



SoundBites Podcast Transcript

Episode: The American Institute of Balance with Richard Gans, PhD

Dr. Dave Fabry:

Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's chief innovation officer. Now, it's the fall of the year. It's September, and we know that means back to school, it means NFL football, and as a co-owner of the Green Bay Packers, I think this year they're going to surprise a few people. And it also may come as a surprise to people that there's a strong connection between falls in the aging population, and it's one of the leading causes of death in the aging population.

It's with great pleasure that I have a good friend, Dr. Richard Gans, a global expert in the area of hearing and balance, on the call today, to talk about Fall Prevention Awareness Week. I mean, at Starkey, we think that a fall is already too late, and we really want to avoid a fall whenever possible. But it's no coincidence that Fall Prevention Week occurs just prior to the first day of fall.

So, Richard, we go back a long ways. We were friends in the previous millennium, which ages me more than you, you've held up much better. But it's a pleasure to have you on the podcast.

Dr. Richard Gans:

Well, thank you. And yeah. We've been friends for like, 25 years.

Dr. Dave Fabry:

We have indeed. Early days of AAA, and we were on the board together, and now here we are. And here we are with Fall Prevention Week. It is September 18th through the 22nd. I know this is a topic very near and dear to your heart. It's really your passion, and you've been such a strong proponent of focusing I think, for the audiologists.

Now, most of the Sound Bites listeners are hearing care professionals. There are some patients that listen. But you've reminded me for many years that we have to talk about hearing and balance within the scope of practice for audiologists. And why is that so important? Why is it that you really have built your career around raising awareness for the importance of balance as it relates to falls, as it relates to the hearing and balance mechanism? Why is that so important, and what first really drew your interest in that area rather than diagnostics or hearing aids or electrophys?

Dr. Richard Gans:

Well, actually, electrophys is a strong part of it because we're using ABR, we're doing ECOGs, oVEMP, cVEMP, rotary chair.

Dr. Dave Fabry:

You've got all the best acronyms.

Dr. Richard Gans:

Yes. Yes. You can't talk about balance without neurodiagnostics and electrophysiology. My mother was my first professor, so I became a student of audio vestibular disorders at about age five, because my mother had intractable Meniere's disease. So, from the time she was about 32 to the time she was 40, she really lost a lot of the best years of an active lifestyle to vertigo.

Dr. Dave Fabry:

So, her primary presenting symptoms when she was between 32 and 40 was primarily vestibular rather than audio? Or was it both?

Dr. Richard Gans:

Yes. Yes. She was the classic.

Dr. Dave Fabry:

Yeah.

Dr. Richard Gans:

Right? She knew when it was coming. And in fact, I was an only child. So, it was the 1950s, right? My dad's working. We owned, in those days, it was called package store, liquor, groceries, in a little town called Newport, Rhode Island. And my mother knew that the storm was coming. Ears would feel full, start to have the tinnitus, and we would prepare like getting ready for a hurricane. We'd get the ice, we'd get the smelling salts, not because she was going to pass out, but my mother intuitively knew about sensory integration.

Balance is the sixth sense, right? The five senses and balance. But when you have vertigo, there's only two ways to get rid of it, time or drugs. What you would do with sensory integration is, if I can't get rid of this, I will raise all of these, because the brain can only attend to the most noxious stimuli. So, smelling salts, strong olfactory, ice, right, proprioceptive, kinesthetic, and she would lay on the floor, and you hold onto the legs of a table, and that gives you that proprioceptive, somatosensory grounding. So I knew as a five and six-year-old-

Dr. Dave Fabry:

Wow.

Dr. Richard Gans:

... working with my mom through this, that if we increase these other sensory modalities, the vertigo wouldn't stop, but what's called the vestibular autonomic nervous system, calmed down. That's diaphoresis, sweating, nausea, and emesis, also known as the vomit, right? And then my father, he had otosclerosis. So between my father with bilateral otosclerosis, my mother-

Dr. Dave Fabry:

You were destined to become an audiologist-



Dr. Richard Gans:

Meniere's disease.

