

# **Making the Best of a Visit to an Audiologist or Hearing Instrument Specialist**

Like Monday morning quarterbacking at the office drinking fountain, hearing loss is almost always easiest to see in hindsight. As a teenager, I can remember my brothers and sisters saying I was “deaf in one ear and couldn’t hear out of the other.” It became a family joke that I carried into my adult years. Yet, I was forty-three years old when I went to my ENT and told him I was having trouble hearing my wife. He quickly quipped “Do you really want to hear her?”

Most Hard of Hearing (HOH) people wait many years before facing the issue of being Hard of Hearing. Some have an issue of denial. Some are afraid of the costs. Some have heard “hearing aids (HA) really don’t help”. Like the young child who smiles when s/he puts on glasses for the first time and sees a clear world, some really don’t know they are hearing poorly. They assume this is the way things are and people just mumble.

Keep in mind, if people around you are commenting about your hearing (the TV is too loud, you talk too loudly, you are missing things) then it is time to have your hearing checked. It is time to start making appointments and keeping a “Hearing Diary.” You probably have a hearing loss.

**“The earlier you recognize the hearing loss and take action, the earlier you are able to recover [some of] your hearing ability and increase your quality of life.” (Phonak)**

- I. **Start with your ENT/Otolaryngologist/Otologist.** Most states require a doctor’s evaluation or a signed waiver before the purchase of a hearing aid. In many cases the problem is simply some ear wax or an ear infection. A tympanogram may be used to check for fluid behind the ear. Basically, it is the doctor’s role to make sure there is not a medical issue that must be addressed first. Some insurance companies will pay for a hearing test ordered by a doctor and completed in the doctor’s office. At the same time, we must understand that this is a first step evaluation to determine if a hearing loss exists and what type of loss, conductive or sensorineural. This initial evaluation may not be sufficient for prescribing the type/model or the programming of hearing aids. That comes later. Nevertheless, get a copy of your audiogram and all test results. Please understand that the free screenings given at health fairs etc. are not tests. They are just that - a screening with many false positives and negatives. Be sure to discuss your medication with your doctor. Many medications can be ototoxic. Health issues, sinus issues, headaches, balance issues, should also be discussed.

- II. **If the doctor determines that a hearing loss exists, he will likely recommend a hearing aid. “Choosing a good provider is probably more important than choosing a brand” (Steve Barber).** This is a person “with whom you are likely to have a long term relationship”. “You will want the relationship to be comfortable, trusting and mutually beneficial” (Marcia Dugan). In reality, depending on where you live and your mobility, you may or may not have many options. Some people will choose the audiologist at the doctor’s office. S/he has had the first contact, easy access, and has developed a rapport with the doctor’s patient. The doctor may have a list of Audiologists/Instrument Specialists for referrals. In rural areas, one may have to travel a number of miles to get to an audiologist or a hearing instrument specialist (I.S.). **“Fitting hearing aids is an art, so you want to find someone who knows his/her stuff” and is willing to work with you (Steve Barber).**

This process of selecting a provider requires homework. Who will you see—an Audiologist or a Hearing Instrument Specialist? An Audiologist tends to have more training and experience in checking for a medical cause of the hearing loss. In some states an audiologist must have a doctoral degree, Au.D., (Four years beyond the Bachelor Degree) with a supervised internship. A Hearing Instrument Specialist’s training tends to focus on the hearing instrument and its fit. Depending on the state, the training may be as little as six months with a year of internship. In some rural areas and small cities, one may not have a choice.

Your homework includes seeking out information. Word of mouth is often our first resource but not necessarily the best. It is very subjective and dependent on personalities. Is the person making the comment or recommendation wearing his/her hearing aids or are they in a drawer some place? (Steve Barber) Why does the person like or dislike a particular provider? **Going to a Hearing Loss Association of America meeting is very helpful. Not only does one receive good information from the speakers, but also excellent word of mouth suggestions.** Again, it is best to question the speaker. Why? What? Rarely accept information on face value alone.

Homework also includes looking at one’s own resources. Will your insurance cover or contribute to the costs. Does it have specific requirements or network? Are you a Veteran? Will the VA help you? Does your hearing affect your employment? If so perhaps your State Vocational Rehabilitation Office can help. They will have their own requirements and professional network.

