



Application of the SCENAR therapy for the rehabilitation of patients with osteoporosis

It is a hard thing to live with osteoporosis!



OSTEOPOROSIS is a disease of bones whereby they lose their strength and may break down even under a moderate overload or hit. The renovation of bone tissue is very slow and such bone fractures may result in various things like disability and changes in one's usual way of living.

This disease occupies the leading positions following cardiovascular and oncology diseases and diabetes.

Most of the patients are elderly people with a large number of coexistent diseases, and therefore it is often times quite difficult to detect osteoporosis in a timely manner and prevent a bone fracture.



Many patients make their first visit to a neurologist when they suspect that they have backbone osteochondrosis, and not all of the patients undergo special a examination that makes it possible to detect a suspected case of osteoporosis.

Unfortunately, osteoporosis can be inherited, and therefore the occurrence of the symptoms of the disease in your family members should become a warning sign for you. Unlike women, men have two advantages: they have lower rates of losing bone tissue and their initial bone mass is greater.

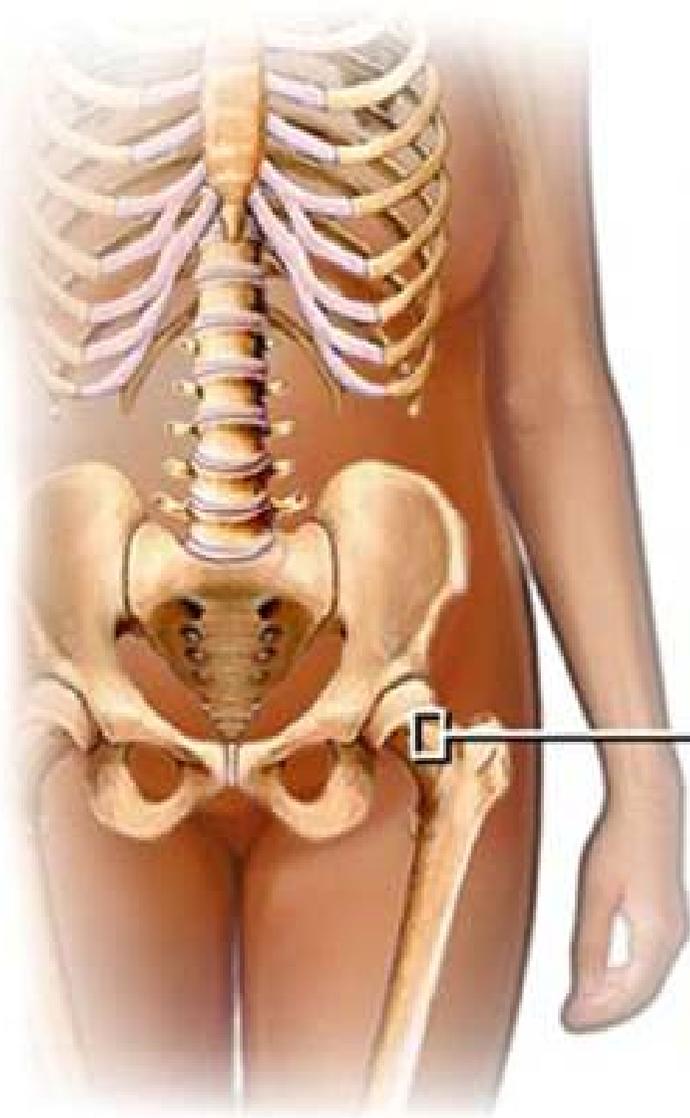
People tied to bed or wheelchair are most prone to osteoporosis. The problem is that their bones become weak if no load is applied to them.



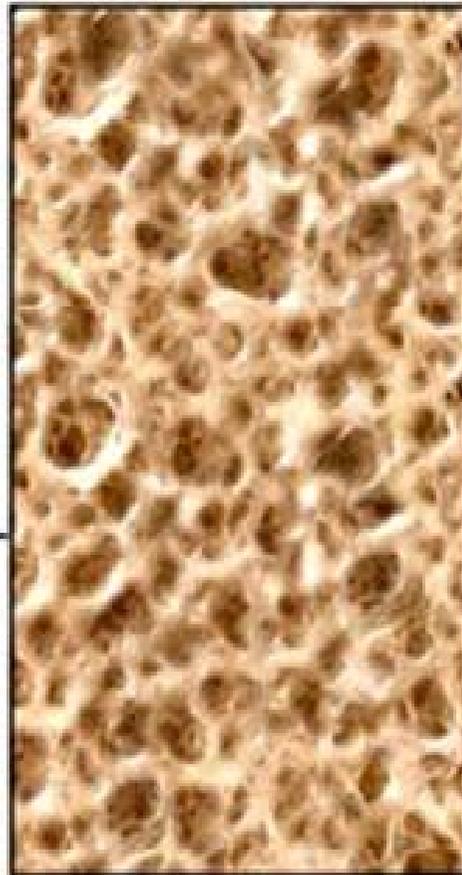
Definition of Osteoporosis

Osteoporosis (OP) is a systemic disease of the human skeleton characterized by a decrease in the mass of the bone tissue and by disturbances in its quality (microarchitectonics) leading to fragility of bones expressed in fractures, even in cases of minor injury.

Osteoporosis most often takes the form of compression fractures of spinal bones, fractures of distal section of forearm (Colles fracture), and fractures of proximal section of thigh bone, and fractures of proximal section of humeral bone.



Normal bone



Bone with osteoporosis





CLASSIFICATION

A. Primary osteoporosis:

- 1. Postmenopausal osteoporosis (type I)*
- 2. Senile osteoporosis (type II)*
- 3. Juvenile osteoporosis*
- 4. Idiopathic osteoporosis*



B. Secondary osteoporosis:

I. Endocrine system diseases (thyreotoxicosis, sugar diabetes (insulin-dependent form), and hyperparathyroidism)

II. Rheumatic diseases (rheumatoid arthritis, rheumatoid spondylitis)

III. Digestive system disturbances (condition after gastric resection, chronic liver diseases)

IV. Kidney diseases (chronic kidney insufficiency)

V. Blood diseases (myelomatosis, leucosis, and lymphomas)

VI. Other diseases and conditions

VII. Genetic defects (brittle bones, Marfan syndrome)

VIII. Pharmaceutically caused cases (resulting from the use of hormones and immune suppressors)



Major risk factors in case of osteoporosis and bone fracture

Modifiable risk factors:

- Systemic use of hormones for longer than three months;
- Tobacco smoking;
- Insufficient calcium in water and food;
- Insufficient content of vitamin D (chronic diseases of gastrointestinal tract (GIT));
- Alcohol abuse;
- Low physical activity; and
- Continuous forced immobility

Non-modifiable risk factors

- Age over 65;
- Female gender;
- White (Caucasoid) race;
- Previously suffered bone fractures;
- Proneness to fall down (resulting from vestibular sickness);
- Biological inheritance (family osteoporosis background);
- Hormonal disruptions in men and women; and
- Chronic kidney insufficiency (all kidney diseases)



Risk factors in case of one's falling down

Modifiable risk factors:

Low physical activity; and
Use of drugs causing dizziness or disturbances of body weight

Non-modifiable risk factors

Feebleness;
Vision disorders;
Decreased quality of urine filtration in kidneys; and
Sleep disturbances



How does osteoporosis occur?

Usually, patients complain about pain in the spine, ribs, and hipbones, and that pain can radiate into the arms and legs when walking or even standing still, so patients want to lie down because of such pain. Osteoporosis is oftentimes invisible and painless, and this is its most tricky feature, especially in wintertime when people fall down more often on icy roads. Pain develops slowly. Fractures in spinal bones, femoral neck, and wrist are the most dangerous. Round-shouldered back when walking, rigid shoulders after sitting at a desk or computer, and pain in the legs, especially in the lower parts, after jogging altogether testify that the disease is developing.

The early diagnostics is still a difficult job. The X-ray examination can detect the disease after the bone mass decreases by 20% or more.



