

**Hearing Loss Association of America (HLAA) – Chapter Meeting  
Sherman Oaks Library – Community Room  
Sherman Oaks, CA  
9/28/19**

**MEETING COMMENCES AT 10:00 A.M.**

>>> Okay good morning everyone welcome to the association of America -- what? Captions are. Okay. Yeah. So good morning. Thank you for coming to hearing loss -- so just real quickly if you want to stay involved with us we have our website. H L A A. Okay. Gary is giving me direction. If you are new and you have -- the way we hear in this room is we loop the room okay. Tele-coil is something you have on your hearing aid or cochlear implant that allows for this microphone and my voice and anyone speaking to go to your device. Go to your audiologist tell them you want it. Really cool thing, right into your hearing aid I highly recommend it. It is a whole other level of hearing when you have tele-coil capability. So if you don't really understand what that is come talk to me during the break. You can talk to Doctor Cohen, we will help you get equipped with the right things so you can hear better moving on.

So our website, H L A A-L A.O R G, If you're not on Facebook. All the information is on there a lot of really good resources on there. So encourage people to go to the website at least once a month.

If you are on Facebook it is a closed group, can say anything on there, post an article, ask a question. Pretty much do anything. That is the address won't say it just copy it down. The information is also on the website. So. I really would encourage you to join the Facebook group. I know a lot of people with hearing loss they don't want to put

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things on the normal page. So good way to get advice and feedback and recommendations. So if you cannot be on Facebook. Well I highly recommend that. And we have Y A H O O groups just a way of joining a way to e-mail each other, but goes to the whole group. Trying to phase that out so I just encourage you. You can join Y A H O O if you want, we are not using it that much anymore trying to focus on Facebook. If you are deciding between one or the other go to Facebook that is where we are really active now. If you want to contact me or anybody on the steering committee directly, you have a question. Go to info at H L A A-L A.O R G, I get that can answer that personally if you don't want to share with the group. So good way to keep in touch. Okay.

So our meeting today is first time attendees have to stand up give an intro. Don't panic. We have an outline for you. And tinnitus demystified with Doctor Cohen. Take a break around 11. Talk about donations. A lot of chapter news. Our steering committee elections are this month. Next month is our 15th anniversary we have been a chapter 15 years if you can believe.

So. We have plans for a big celebration next month, will get to that as well, and more. So if you are new , we would really like you to raise your hand. I will pass you the microphone. Talking into the microphone is key so that our captionist James can hear and everybody else can hear what your question is or what you are saying. So name, type of hearing loss. How you heard about us, what your hoping for in the chapter so proud of you taking a first step in living your life with hearing loss. Not the end of the world just a different world. Who is new. Raise your hand. Yay will start with you. So. GLENDA: My name is Glenda, I am new, as you can tell, I am totally confused frustrated and near tears. And I have no control of these hearing aids. Sometimes it is like a bull horn in my ear when somebody talks, and I swear I can hear the hairs in the nose moving when they talk. Then I go some place else, half an hour later, and I cannot hear

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at all. And it is all on this phone. And I don't understand. I don't -- and when you really don't understand the vocabulary all of these words are coming at you. All at once.

And you tell the people your hard of hearing, and they say, they are sorry.

>>> Yeah me too.

GLEENDA: I am sorry, you will have to work a little bit harder, I will have to -- you will either have to slow down to talk to me or repeat. That is your choice. And sometimes it works sometimes it does not. It is embarrassing. But thank you for listening, and I am hoping to get support and education with terminology. Everything. And dry my tears. Thank you!

-- applause --

>>> Your welcome it can be over whelming but you will learn a lot here, and everyone for those of us who are with H L ax A for a while we understand and can help you through that transition to make life easier for yourself don't fret. Okay. Who else. Let's see. Please speak into the microphone.

LEWIS: My name is Lewis. I have a hearing loss. Five months in, in my left ear. I have tinnitus, and Doctor Cohen is my audiologist, she told me about the meeting, that is why I am here.

>>> Welcome we hope maybe you will come to other meetings as well.

>>> Great thank you.

LESLIE: My name is Leslie I have a son who is profoundly deaf. I used to go to the Santa Monica chapter with Terry, and I have two quick announcements. One relates to captioners, and hi, how are you. I see a lot of people, few people from Santa Monica chapter wow. So two quick announcements one relates to captioners. I will try to make it really quick. But basically there was a bill signed by the governor to force uber and lift to make independent contractors employees. Groups knew this was coming, lawyers and Doctors and Realtors got exempt. But translators did not. So will be a huge problem to get captioning after January unless the groups which are working together,

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even today, are getting exempt from this bill. So maybe we will ask for everybody's help to write to the governor or legislator. First.

Second thing in about a year my son applied to the government, the Building Standards Commission, to require that in new construction in large venues they put hearing loops, so all us with cochlear implants or hearing aids can press a button. And the government accepted the application. In a year they will look at whether or not they want to do that. And again we need your help will be the public that gets that done. Those are the two announcements. Thank you.

>>> Pass that -- um --

RAMONA: Hello everybody my name is Ramona, 38 years old, it is always hard to talk about it.

>>> You don't have to introduce your --

RAMONA: I have been wearing hearing aids about 13 years , I still don't accept it. I hate myself regularly, I used to be confident.

I have three beautiful children, 10, 7, and 4. They always knew me as a hearing impaired mother. They are so special!

They help me, they don't get frustrated with me. I am sorry -- I have a wonderful husband who supports me.

Yet I am still sad, I cannot accept it. I am so happy I finally found this group, I shared many years ago. I heard about this on line, that is how I am here today. I feel like with each child my hearing has decreased drastically. I just want to find people that are like me, and really understand. When I tell people I don't hear well, or I am hearing impaired, the response I get most of the time is, oh, I don't hear well either. And then I have to explain. No, I really, I am partially deaf. People don't get it.

I feel stupid! When in fact I am very intelligent.

I used to answer incorrectly all the time.

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Oh, does your husband snore, want me to close the door, and I just stopped answering.

So now I repeat. Oh. Did you say this? I don't trust my own self.

And that is the most challenging part of this. My debilitating problem. Any ways. Thank you so much!

