



Sound Bites Podcast Transcript

Episode: Tracy Markley

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's, chief Innovation Officer. Our guest today is Tracy Markley. Not only is she an advocate for people with hearing loss and a longtime user of Starkey hearing aids, she's also an award-winning fitness specialist, author and educator specializing in restorative and functional fitness. She joins us from her Pilates and yoga studio in Long Beach, California via Zoom. Tracy, thank you for joining us on Starkey Sound Bites.

Tracy Markley: Hi, thank you for having me.

Dave Fabry: Yeah, it's great. I can see some of the equipment in the background. My wife is trying to make me an advocate for Pilates. She's been a long-time beneficiary of Pilates due to some neck fusions. She's had a couple fused discs and Pilates are about the only thing that she can do and really stick to and improve her flexibility and mobility.

Tracy Markley: Yeah, Pilates, you have to train deeper. Not just a weekend certificate. You have to get more education and knowledge so you get ... it's almost like physical therapy. So yeah, listen to her. You should go.

Dave Fabry: Yeah, I am trying, so I'm working on it, but- ... well, first things first, let's talk a little bit about yourself in terms of what interested you in becoming a fitness specialist and then also, was there a specific catalyst? A lot of times on this podcast, we'll talk about what got people interested in hearing, or balance, or the areas that we as a profession are passionate about. What made you passionate about a fitness specialist and was there a catalyst that sent you in that direction?

Tracy Markley: Well, I always liked the exercise, but I wasn't a gym goer. I thought exercising felt good and whenever I went through a hard time, or I was sad, or I felt like I was getting blue, exercise made me feel better. And then I used to always do Tamilee Webb and Kathy Smith videos and some other ones too, but they're like the big ones I did and they made me want to do it. So, I wanted to become a fitness professional, but at that time, you buy a manual about this thick, I made my fingers about three inches thick. You read it and go take a test. I'm like, "I can't learn to do that."

So, there's a local college that had a two year fitness specialist program. So I took that and right before I graduated I got a call from someone who wanted to sell her business. She was renting a space from a chiropractor, so I just got into it. Some of her clients stayed with me, but I was also working full-time in a pediatric office. So, I did that both for a while. But anyway, so her clients that



stayed with me and then the new client that started getting, they had arthritis, balance issues, back issues, fibromyalgia, all these disease, half of I'd never heard of, lupus and things I didn't know at the time. So, I started studying deeper because I thought, "Well, how can I train someone if I don't know this stuff?" So I started just advancing out.

So, I've got certificates in osteoporosis, fibromyalgia, arthritis and just furthering things. And that just got me to be known as a physical therapist type trainer. Then as time went along, I was in California for 17 years, moved to Oregon and I was in a senior community. I went there to live by my mom and stepdad, and I started getting more seniors and stroke survivors, and the knowledge and work I did worked perfect for them. And so, I started getting in just being known as stroke recovery and everything and I've written some books on it and that leads into balance, stability, fall prevention, which also the hearing goes into that too.

Dave Fabry:

Exactly. A lot of those things that you mentioned where you're specializing in your occupation, also have high comorbidity with hearing loss. Many of those conditions also come along. Hearing loss doesn't occur in a vacuum as you know, in many of those conditions there are also increased risk of hearing loss if you have one or more of those conditions. And let's talk a little bit about that segue into your hearing loss and your hearing loss journey. When did you acquire a hearing loss and talk a little bit about that if you don't mind sharing?

Tracy Markley:

Oh, I don't mind at all. So, I didn't really realize I had a hearing loss till I was in my twenties or thirties. But when I was younger I did have hearing ear infections a lot, I remember that. And the old days in the '70s, they always put drops in your ears and all that kind of stuff. I don't think to do that anymore. But I remember when I was three I had to get my adenoids out and I learned as I got older, most kids, you had the adenoid Could be wrong, this is my knowledge, the adenoid sits on the tonsils. So they took them both out. When they didn't with me, they took out the adenoid and I had to go to speech school and learn to talk again. I never understood why. And then about a year or so later, I got my tonsils out and I was just teased by my brothers and stuff saying I say words wrong.

