Signia Government Services: November 2025 Connexx Fitting Software Tour

Presenter: Caitlin Turriff, AuD

You hello and thank you for joining the Signia Government Services November 2025 connects fitting software Tour on Audiology Online My name is Caitlin Turriff and I am a government audiologist here at Signia. On the screen you'll see some frequently asked Questions. Handouts are available in the classroom and under the pending courses in your account. You can earn CEUs by completing the Multiple Choice exam after the webinar. Please note that you do need to be a paid member of Audiology Online in order to earn those credits.

If you find you need assistance or tech support during the webinar, you may contact Audiology Online's tech support by calling 800-753-2160 or emailing them at customerserviceudiologyonline and next you'll see the learning outcomes for today. So by the end of the course you'll be able to describe and complete the simple first First Fit process to fit a Signia hearing aid. You'll then be able to discuss how the flexibility of the dynamic soundscape processing 3.0 can enrich the real time conversation enhancement adjustments. And finally list the steps and benefits of running OwnVoice Processing 2.0.

And on the screen here you'll see the risks and benefits for today's course. You can also find these in the handout section if you'd like to read through them. And there as a reminder, you'll also find the handout there for today's course. Feel free to download all of them.

All right, and let's get started. So with the November 2025 update, you'll find that we now have an inclusive and full range of product on that IX platform and the goal is to have something for everyone. We want inclusive and thoughtful devices and designs that are going to have something for everybody. Those with a mild hearing loss, those with a profound hearing loss, those that are just fine with one of those traditional, traditional look of hearing aids, and those that want something more sleek and modern.

So to provide a little overview of one of the new products on contract, I do want to start by saying our mission is simple. We want to ensure the power of conversation is accessible to as many patients as

possible. And we do know that everybody is unique, so one design might not work for everybody else. And that's again why we wanted to offer a wide range of products.

And that is a great example of what we do with our custom hearing aids. For clients who prioritize size and discretion, our nco, IIC and CIC offer our smallest custom solutions. They're Potentially almost invisible for some patients. And these groundbreaking devices are the only single microphone custom models in the world that have built in directionality, which enables better hearing in noisy environments. And for those who seek discretion and advanced performance and may not be as concerned about how visible the hearing aid is, the Incio Full Shell and Canal deliver the benefits of the dual microphone systems with innovative real time conversation enhancement technology.

And these devices are designed to excel in even the most challenging situations such as group conversations and noisy settings by providing unparalleled clarity and confidence. So let's empower more people to unleash the power of conversation together.

And then the other new product on contract is the Motion Charge and Go ix. And with this launch, we wanted to make sure that even those people with that profound level of hearing loss have a solution. On our portfolio, all three levels of the bte, the M, the P and the SP are rechargeable and they are Bluetooth enabled. So you'll see the battery life on these. They get up to 32 hours with 5 hours of streaming on that moderate the m, up to 30 hours with 5 hours of streaming on the P and then a really amazing 65 hours with 5 hours of streaming on that super power.

And these also have some added features. There is that LED light on them to indicate when the hearing aid has powered on or has powered down. And on the underbelly there is that visibility window where you can see not only the serial number but also the side indicator. And these are also equipped with telecoils to help those patients lock into those looped environments such as a church or another place of worship, government building, performing arts center, just to name a few.

So on the screen you can see that we really do offer a comprehensive portfolio based on the patient's needs. There's truly something for everyone. We have stylish and modern looking hearing aids, hearing aids that are easy to use for mild to profound hearing loss. So it's time for your patients to experience the Signia hearing aid experience.

So let's move on to the software. The agenda for today is to go through the easy first fit and then also highlight a lot of these different features that are available in our software.

And with the contract update there is a new version of Connects. The new version is 9.13.10 and you're able to check this by going into the software, looking about at the help and it will show you which database and connects version you are working with.

So I'm going to move over to our software now and I am currently running the NOAA version of software. So this should look pretty similar to what you are used to seeing. I have the patient file open, and I'm going to take the hearing aids out of the charger. Now, with that handy LED light, I can see when the hearing aids are powering on, and it looks like they just did. So I'm going to go ahead and hit detect hearing aids.

