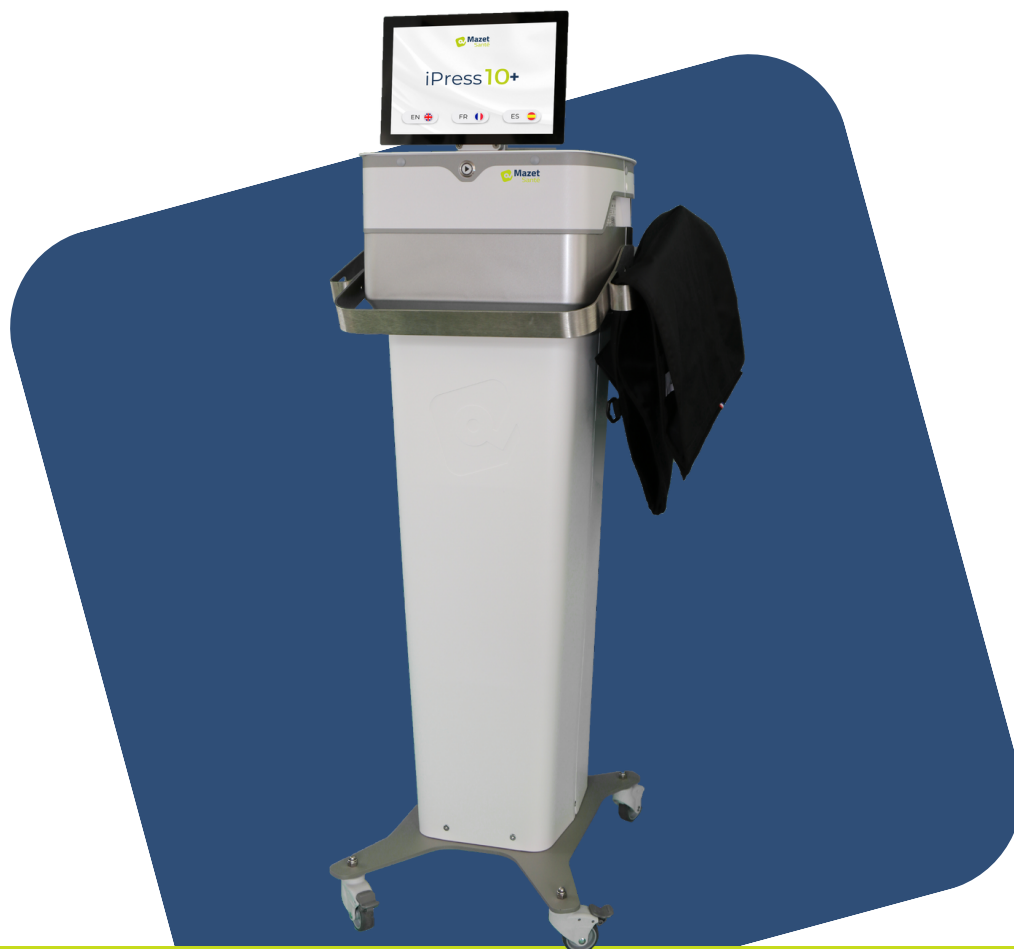


Program Guide



Pressotherapy - Medical

 **iPress**

L E G S - A B S - A R M S

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WARNING

Like any pneumatic pressotherapy, the iPress never replaces the daytime wearing of stockings/sleeves. The iPress has been enriched with innovations that allow it to offer different forms of pressure waves - most of which come from massages, whose terminology they take.

Each program remains flexible depending on the intensive or maintenance phase. They have been designed to provide assistance to the therapist faced with peripheral circulatory problems.

The iPress was not designed to replace therapeutic reasoning.

1 Device Overview

The iPress is a pneumatic pressotherapy device that allows in the practice of physiotherapy, an aid in the management of venous and lymphatic insufficiencies. It also allows to offer wellness programs.

The programs, predefined in the device, allow most pneumatic drainage techniques to be carried out.

Pneumatic pressotherapy is claimed in the following cases:

Venous insufficiency: venous problems at different stages, varicose veins, heavy legs, venous ulcers, prevention of deep vein thrombosis (DVT), post-phlebitic edema.

- **Lymphedema:** primary and secondary lymphedema.
- **Edema**
- **Well-being:** Relaxation, drainage and post-exercise recovery

In this guide, you will find the detailed settings for each program contained in your device.

In addition, the iPress allows you to work either on the entire limb, or on part of the limb, or a combination of these two modes; you will be able to choose different inflation orders depending on the desired result.

This device allows you to personalize treatment for therapeutic management.

