



PRF THERAPY PROTOCOLS

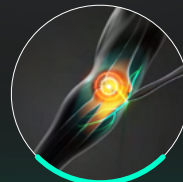
PRF THERAPY PROTOCOLS

STIMPOD
NMS 460 

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Cable Connector

- Insert the Cable

Enter / Frequency Button

- Press to toggle between Stimulating Frequencies.
- Press to Enter in setup menu.

Stimulating LED indicator

- Flashing Green: Stimulus delivered.
- Flashing Red: Open Circuit detected.

Menu / Pulse Width Button

- Press to toggle between Pulse Widths.
- Press and hold to access Setup Menu.

Pause Button

- Press to Start /Stop Stimulation.

The Wheel

- Adjust current in the main operating mode.
- Navigate the Setup Menus.

On / Off Button

- Press to switch unit on / off.



PRF TREATMENT GUIDE

STIMPOD
NMS 460



1



IDENTIFY NERVE

Identify the Nerve for Stimulation.

2



PLACE REFERENCE ELECTRODE

Place a reference electrode on the patient at least six inches from the nerve treatment site and not along the nerve path.

3



POWER ON STIMPOD

Switch the Stimpod NMS460 on.

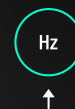
4



SET PULSE WIDTH

Switch the pulse width to 0.1ms by pressing the Pulse Width Button.

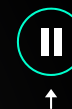
5



SET FREQUENCY

Adjust the frequency to 2 Hertz by pressing the Hz Button.

6



PRESS THE PLAY/PAUSE SETTING

Press the Play/Pause Button.

7



APPLY CONDUCTIVE GEL

Apply the reference electrode to the patient distally from the targeted treatment area.

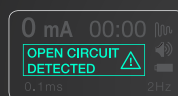
8



PLACE REFERENCE ELECTRODE

Apply the reference electrode to the patient distally from the targeted treatment area.

9



OPEN CIRCUIT DETECTED

The display will now indicate an open circuit and the LED will be flashing red. The countdown timer will also be initiated (default 10 minutes).

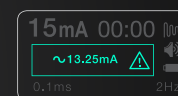
10



PLACE TREATMENT PROBE

Apply the nerve treatment probe to the area that was previously anatomically identified as the most superficial area of the targeted nerve.

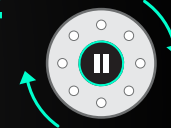
11



SCREEN DISPLAYS CURRENT

Apply the reference electrode to the patient distally from the targeted treatment area.

12



ADJUST THE CURRENT

Using the Clickwheel, slowly increase the current up to a level that is comfortable for the patient.

13



FIND THE MOST SUPERFICIAL NERVE SITE

Move the nerve treatment probe around until a fasciculation is caused by the muscle innervated by the targeted nerve. (Depending on how deep the nerve is, 6-12mA may be necessary to elicit a fasciculation.)

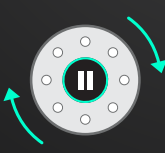
14



CONFIRM TREATMENT SITE

Keep moving until the fasciculation elicited is at its maximum strength. You have now located the most superficial aspect of the targeted nerve.

15



INCREASE CURRENT

Proceed to increase the current intensity to the maximum that the patient can tolerate.

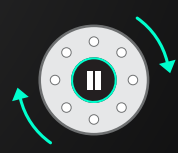
16



TREAT THE NERVE

Keep the probe on this spot for 5-10 minutes.

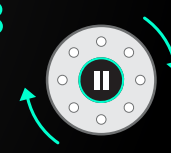
17



ADJUST SETTINGS FOR PATIENT

Apply the reference electrode to the patient distally from the targeted treatment area.

18



ADJUST SETTINGS FOR PATIENT

If the patient can comfortably tolerate 30mA at a 0.1ms pulse width, change the pulse width to 0.2ms and turn the current down to 15mA. Proceed to increase the current to a level that the patient can tolerate.

