

# Customer Welcome Packet



# CONTENTS

Welcome Letter .....	1
Warranty .....	2
Customer Service .....	3
Orientation .....	4
Pricing Recommendations .....	5
Protocols .....	6
Consent & Contraindication Form .....	10
Intake Form .....	11
Frequently Asked Questions.....	17



Dear Loyal Customer,

Congratulations on your new TheraLight FIT purchase and your decision to implement this innovative technology into your practice! We look forward to working with you, as we take pride in making sure that each TheraLight customer fully benefits from this purchase.

You have made an excellent choice by teaming with us. The management of our company has over thirty years of experience in the world of Photomedicine and have been directly involved with a number of technologies and applications in both human and veterinary markets. We are an experienced and innovative company that combines power with faster treatment options for a wide range of medical conditions. Our goal is to elevate your practice to new heights. We know that your patients will feel the clinical difference and your practice will see the financial results.

In this welcome box you will find:

- Eye Wear
  - 1 wrap around, 1 fit over, and 1 blackout goggle styles, for patients when operating the unit
- Cleaning Solution
  - Disinfectant solution to clean the unit after each patient treatment
- Microsuede cloth
  - Use with disinfectant solution to clean the unit after each patient treatment
- Head Rest
  - Acrylic bed pillow for patient use
- Leg Rest
  - Therapy pillow cushion for knee or lumbar support
- Marketing Starter Pack
  - 100 Rack Cards and 25 Referral Cards, for use until custom marketing packet is finalized
- User Manual
- Protocol Manual
- Warranty Terms & Conditions Sheet
- Customer Service Sheet
- Patient Consent Form
- Items for Installer Team: Do Not Use
  - Box Cutter
  - Cleaning Wipes
  - Hex Key
  - Extra Screws
  - Zip Ties

If you have any questions regarding the TheraLight FIT, materials included, training, or anything related to your recent purchase, feel free to contact us at 877-782-7736 or email us at [info@theralight.com](mailto:info@theralight.com).

We look forward to providing you with regular updates relating to exciting new applications and techniques. Please also frequent our website [www.TheraLight.com](http://www.TheraLight.com) as new content and blogs are always being posted to help deliver the best results and understanding to your patients. You will also find accessible information on educational seminars in your local area. We certainly hope that you are able to get the most out of your new TheraLight FIT purchase.

Additionally, we will be contacting you in the next few days to make sure that everything is working well and to see if there is anything else we can do to help.

We look forward to sharing in your success!

Best Regards,  
TheraLight, LLC

## WARRANTY TERMS AND CONDITIONS

### Time Period for Warranty Coverage

Each TheraLight FIT Full Body Wellness Light Pod is warranted to be free from defects in workmanship and materials for the period of three (3) years from the date of delivery and under normal use and service.

### Authorization for Coverage

The Company's obligation under this warranty is limited to providing any and all necessary product repairs upon TheraLight examination and final determination as to cause or existence of defect and, at its option to repair or replace the products, which prove to be defective during the warranty period.

### Original Purchaser

This warranty extends only to the original end-user purchaser (including authorized distributors) of the TheraLight product.

### Transfer of Warranty to Other Parties

Any transfer of warranty must be approved in writing from TheraLight, LLC. Warranty transfers will require review and certification by the company. Please call TheraLight to obtain a quote for certification.

### Warranty on Replaced Products

Products replaced under warranty will be warranted only for the balance of the warranty time period from the original supplied TheraLight product.

### Actions That Void the Warranty

This Standard Warranty will not apply to those products which have been:

- a) repaired or altered other than in accordance with the terms of this Agreement, or
- b) abused, misused, improper handling in use, or storage, or used in an unauthorized or improper manner or without following written procedures supplied by the company.
- c) original identification markings or labels have been removed, defaced or altered,
- d) any other claims not arising directly from material defects in material or workmanship.

### Responsibility for Warranty

This Standard Warranty is the exclusive warranty made by TheraLight is in lieu of all other warranties, whether written, oral, or implied, including any warranty of merchantability or fitness for a particular purpose, and shall be purchaser's sole remedy and TheraLight sole liability on contract or warranty of otherwise for the products. This warranty shall not be modified or amended without the written approval of TheraLight, LLC.

### Extended Warranties

Please contact TheraLight for specific details regarding Extended Warranty Plans.

### NOTICE TO HOLD HARMLESS

In no event shall TheraLight, LLC be liable for any indirect, special, incidental or consequential damages resulting from the failure to perform or use or improper use of any goods or services sold pursuant hereto, whether due to breach of contract, breach of warranty, negligence or otherwise.

## **CUSTOMER SERVICE PROGRAM**

The customer agrees that any product to be serviced, repaired or returned to the Company shall maintain the following procedures.

### **IN WARRANTY PRODUCTS**

#### **Notification**

All requests for service must be made direct to TheraLight, LLC via phone, email, or by written submission through the Company's website.

