



PROTOCOL MANUAL

Abdominopelvic disorders

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INTRODUCTION

Getting Started – NESA Guide

What does it entail?

This Protocol Manual serves as a concise guide for the standardisation of non-invasive NESA[®] neuromodulation, drawing on extensive clinical experience and trials. It is particularly valuable for hospitals and clinics requiring established treatment guidelines, whether due to unfamiliarity with the technology or the impracticality of training healthcare personnel in clinical reasoning. As this concerns a medical device, responsibility for implementing the protocols rests with the attending physician or healthcare professional, who must apply them in conjunction with the patient's medical history and their own clinical judgement.

The protocols outlined herein aim to alleviate patients' symptoms and foster more versatile adaptive responses within the body by optimising autonomic nervous system function. Under no circumstances should the patient's condition or illness be regarded as curable.

Who is the intended audience?

Physicians, physiotherapists, nurses, psychologists, speech and language therapists, podiatrists, and other university-qualified healthcare professionals.

Structure of the guide

NESA Multidisciplinary Protocols

Protocols applicable across various specialties, which have demonstrated a favourable degree of effectiveness, include those addressing sleep, pain, fatigue, and anxiety, all of which focus on modulating the autonomic nervous system.

Fundamental protocols by clinical specialty

A collection of standardized protocols established by experts with considerable experience, grounded in interventions that yield consistently positive outcomes.

Advanced protocols by clinical specialty

Recommendations for the management of complex clinical cases should serve as guidance within a framework of sound clinical reasoning. Implementation without appropriate clinical judgement may compromise outcomes.

Frequently Asked Questions and Troubleshooting



Warning

The lack of fundamental training in clinical reasoning and/or continuing education [NESA Academy courses, NESA literature reviews, community engagement] considerably limits the clinical outcomes that can be achieved.

FOUNDATIONAL CLINICAL REASONING

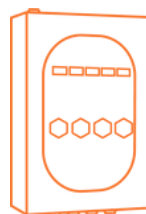
Principles of Responsible Usage



ASSESS



REASON



APPLY

Evaluate the patient and establish a therapeutic objective before selecting a protocol.

Adjust parameters: Use the tables as an initial reference and modify the location, frequency, and duration according to the patient's response.

Monitor clinical changes: Regularly ask the patient about any changes or sensations in order to adjust the programme for optimal outcomes. An objective assessment using questionnaires or supplementary tests is recommended every 10 to 30 sessions, depending on the specific case.

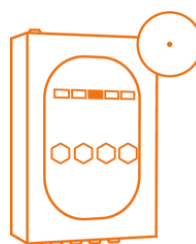
Document each session meticulously: Record the parameters, targeted electrode placement, patient-reported sensations during the session, and overall outcomes, including the date, to support clinical decision-making and track progression.



**Assessment of the
medical history**



Goals



**Select the programme
and position the
electrodes**



Re-evaluation



When embarking on the use of a new technology, such experiences are quite common

- Failure to apply the electrode
- Incorrect placement of electrodes on gloves and anklets (refer to the kits)
- Always maintain consistent programming
- Do not relocate the C7 targeting electrode

FOUNDATIONAL CLINICAL REASONING

Number of sessions and treatment frequency

Suggested frequency

The treatment frequency should be determined according to the therapeutic objective.

An induction phase, characterised by a high frequency of 2 to 5 sessions per week, is recommended during the initial treatment period until the desired results are achieved. As the patient progresses, and provided that a fixed protocol has not been established, the frequency of sessions may be gradually reduced, leading to the initiation of a maintenance phase. Depending on influencing factors, it may be appropriate either to conclude treatment or to proceed with a second, more extended maintenance phase.

When used as a supplementary treatment to a primary intervention (such as surgery or other therapies), it may be administered with the same frequency as the primary treatment (including a single session), provided that a direct clinical effect of XSignal is not expected, but rather to enhance the effectiveness of the primary treatment.

INDUCTION PHASE (1–4 months)

HIGH FREQUENCY
5–4–3 sessions per week

MEDIUM FREQUENCY
3–2 sessions per week

MAINTENANCE PHASE (≥ 2 months; indefinite)

LOW FREQUENCY
2–1 sessions per week

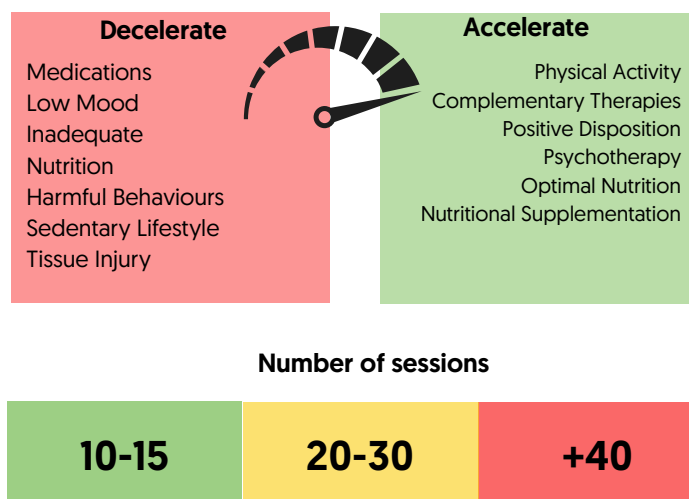
REMINISCENCE AND REHABILITATION
SESSIONS

AFTER COMPLETING NESA IN
ADDITION TO OTHER THERAPIES



Suggested frequency

The number of sessions required to modulate a patient's autonomic nervous system will depend on various factors and conditions. The diagrams below summarise these factors and indicate what can be expected from the treatments administered.



BASIC CLINICAL REASONING

PROGRAMMES

Low-intensity programme with stimuli applied over time.

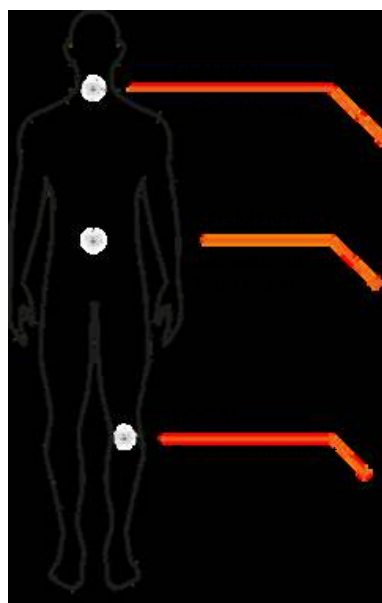
Programmes that stimulate isolated electrodes to elicit responses along specific body planes.

Programmes to be applied after electrode placement, which produce measurable results.

Targeted action programmes within the cranial region, encompassing both cerebral structures and the cranial nerves associated with the cephalic area.

	FUNCTION	SUGGESTED DURATION	LOCATION
Start PROGRAM 1	Homeostasis	15-45'	Central
Location PROGRAM 2	Ventral	15-30'	Central – Metamerie – Focal
PROGRAM 3	Dorsal	15-30'	Central – Metamerie – Focal
PROGRAM 4	Sagittal	15-30'	Central – Metamerie – Focal
Action PROGRAM 5	Resource Optimizer	15-60'	Central – Metamerie – Focal
PROGRAM 6	Analgesia	15-60'	Central – Metamerie – Focal
PROGRAM 7	Autonomic Nervous System	15-120'	Central – Metamerie – Focal
Tuning PROGRAM 8	Central Nervous System	15-30'	Central – Metamerie – Focal
PROGRAM 9	Facial and Trigeminal Nerves	15-120'	Central-cephalic region

Steering electrode



First Initial Phase

In the initial phase of treatment, the targeting electrode is positioned centrally to elicit both central and peripheral responses, thereby establishing primary global contact.

Second Specific Phase

Following observation of the patient's initial response to treatment, the intervention is administered to targeted metamerie regions, in alignment with the objectives established for the specific case.

Third Impulse Phase

If the patient does not respond to treatment as anticipated, the microcurrent may be directed to a specific point. If the response is excessively intense, it can be adjusted by reverting to metamerie treatment.

Professional accountability

Protocols serve as guidelines rather than prescriptions. The healthcare professional using this technology bears full responsibility for prescribing, monitoring, and adjusting treatment, based on clinical reasoning and the individual analysis of each patient.

Subsequent actions

- Review the principles on campus at <https://nesacamp.thinkific.com/>
- Complete the foundational module online
- Implement a pilot protocol and document progress
- Share your questions and findings with the NESA community (join the Telegram group [ES/EN] and/or email clinical@nesaworld.es with any queries)

EXPLANATORY GUIDE ON THE UTILIZATION OF THE MANUAL

How should I use this manual?

The NESA protocol manual serves as a fundamental introductory guide to support the development of clinical reasoning within the context of the autonomic nervous system. Readers are encouraged to establish their own criteria and rationale for adapting protocols to each patient's case history as they advance in daily practice and participate in other NESA training programmes, including the Expert and Clinical Guidelines Campus.

Warning: Protocols may not be suitable for all patients and should be tailored and adjusted to each individual case.

How should I read the protocols?

The protocols outlined in this manual are grounded in empirical clinical practice and scientific research. They are formulated within clearly defined frameworks that encompass all clinical reasoning variables relevant to the use of NESA, including programmes, application duration, number of sessions, electrode placement targeting, and evaluation recommendations.

Description of the clinical methodology

In patients experiencing pain, the extent of altered sensitivity is often unclear. Progression typically moves from central to local and subsequently to metameric. The electrode should be positioned at the site where changes are first observed. If a particular location induces discomfort, treatment should revert to more central or metameric areas until the patient progresses through the sessions.

Surveys and assessments

to objectively evaluate the patient's progress*



Recommended questionnaires and assessments:

- Pittsburgh
- Actigraphy

Time

The application duration for each programme is specified, with a minimum of 15 minutes. Sessions are standardised at 60 minutes.

Number of sessions

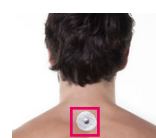
The final grid indicates the suggested quantity [...20] = 20 sessions.

Programmes

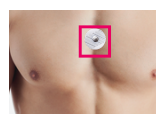
Each box denotes the programme used at the specified time. Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal]. Other indications are denoted by [*] and [**].

		% of time and programs			
		15 min	15 min	15 min	15 min
Number of sessions	1	P 1 30MIN		P 7 30MIN	
	2				
	3	P 2 15MIN	P 6 15MIN	P 7 15MIN	P 8 15MIN
	4				
Sternum	5	P 2 15MIN	P 7 30MIN		P 8 15MIN
	6				
Corresponding metamere	7	P2 P3 P4 15MIN		P 7 45MIN	
	8				
	9				
Tender point	10	P2 P3 P4 15MIN		P 7 45MIN	
	11				
	12				
	...20				
		Repeat the sequence using the patient's most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinal Process C6-C7



Sternum



Corresponding metamer



Tender point

Guiding electrode

Location of the targeting electrode

The precise location is indicated to the left of the session number. For additional guidance, anatomical reference images are provided.

