HealthTech

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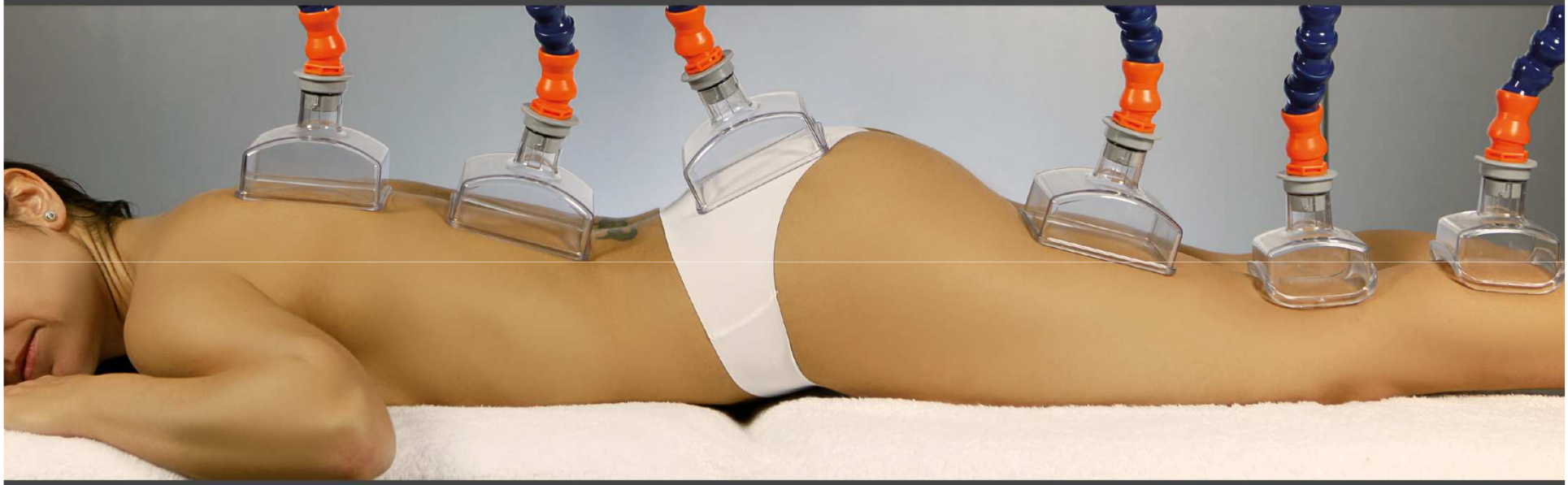
NEXT GENERATION OF MASSAGE



Proof-of-Concept of LIPODREN in chronic neck pain

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Proof of Concept of LIPODREN in chronic neck pain

Population

20 patients with chronic neck pain not responding to 27 sessions of standard physiotherapy treatment.

Evaluation

Treatment was assessed by VAS pain scale and the three parameters of cervical mobility (flexion/Extension; inclination and rotation right and left) with a goniometer.

Treatment

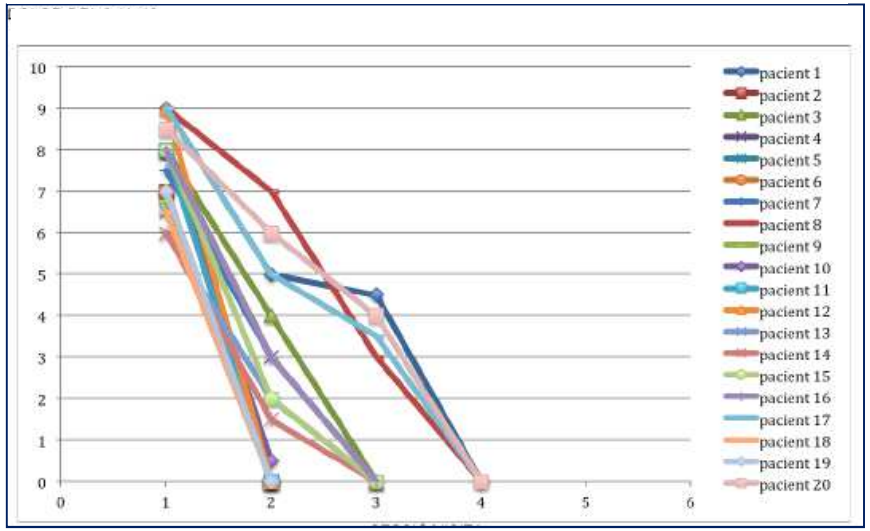
1 session/week up to normalisation: a minimum of 4 sessions and a maximum of 6 sessions of 60 minutes once a week.

