

AUDINEWS

The Newsletter of the International Society of Audiology

WWW.ISA-AUDIOLOGY.ORG

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ISA STATUTES AND RULES: PROPOSED CHANGES

Members of ISA received the latest version of the Statutes and Rules of the Society by electronic mail several weeks ago. That document had the amended sections marked by strike through of the old wording, and underlining of the new wording. Most of these changes had been discussed at the last ISA Congress in Phoenix, but it was necessary to incorporate them into a new document for members to review. The Executive Committee sent the revised document to all members, including voting representatives on the General Assembly, for the purpose of seeking a postal ballot prior to the upcoming International Congress of Audiology in Innsbruck. The Executive Committee hopes that the proposed document will pass by ballot so that the new Statutes and Rules will come into effect in time for the General Assembly in Austria. Anyone who did not receive the document or wishes an additional copy can contact us at gtmisa@yahoo.com and request it.

The primary purpose of the change is to simplify the composition of the General Assembly and to clarify the way it is defined. The way things are written at the moment there is a confusing distinction between voting and non-voting members of the Assembly. The proposed new document defines the General Assembly solely in terms of who is eligible to vote. There is one voting distinction that the Executive Committee proposes we retain, namely, that all members of ISA present at the meeting (an ordinary International Congress) have the right to vote on the venue for an upcoming Congress.

The proposed changes to the General Assembly simplify and clarify the forms of representation of Full Members, Associated Members, and Affiliated Member Societies. In addition, minor alterations in wording of several paragraphs have been made to clarify the meaning of different Statutes and Rules.

We ask that you, as a member, contact the voting General Assembly Representative(s) of your region if you have comments. Please contact them as soon as you can as they have to return their vote shortly.

William Noble
President

Hans Verschuure
Secretary General

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PRESIDENT'S MESSAGE



MORE ON AN IMAGINARY NEW PROFESSION: CLINICAL AUDIOLOGICAL PSYCHOLOGY

Bill Noble, President of ISA
(wnoble@pobox.une.edu.au)

I've used this page to float general ideas about audiology, and have referred to links that I see between audiology and psychology, even suggesting the prospects for invention of a new field, that of Clinical Audiological Psychology (CAP). What would be the character of this field? There are two areas, in particular, that suggest themselves as appropriate for coverage by people with audiological combined with clinical psychological skills: Older adult rehabilitation, and tinnitus. The evidence is expanding that addressing communication problems calls for more than provision of amplified sound. This is better understood in respect to interventions at the beginning of the lifespan, where training regimes and family support augment the fitting of hearing devices. It has been less well appreciated in managing problems of older age clients. There are individual differences in levels of confidence that make it harder for some people to take active steps to reduce communication difficulties. While an emphasis on communication makes sense, it needs to be remembered that this is strongly driven by what others expect. For the individual, reduced hearing affects monitoring functions, and this contributes to increased anxiety and fatigue in relation to the physical world, in addition to the effort needed to function in the social world.

Thus, the skill-set appropriate for addressing problems in the area of older adult rehabilitation includes understanding of family dynamics, and changing family roles through the life-span. It calls for an understanding of the nature of and influences on the self and personality, including what provides feelings of self-worth, what are the expectations for the self and others; in short the rich knowledge base that has been generated through the history of personality and clinical psychology. This is why I have long maintained that it is unfair to expect those trained in the skills of clinical audiology to also try to get across the range of skills that go to the formation of a clinical psychologist. But the to-be-constructed new field of Clinical Audiological Psychology entails that trainees acquire some knowledge of environmental acoustics, and how environments may be efficiently modified to reduce obstacles to hearing. It also needs to include a close appreciation of the psychosocial effects of impaired hearing, plus knowledge of hearing devices and how they work; the benefits they offer, and the limits on that benefit.

As regards tinnitus, it has been my observation that the reason clinical audiologists reach for "solutions" to the management of tinnitus that emphasize measurement (loudness and pitch matching procedures, rating scales, and so on), and acoustic intervention (hearing aids, noise-makers, modified music generation) is that these are comprehensible in the technical world of audiology. When one talks to audiology students about the profound fears and damage to the self that tinnitus can induce, and the complex of understanding that may be called for in an effort to rescue those for whom tinnitus is an intolerable life burden, the anxiety among the students is palpable. This way of approaching tinnitus is way outside their zone of normal operation.