How well the professional communicates is also important. Does s/he speak directly **to you**--or to the person who is with you? Is his/her enunciation clear? Does s/he face you when s/he is speaking to you? You are in an office dedicated to your hearing. Is the office "hearing accessible"? The TV in the waiting room should have the captioning turned on. The receptionist should be facing you at the window and be clearly understood. Lighting is important for understanding. Shadows are bad. If I can't see you, I can't understand you.

A good Audiologist or Hearing Instrument Specialist will represent multiple brands. Two to four seems to be a good number. Less means a limited personal fit. More may mean they have limited training in each brand. Often, a one to a three day yearly update training in each brand is required. This adds to the brand competency of the provider but also to the overhead.

There are many ads which are very attractive. They may be wonderful or they may simply be a scam. Do your homework on the provider. How long have they been in business? How many people do they serve? Do you know any of their clients? Hearing aids are often sold as a bundled service. (Bundled services refer to the cost of the hearing aid and certain aftercare services—more later.) That is one of the reasons for the high cost. However, if I purchase a hearing aid with a bundled service this week and the provider is out of business the next, I will be the loser. Check with the Better Business Bureau and the state licensing board.

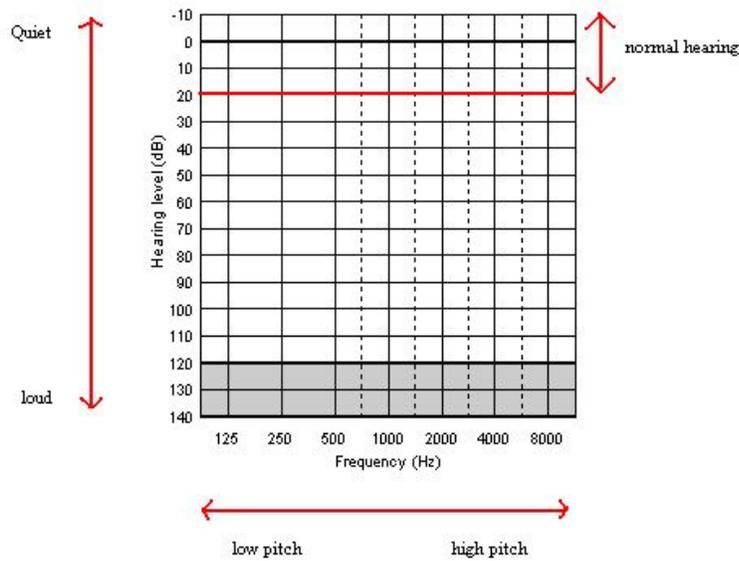
- III. **Your personal needs are very important and must be a factor in your audio therapy.** You may use the phone a great deal in your work or attend many and varied types of meetings. Hearing friends in a restaurant or the grand children at home may be a high priority for you. Hearing and understanding at church on Sunday may give you a great deal of comfort. Do you have pain or ringing in your ears? Are you dizzy or have balance problems at times (Marcia Dugan)? Thus, a Hearing Diary which describes your personal lifestyle, your personal world and specific needs, medication, and health is very important. What are the acoustic factors at your place of business? With whom do you have the most trouble hearing—men, women, children? I once assisted a counselor who worked well one on one with her clients in her office. However, her staff meetings were held in a large room that seemed to suck up all of the sounds. She had trouble hearing at the meetings and was written up for not following instructions given at the meetings. Such situations need to be noted very carefully in the diary. Do not assume that you will be able to remember to tell your provider everything. "Memory is the process by which we forget." In the office, we suddenly go blank and tend to just generalize instead of personalizing our hearing needs.

- IV. **When you have your appointment, bring someone with you.** Realize that you only understand 90%, 80%, 70%, or even 60% of what is being said to you. Four ears are better than two. Take notes so that you can compare your understanding and clarify what you might have missed.

In the office, you are likely to be asked to fill out a long form of questions related to your hearing. This is the Audiologist's or Instrument Specialist's attempt to gain as much information about you as they can. Share your diary.

In the examination room, you will be tested in a sound proof room/booth (Only in rare cases should the tests be performed elsewhere.) There will be a number of tests such as a Pure-tone Air Conduction to measure the frequency of sound at various decibels (dB) at which you can hear. Pure-tone Bone Conduction tests your conductive or sensorineural hearing loss. Word and sentence tests determine your speech discrimination. Even your comfort with high and low volumes may be tested. The Audiologist or Instrument Specialist may look for abnormalities in your middle ear function.

