



Sound Bites Podcast Transcript

Episode: Understanding Auditory Processing Disorder (APD) with Dr. Angela Alexander

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Dr. Dave Fabry:

Welcome to Starkey Sound Bites. I'm your host, Dave Fabry Starkey's, chief Innovation Officer. Today we're talking about how the brain processes sound, and more specifically, a disorder that interferes with that process. It's called Auditory Processing Disorder or APD. And of the approximately 6% of the population that has APD most, if not many, aren't even aware that it's a disorder. And it's your lucky day, because we have a world expert in this area. Dr. Angela Loucks Alexander. She's an audiologist as well as the owner and leader of the Auditory Processing Institute, which is based in Australia. Good day, mate!

Dr. Angela Alexander:

Good day.

Dr. Dave Fabry:

Her TED Talk calling, escaping the Hidden Prison of Auditory Processing Disorder, has been viewed now more than 1.1 million times on YouTube. She's also a host of a podcast called Between Two Ears. Love the name, get it. I see what you did there. And, uh, we're delighted to have you on podcast, Dr. Loucks Alexander. Uh, thank you for being our guest on Starkey Sound Bites today.

Dr. Angela Alexander:

Thank you so much.

And, um, I love your innovative headspace and, um, you know, I'm, I'm another audiologist or a creative stuck in an audiologist's body, so I really appreciate how you innovate things and how you see the world.

Dr. Dave Fabry:

Well, you're very kind and you know, we've been saying for some time, and, and you're obviously, I'm preaching to the choir, but your ears don't hear. I mean, they're merely sensors that feed the brain and think of it as oral nutrition. And, uh, you know, that's why I think this is such an important topic, and we're so fortunate to have you with us today. And I'd like to first begin, for those who haven't heard of you, not one of those nearly 2 million or over 2.2 million ears that have listened to you, you know, talk a bit, you're an audiologist and what drove you to a career in hearing healthcare?

Dr. Angela Alexander:

Yeah, it's really interesting. Um, when I was born, uh, my family actually lived next door to an audiologist. And my mom had some concerns because she said that I wasn't turning to, um, to sound or, and I didn't seem to have a startle reflex. Hmm. So she was a little bit concerned for a little while. She was a home healthcare nurse, so she was visiting babies and had a lot of experience doing that. And she said, my daughter doesn't seem to be responding to sound the way that I would expect her to. So my mother, because she was a home health nurse, she actually said to the audiologist next door, Hey, can you check my daughter? And it became a long-term relationship of me having regular audiograms because they said, it seems like Angela's not necessarily hearing, but her hearing test results are within



normal limits. What is going on here? And it's kind of interesting that that happened to be, um, brought up by my mother at, you know, when I was under a year of age.

Dr. Dave Fabry:

Crazy that your mom Yeah. You know, in her role as a home healthcare nurse knew about startle reflex beyond the, what the average person might be aware of. And that also you live next door to an audiologist, probably just prior to the time when universal newborn hearing screening was in place. And that wouldn't have even picked it up, you know, I mean, we, we, we we're, we're delighted that now every baby can have their hearing screened before they leave the hospital. Um, but in this case of auditory processing disorder, and I guess for the uninitiated, uh, you know, there will be a lot of hearing professionals that are listening, but many maybe don't have a, a beyond a, a, a high level understanding of the definition of auditory processing disorder. I hear many times people lump in APD with ADHD among a whole host of other things.

Dr. Angela Alexander:

Oh my goodness. All right. So really quick, um, spoiler alert, I did not have hearing loss. So in case you're wondering, oh, so did Angela have hearing loss at birth? No, I did not. And what Dave is alluding to is that I could have had some testing even below one year of age. And that's routinely done in a lot of developed countries. Unfortunately, not all developed countries yet. However, um, my hearing test results were within normal limits. But I do remember as a child struggling to understand and remember what I heard. So auditory processing is what the brain does with what the ears hear. And of course, that quote comes from my mentor, Jack Katz. Um, but also Carol Flexer and Nina Kraus have said, we don't hear with our ears, we hear with our brain, which is what you alluded to. And then just one more thing I told you, I love that quote, that the ears are the new wrist, and I believe that auditory processing disorder is the new ADHD, because there are a lot of people who have difficulties understanding what they hear despite a normal audiogram or despite having hearing loss and wearing correctly fitted hearing aids.

