

e B o o k

Photobiomodulation Applications: *Arthritis*

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5 Painful Conditions Laser Therapy Can Help When Nothing Else Works

by Perry Nickelston DC, NKT, FMS, SFMA

Some musculoskeletal conditions are more difficult to resolve than others. They become constant chronic reminders of just how vulnerable we are to injury.

Traditional therapeutic modalities and programs often hit a wall in helping chronic pain problems, forcing people to rely on pain medication or unnecessarily living with symptoms. Class IV laser therapy may be a simple, effective, and fast acting treatment option for stubborn conditions.

Whenever there is pain, there is biological chemical damage to cells of the body. These chemicals cause inflammation, swelling, pain, and tissue damage. Acceleration of tissue repair is the long-term goal in resolving pain. So how can Lightforce Therapy Lasers help? Laser therapy stimulates cellular regeneration and repair on the cellular level via a process known as photobiomodulation. Light penetrates deep into the body to stimulate repair to the most often damaged tissue structure (myofascial connective tissue).

What are some conditions that resolve with Class IV laser therapy when nothing else works?

1. Tendinitis- An overuse syndrome where micro-trauma damages tissue via constant wear and tear on areas with high impact, stress, and external load. Common locations are the elbow, ankle, shoulder, and knee. Laser therapy to the injured area and surrounding fascial structures lessens fascial adhesions and increases microcirculation. Often only a single session is needed to feel a significant improvement in symptoms.

2. Plantar Fasciitis- A stubborn condition that is tough to get rid of. Patients can suffer years without any change in long-term relief. Laser therapy on the plantar surface of the feet alleviates tension up the entire back line of fascial tissue. Reduction of tension along the back helps improve the foot and heel strike improving impact patterns of the foot and pain.

3. Arthritis Pain- Swelling and inflammation from joint compression can be debilitating. Often the only relief patients get is from strong prescription pain and/or anti-inflammatory medication. Long term use of which can cause damage and side effects to the liver and digestive system. Laser therapy can significantly reduce pain and inflammation associated with

arthritis, thus allowing dosages of pain medication to be decreased or often eliminated.

4. TMJ Syndrome- Severe jaw pain may be caused by trigger points in the muscles of mastication and or discal irritation in the condyle. Laser is a noninvasive way to reach the deep muscles and joint space of the jaw, reducing irritation and pain. Application of laser to the jaw, cervical spine and head relaxes muscle tension and tone which are causative factors in joint misalignment.

5. Carpal Tunnel Syndrome- Clinical case study for laser therapy was performed on carpal tunnel syndrome patients over a decade ago in the US. Laser therapy applied to the wrist, cervical spine and arm may alleviate nerve irritation and friction from fascial structures. Numbness, tingling, and paresthesia symptoms are reduced with laser light stimulation. Pressure around the nerve bundle in the wrist is lessened with the increase in microcirculation. Laser therapy is an effective alternative to invasive surgical intervention.

Often a series of 6-10 Class IV laser therapy sessions are required for optimal results.

Clinical Study

Efficacy of low level laser therapy associated with exercises in knee osteoarthritis: a randomized double-blind study

Author: Alfredo PP, Bjordal JM, Dreyer SH, Rúbia S, Meneses F, Zaguetti G, Ovanessian V, Fukuda TY, Steagall Junior W, Martins RABL, Casarotto RA, Marques AP

Published

Clinical Rehabilitation. 2011; 26(6): 523-533. doi:
10.1177/0269215511425962

Read The Full Study

<https://www.ncbi.nlm.nih.gov/pubmed/22169831>

Summary

A randomized double-blind placebo-controlled trial of forty participants with knee osteoarthritis, aged between 50 and 75 years. There were two treatment groups: the laser group (laser therapy dose of 3 J per point for a total dose of 27J per knee and exercises) or placebo group (placebo laser and exercises).

Treatment laser was a 904 nm superpulsed laser. Outcome measures included pain (visual analogue scale (VAS)), functionality, range of motion, muscular strength, and activity.

