

Young crank it up, damage their ears

Cases of hearing loss noted

By **Cassandra Spratling**
Detroit Free Press

There's evidence that hearing loss is becoming more widespread. America's population is aging and, as most people age, hearing diminishes. About 40 percent of people over 65 have some degree of hearing loss.

Some 36 million people in the U.S., about 1 in 10, have some degree of hearing loss, according to the National Center for Health Statistics.

Some studies show hearing loss is becoming more prevalent among the young.

One in 5 teens has slight to mild hearing loss. The prevalence of hearing loss among ages 12 to 19 increased 30 percent – from 14.9 percent in 1988-94 to 19.5 percent in 2005-06, according to a study, published last year in the *Journal of the American Medical Association*.

"Everyone assumes iPods and other personal listening devices are the cause, but there is not enough data yet, so we don't know for certain," says the lead author of the study, Dr. Josef Shargorodsky, a clinician researcher at Brigham and Women's Hospital in Boston. "One problem is that adolescents don't report well whether the music they're listening to is loud."

Circumstantial evidence is

enough reason to be concerned, says Dr. Paul Kileny, director of University of Michigan's Audiology and Electrophysiology Department.

"This last decade or so has seen a significant increase in the use of personal audio devices that are much lighter, more comfortable and have longer battery lives, so they allow hours and hours of listening at high levels of intensity that can promote hearing loss," Kileny says.

But some audiologists doubt that hearing is any worse now than in the past. "Most kids are listening at moderate levels and for reasonably safe amounts of time," says Dr. Brad Stach, director of audiology with the Henry Ford Health System. "Now, those kids who are driving with stereos so loud you can feel it, they're doomed."

But he believes that just as older people are generally healthier than in the past, so too is their hearing.

He and others agree, however, that everyone needs to do what they can to protect their hearing because once it's gone, it doesn't come back. Untreated hearing loss can lead to a myriad of other problems, including depression, social isolation and academic deficiencies, and it can cost billions annually in lost productivity.



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Doctors advise people to protect their hearing by reducing exposure to loud noises and wearing protective devices.

8 ways to guard your hearing

- Keep the volume of personal listening devices at moderate levels.
- Limit the amount of time you're listening to devices or have them in your ear.
- Wear ear protection when performing tasks or activities that expose you to loud noises, such as mowing the lawn, hunting or operating loud machinery.
- As soon as you notice that you are not hearing as well as you used to or others express concern that you don't seem to be hearing as well, make an appointment with a doctor. The cause may be related to a medical condition that can be corrected.
- Parents should insist that pediatricians make hearing checks a part of well baby and well child visits.
- Check with your physician regarding the potential of the medications you have been prescribed to contribute to hearing loss.
- While it is true that hearing loss is more common after age 65 than at younger ages, report progressive hearing loss to your physician, especially if you notice that one ear is worse than the other.
- Tinnitus or ringing in the ears can be a manifestation of hearing loss, so it is more common in people with hearing loss than those without. Report new onset tinnitus to your physician, especially if it is only in one ear because it can be associated with certain medical problems that may need timely attention.

Unplug: Children need real-life human skills first

From Page E1

Marketers have seized this, as a stroll through any big box baby/toy section attests. This "educational halo" provides peace of mind as caregivers perform household duties, rest, or update Facebook pages as mellow tots gaze and learn about the rain forest. Unfortunately – and deceptively – with the possible exception of Sesame Street for older kids, no educational claims made by any of these "smart baby" products are backed by evidence. Quite the contrary: There is mounting evidence that early and excessive use can be harmful.

There are two main categories of screen-based media marketed to children: virtual and academic. The former is a surreal, expanding catalog of e-versions of beloved growing-up icons: pets, playmates, adventures, even story time with human readers as optional. The Baby Einstein franchise is a prime example, promising mastery of water, the sky, and the world without prying eyes from the screen. Ironically, since the real Einstein did just fine with puddles and star gazing.

The academic category is packed with curricula and gadgets aglow with visions of

genius babies learning more, younger, faster. Claims range from unrealistic – geometry for toddlers – to silly – "read like a Jedi!" – to near-fraudulent. The popular *Your Baby Can Read!* DVD series exemplifies all three, promising infants who "read before they can speak," confusing basic language acquisition with reading and suggesting a novel resume item.

Electronic toys employ a similar strategy, creating an illusion of learning while kids bang noisy buttons. One of the latest – baby apps – offers to liberate "Digital Natives" from crayons, pages, and keyboards in favor of smudge screens, uploading them as small grown-ups into the New Economy.

Children are not small grown-ups – a happy thing. Old Economy developmental stages are hardwired into their DNA. Key drivers of learning are as analog as ever: interaction with caring, engaged grown-ups and ample opportunity to explore the world in a multi-sensory, child-fueled, sense-of-wonder way. Genuine creativity, curiosity, and the learning they foster flow from simple ingredients: a piece of paper, a cardboard box, blocks, books, time. If technology were required to create tech-

savvy adults, Steve Jobs could never have grown up to found Apple.