They would say, instead of saying my brother Steven, they said I said Theo. Instead of saying the word yes, they said I said a bad word. And they just laugh when I asked them. So, I don't really know the truth of it all. I remember in third grade, I was having a hard time comprehending and reading. The teacher would read something and then she'd give us question to answer and I'm like, "She didn't say any of that." So, when the teachers talked to me, she would just say, "Oh honey, it's because your parents are divorced." Then I went into tutors and I called it dummy reading in English. And then I was always having a hard time in English and reading. But I had a really good teacher with an [inaudible]. She was a good teacher but as I got older, I realized she might have been speaking in all



the tones that my hearing loss, then nobody was paying attention I had a hearing loss.

So, as time moves on, here I am married, I have step kids and they're like, "You need hearing aids." So, I went and got my hearing checked and I needed hearing aids. And then I pretty much wore them ever since. I faded off of them for about a year and a half when one wasn't working. And then I had to go through the phase of what you go through and you get new hearing aids again. But each time I get a new pair of hearing aid, they're so more advanced. And my last pair, before these I have now, I have the Starkey Evolv AI now. I had another pair of Starkey, that hearing aid, the professional I was in Oregon, thinks that was the first time I ever started hearing the letter S, like S for Sam.

Dave Fabry: Wow, wow that's awesome.

Tracy Markley: They think they've all just thought I've been really good at reading lips. So, for the first two weeks it sounded like everyone was going ... when they talk, but there really weren't. But that's what my brain ... because your brain adjusts to it? The neuroplasticity and stuff. So, my brain kept hearing long Sss but nobody was saying that. Then it sounded normal, and yeah.

Dave Fabry: I mean, not unlike physical activity, it takes a while to acclimatize to hearing those sounds differently. And even after you've worn hearing aids for a long time, if these latest pair, the Evolv AIs, have been providing more high frequencies to audibility, it takes a little while to adjust to it.

Tracy Markley: It does. When I was learning that ... But the audiologist person that helped me in Oregon had learned so much from it, I got fascinated with it. So, I started thinking, "God, my brain never heard this, now it's adjusting." And I get dizzy little bit, just adjusting and I was real aware of it all. But also, I work with it so much with my clients, I'm aware of their neuro issues because of stroke recovery and everything but I was feeling it myself.

Dave Fabry: Yeah. And one thing I have to ask, given that you raise that clearly, you exercise every day and you're working with your clients, do you use the physical activity feature on the Evolv AI devices in the user app in the Thrive app?

Tracy Markley: I did sometimes, but no, not all the time.

Dave Fabry: Okay. Yeah, I guess you probably know when you're getting enough activity programed throughout the day, in terms of the steps and that whether you're standing for a requisite number of minutes every hour and whether you're exercising, you probably blow those out of the water. But one of the things-

Tracy Markley: Maybe.



Dave Fabry: ... maybe, but in light of the issues that we talked about with comorbidity with other health conditions, we know cardiovascular fitness and hearing loss are very closely aligned. People with hearing loss in many cases have associated elevated risk of stroke, of high blood pressure, of a number of diabetes, elevated risk and comorbidity. And so, that's where we find that by incorporating sensors in Evolv AI, which was in a continuation of what we began back with Livio in 2018, encouraged people to be more physically active because we say hear better, live better. And that really does segue into some of the clients that you've worked with, maybe recovering from some of the conditions that they had or as you're working with them that also had associated hearing loss. Can you talk a little bit about that or are there any specific clients that have given you permission to talk about their journey with you?

Tracy Markley: Yeah, they're fine with that. So I've had, well the visual too. The visual make the difference in how the brain works at all.

Dave Fabry: Huge, huge.

Tracy Markley: But I've had clients, many of my clients are stroke recovery, or stroke survivors and stroke recovery. They do have a hearing loss. Their visual peripheral vision's affected, all these different things. When I'm working with people that are seniors, well, some people have mini strokes, some people have big strokes. But either way, it does affect their brain and it affects their balance. And my clients who don't wear hearing aids, they have a harder time if they're in that condition, they have a harder time with their balance. And the ones that wear hearing aids that forget them sometimes, they have a hard time balancing when I'm with them.

So, I have this one man who's 80 ... Well, I don't have him anymore, he's my Oregon client. We trained about eight years together. He was 83 or 82, I think. He would walk across, bosu balls. He was very good in shape. So, some days he come and stay on the bosu ball, he wouldn't be bouncing. So I go, "Did you forget your hearing aids?" "Yeah." But it took me a few times to put that together.

