

Priority Principle™: Acute Inflammation (General)

Priority	Principle	Setting	Notes
-2	<48 Hours (Acute Injury): At any acute spasm <48 Hours	1000 Hz + 1-250 Hz	1 min + 1 min scanning
1st	SwellingEdema	1000-3000 Hz 1-2 min each	Oshiro's Principle, Proximal Priority Principle
2nd	Inflammation	5 or 50 Hz	2 min
3rd	Spasms	1000 Hz (PRN) with Photo Probes	Pontinen's Principle
4th (a)	Pain (Systemic)	1000, 1000-3000, or 5000 Hz	NRT or LAcP ONLY!!
5 (b)	Tissue Repair (Secondary)	50 Hz	Photohemotherapy

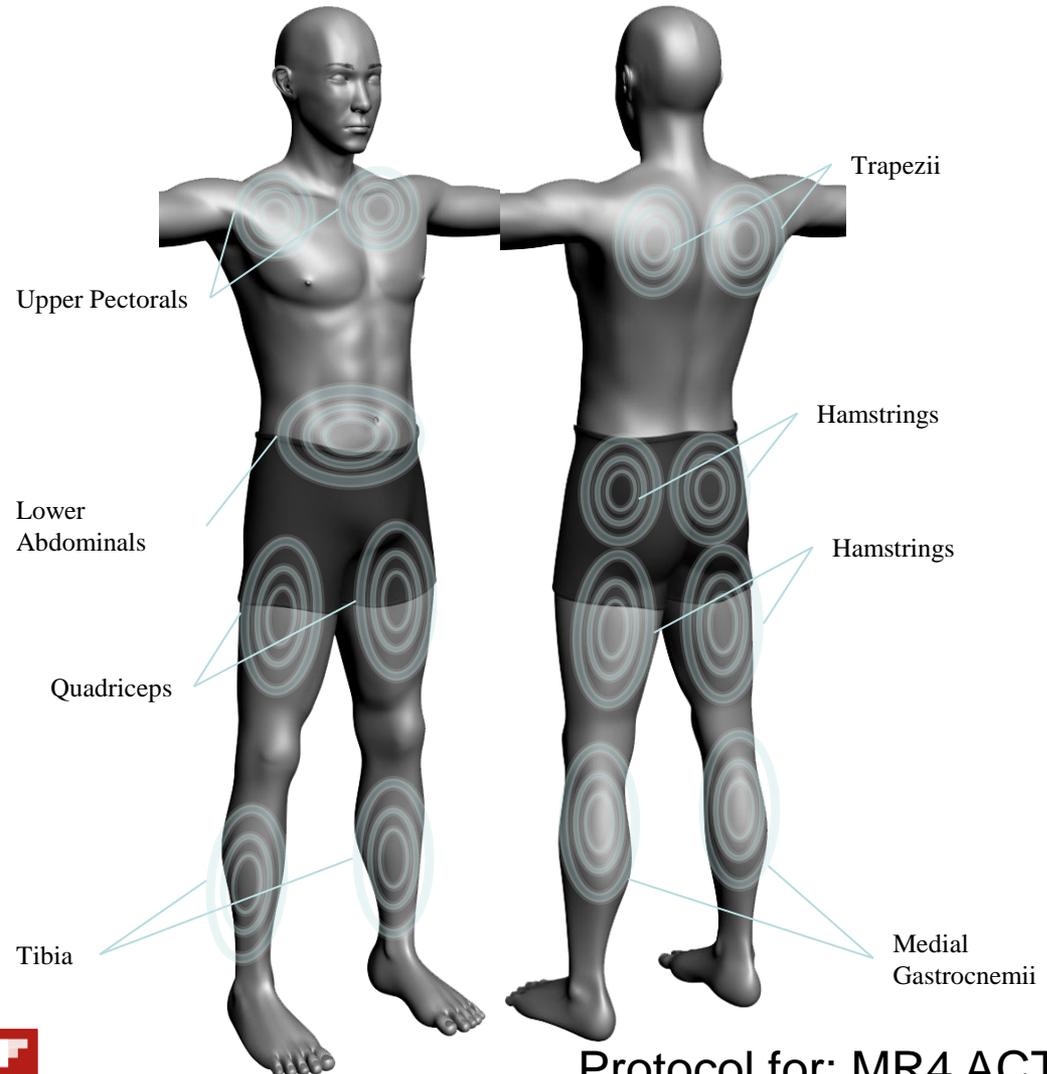


