

CICADA CHORUS

The Magazine of CICADA Queensland (Cochlear Implant Club and Advisory Association)
Patrons: Dr Christopher Que Hee, ENT and Dr Tony Parker MB BS (Qld), FRACS

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Affiliated with CICADA Australia, Inc.

we can all be hearoes...

*Elliot's own experiences
comprehending new
sounds led him to
develop an app for
others in simliar
circumstances.*



Also...

advocacy issues

updates

travelling tips

profiles



President's Pen



In this President's Pen I am going to talk about Health Insurance, but first I would like to tell you about my new Audeara headphones.

I first found out about them at a Southside morning tea held at the Ship Inn. Dr James Fielding did a demonstration of his new invention of the Audeara headphones with which I was very impressed. When they became available, I purchased a headphone set from Attune Hearing Mt Ommaney. The audiologist Nicole Acton did all that had to be done to get the headphones working. They are working great especially with TV programs that are not captioned and require extra volume. The only problem I have was the earphones don't quite cover my big ears so I have them half over my ears but they still work fine.

Health Insurance is big business and I have found 21 companies are selling Health insurance but very few cover Cochlear products. The big companies are Bupa, HCF, Medibank, NIB and Budget Direct. Others that I contacted have similar deals, but the processor isn't covered while under warranty, which is three years after purchase. Some companies have a waiting period of five years for replacement if required. It is necessary to have a letter from your Audiologist explaining the reason you no longer can get an upgrade when a new model is released.

Some companies, after the warranty period expires and you are having problems, will look at replacing your processor after 3 years. One company that kindly gave me permission to reveal their name was Budget Direct, who look at replacing the processor after the warranty period if it's required, but you must have proof from your audiologist.

Another way to find out the best deal for your health insurance is to go onto the internet and look up companies like Choosi, I Select and Compare the Market as they show a large range of options. The main thing to remember when looking for a fund is that there are lot of internet only funds which might not be all they say they are when it comes to processors.

Another alternative if you cannot afford Health Insurance is in the form of companies like MiFund that offer Patient loans.

Processor insurance comes in many different ways of coverage. Some are house hold only and some have restrictions where you are covered. It is a good idea if you have your processor covered by your home and contents as a nominated item with an extra premium on your policy to look at another options.

MGA Insurance Brokers insure processors for a little more than you pay on your home and contents policy but you get a lot more benefits. For example Loss or Accidental Damage including fire and theft and 90 days overseas cover.

I would like to mention that Attune Hearing are offering the opportunity to come into one of their clinics for a complimentary demonstration of the Audeara Headphones. To do this contact your local clinic for a demonstration.

Membership renewals are coming up soon as the end of the financial year ends in June so make sure you renew so that you are kept up to date with all the news and views and continue to receive our magazine, so you don't miss out.

As most of you know, CICADA Queensland conducts an Annual raffle each year with the monies going towards the work we do, like printing costs and the like. This year the prizes have increased in monetary terms as well as a popular gift card.

Stephen Willis
President, CICADA Queensland

DISCLAIMER

Views expressed in this magazine are not necessarily those of CICADA Queensland, or the Queensland Editor, nor do they take any responsibility for contents, errors or omissions. Readers' views or comments are to be addressed to the CICADA Queensland Secretary at secretary@cicadaqld.com.au

Be Heard

Campaign at Redlands Hospital benefits everyone...

A little over a year ago, the Be Heard campaign was formed with the aim of making the hospital user friendly for people with hearing loss. Since then, boogie boards have been purchased; the Emergency Department has a small facelift, and there are signs to let people know there is assistance if needed displayed throughout the hospital.

In what is believed to be the first hospital in Queensland to do so the latest achievement is placing a Captel phone in the Hospital Reception area. This phone can be accessed by both hearing and deaf/hard-of-hearing and is positioned so people in wheelchairs can also reach the phone. Patients at the hospital can now access Wi-Fi if they have tablets or iPads.

Recently on World Hearing Day in March, a display by CICADA Queensland and Audeara showed the new headphones that are helping people with a hearing loss hear music better. In attendance, Peter and his popular 'sidekick' Banjo were also again a popular attraction. The ear shaped lollies on offer were more than popular!

Redlands Hospital has also released a series of video vignettes on the 'Be Heard' project. They can be viewed at <http://bit.ly/2GPuWRa>



Audeara display



Shirley displaying the Cochlear kit



CICADA Queensland display



The above photo show **BIG EARS** Judy Raxworthy, CICADA Queensland's Fraser Coast representative, displaying a very prominent message these unique ears send. Judy says the ears are very effective at getting people's attention, particularly at information stands. Judy does admit to having big ears, but is it Judy's secret how she hears better than people with 'normal' ears? Perhaps we should take an ear out of Judy's book!



On March 21 Secretary Shirley gave a talk to the Rotary Club about the impact of hearing loss and services provided by our organisation, and received a big donation of \$250 in return! Many thanks to Rotary for their generosity.

