

THERAPY FOR ANATOMICAL AREAS

### SCAN PHASE

After having evaluated the patient, apply the **global approach** and distribute the energy directly and indirectly along the muscles involved in the movement that causes pain.

To correctly use the global approach on the shoulder, we suggest scanning over the muscle belly when contracted. Treat the supraspinatus, infraspinatus, teres minor and rhomboid muscles, and the acromioclavicular joint at the back, the deltoid muscle, rotator cuff, the long and short heads of the biceps brachii and the pectorals.



### TRIGGER POINT

When trigger points are present, detectable through palpation, position the handpiece on the identified one in a static manner.

After irradiating, the operator must manually re-evaluate the trigger point and if necessary repeat treatment until the pain has reduced by 50 - 70%.

If the pain does not lessen at the second attempt, it is advisable to re-evaluate the correct position of the point.

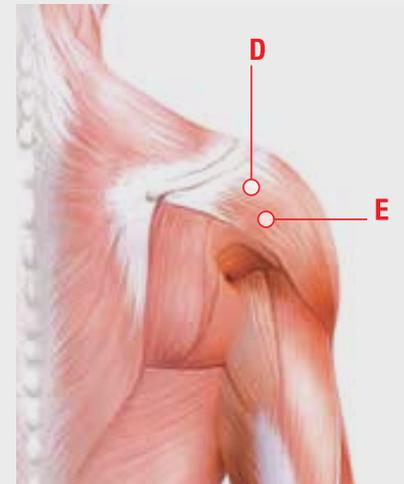
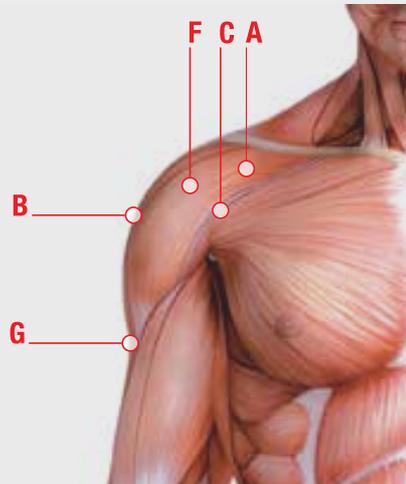


### TREATMENT WITH HANDPIECE

PATHOLOGY N° 2 / 7 / 8 / 9 / 10

To treat the shoulder, place the handpiece on the following points:

- A** On top
- B** To the side
- C** In front
- D** Behind the head of the humerus
- E** Approx. 1 cm below point D
- F** On the long head of the biceps brachii (with arm in extra rotation, if tolerated by the patient)
- G** On the deltoid insertion point



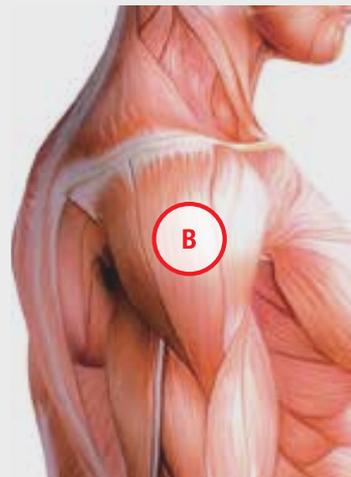
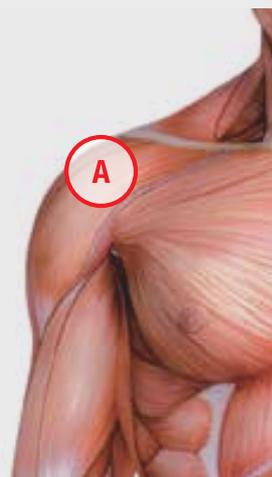
**N.B.** With bursitis, adhesive capsulitis and rotator cuff strain, the indicated points should be treated twice.

### TREATMENT WITH MULTIDIODIC APPLICATOR

PATHOLOGY N° 2 / 7 / 8 / 9 / 10

These pathologies of the shoulder can be treated by positioning the multidiodic applicator on the following points:

- A** On top
- B** To the side
- C** Behind the head of the humerus



### TREATMENT WITH ROBOTISED HEAD

PATHOLOGY N° 2 / 7 / 8 / 9 / 10

The pathologies indicated can be treated by irradiating at the front, on the side and at the back the whole area shown.



### SCAN PHASE

After having evaluated the patient, apply the **global approach** and distribute the energy directly and indirectly along the muscles involved in the movement that causes pain.