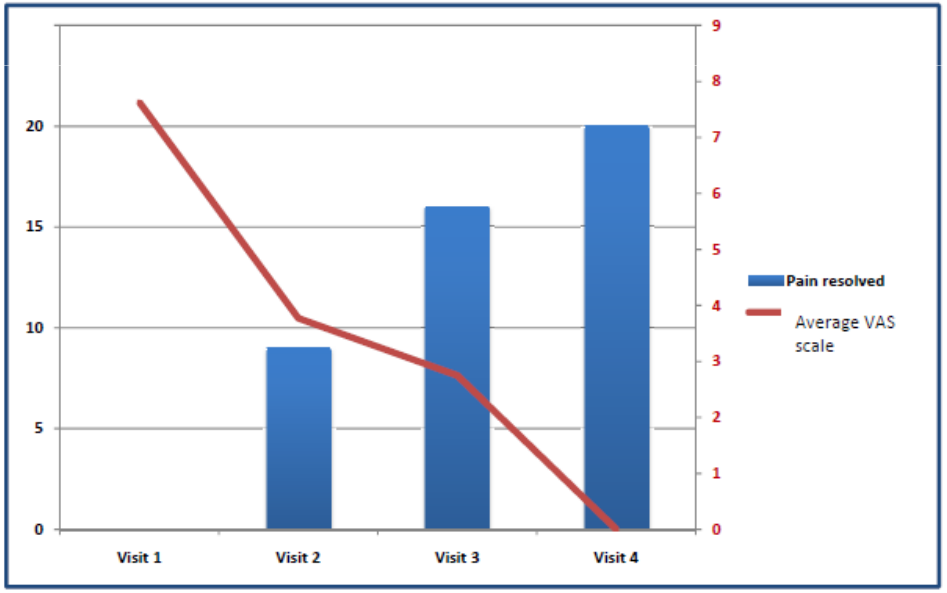
Author: Canadell , G. Study of MBP in chronic neck pain in patients not responding to the standard physiotherapy. Màster en Fisioteràpia de l'esport i recuperació a l'activitat física Esc. Univ Gimbernat. 2011

Study Results: pain improvment

Patients treated our device after fail of the first treatment need 2.8 half of sessions to achieve a 45% decrease in average pain scale (VAS), showing a good relationship between the improvement of neck pain and cervical goniometry. Patients required different number of sessions to improve In function of the basal pain intensity.