At the end of 11 weeks, participants in the laser group had significant improvement, relative to baseline, compared to the the placebo group. The findings suggest that low level laser therapy when associated with exercises is effective in yielding pain relief, function and activity on patients with osteoarthritis of the knees.

Keywords

Osteoarthritis, low level laser therapy, exercises, knee

Shining New Light

Mounting research supports laser therapy for epicondylitis and tendonitis

By Kate J. Grace, PT, OPA-C

Class IV laser therapy has become a hot clinical topic across the country and around the globe. It's an emerging modality that's increasingly making its way into offices and athletic training rooms, and into laboratories and universities, as both usage and research expand.

This mounting body of research and clinical experience is progressively shining light on both the clinical efficacy and safety of class IV laser therapy. The added power provided by class IV lasers allows for more efficient dosing by delivering more joules in less time to a larger area, and for facilitating penetration into deeper structures of the body.

Thousands of laser therapy treatments are performed safely every day, giving patients relief from painful and inflammatory conditions.

Recent Research

Epicondylitis is one common and stubborn condition that responds quite well to laser therapy. Typical epicondylitis treatments run the gamut from noninvasive techniques to injections and surgery, often resulting in incomplete resolution.

A recent randomized, placebo-controlled, double-blind clinical trial conducted by Delia Roberts et al. firmly demonstrates that class IV laser therapy is efficacious for the long-term relief of the symptoms associated with chronic epicondylitis.

Published in *Lasers in Surgery and Medicine*, the trial examined the effects of eight laser therapy treatments (conducted over



18 days) on pain and function resulting from epicondylitis. Laser therapy treatments were 5 minutes 30 seconds at 10 W in continuous wave operation, using a noncontact manual scanning technique.

In this study, "Reductions in pain and return of strength and function were observed in the [laser] treatment group with greater speed and magnitude than in the sham group...with improvement continuing up to and including the final time point at 12 months post-treatment," the authors state. On the other hand, "pain, strength, and functional impairment in the sham group remained undiminished until 12 months."

The improvement at 12 months in the sham group was expected, "as tendinopathy has been shown to resolve itself in

approximately 12 months without treatment other than reduced use."

The authors conclude that "the laser group showed continued decline of tendinopathy symptoms in spite of increased function immediately post-treatment through 12 months," indicating that laser treatment provides a superior outcome to no treatment.¹

This trial is one of several recent studies that have shown laser therapy to be effective in pain reduction and functional movement improvement associated with various conditions such as fibromyalgia and postherpetic neuralgia.^{2,3}

Efficacy for Difficult Conditions

At our practice, Evolve Physical Therapy and Advanced Wellness in San Diego, Calif.,

SPORTS MEDICINE FOCUS

we've taken the effects of class IV laser therapy from the pages of studies and protocol books and put them into practice with clinical and financial success.

One recent case of a U.S. volleyball player suffering from plantar fasciitis resolved much more quickly than expected, given typical non-laser assisted resolution times. She was healed in two weeks. Normal recovery takes 2-3 months.

Two weeks of physical therapy was coupled with six laser sessions, using the built-in plantar fasciitis protocol and massage-ball treatment attachment. The attendant physical therapist used 12 watts in continuous wave (CW) mode, delivering a total dose of 3960 J in 5½ minutes.

This dosage was given for each of two treatments on the side and bottom of the foot, and an additional treatment was performed on the lower calf muscle using the sprain/strain protocol at 11 W, which delivered another 3960 J.

With short treatment times (about five minutes per treatment) and easy-to-use protocols, both the patient and the physical therapist achieved greater satisfaction.

Another patient who presented with rheumatoid arthritis experienced similar results. After being treated with two weeks of physical therapy and 6 laser therapy sessions, the patient (who had a five-year history of bilateral hand pain) is now pain free. The protocol for arthritis of the hand used 15 W of power for less than two minutes, delivering a total dose of 1500 J.

Avoiding Surgery

In addition to decreased recovery times, we have also seen a strong correlation between laser therapy and decreased need for surgery.