What did I just say? It's possible to have auditory processing issues and hearing loss <laugh> abso-stinking-lutely. So there was this study done, and I'm going to, um, mention Brent Edwards. Yeah, noted that, uh, from now, like you were talking about, um, he mentioned the Framingham cohort study, which showed that up to one in five adults who say they have hearing loss actually had a normal audiogram. Right. So at the beginning of this podcast, you said potential 6% incidents of prevalence

Dr. Dave Fabry:

Could be, could be even higher,

Dr. Angela Alexander:

It could be 20% in the normal adult population with a normal audiogram. And if a person has hearing loss, they have even more potential to have auditory processing issues than if they have a nice clear signal to the brain. So, um, what I'm basically saying is this is huge, and this is the huge in the future of audiology, and it's also incredibly detrimental if it's not properly identified or treated.

Dr. Dave Fabry:

Exactly. And like, you know, and, and in many cases, to go down a little bit of a rabbit hole here with hidden hearing loss, people will refer to hidden hearing loss. And in many cases, I think, you know, that,



again, normal hearing thresholds, but still having processing difficulties. And it feels like not only is APD the new ADHD, I would say it's also sort of, unfortunately the new autism, in many cases, autism was been, a really a chum bucket of different symptoms all lumped together when you're ruling things out by, um, you know, trying to get to the root mean cause. And, and so I, that's why I think you're also onto something very important because so much commingles, whether it's hidden hearing loss, whether it's APD, whether it's ADHD, whether it's all of these other things that have been misattributed. So in your role as the founder of the Auditory Processing Institute, then give me your definition of APD. What, how, how would you, how would you succinctly describe it to someone who doesn't know anything about it? A parent or a, a person who comes to you looking for your assistance?

Dr. Angela Alexander:

Excellent. Auditory Processing Disorder is where listening or memory of what is heard that impacts wellbeing. So if there are difficulties understanding what someone says to the point where it causes harm, socially, emotionally, educationally, vocationally -- if you cannot understand, if you cannot hear and understand, you can also fail to be heard and understood. And so I think this is, I mean, it is very difficult. Some people ask me, you know, is this like dyslexia of the ears? And it's interesting to me that people can go to a, a concept like that that's seen as quite abstract, but that almost makes it a little bit easier to understand. Um, so what I think is interesting, to be honest, is that for a lot of us, auditory processing issues were our normal or are, our normal. And I would actually, I would be interested to find out what the prevalence of auditory processing issues are in the audiology

Dr. Dave Fabry:

Sure.

Dr. Angela Alexander:

<laugh> population. Yeah. I think a lot of us as audiologists, maybe we didn't know someone who had hearing loss growing up, but we're drawn to this field to help people who feel socially and emotionally impacted by hearing problems. We also know how it feels to struggle to hear in background noise. We struggle to recognize what someone's saying to us, and we struggle to remember it. So you don't have to have all of those pieces to be, to have an auditory processing disorder. But I think it's just important to know that there are tests that help us gather the data on where a person's at and treatments to make that better.

Dr. Dave Fabry:

Excellent. And we'll get to some of those because I want to have you provide some guidance for professionals who are looking for direction on what to do if they're working with patients who they suspect have APD. But going back to, I, I, I can't let it go by that. Um, so here you sat as somebody that, you know, were diagnosed with APD or the possibility of APD, and then you converge paths with truly one of the giants in audiology, Jack Katz as your mentor. And I mean, I, I've always said you can carbon date an audiologist by which version of Katz's book they used. I used the blue one, which I think is version two. But, um, you know, what an phenomenal opportunity to have him as your mentor. And, uh, and I know I love when you post about him, when you get the opportunity to see him when he, when you happen to be in the same place, but how did he influence your direction and education and refinement of this interest, personal interest with APD?

Dr. Angela Alexander:



How has he not changed my life? Um, Jack Katz turned 89 last week, and he's still working clinically in the U.S I mean, in, in Kansas City. Mm-hmm. <affirmative>. So one day I was late for, um, a psychoacoustics class. And, um, because I was bowling, I had a bowling class right before it, and I wanted to bowl one more game. So I walked in, I was late, there was a speaker at the front of the classroom who I didn't recognize. There was one seat front and center, hello universe. Um, I went in, sat down, and this man blew my mind. And it was Jack Katz and Jack. Um, there are lots of different things that Jack has done in the field of audiology, and a majority of clinicians would think that his biggest impact was the handbook of clinical audiology. But I think that in the future, we are gonna look back at Jack Katz as being a little bit of a Van Gogh.