I have my own theories and hunches about why tinnitus can affect some people the way it does, and hope to develop these ideas into a more extensive paper. I will touch upon features of these ideas in the next, what will be my final, President's page.

The time of the International Congress of Audiology is fast approaching, and I certainly look forward to meeting up with many of the growing number of members of the Society, and visitors to ICA, in Innsbruck in September. I'm sure it will be a very worthwhile occasion, scientifically and clinically. In closing I want to repeat a tribute to George Mencher, who recently relinquished the task of editing AudineWS. George is a pillar of ISA; his efforts have been tireless in promoting the Society and its doings. I'd also like to extend mine and the Executive Committee's great appreciation of Juan J. Madriz (J.J.), who has taken on the newsletter editorial task.

NOTE OF THE EDITOR: The previous article reflects the opinion of Dr. William Noble, President of ISA, but is not the official position of ISA.

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 will present a summarized look to old and contemporary giants of 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 aimed to serve and ease the hardships of those with hearing disabilities. Welcome to the "time machine" of Audiology.



GÉORG VON BÉKÉSY

Géorg von Békésy was born in Budapest on June 3rd, 1899. As the son of a diplomat he moved around Europe in his early years, doing his basic education at schools of Budapest, Zurich, Constantinople and Munich. He received his Chemistry degree from the University of Berne in 1920 and earned his Ph.D. in Physics from the University of Budapest in 1926, developing a fast method of determining molecular weight. Von Békésy showed an important interest in acoustics from the beginning of his career and his early work took place at the

Telephone System Laboratory of the Hungarian Post Office. In those days, he accepted the challenge of resolving the problem of poor quality of European telephone transmissions. By then, the relatively low knowledge about the function of the human ear as related to communication devices was the motivation for von Békésy to get into the field of "psychoacoustics". A hard-working and motivated researcher, he became a nuisance in the autopsy rooms of the hospitals and of the mechanical workshops of the Post Office. Trying to learn about the function of the ear virtually occupied him for the rest of his life. After World War II he went to Sweden as a guest of the Karolinska Institute and did research at the Technical Institute in Stockholm. It was during that period when he developed his famous automatic audiometer, operated by the patient, a device with applications outside the field of hearing, because it allowed the determination of the change in sensitivity of the eye of pigeons during dark adaptation. Rufus Grason, his laboratory assistant in Sweden, aided Békésy in the initial design and construction of the audiometer and later, after creating Grason-Stadler Instrument Company, commercially manufactured the E-800 Békésy audiometer. In 1947, von Békésy accepted a position as Senior Research Fellow in Psychophysics at Harvard University and curiously, at age 48, he started learning English. In an effort to understand the mechanics of hearing and given the small size and complexity of inner ear structures, he decided to work with models. In that respect Békésy used optical detection methods in human cadaver ears to determine the static properties of the cochlear structures. His use of many innovative and creative techniques revealed to him the basilar membrane stiffness gradient that led to his description of the "traveling waves" in the cochlea. He also studied the nerve supply to the cochlea using models based on the human skin.

In 1961, after retiring from Harvard, he accepted a position as Director of the Institute of Sensory Sciences at the University of Hawaii. Then, he was able to take more time to enjoy his second big interest in life: ancient art. Throughout his life, Békésy assembled an extensive collection of paintings, statues and artifacts now owned by the Nobel Foundation. The process of constant comparison of related objects which he used to select pieces for his collection was very similar to the methods he used to organize his scientific research.

