



***“The time for action is now.
It's never too late to do
something.”***

Antoine de Saint-Exupery

“CURE”

INFORMATION LETTER

PROJECT FOUNDER: DR. SERGUEI KISSELEV

EDITOR: SVETLANA KISSELEVA

Objectives of the “Cure” method

1. To promote research into, and knowledge of, the causes, mechanisms, diagnosis, treatment and other aspects of the “Cure” method.
2. To provide a forum for the exchange of ideas related to the “Cure” method.
3. To educate physicians, other health professionals and the general public about the “Cure” method
4. To encourage the management of acute and chronic conditions to be conducted in a scientific and ethical manner.
5. To promote, arrange and conduct meetings, seminars, conferences lectures, discussions and courses of study on the “Cure” method and related topics.

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YHC Group – “CURE”

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Arthrosis/Arthritis

Most of the time chronic joint pain indicates inflammatory and destructive processes that gradually restrict activity and movement. Without or with incorrect treatment it causes joint deformities and disability.

Chronic joint pain is the second most frequent cause of disability after cardiovascular disease. It occurs in one in three patients aged 45 to 64 years and in 60–70% of patients over 65 years of age. According to the WHO, arthrosis of the knee joints is in 4th place among the main causes of disability in women and in 8th place in men.

What is the cause of joint pain, and what methods could be used to relieve the pain permanently, control inflammatory process and stop the destruction of cartilage and deformation of the joints? In other words, can the disability be reversed or prevented?

Arthritis and arthrosis what is the difference?

Arthritis and arthrosis have similar names because both of these conditions affect the joints. They differ in the nature of changes in the joints.

Arthritis

In arthritis, pain is associated with inflammation of the joint tissues. With this disease, the synovial membrane suffers, in which blood and lymphatic vessels and nerve endings are concentrated. Accordingly, this affects both the nutrition of the joint and the production of joint lubricant (synovial fluid), which nourishes the cartilage.

Arthritis can develop at any age, including children and adolescents (juvenile arthritis).

Arthritis can affect almost any joint, incl. small joints (hands), multiple joints can also be involved - polyarthritis.

Long-term arthritis leads to arthrosis. The long-term inflammatory process creates a nutritional deficiency in cartilage tissue and leads its degeneration and destruction. It is important not to "extinguish" inflammatory reactions with anti-inflammatory drugs, but to fight the cause of inflammation.

Arthrosis



Osteoarthrosis often appears in patients after 40 years of age. It is the disease of large joints – occurring in the knee and hip joints more often than arthrosis of the smaller joints - hands, big toe, elbow, temporomandibular joint, shoulder, etc., which develop less frequently. Advanced joint damage can lead to a reduction of functional capacity or even full disability. The main cause of arthrosis is an imbalance between the processes of destruction and restoration (repair and regeneration) in the tissues of the joint.

Firstly, there is a destruction of the cartilage covering the surface of the bone (and when the pathological process is advanced, the bone tissue itself). Secondly, cartilage ceases to cope with the load's pressure, and it begins to break down faster than it can recover. And thirdly, the cartilage tissue softens, the normal sliding of the articular surfaces is disturbed and any movement is accompanied by pain.

Pathogenesis

The difference in the body's reactions in arthritis and arthrosis is explained by the difference in the tissues of the joints that are affected.

In arthritis, damaged cells predominate in the synovial membrane and synovial fluid, and the process of inflammation is triggered there. Oedema is a necessary reaction of the body to combat the excess of damaged cells in soft tissues.

In arthrosis, damaged cells predominate in the cartilage tissue, where another defence mechanism works: replacement of damaged functional cells with connective tissue (scars), which is not able to perform the function of shock absorption and does not have the property of elasticity and flexibility.

At the cellular level, the following happens:

- an excessive amount of damaged and dead cells (chondrocytes), which the body does not have time to remove.
- not enough new functional cells are formed, which should replace the dead cells and ensure the correct functioning of the joint.