He actually has created this entire test battery and also a suite of different therapies that address different parts of auditory processing issues. And I'm just really glad, because I think there are a lot of clinicians who are learning how to leverage that, how to improve it, how to be more patient-centered, um, now before we lose him, you know? So it's really important to me that he understands the impact that he has had on this world and the ripples that are gonna follow throughout time based on what he did in his own brain. Like he's been following his own intuition. And, you know, innovators have to do that. You sense something, you create a tool, you sense something, you create a tool. He sensed auditory processing was an issue. He created tools to test for it. Yeah. But really the magic happens with what he has done to treat these difficulties. It's mind blowing.

Dr. Dave Fabry:

Yeah. There's, there's no question. And the fact that he's 89 and still working clinically doesn't surprise me. But, you know, and, and I think it's gonna be the thing that probably keeps him around a lot longer based on my experience with people that are passionate about what they do. You know, they say you find your passion and align what you're good at with what you love to do. Um, and you can go on for a long time if you're blessed with, uh, decent genes. And, uh, clearly he has been. So that's awesome. Um, so can we talk a little bit about your, um, your TED Talk?

Dr. Angela Alexander:

Yeah.

Dr. Dave Fabry:

I mean, I think what impressed me so much about it is the way that you aligned with incredible vulnerability and transparency, your personal experience, and even in the title Unlocking from the Prison with then transitioning into how it is that you've turned that horrific experience into a positive and to really drive you in ways that, I wonder if you even knew that you had that in you and, and, and how is it, how is it really one over a million views on YouTube and TEDx? I mean, how has that, I think you're gonna answer the same way you did about Jack Katz, but how has it impacted you the most?

Dr. Angela Alexander:

There's something about putting your true self out there and putting it all out there with whatever's gonna come back, whether that's going to be critique or, um, negative YouTube comments or whatever that is. There's something about putting your whole true self out there. Yeah. And now there are potentially a million people in the world who understand my true self and what's truly driving me. And it's interesting because it feels like I get to start in a second part of my conversation as opposed to, you know, just helping people understand like, this is why it matters. There are people who are walking



around and they look like they're experiencing life like all the rest of us, but inside their mind they are trapped. Yeah. They're trapped. Like I was trapped. Yeah. And most people would not have realized that that's what I was going through at that time.

And a lot of people, even audiologists sometimes miss a person who has auditory processing issues. Yeah. But just with a little bit of awareness and a little bit of, this is what you look for, this is what you look for when a person is having difficulties understanding what they hear. This is what you look for when a child is being abused. And when you start seeing those signs, and when you start going to the right people for help, it can make a, a world a whole much, it can make the world a much better place.

Dr. Dave Fabry:

Yeah. And I really appreciate, you know, um, we all have our stories and we all have things that make us who we are. And, um, you know, I just thought it was so impressive and incredible. I I, you know, in my family, we've had our, our share of things the last couple years. And I, I found myself, um, going to Brene Brown, um, because I've been a person my whole life. I've been fortunate enough to be on six continents, and my wife and I are hoping for seven continents. And, um, the issue is that every year I would start out wondering where I was gonna go, where I was gonna visit that year. I've traveled the world on my ears, and I've been very fortunate. But then we had, you know, a couple events the last few years that really hit us, uh, hard.

And I, I discovered Brene Brown initially as a means of trying to help my family deal with terrific loss. But I found that it, it put me in a position where trying to experience a greater array of emotions, good and bad, to get to a place that I think has made me not only a better human, which is what I was trying to do, but I think it has made me a better clinician because of exactly what you said, trying to really understand people's stories by listening with my two ears and one mouth, rather than talking and, and even, you know, best practice and doing running through things. Sometimes you gotta go off script a little bit and be vulnerable. And, and I think what you did was masterful with that talk in the way that you put yourself out there as a metaphor and as a way to show what you have to do if you're really trying to get into, uh, the mindset of your patients and really work with them and meet them where they are and take them where they, where you can help them get to be. So, I'm, I'm really appreciative for what you did.

Dr. Angela Alexander:

Thank you very much. Um, it's been life changing. It's been wonderful. Um, yeah, I prepared myself for every way I was gonna fail for the TEDx. And I remember walking off the stage and just thinking, wait, actually, I'm okay with what that person just did. You know? And I, I think, do you make yourself proud? Do you make your family proud? If we plan to know our clients, we certainly have to understand ourselves first.