Obviously, von Békésy will also be remembered for having been awarded the 1961 Nobel Prize of Physiology and Medicine, for his “voluminous, innovative and scientifically rigorous studies of the mechanisms of hearing”. In that regard we quote from Northern (Audiology Today, 2001): *“Although some of his original findings relative to the micro-physiology of the inner ear have been modified or corrected over the years, his contribution are still monumental. His scientific approach to unveiling the mysteries of auditory physiology through empirical studies still serves as a model for today’s hearing scientists and researchers.”*

Some of his other honours include the Denker Prize in Otology (1931), the Guyot Prize for Speech and Otology of Groningen University (1939) and the Shambaugh Prize in Otology (1950). He was the recipient of the Leibnitz Medal of the Berlin Academy of Sciences (1937), the Academy Award of the Budapest Academy of Science (1946), the Howard Crosby Warren Medal of the Society of Experimental Psychologists (1955), and the Gold Medals of the American Otological Society (1957) and the Acoustical Society of America (1961). Honorary doctorates (M.D.) were conferred on him by the Universities of Munster (1955) and Berne (1959).

Géorg von Békésy died on June 13th, 1973 at the age of 74.

LETTERS TO THE EDITOR

Dear Editor,

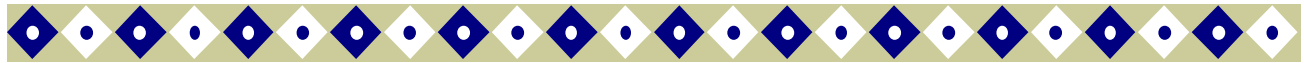
I appreciate very much Audinew’s new section: Audiology in History, and I hope it will become a regular column within Audinews. The recent report of the contributions of E.H. Weber to Audiology is interesting to read, as almost everyone knows the Weber Test, but only few know the person after whom it is named. However, there are a few errors (or errata), which call for correction:



1) Weber is not considered the Father of Experimental Psychology – this is rather Wilhelm Wundt (1832-1920). Wundt, like Weber, worked in Leipzig and established the world’s first laboratory dedicated to the experimental investigation of psychological questions (1879). It may be noted, however, that throughout the 19th century a number of scientists attempted to introduce experimental methods into Psychology: Weber, Fechner, Purkinje, von Helmholtz, Mueller, etc. In this sense, Weber can be called one of the co-founders of Experimental Psychology.

2) The name of the physicist who formalized Weber’s findings about the relationship between the physical magnitude of a stimulus and its perceived intensity was Gustav Theodor Fechner. By this, “Weber’s law” became extended to the “Weber-Fechner Law”.

3) The book where Weber gave the description of what would later become the basis of the Weber Test, was entitled: “De pulsu, resorptione, auditu et tactu” (1834) and appeared in an academic publishing programme named: “Annotationes anatomicae et physiologicae”. Noteworthy, Weber was not the first to describe the phenomenon that occlusion of the ear canal enhances the sensation of sound in the occluded ear. Already in 1827, K.T. Tourtual (a physician in Muenster) and C. Wheatstone (at that time an instrument maker in London) had reported the same observation. Clinical application of the occlusion effect for diagnostic purposes was promoted by E. Schmaltz, a student of Weber in Dresden (1945/46). And finally, still today there exists no satisfactory explanation for this effect:



why sound is perceived louder in an occluded ear than in a open ear? Sometime one wonders why a test is named after a person who had so little to do with it...

Yours sincerely,

Dr. Viktor Weichbold
(viktor.weichbold@uklibk.ac.at)

MORE ON HEARING IMPAIRMENT ON WHO HOME PAGE

Following the recent launch of the WHO PRIMARY EAR AND HEARING CARE TRAINING RESOURCE on the WHO website, more publicity about hearing impairment has just been added in the form of two photostories about some people in developing countries affected by hearing impairment.

These can be found at www.who.int

If you want to access our main pages on deafness and hearing impairment, please click on:

<http://www.who.int/pbd/deafness/en/>

The PEHC training resource is at:

http://www.who.int/pbd/deafness/activities/hearing_care/en/index.html

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TO "WIDEX"

THANKS

The international Society of Audiology is very grateful to WIDEX Hearing Aids for their continuous support of the Audinews. It is through their generosity that we are able to continue to bring you this publication. The next time you visit a WIDEX booth or see a WIDEX representative, please pass on words of appreciation.

