

This unedited transcript of a AudiologyOnline webinar is provided in order to facilitate communication accessibility for the viewer and may not be a totally verbatim record of the proceedings. This transcript may contain errors. Copying or distributing this transcript without the express written consent of AudiologyOnline is strictly prohibited. For any questions, please contact customerservice@AudiologyOnline.com.

Xperience Connex 9.1: A Basic Software Tour Recorded October 1, 2019

Presenter: Lisa Klop, AuD
AudiologyOnline.com Course #33754
Partner: Signia

- - [Instructor] All right. Hello everyone and welcome to our webinar today on Connexx 9.1. This webinar is focused on a basic software tour really intended for some of our new providers that may not be very experienced with our software. If you have been working with us for a while, you may find the first few minutes of the presentation really relevant as we'll be discussing what is new with Connexx 9.1. But remember this is a CEU webinar and if you wish to obtain the CEUs, you do have to remain logged in for the entire webinar. But I just wanted to kind of put that description out there so everyone's expectations are kind of on the same page. So we do have a few housekeeping items. One you will find attached in the file share pod at the bottom of your screen a programmer guide. So this is for our NX platform. You'll see all of the necessary programmers that can be used for different products. When we start talking about programmers for experience. And you'll see a slide on this in a moment, but the required programmer is NOAHlink wireless only. So that makes it pretty simple for the experience platform to know which programmer is compatible. Let's move ahead with other housekeeping items. This is a CEU course. And total access online members can obtain the CEUs for this course. You do have to stay logged in for the duration of the course in order to be eligible to earn the CEU credit. You must take the exam following course completion to earn the CEU credit. We ask if you have any questions or concerns that you contact Audiology Online at 753-2160. I am very pleased that Signia has a great relationship with Audiology Online and we have lots of offerings with both live and recorded events and we would encourage you to visit the Audiology Online website for additional events from Signia.

Learning objectives for this course. So after this course, participants will be able to identify new programming features in our Connexx 9.1 software. After this course, participants will be able to explain how to program new products in the Connexx 9.1 software. And then finally after this course, participants will be able to describe adjustments that can be made using the new YourSound menu or the dynamic soundscape processing menu in the Connexx 9.1 software. So let me just spend a few

moments to give you a broad overview of the Signia experience platform enabling hearing instrument wearers to hear what matters to them. When we talk about YourSound technology, you want to think of YourSound technology as kind of the result of all of our dynamic soundscape processing and our own voice processing. And we'll review that. For the first time, we are using both acoustic and motion sensors. So we do have integrated motion sensors now in our experience platform for our hearing instruments, so integrated right into the hearing instruments. Our dynamic soundscape processing, enabling for our wearers the most natural sound and access to speech in every situation even when moving. So this comes into play with our acoustic sensors. So taking into consideration many aspects of an environment, enabling sort of two different layers of directionality if you will. Allowing our patients to experience the best of both worlds with both awareness and access to speech, even in noise. And then with our motion sensors, recognizing that our listening needs may be very different when we're in motion versus when we are stationary. And now with that technology integrated into the hearing instrument, we can make sure that our patients are being able to access those sounds even when they're on the go. And then our own voice processing, which has been very successful with our NX platform comes forward on the experience platform of course, allowing our patients to experience that very natural sounding own voice.

So for the first time with both acoustic and motion sensors coming into play the hearing instruments not only can understand where the wearer is, but also what they're doing and the sensors using dynamic soundscape processing, own voice processing, all of this all together the result is your sound technology. So think of it as kind of a customized output for our patients, again, depending on what type of environment they're in and what they're doing. So I like to say your sound, I think it really sends home exactly what the technology is doing. So let's talk about what's new in Connex 9.1. So you'll see here a small screenshot. We will be going live into the software in just a moment. So no worries there, but let's just review everything that's new. So you do

see this menu now, a new menu for the experience platform you'll see is dynamic soundscape processing and this is adjustable in our software. So remember when we described the experience platform and what's going on, you know, the ability to have sort of the best of both worlds with directionality and that's provided by that default balance setting. But the hearing care professional also has the ability to adjust that in the software for a more awareness type setting or more environmental awareness or a more highlight setting, which is gonna be a more focused type of setting. We have the ability now with our snapshot feature to do an A, B or what I like to say even an A, B, C, D, E, F comparison if that's what you would like to do. So we'll go over that when we go live in the software, but you see the icons right there in the toolbar. So the ability to save certain settings within one session to allow you to easily have your patient experience comparing different settings. The hearing aid filter options, we've actually moved to the left hand side of the screen instead of at the top when you're in the hearing instruments tab. So a way for you to take a look at the different platforms and you can filter the list by the type of hearing instrument or maybe you only want to see a certain form factor or maybe you just want to see which hearing instruments are telecoil compatible.