Dr. Dave Fabry:

Yeah. Nailed it. And, and, and, and I think your talk really helped demonstrate that by putting yourself out there in a way that few people have the confidence and courage and the vulnerability to do so. So let's pivot then with that, and talk a little bit about, you know, you were in New Zealand before you moved to Australia, and you, and you founded, um, the Auditory Processing Institute. Why did you decide to found this and start this business, um, in New Zealand and in Australia?



Dr. Angela Alexander:

Yeah, so I actually started this in in 2018. I said, okay, you know, I, I think that I should actually be helping people understand how to do this treatment. So it started off with treatment first. I thought if more clinicians were doing auditory training, we could take more hearing aid users from knowing how to put hearing aids on to knowing how the brain should understand what they're hearing or people without hearing loss. So I thought, okay, let me teach people about the treatment. And then I got two different private messages from two different audiologists about a year after that that said, I know you teach a treatment course, but do you teach an evaluation course? Mm-hmm. And you know, personally, I said, oh, I'm, I just, I'm not as intelligent as Jack Katz. That man is a genius. <laugh>, you know, I, I don't know if I'm equipped to do it, but I knew that by getting two messages from two people in one day, two people that I really respected, that I need to consider it.

So I started building the videos, and I started building the content and, and throwing out the idea to people saying, Hey, would you want to take this course? And I was really surprised by how much interest there actually was. And then all of that changed in March of 2020. So I, uh, I came, I was actually speaking at the SHAV Conference in Washington, DC, um, with Bob DiSogra, hilarious. Uhhuh <laugh>. Um, I was, I got in the elevator with him, and I did not introduce myself because I was like, who am I? I'm nobody. This is Bob DiSogra. Anyway, funny enough, I just co-authored a paper with him today. So <laugh>.

Dr. Dave Fabry:

Congratulations. A little bit about that before we close.

Dr. Angela Alexander:

Yeah. So, um, so I flew back to New Zealand and I told my husband, this is my time right now. If I'm gonna actually teach audiologists how to diagnose and treat auditory processing disorder, this is the moment if people actually have a little bit of a break in, in work, if they're not going to, if their clinics are gonna be closed. Yeah. What can we do to improve their brains? What can we do to improve the brains of our clients? And so I said, all right. I created a map back in 2008 with every single audiologist doing testing or treatment, and there were 250 audiologists worldwide doing this work. Wow. My goal was to double that. Mm-hmm. <affirmative>. And we have

Dr. Dave Fabry:

Awesome. So let's try to give a teaser. So now you've got over 500, but for the audiologist who is interested in adding diagnosis, treatment, you know into becoming one of those 500 and, and doubling that again, what kind of advice can you give them top level? I know you can't go into great detail in, in, during the time we have today. Um, uh, but give some, give some high level things that people can start thinking about so that they can go on this journey.

Dr. Angela Alexander:

Who is the client who's walked through your doors that told you they had a problem, and when you opened up your toolbox, you weren't able to help them? Did that person have hearing loss? And despite the use of the highest end level technology from Starkey, um, or whatever, why is it that person, what is it that you could do to help that person more? Was it that person, someone who came in who didn't have any hearing loss whatsoever, and you had to refer them out and maybe the place you referred them to was two hours away? Why not become that clinician?



Dr. Dave Fabry:

So how can they go about doing that?

Dr. Angela Alexander:

I'm not the only person teaching online courses in auditory processing, but I am really excited about what I have created and what it is. Auditory Processing Institute is actually an online community where we troubleshoot client cases together. We have weekly meetings where we get together and talk about any difficult cases or I update, um, any kind of, with any new advancements that happen. Um, and then it's an online course. So a clinician signs up, they sign in, they watch videos where I explain how to do certain things that Jack created. Um, and, but then that's the beginning. So we start there and where we go from there, we take on board any kind of testing or treatment that might help our clients, because I think that's the, that's the key part of this. Are we open to lifelong learning? When a client comes to us with a new problem, can we create a solution for them? And how can we measure that pre and post?

Dr. Dave Fabry:

So let me, um, let me be the devil's advocate and say, how is this different than oral rehabilitation?

Dr. Angela Alexander:

This is hilarious because oral rehabilitation and auditory training are not the same thing. Oral rehabilitation is what a majority of audiologists do very well. It's talking the talk, it's fitting hearing aids appropriately. It's talking about communication strategies. Auditory training can be a part of oral rehabilitation. But I think a lot of audiologists think that oral rehabilitation and auditory training are the same thing. Yes. And they're not. Auditory training is systematic exercises that train the brain and the auditory system in taking information in and being able to process it more efficiently, effectively, more quickly.

