Battery Current Drain to Calculated Battery Life

The calculated battery life for the three commonly-used hearing aid cell sizes (sizes 10, 312, and 13) is provided in Figure 2. These are based on the mAh capacity provided in a previous post. Note that different battery companies may use mAh capacities slightly different than those used. Regardless,

the general trend holds for all of them. Using the minimum current change from advanced circuit features “Off” to advanced features “On” (current drain from 1.1 to 1.2 mA), and then the maximum current change under the same conditions (1.3 to 2.7 mA), the information in Table I was calculated. The impact on the battery life of the changes for the conditions identified in Figure 1 is shown in Table I. Going from 1.1 to 1.2 mA when the advanced features were activated, had a minimal impact on battery life (light blue shading), but still seven hours less for the size 10, ten hours less for the size 312, and sixteen hours for the size 13 cell. This translates roughly to 1, 2, and 3 days less for the 10, 312, and 13 cells respectively. On the other hand, when the maximum current drain change hearing aid example is calculated for battery life (light orange shading), the battery life is essentially halved.

Herein Lies a Problem

The number of hours listed in Table I does not translate into the number of hours of battery life one actually gets. That depends greatly on the number of hours the aid is used during the day, and on other demands on the hearing aid circuitry (high incoming

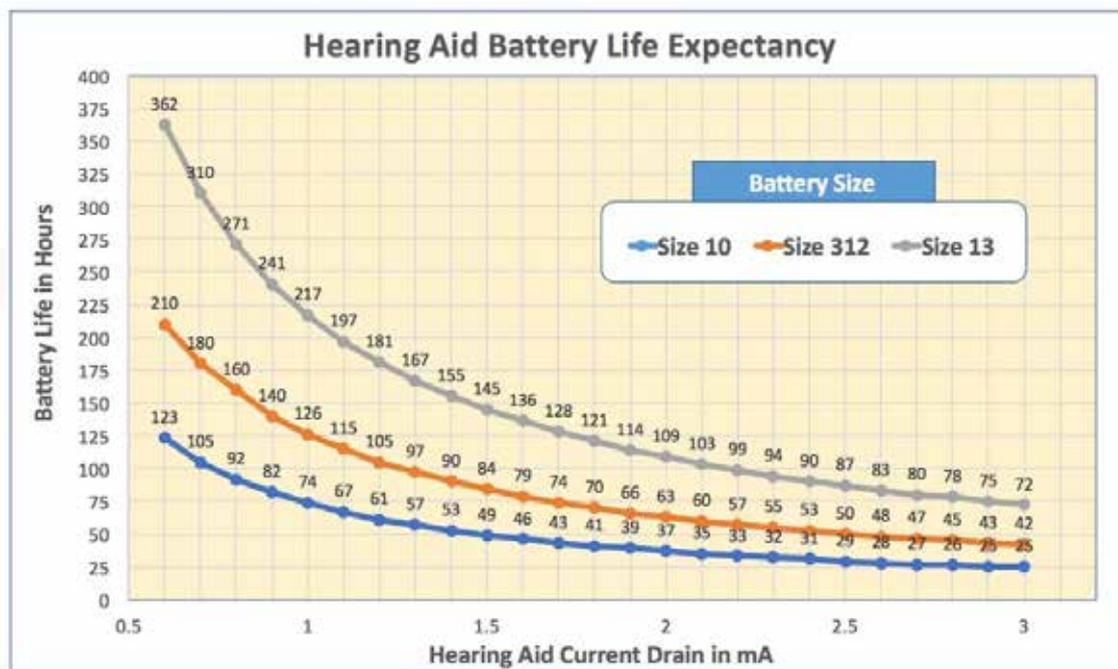


Figure 2. Calculated battery life (in hours), at different hearing aid battery current drain for the size 10, size 312, and size 13 cells/batteries. The higher the current drain (higher numbers), the lower the battery life in hours.

