

PRF THERAPY PROTOCOL

STIMPOD NMS460

All PRF Therapy Protocols have been designed to be conducted with the STIMPOD NMS460 Nerve Stimulator. For further detail on use of the device or PRF Protocols consult the **PRF Quick Treatment Guide** available at www.algiamed.com

ANTERIOR KNEE PAIN

Affected Area: Knee



TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Femoral, Saphenous and Common Fibular Nerves

Type: (Mixed Motor & Sensory)

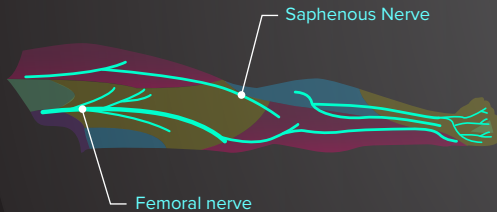
AFFECTED NEUROTOME:

L2, L3, L4

CLINICAL PRESENTATION:

Non-specific pain localised antero-medially, peripatellar and/or retropatellar. Patients show normal patellar mobility, with symptoms appearing after physical activity.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz

LOCATE THE NERVE

TREATMENT SITES:

Inguinal Region

TS 1:

The femoral nerve in the heliacal crease beside the groin.

Fasciculation:

Contraction of the quadricep and kneecap.



TS 2:

Thigh

The saphenous nerve on the medial side of the thigh on the adductor magnus.

Fasciculation:

Saphenous Nerve strictly sensory thus no fasciculation. Secondary direct muscle stimulation may occur leading to contraction of the quadricep and kneecap.



TS 3:

Posterior Knee

Common fibular nerve beyond the the posterior knee crease after the bifurcation of the sciatic nerve.

Fasciculation:

Eversion of foot.



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

BELL'S PALSY

Affected Area: Face



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Facial Nerve: Temporal, Zygomatic & Buccal Branches

Type: Mixed Motor & Sensory

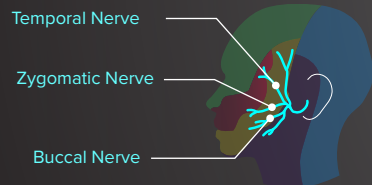
AFFECTED NEUROTOMES:

Ophthalmic, Maxillary, Mandibular

CLINICAL PRESENTATION:

Acute weakness or paralysis of facial movement, with a unilateral distribution and idiopathic origin. Additional symptoms may include mild pain in or behind the ear, oropharyngeal or facial numbness and photophobia.

ANATOMY:



Temporal Nerve

Zygomatic Nerve

Buccal Nerve

TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

2 mA 05:00

~ 0.0mA

0.1ms

2Hz



LOCATE THE NERVE

TREATMENT SITES:

Side of the face

TS 1:

Temporal nerve next to the eye.

Fasciculation:

Contraction raises the eyebrow.



TS 2:

Side of the face

Zygomatic nerve next to the eye.

Fasciculation:

Contraction closes the eyelid.



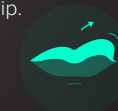
TS 3:

Side of the face

Buccal nerve on the cheek.

Fasciculation:

Contraction causes a curl of mouth and lip.



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

DIABETIC NEUROPATHY: LOWER LIMB

Affected Area: Legs and feet



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Tibial and Common Peroneal Nerve

Type: Mixed Motor & Sensory

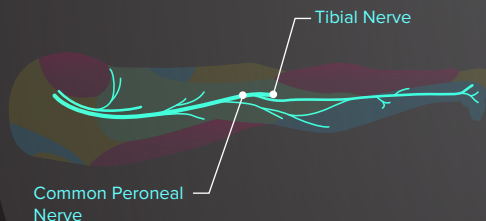
AFFECTED NEUROTOMES:

L4, L5, S1, S2

CLINICAL PRESENTATION:

Numbness, tingling, pain and/or weakness in the feet and spreading proximally in a stocking and glove distribution.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz

LOCATE THE NERVE

TREATMENT SITES:

Posterior Knee

Tibial nerve beyond the the posterior knee crease after the bifurcation of the sciatic nerve.

Fasciculation:

Plantar flexion of foot.



TS 2:

Posterior Knee

Common peroneal nerve beyond the the posterior knee crease after the bifurcation of the sciatic nerve.