The audiologist will then show you a graphic depiction of your hearing called an **audiogram**. Basically, this is a graph that shows sound frequency across the top/bottom (think of a piano keyboard—left to right) and a volume level from a whisper at the top to an air plane at the bottom. Be sure that you understand the description of your hearing and obtain a copy for future references. (See the illustration).



Wikipedia.org

The audiogram becomes the discussion starting point for the type of hearing aids you may need and the points which the Audiologist/I.S. will use in programming your aids. Note the words starting point. While there is a science in reaching these points, personalization requires trial and error tweaking.

- V. **With all of this in mind, the Audiologist/I.S. will begin discussing a range of hearing aid brands and models that might assist you.** Each model will be capable of servicing a range of hearing loss—mild to moderate, moderate to severe, severe to profound etc. Be sure that the model you select has the capability of dealing with some future hearing loss and that you are not already at the extreme end of its capabilities. Feel comfortable in asking why this brand or model. Often an Audiologist/I.S. will recommend the hearing aid they feel you would accept based on looks (vanity issues) or costs. This may or may not be your best choice. The long term focus needs to be on your Aural Rehabilitation, not on costs or vanity issues. What are the particular features, the “bells and whistles” that will enhance your understanding in your personal world? I highly recommend a T’coil/Telephone Switch/T’Switch. (A **t-coil** is an electro magnet inside of the aid that can enhance talking on the phone and can be coupled with multiple assistive listening devices for special situations.) Some Audiologists/I.S. will say you won’t need it. However, it is a cheap option that allows access to many other devices. Unless you use a telephone a great deal, avoid the automatic T’Coils. If you work in an office and are on the phone an auto T’Coil is helpful, but may not give access to other devices. What other assistive devices might be helpful for you? How can it work for you? Do you need a Blue Tooth or FM features? Ask the provider to explain each feature

and make sure you are comfortable with your understanding. Take notes. It is easy to confuse the features of one versus another. Go home and go on line to read about the brands and models. Would you buy a car the first time you saw it or would you do some homework? In most states, the provider is required to give you a trial period. Some may offer even longer periods—30, 60, or 90 days. They may or may not charge you a “restocking fee”—\$25, \$50, \$100 or even 10%—depending on what the state allows and their company policy if you return your aid. Schedule multiple visits during the trial period to allow for tweaking during the trial period. Be sure you are comfortable with your purchase. Don’t wait until the last week or day of the trial period to make adjustments.

- VI. **At this point you may be suffering from some sticker shock. It is important to ask if this is the MSRP or the best price s/he can give you.** Often like a car, the sticker price may or may not be the selling price. That is how some providers advertise two for one deals or unbelievable sales and discounts. They are using the MSRP sticker price.

The question now is what is included in the price. Are future services “bundled” or “unbundled” within the price? That may mean that future office visits, cleaning, re-programing, filter changes etc. are included in the price for the “life of the aid”, for 30, 60, 90 days or multiple years. Every provider may offer you a different bundled contract. In some cases, it may be in your best interest to seek a provider that will sell you unbundled services. That means you will have an office visit fee, a cleaning fee etc. whenever you visit and it is necessary.

Still your head might be reeling and wondering why aids are so expensive. It helps to start calculating the providers expenses for the technology itself, personal fit, bundled/free services, professional update training and time loss, free trial costs, customization, marketing costs, utilities, staff salaries, insurance of all types, rent, equipment, office supplies, no sale loss time, and many other factors that are just inherent in operating any business. When we do that, we can see how the costs build.

Finally, get a copy of the contract, note the warranty period and what it includes. Go home and think about it. If you are uncomfortable with things, get a second or even a third opinion.

**Resources:**

Steve Barber, "Hearing Aid Sticker Shock", [Audiology On-Line](#)  
"More than Hearing Aids"

Marcia B Dugan, "Preparing for and Getting the Most Out of a Visit to a  
Hearing Aid Dispenser"

Margery D Rosen, "9 Surprisingly Common Causes of Hearing Loss and  
What you can do to prevent them," AARP, October 8, 2014

Phonak, "Getting a Hearing Aid," (Phonak Website: [www.Phonak.com](http://www.Phonak.com))

Cathie Gandel, "Learn about the 7 most common devices that can help  
Enhance hearing," AARP Bulletin, October, 2014

Ian Cropp, "Why do Hearing Aids Cost So Much?" AARP, October 3,  
2014.

**Our next article will go into models/styles of hearing aids.**

Ed Schickel December 27, 2014