Hours of Operation: Monday-Friday 8 am - 6 pm MST

Phone Number: 877-782-7736

Email Address: [info@theralight.com](mailto:info@theralight.com)

Customer Service Online Form: [theralight.com/customer-service-request](http://theralight.com/customer-service-request)

Website Link: [theralight.com](http://theralight.com)

#### **Written Description**

Please provide a written statement indicating the model number, serial number, and a brief description of the request for service.

#### **Response Time**

All service calls will be responded as follows:

Monday-Friday: 2 hours

After Hours: 4 hours

#### **Onsite Service**

If it is determined that the service requested required Onsite Service, the Company will provide a repair technician within 24-72 hours, as determined by the availability of parts and travel arrangements.

#### **Unauthorized Repair**

The Company will not honor any unauthorized repair unless agreed upon in writing. Any such repair will void the Warranty.

#### **Shipping Charges Under Warranty**

The Company is responsible for the shipping and insurance charges for any product that is being repaired or replaced that is under the warranty.

### **OUT OF WARRANTY PRODUCTS**

For any product that is out of warranty or if damage occurs to the product that is at the fault of the customer, the customer is responsible for charges associated with any repair, including parts, shipping, insurance, and a \$250 per day on site service call charge.

At the conclusion of the initial 3 or 5 year warranty, the customer may opt-in to the TheraLight Extended Warranty Program. Please call the company for full details and pricing.

## TheraLight FIT ORIENTATION

1. Light cannot penetrate clothing so it is optimal for no clothing to be worn. As such prior to using the TheraLight FIT you will be asked to disrobe to your level of comfort.
2. The therapy time will be set by the staff. The only button you will need to press is the play button. Once you disrobe to your comfort level and position yourself comfortably in the bed, press the play button to initiate the therapy.
3. For optimal outcomes, it is suggested you are adequately hydrated. Recommended water intake is 80-100 oz per day.
4. The pulse rate will be set by the staff.  

NOTE: Any pulse rate under 50 Hz will have intermittent flashing. If you have a seizure disorder that is affected by strobe lights you will want to cover your eyes completely PRIOR to the unit turning on. Please cover your eyes with a dark cloth, eye pillow or goggles provided.
5. There is a neck lift that you may use. A pillow is not recommended as light is unable to pass through material.
6. If you are uncomfortable with lying flat on your back you may lift your knees and place your feet on the glass, or you may also lie on your side or on your stomach.
7. You may hear a crackling during your session, this is normal as the acrylic often expands as it warms slightly.
8. When the Session is complete, the unit will turn off automatically.
  1. Please use the handle on the outer rail, not the upper acrylic panel when opening and closing the door as pressing on the upper acrylic panel can dislodge it.
  2. Please exit the bed, get dressed and notify the staff that you are finished.
9. The bed and goggles will be cleaned thoroughly with an approved cleaning solution by our staff after each session.



## PRICING RECOMMENDATIONS

Package	Package Price	Price Each
Single Treatment	\$55	\$55
Initial 10 Treatments	\$500	\$50
<b>Ongoing Pricing</b>		
Package 1- 4 Treatments	\$180	\$45
Package 2 - 8 Treatments	\$320	\$40
Package 3 - 10 Treatments	\$350	\$35
<b>Packages Which Auto-Renew No Roll-over – 30 day notice of cancellation.</b>		
Package 1- 4 Treatments	\$140	\$35
Package 2 - 8 Treatments	\$240	\$30
Package 3 - 10 Treatments	\$250	\$25

### Suggestions for PRELAUNCH:

- Highly recommended that ALL employees use minimum of 1 month before they are customer facing – Rationale: Employees cannot talk about something they have no experience in.
- Signage/banners in place as soon as order taken – generate excitement
- Benefits of PBMT banner placed in high traffic area of business
- All current business customers get “coming soon” email introducing the unit and its benefits and the introductory price special (WE NEED TO CREATE AND PROVIDE A TEMPLATE)
- First Month:
  - When unit not being used – it should be “in Treatment”
  - As the light comes through the window – it generates “what is it” questions
  - Immediate family, staff , and VIP (influencers) get Monthly Membership at \$150

### Employee Bonus Incentive Opportunity

For any employee that signs up a client for an initial purchase of a membership, take \$15 of that package price and bonus the employee that made the sale.

### Customer Bonus Incentive Opportunity

For any customer that refers a client and that client makes an initial purchase of a membership, the referrer gets a free Treatment.

## PHOTOBIO-MODULATION

A. Photobiomodulation (PBM) Therapy is the application of Red and Near InfraRed light in very specific colors, quantities, and at specific intervals to tissue that is sick, degenerating or has been injured.

The absorption of this light has been clinically proven to:

- increase cellular energy production
- increase circulation
- reduce inflammation
- support immune function
- stimulate cellular repair

These cellular mechanisms result in

- improved muscle performance
- increased exercise times and capacity after exercise
- reduced pain
- improved joint motion
- enhanced wound healing
- a release of certain brain compounds that positively affect mood and sleep
- and much more.

B. Photobiomodulation is safe, relaxing, and has no known negative side effects.

## ANECDOTAL REPORTS

The following anecdotal outcomes have been reported by clients using TheraLight FIT.

