

March Senior Savvy

Fresh Starts at Any Age

2026

As the days get warmer and nature comes alive, may this season bring happiness, renewal, and endless sunshine into your life.

A free monthly publication of

ESTABLISHED IN 1966
THE BELTON  JOURNAL

What's the Difference?

By Gretchen Hook, LPC, BCC, CALM

Owner/Operator Little Elm Residential Care Home, LLC

When looking for a place that can offer care for you or your loved one, there are many factors to consider. We will explore the differences between assisted living, skilled nursing, and residential care facilities.

Assisted living implies just that: assisted living. When a person can no longer live independently but does not require full-time care or may only need medication management, they would seek an assisted living facility. They might need help bathing and/or dressing; again, an assisted living facility would suit them. Assisted living facilities typically offer apartment-style living, where staff members check in on you a few times a day. You may choose to have meals in your room or go to a community dining area. There are often activities you can participate in, and residents of these facilities tend to be more autonomous and capable of meeting many of their own needs. Sometimes, when the resident needs more care but does not want to move to skilled nursing, the family may opt for home health care, hiring an agency or private individual to assist them with their care.

Skilled nursing facilities address most, if not all, of your needs, commonly referred to as activities of daily living (ADLs). Individuals who qualify for skilled nursing require assistance with tasks ranging from taking medications to dressing and feeding themselves, along with everything in between. Sometimes, those who need a higher level of care while recovering from surgery may be placed in skilled nursing for rehabilitation. Most residents in skilled nursing facilities typically do not regain independence or transition to assisted living; they often spend the remainder of their lives in the facili-

ty. Generally, a higher resident-to-staff ratio requires longer wait times for care. You will have a call button to press if you need assistance; at times, you may share a room with another resident. Meals are served in a communal dining area; however, if you are bed-bound, someone may assist you in eating in your room. Various activities are available in the environment, such as bingo or listening to music. Nursing care is primarily provided by licensed vocational nurses (LVNs) or registered nurses (RNs), alongside certified nursing assistants (CNAs) who provide additional support.

Residential Care Homes in Texas are residences that provide private rooms within a caregiver's home. For the purposes of this article, we will refer to them as care homes. Each room should include a hospital bed and can be personalized to meet each resident's needs. Caregivers in residential care homes tend to be more consistent. These homes are not licensed in Texas and typically accommodate three or fewer residents. The environment is more intimate, resembling the resident's previous living situation or home. Residents usually receive a higher quality of care since there are fewer individuals to tend to, meals are often homemade or tailored to each resident's preferences, visiting hours may vary, and all activities of daily living (ADLs) are met primarily by one or two caregivers rather than several, as in skilled nursing facilities. Residents and their families become part of the care home community. Communication tends to be better, as caregivers can closely monitor the residents, which leads to fewer medication errors due to the smaller number of individuals to care for. Most care homes, like skilled nursing facilities, support residents until the end of life. However, the key difference is that residents and their families enjoy more privacy, and the atmosphere is more home-like. Although residential care

homes are not as widely available as other facility types, they remain regulated by the state of Texas, albeit with less stringent guiding policies compared to larger facilities. Care homes generally do not accommodate totally independent residents and typically must meet at least three ADLs for each resident. The cost for each facility is like that of skilled nursing, but costs may be higher due to the more personalized care offered in a care home. Care homes generally are private pay, and some long-term care insurance may cover the cost of the care home.

This is not a comprehensive list of facility types or the services each type offers. Rather, it serves as a basic guide to assist individuals in beginning their search for the right facility for themselves or a loved one. This endeavor can be overwhelming, and it is essential for people to comprehend the needs of their loved ones. If you or someone you care about requires a place to call home with exceptional care, please don't hesitate to reach out for more information and to schedule a tour of our care home. We would be delighted to accompany you on this journey and welcome you as family.



