OrthoWave

CELLULAR HEALING TECHNOLOGIES

SHOCKWAVE HEAD MOVEMENT TECHNIQUES

Applicator Motion · Treatment Flow · Clinical Protocol

01 CIRCULAR

02 LINEAR

03 TRIGGER POINT

04 FOCUSED

Maintain constant contact. Move slow for depth.

Adjust pressure. Treat surrounding tissue. Layer your approach.

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Overview

Proper movement of the OrthoWave shockwave applicator is critical for maximizing patient outcomes. Technique directly impacts penetration depth, tissue response, and patient comfort. The four techniques below are designed to be used **in combination** — not in isolation. Layer your approach every session for optimal clinical results.

Core Principles: Maintain constant contact. Move slow for depth. Adjust pressure to anatomy. Treat surrounding tissue. Always layer your approach.

THE 4 MOVEMENT TECHNIQUES

Master all four and combine them every session

01 Circular Motion

Broad Coverage · Chronic Conditions · Tendons

BEST FOR

- Chronic tendon conditions
- Broad myofascial areas
- Initial tissue warm-up
- Distributing energy evenly

CLINICAL GOAL

- Increase local blood flow
- Distribute energy throughout tissue
- Warm and prepare tissue for deeper work
- Identify primary dysfunction zones

HOW TO APPLY

- Small controlled overlapping circles
- 2–4 cm diameter per circle
- Moderate speed — not too fast
- Consistent applicator pressure throughout
- Cover the full treatment zone

PRO TIP *Use this to START every session · Speed determines depth — slower = deeper · Overlap each circle by 50%*

02 Linear / Stripping Motion

Along Muscle Fibers · Adhesions · Tight Muscles

BEST FOR

- Muscle adhesions and fibrosis
- Tight hypertonic muscles
- Fascial restrictions
- Along muscle fiber direction

CLINICAL GOAL

- Break down adhesions
- Improve tissue mobility
- Restore muscle fiber alignment
- Release fascial restrictions

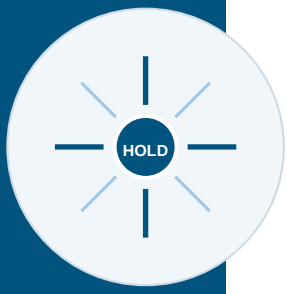
HOW TO APPLY

- Move parallel to muscle fiber direction
- Long slow deliberate strokes
- Moderate to firm pressure
- Return stroke in opposite direction
- 4–6 passes per muscle group

PRO TIP *Always move WITH the muscle fiber direction · Slower strokes penetrate deeper into adhesions · Increase pressure on the return stroke*

03 Trigger Point Technique

Localized Pain · Knots · Nerve Desensitization



BEST FOR

- Active myofascial trigger points
- Localized muscle knots
- Referred pain patterns
- Nerve desensitization

CLINICAL GOAL

- Release sustained muscle contraction
- Desensitize hypersensitive nerve endings
- Reduce referred pain patterns
- Break the pain-tension cycle

HOW TO APPLY

- Locate trigger point by palpation first
- Hold applicator stationary on point
- Apply 200–500 pulses per point
- Moderate pressure — patient will feel it
- Move to next trigger point after release

PRO TIP *Patient should feel referred pain pattern during treatment · Use D10 tip for precise deep trigger points · D20 for scanning then D10 for precise hold*

04 Focused Targeting

Calcifications · Insertions · Deep Penetration

BEST FOR

- Calcifications and bone spurs
- Tendon insertion sites
- Deep structural pathology
- Chronic resistant conditions

CLINICAL GOAL

- Maximum depth penetration
- Break down calcific deposits
- Stimulate deep tissue repair
- Target specific structural pathology

HOW TO APPLY

- Minimal movement — near stationary
- Increased bar pressure vs other techniques
- Position precisely over target structure
- Use imaging guidance if available
- 250–500 pulses focused on target

PRO TIP *Use CeraCore C-Series tips for calcifications · Increase bar progressively — start conservative · Always finish with Circular to flush the area*

TREATMENT FLOW SEQUENCE

Always move Broad → Specific → Broad

Every session should follow the four-step sequence below regardless of condition. This ensures proper tissue preparation, effective treatment, and complete metabolite flushing after each session.

01 SCAN	02 DESENSITIZE	03 TARGET	04 FLUSH
Broad coverage to map tissue	Lower intensity to prepare	Precise focused treatment	Broad strokes to finish

STEP	TECHNIQUE	DURATION	PURPOSE	TIP RECOMMENDATION
01 SCAN	Circular Motion	60–90 sec	Map tissue, warm up, identify dysfunction zones	D20 or D35 — broad coverage
02 DESENSITIZE	Circular / Linear	60–90 sec	Lower intensity prep, reduce protective guarding	D20 — moderate pressure
03 TARGET	Trigger Point / Focused	3–8 min	Primary therapeutic treatment of identified pathology	D10, D15, C-20, C-28 — condition specific
04 FLUSH	Circular / Linear	60–90 sec	Distribute metabolites, reduce post-treatment soreness	D20 or D35 — return to broad

PRO TIPS — CLINICAL BEST PRACTICES

Master these principles to maximize every session

01	**Always Move Broad to Specific**	Start every session with broad coverage to warm the tissue and identify the primary dysfunction. Then narrow to the specific target. Finish broad again to flush the area and distribute any released metabolites.
02	**Maintain Constant Contact**	Never lift the applicator off the skin mid-session. Breaking contact interrupts energy delivery and disrupts the therapeutic wave pattern. Keep firm, consistent contact throughout each technique.
03	**Move Slow for Depth**	The slower you move the applicator, the deeper each pulse penetrates into the tissue. Fast movement = superficial effect. Slow deliberate movement = deep therapeutic penetration. Match your speed to your clinical target.
04	**Adjust Pressure to Anatomy**	Increase coupling gel and applicator pressure over bony prominences and dense tissue. Reduce pressure over sensitive or superficial areas. The patient's comfort response is your guide — always communicate.
05	**Treat Surrounding Tissue**	Never treat only the primary pain site in isolation. The tissue immediately surrounding the target area is often a significant contributor to pain and dysfunction. Always treat 2–3 cm beyond the primary zone.
06	**Layer Your Approach**	Use multiple techniques in the same session — not just one. Start with Circular to warm and distribute, transition to Linear for adhesions, finish with Trigger Point or Focused for specific targets. Layering produces significantly better outcomes than single-technique sessions.