Fasciculation:

Eversion of foot.



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

MIGRAINE (1 of 2)

Affected Area: Head



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Occipital Nerves

Type: Mixed Motor & Sensory

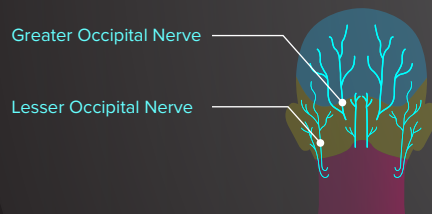
AFFECTED NEUROTOMES:

C3, C4

CLINICAL PRESENTATION:

A moderate-severe pulsating pain, with a unilateral distribution. Described as a pressure or tightness discomfort. Aggravated by physical activity and manifested along with nausea/vomiting and photophobia.

ANATOMY:



Greater Occipital Nerve

Lesser Occipital Nerve

TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

2 mA 05:00

~ 0.0mA

0.1ms

2Hz



LOCATE THE NERVE

TREATMENT SITES:

TS 1:

Back of the Neck

Greater occipital nerve on the frontalis muscle.

Fasciculation:

Contraction of frontalis muscle



TS 2:

Back of the Neck

Lesser occipital nerve on the frontalis muscle.

Fasciculation:

Contraction of frontalis muscle



TS 3:

Back of the Neck

Occipital Nerve on the trapezius muscle.

Fasciculation:

Contraction of trapezius muscle



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

MIGRAINE (2 of 2)

Affected Area: Head



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Facial Nerve: Temporal Branch

Type: Mixed Motor & Sensory

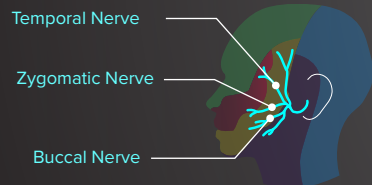
AFFECTED NEUROTOMES:

Ophthalmic, Maxillary, Mandibular

CLINICAL PRESENTATION:

A moderate-severe pulsating pain, with a unilateral distribution. Described as a pressure or tightness discomfort. Aggravated by physical activity and manifested along with nausea/vomiting and photophobia.

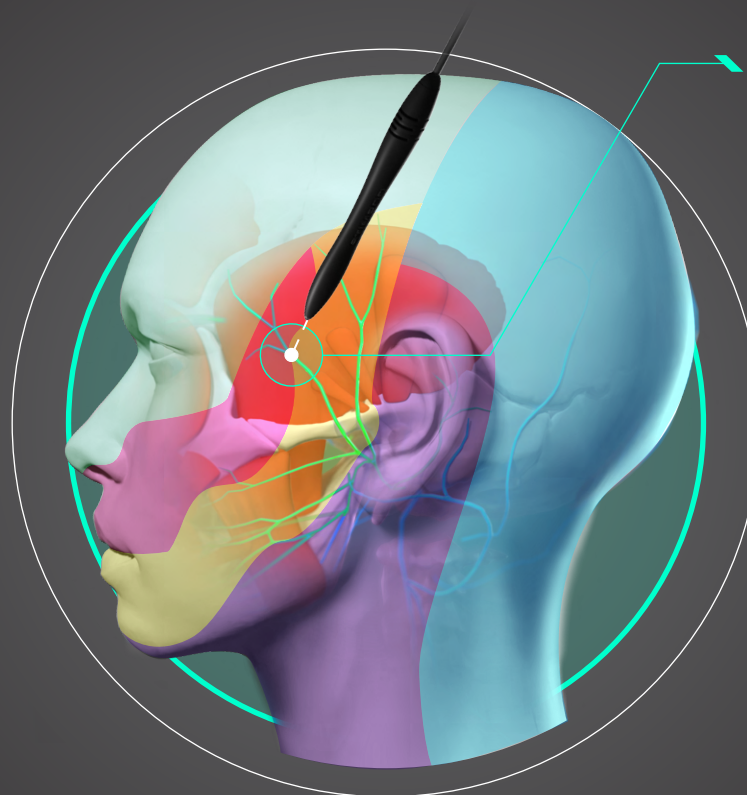
ANATOMY:



Temporal Nerve

Zygomatic Nerve

Buccal Nerve



LOCATE THE NERVE

TREATMENT SITES:

Side of the face

TS 1:

Temporal nerve next to the eye.

