The Clinical Frustration of Subjective Sound

The Patient Reality

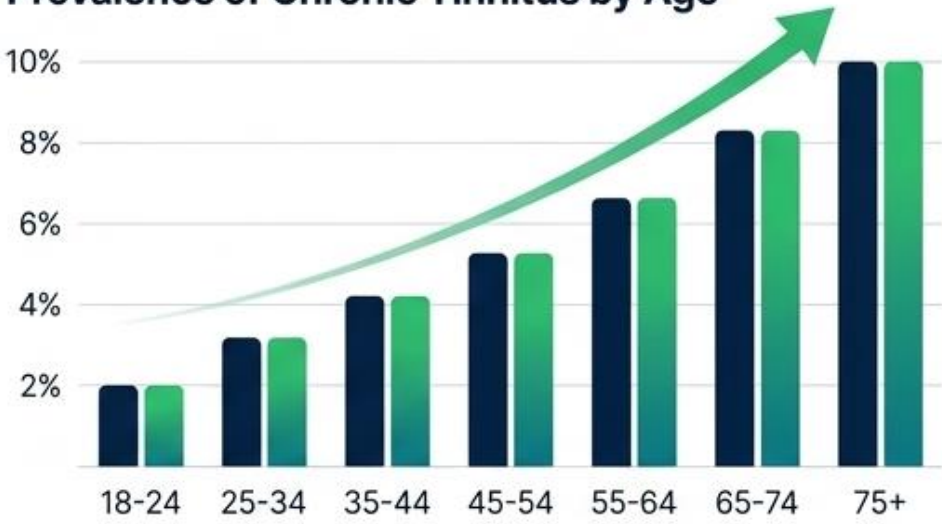
A brain phenomenon generating buzzing, hissing, or clicking with no external stimulus.

Highly stressful: disrupts sleep, degrades focus, and triggers profound anxiety.

Over **0.6 billion** people affected worldwide.

Zero FDA-approved drugs available for chronic tinnitus.

The Clinical Reality



Clinicians are tasked with treating a deeply subjective, invisible condition using limited objective tools.

NotebookLM

The Clinical Frustration of Subjective Sound

The Patient Reality

A brain phenomenon generating buzzing, hissing, or clicking with no external stimulus.



Highly stressful: disrupts sleep, degrades focus, and triggers profound anxiety.



Over **0.6 billion** people affected worldwide.



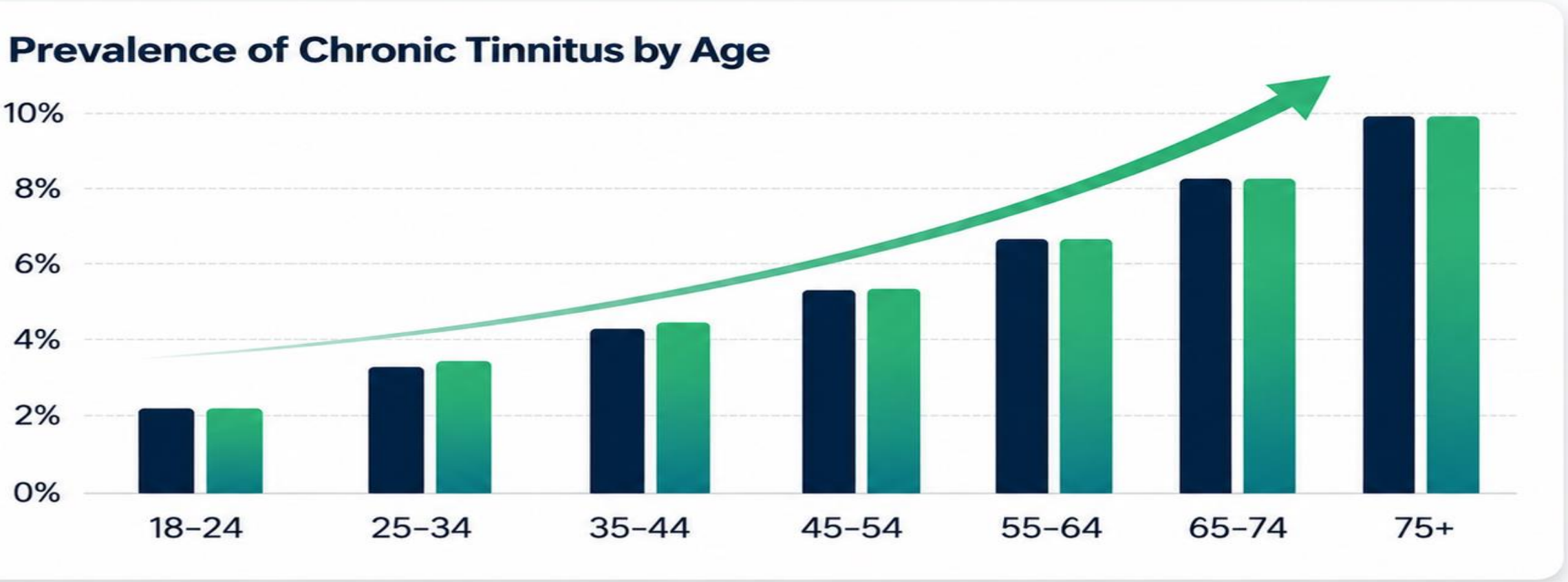
Zero FDA-approved drugs available for chronic tinnitus.



