

# MEET DR. STEPHEN J. PRESS IN PRESIDENTIAL SUITE FRIDAY/SATURDAY

## Dr. Stephen J. Press

DC, PhD, CCSP, FACSM, FICC, ICSSD

Chief Physician, XVI<sup>th</sup> Winter Olympic Games

USSR – 1992 – Albertville, France

Founder, 1<sup>st</sup> President – FICS

Founder, Chairman- IAOCO

Past Chairman, Medical Commission:

Fédération Internationale de Roller Sports (FIRS)

Past Vice-Chairman, Medical Commission:

Fédération Internationale d'Echecs (FIDE)



## Dr. Press says,

My first exposure to Scenar device was 25 years ago, in Russia, as they introduced me to a “*Local stimulator*” that was hand-held and, with which I was getting pretty impressive results... athletes injuries seemed to be healing much faster than expected. These were athletes suffering from various traumas. I was really unaware of the advances in this technology, or of the originally secret nature of the methods, developed for “**Star City**”, until a few years ago, when I was re-introduced to Scenar’s new devices.

I am thrilled that such innovative, even more effective devices have been developed, since in particular, **RITM Scenar Sport D** was designed specifically to treat sports-related injuries and conditions.

Treating sportsmen is a two-stage process: emergency aid at sporting events and subsequent restoration therapy in a doctor’s office.

Scenar can be immediately applied to the area of pain when no other remedies might be available. It is more effective than traditional recommendations.

RITM Scenar Sport D is the best device to use!

It is easily portable, battery operated / no pads or plugs;

Can be used on pitch planes & couches during travel;

Its superiority over other electrotherapy devices is explained below.

Scenar impulse is high amplitude and short pulse width, stimulating both A and C nerve fibres Most other electrotherapy units stimulate A and B nerve fibres.

Safe, High Amplitude Pulse

A ( $\delta$ ) and C-Fibres are the nerve fibres transmitting pain

C-Fibres account for up to 85% neural fibres

RITM Scenar impulse is automatically changing, adjusting electrical energy input with each signal – Interactive Feedback

Most other electrotherapy produces an impulse that is monotonous and easy for the Nervous System to accommodate.



The characteristics of the RITM Scenar impulse are such that the probability of excitation of the thin neuropeptide-secreting C-fibres is higher than conventional methods of electrotherapy.

RITM Scenar enables a maximal part of the nervous tissue to be activated. This is necessary for the achievement of an optimal response from the patient's body. Furthermore, SCENAR is a system of monitoring and response.

The body creates electromagnetic and acoustic fields.

In a pathological state these fields are modified. It is these signals that are detected by RITM Scenar and are used to form the therapeutic impulses from RITM Scenar.

RITM Scenar therefore enables a unique interaction between it and the patient's body.

Research shows somatic dysfunction portrayed on overlying skin as abnormal skin impedance

RITM Scenar

- Designed to 'scan' & recognize abnormal skin impedance
- Stimulates local area, saturating tissue with electric energy – body produces 'ADAPTOGENIC' response



Scenar thus enables fast recovery, and prevents serious functional complications.

Athletes might be able to get back to the playing field, or at least get to a hotel on their own feet.

1 Gorodetskiy I G, Gorodnichenko A I, Tursin P S, Reshetnyak V K, Uskov, O N: Non-invasive interactive Neurostimulation in the post-operative recovery of patients with a trochanteric fracture of the femur. J Bone Joint Surg [Br]2007;89-B:1488-94.

2 G. Gorodetskiy et al, The effects of non-invasive, interactive Neurostimulation on pain and edema during post-surgical rehabilitation following internal fixation of unstable bi-malleolar ankle fractures, Presented as a poster by Dr James Dillard at the IASP 2008, Glasgow, Scotland. Accepted for publication Dec 2009, Journal of Foot and Ankle Surgery

3 Lee KH, Chung JM, Willis WD. Inhibition of primate spinothalamic tract cells by TENS. J Neurosurg. 1985; 62: 276-287

4 Linda S. Chesterton, Nadine E. Foster, Christine C. Wright, G. David Baxter and Panos Barlas

Effects of TENS frequency, intensity and stimulation site parameter manipulation on pressure pain thresholds in healthy human subjects. Pain, Volume 106, Issues 1-2, November 2003, Pages 73-80

5 Garrison DW, Foreman RD: Effects of prolonged transcutaneous electrical nerve stimulation (TENS) and variation of stimulation variables on dorsal horn cell activity, Eur J Phys Med Rehabil 6:87-94, 1997

6 Reilly JP, Applied Bioelectricity: From Electrical Stimulation to Electropathology, 1998 Springer-Verlag NY. pg 130 and 233

7 Christie Q. Huang, Robert K. Shepherd Reduction in excitability of the auditory nerve following electrical stimulation at high stimulus rates: Varying Effects of electrode surface area Hearing Research 146 (2000) 57-71

8 Pyne-Geithman G, Clark J F, InterX elicits significantly greater physiological response than TENS: Lymphocyte metabolism and Cytokine production. Presented as a poster at IASP 2010, Montreal, Canada. Aug. 29th 2010.