Five patients were all diagnosed with meniscus tears as confirmed by MRI scans, and surgery was recommended by their referring physicians. All five patients were then treated with a combination of physical

therapy and laser therapy for a period of 3-4 weeks.

The typical laser treatment consisted of the knee meniscus protocol of 10 watts for five minutes, for a total dose of 3000 J. Subsequently, all patients have been discharged pain free and none went on to have the surgery they originally believed to be necessary.

My experience mirrors a report by Margaret Naeser on a review of seven studies examining laser therapy to avoid surgery for carpal tunnel syndrome. The studies had an average success rate of 84% in cases of mild or moderate carpal tunnel syndrome, and in general, higher dosages applied to the median nerve at multiple locations were used in the successful studies.⁴

As for the effects of the therapy laser on our practice itself, results are positive. After owning the laser for less than six months, I am experiencing an average monthly revenue for laser treatments that easily covers the monthly cost of ownership and results in ample profit. There has also been an increase in positive outcomes and overall patient satisfaction as patients are able to return faster to normal function.

Points to Consider

A growing body of research, combined with the experiences of an ever-increasing pool of practitioners, suggest that deep tissue laser therapy warrants consideration for practitioners who treat pain and inflammation. Here are a few points to consider.

Education. Look for a company that provides access to ongoing educational opportunities. Whether providing links to studies or offering webinars and live seminars, it's important to find a company that's keeping itself and its customers up to date on the newest advancements in technology and the most recent research findings.

Clinical support. If you have specific treatment questions, does the manufacturer have someone on hand to answer those questions? Laser therapy is most effective when you

have a network of support, and having an expert available to speak with is extremely beneficial.

Customer care. Consider what happens after you purchase — does the company you partner with make itself easily accessible for questions? Also, do they offer advanced support, such as providing a loaner unit if a repair is needed? Find a company that takes pride in their customer service.

Implementation resources. Seek a class IV therapy laser manufacturer that provides a strong staff-focused and patient-based implementation program, including tools made specifically for both. While results and referrals alone frequently fuel increased laser use and growth, strong marketing support and tools further encourage implementation success.

A Leader in Your Community

Now is the perfect time to join the growing number of practitioners who have empowered their patients and their practices with this versatile modality. Establish your practice as a leader in technology by considering the difference a class IV therapy laser can have on clinical and financial outcomes.

Class IV laser therapy is an effective modality whose value is indicated by ongoing research and expanding adoption. The therapy lasers are FDA cleared for the reduction of pain and inflammation, and laser therapy is endorsed by the International Association for the Study of Pain® (IASP), the APTA, and the World Health Organization.^{5,6} ■

References are available at www.advancweb.com/pt under the Toolbox tab.

Kate J. Grace is a physical therapist and orthopedic physician assistant at Evolve Physical Therapy + Advanced Wellness in San Diego, Calif. Bailey Pellak, a member of the marketing communications team of LiteCure Medical, contributed to this article.

If It's an "Itis" Laser Therapy Can Help

by Perry Nickelston DC, NKT, FMS, SFMA

If you are a medical professional or a word buff, you probably know that when the suffix "itis" is added to the end of a word, it indicates the presence of inflammation. There are so many common conditions that include this suffix in their nomenclature that people often don't think about the inflammatory component. Yet looking at the naming conventions of medical conditions can help us better understand their qualities, and more importantly, potential treatments.

When developing a treatment plan for "itis" conditions, you can expect that inflammation reduction will play a key part in the treatment process. Typically, patients focus on relieving the pain, while the clinician may be focused on both relieving the pain and reducing the inflammation to not only make the patient more comfortable in the short term, but also encourage resolution of the condition and permanently reduce discomfort.

Common therapeutic approaches for pain and inflammation reduction include ultrasound, electrical muscle stimulation and ice. Each of these methods does their part in reducing pain and inflammation, but there is another method that also works wonders – laser therapy.