Electronic media are not only an inferior means for children to experience and learn about their world, they can be toxic. This is especially true for kids under 2. Paralleling the rise in use are pediatric epidemics, including obesity, ADHD and academic difficulty, each with screen time as a risk factor.

For example, bedroom TV is a major and preventable contributor to child obesity. Inadequate sleep, strongly linked to viewing behavior, increases risk for almost every issue of concern to pediatricians. Risks are dose-dependent, with more and earlier use predicting worse outcomes. Reducing screen time and substituting active behaviors, however, reduces these risks.

That young children would not benefit from electronic media the way grown-ups do is not unexpected. Developing brains, wired to process "the real world," are simply not ready. Anything that diminishes the quality of human interaction tends to impair development.

By displacing active pursuits, promoting dependence and lowering an anesthetic veil over the robust adven-

ture that is early childhood, e-media mostly get in the way. And so, contrary to trends in the economy, here is one job too important to be outsourced: parenting.

Technology is here to stay. Eventually, all kids will be immersed in it, with no turning back. Rather than succumbing to the angst-amped allure of devices and handing them to babies, we should view accessibility and ease of use as assurance that waiting is not only OK, but crucial. Cool, even.

Our kids are not at risk for falling behind in computer skills, nor are they likely to ever be. Where they are at risk for falling behind is in "natural" skills. Such skills are central to becoming a functional grown-up: social ease, connection with the natural world, empathy, persistence, invention, imagination.

These tend to be taken for granted – "all kids are creative" – but this is wishful thinking. Nurturing a child's "natural" skills requires consistent attention to developmental needs and stages involving brain, body and senses.

It is imperative – and fun – to unplug, tune in, and embrace the real world with our children.

HEALTH EVENTS

Send submissions to Calendar@Cincinnati.com.

Today

Introduction to Eating Disorder Treatment, 6:30-7:45 p.m., Lindner Center of HOPE, 4075 Old Western Row Road, Mason. With Anne Marie O'Melia, medical director of Harold C. Schott Foundation Eating Disorders Program. Free. 513-536-4673; www.lindnercenterofhope.org.

Knee Screening, 9:30-11:30 a.m., Cincinnati Sports Club, 3950 Red Bank Road, Fairfax. Brief history and exam designed to troubleshoot and modify activities and exercise programs. Free. Reservations required. 513-527-4000; www.cincinnati-sportsclub.com.

Saturday

Diabetes Conversation Maps Sessions, 10 a.m.-noon., Lisa Larkin, M.D. & Associates, 4460 Red Bank Road, Suite 100, Madisonville. Small group discussions of Type 2 diabetes led by Jan Kellogg, certified diabetes educator. \$30 for four sessions; \$10 per session. 513-271-5111; www.lisalarkinmd.com.

Get Healthy Cincinnati Health Fair and FunFest, 10 a.m.-4 p.m., Cincinnati Sports Club, 3950 Red Bank Road, Fairfax. Free. \$25 flu shots 10:30 a.m.-12:30 p.m. 513-527-4000; www.cincinnati-sportsclub.com.

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Monday

Managing Grief During the Holidays, 12:30-2:30 p.m., Dearborn County Hospital, 600 Wilson Creek Road, Lawrenceburg. Free. Registration required by Friday. 800-676-5428; www.dch.org.

Safe Sitter Workshop, 9:30 a.m.-3:30 p.m., Countryside YMCA, 1699 Deerfield Road, Lebanon. For ages 11-17. \$48. Reservations required. 513-932-1424.

Baby Safety and CPR Class, 7-9 p.m., Clinton Memorial Hospital, 610 W. Main St., Wilmington. Education Services, third floor. Registration required. 937-382-9305; email chstromberg@cmhregional.com; www.cmhregional.com.

Tuesday

Modern Approaches to Knee Arthritis, 5:30-7 p.m., Wellington Western Ridge, 6909 Good Samaritan Drive, Green Township. Check-in 5:15 p.m. Dr. Kevin E. Reilly, orthopaedic surgeon. Free. 513-271-4545, ext. 304; www.afspeaker.org.

Pelvic Floor: Updates and Exercises, noon-1 p.m., Tri-Health Fitness and Health Pavilion, 6200 Pfeiffer Road, Montgomery. Ages 18 and up. \$20. 513-985-6722; www.trihealthpavilion.com.

Wednesday

Blood Pressure and Blood Sugar Screenings, 9 a.m.-noon, New England Club, 8135 Beechmont Ave., Anderson Township. Please fast after midnight. Free. 513-231-1060.

Caring for Mom: Stress-Free Holiday and Family Management, 6-8 p.m., North College Hill Senior Center, 1586 Goodman Ave. Free. 513-522-1154.

Lunch and Learn Lecture, 12:30-1:30 p.m., Clippard Family YMCA, 8920 Cheviot Road, Groesbeck. Topic: Health and Stress. Free. Reservations required. 513-941-0378.