What did the drill sergeant say to the audiologist?

I CAN'T HEAR YOU!

The Invisible People



David Brady missed out again. Mr Brady is the esteemed Chair of Deafness Forum Australia and CEO of Hear for You. He is a staunch advocate for both Deaf and hard-of-hearing people. He attended a consultation for hearing services and was not provided access. Puzzling but all too common.

Mr Brady has some rudimentary signing but this is not something he can rely on. He needs assistance to hear with the assistance of hearing loops and captions. These things were conspicuously absent at the consultation. There were, however, two Auslan interpreters. This is great but not if you have a hearing loss and cannot sign. This is the situation for around 3 million Australians of which only a very small percentage use sign language.

Michael Uniacke raises this issue in his wonderful article, 'Disability, Is It Time to Redefine'. Mr Uniacke makes the distinction between hidden and visual disabilities of which deafness is one. This means that if you saw someone walking down the street, unless you saw their hearing aids or cochlear implant, you would not know if they are deaf. Whereas for members of the Deaf community this is less the case. This is because

“...the hearing impaired population is a WHALE, while the Deaf community is a tadpole.”

their use of Auslan, Australian sign language, is highly visible.

Uniacke points out that signing people are only a small percentage of the population of people with a hearing loss. Uniacke emphasises that the Deaf community is the only disability group with a language of their own. Says Uniacke, "In terms of numbers, the hearing-impaired population is a whale, while the Deaf community is a tadpole. In terms of public funding, political influence, and public perception and recognition however, the metaphors are reversed: the Deaf community is a lion, while the hearing impaired are merely fleas". That is the power of visibility, in this case, the power of a visible language. This is the paradox of funding in the Deaf Sector.

I have made this point often, but in the community more people require captioning and listening devices than they do Auslan. Yet support and funding for this group is hopelessly inadequate. Organisations, many who should know better, think that to provide Auslan interpreters is enough. I know it is not cheap to provide interpreters but it also means that the bulk of

“..In terms of funding... the Deaf community is a LION while the hearing impaired are merely fleas.”

funding is only assisting a very small percentage of people with a hearing loss. That, as Uniacke states, is the power of visibility.

Just last week I had a Deaf person contact me about attending a workshop organised by a prominent disability programme. She wanted captioning for a colleague and also because the captioning would provide a transcript of information presented at the workshop. Part of the problem for a deaf person using Auslan interpreters or captioning is that when they take notes, they miss some information.

Many people with a hearing loss have developed a Deaf Skill, which allows for filling in the missing gaps. This comes from many years experience of only receiving partial information.

However, this skill only works when the person is familiar with a topic and its context. It is less effective when you are receiving unfamiliar or new information. Hence my colleague requested captioning so she could access a transcript in lieu of taking notes herself.

So my colleague asked me for assistance to get captioning. I provided her with some contacts. She asked these contacts for captioning and was flatly refused. ▶▶

Why? Because Auslan interpreters were present and this was seen as meeting access obligations.

I would postulate that there were others in the audience with a hearing loss who had not disclosed this fact and people for whom English was a second language. They would have benefited from captioning yet their needs were overlooked.

This is part of the reason why in my last job why I encouraged my employer to book captioning for every workshop or event they put on and only book Auslan interpreters when they were requested. The fact that Auslan interpreters would be provided if required had to be clearly stated on any promotional material.

I take this approach because, in my view, many Deaf people who use Auslan are comfortable with disclosing their deafness and requesting assistance. The opposite is true for a majority of people with a hearing loss who do not sign. Often they feel embarrassed to request support. It may seem unfair but my view is that limited funding needs to be used to support as many people as possible and captioning does that. This is not a popular view point.

Currently a big debate is going on within the NDIS about what the

cut off point should be for people with a hearing loss when it comes to access. Suffice to say that the very deaf, many of whom use Auslan, will get automatic access.

Those with lesser hearing losses have to justify their needs. Some who previously were granted access to the NDIS are now having that access revoked. This is because the NDIS believe that they hear too much.

The reasons behind this is, of course, sustainability. The NDIS have to ensure that their funding is targeted at those most in need. However, many people who have a hearing loss and who do not meet the NDIS criteria are struggling.

They need hearing aids and listening devices. This technology is extremely expensive and many cannot afford it. Some require captioning in certain situations. Many become isolated in the community because they can only really function optimally when there is little background noise and where there are few people.

Put these people in situations where the environment is extremely noisy with many people talking at once and

they are extremely disadvantaged. This causes great stress and is one of the reasons why a higher incidence of mental health issues occurs among people with a hearing loss. It is a mystery why the needs of these people receive scant recognition.

There may also be a number of people who are Deaf who use Auslan for whom the NDIS may deem as hearing too much. It will be interesting to see what happens in the coming months if these people have their access revoked.

“...people with hearing loss who do not sign get a raw deal.”