And it's good to wait until those hearing aids have fully turned on before you hit detect. I like to say wait a good 10 seconds, just because that makes sure the hearing aids are fully booted on. So you have that good likelihood that both hearing aids will be connected on that first try. And the great thing about the VA is that we first fit the hearing aids for you. So when they arrive at your office, everything you put in the rose order with that audiogram is already in these hearing aids.

So all you really need to do is go down here to readout connected hearing aids, select that and hit. Okay, if you'd like to double check that the right and the left are appropriately selected, you can go

ahead and hit the little microphone icon here, and it will play that detection noise in that hearing aid. So then you can verify that the right is truly the right and the left is truly the left.

So I'm going to go ahead and read out these connected hearing aids.

And don't worry if you happen to go past that too quickly and hit First Fit. I'll show you what to do in that case. 2.

So it should pop up on this first fit screen here.

And since everything is selected, the mold type is here. That should match what you put in rows. And the default in rows is also the fitting formula with our proprietary iXfit. On experienced, you'll know that the hearing aids are first fit as well, because you will see this green check mark up here next to First Fit on that left hand column. Now, if you did happen to hit first fit or new fit just by accident, what you'll do is you'll still go down here to this screen.

And then all you really do is kind of start here at the acoustical parameters and make sure that whatever is selected here is what is on the hearing aids. Our gain curves do change considerably depending on what acoustical parameter has been selected. Just to give you a sense, that's what happens. If I change that to power and changing that to open, it changes it quite a bit in a different direction. I'm going to bring this back to Tulip Domes, because that is what I have on my Hearing aids.

And then all you really need to do is go over here to fitting formula.

IxFit, again, is our proprietary fitting formula. It is based off of NAL NL2. It tends to be a more comfort based fitting formula than NALNL2. So I like to really recommend this if you have a brand new user, especially if they have had a hearing loss for a long amount of time and they are just now getting into

amplification. Also, if you have a patient who has sound tolerance issues, maybe a lot of recruitment hyperacusis, they tend to do better with IXFIT as well.

And because IXFIT is based off of NAL NL2, I have not heard of any major issues reaching those NAL NL2 targets. When you run real ear, it tends to do really well and be really within those parameters and tolerances. If you do choose to fit a different fitting formula, you'll go up here to the dropdown and here you can see those different fitting formula options.

Now, you may have noticed that I skipped over feedback test. I did that on purpose. And that's because it's really not necessary to run the feedback test. Our feedback system is on automatically and it's already optimized to prevent any feedback from occurring. The most recent iterations of it are running on all four microphones.

So each microphone on the hearing aid separately. It runs on both processors separately. So if you remember that AX and IX hearing aids have two 48 channel processors on them. So each of those 48 channels on each of those two processors on each hearing aid have separate feedback systems working simultaneously. All that means is that it's a really robust and stable system.

And running the feedback test tends to be redundant and not necessary. But should you choose to run it, you can access this here on the first fit screen and then on this feedback test tab.

Now, you may note that.

Well, what I was going to say is you always want to make sure that the green check mark is active. Oftentimes if you change something in the screen, that green check mark may go away and you'll have to recalculate the fit. If that happens, just go ahead and hit recalculate fit. Overwrite your fine tuning and then your green check mark will come back.

Another thing that I want to talk about when we talk about the feedback test is looking at the hearing aids you have selected and that matrix that is selected. A great way to double check that is to go into the hearing aids tab here and then toward the lower right hand side or that lower right quadrant you'll see the fitting range there. For the audiogram, we recommend making sure that, that those thresholds are centered within that fit range. If you tend to fit something that is having too much gain, like I'm going to go ahead and show this M receiver here, there's a lot more headroom that is not necessary. So we recommend going with that more conservative fit.

What is going to really fit within that center of that fit range? If you go with an M a P, hopefully not an hp, what that can introduce is own voice issues. It can cause some distortion in the sound. On the other hand, if you choose something that might be pushing the limits. So if I had thresholds that were here at 40 down to, I don't know, 70 here, you don't have enough fit of enough of that headroom and it can cause some feedback to occur.

So bottom line, look at the audiogram, look at the fit range and choose something that is more centered. Should their hearing loss worsen over time, you're able to pop on a stronger receiver and then you are able to have that, that audiogram.