Great gifts for retirees

Millions of working professionals may feel as though retirement is a long way off. But data suggests retirement may be a lot closer than many people believe. According to separate findings from the Employee Benefit Research Institute and the Transamerican Center for Retirement Studies, the average worker in the United States retires at 62. Professionals tend to work a little longer in Canada, where Statistics Canada notes the average retirement age in 2025 was 65.

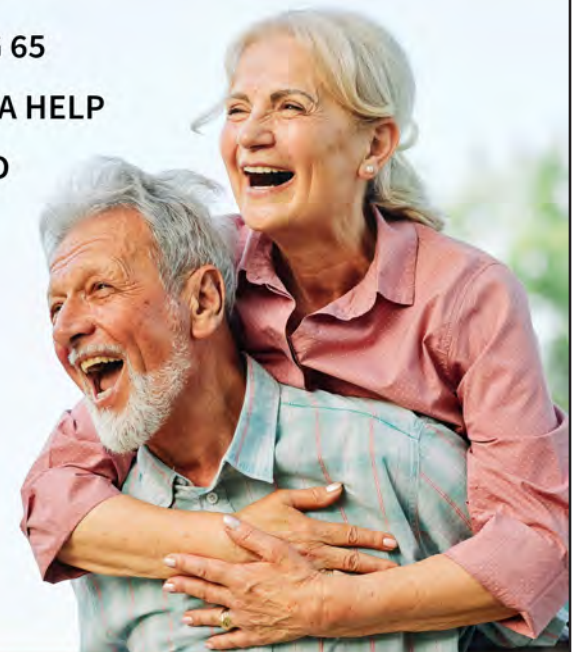
Regardless of which country professionals call home, retirement is a milestone moment worthy of celebration. Retirees may have their own private celebrations planned, but loved ones can still make this notable moment in a person's life more meaningful with the right gift.

Continued on Page 4



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We do not offer every plan available in your area. Currently we represent 4 organizations which offer 40 products in your area. Please contact Medicare.gov, 1-800-MEDI-CARE, or your local State Health Insurance Program (SHIP) to get information on all of your options. Plans are insured or covered by a Medicare Advantage (HMO, PPO, and PFFS) organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

• **Luggage:** Give a nod to many retirees' stated desire to travel more in retirement by gifting some new luggage. Hard shell luggage is particularly durable, which may be especially useful for individuals who plan to become jetsetters now that they no longer have to work. Personalize the gift by having the recipient's initials monogrammed onto the new luggage.

• **Chef's knives:** Another goal many people have upon retiring is to fine-tune their culinary skills. Some feel a chef is only as good as his cutlery, so the gift of a professional chef knife set can get retirees on the road to crafting delicious, top-notch meals.

• **Reading chair:** Many working adults lament that they have little time to read, a common refrain that no longer applies once professionals retire. A brand new comfortable reading chair can make an ideal gift for retirees with a bucket list of books to get through now that they have plenty of time to read for pleasure.

• **Ergonomic gardening tools:** Ergonomic gardening tools are easy on the joints and tailor-made for new retirees who now

have plenty of time to invest in their gardens and landscapes. Pair the tools with a cushioned kneeling pad and sturdy gardener's gloves and retirees will have all they need to get to work in the great outdoors.

• **Photo albums:** Anyone with a smartphone is familiar with the notion that great pictures are routinely snapped but easily forgotten thanks to the ease of taking photographs in modern life. Some high-end photo albums can encourage retirees to take a stroll down Memory Lane as they pick and choose memorable photographs to include in their new books.

• **Exercise gear:** Some comfortable and UV-resistant exercise gear and outerwear can be just what retirees need to comfortably enjoy a more active lifestyle. Hoodies and joggers designed for comfort and protection against the elements are ideal for retirees who love the great outdoors.

Retirement is a milestone moment in life that can be made even better with the right gift.