PRF THERAPY PROTOCOL

ANTERIOR KNEE PAIN

Affected Area: Knee



TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Femoral, Saphenous and Common Fibular Nerves

Type: (Mixed Motor & Sensory)

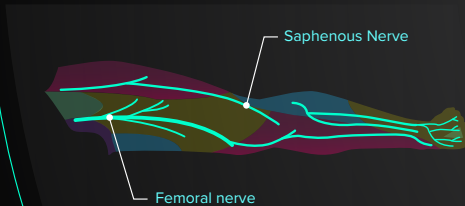
AFFECTED NEUROTOME:

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

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

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.



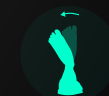
TS 3:

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.

AL460-50A0401-01

PRF THERAPY PROTOCOL

BELL'S PALSY

Affected Area: Face



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

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

Type: Mixed Motor & Sensory

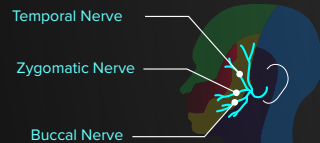
AFFECTED NEUROTOMES:

Opthalmic, 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:

TS 1:

Side of the face

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.



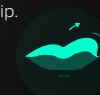
TS 3:

Side of the face

Buccal nerve on the cheek.

Fasciculation:

Contraction causes a curl of mouth and lip.



TARGET. LOCATE. TREAT.

AL460-50A0402-01

PRF THERAPY PROTOCOL

DIABETIC NEUROPATHY: LOWER LIMB

Affected Area: Legs and feet



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Tibial and Common Peroneal Nerve

Type: Mixed Motor & Sensory

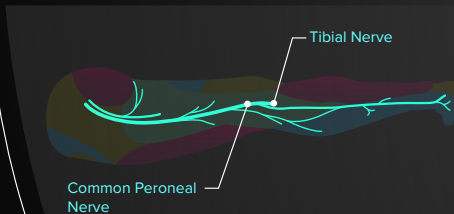
AFFECTED NEUROTOMES:

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.

AL460-50A0403-01

PRF THERAPY PROTOCOL

MIGRAINE (1 of 2)

Affected Area: Head



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Occipital Nerves

Type: Mixed Motor & Sensory

AFFECTED NEUROTOMES:

C3, C4

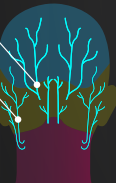
CLINICAL PRESENTATION:

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:

Back of the Neck

TS 1:

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.

AL460-50A0404-01

PRF THERAPY PROTOCOL

MIGRAINE (2 of 2)

Affected Area: Head



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Facial Nerve: Temporal Branch

Type: Mixed Motor & Sensory

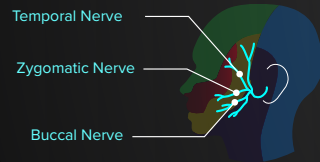
AFFECTED NEUROTOMES:

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:



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:

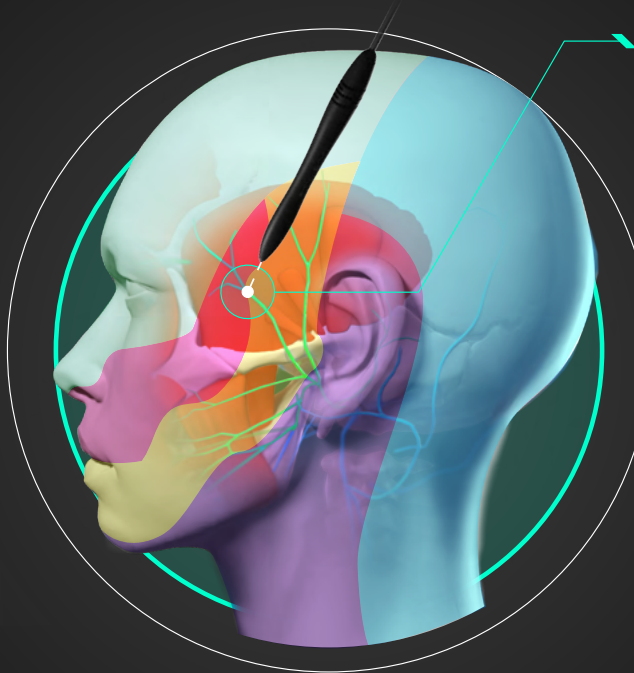
Side of the face

TS 1:

Temporal nerve next to the eye.

Fasciculation:

Contraction raises the eyebrow.



TARGET. LOCATE. TREAT.

