

BTE

BEHIND-THE-EAR



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Overview

Features, Controls and Identification

Your hearing instrument controls include:

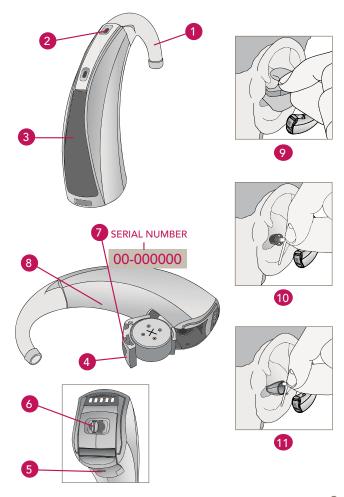
- 1. Earhook
- 2. Microphone
- 3. Control surface: Volume and/or Memory control
- 4. Battery compartment (on/off control)
- 5. Side indicator RED is for RIGHT ear,
 BLUE is for LEFT ear.
- 6. Tamper resistant battery compartment lock

Your hearing instrument can be identified by:

- 7. Location of serial number
- Location of manufacturer's name and model name

Comfort Fit Solutions:

- 9. Standard Earmold with tubing
- 10. Thin tube with Instant Fit Earbud
- 11. Thin tube with Custom Eartip



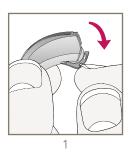
Preparation Preparation

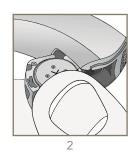
Batteries

Your hearing instrument uses a battery as its power source. This battery size can be identified by the orange (13) color code on the packaging.

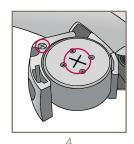
To insert or replace the battery:

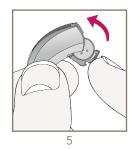
- 1. Use the nail grip on the battery door.
- 2. Open the battery door gently and remove the old battery.
- 3. Remove the tab from the new battery.
- 4. Line up the battery's plus "+" sign (flat side of the battery) with the "+" on the battery door.
- 5. Close the battery door.











Preparation

Battery Indicator Tones

An indicator will sound when the battery's voltage is low. You have approximately 10 minutes* to replace the battery. A different tone lasting two seconds will sound just before the battery stops working.

* Actual time between low battery indicator and shut down will vary depending on environmental noise levels and brand of battery used.

Tamper Resistant Battery Compartment

To lock the battery door:

Use an appropriate tool to slide the recessed switch to the left until it "clicks" and the colored mark is visible.

To unlock the battery door:

Slide the recessed switch to the right until it "clicks" and the colored mark disappears.

Locking the door is not required for operation.





Helpful Hints

- NEVER FORCE THE DOOR SHUT; this could result in serious damage; if the door will not close securely, check that the battery is inserted correctly
- Do not open the battery door too far or damage is likely to occur
- Dispose of used batteries immediately in the proper waste or recycling container
- Batteries vary in size and performance. Your hearing care professional is your best source for lifespan estimates and verification that you are using the proper size and type

△ WARNING:

- Keep out of reach of children and pets
- Check your medications before taking them batteries have been mistaken for pills
- Never put batteries in your mouth, as they can easily be swallowed
- ⚠ National Button Battery Ingestion Hotline: 202-625-3333

Custom Earmold

My hearing instrument uses:

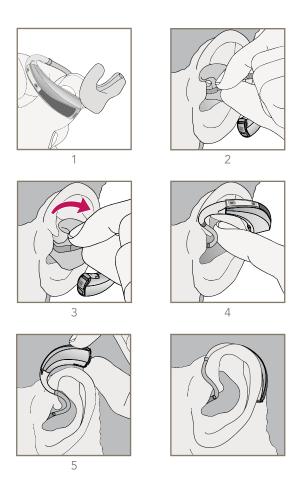
- ☐ A Custom Earmold. Please see below.
- ☐ An Instant Fit Earbud or Custom Eartip. See page 11.

To insert the Custom Earmold and hearing instrument:

- 1. Hold the Custom Earmold with your thumb and forefinger on the outer side near the tubing.
- 2. Tilt your hand slightly forward and gently insert the canal tip of the Custom Earmold into your ear canal.
- 3. Rotate the Custom Earmold backward.
- 4. Softly press the Custom Earmold into place with your fingertip.
- 5. Carefully place the BTE behind your ear wrapping the earhook over the top of your ear.