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St. Patrick's Day
Women's History Month • First Day of Spring
National Agriculture Week
Youth Art Month
Music in Our Schools Month
Newspaper in Education Week
National Sleep Awareness Week
National Craft Month
Poison Prevention Awareness Month
National Mom & Pop Business Owners Day

✱ "A good friend is like a four-leaf clover; hard to find and lucky to have". - Irish Proverb



Musical Mysteries & Fun Facts

Guess the Instrument!



While this triangular instrument comes in various sizes and types, a standard concert version has 47 strings and seven pedals. The strings are colored depending on the note they produce.

1. _____

A craftsman who produces this instrument, the highest-pitched instrument in its family, is known as a luthier.

2. _____

The modern version of this instrument was invented around the year 1700 by Bartolomeo Cristofori. Its name stems from the Italian words for "soft-loud."

3. _____

The fretboard is a key feature of this instrument. It typically has six strings, and is classified as a chordophone.

4. _____

This instrument is the largest member of the brass family, and it also produces the lowest notes. Its name comes from the Latin word for "tube."

5. _____

Considered one the world's oldest types of instruments, it was once used for long-range communication between villages and featured prominently in militaries and ancient ceremonies.

6. _____



Amazing Music Facts

The largest...

The Great Stalacpipe Organ is considered the world's largest musical instrument. It is located underground in a Virginia cave, and it spans 3.5 acres!

The first recorded...

The oldest existing example of a recorded song is "Hurrian Hymn No. 6" composed on clay tablets around 1400 B.C. The tablets were excavated in the 1950s in Syria.

Plant Playlist!

Scientists have found that plants respond to the vibrations of sound. While research is still being done to understand how sound and music affect plants, some music streaming services have launched channels and playlists dedicated to plants!

The oldest...

An ancient flute that is estimated to be 43,000 years old, known as the Divje Babe or Neanderthal flute, is believed by many archaeologists to be the oldest musical instrument in the world. It consists of a bear's bone with four pierced holes, and was discovered in 1995 in a Slovenian cave.

Zoomusicology

Zoomusicology is a field of study dedicated to the sounds non-human animals create and perceive that might be considered music, such as "songs" by birds, whales, wolves or insects.



The impact of AI on senior health care experiences

Artificial intelligence (AI) continues to change the world. The “Logic Theorist” program, created by Herbert A. Simon and Allen Newell in 1955, which was designed to prove mathematical theorems, is widely considered to be the first AI program. Today, AI is employed to answer questions, solve problems and even create artwork.

AI can serve amazing purposes in health care settings. Though AI can benefit persons of all ages, seniors may find it especially improves their health care experience. Here are some ways AI can enhance seniors’ quality of life, independence and support systems.

- **Monitoring:** AI-powered systems can be used to monitor vital signs like heart rate, oxygen levels and blood pressure. Some wearables even can detect irregular heartbeats or other anomalies and alert individuals or caregivers.

- **Early detection:** Echelon Health says AI can be invaluable in the early detection of illnesses by predicting risk factors in patients. AI can be utilized with the first levels of screening, which may detect the smallest changes that could highlight underlying issues. Research has shown AI can detect serious diseases such as lung cancer or heart disease earlier to offer patients a better chance of effective treatment before diseases progress.

- **Predictive analytics:** Those with a particular health condition can rely on AI to predict the likelihood of certain health events, like heart attacks or stroke, by analyzing data and genetic information. This allows doctors to take proactive approaches to adjusting treatment plans.

- **Chronic disease management:** The integration of AI into chronic disease management can enhance patient care efficiency and lead to optimized treatment strategies, says the National Institutes of Health. AI can monitor data patterns that offer insight into disease progression and can help seniors manage medications by providing reminders, tracking compliance and dispensing correct dosages.

- **Smart home technology:** A person’s environment impacts his or her health. AI-powered devices can automate tasks like adjusting interior temperatures to safe levels, turn on lights for safer navigation, turn off appliances if they have been left unattended, and offer additional safety features like fall detection. This may enable seniors to live securely and independently longer.

- **Daily tasks:** In addition to specific disease management, AI can be used to create healthy meal plans and schedule appointments. This can promote autonomy and reduce reliance on helpers

or caregivers.