# of Procedures/Bout	Frequency	Rest Period	# of Bouts per year
6-10 Treatments	Daily or Alternative Days	2 days	1-2 as needed

Priority Principle™: -2 Acute Injury

-2	<48 Hours (Acute Injury): At any acute spasm <48 Hours	1000 Hz + 1-250 Hz	1 min + 1 min scanning
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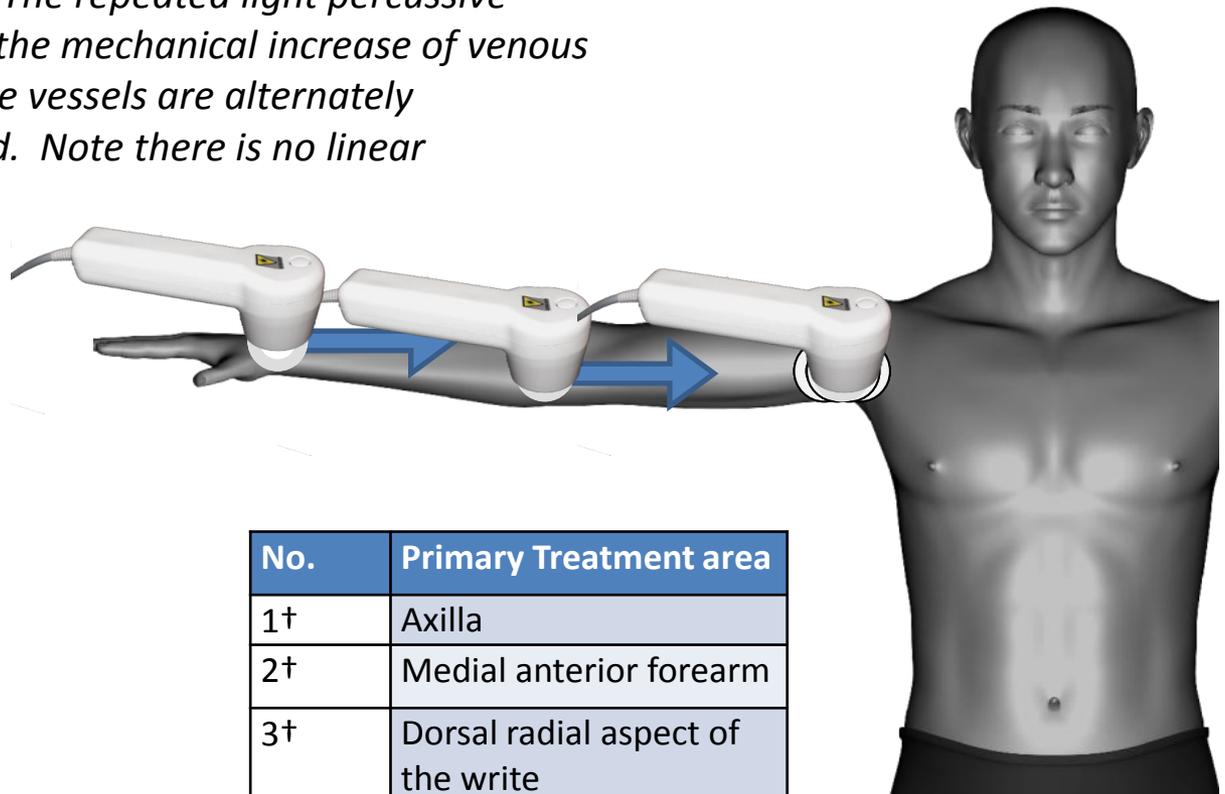
- *The “First” Priority is to prevent the further progression of inflammation, edema and swelling*
- Smaller, more frequent, and localized doses are generally more advantageous than larger, systemic dose