Clinical signs of osteoporotic compression fractures of spinal bones

- Chronic or originally occurring pain in the spine;
- Loss of height by 2cm or more over 1 to 3 years or by 4cm or more as compared to the age of 25 (shows the decrease in the height of spinal bones when compressed)
- Distance between the nape and the wall when measuring the height exceeds 5cm (shows the thoracic hyperkyphosis);
- Distance between the lower ribs and the iliac wing is equal to 2 fingers or less (shows the contraction of the spine caused by compression of the spinal bones)





Laboratory findings to be examined in the case of osteoporosis:

- full blood count;
- calcium and phosphorus in blood serum;
- creatinine clearance;
- alkaline phosphatase; and
- total protein and fractions

Patients with osteoporosis should receive protracted medical treatment for the period of 3 to 5 years at short intervals



GENERAL PRINCIPLES FOR THE MEDICAL TREATMENT OF PATIENTS WITH OSTEOPOROSIS

Drug-free treatment of osteoporosis

(mandatory part of the OP medical treatment):

- Walking and physical exercise (workouts with the weight of one's own body, muscle-strengthening exercise, and equilibrium exercise); *jumping and jogging are prohibited*;
- Correction of nutrition (food rich in calcium);
- Refusal of smoking and alcohol abuse;
- Educational programs (“Health School for Patients with Osteoporosis”); and
- Continuously wearing the hip protectors for the patients with increased risk of developing a fracture in the proximal femur and for the patients with increased risk factors of falling down (at the initial stage of the SCENAR therapy)



GENERAL PRINCIPLES FOR THE MEDICAL TREATMENT OF PATIENTS WITH OSTEOPOROSIS

- Manual therapy is counter-indicated in the case of spinal osteoporosis because of increased risk of spinal bone fracture;
- Medical treatment and prevention of constipation

In the case of increased risk of falling down, the following steps should be taken to decrease the risk:

- medical treatment of coexistent diseases;
- correction of the eyesight;
- learning how to move rationally and properly;
- using a supporting stick;
- wearing stable footwear with low heelpieces; and
- physical exercise to practice coordination and bodily equilibrium

SCENAR

SCENAR:

Self

Controlled

Electronic

Neuro

Adaptive

Regulation





In the course of treatment of patients, the following methods were applied:

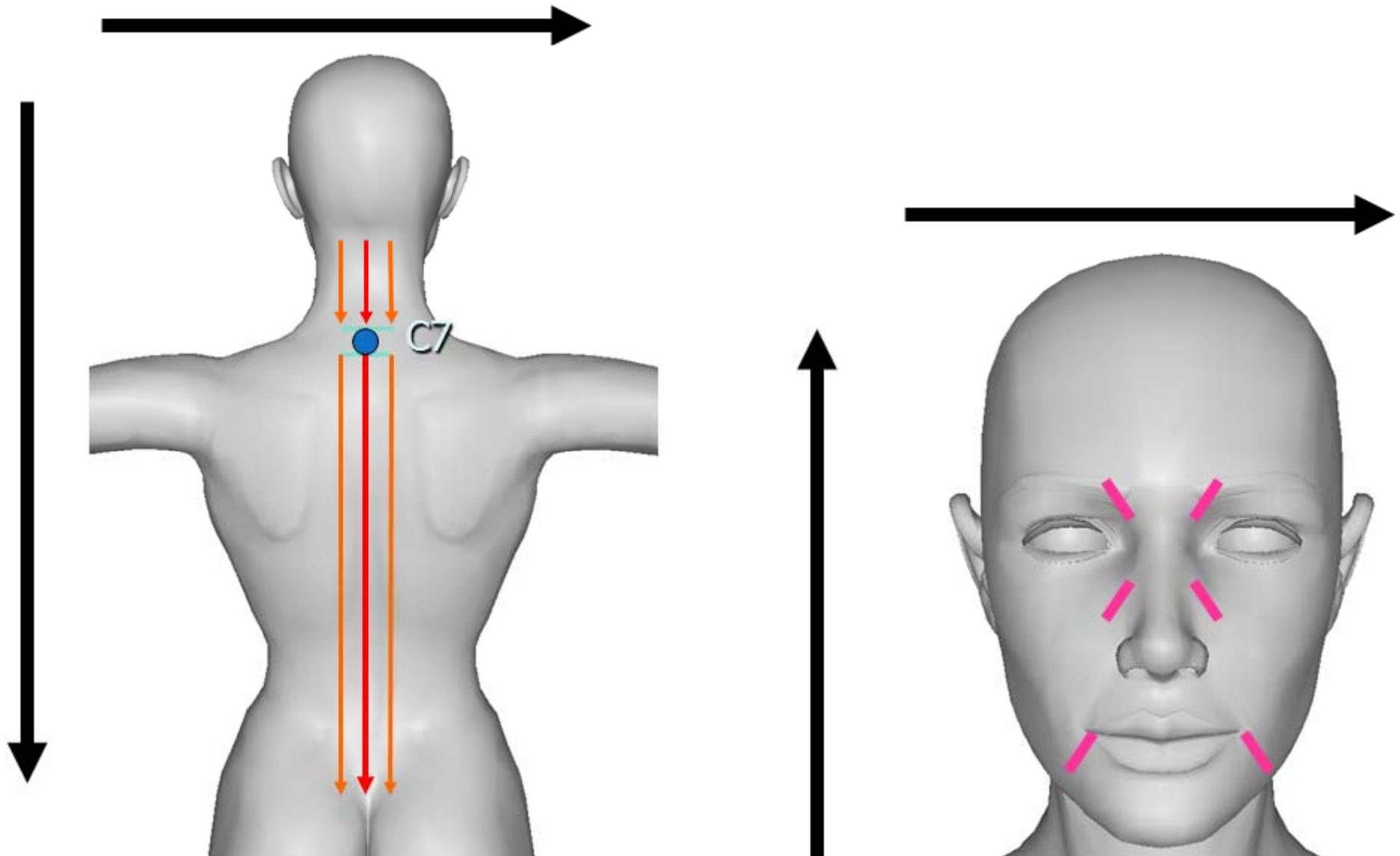
- D-0 continuous mode operation (according to the SCENAR therapy rules); and
- D-1 individual dosage mode operation

We shall further look at some of the methods in detail.

Spinal treatment to normalize the overall regulation:

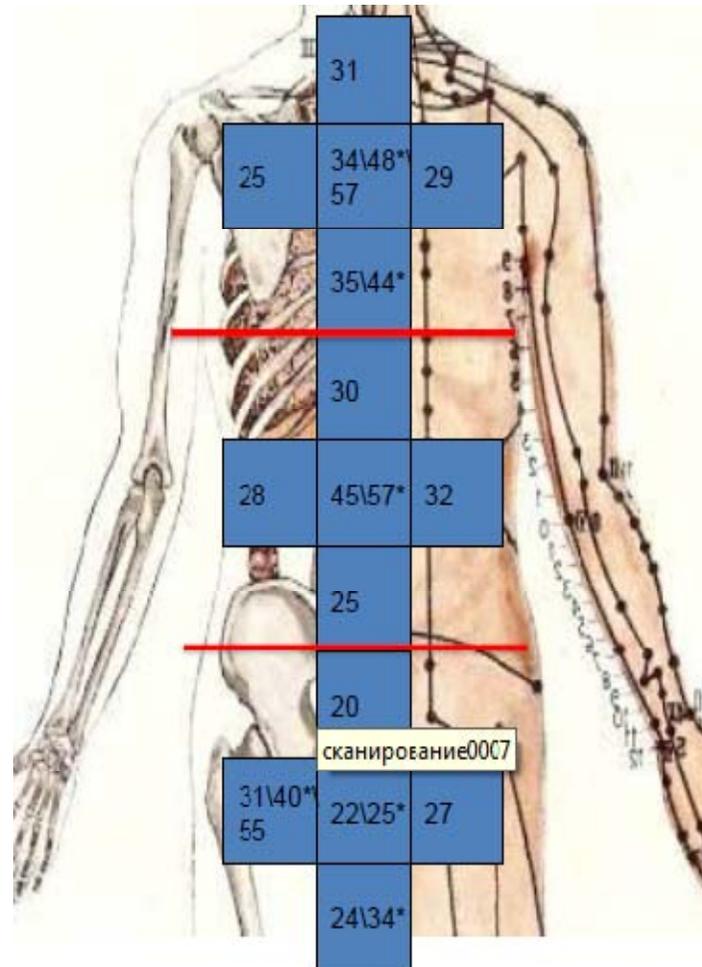
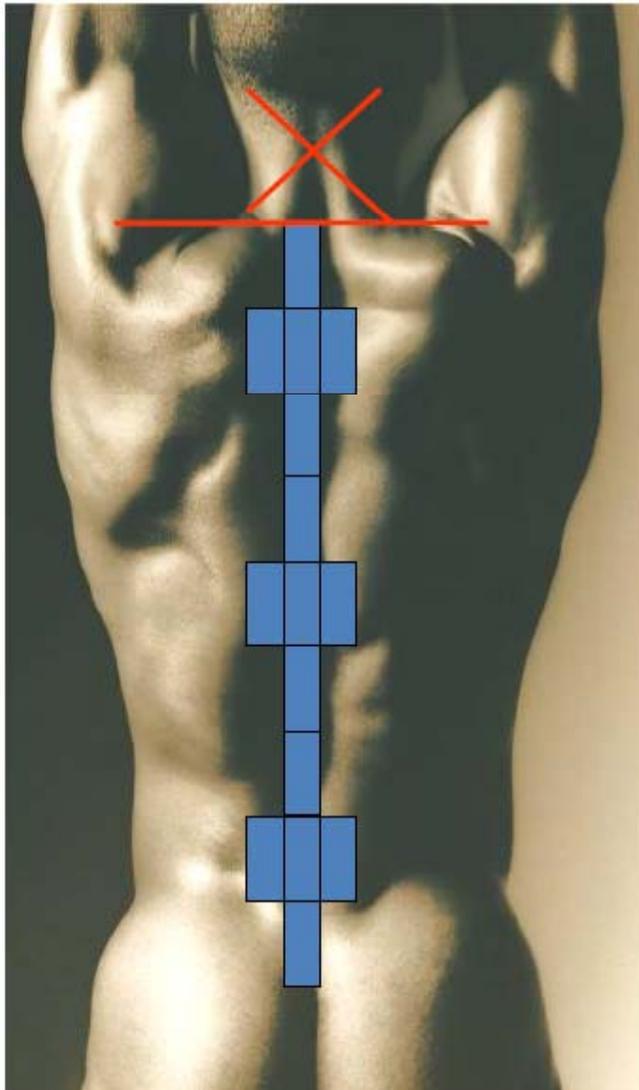
- 3 pathways and 6 points;
- “little crosses” on the spine;
- “nines” on the spine; and
- surface electrodes with the application of medicinal drugs