- "Increased energy levels"
- "Improved sleep patterns"
- "Improved mood"
- "Temporary euphoric feeling"
- "Improved skin clarity and tone"
- "Improved bowel function"
- "Decreased swelling of extremities"
- "Increased energy"
- "Increased mental clarity"
- "Increased general sense of well being"

## TheraLight FIT INTENDED USES

The TheraLight360 Full Body Wellness System is registered as both a Class I and Class II device with the FDA.

### The Class I Intended Uses are:

- Restoration of motion to joints
- Redevelop muscles
- Adjunct to obesity as part of a diet and exercise program

### The Class II Intended are:

- Relaxation of muscles and relief from muscle spasms,
- Temporary relief of minor muscle and joint aches, pain and stiffness,
- Temporary relief of minor pain and stiffness associated with arthritis,
- To temporarily increase blood circulation

## SAFETY GUIDELINES

All persons present during device operation must wear approved TheraLight goggles. Do not wear prescription glasses or contacts while using the device without approved TheraLight goggles.

## CONTRAINDICATIONS / PRECAUTIONS

- Pregnancy
- Photosensitizing Medications
- Cancer Minors – must have parental consent
- Immune suppressant use r/t organ transplant
- Open wounds / skin lesions
- Seizure Disorders

## RETRACING

Occasionally some clients may experience mild fatigue, discomfort, or aches after treatment. These responses should reduce after 24-48 hours. These are referred to as "re-tracing". Often times chronic conditions will move back through the acute phase in the healing process. Although not always pleasant, these signs are indications of natural healing and are not harmful.

If you believe a client is has a significant likelihood of retracing based on health history, start with 1/2 the recommended time, then work up in 1-2 minute increments until the full 10 minutes is reached. If at any time during the staging process the client begins to feel the symptoms of retracing, reduce time by 1-2 minutes and remain at that setting for 1 week. The next week increase by 1-2 minutes. As long as there are no increase in retracing symptoms, continue adding 1-2 minutes at each subsequent visit until the full 10 minutes is reached. At this point, proceed as if it were the first week as outlined above.

## TIME/PULSE SETTING RECOMMENDATIONS

Initial therapy recommendation includes a staging process that acclimates the individuals to the quantity of light being delivered in the therapy. This process is as follows:

### The first 2 weeks

- Session lengths are **5-10 minutes**
- Session intervals are **3-5 x per week**
- Pulse setting is at **10Hz**

### Ongoing thereafter

- Session lengths are **7-10 minutes**
- Pulse setting is at **10Hz**
- Session intervals are **3 x per week until goals met**
- Reduce session intervals to **2 x per week to maintain**
- At least 24 hours between each session
- Pulse setting is at Hz setting of client choosing.

## DO NOT EXCEED MAXIMUM RECOMMENDED SETTINGS

## POSSIBLE Hz SETTINGS

TheraLight recommends 10Hz as it is the most studied pulse setting in PBM Therapy.

Studies have shown that certain pulsing frequencies appear to be more efficacious than others in triggering desired biological outcomes. The general findings seem to imply that that cells require time / pauses to absorb and handle photons and that over- or under-stimulation of these cells may hinder specific cell signaling pathways. Too long a pulse may produce cellular exhaustion, whereas too short a pulse may deliver insufficient energy for a biologic effect to occur.

Conversely, in a comprehensive literature review by Michael Hamblin et al which included 33 studies, they concluded from this review that pulsed light may be superior to CW light. In addition, they concluded that it is impossible to draw any correlation between pulse frequency and pathological condition. They found that no particular frequency appears to be more or less effective than others. Finally, this review reported that the following frequencies were beneficial: 2, 10, 25, 50, 100, 292, 600, 1000, 3000, 8000 Hz.

## LINKS TO PBM THERAPY STUDIES THAT HAVE USED PULSE SETTINGS.

### **2Hz**

stimulates bone formation

### **3 Hz**

wound healing

### **5 Hz**

Improves mitochondrial dysfunction  
Hair regrowth in noninflammatory alopecia

### **10 Hz**

Neuroprotection, reduction of inflammation and stimulation of neurogenesis in TBI  
Major depressive disorder  
Wound Healing  
Reversal of Cognitive Decline  
Improved brain Mitochondrial function  
Strength Training  
Depression  
Dental Hypersensitivity  
TBI treatment  
Knee Osteoarthritis

### **15Hz**

Promote osteoblast differentiation

### **20 Hz**

Improved anti-inflammatory effect  
Reduced Diabetic Neuropathy  
Periodontitis treatment  
degranulation

### **30 Hz**

Stomatitis

### **50 Hz**

Post Endodontic Pain

### **80 Hz**

Improved Wound Healing  
Improved Bone Health  
Improved neuromuscular health in elderly  
Accelerates wound healing  
Improved Diabetic wound healing  
Osteoporosis  
Improved burn healing

### **100 Hz**

Reduces Inflammation & enhances wound healing  
Improved Wound Healing compared to 200,300, 400 and 500 Hz

### **250 Hz**

Pre-Exercise

### **700 Hz**

Decrease pro-inflammatory cytokine release in acute skeletal muscle injury induced by trauma