To correctly use the global approach on the elbow, we suggest scanning over the muscle of the abdomen when contracted. Treat the forearm extensor muscles, the medial epicondyle of the humerus, the triceps brachii muscle and the flexor muscle of the wrist and fingers. It is also a good idea to treat the epicondyle and the biceps brachii.



### TRIGGER POINT

When trigger points are present, detectable through palpation, position the handpiece on the identified one in a static manner.

After irradiating, the operator must manually re-evaluate the trigger point and if necessary repeat the treatment until the pain has reduced by 50 - 70%.

If the pain does not lessen at the second attempt, it is advisable to re-evaluate the correct position of the point.



## TREATMENT WITH HANDPIECE

PATHOLOGY N° 2 / 4

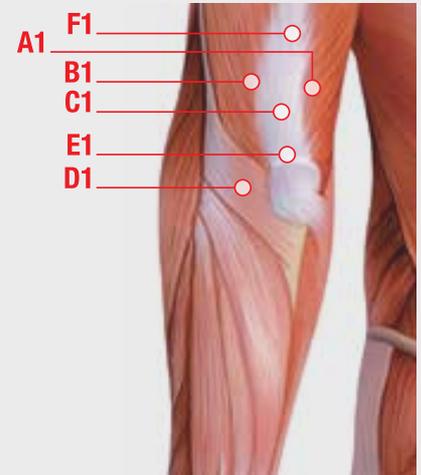
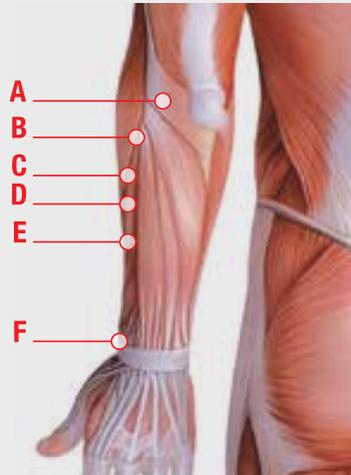
These pathologies of the elbow can be treated by positioning the handpiece on the following points:

### Tennis Elbow

- A** At the origin of the painful muscle
- B** About 1 cm from A
- C** About 1 cm from B
- D,E** On the abdominal muscles
- F** On the distal insertion point

### Golf Elbow

- A1** On the surface flexor of the fingers
- B1** On the radial flexor of the carpal
- C1** On the ulnar flexor of the carpal
- D1** At the front of the medial epicondyle of the humerus
- E1** Above the medial epicondyle of the humerus
- F1** On the distal contour of the long head of the biceps brachii



## TREATMENT WITH MULTIDIODIC APPLICATOR

PATHOLOGY N° 2 / 4

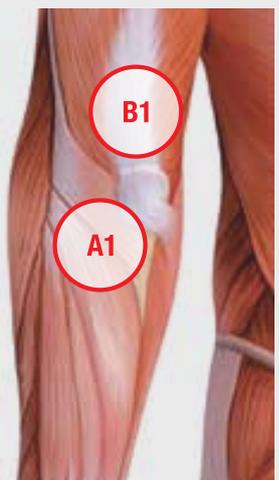
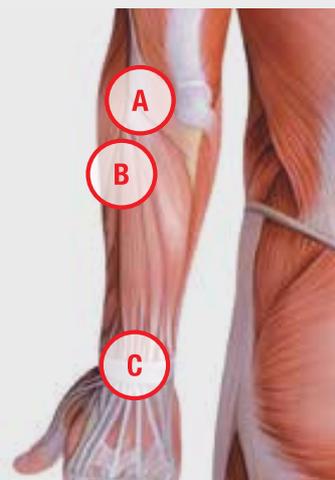
These pathologies of the elbow and lateral and medial epicondylitis can be treated by positioning the multidiodic applicator on the following points:

### Tennis Elbow

- A** Near the painful muscle
- B** On the muscle belly
- C** Distal to the painful muscle

### Golf Elbow

- A1** Above the medial epicondyle of the humerus
- B1** On the distal contour of the long head of the biceps brachii