Dr. Dave Fabry:

... at a young age.

Dr. Richard Gans :

Yeah. No. And it was in the early days, we're just hearing about ABR and ECOG. Well, I had already been a practicing audiologist. I said, "You know what? I got to go get a PhD, because a master's degree, I don't know what I need to know. I got to go get me one of those pilot higher and deeper degrees."

I heard about this little place in Ohio called the Ohio State, and at the Ohio State, all the top people in the world were there at that time. John Ferraro, Chuck Stockwell, Derek Dunn, David Lim, Herb Oyer. I mean, it was mecca. I went there to do animal research, learn electrophysiology, and basically never looked back.

Dr. Dave Fabry:

And so after finishing your PhD, what was next in line? Where was your first-

Dr. Richard Gans:

Yeah. My best friend was getting a PhD from another very good school in the Big 10 called Purdue, and we decided we would go into practice together. He would specialize in hearing and hearing aids, and I would specialize in VD patients...weak and dizzy. So we opened up in Miami.

Dr. Dave Fabry:

Or vestibular dysfunction patients. Thank you.

Dr. Richard Gans:

Yes. Now, the weak and dizzy. And we opened up 13 clinics. We were the largest private practice in the United States. We had 13 clinics from West Palm Beach down into the Keys. Then we actually sold to, in those days it was called HearX, which is now, I guess Hear USA. So we sold, Alan went to law school. He became a nationally famous employment law attorney. We're still best friends, and he still handles all of my employment law issues. I stayed on with the company for about a year and a half or two years as their VP of whoopy do. I decided that I better go back out on my own. And in 1992, we moved to the west coast of Florida, and we opened up the American Institute of Balance.

Dr. Dave Fabry:

31 years ago.

Dr. Richard Gans:

31 years ago. It was my capstone for elementary school.



Dr. Dave Fabry:

Of course.

Dr. Richard Gans:

That's how I was able to get into middle school such an early age.

Dr. Dave Fabry:

But you were in one of the highest regarded middle schools in the country, if I'm not mistaken.

Dr. Richard Gans:

I was. Bleecker Junior High School right near the Whitestone Bridge in Queens.

Dr. Dave Fabry:

Yes. And so 31 years later, would you have changed anything if you knew then what you know now?

Dr. Richard Gans:

Oh. Absolutely.

Dr. Dave Fabry:

Okay. Give me to Witt. Give me an example.

Dr. Richard Gans:

Well, it's anything hindsight is 2020. I would have, I think, learned not to be afraid earlier in my youth.

Dr. Dave Fabry:

I think some of that comes from the PhD training where you're taught to constantly question whether the approach that you've taken is the correct one. And it does tend to sometimes become a personality attribute of those of us who've gone through PhD programs-

Dr. Richard Gans:

And then the point-

Dr. Dave Fabry:

... question second guess-

Dr. Richard Gans:

And you know what? I taught that both my kids happen to be attorneys, but I basically taught them, "Heart of a lion. Heart of a lion. If you are going to live your life in fear of anything, it's no way to live." "Oh. What about OTCs? What about, oh this one and that one? Everybody's trying to steal. Who moved my cheese? What's going on? Everybody's out there to do something bad to me." In the late Bob Alaveria, who is quite brilliant from Comply, remember Bob? I used-



Dr. Dave Fabry:

I know him well.

Dr. Richard Gans:

... I used to say to him, "Bob, what's the secret?" "Focus. Focus. Focus." That's what he always did. He always said it like that, "Focus. Focus. Focus."

Dr. Dave Fabry:

Well, and that really characterizes I think, what you've been able to accomplish for 31 years by-

Dr. Richard Gans:

Yeah.

Dr. Dave Fabry:

... following that advice, and really focusing on vestibular and dizzy patients within the overall hearing and balanced portfolio.