It'll be fit appropriately. All right, so let's go back over to the fitting.

So when that first fit is completed, we next recommend going to own voice processing. An own voice processing, or ovp is a unique feature of our hearing aids. It's available on all binaural behind the ear fits. So that is for Rick Styletto and our new btes. And the great thing about OVP is it's measuring the timing and loudness from the mouth to the hearing aid microphones.

And then those microphones share information binaurally which then allows the hearing aids to recognize when that hearing aid wearer is speaking and reduce gain for their own voice when they are talking. We recommend running this as part of your first fit because then you don't need to ask them, oh, how does your voice sound? And then they go, oh no, it sounds really loud. And then go through this. If you just start it right away, then that can really make sure that the any problems are addressed right away.

And what you can do or what you will do is you'll make sure that the patient is wearing the hearing aids. I'm going to put mine in so I can run this and show you. And then you are going to click on go to training.

Once you go here, you will see the instructions on how to run this. So basically what you want to do is you want to make sure that the background is as quiet as possible. No, you don't need to be in a sound booth with the door closed. But just make sure that there's not a lot of extra noise going on in the environment. You want to make sure that they are not directly facing or very close to a reflective surface, such as the wall, a window, your computer screen.

You want to make sure there's that at least 1 meter distance, which is a little over 3ft. If the client's chair has a headrest, you want to make sure that they're sitting upright and away from it. Same thing. You don't want them all hutched over. You want them to kind of have their chin raised just to make sure that their voice is going away.

If the patient happens to be wearing a face mask, if they they can wear, they can still do this without removing the face mask. If they are a little hoarse that day, same thing should not have any impact on this test. You'll go ahead and click next and then you'll see that they are. You can start that training. Instruct the patient that when they hear the beep in the hearing aids to go ahead and begin counting, starting at the number 21.

We recommend starting at 21 because there are more speech sounds in that and they're less likely to have a lot of gaps when they're counting. Think about 21, 22, 23 versus 1, 2, 3. There's always going to be a little extra pause when you start at one. And they should also talk in a nice assertive voice. I like to liken it to talking to somebody across the room from them.

And if they're not comfortable speaking in English or counting in English, they can count in whatever language is most comfortable to them. So let me show you how this is done.

21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34. And then you'll see that that test is complete.

If it doesn't run the first time, which can happen, go ahead and reinstruct to make sure that they're following your instructions properly. Always make sure that the NOAA link wireless is close. I've had some colleagues of mine recommend even having them hold the connects air and act like it's a microphone, just as another way of getting them to speak loud enough. And then also making sure that the NOAA link wireless is in a close enough range to give you an idea of where mine is in relation to me. It's roughly two feet from where I'm sitting.

But when that is complete, go ahead and hit close and now you'll see that there's that nice golden highlighted area below that thick black line and that shows the amount of own voice reduction. The default is always going to be at medium and we recommend keeping people there kind of just by default. Most people will be there. If you find that after you run it, the patient's like, oh no, I need a little bit more of my voice. Go ahead and move removed.

Go ahead and move them to max. And that's going to increase the amount that their own voice has reduced. On the other hand, you run it and they're like, hey, my voice sounds a little too soft. Move it to minimum and they will gain a little bit more of their own voice awareness back. But again, medium is

going to be a good catch all for most people.

If for some reason you need to turn it off, go ahead and untoggle that. Own voice processing will be disabled. But again, it's something we recommend for all patients at that first fit.

And then another good thing to note that if you have run it, you will see that additional check mark right here.

All right, next I'm going to move into dynamic soundscape processing 3.0. And the nice thing about the dynamic soundscape processing 3.0 or DSP is that this is controlling that real time conversation enhancement and everything that's going on in that universal program and on the screen here. I actually recommend thinking about it as two different halves. You have the top half which has those cartoons, and then that bottom half which has those different gain handles. So I'm going to first talk about that top portion.

So what you're seeing here, when you're looking at this is the amount of voice boot or the speech boost that's provided. And you can see that in these vertical red lines. I kind of refer to them as thermometers. So the higher up these lines go, the more speech boost you're getting. It's also looking at how much environmental sound is being amplified or let through.