The spinal column image refers to the metameric level and should be selected according to the clinical case.

The full-body image should also be chosen in a focused manner, based on the clinical case.

Results documentation

Document the patient's response to each setting to facilitate selection of the most appropriate option thereafter.

NOTES:

- Most protocols adhere to this structure, with the exception of certain specialised protocols in which the procedure is explicitly outlined.
- Questionnaires should be administered in the patient's native language; translation is not appropriate. They must be obtained in their original version, which can readily be found online by searching for the questionnaire name and language. A selection is also available for download in Spanish or English from the Clinical Guidelines Campus.

MULTIDISCIPLINARY PROTOCOLS

Protocols applicable across various specialties have demonstrated a favourable degree of effectiveness in addressing issues such as sleep, pain, fatigue, and anxiety, through an approach centred on the modulation of the autonomic nervous system.



GENERAL SLEEP

Protocol developed to improve sleep quality in individuals without comorbidities. Several combinations are provided; repeat the one that best suits the patient’s needs.

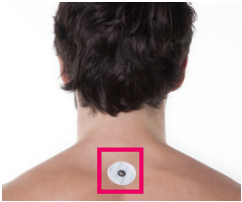
The number of sessions may range from 20 to 40, with frequency adjusted according to the patient’s reported progress. It is advisable to start with 3 to 4 sessions per week.

Number of sessions

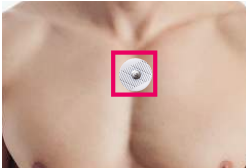
% of time and programs

		15 min	15 min	15 min	15 min
Spinous Process C6–C7	1	P 1 15MIN	P 2 15MIN	P 7 15MIN	P 8 15MIN
	2				
	3	P 2 15MIN	P 7 45MIN		
	4				
Sternum	5				
	6	P 2 15MIN	P 7 45MIN		
	7				
Nasion	8				
	9	P 2 15MIN	P 7 30 MIN	P 8 15MIN	
	10				
Mesenteric	11				
	12	P 2 15MIN	P 7 45MIN		
	13				
	...20	Repeat the sequence using the patient’s most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



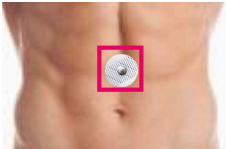
Spinous Process
C6–C7



Sternum



Nasion



Mesenteric



- Recommended questionnaires and assessments:
- Pittsburgh
 - Actigraphy

SLEEP AND ANXIETY

A protocol has been developed to improve sleep quality in individuals experiencing non-specific anxiety. Several combinations are proposed, with a recommendation to select the one that produces the most favourable response in the patient. Depending on the presence of triggering and perpetuating factors during treatment, continued maintenance may be required.



- Recommended questionnaires and assessments:
- Pittsburgh
 - Actigraphy
 - GAD-7

SLEEP AND CIRCADIAN RHYTHM

Circadian rhythm disturbances are observed in individuals who are shift workers, frequent travellers crossing time zones, or those who report behaviours such as nocturnal eating. In such cases, treatment may be palliative; assessment of deep and REM sleep using actigraphy is advisable.

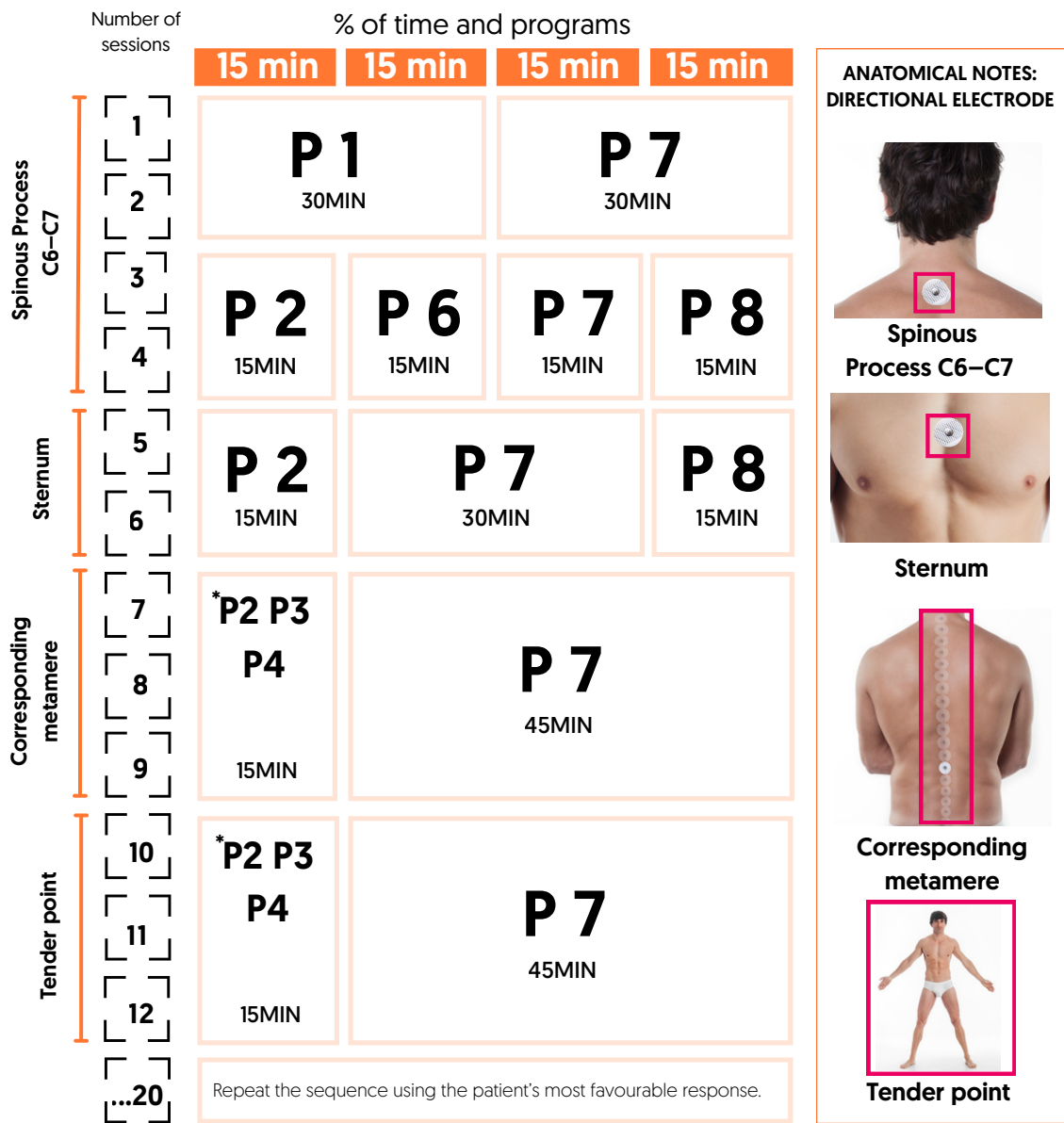


Recommended questionnaires and assessments:

- Pittsburgh
- Actigraphy
- Epworth

GENERALIZED DISCOMFORT

In patients experiencing pain, the extent of altered sensitivity is often unclear. Progression typically moves from central to local and subsequently to metameric. The electrode should be positioned at the site where changes are first observed. If a particular location induces discomfort, treatment should revert to more central or metameric areas until the patient progresses through the sessions.



*Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal].

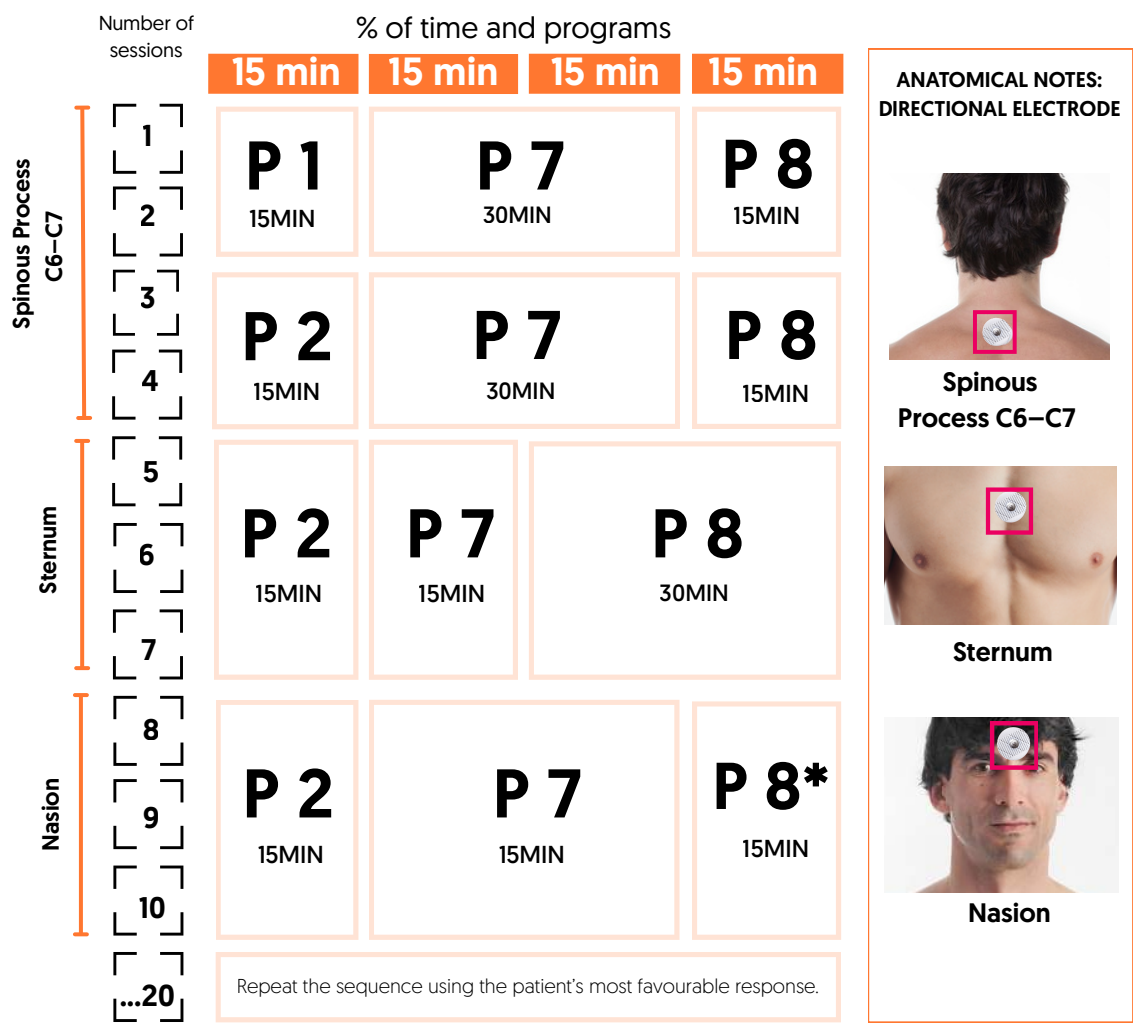


Recommended questionnaires and assessments:

- WeCardio
- Lattinen Test (Chronic Pain)
- LANSS Test (Neuropathic Pain)

GENERALIZED PAIN AND CENTRAL SENSITIZATION

Pain that extends beyond the natural progression of an injury or lacks a known trigger will, by definition, be linked to central sensitization. Sessions may be integrated with other peripheral pain protocols. Patients who experience fluctuating pain at different intervals may necessitate modulation of the vagus nerve and its descending pain inhibition pathway.