Cell death and the formation of decay products.

An excess of damaged cells can occur at a time due to trauma, hypothermia, etc. Damage to the cartilage (chondrocytes), a decrease in the functionality of the joint tissues occurs gradually, daily stress also leads to this (for example, when playing sports, heavy or monotonous physical work), innervation disorders, metabolic, hormonal and other processes. In this regard, understanding the risk factors is of great importance in the treatment of arthritis and arthrosis.

Arthritis symptoms:

Synovitis, that is, swelling, increased sensitivity or soreness when touched, limitation of joint mobility; sharp, aching pain, both in motion and at rest; morning stiffness, due to the fact that swelling develops in the joint area during the night.

Passes 40-60 minutes after the start of movement.

With arthritis, there may also be common signs characteristic to inflammation: fever, chills, sweating, and general weakness. May manifest itself as headaches, weight loss.

Also, with arthritis, out-of-articular symptoms of the manifestation of the disease are characteristic. For example, damage to the heart, lungs and other organs in rheumatoid arthritis or tuberculosis, borreliosis, etc.

Symptoms of arthrosis:

Pain that occurs during daytime physical activity, not at rest.

For example, pain in the knee and hip joint when walking, running, squatting, climbing stairs, etc. Further, when moving, the pain disappears (starting pain). There is severe knee pain and crunching during flexion-extension.

Short-term "starting pains" after periods of rest, associated with the fact that the articular surfaces, on which detritus settle (the result of destruction of cartilage and bone tissue), rub against each other. In 15-20 minutes after the start of movement, the pain disappears, as the detritus is pushed out.

Continuous dull night pains more often at the beginning of the night due to venous congestion.

Arthrosis is often accompanied by inflammatory reactions. It is clinically manifested by pain and swelling, as in arthritis, in such cases, the disease is called arthrosis-arthritis (osteoarthritis).

With long-term arthrosis, there is often a limitation of mobility due to degenerative changes in muscles, tendons (so-called contractures), and joint deformation occurs. Therefore, the disease is often called deforming arthrosis or deforming osteoarthritis.

Arthritis/Arthrosis treatment

Principles of Effective Joint Treatment

This requires:

- To eliminate the excess of damaged cells formed as a result of trauma, infection, autoimmune (rheumatoid, etc.) disorders. For this, it is necessary to enhance the lymphatic drainage.
- Improve the blood supply to the tissues of the joint, which leads to a natural improvement in cell nutrition.

As a result, the process of premature cell death stopped and regenerative process of the cartilage and synovial membrane stimulated and composition of the synovial fluid normalized.

- Impaired nerve conduction process from the spinal cord to the joint can sometimes be the main cause of the development of the disease. Restore tissue innervation is the important part of the joint rehabilitation.
- To reduce the load on the affected joints as much as possible at the first manifestations of the disease in order to prevent further premature cell death. Use appropriate comfortable shoes, if possible, reduce own weight, do not lift weights, walk carefully and alternate physical activity with complete rest during the day, etc.

This is a whole complex of measures, which requires serious changes of patient's routine. The longer the history of the process of joint's problem the bigger chance of the development of irreversible changes. In this regard, it is important to start treatment and rehabilitation as early as possible. Let's consider the different types of treatment in terms of the first three principles of effectiveness above.

Drug (drug) therapy

In case of inflammation, the following drugs are used:

- Non-steroidal anti-inflammatory drugs (NSAIDs). The main mechanism of action of these drugs is to inhibit the inflammatory process and eliminate pain.

They alleviate the patient's condition, but do not slow down the progression of the process. Elimination of the excess of damaged cells does not occur. These drugs could demonstrate side effects: destroy the mucous membrane of the stomach and intestines causing development of gastritis, ulcers, and ulcerative bleeding. Some NSAIDs (ibuprofen, etc.) negatively affect the joint cartilage, thus provoking the development of arthrosis.