3 pathways and 6 points



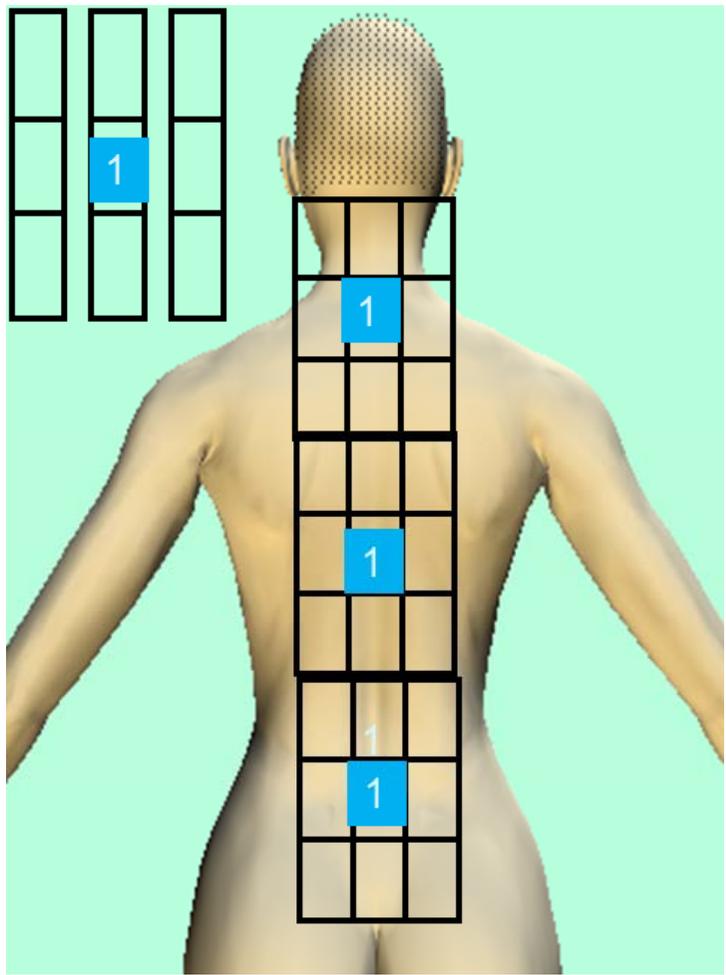
Little Crosses

- Mark the positions of all 'crosses' alongside the spine;
- Start from below;
- No Fm/VAR

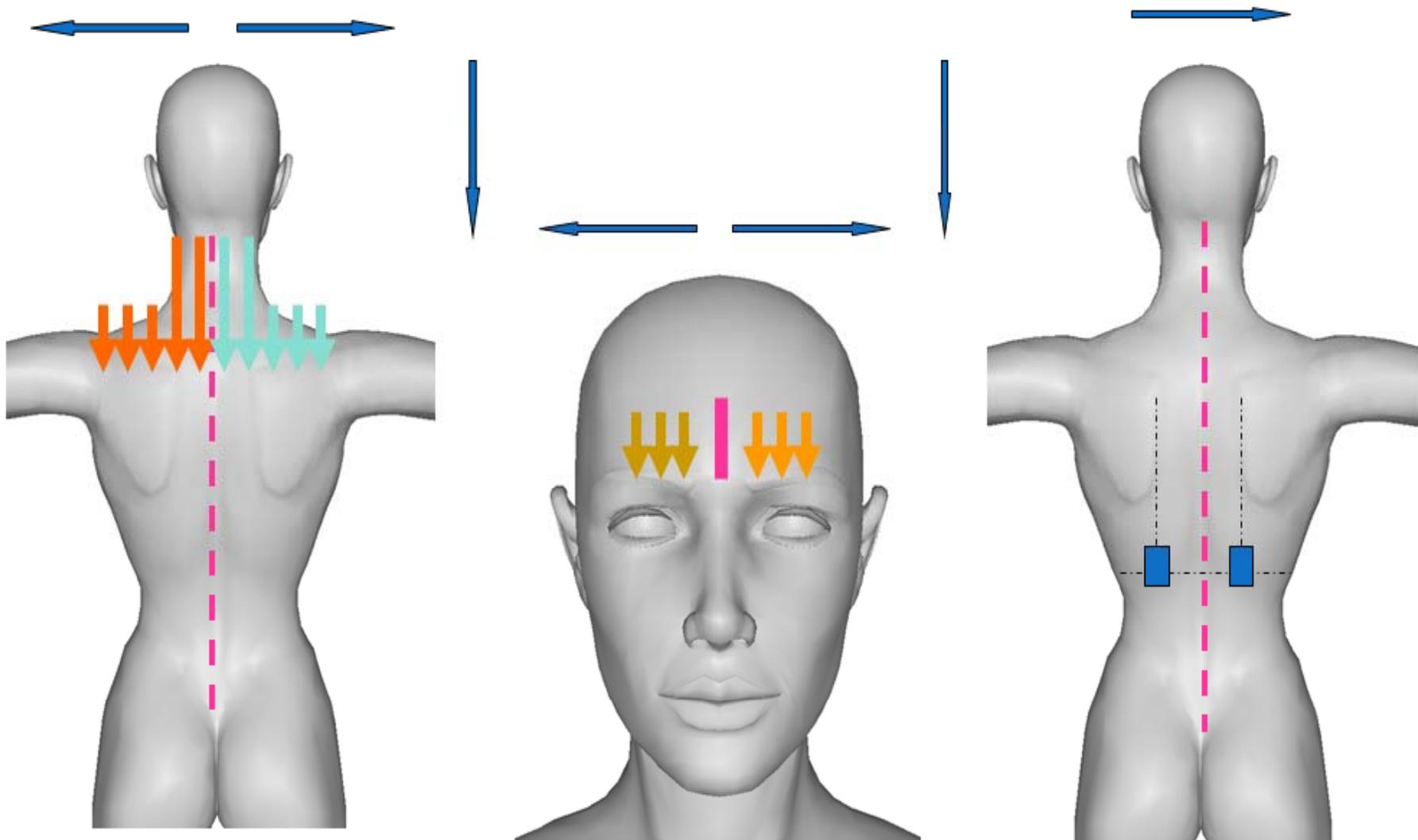


«GALINA»

2	4	6/*
9/*/0	1/*	8
7	5/*	3/*



Neck and Collar Zone (NCZ)





Treatment of the neck and collar area according to various methods (including the 'winglets').