>>> We are so happy you are here, and every single person in this room I guarantee you, every single person can empathize with you. We are all outgoing and we were the life of the party or whatever and now things have changed. And, like I said, it is a different kind of life. But I think you will get support here. And I don't think there is anybody in here right now that even if they have made improvements in life. They feel really good, conquering your hearing loss, then suddenly go to a party and cannot hear, and it all tumbles down again. But you're here, and every person in this room will help you. And it is great you have support. Because we see a lot of people who come here who don't have support. Don't have spouses or partners. So that is a really good thing. So welcome, we will do our best, we understand. Anyone else new? Hi. We are introducing ourselves now. So we would like to know your name, type of hearing loss, how you heard about us. And what your.

>>> Good morning everybody.

>>> The microphone.

>>> My name is A -- I don't know what type of hearing loss. Just had an audiology, and I heard about you from Massachusetts. And I need to purchase audio things, they are very expensive so trying to find resources.

>>> Perfect yes welcome welcome.

ROB: Hi my name is Rob. I am waiting to see my words on the screen. Yeah. Make sure it is working. Um. I had a son in out of nowhere hearing loss last summer. Came on over the course of about a weekend. I am happy to say is my hearing is mostly recovered but still have ongoing challenges. We do suffer from tinnitus regardless of that, so that is one of the reasons we are here. But last summer we came to a meeting

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you were all very warm so thought we would come back again, see you all again. So just happy to be here.

>>> Anybody else? He has been here before, you being shy?

JOHN: I can say hello. Hi everyone I have been a member for a long time just wanted to -- I am basically very interested very interested in the subject my name is John originally from the Pasadena area. I am I was a hearing aid wearer for 50 some years now a cochlear wearer for two years, and still going through some adjustments. But it is all positive. And so, any way, good to see some faces I have not seen in a while, and to say hi to everyone. And this is a very positive organization that I highly recommend for people who have had these experiences, from what I have heard today. I have sympathy for you people for those that are really having a hard time. Any way. Let's hear about tinnitus!

>>> Thank you good to see you again.

>>> Friend of mine is coming.

>>> Got it got it.

TRACY: I am Tracy also the spouse of rob I want to mention when my tinnitus gets really bad it disrupts my sleep. Just whoa. So I would like to hear strategies about that.

>>> Welcome so I think we will get into the seminar now. Doctor Cohen has a lot to introduce and talk about. And so will let her introduce herself and -- she has been coming about a year sitting in back learning strategies. Full disclosure, I work for Doctor Cohen, and the reason that I, the reason I wanted her to speak is because she is a tinnitus specialist. Certified in tinnitus, and her clinic is mainly shifting to tinnitus because it is such a prevalent problem with people, with hearing loss of all ages, so give a welcome to Doctor Shahrzad Cohen.

DOCTOR SHAHRZAD COHEN: Okay pleasure to be here I will go through the slides to introduce myself, but I want to tell you is that I started coming here to learn to learn from real people what their problems are so I can take it back, and start offering

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solutions to my patients. So, this is basically where my lessons start, from you, and I want to thank you for that.

The real life lessons you teach me makes me a better provider for everybody that comes through my doors I appreciate that. On that note the presentation evaluations. I am offering this course on line to the national chapter in October 16, I believe. And I would love to hear your feedback, so if you expected something to be included, and it is not. Or if I speak to fast, I would like to know. So I fix it for the next time. Again you guys are my teachers, I appreciate that.

Okay. So going through credentials one thing I want everyone to know, the medicine is changing. The whole way that delivery of health care is changing. January 1st hearing aids go over the counter. And this is, I like to reiterate that audiology, just like any other profession, has a general, and a specialty. So when you choose a provider, you need to dig deeper, and choose a provider which has the credentials for what you need. So, I am board certified Doctor of audiology, cert from department of audiology. Was involved in developing a tinnitus management course, because I am a tinnitus sufferer, mine is hundred percent controlled.

There are days I don't hear mine don't pay attention to it. I started in the field of audiology because my mom had tinnitus. So switched from going from medical school to audiology to fix her problem. And tinnitus became my passion and has been a full circle for me. I graduated year 2001 from C sun north ridge with masters in audiology. I went back to school in 2013 and got my Doctor degree in audiology, then went back and got specialty certification in audiology and tinnitus. So our field is growing rapidly. And we need to keep up with it. So you know what.

I have a lot of slides here. I have half an hour, and I want.

>>> You can go a little longer.

DOCTOR SHAHRZAD COHEN: I want to do this backwards instead of talking -- so two areas I want to demystify is one, what tinnitus is, where it comes from, the second one

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is, what can we do with it, the treatment methods, but will do this backwards, I think let's do the treatments first and if I have time we will go back. I think your solution oriented than the physic logical. So to finish up tinnitus is any sound present in absence of an external sound. Could be any kind of a description. Could be ringing, buzzing, hissing, humming. Anything you can, we ask the patient to describe it because when they describe it, we sort of know, okay, which are we dealing with. Which area of the brain or which area of damage.

So categories of tinnitus, I went over, possibly come back. So tinnitus could be two things, could be a primary tinnitus, means there is no reason or rhyme to it. Just comes out of nowhere. It could be a secondary tinnitus, which means the causation was some other thing. So pathology is something else. Then we have two other ones, we have pulsatile tinnitus, so the sound the patient hears in the ears goes with a pulse, goes with their heartbeat, that is something that needs extra attention. Will go into a little more depth. But have this in the back of your head.

And then somatic tinnitus, somatic sounds are sounds our body makes. If somebody hears clicking in their ears every time they open and close their jaw, that is a somatic tinnitus, comes from a disorder. If they say every time I open and close my mouth I hear clicking, but we know it is not the T M J, we call it myoclonus, it is a little muscle behind the eardrum which can spasm, and that spasm causes it.

So there, there are different kinds to categorize the perception of tinnitus. Tinnitus could be 24/7 or a continuous tinnitus, so no break to it. Morning, night, and day. It could be intermittent. Means it comes and goes. And how often does it come and go will tell us another, the different solutions we need to apply.

But, it could be intermittent in a day, intermittent in weeks. But mostly if it is like, say, every couple weeks I get something, then it becomes occasional, and possible occasional random, or occasional associated with some reason. And transient. Every one gets transient tinnitus some point in their life. Just some nerve fire. Not a sign of

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anything till it becomes more often. Okay. Okay. Thanks thank you. Okay so causes of secondary tinnitus so remember secondary tinnitus means it starts, there was a pathology or something was the cause of the tinnitus. So could be a medication the patient is taking. A head trauma. Someone in a car accident hit the dash board, that is when it started.

Could be a sensory neural hearing loss, one side or the other. Noisy exposure, firefighters, police department, all these have noise trauma. Musicians. An ear disorder. Could be going back, it could be otosclerosis. There are a lot of pathologies disorders that the hearing loss starts with just the sign of the tinnitus. So this is the reason you need to find an audiologist. Not just try to deal with the problem. But how to find the root cause of the problem.