I had this other man who, because not wearing hearing aids is, I assume I'm right, my studies have showed, you can be more prone to getting dementia if you don't wear your hearing aids as you are aging. So, some of my male clients who are older, who their wives tell me to get hearing aids and they're like, "Don't want to wear them." Once they train with me and I tell them that, they go get their hearing aids and their wives are like, "How'd you get him to get them? I've been telling him for five years." I'm like, "I just mentioned dementia and they go out and get them quickly."

Dave Fabry: That's really an important point. And we think, my parents who were more from the traditional generation, were concerned about cancer and cardiovascular

disease. But among baby boomers in particular, were seeing ... But even among those traditionalist generation, the 80 year olds that you're mentioning, I mean, we've all had family members who've suffered from dementia and cognitive decline, or we maybe are seeing a little bit of that in ourselves as we get older. And there's nothing that really will get a baby boomer attention faster than start talking about the impact of untreated hearing loss and those delays. And we know it's often a five to seven year period of time from the time someone thinks they may have a hearing loss until they act on it.

And it's often the case that primary care physicians will say, "Don't worry about it. Aging is often accompanied by hearing loss and just your hearing is normal for your age," is a statement I frequently have heard from patients when they inquired about hearing aids with a physician in that routine care. And we really think that it's so essential to hear better, live better, to shorten that delay from the time that you think you have a loss until you move into action.

But I think the other point you raise, is the statement has been said, you're never a prophet in your own land. And spouses, I think often are frustrated in that they may say the same thing and they've been saying it for years, but until someone else points it out and brings it into the discussion, whether it's hearing, and hearing and balance, and the use of hearing aids and that link to really keeping as sharp mentally as possible, is so important.

Tracy Markley:

Another thing I noticed with hearing aids, that I like my hearing aids with batteries. I don't want to charge. I like changing my batteries wherever I can be. But now that they have hearing aids that can be recharged, that's good because that really helps people that are older or maybe when of their hands don't work well, arthritis or something because they don't have to do things with the battery, they just have to put them in. And I thought that was really good. That helps when I say something to some of the older people, that helps too, it's helping, it's helpful.

Dave Fabry:

For sure. Anything that helps the ease of use, whether they have arthritis or neuropathy, and especially stroke victims and people with stroke who've ... Let me think that again. Especially those individuals who've had a stroke, may often have neuropathies associated with it or manual dexterity issues, and complications after their stroke, that the rechargeable batteries really do serve as an important component of ease of use.

Tracy Markley:

It really does, yeah. When I had a client, he did pass away though, my very first book was, Dear Stroke, You Suck: The Journey Of A Fitness Trainer And Stroke Survivor. He wanted his story shared, but he passed away before the story came out. He had to get a heart surgery and there was actually, an error was made. It was something he should have come through, so it was sad. I trained him for almost four years. Anyway, he couldn't feel cold or hot on his hand, but he



never told me that. But he was very aware. He was very aware of spatial awareness and stuff. I'll have to tell you one of those stories.

But anyway, so he was way advanced. Now, I met him in a walker, but this was a year or so later. He's doing a plank position with a bosu ball upside down, holding the side of the bosu ball. And he goes, "Oh my God, I can feel the ball." I'm like, "What are you talking about?" He goes, "Well, I never felt it before." He goes, "I knew my hand was on it, but I never felt it." So he got up, went to the refrigerator, I gave him cold water and he felt the cold water. So, right in front of me, he got his senses back of his hot and cold in his hand. He was amazing to train.

Dave Fabry: Wow.

Tracy Markley: Did all kinds of things like that.

Dave Fabry: Wow. Well, I'm sorry that he passed before he got to see his story published. I mean, talking a little bit about the patients that you've worked with who have had strokes, I think maybe a lot of the people that are going to be listening to this podcast are audiologists and hearing incident specialists. And maybe, let's segue a little bit into some guidance that you might have for them in terms of thinking about the hearing as one component of the overall patient, particularly those who've suffered a stroke.

And one thing that some professionals may or may not be aware of in the literature, is that people who have a sudden onset of their hearing loss are at an elevated risk of stroke, partly due to the concern over restricted blood flow that can cause a sudden drop in their hearing, but it elevates the risk of a stroke by 1.6, 1.7 times. So, nearly double the risk.

Tracy Markley: I didn't know that.

Dave Fabry: Yeah, and it's particularly those who have a sudden drop in their hearing. So, one risk factor according to the literature, should be that sudden onset hearing loss, it might be important for them to seek help from their physician, from their cardiologist, or their primary care physician, to see if there are any risks associated with that causality, if you will, between the drop in hearing and the potential risk of a stroke.