Artificial intelligence is infiltrating daily life in many ways. In health care settings, AI benefits seniors in many different ways.





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Don't Wait to Start Aging in Place

By George Losoya

*Director of Aging Services,
Central Texas Council of Governments*

Aging is a natural part of life, but how we experience it can vary widely depending on the choices we make today. While we can't predict the future or prevent all health challenges, taking early steps to prepare for aging can greatly improve our quality of life and maintain our independence as we grow older.

Many of us postpone thinking about aging until it's forced upon us—often in the wake of a crisis. But creating a plan early helps reduce the emotional, physical, and financial stress that can come with life-altering events. Whether it's a diagnosis of cancer, a heart attack, or a stroke,

early conversations and preparations can make a world of difference in how we cope and recover.

I speak from experience.

In October 2024, at the age of 62, I faced a health crisis that made me truly reflect on my own future. After mentioning symptoms of fatigue and a near-fainting episode to my physician, a series of heart tests revealed significant blockage requiring immediate open-heart bypass surgery.

The diagnosis was shocking. But what hit even harder was the sudden need to put plans in place—fast. I had to consider my support system, my home environment, and

how I would recover. It was overwhelming, even with my years of experience in aging services.

This personal experience reinforced a truth I've long shared with others: the best time to prepare for aging is before you're forced to.

What Does Aging in Place Mean?

Aging in place means having the ability to live in your own home and community safely, independently, and comfortably, regardless of age or ability level. It's about maintaining control over how and where we live as we age.

Continued on Page 11

ST. PATRICK'S DAY WORD SEARCH

T	A	K	C	T	O	L	I	V	J	L	K	L	J	A	G	G	L	O	N
O	D	A	R	E	B	K	K	S	I	U	E	A	N	J	I	G	E	D	U
E	A	B	J	B	D	E	D	M	F	O	R	T	U	N	E	U	P	K	E
E	U	E	P	V	J	V	A	D	M	I	D	O	O	P	H	R	R	C	O
I	O	K	A	B	G	R	G	D	F	P	R	A	H	R	F	C	E	O	F
B	J	H	T	F	B	E	G	G	A	E	L	I	C	M	I	I	C	R	E
I	J	P	R	I	J	V	V	T	G	C	C	A	E	D	U	G	H	M	I
D	N	F	I	P	E	O	H	V	V	A	E	D	C	A	V	A	A	A	H
S	S	V	C	V	R	L	T	N	F	C	L	C	G	D	G	M	U	H	C
M	R	T	K	P	I	C	G	K	E	U	T	A	L	G	N	F	N	S	S
O	H	B	K	O	N	H	D	L	E	I	I	U	T	J	F	A	V	R	I
M	S	S	M	V	N	L	E	T	P	M	C	P	M	B	R	J	L	J	M
H	K	E	C	C	A	B	N	S	T	H	P	P	U	E	M	N	B	S	S
J	C	K	K	R	R	I	J	D	J	N	O	I	T	I	D	A	R	T	I
J	U	R	E	A	A	G	G	N	O	M	P	A	R	A	D	E	S	M	M
R	L	M	T	S	G	F	O	A	T	S	V	H	B	I	U	K	R	L	S
A	E	I	F	M	P	L	L	L	B	N	A	B	E	N	F	U	H	V	J
A	O	H	C	R	A	M	D	E	V	R	O	V	B	K	N	E	V	T	L
N	R	D	H	S	I	R	I	R	P	J	F	J	H	O	J	P	T	G	J
A	S	P	R	G	F	U	H	I	C	D	N	E	G	E	L	U	L	E	R

WORDS

- CELEBRATION
- CELTIC
- CLOVER
- EMERALD
- ERIN
- FORTUNE
- GAELIC
- GOLD
- HARP
- IRELAND
- IRISH
- ISLAND
- JIG
- LEGEND
- LEPRECHAUN
- LUCK
- MAGIC
- MARCH
- MISCHIEF
- PARADES
- PATRICK
- SAINT
- SHAMROCK
- TRADITION

Find the words hidden vertically, horizontally, diagonally, and backwards.