Priority Principle™: 1 Swelling/Edema

1st	Swelling/Edema	1000-3000 Hz 1-2 min each location	Oshiro's Principle, Proximal Priority Principle
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- *Treatment must always begin at the most proximal drainage site of the affected extremity and precede distally, Oshiro's Principle*
- *Woodpecker Technique: The repeated light percussive strokes may well help in the mechanical increase of venous and lymphatic flow as the vessels are alternately compressed and released. Note there is no linear movement of the diode.*



No.	Primary Treatment area
1†	Axilla
2†	Medial anterior forearm
3†	Dorsal radial aspect of the wrist



Priority Principle™: 1 Swelling/Edema

1st	Swelling/Edema	1000-3000 Hz 1-2 min each location	Oshiro's Principle, Proximal Priority Principle
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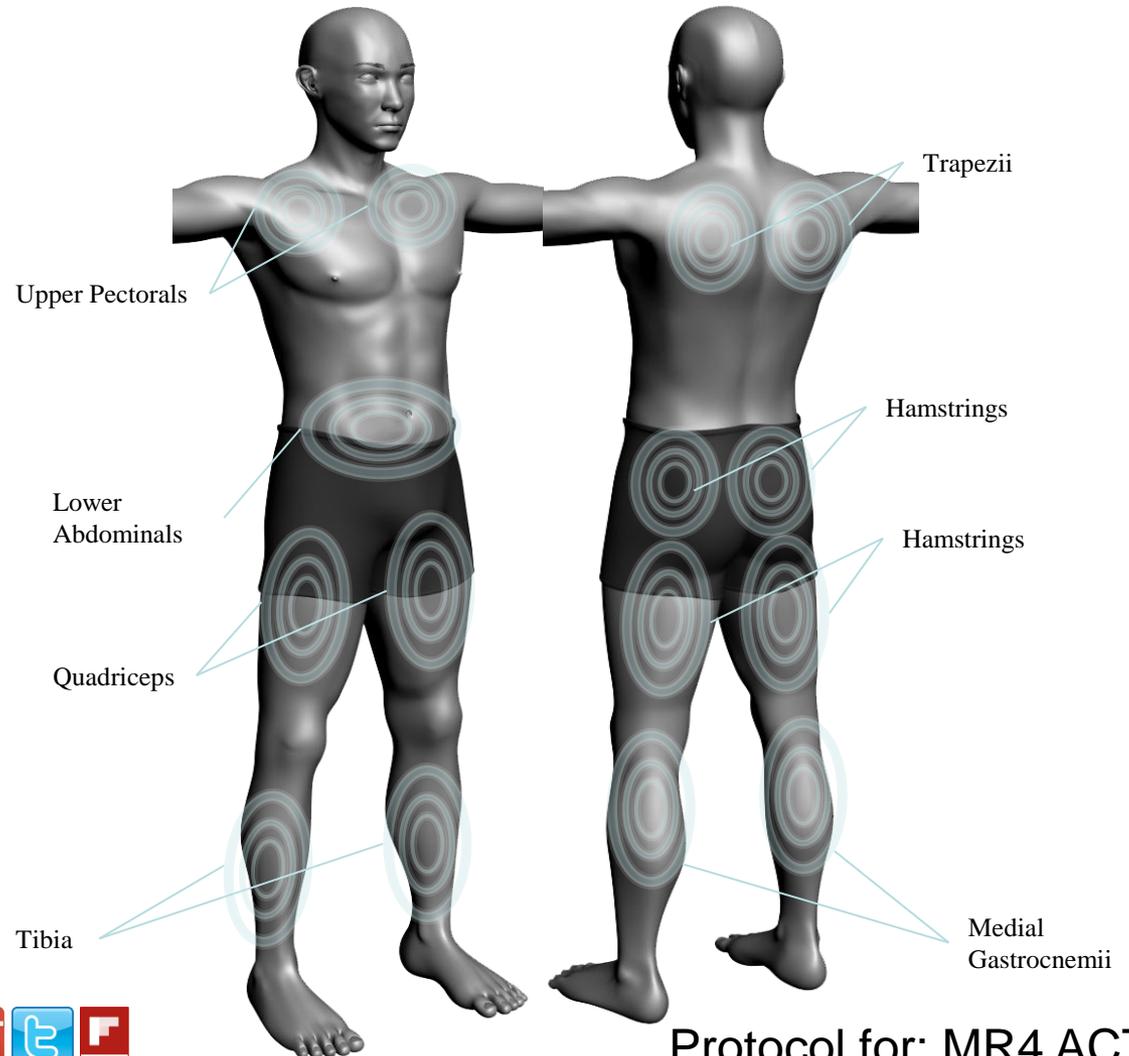
- *Move the emitter from distal to proximal with slight over pressure*
- *Cold compress or ice in popliteal area if tolerated*