Tracy Markley: Could that also mean they had a mini-stroke and didn't know it?

Dave Fabry: It's entirely possible. I haven't found any studies that have suggested that, that it might have been a precursor, a mini-stroke or a precursor to the larger stroke. But certainly we've seen raised awareness in the literature for that importance. In particular for individuals who suffer either a one-sided or bilateral sudden

onset hearing loss, that it is accompanied by an elevated risk by 1.64 times, over those individuals who haven't had that sudden drop in hearing of a stroke.

Tracy Markley: Well, that's good for me to learn that. I always know the other side of it, what happens after.

Dave Fabry: And so, let's talk a little bit about that, in terms of some of the differences between expressive and receptive communication, and how that impacts the individual.

Tracy Markley: Well, excuse me, some of them get aphasia and they can't speak well. I had a client who it was, they came from New Jersey in their 80s, to Florence, Oregon, 3,000 miles away, to train with me because they actually were getting professionals that didn't have education. That's what made me write some of my books. I'm like, "How are they pretending?"

So, they actually flew, they lived for a month in this small town to train me, I was just ... I can't even say, I was excited, sad for them. It was amazing, all this stuff. Anyway, well he had aphasia and he couldn't speak words. He can say yes or no, but he said them backwards. But I could tell after a day or two being around him by his eyeballs, what he meant. So he may say yes, he meant no. But if we sang a song, he could sing all the words. So he can sing the happy birthday song like nothing. My dog used to train with us. He used to sing Happy Birthday, so we would sing, he would sing everything perfectly.

Dave Fabry: Your dog sang Happy Birthday, or he sang happy birthday with the dog.

Tracy Markley: He would howl it. He would howl it.

Dave Fabry: Okay. Oh that's hilarious.

Tracy Markley: But the person would sing the words completely clear. And my dog was very special, he used to work with me, he passed too. Anyway, so that's one communication thing that happens after stroke. I don't know how that affects his hearing because I couldn't really discuss it with him. I don't know how aphasia affects hearing, but I know verbally they can't get it out. But it was interesting how the brain works, that it can sing but it can't speak.

Dave Fabry: Yeah, that temporal pattern, the rhythm from singing often is an assist. I mean, one of my best friends and longest friends from freshman year in college unfortunately suffered a stroke at the age of 47. It's now 15 years later. A lot of times people think this is only an affliction of the elderly. But out of the blue, he suffered this stroke and he talked about the fact that while he saw recovery quickly within the first couple weeks, to what he guessed was about 80% of where he was before he had the stroke, then it took another six months before he got up to 95%. And that was really through working with oral rehabilitation,



working with both an audiologist who was ensuring that hearing was up to snuff and it was, and then a speech language pathologist working in collaboration to provide the oral rehabilitation, took him-

Tracy Markley: So, he had good care.

Dave Fabry: He had really good care, but-

Tracy Markley: A lot of them don't, that's really good.

Dave Fabry: But even in the good care that he had, and after about a year, he got up to about 95% of where he wanted to be. But then his insurance benefit ran out. And so he said subsequently, he has seen some regression back to maybe 80%, 85%. And so, it would be interesting to see if from an insurance benefit, staying with it, he often wonders how we could get back up to that level again. And obviously, you can go through the training, but the insurance, to really raise awareness for the importance of that oral rehabilitative component, and working-

Tracy Markley: Exactly.

Dave Fabry: ... on expressive and receptive because like you said, the expressive and the receptive are both critical. The person with aphasia, he said, my friend, said that he could understand what was being said to him, but he couldn't come up with the words to be able to get the language out and to get the words out, to let people know what he was able to comprehend during those early stages.

Tracy Markley: And plus, well, two things. One, well, my second book is Stroke Recovery, What Now? When you recovery, your ... what's the name, your insurance ends and your recovery continues because basically, they only give you so much insurance benefits and a lot of stroke ... Well, this is a lot of diseases too, but a lot of stroke survivors just feel, "Oh, my therapy's over. They said they can't help me anymore, therefore there's no more advancement to make." Well, that's not true. I mean in some cases possibly, it depends on their brain, but in most cases, if they keep going, they may eight months have something happen, a year. I mean, I've trained people three, four years after and they're still making progress.

