

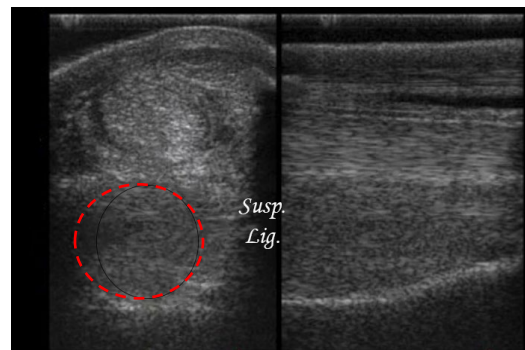
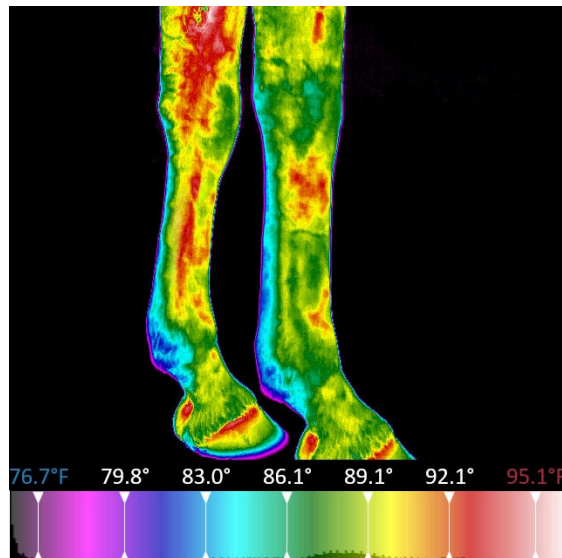
MR5 ACTIVet Pro

Suspensory Ligament Desmitis

Inflammation within the suspensory ligament is referred to as desmitis or suspensory desmitis. The etiology is always repetitive stress, and it usually occurs in equine athletes with an elongated cranial phase to their stride. This inflammation can occur proximately at the ligament's attachment, within the main body, or either of the distal branches. Upon ultrasonic evaluation, this tendinopathy will initially manifest as small hypoechoic areas that correlate to a strain that, if left untreated, will result in a tear.

Photonic energy penetrates deep within ligamentous tissue, reducing inflammation and initiating remodeling. This process increases microcirculation, enhances cellular nutrition, and removes waste products, **all of** which promotes the collagen fibers' maintenance of alignment during the healing process. Healthy, strong, elastic tendon cells align, ensuring good tensile strength, filling the deficit, and preventing scar tissue formation.

Hyperthermia throughout the suspensory ligament



Utilizing the MR5 ACTIVet Pro, determine settings using the Priority Principle.

Acute Phase: (hemorrhage has ceased)

Treat on-contact if possible and non-contact **hovering** if painful.

Using a scanning technique **1cm/sec**, start at the ligament's origin and proceed distally to the insertion, delivering more energy directly to any known lesions.

Pain: 1000 Hz, 1000 – 3000 Hz, 5000 Hz. Apply each using a scanning technique from the origin to the insertion.

Swelling and Edema: 1000-3000 Hz, on contact, proximally to distally.

Inflammation: 50 Hz, on contact. Red light only. Directly over known inflammation.

Rehabilitation and Recovery:

Treat on-contact if possible and non-contact **hovering** if painful.

Using a scanning technique, **1cm/sec** start at the ligament's origin and proceed distally to the insertion, delivering more energy directly to any known lesions.

Tissue Repair: 250 Hz, enough time to saturate all lesions

Blood Flow: Apply on-contact at a setting of 50 Hz, using a scanning technique, distally to proximally.

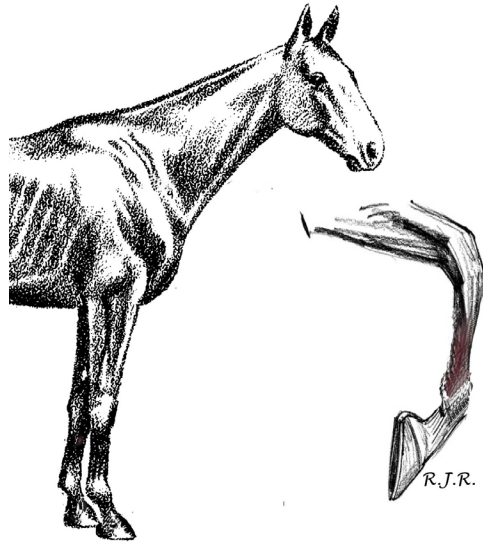
- Placing the emitter on the artery proximally and bilaterally to the injury for two minutes will increase blood flow, which will result in increases in the oxygen and nutrient levels at the site of the injury; this is photochemotherapy.

Range of Motion: Administer while placing structure through a PROM exercise. 1000 Hz directly over lesion(s).

Strength: 250 Hz. Scanning technique over entire anatomical structure.

Insert a QR code here that links to a short video demonstrating this application technique.

Illustration if needed for clarity on application technique. Can be cropped or enlarged as needed



Periodic ultrasound studies will evaluate the healing process.

Sequential ultrasound studies monitoring the healing progress

Twenty-four hours post-injury



Sixteen Days post-injury





Forty-two Days post-injury



Sixty-two Days post-injury

My illustration for the acupuncture points:

Acupuncture points for metacarpal pain:

Bowed tendon, superficial and deep tendon strains, suspensory desmitis:

BL 18, BL 19, GB 34, KI 3, LV 3, LI 4, TH 1, PC 9

