The Svenson Chair

SVENSON

The Svenson Chair

The Svenson Chair is a unique, proprietary medical device which automatically trains the coordination, function and strength of the Pelvic Floor Muscles/related core muscles (Thighs, the muscles of the hipbone area and the glutes). The chair is non-invasive and treats Urinary and Fecal Incontinence, Sexual Impairment in women, Erectile Dysfunction in men, Overactive Bladder, Lower Back Pain, Pelvic Pain, Spinal Stability Issues, Cellulite, and Osteoporosis – It is also used for post-prostatectomy rehabilitation and pregnancy recovery. It works by sending magnetic pulses to the patient while he or she is seated, stimulating the autonomic and somatic nerve pathways in the pelvic floor, invigorating the pelvic floor musculature. Users enjoy maximum comfort and remain fully clothed during treatments. There is no specialized medical training or specialized personnel required to operate the chair.

Complementary with Kegel Exercises

- Svenson Chair can be used both as a **complementary** and as a **“stand-alone”** treatment in treating all indications where Pelvic Floor Muscle exercises (“Kegel” exercises) are prescribed or recommended for treatment.

- Kegel exercises have been prescribed by doctors since more than 60 years as the first-line treatment against Urinary Incontinence and various other Pelvic Floor Disorders. Kegel exercises have been proven to be effective in many clinical trials. Not only in relation to Stress Urinary Incontinence but also in relation to many other pelvic floor disorders, including Sexual Function/ Erectile Dysfunction.

- Kegel exercises are effective but there are some inherent issues which make it difficult to carry out the Kegel exercises correctly. Similarly, in relation to lower back pain, it is impossible for a person to train themselves the muscles responsible for spinal segmental stability because these muscles are too deep and too small (i.e. the Multifidus). This is where the Svenson Chair, as a complementary treatment, proves its effectiveness.

Treatment in the following pelvic floor disorders

- Improving sexual and urinary health after childbirth
- Stress Urinary Incontinence
- Overactive Bladder & Urge Urinary Incontinence
- Erectile dysfunction
- Male incontinence and ED after prostatectomy

Kegel Exercises

- Pelvic Floor Muscle exercises are known as “Kegel” exercises.
- Arnold Kegel (American gynecologist):
  - Arnold Kegel popularized in 1948 exercises of the PFM initially for women to improve sexual and urinary health after childbirth.
  - Arnold Kegel employed the principle of functional restoration of a segregated group of muscles – well established in orthopedics, neuromuscular, and plastic surgery and physical medicine and rehabilitation, applying it to the PFM
  - Arnold Kegel recognized that surgery to correct vaginal, urethral, and rectal incontinence could be facilitated by preoperative and postoperative PFMT to improve the texture, tone, and function of the perineal muscles.
- Kegel exercises have been proven to be effective in many clinical trials.

Inherent problems with Kegel exercises:

01

Most persons are not able to identify / feel their pelvic floor muscles

- Patients are often not able to feel or identify their Pelvic floor muscles and thus they do not know which muscles they have to train and how.
- For that they often need a trained physiotherapist who helps them identifying the right muscles. This is often done in an uncomfortable way (i.e. touching the genital organs). Also the physiotherapist needs to regularly check the patient to ensure he/ she is still carrying out the exercises correctly.
- Please note that it is very important to train the right muscles. If patient trains the wrong muscles (i.e. abdominal muscles) then there is a risk that the incontinence issue gets worse rather than improves.

02

Carrying out Kegel exercises requires daily active commitment

A patient must be willing to do active training every day for 3 times per day for a long period of time. Many patients, especially older patients do not have the energy or time to do this. Often patients start ambitiously with the Kegel training exercises and they are realizing some initial benefits but then after a few months they get disappointed by the low results in relation to the efforts or expectations, and they decide to stop the exercises.

03

Not easy to intensity the training

As with any type of muscle training, after being able to carry out the exercises at low intensity (which helps with improving the function), the patient must be motivated to strengthen the intensity of the exercises (stronger muscles can only be realized by gradually increasing the intensity of the exercises). With persons doing their own Kegel exercises at home it is very difficult to increase the intensity of the training.

Summary

1

The Svenson Chair automatically trains the muscles of the Pelvic Floor and of related muscles such as the thighs, the hip bone and the glutes. In addition, other “Core” muscles such as the Multifidus & Transversus Abdominis (these 2 muscles have a very important role in spinal segmental stability and avoiding lower back pain)

2

Pelvic Floor Muscle Training (PFM) has been known since 1948 as “Kegel exercises” and is the most important conservative (non-surgical) first line treatment in treating many pelvic floor disorders.

3

Kegel exercises, when carried out correctly, have been proven to be effective by many clinical trials, including Urinary Stress Incontinence, Erectile Dysfunction, Lower Back and Pelvic Pain, Pregnancy recovery, Fecal Incontinence, spinal stability, cellulite, and osteoporosis.

4

However, Kegel exercises (self-exercises) have some inherent issues which make them difficult to carry out consistently and correctly -This where the Svenson Chair becomes a game changer.

5

The Svenson Chair solves these inherent issues of Kegel exercises and can be used as a complementary or a stand alone treatment in all indications where Kegel exercises are prescribed.