Table I

Hours of battery life derived from the minimum and maximum mA changes of the hearing aids from which the measurements were made.

| | Minimum mA Change | | Maximum mA Change | |
|----------|-------------------|---------|-------------------|--------|
| | 1.1 mA | 1.2 mA | 1.3 mA | 2.7 mA |
| Size 10 | 67 hrs | 61 hrs | 57 hrs | 27 hrs |
| Size 312 | 115 hrs | 105 hrs | 97 hrs | 47 hrs |
| Size 13 | 197 hrs | 181 hrs | 167 hrs | 80 hrs |

sound levels to the hearing aid microphone, use with telecoil loops, the number of hours per day the aid is used – things not necessarily related to advanced signal processing features of the aid.) For example, if a person uses their hearing aid only 4 hours per day, the actual number of hours of actual amplification they get will be less than a person who uses their hearing aid 12 hours a day. The reason is because the battery is losing charge even when not in use. Therefore, a person who uses their hearing aid once per week, using a size 10 or 312 cell, may have to use a new battery every time they use the hearing aid. Why this occurs can be explained in part by what follows.

Unfortunately, Battery Life is Related to Additional, Uncontrollable Factors

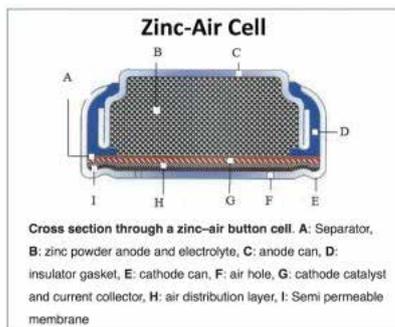


Figure 3. Zinc Air Cell.

In addition to the impact of hearing aid circuitry current drain, other factors impact a hearing aid's life. These comments are related to the zinc-air cell (Figure 3), which is what is used in hearing aids currently. This post will not go into great detail, but highlight certain issues that impact the battery's performance, basically unrelated to the hearing aid user.

Activation

Zinc-air cells are activated as soon as the tab is removed, allowing air to enter and activate the cell. Once that occurs, the activation process cannot be stopped or reversed. Even though the tab has been removed, the cell doesn't actually discharge until it is put into use. However, other factors come into play that result in rendering the cell incapable of performing its intended function – that of powering a hearing aid – even if never placed in a hearing aid. Its actual battery **operating life** is dependent on its interaction with its environment – especially air, temperature, humidity, and altitude, aside from the current drain of a hearing aid circuit. Under certain conditions related to these environmental conditions, the electrolyte and other activities within the cell are impacted. How long does it take for these factors to render a cell inoperable without it even being used, once the tab is removed? The answer to that is quite complex.

Performance

For example, in high temperature and low humidity the electrolyte in the cell loses water more rapidly, tending to dry out. In high humidity, excess water accumulates in the cell through the air holes (the electrolyte is deliquescent, meaning that it can absorb moisture much like a sponge), flooding the cathode and destroying its active properties. In other words, what happens is that the cell either dries out or fills with water, and can even cause corrosion or give the appearance of something oozing from the holes in the battery.

In low temperature, the battery's voltage drops, reaching its end of life sooner. Hearing aids are designed to operate down to approximately 1 Volt.

Below that, the circuit does not behave properly.

With altitude increases, the percentage of oxygen in the air is reduced, meaning that if you are high in the mountains, there is less oxygen in the air and the zinc-air cell may reach the end of its life cycle sooner. A combination of high altitude and low temperature can have a compounding effect on having the battery die sooner.

Miniature zinc-air cells, once exposed to air (including carbon dioxide), therefore have a high battery **self-discharge**. Self-discharge means that the internal chemical reactions reduce the stored charge of the cell without any connection between the electrodes (cathode and anode). This renders them to initially have less than a full charge when actually put into use.

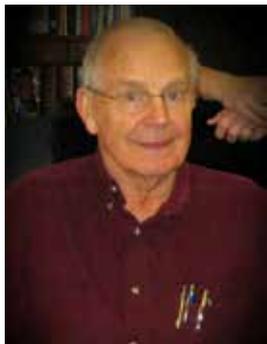
Summary

So, how long can one expect their hearing aid battery to last? It depends on a number of factors, most not related to the user. The hearing aid current drain is important, but so are environmental conditions to which the cell is exposed. A full discussion of hearing aid batteries awaits another day.