- If the patient experiences nervousness following the session or encounters difficulty sleeping, substitute with an additional 15 minutes of P7.

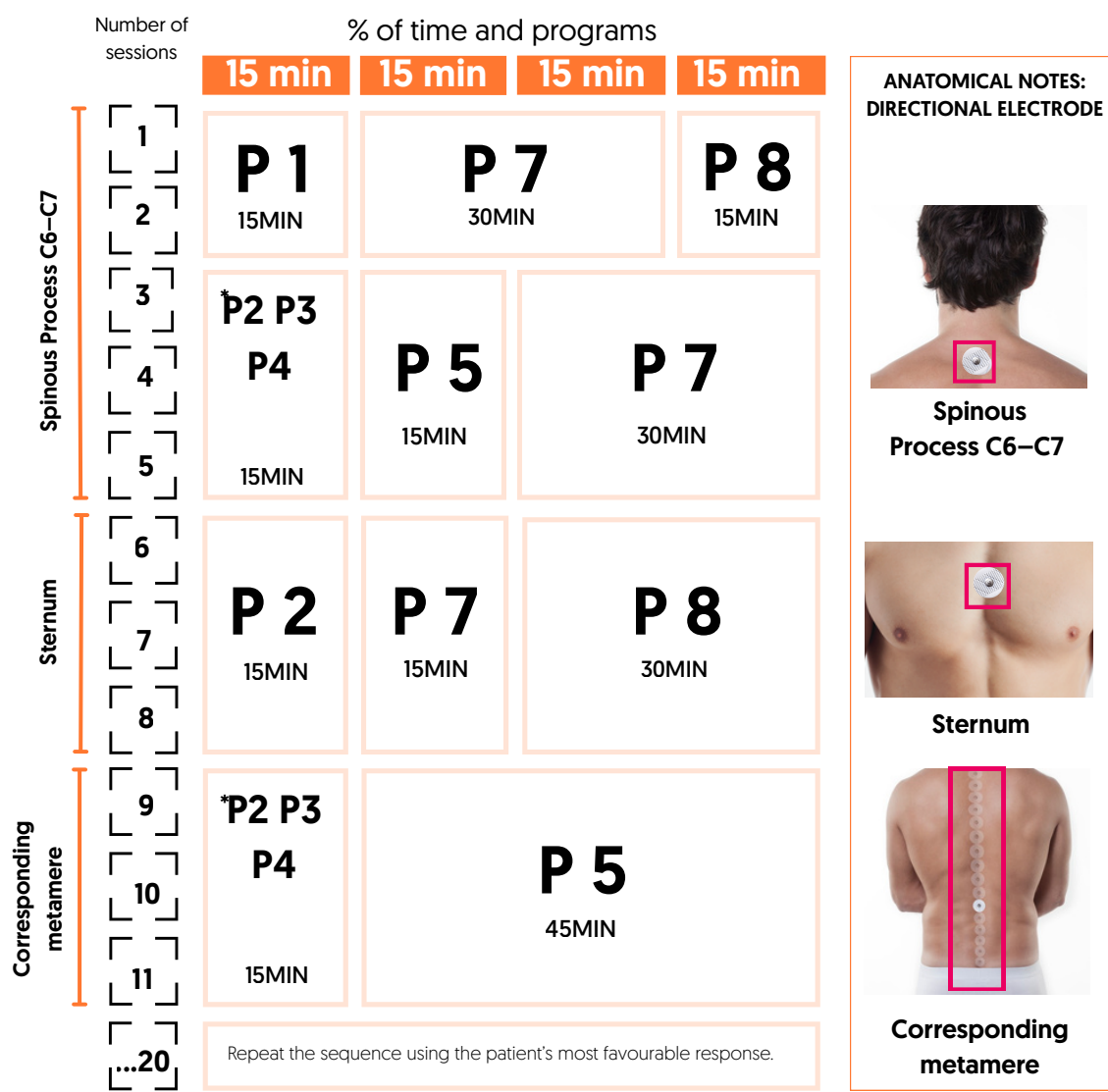


Recommended questionnaires and assessments:

- WeCardio
- Lattinen Test (Chronic Pain)
- LANSS Test (Neuropathic Pain)

GENERALIZED FATIGUE

Fatigue is a symptom characterised by multiple triggers and attributes. It requires a multidisciplinary approach, incorporating laboratory and complementary tests to establish a medical diagnosis. In this context, the recommended treatment focuses on the autonomic nervous system and mitochondrial electrical metabolism, providing a framework for subsequent individualisation.



*Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal].

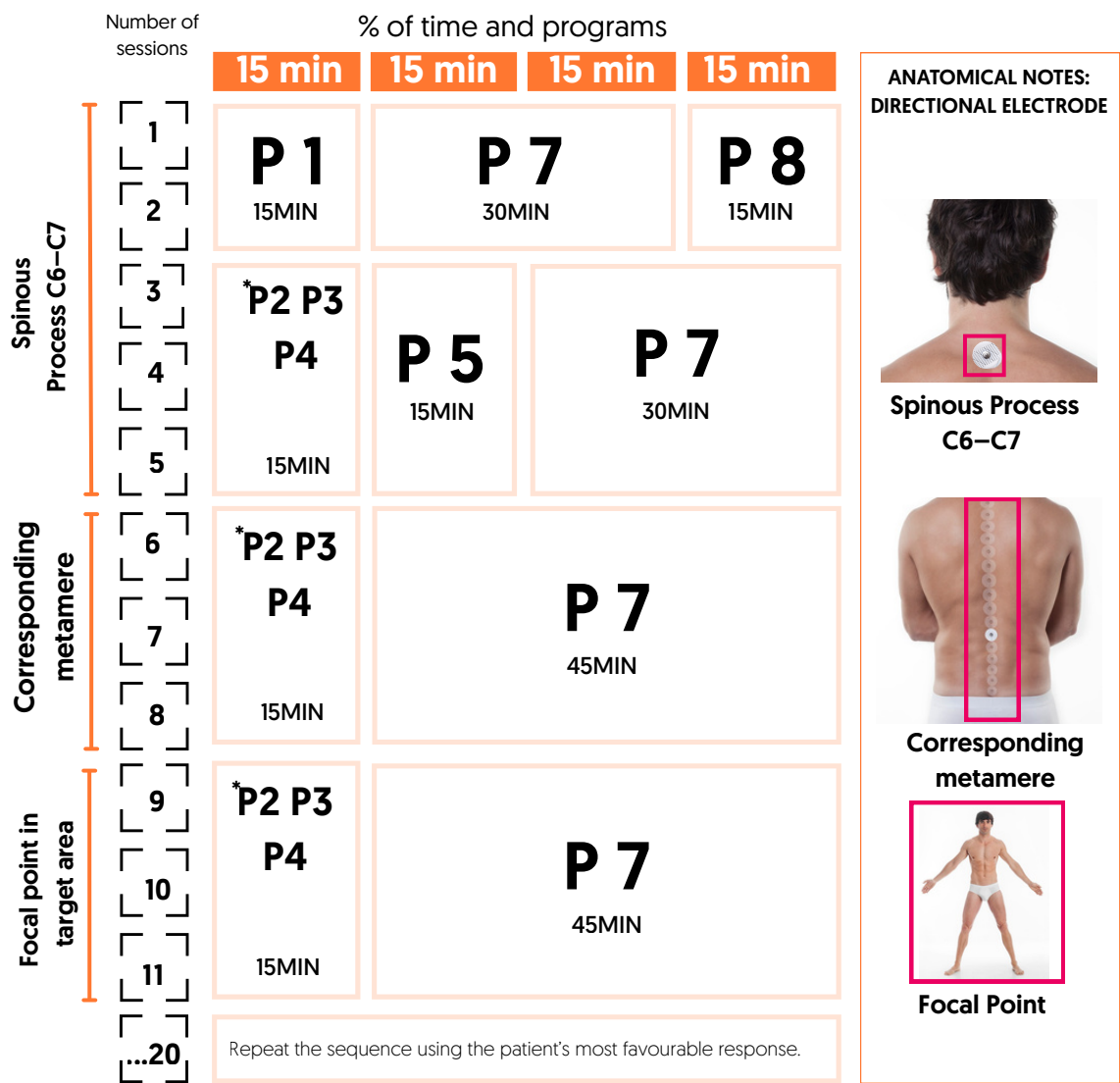


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale
- Epworth

FATIGUE AND CHANGES IN MUSCLE TONE

Protocol for fatigue stemming from ineffective muscle contraction. It is also beneficial for spasticity. Assess each patient's requirement to integrate it with Program 5 to varying degrees, or prioritize Program 7.



*Choose according to the region to be addressed [P2-Ventral, P3-Dorsal, P4-Sagittal].