### **890 Hz**

accelerates second-degree burn healing

### **1000 Hz**

Increase of Viability and Proliferation of Human Mesenchymal Stem Cells

### **1500Hz**

Tempromadubular joint pain

### **1800 Hz**

Reduced Pain

### **3000 Hz**

Knee Osteoarthritis  
Accelerates third-degree burn healing  
Dental pulp stem cells

Found on the World Wide Web are interesting Hz frequencies in sound and light and their supposed benefits. These are not endorsed by TheraLight, only provided for your information:

**Jack Kruse** – click links to read more  
Mitochondria vibrate at 100 Hz in Health  
Fat Burning – 100 Hz

**Brain Waves – Copied and pasted from this article:** <https://brainworksneurotherapy.com/what-are-brainwaves>

### **DELTA WAVES (.5 TO 3 Hz)**

---

Delta brainwaves: Healing and regeneration are stimulated in this state, and that is why deep restorative sleep is so essential to the healing process.

### **THETA WAVES (3 TO 8 Hz)**

---

Theta brainwaves: Our gateway to learning, memory, and intuition. In theta, our senses are withdrawn from the external world and focused on signals originating from within.

### **ALPHA WAVES (8 TO 12 Hz)**

---

Alpha brainwaves are dominant during quietly flowing thoughts, and in some meditative states. Alpha is 'the power of now,' being here, in the present. Alpha is the resting state for the brain. Alpha waves aid overall mental coordination, calmness, alertness, mind/body integration and learning.

### **WHAT BRAINWAVES MEAN TO YOU**

---

Click the link to continue reading.

### **BETA WAVES (12 TO 38 Hz)**

Beta brainwaves dominate our normal waking state of consciousness when attention is directed towards cognitive tasks and the outside world. Beta is a 'fast' activity, present when we are alert, attentive, engaged in problem solving, judgment, decision making, or focused mental activity.

### **GAMMA WAVES (38 TO 42 Hz)**

---

Gamma brainwaves relate to simultaneous processing of information from different brain areas.

## CONSENT & CONTRAINDICATION FORM

I understand that the TheraLight FIT Full Body Wellness Light Pod is a safe and non-invasive treatment and has been cleared by the FDA to emit photon energy for the relief of minor muscle and joint pain, muscle spasm, pain and stiffness associated with minor arthritis, promoting relaxation of muscle tissue and temporary increase in local blood circulation. I understand that every individual responds uniquely to light therapy treatments. Some patients may see immediate results or may require several treatments before they begin to feel results. Note: Occasionally some clients may experience mild fatigue, discomfort or aches after their first treatment. This is a normal healing phenomenon known as retracing. These responses should reduce after 24-48 hours, if they persist notify the technician prior to your next appointment.

### EYE SAFETY:

All persons present during device operation must wear approved TheraLight FIT protective eyewear. Prescription contacts or glasses can be worn under TheraLight FIT goggles.

### CONTRAINDICATIONS

**YES NO Are you pregnant?**

More research is necessary to detect any potential adverse effects of PBM during pregnancy before PBM Therapy can be utilized while pregnant.

**YES NO Do you have cancer?**

More research is necessary to detect any potential adverse effects of PBM on cancer treatment outcomes before PBM Therapy can be utilized in clients with active cancer diagnosis.

**YES NO Are you taking immune suppressant medications as a result of receiving an organ transplant?**

More research is necessary to detect any potential adverse effects of PBM on patients taking immune suppressant medications before PBM Therapy can be utilized by these clients.

### PRECAUTIONS:

**YES NO Have you had steroid injection(s) within the past 7 days?**

This does not include topical or oral medications.

**YES NO Are you currently taking photosensitizing medications?**

**YES NO NA** If yes, can you be in the sun for 10 min. without having itchiness, redness, blotchiness or pigmentation issues?

**YES NO Do you have Open Wounds or Skin Lesions?**

You must inform your technician, prior to treatment, if you have any recent open wounds or skin lesions. For the protection of all TheraLight360 users, all lesions must be covered with an appropriate dressing/bandages.

**YES NO Do you have a seizure disorder?**

In a small percentage of persons with seizure disorders, exposure to flashing lights at certain intensities or to certain visual patterns can trigger seizures. As such, we recommend you do not use under the 100Hz pulse setting AND use black out goggles or a blackout eye pillow while using the TheraLight360 Full Body System.

**YES NO Are you over 18?**

A person who is less than (18) years of age may not use TheraLight360 without written parental/guardian consent

### ACKNOWLEDGEMENT

I have read and understand the foregoing: I understand the TheraLight360 Full Body Wellness System treatment I receive today is of my own choosing. This Therapy Consent Form applies to subsequent visits and treatments. I understand that there are no promises or guarantees regarding the results of the treatment and that to achieve maximum clinical results, I may need multiple treatments.

### WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT:

I hereby release, acquit, and forever discharge and hold harmless this business, and their past, present and future officers, directors, stockholders, attorneys, agents, servants, representatives, employees, corporations, subsidiaries, affiliates, partners and partnerships, insureds, predecessors and successors-in-interest and all other persons or entities for whose conduct it may be liable, of and from any and all claims, demands, damages, causes of action, suits and liabilities, which may arise, known or unknown, now have or which may hereafter accrue, because of, arising out of or in any way connected with the services received from this business or their employees or agents.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Please Print Patient Name

\_\_\_\_\_  
Please Print Guardian Name

\_\_\_\_\_  
Date:

## TheraLight FIT INTAKE FORM

### PRIMARY REASON YOU ARE HERE:

- Chronic Discomfort/Pain
- New Discomfort/Pain
- Sports Performance
- Wellness

### IS THIS PROBLEM

- Less than 5 days old
- More than 5 days
- Less than 30 days
- More than 30 days
- Getting better
- Not changing
- Getting worse

### IS YOUR PAIN LOCALIZED OR GENERAL?

- Localized – small centralized area of pain – I can point right to it
- Generalized – involves all or most of a body part

### HOW OFTEN DOES THE PAIN OCCUR?

- Changes in severity but always present
- Intermittent comes and goes constant

### INDICATE ALL OF THE FOLLOWING THAT DESCRIBE YOUR PAIN: SELECT ALL THAT APPLY

- Dull
- Squeezing
- Tingling
- Radiates down leg (Right Left Both)
- Achey
- Hot/Burning
- Tender to touch
- Sharp
- Stinging or Jabbing
- Radiates down arm (Right Left Both)
- Shooting
- Numb
- Throbbing