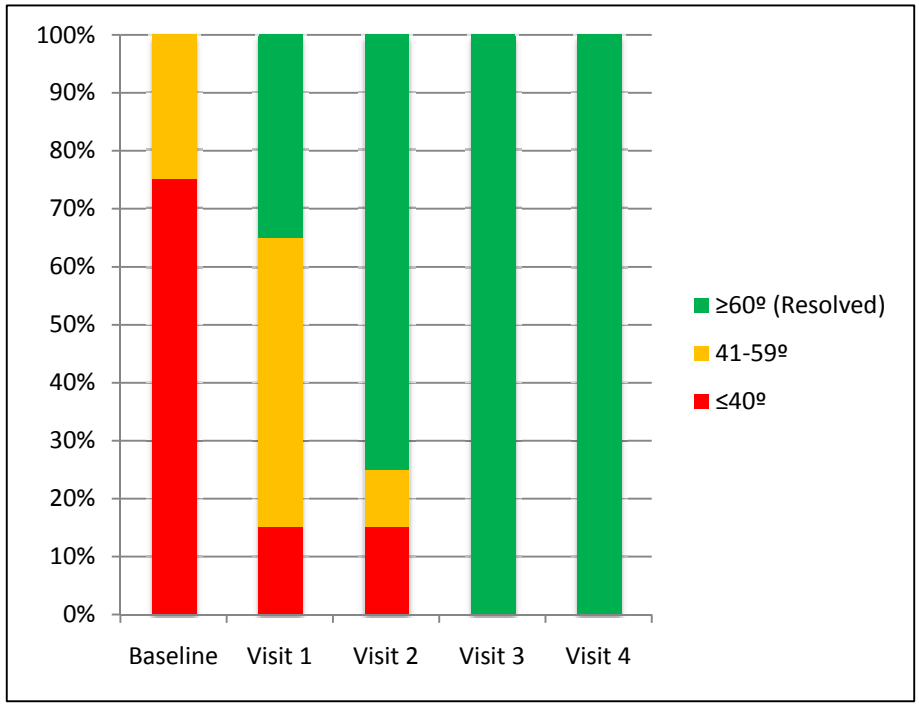
VAS pain scale from 10 (very sever pain) to 0 (no pain)



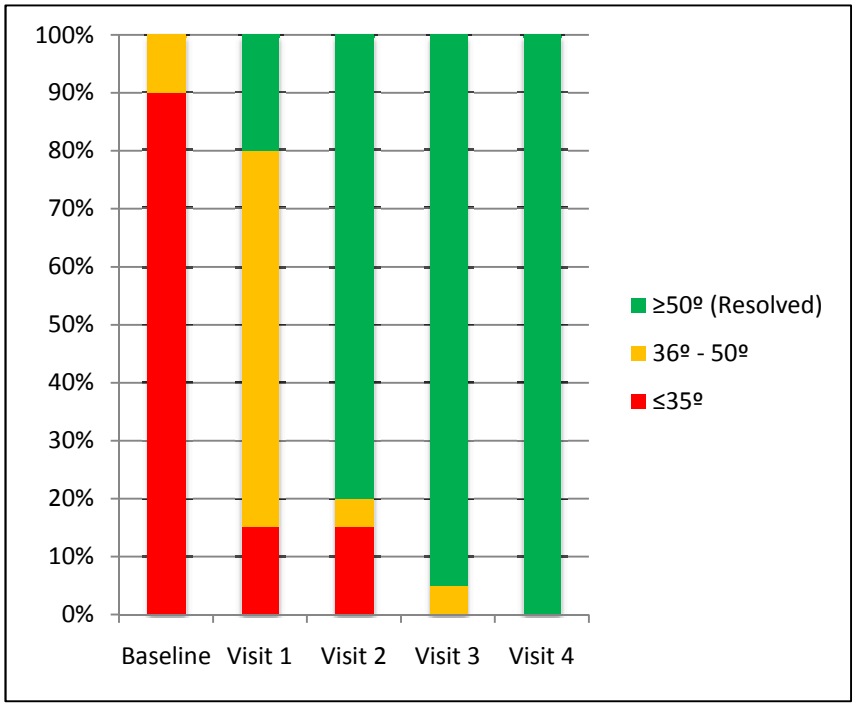


Study Results: neck mobility (1)

The three parameters of cervical mobility (flexion/Extension; inclination and rotation right and left) show an important improvement during all treatment visit, specially from visit 3.