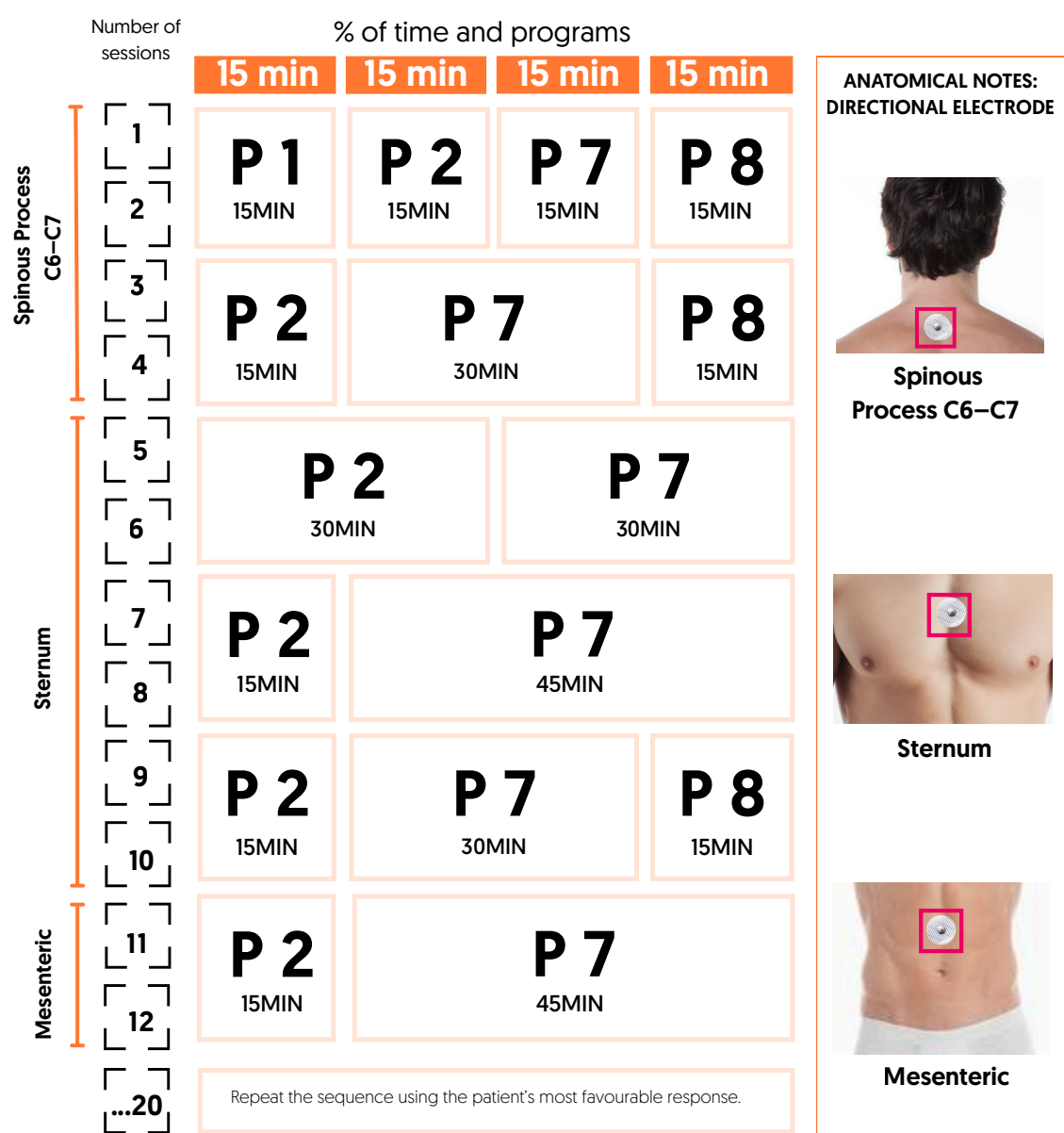


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale
- Ashworth

ANXIETY AND NON-SPECIFIC MOOD DISORDERS

The patient’s dysfunctions are frequently associated with anxiety. Clinical evidence indicates that treatment using NESA microcurrents, in conjunction with psychotherapy, can provide substantial benefits. These programme combinations have demonstrated effectiveness, even when applied independently in certain cases. It is essential to maintain the sequence that elicits the optimal response.



- 
- Recommended questionnaires and assessments:
- WeCardio
 - Cortisol (if necessary)
 - GAD-7
 - Hamilton (HAM-A)

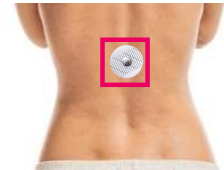
ABDOMINOPELVIC DYSFUNCTIONS

Fundamentals by clinical specialty



OVERACTIVE BLADDER AND URINARY URGENCY

Certain functional disorders affecting voiding dynamics involve substantial contributions from the autonomic nervous system, such as overactive bladder and urinary urgency (with or without urinary incontinence). Owing to their severity, the recommended protocol remains consistent, with a treatment frequency of three to four sessions per week and a minimum of 20 sessions, which may be extended to 30 or 40 depending on the patient's progress.

		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	15 min	15 min	
Spinous Process C6–C7	1	P 1 30MIN	P 7 15MIN	P 8 15MIN	 Spinous Process C6–C7	
	2					
	3					
Spinous Process of L1-L2	4	P 2 30MIN	P 7 30MIN		 Spinous Process of L1-L2	
	5					
	6					
S2-S4	7	P 3 30MIN	P 7 30MIN		 S2-S4	
	8					
	9					
Suprapubic	10	P 2 15MIN	P 7 45MIN		 Suprapubic	
	11					
	12					
...20		Repeat the sequence using the patient's most favourable response.				

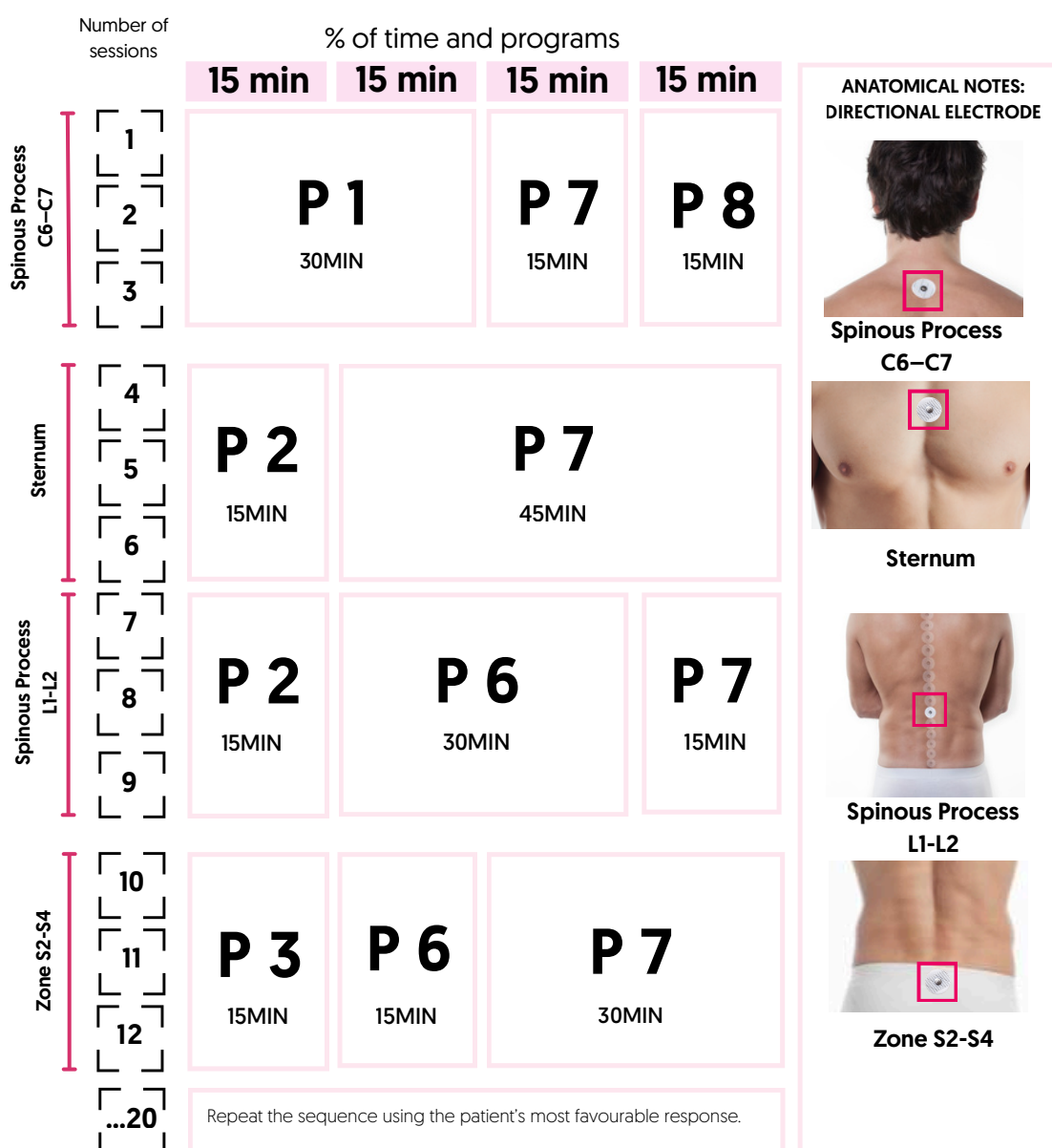
- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6–C7 or at the nasion.

Recommended questionnaires and assessments:

- VOID DIARY
- ICIQ-SF / ICIQ-OAB (urinary incontinence and overactive bladder)
- CACV (Bladder Control Self-Assessment Questionnaire)
- KGQ (Incontinence Questionnaire)
- PITTSBURGH

PELVIC DISCOMFORT

Given the diverse manifestations of pelvic pain — which vary according to origin, region, duration, and other factors — the following protocol may be adjusted as required. It is primarily designed for generalised and medium- to long-term pelvic pain. The progression follows a sequence from central, to metameric, and finally to local application. If the pain is confined to a specific area, the same programmes intended for metameric pain should be applied, with the targeting electrode positioned over the affected region. The electrode should remain in place for as long as observable changes occur. Should any site induce discomfort, treatment should revert to more central or metameric areas until the patient progresses through the sessions.



