



Uro**GOLD** Treatment Protocols



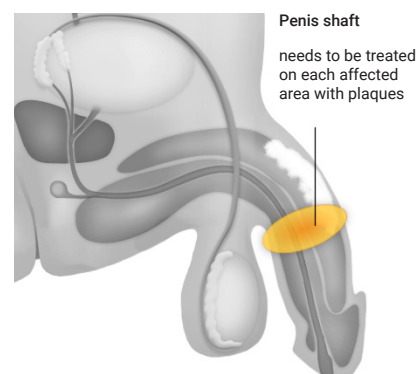
Urogenital
Indications

Standard Indications

Indication	Energy Range (mJ/mm ²)	Frequency (Hz)	Impulses / Session	Number of Sessions	Treatment Interval
Decrease Pain for improved erectile function Potential Intervention for: Peyronie's/IPP	0.08-.1	2 - 4	900 - 1500	~3 - 6	weekly

Recommended Applicator: OP155

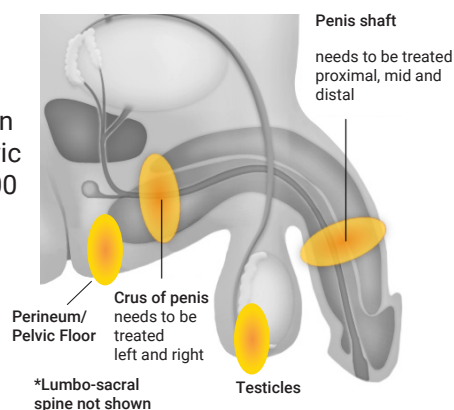
It is recommended to apply shockwaves (SWs) onto each affected area of the penis shaft where the plaques are located. Crus (Bilateral) of the penis to be treated as well due to soft tissue restrictions in this area. Referral to pelvic floor specialist strongly recommend for complimentary modalities such as continuous ultrasound and soft tissue mobilization.



Improve erectile function from increased blood supply & activation of connective tissue Potential Intervention for: Erectile Dysfunction	0.06 - 0.1	2 - 4	1500 - 2500	~4 - 6	weekly
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Recommended Applicator: OP155 / OP155S.

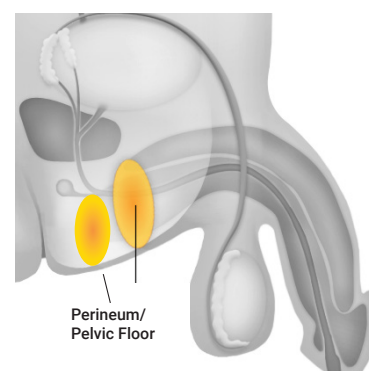
It is recommended to apply the SWs to the flacid or erect penis to the distal, mid and proximal penile shaft and to the left and right crura of the penile shaft. Patient can use a vacuum pump prior to treatment or have injection to create an erection prior to treatment as well. Also treat perineum due to upregulated pelvic floor musculature being related to erectile function. .06 to .08 energy, 500 to 800 pulses. 500 pulses each side of the shaft of the penis. 500 to the crura of the penile shaft (250 angled right, 250 angled left), if low testosterone 250 shocks to each testicle .06 to .08 energy. Trace pudendal nerve in lumbo sacral spine .06 to .1 (not shown*) and if symptoms 500 shocks to area of irritation until symptoms subside. No pain should be felt by the patient during treatment. Referral to pelvic floor specialist strongly recommended.



Decrease Pain Potential Intervention for: Men's Chronic Pelvic Pain/Prostatitis	0.06 to .12	2 - 4	900 - 2000	~3 - 6	weekly
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Recommended Applicator: OP155 / OP155S or OE035 / OE035S.

Prior to treatment, prostate cancer must be excluded. It is recommended to apply the SWs directly to the perineal area (from anus to scrotum or over anus) directed to where the pain has been localized. May create symptoms of prostatitis and be mindful as too much energy has created significant flares. Apply enough shocks and energy to recreate mild symptoms and symptoms should subside with treatment to prevent flares. Increase energy to patient tolerance over subsequent treatments. Referral to pelvic floor specialist strongly recommended for treatments complimentary to Softwave such as manual therapy, pelvic floor assessment and treatment.