Dr. Richard Gans:

Yeah. And I learned to open my arms to everyone. I'm a life member of ASHA. I'm a life member of AAA. We have a huge corporate membership with ADA. I'm a research scientist member of AAO in head and neck surgery. I'm a research scientist member of the American Academy of Neurology. I opened my arms to everyone, because the old saying, Dave, as you know, "If you are the smartest one in the room, you're in the wrong room."

Dr. Dave Fabry:

Yeah. You're in the wrong room.

Dr. Richard Gans:

This idea that as an HIS, an audiologist, an MD, a DO, an M-O-U-S-E, whatever you think you are, you're not.

Dr. Dave Fabry:

Right. So let's dive in on that-

Dr. Richard Gans:

And so-

Dr. Dave Fabry:

... a little more then.

Dr. Richard Gans:

Yeah.



Dr. Dave Fabry:

So with the fall prevention week, what is it that you see should be the focus during this week that hearing care providers, as you said, physicians, audiologists, hearing instruments specialists, what should they be considering it falls within healthy aging month in September-

Dr. Richard Gans:

Absolutely.

Dr. Dave Fabry:

... Fall Prevention Week-

Dr. Richard Gans:

And let me tell-

Dr. Dave Fabry:

... talk a little about that.

Dr. Richard Gans:

... the listeners, while I was building up the largest medical ideology practice in America in the 80s, guess what else? Ken Dahlberg was a friend of mine. I had one of the first Miracle Ear franchises in the country. I also operated hearing aid dispensing out of six Macy's stores in South Florida out of the optical department. Everybody has a role to play, everyone. Because if you are seeing older adults, gravity always works. Gravity always wins. And remember, it's the audio vestibular system. What I like to talk about is the cochlea and your vestibular system is like a duplex. The cochlea is a flat, it's a rather simple place. The vestibular system attached to it is like a townhouse. You have downstairs, you have upstairs. Downstairs is the otolith system, that's your gravity detector. Upstairs, you have the semicircular canals, which are your velocity detectors. So this is a duplex. If your townhouse isn't getting electric, your flat may not be getting electric.

If the plumbing is bad in your flat, the plumbing might be bad in your townhouse. They share a blood supply. They share the same type of fluids, they share the exact time type hair cells. Diabetes, hypertension, metabolic syndrome, any kind of connective tissue disorders, neurologic conditions, Parkinson's, MS, I mean, a migraine. It just goes on, and on, and on. So if you are a healthcare provider from HIS to a neurotologist, you're in the game-

Dr. Dave Fabry:

Right.

Dr. Richard Gans:

And you-



Dr. Dave Fabry:

And as you said, these conditions don't occur in a vacuum. They're comorbid with each other. If you have a hearing loss to continue that duplex metaphor a little longer, if you have a hearing loss, you're an elevated risk by three times, even with a mild degree of hearing loss of falls.

Dr. Richard Gans:

And what we find Dave, is that 30% of patients who come in for dizziness, vertigo, or imbalance, 30% undiagnosed, untreated, aidable, bilateral sensorineural hearing loss. So what we recommend to our folks, we license or operate 150 clinics in 39 states. Audiologists, ENTs, neurologist, and we have some HIS owners like Madison Levine.

Dr. Dave Fabry:

Yep. She was on the podcast. Yeah.

Dr. Richard Gans:

We have a number of these folks who have pivoted what was originally a retail model, hearing aid dispensary, and have pivoted to include a more medical model-

Dr. Dave Fabry:

Expand on that a little bit more-

Dr. Richard Gans:

... everybody

Dr. Dave Fabry:

... I mean, talking about retail versus a more medical model in terms of the emphasis and what opportunities that might provide-

Dr. Richard Gans:

It's huge.

Dr. Dave Fabry:

... for those who are fearful of disruptions. You talked about a number of disruptors. But talk about that, because I think that's a very important and insightful comment.