For all these programs, the modifiable parameters are as follows:

Pressure exerted from 10 to 100 mmHg (maximum admissible pressure depending on the chosen program, modifiable during treatment)

Treatment time from 1 to 120 minutes

An option allows you to stop the treatment as soon as the timer ends or to continue beyond that, until the end of the current cycle.

Targeting the treated area (treatment on a part of the limb, emphasis in duration or number of passes on a part of the limb, choice of unsolicited cells)

Working time from 0 to 15 seconds (maintaining cell pressure)

Rest time of 4 to 15 seconds (deflation between 2 inflations)

These settings can be saved in the custom database.

An “active deflation” function allows rapid emptying of the cells at the end of the session.

2 Presentation of the programs

		Pathology family	Pathology	Sub step	Program Name	N°pgm	Tps/ Pressure	iPress 10+	iPress 10	iPress 6
Legs	Venous pathologies	Venous insufficiency	Heavy legs without varicose veins	Resorption	1	25min/30mmHg	✓	✓	✓	
			Venous ulcers +/- healed	Resorption	1	25min/30mmHg	✓	✓	✓	
			DVT Prevention	Resorption	1	25min/30mmHg	✓	✓	✓	
			Chronic venous insufficiency (perforating)	Double effleurage	6	25min/40mmHg	✓	✓	✓	
		Circulatory disorders	Varices+IMC normal	Simple effleurage	2	25min/40mmHg	✓	✓	✓	
			Varices+IMC >30	Wide effleurage	5	25min/40mmHg	✓	✓	✓	
			Post-thrombotic syndrome	Double effleurage	6	25min/40mmHg	✓	✓	✓	
	Edema	Inflammatory/post-traumatic edema		Resorption	1	25min/30mmHg	✓	✓	✓	
	Lymphedema	Decongestant therapy	Decongestion phase	Call-Wide Resorption	7-9(6)	25min/50mmHg	✓	✓	✓	
			Phase consolidation LO	Peristaltic drainage	3	25min/30mmHg	✓	✓	✓	
		LO Recidivism		Relaxation absorption	4	25min/30mmHg	✓	✓	✓	
		The persistent LO		Fragmentation	10	50min/50mmHg	✓	✓		
	LO transient/prevention LO		Call-Wide Resorption	7-9(6)	25min/50mmHg	✓	✓			
	Well-being	Elimination of toxins		Peristaltic drainage	3	25min/30mmHg	✓	✓		
		Relaxation		Relaxation absorption	4	25min/30mmHg	✓	✓	✓	
		Sports recovery		Relaxation absorption	4	25min/30mmHg	✓	✓	✓	
		Intense sports recovery		Peristaltic drainage	3	25min/30mmHg	✓	✓		
Arms	Lymphedema	Decongestant therapy	Decongestion phase	Call-Resorption	11	25min/50mmHg	✓	✓	✓	
			Secondary LO consolidation phase	Resorption	1	25min/30mmHg	✓	✓	✓	
		The persistent LO		Fragmentation	10	50min/50mmHg	✓	✓		
		THE transient		Call-Resorption	8	25min/50mmHg	✓	✓		
	Edema	Inflammatory/post-traumatic edema		Resorption	1	25min/30mmHg	✓	✓	✓	
	Well-being	Relaxation		Relaxation absorption	4	25min/30mmHg	✓	✓	✓	
		Sports recovery		Relaxation absorption	4	25min/30mmHg	✓	✓	✓	
		Intense sports recovery		Peristaltic drainage	3	25min/30mmHg	✓	✓		
Abdomen		Well-being	Relaxation		Relaxation absorption	4	25min/40mmHg	✓	✓	✓
	Well-being	Massage stimulant		Resorption	1	25min/50mmHg	✓	✓	✓	
	Intensive laziness			Resorption	1	25min/50mmHg	✓	✓	✓	

3

Legend of the program tables

0	Block / maintain previous state	1	Inflating the cell
2	Exhaust	3	Inflating the cell and delaying before the next step

4

Treatments on lower limbs

2.1 Processing parameter settings

Some programs benefit from targeting allowing:
an increase in time

- an increase in passages
- a segmentation

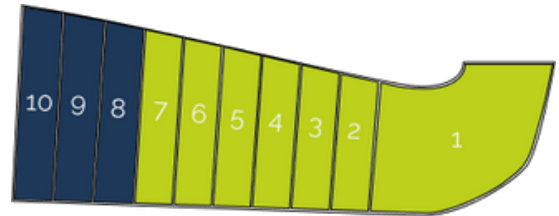
To choose the targeting mode:

1. **Press the "target" button**
2. **Select the area to target by pressing the different cells to activate/deactivate**
3. **Select the type of treatment you wish to apply to the selected cells, either:**
 - Increased time
 - Increased passages
 - Segmentation
4. **Press the record button**