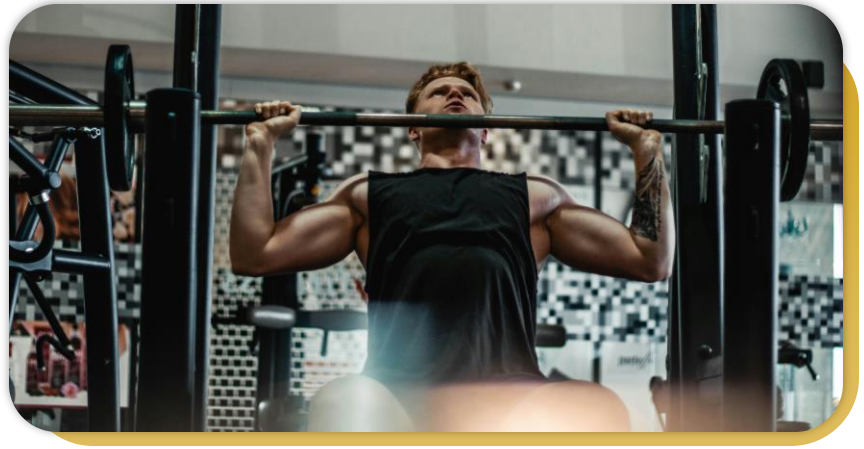
6

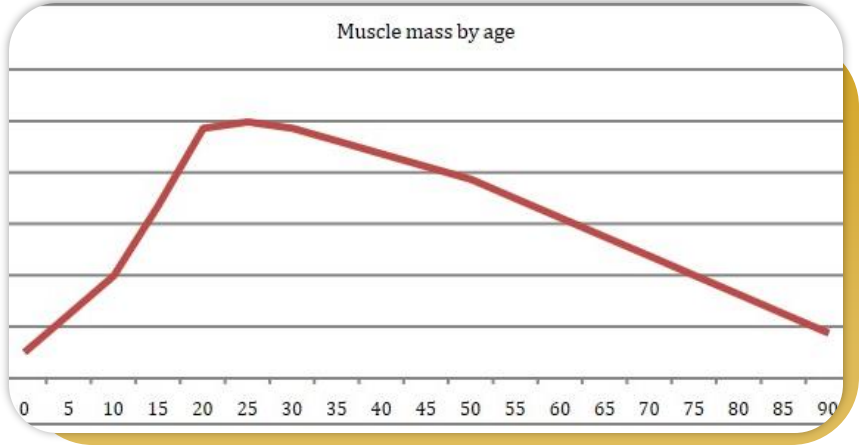
Functionally, the Svenson Chair is using repetitive Peripheral Muscle Stimulation (rPMS) and the repetitive muscle contractions and relaxations results in improved coordination, function, and strength of the Pelvic Floor Muscles.

Muscle Training With The Svenson Chair

Svenson Chair = Automated Training of Muscles

- The Svenson Chair training program follows the key principles of muscle training.
- Muscle mass normally grows until the age of 25 or 30 after which the muscle mass normally starts to decrease with about 1% per year and after the age of 50 even faster. The losing of function and strength of muscles is a key cause for many chronic diseases. In order to maintain function and strength of muscles it is important to regularly use them or train them (“use it or lose it!”)
- The human body of an adult person consists for about 35%-42% of skeletal muscles.





Impact of The Svenson Chair

On Human Tissue and on the Pelvic Floor

01

Muscle contractions

- Magnetic stimulation of peripheral nerves provoke muscle contractions and facilitate the stimulation of autonomic and somatic nerve pathways in the pelvic floor.
- Motor evoked potentials are triggered in the pelvic sphincter muscles.

02

Impact on slow-twitch and fast-twitch fibers

- The Svenson Chair helps the patient to learn how to use certain muscles, resulting in improved function and coordination between the muscles of the Pelvic Floor and increased strength (hypertrophy).
- The Svenson Chair trains both the fast-twitch (type II) and the slow-twitch (type I)
- muscle fibers (via different frequencies and intensities).
- Thereby it ensures that PFM are able to respond better to a sudden increase in intra-abdominal pressure.
- also ensures improving of the resting urethral closure pressure.

Svenson Chair Leads To Improved Coordination of the Pelvic Floor Muscles

- The Pelvic Floor Muscles are a highly complex set of muscles.
- For the function of the Pelvic Floor Muscles it is important that the muscles work together in a coordinated manner.
- The Svenson Chair does not selectively exercise individual muscles, but affects the entire
- muscle system of the pelvic floor and muscles in the hip, buttock and thigh region. All important muscles are strengthened at the same time; the muscles that are the weakest due to a lack of activity are strengthened particularly effectively.
- This significantly improves the requirements for regaining specific muscle coordination.

As a result of the depolarization of the motor nerves, the extracorporeal magnetic stimulation also causes an intracorporeally generated return flow of proprioceptive data to the brain.

It has been shown that an internal return flow of sensory information, generated through external stimulation, is able to change the cortical representation in the long-term; in addition it is able to improve the personal perception and controllability of individual muscle functions and indirectly also their coordination.

Technology of The Svenson Chair

Svenson Chair makes use of the underlying technologies of Q-rPMS and ExMI.

- **rPMS =** Repetitive Peripheral Muscle Stimulation.
- **ExMI =** Extracorporeal Magnetic Innervation.

How does Electromagnetic Stimulation work?

The Svenson Chair produces a highly focused, time-varying magnetic field that penetrates deep into the perineum in turn stimulating innervation of the pelvic floor muscles. IT works by activating all branches of the pudendal and splanchnic nerves, which provokes muscle contraction.

Pulsed Electro Magnetic fields On Human Tissue

- High electric currents are applied to a surface stimulation magnetic coil which is integrated in the SVENSON CHAIR.
- These electrical currents generate pulsed electromagnetic fields - Repetitive, short magnetic field pulses with a duration of 200 to 500µs and a magnetic flux density of up to 1 Tesla.
- At the tissue level, these time varying electro magnetic fields induce electrical eddy currents by an ion flow in the soft tissues of the pelvic floor.
- This flow of ions establishes differences in voltage between two spatial points (depolarization of resting motor neurons).
- If the voltage gradient is sufficiently strong and the change of field is rapid, membrane depolarization occurs.
- This membrane depolarization generates an action potential along adjacent peripheral nerve tissue. The action potential propagates naturally down the axon through the usual Na+ and K+ ion fluxes.
- After these impulses reach the motor endplate, the pelvic floor muscle responds by contracting. Unless the output pulse rate exceeds the ability of the muscles to contract and relax, the muscles contract and relax with each pulse.

Old ExMI Technology

- **Introduction and FDA Approval:** Introduced in 1999 in the USA and obtained FDA approval.
- **Clinical Trials and Acceptance:** Despite numerous clinical trials and positive patient testimonials, it was not widely accepted by professional urologists, uro-gynecologists, and physiotherapists.
- **Limitations:** Failed to prove effectiveness in rigorous double-blind randomized controlled trials (RCTs). Specifically, it did not demonstrate statistically significant differences compared to sham treatments.
- **Outcome:** Did not achieve widespread adoption due to lack of robust evidence from high-quality RCTs.

Svenson Chair Enhanced ExMI Technology

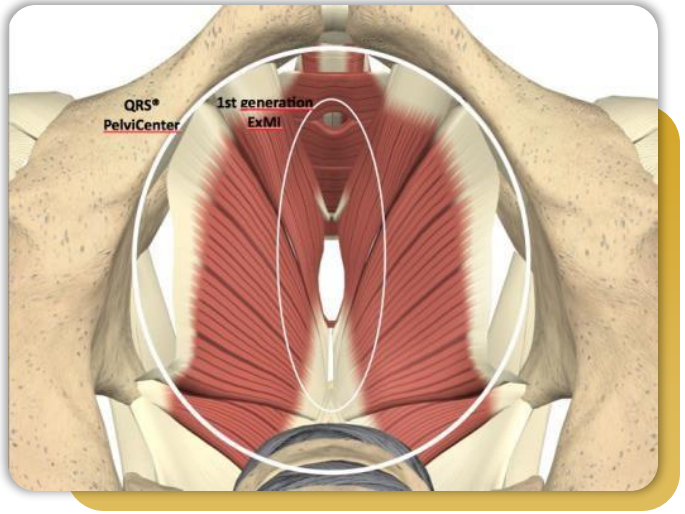
- **Research & Development:** Over the last decade, Svenson has invested significantly in research and development, leading to substantial improvements in ExMI technology.
- **Revolutionized Technology:** Resulted in the development of a highly effective and unique treatment approach.
- **Double Blind RCTs:** For the first time, conducted high-quality professional double-blind clinical control trials.
- **Evidence of Effectiveness:** These trials conclusively demonstrate the effectiveness of Magnetic Stimulation in treating Pelvic Floor Disorders, including Stress Urinary Incontinence.
- **Current Position:** Svenson Chair's technology is now recognized as the most effective non-surgical solution for Stress Urinary Incontinence and other Pelvic Floor Disorders.