What makes laser therapy an excellent choice for patients and clinicians looking to reduce both pain and inflammation? For one, it is non-invasive, fast, and

effective. Additionally, laser light works with the body on a cellular level, specifically targeting damaged cells and tissues, to activate the body's own analgesic and inflammatory mechanisms. The effects are also photochemical in nature, not photothermal, so thermal damage to tissue is not a concern as it may be with other common treatments. Finally, laser therapy can also increase vasodilation, helping to bring vital nutrients to damaged areas.

Here are 3 common and stubborn "itis" conditions that laser therapy works wonders on:

1. Arthritis

Treatment plans for chronic "itis" conditions, like arthritis, usually focus on maintenance of pain and inflammation, rather than complete resolution. Often, several medications are used to alleviate the symptoms – typically one or more for each symptom, and occasionally additional ones to manage the side effects.

Laser therapy presents a great option for people looking for a drug-free, non-invasive treatment option. Class IV therapy lasers are particularly effective for treating the pain and inflammation related to arthritis because they are more powerful and can deliver larger doses in shorter treatment times. When treating chronic conditions like arthritis, larger dosages are recommended for maximum relief. Dosage applications range from 6-10 joules/cm² depending on the area being treated, for a total of 600-1,000 joules of laser energy per 100 cm². Treatments every two days for 6-10 sessions is recommended.

2. Epicondylitis

Epicondylitis is another common condition that is notoriously difficult to treat and resolve. Cortisone shots are a common treatment for this condition, and can be effective for temporary relief of pain and inflammation at the injection site. However, these treatments are not without side effects, and do not generally facilitate long-term relief or resolution.

Physical therapy is also commonly used to treat this condition and frequently results in positive outcomes. Depending on the situation, therapists may decide to use manual manipulation only or they may opt to incorporate modalities. When incorporating modalities, one great tool to help physical therapists increase the frequency of these positive outcomes is laser therapy.

Laser therapy has been shown to effectively treat this condition, without side-effects, by promoting long-term relief from the symptoms associated with chronic epicondylitis. It can additionally be used to treat areas other than the direct site of pain, which is especially helpful in chronic cases that frequently see the development of satellite pain sites. A dosage of 6-8 J/cm² is recommended, for a total of 600-800 J of laser energy per 100 cm². Average treatment for an elbow is 3,000 J. Moving the elbow joint through flexion, extension, supination, and pronation during treatment is effective at delivering laser energy to tissue and keeps the client actively involved. Most cases require 8-10 treatment sessions.

3. Plantar Fasciitis

Most people have either suffered from plantar fasciitis themselves or have known someone who has. It can be an extremely painful condition that patients struggle to find relief from. Treatment options range from orthotics such as inserts, splints, and boots, to medications such as aspirin or even opioids. Patients can also engage in certain exercises to help stretch and strengthen the area.

Physical therapy is another treatment option that is especially effective when coupled with laser therapy. The laser helps to reduce the pain and inflammation quickly to enhance the positive effects from the physical therapy. The laser can also be used to relieve inflammation in areas such as the calf and hip, which may either be contributing to or affected by the initial condition.

Application of the massage ball on the calf and soles is very helpful in delivering laser energy and manual therapy to troublesome trigger points that refer pain to the foot. The recommended dosage for this condition is 8-10 J/cm², for a total of 800-1,000 joules per 100 cm². Plantar surface of the foot usually gets between 1,500-2,000 J and the calf and Achilles receive 3,000 J. Typically, 6-10 treatment sessions are advised for this condition.

Webinar Resource

Taking the Pain Out of Aging Laser Therapy for Geriatrics

Perry Nickelston, DC, NKT, FMS, SFMA & Wendy Frydrych, PhD

Laser therapy is a powerful yet gentle technology that provides fast and lasting pain relief from many common conditions. Learn from Dr. Perry Nickelston, a highly successful practitioner who treats a wide-range of patients, how this technology reduces pain and inflammation. See how deep tissue laser therapy can be used to relieve pain and inflammation from conditions like arthritis, bursitis, fibromyalgia, and tendinitis. Treatment methods and protocols to maximize effectiveness are also be provided.