Neurological disorders like alzheimer's, M S, anything with the degradation of the neurons and axons can cause tinnitus. T M J disorders. Vascular disorders, like in pulsatile tinnitus, that is mostly vascular. Barotrauma if you travel a lot, just a sudden change in air pressure that will cause the tinnitus to start. And tinnitus can come with psychological, O C D, anxiety, and these disorders happen at the same time as the tinnitus and feed each other. There is a whole list of medications I will skip and come back to with time. So and disorders which go hand in hand very hard to say which is the first which is the second. So hearing loss and tinnitus, meniere disorder comes with balance problems and tinnitus. Otosclerosis a disorder more present in females and usually happens with each pregnancy, that is the turn on of that gene which causes otosclerosis and that is easily manageable. Need to figure it out. But one of the side effects or presentation is tinnitus.

Hyperacusis, so super sensitivity to sound. So negative reaction to one specific sound. And being scared of loud sounds. Hormone disorders, they cause tinnitus. Auto immune disorders anything where the body starts attacking its self can be the cause of

the tinnitus so rule that out. And lime disease the most recent we are figuring it out. So after that.

Very simple, I want to introduce this idea. Basically the organ of hearing cochlea which is this place in the inner ear has two and a half turns, and these two and a half turns each one is dedicated to a pitch. Think about the keys of a piano. Low pitch to high pitch. We have the same thing in the cochlea. Low frequency all the way to high frequency. Now whoever made us really knew what he was doing. Keys of piano require a button push, correct?

There is no one in the ear to push the button, so makes hair cells in a fluid material. So instead of keys, if you look, see these are keys, see that. So when we put it under a microscope we see a presentation of keys, but instead of keys, they have three rows of hair cells, looking like that. And outer hair cells and inner hair cells. So both these are outer ones these are inner hair cells, all healthy. So sometimes in the hair cells even the healthy hair cells, the way it works is we hear through chemistry.

So the chemical changes here causes a change, which takes the nerve to the brain for interpretation. So when we talk about incident of tinnitus out of nowhere, lasted a second. This is these ones firing for no reason, random firing, no meaning. Then when we go to.

This is the magnification of the cells, these are the damaged ones, you see. So you can have specific damage from noise exposure where whole rows are missing, or some left over. So tinnitus could be the left over of these firing, and then the brain cannot interpret the message coming from this region. Because the quality of the message is not good for the brain for interpretation the brain thinks of it as tinnitus. No meaning to associate with it so tinnitus.

And these areas that don't have anything coming out. The bottom nerves are still working. The nerves come out go under to the brain, they are still working. So sometimes just the chemical release from this area, and this area could actually cause a

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message to go to the brain, again, the quality is not good the brain does not associate it to a meaning that is tinnitus. And here.

Just a very quick presentation of how all of these rows actually have a nerve. Goes from there to the bottom all the way to the brain for interpretation. From outer hair cells and inner hair cells. So we do not hear with our brains or our ears, we hear with these. The ear is just there to make a message a signal for the brain to interpret. If the message comes to the brain and it is not interpretable, we hear it, but don't understand it. Don't get what it is. So no interpretation associated with it. And now, brain is. just like the keys of piano, has regions associated. So we have tonotopic map in the cochlea, and this tonotopic map is associated with the ton topic map of the auditory cortex. So this means every key of the piano that we press has a dedicated location in our brain. This is why we can tell the difference between each key on the piano even if they are very close to each other. Because the brain can interpret it as a different sound. So there is a new way of thinking about tinnitus, that is well if it is not cochlear damage, because we have a lot of people with normal hearing, no hearing loss, no damage to the outer hair cells, but still perceive tinnitus. That is how it started. If it is not damage to the cochlear must be something else.

So came up with the idea of auditory cortex, the part of the brain that interprets, and it is over stimulation of it. So if we have over stimulation of one part of the auditory cortex, so say 32 hundred hertz, that is how the brain hears it, as tinnitus. So think about a traffic jam in the brain, that is what it is. Tinnitus is a traffic jam in the brain, once we figure out solutions, how to make the brain let go of that area of congestion, that tinnitus is resolved. So over stimulation in auditory cortex we do a lot of functional M R I, in this day of technology we have solutions for everything thanks to computers. We did functional M R I showed that people with normal hearing who are complaining of tinnitus. We have over stimulation of the auditory cortex, which actually goes forward to the limbic system, frontal lobe, and backwards even.

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So we have areas of the brain which are not even auditory cortex involved in tinnitus.

And that is documentation, by itself, started a whole way of thinking about it.

Okay, how do we treat tinnitus?

So in short. The physiology, what is the problem, could be cochlear damage to the outer hair cells. The integrity of the signal. Or problem with the nerves, or the cortex causing this, the brain causing this whole perception of tinnitus. Now before we get to treatments, I want to talk about tinnitus, when it is a problem.

When it requires attention.

And digging deeper.

If it is one side only that is a sign. So one side, that means you're hearing in one side is better than the other that is when you pay attention to the tinnitus. If there are sudden change of the hearing thresholds and tinnitus, that is red flag. If there is pain, head pain, migraine pain, any pain in addition to tinnitus, red flag of other issues. If there is dizziness, vertigo attacks, nausea. Vomiting, that is a sign.

Pulsatile, rhythmic, with your heartbeat, that is another sign we are dealing with something bigger than just tinnitus. Myths.

Myths.

My goal to those who have to live with tinnitus, tinnitus has solutions, and I will take you through it so you see, and then I need all of you guys to go out there and tell everyone, tinnitus has solutions. If you do me one favor today, educate others. No one has to suffer from hearing loss or tinnitus anymore. We have solutions to everything. One thing which gives -- actually a lot of physicians say, no treatment, will tell you that. Or say wait six months.

Wait six months till the tinnitus is stable then do something. No ,don't wait six months. Tinnitus is much more malleable when the brain is not fixated on it. Like having a broken arm would you wait six months to fix it. No! By six months it might already fix its self the wrong way. So we want to treat it very fast.

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Tinnitus is a sign of going deaf? No not at all, we have a lot of people with normal hearing and tinnitus, so not a sign of anything. Could be you just required to pay attention to it, and figure out why.

And, tinnitus will drive you crazy. No it does not. Tinnitus does not have, does not cause a mental disorder. The medication that they give causes the mental disorder.