In this one here you can kind of look at it by how many of these little semicircles are bolded and also by how much of the background is visible. So here you see four of these bolded semicircles. You can pretty easily see the background when you move here, only three of them are bolded, the background's a little more faded, and then over here, only two are bolded and the background's even more faded. So to put in more real world scenario in a quiet environment, you're going to get a moderate amount of speech boost. And a moderate amount of sound suppression.

In a more moderate environment, you're going to get a little bit more speech boost and a little bit more sound suppression. And then in that liveliest, most dynamic environment, you're going to get the the most amount of that speech boost and the most amount of that background noise suppression. And this is in that balanced setting, which is the default. And this should really work for 99% of the people you work with. We recommend keeping it there.

However, we do know there are situations where a patient may come in and some adjustments to here might be needed. So let's say the patient comes in and they say they are really still struggling to understand speech. They're getting too much background noise. You can start bringing balanced up toward highlight. And while I do this, you'll see that those thermometers are rising up.

And also the bolded areas, semicircles in the background are becoming less and less visible.

So an example of when you might want to activate this is if your patient comes in and says that they're having trouble understanding speech. They have poor discrimination on an audiogram. Maybe they have sound processing issues. Go ahead and start by bringing that up one step toward highlight. We recommend making little baby steps on this, not jumping all the way up to the second highest or highlight right off the bat.

Start at that first set.

On the other hand, taking it toward awareness is going to reduce the amount of speech boost and increase the amount of environmental noise that's available. This would be for someone who really wants more awareness of what's going on around them. Maybe they're used to more omnidirectional fits in the past. Go ahead again and start by taking them one step down toward awareness and then gradually increase that if needed.

So that is what that top portion is doing down here with sound equalizer. What I like to do to really make sure I have shifted gears and I'm thinking about sound equalizer on its own. I like to go down here to this little icon that looks like a closed eye with those little audiogram icons. Open that up and you'll see the gain curves. So what we're doing down here with sound equalizer is we are looking at the gain offsets that the hearing aid will do automatically when it recognizes it's a quiet environment, a noisy environment around music or in a car.

And you may have noticed that the gain curves become ungrayed out when I clicked on noisy music in car. And in quiet, they're not. They are grayed out. And that's because quiet is your home base. This is what you have adjusted in your fine tuning section here.

So that is kind of just where the gain is set. By default, when you look at noise, you'll see that the gain is set to zero up into 1.5 kilohertz. And that means that the gain is going to stay the same through 1.5 kilohertz when the hearing aid detects it's a noise, and then when it detects it's a noise, it's going to increase gain above 1.5 by 1 dB. Similarly, if you look to music, you'll see that there is a bit of a bass boost, a 2dB increase between 0 and 375Hz, and then a 1dB boost between 375 and 625. And everything else remains the same.

And then cars, kind of the opposite of music, you're going to see that 2dB reduction up to 625Hz.

So let's say the patient comes in and says, you know what? I'm still really struggling in noise. That background noise is too much and it's covering up speech. So some things you can do, you can change your handles from anywhere from 1, 2, 4 or 8. I personally like to keep it in either 4 or 8, depending on what I'm doing.

In that scenario, they're struggling in background noise. I would go ahead and start taking the gain at the lowest view frequency frequencies down by either 2 or 3 dB. Now, these are automatic adjustments

that the hearing aid is doing once it detects it's in noise. So we recommend keeping it between that 1-3 DB reduction or increase, because we want to make sure that these adjustments are seamless. If you go too far out of that, those automatic adjustments can become more obvious and audible to the patient and less seamless.

So we recommend starting at these smaller steps and then changing down the line if you need to. So now that I've adjusted that, I may even take some of those high frequencies up just a tad to give them a little bit more access to those speech sounds. So now you can see here that they're getting a little more reduction in those low frequencies by default when they hear, or automatically when the hearing aid detects it's a noise, and then a little bit of a additional boost in those high frequencies.

And if you need to make changes to the others as well, you can go ahead and do that too.