EXAMPLE OF TARGETING AREA (iPress series 10 or iPress10+ device):

Note: Targeting the 1/3 average zone can also be chosen with increased time or passes

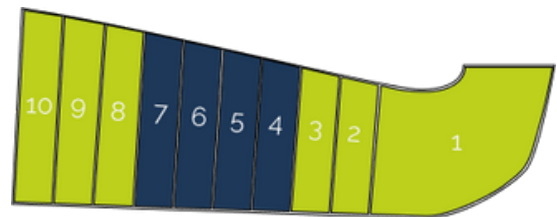
4.1.1 Segmental Targeting Zone 1/3 Upper



RESORPTION Program (1)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1			1							
2		1								
3	1									
4	2	2	2							

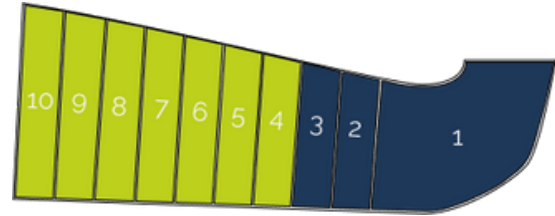
4.1.2 Segmental Targeting zone 1/3 medium



RESORPTION Program (1)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1							1			
2						1				
3					1					
4				1						
5				2	2	2	2			

4.1.3 Segmental Targeting Lower 1/3 Zone



RESORPTION Program (1)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							2	2	2	

4.1.4 Targeting zone 1/3 upper Increase in passages



Absorption Program (1) + time increase (30mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							1			
5						1				
6					1					
7				1						
8			3							
9		3								
10	3									
11	2	2	2	2	2	2	2	2	2	2

4.2 Recommendations for treatment by pneumatic pressotherapy

- Venous pathologies
- Lymphedema
- Edema
- Relaxation / Sports recovery

4.2.1 Venous pathologies

A. Venous insufficiency

Absorption program

Indications

- Heavy legs without varicose veins, no edema
- Venous ulcers healed or not
Prevention of deep vein thrombosis

Pressure first builds up at the distal end of the limb.

The pressure wave of the cells follows the disto-proximal direction, that is to say goes up towards the root of the limb.

The cells remain under pressure throughout the cycle and all deflate simultaneously at the end of the cycle.

Cell No. 1 is that of the foot and No. 10 (or 6) is that of the upper thigh.

This program is used when the subject complains of heaviness accentuated by prolonged standing or sitting, when the subject complains of pulling in the legs.

The desired effect being venous assistance, the resorption program will lead to an acceleration of venous flow. To achieve this acceleration, while avoiding crushing the superficial veins, the pressures exerted must remain relatively low. However, these pressures can be slightly increased if the therapist wants to act on the deep venous network.

If the patient feels the treatment is uncomfortable, the user can:

- reduce pressure
- use the light or wide effleurage program recommended for circulatory problems or varicose veins.



It should be noted that varicose veins are not always visible, especially in obese patients. The effleurage program is also more pleasant for patients who do not like to be "squeezed" into boots and allows the pressure to be increased to 40 mmHg without them feeling any discomfort.

Resorption Program (1)

(30mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							1			
5						1				
6					1					
7				1						
8			1							
9		1								
10	1									
11	2	2	2	2	2	2	2	2	2	2

B. Circulatory disorders (WITH REFLUX)

Simple effleurage

Indications

- Varicose veins with normal weight index

The pressure is exerted first at the end of the limb (distal part) and follows a disto-proximal progression as in the case of Resorption.

However, unlike Resorption, the wave is only composed of one or two active cells, so that at the end of the cycle, the limb is not completely compressed, unlike Resorption programs.

SINGLE GRINDING program (2)

(40mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3										2
4							1			
5								2		
6						1				
7							2			
8					1					
9						2				
10				1						
11					2					
12			1							
13				2						
14		1								
15			2							
16		1								
17			2							
18	1									
19		2								
20	2	2	2	2	2	2	2	2	2	2

This program will be used when venous circulatory deficit is accompanied by varicose veins. It takes into account the damage to the venous valves (revealed by the presence of varicose veins).

It takes into account the damage to the venous valves (revealed by the presence of varicose veins). After emptying each portion of the vein, it performs an anti-reflux safety tourniquet (by keeping the cell inflated above the one that has just been deflated) so that this part of the vein fills physiologically by the artery and not by venous reflux.