XXVIIIth International Congress of Audiology (ICAud2006)

September 3 - 7, 2006
Innsbruck, Austria



Come to Innsbruck – not only for the Congress!



Find all information about registration, hotel reservation, travelling details, and more on the congress website:

www.icaud2006.at

Online registration deadline
August 15, 2006

ICAud2006 Preliminary Scientific Program Main Topics

- Implantable hearing devices
- The role of the efferent auditory system
- Electronic communication in Audiology

Free paper sessions & poster exhibition

- Audiology education and training
- Clinical Audiology
- Cochlear Implants: technologies and outcomes
- Environmental & occupational noise and hearing loss
- Epidemiology and genetics of hearing impairment
- Hearing aids: new technologies, benefits and outcomes
- Physiological measures of hearing and hearing loss
- Newborn hearing screening
- Tinnitus
- Use of questionnaires and tests in Audiology
- and more.

CONTACT US

If you need information from ISA about:

The International Journal of Audiology, AudineWS, ISA Committees, Membership, Dues or about anything related to the Society, please, contact: George T. Mencher at gtmisa@yahoo.com



Looking forward to seeing you in Innsbruck!

A new website dedicated to the promotion of early hearing detection and intervention in developing countries can be found at

www.soundstart4all.com

Your comments and suggestions for the future improvement of the site will be appreciated. Please pass on the word freely to friends and colleagues around the globe.

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COMMUNITY EAR AND HEARING HEALTH (CEHH)

is new web-journal free to all in developing countries.

Produced in partnership with the World Health Organization and Christian Blind Mission, 'CEHH' seeks to deal with the prevention, management and rehabilitation of ear and hearing disorders, whilst at the same time promoting ear and hearing health in developing countries. The first issue, largely focusing on child hearing health, was published in August 2004.

You can look at it on the net www.icttheworldcare.com



THE RESEARCH MINUTE...

MARK KRUMM (mkrumm@kent.edu)



THE AAA PEDIATRIC AMPLIFICATION PROTOCOL

The 2003 American Academy of Audiology (AAA) pediatric amplification protocol, that can be downloaded from: (<http://www.audiology.org/professional/positions/pedamp.pdf>) addresses professional qualifications candidacy, pre-selection, circuitry considerations, hearing instrument selection and fitting, assessment, verification, validation and follow up. While most readers will be familiar with the concepts found in the AAA protocol, this document is nevertheless very informative.

The candidacy section of the AAA protocol provides rationale concerning management of conductive, unilateral, minimal, and profound hearing loss. In addition, an excellent discussion is found pertaining to normal hearing and amplification. AAA indicates that FM systems may be appropriate for people experiencing auditory processing disorders, unilateral hearing loss, or auditory neuropathy/dysynchrony.

Concerning pre-selection of devices, the AAA protocol addresses infant earmold “reverse” horns causing reduced high frequency amplification. This problem can be identified by completing electroacoustic measurements of child’s hearing aid (connected to the earmold) in a 2 cc coupler. Also, as larger frequency ranges are now amplified, feed back may be more problematic. This means that earmolds must be monitored and replaced on a regular basis in children (perhaps monthly with infants). The amplification of a broader frequency range may be beneficial for children developing speech and language skills but researchers are divided on this issue.

Yet another interesting topic concerns multiple memories use in hearing aids. Normally, memories will be configured with omni-directional, directional and telecoil capabilities. AAA agrees with the use of a telecoil setting even at young ages as this is a method to promote communication. However, the common practice of using directional microphone technology is not suggested until the child can manually select this option. Researchers commenting on this issue elsewhere believe that directionality may diminish opportunities for incidental learning.

AAA supports the use of automatic feedback control, multiple channels, compression, expansion and frequency transposition aids. However, AAA suggests that future research will ultimately dictate the use of these programming schemes. Of interest, AAA does not support noise reduction circuitry due to the lack of positive research outcomes.

The AAA protocol provides extensive discussions about verification of hearing aid fittings using real ear or real ear coupler difference (RECD) measures. Both NL-1 or DSL/IO are seen as appropriate procedures in conjunction with a real ear aided response (in contrast to real ear insertion gain). Sound field measures of aided gain (using pure tone stimuli) are not appropriate measures of hearing aid performance. AAA also suggests the use of the Situational Hearing Aid Response Profile (Sharp) to predict hearing aid performance under different circumstances.