This is the area where osteoporosis occurs in the early stages.

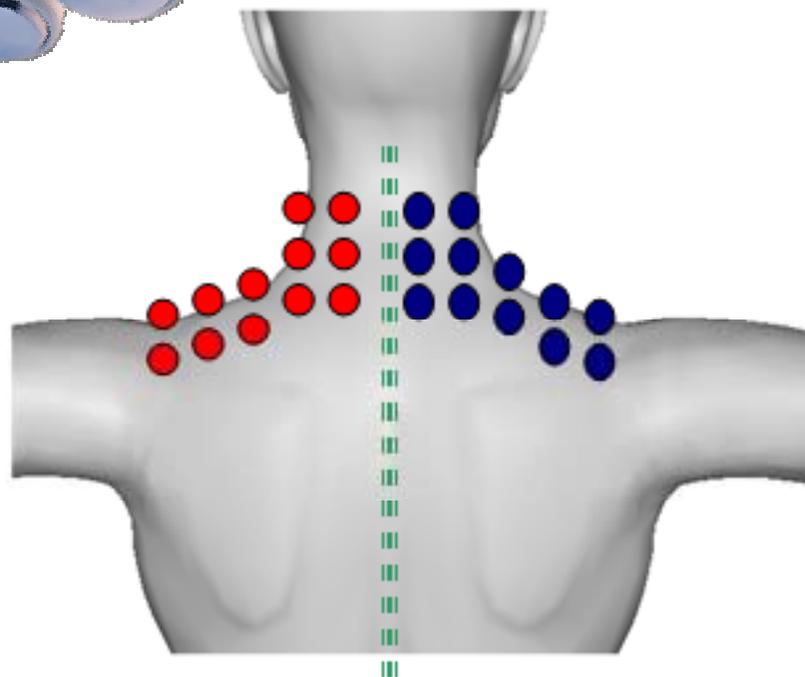
We do 12 positions of the NCZ, applying external electrodes of the 'pawn' type onto the left and right sides simultaneously. Working until the top dose is reached.



This operation targets the CNS and its regulation. In order to increase the effect, it is expedient to apply the 'counter-electrode' on the tail bone. The first position will be under the ruga.

Neck and Collar Zone

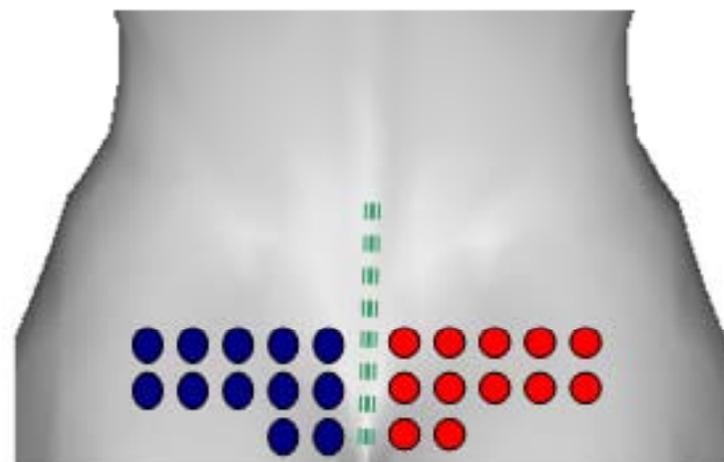
Binary treatment of the NCZ positions



Diag 1, Basic Mode,
Power Level 10 to 15 units

To be repositioned in couples

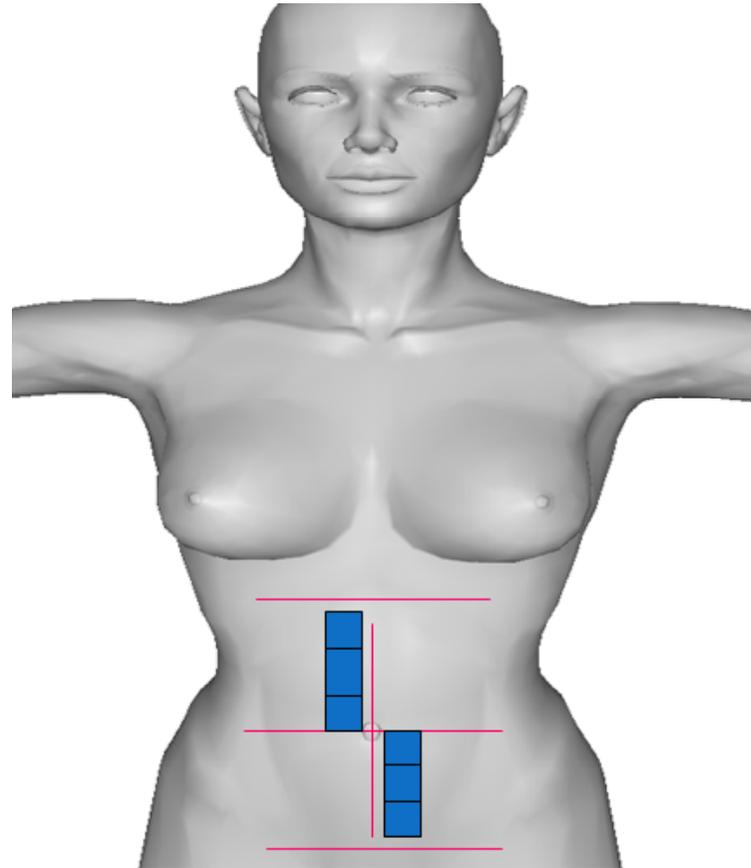
Additionally – treat here



Abdominal Zone

- To strengthen the frontal abdominal muscles;
- To improve the intestinal functions and to increase the absorption of calcium and vitamins;
- To improve the pancreatic, gastric, and duodenum functions;

Methods: “Abdominal Quarters”, “Crosses”, “Abdominal Circles”, “Abdominal Spirals”, and surface electrodes and processing of the frontal projection of organs in continuous mode.





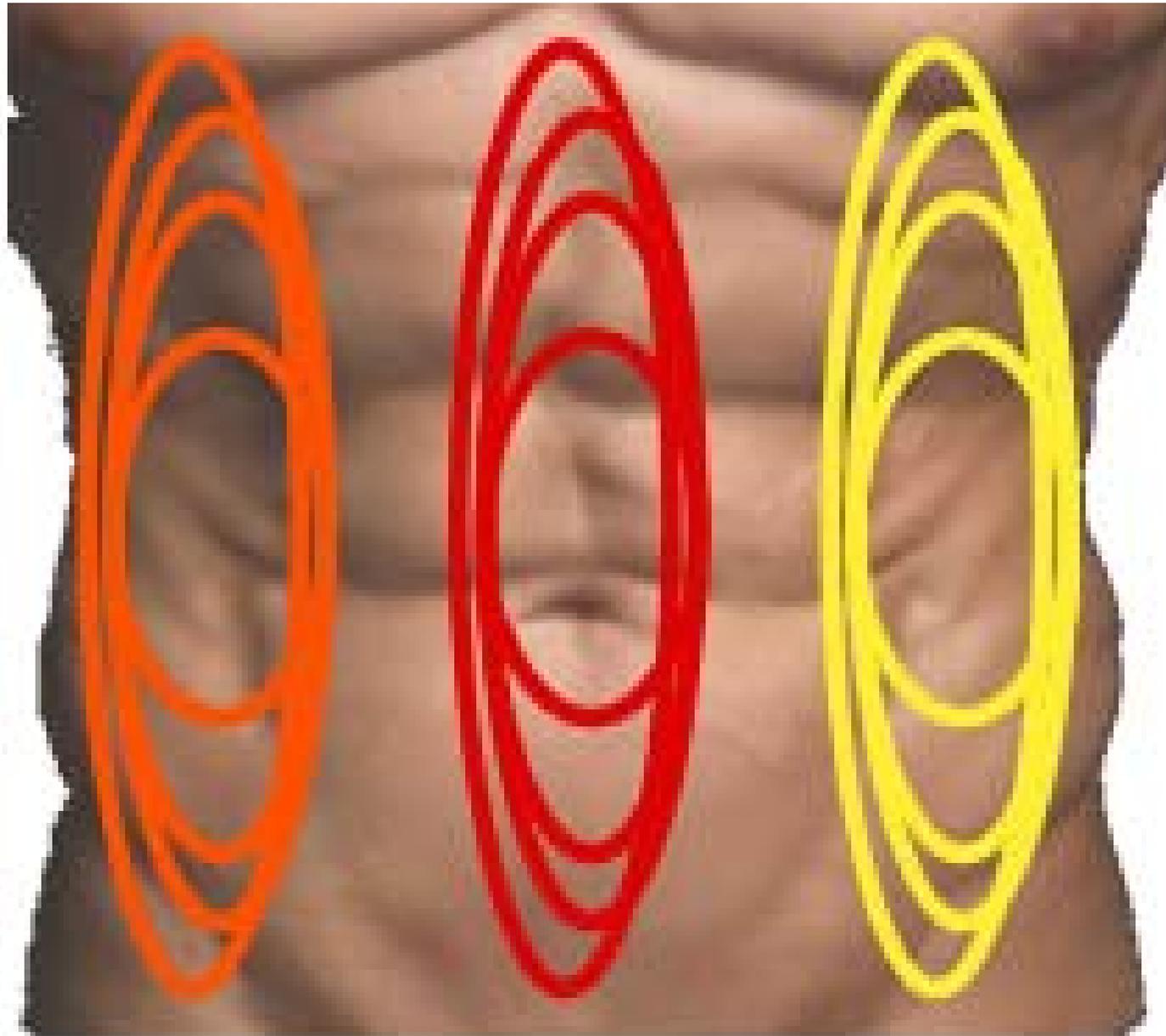
«Three Spirals»