In a nutshell, people with hearing loss who do not sign get a raw deal. Their needs are very misunderstood. An access criteria based almost solely on how much a person can hear is fraught with danger. I have no desire for Auslan users to lose their access. They have fought hard for it and it is needed. I only desire that these millions of non-signing people with a hearing loss also get recognition for their extreme disadvantage and the support that they desperately require. ●

Source: Adapted from *The Rebuttal* blog dated 10 March 2018

Three hard-of-hearing dudes are standing on a street corner.

First hard-of-hearing dude says, "Brrrr, it's windy!"

Second one says, "No... it's Thursday."

Third one says, "Me too, let's go get a drink!"



'AEROPLANE EAR' IS A REGULAR OCCURRENCE for travellers of all ages. A change in altitude can have a great effect on your ears. Ear pressure, ear popping and ear pain are common problems that many travellers have to deal with during a flight. In extreme cases, ear pressure can lead to severe pain and temporary hearing loss, but there are ways to prevent this by adopting several strategies.

The key to not feeling the effects of air pressure in a plane is by introducing as much air as possible to the Eustachian tube. The Eustachian tube is part of the middle ear. For most people it opens and shuts regularly to keep the air pressure in the middle ear the same as the air pressure outside so the ear drum can move freely.

When there is a rapid change in altitude, the air pressure in the middle ear and outside the ear don't have time to equalise. When the flight takes off, the air pressure inside the ear is greater than the pressure outside. On the way back down the opposite happens—the air pressure in the middle ear become less than the air pressure outside of the ear. This can feel uncomfortable because the eardrum is being pushed in or out by the greater-than-usual pressure difference.

If the eardrum can't move freely this temporarily causes a slight hearing problem. If the air pressure in the middle ear is reduced for a long time, fluid may build up behind the

eardrum causing further hearing difficulties. Both these problems usually resolve by themselves after the flight has landed, but if you have concerns, consult your GP.

On your next flight, try these hints to help minimise the pain:

- 1 Swallowing your saliva will ensure that the air in your middle ear is continuously being replenished. When you swallow the Eustachian tube is opened and lets air into or out of your middle ear.
- 2 Chew gum or suck on hard lollies or sweets to stimulate frequent swallowing. This can help promote greater equilibrium for the Eustachian tube. This is a great idea if you are travelling with children, as the pain they experience can be worse than that experienced by an adult. This is due to the fact that Eustachian tubes are much smaller and lie flatter in children than those in an adult. For babies, feeding or sucking on a pacifier (dummy) can also assist.
- 3 Pop your ears (Valsalva manoeuvre) to reduce pain or pressure during flying by closing your mouth and pinching your nose shut with a closed mouth full of air. Gently force the air out until your ears pop. ●

Source: Adapted from Australian Hearing Magazine November 2017

Did you know?



Cats are famed for their balance, which is rooted in their ears. The semicircular canals and the vestibule are crucial to the cat's "righting reflex," which enables landing on the feet when falling. As well, each cat ear is controlled by 32 muscles to help identify the precise direction a sound is coming from. Cats can rotate each ear up to 180 degrees to find the source of even the tiniest squeaks and rustles.

ELLIOT'S EPIPANY

Elliot Miller, founder of Hearoes, was deaf in both ears most of his life. He received a Cochlear implant in December 2013, but found little support or resources for learning new sounds. He recalls how “I went for a jog one day and could hear a jingling noise. When I stopped running the noise stopped. I wasn’t sure what it was. It wasn’t until I got home that I realised the noise was coming from the coins in my pocket”.



This was his epipany of the need for a comfortable, self paced, user centric environment for the recipient to learn new sounds. So Elliot developed the Hearoes platform to help hearing impaired recipients take control and transform the way they hear.

“The library of activities within each module have been designed to create an entertaining and immersive experience, so learning new sounds doesn’t feel like a chore,” Elliot said.

“The modules start with environmental sounds through to understanding sentences and narratives,” he said. “It’s structured in the notion of learning sounds from the very start, almost in the sense of learning how to crawl before walking and then the ability to run. The ultimate goal is to solve the challenges hearing impaired recipients face in understanding new sounds in a brand new world of noise”. ▶▶

10 Commandments the Hearing Impaired Wish You Knew

- I. Thou shalt not speak to the listener from another room.
- II. Thou shalt not speak with your back toward the listener or while the listener's back is toward you.
- III. Thou shalt not speak as you walk away.
- IV. Thou shalt not turn your face away from the listener while continuing to talk.
- V. Thou shalt not speak while background noise (water running, radio or TV playing, people talking, etc.) is as loud or louder than your voice.
- VI. Thou shalt not start to speak before getting the listener's attention and while the listener is reading, engrossed in a TV program, or otherwise preoccupied.
- VII. Thou shalt not speak while your face is hidden in shadow.
- VIII. Thou shalt not obstruct a view of your mouth while speaking.
- IX. Thou shalt not speak rapidly or by shouting.
- X. Thou shalt be patient, supportive and loving when the listener appears to have difficulty comprehending what has been said.