Dr. Richard Gans:

You have to be forward-thinking about, "How do I position myself? How do I brand myself in this market so that people don't see me as just an alternative. How do I build a brand in my market that says, 'You know what, I'm a little special. I've got a little something extra we're going to give you. When you come to us, we have a plan of care. Maybe it's your cognitive function. Maybe you're going to use a Cognivue screening. Maybe you're gonna do, even if you don't have a big balance lab, do a little stepping fukuda test. Do a little Gans sensory organization test, do something." Or if they come in and say, "I've got positional vertigo." Treat them for BPPV. Do something for them.



Dr. Dave Fabry:

Yeah. Well, you know that this is a topic that's been near and dear to my heart since my days at Walter Reed or at Mayo, or Miami. Vestibular has always been an area that I think has been underutilized, underappreciated. And yet I saw very early on when BPPV became a part of the landscape. It was an area where audiologists, hearing care professionals can actually treat patients if they have BPPV exactly. And expand on that a little bit more by putting them through the canula repositioning maneuvers.

Dr. Richard Gans:

Yeah. So, I just did this for the South African Private Practice Group. What we like to talk about is crawl, walk, run. I'm not telling you to be the next AIB, but could you have a \$2,000 video goggle? Which by the way is reimbursable. You have CPT codes. Could you do a little screening assessment? So if somebody comes in and they go, "Well, I almost didn't come in today. I had a fall, but I'm feeling a little better." You can't just say, "Well, be careful."

Dr. Dave Fabry:

Right. You can even use the steady-

Dr. Richard Gans:

Of course be careful.

Dr. Dave Fabry:

... protocol, the three questions, "Have you fallen in the past year? Do you worry about falling or do others?" I think the third one is, "Do others? Are they concerned about your falling?" And if you say yes to one of those questions, you're at an elevated risk. And you know that this has been a topic that has been near and dear to Starkey's heart for the last five years when we introduced the first hearing aid that could enable a trusted contact to receive text messages in the hopefully unlikely event of a fall, so that none of us want to be that old woman from the 80s who fell on the floor and said, "I've fallen and can't get up." And so even looking at just approaching it with those patients who are at risk for falls, maybe using the steady protocol questions and enabling that feature.

I can't tell you how many hearing care professionals who also happen to have a hearing loss said, "Ah. Falls are just for old people, and I don't turn that feature on." And then they suffer to fall while they were wearing the devices, and then all of a sudden they recognize this can happen to anyone.

Dr. Richard Gans:

Absolutely. When I say preventable, within reason. As I said, "Gravity always works. Gravity always wins."

Dr. Dave Fabry:

Yeah. Well, that's why I think it is important to have fall prevention week occur before fall, because that's an area that we're continuing to work on in the sense of really a fall detection feature is fantastic. And we've heard that it provides peace of mind to family members to enable that feature. So in the



hopefully unlikely event that the loved one falls, they've received the alerts. But if they fall, they break their hip. It starts often, as you know, better than I, that downward-

Dr. Richard Gans:

Cascade effect.

Dr. Dave Fabry:

... spiral. And really, I think the issue in the long run is to have the discussions for those professionals and say, "What do I do as part of this fall prevention week?"

Have the conversations with patients. Think about the duplex rather than just the standalone hearing part of this. Think about hearing and balance, whether you just use an informal protocol. You mentioned some of the tests that can be done. If you say, "Well, that's more than I can accomplish, the \$2,000 pair of goggles", they can ask the three questions. They can talk about considering devices that have a fall detection feature. But then where do you see this going in the future? How do we prevent falls before they occur?

Dr. Richard Gans:

Well, one of the things is educating primary care doctors, and also ENTs. So for example, many of our friends in otolaryngology have become the gatekeeper for patients with balance conditions. But now, we have 32 locations with some of the largest ENT practices in the country, and we're now getting ENTs and audiologists to recognize that this is an extremely valuable, important part of your practice. So if the patient doesn't feel validated, patient comes into you and, "Yeah. I was dizzy. I fell once, but my wife is worried about me." And if that patient doesn't get validated, why would they come back to you for their hearing, their nose, their throat, anything else?