This is used for removing all kinds of motility disorders. Constipation, diarrhea, bile secretion disturbances... This method makes it possible to alleviate pain and to remove abdominal distention. The first move is done clockwise. The spiral unfolds and folds back. We first fold in around the navel and move it from the xyphoid appendix towards the symphysis.

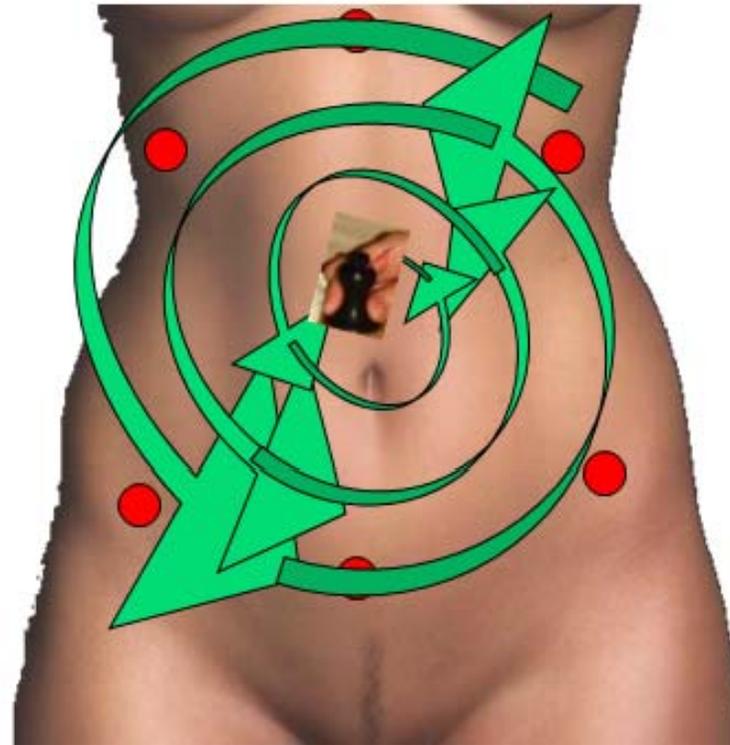
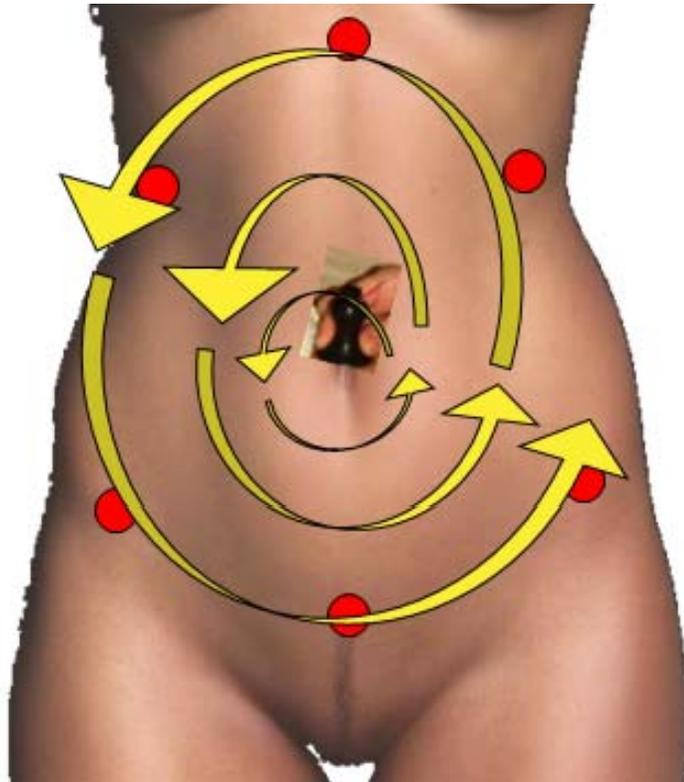
We make three turns to the both sides. After the spiral at the center, we make it on the right, at the halfway point from the navel towards the medium axillary line.

Then we make the same moves around the navel and make the same spiral on the left side. We first move it from inside towards outside and counterclockwise, we and later move it from outside towards inside and clockwise.

We go beyond the edge of the ribs at the top position and we go onto the pelvic bones at the lower position. The moving speed should remain stable.



«Abdominal Spirals»





Diag – 0, Fm, E – comf.

We hold the electrode in the vertical position at the navel projection for 5 sec., then we move it into the peripheral direction towards the bone appendices (xyphoid appendix, angles of the ribs, ridges of the pelvic bones, symphysis).

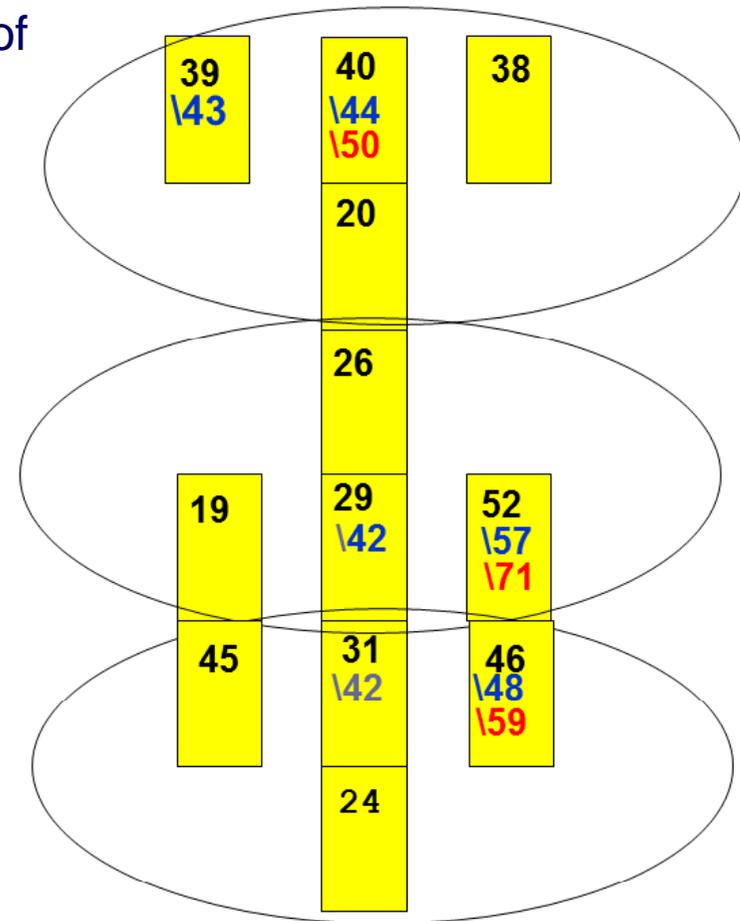
We make three circles counterclockwise along bony spurs.