- Steroid hormones could be prescribed orally or injected directly into the joint. They are used in advanced cases with severe pain that is not eliminated by NSAIDs. Steroid hormones suppress the immune system, and, accordingly, the process of removing dead cells from the joints.

As a result of treatment, the intensity of inflammation decreases, the person feels relief. There are side effects: the production of its own hormones decreases, metabolic processes can be

disrupted, etc. The cause of the disease is not eliminated. Furthermore, overuse of steroid hormone injections can have a catabolic effect – that is, it could cause the cartilage and connective tissue to break down and deteriorate further.

- Cytostatics are a group of anticancer drugs that disrupt the growth, development and division mechanisms of all cells in the body. When treating rheumatoid arthritis, they reduce the number of antibodies that kill the body's own cells. However, this also disrupts the formation of other cells, including hematopoiesis. No tissue cleansing occurs.

Thus, anti-inflammatory drug therapy is aimed only at relieving the symptoms of the disease, but not at cleaning or nourishing the tissues of the joint. The drugs only slow down, "freeze" the protective inflammatory process launched by the body.

- Chondroprotectors. Prescribed to restore articular cartilage. However, numerous studies (including those published in July 2010 in the British Medical Journal, data from 10 large studies) show no effect even when compared with the placebo!
- Hyaluronic acid is an important component of cartilage tissue. A drug based on it can be injected into the joint only after the elimination of the inflammatory process.

The administration of this acid temporarily protects the joint from further damage. However, the artificially injected drug does not stimulate the production of its own hyaluronic acid, so the courses must be constantly repeated to maintain the effect. Whilst in some patients this benefit can last up to two years, in others there may be little or no benefit.

A recent review of medical literature shows an average reduction in pain of 28-54% when using this particular type of injection.

In addition to drug treatment, there are **physiotherapy methods**:

- Photobiomodulation or laser therapy;
- cryotherapy (cold treatment);
- magnetotherapy;
- electromyostimulation;
- phonophoresis (ultrasound);
- Prolotherapy
- Perineural Injection Therapy
- Rehabilitation Exercises

However, the effectiveness of these methods in terms of curing arthritis and arthrosis is questionable since they do not eliminate the main cause of the disease - an imbalance between destruction and restoration of joint tissues.

New understanding of the benefits of exercise therapy (Rehabilitation exercises)

Therapeutic exercises, aerobic exercises such as swimming are an effective means of preventing and treating arthrosis. They are aimed at restoring joint mobility and increasing blood flow in this area, and, accordingly, can stimulate the cleaning and restoration of joint tissues.

During physical exercise, working muscles create the energy of biological microvibration - a vital biological resource of the body, which is necessary for metabolic processes at the cellular level, transport of nutrients and elimination of metabolic wastes. Lymphatic and blood vessels are not available for every cell of the body. The cells do not have their own ability to move, therefore, to contact each other, they must be "shaken", which is provided due to the contractile activity of muscle fibres, that is - muscle contractions.

That is why exercise therapy is recommended for the treatment of arthrosis and has a healing effect.

Unfortunately, physiotherapy exercises have serious limitations:

Exercise therapy can be carried out only after the removal of inflammation during the period of remission but exercises are not recommended

- in the presence of severe pain;
- elderly people have a whole host of diseases or serious joint degradation that no longer allow physical exercise;
- people who are severely overweight can only do a limited amount of physical exercises (lying, sitting) to restore the hip and knee joints, since when walking and similar loads, the joints experience overload and continue to collapse;

Exercise therapy will be effective with frequent regular exercises when exercises alternate with periods of rest for the joint.

Exercise therapy may be ineffective if arthrosis was the result of physical overload and dystrophic changes in the tissues in the joint. Muscle cells are already depleted, and additional stress can lead to their death.

Exercise therapy does not solve the problem of restoring the conduction of nerve pathways, since nerve impulses will poorly reach the joint area.

Thus, exercise therapy is an effective remedy for the treatment of arthrosis (but not arthritis) in a not too old age with an advanced stage of the disease in the absence of other aggravating conditions.