Source: InMyGoodEar.com

We first uncovered my hearing loss around two years of age when I was running around the house.

It was very windy with doors and windows banging and people calling out to me but I didn't hear anything. At six years of age, it became apparent that my hearing was declining in both ears. Throughout primary school, I wore hearing aids.

It turned out

I had a fistula, a hole in the thin membrane of the round window which separates the inner ear from the middle ear. As a precaution doctors wanted to operate on each ear separately so I would at least have one ear to hear from. They started on my right ear and operated successfully.

When they operated on my left ear, they found a cholesteatoma (a cyst which can grow and destroy the three small bones of the inner ear). The surgeon removed this cyst. As soon as it was removed, the stapes bone acted like a conductive bone, so I lost all hearing in the left ear. I was deaf in both ears for completely different reasons and this was unique.

Eventually, at age eleven, the head of the Cochlear Implant Clinic in Melbourne re-operated on my left ear, recreating the stapes bone and I gained 18% hearing—my right at that stage had 25%. And I continued to wear hearing aids for the next 14 years.

Mum and I found out about Cochlear Implants from talking to doctors about the operation in my left ear. However, we were advised that the waiting list for the operation was at least 10 years.

In the meantime I grew up in a predominately hearing environment with lots of support from family and close friends. I attended 10 schools, including a deaf school, in NSW, Tasmania and Queensland. I was able to adapt well to different environments growing up. Looking back, I realise that I hadn't seen being deaf as a bad thing as it made me the person I now am. I not only listen to what someone is saying, I also 'listen' to visual cues of body language and personality traits.

Growing up during

the early days of the internet was interesting. I saw the digital revolution transform hearing technology from the early days of cumbersome hearing aids and FM units to the small powerful devices we now have in the palm of our hand. I also saw how digitisation transformed the entertainment industry with captioning now a standard feature of DVD, teletext TV and catch-up TV on the internet.

This fueled my passion for technology. Being very visual and interactive influenced by outlook on life and I became strongly interested in interactive and user experience design in the industrial and software medium. My Dad was a photographer and my Mum was an author, which I believe contributed to my love of user friendly design.

After being on the waiting list for over 14 years, I finally received a call from the Brisbane Mater Hospital just as I was finishing an Interactive Design course at Griffith University. They met with me to discuss a new processor called Nucleus 6 by Cochlear that has Bluetooth capabilities for streaming to handheld

devices and television. This was exciting for me as I managed to use my left ear for the phone, which surprised audiologists familiar with my audiogram results. Mum was more nervous than me when the doctor explained a high probability exists that I might lose some of the little residue I gained in my left ear from my previous operation. After months of discussion with different doctors, I eventually had my operation in December 2013. Dr Christopher Que Hee was very supportive in preparing us for the operation and he ended up doing my cochlear implantation.



I was “switched on”

in mid January. It's very hard to describe what this auditory feedback sounded like. The best way to explain is that although it was clear there was a noise, it was very challenging identifying it. My first memory of “sound” through the processor in my left ear was similar to wearing bone conducting headphones, where the sound is felt more rather than heard.

I could only wear the processor for several hours a day before it became too tiring actively listening to everyday sounds around me. After a few months of gradually wearing it more each day and a few mapping appointments, the vibration started to become “white noise” and I started noticing the rhythm of sounds, as opposed to what the sound is. I had very mixed feelings about this. ▶▶

While it was great that some sounds were being registered, it was still confusing what those sounds are in the noisy environment. I've heard others describe other peoples' voices as "cartoon robots" and I agree. As an analogy, getting a cochlear implant is like driving a fast sports car for the first time with no prior driving experience. It's amazing and powerful technology, but is a steep learning curve to get the best experience from it.

At this point, the challenge of keeping my processor on while studying, working and relaxing was overwhelming. Even with several programs mapped on my processor, I found it difficult, stressful and tiring to wear for long periods of time, especially when listening for extended periods.



I found myself

trying to identify new sounds by watching documentaries, TED talks, and TV news with just my processor to see if I can familiarise myself with the spoken dialogue before they showed the footage. This worked well but I wanted to learn a variety of sounds in broader contexts in a comfortable, self paced environment.

The hospital was supportive in providing speech therapy, however I found hearing with the cochlear implant challenging. Most interestingly, regardless of how tiring it is to be constantly wearing the processor, it needed to be worn consistently to

help the brain adapt to a new way of hearing. When not wearing it for even a short period of time, a remapping of sound levels to comfortable levels is required again, resulting in sounds having to be re-learnt all over again.

After several mapping appointments, I looked for ongoing training support in identifying new sounds. Hospital staff gave information about several auditory training programs, but I felt they didn't provide the on-going training in a way that is engaging and encouraging for me.