So that's available and has moved to the left hand side of the screen as you see here in this screenshot. TeleCare, those of you that are using our TeleHealth application you'll notice that in the software, we now very intuitively have all of the Telecare functionality in one location with one drop down menu. And again, we'll look at that live in a moment. We also have improved programmer handling. So right in the software it's very easy to determine which programmers are appropriate for which products. There's also a NOAHlink wireless update that is available through the HIMSA website. So we do encourage you to go ahead and update the firmware for your NOAHlink wireless. So as I mentioned before, the experience hearing instruments will be programmed using the NOAHlink wireless. So it's the NOAHlink wireless only that's needed for programming these hearing instruments, even though the hearing

instruments that we're launching initially on this platform is a traditional 312 form factor with regular zinc air batteries. You are not able to use the battery pills in these hearing instruments. You'll see when you open the battery door that it does look a little different than our predecessors of this form factor. So with experience, keep in mind program with NOAHlink wireless only. And then this is a screenshot of the programmer guide for our NX hearing instruments. As I mentioned before, this is downloadable from that file share pod that's in the bottom of your screen so that you can have it for reference. So let's go ahead. I'm gonna share my desktop that will take us through a complete tour of the Connex 9.1 software. So just a moment while I switch the view for you. All right, so you now should be seeing an image of my screen. So I am in a standalone version of our software. I will briefly go to the home button up here in the upper left hand corner and show you what the standalone home screen looks like.

Those of you that use NOAH will see no client list button because NOAH is managing your database. If you are using standalone, you will see this client list button. I have gone ahead and placed a test patient in my standalone software into the database. Let me just show you. I have entered just a standard sloping type hearing loss for this patient. When I click the hearing instruments tab, this is what I referred to earlier where you're now seeing all of the filter options for the products on the left hand side of the screen. So right now since I have the RIC radio button selected, I'm seeing all of our RIC form factor hearing instruments that are programmed with this version of software. If I wanted to see just hearing instruments that are Bluetooth enabled, I can do that. If I wanted to see rechargeable instruments, so you can see how you can filter the list however you need to. If I wanted to see just our custom instruments, I can also do that. So for our webinar today, I'm gonna go ahead and simulate a pair of our Pure 312 7X. Notice, in this case, I do have an S receiver selected. And if I click this little magnifying glass in the lower right hand corner, then I can see a bigger image of the fitting range of this particular hearing instrument with the audiogram superimposed on that. So in this case, for this audiogram, the S strength, the receiver is actually a very appropriate

choice. So, looking at something, if I were to select a P receiver, then you're seeing the hearing loss actually does fall within that fitting range. But I always say, for some form factors, less is more. So in this case I would stick with a S receiver for this patient. So let's go ahead and you'll see on the screen I can select this computer icon. This will initiate the simulation. Before I do that, let me just point out one other thing here too is that the product details, if I were to click that, it could bring me to a separate menu with access to information about that hearing instrument including a PDF of the spec sheet. You'll also see on this screen one aspect of our improved programmer handling, and that is I can see compatible programmers for this hearing instrument in the hearing instrument tab in our software. So I'm gonna go ahead and click simulate.