To remove the hearing instrument and Custom Earmold:

Take the instrument from behind your ear and gently pull the Custom Earmold outward. Pulling lightly down on the ear lobe may help loosen the Custom Earmold as it is removed.



Insertion and Removal

Helpful Hints

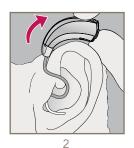
- Minor irritation and inflammation may occur as your ear becomes accustomed to having an object in it; if so, please contact your hearing care professional
- If an actual allergic reaction occurs, alternative earmold materials are available; contact your hearing care professional
- Severe swelling, discharge from the ear, excessive wax, or other unusual conditions warrant immediate consultation with a physician

Insertion and Removal of Instant Fit Earbud or Custom Eartip

To insert the Instant Fit Earbud or Custom Eartip:

- 1. Insert the Instant Fit Earbud/Custom Eartip into your ear canal.
- 2. Gently wrap the BTE over your ear until it rests securely behind your ear.
- 3. Place the lock in the concha bowl of your ear.







To remove the hearing instrument and Instant Fit Earbud:

- 1. Remove the lock from the concha bowl of your ear.
- 2. Remove the hearing instrument from behind your ear.
- 3. Gently grasp the tubing at the opening of the ear canal and pull outward.





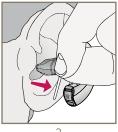


To remove the hearing instrument and Custom Eartip:

- 1. Remove the lock from the concha bowl of your ear.
- 2. Remove the hearing instrument from behind your ear.
- 3. Gently grasp the tubing at the Custom Eartip and pull outward.







)

Operation Operation

On & Off

To turn ON:

Insert a battery and completely close the battery door.

To turn OFF:

Open the battery door until the battery is no longer touching the battery contacts.

Some hearing instruments are programmed to have a Power-On delay. Your hearing professional will place a check in the box below if your hearing instruments have this feature.

 $\hfill \square$ My hearing instrument has a Power-On delay.

The Power-On delay means that your instruments will take several seconds to power up once they have been turned on. This feature allows you to get the hearing instruments in your ear before they start to amplify sound.

Control Surface: Volume and Multimemory

Your hearing system features a Control Surface which adjusts multiple features depending on the setting. The first touch "wakes" the control surface. The next touch performs the desired action.

My Control Surface is set for:	
☐ Sweep volume control. See Section A.	
☐ Touch and Release volume control. See Section B.	
☐ Automatic volume control. See Section C.	
☐ Multimemory. See Section D.	
☐ Sweep volume control and multimemory. See Section E.	

Section A – Sweep Volume Control
Your volume control is a Sweep volume
control. To make sounds louder, sweep
your finger from B to A. Each sweep
increases the volume one step until
you reach the desired volume or the
maximum setting. To make sounds
softer, sweep your finger from A to B. Each sweep
decreases the volume one step until you reach the
desired loudness or the minimum setting.

Section B – Touch and Release Volume Control Your volume control is configured as a Touch and Release volume control. Each time you touch anywhere on the control surface the volume of your hearing instrument changes. The Touch and Release volume control is configured to automatically decrease in volume before it increases. To make sounds louder, touch and release the control surface. Repeat this motion until you are at the minimum setting. The next time you touch the control surface, the volume will increase one step. Continue to touch and release until you reach the desired loudness. NOTE: If 10 minutes or more have passed since the last volume change, the volume will automatically decrease before it increases.

When you touch the control surface, you may hear a series of tones indicating the device has changed volume. Your hearing instrument has been set up with the following indicators:

Step	Tone
Up two steps from programmed gain	Five beeps
Up one step from programmed gain	Four beeps
Programmed gain	Three beeps
Down one step from programmed gain	Two beeps
Down two steps from programmed gain	One beep

Your device will always power-on to the optimal, programmed volume setting determined by your hearing care professional. Depending on how your volume control is set, you may have up to five steps. The minimum and maximum steps will have an additional tone following the beeps.

Section C - Automatic Volume Control

Your hearing instruments have been set to a specific volume level by your hearing care professional. If sounds are generally too loud or soft, please contact your hearing professional for advice and adjustment.

Section D – Multimemory

Your hearing care professional can set up to four hearing memories for you. These additional programs are accessed by touching and releasing anywhere on the control surface.