The brain has a lot to do with it. But it also, having someone with the knowledge around them. Because like in any profession, you take your basic stuff. I used to do hair, you get your license. But if you want to do better in hair and perms, you go take advanced color, you take advanced stuff. Well, just like a personal trainer or doctor, or physical therapist, if you just get the basic, you have to go specialize in something. So, there's a lot of physical therapists that don't go to the specialty. So, they just do the same things with every stroke survivor and it doesn't work for all of them. It's not a cookie cutter of healing.

Dave Fabry: That'll resonate I think, with a lot of the audiologists and hearing instrument listening here, is that it's not simply a matter ... Every hearing loss isn't the same because you're not just testing two ears, you're testing an entire person and evaluating what sorts of fears and concerns and expectations that they have for where they're going to benefit and I think that's ... Whether it's physical therapy or whether it's audiology, you're still trying to understand the person and their unique combination of lifestyle and hearing loss and symptoms and family support.

Tracy Markley: Exactly.

Dave Fabry: That factors in and you can't treat it like a cookie cutter method.

Tracy Markley: Not at all. And plus, one other thing, I brought up spatial awareness. So you have proprioception, spatial awareness and they work together, but they're a little different. Basically, it's your brain and body awareness of your surroundings and what's coming up and here. And so, my one client that was in my first book, he was just ... I learned so much with him. He was just aware of everything. So, I never actually explained to him what spatial awareness was. But he was standing on a balanced disc, which things happen on the balance disc, that when your central nervous system stimulated, I saw people, they can speak quicker, they can read better, they were able to see the colors better that I held in front of him. And I always wanted an audiologist to test somebody's hearing on a balance disc and see if it's different. I haven't got anyone to do it yet.

Anyway, so he was standing in the balance disc and he goes, "Oh, I got to tell you something." So he got off and this is what he said. He goes, goes, "Okay, I know there's cars on the street. I know someone's working out in the gym next to me, but I don't feel them in my space." So, he basically just says, "I don't have spatial awareness." And he did have a little bit of peripheral loss on one side, forget what side it was on. I know his hearing was affected because he didn't know someone was in this space until they showed up right here.

He didn't hear them. He didn't feel them in his space. Then maybe about a year working with him, he goes, "You know what? I feel like my whole world just went out to here."

Dave Fabry: Wow.

Tracy Markley: He got it all back. So, the further people keep working, you don't know what's coming back next. It's not like step one to six, in order, it's like that your finger may come back, your hearing, you don't know what's happening. So, you just keep doing stuff.

- Dave Fabry: Right. I mean, the brain is such a remarkable engine and the most comprehensive computer that exists on the planet. And when you think about, with a stroke, with damage to one or more regions in the brain, as you say, it can manifest itself in terms of hearing damage and associated vision, and then balance, and proprioception, and spatial awareness. And you don't know, they may all recover at different rates and respond to different forms of treatment. As you said, again, that cookie cutter method doesn't apply the same for everybody.
- And you have to be willing and able to adapt as the patient is starting to recover. One thing we find with the importance of involving an audiologist to ensure that hearing thresholds are where they are, how impaired they are after a stroke, in some cases where there's blood interruption or the specific region in the brain that's been damaged can affect the hearing. And then, as you already alluded, can cause aphasia or can cause receptive or expressive communication difficulties.
- But then that spatial awareness is really an important one, and one that we focus on with non-stroke patients, to just ensure that when we're putting hearing aids on both ears, that they're serving as sensors to the brain ... and that they're preserving that ability to not only detect when a sound occurs and where it occurs, so that they can use that information and feed that to the brain for those other overall system benefits, such as balance and spatial awareness.
- Tracy Markley: And it's full on fall prevention. It's safety and fall prevention for people, especially seniors. If they can't calculate how high to lift a foot or how far to reach an arm, or if this sounds here or there, they're going to fall down.
- Dave Fabry: It's such an important point. And we know that even a mild degree of hearing loss without a stroke, that a mild degree of hearing loss elevates your risk of falling by about three times, versus somebody who is the same age group but doesn't have a mild hearing loss. And then as you get more hearing loss, the cognitive load as you say, all of the systems that are going into place to keep you from falling, become challenged more. And so working, when you think about even independent of the stroke risk, just working with anyone with a hearing loss and aging, to preserve that balance function is essential. And when you add a stroke into that, it makes it even more important. And the training that you're providing them, is essential to preventing a fall from occurring because as we know, the emotional and economic costs of falling are significant.
- Tracy Markley: Exactly. And plus, quick reaction time. When you're a little cautious and you're hearing what you hear and your movements and you're slower, or you see older people start shuffling, they're not doing the natural rotation of the spine where they walk, they start shuffling. Well, now things aren't lined up for good movement. And so, the reaction time ... So, if they need to grab something and not fall, they're behind time, they can't do it quick enough.