Then we make three circles clockwise and go back to the navel where we hold it for 5 sec. This algorithm should be performed three times.

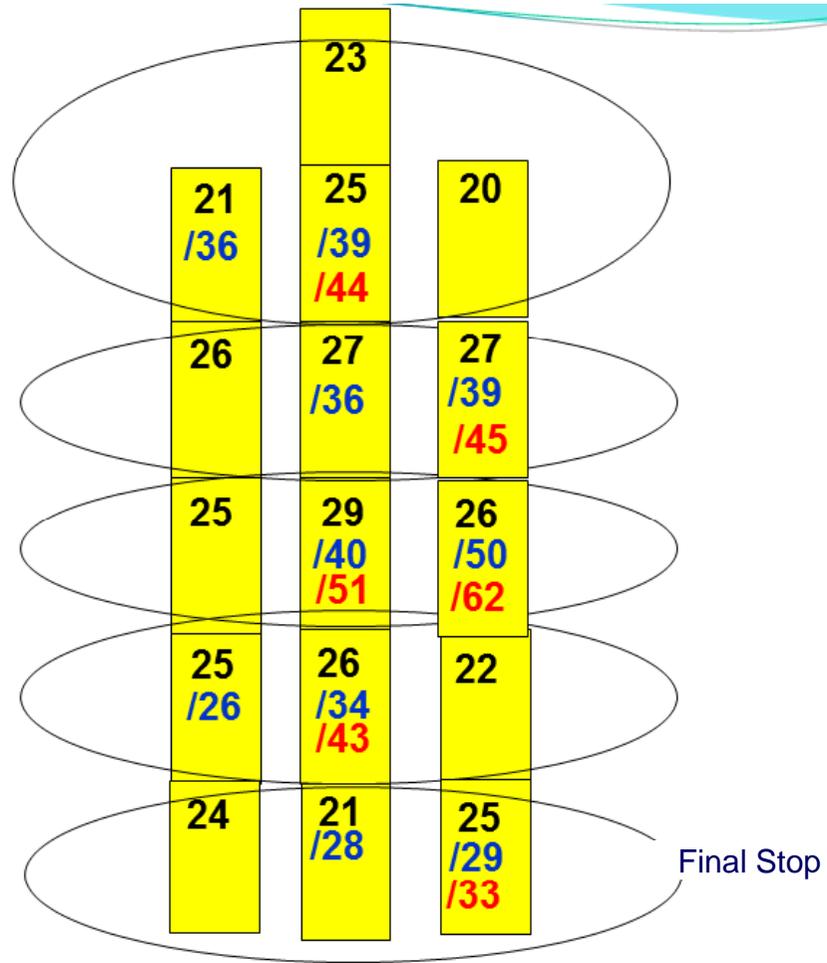
“ELENA”

The hormonal methods for the normalization of the hormone balance in aged people and the hormone exchange in women (menopause).

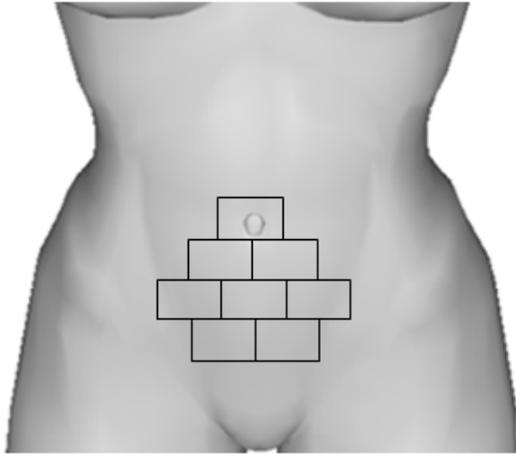
Methods: “Elena”, “Saint Elena”, “Kaleidoscope”, and “Lunar Pyramids”.



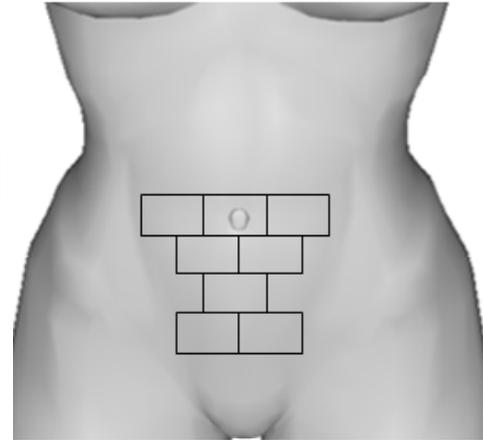
“SAINT ELENA”



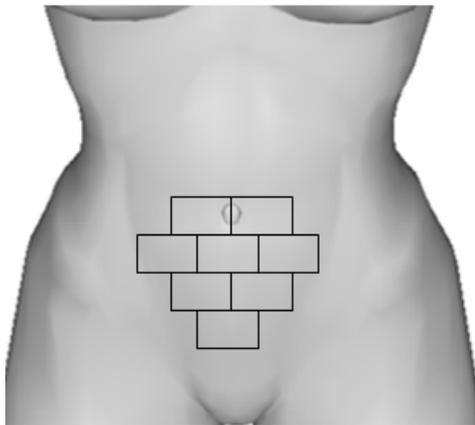
“Kaleidoscope”



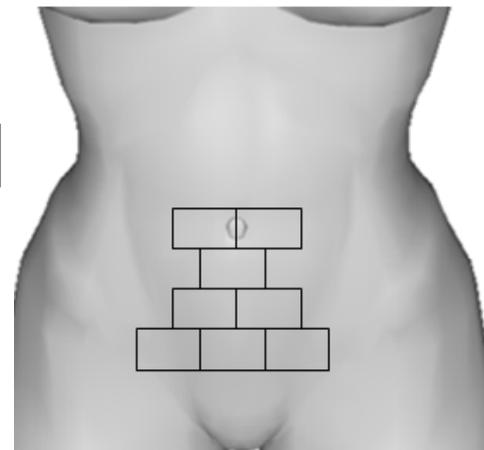
- HP*
- Stereo Pair
- Simple Triple
- Two Doses



- Simple Duce
- Two Doses
- HP*
- Стереопара



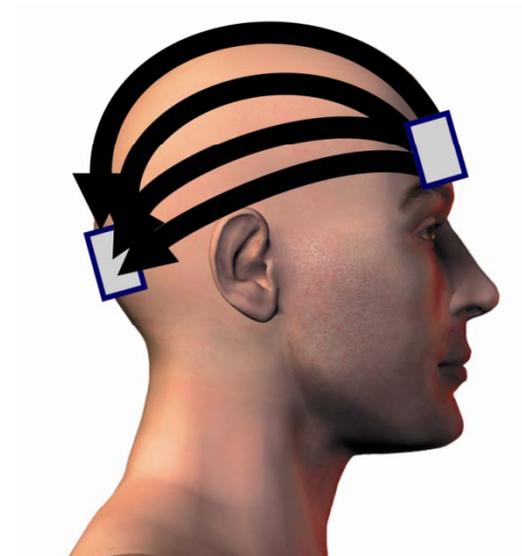
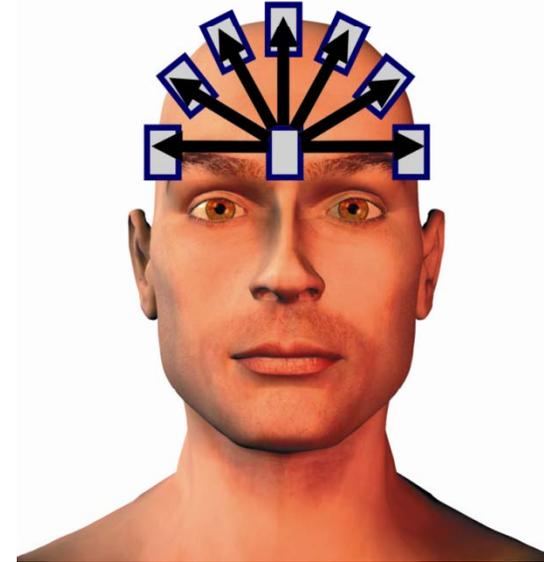
- Stereo Pair
- Simple Triple
- Two Doses
- HP*



- Two Doses
- HP*
- Stereo Pair
- Simple Triple

Cranial Therapy (options)

To normalize the function of the
cranial blood vessels.



