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The following case studies have been prepared by Janet Milne, a massage therapist in Melbourne who has been using the LTU-904 laser for many years.

The LTU-904 is an Australian product and registered with the Australian Therapeutic Goods Administration. (TGA). Service and support is in Australia.

The LTU-904 is also approved in the USA and UK. It is one of only a few laser products that are backed by recognised clinical trials.

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CASE STUDY 1

A female aged 50 presented with severe pain in the right shoulder and reduced range of movement in all directions, with an onset of symptoms ~ 1 week before presentation. She stated that she didn't remember doing anything in particular but felt it could have been brought on by severe stress related to the bush fires.

Treatment commenced by laying the client on her back and palpating muscle trigger points on the anterior – right scalenes, pectoral, deltoid, trapezius. All of these were very tender and therefore no massage was done, rather laser was applied to each, as the client was in too much pain for massage.

Secondly, the client lay on her left side as the pain was too great for her to lay on her stomach. The right side posterior trigger points were also extremely tender and laser was applied – trapezium, deltoid, rotator cuff, rhomboids, latissimus dorsi and levator scapula.

The laser therapy consisted of applying a minimum of 3 joules (2 mins) of laser to each trigger point. Some trigger points required going back and applying another 3 joules ie pectoral and rhomboid muscles.

Results: At the end of the first one hour session, the client had more movement but more importantly to her, she stated that the pain was reduced by about 70%. She returned after one week and reported that the pain was almost completely gone and normal movement had returned.

CASE STUDY 2

A 52 y.o. woman who has 4 weekly full back massages to help maintain mobility presented for her “maintenance massage” commenting about her painful ankle stating that she had visited her GP who had given her a diagnosis of osteoarthritis. She agreed to examination of the area and on palpation, the soft tissue of the circumference of the ankle and the lower part of the leg above, felt very tight. There were many painful trigger points both anterior and laterally- extensor digitorum longus, extensor hallucis longus, fibularis (peroneus) longus, brevis, tertius.

She agreed to trialling some laser therapy, although it was suggested to the client that in view of the o.a diagnosis she may only obtain short term pain relief, perhaps a day or two. Treatment consisted of applying a minimum of 1.5 joules of laser to each point, plus scanning the laser over areas of tightness/tenderness using a sliding backwards and forwards action, for approximately 3 minutes for each area targeted. The turgour of the tissues softened more with each area that was lasered. Approximately 25 minutes was spent on the leg/ankle.

Results: The client stated that her ankle felt better already by the end of the one hour session, where just over half the time was spent massaging her back. I was surprised when she returned 4 weeks later very pleased with how her ankle felt and stated that she was now pain free and didn't think there was even any need to use the laser on it again.

CASE STUDY 3

A 40 y.o. woman presented, concerned by dizziness which was diagnosed as benign positional vertigo by her GP. Occupation- driving instructor. She complained of restricted range of neck movement, neck and shoulder pain as well as the dizziness.

Treatment commenced with the client laying on her back and palpation of bilateral scalenes and sternocleido mastoid muscles revealed tightness and tenderness. Laser therapy of 1.5 joules (1 min) was applied to each trigger point.

Then the client was positioned on her stomach and given an overall massage of the back, using Lomi Lomi broad strokes to feel for hypertonic areas. Laser therapy was applied to each painful trigger point, 1.5 joules - bilateral lower trapezius, upper/middle trapezius, levator scapulae,

rotator cuff muscles, rhomboids, levator scapula, splenius capitus, splenius cervicis. Some spots required another 1.5 joules. NB: 3 joules(2 mins) to x3 supraspinatus trigger points.

Results: Immediately after the massage the client commented that her neck felt looser and more comfortable. She returned 1 week later and reported that the dizziness had gone with only a little pain in the shoulder and neck which started to return the day before. She has had 3 treatments in total so far with no return of dizziness.

CASE STUDY 4

A 55 y.o. female client with fibromyalgia has fortnightly massages with laser therapy to help maintain movement and to help keep her pain level to a minimum. She has been having this for ~ 12 months and states that if she goes for longer than 2 weeks without treatment she feels very sore all over.

Usual treatment is for one hour and consists of Lomi Lomi broad strokes at start and end of massage. In between laser therapy is applied to multiple hypertonic trigger points bilaterally – upper back trigger points as outlined in case studies 1 & 3, plus lower back, particularly quadratus lumborum.

At a recent treatment session the client requested a relaxing massage with aromatherapy oil instead, as she felt this might be more beneficial. When the client returned for her next appointment she asked to go back to laser therapy and massage, as she stated that she had noticed a significant increase in pain during the two weeks interval since the massage without laser therapy.

CASE STUDY 5

A 24 y.o. young woman with a history of a car accident at age 13 eventually needed surgery on her spine. The whole of the back was affected by the damaged vertebrae, with as much discomfort felt in the upper back and neck area as the lower affected area. For a period of approximately two years prior to the surgery she had monthly gentle massages to help keep her pain free. Two months post operatively she decided to return for a massage with laser therapy to see if it would help with the post operative pain which was not fully controlled with medication.

The approach to treatment was to commence with even more gentle massage than usual to palpate for hypertonic areas, taking particular

care in the area of the two 8 cm longitudinal suture lines, either side of the lumbar spine. Most of the one hour session was spent using laser therapy; mainly 3 joules (2 mins) to each tender trigger point was applied, with some areas, particularly the gluteal muscles on the affected side, requiring another 3 joules.

After the first post-operative treatment the client was so pleased with the improvement in the level of her pain relief that she decided to continue with weekly laser treatments.

For one treatment the laser was not available and so gentle massage therapy only was provided. When returning for another session a week later the client stated that she noticed a significant difference in her pain level after having massage only, compared to the much better result with laser therapy.

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