When you touch the control surface, you may hear a speech indicator or a series of tones indicating the device has changed to the next memory/program. Your hearing instrument has been set up with the following indicators and memories/programs.

Program	Tone	Speech	Memory/ Program
1	1 Tone		Normal
2	2 Tones		
3	3 Tones		
4	4 Tones		

Section E – Sweep Volume Control and Multimemory Your control surface is set up to allow changes for both volume and memory/program. To make sounds louder, sweep your finger from B to A. To make sounds softer sweep your finger from A to B. To change memory/ program, touch anywhere on the control surface.

Directional Settings

Your hearing instrument has directional microphones to help improve speech understanding in noisy situations.

Your hearing instrument has been set up with the following directional settings:

Program	Directional Setting		
1	Automatic	Manual	Off
2	Automatic	Manual	Off
3	Automatic	Manual	Off
4	Automatic	Manual	Off

When the directional microphones are activated automatically (Automatic), the hearing instrument will continually monitor the environment and gradually adjust to the appropriate mode to optimize speech intelligibility.

When the directional microphones are activated by pushing the Multimemory button (Manual), the hearing instrument optimizes speech when you select the directional memory.

Ask your hearing care professional about your particular directional settings.

Telephone Use

Your hearing instrument has a telephone feature that enables you to comfortably use the telephone without removing your hearing instrument or custom earmold.

My telephone feature is:	
☐ Automatic Telephone Response (ATR)	
☐ Automatic Telecoil (Autocoil)	
☐ Manual Telecoil (Program #)	

ATR or Autocoil:

Place the telephone handset in a normal position and then shift it slightly back. When correctly positioned, you will hear an indicator for the automatic activation of the telephone program. When finished, the hearing instrument will automatically return to the previous setting.

Operation

Telecoil and Manual Switching

Hearing instruments with a manual telecoil allow you to switch the devices to telephone mode when needed.

Manually switched telecoils are activated by choosing the telecoil setting using the control surface.

General Telephone Use

Some hearing instruments work best by holding the phone close to, but not fully covering your ear. In some instances, if you encounter whistling (feedback), tilt the receiver at an angle until the whistling stops. Your hearing professional can give instructions and techniques for your specific needs.





DISCLAIMER - Some hearing aid users have reported a buzzing sound in their hearing aids when they are using cell phones, indicating that the cell phone and hearing aid may not be compatible. According to the ANSI C63.19 standard (ANSI C63.19-2006 American National Standard Methods of Measurement of Compatibility Between Wireless Communications Devices and Hearing Aids), the compatibility of a particular hearing aid and cell phone can be predicted by adding the rating for the hearing aid immunity to the rating for the cell phone emissions. For example, the sum of a hearing aid rating of 2 (M2) and a telephone rating of 3 (M3) would result in a combined rating of 5. Any combined rating that equals at least 5 would provide "normal use"; a combined rating of 6 or greater would indicate "excellent performance."

The immunity of this hearing aid is at least M2. The equipment performance measurements, categories and system classifications are based upon the best information available but cannot guarantee that all users will be satisfied.

NOTE: The performance of individual hearing aids may vary with individual cell phones. Therefore, please try this hearing aid with your cell phone or, if you are purchasing a new phone, be sure to try it with your hearing aid prior to purchase. For additional guidance, please ask your cell phone provider for the booklet entitled "Hearing Aid Compatibility with Digital Wireless Cell Phones."

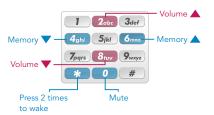
T² (touch-tone) Function

☐ My hearing instrument has T² capability.
Please read the section below.

You may use a cell phone, cordless telephone, or corded telephone to adjust your hearing system. The telephone MUST be touch tone and "beep" when the keys are pressed for this function to work. If your telephone does not "beep" when the keys are pressed, consult your telephone operator's manual or contact your telephone service provider.

- Hold the phone approximately 3 inches from the ear
- Press ** to "wake" T² (a tone series indicates that it is ready for a command)
- Press the telephone key that corresponds to the desired function
- T² will "sleep" after 20 seconds

Use the following keypad buttons to remotely adjust your hearing aid settings.





