











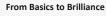








7





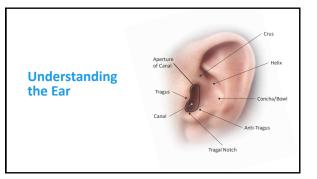
Ear Impression Techniques

STEVEN LE Consumer Support Specialist and Trainer

Starkey









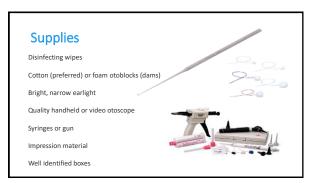


Historical Accuracy

Infection risk: diabetes, immunocompromised Bleeding risk: therapeutic blood thinning Coughing reflex: vagus nerve stimulation Surgery: mastoidectomy, fenestration, tubes Active infection: bacterial or fungal Congenital or other malformation

15

13



16

OTOSCOPY

Look for/note abnormalities along full length of ear canal and tympanic membrane

Remove cerumen or foreign objects within your locally recognized scope of practice or refer for treatment

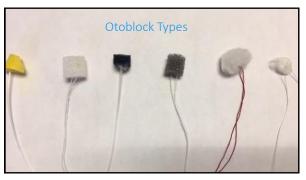
Drainage, or other suggestion of inflammation or infection? Refer as appropriate

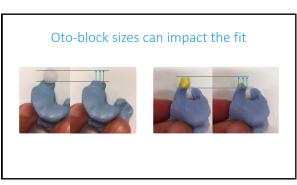
Proceed only if you feel it is safe to do so

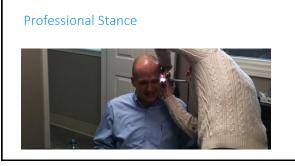
5 Key Steps for a successful ear impression

- (1) Size of oto-block
- Oto-block placement
- ③ Syringe tip placement/angle
- (4) Waiting time to move syringe tip outward while shooting
- S Breaking the seal





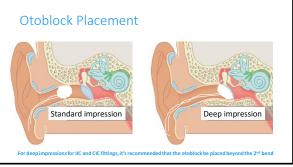












Fatten the damImage: State the dam</



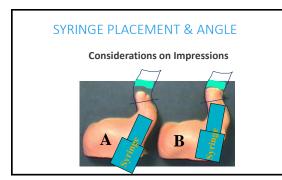
26

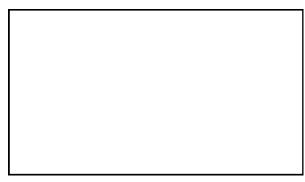


Syringe Placement and Angle



28







Remove mask ear loop for soft textured ears as to not distort the impression.



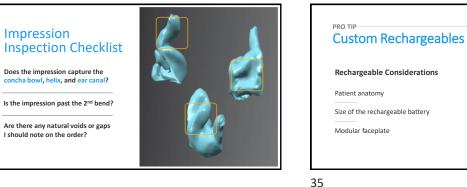
Surgical Ear Impressions

Mastoidectomies

-Examine ear carefully -Fill in all spaces Use caution What you see is not always what you get Mark where TM is located

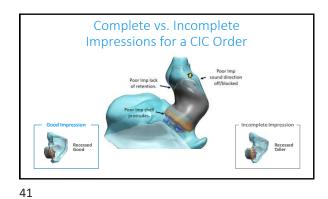


















44





Ear Impressions: Risk Management

The Riskiest Procedure: be diligent in practicing safe technique

Be aware of the risk associated with ear impression taking and minimize by following a strict protocol and developing a plan in case of an issue



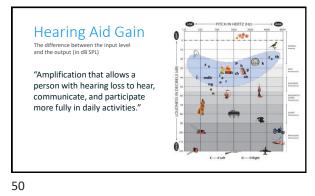
Choosing the Right Acoustic Options

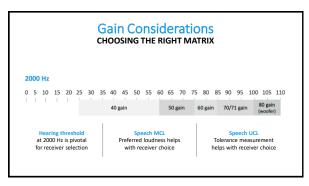
Optimizing the Patient Journey

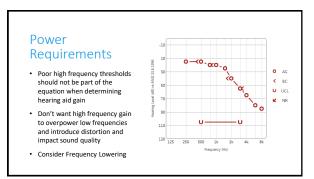
Choosing the correct acoustic options is an important tool for optimizing the patient journey with amplification