Considering all of the above, it is easy to come to the pessimistic conclusion – to manage the joint’s inflammatory and degenerative conditions successfully is almost impossible due to the number of limitations and conditions associated with each treatment method.

“CURE” concept of management Arthritis/Arthrosis

At Sheffield Medical Centre and other clinics of the KRISS/ARH medical group we are confidently able to say the opposite – using the “CURE” concept we are able to achieve a significant reduction of the pain and increase range of movement and functional capacity of the affected joint.

We are certain – Rehabilitation Exercises are the mainstay of the joint’s (and not only)

problem management and not every patient is able to exercise immediately due to number of medical, physical or social reasons. Most of the patients need to be prepared for the exercises and we are able to help them.

It is a matter which process is prevalent:

inflammatory – arthritis, degenerative – arthrosis or combination. The methods we apply if they are used at the right place, at the right time for the right reason, have a phenomenal capacity to be effective. There are very few occasions where each modality employed in isolation is the most effective

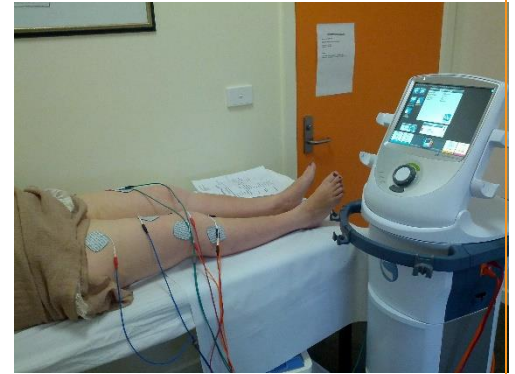
intervention but if they used as a part of a package of

care, the evidence of their effectiveness is strong and supportive. Used unwisely, it will either do no good at all or possibly make matters worse – as would be true for any other therapy.



Most commonly we use following modalities as a part of the “CURE” (Complex Unified Rehabilitation and Exercises) Using the complex approach in each individual case we use following methods to achieve certain goals:

- **Prolotherapy and Perineural Injection Therapy** – pain reduction, trigger regenerative processes in connective tissues, blocking pain signal conduction, restore neural regulation of the affected joint.
- **Microcurrent** - stimulate healing, growth, and regeneration. Stimulation increases adenosine triphosphate (ATP) generation by almost 500 percent, enhance amino acid transport and protein synthesis in the treated area 30 to 40 percent above controls.
- **Russian Current** - The muscle strength gains, were reported to be 30-40% improved.
- **IFC (Interferential stimulation)** - pronounced parasympathetic effect. Increase of blood circulation leads to a local increase in temperature, an improvement in the supply of oxygen to tissues and the elimination of their anoxemia, the rapid elimination of toxic metabolic products, removal of inflammatory toxins and thus eases swelling. It is very effective for pain relief. IFC of the nerves causes the central nervous system to facilitate the release of endorphins (pain relieving chemicals) into the body.
- **PBM(LLLT)** – increases DNA and RNA synthesis, changes intracellular response to hormone action, activation of endo and exocytosis. Achieving improvement in microcirculation, reduction of inflammatory processes, stimulate neurohumoral regulation, reparative processes, causes pain relief and reduces spasms.
- **Ultrasound** - acts as an ‘inflammatory optimiser’. It is effective at promoting the normality of the inflammatory events, and as such has a therapeutic value in promoting the overall repair events
- **TENS** - the Pain Gate and Endogenous Opioid System Mechanism – pain relief
- **TENS – EHF** – Increase of microcirculation, enhance of cell’s metabolism and increase of their functional activity, stimulation of regenerative processes, anti-inflammatory action, pain relief, immunomodulating action.
- And other less frequently used methods.



When patients become comfortable, they are ready to start Rehabilitation exercise using predominantly passive movements and resistant type exercises. The exercise program constructed in the way to avoid any pain during or after exercises, with personal workload and under the supervision especially in the initial stage of rehabilitation. Knowing that the joints problems associated with balance disturbances we pay a lot of attention to the balance retraining exercises.