Troubleshooting Guide

SYMPTOM	POSSIBLE CAUSES	SOLUTIONS
	Telephone keys not emitting beep tones	Consult telephone operator's manual to enable beep tones
Hearing	T ² not unlocked prior to command	Press ** and listen for unique T² indicator
instrument not responding to telephone command	Telephone too far from hearing system	Bring telephone closer to hearing system microphone
	Incorrect key command	Press ** to wake then press 2 or 8 to increase or decrease volume or 4 or 6 to change programs if device has multiple programs
Hearing		
instrument responded but won't respond to later command	T ² automatically "sleeps" 20 seconds after last command	Press ** to wake then press key that corresponds to desired action

Summary of Program Settings

	Environment	Directional Setting	Indicator On	Indicator Type
Program 1	Normal	☐ Off ☐ Automatic ☐ Manual	□ Yes □ No	☐ Speech ("One") ☐ 1 Tone
Program 2		☐ Off ☐ Automatic ☐ Manual	□ Yes □ No	☐ Speech ("Two") ☐ 2 Tones ☐ Tone Series
Program 3		☐ Off ☐ Automatic ☐ Manual	□ Yes □ No	☐ Speech ("Three") ☐ 3 Tones ☐ Tone Series
Program 4		☐ Off ☐ Automatic ☐ Manual	□ Yes □ No	☐ Speech ("Four") ☐ 4 Tones ☐ Tone Series

Summary of Feature Settings

	Indicator On	Indicator Type
Low Battery	□ Yes □ No	☐ Speech ("Battery") ☐ Tone Series
Battery End of Life	□ Yes □ No	☐ Speech ("Shutdown") ☐ Sustained Tone
Self Check	□ Yes □ No	☐ Speech ("Good"/ "Make Appointment") ☐ Tone Series
Reminder	☐ Yes ☐ No	☐ Speech ("Make Appointment") ☐ Tone Series

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Instrument Care

Do your best to keep your hearing instrument clean at all times. Heat, moisture and foreign substances can result in poor performance.

- Use a cleaning brush or soft cloth to clean debris from around the switches, microphone and battery compartment
- Never use water, solvents, cleaning fluids or oil to clean your instrument

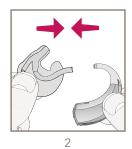
My hearing instrument has:

- ☐ Standard tubing. Please see page 27.
- \square Thin tubing. See page 28.

Standard Tubing

- 1. Separate the Custom Earmold from the BTE by gently pulling the tubing away from the earhook.
 - Use a soft, damp cloth or a cleaning brush to clean debris from the Custom Earmold
 - Wash the Custom Farmold with warm soapy water
 - Never use solvents
- 2. Slide the Custom Earmold tubing onto the BTE earhook when completely dry.

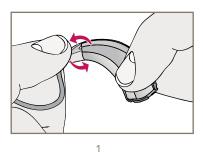




Your hearing care professional can provide further information on additional maintenance procedures for your hearing instrument if needed.

Thin Tubing

1. Unscrew the tubing from the tip of the hearing instrument.



- 2. Thread the cleaner through the tubing, starting at the end just removed from the hearing instrument, until it extends from the other end of the tubing.
- Brush the debris off prior to removing the cleaner.
- 4. Clean the Earbud/Eartip with a dry cloth or brush.
- 5. If necessary, the Earbud/Eartip may be washed in warm, soapy water. Remove the Earbud/Eartip from the tubing prior to washing. Allow the Earbud/Eartip to dry overnight.

Helpful Hints

- The control surface on your hearing aid is very sensitive and is designed to work with a clean, dry finger. If your finger is sweaty, gloved or if you just applied lotion, the control surface may not react as well.
- If you accidentally touch the control surface with a wet finger and your hearing aid does not react correctly, wipe your finger and the control surface with a dry cloth and try again.
- Make sure the Custom Earmold/Earbud/ Eartip and tubing are completely dry before reconnecting to your hearing instrument earhook
- When not wearing your hearing instrument, open the battery door to allow any moisture to evaporate
- Do not take apart your hearing instruments or insert the cleaning tools inside them

Helpful Hints (continued)

- When not in use, remove the batteries completely; place your hearing instrument in the storage container and store:
 - In a dry, safe place
 - Away from direct sunlight or heat to avoid extreme temperatures
 - Where you can easily find them
 - Safely out of reach of pets and children

Service and Repair

If, for any reason, your hearing instrument does not operate properly, do NOT attempt to fix it yourself. Not only are you likely to violate any applicable warranties or insurance, you could easily cause further damage.

