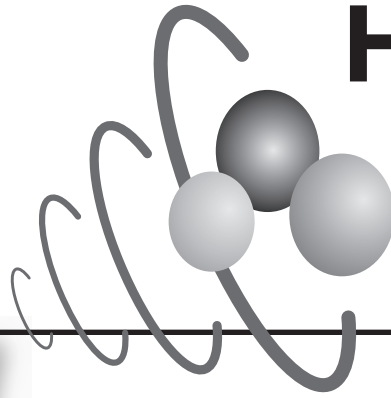


# North Shore Chapter of Long Island

April 2012



# Hearing Loss Association of America

## Meeting Location

Long Island Jewish Hearing & Speech Center is located on the grounds of the Long Island Jewish Medical Center. Enter the grounds from LAKEVILLE ROAD and it is the first building on your left. Free parking is available behind the hearing and speech building: first entrance to parking lot after building. DO NOT go into the main parking building. Go to the Conference room on the Lower Level 270-05 76th Avenue New Hyde Park, NY 11040.

If you are in doubt as to whether there is a meeting, or if you'd like further information, please call Sal: 718-479-1098.

## FYI

Assistive Listening Devices (ALD) are provided at our meetings. Headphones are available in the back. This room is Looped, so those who have hearing aids/cochlear implants can put on their T-coil switch.

## Meeting News

April 18, 2012

Refreshments and Social Time begins at 6:30pm

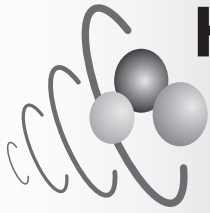
Meeting begins at 7:00pm

*Topic:*

***“Invisible” Hearing Aids:  
Are They For Real? What are the advantages  
and disadvantages of invisible hearing aids?***

*Speaker: Dr. Lawrence Cardano*

Lawrence Cardano, AuD. is a Doctor of Audiology and a licensed, board certified audiologist. He earned his Masters degree in audiology at Columbia University and his Doctor of Audiology degree from the University of Florida. Dr. Cardano is a fellow of the American Academy of Audiology and is a member of the American Speech and Hearing Association and the Academy of Dispensing audiologists. He is affiliated with Franklin Hospital Medical Center in Valley Stream N.Y. He is the director of the Hearing Center of L.I. in Valley Stream. His community service efforts include his work as a founding member of the Board of Directors for the Lions Lend and Ear program. and through this program volunteers his time and expertise to benefit needy hearing impaired individuals.



# Hearing Loss Association of America

**Chapter Planning Committee**  
HLAA North Shore Chapter  
Voice: 718-479-1098

Sal Sturiale  
*Chapter President*  
Sturiale@verizon.net

Charlie Kantor and Ruth Dunitz  
*Newsletter Editor*

David Siegel  
*Meeting Reporter*

Hilda Drucker  
*Events*

Fred & Ruth Wiener  
*Publicity*

Silvia & David Siegel  
*Hospitality*

Charles Kantor  
*Technology*

**Members:**  
Claire Fox  
Hilda Polonet  
Helmuth Mooreman

## What You Missed in March

*By David Siegel*

The meeting opened with our President Sal telling about the June 21st – 24th Hearing Loss Convention to be held in Rhode Island. It is always a great time to learn about new technologies in Hearing Aids and other and related techs. He also mentioned that our Chapter was developing a website. Caption Call telephones are still available free to all our members including installation.

Silvia, one of our board members, explained to the group that all the Queens and Long Island chapters had closed and we are the only group left in this area. Our chapter has only 4 to 5 active board members at this time. Most of the board has held these positions for 15 to 20 years. We are in great need of volunteers to help us with the mailing. It would involve about one hour a month of your time a month. There are others openings available and all the help we get will be greatly appreciated. You can call Sal at (718) 479-1998 or email at sturiale@verizon.net.

In introducing tonight's special guest, Audiologist Dr. Lisa Predmore, our member Arthur Laxer described how he first heard her speak at

*Continued on Page 6*

HLAA of North Shore Long Island does not necessarily endorse the opinions of our speakers, goods & services.

**You can still get a free Caption Call phone!**

Don't miss this opportunity!  
Contact Cameron Tingey at:  
801-287-9421



# Decibels and Dollars:

## A Look at Hearing Aid Features Across Price Points

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*Excerpt from Hearing Loss Magazine, By Brad Ingraio, Au.D.*

I want to thank Dr. Mark Ross for his tireless efforts over the past 18 years writing about research and technology developments in technology for *Hearing Loss Magazine*.

