

GENERAL GUIDELINES TO USE PADS and LEADS

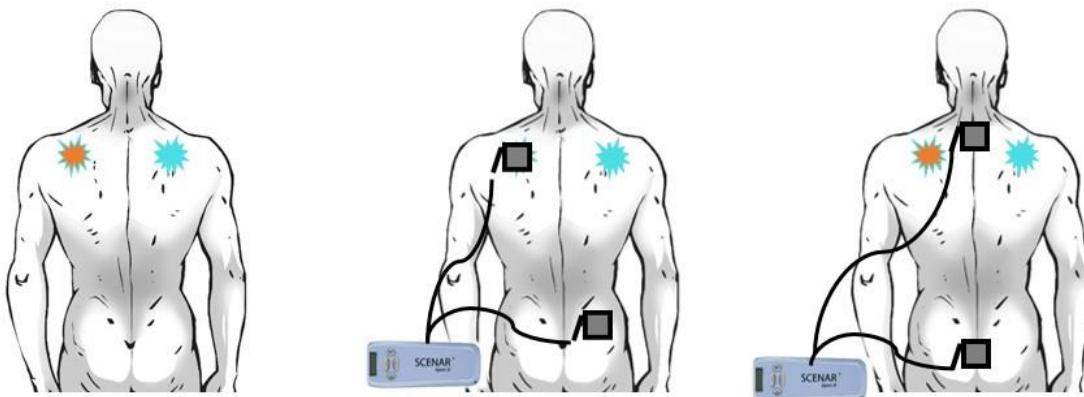
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Self-adhesive electrodes

- Self-adhesive electrode consists of a cotton pad and coating with a conductive gel. The gel allows to use 100% of the area of the electrode, while providing uniform density of the current across the electrode.
- Pre-gelled TENS pads and wires with the jacks:
 - provide even, comfortable stimulation eliminating uncomfortable spiked current provided by typical electrodes;
 - incorporate a highly conductive silver ink that controls the flow of electrical current over the entire surface of the electrode (Better current flow results in more comfortable stimulation);
 - provide superior adherence to the skin and comfortable treatments over multiple uses.
- A tinted, double-coated storage liner allows electrodes to be applied on either side for storage.
- To prolong the life, the electrodes should be stored in a tight package, may be refrigerated to maintain the adhesiveness of the gel.
- The electrodes are used for the individual long-term therapy of pain syndromes.
- The electrodes are placed on the points of pain, areas of complaint, muscle, cellulite zones, that are previously treated with SCENAR signal. Before placing the sticky electrode on the pain point, treat the local pain zone in SDM/D-0 or IDM/D-1 according to the rules of SCENAR therapy: *Local complaint analysis → Selection of SCENAR treatment algorithm → SCENAR procedure → Dynamics → Pre-gelled TENS pads.*

Use of the pads in traversing the spine.

Approach to treating with adhesive electrode Pads with SCENAR across the spine



ACUTE

Place one pad just above and on the edge of the pain point or painful issue. Place other pad on the symmetrical side, traversing the spine, higher than horizontal or dermatome level.

Device settings: F>120Hz, or FM, E - max tolerable. Also, can start from F- 340Hz, then after a couple of minutes bring down to F-90Hz, then F-60Hz.

CHRONIC

Place one pad on the point of pain, the other on the symmetrical side.
Device settings: F-14Hz (very chronic) or F-60-90Hz, E-comfortable.
Total treatment times should still be kept for up to 20 minutes max.

HOLISTIC

Place one pad high on the left shoulder, the other on the right lower back.
Use either F-60-90Hz or FM, E- comfortable.

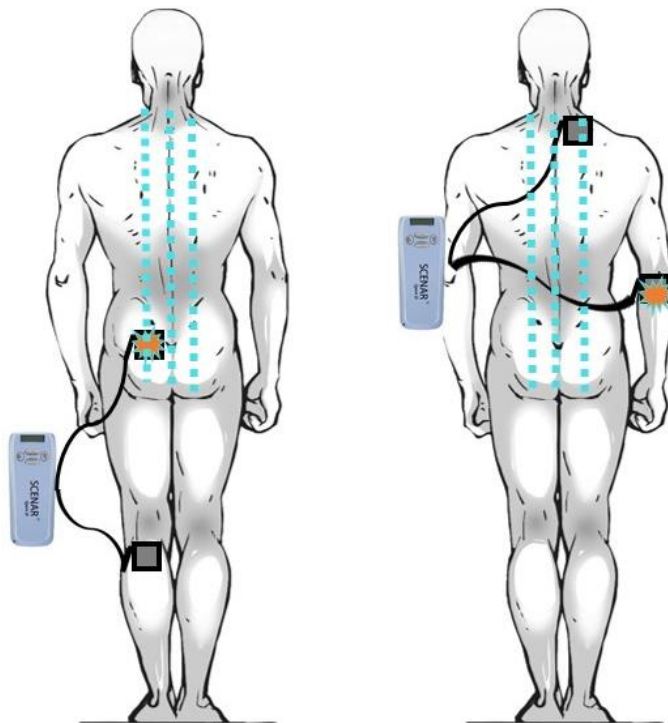
Treat for between 10-20 mins. Or start on the lower back, with one pad on either side of the spine, and 'walk' them up the spine towards the shoulder blades.