This program can be downloaded from the Boystown Hospital webpage without any cost at http://www.boystownhospital.org/Research/areas/ClinicalBehavioral/situational_aid.asp.

In addition to the use of speech stimuli to validate hearing aid fittings, the use of questionnaires such as the Sifter, Elf, Child and others are encouraged. However, more research data is needed to determine the validity of these tests.

Finally, excellent sections are written for both hearing aid orientation/use and follow-up/referral. These sections are beyond the scope of this paper to discuss but a “must read” for audiologists providing services to children. The same can be said of this entire paper from AAA.

A section aimed to inform and network audiologists from Latin American, as well as from Spain and Portugal, and anywhere where Spanish or Portuguese are spoken in the world. In these first issues, every article is also presented in English, to make it accessible to the overall membership of ISA.



IBEROAMERICAN NEWS



América Latina (incluido el Caribe), España y Portugal representan una población de más de 560 millones de habitantes. Dentro de este conglomerado humano, el número de profesionales interesados en el mundo de la audición y la sordera, los audiólogos, los médicos otorrinolaringólogos, los profesionales en educación del sordo y logopedia, constituyen una cifra nada despreciable. La Sociedad Internacional de Audiología (ISA) ha tenido un particular interés en involucrar dentro de su estructura a esta comunidad de profesionales y ha hecho esfuerzos concretos por atraer miembros de Ibero América. Desde la existencia de la revista *Audiology*, aún antes de la fusión que dio lugar al actual *International Journal of Audiology (IJA)*, los sumarios estuvieron disponibles en español. Existe la idea de facilitar las cosas para que dichos sumarios, en un futuro, puedan ser traducidos en otros idiomas y presentados en nuestra página web (www.isa-audiology.org).

La Sociedad (ISA) quiere relacionar las comunidades audiológicas de planeta, convirtiéndose en un medio de enlace, sobre todo para favorecer la Audiología del mundo en desarrollo, tan necesitada de apoyo, guía y fortalecimiento. Actualmente, y para nuestra zona de interés, contamos con miembros activos en Argentina, Brasil, Colombia, Costa Rica, Ecuador, El Salvador, España, México, Portugal, Puerto Rico, Uruguay y Venezuela. Desearíamos ver a cada país de sub-continente y el Caribe representado en la Sociedad y haremos un esfuerzo por involucrar miembros de los países restantes. Nuestras comunidades audiológicas deberían ser capaces de comunicarse entre sí y de intercambiar proyectos, inquietudes, necesidades e ideas innovadoras, así como de beneficiarse del conocimiento, la experiencia y los recursos de nuestros colegas del mundo desarrollado. ISA es la plataforma ideal para tal intercambio y se realizan esfuerzos - como la creación de esta sección dentro de AudineWS - para que facilitar esa comunicación tan importante y necesaria. Invitamos a nuestros miembros “ibero americanos” a revisar periódicamente y a hacer uso de la “PIZARRA DE MENSAJES” (Message Board) en nuestra webpage de ISA. Este es un medio para anunciar eventos audiológicos en sus países, para solicitar información, para compartir experiencias y necesidades. Los instamos a contactar los miembros de nuestro Comité de Audiología Humanitaria, para crear vínculos que puedan redituar beneficios académicos y científicos para el desarrollo de la audiolología regional.

La Asociación Española de Logopedia, Audiología y Foniatría (AELFA) celebró las Bodas de Plata de sus congresos científicos y en Granada, en la bella región de Andalucía (España), donde tuvo lugar su XXV CONGRESO INTERNACIONAL DE LOGOPEDIA, AUDIOLOGIAY Y FONIATRIA. Con un gran registro de participantes y con Su Majestad la Reina Sofía como Presidente del Comité de Honor del Congreso, la comunidad audiológica ibérica disfrutó de un gran evento, este pasado mes de Junio del 2006.