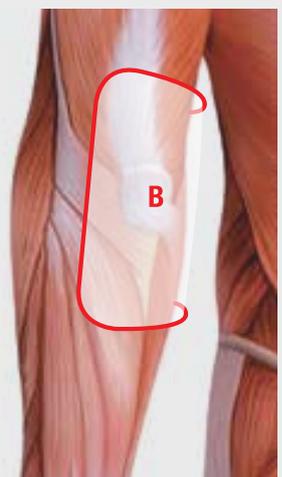
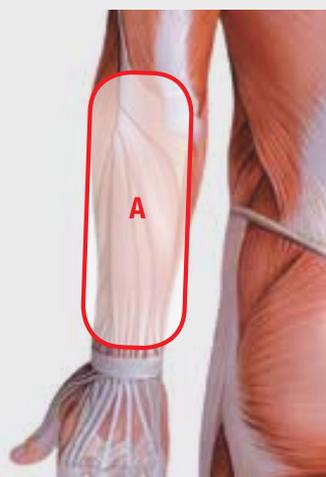
## TREATMENT WITH ROBOTISED HEAD

PATHOLOGY N° 2 / 4

Elbow pathologies are treated by irradiating the whole areas shown.

### A Tennis Elbow

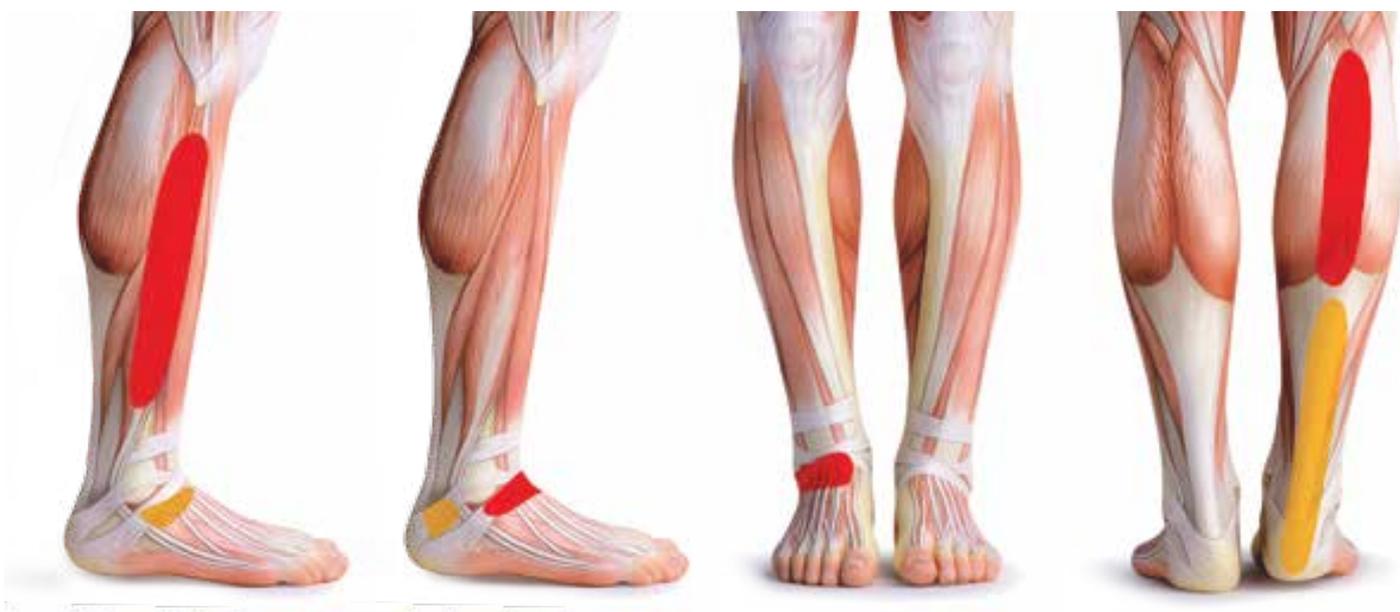
### B Golf Elbow



### SCAN PHASE

After having evaluated the patient, apply the **global approach** and distribute the energy directly and indirectly along the muscles involved in the movement that causes pain.

To correctly use the global approach on the ankle-foot area, we recommend scanning the central part of the muscles when contracted. Also treat the peroneus muscles, the extensor retinaculum, tibiotarsal joint and the etc., continuing along the back to the triceps surae muscle and the Achilles tendon.



### TRIGGER POINT

When trigger points are present, detectable through palpation, position the handpiece on the identified one in a static manner.

After irradiating, the operator must manually re-evaluate the trigger point and if necessary repeat the treatment until the pain has reduced by 50 - 70%.

If the pain does not lessen at the second attempt, it is advisable to re-evaluate the correct position of the point.