Effleurage large

Indications

- Varicose veins with significant symptoms or obesity

WIDE EFFLEURAGE Program (5)

(40mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3										2
4							1			
5								2		
6						1				
7							2			
8					1					
9						2				
10				1						
11					2					
12			1							
13				2						
14			1							
15				2						
16		1								
17			2							
18	1									
19		2								
20	2	2	2	2	2	2	2	2	2	2

Similar program to the previous one. The difference is that in this program two cells are permanently inflated instead of just one in the simple touch.

This program takes into account the damage to the venous valves (revealed by the presence of varicose veins). After emptying each portion of the vein, it performs an anti-reflux safety tourniquet (by keeping the cell above the one that has just been deflated inflated) so that this part of the vein fills physiologically by the artery and not by venous reflux.

(Continued on next page)

Indications

- Chronic venous insufficiency
- Post-thrombotic syndrome
- Reflux of perforators

WIDE EFFLEURAGE Program (5)

(40mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2										2
3									1	
4									2	
5								1		
6								2		
7							1			1
8							2			2
9						1			1	
10						2			2	
11					1			1		
12					2			2		
13				1			1			
14				2			2			
15			1			1				
16			2			2				
17		1			1					
18		2			2					
19	1			1						
20	2			2						
21			1							
22			2							
23		1								
24		2								
25	1									
26	2									
27	2	2	2	2	2	2	2	2	2	2

4.2.2 Treatment of lymphedema

A. Decongestant therapy

a) Treatment of the active phase of lymphedema

Call-Wide Resorption

Indications

- Prevention or decongestion of poorly reversible lymphedema
- Risk of secondary lymphedema of the lower limb (pressure: 30 mm Hg)
Transient lymphedema

While drainage is centripetal, the approach to the limb begins at the root of the limb (proximal part) and follows a proximo-distal progression in the Call phase (from the root to the foot) and of course disto-proximal (from the foot to the root) in its Resorption phase.

In this case, it is appropriate to "drain" the edema from above, that is to say from the root of the limb.

This program allows targeting of the area to be treated

WIDE CALL-RESORPTION Program (7)

(50mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1	1	1								
2	2	2								
3			1	1						
4			2	2						
5										
6	1	1								
7	2	2	2	2						
8	1	1								
9	2	2								
10			1	1						
11			2	2						
12					1	1				
13					2	2				
14					1	1				
15			1	1						
16			2	2						
17			1	1						
18			2	2						
19			1	1						
20	1	1								
21	2	2								
22	1	1								
23	2	2								
24			1	1						
25			2	2						
26					1	1				
27					2	2				
28							1	1		
29							2	2		
30							1	1		
31					1	1				
32					2	2	2	2		

(continued)										
Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
33					1	1				
34					2	2				
35					1	1				
36			1	1						
37			2	2	2	2				
38			1	1						
39			2	2						
40			1	1						
41	1	1								
42	2	2	2	2						
43	1	1								
44	2	2								
45			1	1						
46			2	2						
47					1	1				
48					2	2				
49							1	1		
50							2	2		
51									1	1
52									2	2
53									1	1
54							1	1		
55							2	2	2	2
56							1	1		
57							2	2		
58							1	1		
59					1	1				
60					2	2	2	2		
61					1	1				
62					2	2				
63					1	1				
64			1	1						
65			2	2	2	2				
66			1	1						
67			2	2						
68			1	1						
69	1	1								
70	2	2	2	2	2	2	2	2	2	2

b) Consolidation phase of lymphedema decongestion

PERISTALTIC DRAINAGE Program (3)

(30mmHg – 25 min)

Peristaltic drainage

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2										2
3										1
4									1	
5									2	
6									1	
7								1		
8								2		
9								1		
10							1			
11							2			
12							1			
13						1				
14						2				
15						1				
16					1					
17					2					
18					1					
19				1						
20				2						
21				1						
22				1						
23				2						
24				1						
25				1						
26				2						
27				1						
28				1						
29				2						
30				1						
31	2	2	2	2	2	2	2	2	2	2

Indications

- Consolidation of lymphedema (while waiting for stockings)

B. Correction session during the maintenance phase of lymphedema decongestion

Relaxation

Indications

- Recurrence of lymphedema during the maintenance phase --> RESORPTION

As with global resorption, the pressure first sets in at the distal end of the limb. The pressure wave from the alveoli follows the disto-proximal direction, i.e. goes up towards the root of the limb.

All cells remain under pressure throughout the cycle but, unlike the previous program, they deflate one after the other in the proximo-distal direction (retrograde).

PERISTALTIC DRAINAGE Program (3)

(30mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							1			
5						1				
6					1					
7				1						
8			1							
9		1								
10	1									
11	2									
12		2								
13			2							
14				2						
15					2					
16						2				
17							2			
18								2		
19									2	
20										2
21	2	2	2	2	2	2	2	2	2	2

This program allows targeting of the area to be treated.