When I couldn't

find a suitable auditory training program, I decided to use my computer background to develop a training product that was accessible and engaging for everyone. I was working as a researcher/consultant at Griffith University on Serious Games (games designed for an educational purpose). My research focused on developing an optimum environment for learning. I used the concept of 'Games' and 'Play' to introduce new materials, which subconsciously increases the retention of (new) skills and increased brain plasticity.

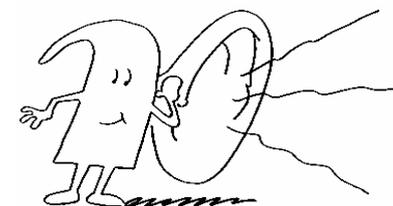
For example, when developing the app, I learnt new sounds while creating different sound scenes for different environments. I didn't register particular sounds until testing when I started to learn distinctions such as between the churning of the washing machine and the humming of the fridge. Before then everything sounded similar, but once I was able to identify different cues, I realized what to listen for.

Mid last year, I was fortunate to receive funding from Remarkable program in Sydney (Australia's first incubator for developing products

for those with disabilities), which allowed Hearoes to be taken to the next level. Since then, I've expanded to a team of three and got great support from different clinics and organisations in Brisbane including CICADA Queensland.

We received amazing feedback at different stages of testing from recipients and audiologists with different experiences of the CI. This feedback helps improve the product. We've had recipients state that they have never recognised these sounds before, which is exactly what this app is about.

We still need people to be part of our testing process. We're very excited about what we have in store for Hearoes, including new features to make auditory training even more accessible and engaging for both recipients and industry providers. The app can be found on iOS app and Android Play stores by searching "Hearoes".



Looking back

at my journey with a hearing aid and a cochlear implant and trying various approaches, it has been interesting, and it's great to hear the stories of other recipients coping with a new cochlear implant.

Nowadays, I'm more comfortable wearing my processor in different environments. I look forward to working with CICADA Queensland in promoting the potential of Hearoes to help others make the most of their hearing gained or regained. ●

Peter says 'let's hear it for the new Oticon cochlear implant!'



Peter Gohl became the first Australian to receive Neuro Zti, a new cochlear implant. Peter, who lived with hearing loss for many years as a result of numerous surgeries leading to problems in his middle ear, says that in 2017 his hearing loss had progressed to the point where a hearing aid is no longer beneficial, particularly in his right ear.

By the end of last year Peter Gohl became the first Australian to receive a revolutionary new cochlear implant.

The Neuro Zti is a ground breaking new cochlear implant which became available in Australia last year. It has the world's smallest surgical footprint, which means less time in surgery, minimal scarring and a quicker recovery time for the patient.

Peter chose the Oticon Medical implant after enquiries with the Ear Science Institute Australia and Oticon Medical. "I was interested to know when the Neuro would be available for implantation in Australia as I had enjoyed a high level of benefit from wearing dual Oticon Agil Pro Power hearing aids for several years," Peter said.

The Neuro is the first cochlear implant from Oticon Medical.

The Neuro Zti, alongside the smallest surgical footprint in the industry, offers an ultra compact, award winning implant design, coupled with unique sound processing and wireless capabilities. It is designed for severe to profound perceptive hearing loss and consists of two parts.

The Neuro Zti is a small implant that is placed under the skin on the bone. The Neuro One sound processor is the external part that is worn behind the ear. A lead connects it to an antenna that is magnetically attached to the skin. ●

Sources: South West Voice 3 March 2018 and Facebook



COCHLEAR: Their latest sound processor upgrade, the Nucleus 7, is compatible with iPhones only. Compatibility is not yet available for users of Android devices. Android users who do not wish to change phones can still wirelessly stream audio to the Nucleus 7 processor using the Phone Clip and control their processor using the CR310 Remote Control. Contact your cochlear clinic for more information if wished.

NEED BATTERIES? CICADA Queensland provides a high quality, competitively priced battery service. The price for a box of ten packets is \$35. The batteries can be sent by Express Post at an additional cost if required. To order download an order form from the Links page on our website, and email order to secretary@cicadaqld.com.au



WARNING: Health officials have noticed a 'spike' in ear injuries caused by pointy plants like Yuccas. The sword-like leaves can perforate the inner ear, leading to pain, infection and hearing loss. If you're planning on getting out into your garden, be sure to protect your eyes and ears from plants that can poke.

Source: That's Life Issue 12, 22 March 2018.



Peri prototype worn by a team member.

For the deaf and hard-of-hearing, getting around without directional hearing can be challenging. Directional hearing can alert to sounds from a particular direction, allowing a faster response to them.

A group of students at the Singapore University of Technology and Design (SUTD) came up with a design which translates these audio cues to visual ones, via a set of eyeglasses called Peri. Inspired by shoot-em-up video games where a red light glows in the direction from which an enemy is

shooting, these glasses will light up at the edges when they detect sound in that direction.