Dr. Dave Fabry:

Well, I think you raised such an important, such an important point within many healthcare environments where there is audiologists, ENTs, many patients regard dizzy patients and patients with tinnitus with some apprehension, because they know in many cases, the diagnosis is very complex. It's often a diagnosis by exclusion, rather than being able to go and do a blood test, or some other definitive test with the exception of BPPV. But that point of validation, when people are saying they're worried about this disruptor, whether it's OTC, or big box, or this or that or the other thing, I ask them not only what's their revenue per hour requirement, but are they really afraid of engaging with the patient and understanding, hearing and balance their auditory and non-audit auditory symptoms, and really validating them. I think the point about validation is so vital.

Dr. Richard Gans:

The other thing is this idea that you can't make money in vestibular. It's fake news. Of course you can. So, if we do a full workup on a patient takes 90 minutes, it's 100% reimbursable by Medicare

Dr. Dave Fabry:

Which for many people, that will be something that can be another tool in their clinical tool belt to differentiate themselves in the community, to provide benefits to the patient, to consider the patient's



overall health condition beyond just two ears that they're matching real ear measurement targets to, to consider how it is that it will impact that patient's life.

Dr. Richard Gans:

And I would tell our friends that are HIS and audiologists, "You know, if you look at the model of optometry, ophthalmology, and opticianry, many of them are business partners. I would urge everybody to stop the animus and find a way to make a business together." I don't think you'll find many better situations than a doctor of audiology in a highly successful HIS businessperson, how to build something really special together where you have almost just like you go into the best ophthalmology clinics, what do they have? They have an optometry department. They have an opticianry, right? Look at this, these are titanium frames from Belgium. I pay \$900 for these frames. That's without a progressive prescription. So it took two people to make me happy, right? It took the optometrist to get, I've got a progressive bifocal even though I'm much too young for bifocal-

Dr. Dave Fabry:

You are. No. Yeah.

Dr. Richard Gans:

.... genetic, I'm sure. But it took a great optometrist to give me my progressive that made me happy. And then it took a great optician to find the frames that I liked, and the fitting, and the comfort, and everything that goes with it. So really, if I have a message for your audience today, find ways to make business together-

Dr. Dave Fabry:

Well-

Dr. Richard Gans:

... it makes all the sense in the world.

Dr. Dave Fabry:

... you raised that being open and you truly have done that by you mentioned a number of professional organizations where the members are often at odds with each other. We even fight within the same discipline-

Dr. Dave Fabry:

... much less considering hearing it's been specialists-

Dr. Richard Gans:

How did I do this? I'm friends with everybody. I'm friends with everybody.

Dr. Dave Fabry:

And you're not-



Dr. Richard Gans:

I build bridges. I don't burn them.

Dr. Dave Fabry:

Yeah. And one of my mentors said to me, "Only do what only you can do, and delegate the rest." That's an easy thing to say. It's harder to do, to have confidence, like you said, in terms of what your skillset is, how others may compliment that, but to have the confidence to know what you add value in, and also not to want to control everything when you can partner with others. The optical example is a great one. You need in the same way that we need to ensure devices are providing the acoustic benefits, and the cosmetic benefits, and the physical benefits of fitting comfortably, whether it's over the ear or in the ear devices. The analogy to glasses is the same. The best lenses and the corrections are great, but if the frames don't fit you or they slide down your nose, they're not going to give you the optimum benefit and the-

Dr. Richard Gans:

The other metaphor, think about the best restaurants you've ever been to. You have the back of the house. You have-

Dr. Dave Fabry:

Chick-fil-A.

Dr. Richard Gans:

You can have Wolfgang Puck in the kitchen. If you don't have somebody managing that dining room, or the bar, you're going to lose money. You're going to fail-

Dr. Dave Fabry:

It's not going to be the experience. Yeah. Well-

Dr. Richard Gans:

So, this idea that, "Only I can do it", it's really, I'm sorry, but it's a sophomoric view, and you'll never see anyone that's accumulated real success in anything that is able to say that "I did it all myself." You just can't.