### DOES CONDITION HAVE OR CAUSE

- Weakness
- Swelling
- Balance Problems
- Not Applicable
- Cramping

### DO YOU USE THE FOLLOWING PHYSICAL AIDS FOR ANY CONDITION?

#### CANE

- Never
- Occasionally
- Often
- Always

#### CRUTCHES

- Never
- Occasionally
- Often
- Always

#### WALKER

- Never
- Occasionally
- Often
- Always

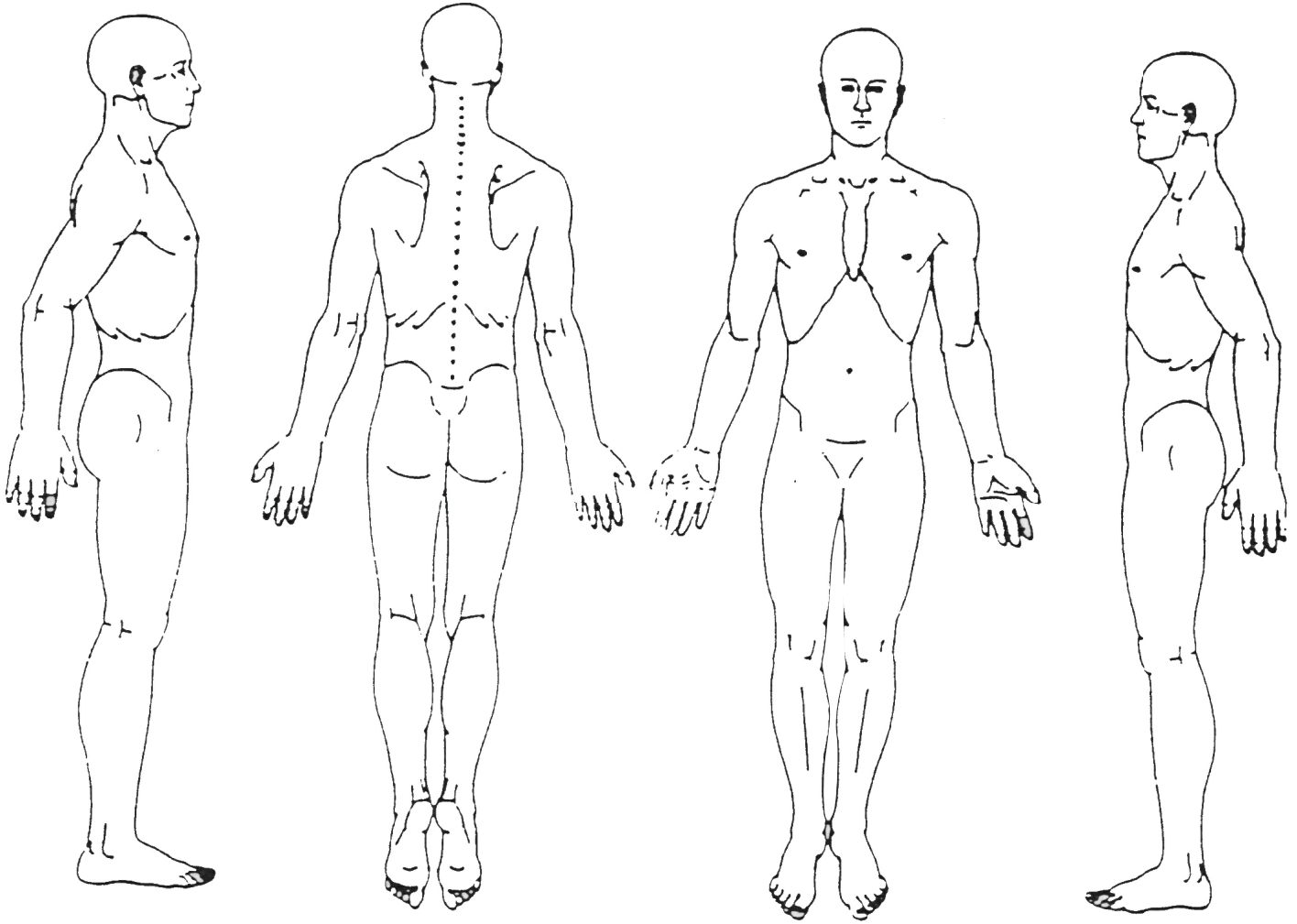
#### WHEELCHAIR/

#### SCOOTER

- Never
- Occasionally
- Often
- Always

## LOCATION OF PAIN

Circle the EXACT area where pain/discomfort is located **RIGHT NOW**. Please be very specific and do not circle entire body part.



## TESTS YOU HAVE HAD FOR THIS CONDITION WITHIN THE LAST YEAR

- X-Ray
- MRI
- Neither
- Both
- OTHER \_\_\_\_\_



## EVALUATION OF CONDITION BY A HEALTH PROFESSIONAL

Tell us what specialists you have consulted for your current pain problems AND HOW LONG AGO:  
Put NA not applicable if you have not seen a health professional for this condition.

- |   |   |
|---|---|
| <input type="checkbox"/> MD – Medical<br>Doctor _____         | <input type="checkbox"/> ND – Naturopathic<br>Doctor _____            |
| <input type="checkbox"/> DO – Doctor of<br>Osteopathy _____   | <input type="checkbox"/> LAc – Licensed<br>Acupuncturist _____        |
| <input type="checkbox"/> N – Nurse<br>Practitioner _____      | <input type="checkbox"/> LMT – Licensed<br>Massage<br>Therapist _____ |
| <input type="checkbox"/> PA – Physician<br>Assistant _____    | <input type="checkbox"/> PT – Physical<br>Therapist _____             |
| <input type="checkbox"/> DC – Doctor of<br>Chiropractic _____ |   |

## CHOOSE THE LINE THAT BEST DESCRIBES THE PAIN YOU FEEL RIGHT NOW

### SELECT ONLY ONE PER ROW

#### AT REST

- ABSENT**
- VERY MILD** – Very light barely noticeable pain
- UNCOMFORTABLE** – Minor pain - irritating
- TOLERABLE** – Moderate pain, however you have adapted to it
- DISTRESSING** – Strong, deep pain, like an average toothache
- VERY DISTRESSING** – Notice the pain all the time
- INTENSE** – Dominates your senses some of the time
- VERY INTENSE** – Dominates your senses at least half of the time
- HORRIBLE** – Pain so intense you can no longer think clearly at all
- UNBEARABLE** – Pain so intense you demand pain killers or surgery no matter the risk
- UNIMAGINABLE** – Pain so intense you will go unconscious shortly

#### WITH MOTION

- ABSENT**
- VERY MILD** – Very light barely noticeable pain
- UNCOMFORTABLE** – Minor pain - irritating
- TOLERABLE** – Moderate pain, however you have adapted to it
- DISTRESSING** – Strong, deep pain, like an average toothache
- VERY DISTRESSING** – Notice the pain all the time
- INTENSE** – Dominates your senses some of the time
- VERY INTENSE** – Dominates your senses at least half of the time
- HORRIBLE** – Pain so intense you can no longer think clearly at all
- UNBEARABLE** – Pain so intense you demand pain killers or surgery no matter the risk
- UNIMAGINABLE** – Pain so intense you will go unconscious shortly

**CHECK THE BOX(ES) THAT CORRESPONDS TO THINGS THAT MAKE YOUR PAIN WORSE  
(SELECT ALL THAT APPLY)**

- Looking upward
- Looking downward
- Stretching Exercises
- Standing
- Bending Over
- Flexion - Bending motion that decreases the angle of the joint
- Extension - Straightening motion that increases the angle of the joint
- Abduction - Motion of body part away from the body
- Adduction - Motion of body part toward the body
- Pulling
- Pushing
- Pronation – Twisting Left
- Rotation– Twisting Right
- Lifting an object
- Lying on Right Side
- Lying on Left Side
- Getting up from sitting down
- Getting up from lying down
- Sitting down into a chair
- Sitting for short periods
- Sitting for long periods
- Walking for short distances
- Walking for long distances
- Athletic Exercise – comment below
- Driving for long distances
- Computer Use
- Repetitive motions (be specific in comment box)
- Almost any movement

**CHECK THE BOX(ES) THAT CORRESPONDS TO THE THINGS THAT MAKE YOUR PAIN BETTER  
(SELECT ALL THAT APPLY)**

- Nothing
- Physical Therapy or Massage
- Over the counter medications
- Prescription medications

## RANGE OF MOTION - SELECT ONLY ONE PER ROW

1. Describe range of motion AT REST in left column
2. Move affected area in natural range of motion.
3. Stop where pain begins to increase - describe ROM on scale listed below