Кабинет диагностики остеопороза и остеопении Ореховское Шоссе 10- В. телефон 707-26-27

Patient: Жулинская, Вера
Birth Date: 23.10.1958 55,4 years
Height / Weight: 161,0 cm 65,0 kg
Sex / Ethnic: Female White

Facility ID:
Referring Physician:
Measured: 07.04.2014 14:11:23 (11,40)
Analyzed: 07.04.2014 14:15:02 (11,40)

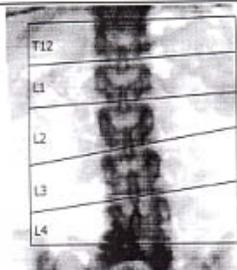


Image not for diagnosis

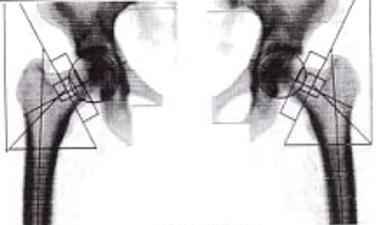
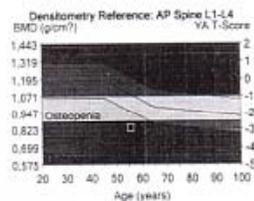
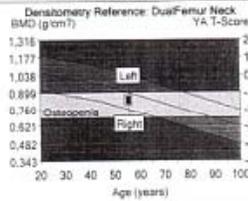


Image not for diagnosis

Hip Axis Length Comparison (mm)
 Left = 46.7 Right = 47.1
 Mean = 46.9 (mm) (Left = 96.0 mm) (Right = 101.5 mm)



Region	BMD (g/cm ³) ^{1,5}	Young-Adult (%) ^{2,7}	T-Score	Age-Matched (%) ³	Z-Score	WHO Classification ¹¹
AP Spine L1-L4	0,834	70	-2,9	77	-2,1	Osteoporosis
DualFemur Neck						
Left	0,842	81	-1,4	94	-0,4	Osteopenia
Right	0,822	79	-1,6	92	-0,5	Osteopenia
Mean	0,832	80	-1,5	93	-0,5	Osteopenia
Difference	0,020	2	0,1	2	0,1	-

- 1 - Statistically 98% of repeat scans fall within 1SD (± 0,010 g/cm³) for AP Spine L1-L4; (± 0,012 g/cm³) for DualFemur Neck Mean
- 2 - NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (n=110); NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (n=110)
- 3 - AP Spine Matched for Age, Weight (females 25-100 kg), Ethnic; DualFemur Matched for Age, Weight (females 25-100 kg), Ethnic
- 4 - Standardized BMD for Neck Right is 780 mg/cm³; Neck Left is 776 mg/cm³
- 5 - DualFemur Total Mean T-Score difference is 0,1. Asymmetry is None.
- 6 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1,0 SD; Osteopenia = T-Score between -1,0 and -2,5 SD; Osteoporosis = T-Score at or below -2,5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

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GE Healthcare

Lunar Prodigy Pro
 HX-3012

Кабинет диагностики остеопороза и остеопении Сталеваров ,7/16,707-26-27

Patient: Жулинская, Вера
Birth Date: 23.10.1958 55,5 years
Height / Weight: 161,0 cm 65,0 kg
Sex / Ethnic: Female White

Facility ID:
Referring Physician:
Measured: 07.05.2015 12:18:43 (11,40)
Analyzed: 07.05.2015 12:23:00 (11,40)

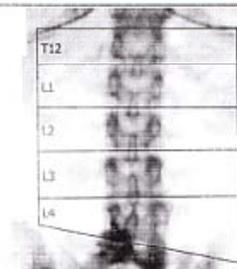


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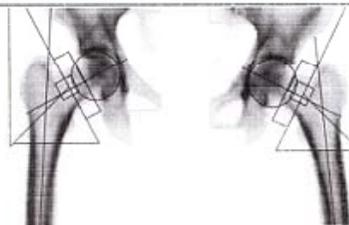
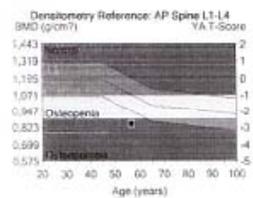
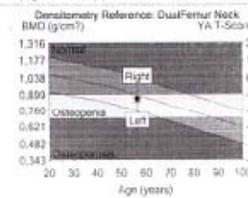


Image not for diagnosis

Hip Axis Length Comparison (mm)
 Left = 46,7 Right = 47,1
 Mean = 46,9 (mm) (Left = 96,0 mm) (Right = 101,5 mm)



Region	BMD (g/cm ³) ^{1,5}	Young-Adult (%) ^{2,7}	T-Score	Age-Matched (%) ³	Z-Score	WHO Classification ¹¹
AP Spine L1-L4	0,855	72	-2,8	79	-1,9	Osteoporosis
DualFemur Neck						
Left	0,854	82	-1,2	99	-0,2	Osteopenia
Right	0,856	82	-1,3	95	-0,2	Osteopenia
Mean	0,855	82	-1,3	96	-0,2	Osteopenia
Difference	0,002	0	0,0	0	0,0	-

- 1 - Statistically 98% of repeat scans fall within 1SD (± 0,010 g/cm³) for AP Spine L1-L4; (± 0,012 g/cm³) for DualFemur Neck Mean
- 2 - NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (n=110); NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (n=110)
- 3 - AP Spine Matched for Age, Weight (females 25-100 kg), Ethnic; DualFemur Matched for Age, Weight (females 25-100 kg), Ethnic
- 4 - Standardized BMD for Neck Right is 780 mg/cm³; Neck Left is 776 mg/cm³
- 5 - DualFemur Total Mean T-Score difference is 0,2. Asymmetry is None.
- 6 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1,0 SD; Osteopenia = T-Score between -1,0 and -2,5 SD; Osteoporosis = T-Score at or below -2,5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

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GE Healthcare

Lunar Prodigy Pro
 HX-3012

Кабинет диагностики остеопороза и остеопении

тел. (061) 270-80-85

DXA денситометрия: 7 квітня 2014 р.

МПК AP Spine L3, - 0,822 g/cm² с T-критерием -3,2 значительно низкая. Риск переломов высок. Необходимо начать терапию. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК AP Spine L4, - 0,979 g/cm² с T-критерием -1,9 должна рассматриваться, как умеренно низкая. Имеется умеренный риск переломов. При наличии других факторов риска рекомендуется лечение.

МПК AP Spine L1-L4, - 0,834 g/cm² с T-критерием -2,9 низкая. Риск переломов высок. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК Femur Wards Left, - 0,661 g/cm² с T-критерием -1,9 должна рассматриваться, как умеренно низкая. Имеется умеренный риск переломов. При наличии других факторов риска рекомендуется лечение.

МПК Femur Wards Right, - 0,624 g/cm² с T-критерием -2,2 низкая. Риск переломов высок. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК Femur Troch Left, - 0,779 g/cm² с T-критерием -0,6 находится в пределах нормы. Риск переломов низкий.

МПК Femur Troch Right, - 0,788 g/cm² с T-критерием -0,5 находится в пределах нормы. Риск переломов низкий.

У исследуемого пациента Z-критерий -2,3 свидетельствует о том, что МПК очень низкая для данного возраста и пола. Необходимо выявить причины потери минеральной плотности костной ткани.



Кабинет диагностики остеопороза и остеопении

тел. (061) 270-80-85

DXA денситометрия: 7 травня 2015 р.

МПК AP Spine L3, - 0,849 g/cm² с T-критерием -2,9 низкая. Риск переломов высок. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК AP Spine L4, - 0,991 g/cm² с T-критерием -1,8 должна рассматриваться, как умеренно низкая. Имеется умеренный риск переломов. При наличии других факторов риска рекомендуется лечение.

