



Low Level Laser Therapy & Arthritis - shoulder clinical research follows testimonials

DeAnne – (Rotator Cuff)

I wanted to report the recent results with this amazing device, Q Laser. I mentioned an acquaintance was here from Pennsylvania and I did get the laser in time to work with him. He has torn rotator cuff with pain when moving his arm in front of him. After working about 10 minutes with the prop. sites and shoulder he was able to move his arm with no pain in the shoulder. Chuck extended the arm directly in front of him with no pain.

G V Holt – (Shoulder)

I am pleased to report my Low Level Laser Q1000-4378 is doing better than I ever dreamed! Both of my shoulders have been operated on and due to the serious injuries, have been painful. I was sure it would require several treatments to recognize any results. Believe me when I say, after two treatments, the pain was gone.

Stephanie Ray, Orlando FL – (Shoulder Pain)

In an accident my shoulder shattered, according to my surgeon like a sledge hammer hitting a sugar cube. The pain was awful. Every time I moved.... I thought I would die even though I was heavily medicated. I thought my life was over and I would never return to work or a useful life again. After one session with a Q1000 the pain changed to being tolerable and after I purchased one of these remarkable devices I was able to sleep through the night and within two weeks be able to work again. Dr. David and this Q1000 has made all the difference.... Hallelujah ... Every Medicine Chest needs one.

Brooke - (Shoulder Pain)

My friend Alan's shoulder has been hurting all the time and popping, and after 6 minutes with the laser, he had no more pain the rest of the weekend. He said he always wakes up with pain. My friend Heather used it on stomach cramps and I think it helped her. I also used it on my stomach one night when it was upset. I used it a ton on my low back - it was bothering me this weekend (stiff and sore where I had my back surgery two years ago - and the laser helped a ton. on my sinus infection is gone finally. I was on heavy antibiotics, so couldn't really tell what was helping that, but it did finally start making some progress once I started using the laser on my face, and used it on my friend's sunburned ankle... lots of stuff. It's great! I can't believe how quickly it relieves my back pain actually. It's quite amazing.

LLLT is as well documented as NSAIDs and steroid injections for shoulder tendinitis/bursitis and epicondylalgia.

The Norwegian physiotherapist Jan M Bjordal published his thesis "Low level laser therapy in shoulder tendinitis/bursitis, epicondylalgia and ankle sprain" in 1997, at the Division of Physiotherapy Science, University of Bergen. It has also been published in Physical Therapy Reviews. 1998; 3: 121-132.

Here is the Conclusion of the thesis:

"A systematic review has been performed on the effect of LLLT for three diagnoses. LLLT was evaluated on similar criteria for methodological assessments of trials as previously established for medical interventions. No evidence was found to indicate that randomized controlled trials on LLLT for tendinitis/bursitis of the shoulder, lateral epicondylalgia and ankle sprains were methodologically inferior to RCTs on medical interventions. The clinical effects of LLLT were found to be supported by scientific evidence regarding short (0-4 weeks) and medium term (<3 months) efficacy for subacute or chronic lateral epicondylitis, and short term efficacy (>3 months) for subacute or chronic lateral epicondylitis, and short term efficacy (> 3 months) for subacute or chronic shoulder tendinitis/bursitis. The evidence of effect from LLLT for acute ankle sprain is inconclusive, although there seems to be a slight tendency in favour of LLLT. Adverse effects of LLLT are rarely seen and only in minor forms (nausea, headache) compared to medication, where more serious gastrointestinal discomfort or ulcers are not uncommon. It has also been shown that trials in favour of active treatment had more treatments per week than the trials showing no difference in effect. In short one could say that LLLT should be used much in the same way as NSAID are used for short periods of time. Most trials showing significant effects used an IR 904 nm laser, but some results in favour of IR lasers with wavelengths of 780, 820 and 830 nm were also observed. Clinical effects of LLLT were best in subacute conditions. In chronic conditions a higher dosage and more treatments seem to be needed. The results of the high quality LLLT trials were all in favour of treatment with

confidence intervals not including zero, and the trials came from several different research groups. Evidence was found to be at the highest or the second highest level depending on what level of clinical significance is decided according to the classification of Oxman (1994) and McQuay (1997). The review found little support for the alleged large placebo effects of LLLT. In chronic cases the placebo effect is probably less than

10%, after the natural history of the complaints is taken into account.”

In the “Summary of discussion on clinical effect estimates for LLLT” the author writes:

“The majority of the included LLLT-trials found significant clinical effect from LLLT. Seven of the eleven LLLT-trials with acceptable methods included calculations of 95% confidence limits above zero, and one LLLT-trial on ankle sprain included zero (Axelsen & Bjerno 1993). The clinical effect estimates from LLLT-trials for shoulder tendinitis/bursitis are similar or higher than for NSAID or steroid injections. For lateral epicondylalgia estimates for short term clinical effects are similar or lower for LLLT than for steroid injections, but medium clinical effect estimates are similar or higher for LLLT. Recurrence of symptoms in lateral epicondylalgia is less likely after LLLT than after steroid injections. Evidence of clinical effects from ankle sprain is inconclusive. Adverse effects from LLLT are seldom seen and they appear less serious than for patients treated with NSAID and steroid injections.”

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