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That may mean modifying your home for safety, arranging transportation options, making financial plans, or building a strong network of support from family, friends, and community services.

Why Start Now?

Waiting for a crisis limits your options. Planning ahead allows you to:

- Make decisions while you're still in good health*
- Avoid rushed or emotionally driven choices*
- Communicate your preferences to loved ones*
- Build a lifestyle that promotes long-term health and safety*

As we continue to grow older, our needs will change—but the earlier we prepare, the more options we'll have to shape our own aging journey.

Don't wait to talk about it. Don't wait to plan. Start now. Because the future comes faster than we think—and you deserve to age on your own terms.

For local resources and guidance on aging in place in Central Texas, contact the Area Agency on Aging at 254-770-2330.



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SUDOKU

5	9			6		7		
	3			9				
	6					8		
4			1					8
					4	1		2
		8		7			6	
								6
7					5			
1	8			4	3	5		

Level: Advanced

Here's How It Works:

Sudoku puzzles are formatted as a 9x9 grid, broken down into nine 3x3 boxes. To solve a sudoku, the numbers 1 through 9 must fill each row, column and box. Each number can appear only once in each row, column and box. You can figure out the order in which the numbers will appear by using the numeric clues already provided in the boxes. The more numbers you name, the easier it gets to solve the puzzle!

1	8	2	6	4	3	5	9	7
7	4	6	9	2	5	3	8	1
9	5	3	7	8	1	2	4	6
3	1	8	2	7	9	4	6	5
6	7	9	8	5	4	1	3	2
4	2	5	1	3	6	9	7	8
2	6	4	3	1	7	8	5	9
8	3	7	5	9	2	6	1	4
5	9	1	4	6	8	7	2	3

ANSWER:

Fun By The Numbers

Like puzzles? Then you'll love sudoku. This mind-bending puzzle will have you hooked from the moment you square off, so sharpen your pencil and put your sudoku savvy to the test!

THIS DAY IN HISTORY



1766: Antonio de Ulloa, the first Spanish governor of Louisiana, arrives in New Orleans.

1953: Joseph Stalin dies in Moscow.

2021: Pope Francis begins an historical visit to Iraq during the COVID-19 pandemic.

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SPRJ80901

Making friends in your golden years

Aging and change go hand in hand. Physical changes associated with aging, such as graying hair or reduced muscle mass, may garner the most attention. But personal relationships also can change as people age.

As a person ages, interests could change and home base may not be what it once was. People move after retirement, and friends you might once have seen with frequency may no longer be as close by. Children are older, and the friends you made from these early parenthood relationships may change as well.

It is important to have a solid group of friends. Psychology Today reports that a strong social network reduces the risk of early death by around 45 percent. Recent data even indicates that loneliness is as great a health risk as smoking half a pack of cigarettes per day. Starting fresh and making friends at 50 or older might seem challenging. Although making new friends after 50 may take more effort than it did when you were younger, it is certainly not impossible. Here are some tips for making friends after 50.

- Join a networking group. Networking isn't just for advancing your career. Networking groups that focus on friend-

ships can help individuals meet one another. Perhaps there is a neighborhood group in which people from a particular housing development or several streets in town get together? Shared interests can include the place where you live.