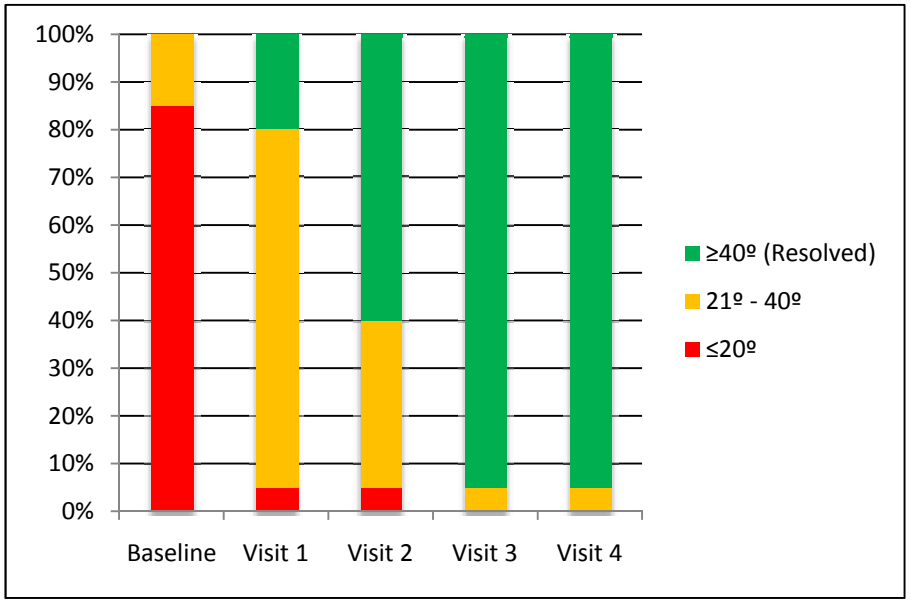


Extension

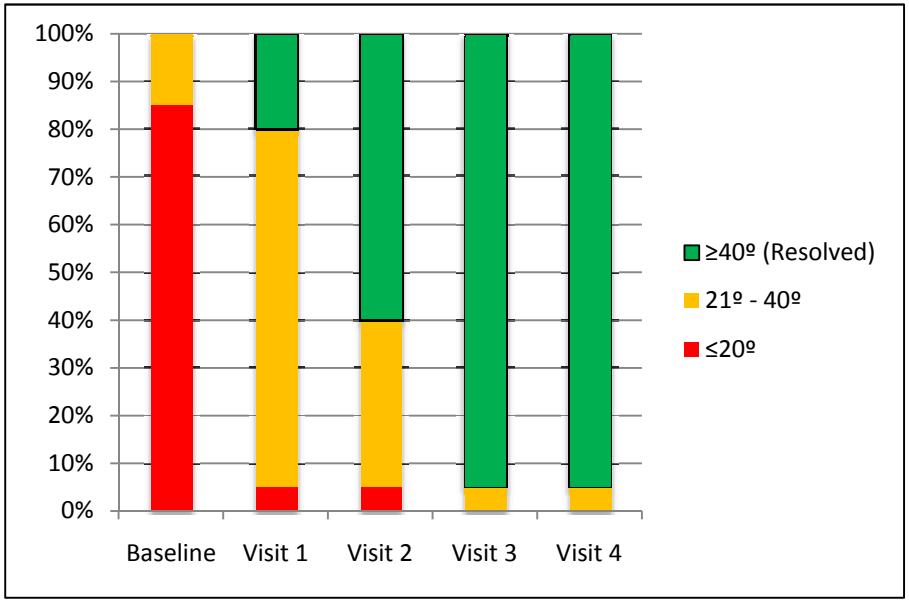


Flexion

Study Results: neck mobility (2)