In conclusion it is right to say that the possibility to manage musculoskeletal problems should not be restricted by only steroid injections, joint replacement procedures or painkillers and NSAIDS. Active engagement of the patients into their rehabilitation is a key factor.

Using a complex approach and choosing appropriate methods subsequently or simultaneously to the management of the musculoskeletal problem usually creates a quick response and encourages the patient to continue an exercise program regardless of the patient's age and functional state is the most important factor for their wellbeing for the long term. Not every patient is ready for the exercises and the “CURE” method helps them to prepare for it.

**INTERVIEW PROFESSOR ROBIN DALY FROM DEAKIN UNIVERSITY ABOUT
MUSCLE LOSS, SARCOPENIA TO HUR AUSTRALIA.**

**"Reprinted with permission of HUR Australia and Professor Daly from
<https://www.huraustralia.com.au/webinars>"**



Q: What are the consequences of muscle loss, both short term and long term

A: A loss of skeletal muscle mass is associated with a decrease in muscle strength and impaired functional performance which have been associated with an increased risk of disability, falls, osteoporosis, fragility fractures, frailty, loss in independence, reduced quality of life and premature mortality. Skeletal muscle also has important metabolic functions. During times of illness, it can serve as the main reservoir for amino acids to support the metabolic needs of vital tissues and organs in the body and for energy production. Muscle is the largest mass of insulin sensitive tissue in the body and the primary site of glucose disposal, and thus critical for the prevention and management of type 2 diabetes. In addition, muscle loss has been associated with cognitive impairment and an increased risk of dementia as well as impaired immunity and various hospital complications (e.g, an increased risk of infection and poor outcomes post-surgery).

Q: Why is it so important we prevent muscle loss?

A: Skeletal muscle is the largest organ in the body accounting for around 40-45% of body mass and is critical for both movement and metabolic functions. The average person can lose around 30-40% of their muscle mass from the age to 20 to 80 years. Since this loss in muscle has been linked to almost all common chronic diseases, it is important that strategies are implemented early to prevent muscle loss which can start around the age of 40-45 years. Of particular concern are people who are immobilized due to injury or illness, especially older people and the elderly who can lose up to 1 kg of muscle mass from their legs in just 3-10 days whilst bedridden, which has been linked to poorer recovery outcomes.

Q: What are the best ways to keep up muscle - what should we do?

A: Currently there are no available pharmacological agents (drugs) available to prevent muscle loss. Progressive resistance (strength) training is the most effective strategy to improve muscle mass and strength, with marked benefits observed after only 12 weeks of

training. For older people, the gains in muscle mass and strength observed after just 12 weeks can be equivalent to regaining the muscle loss that typically occurs over a decade.

Maintaining an adequate intake of dietary protein, particularly when undertaking resistance training, is also important to maximise skeletal muscle mass and strength benefits. In terms of optimising physical function (e.g. improving balance, mobility, gait), challenging balance, stepping and mobility activities and/or include high speed resistance or functional training focused on improving muscle power appear best.

Q: Why is muscle power so important as well age?

A: Muscle power represents the ability to produce force quickly (e.g. move your foot quickly to put your foot on the brake in your car or step quickly when balance is perturbed). This is different from muscle strength which represent the ability to generate maximal muscle force. Muscle power has been shown to decline earlier (around the age of 35-40) and more rapidly (with up to a 50% loss with age) than muscle mass or strength. Clinically this loss is muscle power is important as it has been shown to be more directly related to functional limitations and disability than either strength or mass. The good news is that we can improve muscle power. An effective approach involves performing high speed resistance training, in which you perform the lifting phase of lower limb exercises as rapidly as possible.

Nutrition and Diet for those suffering from arthrosis and osteoarthritis

Arthrosis is a chronic disease in which progressive degenerative changes in the cartilage tissue of the joints occur.