So. All right.

So, treating tinnitus. Let's talk about -- whoops -- okay here. Let's clarify. According to the law's of state of California we cannot say tinnitus has a cure, and it does not.

Because the definition of a cure is when the disorder does not exist anymore. Means, somebody has cancer, but the cancer is uprooted. Not in the body anymore, then it is cured. But that does not mean the cells are not there anymore. So cannot even tell that about cancer. Well cured means the disorder is away, uprooted. Diabetes, does not have a cure, but how many are dying of that this day and age, okay, correct? So difference between the word cure, and treatment and management. So we are talking about treatment and management to the point that the tinnitus is not a problem anymore.

And we are talking about restoring a new normal to the patient, and that new normal could be a, life without thinking about tinnitus. So tinnitus managements go to two separate routes, but I want to start by talking about the most, so old fashioned model, the neural physic logical model and most recent the court gal so let me talk about something I want you all to realize. Think of primitive men. The job of the brain is to keep us alive. We have two things, when the sound comes in, the brain has to interpret, has two options only. This sound is relaxing, I don't have to do anything with it.

Or this sound that is coming in is damaging my person, need to do something, a signal, run away, or eaten by a lion. Right?

So when this sound comes to the brain we call that tinnitus, and definitely not relaxing, right, yeah. So automatically the brain puts this this the category B, means let's react to

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it. Figure this out. Let's do something about it. I got to react to it. And when we go to that setting of reacting to tinnitus, we are thinking we are saving, saving my person, saving them. And what the brain is doing is getting hormones involved. Flight or fight response involved. All these things the more hormones involve the louder tinnitus gets this becomes a cycle. And the neural physiological model is based on that cycle. It talks about how if we break the negative reaction of the brain to tinnitus, tinnitus would not be a major problem for the brain anymore, and the brain does not have to fight it off anymore, that becomes acceptance, and with acceptance the tinnitus takes the backseat.

So, involvement of limbic system the most important part. Behavior control over tinnitus. What we call, habituation. So let me define habituation. Habituation is when the brain gets used to the condition that we have or something which is in our body. All of us are wearing shoes, none of us thought about our shoes till I started talking about it that is habituation. Means the brain accepts something because it is not in over drive, does not have to fight it off. Your shoe is not the enemy to the brain, so category A, okay I deal with it. That is habituation. But when we bring attention to something which your shoe is, very simple, suddenly you feel your foot in your shoe don't you. So that is what we have the neural physiological model we use all these categories to be able to help tinnitus. Cognitive behavior therapy, and the medication I talk about. The most recent ideas behind the treatment of tinnitus which is started by having tinnitus and seeing tinnitus in musicians is hyper activity idea, which talks about coordinated reset, a neural modulation therapy, means basically finding a route for the brain to let go of tinnitus. Finding different ways that that congestion in the brain actually has a solution. So we are going to talk about devices which use this cord native reset to let go of tinnitus, and electromagnetic deep stimulation of the brain. Inflammation control, and medications which would control that.

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All right in tinnitus treatment I am a big fan of categorizing things hope you don't mind. So -- psychological options, they become therapy. And we have Instrumental, so use an instrument to treat the tinnitus. And then we have acoustic options which means we use sound. So the instrument still uses sound, but this acoustic option that I have you can basically use any method of presentation to the brain to help tinnitus.

Okay.

I want everyone to walk out of here with something simple that is the environmental modification to help tinnitus. I want to give an example of something here. But before, let's talk about this, and then I give you a very funny story. Environmental modification means doing simple things which tinnitus takes the backseat. So tinnitus is not the main focus of the brain anymore, it does not have to deal with it all the time. Thus in long-term, it lets it go.

Avoid quiet. So always have some sound in the background. This is particularly important in people with single sided deafness, if there is sound in the background, and the range cannot make sense of it. It will not concentrate on something without meaning. Brain loves interpretation, if you give something to the brain to do, everything else is secondary. So music, nature sounds, any meaningful sound will help.

We have to talk about maskers and have another thing. So most important. Don't be in an environment. Environmental modification. And making anything for the brain to understand or be active some other way. Distraction basically. Distraction.

Then we have dietary modifications.

Research shows change of diet can give results. A research came up that talks about tinnitus being an inflammatory response of the body. This dietary modification sort of deals with that issue. So salt intake is one of the main issues, we tell all our patients that, stop taking salt. Salt is everywhere you don't have to have just the salt shaker on the table. But if you eat out a lot. If you read the amount of sodium in things,

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unbelievable. So once the patient starts with less sodium in the diet we see results, because if there is water pressure increase in the cochlear that is a cause.

And coffee. Not about decaf, so not caffeine, but the chemistry, chemical bonds in the coffee cause tinnitus in some people not everyone. This modification is not for everyone, some people. So limiting coffee, see that will give random results. Once you start a food diary and take one of these things out of your system you give your body 10 to -- 10 to 14 days for the body to cleanse. In two or three days, you want to know, is this one of the things helping tinnitus or not, or causes it or not.

Green tea, the natural wonder of medicine used in Chinese medicine a lot.

Antioxidants. And it is diuretic. So instead of giving pills to the patients, a lot of E M Ts give that to ease that cochlear, green tea is natural, the more the patients take the more they see results. Again anti-inflammatory. So allergens. Chocolate, dairy, some are allergens which cause the body, the allergy maybe not be to the point of itch. Rather just a reaction, so if the patient takes things away will see results.

Again medications. Going back Googling your medication to see the -- tinnitus is listed as a side effect. Some -- so gold standard of tinnitus the idea was born a long, long time ago. Doctor Jast has done most of the research in cognitive behavior therapy in is this story.

You're driving from here to San Francisco, 7 or 8 at night. Dark, and it starts to rain. And big thunder you know what don't want to be on the road so pull into the first hotel you find. It is good you go in, need a room. We don't have rooms available or we do have rooms. This room the A C it rattles and there is no light in it. So if you want, it could be yours for free, don't have to pay for it. Cool will take that room, sure a lot of you will take it just want to be somewhere warm in a bed till tomorrow morning. And rattle won't bother me I will fall asleep any way. By the way when I am about to go to the room the gentleman says. By the way a rattle snake ran away from the zoo, okay. We have not found the rattle snake. Yeah just F Y I! Okay.

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I don't think I can get used to that rattling on the A C anymore can you? So this is it.

This is tinnitus.