No.	Primary Treatment area
1†	Groin, inguinal triangle of affected extremity
2†	Popliteal Fossa of affected extremity
3†	Lateral posterior malleolus of affected extremity



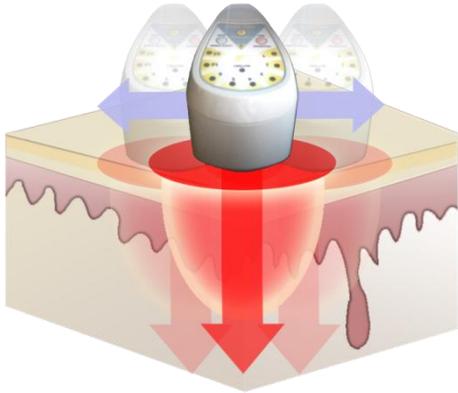
Priority Principle™: 2 Inflammation

2	Inflammation	5 or 50 Hz	2 min
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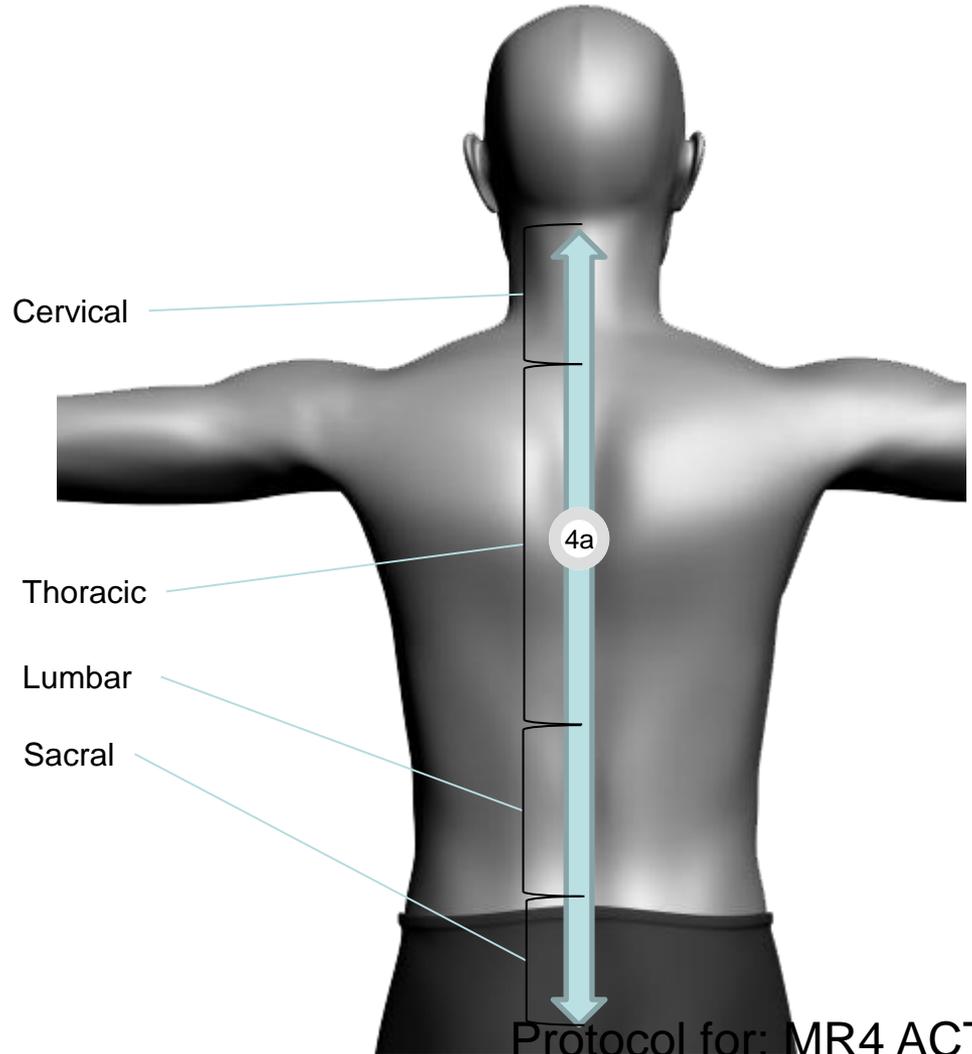


