Full [VERIFIED] Natura Sound Therapy 3 Reg Key

The mobile version of Natura Sound Therapy 3 makes it easy to apply the background sound therapy at any time and in any situation. Several tests could be run simultaneously using this application, including the assessment of tinnitus, tinnitus levels, and quality of life before and after sound therapy sessions. The preparation of the sounds could be done in advance and then only had to be activated immediately before starting the measurement. The assessment includes quality of life using the tinnitus annoyance

score, which is more sensitive than the question “How much is your tinnitus bothering you?” at a given time point, for example after a sound therapy session, or the need for ITN at a fixed time. The usefulness of the database containing the sounds is now much higher, because the sounds can be provided with the Natura Sound Therapy 3 Reg Key link from the website and given to the subjects in advance, without having to wait until the subjects return after a sound therapy session and download the audio file. This is of importance, for example, in a stressful situation or a medical emergency. The responses to the questionnaire gave us important information about individual preferences for a sound therapy with Natura Sound Therapy 3. The majority of patients reported improvements, which is in line with previous studies of sound therapy with CI users (Athanasiou etal. 2011 ; Jones and Wood 1999 ; Keegan etal.

2004 ; Kessler etal. 2016 ; Pagano etal. 2001 ; Tyler etal. 2015 ; Tyler etal. 2018). We also found that environmental sound type was not critical for the subjects, but did impact on their ability to discriminate sounds. This is in line with findings of Tyler etal. (2015) that presurgical counselling is critical to determine the most suitable sound for each individual. The subjects could therefore access the therapy on a wide range of sound frequencies, including low frequencies, and also delivered doses of high-level acoustic stimuli.

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After five weeks, the final (i.e. evaluation) visit took place. The electronic datalogs were extracted from the sound processor and remote control, containing information on the participants general CI and sound therapy use. Tinnitus characteristics were scored again with the custom tinnitus

questionnaire, including participants subjective benefit of sound therapy. The usability of the CART user interface was assessed with a usability questionnaire. Speech perception in quiet at 65 and 50dB SPL was tested with the background sound off and on at the participants preferred volume level (Bosman and Smoorenburg 1995). At the end of this visit, the experimental CART firmware was removed from the sound processor and remote control, which subsequently were reset to the conventional mode of the participant. If participants liked the sound therapy, we advised them to use an app on their smartphone for streaming background sounds to their CI. The listeners were asked to play the preview of the sound tracks before playing them in order to get acquainted with the sounds and their length to check whether they were not too long for continuous use. The sound level was adjusted to the preferred volume level

of each participant, with the help of a sound level meter. To maintain the stability of the sound quality, the participants were asked to turn off any irrelevant noises using an IR remote control after listening to them. The study inclusion and exclusion criteria were predetermined using a list of criteria that were used in all of our studies. A researcher explained these criteria to all the participants who could not understand the criteria as well as a trained clinician. Inclusion criteria were as follows: older than 18 years of age, the participant and the primary caregiver had to have good hearing in one ear (Siegel and Merzenich 1990) hearing loss of at least 30dB and severe tinnitus over the last year (Wilson et al, 2002), and the participant had to have been previously implanted with a cochlear implant and had a stable presence on the pediatric program. Exclusion criteria were as follows: combination of two separate implants; use of a hearing aid in the non-

implanted ear; and the presence of a previous infection in the middle ear. We took the participants' consent to participate in this study and to use the recorded nature sounds according to our ethics policy. We ensured that the ethical requirements were met for the research in the hospitals and that the participants signed an informed consent form before the experiment. This study conformed to the Helsinki Declaration for ethical research (2000) and was approved by the local ethical board at Mersin University (01.06.01.01.21.00). All possible precautions were taken to ensure participant safety in accordance with the declaration of Helsinki (2008). Data were collected for the following outcomes at the time of the intervention (baseline), control group (i.e. duration of the intervention), and after five weeks (final visit). The primary outcome measures were the tinnitus and hearing characteristics. The

participants' subjective and objective opinions on the sound therapy's effectiveness, usability of the environment, environment, acceptance of the sound therapy, and speech perception with noise were assessed using a quantitative survey form. The tinnitus profile questionnaire (SPIN) was administered by the researcher to the participants, and it consists of 24 items. The participants recorded their answer on a scale of 1 (not at all) to 5 (almost always), and those who had tinnitus answered eight questions about their tinnitus (Davis 1989). 5ec8ef588b

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