



AUDINEWS

The Newsletter of the International Society of Audiology

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THE AAA HUMANITARIAN (AUDIOLOGY) AWARD



The International Society of Audiology (ISA) has always been sensitive to the audiological needs of less privileged areas of the world and since April 2003, a newly created committee: Humanitarian Audiology, started serving under the chairpersonship of Jackie L. Clark, Ph.D.

This year, the American Academy of Audiology (AAA) granted its 2006 Humanitarian Award to Jackie Clark, a distinguished member of our Society. We in ISA feel very proud of this recognition. The AAA conceived the award to recognize "an individual who has made a direct humanitarian contribution to society in the realm of hearing". It is also emphasized that such person "must demonstrate direct and outstanding service to humanity in ways that are related to hearing, hearing disability or deafness".

As a Senior Audiologist at the Callier Center for Communication Disorders and an active member of the University of Texas at Dallas faculty, Dr. Clark has been a recognized scholar, scientist and professional. Dr. Clark has a wide range of volunteer interests. Since 1998 she has lead teams of volunteers annually to Mozambique and introduced audiological services to that region of Africa. She and her team have tested hearing, provided donated hearing aids and supplies to serve the local needs, and have developed training programs for physicians, nurses, medical technicians, and social workers in the areas of hearing disorders, otoscopy, and testing. Yearly visits to this part of the world provide additional learning and knowledge, empowering the community to become more self-sufficient in the area of hearing healthcare. Last year, she and her team directed the first large scale hearing screening in Mozambique. Dr. Clark has also been active member of the Healthy Hearing Program of the Special Olympics in Texas.

Most recently, Dr. Clark has been appointed as the Publications Director of the Texas Academy of Audiology, Web Liaison for the International Society of Audiology, and Managing Editor of the International Journal of Audiology.

By sharing these news with our readers, we hope ISA and the Audinews will help to motivate our membership to make and even further commitment to be part of these types of noble and much needed initiatives. Jackie Clark is an example for all of us of dedication and achievement. Certainly, her efforts to individuals with hearing loss nationally and internationally make her most deserving of this honor. Congratulations!

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PRESIDENT'S MESSAGE



AN IMAGINARY NEW PROFESSION: CLINICAL AUDIOLOGICAL PSYCHOLOGY

Bill Noble, President of ISA
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NOTE OF THE EDITOR: The following article reflects the personal opinion of Dr. William Noble, President of ISA, but not the official position of ISA. The Editor invites the readers to send letters and comments related to the issue.

I want to return to a topic I have raised previously in one way or another in the pages of the ISA Newsletter, and one I will hope to address at the upcoming XXVIII International Congress of Audiology in Innsbruck, Austria. The topic is that of an imaginary new profession, namely, Clinical Audiological Psychology. I'll return to one element of its nature presently. I have noted previously that it is difficult to picture a role for the International Society of Audiology. It cannot function as a guild because it has no constituency, in the way that national and regional societies do. It certainly supports clinical and scientific endeavours relevant to audiology worldwide, and there is nothing wrong with that. The best practice initiatives by ISA, in areas of service provision, education and training, and professional ethics, that have been worked on over the last few years, may eventually have the beneficial effect of assisting practitioners in less well-resourced areas of the world in making arguments for improved services and training.

One role for ISA that strikes me as harmless is to act as a forum for ideas about the future development of Audiology as a practice and profession. The current President of ISA is a psychologist interested in many aspects of hearing science, and in the professional activities of audiologists and related practitioners. Psychology, as everyone knows, along with Engineering and Physiology, has been on the ground floor from Audiology's inception. The primary contribution, historically, has been in the experimental study of hearing — psychoacoustics. This forms a critical component of Audiology's scientific base. Psychoacoustical principles have been and continue to be embedded in measurement approaches that involve the voluntary responses of the listener.

Psychology has also had an applied clinical outlook from its earliest foundations in the Universities of Europe and North America. The shape of clinical psychology has been evolving steadily. These days, the training of a clinical psychologist entails understanding of the so-called "scientist practitioner" model, which relies on a foundation of robust evidence to inform the practitioner's management and treatment of individual cases. Robust evidence derives from, for example, randomised controlled trials of different treatments, with a range of safeguards in place to minimise the risk of bias in observation. No clinical psychologist, properly trained, would accept evidence from uncontrolled observation.