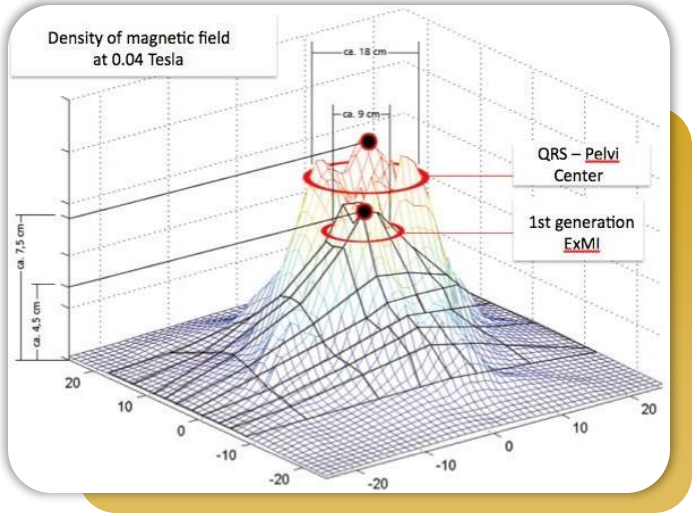
Differences Between The Svenson Chair and Electric Stimulation

- Electrical stimulation directly stimulates the nerves. Magnetic stimulation generates an ion flow and eddy currents to which nerve tissue is particularly sensitive.
- Spatial distribution of the Magnetic field is larger and has the space of a hollow “dough-nut” in contrast to the limited “bull’s eye” field that is created by electrical stimulation
- Most importantly, a magnetic field is unaffected by tissue impedance and can thereby reach deeper into the Pelvic Floor. Electrical stimulation requires relatively high voltages at the skin compensate for decay as the current traverses soft tissue and bone.
- Electrical stimulation is more painful and some clinical tests show that with electrical stimulation the episodes of incontinence can increase rather than decrease.

Svenson Chair Technology

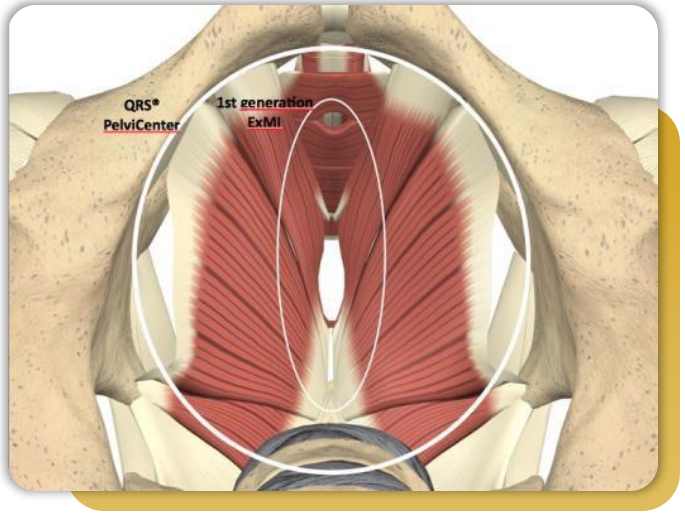
- **Stronger and Stable Magnetic Field:** The Svenson Chair features a much stronger and more homogeneous magnetic field, ensuring consistent performance.
- **4-Arm Magnetic Coil System:** Replaces the 2-arm system, enhancing effectiveness and coverage.
- **Reduced Energy Loss:** Minimal energy loss ensures more efficient energy delivery to patients, allowing for longer treatment durations without overheating.
- **Extended Operating Time:** Can operate continuously for over 8 hours per day, compared to older systems requiring cooling down after short sessions.
- **Longer Pulse Length:** Delivers deeper and wider stimulation in the pelvic floor, improving overall effectiveness.
- **Enhanced Stimulation Coverage:** Produces a broader "bell-form" magnetic field, stimulating more muscles and deeper tissues compared to older "knife-form" or "needle-form" fields.
- **Comprehensive Muscle Activation:** Trains all pelvic floor muscles and core muscles including thighs, hips, and glutes, aiding in urinary incontinence treatment and core stability exercises.

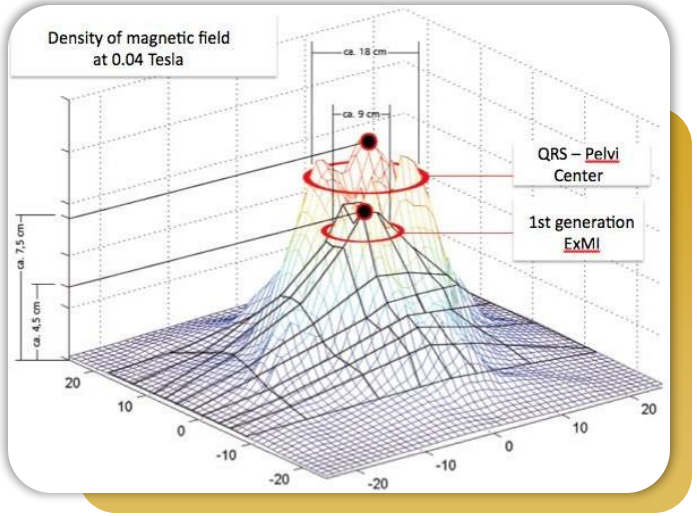




Svenson Chair Technology

- **Movable Magnetic Coil:** Allows precise positioning tailored to patient size and condition, targeting specific pelvic floor muscles effectively.
- **Ramp-up Functionality:** Gradual intensity increase for patient comfort and effectiveness, minimizing abrupt shocks during treatment.
- **Programmable Chipcard:** Enables personalized treatment programs for different indications, ensuring optimal therapy delivery.
- **Overhead light therapy:** Patient sitting in the chair has the option to enable the overhead light therapy to help treat various skin conditions such as acne and wrinkles. The light also helps to reduces the debilitating and depressive behaviors of SAD, such as excessive sleepiness and fatigue.
- **Built in Bluetooth remote chair monitoring and management:** Enables managers to manage the chair and monitor chair usage remotely
- **Dual screens for entertainment and chair control:** One screen for entertainment while sitting in the chair, one screen to control chair power settings.