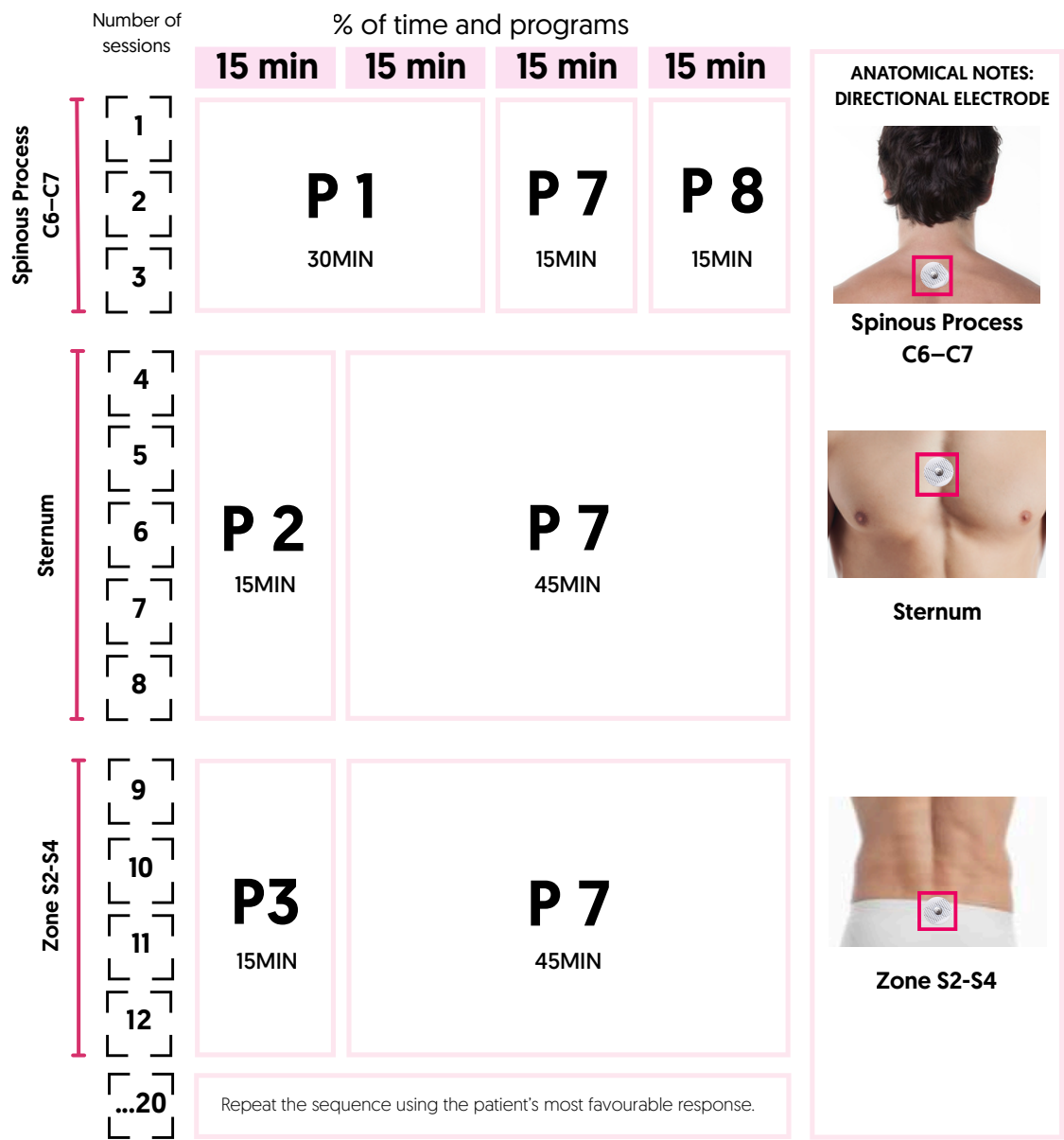
- If the patient has a prolonged history of pain, presents with cortical pain, and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6–C7.

Recommended questionnaires and assessments:

- WeCardio
- Lattinen (Chronic Pain)
- CPPQ-Mohedo (Chronic Pelvic Pain)
- SF-36 or EQ-5D (Health-Related Quality of Life)

SEXUAL DYSFUNCTION

Sexual dysfunction encompasses a wide range of biological, psychological, social, and cultural factors. The autonomic nervous system often plays a crucial role in facilitating an appropriate response, particularly in relation to sexual functions such as arousal, orgasm, erection, ejaculation, and pain. In such cases, treatment with NESA® microcurrents is likely to produce the most favourable outcomes, while also addressing any underlying organic causes through targeted therapeutic approaches.



- If the patient has a prolonged history of illness, presents with a certain level of anxiety, and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6–C7 or over the sternum.

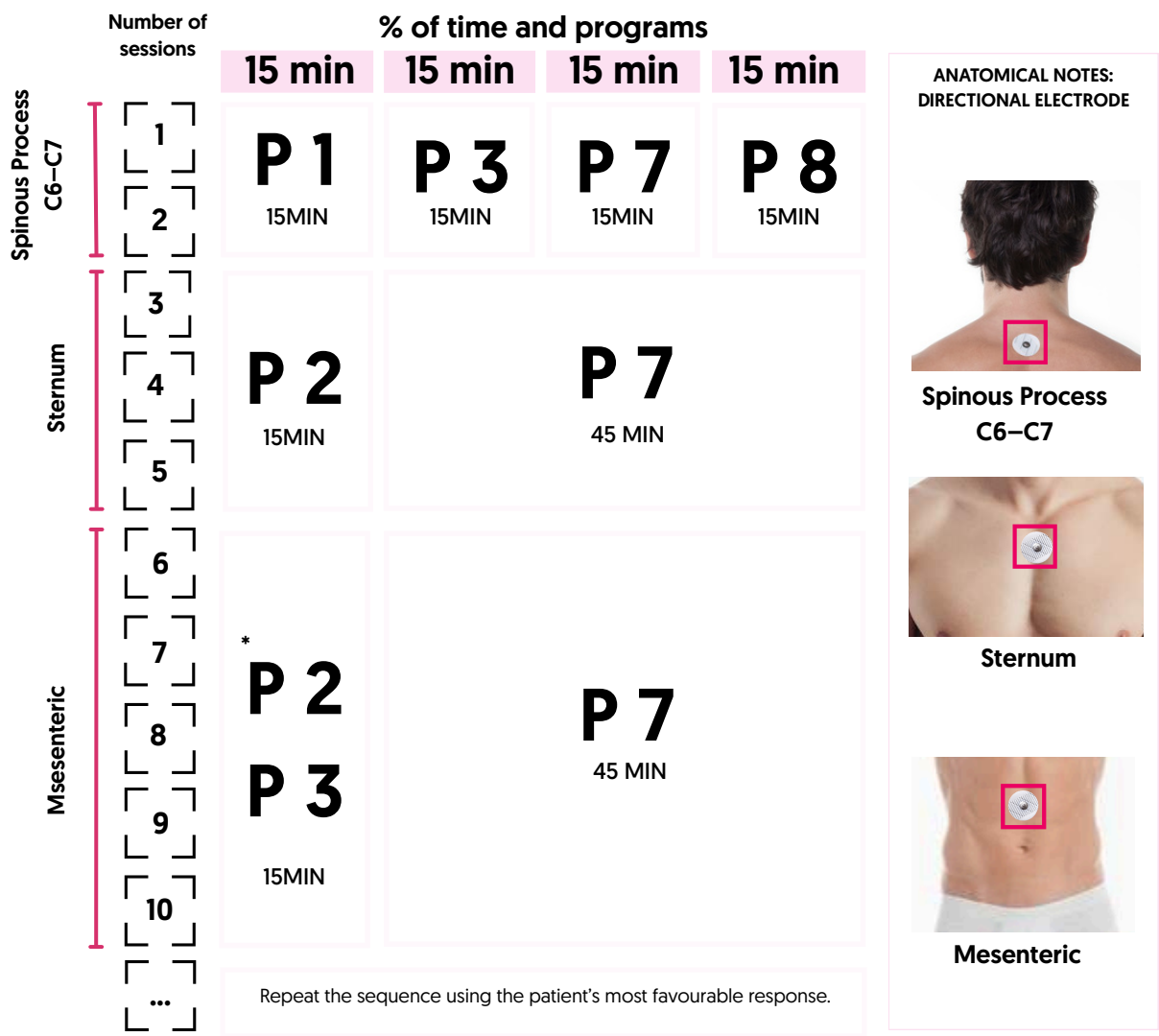


Recommended questionnaires and assessments:

- **Sexual Health Inventory for Men (SHIM)**
- **Female Sexual Function Index (FSFI)**
- **New Sexual Satisfaction Scale (NSSS)**
- **Generalised Anxiety Disorder Scale (GAD-7)**

ACUTE OR CHRONIC CONSTIPATION

This protocol is intended for primary constipation in patients without comorbidities that may be directly or indirectly contributing to the condition. If the constipation is secondary to another pathology, it is advisable to either employ a different protocol or alternate it with this one. In cases of acute nonspecific constipation, 10 sessions may yield improvement. Chronic constipation or constipation with exacerbating factors that sustain the dysfunction will necessitate a minimum of 20 sessions, along with likely maintenance of 1 to 4 sessions per month to sustain the results.



• Alternate between Programme 2 and Programme 3 throughout the focal phase of treatment.

Recommended questionnaires and assessments:

- **WeCardio**
- **Bristol**
- **Table showing the number of weekly bowel movements**

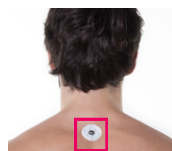
ABDOMINOPELVIC DYSFUNCTIONS

Specific protocols by clinical specialty



CHRONIC PELVIC PAIN SYNDROME 1

Chronic pelvic pain syndrome often presents as diffuse pain affecting the pelvis, lower abdomen, lumbosacral region, buttocks, and/or genital area, making localisation challenging. In such cases, modulation of the vagus nerve and its descending pain inhibition pathway is recommended. The positioning of the targeting electrode should follow the standard progression: central, metamer, and focal. In the focal phase, the electrode is placed over the area of pain, using the programmes designated for metameric locations. In these situations, a high frequency of sessions is essential, with three or more per week until initial changes are observed, and a minimum of 20 sessions is recommended.

Number of sessions		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	15 min	15 min	
Spinous Process C6-C7	1	P 1 30MIN		P 7 15MIN	P 8 15MIN	 Spinous Process C6-C7
	2					
	3					
Sternum	4	P 2 15MIN		P 7 45MIN		 Sternum
	5					
	6					
Spinous Process L1-L2	7	P 2 15MIN		P 6 30MIN	P 7 15MIN	 Spinous Process L1-L2
	8					
	9					
Zone S2-S4	10	P 3 15MIN	P 6 15MIN	P 7 30MIN		 Zone S2-S4
	11					
	12					
	...20	Reiterate the sequence that produced the most favorable clinical response in the patient.				

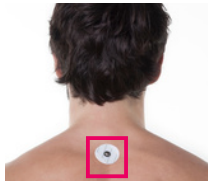
- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial 8-10 sessions, we recommend incorporating P8 with a targeting electrode positioned at C6-C7.

Recommended questionnaires and assessments:

- WeCardio
- Lattinen (Chronic pain)
- CPPQ-Mohedo (Chronic pelvic pain)
- SF-36 or EQ-5D (Quality of life)

CHRONIC PELVIC PAIN SYNDROME 2

When chronic pelvic pain is localised to a specific region, such as dysuria or lower abdominal pain in patients diagnosed with endometriosis, the treatment approach requires precise placement of the targeting electrode in that area. This protocol, which adjusts the focal positioning of the targeting electrode according to the pain location, is applied individually to each patient. In such cases, a high frequency of sessions, three or more per week, is essential until initial changes are observed, with a minimum of 20 sessions recommended.