Priority Principle™: 4a Pain (Systemic)

	4th (a)	Pain (Systemic)	1000, 1000-3000, or 5000	5 min scanning the affected spinal distribution
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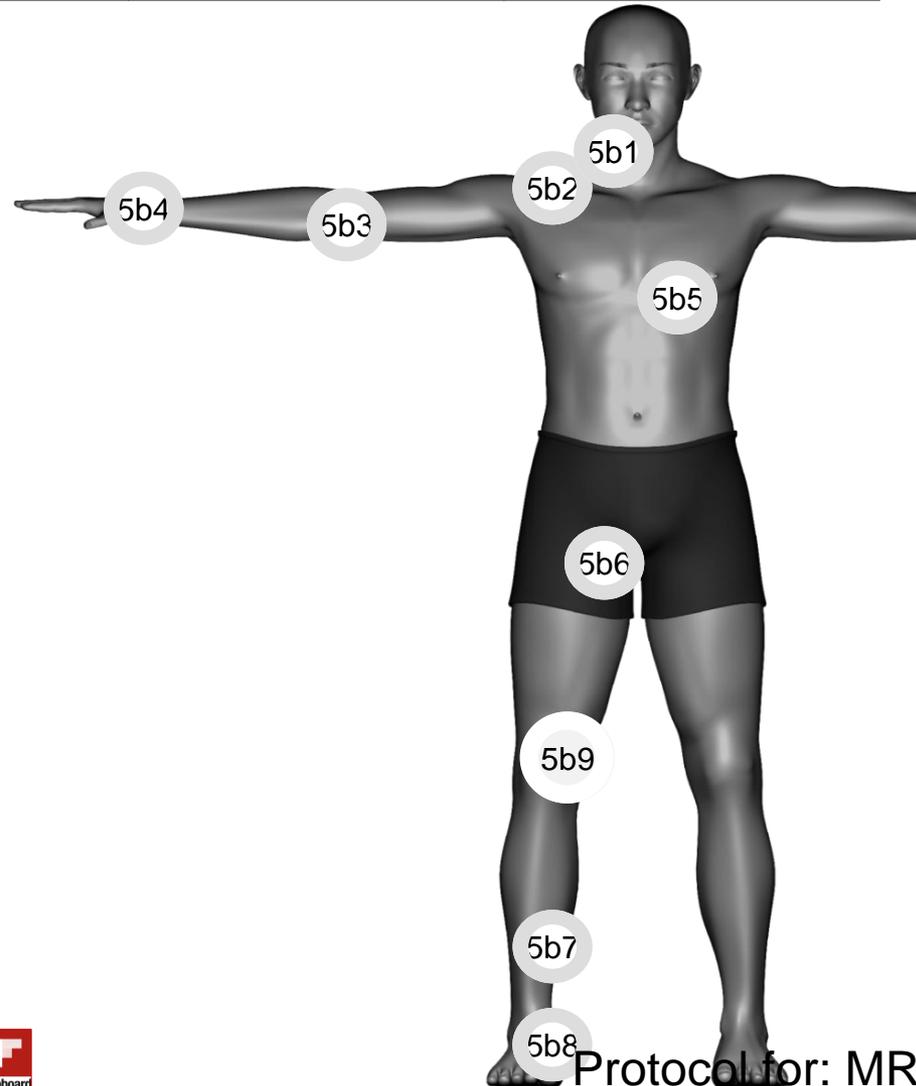
Scanning Technique: Only utilize this Priority when the “patient” reports pain and discomfort in a particular area. Note location may vary from patient to patient. Frequency selection is based upon severity of the reported pain (1000 for Mild, 1000-3000 for Moderate, and 5000 Hz for Severe).