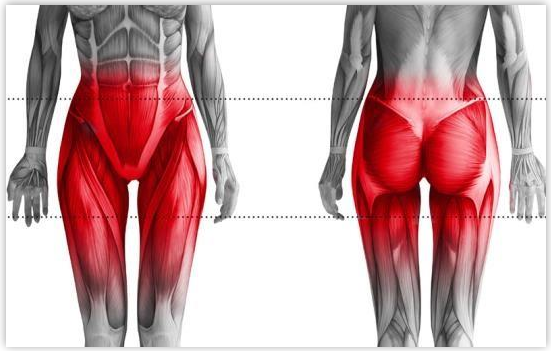


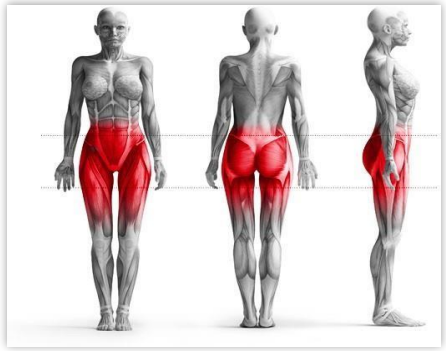
Summary

Comparison of The Svenson Chair with old ExMI technology

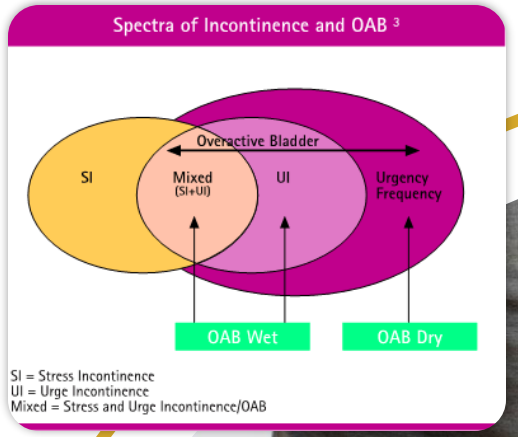
With the Svenson Chair you feel real muscle contractions IN the pelvic floor Important is for doctors to test he Svenson Chair as compared to the older ExMI systems. All doctors who tested the Svenson Chair confirmed that the Svenson Chair has much more power and stimulates the muscles much better. With the Svenson Chair you feel Real Coordinated Muscle Contractions in the Pelvic Floor and that was not always the case with the previous version of the ExMI technology (with the previous ExMI versions, urologists often concluded that the system was only contracting superficial muscles such as the glutes).

The Svenson Chair works on ALL "Core" muscles.





The Svenson Chair and Overactive Bladder (OAB)



OAB = Detrusor Instability. OAB has 5 key symptoms:

- Urgency:
  - Urgency is the most important symptom of OAB
  - Definition of urgency: sudden, compelling desire to pass urine which is difficult to defer
- Frequent urination (but: the amount of urine that is passed when there is an urgent need to urinate is relatively small with OAB)
- Frequent interruptions of sleep because of the need to urinate (nocturia)
- Urinating unintentionally followed by an urge to continue (urge incontinence)
- Involuntary loss of urine occurring for no apparent reason while feeling urinary urgency.

Relationship between OAB, Urgency, and Urge Incontinence:

- OAB patients normally have urge but may or may not have leak
- Urge incontinence patients have both urge and leak.
- Urgency and Urge Incontinence are symptoms of OAB. See graphical overview below.

Overactive Bladder and Pelvic Floor Muscle Training

- The American Urological Association guidelines for OAB recommend that clinicians offer fluid management, bladder training, bladder control strategies, and Pelvic Floor Muscle Training as first-line therapy to all patients with OAB.
- Bladder training is focused on training patients to recognize the contractions or the planned contractions of the detrusor muscle (e.g. in the case of hand washing, key in the door; rising from sitting; running water; cold or rainy weather) and to teach the patients to respond by deploying their (skeletal) Pelvic Floor Muscles at the same time. This is the so-called "quick-flick“ technique whereby the PFMs are rapidly pulsed 3-5 times at the time when urgency is perceived. Quick rhythmic flics of the PFM can preempt the involuntary bladder muscles before they contract; or diminish or abort it after urination has begun.

Effect of Svenson Chair on Suppression of Involuntary Detrusor Activity (Bladder Wall Muscle)

01 Activation of hypogastric nerve (activation of inhibitory hypogastric sympathetic neurons).

02 Stimulates sympathetic fibers, particularly those that maintain smooth muscle tone within the internal sphincter.

03 Stimulates of the pudendal nerve afferent branches which consequently create an inhibitory spinal reflex through vesico-inhibitory pathways at the S3 nerve root.

04 Strengthening of the external sphincter which leads indirectly to detrusor relaxation.

05 Repetitive maximal contraction of the levator muscle complex facilitates the transformation of „fast-twitch“ to „slow-twitch“ muscle fibers. This reconditioning of the skeletal muscle has a positive indirect effect on Bladder Overactivity.

Overactive Bladder and Urinary Incontinence

Additional notes

01 Stimulation of the hypogastric plexus (originated in the spinal segment) result in:

- Relaxation of the detrusor muscle
- Contraction of the internal sphincter, inhibiting urination

02 Stimulation of the parasympathetic nerves (originating in S2-S4) has the opposite effect:

- Contraction of the detrusor muscle
- Relaxation of the internal sphincter

03 Frequency:

- Reduction in number of urinary incontinence episodes (voids) as recorded in bladder diary

04 Severity: Reduction total score ICIQ-UI-SF

05 Increase in bladder volume:

- Increase in the mean and maximum voided volume per micturition (mL)
- Increase in the maximum cystometric capacity (measured by urodynamic study)

06 Urgency: Reduction in the number of urgency episodes per 24 hours

07 Reduction in nocturia

08 Increase in the Quality of Life (for example measured via the V-8 OAB questionnaire; or the IPSS QOL Index)

Lower Back Pain and Spinal Segmental Stability

The Svenson Chair is very effective in treating non-specific lower back pain, especially when caused by segmental instability. It is more effective than self-training or physiotherapy core stability exercises because segmental stability relies on small, deep muscles like the multifidus and transversus abdominis, which can only be effectively trained with magnetic stimulation

Lower Back Pain and Functional (Segmental) Stability:

Structural Stability = Passive

- Contrary to common belief, there is no relationship between lower back pain and damage to structural stability (vertebrae, facet joints, intervertebral discs, spinal ligaments, joint capsules, passive muscle support).
- Without muscles providing functional stability, the spinal cord is unstable.

