



PHYSICAL THERAPY CLINIC

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VERSASTIM 380 PROTOCOLS

MUSCLE STRENGTHENING

2500Hz

50-75 bursts/sec(modify for maximum contraction with minimum amp)

15 on 150 off

2 second ramp (longer for slower onset)

Quadriceps

2 Pad Placement: Proximally 3 inches below the ASIS

Distally diagonal across VMO and distal quad (*see exception)

Treatment Frequency: 3 times weekly for 4-8 weeks until MVC side to side is 280%

Mode: Isometric

Position: Patient and diagnosis specific

Intensity(Current): >50% of maximum volitional isometric contraction

ACL: 60° knee flexion (can go to 40" if PFJ pain)

PFJ pain patient: most comfortable angle

PFJ Instability: (lateral PFJ subluxation) knee flexion greater than 70" (lock patella in trochlear groove)

Proximal realignment: 30" knee flexion with patella taped medially and *distal pad central (not over VMO)

Lumbar Paraspinals

4 Pad Placement: 1 pair on Right Side bounding involved level (ie L3-L5)

1 pair on Left Side bounding involved level (ie L3-L5)

(Piggy Back leads so both red and both black come out of Pad A outputs)

Mode: Isometric

Position: Prone in slight flexion (over 2-3 pillows) with pelvis strapped to the table to prevent anterior tilt during contraction.

Intensity: Maximal tolerable with visible contraction causing extension of the spine against the restraints.

Rotator Cuff

2 Pad Placement: Over muscle belly of involved muscle (primarily supraspinatus)

Mode: Isometric

Position: Patient seated with pillow between arm and body and humerus strapped to body with mobilization belt. Elbow flexed to 90"

Intensity: Maximal tolerable with visible contraction causing movement of the arm against the restraint.