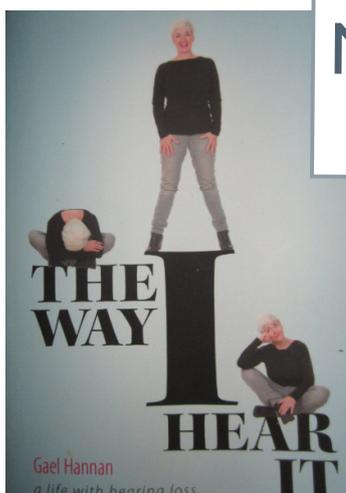
While it's still in a rough prototype phase, Peri's design won the engineering design James Dyson Award at the national level, and will represent Singapore for the international shortlist in October.

The light accessory includes four microphones attached at the corners of the eyeglasses, and can be tuned for sensitivity to noise volume. The lights

will correspond with the direction that the loudest noise comes from. They designed this accessory to be a clip-on for existing spectacles, to keep costs low for users.

The team is working on streamlining the design to be smaller and more unobtrusive for wearers. Future builds will also be better at picking out sound alerts in noisy environments, as the team works on tuning the system's audio algorithms. ●

Source: Adapted from <https://on.mash.to/2pC6BDu>



New book release

Every now and then, a book is published about hearing loss that tells it the way it is... and the book written by Gael Hannan is a book every person with a hearing loss should read.

Written in a language that everyone can understand, Gael tells of the highs and lows of her life as a person with a hearing loss, and includes tips and tricks that can be used in situations that will help out.

The book is available through Amazon at a cost of approximately \$32.00. Delivery should take about two weeks from the time of ordering.

Editor's Note: Gael, who is Canadian, is coming to Australia/New Zealand with her stage show in 2019.

The [Blue Room Cinebar](#) offers open captioned screenings of popular first release movies every month. Visit their [website](#) for details of upcoming sessions.



ON THE BALL!

BY ALISON CASSELL

I'M WEARING MY 'COACH' CAP AGAIN with my husband Doug—this time to support him through a program of Vestibular Rehabilitation with the help of Vestibular Physiotherapist Annie Cramsie. And we're poised to win against the stress-induced vertigo and nausea which has beset Doug since early November 2017.

After a two-year remission post-Cochlear Implant, he's back in the clutches of an illness which often leaves him bed-bound, unable to move for fear of falling due to his balance being severely compromised.

Let's turn back the clock for a moment...

In early 2008, Doug 'scooped the pool' in the Hearing Loss Lottery with the trifecta of Hearing Impairment, Tinnitus, and Meniere's Disease. With only 30% hearing in his right ear due to childhood mumps, Doug was really 'drowning', being understandably frustrated, stressed, unsure and withdrawn, his anxiety increasing during social communication.

Fitted with binaural hearing aids in September 2008, they helped until his hearing worsened, and a Cochlear Implant was suggested. Following Doug's CI surgery in September 2015, I stepped up to the plate as his Aural Rehabilitation coach.

At switch-on in October 2015, Doug could immediately hear speech and environmental sounds, 'robotic' as they sounded. From this auspicious start we embraced Doug's Auditory Training protocols necessary to 'code up' his Cochlear Implant. Read and



Repeat, read and repeat—words, phrases, sentences—I worked my pulpit hard!

Doug's progress was miraculous. He was cheered by identifying long-forgotten, simple sounds around him: rain, footsteps, car blinkers, birds cheeping, the clock ticking, steam hissing, high pitched warning alerts, even computer mouse clicks. I drew joy from being his 'speech buddy'.

Fast forward to March 2018 and we're 'partners in crime' again against Meniere's, working together to manage its symptoms successfully with the help of Annie.

The Vestibular System contains semi-circular canals, lined with a movement-sensitive membrane and filled with a thick fluid, with two small bones on both sides of the head. Information from the inner ear travels along vestibular nerves to the brainstem.

This information is analysed and the brain sends messages along the nerves to the muscles of the limbs, torso and eyes. In this way, the vestibular system is involved in balance control and co-ordination of head-eye movement, so we can sit, stand and walk without falling.

Vestibular rehabilitation aims to normalise the patient's responses by repeating exposure to situations which provoke the symptoms so that through a gradual process of 'vestibular compensation', Doug should

no longer feel dizzy, off balance or nauseous. Daily repetition will help lay down new neural pathways in the brain—the most advanced computer on Earth.

Annie's graded exercise regime is to be done 'little and often', overseen by me. As Doug perseveres through the initial dizziness and sickness that the concentrated exercise program brings, a small change in his balance within two weeks and significant changes at 6-8 weeks should result, as the vestibular system's balance receptors are stimulated and tested.

Regime modifications over three months include more difficult variations to aid the compensation process and ultimately eliminate or reduce vestibular problems. Increasing awareness of possible problem-causing situations is another plus, with a boost to confidence.

ARE YOU READY FOR DOUG'S EXERCISE REGIME?

