

## Hear the News!!!

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### IS MUSIC IN YOUR BLOOD?

A study which appeared in the April issue of *Nature Neuroscience* showed that playing a musical instrument significantly enhances the brainstem's sensitivity to speech sounds. This finding suggests that the brainstem, although a lower-order brain structure, is changeable. It is involved in complex processing with a higher-order brain structure associated with music and language. By playing music, a person may be tuning the brainstem and this will affect how sound is encoded in this region of the brain. From: The ASHA Leader, May 8, 2007.

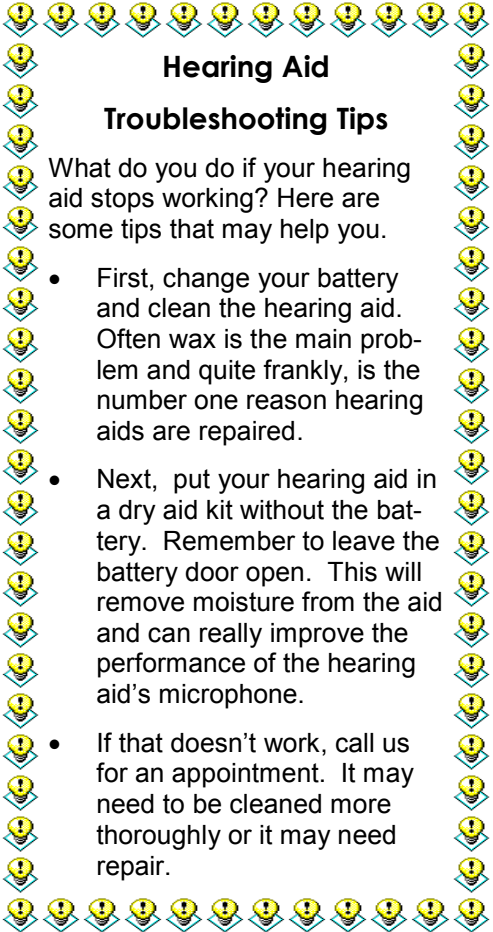
### CISPLATIN

Cisplatin is one of the most widely-used chemotherapy drugs available and it is used effectively in the treatment of several types of cancer. However, one of Cisplatin's side effects is permanent sensorineural hearing loss. Typically, the hearing loss is bilateral and affects the high frequency region of the cochlea. Patients will experience problems such as difficulty in background noise, hearing soft-spoken people, and understanding people with accents. Studies have shown that the damage to the ears is worse in patients given higher doses of Cisplatin and that younger patients are more susceptible to hearing loss. The full effects of the medication can continue to occur even after the Cisplatin therapy is completed with little evidence of recovery. Therefore, careful monitoring of hearing during and after Cisplatin therapy is typical and recommended.

### TEMPORARY RINGING IN THE EARS

Temporary ringing in the ears actually has a name – Spontaneous Transient Tinnitus (STT). Most people experience STT occasionally. It occurs for no apparent reason, usually in quiet, lasts for a few seconds (usually less than 30 seconds) and fades away. You may notice your hearing seems to be muffled. Scientists do not know why this happens, but it is agreed the spontaneous transient tinnitus is normal and there is no reason for concern. FROM: Tinnitus Today, December 2004 p. 14





### Hearing Aid

#### Troubleshooting Tips

What do you do if your hearing aid stops working? Here are some tips that may help you.

- First, change your battery and clean the hearing aid. Often wax is the main problem and quite frankly, is the number one reason hearing aids are repaired.
- Next, put your hearing aid in a dry aid kit without the battery. Remember to leave the battery door open. This will remove moisture from the aid and can really improve the performance of the hearing aid's microphone.
- If that doesn't work, call us for an appointment. It may need to be cleaned more thoroughly or it may need repair.

## DIZZINESS AND NECK PAIN

Dizziness has multiple causes including problems in the inner ear, cardiovascular conditions and medications. In addition, dizziness may also accompany neck pain, particularly after whiplash or injury. It has been estimated that approximately half of individuals suffering from whiplash may also experience dizziness. Symptoms of neck-related dizziness include light headedness, imbalance, or a sensation of floating, often associated with neck movements. If the source of the dizziness is the neck or the cervical spine, it is referred to as cervicogenic dizziness.