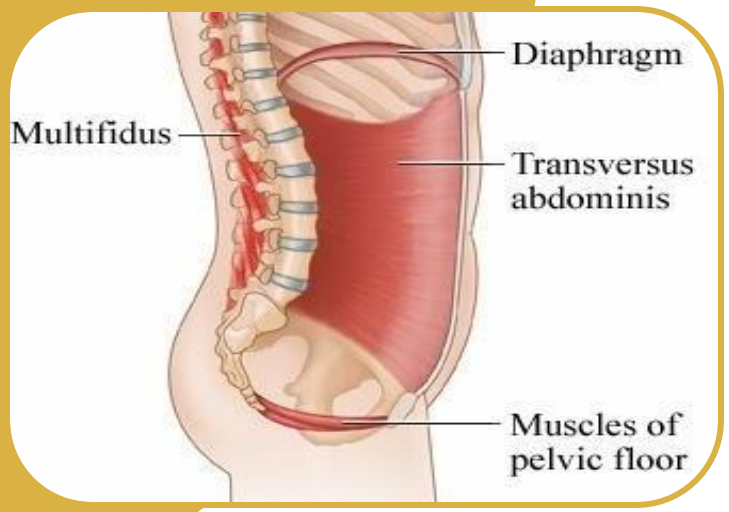
Functional Stability = Active muscles.

- Key stability muscles: transversus abdominus, multifidus, pelvic floor, diaphragm. Lack of movement causes atrophy and loss of "feed-forward" function.
- Lumbar instability (L4-L5-S1) in chronic low back pain involves poor movement control. Muscle control equals pain control (White & Panjabi 1990).
- Core muscles weaken and lose function without movement, affecting stability and pain management.

Control (Central & Peripheral nervous system)

Lower Back Pain and “Core Stability” Exercises:

- Physiotherapy
- ‘muscle activation’ / ‘core stability’ exercices
- “core stability” exercises have a positive effect but inconclusive evidence as to whether “core stability” exercises are more effective than normal physical exercise.
- Core stability exercises often aren't more effective than normal exercises because training these muscles requires a skilled physiotherapist



Lower Back Pain and Pelvic Floor Muscle Exercises:

- Studies show a strong link between lower back pain and pelvic floor muscle dysfunction, stronger than the link with high BMI or inactivity. People with pelvic floor disorders have a higher risk of lower back pain.
- Limited research exists on the effectiveness of pelvic floor muscle training for lower back pain, but it's clear that all core muscles are related and must work together. More research is needed
- The Pelvic Floor is co-active connected to Transversus Abdominus and Multifidus. Training of the Transversus Abdominus indirectly trains the pelvic floor. And training of the pelvic floor has a positive effect on segmental stability (Sapsford et al 2001).
- Also, stimulation of thigh muscles has a positive effect also on other core muscles including “Multifidus” and abdominal muscles.

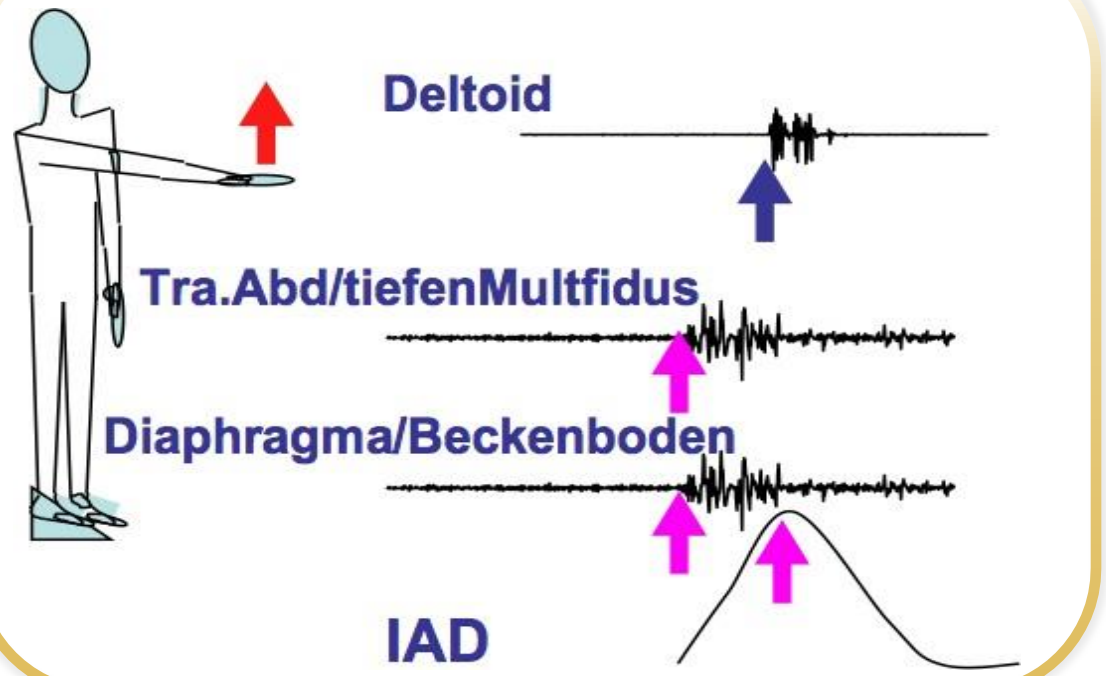
- Spinal Segmental Instability is defined as an abnormal response to applied loads, characterized by movement of spinal segments beyond the normal constraints.
- Instability of the lumbar spine often occurs in L4-L5 or L5-S1
- Distinction between “global muscles” and “local muscles”:
- The Transversus Abdominis and the Lumbar Multifidus are the Primary Stabilizers

Responsible for spinal stability is not the global (superficial) muscles but the deep small local muscles, in particular the “Multifidus” and the “Transversus Abdominis”.

Feed-Forward Mechanism

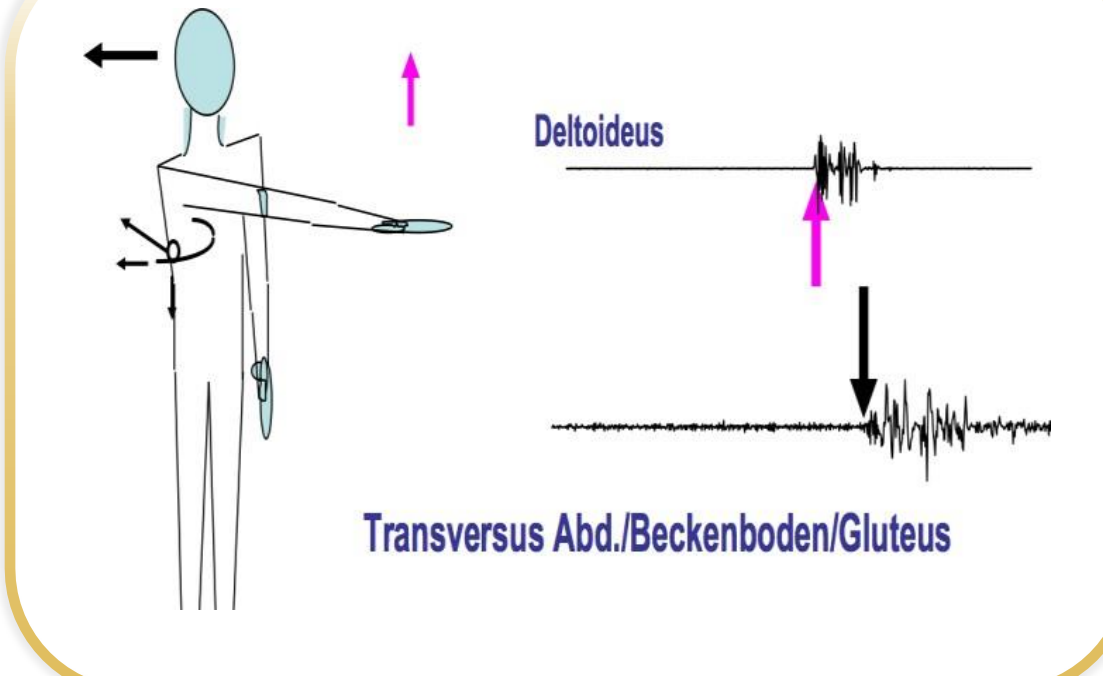
No back pain:

Core muscles anticipate movement



Lower back pain:

Core muscles are 150 milliseconds too late



Svenson Chair and Erectile Dysfunction

The following are some of the key authors who have done detailed studies into demonstrating the effectiveness of Pelvic Floor Muscle Training on reducing Erectile Dysfunction

- **Dorey G et al (UK)**
- **Van Kampen et al (Belgium)**
- **F. Sommer et al (Germany)**

The key conclusions of these studies:

01.

There are many potential causes of ED, the most common denominator is blood flow. The importance of blood flow for sexual function consists of two parts:

- Blood must flow into the penis
- Blood must stay in the penis and must not flow out too quickly

02.

Various studies in Europe show that between 35% and 60% of patients suffering from ED are suffering from so-called “Venous Occlusive Dysfunction”. This means that their skeletal muscles (ischiocavernosus and bulbospongiosus muscle) are too weak to keep the blood trapped in the penis. The result in increased refractory time, less rigid erections, premature loss of erections, the inability to achieve an erection and reduction in ejaculatory force

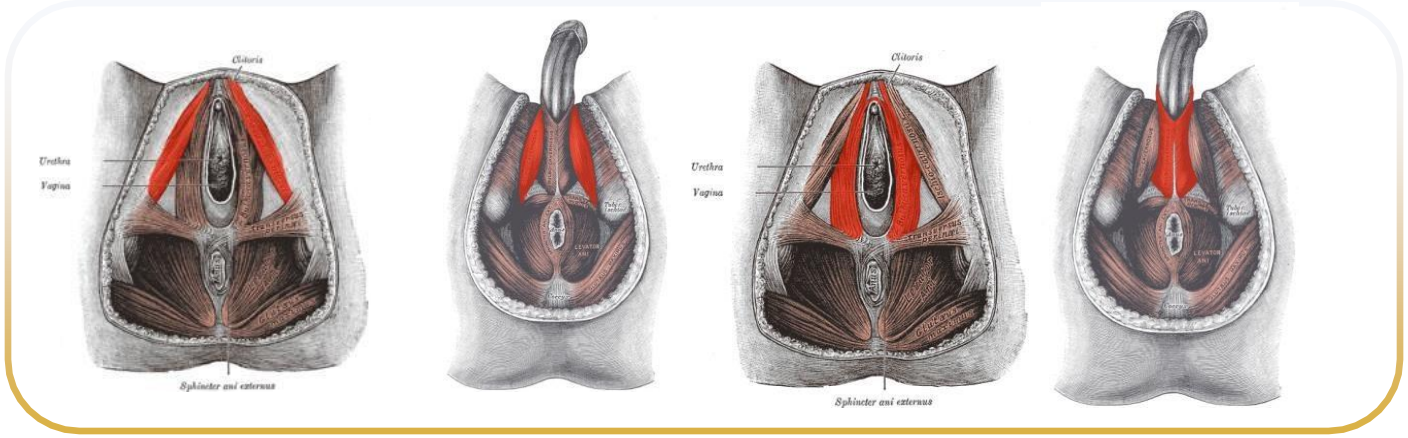
03.

Pelvic Floor Muscle Training and The Svenson Chair is especially effective in this group of patients (“venous-occlusive dysfunction”). Please note that Svenson Chair is not “the wonder solution against all ED”. Often a man who suffers from ED has various causes underlying his ED. Svenson Chair helps with one important cause which is called “venous occlusive dysfunction”.

Relevant Pelvic Floor Muscles For Improvement of Sexual Function in Men and Women:

The most important Pelvic Floor Muscles relevant for sexual function are:

- Ischiocavernosus muscle
- Bulbospongiosus muscle
- PC muscle



The Svenson Chair and Premature Ejaculation

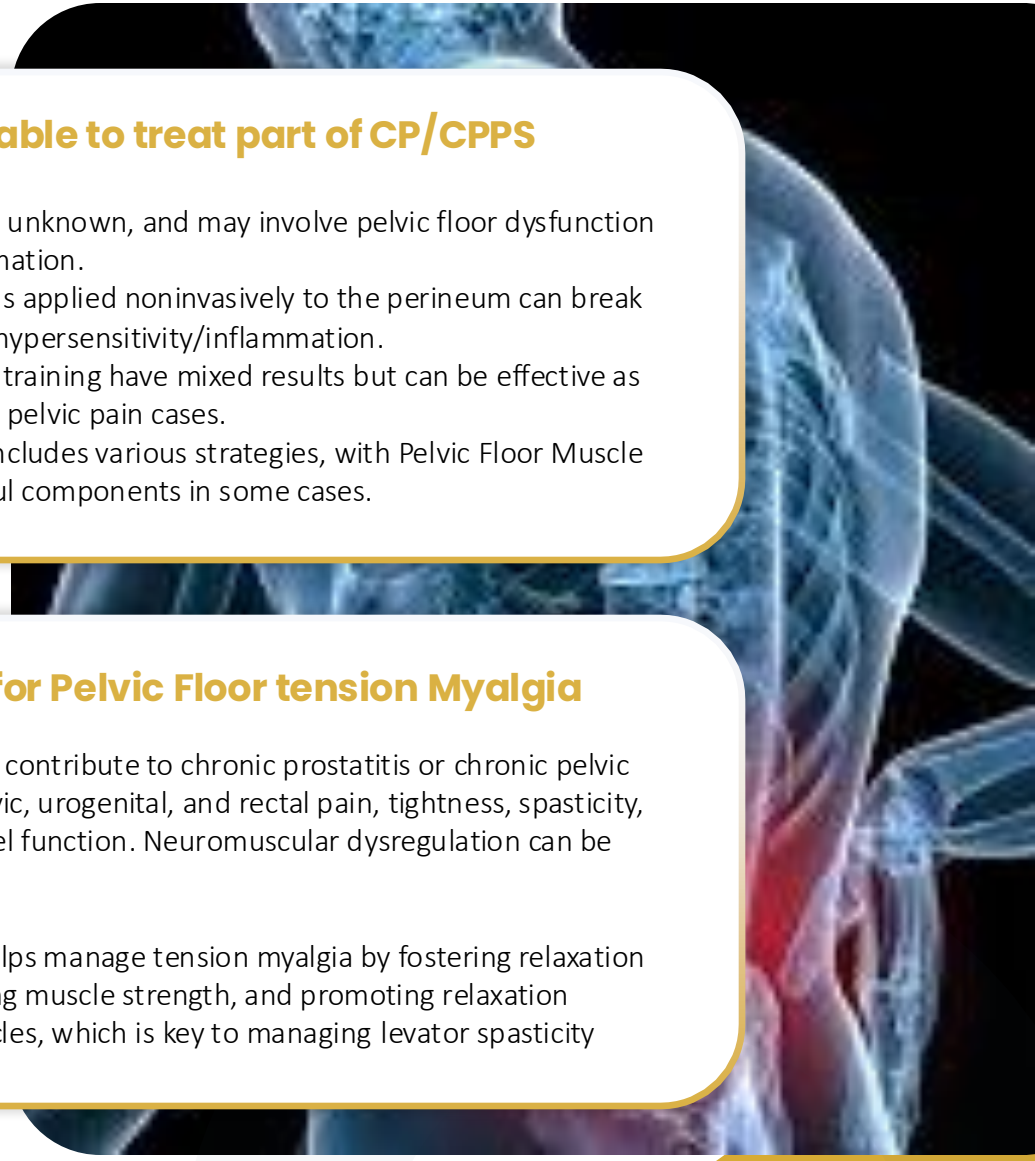
Reduction of force of ejaculation when men get older