If you know, what tinnitus, could be the A C rattling, or could be the rattle snake rattling. So this cognitive behavior therapy, said, talks about that, talks about you getting used to the tinnitus when we bring tinnitus from something which is self conscious, the brain does not know what is happening, and has to fight it off. Then through patient education, to something which is conscious. The patient knows exactly what tinnitus is, and once the brain figures out what the tinnitus is, the problem is solved. Now I don't have to fight it off anymore! I know exactly what it is. I don't have to keep my man alive anymore, I know what it is, can let it go. That's how it works.

Now cognitive behavior therapy used by psychologists only. A lot of audiologist go through the certification, get the training, but we are not certified. We cannot be certified in that because it belongs to the world of psychology. So we use a modified version. Cannot get the certification so use a modified version called tinnitus retraining therapy or tinnitus management. Will break it down. So all the psychological behavior methods of dealing with tinnitus. Bringing tinnitus from self conscious to conscious. The brain had realized what is happening and dealing with it. To behavior models. So T R T this model talks about habituation, and habituation happens again through patient education, and giving patients life lessons of how to deal with tinnitus, and then bringing tinnitus, again, from an enemy to something which is just happening. I mean. Then we have progressive tinnitus management which is used by the V A and James Henry who was the side kick of Jastreboff, broke off. Developed this method, only used by the V A, a model to deal with it which talks about behavior control. Then tinnitus activities treatment, which again, this controls the tinnitus by patient real life situations. So they go home. My tinnitus was loudest falling asleep, so then we actually try to have the patient help themselves find a way to help themselves. So the patient does it a lot of the patient doing their own research in real life.

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Neural modulation therapy. So this talks about this cause, the cortical part of the brain there this point on some of the, not necessarily that we are treating a hearing loss. We are treating over stimulation in the auditory cortex. That does not mean if somebody who has a hearing loss does not have the over stimulation they could go hand in hand. A person could have both.

So neural modulation therapy means listening to a group of sounds which have a binary code the brain interprets as a positive signal, and causes a new path for the tinnitus to sort of exit the auditory cortex. So this works with, so, what is the, coordinated reset that is what is used in the neural modulation therapy. Now this, I have a sample of these if anyone wants to see feel free to come forward during the break. So can go over? So will do it quick. So one of the treatments which is available on the market now, called Desyncra, Desyncra is the company which started the whole idea of neural modulation reset.

They are out of Germany , and the whole research was developed in M I T of Germany. They are the lead right now, the lead research, the ones who came up with the idea first. So the coordinated resets have to go the Acoustic signal goes through an iPod. The reason the F D A has a control of these. So iPod is registered and the software on the iPod is registered, so lot of people say, buying an iPad. No buying software but the software for F D A purposes the access is there. So iPod. Special headphones, the patient uses it evidence. It is F D A approved for people 18 and above. Headphones are specialized with high frequency pitches which regular headphones don't have. The patient hears to four calculated tones based on the frequency of the tinnitus. So need to match the tinnitus of the patient and the algorithm decides what are the four frequencies which actually let go of the tinnitus.

Sorry. The course of the therapy is 36 weeks for 6 to 8 hours a day. It requires a few follow up visits with the Doctor, who is trained in this. And, basically the parts of this divide depends on the audiologist, the Doctor, depending on the amount of time spent

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with the patient. After the therapy nine months over I have patients who go back don't use it anymore. Just keep it for when they need it. And patients who routinely go back to reset. Again tinnitus does not go away hundred percent, but the patient learns, the brain learns the tinnitus is not a major problem anymore.

Neural mods, off of Ireland, they are not F D A approved yet, but they are basing their device based on again, the neural modulation stimulation. And they are still for F D A purposes they are still in clinical studies, not available in the U S A, they use a bimodality there you can see. So there is a tip, a headphone, and the iPod, which has the software on it. So what it does is that the tip actually has electro sitting on it, and it is giving pulses to the brain while the sound goes in. So bi-modal stimulation through the auditory route and the Vegas nerve on the tongue all the way to the brain. Right now they have approval to be used in Europe. So three or four patients, we have flown them to Ireland, they are trying the device. The system now is registered under the name linear. So we are waiting for this to get F D A approval here. So basically, the way it works is that the pulses which goes to the tongue, and the pulses that goes to the brain have the same rhythm. This reinforces to brain to let go of that simulation or the knot formed in the auditory cortex.

Leal system, a system developed in the U S A, it is based on habituation basically. But what it is, is that we match the patients tinnitus through the device, and the patient basically falls asleep listening to their own tinnitus. Now how does it work, habituation. You are forcing a brain to fall asleep. So sleeping is the most important thing for our body. At some point, even under the worse conditions the brain will shut down because sleep is necessary for us to survive. So when we are having the patient fall asleep listening to tinnitus number one, not sub conscious. The brain knows consciously are you doing this to me, have to fall asleep to this, so trained to let go of this sound. And when the brain is forced to let go of this sound for 6 to 8 hours or whatever sleep, in the

morning the patient wakes up, takes this away, the patient is trained, that goes away.

So habituation through the process of elimination. So.

Now that is that system. Again the delivery method is iPod and software and their own special headphones. Now the system got lucky got the approval so they are offering it, anyone a veteran in the room can go to the V A and get this device they are offering it.

One thing I don't like about the device, there is a restocking fee. So when you go to your Doctor all of us or most who are tinnitus specialist have this agreement with the manufacture, if I don't see my patient improving by use of your device, I give this back to you. And a lot of them understand, we are not sales people. We are not sales, we are here for treatment. So this company is the only company that has a restocking fee of 500 to 700 dollars, that is the only thing I don't like about this company. But the rest of it. It works.

Again, tinnitus specialist needs to know which device to use based on what the patient is demonstrating. Hearing amplification technology, this is where it is over used. So hearing aids do help! Hearing aids help by amplifying sound, which is using the hair cells which are active. So we are making a bridge, by using the active hair cells you give the brain a purpose to associate a meaning and tinnitus beings secondary. But you walk into an office ask for a tinnitus treatment the first thing they offer is a hearing aid that is not a tinnitus specialist that is a hearing aid dispenser. Usually the tinnitus specialists don't do this. Not to say the hearing aids have no effect. Hearing aids have effect by doing a few things. Number one, they are bridging over the damaged hair cells, they are increasing the neural activity of the good hair cells which are left over. They are increasing the good input positive input to the brain which actually takes attention away. They increase the social involvement of the patient, so again, second tinnitus becomes a secondary the patient is involved in doing over stuff. If there is a hearing loss and tinnitus, yes, treatment of the hearing loss brings more normal back to the patients

life, but not necessarily is a treatment of tinnitus. Sometimes we need to use both.