AL460-50A0405-01

PRF THERAPY PROTOCOL

RADICULOPATHY (1 of 3)

Affected Area: Arms and hands



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Median Nerve

Type: Mixed Motor & Sensory

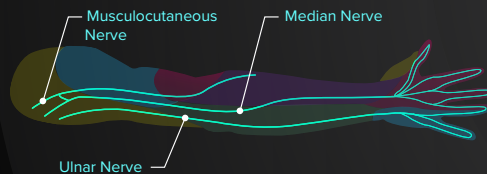
AFFECTED NEUROTOMES:

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.



TS 2:

Proximal to the anterior wrist crease.

Fasciculation:

Inner flexion of ring finger and pinky.



Wrist

TARGET. LOCATE. TREAT.

AL460-50A0406-01

PRF THERAPY PROTOCOL

RADICULOPATHY (2 of 3)

Affected Area: Arms and hands



STIMPOD NMS460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Radial Nerve

Type: Mixed Motor & Sensory

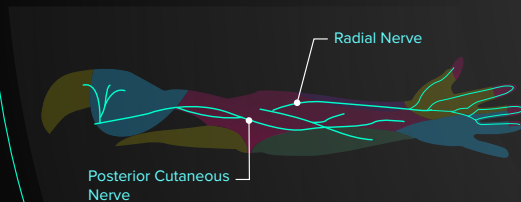
AFFECTED NEUROTOMES:

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:

Arm pit

TS 1:

In the groove of the side of the armpit.

Fasciculation:

Outer flexion of thumb and wrist.



Elbow

TS 2:

Medial to the tendon of the brachioradialis muscle.

Fasciculation:

Outer flexion of thumb and wrist.



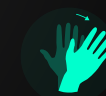
Wrist

TS 3:

Lateral side of wrist, proximal from the wrist crease.

Fasciculation:

Outer flexion of thumb and wrist.



TARGET. LOCATE. TREAT.

AL460-50A0407-01

PRF THERAPY PROTOCOL

RADICULOPATHY (3 of 3)

Affected Area: Arms and hands



STIMPOD NMS 460

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TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Ulnar Nerve

Type: Mixed Motor & Sensory

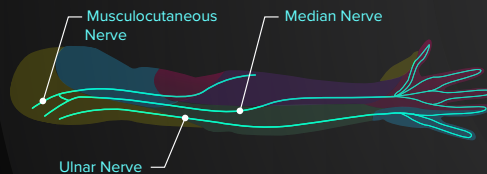
AFFECTED NEUROTOMES:

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 epicondial 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.

AL460-50A0408-01

PRF THERAPY PROTOCOL

SCIATICA

Affected Area: Legs and feet

TARGET THE NERVE

NERVES FOR TREATMENT:

Nerve Branch: Tibial and Common Peroneal Nerve

Type: Mixed Motor & Sensory

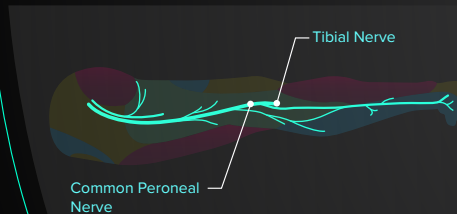
AFFECTED NEUROTOMES:

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

STIMPOD NMS460

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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.



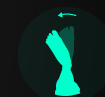
TS 2:

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.

AL460-50A0409-01

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

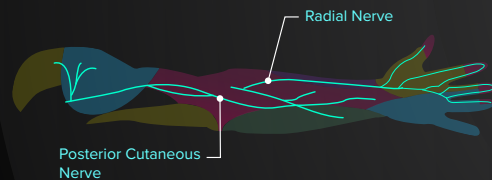
AFFECTED NEUROTOMES:

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

STIMPOD NMS 460

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LOCATE THE NERVE

TREATMENT SITES:

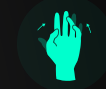
Elbow

TS 1:

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 epichondral of the humerus.

Fasciculation:

Outer flexion of thumb and wrist



TARGET. LOCATE. TREAT.

AL460-50A0410-01

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:

Ophthalmic Nerve

Maxillary Nerve

Mandibular 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:

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.

AL460-50A0411-01



PRF THERAPY PROTOCOLS