His words have been ones to live by professionally and personally since before I completed my bachelor's degree in communication disorders. I have been extremely fortunate to have him as a friend and mentor since we met at the HLAA Convention in Phoenix in 1997. I am honored and humbled to have been asked by HLAA and the RERC on Hearing Enhancement to write on research and technology following Mark's very well-deserved retirement.

### **What Exactly is a Hearing Aid Anyway?**

The first hearing aids, like those described in Mark Ross' article 'From a Body Hearing Aid to Cochlear Implant' (*Hearing Loss Magazine*, July/August 2011) were little more than miniature public address systems.

The amplifiers were fairly simple and had a limited frequency (pitch) range. They contained basic tone controls, but often over- or under-amplified areas of hearing loss. In order to hear well, people with hearing loss needed to manually adjust the volume control to try to match the sounds environment. They made life markedly better for people with hearing loss, but were far from ideal.

Modern digital hearing aids are built around tiny computer chips called DSPs (Digital Sound Processors). These, in combination with improved microphones and speakers (sometimes called receivers) allow hearing aids to amplify a wider range of pitches with far less distortion than their predecessors. Using computer software, they can be very finely tuned to the individual's hearing loss and even include memories, analyzers and sub-miniature radio stations. They automatically measure the surroundings and adjust volume and, in some cases, microphone behavior, many times per second. All of this technology comes at a price, and anyone who has researched hearing aids knows that the range of prices is large and the choices numerous.

This article will define the basic functions in hearing aids that address these common needs as well as providing a few of the more common brand names for these features. Following that, we will look at the current offerings by the top six manufacturers and give you an idea of what features you should expect in several price categories.

### **Channels**

The human inner ear, or cochlea, contains tens of thousands of tiny sensory hair cells that convert sound waves into nerve impulses that our brains perceive as sound. These are organized like a piano keyboard with each 'key' being a critical band of hair cells. When we develop hearing loss, some of the keys become less effective and sound softer and less distinct in pitch. Hearing aids attempt to compensate for this by adding more volume. If the added volume is provided by pressing hard on the weak keys with trained and skilled fingers, the correction will be precise and the overall sounds will be mostly satisfactory. If, however, the volume is added by pounding on the keys with an open hand, the result is imprecise, noisy and generally unpleasant.

In hearing aids, the DSP's amplifier is divided into several specific areas of pitch (frequency), each of which can be adjusted independently. One would think that the more the better, which is true to a certain extent. More channels do assist with some automatic features like feedback

*Continued on Page 5*

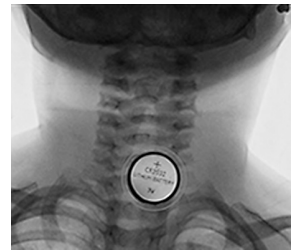
# Safe Kids USA and Energizer Join Together to Prevent Button Battery Ingestion

ST. LOUIS & WASHINGTON, Sep 14, 2011 (BUSINESS WIRE) -- Today, Safe Kids USA and Energizer announce a critical partnership to share life-saving information with parents and caregivers about the potential risks of swallowing coin lithium batteries. These coin-sized button batteries can lodge in the throats of children. The saliva immediately triggers an electrical current that causes a chemical reaction that can severely burn the esophagus in as little as two hours. In some cases, children have died from their injuries. The formation of "The Battery Controlled" by Safe Kids and Energizer shines a light on a growing issue and provides easy steps that parents and caregivers can take to prevent injuries and death to children.

## Where the Risk Hides

Coin-sized button batteries, approximately the size of a nickel, are found in everyday devices such as:

- Mini remote control devices that unlock car doors and control MP3 speakers
- Calculators
- Bathroom scales
- Reading lights
- Flameless candles
- Talking and singing books and greeting cards



## A Little-Known Threat

The threat is invisible, as these batteries are often inside compartments within electronic devices. However, because many of these devices are not children's toys, the battery compartments are easy to open. Small children often have easy access to these devices and enjoy playing with them, and many parents do not know there is a risk. In fact, in a recent study by Energizer and Safe Kids USA, 66 percent of parents indicated they have not read, seen or heard anything about the risks of coin-sized button batteries and 58 percent of parents said their children seem to like electronic devices more than their own toys.(1)

## Steps for Parents and Caregivers

- Examine devices and make sure the battery compartment is secure.
- Keep coin-sized button batteries and devices out of sight and out of reach.
- Go to the emergency room immediately if swallowing is suspected.
- Call the National Battery Ingestion Hotline at 202-625-3333 for additional treatment information.
- Tell others about this threat and share these steps.

reduction (see below for more on that), but clinical research doesn't really bear out the need for more than five or six channels. The location of these channels relative to your hearing loss is more important than the absolute number.