So now that you've done this, you can go into your fine tuning and the sound and loudness here. Is where you will be making those gain adjustments. And I hope you've noticed that when you're in this gain screen here or you go into sound and loudness here, the default screen is going to have your soft, medium and loud inputs. And we made this change because we heard loud and clear from you all that this is the way you prefer to adjust your hearing aids. As opposed to the frequency shaping, which is an overall, it's adjusting all three of those gain handles simultaneously.

So you wanted to be able to see these three inputs by default.

So what I like about this here is you're able to, if you're adjusting for real ear, you can highlight a full row, you can highlight a column, and you can also highlight a customized range. To do that, you'll put your cursor on one of those rectangles, hold down the mouse key and drag. And that way you can have that custom range.

You may notice too that the only the right ear is highlighted. The left is also selected by default. The right and the left ears are coupled. So if you watch the the numbers here, the gain numbers, as I increase, I'm going to use the 2dB or the 2 arrows, which is actually a 3dB adjustment. So if you watch the numbers on the left, you'll see that that adjustment is also applied over there.

Again, the ears are coupled by default.

So if you're trying to match those real ear targets, depending what you need to do, you can either highlight the entire row or select the handles you do you need. You can also change the number of handles and go all the way up to 20 if you need to.

And then again, the one arrow is a 1dB adjustment and the two arrows are a 3dB adjustment.

One other thing about gain that is good is if you have that patient that comes in and says, you know what, everything sounds great, but when I open a bag of chips, turn the paper or to turn a page in the newspaper, it's just too loud. This is a great screen to make those discrete adjustments. So when that going in and highlighting those highest frequencies in the loud input and then taking that down a little can help take that off that edge off of those sounds without sacrificing gain in other areas.

Again, frequency shaping, this is going to adjust all three of those gain inputs simultaneously. And I think this screen has a time and a place. I think it is a great way to go if you need to make an overall gain adjustment. If they say, you know what, everything is just too loud or too soft, I like this because it can then Control everything.

The last thing I want to point out on this screen is the mpos. And I like to point this out because we show MPOs different than my hazy memory of other manufacturers do. So when you go here you'll see that oftentimes these are going to be at zero. Zero means that those MPOs are at that maximum power

output. And that is going to be based off of the matrix of the receiver.

Because I have an S receiver, that means my ceiling or mpo is at 110. If I come down here and I see that they are set at let's say this -12, that 110mpo is now 98dB. So it's been reduced by 12dB. You can also see it visually by those diagonal hash marks up here. It'll show where those MPOs are cutting in.

In general, I think it's good to keep them as close to zero as possible. And these will be based off of your UCLs.

And now we're going to jump into audio streaming.

And this has been a big question we get because streaming from cell phones is so important to so many of the patients you see. And we do this in a few different or we have a few different options of doing it. We will differentiate between the audio that you're streaming. This would be what you are getting through the phone. When you're listening to a podcast, music, YouTube, anything like that TV is going to be what you are streaming through that new TV sound.

Or if the patient is in a legacy product or an older product and has the streamlined TV and then hands free is going to be for those Apple products that have or the non classic Bluetooth products where the hearing aid is picking up their voice and their voice and they are able to talk without the phone nearby. So you're able to adjust the sound and also the microphone levels, how much the microphone is picking up on the environment for each of those separately. So just keep that in mind. So when you're looking up at these, I call these equalizers, you'll see how much gain is being boosted or reduced from your home base gain. And again that home base gain is going to be whatever you have set in sound and loudness.

This zero line here is going to be that home base. And oftentimes what you'll see is there is a bit of a bass boost. That means that the patient is hearing more of those low frequencies. They're getting more gain offsets of that when they're streaming. Oftentimes you'll see a little bit of A reduction in this mids and kind of close to zero toward those highs.

But again, these will vary depending on the audiogram, how open or closed the fitting is, and yeah, the severity of the hearing loss. If the patient comes in and says that they need things a little bit louder, one thing I like to do is change this to one handle and you can boost that gain up a little bit. If you have one of those sound engineer type people, you know those types of patients, and they're like, you know what? I can tell that it's right at 3k when I'm not hearing I need a little bit more of a boost or a reduction. Then maybe you need to go into more of those smaller handles and you can go in and even highlight what you're looking at here.

Click on that and give them the boost in that specific area they want.