Fasciculation:

Contraction raises the eyebrow.



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz

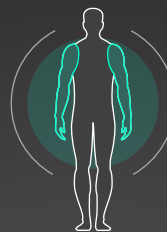


TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

RADICULOPATHY (1 of 3)

Affected Area: Arms and hands



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Median Nerve

Type: Mixed Motor & Sensory

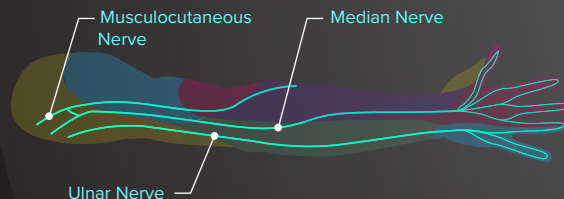
AFFECTED NEUROTOMES:

C5, C6, C7, T1

CLINICAL PRESENTATION:

Numbness, weakness and tingling in the hand and arm.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz



LOCATE THE NERVE

TREATMENT SITES:

Elbow

TS 1:

Anterior Elbow Crease.

Fasciculation:

Inner flexion of ring finger and pinky.



Wrist

TS 2:

Proximal to the anterior wrist crease.

Fasciculation:

Inner flexion of ring finger and pinky.

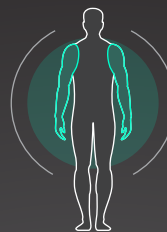


TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

RADICULOPATHY (2 of 3)

Affected Area: Arms and hands



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Radial Nerve

Type: Mixed Motor & Sensory

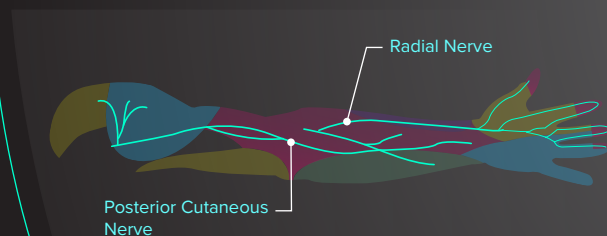
AFFECTED NEUROTOMES:

C5, C6, C7, T1

CLINICAL PRESENTATION:

Unusual sensations including sharp or burning pain in the thumb and fingers. Numbness and trouble straightening the arm is also common.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz



LOCATE THE NERVE

TREATMENT SITES:

TS 1:

Arm pit

In the groove of the side of the armpit.

Fasciculation:

Outer flexion of thumb and wrist.



TS 2:

Elbow

Medial to the tendon of the brachioradialis muscle.

Fasciculation:

Outer flexion of thumb and wrist.



TS 3:

Wrist

Lateral side of wrist, proximal from the wrist crease.

Fasciculation:

Outer flexion of thumb and wrist.

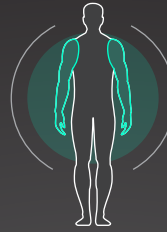


TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

RADICULOPATHY (3 of 3)

Affected Area: Arms and hands



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Ulnar Nerve

Type: Mixed Motor & Sensory

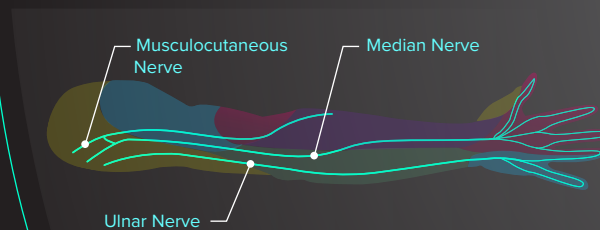
AFFECTED NEUROTOMES:

C5, C6, C7, T1

CLINICAL PRESENTATION:

Intermittent pain and numbness in the thumb and pinky fingers. Weak grip as well as lack of finger control in the affected hand.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz



LOCATE THE NERVE

TREATMENT SITES:

Elbow

TS 1:

In the groove behind the medial epichondral of the humerus.

Fasciculation:

Inner flexion of ring finger and pinky.



Wrist

TS 2:

Lateral side of wrist crease. Avoid too close to hand as nerve runs beneath flexor retinaculum.