Dr. Dave Fabry:

Love it. Thank you for that clarification, because I think a lot of people do make that, even professionals working in the area often think, oh, it's just the same as that. What's, what's so special about this? So for people who want more information on Auditory Processing Institute, how do they get that online? How do they go about finding you?

Dr. Angela Alexander:

Go to Auditory Processing Institute.com. So, um, or you can check out APDsupport.com. A as in apple, P as in Paul, D as in donut support.com. Um, on the APD support page, you can find the Auditory Processing Institute and you can also find an online map. And that will help you locate the professionals nearest to you in case you have an auditory processing issue yourself, in case you need to refer to someone, or if you wanna see what the potential is in your area to add these services. Because my husband said to me, he said, Angela, you've, there are, um, how many audiologists in New Zealand specializing in auditory processing work? I said, three. How many people are doing dispensing hearing aids in our small town? Four. He was like, why are you not working more in APD? And I was like, oh God, I love it, <laugh>. Anyway. But I think it's really important. You don't have to just do hearing aids, you don't have to just do auditory processing. But the more we help people, especially when we're working with the brain, the brighter our future will be. Yeah.



Dr. Dave Fabry:

Well, and that brings up one more thing before I want to talk about your paper that was just published with Bob DiSogra. But what's your perspective on, you know, back stateside, we're, we're dealing with the realities of OTC and over-the-counter hearing aids, and we embrace the fact that now accessibility and affordability in this country for hearing aids can help address a component of this. We both know that that's not gonna get a hundred percent of people using hearing aids, cuz stigma still, uh, exists and is probably a primary barrier for many. But with someone who has APD and is an adult so that they could be considered, you know, that they have hearing difficulty at the brain level, even though peripherally they don't, what would you say to someone who says, well, I'm having trouble. I, I, you know, I'm not sure how much loss peripheral hearing loss I have, but is an OTC a good place to start?

Dr. Angela Alexander:

Oh my goodness, really good question, isn't it? And I do think that there is some potential for OTCs on the market for auditory processing, um, applications. Okay.

This is what I think is really interesting. I think when people have some difficulties with processing, they don't have as much denial, or they are very much, if you tell, Hmm. A majority of the clients who come to my clinic who say I have a hard time understanding what I hear, they do not deny that experience. Which is really surprising because sometimes I'll see a person who has a pretty significant hearing loss and they'll say, I don't feel like this affects my day-to-day life. And I think there's something really interesting about that. People with auditory processing issues generally want help. They notice the struggles they're having. And so I think it does make sense to have a variety of options available to help those people. So is one of those options could be using AirPods as, um, a potential, you know, amplifier, um, using over-the-counter hearing aids, but then also auditory training. So a client once came to me and he said, I've got a brand new pair of hearing aids. They sit in the drawer, I pull them out, I put them on my ears and I just wear them to parties. I'm like, okay. And he said, and it doesn't go very well, <laugh>. All right. So you have a brand new bike in the garage and you don't ever ride a bike and you've never known how to ride a bike except you when you go in extreme downhill situations. Right?

Dr. Dave Fabry:

Yeah. Right.

Dr. Angela Alexander:

And you, and it doesn't go well. That's, that's strange, huh. He wouldn't expect that. And so then he looks at me, he was like, do I need a new pair of hearing aids? No, you don't need a new pair of hearing aids. You need to learn how to ride a bike. Right. So auditory training is systematic teaching a person with activities, not through talk and the talk, but teaching a person how to understand what they hear. So auditory processing, um, I think OTCs could definitely be a part of the toolkit. The toolkit is as big as you want it to be. There's so much potential when it comes to the brain.

Dr. Dave Fabry:

Yeah. And, and the role of the professional. I mean that's, that's really where I was going too. The role of the professional to help understand that patient where they are is. So I missed

Dr. Angela Alexander:



The obvious. Okay, Dave, I need a do-over <laugh> The professional is the one who can teach you how to ride the bike.

Dr. Dave Fabry:

Thank you. There we go. They're the training wheels that help you get to, maybe then you can do it. But I think our, and we, you know, I'm biased cuz I work for a manufacturer, but we think our technology in the professional's hands delivers the best outcome. And I think whether that's APD or peripheral hearing loss both applies, but whatever provides the on-ramp for that bike to enable you to balance and get going, I is the thing to not delay. So to see somebody to get started rather than being imprisoned, um, any longer I think is, is the important message that I see based from our discussion today. And I'm so grateful for you taking the time. Before we close, talk a little bit about the brand new publication, uh, that you, uh, did in Hearing Journal with Bob DiSogra and, and two more co-authors.