### AT REST

- 0 None No Joint Movement
- 1 Poor Severe Joint Restriction
- 2 Fair Moderate Joint Restriction
- 3 Good Mild Joint Restriction
- 4 Normal No Joint Restriction

### WITH MOTION

- 0 None No Joint Movement
- 1 Poor Severe Joint Restriction
- 2 Fair Moderate Joint Restriction
- 3 Good Mild Joint Restriction
- 4 Normal No Joint Restriction

**PLEASE LIST ALL PAIN MEDICATIONS THAT YOU ARE CURRENTLY TAKING FOR THIS COMPLAINT INCLUDE NAME, DOSE AND HOW OFTEN**

---



---

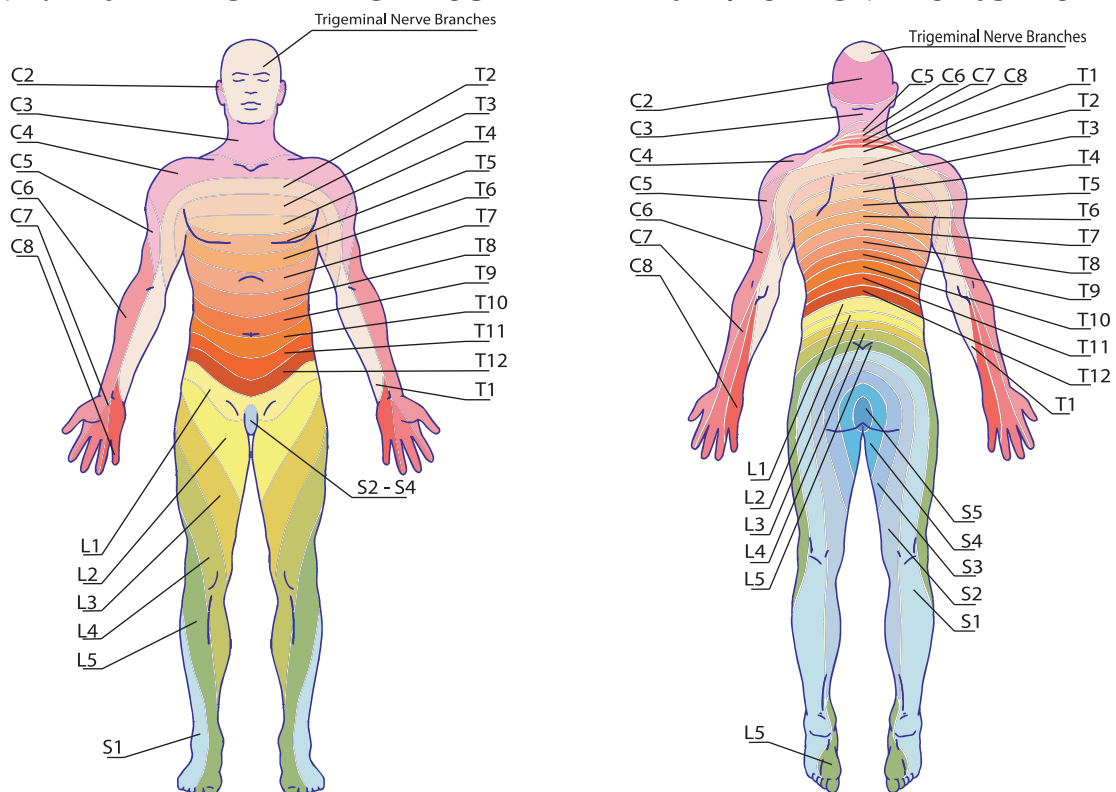


---



---

## DERMATOME: AN AREA OF THE BODY SUPPLIED BY NERVES FROM A SINGLE SPINAL ROOT





## FREQUENTLY ASKED QUESTIONS

Q

### What is Photobiomodulation Therapy?

Photobiomodulation (PBM) Therapy is the application of Red and Near InfraRed light to tissue that is injured, sick, degenerating or aging. The absorption of this light and has been clinically proven to:

- Increase energy production
- Increase circulation
- Reduce oxidative stress
- Reduce inflammation
- Trigger cell specific repair processes

These cellular mechanisms result in

- Improved muscle performance
- Increased exercise times and capacity
- Reduced pain
- Improved joint motion
- Enhanced wound healing
- A release of certain brain compounds that positively affect mood and sleep
- Improved immune function
- Faster and better quality tissue repair
- and much more.

Photobiomodulation is safe, relaxing, and has no known negative side effects.

Q

### How does PBM Therapy work?

The effects are photochemical, just like photosynthesis in plants. When the correct parameters are used, light reduces oxidative stress and increases cellular energy (ATP). This in turn improves cell metabolism and reduces inflammation.