I have recently completed a review of the available literature, published in the last 30-40 years, on the benefits of fitting one versus two hearing aids. There are probably few practicing clinical audiologists who would argue that one hearing aid is going to deliver as much benefit as two. The reasons for making such an argument derive from what is to be found in textbooks of clinical audiology referring to laboratory-based studies of monaural versus binaural listening. It is effortless in laboratory conditions to demonstrate the advantage of two hearing aids. But a recent Swedish report concludes there is no robust clinical *field* evidence to support the proposition.

The conclusion from my own review does not materially differ from this position, although I argue that the literature is indicative about where bilateral benefit would be likely to be observed, following the conducting of a well-controlled clinical trial. I will not elaborate on that point, further. The reason for raising this example is that it shows the absence of methodological rigour in studies that have been

addressed to a very important area of clinical audiology. It would not be surprising to find similar stories with respect to other aspects of that practice. Nor will I elaborate on reasons why there is relatively little sign of the use of appropriately robust field investigation in clinical audiology. Rather, my advocacy of the imaginary profession of Clinical Audiological Psychology, is motivated in part by a wish to bring the methodological apparatus of Clinical Psychology to bear on the practice of Clinical Audiology. There are other reasons for wanting to invent this new profession, which I hope to take time to elaborate on in a future newsletter.

XXVIII International Congress of Audiology (ICAud2006) September 3 - 7 (2006) Innsbruck, Austria



As the days of September 3 to 7, 2006, are rapidly approaching, the scientific program of the ICAud2006 is taking shape:

1) On Monday, Sept. 4th, Prof. HP Zenner (Tubingen) will provide the keynote lecture on "Implantable Hearing Devices" and Prof. T Lenarz (Hannover) will chair a roundtable on this main topic.

2) On Tuesday, Sept. 5th, Prof. J Guinan (Boston) will report on the latest results concerning "The Role of the Auditory Efferent System", and Prof. LJ Hood (Nashville) will lead the related roundtable on the topic.

3) On Wednesday, Sept. 6th, Prof. N Dillier (Zurich) will address issues concerning new perspectives opened to Audiology by "The use of Electronic Communication in Audiology".

Social events will be a worthy counterpart to the scientific program. On Monday evening delegates are invited to attend a concert at the Innsbruck Court Church. The Court Church houses one of the most famous organs in the world, preserved nearly intact since 1558. Organ and trumpet interpretations will fascinate delegates on this evening.

Tuesday afternoon is reserved for a trip to Wattens and to Hall, two charming towns near Innsbruck. Wattens hosts the exhibit "Crystal Worlds", a true dream of crystal, light and color. Hall is famous for its picturesque Old Town with many historic buildings and its medieval appearance. On Wednesday, the traditional banquet will bring delegates together in an elegant atmosphere for an excellent feast and an opportunity to share experiences with old and new friends.

Call for Abstracts

The Organizing Committee welcomes the contribution of oral and poster presentations on all subjects relevant to audiology. Please, submit an abstract of the proposed content. The abstract must be in English, 250 words or less, and should be structured as follows: Title – Authors & Affiliations – Aim/Background – Methods – Results – Conclusions. Online submission of the abstract via the Congress website: www.icaud2006.at is preferred. If this is not possible, the abstract can be sent to the Congress Secretariat as an e-mail attachment.

Deadline for abstract submission is April 30th, 2006

Please visit the Congress website at www.icaud2006.at for registration, hotel booking, abstract submission and for any kind of information about the ICAud2006!



Still in doubt about whether or not to attend the Congress?

Well, there is still one point you should give special consideration: the City of Innsbruck. Innsbruck is the only major city in the Eastern Alps that combines culture, history and nature unequalled anywhere else. Having been the residence of Habsburg princes for centuries, the town has a rich historic and cultural heritage. Very well-known are the “*Schwarze Mander*” (Black Men), a group of 28 black, larger than life bronze statues standing sentinel at the cenotaph of Emperor Maximilian at the Court Church (see picture on the left).

In addition, the Imperial Court Palace with its Giant’s Hall, or the “*Goldene Dachl*” (Golden Roof), are celebrated tourist attractions worth every travelling effort. Another treat is the fascinating Alpine landscape surrounding the city and revealing the majestic grandeur of the Alps from anywhere you stand. Come and see for yourself!