And everything that's gonna happen at this point would be exactly as if I had live hearing instruments connected. You'll now see that I'm in the first fit menu and as we walked through the first fit section of our software, you're gonna see five different tabs across the bottom. First is a very important tab and this is our acoustical parameters where we need to tell the software how we're coupling the hearing instrument to the ear. So let's say in this case, I decide to use a Click Dome and I want to use one of our click sleeves, which have been very, very popular. Some of the advantages with our click sleeves include better retention, better comfort, and the like. So we're gonna, in this case, because of this audiogram having some low frequency hearing loss, and the ability to run our OVP, I'm gonna choose to close my patient up a bit. So I'm gonna use click sleeve closed on both sides. We also in our software with the next tab with insitogram, you do have the ability to do a threshold check through the hearing instruments and you can decide whether you want to use the insitogram for first fit or the audiogram that has been imported from NOAH or manually entered in standalone. With the next tab, this is where you're gonna run a CGI measure or critical gain. This is our feedback test, if you will. My suggestion for this measurement is only run it in the cases where you're receiving feedback. Our feedback management system is very effective using a couple of layers of different technology. And so our feedback

management is very robust. So I would run this measurement only in those situations where it's needed. It's very simple to run a critical gain measure. You would just click start for each of the right and the left ears. What happens is you get a short burst of white noise and then you're done. You can also choose to use a statistical critical gain curve. So I can put a check mark there, which allows us to use a statistical curve. And if I come here and actually display critical gain, you'll see that shaded area, which corresponds to a statistical critical gain curve. The next tab RECD, so this is allowing for our Unity 3 real ear system to import RECD measures. And then finally fitting formula. So for our NX or our experience platform, excuse me, the fitting formula is X fit and I suggest that you go ahead and fit all of your wearers to experienced.

We also have the ability to create a hearing profile. So this is a section in our software, which allows based on a few questions and the patient's results of a sound quiz to determine whether they are a more comfort based wearer or a more dynamic based wearer so it is a way in some situations to get very close at first fit to what a patient might prefer. So the procedure for this profile test is first, just identifying your patient's gender and playing the test tone to make sure everything is audible. And then the sound quiz with simulation and I'm not actually able to walk through the entire hearing profile, but the end result would be one of five different selections between comfort and dynamic. So we'll go ahead and close that. Now that I've chosen the acoustical parameters, I've decided whether I wanted to use statistical or a custom critical gain measure. I've identified that I want it to fit with X fit and at an experience level. Before I apply that first fit, notice if I click this drop down menu that I do have access to any of the different traditional formulas that you may want to fit to. In this case, I'm gonna go ahead and choose X fit and we're gonna click first fit. So I'm gonna take this right hand side of my screen, just blow it up just a little bit. And what you're seeing is the gray shaded area is your volume control range as is currently set because I am in gain view, you're going to see the target curve and simulated IG for loud on the bottom. Average will be in the middle. And then target curve and simulated IG for soft is at the top. This

yellow shaded area is your own voice gain reduction setting. And this is gonna be independent when you run that for your patient. So we're gonna go ahead and close this enlarged view. Now that I've applied first fit and I see a green check mark in the software, the next feature or the next step in my fitting will be own voice processing. So in this situation in order to run a satisfactory own voice processing, you would need to have an environment that's pretty quiet. You want to avoid reflections in the room, so not have your patients sitting close to walls or furniture. You want to avoid any chairs with a high back that may cause a reflection to the back of the head. You would also want to avoid the patient facing a computer screen, because that can also be a source of reflection. The task for your patient is to count or read a passage. Counting is easy. You know, I usually have my patients start at 21. 21 is easy, as you count up from 21 to have continuous speech, which is critical for this measurement.

So you want to ask your patient to speak loudly and continuously as they talk. And as they're doing that, the software will take a scan of the shoulder and head area for the patient, basically measuring the arrival time of the signal from the mouth to the hearing instruments. And that's how own voice processing works. And you'll notice that you have three settings. So once that measurement is completed and successful, you get a green check mark. You're going to see the check mark here, and three different settings, default is where the setting would start after the completion of the measurement. I do not do any type of AB comparison with own voice processing. I would rather just treat this as a calibration type of measurement for your patient. And you will know instantaneously when they start talking after running this measurement if you need to make some adjustments. So if the patient after they vocalize for the first time with the hearing instruments on and they still make up comment about their own voice, that's when you can take this measurement to max. If you have an experienced wearer with a significant degree of hearing loss where hearing their own voice is part of being able to monitor their voice, you can change it to minimum or you can even take the check mark off out of activate own voice processing and disable the feature. But I