DRAW AN X on sticky notes for around the house. Keep looking at the X at eye level as you turn your head from side to side for 100-200 repetitions, ideally doing 160 at a time. Repeat exercise 3-5 times daily. Keep feet together if possible; progress to half a foot in front of the other.

TENNIS BALL TOSSES: Throw hand to hand, hand to wall, hand to partner, as walking along a corridor. Add big tosses for more complex reactions. Repeat for 2 minutes, 3-5 times daily. ●

PHONAK ROGER COMPONENT OVERVIEW

This article provides information about the Phonak Roger Microphones available. Any questions about their use, please contact Phonak on 02 8858 1800. For a full listing of all products, visit <http://bit.ly/2EavFHj>

Phonak Roger is a new digital FM system technology. Older FM systems transmitted an analog signal on FM frequencies on one channel at a time making it prone to interference, range problems, and eavesdropping. Phonak Roger transmits at 2.4GHz (ISM band) using digital transmission and frequency hopping technology to decrease dead spots, improve sound quality, and secure transmission.

THE ROGER PEN has three microphone operating modes. Conference mode (when laying on a table), Interview mode (when held at an angle), and neck-worn. The Roger Pen automatically switches microphone modes based on its position, or you can manually select the mode.

In Conference mode it will pick up audio from all around. In Interview mode the microphone becomes directional to pick up the voice of whoever it is pointing at while blocking out noise from around the pen. In neck-worn mode it will become highly directional with a shorter pick-up range in order to just pick up whoever is talking directly above it.

The Roger Pen also has Bluetooth connectivity for cellular phones and

other Bluetooth devices. Using an included cable, you can also connect the Roger Pen to other audio sources like a TV or headphone jack on a computer.

THE ROGER EASY PEN has the same three microphone modes as the Roger Pen but you cannot manually select the microphone modes, and it does not have Bluetooth. Like the Roger Pen, the Roger Easy Pen can be connected to an audio source using a cable.

ROGER CLIP-ON MIC can be clipped to a shirt or lanyard to detect speech from above and also stream audio from another source using the included cable.

ROGER TABLE MIC is for meetings to detect audio from all around while filtering out background noise like projector fans, rustling and coughs. For larger meetings of 15+ people, multiple Table Mics can be used to pick up sound around the room. The Table Mic can be connected to other audio sources, and has a remote control that can mute or unmute the microphone.

THE ROGER TOUCHSCREEN MIC & PASS-AROUND is for classroom use. The Touchscreen Mic is worn by a teacher and the Pass-around is passed around by other students to talk on the system. The Touchscreen Mic and Pass-around only work with newer Roger receivers (view weblink for more information). This microphone is not compatible with older FM systems.

THE ROGER INSPIRO & DYNAMIC is the same as the Touchscreen Mic and Pass-around but these devices are also compatible with Phonak Roger and older FM systems.

ROGER MYLINK is a neck-worn streamer that works with hearing aids that contain a TeleCoil (T-Coil). The Mylink has a standard 3.5mm headphone jack that allows it to be plugged in to other devices like sound systems, or hearing aid streamers with a 3.5mm input. ●

Source: Adapted from CochlearImplantHELP blog dated February 9, 2018



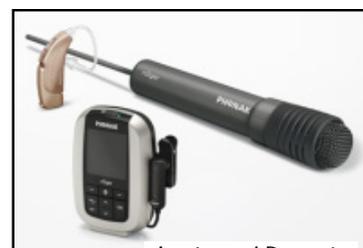
Pens and Easy Pens



Clip-on Mic



Table Mic



Inspiro and Dynamic



Touchscreen Mic and Pass-around



MyLink

MORNING TEA MEET-UPS

Sunshine Coast

Sunshine Castle every last Tuesday of the month from 10am - 12noon.

Fraser Coast

Hervey Bay Library on the 1st Saturday of the month from 1.30pm onwards.

Gold Coast

Able Centre, 13 Sykes Court, Southport on the 1st Wednesday of the month from 10am - 12noon.

Logan Hearing Support Group

Logan North Library on the 1st Saturday of the month from 9am - 12noon.

COMING UP

Southside Meetup

Flying Pepper, 120 Kate Circuit, Rochedale
Next held 24th May from 10am - 12noon

Northside Meetup

Dawn's Tea Rooms, 708-712 Gympie Road, Chermside
Next held June 5th from 10am - 12noon
Contact Gail on gail046@hotmail.com

IMPORTANT CONTACTS

Cochlear Direct

P: 1800 620 929

E: customerservice@cochlear.com

Australian Hearing

P: 1800 131 339

E: cisupport@hearing.com.au

Mater Cochlear Implant Clinic

P: 07 3163 8743

E: cochlear@mater.org.au

Royal Brisbane & Women's Hospital Audiology Clinic

P: 07 3646 1700

Helen Court Neurosensory Unit Buderim Private Hospital

P: 07 5444 3233

E: buderim@nsu.com.au

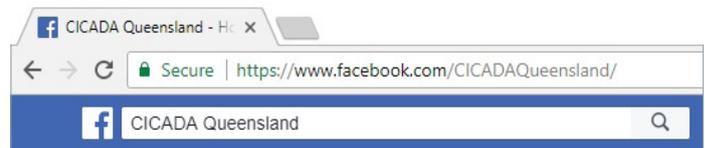
Attune Hearing

P: 07 3837 0400

E: implant@attune.com.au

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Visit our page to read posts and updates on the latest CI technology, reviews and news.