REMINDER

DUES FOR 2006 ARE NOW PAST DUE

THE ISA OFFICE HAS NOW DELETED DE NAMES OF MEMBERS WHO HAVE NOT PAID DUES FOR 2006. THIS MEANS NO JOURNALS, NO AUDINEWS, NO HEARING INTERNATIONAL NEWSLETTER, AND NO ACCESS TO THE MEMBER’S DIRECTORY AND OTHER FEATURES OF THE MEMBER’S ONLY SECTION OF OUR WEBSITE.

IF YOU OR SOMEONE YOU KNOW HAS FALLEN BEHIND, PLEASE CONTACT US IMMEDIATELY. WE DON’T WANT TO LOOSE YOU AS A MEMBER. WE DON’T WANT TO DEPRIVE YOU FROM THE BENEFITS OF MEMBERSHIP.

PLEASE, LOG ON TO
OUR WEBSITE OR CONTACT OUR OFFICE TO RENEW YOUR MEMBERSHIP:

WWW.ISA-AUDIOLOGY.ORG
GEORGE MENCHER
GTMISA@YAHOO.COM

AUDIOLOGY IN HISTORY

This is a virtual tour of the history of Audiology lived through the lives and work of some of its most prominent protagonists and scientific leaders. This section, which we hope to make a regular column, will present a look of giants in the the fields of hearing and hearing impairment. We will remember those whose legacy opened new trails of development and knowledge, and allowed us to experience the magic of hearing and the wonders of technology designed to serve and ease the hardships of those with hearing disabilities. Welcome to the “time machine” of Audiology.

ERNST HEINRICH WEBER AND THE “WEBER TEST”



Ernst Heinrich Weber, German physician, anatomist and physiologist, was born in Wittenberg in 1795, and died in Leipzig in 1878. Although mainly dedicated to the field of Physiology and eventually considered the “Father of Experimental Psychology”, his contribution to Audiology and Otology is substantial. Very little is found in the literature about Weber the man, the thinker, the character. It is known that he earned his medical doctorate degree from the University of Wittenberg but he never seemed interested in practicing medicine. He was Chair of Human Anatomy and of Physiology at the University of Leipzig and he was a member of the Royal Academy of Sciences of Saxony.

He worked with his brother Eduard F. Weber in vagus nerve function, the locomotive system and the blood circulation. But he is probably better known for his works in touch, sensation and discrimination. Gustav Fenech developed mathematical formulas to explain these principles and was instrumental in constructing what we currently recognize as the Weber–Fechner law. This law attempts to describe the relationship between the physical magnitudes of stimuli and the perceived intensity of the stimuli. Not surprisingly many consider that Experimental Psychology started in E.H Weber’s laboratory.

Weber’s name has always been associated with the classical test analyzing the behavior of a vibrating tuning fork placed in the midline of an individual’s forehead. The original description giving origin to the Weber test as we know it comes from his book: *De pulsu, resoprtiene, auditu et tactu: Annotationes anatomicaes et physiologicae*, published in Leipzig in 1834. Note how it differs from the general knowledge most of us share...

“If we apply a vibrating tuning fork against the teeth and close the mouth as strongly as possible and we close the ears either with the hands or with the finger in the auditory meatus, we perceive the sound of the fork louder than with open ears. If one ear is closed and the other open, we hear the sound louder in the occluded ear than in the open ear. We observe the same when we close the right ear and apply the vibrating fork at the skin of the left temporal bone.”

Weber thus described the “occlusion effect” and the phenomenon of lateralization of the bone conduction into the occluded ear. Historically, there is a dispute about the use of tuning forks in the clinical field. In France, the military physician Jean Pierre Bonafont expressed his conclusions about the differential diagnostic value of lateralization in bone conduction in 1845. In Dresden, Eduard Schmalz published a book in 1846 with similar observations.

It is obvious that Weber’s attention never seemed centered on the acoustic consequences of his observations but even today, we continue to enjoy in our daily clinical work, the value of his pioneer contribution to the world of acoustic physics and Audiology.



THE RESEARCH MINUTE...