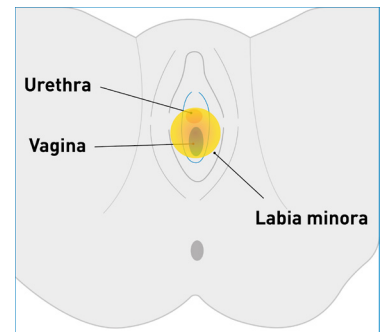


Exceptional Indications

Indication	Energy Range (mJ/mm ²)	Frequency (Hz)	Impulses / Session	Number of Sessions	Treatment Interval
Activation of connective tissue Possible Intervention for: Urinary incontinence (stress, urge, or mixed)	0.06 to .12	2 - 4	1000 - 2000	~3 - 6	weekly

Recommended Applicator: OP155 / OP155S

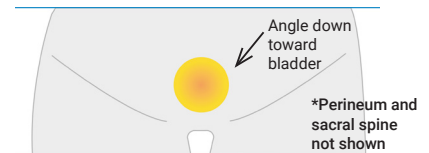
For stress, urinary or mixed incontinence perineum 800 pulses and angle top third of the probe up, over and towards the urethra. Avoid clitoral hood. No pain is typically felt by patient during treatment. Treating pelvic floor may be necessary if patient is upregulated or hypertonic. Note, not all incontinence patients need strengthening of pelvic floor with Kegels. Some need down regulation of pelvic floor instead of solely strengthening for best results. Refer to pelvic floor specialist for complementary therapy.



Decrease Pain Possible Intervention for: Interstitial Cystitis/Bladder Pain Syndrome	0.06- 0.1	2 - 4	1000 - 2000	~3 - 6	weekly
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Recommended Applicator: OP155 / OP155S

Deliver SWs to the suprapubic region as shown angling down toward the bladder 500 to 800 shocks. Perineum (not shown*) 500 shocks (.08), lumbo sacral spine (not shown*) 500 to 1000 shocks .06 to .1 looking for trigger points that recreate bladder symptoms. Rule out Tarlov cysts of other issues in lumbo sacral area.



Activation of Connective Tissue Possible Intervention for: Premature Ejaculation (PE)	0.05 - 0.1	2 - 4	1500	~3 - 6	weekly
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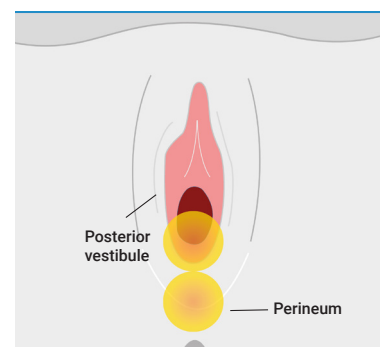
Recommended Applicator: OP155 / OP155S.

Men with PE are often more sensitive, so start the energy flux density low and respect the patient's tolerance level. Include 500 to 1000 shocks to perineum to address upregulated pelvic floor. 500 to 1000 shocks to the right and left lateral mid-shaft, the dorsal mid-shaft, the proximal ventral shaft and the distal ventral shaft overlying the frenulum. Refer to pelvic floor specialist for complementary treatments for best results.

Decrease Pain, Increase blood supply Possible Intervention for: Vulvodynia, Vestibulodynia, Dyspareunia	0.06 - 0.08	2 - 4	1000-1500	~3 - 6	weekly
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Recommended Applicator: OP155 / OP155S.

Distribute the 750 shocks to posterior vestibule (lower third of vaginal opening) 750 shocks to perineum. If pain is recreated lower energy to patients tolerance and with treatment pain should subside, if not angle away for 100 -200 shocks, and return to area or pain. It should be less and then gradually subside with treatment. If not, lower intensity. Refer to pelvic floor specialist for complementary treatments for best results.



Let the healing begin
one softwave at a time



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