Dave Fabry: Absolutely.

Tracy Markley: So, it plays into all that as well, the whole ... there's a lot to it.

Dave Fabry: And so, working hand in hand with improving. And again, I'll go back to again that one of those features in Evolv AI that you mentioned and I mentioned, of looking at physical activity, standing and exercising, can assist if there are patients you're working with who are recovering from stroke, getting them to adapt and modify their targets every day from maybe they start out with 2,000 steps a day and then get to 5,000, then to 10,000. That's adaptable in the user application, the Thrive app, to encourage them to be more physically active as they're undergoing their recovery, trying to stand more.

And then we even have a feature, which you may or may not be aware of in your Evolv AI devices, that can alert up to three contacts if you're wearing your devices. It'll send them a text if you suffer a fall while you're wearing your hearing aids.

Tracy Markley: Yes, I did know that one.

Dave Fabry: Yeah. And so important, we often think again, in the same way that some people think, well, strokes are only for older people, falls are only for older people and again-

Tracy Markley: That's exactly what my hearing professional told me. He goes, "Don't think because you're in your age, that part doesn't fall in."

Dave Fabry: Yeah. I mean, any age. We've heard many, many stories among professionals and patients alike that didn't fall right in the traditional spectrum, if you will, of what preconceived notions are for fall risks. They had a hearing loss and they suffered a fall. And having that peace of mind to know that family members, or friends, or colleagues, or professionals can be alerted in the event that they suffer a fall because we want ... And I think this comes back again with the physical therapy aspect of this really having a fall detection feature is great, but the long view is to really try to work to prevent a fall from occurring before it does.

Tracy Markley: And also posture. Posture, I know people say core, well I've been working with core before core became a fad because that's for spine and spine rotation and preventing back injuries and then it came out further. But when your posture's poor, you're rounded over, for one, you're going to fall more because you're leaning forward, you're not lined up. Your joints won't work as well, your arms and your hips and you can't have quick reaction time. But also my studies have shown the more you're on proper posture, the better the brain can communicate to the spinal column because you're not all rounded over, which that plays into everything. Your posture's important.



- Dave Fabry: And I guarantee you everyone listening to this podcast or watching you right now is trying to straighten up a little bit more and to not be rounded.
- Tracy Markley: But they're probably trying to straighten up by throwing their shoulders back, not by engaging their core and holding their self up their center. So the centers, I always describe it like the tree, the tree trunk. If the tree trunk is hollow and weak, if it's an apple tree, when it starts growing apples, they're going to fall off, the branches will break. The tree can blow over from the wind. But if your core's strong, the branches stay strong and the wind can blow, it's not going to blow you over. So, the core is essential. That's like the trunk of the body, the trunk of the tree. And when I work with stroke survivors, the ones that can get their posture better, they're the ones can get their arms moving better, they can fix their drop foot better because you have to balance their shoulders and the hips and it's all ... and then the brain, I think works better if it's not trying so hard to send messages in poor posture. I know they don't put that out there, but that's what I see.
- Dave Fabry: Well, it is. And they talk about the cognitive load, in terms of if you can get your posture under control so that you can not have to be so conscious of thinking about it and you just are working with that core or that core strength, to keep your posture ... to prevent that risk of falling, then you have more cognitive reserve left over for some of the other essential functions, so it's-
- Tracy Markley: Think of when you see a baby trying to learn to stand up.
- Dave Fabry: Exactly.
- Tracy Markley: It doesn't just stand up and start walking. It stands, but it's building its core and the spatial awareness and the skills of the brain, stabilizing before the limbs move. And that's kind like when people start getting fall prevention mode. Seniors need fall prevention care, or stroke survivors, or MS, or whatever people are struggling with. If the center of the body almost retrained like it did as a kid, because that's what it knows, a lot of people start making them do things and you can't squat 50 times and train your core for balance. You're going backwards, you have to start from the way the brain ... That's how I train, the way the brain knows, the natural sense of how it developed, go back to that mode. And it seems, I mean, in most cases I've worked with, it works that way. Common sense, logically.
- Dave Fabry: For sure. And I think you've provided some important tips in terms of working with stroke patients and the recovery and the need for physical, expressive and receptive language. And that recovery that can't be a cookie cutter method, are all really important reminders-
- Tracy Markley: Definitely not.