MARK KRUMM (mkrumm@cc.usu.edu)



(Note: This issue's research was provided by Dr. Carol Flexer for us as the first of several issues exploring contemporary topics in pediatric audiology)

AUDITORY BRAIN DEVELOPMENT: THE KEY TO DEVELOPING LANGUAGE AND LITERACY IN INFANTS AND CHILDREN WITH HEARING LOSS

Carol Flexer (*) (cflexer@uakron.edu)

Through early identification efforts, infant and young children are now receiving amplification. Consequently, we can stimulate the auditory cortex in ways which were not possible with older amplification technology. Therefore, auditory language enrichment can be provided during critical periods of maximum brain neural plasticity — the first few years of life. As a result, today's babies and young children who are born deaf have incredible possibilities for achieving higher levels of spoken language, reading skills, and academic competencies than were available to most children in previous generations.

Auditory Neural Development. The purpose of a cochlear implant (CI), or a hearing aid, is to access, stimulate and grow auditory neural connections throughout the brain to provide the foundation for spoken language, reading and academics. Due to neural plasticity, age at implantation is critical - younger is better. Early and ongoing auditory therapy is absolutely essential regardless of amplification device used.

Auditory success may be influenced by the type of auditory prosthesis used in intervention. Emerging data from the Colorado Project in the United States are showing that about 90% of children born with a profound hearing loss, who obtain a CI before 18 months of age, attain intelligible speech. In contrast, about 20% of children born with a profound hearing loss, and using hearing aids, attain intelligible speech. Regardless of the amplification device used, repetitive auditory skills instruction as part of an effective family-based early intervention program, is critical.

Robbins et al, found that skills mastered as a course of normal development, results in *developmental synchrony*. Therefore, it appears we are pre-programmed to develop specific skills during certain periods of development. If those skills can be triggered at the intended time, we will be operating under a developmental and not a remedial paradigm. That is, we will be working harmoniously within the design of the human structure. Furthermore, mastery of any developmental skill depends on *cumulative practice*; each practice opportunity builds on the last one. Therefore, the more delayed the age of acquisition of a skill, the farther behind children are in the amount of cumulative practice they have had to perfect that skill. The same concept holds true for cumulative auditory practice. Delayed auditory development leads to delayed language skills which will necessitate using a remedial rather than a developmental paradigm.

To summarize, neuroplasticity is greatest during the first 3 ½ years of life, the younger the infant, the greater the neuroplasticity. Rapid infant brain growth requires prompt intervention, typically including

amplification and a program to promote auditory skill development. In the absence of sound, the brain re-organizes itself to receive input from other senses, primarily vision; this process is called “cross-modal re-organization” and it reduces auditory neural capacity. Early amplification or implantation stimulates a brain that has not yet been reorganized and it will therefore be more receptive to auditory input resulting in greater auditory capacity. Furthermore, early implantation synchronizes activity in the cortical layers. Therefore, identification of newborn hearing loss should be considered a neurodevelopmental emergency!

(*) Carol Flexer, Ph.D., Professor of Audiology, The University of Akron and NOAC



A section aimed to inform and network with audiologists from Latin American, as well as from anywhere Spanish or Portuguese are spoken in the world. Every article is also presented in English.



IBEROAMERICAN NEWS

DIRETRIZES PARA O FORNECIMENTO DE PRÓTESES AUDITIVAS, SEGUNDO REGULAMENTAÇÃO DO MINISTÉRIO DA SAÚDE BRASILEIRO

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Os serviços habilitados pelo Ministério da Saúde para o fornecimento de próteses auditivas no Brasil, devem garantir à pessoa portadora de deficiência auditiva o melhor uso possível do seu resíduo auditivo. Para tanto devem propiciar um processo de reabilitação que garanta desde a seleção e adaptação do tipo e características tecnológicas das próteses auditivas adequadas às características audiológicas e necessidades acústicas do indivíduo; o acompanhamento periódico com monitoramento audiológico da perda auditiva e da amplificação e orientação, e treino do manuseio das próteses auditivas, até a terapia fonoaudiológica para o desenvolvimento das habilidades auditivas e de linguagem do usuário.