Alternate between FM and AM.

It will relax the muscles in the spine, as well as work the left and right spinal pathways, and give a good all-over treatment, especially for muscular and tension-related problems of the back.

ENERGETIC

Place one pad on the coccyx (base of the spine) and the other on C7 (base of the neck).
Device settings: F-60Hz or FM, E-comfortable.



Preset “MYO” (myostimulation) Mode present in professional SCENAR FORCE

- to stimulate muscle groups;
- in case of paralysis or neuralgia (for example, sciatica).
- in cosmetology in case of obesity or cellulites.

Set the necessary level of Energy.

The patient should have initial muscular contractions.

If it is necessary manually adjust Frequency and/or Modulation.

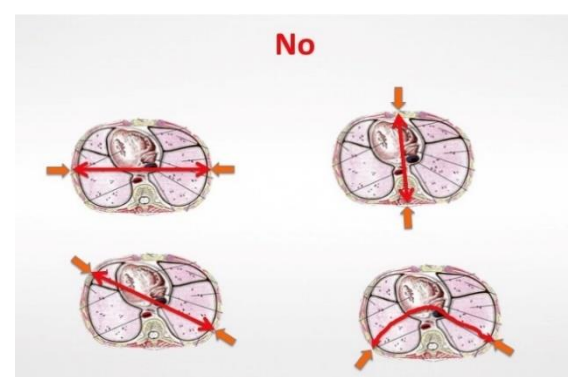
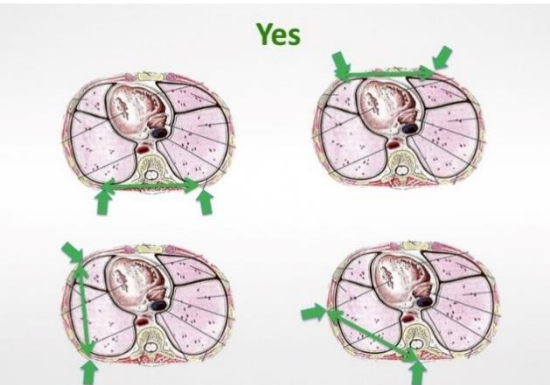
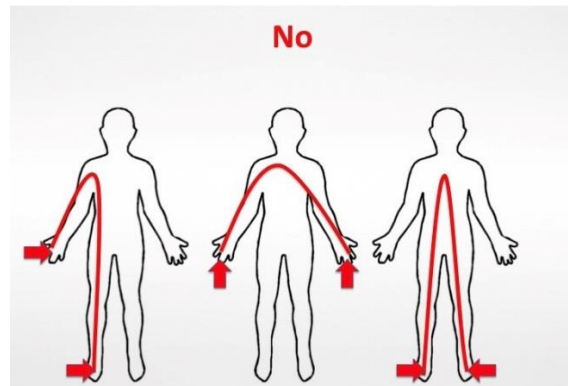
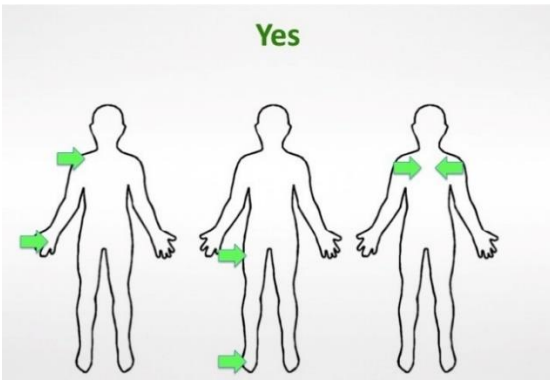
Then continue to stimulate muscles for 5-10 minutes.

In chronic cases duration of treatment should not exceed 5 minutes at couple of points.

Treatment time – no longer than 20 mins on one location.

Pre-gelled Self-adhesive pads DOs and DON'Ts

1. Do not allow pads to touch. Always have a space between pads.
2. You can walk around with the pads on and if so you can have SCENAR set on AM plus FM, or AM with any Frequency, or just FM.
3. Each procedure should not exceed 20 mins in one place.



Clinical effects of wet contact – “Pre-gelled TENS pads”:

- 1) Energy of reaching of the pain threshold is significantly higher.
- 2) Easy and confident myostimulation in any region, even without preliminary electro diagnostics, especially when combined with Intensity (number of pulses in a pack).
- 3) Due to the preserved SCENAR feedback, the effect of habituation to the current is absent or significantly lower than with any other type of myostimulation.
- 4) Noticeable anti-edematous effect during the procedure.
- 5) Significant reduction in the general regulatory effect.

REFERENCE LIST:

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4. Use of Noninvasive Interactive Neurostimulation to Improve Short-Term Recovery in Patients with Surgically Repaired Bimalleolar Ankle Fractures: A Prospective, Randomized Clinical Trial I.G. Gorodetskiy The Journal of Foot & Ankle Surgery 49 (2010) 432-437