Priority Principle™: 5b Tissue Repair (Secondary)

	5 (b)	Tissue Repair (Secondary/Improvement of blood circulation/removal of toxins)	50 Hz (prior to activity) (Apex beat 5 Hz ONLY)	5 min
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No.	Treatment area
1	Carotid Artery
2	Subclavian Artery
3	Brachial Artery
4	Radial Artery
5	Apex Beat (5 Hz Only)
6	Femoral
7	Tibial Artery
8	Dorsalis Pedis
9	Popliteal Artery (from behind knee)





Acute Inflammation Protocol



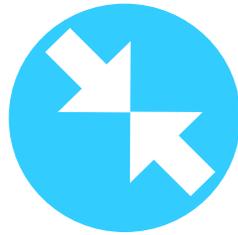
R

Rest



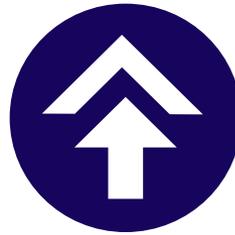
I

Ice



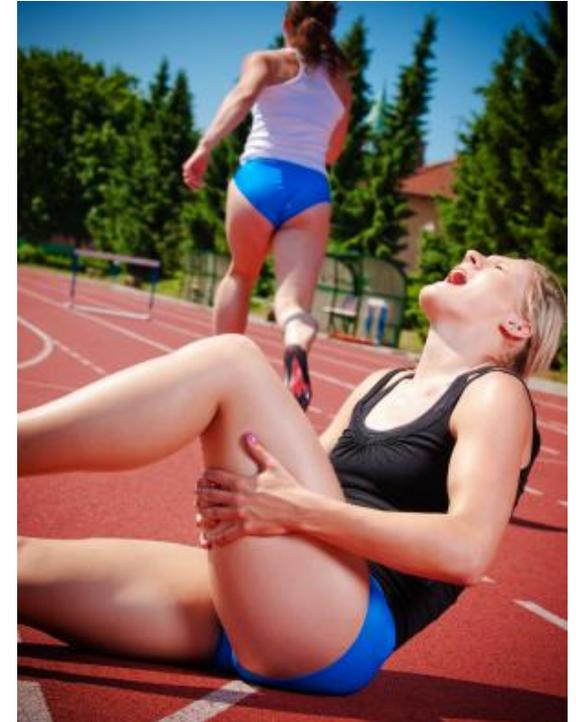
C

Compression



E

Elevation



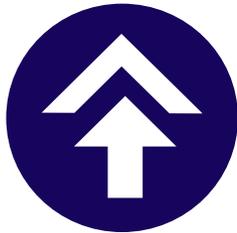


UPDATED: Modified Acute Inflammation Protocol



M

Mobilization



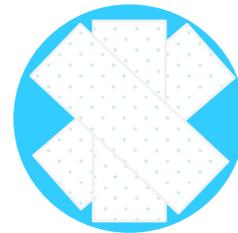
E

Elevation



L

Laser



T

Taping

