



## **P-STIM DISCHARGE AND AFTERCARE INFORMATION**

The following information has been prepared to help you care for yourself, or to be cared for upon your return home. If you have any further questions please call your Doctor who provided the treatment.

Please continue normal routines and behavior. DO NOT increase activity level with relief of pain as this may cause further injury. Also please DO NOT stop or alter medication without consulting with your physician.

### **QUESTIONS AND ANSWERS ABOUT THE P-STIM**

Q. Are there any negative side effects from the P-Stim?

A. No known negative side effects have been reported to date. P-Stim is not approved for use in the setting of Pregnancy, History of Seizure Disorder, or if you have a Pacemaker/Defibrillator.

Q. Are there any precautions for the use of the P-Stim?

A. Yes. You should take special care not to get the P-Stim wet, as it is an extremely safe, low voltage electrical device that will stop functioning if it becomes wet.

Q. How do I keep from getting the P-Stim wet?

A. We suggest holding a dry wash cloth over the device while showering or washing your hair.

Q. How long should the P-Stim be left on?

A. The P-Stim should be left on for the recommended four days.

Q. Can the P-Stim be removed by the patient?

A. Yes, however, your P-Stim treatment provider may appoint you back in the office for removal.

Q. How many treatments are required?

A. Four to nine treatments are recommended based on clinical experience. However, this varies on the individual and your specific treatment goals. Your treatment professional will re-evaluate you at each appointment.

Q. How soon can results be expected from the P-Stim?

A. In many cases patients have received benefit after one or two P-Stim treatments. However, this depends on the patient and situation.





- Q. Once I feel the benefit of the treatment, how long will my relief last?
- A. In most cases relief is residual and cumulative. This means the length of time you will feel relief increases with each treatment.
- Q. What if my pain returns?
- A. Please remember the P- Stim is not a cure but a safe and effective management tool for your pain. You may feel dramatic initial relief, followed by a return of your pain shortly after removing the device the first few treatments. **THIS IS NORMAL.** With each treatment we will evaluate your results for any necessary adjustments. This information will help us to formulate a treatment plan to give you the best possible long-term results. It is **NORMAL** to “feel worse than ever” *after* the first treatment. This is because you may have forgotten what it was like to feel pain and now realize the difference.
- Q. Should I take the device off if I don’t feel the pulsing?
- A. No. The device is always checked before being placed to make sure it has been activated properly. \*Remember, you may not feel the pulsing as the body becomes accustomed to the device. Also, the device works in cycles. Just because you don’t feel the pulsing does **NOT** mean the device is not working properly.
- Q. Is there any reason for me to remove the device?
- A. In the unlikely event that you should have any discomfort not related to the reason we are treating you, **such as headache or dizziness or if you feel extreme discomfort from the P-Stim points attached to the ear**, please remove the device immediately and call your treatment professional.
- Q. What are the most common concerns?
- A. 1) Patients often don’t feel the pulsing on the second day. That is **NORMAL**. Your nerves “get use to” the pulsing. The unit is still working and is effective.  
2) The ear feels a burning sensation where the leads are placed. Occasionally a lead will work loose and you need to gently reset the lead with your finger. Usually this will take care of the problem. If you have any doubts, call the office.

*I have hereby read and understand the information discussed above with a treatment professional. I agree to abide by the directions listed above. Not following these directions may require us to replace the device at an additional cost.*

**Signature:** \_\_\_\_\_

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

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