		% of time and programs			
		15 min	15 min	15 min	15 min
Spinous Process C6–C7	1	P 1 30MIN	P 7 15MIN	P 8 15MIN	ANATOMICAL NOTES: DIRECTIONAL ELECTRODE  Spinous Process C6–C7  Spinous Process L1-L2  S2-S4  Suprapubic
	2				
	3				
Spinous Process L1-L2	4	P 2 15MIN	P 6 30MIN	P 7 15MIN	
	5				
	6				
Zone S2-S4	7	P 3 15MIN	P 6 30MIN	P 7 15MIN	
	8				
	9				
Suprapubic level	10	P 2 15MIN	P 6 15MIN	P 7 30MIN	
	11				
	12				
...20		Repeat the sequence using the patient's most favourable response.			

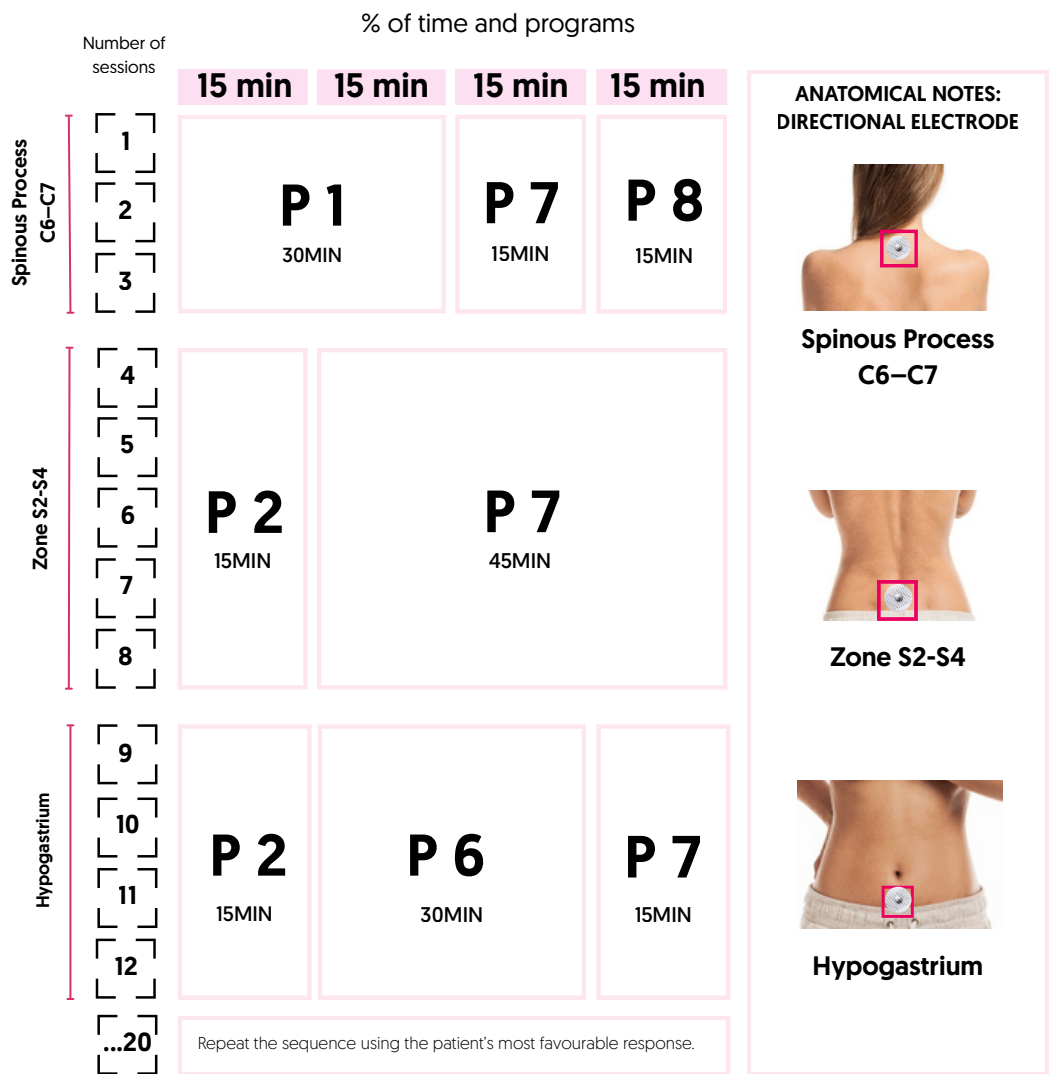
- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6–C7.

Recommended questionnaires and assessments:

- WeCardio
- Lattinen [Chronic pain]
- CPPQ-Mohedo [Chronic pelvic pain]
- SF-36 or EQ-5D [Quality of life]

GENERAL DYSPAREUNIA

Dyspareunia has multiple causes and can manifest in various ways. It may be associated with pelvic pain as well as sexual dysfunction. Therefore, managing each patient as an individual case enables adherence to previously established protocols or the use of this framework as a guide for implementation. In cases where the underlying cause involves structural tissue damage, such as postoperative changes or scarring, it is essential to incorporate specific treatments. When the aetiology is related to systemic factors, such as hormonal changes (menopause, postpartum, etc.) and/or anxiety, the use of NESACACADEMIC® microcurrents is likely to yield more favourable outcomes. The recommended frequency is at least two to three sessions per week, with a minimum of 20 sessions, which may be extended to 30 or 40 sessions, with progressively longer intervals as improvement occurs.



- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6-C7.

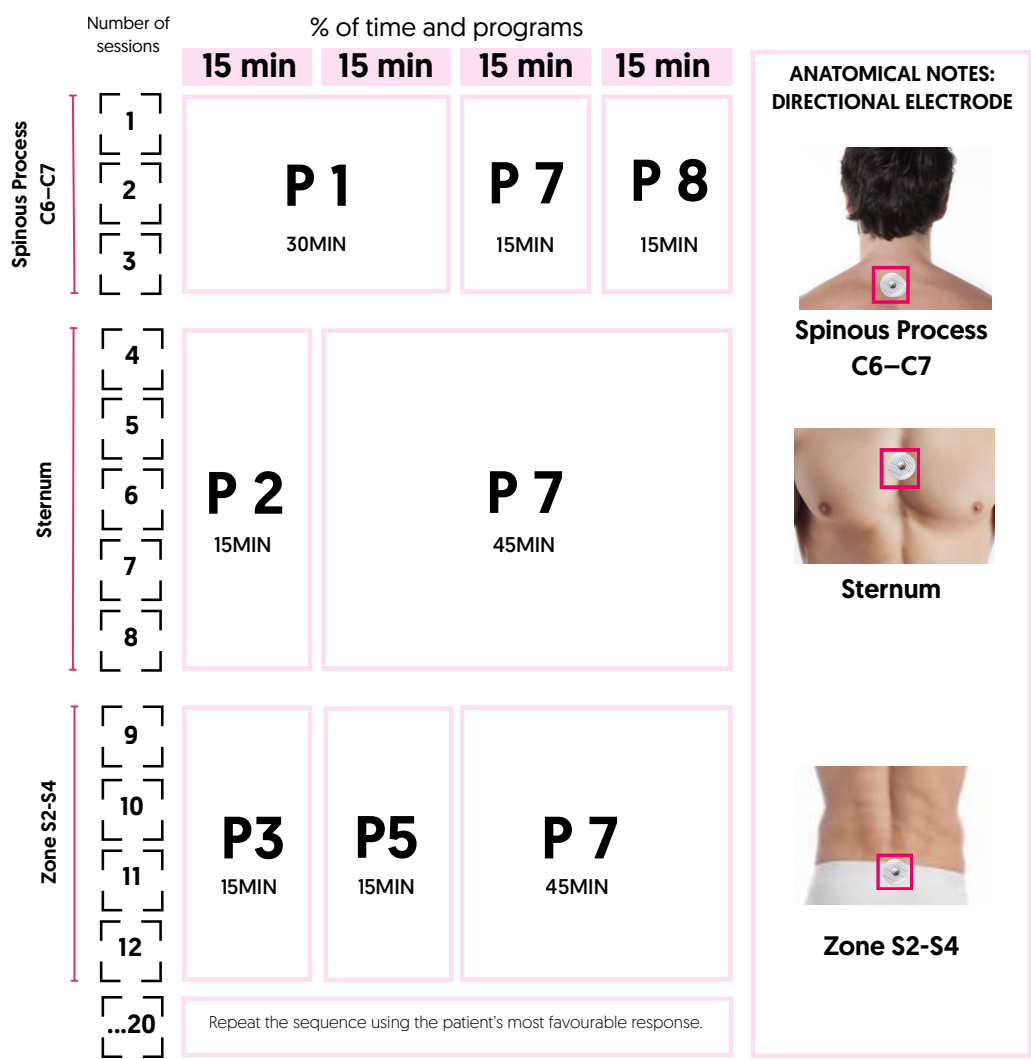


Recommended questionnaires and assessments:

- Female Sexual Function Index (FSFI)
- New Sexual Satisfaction Scale (NSSS)
- Lattinen Test (chronic pain)

ERECTILE DYSFUNCTION

Erectile dysfunction requires an effective sexual response, in which appropriate autonomic modulation must occur throughout its various phases. When predisposing factors are related to anxiety, hormonal imbalance, or vascular mechanisms, outcomes tend to be more favourable than in cases involving structural or tissue-related factors, such as Peyronie’s disease. The same programme sequences may be incorporated into the protocol described below at metameric locations, using the targeting electrode at levels T12–L2, thus resembling the Premature Ejaculation protocol. A treatment frequency of at least two to three sessions per week is recommended, with a minimum of 20 sessions, which may be extended to 30 or 40 sessions, allowing progressively longer intervals as improvement occurs.



- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial 8-10 sessions, we recommend incorporating P8 with a targeting electrode positioned at C6-C7.