МПК AP Spine L1-L4, - 0,850 g/cm² с T-критерием -2,8 низкая. Риск переломов высок. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

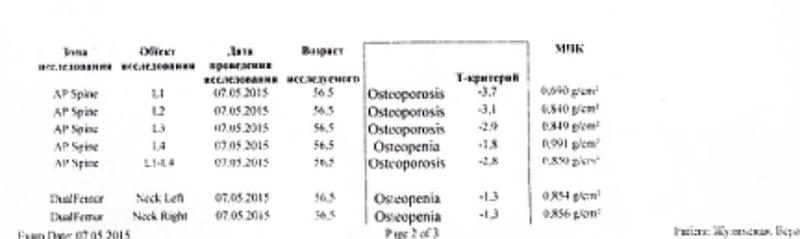
МПК Femur Wards Left, - 0,722 g/cm² с T-критерием -1,4 должна рассматриваться, как умеренно низкая. Имеется умеренный риск переломов. При наличии других факторов риска рекомендуется лечение.

МПК Femur Wards Right, - 0,646 g/cm² с T-критерием -2,0 низкая. Риск переломов высок. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК Femur Troch Left, - 0,821 g/cm² с T-критерием -0,3 находится в пределах нормы. Риск переломов низкий.

МПК Femur Troch Right, - 0,824 g/cm² с T-критерием -0,2 находится в пределах нормы. Риск переломов низкий.

У исследуемого пациента Z-критерий -2,0 свидетельствует о том, что МПК очень низкая для данного возраста и пола. Необходимо выявить причины потери минеральной плотности костной ткани.



Кабинет диагностики остеопороза и остеопении

тел. (061) 270-80-85

DXA денситометрия: 7 квітня 2014 р.

BMD test on 07.04.2014 Lunar Prodigy Prime DXA System (analysis version: 11.40) manufactured by GE Healthcare.

Данные о пациенте:

ФИО: Жултиска, Вера
ID пациента: Жултиска, Вера
Пол: Female
Дата рождения: 23.10.1958
Дата исследования: 07.04.2014
Рост: 161,0 cm
Вес: 65,0 kg

Риск переломов:

Тип перелома	Прогноз риска переломов на следующие 10 лет (для данного пациента) в возрасте: 55,4	Среднестатистический прогноз риска переломов на следующие 10 лет в возрасте: 55,4
Любой	9%	7%
Бедро	1%	<1%

Note: Fracture risk estimates are derived from published information from Kanis (Lancet, 2002 Jun 1;359(9321):1929-36) and are based on age and bone density only. Overall fracture risk will depend on many additional factors which should be considered before making diagnostic or therapeutic recommendations.

Результат исследования:

МПК Femur Neck Left, - 0,842 g/cm² с T-критерием -1,4. Согласно критериям ВОЗ у пациента диагностирована остеопения. Риск переломов умеренный. МПК в пределах 10-25% ниже нормы. Рекомендовано лечение.

МПК Femur Neck Right, - 0,822 g/cm² с T-критерием -1,6. Согласно критериям ВОЗ у пациента диагностирована остеопения. Риск переломов умеренный. МПК в пределах 10-25% ниже нормы. Рекомендовано лечение.

МПК Femur Total Left, - 0,943 g/cm² с T-критерием -0,5 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК Femur Total Right, - 0,927 g/cm² с T-критерием -0,6 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК Femur Total Mean, - 0,935 g/cm² с T-критерием -0,6 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК AP Spine L1, - 0,654 g/cm² с T-критерием -4,0 очень низкая. Риск переломов высок. Необходимо срочно начать терапию. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК AP Spine L2, - 0,834 g/cm² с T-критерием -3,1 значительно низкая. Риск переломов высок. Необходимо начать терапию. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

Exam Date: 07.04.2014

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Patient: Жултиска, Вера

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DXA денситометрия: 7 травня 2015 р.

BMD test on 07.05.2015 Lunar Prodigy Prime DXA System (analysis version: 11.40) manufactured by GE Healthcare.

Данные о пациенте:

ФИО: Жултиска, Вера
ID пациента: Жултиска, Вера
Пол: Female
Дата рождения: 23.10.1958
Дата исследования: 07.05.2015
Рост: 161,0 cm
Вес: 65,0 kg

Риск переломов:

Тип перелома	Прогноз риска переломов на следующие 10 лет (для данного пациента) в возрасте: 56,5	Среднестатистический прогноз риска переломов на следующие 10 лет в возрасте: 56,5
Любой	8%	7%
Бедро	<1%	<1%

Note: Fracture risk estimates are derived from published information from Kanis (Lancet, 2002 Jun 1;359(9321):1929-36) and are based on age and bone density only. Overall fracture risk will depend on many additional factors which should be considered before making diagnostic or therapeutic recommendations.

Результат исследования:

МПК Femur Neck Left, - 0,854 g/cm² с T-критерием -1,3. Согласно критериям ВОЗ у пациента диагностирована остеопения. Риск переломов умеренный. МПК в пределах 10-25% ниже нормы. Рекомендовано лечение.

МПК Femur Neck Right, - 0,856 g/cm² с T-критерием -1,3. Согласно критериям ВОЗ у пациента диагностирована остеопения. Риск переломов умеренный. МПК в пределах 10-25% ниже нормы. Рекомендовано лечение.

МПК Femur Total Left, - 0,978 g/cm² с T-критерием -0,2 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК Femur Total Right, - 0,952 g/cm² с T-критерием -0,4 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК Femur Total Mean, - 0,965 g/cm² с T-критерием -0,3 находится в пределах нормы согласно критериям ВОЗ. Риск переломов низкий. МПК ниже нормы до 10%.

МПК AP Spine L1, - 0,690 g/cm² с T-критерием -3,7 значительно низкая. Риск переломов высок. Необходимо начать терапию. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

МПК AP Spine L2, - 0,840 g/cm² с T-критерием -3,1 значительно низкая. Риск переломов высок. Необходимо начать терапию. Для мониторинга проводимой терапии рекомендуется проведение денситометрии один раз в год.

Exam Date: 07.05.2015

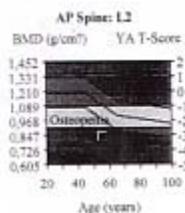
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Patient: Жултиска, Вера

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DXA денситометрия: 7 квітня 2014 р.



DualFemur	Wards Right	07.04.2014	55,4	N/A	-2,2	0,624 g/cm ³
DualFemur	Troch Left	07.04.2014	55,4	N/A	-0,6	0,779 g/cm ³
DualFemur	Troch Right	07.04.2014	55,4	N/A	-0,5	0,788 g/cm ³
DualFemur	Total Left	07.04.2014	55,4	Normal	-0,5	0,943 g/cm ³
DualFemur	Total Right	07.04.2014	55,4	Normal	-0,6	0,927 g/cm ³
DualFemur	Total Mean	07.04.2014	55,4	Normal	-0,6	0,935 g/cm ³

Определение остеопороза по ВОЗ (1994)

Норма: T-критерий более -1 SD
Остеопения: T-критерий между -1 и -2,5 SD
Остеопороз: T-критерий менее -2,5 SD

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DXA денситометрия: 7 травня 2015 р.

DualFemur	Wards Left	07.05.2015	56,5	N/A	-1,4	0,722 g/cm ³
DualFemur	Wards Right	07.05.2015	56,5	N/A	-2,0	0,646 g/cm ³
DualFemur	Troch Left	07.05.2015	56,5	N/A	-0,3	0,823 g/cm ³
DualFemur	Troch Right	07.05.2015	56,5	N/A	-0,2	0,824 g/cm ³
DualFemur	Total Left	07.05.2015	56,5	Normal	-0,2	0,978 g/cm ³
DualFemur	Total Right	07.05.2015	56,5	Normal	-0,4	0,952 g/cm ³
DualFemur	Total Mean	07.05.2015	56,5	Normal	-0,3	0,965 g/cm ³

Определение остеопороза по ВОЗ (1994)

Норма: T-критерий более -1 SD
Остеопения: T-критерий между -1 и -2,5 SD
Остеопороз: T-критерий менее -2,5 SD

In this presentation, we used the material prepared by Mr. *Alexander Revenko*, neurologist and acupuncture expert (Moscow, Russia)



Conclusion:

Even the application of two CKT courses facilitates the improvement in how patients feel. It also normalizes the functions of the systems responsible for the metabolic processes where the correct operation determines the condition of bones.



THANK YOU FOR WATCHING!