Clinicians are tasked with treating a **deeply subjective**, **invisible condition** using limited objective tools.

NotebookLM

The Clinical Reality



Clinicians are tasked with treating a deeply subjective, invisible condition using limited objective tools.

The Hardware Trap: Why Tinnitus Escapes Diagnosis

The Constraint

Traditional audiometers rely on physical hardware limitations, offering discrete frequencies (250Hz, 500Hz, 1000Hz) that max out at 8,000Hz.

The "1-Hertz Gap" Concept Model



The 300-Hertz Blindspot

Even premium legacy audiometers costing over $15,000 that reach 15,000Hz are trapped in forced 300Hz stepping.

The Reality

A patient's unique tinnitus pitch rarely falls perfectly on a 300Hz interval.

Legacy hardware leaves clinicians guessing in the dark gaps.

NotebookLM

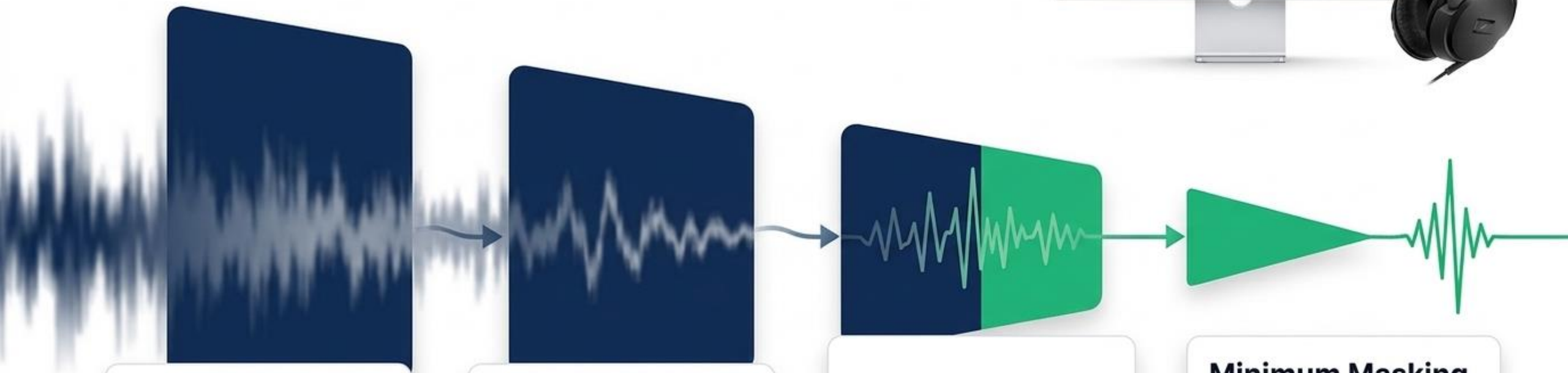
The Paradigm Shift: Software-Defined Precision

	Legacy Hardware	Tinnitus Station
Frequency Range	Max 8kHz	Up to **13.5kHz / 15kHz**
Step Precision	Forced 300Hz jumps	**Exact 1-Hertz tuning**
Delivery Mechanism	Bulky, expensive proprietary boxes	Agile PC/Android software + Calibrated high-frequency Sennheiser headphones
Clinical Output	Manual charting and guesswork	Automated, insurance-compliant **Tinnitograms**

NotebookLM

The Diagnostic Funnel: Engineering the Perfect Tinnitogram





2AFC (Alternate Forced Choice)

Establishing the gross frequency baseline.