Cervicogenic dizziness occurs as a result of abnormal sensory information coming from affected joints and muscles of the neck. When this abnormal sensory input joins with normal input coming from other balance mechanisms, including the inner ear, a mismatch occurs, and dizziness results. These episodes may last minutes to hours.

Cervicogenic dizziness is a diagnosis of exclusion, the diagnosis and treatment of dizziness associated with neck pain must be made only after a thorough evaluation by the patient's physician. When diagnosed correctly, it can be successfully treated using a combination of manual therapy (hands-on treatment of the neck) and vestibular rehabilitation.

Hearing & Balance Centers *at the Elks* employ physical therapists who are certified vestibular therapists, certified cervicogenic vestibular therapists and certified manual therapists.



## HEARING AIDS AND CELLULAR PHONES: ARE THEY COMPATIBLE?

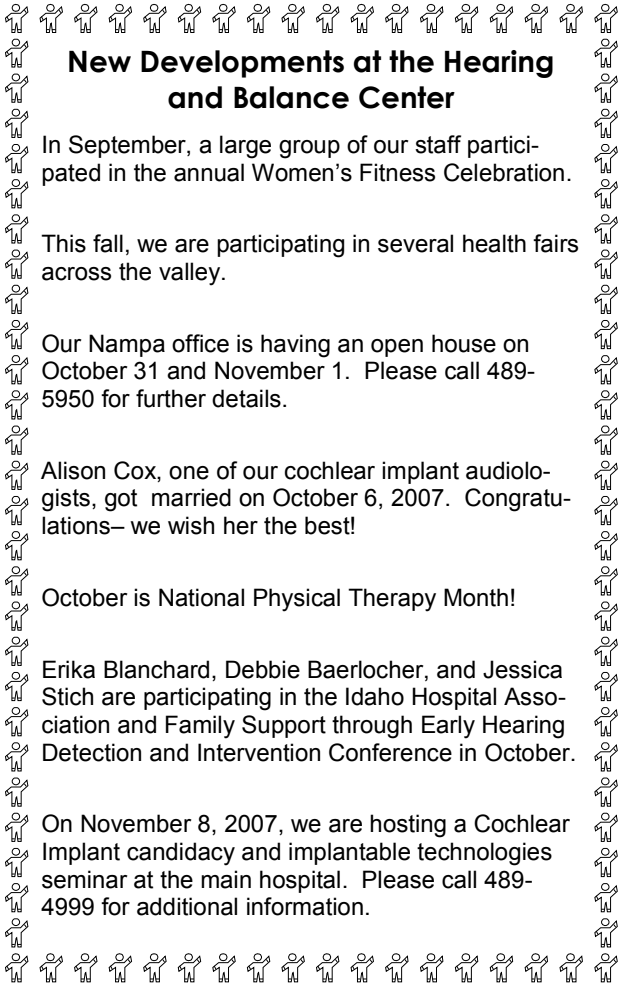


Cellular phones with higher "M" and "T" ratings are more compatible with hearing aids and are expected to provide a stronger signal to your hearing aid. An "M" rating on a cellular phone refers to the strength of the microphone, while the "T" rating refers to the strength of the electromagnetic discharge from the telephone. These ratings range from 1-4, with #4 being the most optimal for both modes. Remember... if a cellular phone is considered hearing aid compatible that means that it will work with the telecoil inside of your hearing aid. Not all hearing aids have telecoils, so be sure to check if you have a "T" switch or ask your audiologist if you have a telecoil in your hearing aid.

#### TIPS:

- When shopping for a hearing aid compatible cell phone, be sure to ask your provider what are the "M" and "T" ratings.
- Securing a phone with a trial period will allow you to evaluate your reception outside of the store, where you may encounter variable interference.
- Cellular phones with backlighting often weaken the signal to your hearing aid. Obtaining a phone with adjustable backlighting will allow you to disable this feature.

