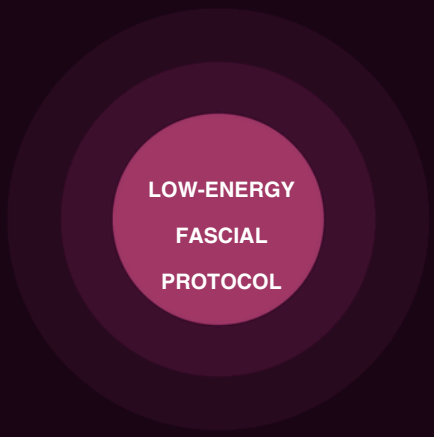
ORTHOWAVE™ · SPECIALTY PROTOCOL

C-SECTION SCAR RELEASE

&ABDOMINAL FASCIAL THERAPY

Low-energy shockwave and fascial release therapy for post-surgical scar mobility and abdominal fascial restrictions.



SCAR ADHESIONS | FASCIAL MOBILITY | PELVIC FLOOR REHAB

4-TIP PROTOCOL SYSTEM

CONSERVATIVE LOW-ENERGY PROTOCOL

1.0–2.0 bar · 8–12 Hz · 500–1,500 pulses

Superficial application only · Constant motion required

This clinical protocol guide is intended for trained healthcare professionals utilizing low-energy shockwave and fascial release therapy for post-surgical scar mobility and superficial abdominal fascial restrictions. These protocols focus on conservative, low-energy applications designed to support soft tissue mobility and patient comfort. **Always begin at the lowest tolerable settings and progress based on patient response.**

CLINICAL OVERVIEW

Goals · Conservative starting parameters · General technique guidelines

CLINICAL GOALS

√	Improve superficial fascial glide
√	Reduce post-surgical scar adhesions
√	Improve abdominal wall mobility
√	Support pelvic floor rehabilitation
√	Improve tissue circulation around scar tissue
√	Reduce fascial restriction and pulling sensations
√	Improve patient comfort with movement

CONSERVATIVE STARTING SETTINGS

Pressure:	1.0 – 2.0 bar
Frequency:	8 – 12 Hz
Pulses:	500 – 1,500 total per area
Motion:	Constant gliding / circular — never stationary
Depth:	Superficial application only
Comfort:	Minimal discomfort preferred throughout

F-ACTOR TIP SELECTION — RECOMMENDED HEAD GUIDE

Select tip based on tissue density, scar stage, and patient sensitivity · Always begin with F-Actor 1 on first session

F-ACTOR 1 — **FIRST LINE — ALL PATIENTS**	Superficial scar release · Sensitive abdominal tissue · Early-stage fascial mobilization · Thin tissue patients · Lymphatic-style work	Always start here. Required for first session regardless of patient presentation. The gentlest applicator — ideal for building patient comfort and establishing tissue response before progressing.
F-ACTOR 2 — **MILD TO MODERATE ADHESIONS**	Mild to moderate scar adhesions · Denser scar tissue · Moderate fascial restrictions · Patients who tolerated F-Actor 1 well	Progress to F-Actor 2 once the patient has tolerated 1–2 sessions with F-Actor 1 and tissue sensitivity has reduced. Appropriate for the majority of patients in the mid-treatment phase.
F-ACTOR 3 — **BROADER FASCIAL RESTRICTIONS**	Thick connective tissue · Athletic fascia · Broader abdominal fascial restrictions · Well-tolerated cases	Use only after establishing good tolerance with F-Actor 1 and 2. Appropriate for athletes, denser tissue types, and broader fascial restriction patterns extending beyond the scar line.

F-ACTOR 4 DENSE FASCIAL RESTRICTIONS ONLY	Dense fascial restrictions only · Advanced fascial release applications · NOT first-line over lower abdomen	Reserve for experienced clinicians treating dense fascial restrictions in well-established cases only. Not recommended as first-line treatment over the lower abdomen. Use with extreme caution and lowest tolerable settings.