### **Compression**

Since the mid-1980s, hearing aids have attempted to correct the distortion of loudness perception inherent in sensorineural hearing loss (recruitment) by adding more amplification (gain) for soft sounds and less for loud sounds. The most effective form of this is called Wide Dynamic Range Compression (WDRC). Nearly all hearing aids today have at least two WDRC compressors in each channel for speech level sounds and one to control the maximum loudness of the hearing aid. Depending on your hearing loss, having more of these compression controls might allow you to hear more sounds more comfortably and accurately. As with channels, some hearing aids use these compression circuits to assist with noise and feedback reduction.

### **Multiple Memories**

Most of us don't live only in one sound environment. As 'smart' as current hearing aids are, they can't predict everything. In addition, certain special situations, such as listening in a hearing loop, on the phone or with an FM system, require very specific hearing aid settings. Most hearing aids allow the audiologist or hearing aid provider to assign these settings to memories that can be accessed with ear level or remote controls.

### **Wireless Connectivity**

The newest trend in hearing aids is to use a very short range wireless radio called Near Field Magnetic Induction (NFMI). This is not the same as the traditional magnetic inductance used by the telecoil. Hearing aids use NFMI to share information between hearing aids, or to send and receive information with a gateway device. The ear-to-ear NFMI can be used to make volume and program changes happen in both ears with a single sided adjustment or to assist with directional microphone or noise reduction settings. NFMI to and from gateway devices allow the hearing aids to interface with Bluetooth and 900 MHz telephone and audio devices.

### **Addressing Feedback**

At their very basic core, hearing aids are miniature public address systems. Just like the PA at a county fair, if the microphone and speakers get too close, the amplified sound loops through the system again and again until you hear a high pitched squeal. In hearing aids, this occurs when the sounds delivered into the ear escape, usually through a vent, and then reenter the microphone. In the old days, we fixed feedback by reducing the size of the vent, reducing the output of the hearing aid or by adding acoustic filters to the sound pathway ( earmold, speaker tube, etc.) until the feedback stopped. Today, most manufacturers include a feedback test in their hearing aid fitting software to 'search and destroy' feedback. Currently, hearing aids with automatic feedback management use one of two approaches to manage feedback: Notch filtering systems measure the specific pitch where feedback occurs, then the DSP reduces the amplification at that frequency only. This leaves the overall amplification intact and just removes the very narrow 'notch' in pitch that is causing the feedback. The other is a phase reversal system.

## **Joke Corner**

Three retirees, each with a hearing loss, were taking a walk one fine March day.

One remarked to the other,  
"Windy, ain't it?"

"No," the second man replied,  
"It's Thursday."

And the third man chimed in,  
"So am I. Let's have a coke."

*To read more, please go to:*

[http://www.hearingloss.org/sites/default/files/docs/HLM\\_SepOct2011\\_Brad\\_Ingrao.pdf](http://www.hearingloss.org/sites/default/files/docs/HLM_SepOct2011_Brad_Ingrao.pdf)



*What You Missed in March, Continued from Page 2*

one of our early meetings and is very happy that she is helping him to resolve his hearing problems over the years.

Dr. Predmore discussed how exciting it was for her to now have added and Assistive Listening Technologies Room in her office with assistive listening devices ready for all of us to try.

Many people are still searching for a better way to hear TV. Not only does she have devices but also the TV to demonstrate how it works.

Dr. Predmore showed us a Unitron device that can turn on a light when the phone rings but also let you know when the doorbell rings and the smoke alarm goes off. There is a pad to put by the side of a bed to alert you when a person gets out of bed that may need assistance.

She discussed that she is careful in selecting a hearing aid for each of her clients and not the high end type that may not be necessary for their needs.

Dr. Premier's discussions was very helpful in answering our questions and it is wonderful to know Ally, an assistive listening technologies office in Manhasset, for us to try out devices. Call for an appointment at (516) 727-7600 or [audiooffice@optimum.net](mailto:audiooffice@optimum.net)



*Dr. Lisa Predmore  
Audiologist*

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Dues include Newsletter.

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