Key talking points:

- Discussion of general care for geriatric patients
- Overview of how laser therapy reduces pain and inflammation
- How to maximize results when treating elderly patients with laser
- Protocol recommendations for several common conditions

Watch It Now

<http://www.litecureinfo.com/LaserTherapyForGeriatrics>

Clinical Study

Does addition of low-level laser therapy (LLLT) in conservative care of knee arthritis successfully postpone the need for joint replacement?

Author: Ip D

Published

Lasers Med Sci. 2015; 30: 2335-2339. doi: 10.1007/s10103-015-1814-6

Read The Abstract

on the next page of this eBook

Summary

The objective of this study was to evaluate whether the addition of low-level laser therapy into standard conventional physical therapy in elderly with bilateral symptomatic tricompartmental knee arthritis can successfully postpone the need for joint replacement surgery.

LLLT used was 810-nm wavelength emitting from GaAlAs laser with power density of 20 mW/cm² and 3.6 J/cm².

Three sessions of treatment per week for 12 consecutive weeks.

After 6 year follow up, only one knee replacement was required for patients with the addition of LLLT, whereas for those that received the standard conservative treatment, nine required knee replacement.

Keywords

knee pain, osteoarthritis, outcome, laser therapy

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Does Addition of Low-Level Laser Therapy (LLLT) in Conservative Care of Knee Arthritis Successfully Postpone the Need for Joint Replacement?

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Abstract: The current study evaluates whether the addition of low-level laser therapy into standard conventional physical therapy in elderly with bilateral symptomatic tri-compartmental knee arthritis can successfully postpone the need for joint replacement surgery. A prospective randomized cohort study of 100 consecutive unselected elderly patients with bilateral symptomatic knee arthritis with each knee randomized to receive either treatment protocol A consisting of conventional physical therapy or protocol B which is the same as protocol A with added low-level laser therapy. The mean follow-up was 6 years. Treatment failure was defined as breakthrough pain which necessitated joint replacement surgery. After a follow-up of 6 years, patients clearly benefited from treatment with protocol B as only one knee needed joint replacement surgery, while nine patients treated with protocol A needed surgery ($p < 0.05$). We conclude low-level laser therapy should be incorporated into standard conservative treatment protocol for symptomatic knee arthritis.

Key Words: Knee pain; Osteoarthritis; Outcome; Laser therapy

Drug-Free Alternatives to Reducing Arthritis Pain

by Mark Callanen, PT, DPT, OCS and Perry Nickelston DC, NKT, FMS, SFMA

Osteoarthritis (OA) is a debilitating joint condition that affects more than 27 million individuals in the United States.¹ According to the Centers for Disease Control and Prevention (CDC), 80% of patients with OA have some limitation of mobility, while 25% are unable to perform the activities of daily living (ADLs)². Osteoarthritis is thought of as “wear and tear” arthritis and is caused by prolonged, abnormal stress on joints that leads to the breakdown of cartilage on joint surfaces. This is often associated with increased pain while performing daily activities.

When OA pain flares, people often become desperate for relief when they find themselves unable to tolerate the physical demands of a normal day. Many arthritis sufferers often see medication as the only option to alleviate their symptoms. This is part of the reason excessive opioid use has become a national health epidemic. While medication plays a part in most treatment plans, there are other activities and

treatments that arthritis sufferers should consider when trying to manage the pain associated with OA.

Closed Chain Exercises

Loosely defined, closed chain exercises are activities that are performed with the feet on the ground. Examples would be squatting or sit to stand activities. Some people suffering from OA in their lower extremities are afraid of weight bearing because of the pain they are experiencing. However, when done properly, this is exactly what is needed.

Small amounts of weight bearing exercise performed over 3 months might not change the volume of cartilage in the knee, but it can significantly reduce pain and improve functional levels.³ This is because even when a joint is considered “arthritic”, exercises like squatting and wall slides can help strengthen the muscles around the joints of the hip, knee, and ankle. This can help improve the biomechanics of how a person is moving and

reduce their pain.