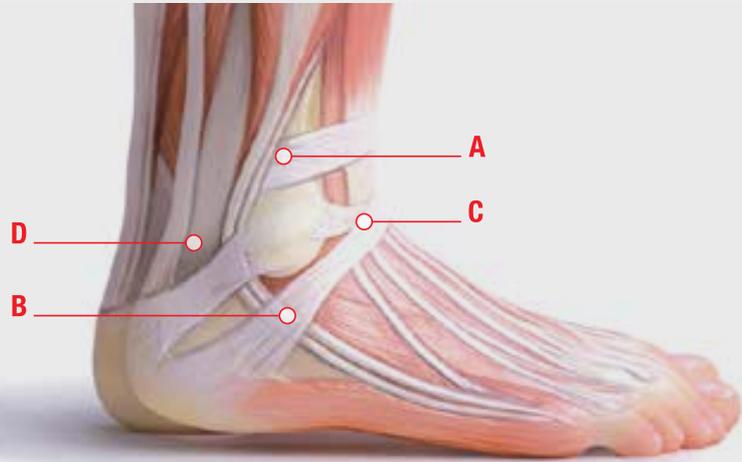
### ■ TREATMENT WITH HANDPIECE

PATHOLOGY N° 1

This pathology of the ankle and foot can be treated by positioning the handpiece on the following points:

#### **Ankle Dislocation**

- A** Above the malleolus (internal or external)
- B** Below the malleolus (internal or external)
- C** In front of the malleolus (int. or ext.)
- D** Behind the malleolus (int. or ext.)



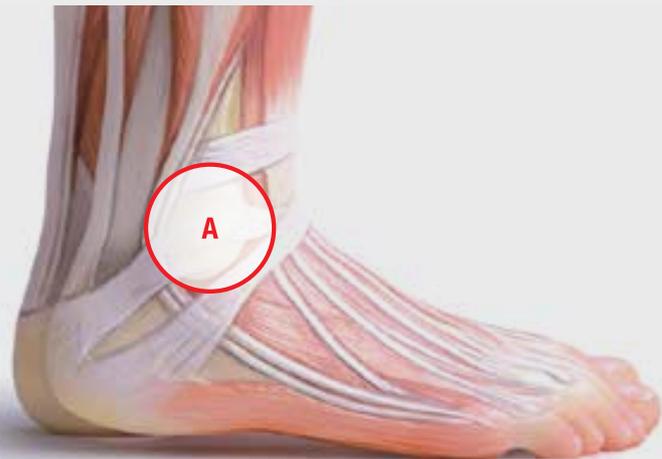
### ■ TREATMENT WITH MULTIDIODIC APPLICATOR

PATHOLOGY N° 1

This pathology of the ankle and foot can be treated by using the multidiodic applicator to:

#### **Ankle Dislocation**

- A** Cover the malleolus (internal or external)



### ■ TREATMENT WITH ROBOTISED HEAD

PATHOLOGY N° 1

This pathology is treated by irradiating the whole area shown.

#### **Ankle Dislocation**



## TREATMENT WITH HANDPIECE

PATHOLOGY N° 5

This pathology of the ankle and foot can be treated by positioning the handpiece on the following points:

### Tendonitis

- A** On the tendon distal insertion point
- B** Midway along the tendon
- C, D** Bilaterally on the tendon distal insertion point
- E, F** Bilaterally midway along the tendon



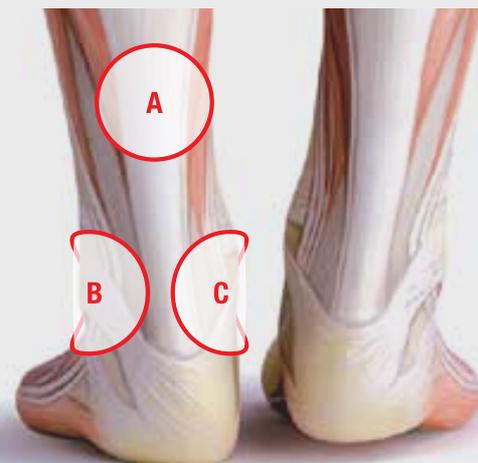
## TREATMENT WITH MULTIDIODIC APPLICATOR

PATHOLOGY N° 5

This pathology of the ankle and foot can be treated by positioning the multidiodic applicator on the following points:

### Tendonitis

- A** Above the tendon distal insertion point
- B, C** Bilaterally on the tendon distal insertion point



## TREATMENT WITH ROBOTISED HEAD

PATHOLOGY N° 5

This pathology is treated by irradiating the whole area shown.