Treatment of arthritis requires a complex therapy, which includes medication, physiotherapy, a healthy lifestyle and proper nutrition. Eating a balanced diet aimed at providing the body with necessary nutrients, improving the metabolism and slowing down the process of deformation of the structure of the joints will help you maintain a comfortable weight and feel good, with symptoms being significantly alleviated.

Patients suffering from the disease are often overweight. Excess weight and metabolic disorders are among the most common causes of knee arthrosis. Therefore, it is important to prevent the development of the disease by regularly monitoring your weight and nutrition. Compliance with the doctor's nutritional prescriptions leads to a decrease in the load on the limbs, the spine, an improvement in the quality of cartilage tissue, and a slowdown (and even suspension) of further joint destruction.

Meals should be frequent, up to 5 times a day. It is necessary to introduce foods rich in omega-3 fatty acids (salmon, mackerel, herring, flaxseed oil, walnuts) into the daily diet. These substances relieve inflammation like some other medicines, but they do not have any side effects. It is necessary to take a multivitamin complex with a high content of vitamins A, B, C, D and trace elements such as copper and calcium.

The basis of nutrition for osteoarthritis is a low-calorie, high-protein diet. Especially useful are dairy products, the protein of which is easily absorbed by the body. In addition, they contain a lot of calcium, which is necessary for strengthening bone tissue, the fragility of which increases with age. Food is recommended to be consumed in boiled, baked, stewed and steamed forms. Fried foods are not suitable for the diet.

You should not get carried away with fried, spicy, smoked foods, sweets, alcohol and caffeinated drinks (strong tea, coffee), as well as lard, whole milk products, red meat, all offal and egg yolks. These products contain arachidonic acid, which stimulates the formation of

substances that provoke inflammatory processes in the body and destroy tissues. Salt intake should be limited to 5-8 grams per day. It is very useful to eat jellied meat and bone broths. These dishes contain a large amount of collagen, which is necessary for building cartilage and bone tissue, muscles and ligaments.

Arthrosis of the joints in children is very rare, the disease is more typical for adults from forty-five years of age and older. In any case, the treatment must be under the supervision of a doctor. The dietary recommendations must provide the child with a complete and balanced diet without reducing its nutritional value. At the same time, it is necessary to completely exclude such products as smoked meats, sausages and confectionery products (especially cream-containing ones), chips, sugary carbonated drinks and overly fatty dishes.

The effectiveness of a combination of diet and exercise therapy in patients with osteoarthritis of the knee joint:

- diet plus exercise (weight loss on average 5.5 kilograms) - improvement in 23–38% of patients;

- exercise (weight loss 1.5 kg) - improvement in 20-25% of patients.

It is recommended to increase the consumption of still mineral water up to 2-2.5 litres per day. The human body is 2/3 water, 22% of water is contained in our bones, muscles and brain contain 75% water, gastric juice is 99%, and human blood is 92% water. Water is responsible for metabolic processes, removes toxins and decay products from the body, dissolves mineral salts. Many chemical reactions in the body take place with the participation of water.

Water also helps regulate body weight and body temperature. And these are far from all the functions of water. When it is lacking in the body, increased fatigue is noted, headaches, dizziness, wrinkles appear, the skin acquires an earthy tint, the hair becomes lifeless and dull. With severe dehydration of the body, the metabolism decreases, the body temperature rises, the functions of the nervous system are disrupted, and the mental state of a person changes. Studies by foreign scientists have confirmed that drinking the necessary amount of water for the body reduces pain in the back and joints, lowers blood cholesterol levels, helps to normalize blood pressure and promotes weight loss.

Muscles contain 70% water, 20% proteins and 10% various mineral and organic substances. Dental problems reduce food absorption by 40%. 1 g of fat contains 9 kcal, 1 g of protein contains 4 kcal, 1 g of carbohydrates contains 4 kcal.