El XIV CONGRESO BRASILEÑO DE FONOAUDIOLOGIA, tendrá lugar del 4 al 7 de octubre del año en curso, en la bella ciudad de Salvador, Brasil. Este importante evento tendrá como sede el Hotel Pestana Bahia y la información para relacionada con las actividades y el programa científico, puede conseguirse en la dirección: www.sbfa.org.br Comunicarse con:

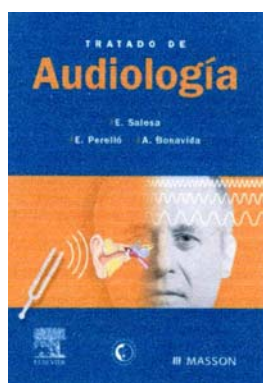
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Vermelho - 41940-660 - Salvador Bahia Brasil. Tel.: (71) 2104-3477 Fax: (71)

2104-3434 E-mail: informa@eventussystem.com.br

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Una de las recientes necesidades insatisfechas en la audiolgía de habla hispana es la ausencia de libros de texto que ofrezcan un panorama actualizado de los avances en el campo audiológico, al mismo tiempo que resume los aspectos académicos clásicos del ejercicio de la audiolgía. Nos complace anunciar la publicación del "Tratado de Audiología", obra editada por Enrique Salesa, Enrique Perelló y Alfredo Bonavida, publicada por el Editorial Masson y publicado en España en el año 2005. La obra, informativa, muy bien ilustrada, con la participación de un respetado grupo de profesionales en Audiolgía, cubre las bases de la audiolgía. La obra incluye capítulos interesantes sobre Audiolgía laboral, tamizaje auditivo universal, genética e hipoacusia, dispositivos auditivos implantables y hasta un interesante capítulo sobre posibilidades regenerativas de los receptores auditivos. Felicitamos a los autores y a la Fundación Pedro Salesa Cabo por este logro. La información sobre cómo adquirir el libro se puede hallar en masson@masson.es

IBERO AMERICAN NEWS

Latin America (including the Caribbean), Spain and Portugal have a population of over 560 million people. Within this human conglomerate, the number of professionals interested in the world of hearing and deafness: the audiologists, the otologists, the professionals in education for the deaf and logopaedics and hearing scientists, constitute a significant figure. The International Society of Audiology (ISA) has an interest in supporting and involving that community of professionals, and so very concrete efforts have been made to attract more members from Latin America, the Caribbean and the Iberian Peninsula. Since the existence of the journal *Audiology* - even before the fusion that resulted in the *International Journal of Audiology (IJA)* - periodical abstracts have been available in Spanish. The concept of making such abstracts also available in other languages through the webpage (www.isa-audiology.org) continues to be discussed.

ISA has as one of its primary objectives the networking of audiological communities throughout the world, especially in becoming an effective contact link in the developing world, where we can offer badly needed support, guidance and strengthening of audiological practice. In Latin America, Spain and Portugal we have active members from Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Spain, México, Portugal, Puerto Rico, Uruguay and Venezuela. We would love to see every country in the sub-continent and the Caribbean represented in ISA, and we continue to make an effort to increase the number of members from those countries already represented, and well as add new members from the remaining countries.

Audiological communities should be able to communicate among themselves and to share projects, concerns, needs and innovative ideas, and to profit from the knowledge, experience and resources available from colleagues in the developed world. ISA is the ideal platform for such an exchange. Efforts are being made – such as the creation of this Section within Adinews – to encourage this important and needed communication. We invite our “Ibero-American” members to use and review often and periodically our “Message Board” on ISA’s webpage. This is a very appropriate means to announce audiological events in your countries, to request information of various types, to share experiences and needs. We encourage you to contact the members of our Humanitarian Audiology Committee to establish links that can certainly result in academic and scientific benefits which encourage the development of regional and local Audiology.