Okay.

And then hearing aids decrease the chance of cognitive decline which comes from when the patient takes away from their actual involvement in life. Okay.

So hearing aids, so bring perception back, bring understanding back. Bring social involvement back. Some hearing aids actually have tinnitus maskers in them, which, again, personally I am not a big fan of maskers there are research that shows maskers are aging the brain faster than we should. I prefer not to do that. But that does not mean that maskers don't work. There are patients who see benefit from masking methods. So the maskers which are available is like notch therapy. White noise, pink noise, or feed nature sounds to the hearing aid, that helping. Okay.

Next one Acoustic therapies which are available. So not through an actual device, could be anything you use. It could be variable at the ear level. Again feeding sound through the hearing aid or using some of the devices, like microphones, receivers, speakers, all that. There are two programs, actually, like one thing I want to tell you. The pillows, there was a patient, somebody here said I have a hard time falling asleep at night. There is a special pillow, you can stream through it.

It is wired, so you can listen to the sounds of nature while sleeping that takes the attention away from the brain, just relaxes the brain. T L P the listening program is a specialized music. So it is offered by advance brain technology in Colorado. And Acoustic treatment geared towards autism. So started by treating autism giving solutions to autism. And we realized you know what this sleep method can be used with patients who have issues with sleeping. So this company makes special music which has uses brain waves and sleep technology to help patients fall asleep. So. Okay. So maskers told you not a big fan. Out offer time. So surgical treatments geared towards the treatment of causations of tinnitus. Cochlear implants, hearing aids, all of these are geared towards what is causes the tinnitus and help it. One thing to mention

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use of cochlear implants for treatment of tinnitus. Right now that is not F D A approved. There are people using it off label, and we do not have any research backing it up. And everyone thinking about getting a cochlear implant for just the purpose of treating tinnitus think about it twice. Does not happen.

>>> Have tinnitus with the cochlear. Not before. After.

DOCTOR SHAHRZAD COHEN: After the cochlear we see that happen a lot could be due to during it -- or when they go to put the cochlear implant in it ruins everything on its way to where it needs to be that will cause it, thank you for mentioning it. We are done? And quickly if you need to know about anything else, which is alternative ways to treat tinnitus, they are all listed. I will go but if you want to come back and talk to me. Again another therapy. There is no research with this. And beamer we are using this in our office again no research saying it works. But want you to know this who can treat tinnitus, Costco cannot, a hearing aid dispenser cannot, you need a tinnitus specialist with the certification offered by the American academy of audiology. That is it. I have a lot more to tell but that is it. Thank you for listening I appreciate it! Thank you.

>>> Yeah I know. Like 20 more slides. But so much to learn about tinnitus. But. I was going to say Doctor Cohen depending on how much time you have, if we have questions, she will stay. So she ask answer your questions individually. Might have time for a little Q and A depending on what we do after the break. To give our captionist James a break will take 10 minutes. Get some coffee relax, we will come back. So 11:25.

Resume -- 11:25 --

>>> Okay every one take your seats. All right everyone! So a couple quick things quickly before we get to chapter business. I just want to thank Doctor Cohen again for coming can we give her a big round of applause!

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And this is for you, a nice little gift. I know you will use it well.

DOCTOR SHAHRZAD COHEN: Can I do something can I give this as my gift , and gift it to someone else as my donation to H L A A, I appreciate that. Thing, I learn from you guys, so I will take it, I am grateful for it, and thank you, but I want to give it back to the chapter out of gratitude. Okay. The President can decide.

>>> Okay will save it plan it out. What I want to say real quickly because contact information, it is the last slide. Not hooked up right now, so if you want to contact Doctor Cohen there are two ways. Either I have business cards you get those from me that has all her information right here in Sherman Oaks a full clinic.

Second a phone number 818 - 989 - 9001.

And as for me, she is seeing patients, I can try to help you with whatever needs to be done. The information is on the website. We will be uploading not the presentation but the transcript to the website. So again, thank you so much. We really appreciate it. We will have you back to talk about lots of stuff. Okay.

So -- so we.

DOCTOR SHAHRZAD COHEN: Can I ask them to.

>>> So she gave you some sheets, don't need your information. Just if you have tinnitus she is interested in the information. Again will shoot you an e-mail but I believe October 16 she speaks for H L A A national a webinar. And I believe that even if you can not watch the webinar live, that they archive them. So go to the national side you can watch it. So any way speeding along. So we, this.

So when you attend this chapter it is free, open to the public, but we do have expenses, so we pay for our lovely captioner like James. Marketing material. Foods so you can be caffeinated. So if anyone can offer anywhere anything is welcome. A dollar, two dollars, five dollars, whatever you want to give it is tax deductible we would appreciate that. Gary is the kitty car guy we have that today? Or.

>>> Should we go get it.

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>>> We will have to use that.

>>> So, so here it is. Please, please, consider giving some money. You can take this just pass it around. Don't feel obligated but we appreciate it. Okay. Chapter news!

Okay so. It takes a village to set these meetings up. Finding speakers. To get the captioner to come. To do everything. So we have a committee who does that, right now my self, and Tim, Sharon, Sandy, and Gary not here today. But time for a new steering committee so. What I want to do for the people who are interested in being on this committee to stand up give a pitch of what you want to do. Do we have prerequisites. So just to let you know. First you need to be a member of H L A A. Also tend to ask if you want to be on the steering committee to have been a member for a while so you understand the ins and outs of what this none profit is. These are basically the prerequisites, we were contacted about who was going to be on the steering committee.

But if you decide you want to join at a later point in time or what have you, you can contact us. Right now. It is Tim, Wendy, Sharon, sandy, Georgia. So can give a quick one minute this is who I am. Then what we will do, we will vote to verify. Yes. Again you cannot vote if you're not a member. So please do not raise your hand if you are not a member of H L A A.

I timed that.

TIM: Hi everyone, I think most of you know me. I am Tim, the V P of this wonderful chapter been with the chapter 6 years, with the steering committee about 5 years. So the chapter meant a lot to me in many ways from my work to family to personal relationships. So have a lot of friends, many of which are not here anymore, but a lot of new ones. So planning on continuing on with the chapter. I really do enjoy helping to set up everything here. The website. And want to do more with the social media. Hopefully more help in that area. So looking forward, and we will ask other people if they are interested to announce anything or.

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>>> Thing is we really need to vote today.

>>> But other people in the chapter that want to. Be sides people we mentioned.

