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 Where appropriate, professional
 advice should be sought.

Parents can usually spot the signs

Does your child have a hearing problem?

Does your child frequently request to have words repeated or are they misunderstanding what is said?

If so, they may have a hearing problem.

Cory Soal, owner and operator at The Georgetown Hearing Clinic, says children can have problems hearing, and his clinic evaluates children four years and older. Hearing can be assessed in infants, although this is done through a province-wide infant screening program and is conducted at specific centres.

Kelly Kirkwood, an audiologist at the clinic, says parents can usually recognize when their children have a hearing problem. If they need to have conversations repeated or perhaps they have the volume on the television turned up. Since children with permanent hearing loss from birth are identified during infancy, the clinic usually tests children with middle ear problems (ear infections, fluid). These types of hearing difficulties are generally treatable. This requires medical follow-up through the family physician and at times a specialist may be involved.

"Parents usually have a gut feeling," says Kirkwood.

Screening for hearing loss is not routine in all schools anymore, so finding out that a child has a hearing problem usually becomes the responsibility of teachers and parents.

"Although a very small percentage of the population never outgrow middle ear problems, most children do by the age of eight," said Kirkwood. This is due to the physical maturation of the auditory system.

If a child is identified with a permanent hearing loss, steps are taken to fit the child with a hearing aid, following medical clearance. If the child is of school age, contact with the school is essential in order to ensure the child receives optimum benefit in the classroom.

"There is a period of adaptation with respect to wearing hearing aids. It can take several months to be fully comfortable with them," said Soal. "People must become accustomed to the change in the sound of their own voice and how it (the aid) amplifies the various ranges of sounds."

Sizes for hearing aids are the same in both children and adults and there are four types.

'Behind the ear' (BTE), is the largest of hearing aids. This style tends to last longer, and the ear-mold is easy to clean and replace. It consists of a plastic casing containing the electronics, from which sound is fed through a clear plastic tube to an ear-mold.

The 'in the ear' (ITE) hearing aid is placed inside the ear and consists of only



Kelly Kirkwood, an audiologist at The Georgetown Hearing Clinic, adjusts the headset as she checks out the hearing of Haley Bozanis, 8, at the clinic. The clinic treats children 4 years and older.

Photo by Ted Brown

one part (the shell) into which the electronics are built. This style takes up all space in the ear and is equally adjustable.

The 'in the canal' (ITC) is the second smallest hearing aid and fills the lowest part of the ear. The ITC has a cosmetically appealing style with a smaller battery.

Smallest of all hearing aids is the 'completely in the canal' (CIC), which fits deeply within the ear canal. This aid type contains the latest technology of equal quality to larger models. They are almost invisible in the ear.

Parents who think their child may

have a hearing loss will most likely notice certain signs. Most commonly, children with hearing difficulties suffer from inattention or frequent failure to respond, they may speak loudly and experience difficulty understanding speech in background noise or small groups. They often have less difficulty communicating when the speaker's face can be seen or when conversation is at a close distance.

Anyone wishing more information can contact The Georgetown Hearing Clinic, located at 99 Sinclair Ave., Suite 210 (905-873-6642).

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