think those situations would probably be fairly rare. So now we're going to see something that is a little new with our software. And this will only show up when I have experience hearing instruments connected to the software. So you're going to find whatever performance level, whatever platform you have connected, you're going to see the corresponding features that are available. So we're gonna click dynamic soundscape processing. So this is new for our experience platform. So remember when I talked about dynamic soundscape processing and how the hearing instrument is able to take into consideration many different aspects of a patient's environment to determine the degree of directionality and noise reduction in addition to being able to adjust sound equalizer. So it will start out with a more balanced setting. So if you look at this depiction in the software, you see the hearing instrument wearer in the middle and you see environmental sounds, you also see a waitress.

You see conversation in a restaurant. Watch what happens when I move the slider to a more awareness setting. Now you see those images kind of pop out more on the screen. So that means a patient is gonna have more access to these environmental sounds. So if you will relaxing some of the directionality and noise reduction, having them be a little less aggressive, as a professional, you can even hover on some of these or click this question mark. If I change for more awareness to more highlight, now, you're going to see some of those environmental sounds sort of fade into the background. So this is a more aggressive type of directionality, more aggressive noise reduction. So thinking about when you may change that, I would suggest that you stay with a balanced setting for at least the first couple of weeks. Naturally if patients report difficulty in noise, I may move that slider a little more towards highlight. If a patient feels they're missing some environmental sounds that are important for spatial awareness in their cases, you can move that towards the more awareness setting. So now what you're seeing too is sound equalizers. So sound equalizer used to be located in our software under fine tuning. We have moved that to our dynamic soundscape processing section. So if I click that, this is where we see our gain offsets for different

environments but keep in mind that dynamic soundscape processing is going to be automatically steering directionality, noise reduction and other features while looking at all of the different aspects of the input. It considers many more aspects than before because of the power behind the chip. So what you're seeing with sound equalizers that we no longer have some of the speech related types of environments. And sound equalizer. That's because everything is being controlled automatically through your sound or dynamic soundscape processing. But you do have the ability, for example, maybe with music you will already see that there's a gain offset that boosts some of the low frequencies. So you can further adjust that, the car, pretty intuitive. You're seeing actually a decrease in the low frequencies. Noisy environment is actually a boost in some of the high frequencies. So these should be pretty intuitive types of settings. You do have the ability to show the curves in addition to just the offsets. So if I were to make changes here, you could see the differences. If we now turn to the basic tuning, you're going to see this hasn't changed much. So you see a master gain adjustment, you see adjustments for loudness, for loud sounds, medium sounds, soft sounds, speech and sound quality.

Those of you that may be working with us for a while, know that we used to have an own voice control, but that's no longer needed for instruments that have own voice processing. One thing to remember too about own voice processing is that it doesn't require any kind of special training, no certification. It's a completely easy measure. It's adjustable, so very easy to accommodate patients' issues with the sound of their own voice by running this measurement. All right. So let's blow up the right ear again, just so we can see what happens with some of these measurements. So I can move this. I can also resize this window as I need to. So if I wanted to push it in just a little bit to see my controls, I can do that. So if I were to select master gain, what you're going to see is all three curves moving together. So master gain is adjusting in the basic tuning section of our software, about 3-4 dB per click for each input. So soft, average and loud are moving together. I can adjust loud sounds independently. This is a function of

our very flexible compression system. With our instruments, we have two knee points and two ratios, which allows us to make adjustments to these inputs very discreetly, in other words, being able to fix a patient's complaint without creating two other complaints as they walk out the door. If I were to adjust loud sounds, click this up. You'll see the curve on the bottom is the one that's primarily affected. If I were to adjust medium sounds, you see primarily the middle curve, soft sounds, primarily the top curve, and then speech, intuitively, you would see adjustments in all three inputs, mostly for average and concentrated in the mid frequencies. Sound quality. If I click softer, you're going to see a decrease in the highs and an increase in the lows at the same time. So this is basically changing the slope of the frequency response. Exactly the opposite happens with sharper. I'll go ahead and close my enlarged view. Here I'll show you where you can actually uncouple the ears. They're actually coupled together by default. If I select this chain link in the middle, now I will be able to adjust each ear separately.