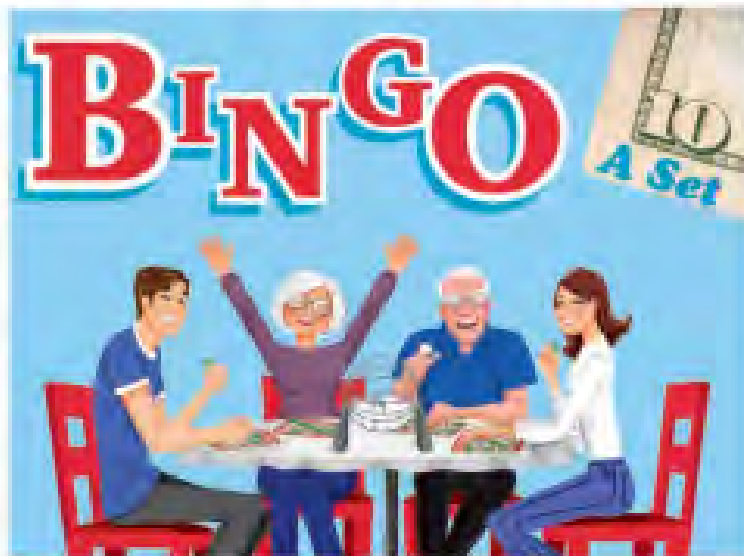
- Organize a get-together. Sometimes making friends involves effort on your part. You might need to step out of your comfort zone and initiate first contact with others. Maybe there is a person at a store you run into frequently, or someone whose path you cross regularly that can be asked out to a get-together?

- Get involved with activities. A church group or a volunteer activity can be a great place to meet new people. In fact, volunteers often get involved for the express purpose of getting to know others and to be integral members of the community.

- Consider other generations. Friends need not be the same age and from the same generation. Keep an open mind that friends can come in all ages and from all walks of life.

Making friends after 50 requires some effort, but a sizable social network can benefit individual well-being into one's golden years.

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Fridays @ 6:30 pm

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Zumba Class on T/Th is from 6-7 \$5/class No class on 1st/3rd Thurs,	2 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	3 Election Day 7-7 Mex. Train Doms. 9 Quilting/12 Canasta 6 Zumba Class	4 9 Exercise 10:30 Bible Study 12 Bingo 1 Art s & Crafts	5 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6:30 Dance	6 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	7 Dance is Thurs., March. 5, 6:30 with Old Friends Band
8	9 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	10 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	11 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	12 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6 Zumba	13 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	14
15	16 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	17 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	18 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	19 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6:30 Dance	20 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	21 Dance is Thurs., Feb. 19, 6:30 with Gabriel River Band
22 Pot Luck on Mon., Mar. 3 will be Ernie Lopez on piano.	23 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42 5:30 Pot Luck	24 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	25 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	26 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta	27 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	28
29	30 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	31 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class				

Upcoming Events:

1. The Center is partnering with the City of Belton on offering a Zumba class on Tues. and Thurs. from 6-7 p.m., except for 1st and 3rd Thursdays when we have our regular dances. Cost is \$5 per class.
2. Dances - Thurs., Mar. 5., with Old Friends Band; and Thurs, Mar. 19, with Gabriel River Band
3. Pot Luck is Monday, Mar. 23, at 5:30 p.m. with Ernie Lopez on piano.
4. We are in need of quilters who would be availalbe on Tues. and Thurs. mornings 9-12, or work from home! Call Judy at 254-770-7958 if interested.
5. We would also like new bridge players if interested in playing or learning - Fridays from 12-3.

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Renowned Neuroscientist Unveils Third Book on Tinnitus: A Beacon of Hope for Millions Suffering in Silence

In an era where neurological health challenges increasingly dominate public discourse, Dr. Keith N. Darrow of MyTinnitusNumber.org, a distinguished neuroscientist, professor, clinical audiologist, and Certified Dementia Practitioner, has released his latest work, *TinnituisTreatable.com*. This publication marks his third dedicated volume on the subject of tinnitus, building upon a career spanning over two decades at the intersection of brain science and auditory health. As the author of previous acclaimed titles exploring similar themes, Dr. Darrow continues to establish himself as a leading authority, offering evidence-based insights that challenge longstanding misconceptions and provide actionable pathways to relief.