Dr. Angela Alexander:

Yeah. So, um, a, one of my mentees from Auditory Processing Institute messaged me and said, I have a really interesting case study. Here's a medical doctor who says he has brain fog post Covid-19. And he came to her office because he said, I'm not understanding what I'm hearing in the ER, I can't remember what I'm hearing and I'm really struggling to understand foreign dialect. And he said, this is majorly impacting me. This has been happening for the past 10 months. I've never had these problems before in my life other than sometimes I would mix up the order of numbers when I was hearing them aloud. But other than that I've not struggled to hear in noise. I can't, I've not had problems with memory or foreign dialects. And he was like, this is majorly impacting my life. Hmm. And he, he called it brain fog.

Yeah. We did an auditory processing test. Those results were severe. Hmm. And then he did three months with one hour auditory training sessions once a month for three, for once a week, sorry. Once a week for three months. Mm-hmm. <affirmative>. And after that 12 weeks retest showed that his auditory processing abilities were within normal limits and he reports that this resolved his chief complaint of brain fog. So how huge is that? Yeah. If auditory training could be a treatment that could potentially reduce or resolve brain fog, that's pretty big news. And I really hope that the professional organizations, especially in the US like ASHA and AAA are gonna pay attention to this cuz we really need a lot more research and leadership in, in this regard.

Dr. Dave Fabry:

Yeah. And we're just scratching the surface really with the long-term impact of COVID, whether it's on tinnitus and some, you know, scattered reports have been on hearing loss acceleration and you know, the, it is like a lot of other things we need pre and post. We need evidence basis that, that show in a controlled fashion what happens. But I think case studies are so important to identify those corner cases and the germination of ideas that can then be studied in a, in a larger format. And I think it's so important because there's still a lot about covid that we're, we're still learning about the long-term impacts, particularly for those long haulers. So that's in hearing journal. Yes. And, and the April issue, and I would encourage people who are interested in this area, professionals and, and potential patients alike, um, to look at the article as, as again, a, a leading edge, a case study, you know, isn't the same as running a cohort of a thousand patients. However, um, it sounds like in this case, um, evaluating him then going through the, the training exercises resolved his primary concern for this, uh, physician and,



and it was sort of temporarily located with the 10 months that he was having the trouble going through this. And now it's resolved a lot of it. So it, it smells to me like there's the, the sniff test. Uh, there's something there.

Dr. Angela Alexander:

Yeah. And, and you're right. Case studies, that's where research might start. It should not be where research ends. Right. Um, and Bob DiSogra did a really nice job of doing a literature, uh, review last year where he compared COVID-19 brain fog to auditory processing issues. And he found this study where there were 375 brains where they had functional MRIs prior to COVID-19 infection where they studied those brains post COVID-19 infections. And, and there was actual shrinkage in lots of areas along the auditory pathway. Wow. So that's what first made Bob DiSogra think, Hey, actually I know these structures and I'm really interested to see what the impacts might be. Um, we know about auditory processing issues. We haven't known about all of the sequela of COVID-19, but what if we take what we know about auditory processing and apply it to these long haulers, these people with brain fog? And I'm, I'm finding it really exciting and interesting and I hope that this, um, brings on a whole lot more research.

Dr. Dave Fabry:

I'm looking forward to it. And, uh, and I will read it too. I, it wasn't out before we, we talk today, but I'm gonna go read it right now. So thank you Dr. Angela Loucks Alexander for joining us today. And to our listeners, thank you for listening to this episode of Starkey Sound Bites. If you enjoyed the this conversation, please rate and review us on your favorite podcast platform. Please subscribe, share it with colleagues and friends so you won't miss a single episode. And we also want to hear what's going on with you, what questions that you have, what interests or challenges have you had clinically or professionally that we could address on future episodes of Starkey soundbites. Email us@soundbitesatstarkey.com. That's s o u N d B i t e s at starkey.com. And, um, we'll be happy to address your concerns on future sessions of Starkey sound bites. But I can't thank you enough for being here today and sharing your time with us. And I hope you have a great rest of your day. It's morning there. It's evening here.

Dr. Angela Alexander:

Thank you so much, Dave. You're an absolute legend and can't wait to have our next conversation.

Dr. Dave Fabry:

Look forward to that. Thanks again. Bye.