All right, so now we're gonna go ahead and go to the fine tuning menu. This is where you have more discreet control with frequency shaping, and you have control over being able to adjust soft, average and loud independently. So here in frequency shaping, I am manipulating all three curves together, I'm able to define my channels or handles by the number of frequency ranges that are included. I can take the handles all the way down to one and turn this into a master gain control. I can move these sliders independently for a very discreet control. Notice when I rest my mouse on a particular handle, the corresponding frequency range is shaded. I can also come on the curve directly. Let's go ahead and look at an enlarged view again. If I rest my mouse on the curve until I get a hand icon, I can click and drag and be able to adjust all three inputs simultaneously for that frequency range that's shaded. The green shaded area is the limits that I have for this particular adjustment. I can rest my mouse on a curve until I get a double arrow and in this case I'm moving only the gain for average. If I ever need to undo a change, I do have undo and redo available in my toolbar. I'm gonna go

ahead and close the enlarge curve again and show you that you can have a custom channel grouping if you will, by using a function I call lasso. If I rest my mouse on a particular frequency band and click and drag. Now I could move this highlighted area as a group either using the up down arrows for discreet control or by clicking and dragging. To remove that lasso, I click outside the shaded area. If you had a more open fit, you may see this low frequency optimization un-grayed out and a check mark there. And then you would see corresponding low frequency bands actually grayed out for adjustment.

This is for those more open fits where you would have the signal both entering the ear canal process through the hearing instrument and through the normal pathway. So to avoid that you would have the low frequency optimization to prevent that sort of dual type of processing at the ear canal. If I click MPO, now I can see maximum power output. This is also adjustable. And the shaded area at the top refers to my MPO settings. If I move along to compression, so remember with frequency shaping, you're moving all three inputs together, with frequency, with compression, sorry, you now have access to discretely change settings for soft, that's LI50, average LI65 and loud, which is LI80. So a very flexible adjustment for compression. Now I know that some of you actually prefer to see your knee points and ratios and that is still possible. If you were to first fit to a more traditional formula, you would have an extra tab here that would show your knee points and ratios. Keep in mind that we do have a dual knee point, so two knee points, two ratios. So the rule of thumb, you know, you will see potentially some higher compression ratios for that second CR. And don't let that concern you. Note that if you decide to fit to the X fit algorithm, that compression is still adjustable, even though you don't see the knee points and ratios directly on the screen. Rest assured, as you move these different inputs, you're adjusting the knee points and ratios automatically in the background. Frequency compression. So this is our frequency lowering technology. In this case, it did not turn on automatically for my patient. We do not turn it on by default for every patient. We feel normal signal

processing is best when possible, but if my wearer could not take advantage of traditional sound processing, then I could have this selected by default or choose to turn it on or off as I see fit for my patient with a single click. Now, if I take the enlarge view again, the gray shaded area is where we have no gain being applied. The shaded pink or on the left side, the shaded blue, which show where the gray is being lowered into. So this is my destination frequency range. If you want a couple of tips on frequency compression, I would offer this, if a patient were to return to your office first, I would keep the default settings again for at least a couple of weeks. If the patient reports at followup that things are not audible, speech sounds are not audible or if you wanted to test in isolation by having the patient close their eyes, and presenting an S and SH sound to determine A is it audible, and B, can they tell the difference.

If audibility is the issue, then you can move these sliders to the left. That would make frequency compression more aggressive. If the issue is sound quality, than you would do the opposite, move the sliders to the right to make frequency compression less aggressive. Keep in mind that you don't want to make these shaded areas too narrow. That would result in issues with being able to discriminate between speech sounds that normally occur in that frequency range to the ones being lowered there. And again, you can produce S, SH in isolation. You can also use life speech on your probe mic equipment to help you determine how you should adjust frequency compression. In this case, I'm going to go ahead and turn off frequency compression for the rest of my demonstration. So now we're now seeing a new setting. This is with our experience platform. So there is a sound settings menu. This is where normally you would have found things in speech and noise management with previous platforms. When I come here, what you immediately notice is there are a lot of features that are actually grayed out. This does not mean that these features are not enabled. They are enabled, they are working in the background. You just can't adjust them because remember, dynamic soundscape processing is doing all of this for your patient automatically in the background, taking into consideration many more aspects of the input than we ever

