

T K GROUP, INC.
NEWSLETTER
1 ST QUARTER-2006

VOLUME 20 ISSUE 1

Yes Virginia, *there is* a Santa Claus (in Tennessee)!

The average lifespan of a hearing aid is 3-5 years, unless of course you should happen to run the device through the laundry or run over it with your car. Many hearing aid users abandon perfectly functioning hearing aids to obtain necessary replacements due to changing audiometric configuration.

Hearing aids are costly. Depending on the model, configuration, and quantity, fittings may reflect a \$5000-\$10,000 investment. Historically, insurance plans did not offer hearing aid reimbursement; while some insurance plans now offer coverage, many still do not. Medicare does not cover hearing aids, nor

any service related to hearing aid assessment. Medicaid, which is funded jointly by Federal and State entities, provides financial assistance for those in low income brackets. However, Medicaid eligibility varies from State to State, as does benefits.

The gift and necessity of hearing cannot be understated; children, teenagers, adults, and the elderly suffer the serious effects of hearing impairment. Hearing impaired children suffer significant education and social delays when hearing impairment is not appropriately addressed. Working-aged adults confront difficulty securing and/or retaining gainful employment

necessary for the care for their family. The elderly become isolated, reclusive, and burdened with thoughts of hopelessness.

But have faith. Yes Virginia, *there is* a Santa Claus in Tennessee!

In 1979, the *Hearing and Speech Foundation* (HSF) was founded in Maryville, Tennessee. Tutt Bradford, a local philanthropist and John Berry, a Maryville Audiologist, combined their individual talents and resources to form HSF with the stated mission to "assist low-income individuals with communication impairments, to provide training and education for

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Shift-Confirmed Shift-New Shift: Should I Retest Again?

Consider a common test result scenario:

An employee triggers a shift event (10 dB STS and/or Recordable) in one ear; upon retest, the retest confirms the initial shift; however, a "new" contra-

lateral shift event appears in the other ear.

A common question posed to T K Group in such circumstances is: *Should I retest to confirm/repeal the new shift event even though a Work Relatedness Determination has*

already been requested?

Answer: Yes-a retest is always preferable in order to confirm/repeal any shift event.

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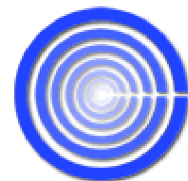
Disorders

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**CAOHC
CERT/RECERT
COURSE**

T K Group is conducting a CAOHC course July 11-13, 2006 and space is still available. If you wish to participate, please contact Beth Minnick at (815) 964-5445



Shift-Confirmed Shift-New Shift: Should I Retest Again? (continued)

| Date | Time | THRESHOLDS | | | | | | | | | | | | | | | | 10dB STS | | | | RECORDABLE | | MEDICAL REFERRAL | |
|----------|-------|------------|----|----|----|----|----|----|----|-------|----|----|----|----|----|----|---|----------|--------|----------|---|------------|--------|------------------|----|
| | | LEFT | | | | | | | | RIGHT | | | | | | | | Left* | Right* | Baseline | | Left* | Right* | Ref | BL |
| | | .5K | 1K | 2K | 3K | 4K | 6K | 8K | | .5K | 1K | 2K | 3K | 4K | 6K | 8K | | | | L | R | | | | |
| 01/15/05 | 00:00 | 10 | 10 | 35 | 30 | 35 | 05 | 10 | 30 | 30 | 40 | 35 | 35 | 20 | 15 | | C | Y | | | C | Y | Y | | |
| 01/01/05 | 00:00 | 10 | 15 | 30 | 30 | 25 | 20 | 10 | 10 | 10 | 15 | 10 | 00 | 15 | 10 | | Y | | | | Y | | | | |
| 01/01/04 | 00:00 | 10 | 10 | 10 | 05 | 00 | 10 | 10 | 10 | 10 | 15 | 10 | 00 | 15 | 10 | | | | Y | Y | | | | Y | |

Key: <blank>: No Change Y: new STS or Recordable C: Confirming R: Repealing F: Refused X: Rejected
 P: Persistent NP: Non-Persistent I: Improvement PI: Persistent Improvement

There can be numerous potential reasons underlying any shift event. It is always best to conduct a retest in order that the reviewing Audiologist may “rule in” or “rule out” potential underlying

pathology responsible for the newly indicated contralateral event.



Too Many Cooks In The Kitchen?

When companies hire T K Group to collect and/or review audiometric test data pursuant to CFR 1910.95, a fundamental service provided is baseline revision management.

CFR 1910.95 mandates no baseline revision methodology. Over time, certain universal and professionally accepted baseline revision standards/protocols evolved. The baseline revision protocols implemented at T K Group are in place only after having been deemed professionally and ethically appropriate by our experienced audiological staff.

Due to recommended 10 dB STS follow-up actions, employees are often sent to local physicians,

audiologists, and/or occupational clinics to confirm/repeal shift events at which time third party reviewers contact T K Group with recommendations to revise baselines. While T K Group views such recommendations as well-intentioned, often it is the case that third-party reviewers do not have access to the employee’s complete data history, or that their baseline revision protocol differs significantly from ours and/or professionally appropriate practices.

A frequent third-party recommendation is that we revise a baseline after a 30-day retest confirmation. Since future tests may indicate (shift) non-persistence, T K Group does not

immediately revise a baseline based upon a confirmed 30-day retest. Instead, the next test will determine if baseline revision is appropriate (or not). One third party recommendation received was that all baselines be revised for no valid reason; the reason given was that they worked at a corporation that revised baselines periodically even when no shift activity was indicated.