- Changes in ejaculatory function are commonly experienced with aging. Ejaculation and orgasm often become less intense, with diminished ejaculatory force and seminal fluid volume
- The bulbospongiosus muscle is responsible for propelling semen after emission. A weakened bulbospongiosus muscle may result in semen dribbling with diminished force or trajectory. A strong bulbospongiosus muscle can generate powerful contractions that can forcibly ejaculate semen at the time of climax.
- The stronger the bulbospongiosus muscle, the better the capacity for maximal engorgement of the corpus spongiosum, urethral pressurization, and ejaculation. The intensified ejaculation resulting from a robust bulbospongiosus muscle may enhance the orgasm that accompanies the physical act of ejaculation.
- Pelvic floor muscle training may optimize ejaculatory volume, force, and intensity of sexual climax.

About Premature Ejaculation

- Premature Ejaculation is the most common male sexual disorder and is a very prevalent condition among urology patients.
- Weak pelvic floor muscles make it difficult to delay a ejaculation
- If the patient is able to voluntarily contract the Pelvic Floor Muscles this will help control ejaculation
- The Svenson Chair engages in Pelvic Floor Muscle training in allowing the patient more control in delaying ejaculation and as a result in treating PE.

The Svenson Chair and Pelvic Pain



How is Svenson Chair being able to treat part of CP/CPPS

1. Pelvic pain has many causes, some still unknown, and may involve pelvic floor dysfunction or neurogenic hypersensitivity/inflammation.
2. Rapidly changing electromagnetic fields applied noninvasively to the perineum can break the cycle of muscle spasm and neural hypersensitivity/inflammation.
3. Svenson Chair and Pelvic Floor Muscle training have mixed results but can be effective as complementary treatments for certain pelvic pain cases.
4. Management of category III CP/CPPS includes various strategies, with Pelvic Floor Muscle Training and Svenson Chair being useful components in some cases.

Pelvic floor muscle training for Pelvic Floor tension Myalgia

1. Tension myalgia of the Levator Ani can contribute to chronic prostatitis or chronic pelvic pain syndrome (CP/CPPS), causing pelvic, urogenital, and rectal pain, tightness, spasticity, and affecting sexual, urinary, and bowel function. Neuromuscular dysregulation can be triggered by stress and other factors.

2. Pelvic Floor Muscle Training (PFMT) helps manage tension myalgia by fostering relaxation of the spastic levator muscle, increasing muscle strength, and promoting relaxation through contraction and relaxation cycles, which is key to managing levator spasticity

The Svenson Chair and Interstitial Cystitis (Painful Bladder Syndrome)

1 What is IC?

- A chronic condition in which you experience bladder pressure, bladder pain and sometimes pelvic pain
- With IC the nerve communication between the bladder and the spinal cord via the pelvic nerves gets mixed up, resulting in the patient feeling the need to urinate more
- often and with smaller volumes of urine than most people.

2 How effective is Pelvic Floor Muscle Training in treating the symptoms of IC?

- 75%-80% of IC is related to Pelvic Floor Disorders (Dr. Robert Moldwin USA)
- American Urological Association (2010) gave guidelines for treating IC.
  - 1st line of defense includes diet changes and reducing of stress
  - 2nd line of defense includes physiotherapy, medications (Amitryptilline/ Elmiron) and Bladder installation medications)

