



Chronic pain continues to affect more than 1 in 5 U.S. adults.

According to CDC during 2021, an estimated 51.6 million adults (20.9%) had chronic pain lasting 3 months or longer, and 17.1 million (6.9%) had high-impact chronic pain - severe enough to restrict daily activities.¹

When left untreated, chronic pain can become more complex in its pathophysiology. Early management of acute and chronic (intractable) pain is critical to alleviate worsening chronic diseases, comorbidity, depression, anxiety and stress, dependence on pain medications, lost wages, and reduced quality of life. Chronic pain can take on a life of its own.

This issue focuses on 2 painful conditions – the proverbial PAIN in the NECK and PAIN in the BUTT (Sciatic Neuritis).

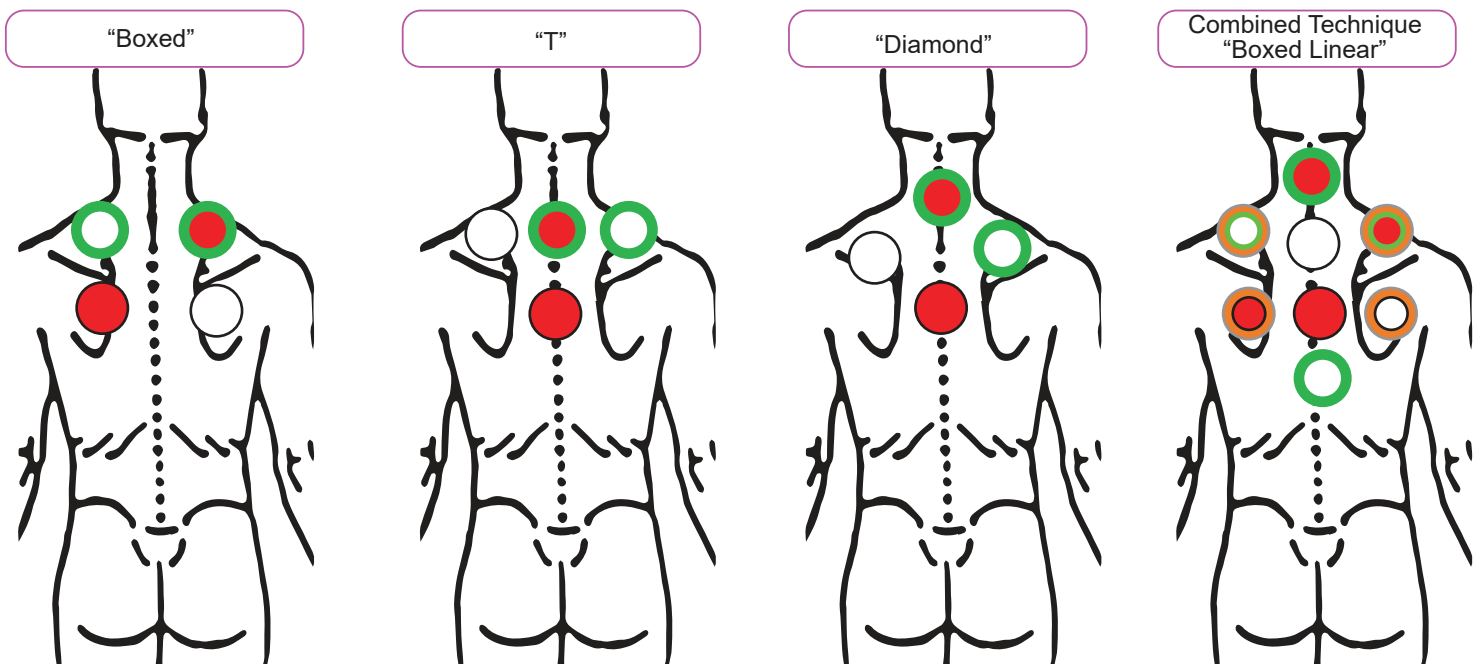
Who of us have had an occasional pain in the neck? Most of us can say we have experienced it at least once in our lives. For some people, their neck pain is constant and debilitating, which is why they seek your help.

Neck pain is one of the top five causes of pain in the United States. It can be caused by various conditions such as: degenerative disc disease, pain due to a fall or an injury such as whiplash, cervical osteoarthritis, spinal stenosis, herniated disc, or a pinched cervical nerve, etc. Even poor posture from leaning over a computer or working hunched over a workbench can cause strains in the neck muscles. Whether neck pain is caused by the muscles, nerves, bones (vertebrae), joints and/discs, suffering with acute or chronic neck pain can be a real pain in the neck.



RST-SANEXAS neoGEN® treatments can help relieve neck/back or cervical pain.

RST-SANEXAS neoGEN® BASIC PLACEMENT GUIDELINES NECK/BACK – CERVICAL REGION



Reference: 1. [Judy George](https://www.medpagetoday.com/neurology/painmanagement/104010), Deputy Managing Editor, MedPage Today April 13, 2023. Chronic Pain Affects 21% of Americans, CDC Reports.
<https://www.medpagetoday.com/neurology/painmanagement/104010>

Sciatic Neuritis -“pain in the butt”

The sciatic nerve is the longest, largest nerve in your body and is about the size of a man’s thumb in some areas. It travels from the lower back, radiates deep into the buttock, and goes down the leg to the feet. Irritation or compression of the sciatic nerve causes pain accompanied by numbness, weakness, and loss of function.