When baseline revision is involved, the adage “There are too many cooks in the kitchen” can apply. It is imperative that on-site data management portals be in sync with our master system. Hence, we do not suggest making baseline revisions based upon third-

party recommendations in the absence of T K Group consultation.

Secondary to complying with OSHA regulations, audiological review and baseline revision protocols are in place to ensure two primary objectives:

To protect employees against sustaining noise-induced hearing loss (occupationally related or not) and to identify hearing loss patterns consistent with potential underlying ear related pathology and make the appropriate medical referral.

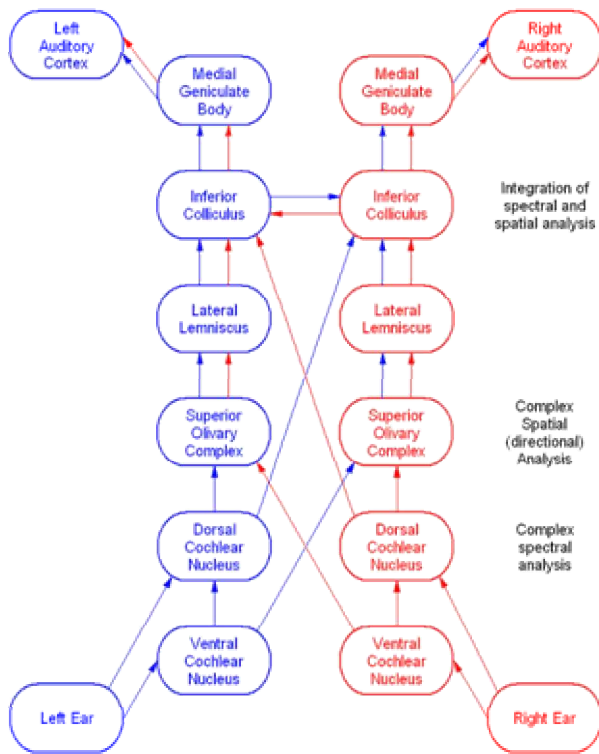
There is truly a method to what may often appear as madness.



Central Auditory Processing Disorders

Unless you have been diagnosed with a Central Auditory Processing disorder (CAPD) or you know someone who has, most know little about CAPDs.

During normal auditory functioning, the process of sound recognition is complex. Put simplistically, sound is processed by both ears and transformed into bioelectrical nerve impulses that travel via the eighth auditory nerve up ascending auditory pathways in route to the final destination—the auditory cortex. The auditory cortex, housed within the brain, is where meaning to auditory stimuli is applied.



Lesions occurring at any junction along the ascending auditory pathway can produce a Central Auditory Processing disorder, which refers to an impaired capacity disallowing normal relay of auditory information at some point along ascending auditory pathways. Generally, the 8th cranial nerve, brainstem, and/or the auditory cortex are sites of lesion responsible for CAPD dysfunction.

Associated CAPD lesions on the 8th nerve may involve benign tumors (e.g. Acoustic Schwannoma, Lipoma), malignant tumors, Neuritis, and Diabetic Neuropathy. Brainstem lesions

may erupt after infarct; sufferers of Multiple Sclerosis may also develop brainstem lesions. Lesions of the cortex may result from traumatic injury, stroke, or tumor. CAPD can also develop as part of the degenerative biological aging process.

Frequently, persons with CAPD have normal or near normal threshold sensitivity. A common symptom of CAPD is one's difficulty discriminating speech in noisy environments despite their apparent normal or near normal threshold sensitivity. CAPD may also superimpose varying degrees of hearing loss; persons are resultantly confronted with compounding communication difficulties related to hearing loss and abnormal signal processing. While more complex symptoms may be present, other common CAPD symptomatic manifestations include difficulties comprehending speech at high intensity levels and difficulties localizing sound.

Numerous clinical test batteries are at the disposal of Audiologists to assist in the diagnosis of CAPD. Once diagnosed, Audiologists, Aural Rehabilitationists, and/or Speech-Language Pathologists may offer management therapies.



ATTENTION!

In an effort that we provide this newsletter electronically as well as to inform you of immediate professional announcements, please email us your email address to:

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T K Group News is written by:

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Director Audiology

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Yes Virginia, there is a Santa Claus (in Tennessee)! (continued)

professionals, and to conduct research and development to promote the best methods available for teaching the hearing and speech impaired”.

Today, HSF operates “*The Indigent Care Program of East Tennessee*”, a program directed by Teresa O’Mary providing hearing aids and related speech and hearing services free of charge to locally impoverished families. Much of the program’s success relies upon donated used or damaged hearing aids; once received, HSF repairs, rejuvenates, and fits recycled hearing aid devices to hearing impaired persons in need. HSF accepts any and all types of hearing aids.

Plant Managers and Site Hearing Loss Prevention Program Coordinators

can help HSF: If your facility is searching for a meaningful and productive public service project, please consider establishing a used or damaged hearing aid repository at your place of business and forward all devices to HSF.



Hearing aids may be mailed to:

The Hearing and Speech Foundation

334 South Washington St.

Maryville, TN 37804



THE
HEARING & SPEECH
FOUNDATION

Contact Information:

Teresa O’Mary

Executive Director

Telephone: (865) 977-0981

Email: info@handsf.org

-A letter from an appreciative donation recipient...

First of all I would thank THE BCH'S
AND ITS ENTIRE STAFF FOR THEIR SERV-
NICE TO ME.
AND NOW LET ME GIVE A BIG THANK
YOU TO JOHN BARRY FOR ALL THE HELP
HE HAS GIVEN TO ME AND MY HEARING
AID.

THANK YOU SO MUCH

Pete Brown