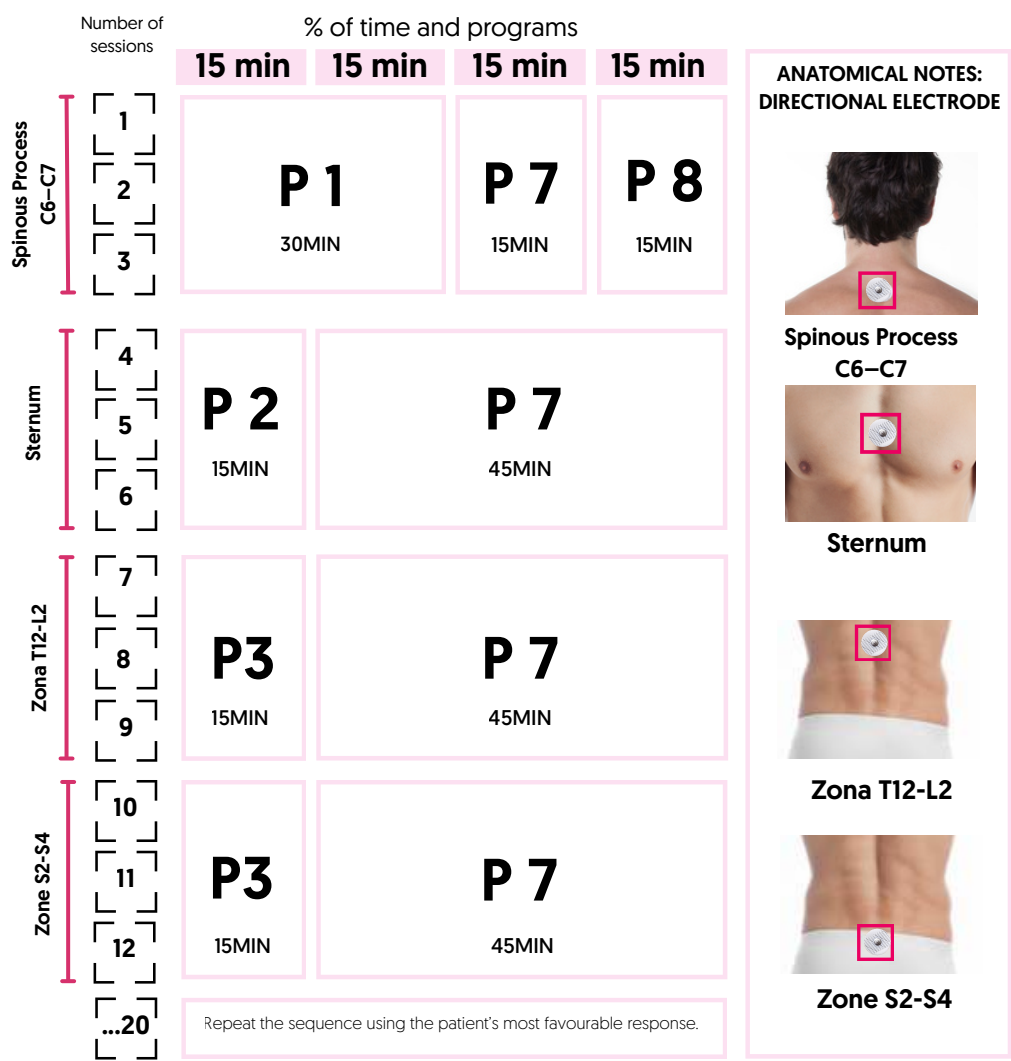


Recommended questionnaires and assessments:

- **International Index of Erectile Function (IIEF)**
- **New Sexual Satisfaction Scale (NSSS)**
- **Generalised Anxiety Disorder Scale (GAD-7)**

PREMATURE EJACULATION

Premature ejaculation may arise from psychological and/or biological factors. In patients for whom anxiety, stress, previous experiences, and/or unmet expectations represent the predominant risk factors, clinical evidence has demonstrated favourable outcomes with the sustained application of Programme 7 at the targeting electrode sites C6–C7, as well as across various anatomical regions during treatment sessions [as described in the protocol]. In addition, the introduction of Programme 5 for 15 minutes at metameric locations may be beneficial for certain patient profiles. The recommended frequency is at least two to three sessions per week, with a minimum total of 20 sessions. Psychological intervention and sexual education are essential to improving understanding and control of sexual responses.



- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial eight to ten sessions, it is recommended to incorporate P8, with the targeting electrode positioned at C6–C7.



Recommended questionnaires and assessments:

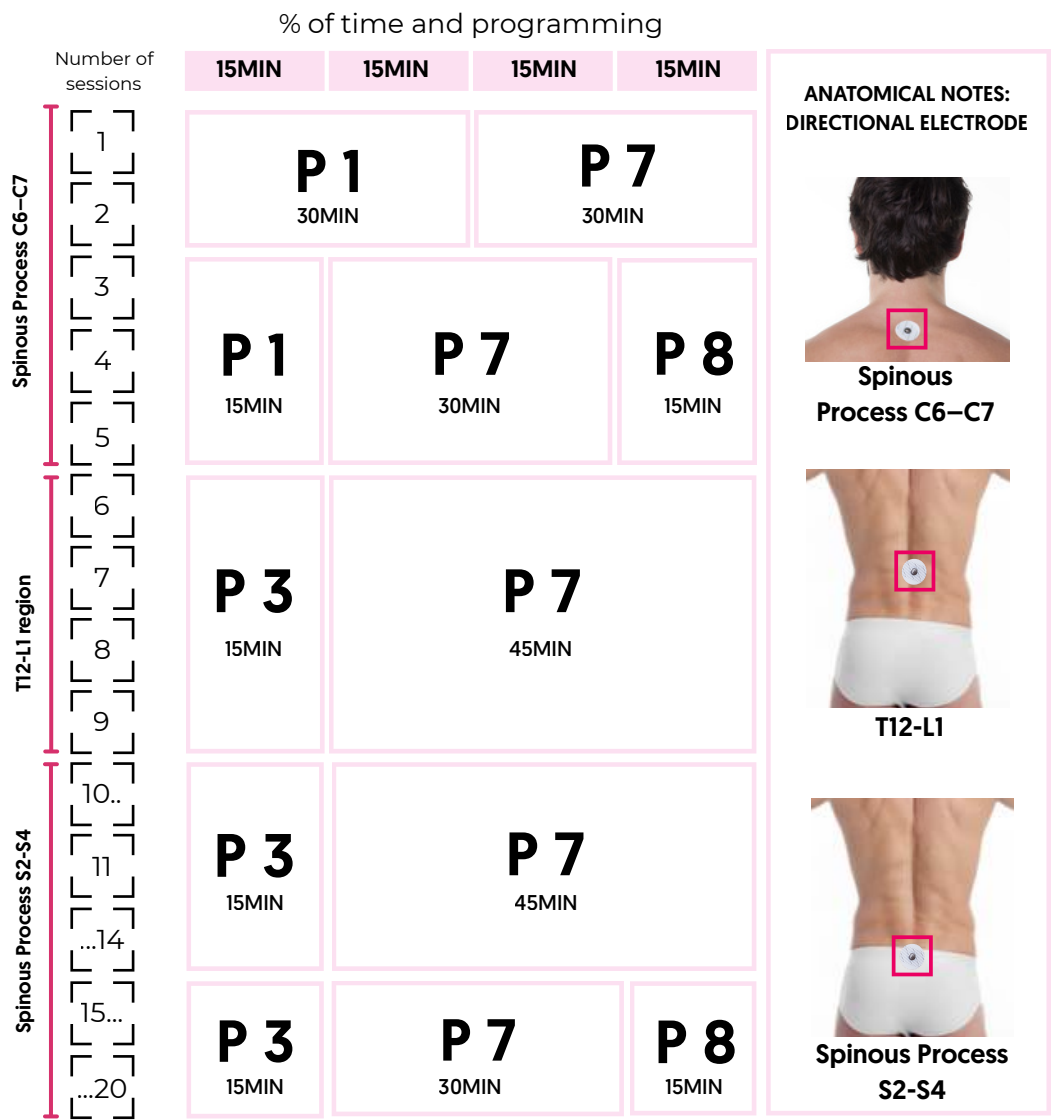
- **Premature Ejaculation Profile (PEP)**
- **New Sexual Satisfaction Scale (NSSS)**
- **Generalised Anxiety Disorder Scale (GAD-7)**

ANORECTAL REGION

The following protocol is suitable for patients whose bowel function has been compromised at the distal level, whether due to rectal resection following surgery (LARS), mucosal or sphincter injury, or distal functional constipation, among other conditions. Outcomes are likely to be more favourable as the functional component of the condition increases.

From the fifteenth session onwards, it is recommended to conclude with Programme 8 for 15 minutes, using a central targeting electrode. If the results are favourable before this stage, treatment may continue with the same programme previously used.

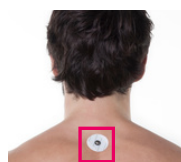
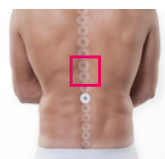
Sessions should be carried out at least three times per week until initial changes are observed, after which they may be reduced to twice weekly. A minimum of 20 sessions is recommended, which may be extended to 30 or 40 for ongoing maintenance.



DEFECATORY DYNAMICS (Functional Modification)

Defecatory dynamics may be altered for a variety of reasons, either temporarily or chronically, leading to episodes of constipation and/or diarrhoea. When addressing a functional alteration, whether proximal or distal, the following protocol is expected to yield optimal results. Initially, the focus should be on proximal dysfunctions, followed by the application of directional electrode placements in the sacral regions to address distal dysfunctions. The sequence of directional electrode placements may be adjusted as needed.

The recommended session frequency is two to three times per week until the first positive changes are observed, after which the frequency should be gradually reduced.

Number of sessions		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODES
		15 min	15 min	15 min	15 min	
Spinous Process C6-C7	1	P 1 30MIN	P 7 15MIN	P 8 15MIN	 Spinous Process C6-C7	
	2					
	3					
Spinous Process L1-L2	4	P 2 15MIN	P 7 45MIN		 Spinous Process L1-L2	
	5					
	6					
Mesenteric plexus	7	P 2 15MIN	P 7 45MIN		 Mesenteric Plexus	
	8					
	9					
Zone S2-S4	10	P 3 15MIN	P 7 45MIN		 Zone S2-S4	
	11					
	12					
...20		Repeat the sequence using the patient's most favourable response.				

- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial 8-10 sessions, we recommend incorporating P8 with a targeting electrode positioned at C6-C7.