For more information go to <http://www.fcc.gov/cgb/consumerfacts/hac.html>



### New Developments at the Hearing and Balance Center

In September, a large group of our staff participated in the annual Women's Fitness Celebration.

This fall, we are participating in several health fairs across the valley.

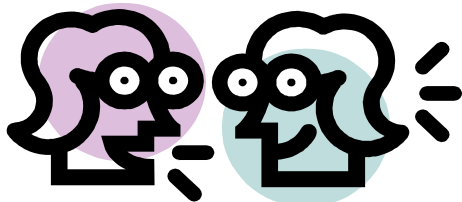
Our Nampa office is having an open house on October 31 and November 1. Please call 489-5950 for further details.

Alison Cox, one of our cochlear implant audiologists, got married on October 6, 2007. Congratulations— we wish her the best!

October is National Physical Therapy Month!

Erika Blanchard, Debbie Baerlocher, and Jessica Stich are participating in the Idaho Hospital Association and Family Support through Early Hearing Detection and Intervention Conference in October.

On November 8, 2007, we are hosting a Cochlear Implant candidacy and implantable technologies seminar at the main hospital. Please call 489-4999 for additional information.

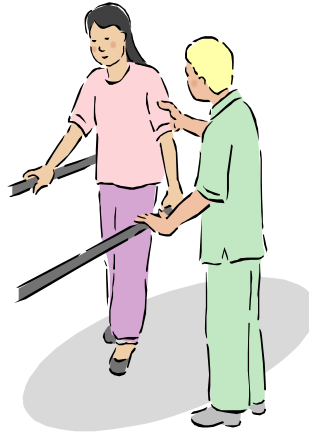


### COMMUNICATION CORNER

Communication is a process of exchanging information and ideas between two or more people. Break-downs in communication occur when the message is lost. Everyone can improve their communication skills. Even the most basic conversation can be improved with a few simple changes, whether you have normal hearing or a hearing impairment. These tips are specifically for those who speak to people with hearing loss.

1. Speak in a normal tone of voice. Yelling loudly will not help a person who has working hearing aids. Make sure you are not covering your mouth or chewing gum when speaking.
2. Be more precise with word pronunciation. This will help slow your rate of speech. However, be careful to not exaggerate words.
3. Try to re-phrase what is said instead of repeating it. There may be a word that is not making sense, so repeating it will only increase frustration. If you use another word, your listener will be more likely to understand what you are saying.
4. When speaking in a group situation, take turns and try not to interrupt another speaker. Conversation is easier to follow if only one person is speaking at a time.

### PATIENT ARTICLE (BY KENNETH DOWNEND)



During the summer of 2006 I was having trouble due to falling, so my doctor suggested I visit the Hearing and Balance Centers at the Elks. My therapist, Gayle, started me on some exercises that would help my balance. I was really impressed with the improvement and was able to go several weeks without a fall. Gayle stated I had BPPV, benign paroxysmal positional vertigo.

She explained "ear rocks" – crystals of calcium carbonate – were in the wrong place and needed to be moved. The treatment lasted three days and with a home check she gave me it was very easy to say a new life had been given to me; no longer did I have to hold onto furniture and chairs from the bed to the bathroom. I could put on my pants standing in the middle of the room. This has given me a new life!

Now that I have been free from this problem I thank the Lord that I had a well-trained person to find my problem and then to correct it. The Golden Years for [me] are going to be more enjoyable because of the treatment I received from Gayle at the Hearing and Balance Centers at the Elks.



Noisy toys can be much louder than we think and can cause hearing loss in our most precious joys – our children. Some noisy toys can expose the ear to noise levels of 120 dB! If a toy is capable of producing noise levels of 100 dB, the child should play with that toy less than 15 minutes at a time. For every additional 3 dB of volume, halve the time the child should be around the noise. Truly, the child should have ear protection on, but that is not very realistic. Toys that can be this loud include: **cap guns, vehicles with horns and sirens, walkie-talkies, musical instruments, and talking dolls.** Just as we are very careful about buying toys with small pieces that could be swallowed, we need to be careful about buying toys that make noise.