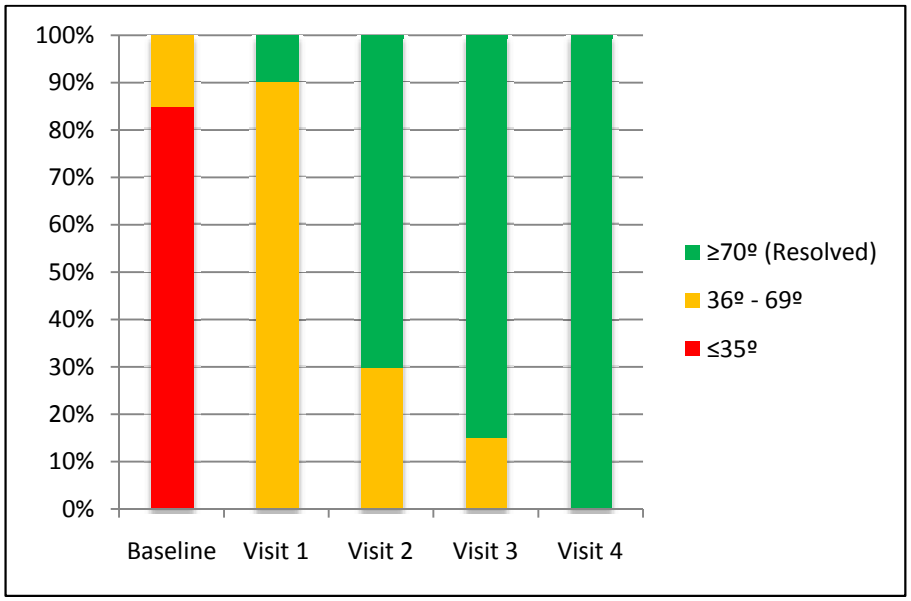


Right lateral flexion

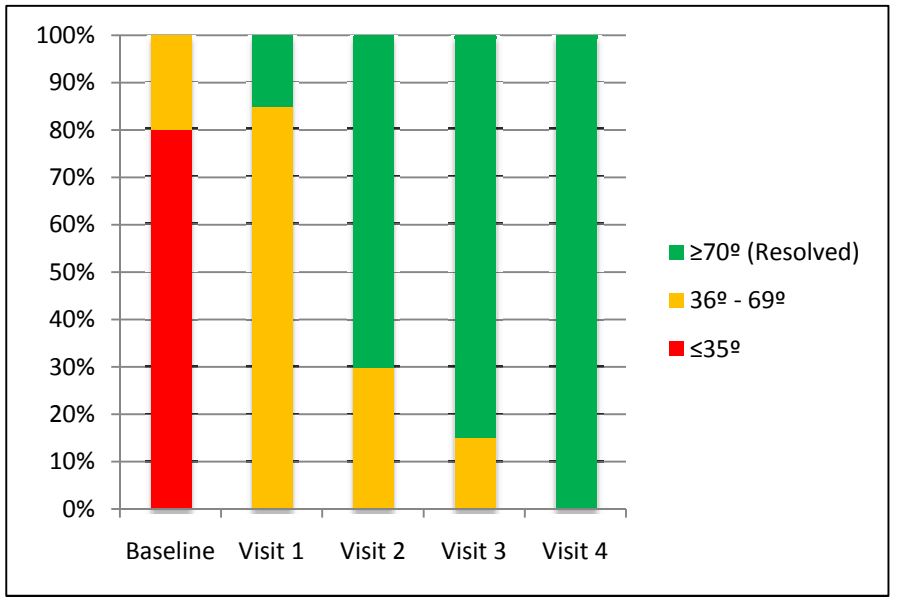


Left lateral flexion

Study Results: neck mobility (and 3)



Right rotation



Left rotation

Conclusions

1. Patients that failed this first treatment that were treated with our device needed an average of 2.8 sessions a to achieve an average of 45% in the decrease of pain scale (VAS) and an increase of cervical mobility.
2. All parameters of muscular and articular balance were normalized in the first controls at 100% of the patients and were maintained on subsequent visits in more than 80% of patients.
3. A small percentage of subjects were stabilized between the second and third visit, and subsequently returned to normal cervical mobility all patients.
4. Our device normalised the neck pain to the 100% of patients who failed to a previous standard therapy, showing a good safety profile.
5. **Clinical Safety:** Any patient showed signs of muscle fibber and/or vessels breakage (hematomas).