SCENAR: Therapy for Musculoskeletal Pain

By Jeffrey Tucker, DC, DACRB

I work every day with chronic pain clients and I am often not satisfied with the results. I search for educated answers and I look for innovative therapy for clients to improve their problems. This has led me to use many cutting edge modalities early on in my practice, such as being in a multi-disciplinary practice, laser, kettlebells, ropes, suspension training, vibration and percussion, radial shock wave therapy, instrument-assisted soft tissue tools and SCENAR therapy. SCENAR is an acronym for Self Controlled Energo-neuro Adaptive Regulator:

SC = Self-Controlled. The device establishes a biofeedback link with the body and changes the electric impulses, depending on the measured reaction from the body.

EN = Energo-Neuro. The effect of SCENAR is based on electric impulses of a specific shape, patterned after the natural nervous discharges of the human body.

AR = Adaptive Regulator.

SCENAR therapy sends low frequency electrical impulses into the tissues, causing a variety of responses based on the type of electrical wave and frequency settings. Therapeutic outcomes include increased circulation, decreased swelling, decreased pain, increased function and decreased healing time.

My first profound experience with SCENAR therapy occurred in my office with a 56-year-old male who presented with acute neck-shoulder pain related to being rear-ended in a motor vehicle accident. During the history, he neglected to mention he had a chronic shoulder problem for the past five years. While performing the examination, I asked him to "raise both arms over your head" in preparation to do an overhead squat evaluation. He said, "you’ve got to be kidding!" He was so used to living with only 90 degrees of right shoulder flexion that he forgot to tell me about his shoulder dysfunction. I was overwhelmed when he described all of the previous physical therapy and other treatments trying to resolve the problem without improvement.
My first conscious impulse was that this shoulder problem must not be coming from his neck or shoulder, but then where was it coming from? I am a chiropractic "product" of the late 70’s and early 80’s. That means I was taught lots of diversified adjusting along with modalities and nutrition. And just like you, I have an immense longing, a hunger, to help patients to get something back that is lost (become pain-free, increase range of motion, a better night’s sleep, a more shapely body). I recognized early on that the body has many areas of vulnerability – the lumbar spine, the cervical spine, the shoulders, the knees and the elbows. No matter what area a patient has pain in there is often a kinetic chain effect of muscle/fascial imbalance on movement patterns. I understand pain in one region of the body is likely caused by dysfunction in another region of the body. This can be especially true for neck-shoulder dysfunction. I continued to document and perform my evaluation process with him - including static posture assessments, ROM, ortho- and neuro-testing, functional movement assessments, and fascial, muscle and joint biomechanics.

The obvious findings were Janda’s "upper crossed syndrome," characterized by a rounding of the shoulders and a forward head posture. He had ROM limitations in the cervical spine and right shoulder. There was some cervical soft tissue swelling. The Standing Shoulder Flexion Test performed with the head, thoracic spine, buttocks and heels against the wall caused early and excessive low back arching indicative of overactive erector spinae, pectoralis major/minor and latissimus dorsi muscles. To further assess his soft tissue/fascial component and initiate some treatment (the first encounter with this case was on a Friday mid-morning) at the same time, I decided to start with the Self-Controlled Energy Neuro-Adaptive Regulator (SCENAR). I was particularly concerned about this client’s acute pain, which is the most common complaint to be dealt with in the SCENAR therapy.

**Using the Tool**

With my client in the supine position, I used the SCENAR directly on the skin over his entire spine and paraspinal muscles, feeling for fascial restrictions. I detected restrictions over the latissimus dorsi attachments at the thoracolumbar fascia. Repeatedly moving the device over the skin allows the practitioner to release fascial adhesions and improve glide over isolated muscles or within muscle groups. At the same time, the device generates electrical impulses that are physiologically similar to neuro-impulses. The client feels a comfortable "buzzing" sensation over the skin that is set to their tolerance. SCENAR treatments help block the transmission of pain impulses in the nerve endings of the peripheral nerve fibers, and reduction of the edema around the nerve fibers leading to reduction of pressure effects on nerves and vessels. This
improves normal tissue viscosity. The body tissues directly influenced by the SCENAR are the skin, the fascia, the muscular system, lymphatic system and the nervous system. The glandular, digestive and bony systems are indirectly influenced by concentrating on acupuncture points.

My second session with this client occurred on Monday (first session was on Friday). The patient said, "I want to show you something," and he lifted his right arm overhead to a full 180 degrees. He added, "I was going to call you over the weekend but I wasn’t sure if it was real and going to stick." Here we are months later and the chronic shoulder issue is resolved.

The SCENAR technique is especially useful for covering the entire posterior surface of the back and paraspinals. The variable sensations that the device delivers provides sufficient force to overcome the density of the erector spinae muscles and spinous ligaments and can be applied over the nerve trunks. Although patients usually report feeling relaxed, the device has a stimulating effect upon the nerves. A sensation is conveyed from the site of application on the body that can travel outward for 2-3 inches or further. I find the SCENAR device helps to detect trigger points, altered sensations and painful damaged soft tissue areas.

References

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