Be sure to use the keywords of **CICADA Queensland** in searching for our current FB page. We are still trying to delete our previous FB page. Alternatively, visit our website at www.cicadaqld.com.au

Hearing with ...



VISION & MISSION STATEMENT:

Our mission is to provide advice, support and opportunities for social engagement in a community, to people with or considering cochlear implants, and their friends and families. Our vision is that all Queenslanders with or considering cochlear implants are supported and informed in their decisions.

BEQUESTS:

If you wish to make a bequest to CICADA Queensland, contact our Secretary on secretary@cicadaqld.com.au

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POSTNET

Shop C, 24 Redland Bay Road

Capalaba QLD 4157

P: 07 3157 7416

E: capalaba@postnet.com.au



Please make all submissions for the next edition of
CICADA CHORUS magazine by 18 August 2018

STATE COCHLEAR IMPLANT ASSOCIATIONS

CICADA Queensland

Secretary: Shirley Edwards
SMS: 0499 213 561
Captel: 07 3824 5003
E: secretary@cicadaqld.com.au

CICADA Qld Sunshine Coast Branch

Representative: Penny Phillips
SMS: 0421 328 909
E: pennyphillips1@bigpond.com

CICADA Qld Gold Coast Branch

Representative: Kevin Hobbs
E: obbsie@gmail.com or
cicadagoldcoast@gmail.com

CICADA Qld Fraser Coast Branch

Representative: Judy Raxworthy
SMS: 0490 188 903
E: judyrax48@gmail.com

CICADA Australia, Inc.

Secretary: Judy Cassell
F: 02 9440 3079
E: jcassell6@bigpond.com
FB: Cicada Australia Inc.

CICADA SA, Inc.

President: Julie LePage
E: jle20811@bigpond.net.au
Volunteer Coordinator: Jeff Wishart
P: 08 8264 8468
E: jwishart@bigpond.net.au

CICADA Club WA Inc.

Every 3rd Wed at Perth City Hospital
Contact: Enid Chapman
E: eknit57@hotmail.com
P: 08 9291 7787 F: 08 9291 0779

CICADA Northern Territory

Coordinator: Chris Blackham-Davison
SMS: 0427 897 170
E: deafncrazy@gmail.com
FB: CICADA Northern Territory

BHA Logan Hearing Support Group

Contact: Peter Massey
SMS: 0423 025 501
E: pfm.sandy@gmail.com

Join us as a Friend of CICADA Queensland!

(Details are kept in strictest confidence / for our records only)

Annual membership is \$20 per person and \$30 per family from July to June of the current year. If joining after December of the current financial year, membership for the remainder of the financial year will be \$10.00.

This fee includes the CICADA CHORUS magazine, cheap rates for cochlear implant batteries and other discounts.

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Date: ____ / ____ / ____ Signature:

(By signing above, you agree to abide by our rules, be mindful of confidentiality, and adhere to the integrity of CICADA Queensland).

Please send the magazine by email by post

This form is downloadable from the CICADA Queensland website. Please make cheques / money orders payable to 'CICADA Queensland' and post along with membership form to:

Shirley Edwards
Secretary
CICADA Queensland
85 Crotona Road
CAPALABA QLD 4157

Bank account details for donations/membership fees:

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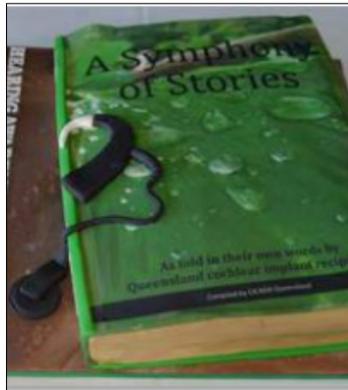
IMPORTANT

Please enter your surname as a reference so we know who the monies are from.





CICADA
Queensland



home of Queensland's cochlear implant recipients, their families and friends



Fast delivery on orders for discounted cochlear implant batteries

An avenue to discuss your situation with others who have been through similar experiences



We offer members encouragement, up-to-date information and ongoing support



An independent referral to relevant professionals

Regular social events throughout the year

An information packed quarterly CICADA CHORUS magazine

Hazard warnings, such as avoiding metal objects (we know of a processor being cooked in an oven!)



(Cochlear Implant Club and Advisory Association Queensland)