C. Persistent lymphedema

Indications

- Decongesting phase of persistent lymphedema with fragmentation program

The application of the pressure wave is fragmented and propagates towards the root of the limb (disto-proximal).

The first application of pressure is made at the root of the limb, the following ones at the lower alveolus to return towards the root, and so on to finally start from the foot and arrive at the root.

The pressure is preset at 50 mmHg for this program with the possibility of increasing or decreasing it, depending on the patient's reactions or according to the therapist's judgment. Increase the pressure gradually if there is no reduction in edema.



Note: Failure of the edema to resolve spontaneously overnight indicates worsening of the condition compared to reversible edema.

In this case, the action of pneumatic drainage must be more energetic and reduce the edema by segment by fragmenting it, that is, starting with the proximal part of the limb, then gradually descending towards the distal part.

FRAGMENTATION Program (10)

(50mmHg – 50 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1	1									
2	2									
3		1								
4		2								
5		1								
6	1									
7		2								
8	2	2								
9			1							
10			2							
11			1							
12		1								
13			2							
14	1									
15		2								
16	2	2	2							
17				1						
18				2						
19				1						
20			1							
21				2						
22		1								
23	1		2							
24	2									
25										
26	2	2	2	2						
27					1					
28					2					
29					1					
30				1						
31					2					
32			1							
33				2						
34		1								
35			2							
36	1									

FRAGMENTATION Program (10)

(50mmHg – 50 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
37		2								
38	2	2	2	2	2					
39						1				
40						2				
41						1				
42					1					
43						2				
44				1						
45					2					
46			1							
47				2						
48		1								
49			2							
50	1									
51		2								
52	2	2	2	2	2	2				
53							1			
54							2			
55							1			
56						1				
57							2			
58					1					
59						2				
60				1						
61					2					
62			1							
63				2						
64		1								
65			2							
66	1									
67		2								
68	2	2	2	2	2	2	2			
69								1		
70								2		
71								1		
72							1			
73								2		

FRAGMENTATION Program (10)

(50mmHg – 50 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
74						1				
75							2			
76				1						
77					2					
78			1							
79				2						
80			1							
81				2						
82		1								
83			2							
84	1									
85		2								
86	2	2	2	2	2	2	2	2		
87									1	
88									2	
89									1	
90							1			
91									2	
92						1				
93							2			
94					1					
95						2				
96				1						
97					2					
98			1							
99				2						
100			1							
101				2						
102		1								
103			2							
104	1									
105		2								
106	2	2	2	2	2	2	2	2	2	
107										1
108										2
109										1
110									1	

FRAGMENTATION Program (10)

(50mmHg – 50 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
111										2
112							1			
113								2		
114						1				
115							2			
116					1					
117						2				
118				1						
119					2					
120			1							
121				2						
122			1							
123				2						
124		1								
125			2							
126	1									
127		2								
128	2	2	2	2	2	2	2	2	2	2

4.2.3 Edema

Resorption

Indications

- Lipoedema
- Inflammatory/post-traumatic edema

Lipedema dominant at the thighs with prolongation of time in the upper 1/3.

EXAMPLE: Targeting zone 1/3 upper - Increase time

RESORPTION Program (1) + Increased time (30mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							1			
5						1				
6					1					
7				1						
8			3							
9		3								
10	3									
11	2	2	2	2	2	2	2	2	2	2

Lipedema with repeated passages on the upper third

EXAMPLE: Targeting Upper 1/3 Zone - Increased Passages

RESORPTION Program (1) + Targeting upper 1/3 zone + Increase in passages (30mmHg – 25 min)

Phase	CELL.10	CELL.9	CELL.8	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1										1
2									1	
3								1		
4							1			
5						1				
6					1					
7				1						
8			1							
9		1								
10	1									
11	2	2	2							
12			1							
13		1								
14	1									
15	2	2	2							
16			1							
17		1								
18	1									
19	2	2	2	2	2	2	2	2	2	2