Os adultos ou crianças que apresentem dificuldades de comunicação decorrentes de uma perda auditiva são candidatos potenciais ao uso de próteses auditivas. As indicações para o seu uso obedecerão às recomendações de acordo com três classes fundamentais. A classe I engloba indivíduos adultos com perda auditiva bilateral permanente superiores a 40 dB NA e crianças (até 15 anos incompletos) com perda auditiva bilateral permanente superior a 30 dB NA. Na classe II estão incluídas crianças com perdas auditivas cuja média dos limiares de audibilidade encontra-se entre 20 dB NA e 30 dB NA (perdas auditivas mínimas); indivíduos com perdas auditivas unilaterais (com dificuldades de integração social e/ ou profissional); indivíduos com perda auditiva flutuante bilateral (com acompanhamento médico e audiológico sistemáticos); indivíduos adultos com perda auditiva profunda bilateral pré-lingual, não-oralizados (desde que apresentem, no mínimo, detecção de fala com amplificação); indivíduos adultos com perda auditiva e distúrbios neuro-psico-motores graves, sem adaptação anterior de próteses auditivas e sem uso de comunicação oral; indivíduos com alterações neurais ou retrococleares e perda auditiva limitada a frequências acima de 3000 Hz. Na Classe III estão inseridos os indivíduos que apresentem intolerância a todo tipo de amplificação/ controle de ganho devido a um recrutamento intenso ou anacusia unilateral com audição normal, no ouvido contra-lateral.

Quanto à seleção e adaptação do tipo de próteses auditivas, a escolha deverá ser feita com base nas necessidades individuais do paciente, levando-se em conta o grau e a configuração da perda de audição e as características eletroacústicas e tecnológicas das próteses auditivas. No caso de crianças com até três anos de idade, o tipo de aparelho deve possibilitar ajustes finos adicionais até que uma caracterização mais acurada do *status* auditivo e

da percepção de fala da criança seja obtida; em crianças até oito anos é preferencial o uso de modelos retroauriculares; deverão ser selecionadas e testadas no mínimo três marcas diferentes de próteses auditivas.

A forma de adaptação preferencial é a bilateral. A adaptação unilateral procede nos seguintes casos: adultos com perda auditiva assimétrica quando a avaliação indicar o não benefício da adaptação bilateral; adulto com perda auditiva assimétrica quando um dos lados é anacusico; perda auditiva bilateral, quando as condições anatômicas e/ ou fisiológicas da orelha externa e/ ou orelha média impossibilitarem a utilização de próteses auditivas de condução aérea bilateral e questões de conforto impossibilitarem o uso de próteses auditivas de condução óssea. Deve ser respeitada a opção do paciente após experiência bilateral.

Os testes para seleção de próteses auditivas devem ser realizados utilizando-se o molde auricular adequado ao tipo de aparelho, confeccionado especialmente e adequado às necessidades acústicas e anatômicas do paciente. Está prevista a substituição dos moldes auriculares; para crianças até 12 meses o molde deverá ser renovado, no mínimo, trimestralmente e a partir desta idade com intervalos semestrais. No adulto, o molde deverá ser renovado uma vez por ano.

Os aparelhos selecionados devem estar devidamente cadastrados pelos fabricantes e distribuidores junto ao Ministério da Saúde e já classificados segundo as características e recursos eletroacústicos e tecnologia disponível, em próteses auditivas Classes A, B ou C. Procedimentos de verificação e validação adequados às diferentes faixas etárias devem ser implementados.

O serviço é responsável pelo acompanhamento periódico, monitorando a perda auditiva e a efetividade do uso das próteses auditivas. Para adultos, basta uma vez por ano. Para pacientes até três anos (até quatro vezes por ano); pacientes maiores de três anos (até duas vezes por ano).

Está também prevista a reposição de próteses auditivas nas seguintes situações: perda auditiva progressiva comprovada; perda ou roubo devidamente comprovado e falha técnica do funcionamento dos componentes internos e ou externos das próteses auditivas, findo o prazo de garantia do aparelho.

O serviço é responsável pela reabilitação integral destes pacientes devendo garantir a terapia fonoaudiológica para adultos e crianças. O processo de adaptação da prótese auditiva depende de um programa de reabilitação global, que auxilie o deficiente auditivo, bem como seus familiares, a lidarem com as desvantagens e incapacidades resultantes desta deficiência, no qual a adaptação prótese auditiva seja encarada, não como essência, mas sim como parte integrante deste programa.

HEARING AID FITTING CRITERIA ACCORDING TO THE NORMS OF THE BRAZILIAN MINISTRY OF HEALTH

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The Brazilian Ministry of Health has qualified hearing healthcare services for the provision of hearing aids and hearing aid fitting and these services must guarantee the best possible use of residual hearing for the hearing-impaired person. Therefore, a rehabilitation process must be offered to ensure proper hearing aid selection and fitting according to the technological characteristics suitable to the individual's acoustical needs, in addition to periodic follow-up with amplification monitoring, orientation and training in hearing aid maintenance and manipulation plus speech therapy to improve language and the development of auditory skills.

