

## Using a SCENAR Device in a Contemporary Physical Therapy Practice



A physician, an orthopedic surgeon and a physical therapist all fell into a Rip Van Winkle sleep that lasted 20 years. The physician woke to find everything changed when he began seeing patients again. The medications he wished to prescribe no longer existed or were pulled from the market by the FDA. For the surgeon, the operating room had been transformed; the instruments he had once used were now in a museum. But, for the physical therapist, nothing much had changed. He found he could use the same techniques for mobilization, use the same modalities such as ultrasound or electrical stimulation, and no

patient complained that he was doing something strange. Even the insurance companies paid for procedures coded 40 years before he woke up. In addition, the physical therapist found that he had lost his massage patients to massage therapists, stretching techniques to athletic trainers, manipulation techniques to chiropractors, and hand therapy to hand therapists.

Indeed, the contemporary practice of physical therapy has had little in the way of modalities added to the techniques of hands on manipulation. Physicians are apprised of new medications and newly invented equipment in their medical journals and also are regularly visited by representatives from various drug companies to keep them current. But, in physical therapy journals we see only promotions about equipment covered by insurance companies. And no one comes to our offices to show us the latest technical support mechanism. So, as physical therapists who want to grow our practices, we are not always aware of new products that can enhance our ability to help our patients.

I discovered the laser in the 1980's. One of my patients told me of a good experience she had had with another physical therapist who used the laser in his practice. I researched it and realized that it would be a good thing to add to my own practice. It took another 20 years for the FDA to approve its use. In the 1990s another patient told me about a scanner that another physical therapist had used in his work with her which was of great benefit. It took another 20 years for the FDA to approve the scanner. It is my hope that in another 10 years both the laser and scanner will have coding approval from insurance companies. Meanwhile, we practitioners want to provide more effective treatments for our patients, so we must use the additional mechanisms and modalities we know to be beneficial. If we do not incorporate scanners it would be like studying music and not know how to play Bach, or trying to play basketball without knowing how to run.

There are many articles written about the scanner known as SCENAR, or Self Controlled Electro Neuro Adaptive Regulator, and how it works. In one of them, entitled, *Overview of Scenar therapy and its Application to Physiotherapy Practice*, the author, JC, Lyons, (B.Sc (Aust) UNSW, Dip Phty. (US) describes it as “an advanced form of electrotherapy which can be effective in the treatment of both acute and chronic pain conditions and physical dysfunction – even those that have not responded to other forms of treatment.” He goes on to say that there are benefits to patient and practitioner alike. For patients: “it may include faster recovery times, versatility...effectiveness (can use with children, adults and the elderly) comfort, safety and few contraindications so, for example, treatment over sites with metal implants is permitted.”

However, he writes that SCENAR therapy is not indicated for cardiac patients who have pacemakers.

Some of the benefits to the physical therapist, according to Mr. Lyons are that “the device is small, portable, user-friendly, safe (for patient and therapist) and requires only a relatively low level of capital investment.”

I have found these statements about SCENAR true. And I have incorporated SCENAR into my practice. But, I have a certain protocol I use to introduce my patients to what the scanner is and what it can do for them. I never begin using the scanner directly on the painful part of the patient’s body. In order that the patient not be afraid of it, first I show it to the patient. Then I demonstrate its use on my own hand and then on the patient’s hand. Once the patient is comfortable with me using the instrument, I inform the patient that as I work they should only experience a light and comfortable feeling from the scanner and if they do not feel comfortable they need to tell me. This helps the patient not to be afraid or expect an unpleasant moment from the procedure. I explain that the scanner is battery operated and can be adjusted immediately for comfort. And it only takes a second to take it away from the body if the patient is not comfortable.

The next thing I do, which I feel is of major importance in assuring a beneficial treatment, is to keep one hand on the patient’s body and to use the scanner with the other. My hand that is on the body can do mobilization at the same time that I am using the scanner. It is possible to do trigger point therapy and manual techniques of all kinds in the same way. The scanner can also be used while the patient is doing active physical movement as well. In any case, when I use the scanner I find it is best to use it symmetrically. If the patient has sciatica on the right side of the body, I will use the scanner on that side and then the left. It achieves balance.

In summary, we physical therapists need to be timely in the year 2012, and use what is available to us now. We need to know traditional physical therapy techniques, classical massage, short wave diathermy, McKenzie exercises, and other established therapeutic modalities, but we need to use 21<sup>st</sup> century technology as well. We need to investigate new things and not wait for approval from any bureaucratic organizations. Otherwise we will, indeed, be old fashioned therapists and not availing our patients of the best treatment we can give them. Just as with physicians whose patients will only return if they are happy with his treatment, so our patients must feel when they leave our offices that we have done a superior and effective job and, most of all that they feel better. Adding SCENAR to the treatment regimen of our patients, in addition to other modalities we know to be effective, will enhance our patients’ well being and they will become the best referral sources for our practices.

For more information about this device, please contact RitmScenarOKB,Inc  
[www.ritmscenarokb.com](http://www.ritmscenarokb.com)

**Shmuel Tatz PT, Ph.D.**