### Tendonitis



### SCAN PHASE

After having evaluated the patient, apply the **global approach** and distribute the energy directly and indirectly along the muscles involved in the movement that causes pain.

To correctly use the global approach on the neck, we suggest scanning over the muscle belly when contracted and the superior part of the trapezius muscle.



### TRIGGER POINT

In the presence of trigger points, detectable through palpation, treatment is carried out by positioning the handpiece on the identified trigger point in a static manner.

After irradiating, the operator must manually re-evaluate the trigger point and if necessary repeat the treatment until the pain has reduced by 50 - 70%.

If the pain does not lessen at the second attempt, it is advisable to re-evaluate the correct position of the point.



## TREATMENT WITH HANDPIECE

PATHOLOGY N° 1 / 2

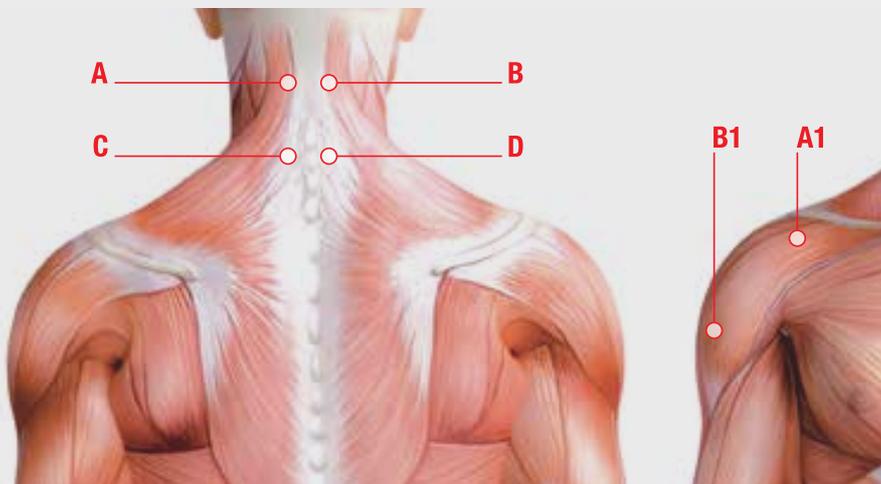
Identify C3 and C7 in the neck and position the handpiece on these points:

### Cervical Arthritis

- A, B** Below the spinal apophysis of C3 (the distance of 2 of the patient's fingers, index and middle)
- C, D** Above the spinal apophysis of C7 (the distance of 2 of the patient's fingers, index and middle)

### Brachial Neuralgia

- A1** On the acromioclavicular joint
- B1** On the deltoid insertion point



## TREATMENT WITH MULTIDIODIC APPLICATOR

PATHOLOGY N° 1 / 2

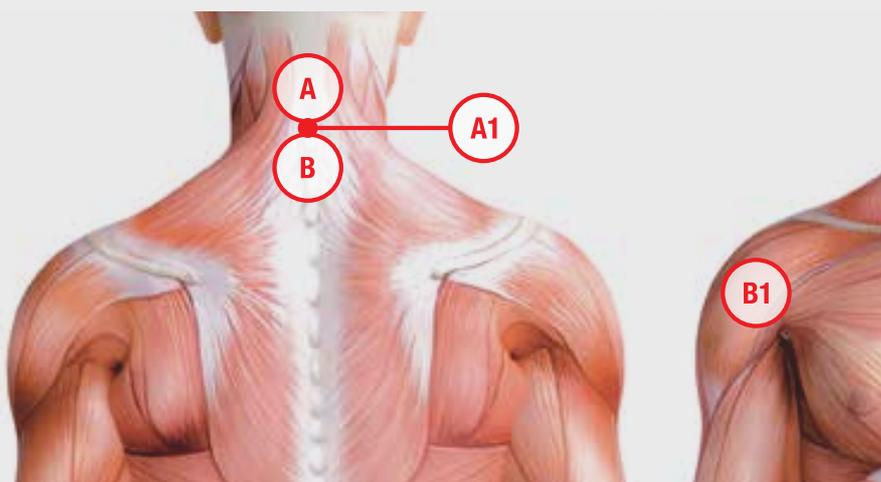
Identify C3 and C7 in the neck and treat by positioning the multidiodic applicator on these points:

### Cervical Arthritis

- A, B** Including the spinal apophysis of C3 and C7

### Brachial Neuralgia

- A1** On the paravertebral area, namely between the C3 and C7 spinal apophyses
- B1** Between the acromioclavicular joint and the deltoid insertion point



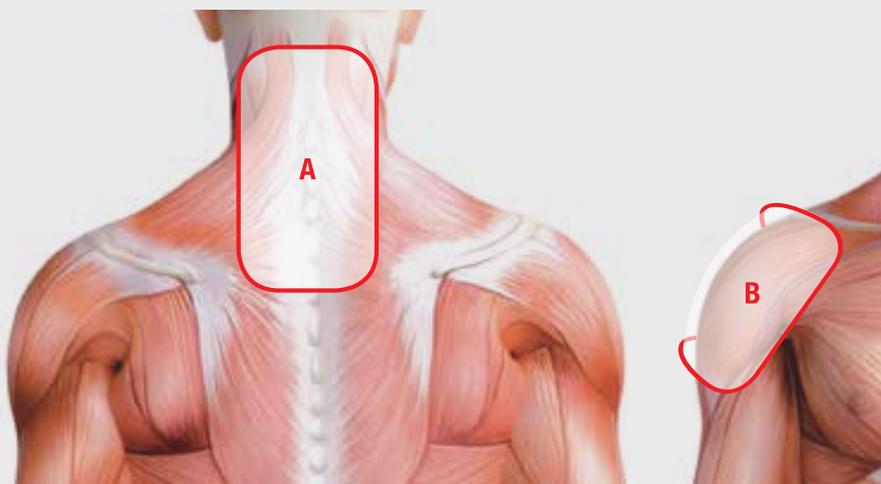
## TREATMENT WITH ROBOTISED HEAD

PATHOLOGY N° 1 / 2

Identify C3 and C7 in the neck and treat by irradiating the whole area shown.

### A Cervical Arthritis

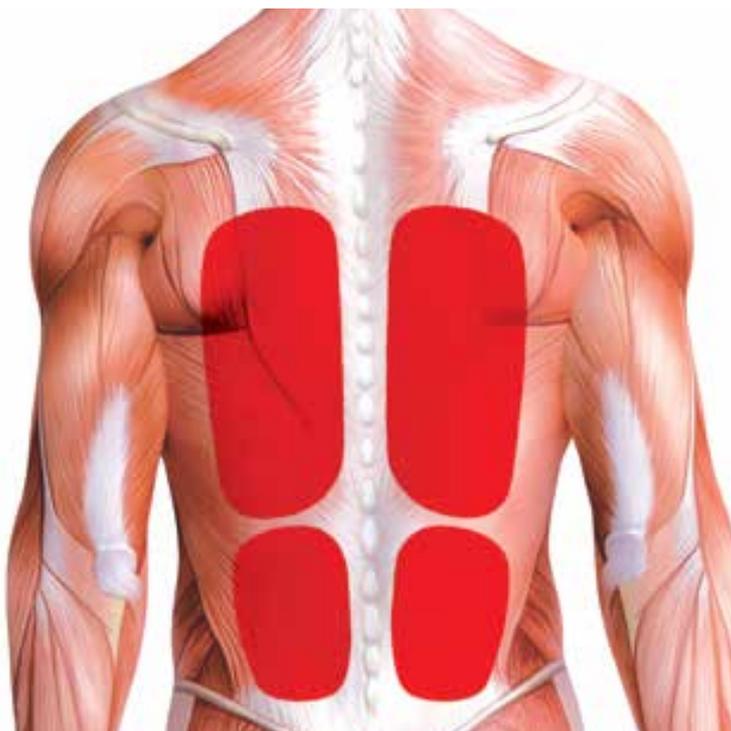
### B Brachial Neuralgia



### SCAN PHASE

After having evaluated the patient, apply the **global approach** and distribute the energy directly and indirectly along the muscles involved in the movement that causes pain.

To correctly use the global approach on the rachis, we suggest scanning bilaterally over the contracted paravertebral areas.



### TRIGGER POINT

In the presence of trigger points, detectable through palpation, treatment is carried out by positioning the handpiece on the identified trigger point in a static manner.

After irradiating, the operator must manually re-evaluate the trigger point and if necessary repeat the treatment until the pain has reduced by 50 - 70%.

If the pain does not lessen at the second attempt, it is advisable to re-evaluate the correct position of the point.