And again, you can make these changes separately for tv. All of these will have a little bit of a different frequency response just based on the sound source and the, the type of frequency compression and gain and all of that that's already going on in. When you're hearing something through the phone streaming versus the TV streamer, etc. Enhance free, you'll see that it's a little bit different too.

Going to keep things on audio here. So that's how you can adjust that down here on the lower half of the screen. You'll see the microphone level here. The microphones in all three of these cases are defaulted at 70%, so the gain is attenuated 30%. And we do that because typically when people are streaming, they want to hear more of that streaming signal than what they're hearing in the environment.

So giving that streaming signal more of a boost can, can help them feel like they're hearing that streaming signal better. And that's another thing you can do. If the patient comes in and says, you know what, my streaming isn't loud enough. You can take the offsets down a little bit more, which will reduce the amount that the microphones are picking up and in turn, it makes the streaming sound louder. I also like this too, because in my personal opinion, patients should always have awareness of what's going on around them.

But let's say your patient does not want to hear anybody when they are watching TV at home. All they want to do is hear the game or hear the news, hear whatever they're watching. So take that microphone level down to zero. But I like this because then if you go back to audio, if your patient is walking the dog and listening to an audiobook, you can still give them that awareness of what's going on around them, because safety is truly important in most, if not all, situations.

Another thing you can do to make sure that the streaming is going to adapt automatically to any changes in the environment is this adaptive streaming volume. And how this works is if something, a noise starts up in that patient's environment, the streaming level is going to temporarily increase to compensate for that. So let's say your patient is walking the dog, listening to their audiobook. It's a quiet street, then all of a sudden, someone's car comes down the road. The hearing aid recognizes that increase in the noise floor and in turn, it's going to automatically increase the streaming volume to compensate for them for that.

And then when that car goes away, that sound isn't audible anymore. The hearing aid is automatically going to reduce that streaming back to that home base. So that can be really effective for a lot of patients. And if you want them to just not have the microphone on at all, you can go ahead and uncheck, mix with microphone, and then all they will hear is that streaming volume.

All right, so the next thing I like to talk about is the service menu up here.

Actually, I'm going to hold that off for a little bit. What I'm going to go down to next is actually going to be the acclimatization manager. And you will find that under personalization.

So the acclimatization manager allows you to make some adjustments to the gain currently to meet the patient's comfort level. And then knowing that over a set amount of time, that gain is going to go back to where you want them set automatically. I think this is great. If you are working with patients who live a great distance from you, maybe they are more homebound, have a very difficult time coming out to see you. Maybe it's an active duty member and they're going to deploy for a while.

There's a lot of reasons you might want to do this. So what I recommend doing is using the current fitting as the end point. Why I recommend this is I see you going into this after you have everything meeting those real ear targets. Everything is set perfectly. But the patient's like, you know what, this is just too loud and hey, I'm not going to be able to come in for six months.

So you want to use that current fitting as endpoint because you know they will then end up where you have them set right now.

So you have a couple ways you can do this if you are have them in that experienced level. Take them down to new. When you take them down to new, that is actually about 70% to target. So there's a bit of gain reduction there. And on the screen here you can see that the amount it's reduced is actually highlighted gold or yellow here.

So now you know that over this set amount of time that experience level is going to rise from new to experienced. Another thing you can do here, if you need to do something a little more fine tuned for that, let's say it's someone with a precipitous loss and they really can't handle those high frequencies, you can click on individual adjustment here, select the frequencies you want. Again you can change

those handles. But let's say it's something like this and you need to reduce the gain for those high frequencies to make it more comfortable for them.

You can take that down as needed. And then again you can see the highlighted area here. And something too you might or might not know about our software is any adjustments you make in anywhere in the software is automatically saved to the hearing aid and automatically audible to the patient. So when you make an adjustment like this to the acclimatization, the patient can actually hear you drop the gain. So they can say okay, where you are right now is perfect.

That sounds so much more comfortable.

And then when you make adjustments here, you'll see that it says programming. That's because it's applying that in real time. And when it says synchronize all of those settings are saved to the hearing aid. I'm just going to bring that up here to two, back to the zero and then I'm going to go back to fitting formula here and I'm going to set that at new.