Adults or children who present with communication disorders arising from a hearing loss are potential candidates for the use of hearing aids. The fitting recommendations are classified in three classes. Class I includes adults with a permanent bilateral hearing loss over 40 dB HL and children (up to 15 years old) with a permanent bilateral hearing loss over 30 dB HL. Class II includes children with hearing thresholds up to 30 dB HL (mild hearing loss), individuals with unilateral hearing loss and social or professional integration difficulties, individuals with bilateral fluctuating hearing loss having medical and audiological systematic follow-up, adults with pre-lingual profound hearing loss (with aided speech awareness thresholds present); adult individuals with hearing loss and severe neural-psychomotor disorder, with no previous hearing aid fitting but with verbal communication; individuals with neural or retro-cochlear disorders or with high frequency hearing loss (above 3kHz). In class III we find individuals who present with amplification intolerance due to severe recruitment or unilateral total profound loss with normal hearing in the contralateral ear.



In relation with the hearing aid type, the choice must be made taking into consideration the patient individual's needs, the degree and slope of the hearing loss and the electro-acoustic and technological characteristics of the hearing aid. In the case of children up to three years of age, the type of hearing aid must allow additional fine tuning until an accurate hearing performance and speech perception can be obtained. Children up to eight years of age usually wear the behind-the-ear model; besides, three different hearing aids must be tested to make a final decision.

The recommended hearing aid fitting mode is bilateral. Unilateral fitting is indicated in the following cases: adults with asymmetric hearing loss without bilateral hearing aid benefit; adult with asymmetric hearing loss and a profound loss in one side; bilateral hearing loss in the presence of anatomic or physiologic outer or middle ear dysfunction preventing air conduction. The patient's choice after a bilateral fitting experience should be respected.

Hearing aid tests should be performed with the proper earmolds adapted to the hearing aid, suitable to the patient's acoustic and anatomical needs. The earmold replacement is anticipated: for children up to 12 months of age, the earmold must be renewed, at least, every three months, and every six months after the first year. The earmold must be replaced once a year in the adult patient.

The selected hearing aids must be registered by the manufacturers and dispensers at the Ministry of Health and classified according to their electro-acoustical characteristics in Class A, B and C, as already described. Verification and validation procedures suitable to the different age groups should be implemented.

The registered facility is responsible for periodic follow-up, hearing loss control and hearing aid effective usage. For adults, this done once a year is considered appropriate; for children up to three years old it has to be performed four times a year; for children above three years of age, it must be done twice a year.

It is also agreed the hearing aids must be replaced in the following situations: demonstrated progressive hearing loss; technical failure of the devices, or after the guarantee has expired. The registered facility is also responsible for the whole rehabilitation process for the patient, providing speech therapy for children and adults. The hearing aid fitting process should be seen in the context of a comprehensive aural rehabilitation program, which allows the hearing impaired young or elderly individual, as well as his relatives or significant others, to deal with the auditory handicap and the disability resulting from the hearing loss. In this context, the hearing aid fitting must not be seen as the core essential component, but as part of a comprehensive program aimed to restore the subject's physical, mental and social wellbeing.

El año 2006 es el año de las Bodas de Plata de la Asociación Española de Logopedia, Foniatría y Audiología (AELFA) y del 25 Congreso Internacional de AELFA, a celebrarse en la ciudad de Granada (España) del 28 al 30 de Junio del 2006.

Más información sobre este congreso puede ser obtenida en la página web de AELFA: www.aelfa.org o a través de la compañía EuroCongres, cuyo correo electrónico es: eurocongres@eurocongres.es

This year 2006 is the year of the Silver Anniversary of the Spanish Association of Logopaedics, Phoniatrics and Audiology (AELFA) and the 25th International AELFA Congress, to be held in the city of Granada (Spain), from June 28th to 30th, 2006.

More information about the Congress can be reached through AELFA's webpage: www.aelfa.org or through the EuroCongres: eurocongres@eurocongres.es



HUMANITARIAN AUDIOLOGY (COMMITTEE PAGE)

CHRISTI WISE (wiseaudiologist@yahoo.com)



The purpose of this section is to provide regular articles of interest, announcements and general information about humanitarian efforts throughout the world related to the field of Audiology and hearing impairment.