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In Conversation with Mike Steffler

By Pamela Ashton



Question #1
What intrigued you about this profession and how did you get started?

I was an optical technician for Imperial Optical on Douglas Street here in Guelph. The optician Roy Cockburn was not well and he initially did the hearing aids as well as the glasses. So he started training me in the hearing aids. I was also “grandfathered” into the optician position and in 1988 was “grandfathered” as an HIS. Neither was easy, lots of written and practical exams to complete.

I started Steffler Hearing Aids out of necessity when Imperial Optical went broke in 1992, otherwise I would have had no job, although other optical places had approached me over the years.

Question #2
What jobs did you have prior to becoming a hearing professional?

I actually started as an optical technician which was in the lab. It involved grinding lenses for prescriptions and putting the glasses together.

Question #3
Are you involved in any volunteer activities?

I’ve been active in the Kiwanis Club for 32 years. I took care of the Kiwanis Bingo weekly for 11 of those years.

I also participated in the Better Hearing Institute run to raise money for their foundation. AHIP had that run every year for many years at the annual Symposium. My clients and others would sponsor me for the BHI run. Since my hip and knee replacement I don’t do much running but I walk a lot.

Question #4
What do you think has been your best achievement in your life so far, either professional or personal?

Barbara my wife is the best thing in the world that ever happened to me. I would give up everything for Barbara. We’ve been married 62 years. Barb and I have three children and many grandchildren. I’ve lost count of the great grandchildren.

I think being grandfathered in two professions was quite an accomplishment. Also having my granddaughter, Jennifer Steffler, take over Steffler Hearing Aids was great.

Question #5-
What are your hobbies or interests?

I have an elaborate stamp collection and I have done woodworking for years, such things as furniture and recreation rooms. At times I had people waiting for me to build things for them.

Question #6-
Please share some additional information about yourself that you think our readers would find interesting.

I always had treats in the office for my clients. I used to tell them I was trying to sweeten them up before I see them. I also involved my clients in the decision of which hearing aid they thought would suit their needs.

I also carry a pedometer on my belt. I average 6000–8000 steps per day. My pedometer is on my second million steps since my new knee last year. I was told if I wanted the knee to work I had to keep walking.

A Leader, a Professional,
 a Dedicated, Loving and Caring Mother,
 a Teacher, a Mentor, a 6 Time AHIP
 President, a Colleague, and a Friend.
THANK YOU Shelley Randall.



Shelley was a graduate of the Sheridan College Hearing Instrument Specialist program also obtaining Level I and Level II Ministry of Health status in 1991. Shelley was elected to the AHIP Board in 1990 and has since served over 25 consecutive years on all board chair positions and executive positions, helping her fellow colleagues to raise the bar and level of professionalism bringing us to where we are today and what we proudly call OUR ASSOCIATION.

Shelley successfully owned and operated her own practice for over 30 years while starting a family and dedicating her time to the Association nonetheless. She inspired students as a teacher at George Brown College and she continues to inspire those that follow in her footsteps.

Her daughters Brittany and Lindsay are both successful Hearing Instrument Specialists as well as her loving husband Don! It's been a non-stop rollercoaster ride for the Randall family when they welcomed 2 new little additions to the family becoming grandparents to Jack and Nate... (Cutie pies!)

Shelley, your leadership and wisdom are admirable and will be greatly missed; however, never forgotten. Thank you for being unselfish and passionate about your profession. We wish you all the best in your future endeavours and many years of Happiness, Health and LOVE!

Classifieds

Hearing Instrument Specialist – Sarnia

If you are passionate about making a difference in people's lives and enjoy working with the latest innovative technology in a collaborative, team environment join one of ActivEars' southwestern Ontario locations.

ActivEars is seeking a **full-time Hearing Instrument Specialist OR Audiologist** who will be responsible for hearing evaluations and fittings, follow-up care, and providing the patient with the best solution for their hearing loss and lifestyle. The individual will be based in **Sarnia**. The position offers a competitive salary based on your level of performance.

