# Patient Adjustment Guide

Starkey Government Services

The American Hearing Company

**PRODUCT:** Wi Series, SoundLens, Xino Classic, X Series, Ignite Wireless, Ignite, S series iQ, S Series, Zon, Destiny

| | Patient Report | Inspire Adjustment | Other Considerations |
|---|---|---|---|
| Patients Own Voice | **VOICE SOUNDS**<br>> In a barrel/tunnel<br>> Echoes<br>> Hollow<br>> Like they have a cold/ears plugged | > Decrease gain using Occlusion Control<br>> Decrease gain using Low-Frequency Control<br>> Decrease gain at 1000Hz and/or 1500 Hz | Occlusion may be due to the physical presence of the hearing aid, not amplification. To test, turn off the aid and have the patient speak. The problem is occlusion if the "echo" sensation persists. Address the problem with acoustic modifications.<br>> Enlarge Vent diameter<br>> Shorten and/or taper canal |
| | **VOICE SOUNDS**<br>> Muffled | > Increase gain at 1000 Hz and/or 1500 Hz<br>> Increase compression kneepoints using Threshold Kneepoint Control<br>> Decrease compression ratios between 1000-3000 Hz using Compression Ratio Control<br>> Increase overall Maximum Output<br>> Set Noise Management for less activity (3 to 2 or 2 to 1) | |
| | **VOICE SOUNDS**<br>> Distorted<br>> Crackles<br>> Unnatural/like a megaphone | > Decrease gain at 1000 Hz and/or 1500 Hz, then 2000 Hz<br>> Increase compression ratios in high frequencies using Compression Ratio Control<br>> Decrease overall Maximum Output* | Utilize Speech Mapping to verify audibility. Depending on previous hearing aid experience, patient may be used to different gain and compression settings; try a different fitting formula.<br>> May need to counsel on fact that poor speech clarity may be due to poor speech discrimination ability |
| Intelligibility | **PATIENT REPORTS**<br>> I hear better without my hearing aids<br>> Speech is unclear<br>> Speech in quiet is not clear<br>> TV/radio is not clear | > Increase gain at 2000 Hz, then in higher frequencies*<br>> Increase overall gain<br>> Increase compression kneepoints using Threshold Kneepoint Control<br>> Decrease compression ratios using Compression Ratio Control<br>> Add Television Memory<br>> Set Noise Management for less activity (3 to 2 or 2 to 1) | > Utilize Speech Mapping to verify audibility. Depending on previous hearing aid experience, patient may be used to different gain and compression settings; try a different fitting formula.<br>> May need to counsel on fact that poor speech clarity may be due to poor speech discrimination ability |
| | **PATIENT HAS DIFFICULTY**<br>> Understanding speech in background noise | > Increase gain at 1000 Hz and/or 1500, then higher frequencies<br>> Increase overall gain<br>> Decrease gain below 1500 Hz<br>> Set Noise Management for more activity (2 to 3 or 3 to 4) | Verify directionality is activated. If device does not have directional microphones, consider recommending a directional device. Full Roll Off applies a 12 dB gain reduction at 500 Hz. Partial Roll Off applies a 6 dB gain reduction at 500 Hz. |
| Hearing in Noise | **PATIENT HEARS**<br>> Voices at a distance better than near | > Increase compression kneepoints using Threshold Kneepoint Control<br>> Decrease compression ratios using Compression Ratio Control<br>> Increase overall Maximum Output | |
| | **PATIENT REPORTS**<br>> Low tolerance for noise<br>> Background noise too loud | > Decrease overall Maximum Output<br>> Set Noise Management for more activity (2 to 3 or 3 to 4) | |
| Feedback | **HEARING AIDS**<br>> Whistle<br>> Chirping | > Initialize PureWave Feedback Eliminator with device seated in ear.<br>> View Maximum Stable Gain to check for areas of possible feedback<br>> Use Auto Gain Adjust<br>> Decrease Overall Soft Gain<br>> Decrease Overall Moderate Gain<br>> Decrease Overall Loud Gain<br>> Decrease Overall Gain | > PureWave Feedback Eliminator needs to be re-initialized any time the acoustic characters of the device are changed (ex: shell modification, new earmold or change earbud).<br>> Utilize Speech Mapping to identify feedback peak and decrease gain at peak. |