THE JORGE OTTE GABLER SCHOOL FOR THE DEAF IN SANTIAGO (CHILE)

Robert H. Margolis (margo001@umn.edu)

The “Jorge Otte Gabler School” in Santiago (Chile) is a public institution that educates severely hearing-impaired children, predominantly from low-income families around Santiago. The school also provides practical training to educators, audiologists, and otolaryngologists from a nearby university. A partnership between the Minneapolis-University Rotary Club, the International Hearing Foundation (IHF), and the Rotary Foundation (RF) has provided opportunities to make long-term improvements in education and services provided by the school. The project was funded by four grants awarded by RF, five grants from IHF, and support from 22 Rotary clubs in Minnesota and Santiago.



Playground

The project began in 1994 after a visit to the school by an audiologist from the University of Minnesota. The school was staffed by well-trained teachers, administrators, and clinicians but lacked the physical resources to provide state-of-the-art services. In the initial project, FM classroom amplification equipment was installed in eight classrooms. Training was provided to the teachers by the manufacturer to insure appropriate use. The equipment was installed in 1998 at a cost of US\$70,000.

Because the school did not have a safe recreational environment, particularly for the younger children, a second project was undertaken to build two playgrounds, one for pre-school age children and one for older children. The playgrounds were built in 2000 at a cost of US\$25,000.

At that time, the school was asked to provide outpatient audiology and otology services to low-income residents of a large region around Santiago. Unfortunately, the facility was poorly equipped for this task. After an additional two years of fundraising, in 2002, the Center for Auditory Diagnosis was equipped with state-of-the-art diagnostic and treatment equipment at a cost of US\$56,000. The clinic is equipped with an audiometer, middle-ear analyzer, visual reinforcement system, ABR system, otoacoustic emissions instrumentation, an examination chair, and a surgical microscope. Since the center was installed, 5800 patients have received audiologic evaluations, 4900 have received otologic evaluation and treatment, and 8000 have received hearing aids and related follow-up. IHF has made a commitment to providing continuing support to keep the Center functioning at the highest level.

Having provided sophisticated equipment to the facility, the next logical phase of the project was to provide continuing education to the teachers, audiologists, and otolaryngologists who staff the facility. A one-week conference was held in Minnesota in 2003. Lectures were presented by university faculty and educators. The attendees visited schools, clinics, and hospitals to observe educational and clinical methods. The conference budget was US\$22,000 which included travel expenses and accommodations for twelve attendees from Santiago.

Each phase of the project included additional assistance in the form of teaching materials, school supplies, recreational materials, textbooks, and professional books at a total cost of US\$12,000.



Classroom amplification equipment used in a speech therapy session

AudiologyNOW AAA CONVENTION 2006 USA

THE AAA CONVENTION 2006 WAITS FOR YOU IN MINNEAPOLIS, MINNESOTA, ON
APRIL 6 -8, 2006

Link to our AudiologyNOW website: www.audiologyNOW.org
Link to registration at
<http://registration.Expoexchange.com/ShowAUD061/DefaultExhib.aspx>

NHS 2006 CONFERENCE

**BEYOND NEWBORN HEARING SCREENING: INFANT AND
CHILDHOOD HEARING IN SCIENCE AND CLINICAL
PRACTICE**

May 31st – June 3rd, 2006
Cernobbio, Italy
www.nhs2006.polimi.it

EDITOR'S CORNER



Innsbruck and the XXVIII International Congress of Audiology are just around the corner. During the General Assembly (GA) of the Society on Thursday, September 6, 2006. Several modifications in the rules and a few in the by-laws require a previous consultation and a mail ballot (electronic or postal).

We will be adding an Annex to the next issue of AudineWS (II-2006), to share with all of you the proposed final draft of the Statutes and Rules of the Society, carefully reviewed and revised by the Executive Committee (EC). We invite the membership to read them carefully and to provide the EC with your feedback.

Leading the world of Digital Hearing Technology

- First Class**
The Senso Diva series
The best in cutting-edge technology
- Business**
The Senso Vita series
Advanced digital performance
- Premium**
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AUDINEWS is a now a firm, stable and mature newsletter – a source of pride for ISA. It is fair to say that a hard-working group of people made it possible. But one name stands high in the context of this endeavor, and it is that of our colleague and Assistant Secretary General: George T. Mencher. As a new phase in the development of the Society's newsletter unfolds, we send our words of appreciation and recognition to George for his fine work and commitment.

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