PBM Therapy appears too good to be true as it has many applications, but really it does just one thing and it does it very well. **It reduces oxidative stress.** Oxidative stress is essentially an imbalance between

the production of free radicals and the ability of the body to counteract or detoxify their harmful effects through neutralization by antioxidants, is critical in helping the body recover. **Oxidative stress is accepted as the underlying trigger for most diseases and degenerative conditions.** It is also a component in the inflammatory phase of acute and chronic injuries. Extensive research during last two decades has revealed oxidative stress can lead to chronic inflammation, which in turn contributes to chronic diseases including cancer, diabetes, cardiovascular disease, neurological disorders and pulmonary diseases.

Q

### What can PBM Therapy work for?

Photobiomodulation therapy has been effectively used as a non-medical intervention for reducing recovery time resulting in athletes:

- Running faster and longer with less fatigue
- Lifting heavier weights
- Achieving higher benchmarks sooner
- Recovering more quickly from injuries

As a non-medical intervention for musculoskeletal conditions such as:

- Arthritis
- Muscle soreness
- Joint pain and stiffness

As a non-medical intervention for inflammatory conditions such as:

- Fibromyalgia
- Chronic fatigue
- Rheumatoid arthritis
- Psoriatic arthritis

As a non-medical intervention for other painful conditions such as:

- Neuropathy
- Shingles
- Poor circulation

As a non-medical intervention for accelerating visceral fat loss

Many therapies only address symptoms, without addressing the source. PBMT works at the cellular level, stimulating repair and normalizing cell function.

Unlike drugs and surgery, PBM Therapy safely and effectively

- Promotes cell regeneration
- Reduces inflammation and pain

PBM Therapy

- is non-toxic
- is non-invasive
- has no side effects



### What will I feel?

PBM Therapy does not heat tissue, it does however increase circulation so a warming sensation is often experienced. Reported subjective feedback:

- "Temporary euphoric feeling"
- "Increased energy levels"
- "Improved sleep patterns"
- "Improved mood"
- "Improved skin clarity and tone"
- "Improved bowel function"
- "Decreased swelling of extremities"
- "Increased energy"
- "Increased mental clarity"
- "Increased general sense of well being"

These outcomes may not apply to every person, and are not intended to guarantee, promise, represent and/or assure that anyone will achieve the same or similar results.

Occasionally some clients may experience mild fatigue, discomfort, or aches after treatment. These responses should reduce after 24-48 hours, if they persist notify your technician at your next appointment.



### How is PBM Therapy applied?

PBMT can now be delivered to the entire body using a state of the art FULL BODY DELIVERY SYSTEM called TheraLight FIT. Now in just 10 minutes, a full body light session that targets inflammation and stimulates repair can be delivered.



### What session times are recommended?

10 minute sessions 2-3 x per week.



### How many therapies are needed?

Every person's condition is unique, therefore their treatment course is as well. However there are some general rules of thumb that apply to PBM Therapy.

- Acute injuries and inflammation from muscle strains and sprains, cuts, bruises, burns, etc typically show very rapid improvement and can resolve in 1-2 weeks.
- Long-term, chronic conditions can take 2-3 weeks to get significant benefits, weeks to months for maximum benefits, then weekly or bi-weekly sessions may be necessary to maintain benefits.



### Does it get hot inside the bed?

No. The LEDs are cooled by a patent-pending cooling system to keep you comfortable.



### How often will I need to have the PBM Therapy?

It is recommended 3 x per week for 2 weeks then reduce to 2 x per week until goals are met. At that time you can reduce to 1 x per week for maintenance and wellness.



### What scientific evidence is available?

To date there are over 550 Randomized Controlled Trials (RCTs) and over 4000 laboratory studies have been published using PBM devices. PBM Therapy is used in thousands of clinics, hospitals and elite sports institutions in over 70 nations. There are approximately 40 new papers per month being published. The primary evidence is in musculoskeletal pain and dysfunction, however a wide variety of conditions are being studied as well. To review the published research, go to PubMed.gov and search by the terms Photobiomodulation, LLLT or Low Level Light Therapy.



### Is this FDA approved?

The TheraLight FIT Full Body Wellness Light Pod is a General Wellness Device. General Wellness Devices are exempt from premarket notification (510k). Therefore, the TheraLight FIT Full Body Wellness Light Pod does not require FDA clearance or approval, instead must be registered with the FDA under defined Intended Uses. The device is built according to current Good Manufacturing Practices (cGMP) and is in compliance with applicable standards as required by FDA.

THE CLASS I INTENDED USES ARE:

- Restoration of motion to joints
- Redevelop muscles
- Adjunct to obesity as part of a diet and exercise program

THE CLASS II INTENDED ARE:

- Relaxation of muscles and relief from muscle spasms
- Temporary relief of minor muscle and joint aches, pain and stiffness
- Temporary relief of minor pain and stiffness associated with arthritis
- To temporarily increase blood circulation

**Q**

**Are there any contra-indications?**

Pregnancy and cancer and clients that have had organ transplants. More research is necessary to detect any potential adverse effects on patients with these conditions before PBM Therapy can be utilized by these clients.

**Q**

**Can children use it?**

With parental informed consent.

**Q**

**Do I need eye protection?**

All persons present during device operation must wear approved TheraLight FIT protective eyewear. Prescription contacts or glasses can be worn under TheraLight FIT goggles.