So when you have this done, the next thing you will do is go over here to a climatization period. The default is two months, but you can go any from as quick as one to two weeks to four weeks or as long far out as six months. I recommend keeping it at that four weeks or two months just to make sure that they have time to truly acclimate to that gain adjustment over time.

And then when you have that selected, go ahead and hit the play button. And the date you hit that play button will then be populated here. And since today is October 22nd, that's why you see that up there. And then over time as they wear the hearing aids, this acclimatization process will go on automatically and you will see this status bar go up as they wear the hearing aids. So let's say they end up Coming in a month if they're wearing their hearing aids regularly.

Hopefully you'll see this status bar that acclimatization process around 50% complete.

If you need to cancel this for any reason, you can check the box or hit the undo button and then that'll get you out of there.

And that is the acclimatization manager. Next, I'm going to get into Tinnitus and I like talking about Tinnitus a lot because we do have a lot of really unique options with our products. And Tinnitus is available in our entire portfolio of products. You can even use this with CROs.

So what you might want to do is add a tinnitus program. You can go over to program handling and add a tinnitus program if you wish.

Also, when you're in Tinnitus or in a lot of other areas in our software, it will allow you to add a an additional program right here. So I could have gone right here, hit plus and then hit Tinnitus. Either way works. And if you saw that pop up message that showed up just a little bit ago that was just asking if I wanted to activate program change on the right or the left, you can hit okay, make the selection you want. It doesn't really matter because you're always able to go into configuration in here and change that.

And I'll get into that shortly.

So if you add a tinnitus signal program, the sound therapy is automatically going to be activated. If you opt to just keep them in one program. Or maybe you want that tinnitus signal activated in the universal program, go ahead and check the box there.

And when you are going to be adding that tinnitus signal, if you're doing the traditional therapy signals, you have the option of doing a steady state noise. And we have five options to choose from. White, pink

speech, high tone and Brownian. And you can go ahead and play all of those for the patient to see which they like. We also have modulated tones.

These are the ocean waves. And we have four options here. Boulder beach and paradise beach are going to have a fast rise and fall of that modulated signal, whereas Rocky beach and pebble beach are going to have a more steady rise and fall and longer amounts of time where that modulated signal is present. They will be those amplitudes are going to be interspersed with either no sound at all, which you see in Boulder beach and pebble beach, or as in paradise beach and Rocky beach, there's always going to be some level of underlying masker. But then you have those added amplitudes if they need to hear more of the signal, go ahead and rise, raise or lower, or if you want to increase it, yeah, you'll rise that.

So that signal is more audible to them. Mixed with microphones just means that those microphones are active.

The other thing we have in tinnitus is our notch therapy, which is unique to us. To be a candidate for notch therapy, the patient does have to have tonal tinnitus or pitch matchable tinnitus. So a pure tone. Hissing, buzzing Anything that can be pitch matched. It's also best that they have a hearing loss because when you activate the notch therapy, that half octave around that matched pitch is going to be muted.

So there needs to be that difference in with gain and having that notch out. The easiest way to do the matching is either the direct entry. If you are doing this in the booth, manual matching is the same thing as doing it in the boost. You have the start test. You present by pressing that middle button to increase gain or decrease gain.

You're going to use up arrow to increase gain. You're going to use the bottom arrow to change frequencies right or left. And you can go down to that sixth octave.

The guided matching. This is going to be. I like to think of it as when I'm going to the eye doctor to get my contacts and glasses updated. What you're going to do is you're going to hit start test and then this is going to bracket it. So you'll say, okay, Mr.

Patient, I'm going to play two tones for you. Tell me which one is closest to your tinnitus. It will not be a match, but what's closest? They will select which one. Then it's going to bracket.

So same thing, Mr. Patient, which is closest.

And when you have matched that same frequency three times, try to get this as quickly as possible here.

It'll select that for you. So I matched a 2333. Regardless of which of these input methods you use, there's always going to be a frequency test and you'll see two or three, depending on how high that pitch is. Because you have two of those octaves available. With 2333, you will see the three.

And here you will say, okay, Mr. Patient, listen to all of these. Tell me which is a match to your tinnitus. And this is just making sure that you or they have not matched to an incorrect pitch or octave. Hopefully they will select the same one there.