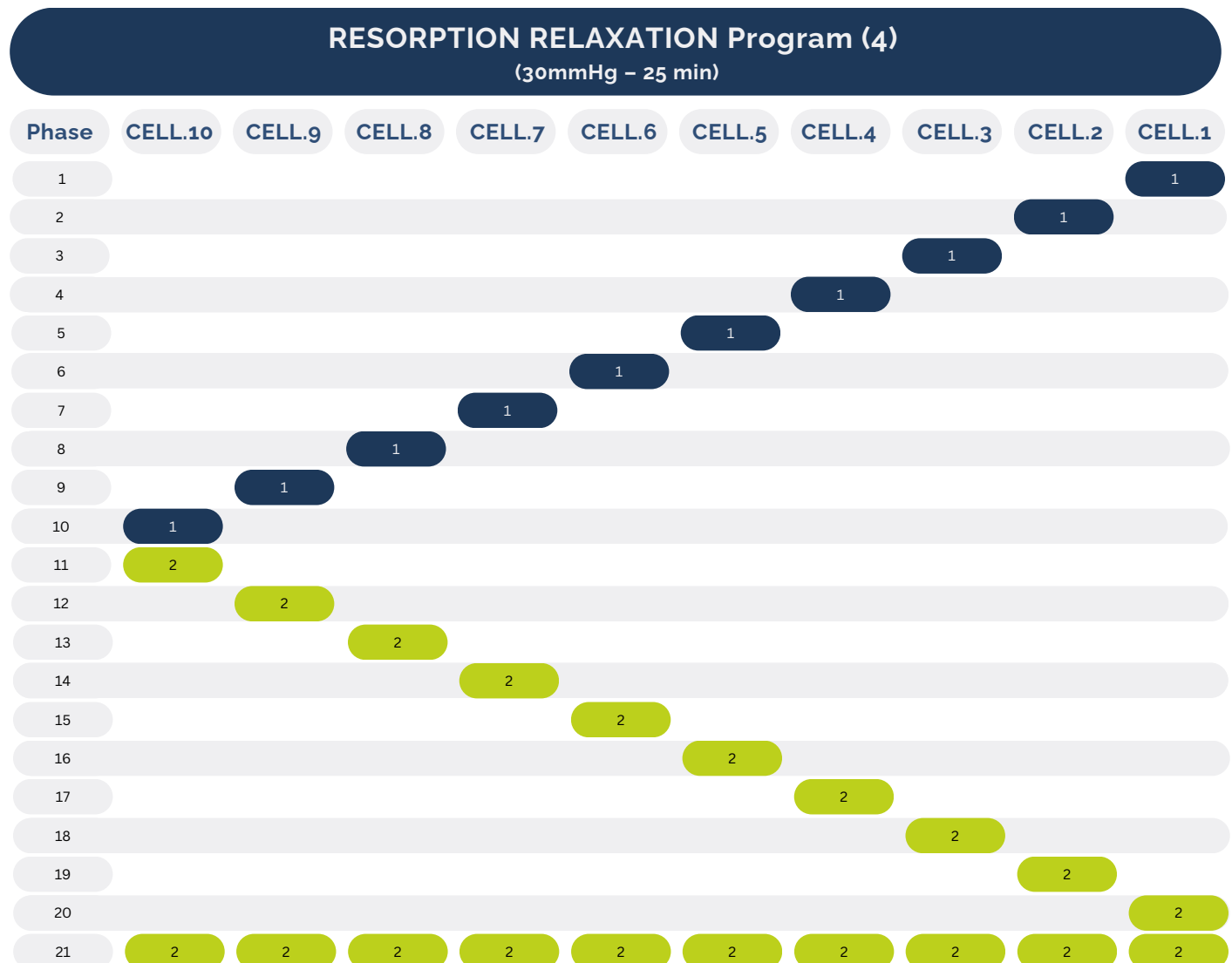
4.2.4 Well-being

Indications

- Relaxation
- Sports recovery

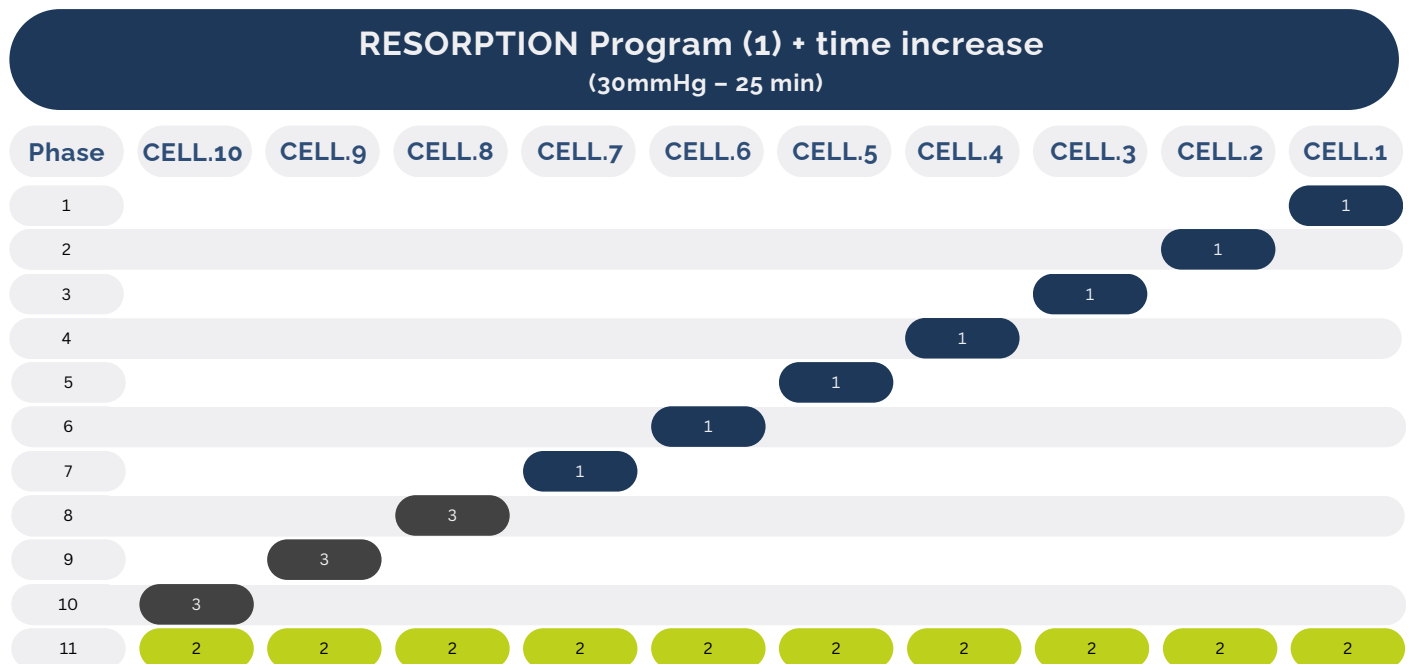
As with global resorption, pressure first develops at the distal end of the limb. The pressure wave from the alveoli follows the disto-proximal direction, i.e. it goes up towards the root of the limb.

All cells remain under pressure throughout the cycle but, unlike other programs, they deflate one after the other in a proximo-distal direction.



It is also possible to adapt the Resorption program:

EXAMPLE: Drainage program dominant at the thigh level with extension of time to the upper 1/3 (see §3.1 for targeting parameters).



Program 3 (peristaltic drainage see program reasons in §4.1.2.B) is indicated for the elimination of toxins and intense muscle recovery.

5 Treatments on upper limbs

5.1 Processing parameter settings

Some programs benefit from targeting allowing:

- an increase in time
- an increase in passages
- a segmentation

To choose the targeting mode:

5. Press the "target" button
6. Select the area to target by pressing the different cells to activate/deactivate
7. Select the type of treatment you wish to apply to the selected cells, either:
 - Increased time
 - Increased passages
 - Segmentation
 - 8. Press the save button

Possibility of targeting areas of the upper limb see 4.1



Segment 1/3 upper: arms



Segment 1/3 medium: elbow



Lower 1/3 segment: HAND and FOREARM

5.2 Recommendations for treatment by pneumatic pressotherapy:

- Lymphedema
- Edema
- Lipoedema
- Relaxation / Sports recovery

5.2.1 Treatment of lymphedema

A. Decongestant therapy

a) Decongestion phase (retrograde programs)

Indications