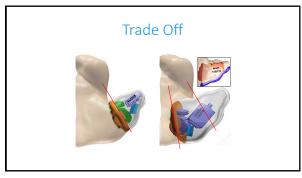








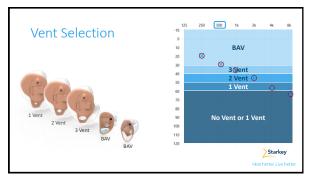


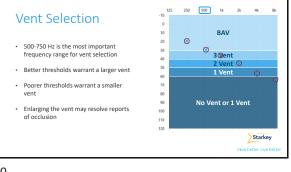


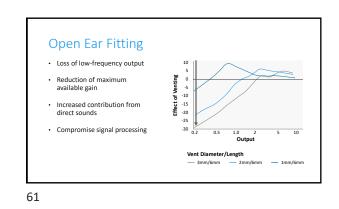






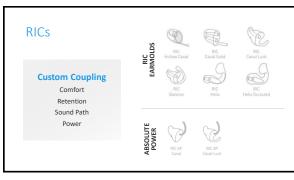


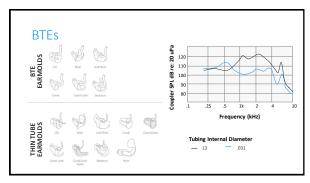


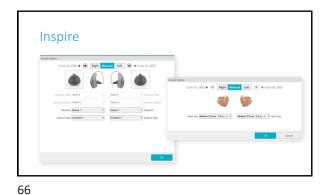






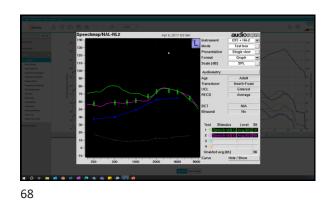






Speechangh MAL-NL2 Agr C_127 10000 Band Ba

67

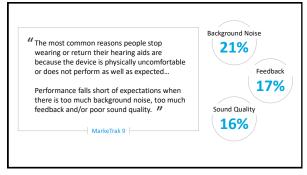




Feedback Management in Hearing Aid Technology

JUDY GROBSTEIN Manager of Education and Audiology







ACOUSTIC	Occurs when the output of the receiver leaks out of the ear canal, enters the microphone and is reamplified
MECHANICAL	Occurs when physical vibrations of the receiver diaphragm are transmitted back to the microphone diaphragm through contact with the hearing aid casing
ELECTRONIC	Occurs when there is a malfunction in the device's circuitry



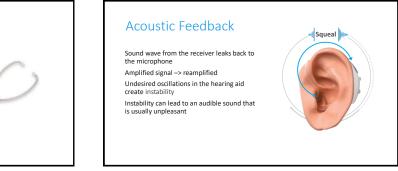
Electronic Feedback

Malfunction in the components of the device Solution involves opening the case and determining the source of the problem and possible replacement of the electronics of the device

Requires attention from the manufacturer



75

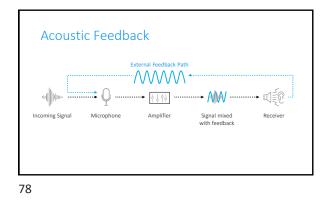


Testing for Internal Feedback

Seal the receiver off at the canal tip and hold the device up to the ear to listen any whistling will verify and confirm internal feedback.

• Fingertip

• Putty Listening stethoscope

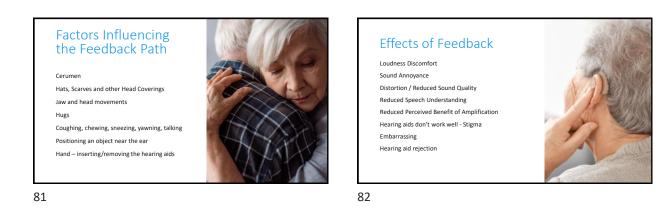


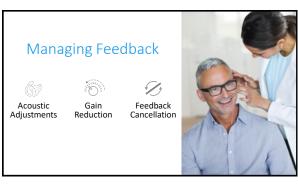
Factors Influencing the Feedback Path

Venting

Loose fit / Poor coupling Cracked or damaged earmold or shell Improper alignment of the receiver Hearing aid gain