>>> Yeah I would say that will be something that has to happen later. If we are voting today.

>>> Okay any way that is my little quick 90 second speech sorry went over. So do we want sandy, and let sandy go next. He ever you go.

SANDY: Hi I am Sandy most of you know me. I have been a part of the steering committee for one year. I have had really a hearing loss for almost two years. Have a cochlear implant and a hearing aid. My background, I am a music teacher. Always a teacher. A performer. And all that has changed a lot. I am in a aggressive program for musical therapy, which is self taught. And I am working like crazy to get my self back to get my confidence back, like Ramona talked about, and basically one of the things that has really helped me is this group, because there is so much support, so much need. We have worked together. Worked as a community. So if you would have me I would be honored to one more year.

WENDY: Can I stand over here okay. So hi, I am Wendy. I have been a member of H L A Los Angeles chapter for about 12 years. I was on the steering committee a few years ago been on the steering committee twice, that was a few years ago. I came here looking for support, and I found it. But very much like Ramona the first few years I could not really talk about my hearing loss or anything without being in tears. So there are still tough times, but this group, as a whole, has just helped me in so many ways. So always happy to help in my way I can. And right now I am willing and hopeful to be helpful for the steering committee, I have two hearing aids, a sensor loss. So without these I hear nothing. I have good insurance. Doing pretty well with hearing aids but still a struggle. Every day. Thank you.

SHARON: Hi everybody I am Sharon, and I would like sandy I have been on the steering committee for this past year, you really get, really get out what you put in, this has been

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a wonderful group, I discovered H L A A a year and a half ago, hearing impaired for 30 years did not know you existed first time I came in, was told to turn on my T coil, I nearly cried. Just so beautiful to be in this room. Having the captions but not having to hear through the captions or not having to sit in the front row. The little things that to everybody else are little things we cannot take for granted are just wonderful. So the people I met in the group, love the diversity. This chapter is by us for us we are part of a national organization but we have the flexibility to do what we want, so the meetings and speakers and everything we do is a culmination of what we want to hear. So I, really, you touched a nerve for us. And how many years have I had hearing loss 30 years, so you have been nothing but support, and a shoulder to cry on, and to know everyone in the same boat so. Really we exist to, to support each other, learn from each other. I have benefited from the new technology, and on the steering committee, doing social media, and I want to continue, filling in where I can. And everyone gets involved and we have committees for advocacy and looping and so many different areas we just right now don't have the manpower for it. So thanks very much.

>>> Okay Georgia.

GEORGIA: Hi I am Georgia and I have been a member of the chapter for, since the beginning, 15 years, I have two cochlear implants, I grew up hard of hearing. When I became 50 I got my first cochlear implant. Years later my second. I wore hearing aids for 30 years. I have been on the steering committee before. As a chairman for four years. I just recently retired. So I want to get back, and if they, if you will have me I would love to be back on the steering committees. This is a wonderful group! For the new people here today we have been where you are now. We can talk to you, we can share our own experiences with you. And we just have all kinds of people here, people who are just losing their hearing, people who have always had a hearing loss. So we have the different chapters. Great meetings every month. We have a guest speaker.

You know. The friendship here just awesome. Have made lifelong friends in this chapter. So would love to get back if you will have me.

>>> Thanks you guys, so I think we just, do we have to have both individually, or.

>>> If anybody is interested, is anybody else interested.

>>> Anybody else interested?

>>> No but would like to say something.

>>> Just so you know, Georgia was our advocacy chair women. If you go to venues like a theater, Hollywood bowl, those places, Georgia is responsible for a lot of this. So thank you for your work.

>>> Yes. Thank you Georgia, she does a lot, been around forever, great resource.

Anyone else want to be on the steering committee. Keep in mind you do need to commit to the prerequisites on the board. Anyone else. So the other thing I was going to say I believe you can do this. If you decide you need a while to think, and then want to join, you can join I think, you can also just be a committee member, don't have to be part of the steering committee. So say you want to do advocacy but don't have time to meet every month. You can do those things, all these things are available. This is a flexible chapter and anyone that wants to participate is welcome. So. Just kind of pressed for time. So should we do we vote for each person or as a collective? I think we vote for each. Just vote for a collective. So for all the wonderful people who stepped up. If you are a member of H L A A and can vote, please raise your hand if you want this group who stood up to be the new steering committee. One, two, three, four, five -- Ha ha! All right welcome to the new steering committee chapter. They will meet and next meeting they will tell you positions. So President, vice President, social media. So will let you know the next chapter. Um 15 year anniversary, so big party next month. So just, we will keep you posted on all the things we will be doing. We will have pictures, side show, a cake. We will let you know in the coming weeks what that is going to in tail. Oh right up there.

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Okay so what, here this is important. The way the library is set up they do a special event the last Saturday of every October for the children, a Halloween thing, so we will not be here the fourth Saturday in October. Instead, we will be here November second, which is the following Saturday, and because of thanks giving we will not have oh meeting the end of November, and we will be having our Christmas party in December. So the next meeting will be the 15 year celebration, and sort of a how to cope with the holidays, will be a condensed meeting, and that is it will not be back here at the library until January. So will continue to send you notices, but just so you know, that the next meeting is November 2. So keep that in mind. By the way if your a new person be sure you wrote down your e-mail address so you will get the alerts reminders as to what is happening so don't have to keep it all. And.

Okay. So this is probably the biggest thing. So we have been at the Sherman Oaks library thousand about two years, and the head librarian had hearing loss, and he was happy to have us here, we were not charged. And we were able to be here monthly. That head librarian retired. There is a new head librarian, she is an acting librarian, and the way the L A public library system works is technically you are not allowed to be in the library on a monthly basis. They have, and when you want to use the room you have to apply. So we have applied for January, February, March, and have been approved. The caveat they are also now charging us. So between being charged for the room and captioning, the expense is so much. And we need a home. We cannot just keep applying, if we apply for the next three months, they say no, or yes to April, no to May, yes to June, it leaves us in no mans land. So in the process of looking for a new venue, would like to stay in the general area. But something I just want to get a show of hands. Sharon did find a spot, it is free, but at U S C. So my question, just by a show of hands. How would you feel about going to U S C one Saturdays a month all in favor. One, two, three, four -- nine. For those not in favor?

One, two, three -- nine.

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>>> Can I say something about U S C, they have the metro there, public transportation.

>>> That is that is something we spoke about. Very central. Other caveat with U S C, we want feedback, Saturdays are big sports days so getting in and out might be a problem.