Octave Confusion

Refining boundaries by testing one octave above and below.

The Tinnitogram

Finding the absolute center in 1-Hertz steps (50Hz to 13,500Hz).

Minimum Masking Level (MML)

Identifying the exact decibel (dB SPL) threshold to suppress tinnitus.

NotebookLM

The Clinic Command Center



Longitudinal Tracking



Data Integrity

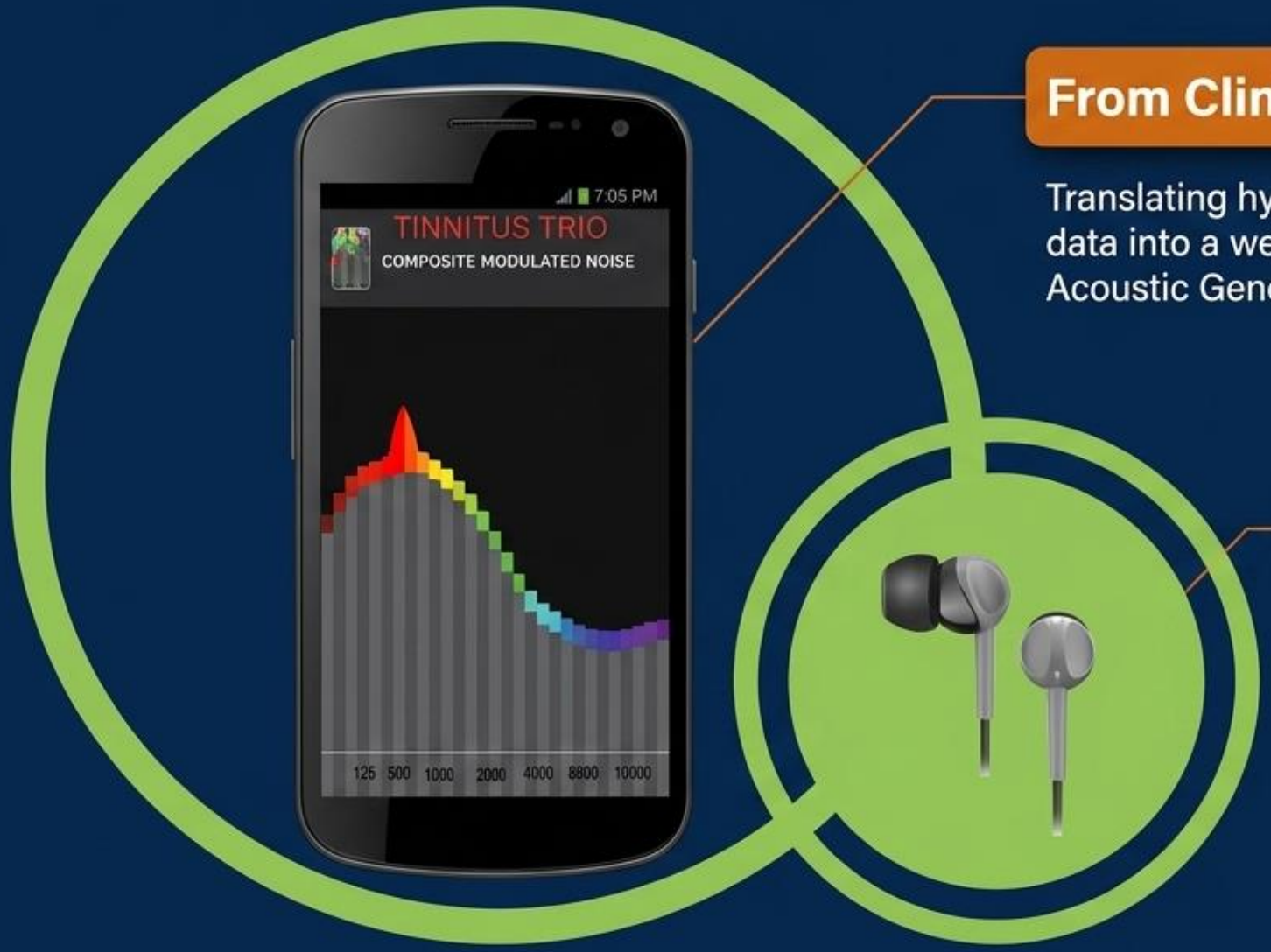


Automated Reporting



Insurance & CPT Compliance

The Therapeutic Intervention: Tinnitus Trio



From Clinic to Pocket

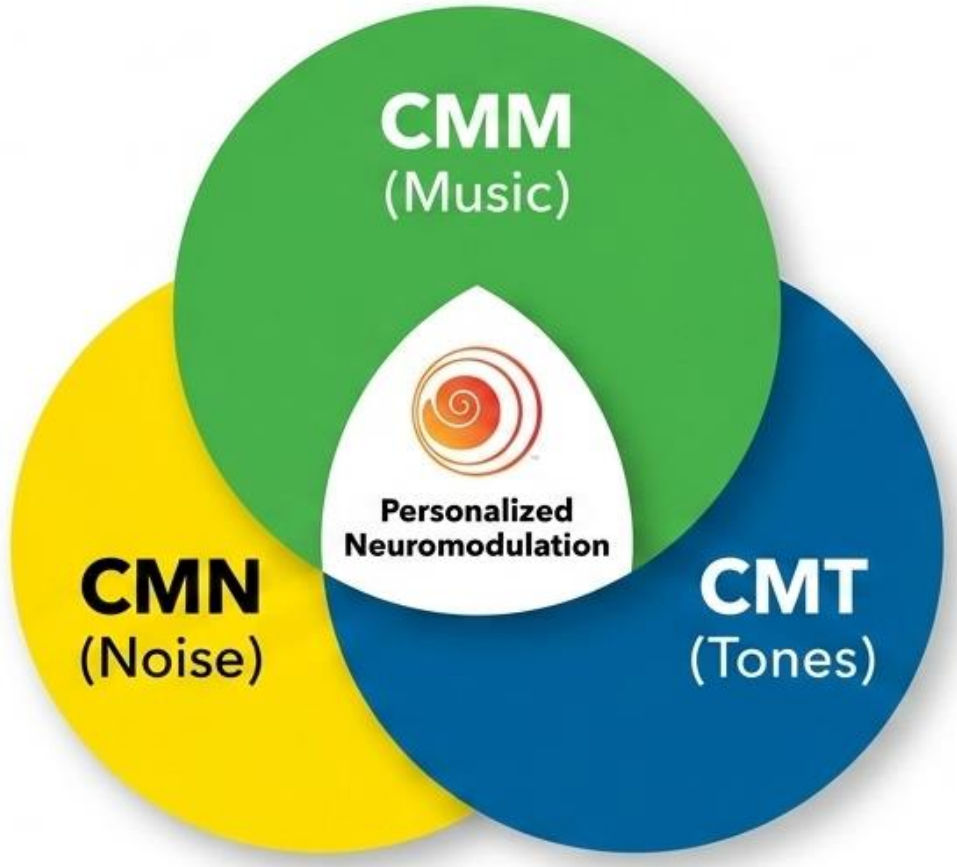
Translating hyper-precise clinical data into a wearable, mobile-first Acoustic Generator.

Algorithm-Driven Neuromodulation

Moving beyond generic ‘white noise’ to personalized sound therapy calculated directly from the patient’s unique Tinnitogram and Minimum Masking Level.

NotebookLM

Tri-Modal Acoustic Neuromodulation



Every patient's tinnitus profile is completely unique. The Trio allows clinicians to prescribe the exact blend of music, noise, and tonal modulation required to retrain the specific neural pathways mapped during assessment.

NotebookLM

The Ecosystem: A Closed-Loop Standard of Care



You aren't just buying software. You are adopting an end-to-end, CPT-compliant ecosystem that tracks, treats, and manages the entire patient journey.