Should your hearing instrument fail or perform poorly, check the guide on the next page for possible solutions. If problems continue, contact your hearing care professional for advice and assistance. He or she is able to solve many common problems right in his or her office or clinic.

Troubleshooting Guide

SYMPTOM	POSSIBLE CAUSES	SOLUTIONS
Not Loud	Low battery	Replace battery
	Blocked earmold/tubing/ earbud	Remove blockage and clean
Enough	Hearing change	Contact your hearing care professional
	Debris buildup	Clean both microphone and receiver with brush
	Low battery	Replace battery
Inconsistent Performance	Blocked earmold/tubing/ earbud	Remove blockage and clean
	Low battery	Replace battery
Unclear, Distorted Performance	Blocked earmold/tubing/ earbud	Remove blockage and clean
	Defective hearing instrument	Contact your hearing care professional
	Low battery	Replace battery
Dead	Blocked earmold/tubing	Remove blockage and clean
	Crimped tubing	Contact your hearing care professional

FDA Information FDA Information

Required Information

The following additional information is provided in compliance with U.S. Food and Drug Administration (FDA) regulations:

WARNING TO HEARING AID DISPENSERS. A hearing aid dispenser should advise a prospective hearing aid user to consult promptly with a licensed physician (preferably an ear specialist) before dispensing a hearing aid if the hearing aid dispenser determines through inquiry, actual observation, or review of any other available information concerning the prospective user, that the prospective user has any of the following conditions:

- i. Visible congenital or traumatic deformity of the ear.
- ii. History of active drainage from the ear within the previous 90 days.
- History of sudden or rapidly progressive hearing loss within the previous 90 days.
- iv. Acute or chronic dizziness.
- v. Unilateral hearing loss of sudden or recent onset within the previous 90 days.
- vi. Audiometric air-bone gap equal to or greater than 15 decibels at 500 Hertz (Hz), 1,000 Hz and 2,000 Hz.
- Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.
- viii. Pain or discomfort in the ear.

RF IMMUNITY LEVEL. This hearing aid has a cell phone immunity rating of M3/T3. A hearing aid compatible cell phone must carry a rating of M2 or higher to work with this hearing aid. Please consult your cell phone specification for the cell phone immunity rating.

IMPORTANT NOTICE FOR PROSPECTIVE HEARING AID USERS.

Good health practice requires that a person with a hearing loss have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. Licensed physicians who specialize in diseases of the ear are often referred to as otolaryngologists, otologists, or otorhynolaryngologists. The purpose of the medical evaluation is to assure that all medically treatable conditions that may affect hearing are identified and treated before the hearing aid is purchased.

Following the medical evaluation, the physician will give you a written statement that states that your hearing loss has been medically evaluated and that you may be considered a candidate for a hearing aid. The physician will refer you to an audiologist or hearing aid dispenser, as appropriate, for a hearing aid evaluation.

The audiologist or hearing aid dispenser will conduct a hearing aid evaluation to assess your ability to hear with and without a hearing aid. The hearing aid evaluation will enable the audiologist or dispenser to select and fit a hearing aid to your individual needs.

If you have reservations about your ability to adapt to amplification, you should inquire about the availability of a trial-rental or purchase-option program. Many hearing aid dispensers now offer programs that permit you to wear a hearing aid for a period of time for a nominal fee after which you may decide if you want to purchase the hearing aid.

Federal law restricts the sale of hearing aids to those individuals who have obtained a medical evaluation from a licensed physician. Federal law permits a fully informed adult to sign a waiver statement declining the medical evaluation for religious or personal beliefs that preclude consultation with a physician. The exercise of such a waiver is not in your best health interest and its use is strongly discouraged.

A hearing aid will not restore normal hearing and will not prevent or improve a hearing impairment resulting from organic conditions. Use of a hearing aid is only part of hearing habilitation and may need to be supplemented by auditory training and instruction in lip reading. In most cases infrequent use of a hearing aid does not permit a user to attain full benefit from it.

CHILDREN WITH HEARING LOSS. In addition to seeing a physician for a medical evaluation, a child with a hearing loss should be directed to an audiologist for evaluation and rehabilitation since hearing loss may cause problems in language development and the educational and social growth of a child. An audiologist is qualified by training and experience to assist in the evaluation and rehabilitation of a child with a hearing loss.

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