When that frequency check has passed, you will see that golden vertical line here, which corresponds to that frequency. And then it's important to activate that notch in any and all manual programs because they do need to be without that gain at this half octave for at least eight hours a day. And since your patients are probably wearing their hearing aids, they're hopefully wearing their hearing aids all day.

Regardless of what program they're in, they will be getting the benefit of this notch therapy.

And that is our tinnitus.

So I mentioned configuration earlier. This is where you can go in and make sure that the hearing aids are set up as you need them.

A lot of our products on contract are SCIF compliant. And if you have a patient who needs SCIF compliance, this is the screen you'll go on to make that product compliant. You'll go down here to where it says call control for Hands Free and you are going to uncheck that box. And what that is doing for AX&IX; products is it's enabling the ability for the hearing aid to pick up the wearer's voice. Keep in mind that if you are fitting a bct, making it SCIF compliant will make it so that the hearing aid is not streaming phone calls at all.

So the patient will have to rely on their phone's, their phone speaker to listen to that phone call to enable the rocker switch. So let's say maybe you hit yes to that program change on the right and oh wait, the patient really wants it on the left. Go ahead, use that drop down. You can change the it back to volume on the right and add program change on the left. System sounds is where you can go and lay the different notification sounds for the patient.

If you need to change the loudness of it, you can do that there. So if they need it louder, if you need to change it to a basic tone, you're able to do that too. And if you change it to basic, you also have the ability to change the frequency of that notification tone and then the service tab. So this is a really handy tab to go to if you have that single hearing aid that comes back from repair or for loss and damage. This is especially helpful if the patient isn't able to come in to pick it up or you need to pop it in the mail for them.

What you'll do is you will open up that most recent session where both hearing aids were programmed. Don't hit detect, but you're going to select either program right or program left, depending on which hearing aid was sent in for repair. So let's say it's the right. It's going to detect the hearing aids, see if it lets Me do this while I'm in the middle of the. I'm in the middle of a session, so it's not showing me that.

So hold that thought, we'll get back to it.

The last thing I was going to do in the software before that is going down here to this big connect button down here. So we recommend that when you are done with that session, go down here and hit disconnect. And what that is doing is it's disconnecting the hearing aids from the session and has the added benefit of making sure that that Bluetooth signal is severed from the hearing aids to the computer. That can make for an easier time pairing the hearing aids to the phone or having the hearing aids reconnect to the phone after that, after that programming session. The other nice thing about that disconnect button is let's say the patient needs to take an important phone call when you're in the middle of the session or maybe they need to run to the restroom.

If you hit disconnect, the patient can leave. When they come back. As long as those hearing aids are still or as long as the session is still open, you can go ahead and hit connect and then it's going to reconnect those hearing aids to the software.

And since I did not turn my hearing aids off, they are just going to reconnect as you would expect.

And that can make it a lot easier for you. So again, I'm going to disconnect now. I'm going to go up here, I'm going to put my hearing aids back in my charger and I'm going to show you that service menu. Or I'm actually, I'm going to save. And you will always need to save this.

So it'll store as a new session in your Noah.

Okay, so I'm going to take the left hearing aid out and I'm going to show you that with a service menu. So let's say I just got the left hearing aid back as a loss and damage replacement. Wait for the hearing aid to turn on. It is on now. So I'm going to go to service program, left hearing aid.

It's going to detect that hearing aid. Hopefully it'll show up here. Yes, it did. And what you'll do is go ahead and hit. Okay.

And what it's doing is it's putting everything in that session, including that firmware version in that session, back into the hearing aid. So now when you get that service programming is successful, it's safe to let that hearing aid go back to the patient. The family member can pick it up. Patient can pick it up, you can send it in the mail and it will reconnect. Connect back to that other hearing aid of the set.

That can make your life a lot easier.

All right.

And that brings us to the end of this course. So thank you for joining us today and for taking the time to learn more about the Signia Connect software. If you're interested in learning more about our products or the software, maybe you want to deep dive into anything in more detail. We encourage you to search our courses on audiology online. And always you can reach out to us for assistance.

Our dedicated government service employees are happy to make that appointment or a quick teams call to review anything with you. And to reach us by phone, you can call 1-800-955-4327. Thanks again and have a great.