You will:

- Create the best journey for the patient through top-quality counseling and instruction
- Conduct patient diagnostics by administering hearing evaluations, tests, and/or examinations
- Fit and dispense hearing aids, and recommend proper assistive devices according to patient needs
- Network and connect with the community

You will get:

- Family oriented environment where every patient is welcomed as if they are family and treated with special care
- Developed strong database of loyal and satisfied patients based on outstanding services and exemplary patient care
- Experience at a strong and established business with over 25 years of experience
- Flexible and understanding management
- Opportunity for some flex hours during summer and short days on Fridays
- Competitive compensation package

You will need:

- Education: HIS Diploma or equivalent
- Member in good standing with AHIP
- Experience: 2+ years of experience dispensing hearing aids preferred
- Strong Sales experience and track record required
- Good problem solving skills, analytical abilities, communication, organizational and interpersonal skills required

ActivEars is a family run business established in 1993 and continues to grow with the support of local community. ActivEars strongly believes in educating and helping people with hearing loss. Our staff is professional, friendly and courteous.

For more information visit
www.activeears.com

Interested candidates should forward their cover letter and resume to:

**M. MacNeil at
mmacneil23@cogeco.ca**

quoting "HIS position" in the subject line.



Classifieds

Opportunity for Part-time Hearing Instrument Specialist

We are currently seeking an experienced Hearing Instrument Specialist registered with AHIP to join Beck Hearing Aid Centre Inc., In London Ontario. We are dedicated to providing the highest level of hearing healthcare to our patients. Beck Hearing is committed to offering our team members a dynamic supportive and inviting work environment. Beck Hearing is seeking a motivated, dedicated and compassionate Hearing Instrument Specialist to work both independently and with support identifying and assessing patients with hearing loss and coordinating their treatment plan.

This competitive salary plus incentive position will appeal to a self motivated, responsible, eager person to collaborate on a team committed to service.

Success Requirements:

- H.I.S. registered with AHIP
- Authorizer with ADP
- Minimum 2 years working experience
- Good general business sense and excellent customer service and hearing health promotional skills

Interested candidates should send an email to beckhearing@rogers.com outlining their strengths and reasons why they feel they should be a good choice for this opportunity.



Classifieds

Established Profitable Hearing Aid Business For Sale

- 4 -year -history clinic with latest equipment in good conditions
- Debt free business
- Serves a large and growing senior population
- Provides an opportunity to expand an existing business for a new practitioner or one currently in the hearing instrument profession
- Busy and convenient location in Toronto closing to family doctors and shopping mall
- ENT clinic available

Direct enquiries to

vu@promedhearing.ca
or
416-887-8183



PETER ANTON KELLER

It is with immense sorrow we announce the passing our beloved father on Sunday June 5, 2016, in his 86th year. He has now joined his lovely wife Margery who predeceased him in 2011. Dad will be greatly missed by daughters Deborah Vollmer and Lorna Cassano, and by son-in-law Gordon Vollmer. He was a cherished and doting grandfather to Sarah and Daniel Vollmer and Camille and Madryn Cassano. One of six sons, of Elizabeth and Jacob Keller, Peter is survived only by his youngest brother Carl Eric (Los Angeles). A brother-in-law to both George Ford and Margaret Kellar, and an uncle and great-uncle to many nieces and

nephews, all of whom will greatly miss him. Peter grew up on farms in Saskatchewan and Ontario until joining the RCAF for 14 years as Flight Sergeant and Medic-in-training. After leaving the RCAF he became President of Union Hearing Aid Centre, owning his company, for almost 40 years, where he and Margery dedicated themselves to their clients. As a member of AHIP and IHS, he visited Russia and the Caribbean, and helped set up a dispensary clinic in Trinidad. An outdoors-man at heart, he enjoyed his farm in Southern Ontario and his country home in NY state. Following the sound of his sawmill, ATV, lawnmower or weed wacker and you'd find him!

Donations can be made in Peter's memory to The Peter and Margery Keller Fund, Reg. Charity No. 00010-36563-0000, C/O the Foundation Office, The Hospital for Sick Children, 555 University Ave., Toronto, On., M5G 1X8. The fund pays in full for hearing aids for financially disadvantaged children who do not have or do not qualify for other assistance.

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