C-SECTION SCAR RELEASE — 3-PHASE PROTOCOL

Follow phases in order every session · Do not advance phase until patient tolerates current phase comfortably

PHASE 1 — TISSUE WARM-UP

■ 3–5 min

F-Actor 1 · 1.0–1.5 bar · 8–10 Hz · 300–500 pulses

- Begin around the scar perimeter — not directly on the scar
- Light sweeping motions along and parallel to the scar line
- Purpose: increase local circulation, reduce sensitivity, prepare tissue
- Patient should feel gentle warmth or mild pressure only — no discomfort
- This phase sets the foundation — never skip it

PHASE 2 — SCAR MOBILIZATION

■ 5–10 min

F-Actor 1–2 · 1.5–2.0 bar · 10–12 Hz · 500–1,000 pulses

- Glide parallel and perpendicular to the scar line
- Circular mobilization over superficial adhesion sites
- Move along the full length of the scar — never stationary
- Progress to F-Actor 2 only when patient tolerates F-Actor 1 comfortably
- Monitor patient response continuously — reduce settings if needed
- Focus on areas of maximum restriction or pulling sensation

PHASE 3 — FASCIAL INTEGRATION

■ 3–5 min

F-Actor 2–3 · 1.5–2.0 bar · 10–12 Hz · 300–600 pulses

- Expand treatment into surrounding abdominal fascia
- Treat hip flexor fascial insertions and lower abdominal tissue
- Address oblique fascia and pelvic brim soft tissue connections
- Encourage diaphragmatic breathing during this phase
- Combine with core activation cues where appropriate
- Finish with light sweeping strokes over full treated area

TREATMENT AREAS — SAFE ZONES, CAUTION AREAS & CONTRAINDICATIONS

Review before every session · Never treat contraindicated areas

SAFE TREATMENT AREAS	
√	Scar line perimeter
√	Superficial abdominal fascia
√	Lower abdominal connective tissue
√	Oblique fascia
√	Hip flexor fascial connections
√	Pelvic brim soft tissue

INCREASED CAUTION REQUIRED	
■	Ovarian regions
■	Uterine region
■	Active endometriosis flare areas
■	Active pelvic inflammation
■	Pregnancy
■	Active infections
■	Recent surgical sites

■ ABSOLUTE CONTRAINDICATIONS	
√	Pregnancy
√	Active malignancy
√	Active bleeding disorders
√	Acute infections
√	Deep vein thrombosis
√	Open wounds
√	Active abdominal hernia
√	Severe pelvic pain of unknown origin

CLINICAL TIPS — BEST PRACTICES FOR EVERY SESSION

Follow these guidelines to ensure patient safety and optimal outcomes

01	**Keep the Treatment Head Moving**	The applicator must be in constant gliding or circular motion throughout the entire session. Never apply stationary pressure over the reproductive organs or lower abdomen. Movement is not optional — it is a safety requirement for this protocol.
02	**Begin with the Lowest Tolerable Settings**	Start at 1.0–1.5 bar with F-Actor 1 on every first session regardless of patient history. The abdominal and pelvic region is sensitive post-surgically. Build trust and tolerance before advancing parameters or tip size.
03	**Monitor Patient Response Carefully**	Check in with the patient verbally after each phase. Any significant discomfort, referred pelvic pain, or unusual sensations are signals to reduce settings immediately. Patient comfort is the primary guide throughout this protocol.
04	**Combine with Breathwork**	Encourage diaphragmatic breathing throughout the session, particularly during Phase 3. Breath coordination naturally engages the pelvic floor and abdominal wall, amplifying the fascial release response and improving patient tolerance.
05	**Integrate with Pelvic Floor Rehabilitation**	This protocol is most effective when combined with pelvic floor rehabilitation performed by a qualified pelvic health practitioner. Shockwave addresses the fascial and scar tissue component. Pelvic floor rehab addresses the neuromuscular and functional component. Together they produce the most complete outcome.
06	**Combine with Core Activation**	Light core activation cues — gentle transverse abdominis engagement — during Phase 3 help the nervous system integrate the newly mobilized tissue into functional movement patterns. Always keep activation gentle and comfortable.

F-ACTOR 1 FIRST	CONSTANT MOTION	BREATHWORK THROUGHOUT	CHECK IN AFTER EACH PHASE
Every first session. Always.	Never stationary over lower abdomen.	Diaphragmatic breathing every session.	Patient comfort is the primary guide.

Professional Disclaimer: This guide is intended for trained healthcare professionals only. Protocols should be adapted based on patient presentation, physician oversight, device manufacturer guidance, and local regulatory standards. OrthoWave™ recommends conservative application over abdominal and pelvic regions at all times. Contact OrthoWave at **(770) 746-3322** or **theorthowave.com** for clinical support.