Earmoulds/Domes

When to replace: Weight changes

- Size changes (children/surgery)
- · Hearing threshold changes
- Ear canal tissue stretching
- Damage Loose Fit
- Feedback

85

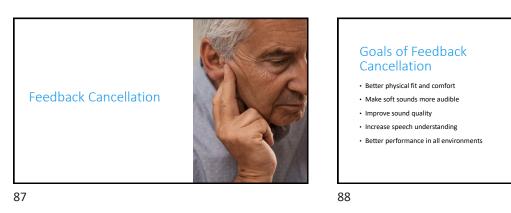


Gain Reduction

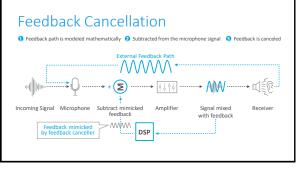
- Equally over all frequencies For the lowest input level
- (highest gain re: WDRC)
- In critical frequency regions where feedback is expected to occur
- Notch filtering gain is reduced in narrow frequency bands around critical frequencies



86







Feedback Cancellation

- No gain reduction
- · Can improve the stability of the hearing aid and provide additional gain Compared to an instrument setting that does not use feedback cancellation
- Effective with open fits and large vents
- Static and Adaptive Filters
- Artifacts
- Entrainment





Static Filter

Static Feedback Cancellation Filter

Single filter applied

91

93

- Based on area where the highest feedback potential exists
- Useful for stable environments where the feedback path won't change
- Option for eliminating entrainment
- No artifact (warble) from output phase modulation



Adaptive Filter

Adaptive Feedback Cancellation Filter

- Filter is always changing to address changes to the feedback path
- Feedback canceller settings regulate the speed of adaptation to the new signal
 Balancing act re: speed of filter changes
- Faster helpful to address changing path but may yield artifacts



92

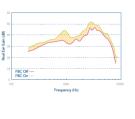
Feedback Canceller Initialization

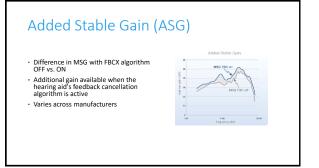
- Broadband noise with a known spectrum (white noise) played through the hearing aid
- · Creates a buzzing sound
- Frequency response of the signal at the source is compared to the response at the microphone of the hearing aid
- Measures potential feedback paths
- Frequency regions in which feedback is most likely to pose a problem are identified
- · Accounts for individual anatomy and fitting
- Performed in a quiet environment



Maximum Stable Gain (MSG)

- Highest amount of gain that can be provided without risk of audible feedback or degraded sound quality due to feedback oscillation
- Varies as a function of frequency
 Should be greater with FBC enabled vs. disabled







Entrainment What is that?

When a feedback canceller mistakenly attempts to cancel a tonal input or the addition of a tone to the original source by the hearing aid itself.

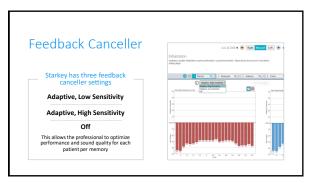
May report hearing The additional tone

Feedback after the original sound has stopped Modulation-type distortion of the sound Distortion

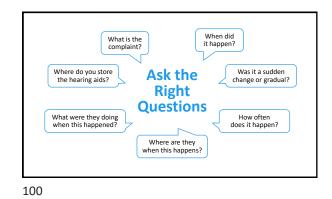
Consider changing feedback canceller sensitivity settings from high to low

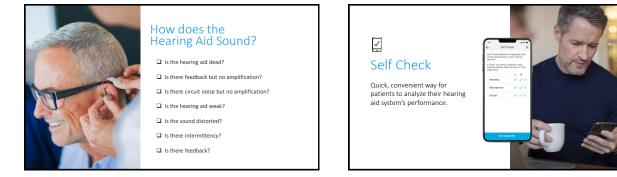












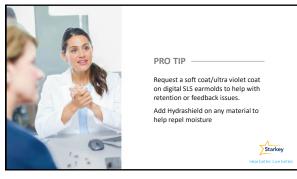










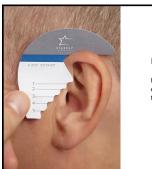




110

PRO TIP

When measuring the receiver wire for an AP receiver, report the number that correlates with the top of the entrance to the ear canal



111

