* * *

The Spanish Association of Logopaedics, Audiology and Phoniatics (AELFA) (Asociación Española de Logopedia, Audiología y Foniatría) celebrated its Silver Anniversary and Granada in the beautiful region of Andalucia (Spain), and the XXVth INTERNATIONAL CONGRESS OF LOGOPAEDICS, AUDIOLOGY AND PHONIATRICES took place this past month of June. With a strong registry of participants and with Her Royal Majesty Queen Sophia as President of the Congress Honor Committee, the Iberian audiological community enjoyed a wonderful event, with a high scientific quality

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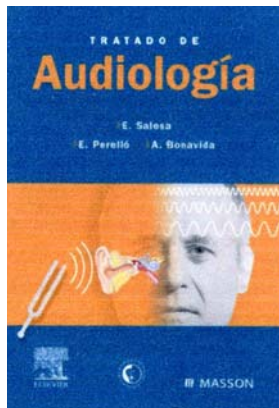
The XIVth BRAZILIAN CONGRESS OF PHONOAUDIOLOGY, will be held from October 4-7th, 2006, in the beautiful city of Salvador, Bahia (Brazil). The venue for this important event will be the Pestana Bahia Hotel Conference Centre and the information related with its activities and the scientific programme, will be available at: www.sbfa.org.br You may contact also:

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Vermelho - 41940-660 – Salvador, Bahia, Brasil. Phone.: (71) 2104-3477 Fax: (71) 2104-3434 E-mail: informa@eventussystem.com.br

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One of the most recently identified needs in audiology in the Spanish speaking community is the absence of textbooks offering a current and appropriate overview of contents, advances and basics in the field in Spanish. We are happy to share the news about the publication of the “*Tratado de Audiología*”, a work edited by Enrique Salesa, MSc., Enrique Perelló, MD and Alfredo Bonavida, Ph.D, published by Editorial Masson and printed in Spain in 2005. The book is informative, and well illustrated. The book is a collection of very well written chapters by a respected group of professionals in hearing sciences and audiology. It covers the basic foundations of the field, plus interesting chapters on occupational audiology, universal hearing screening, genetics and hearing impairment, implanted hearing devices and a particularly interesting chapter about the regenerative possibilities of hearing receptors. We congratulate the authors and the sponsoring “Pedro Salesa-Cabo Foundation” for this accomplishment. Information about the book can be obtained at: masson@lmasson.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.

AMERICAN TEAMS AID AUDIOLOGY IN PANAMA

M. Jude Ortiz
recycleme@gmail.com

Each December, an international team of audiologists and audiology students travel to Panama to provide hearing testing and give out donated hearing aids. The various teams are lead by Dr. Briseida DeLeon Northrup of the University of Texas at Dallas Callier Center for Communication Disorders and Leyda Diaz de Rodriguez of the Clinica de Audicion, Lenguaje y Aprendizaje (CALASA). Due to the shortage of audiological services in Panama, Dr. Northrup and Ms. Rodriguez have organized humanitarian trips since 1992 to develop these services.



In 2005, a team crisscrossed the country for 10 days to provide vital audiological services. The team comprised of Barbara Ortiz and Lauren Butler, students from the University of Texas at Dallas; Sarah Sydlowski, a student from the University of Louisville in Kentucky; Dimio Quintero from the Ministry of Health; Ivan Rodríguez, assistant in CALASA's Panama City clinic; and myself.

Scores of patients are tested each year, which include otoscopy, tympanometry, OAEs and pure tone audiometry. In 2005, the team fit 30 hearing aids donated by Phonak and the Callier Center. These services are a supplement to CALASA's clinics. Although the CALASA clinics serve several key locations, the more remote provinces

in Panama do not have regular access to audiologists. These trips reach people who would not otherwise be tested. Most of the testing occurs in regional health centers, which are often crowded, noisy and stifling. Dr. Northrup and Ms. Rodriguez collaborate with the Ministry of Health to determine the locations most in need of services.

The 2005 trip focused on Panama City and the Northern provinces. After two days of testing, the team fit several children with hearing aids at the CALASA's Panama City clinic. Then the team moved to Changuinola in the Bocas del Toro province to provide another day of testing. Several children received hearing aids, which the children and their families learned how to care for and operate. That evening, the team also performed otoscopy, tympanometry and OAEs on more than a dozen babies at a health



center. The babies at the nutritional center are there to recover from malnutrition and illness. Once the babies are healthy, they return to their families.