Other studies have shown that people committed to exercising for 4 months or longer, focusing on exercises that cyclically load the legs three times a week, can increase the production of cartilage in the knee.⁴ Setting yourself up with a program that stresses the legs, but isn't too aggressive, stimulates the cartilage to produce chemical changes that retain more water and thicken.⁴ This can make the difference between function and failure. Working with a trained professional to get a safe, pain free exercise regimen is imperative to incorporating the correct exercises into your program.

Stretching

Another important fitness component to helping with arthritic pain is making sure that normal muscle length is maintained throughout the body. Lack of stretching can lead muscles and tendons to become morphologically shortened, which

Drug-Free Alternatives to Reducing Arthritis Pain

increase the probability they will contribute to pain around the joint. The last thing an arthritic joint needs is to be surrounded by soft tissue that is inflamed and irritable. Staying proactive with a regular stretching regimen should help minimize the chances of this happening.

Stretching can directly promote joint health when it restores normal range of motion. People with OA often have reduced knee ROM which can be due to numerous factors.⁵ When joints move, the various surfaces of the joint contact each other which is needed for cartilage to remain healthy. When joints get stiff or if muscles are tight, often the resultant loss of motion does not allow all of a joint's surfaces to be stimulated. This can lead to cartilage break down. The best defense against this is to keep joints moving through their full ranges.

Aquatic Therapy

For those individuals that have more severe OA, they might

not be able to bend or squat effectively against gravity due to pain. A pool allows exercise to be conducted in a partial weight bearing environment, which can be a great bridge to help increase strength and endurance. The buoyancy of the water decreases the forces that are transferred to the legs when contacting the bottom of the pool and the hydrostatic pressure of the water helps reduce pain in arthritic joints.

Generally, when standing in waist deep water, body weight is reduced by 50%. When standing in water at chest height, relative body weight drops to 25%. Participants want to gradually migrate to shallower water as their program progresses to increase the percentage of weight bearing with activity. The eventual goal is to try to transfer the program to land-based as tolerated. Seeking out an experienced aquatic therapist to help build and progress a water based program is a great place to start.

Deep Tissue Laser Therapy

In addition to actively addressing fitness levels, deep tissue laser therapy offers an effective passive treatment option that can help reduce arthritic pain. The pain and inflammation that occur in the majority of the body's joints is created by inflammation of the tissue lining the joint capsule. Therapeutic laser can impact this tissue by improving the microcirculation in the tissue and impacting several anti-inflammatory mediators in the joint. Pain is normally reduced when these changes take place.

In addition to the metabolic effects laser has on inflamed tissue, it also provides a soothing warmth during treatment which also helps the body relax. Individuals will often feel a significant improvement from the first session. While each case is unique, typical treatment protocols call for 6-10 sessions for optimal results, and treatments are often short (about 5-10 minutes in length).

Drug-Free Alternatives to Reducing Arthritis Pain

Here's an example of how these approaches can be combined to minimize pain in an arthritic knee:

- Laser therapy: apply deep tissue laser therapy to the knee joint, calf, lower thigh and lumbar spinal nerves 3-5 at 10 watts of power for 7 minutes (4500 joules total). Better outcomes have been recorded when recipients actively move the joint being treated during 40-50% of the treatment duration in that area. Motion ensures that light reaches all aspects of the treatment area and encourages better range of motion in the affected joint.
- Stretching: spend 5 minutes stretching the knee by fully bending and straightening it while standing next to a stable object. Hold stretches for 15 seconds, rest, and repeat for approximately 2 minutes per muscle to be stretched. Additional stretches at the ankle to promote dorsiflexion and hips to promote motion in multiple planes is recommended. Specific stretching techniques should

be provided by a trained professional.

- Closed chain exercises: spend 10-15 minutes working on sit to stands, squats, wall slides, and some type of step up exercise to help build strength in the lower extremities. They should not be painful. Again, specific exercise techniques should be provided by a trained professional to match the program to an individual's specific functional ability.
- For those individuals that cannot perform a land based program, substitute an aquatic program to work on strength and endurance for 20-30 minutes.