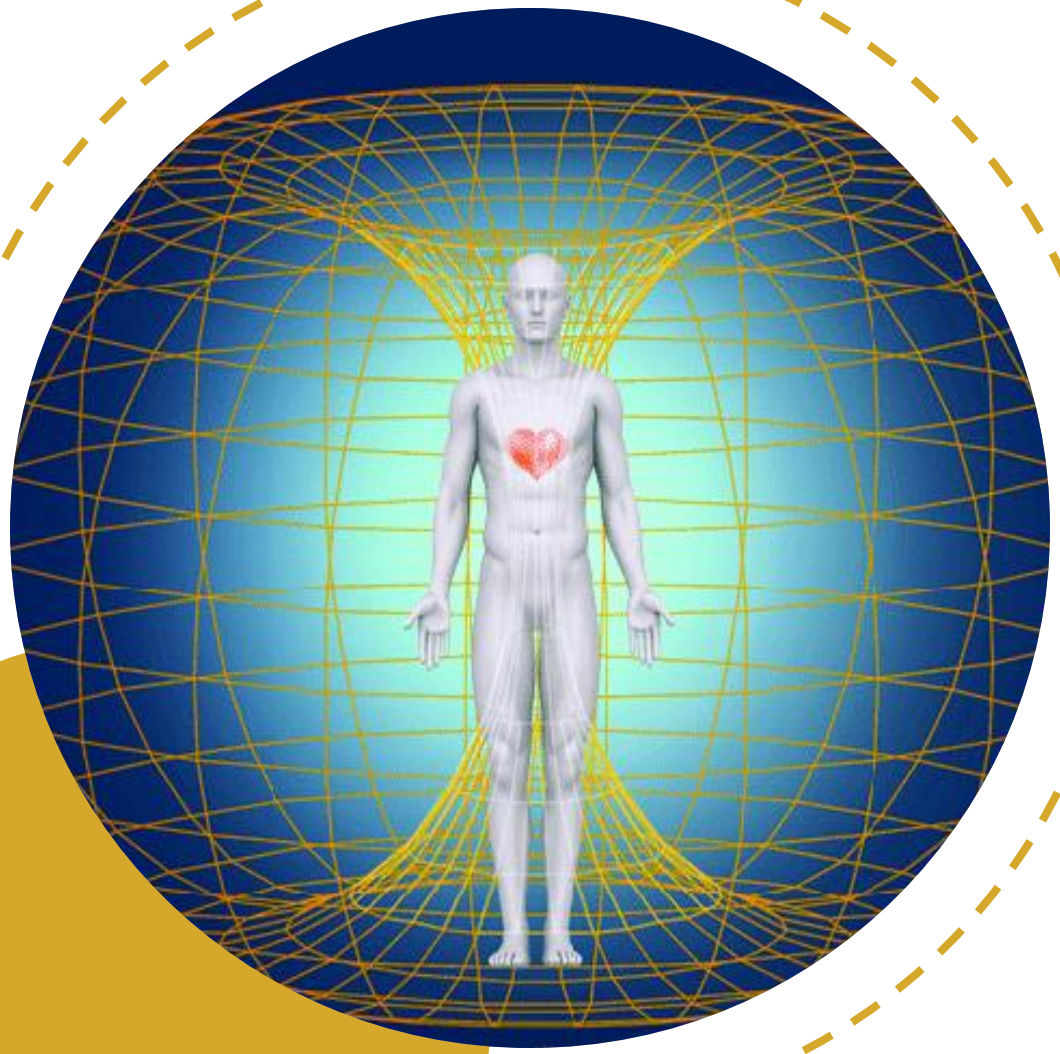
The Svenson Chair and Reducing Cellulite

Svenson Chair, when used as a complementary treatment, can have a positive effect on tightening the buttocks/ glutes and reducing cellulite.

Standards treatment program Svenson Chair and Cellulite:

Normally a customer takes a course of 16 treatments. The standard rule when using Svenson Chair (for example for Urinary Incontinence) is that the customer can do maximum 1 treatment of 20 minutes per day

A typical treatment plan the customer is normally provided 2 treatments of 20 minutes in 1 hour. However the position of the magnetic coil is different in each of the 2 sessions, so for example:



Additional notes from SVENSON CHAIR –Corporate Head Office

Notes on how Svenson Chair works

- The magnetic field penetrates cellular tissue without resistance.
- The pulsating magnetic fields target the motor nerves and induces them to transmit electrical current to the muscle fibers with the neuromuscular junction
- At a threshold, Action Potentials in motor nerves cause involuntary contractions. Svenson Chair stimulates these nerves, causing contractions at low (e.g., 5 Hz) or high (e.g., 50 Hz) frequencies.
- Mechanoreceptors detect rPMS and send signals to the CNS, creating new neural connections for better pelvic floor muscle control.
- During rPMS therapies, the CNS learns to control the treated muscle area, enhancing muscle control over time.

Find Us

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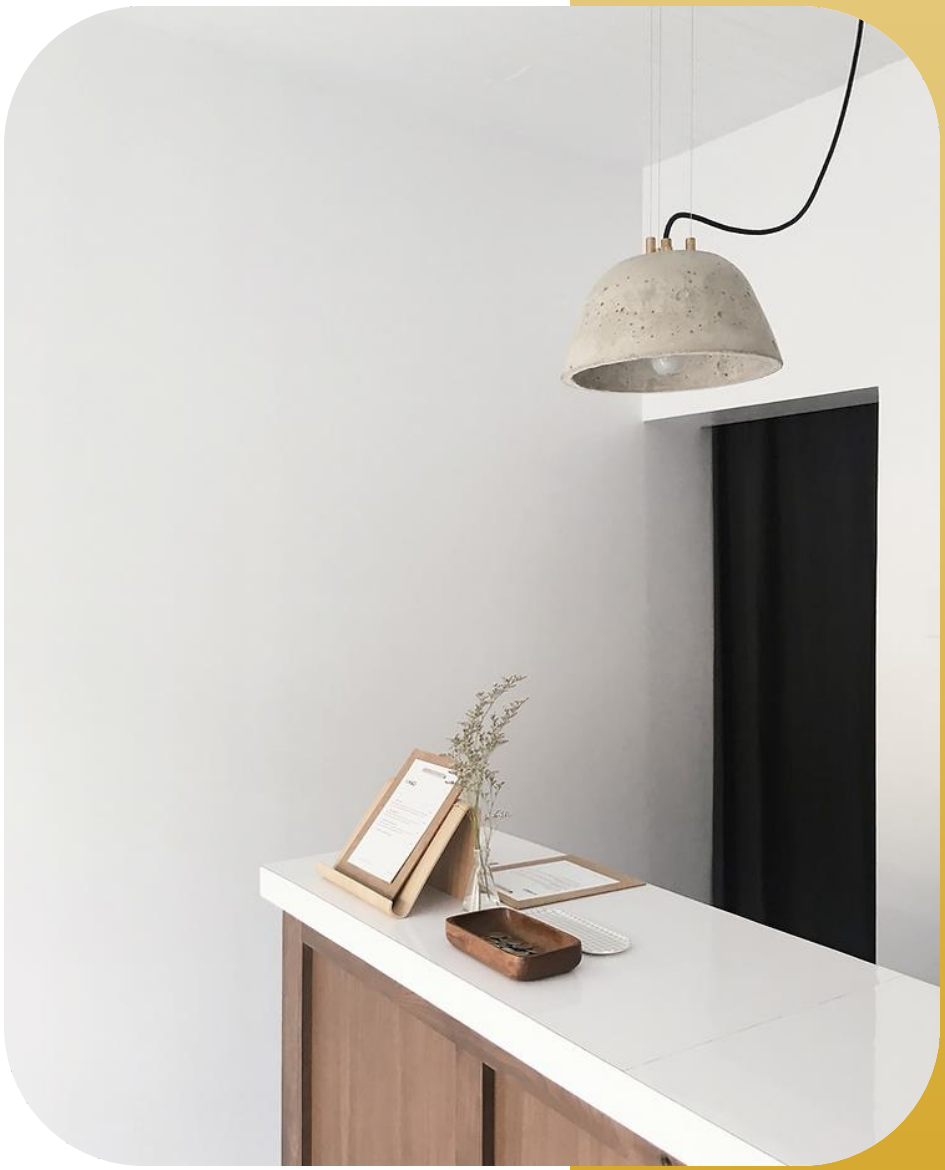

THANK YOU