Fasciculation:

Inner flexion of ring finger and pinky.



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

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SCIATICA

Affected Area: Legs and feet

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Tibial and Common Peroneal Nerve

Type: Mixed Motor & Sensory

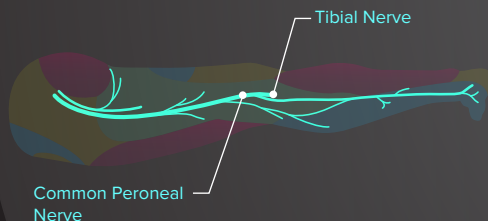
AFFECTED NEUROTOMES:

L4, L5, S1, S2

CLINICAL PRESENTATION:

Radiating pain in one leg accompanied by numbness and paraesthesia.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz

LOCATE THE NERVE

TREATMENT SITES:

Posterior Knee

Tibial nerve beyond the the posterior knee crease after the bifurcation of the sciatic nerve.

Fasciculation:

Plantar flexion of foot.



TS 2:

Posterior Knee

Common peroneal nerve beyond the the posterior knee crease after the bifurcation of the sciatic nerve.

Fasciculation:

Eversion of foot.



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

TENNIS ELBOW

Affected Area: Arms and hands

TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Radial & Ulnar Nerve

Type: Mixed Motor & Sensory

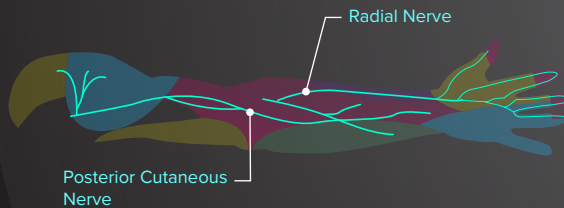
AFFECTED NEUROTOMES:

C5, C6, C7, T1

CLINICAL PRESENTATION:

Burning or pain in outer elbow, possibly radiating to the wrist, accompanied with stiffness or weakened grip.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

5 mA 05:00

~ 0.0mA

0.1ms

2Hz

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LOCATE THE NERVE

TREATMENT SITES:

TS 1:

Elbow

Radial nerve medial to the tendon of the brachioradialis muscle.

Fasciculation:

Inner flexion of ring finger and pinky.



TS 2:

Elbow

Ulnar nerve in the groove behind the medial epichondial of the humerus.

Fasciculation:

Outer flexion of thumb and wrist



TARGET. LOCATE. TREAT.

PRF THERAPY PROTOCOL

TRIGEMINAL NEURALGIA

Affected Area: Head



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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Trigeminal Nerve (Ophthalmic, Maxillary and Mandibular Branches)

Type: Mixed Motor & Sensory

AFFECTED NEUROTOMES:

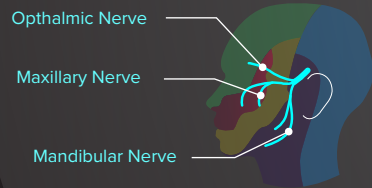
Ophthalmic, Maxillary, Mandibular

CLINICAL PRESENTATION:

Episodes of severe, shooting or jabbing pain that may feel like an electric shock sometimes associated with facial spasms. Usually presenting unilaterally.

Attacks that become more frequent and intense over time.

ANATOMY:



TREAT THE NERVE

Treatments: One to two per week

STIMPOD SETTINGS:

Starting mA:
Pulse Width:
Frequency:
Duration:

2 mA 05:00

~ 0.0mA

0.1ms

2Hz

LOCATE THE NERVE

TREATMENT SITES:

TS 1:

Side of the face

Trace along the Ophthalmic (Sensory) branch of the Trigeminal Nerve.

Patient Response:

Stimulation will create a pulsating sensory response radiating to the area of pain.

TS 2:

Side of Face

Trace along the Maxillary (Sensory) branch of the Trigeminal Nerve.

Patient Response:

Stimulation will create a pulsating sensory response radiating to the area of pain.

TS 3:

Side of Face

Trace along the Mandibular (Sensory & Motor) branch of the Trigeminal Nerve.

Patient Response & Fasciculation:

Stimulation will cause fasciculation of mastication muscles. Pulsating sensory response radiating to lower lip.



TARGET. LOCATE. TREAT.