You can take back control of your life from the pain and discomfort of arthritis. Empower yourself to feel good again with movement, stretching, and laser therapy. While the idea of stretching and strengthening isn't ground breaking, combined with the unique capabilities of deep tissue laser therapy, it might just be your ticket to lasting relief.

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Innovative Technology Puts Ian Poulter Back in Competition

When a painful arthritic foot kept Ian Poulter out of competition earlier this year, he and his physician, Dr. Ara Suppiah, were anxious to find a solution. Initially trying several traditional treatments, from steroid injections to ice, they struggled to find the sustained relief needed to allow Ian to return to play.

Eager to get Ian back to competition, Dr. Suppiah decided to try a new technology called Deep Tissue Laser Therapy. Known for its ability to reduce pain and inflammation, this technology is used by many professional athletes and teams to reduce recovery times following injury.

After only a few short treatments, the results were noticeable: "Once I had the pain in that area, and we treated it for several minutes, the percentage pain went down. We treated it again, the pain level went down again. I spread out the treatments then for several days...and it gradually took the pain away," said Poulter of his laser therapy treatments on "Morning Drive."

Ian has since returned to competition and continues to receive laser therapy treatments as needed. Unlike with steroid injections, laser therapy treatments have no side-effects and may be used as often as needed for pain management purposes, making it a good option for many dealing with arthritis.

Watch The Video

<https://www.LiteCureInfo.com/IanPoulterArthritis>

Webinar Resource

Deep Tissue Laser Therapy - Relieving Arthritis Pain

Dustin Dillberg, LAC, PAS and
Perry Nickelston, DC, NKT, SFMA

Watch It Now

[http://www.litecureinfo.com/
RelievingArthritisPainWithLaserTherapy](http://www.litecureinfo.com/RelievingArthritisPainWithLaserTherapy)

5 Things to Ask Before You Buy a Therapy Laser

If you are thinking of adding Class IV laser therapy to your practice there are a few questions you should ask before you make a purchase. You should be purchasing more than a laser for pain – but a total solution for your practice. Here are 5 questions you should ask a your sales representative before you buy:

1 Implementation: Many companies say they provide implementation solutions for your practice, but take the time to dig deeper to understand the details of the support materials they provide. Does the implementation program help educate the staff and clients alike? What components are really included in the program? Some companies offer comprehensive marketing toolkits that include both staff and patient education tools. The more comprehensive toolkits should include client education videos, presentations, ads, banners, training videos, promotional materials for the office, website resources and marketing tips.

2 Downtime: When adding any type of capital equipment to your practice there is always the possibility that the unit will require repair or maintenance. Ask your sales representative what happens if your laser therapy equipment experiences a failure. Will they send you a loaner unit? How long will it take to repair your unit? The answer you should get is that the company will deliver a loaner system to you overnight to ensure you don't go a day without your therapy laser.

3 On-Going Laser Therapy Education: Ask about what kind of educational opportunities are available after you purchase your laser therapy equipment. Some companies offer on-going seminars, webinars, users' conferences, and special CE events. Also ask if the company you plan to work with is engaged in scientific studies – is the company continuing to educate itself too? The strong companies are constantly striving to learn and teach.

4 Clinical Support: If a patient comes in and you are not sure how to approach their condition is there someone at the laser therapy company you can talk to? Clinical support is a must-have. Ask about who the clinical experts are on staff that will answer your questions – what are their credentials?

5 Customer Care: Is there a dedicated customer care department? How long does it take for them to get back to you? When you are having a problem the last thing you want to do is wait. Go with a company who prides itself on outstanding customer care after the sale.

Class IV laser therapy can have a real impact on your patients and your practice. Be sure you are selecting a company who will be your laser therapy partner for the long-term.

Did You Know?



LightForce Therapy Lasers are manufactured in the USA?

Why Choose LightForce®?

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Backed by scientific evidence and on-going research you can achieve the best results with a LightForce Therapy Laser. Achieve results on acute and chronic conditions alike.

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For more information about how a therapy laser
can transform your clinic call 877-627-3858 to
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