- Prevention or decongestion of lymphedema --> program 11
- Risk of secondary lymphedema of the lower limb (pressure: 30 mm Hg) --> program 8
- Transient lymphedema --> program 8

The pressure is exerted first at the root of the limb (proximal part) and follows a proximo-distal progression in the Call phase (from the shoulder to the arm) and of course disto-proximal in its Resorption phase.

No pressure waves are made in the opposite direction. All waves are oriented towards the heart (centripetal).

In this case, it is appropriate to "drain" the edema from above, that is to say from the root of the limb. In resistant cases, the decongestion phase begins with a Call/Resorption with successive insistences, at the level of the arm, the elbow and the forearm.

CALL/RESORPTION Program (8) (50mmHg – 25 min)							
Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1	1						
2	2						
3		1					
4		2					
5		1					
6	1						
7	2	2					
8	1						
9	2						
10		1					
11		2					

CALL/RESORPTION Program (8) (50mmHg – 25 min)							
Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
12			1				
13			2				
14			1				
15		1					
16		2	2				
17		1					
18		2					
19		1					
20	1						
21	2	2	2				
22	1						

CALL/RESORPTION Program (8) (50mmHg – 25 min)

Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
22	1						
23	2						
24		1					
25		2					
26			1				
27			2				
28				1			
29				2			
30				1			
31			1				
32			2	2			
33			1				
34			2				
35			1				
36		1					
37		2	2				
38		1					
39		2					
40		1					
41	1						
42	2	2	2	2			
43	1						
44	2						
45		1					
46		2					
47			1				
48			2				
49				1			
50				2			
51					1		
52					2		
53					1		
54				1			
55				2	2		
56				1			
57				2			