did before. So keeping that in mind, that's why these features are grayed out, not adjustable, but they are still enabled. You can make adjustments to sound smoothing, which is our impulse sounds a windscreen for wind noise and feedback cancellation. If you were working with a hearing instrument that is not on the experience platform, you would see the previous speech and noise management menu as before and everything is adjustable. I will show you later in the tour if you add additional programs that you do have the ability to adjust these parameters. So in the universal program, what you want to remember is that your sound is enabled. Everything is customized for the patient. No need to make these adjustments with the exception of dynamic soundscape processing and being able to move that slider from awareness to highlight. Measurement settings. So this is if you wanted to do a test box measure on the hearing instruments, you have the ability to switch off all of the adaptive parameters and set the microphone to omnidirectional mode with one click, run your measurement and then with one click, reset all of those adaptive parameters.

Fitting assistant is just that. This is an area where you can come to actually get advice on how to make adjustments for your patients. So, for example, if I chose speech let's say for this patient, it's too soft in general, and then my software is going to give me a couple of proposals. I can apply these proposals. I can undo them, I can try proposal two. So you can do an AB comparison that way. But I'm also gonna show you the snapshot feature in just a moment. Audio streaming. So this is where you're going to see the gain offsets based on fitting parameters. So in this case with a closed fit, you don't see huge gain offsets for the stream signal. But let's just go to first fit for a moment actually to hearing instruments. And let's change the parameters for one of my ears to be more open. I'm just gonna click Dome open on the left. And now we're gonna recalculate the fit. When I go to audio streaming now, you should see it clear gain offset for the low frequencies due to that more open fit. So we're actually making up a for the stream signal, some of that sound leaking out through that open fit. So I'm gonna return and just change back so that we're on the same acoustical parameters

for the duration of my software tour. So we have concluded with the fine tuning section of the menu. And then if we go to tinnitus. So we do have a couple of different strategies for tinnitus treatment. We have our traditional therapy which enables us to choose between four different types of stationary noise or five. We have white noise, pink noise, speech noise, high tone noise and Brownian noise. Most tinnitus experts agree that a broadband signal is best, so likely a patient is gonna prefer white, pink or Brownian noise. You can choose to have the sound therapy mixed with the microphone of the hearing instrument. Since I am in the universal program, if a person had hearing loss, that would likely be something I would do or I would choose not to mix with microphone in universal but give them tinnitus programs under program handling. So I'll show you that in just a moment. You can use the master volume slider to achieve that ideal balance. The mixing level between the tinnitus and perception of sounds so that they can achieve habituation. So this is where you can adjust that slider and you can also customize, you can give the patient a customized stationary type of signal by adjusting the frequency bands. So you have that ability as well. We're gonna turn off sound therapy for the universal program. And in a moment I'll show you how you can add tinnitus programs.

Before we do that, let's go ahead and review our notch therapy, which is our proprietary technology for tinnitus treatment. So for notch, our goal is to actually create a notch in the frequency response of the hearing instrument centered around half an octave around the center frequency of their perceived tinnitus. So you need to tell the software the pitch of the patient's tinnitus. And there are several ways that you can accomplish that. You can use guided matching, which allows the patient to hear two different tones. They report to you, which tone sounds most like their tinnitus. You would select that tone and then proceed to two more tones until the guided matching is complete and then you would do a short frequency check to make sure there is no octave confusion and then the ability to activate the notch in any program. Manual matching is just a way to use sort of an in situ audiometer to identify the pitch of the

tinnitus. Finally, direct entry. So if you identified the center pitch of the tinnitus using your audiometer, you can enter that pitch directly. We do have webinars that are dedicated to tinnitus treatment and our notch therapy. So if you have a particular interest in tinnitus, I would encourage you to take a look at those webinars on Audiology Online. Personalization. So this is where all of our data logging information is contained. If you were to read out hearing instruments that had been previously fit, this is where your software would take you at detection. So you would see the percentage of time that my patients spend in any program. You can also choose a program to show the percentage of time during that program. And then how the input was analyzed for those programs. So it's a great way to check to make sure that any manually accessible programs are being used appropriately. It's going to give you wearing time and average wearing time per day.