TinnituisTreatable.com arrives at a critical juncture. With an estimated 70 million Americans and over one billion individuals globally experiencing tinnitus—a persistent perception of sound without an external source—the condition has evolved from a niche concern to a widespread neurological epidemic. Dr. Darrow’s book systematically dismantles the outdated narrative that tinnitus is an untreatable annoyance and people suffering need to learn to ‘live with it’, instead framing it as a treatable signal from the brain that demands prompt, comprehensive intervention. Through a blend of clinical expertise, patient narratives, and the latest advancements in neuroscience, the text

serves as a roadmap for those who have been dismissed by traditional medical approaches.

Dr. Darrow’s credentials lend unparalleled weight to this endeavor. Holding a Ph.D. focused in neuroscience from M.I.T. and Harvard Medical School, being a tenured professor at Worcester State Massachusetts, and certified as a clinical audiologist (CCC-A), he has treated thousands of patients while contributing to research on auditory neurology and cognitive decline. His prior books have educated professionals and lay audiences alike on the links between hearing health and overall brain function, emphasizing preventive strategies against conditions like dementia. In *TinnituisTreatable.com*, he extends this foundation, introducing readers to breakthroughs in NeuroTechnology™—a term he employs to describe technologies that interact directly with the nervous system to modulate brain activity and alleviate symptoms.

The book’s introduction sets a tone of empathy and urgency, acknowledging the deeply personal nature of tinnitus. “Tinnitus is a deeply personal experience,” Dr. Darrow writes. “For some, it’s a faint ringing in the background. For others, it’s a constant, overwhelming noise that hijacks daily life. No matter the form, one truth remains: tinnitus is real—and it is treatable.” This statement encapsulates the book’s core message, countering

the frequent dismissal patients encounter, such as being told to “just live with it.” Drawing from his clinical practice, Dr. Darrow shares stories of individuals who, after years of frustration, found relief through structured, science-backed protocols.

Right from the start, this book delves into the prevalence of tinnitus, explaining why it affects so many in modern society. Dr. Darrow attributes the rise to factors including aging populations, pervasive noise pollution, prolonged use of personal audio devices, and systemic issues like neuroinflammation from conditions such as diabetes and heart disease. He likens the auditory system to a sound engineering setup: the ears as microphones capturing frequencies, and the brain as the engineer processing the input. When signals degrade—due to damaged hair cells or neural synapses—the brain compensates by “turning up the gain,” resulting in phantom sounds. This analogy, grounded in neuroscience, demystifies tinnitus as a brain-based response rather than a mere ear problem.

Importantly, Dr. Darrow highlights that tinnitus is not “normal,” even if common. He cites global statistics, noting that over one in four U.S. adults reports symptoms, with rates increasing among younger demographics due to noise exposure. “Tinnitus is often the first sign that your hearing loss journey has begun,” he quotes from colleague Dr. Ross O’Neill, reinforcing the need

for proactive care.

Transitioning to the impacts of untreated tinnitus, this neurological condition is framed as a “big deal”—a warning system with far-reaching consequences. Dr. Darrow draws on functional MRI and EEG studies showing altered brain activity in tinnitus sufferers, including hyperconnectivity between auditory and emotional centers like the amygdala. This leads to a distress cycle: perception triggers emotion, which amplifies stress, perpetuating the sound. He discusses links to mental health issues, with over 50% of patients experiencing anxiety or depression, and an elevated risk of cognitive decline, including dementia.

A poignant section recounts the tragic story of Kent Taylor, founder of Texas Roadhouse, whose post-COVID tinnitus escalated to unbearable levels, contributing to his suicide in 2021. Dr. Darrow uses this public case to illustrate tinnitus’s potential lethality through sleep deprivation and emotional exhaustion. “Tinnitus is not merely a symptom to manage,” he asserts, “but a signal to act because it is a neurological disorder that warrants clinical attention.” The chapter reframes tinnitus as a biomarker for broader brain health, urging readers to view it with the urgency afforded to precursors of heart disease or stroke.