Dave Fabry: ... that serve well for the audiologist. And then thinking about the whole patient. Now, let's come back to your experience with hearing loss a little bit before we close. I see already the time has just flown by here. But one of the things we've seen with a transition from hearing aids as standalone devices to those that now use Bluetooth, that can be connected directly to a phone, also enables a connection to accessories like a remote microphone. Have you used any of the remote microphones, or the [Table Mic](#) or any of the other features, beyond the hearing aids alone?

Tracy Markley: I use the Table Mic.

Dave Fabry: Tell us a little about your experience with the Table Mic.

Tracy Markley: I don't know if you can see my balance bar on the wall.

Dave Fabry: I can.

Tracy Markley: There's a ballet bar, okay. Well, they're up on by a rack that's metal, that's a metal rack, okay. Well, I have one girl I trained who's a stroke survivor and she has a little bit of aphasia and when she faces the wall, I can't hear her. I mean, I can't hear her. Her mom's with her to help too, but it's hard to hear. So, I don't have her with her, but it's round. I tried to get mine to have with me, but I think it's at home right now. Anyway, I stuck it on there one day and I don't know if it's actually very magnetic, but it stuck up like a magnet.

Dave Fabry: No, it is. There's a magnet on it, yes.

Tracy Markley: Okay. Well, it stayed there and it made me hear her more and I thought, "Well, that's kind of cool." So, you can use it not just at a table in meetings. So, I used it more here because when I've been at conference type things, it wasn't really environment for me to use it, but it works for that stuff, for what I do.

Dave Fabry: Well, explain that. As long as you can either put it in a restaurant, put it in the middle of a table, or you could use it ... You could hang it around your neck. There is a neck loop accessory that comes with it that has the magnet, that then affixes the table mic to the magnet. So, the accessory is the magnet and then the table mic attaches to it. Or if that board behind you has a magnet on it, it will be the same. And you can use it in a classroom or you could put it up on the podium, or in a place of worship or something like that. You could put it up near the lectern to hear that person speaking clearly.

But I would encourage you to try it even in more situations than you have. The one you gave, the example of the patient with aphasia who's hanging onto your balance board, but then limiting your ability to lipread them and hear them as clearly, can really help. And they could even wear it easily around their neck during your session as well, so that you could hear them the entire time.



Tracy Markley: And one reason I didn't use it at some of the things I was at because the hearing aids were working so good I didn't need it.

Dave Fabry: Well, even better. Yeah.

Tracy Markley: Because I could do the ... I was able to change these. I couldn't do that in my older one, but these, I could click at the auditorium or you do the tap tap and it goes up. So when I was in college, I always sat toward the front of the room, slightly left. I knew I didn't hear well on the left ear but I didn't think much about it. So, I thought I was just quirky because I did really well in classes there. So, whenever I go someplace, I'm always there.

So, I was at a conference in San Francisco in the front row, listening to the speaker, slightly to the left, right there. And I heard everything he said, even when he was facing the other direction. Because sometimes they pace back and forth, they put their head down and I don't hear all the words, I didn't miss anything with him. So, I didn't need the thing. I had it with me because they heard them so well, so I didn't even take it out.

Dave Fabry: Well yeah, if the hearing aids work alone without the need for the accessory, that's the best case scenario. But then still having that capability in addition for those times that are really challenging, is great but I'm-

Tracy Markley: And these people had very clear voices. There's still those people that ... It's like, "What?" No matter how good you have, they still mumble or they're speaking and I can't understand you. I would pull that out. If the speaker was like that, it probably would've been a good time to pull out.

Dave Fabry: Well, I'm glad that your experience has been so positive with this. In the closing time here, let's talk about your latest book. What's that one called?

Tracy Markley: My latest book is called, I'm Not Stupid, I Have Hearing Loss: The Story Of Hearing Loss And Hearing Aids, Including Hearing And Brain Care Tips. Because I always tell my people hearing care is brain care.

Dave Fabry: Absolutely, your ears are sensors and your brain is where the work is. And so, what's one key take-home message from your book? And then that can serve as a catalyst for people to go out and buy it too.