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## Sound Quality

| Patient Report | Inspire Adjustment | Other Considerations |
|---|---|---|
| **NOISY** | | |
| > Hearing aids are noisy<br>> Refrigerator hum too loud<br>> Hearing aids are noisy in quiet environments | > Set Quiet for more activity via Noise Control screen<br>> Decrease soft gain using Occlusion Control<br>> Decrease Overall Soft gain | > Quiet adjusts expansion to ensure the aids are quiet in a quiet environment |
| **PUMPING** | | |
| > Hearing aids cut in and out<br>> Hearing aids cut in and out when patient speaks<br>> Loud sounds fade in and out | > Increase Overall Loud Gain<br>> Set Machine Noise for less activity via Noise Control screen<br>> Adjust Time Constants (slower) for appropriate classification on Noise Control Screen | > Compression Ratios are increased as the curves move closer together; decreased as the curves move farther apart |
| **SHUTTING DOWN** | | |
| > Hearing aids shut down with loud sounds<br>> Hearing aids cut out when patient speaks<br>> Loud sounds fade in and out | > Increase Overall Maximum Output<br>> Set Noise Management for less activity (3 to 2 or 2 to 1) | |
| **SOUNDS ARE** | | |
| > Sharp<br>> Tinny<br>> Harsh | > Change Experience Level to provide less gain (3 to 2 or 2 to 1)<br>> Decrease gain at 1000 Hz and/or 1500 Hz, then try higher frequencies<br>> Increase compression ratios in high-frequency region using Compression Ratio Control<br>> Decrease overall Maximum Output | > Patient's auditory perception may be distorted due to long standing high-frequency hearing loss. Utilize Speech Mapping to identify areas of sharpness |
| **SOUNDS ARE** | | |
| > Booming<br>> Hollow<br>> Muffled | > Decrease gain at 500 Hz and 750 Hz<br>> Increase gain at 1000 Hz and/or 1500 Hz, then higher frequencies<br>> Change vent modeling size through Acoustic Options* | > Consider making physical modifications to the fitting.<br>> Enlarge vent or change to non-occluding earbud. |

## Loudness

| | | |
|---|---|---|
| **OVERALL TOO LOUD** | | |
| > Voices too loud<br>> All Sounds too Loud<br>> Harsh/Too loud | > Engage Automatic Experience Level manager, selecting a lower level starting point<br>> If changing Experience Level manually, change to provide less gain (3 to 2 or 2 to 1)<br>> Decrease Overall Gain<br>> Decrease Gain using Occlusion Control<br>> Decrease High-Frequency Loud Gain | > Patient may not be accustomed to amplification or may be accustomed to lower gain devices<br>> May need to start with lower gain settings than the prescriptive target recommends<br>> May need to consider a different fitting formula<br>> Compression Ratios are increased as the curves move closer together; decreased as the curves move farther apart |
| **LOUDNESS COMFORT** | | |
| > Sounds are painful<br>> Clattering dishes too loud<br>> Running water<br>> Other environmental sounds too loud | > Decrease High-Frequency Loud Gain<br>> Decrease overall Maximum Output<br>> Decrease Overall Loud Gain<br>> Set Machine Noise for more activity via Noise Control screen | > Ensure Best Fit is using e-STAT Fitting Formula<br>> Compression Ratios are increased as the curves move closer together; decreased as the curves move farther apart<br>> Utilize Speech Mapping to identify frequencies causing discomfort |
| **OVERALL TOO SOFT** | | |
| > Voices too soft<br>> All sounds too soft<br>> Hearing aids too soft | > Increase Overall Gain<br>> Increase Overall Maximum Output<br>> Increase Overall Soft Gain<br>> Increase Overall Moderate Gain<br>> Increase Low Frequency Overall Gain<br>> Set Quiet for Less activity via Noise Control screen | > Patient may not perceive the aid as being loud enough depending on previous hearing aid experience<br>> Compression Ratios are increased as the curves move closer together; decreased as the curves move farther apart<br>> Utilize Speech Mapping to verify audibility |