For many living with tinnitus, the journey begins with frustration: being told their hearing is ‘normal,’ despite the very real challenges they face each day. Standard hearing tests (aka the audiogram), developed nearly a century ago, are limited. They measure volume thresholds up through only about half of the ear, but overlook the subtleties of neural degradation, clarity loss, and damage in the most sensitive part of our hearing range. Dr. Darrow explains how the real culprit is often cochlear synaptopathy, or “hidden hearing loss,” where the connections between hair cells and auditory nerves deteriorate. These silent disruptions distort the way signals are delivered to the brain, explaining why a person can pass a hearing test yet still experience tinnitus, difficulty understanding speech in noise, and the exhausting fatigue that comes with it.

Research now supports what patients have known all along: relief is possible even when

tests say otherwise. Studies such as Suzuki et al. (2021) demonstrate that individuals with near-normal hearing can experience significant reductions in tinnitus when fitted with specialized hearing technology. Waechter et al. (2023) confirmed that treatment can be effective regardless of traditional audiometric loss. A case that illustrates this well is Brandy, a 45-year-old clinic coordinator who had “normal” hearing scores yet lived with constant ringing. Her Tinnitus Handicap Inventory score revealed a measurable burden, which was alleviated after being fit with prescriptive NeuroTechnology™. Advanced diagnostics—extended high-frequency testing, otoacoustic emissions, and speech-in-noise assessments—allow clinicians to uncover what the outdated tests miss and offer solutions that truly change lives.

Beyond diagnostics, Dr. Darrow presents practical strategies for patients to measure and track their progress. One such tool is “MyTinnitus-Number.org,” a personalized scoring system that quantifies severity and offers a clear starting point for recovery. From there, he outlines a structured, seven-step treatment approach designed to retrain the brain, reduce neural strain, and restore quality of life. At the heart of this program is Prescription NeuroTechnology™—customized devices that deliver targeted stimulation to the auditory pathway. By encouraging adaptive neuroplasticity, these systems lower the intensity of tinnitus while strengthening the brain’s processing of sound.

Other therapies play an important role as well. Cognitive behavioral strategies, biometric monitoring, mindfulness, regular movement, and improved sleep all reinforce recovery by calming the nervous system and building cognitive reserve. Together, these interventions reduce stress, promote resilience, and help restore a sense of control. The book also highlights how treating tinnitus protects long-term brain health, with evidence linking auditory enrichment to reduced risk of decline and dementia. Patient stories—like Mark, a 58-year-old firefighter whose “normal” test concealed significant auditory stress—show how the program brings relief that is practical, not miraculous.

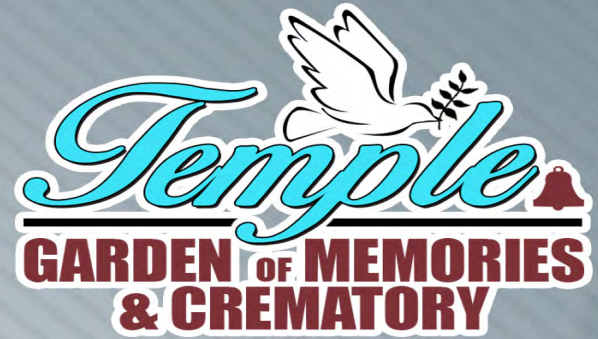
What distinguishes this work is its balance of science and compassion. The recommendations

are rooted in peer-reviewed research, yet presented in a way that empowers patients to take the next step. The book also critiques outdated protocols and systemic barriers that leave too many people dismissed or untreated, urging a shift toward modern, evidence-based care.

Ultimately, TinnitusTreatable.com is both a scientific guide and a message of hope. For those ready to take the first step, resources like MyTinnitusNumber.org provide a way to measure progress and begin the journey toward relief. It validates the lived experiences of millions while offering a pathway forward. In Dr. Darrow’s words: “This book is for everyone living with tinnitus who deserves more than hollow reassurances. They deserve options. They deserve treatment. And above all, they deserve hope, rooted in evidence—not guesswork.”

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