CALL/RESORPTION Program (8) (50mmHg – 25 min)

Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
58				1			
59			1				
60			2	2			
61			1				
62			2				
63			1				
64		1					
65		2	2				
66		1					
67		2					
68		1					
69	1						
70	2	2	2	2	2		
71	1						
72	2						
73		1					
74		2					
75			1				
76			2				
77				1			
78				2			
79					1		
80					2		
81						1	
82						2	
83						1	
84					1		
85					2	2	
86					1		
87					2		
88					1		
89				1			
90				2	2		
91				1			
92				2			
93				1			

CALL/RESORPTION Program (8) (50mmHg – 25 min)

Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
94			1				
95			2	2			
96			1				
97			2				
98			1				
99		1					
100		2	2				
101		1					
102		2					
103		1					
104	1						
105	2	2	2	2	2	2	
106	1						
107	2						
108		1					
109		2					
110			1				
111			2				
112				1			
113				2			
114					1		
115					2		
116						1	
117						2	
118							1

CALL/RESORPTION Program (8) (50mmHg – 25 min)

Phase	CELL.7	CELL.6	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
119							2
120							1
121						1	
122						2	2
123						1	
124						2	
125						1	
126					1		
127					2	2	
128					1		
129					2		
130					1		
131				1			
132				2	2		
133				1			
134				2			
135				1			
136			1				
137			2	2			
138			1				
139			2				
140			1				
141		1					
142		2	2				
143		1					
144		2					
145		1					
146	1						
147	2	2	2	2	2	2	2

Indications

- Prevention or decongestion of lymphedema --> program 11

CALL/RESORPTION Program (11)

(50mmHg – 25 min)

Phase	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
1	1				
2	2				
3		1			
4		2			
5		1			
6	1				
7	2	2			
8	1				
9	2				
10		1			
11		2			
12			1		
13			2		
14			1		
15		1			
16		2	2		
17		1			
18		2			
19		1			
20	1				
21	2	2	2		
22	1				
23	2				
24		1			
25		2			
26			1		
27			2		
28				1	
29				2	
30				1	
31			1		
32			2	2	
33			1		

CALL/RESORPTION Program (11)

(50mmHg – 25 min)

Phase	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
34			2		
35			1		
36		1			
37		2	2		
38		1			
39		2			
40		1			
41	1				
42	2	2	2	2	
43	1				
44	2				
45		1			
46		2			
47			1		
48			2		
49				1	
50				2	
51					1
52					2
53					1
54				1	
55				2	2
56				1	
57				2	
58				1	
59			1		
60			2	2	
61			1		
62			2		
63			1		
64		1			
65		2	2		
66		1			
67		2			

CALL/RESORPTION Program (11) (50mmHg – 25 min)

Phase	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
68		1			
69	1				
70	2	2	2	2	2
71	1				
72	2				
73		1			
74		2			
75			1		
76			2		
77				1	
78				2	
79					1
80					2
81					1
82				1	
83				2	2
84				1	
85				2	
86				1	
87			1		
88			2	2	
89			1		
90			2		
91			1		
92		1			
93		2	2		
94		1			
95		2			
96		1			
97	1				
98	2	2	2	2	2
99	1				

CALL/RESORPTION Program (11) (50mmHg – 25 min)

Phase	CELL.5	CELL.4	CELL.3	CELL.2	CELL.1
100	2				
101	1				
102		1			
103		2			
104			1		
105			2		
106				1	
107				2	
108					1
109					2
110					1
111				1	
112				2	2
113				1	
114				2	
115			1		
116			2	2	
117			1		
118			2		
119		1			
120		2	2		
121		1			
122		2			
123	1				
124	2	2			
125	1				
126	2				
127	1				
128	2	2	2	2	2
129					

B. Fragmentation for secondary lymphedema of the still malleable upper limb

Indications

- Secondary malleable lymphedema
Persistent lymphedema

The application of the pressure wave is fragmented and propagates towards the root of the limb (disto-proximal).

The first application of pressure is made at the root of the limb, the following ones at the lower cell to return to the root, and so on to finally start from the end and arrive at the root.

The pressure is preset at 50 mmHg for this program with the possibility of increasing or decreasing it, depending on the patient's reactions or according to the therapist's judgment. Increase the pressure gradually if there is no reduction in edema.



Note: Failure of the edema to resolve spontaneously overnight indicates worsening of the condition compared to reversible edema.

In this case, the action of lymphatic drainage must be more energetic and the edema must be reduced by segment by fragmenting it, that is, starting with the proximal part of the limb, then gradually descending towards the distal part.