But um. Yeah?

>>> This, I have not been around so this might be the obvious, C sun? Big D H H population there. A national center on deafness is there.

>>> Yeah, that is really the question at this point -- where do we want the chapter to be. This chapter was in Pasadena, and getting more and more e-mails saying a location closer more central, so moved here kind of an intersection of the freeways.

Membership has gone up. So we have thought of C sun, but now head to the northern part of the valley. Optimal thing, since we are here right now would like to stay in this area. But it is what it is. We need to find a home, we need to find a place even if they are charging us, that they can keep it minimal, that would be helpful. What we would ask from all of you is think about it. There is a few things that we probably should have written down. But needs to meet, obviously available on a Saturday. Need accessible parking. A carpeting room preferred. So we have, the prerequisites we need, there is a lot of, and room for food, and I would say about 50 people. To be safe. So there is a lot of those things in this area. But they are not available on a Saturday. Or they are good for 15 people but cannot hold 50. Or cannot bring food. So lot of prerequisites. So would ask if you can think about it. Send us some e-mails so we can investigate. And I would say, you know, if we have two or three spots we will try to take another vote.

And we will try to go by the majority , I know. It is difficulty know for a lot of us living in the valley going to -- Pasadena was not optimal. But we only meet six or seven times a year. The holiday season, July fourth, things like that. So not here every month. So even if it is not optimal. Don't want U S C or Cal. State north ridge I want you to encourage you to think, okay, can I do this 5 or 6 times a year, probably. So I would like you to encourage to think about that. Not down there on a weekly basis or what have

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you. And it is a way to keep the chapter going until we maybe find a different location. So I would encourage you to e-mail us with any suggestions or post it on Facebook so the new steering committee can be, yes.

>>> Just have a quick question. Can you type up all the criteria put them on the Facebook group.

>>> Yeah.

>>> I just want to clear up something with regards to the location at U S C. So it is not U S C downtown where the university is, it is U S C medicine at the medical center. So the medical center is essentially northeast of downtown Los Angeles. So looking at the map, north of the 10, east of the 5. Probably five minutes from either freeway. Have not seen the room but can fit 40 people. So have not looked. But will discuss that, and hopefully they cover parking, that was an issue, but will see if that gets covered. If that changes a vote with regards to location.

>>> That is eagle rock.

>>> Yeah do want to change my vote.

>>> Okay something to keep in mind to clarify first of all as of right now we will be here, through, unless we get the U S thing going, have knowledge at least, we are able to be here through March. So April could be the first meeting where we transfer over. So here for a while. So don't panic.

Other thing I do want to say something else to think about. We did lose some people because of being in a medical set. People did not want to go to the hospital, once we left the hospital came here people came back. So there is that stigma. I know people that don't want to meet in a hospital. Don't want to feel. Just something attached to that so another thing to think about.

>>> I do want to change my vote since it is U S C K E K, I worked there, the parking sucks. And neighborhood sucks. I changed my vote.

>>> Yeah happy to see a lot of people actually said that. So I think Sharon will investigate parking. I believe we are getting the venue for free. But parking is a paid thing. But the chapter would pay for that. So don't feel. So wherever we go, you are not responsible for paying for your parking. So that is something we will the chapter would pick up as an expense.

>>> I just thought of one place, they don't charge for parking on the weekends. Los Angeles valley college, they have two buildings, or three buildings on the big side 40 to 100 people the building I am thinking right now, at the school, it is a lot of times open. Just need to let the school know ahead of time. You have an event. Parking would be free they would not charge for H L A A we don't though for sure.

>>> That is a great idea. I think that was my thought. U C L A, L A valley college, any of the places can be explored. So those are options. I was going to say we are running out of time , if you have ideas send them to us.

>>> You can send an e-mail out. I have gone to U S C K E K for my audiology appointment, and it is very nice area. Very, it is easy to get to, and so, and parking was paid for.

>>> Thanks okay anyone else.

>>> Want to say when you write the list on the Facebook site put an order of what is the most important. If it absolutely needs a carpet. Or.

>>> We will send out own mail post it on Facebook, would say all equally important. Obviously most important is Saturday. Not neating on Thursday or Friday. So does not need to be carpeted but makes life easier. And we do have people who have you know difficulty walking long distances. Just to be able to have acceptable parking. But like I said open on a Saturday. A lot of the places have availability, but Saturday is not an option. So again will post those. Send an e-mail. And we will, we will let you though what all the prerequisites are. Like I said you can just send us a suggestion. It is up to

steering committee to investigate find the in and outs. So L A valley college, but don't know about A, B, C, that is what the steering committee investigates just send ideas.

>>> Just back to the next meeting November second, that is our preholiday meeting. So two things happen. One is that we will talk a little bit about holidays, how to cope. Other thing celebrating the 15 anniversary, that meet is usually a pot luck. So want to put out there, that meeting if you can think about bringing a delicious dish, that will be part of the celebration, we usually have a pot luck.

>>> Thanks, yeah, fun thanks givingy thanks giving. Um. Anything else? So just really quickly. We have a holiday party every year. Apparently on Saturday December 14. Heather, don't know if you know her, she was the President before I was, she has generously offered to have the party at her house. Lives in San M A R I N O, little hike, but guess what, it will be fine, we have had parties at heather's before, beautiful home. Just, it is a great, great time. You know, we do a gift exchange. We eat, you know, gross amounts of food. Just a good time. A little bit of a hike. But, I think that, it is definitely worth it to go out there. Just got a she just has an absolutely beautiful home. And.

>>> Giving grace a break this year.

>>> Okay! Can we all give around of applause for James. And Joanne helped. You guys are great. Thank you all so much for coming. We look forward to seeing you again on November second. Please, please, make sure we have your e-mails so that we can stay in touch with you. And don't forget, Doctor Cohen has the tinnitus information. That is something she mentioned, was not real clear. She will be speaking for H L A A national as a webinar. So on tinnitus, a similar seminar, but not the same. October 16. Will send out an e-mail letting you know. Will post it on Facebook. I believe if you cannot watch the day it is , I don't know, that it is on. They archive their things. So any way thank you so much!! And we will see you next time!

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>>> Want to say one thing. One final thing. One more really quick thing folks. Just going to one more thing one more thing. I just wanted everybody to thank Jennifer for being an awesome President!

>>> Thank you been a pleasure. Unfortunately don't have any more time, getting my masters and just to busy right now to stay. So. Was actually going to hopefully meet about that. A new President. Thank you!!