Insufficient water intake in the body slows down the metabolism, and as a result, excess fat, toxins accumulate in the human body and blood pressure decreases. An excess of fluid, as well as a lack of fluid, leads to swelling of the extremities. During physical activity, the body loses a large amount of water, which must be compensated. For a long time, it has been widely believed that fluid intake during exercise is harmful to the body. In fact, water should be drunk before, during, and after exercise. When the body is dehydrated, the water leaves the muscle cells and thus starts the process of destruction of muscle tissue.

Clinical Case

Chronic Back Pain and Both shoulders Advanced AO

E.A., 74-year-old female

Problems:

1. Left Hip and Knee pain, which started soon after Lt THR in November 2018. Despite a course of physiotherapy and regular pain medications pain progressively increasing

in intensity and started to affect her walking and other activities daily living. Also, the pain frequently woke her up during the night.

Upon examination: Large scar at the Lt hip area. Range of movements in lumbar spine, both hips and knees both passive and active – no restrictions. No signs of instability in both joints. No soft tissues swelling and no joints deformities.

Tenderness along Iliotibial band and along saphenous nerve including infrapatellar branch

2. Chronic, progressively increasing pain in both shoulders, associated with significant restriction of range of movement and severely negatively affecting both arm functions. Pain at rest and at night, affecting her sleep.

Objectives: Restricted range of movements in both shoulders in all directions

- Abduction: < 75 degrees
- Forward flexion - < 75 degrees
- Internal rotations – minimal, close to absence

Tenderness over Supraspinatus, greater tubercle of the humerus and along branches of the Posterior and Intermediate supraclavicular nerves

Investigations: US of both shoulders – degenerative changes, full thickness tears of both side supraspinatus tendons

Past Medical History: OA both hands, Fracture of the Lt Neck of Femur and following Left Total Hip replacement, Osteoporosis

Past management: Physiotherapy, massage, NSAIDs, Steroid injections.

Current Medications: Caltrate + Vit D daily, Endep 25 mg daily, Palexia SR 50mg 1 bd



In both cases the “CURE” approach was discussed and offered to the patient

- in Lt Hip and knee case as a combination of Regenerating Injecting therapy - 5 sessions weekly, PBM/LLLT over Lt hip and knee joints with pulsed Infrared 904nm laser, 80 Hz frequency, 20Wt power density, 2 min application of each point according to the standard protocol and “Russian Current” on both quadriceps 10 procedures daily
- in both shoulders case as a combination of classical Prolotherapy and Perineural injections, following by both shoulders PBM/LLLT application with pulsed Infrared



exercises

904nm laser, 80 Hz frequency, 20Wt power density, 2 min application of each point according to the standard protocol for the rotator cuff tear, every second day, 10 sessions. After the pain settled and she had minimal or no pain at rest gentle exercise program was introduced, started with passive movements exercises and following the resistant exercise program for both lower limb and shoulders from zero resistance gradually increasing resistance over the time, avoiding discomfort and pain during and post exercise period. Also, a lot of time was used for the balance retraining

She started to notice

- Improved gait stability and balance
- pain and discomfort in all affected joints become stable minimal and easy controlled
- Increased pain free walking distance
- an improvement of the range of movements in both shoulder joints to almost non restricted
- Pain both at rest and with arm activities gradually has reduced to zero at rest and at night and substantially decreased with active movements in both shoulder joints
- Overall improvement in Lt Hip and Knee joints and both shoulders at least 80 %

At present, E.A. continue her Rehabilitation exercise program once a week as a way to maintain her joints and general health, mobility, and functional capability. She is comfortably walking with her dog at least 5km daily.



Study by Serguei Kisselev

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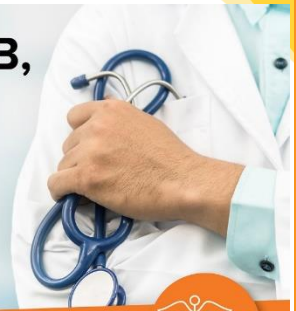
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