Thursday

Healing Touch: Level 1, 8:30 a.m.-6:30 p.m., Tri-Health Fitness and Health Pavilion, 6200 Pfeiffer Road, Montgomery. Ages 18 and up. Concludes Nov. 6. \$333. Reservations required. 513-985-6736; www.trihealthpavilion.com.

Is Joint Pain Getting You Down? 11 a.m.-noon, Beacon Orthopaedics & Sports Medicine, 463 Ohio Pike, Suite 201, Anderson Township. With Dr. John Bartsch. Free. 513-354-3728; www.beaconortho.com.

Friday

Burn Notice return, 10 p.m., USA. A rerun marathon starts at 6 a.m. and ends (from 9-10 p.m.) with an episode that brings big trouble. The evil Anson (Jere Burns) has incriminating information on Fiona; he'll use it unless Michael helps him.

Michael does that in the new episode at 10 p.m. The mission stretches credibility to the limit, but comes with everything we expect – explosions, clever dialog and high-tech gadgetry.

Bones season-opener, 9 p.m., Fox. For six years, "Bones" has offered oddly interesting characters solving modestly interesting cases.

This seventh season starts late (because of baseball) and will take a break (because of the birth of

Emily Deschanel's baby). Brennan and Booth are together now, even if they can't agree on where to live ... or on whether she should keep trudging to crime sites while pregnant.

This case starts with paint-ball players finding a body; it ends adequately, after a few detours.

The X Factor, 8 p.m., Fox. Settling into its pattern, the show has its first oyster by viewers.

The Big Bang Theory, 8 p.m., CBS. Shopping for a wedding dress, Bernadette only takes Penny. That depresses Amy (Mayim Bialik), who thought she finally had close girlfriends.

The Office, 9 p.m., NBC. Dwight's "doomsday" plan will get everyone fired if there are mistakes.

— **Mike Hughes**

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TV BEST BETS

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Heel: Easing plantar fasciitis

From Page E1

ist with The Foot Mechanic practice in Denver. "If they can do that, fantastic."

Beyond that, it can become problematic. During the second phase of plantar fasciitis, between weeks two and four, the initial healing response grows limited because blood flow to the affected area lessens. Beyond the fourth week, you'll likely need orthotic devices that help take weight off the affected foot's arch.

Purdum likens the biomechanics of plantar fasciitis to an archer's bow. The arch of the foot is the bow frame, while the plantar ligament is the bowstring. Imagine upending the bow so it's string-down on a table. Pushing down on the bow causes the bowstring to stretch – though in the ligament's case, that acute stretching leads to micro-tears and painful inflammation.

"Typically, pain is going to

originate just in front of the heel, moving forward into the arch," Purdum said.

Purdum recommends a RICE regimen, a therapist's acronym for rest, ice, compression and elevation. Try to stay off your heel, ice it down regularly to reduce inflammation, bind it with a heel support and keep it propped up if possible.

About 48 hours after the initial injury (and ice treatment), use a heating pad to encourage restorative blood flow.

Brian Melodia of Denver came down with plantar fasciitis about 10 years ago. It started innocuously enough, during a barefoot stroll on a South Carolina beach.

"I remember my feet hurting during this 1- to 2-mile walk, but I really thought nothing of it," Melodia said. "I just thought the hard sand was causing a bit of temporary discomfort. The bad news for me was that following this event, my left foot

did not recover from a sensation of extreme soreness.

"At first, I honestly had no idea what the real cause was for my sore left foot," he said. "I would be in terrible pain during and following a hike, and I could barely walk."

Eventually a podiatrist identified the problem and helped Melodia with stretching exercises, ice treatments and orthotic inserts into his shoes. The orthotics aren't cheap: They cost \$300 and don't last forever.

He still is subjected to unpleasant cortisone shots every other year or so. "It's five minutes of hell, but then 18 months of relief," he said.

Nic Pade, a trainer at the YMCA, notes several stretching exercises that can help prevent or alleviate plantar fasciitis attacks. All are simple and require little or no equipment.

The most basic one is a static stretch where you brace yourself against a piece of furniture, wall or railing,

one knee bent and the affected leg anchored behind you with the foot's sole flush on the floor.

"Ease forward and until you feel your calf and heel tightening," Pade said. "Hold that pose about 20 or 30 seconds, and don't bounce."

Another exercise endorsed by Purdum is to place the sole of your forefoot, just behind the toes, on a stair riser. Standing on one foot, slowly lower your heel until you feel it stretching. Again, this is a static exercise – no bouncing or up-and-down calf raises.

Boosting circulation in the foot also helps. You can do this by placing a tennis ball under the sole of the foot and rolling it back and forth.

During the acute phase of a plantar fasciitis attack, you can kill two birds with one stone by rolling an icy-cold beverage can underneath your bare foot. Use a thin washcloth to cushion your skin from the metal surface.

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