Tracy Markley: I would say one thing is don't be afraid to wear hearing aids. People don't see them. I mean, randomly people see them. But anyone who noticed my hearing aids or people that know someone with them when they aware of them, most people don't notice. So, if you need hearing aids, don't not get them because you think someone's going to make fun of you or something. I mean, I don't think most people even notice. And the things you can hear, I mean, if you don't wear your hearing aids when you need them, you'll start staying home more.



You'll get isolated. You won't go to certain events. And then also, it's good brain care because of what I've been learning and studying and all my experiences, what the audiologist I talked to teach me all these years is ... because I just turned 57 last week.

Dave Fabry: Happy birthday.

Tracy Markley: If I wouldn't have got hearing aids in my early 40s or late 30s or whenever I got them, thank you, and I didn't get them till now, I would probably have some social issues right now. And I may not get some of them back, if I got hearing aids right now. I would've gone too long without them. You know what I'm talking about and you can probably explain that better.

Dave Fabry: I absolutely do and the shortening of that delay from that five to seven years or longer, think about all of the auditory moments you would've missed if you hadn't been able to hear with your hearing aids over that last decade or so.

Tracy Markley: I feel like I can read and write better. I share that in the book too. So, like I said, I couldn't comprehend very well, unless the teacher's really good and loud and they're in my face. So, I feel like I'm a faster reader, a better reader. And since I've worn hearing aids, I became an author because when you hear ... reading skills play into your hearing skills.

Dave Fabry: No question, no question.

Tracy Markley: As children and everything. So, it's helped me all around.

Dave Fabry: Wow. We thank you very much for sharing. I am going to touch on that last point in terms of the hearing moments that you might have missed in the last decade. One tradition that we have on the Sound Bites podcast, given that we are focused on auditory moments and how they enhance your life, what are some of your favorite sounds that you enjoy listening to, whether it's music, or whether it's nature, or other human beings? What are some favorite auditory moments?

Tracy Markley: I like hearing birds outside the window. I like hearing birds in the morning. When I first got my hearing aids, I heard the leaves crunching under my feet, which ... loud again, like more nature thing. And a couple weeks ago, or it was about a month ago, and this is my social media, I made a video on it. I was in my car and '80s song was on. I graduated class of '83. So, I'm in the car and I'm like, "What is this banging noise? It's going to the beat of the music." And then I realized it was a tone in the song that I've never heard before. So, I hear music now and it's like, "That's what the words are? I've been singing them wrong." So, I hear music better, the words better. But the funniest story was, when I first got my first hearing aids, I'm driving home and I put on my blinker and I heard the blinker and up until that point-



- Dave Fabry: Oh yeah. That's such a common one that people will say, "For the first time I heard the blinker in the car."
- Tracy Markley: Well, I just thought any cars newer than what my parents had when I was a little girl, they didn't make blinker sounds anymore. I just thought it was something the cars didn't have. I'm like, "My car makes that noise? Oh." I just thought it was something they made in cars in the '70s and they stopped.
- Dave Fabry: That's funny. Nope, they were still there. Your hearing was just changing. The Hearing Loss Association Group has used the modification of this saying for many years, and they say your hearing loss is more conspicuous than your hearing aids. I think you really embody the generation of hearing aid users now who say, like you said, people don't notice, but even if they do, who cares? I mean, when you think about all of the things that you're able to hear and that can enhance your life in so many ways that you'd be missing otherwise, that I think maybe that's a good place for us to end.
- I'm really appreciative of your sharing the way it is that you're working with stroke patients, your personal journey with hearing loss, the way that you've shared on social media and also through authoring numerous books that you've mentioned. I encourage people to go and look for the latest book which again, can you say one more time is your latest book?
- Tracy Markley: I'm Not Stupid, I Have Hearing Loss. Because if you don't talk well sometimes people ... or sometimes we pause longer to process. I think people think we're dumb. It's like, "We're not dumb, we just ... give us a second. Slow down."
- Dave Fabry: Yeah, slow down. Speak clearly and enunciate. So well, Tracy Markley it's been an-
- Tracy Markley: And let us process it.
- Dave Fabry: Yeah. It's been an absolute pleasure to speak with you here today. And to our listeners, thanks for listening to this latest episode of Starkey Sound Bites. If you enjoyed it, please tell your friends about it and tell them they can find it wherever it is on their favorite podcast platform. Subscribe so that they're sure not to miss a single episode. I thank you again for sharing your knowledge with us today.
- Tracy Markley: Thank you for having me. I loved it.
- Dave Fabry: It's my pleasure.