Dr. Dave Fabry:

So with that, and we're just about out of time.

Dr. Richard Gans:

Good. I have nothing else to say.

Dr. Dave Fabry:

You have nothing else to say. But what I want you to do is to give one or two or three tidbits for people listening who haven't really considered about balance. I always say balance is like it's often an afterthought when people are focused on hearing and adding balance. You've provided us with the



analogy of the duplex you've provided us with being open to different people with skill sets who are different than what we have in partnering, unlikely partnerships. But give me one or two, three things that people listening today within the context of fall prevention week, what can they do to celebrate this? If you will.

Dr. Richard Gans:

Read, read, read. So, go to dizzy.com. It's all free. Nobody's selling anything. Dizzy.com/research. You can download 50-60 of our articles, papers. Then also on the website, Dr. Gans blog, Dr. Gans blog, you can watch-

Dr. Dave Fabry:

Gans is G-A-N-S, for those who live under a rock and don't know how to spell your name.

Dr. Richard Gans:

You can watch 50 or 60 video case studies from infants to geriatrics, everyone, and just start to watch it and see if it interests you. And then start to say, "Well, you know, I think I could do that. No. That's not so hard. I mean, how long would it take? Three minutes or five minutes to screen somebody?" But just think, when somebody comes in with a hearing loss, aren't you asking them about their vision? You should, because people do use visual cues if you don't want to call it lip-reading or speech reading, but it's clear that when people can see the speaker, those visual cues help understanding. So why not? When the person comes into you, look at them more holistically, look at a human being and not just two ear lobes?

Dr. Dave Fabry:

Completely agree. And you mentioned a number. I mean, there's comorbid conditions between hearing and balance. I said a mild loss three times the risk. It elevates even more as you have greater degrees of untreated hearing loss. You talked about cardiovascular disease earlier. We know the recent results that were published from the ACHIEVE findings show strong comorbidity. I know a lot of professionals were disappointed with the overall lack of effect in the aging population, but I think what I immediately gravitated to was that group of individuals, aging individuals who also had elevated cardiovascular risk factors, thinking about the patient as the whole, in a holistic sense, had dramatic improvements when they wore hearing aids versus the control group. And it's really just emphasizing treating the entire patient. Hearing care is healthcare, and it's not-

Dr. Richard Gans:

Yeah. I would say let your client, customer, patient, whatever you like to call them, see you as a healer, and not in a transactional relationship, because transactional relationships are easy to disrupt.

Dr. Dave Fabry:

Right.

Dr. Richard Gans:

And remember, cost is only an issue in the absence of value.



Dr. Dave Fabry:

Exactly. And you have to add value with every interaction you make. And adding value is, it cannot be commoditized. Caring can't be commoditized we say.

Dr. Richard Gans:

Absolutely.

Dr. Dave Fabry:

And so caring about the entire patient. And so I think we'll leave it there. And I thank you very much for participating in this session during Fall Prevention Week. Thank you for your dedication to working with patients in the field in the US. You mentioned over 150, I think you said-

Dr. Richard Gans:

Yes. Here in the United States.

Dr. Dave Fabry:

... locations, but also your international. You're Mr. Worldwide-

Dr. Richard Gans:

Well, we have AIB India. Our workshops are available in English, Spanish, and Mandarin, soon to be Brazilian. Portuguese.

Dr. Dave Fabry:

Fantastic. I thank you for your passion and your commitment to working with patients who have balance issues. And to our listeners, we thank you for enduring this episode of Starkey SoundBites with Richard and my sense of humor. If you enjoyed this conversation, please rate us and review us on your preferred podcast platform. Share it with your colleagues, your network, share it with some of your competitors. I mean, we really want to see this focus on collaboration. I think that Richard really discussed within this context, central to Fall Prevention week. And if you have other ideas as to topics that we consider in the show in the future, please email us at Soundbites@starkey.com. Thank you for listening and for viewing, and we look forward to hearing and seeing you again in the future.