The nerve is made up of five nerve roots: two from the lumbar spine and three from the pelvis running through the piriformis gluteal muscle area coming together to form the right and left sciatic nerve. It continues down the back of the knee where it divides into 2 nerves (tibial and common peroneal nerve.) Pain associated with sciatica may be a symptom of some underlying medical conditions such as 1. degenerative disc disease, 2. spinal stenosis, and 3. piriformis muscle syndrome, etc. Poor workplace ergonomics can be a contributing factor. The sciatic nerve can become irritated causing inflammation. Symptoms may be felt on only ½ of the body and depends on where the sciatic nerve roots are compressed.



Sciatica is a symptom of a medical problem, not a condition by itself. Finding the source of the pain and treating it is important.

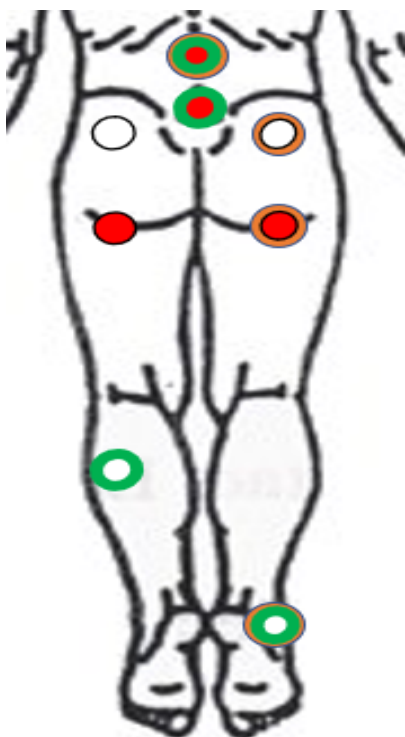
About 10% - 40% of people (more often men) aged 40 years or older suffer from pain associated with sciatic neuritis. The pain is worse when sitting or standing which is why many patients walk bent over to relieve the pain. If left untreated, sciatica can potentially cause permanent nerve damage and other complications can occur.

The goal as healthcare providers is to decrease the pain associated with sciatic neuritis, improve muscles weakness, and rehabilitation. RST-SANEXAS neoGEN® Electric cell-Signaling Treatments (EcST) can help reduce the source of the pain by increasing electric cell stimulation around the nerves, relaxing the muscles pinching the nerves, and improving physical movement. Adding functional medicine approaches in your patient’s treatment plan is also important as well as self-care at-home remedies.

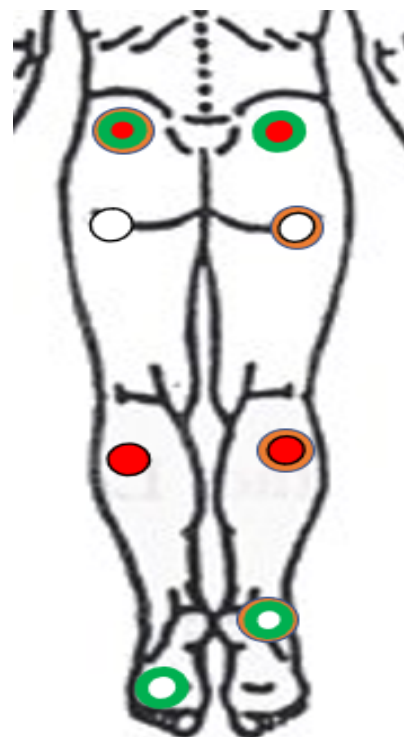
RST-SANEXAS neoGEN® BASIC PLACEMENT GUIDELINES

Bilateral Sciatic

“Stacked Linear”



“Crossed Linear”



All Diagrams shown are using Standard Cup Electrodes. Those are not the only electrode options you can use.

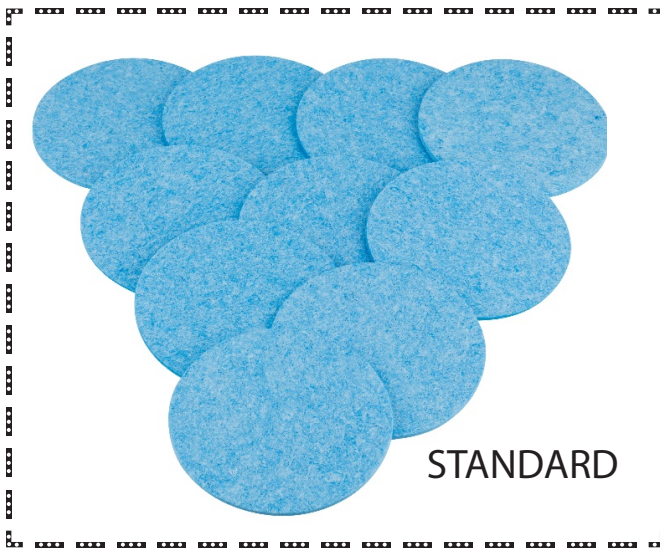
The distal electrode, or in this case the White/Green electrode should be placed lower than the patient’s symptoms. For example, if their sciatic pain radiates down to the back of the thigh or knee, your electrode should be placed on the calf. You can always move electrodes to areas of pain for the patient.

The focal area in this placement will be between the Red and White electrode, which as shown is the primary point of sciatic pain.



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