The next day of testing brought us to Isla Colon, an island in the Caribbean. Our team met several adults with various degrees of hearing loss who had never owned hearing aids. The final day of testing finished up in David in the Chiriqui province. A miscommunication led the local health center to announce on the radio that anyone who needed a hearing aid would receive one. Our team expected around 30 people; however, 67 showed up. To accommodate the overwhelming turnout, Ms. Rodriguez arranged for free exams at the local CALASA clinic. Despite our limited supply of hearing aids remaining, every child in need received hearing aids. The children had temporary ear molds made so they could take their hearing aids home, while Dr. Northrup brought the impressions back to Texas for production of permanent molds.

Despite the assistance provided during the annual trips to Panama, the need for ear care remains high. Through the CALASA clinics, Ms. Rodriguez and her staff will continue reaching out to other people in need.

To donate your hearing aids or to find out how else you can help, please contact Brisly Northrup at northrup@utdallas.edu



DISCLAIMER: ISA and its Humanitarian Audiologists Committee are not responsible for the accuracy of reports, requests and/or the information submitted to this section of the Audinews. Contact with any person or organization referred to in this section is entirely at the discretion and responsibility of the reader.



2007 SCHOLARSHIPS Request for Applications

The A. Charles Holland Foundation invites applications for Scholarships in Audiology/Otology. The Scholarships are intended to support training of 2-3 months at a specialized Department (different from current affiliation) in Audiology/Otology. Applications should include the object and duration of the training, including the Department where it will be undertaken (together with a letter of written agreement from the host institution), a CV describing specific fields of interest and previous experience, a list of publications if any and a letter of recommendation from the current Head of Department. Applications (in English) should be submitted by December 31st, 2006. Three members of the Foundation Scientific Committee will evaluate the applications. Winners will be notified by March 31st, 2007 and the grant will be awarded by May 31st, 2007. Specific eligibility requirements are: 1) University degree from faculties related to audiological and/or otological fields (Medicine as well as Audiology); 2) under 35 years of age. Five Scholarships of 6.000 Euro each will be awarded.

EDITOR'S CORNER

ISA: NETWORKING AUDIOLOGY AROUND THE WORLD

The XXVIIIth International Congress of Audiology (ICA) is around the corner. Innsbruck, the charming Austrian Capital of Tyrol and Jewel of the Alps, will take care of our biennial scientific meeting in September. The International Society of Audiology (ISA) continues to grow to become the real INTERNATIONAL representation of audiologists throughout the world.



Professionals in Audiology and related fields have always been organized at different levels. At the national level, domestic audiological societies have responded to the needs and expectations of professionals in their country. That is the case for such groups as the British Society of Audiology, the Brazilian Society of Audiology, and the American Academy of Audiology. Regional audiological interests have been represented by organizations such as EFAS (the European Federation of Audiological Societies) or the Pan American Society of Audiology (PASA), concentrating on the problems and needs of a more focused practice environment. Sometimes these organizations are constituted by individuals or by whole societies representing the national audiological interests of member countries.

As expressed in our Statutes, the purpose of the International Society of Audiology covers a broader spectrum than local practice or the regulation of the environment of Audiology at these more restrictive levels. ISA is designed "to facilitate the knowledge, protection and rehabilitation of human hearing". ISA is oriented to a more universal status, representing Audiology beyond local frameworks. That is why the so-called "International Congress of Audiology" is not a "national convention" or a 'regional congress'; it is not just another scientific audiological meeting somewhere in the world. For what it represents, the biennial Congress of the International Society of Audiology is truly a "World Congress", not just an "international" one, with a genuine worldwide representation of delegates and high scientific standards.

I hereby propose a change in the name of the International Congress of Audiology (ICA), as we have known it over the years. I would like the ICA to be called the "WORLD CONGRESS OF AUDIOLOGY". We will bring this up for discussion and consideration at the General Assembly in Innsbruck.



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contact: George T. Mencher at
gtmisa@yahoo.com

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