We also have our smart optimizer, this, if it's enabled, would give you based on logged data, any potential issues that might need adjustment or attention on the part of the hearing care provider. Performance guide. So this is a way just to get weighted information based on either a manual selection of the different environments that are important to my patient or based on log data. The best technology level match for your patient. The acclimatization manager. So this is the ability that automatically over time the patient can have the hearing instruments adjust to a more optimal gain setting. So if you're a fan of probe mic at first fit, an example here would be going to fine tuning, getting a match to your target and probe mic. Then you can tell the patient, let's say the patient in that situation after achieving that really nice match reports to you that everything is too loud. So you may want to send them out the door at a lower gain setting. So since in fine tuning you've matched your probe mic target, you can use that current fitting as the end point. So I'm changing my radio button there and then you can use individual adjustment. Let's say we take that handle down to one and do an overall gain reduction of about 3 dB. Now you see the difference between the starting point and then or the starting point and then the end point. So the end point again is

matched to my probe mic target and then the starting point is down 3 dB from that. So over time in this situation defined as two months. But if I click that drop down menu, you can see that I have the ability to change that. This is not activated by default. To use acclimatization, you would click this play button and you have the duration here of two months. Let's say the patient comes back for followup at the one month status and then you can see the patient says, this is where I like my hearing instruments to stay. The sound is really good, I'm getting good benefit. I don't want any more acclimatization to occur. You can just click the green check mark and that will stop acclimatization. You can also even reverse acclimatization. You can click pre listen so the patient can listen to the current gain settings that they'll be sent out the door with. And then listen again to target gain.

You can also check for feedback at the target gain settings. If you start out with an experience fitting level and the patient reports that as too loud, then again, another way to adjust, let me just get this back to zero, is use the fitting formula. So the current fitting is the starting point and that is experienced or let's say you needed to change that starting point to new, under fine-tuning or under first fit, sorry. So if I go to first fit and I change my experience level to new, I recalculate my fit, and then I return to personalization, and I want to have my patient acclimatized to experienced. Now on the screen, what you're seeing is the difference between new and experienced, so a couple of ways to use the acclimatization manager. Configuration is our next menu. This is where you can enable or define the functionality of any onboard controls. So with the Pure 312 7X on our experience platform, we have a rocker switch. I can define the functionality of that rocker switch for short press, which can be program change, volume or attended a sound therapy volume or access to TV stream. I can enable by that double down arrow, a medium press, and then the long press by default is not enabled, but you can have the functionality of the long press be power on off or airplane mode, which turns off the Bluetooth. This is not necessary for when your patient travels by air. It turns off the Bluetooth maybe in situations where a patient may

work or enter a high security building that requires the Bluetooth to be turned off, they do not have to put the hearing instrument in Bluetooth mode when they fly. Probably the most typical use case scenario for the rocker would be short press volume on one side, short press program change on the other. Here is where you can enable power on delay. This is on by default for a six second duration, but that is adjustable. You can choose six, 12 or 18 seconds for the power on delay. Here is where you define your volume control range, and then if you need it to have independent volume control adjustments, you can take the check mark out here. And in that case, I would have each rocker switch defined as volume or if I wanted to keep the onboard controls to volume and program change, in this situation, they would have independent VC control through the Signia app. Tinnitus sound therapy. I can adjust the level for the therapy signal. I can also decouple them. Sound balance. Think of this as a tone control or treble control. So the ability to change the range for that. And that's also a control that they can manipulate through the Signia app.

Program handling. This is where I can add any manually accessible programs. Here are some of my examples, a noisy environment program, a TV program, which can also function as a TV stream. If there is a streamlined TV being used and they're within range, when they change to a TV program, they will access that stream signal. If they are not within range of a TV with streamlined TV, then it would act as an acoustic TV program. Reverberant room, which activates our echo shield program feature and then HD music with options and a seven level instrument to be recorded live or musician. So for my patients who are performers, or audiophiles and really music is something that's a big part of their life, this could be encouraged to give them an HD music program. Our music classifier though when the universal program really does set the benchmark for sound quality for music in the industry. Our phone settings options, acoustic phone with this being a telecoil compatible product come December, you can have the option to have a T-coil only, microphone and T-coil equalized or give priority to the telecoil signal. And the final option for phone is our twin phone feature, which allows you to

hold a phone to one ear. If I select twin phone, for example, I do need to designate in the software which ear I'm going to hold the phone to. So in this case it's the right ear. So my patient would hold the phone receiver to the right ear, but the phone signal would be streamed over to the left as well. So it's a binaural phone. We have our outdoor sports program. Stroll is the feature that would access spacial speech focus in a seven and five level technology, which depending on the location of the loudest speech source would allow focus to the front back, right or left with stroll. Privacy is something that's typically used in conjunction with a telecoil program if they're using that for the phone. So the ability to put the receiver to the phone ear and then have the other ear be a gain reduction for less intrusion on that phone conversation. Here's where I could add tinnitus signal programs. If I was treating a tinnitus patient, I would probably give them more than one and then define the functionality of that tinnitus program in my fine tuning menu.

So here I would access, actually in tinnitus, and if I changed programs, by the fine tuning. So when I see my tinnitus signal program, I can select that, and then define under tinnitus how I want that program to function with sound therapy. So now I have my program three, perhaps I want program three to be my Brownian noise and then program four I want to be an ocean wave, one of my relaxing, inspired by nature, ocean waves. And maybe with program four I decided not to have the hearing aid microphone enabled and I can choose a different ocean therapy signal. Notice whenever I am in a tinnitus signal program that my view changes to output and this gray shaded line actually corresponds to the output of that tinnitus therapy signal. If I go back to program handling, and then the final option is for induction loop. So this is a frequency response that is optimized for using the telecoil in an induction loop environment. So I want to show you again a couple of new things with our software here located in the toolbar. You remember that I actually did mention the portion of our software where you can access the snapshot feature. So if I were to go to fine tuning and I'm in my universal program and I'm going to make a couple of changes. Let's say

I do an overall gain change. This is just a simple comparison. So take an overall gain change and I'm gonna add this to the snapshot. So I click the arrow with the plus and this allows me to enter a snapshot gain, or a snapshot name so I can type that in there and click okay. And let's say, then I do a smaller gain adjustment for my next snapshot, and just give it another name. Click okay. Now I go to the toolbar with what looks like an arrow and sort of a list of sessions. If I click that. Now you will see the snapshot names and I can load each of these, and let my patient listen, and do a simple AB comparison. A couple of other things that are new is Telecare. So I mentioned earlier when we began our webinar that you have the ability through one selection to have all of the Telecare options right here in one section of the software. Keep in mind that once the full live remote tuning launches probably in the beginning of 2020, in order to have access to Telecare, you'll need to first fit the hearing instruments in the hearing care professionals office, pair of the hearing instruments to the Signia app, and then enter the corresponding connection code for that you receive from the software into the patient's app.

So those are all of the preconditions that are needed for live remote tuning. What you're seeing in this dropdown menu is the ability to activate my client. I can start a remote session it's grayed out right now because of course I don't have a patient that has the app downloaded. I can open my Telecare portal, which is a web based portal. You can send your patient a new connection code. You can synchronize data between the software and the portal. So all of your Telecare functionality is done right through this one drop down menu. So very, very simple. I would also encourage you, if you're interested in our telehealth application to take a look at that in our AO webinar offerings as well. One last thing to kind of show you as far as what's new, I told you about improved programmer handling. If I were to click this, you see that my NOAHlink wireless is the preferred programmer. It's the only option here because I'm getting these warning icons for HI-PRO and Connexx air showing that those programmers are not compatible. The last used programmer in a session since this is the first session for

this simulation. If I were to return to a session, you would see actually a star next to NOAHlink wireless, which depicts the last programmer that was used for the patient. That is the conclusion of my live software tour, so let me switch back to the classroom. Just to let you know that I appreciate your time watching our webinar on our basic software tour. So hopefully you found the information helpful. And if you want more information on what's new with Connexx, a little more concentrated, for those of you that may be familiar with working with Signia, there is a short webinar. This is what we call our quick tips only on the aspects of the software that's brand new with 9.1. Again, thank you for joining us.

.