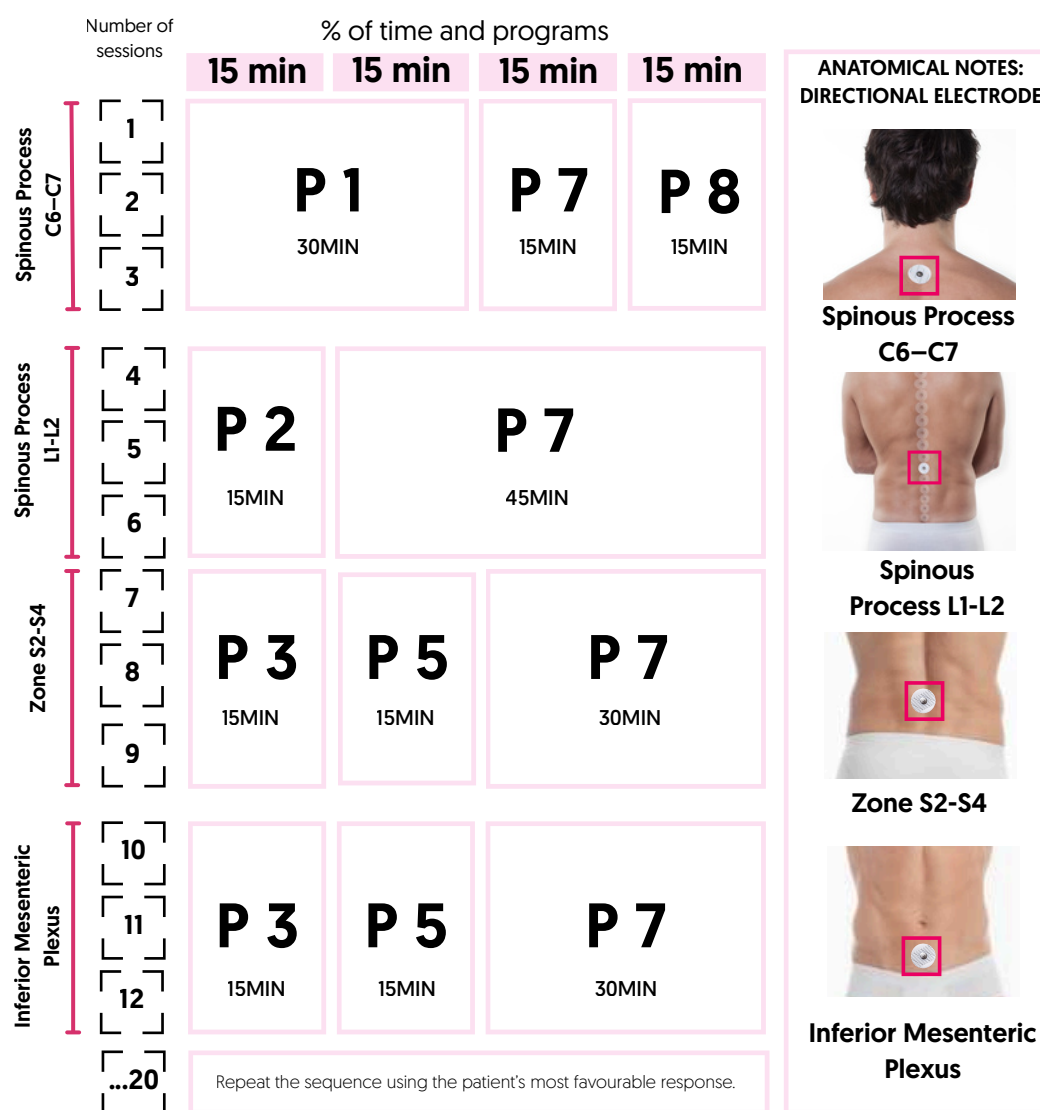


Recommended questionnaires and assessments:

- **Bristol Scale**
- **Wexner Constipation Score**
- **Patient Assessment of Constipation Quality of Life (PAC-QOL)**

FECAL INCONTINENCE

Fecal incontinence may yield positive outcomes with noninvasive neuromodulation [NESA] when it stems from a functional alteration, as is often observed in cases of urge fecal incontinence, or when linked to particular conditions, such as post-surgical recovery or a patient's overall weakness. However, if the incontinence arises from structural lesions, such as nerve damage or sphincter injuries that hinder its efficacy, the anticipated results cannot be assured. The advised frequency is a minimum of two to three times per week, totaling at least 20 sessions.



*In cases of faecal incontinence, neuromodulation treatment alone is unlikely to produce significant changes in the patient's condition. It should therefore be used as an adjunctive therapy.

- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial 8-10 sessions, we recommend incorporating P8 with a targeting electrode positioned at C6-C7.

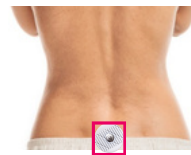
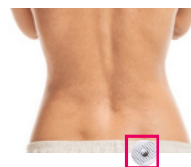


Recommended questionnaires and assessments:

- **St. Mark's Faecal Incontinence Score**
- **Rapid Assessment Faecal Incontinence Score (RAFIS)**
- **Faecal Incontinence Severity Index (FISI)**

PUDENDAL NERVE NEUROPATHY

Pudendal nerve involvement results in characteristic neuropathic pain, with one or more branches of the nerve potentially affected. Treatment should be promptly directed towards the relevant metameres and specific symptomatic areas, using a targeting electrode at the focal level according to the branch involved. The initial treatment frequency should be at least three sessions per week. In cases where neuronal damage is evident, more than 20 to 30 sessions and several months of treatment may be required to achieve an optimal response.

		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	15 min	15 min	
Spinous Process C6–C7	1	P 1 30MIN		P 7 15MIN	P 8 15MIN	 Spinous Process C6–C7
	2					
	3					
Zone S2-S4	4	* P 2 P 3 P 4 15MIN	P 6 15MIN			 Zone S2-S4
	5					
	6					
	7					
	8					
Pudendal nerve pain region	9	* P 2 P 3 P 4 15MIN	P 6 30MIN		P 7 15MIN	 Pudendal nerve pain region
	10					
	11					
	12					
...20		Repeat the sequence using the patient's most favourable response.				

*Choose according to the region designated for treatment (P2-Ventral, P3-Dorsal, P4-Sagittal)

- If the patient has a prolonged history of illness and/or does not respond to treatment after the initial 8-10 sessions, we recommend incorporating P8 with a targeting electrode positioned at C6-C7.

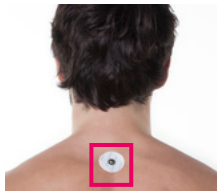
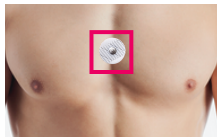
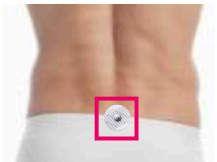


Recommended questionnaires and assessments:

- WeCardio
- LANSS (Neuropathic pain)
- Lattinen Assessment (Chronic pain)

PROSTATITIS

Prostatitis is an inflammation of the prostate characterized by varying durations and presentations of symptoms, encompassing a spectrum of conditions and functional disorders that affect the prostate and perineal region [including heaviness, discomfort or pain, and urinary symptoms]. Given its inflammatory nature, the vagus nerve warrants attention, with the targeting electrode positioned on the sternum during certain sessions. Subsequently, the emphasis will shift to hypogastric innervation in relation to the lumbar and sacral levels, advancing to specific locations based on the areas of greatest symptomatology. The initial session frequency will be a minimum of three times per week, with a total of at least 20 sessions required.

Number of sessions		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	15 min	15 min	
Spinous Process C6–C7	1	P 1 30MIN		P 7 15MIN	P 8 15MIN	
	2					
	3					
Sternum	4	P 2 15MIN	P 7 45MIN			
	5					Spinous Process C6–C7
	6					
Lumbosacral region	7	P 3 15MIN	P 7 45MIN			
	8					Lumbosacral region
	9					
Suprapubic level	10	P 2 15MIN	P 6 15MIN	P 7 30MIN		
	11					
	12					
...20		Repeat the sequence using the patient's most favourable response.				Suprapubic



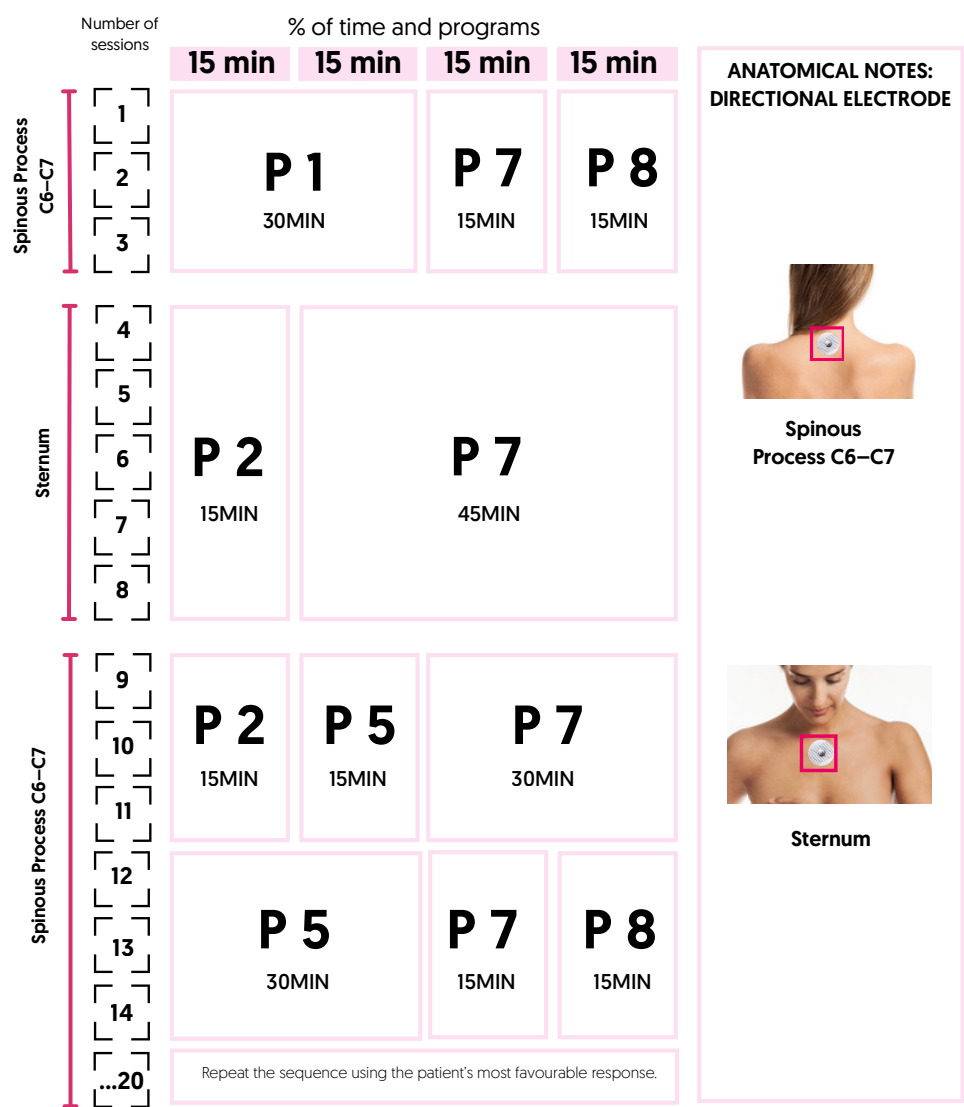
Recommended questionnaires and assessments:

- Chronic Prostatitis Symptom Index (NIH-CPSI)
- International Prostate Symptom Score (IPSS)

PERIMENOPAUSE AND MENOPAUSE

Perimenopause and menopause represent significant phases in a woman’s life, characterised by a series of hormonal fluctuations that give rise to symptoms associated with adaptation and autonomic function. These symptoms may include hot flushes, sweating, sleep disturbances, menstrual irregularities, vaginal dryness, and mood swings, among others. While specific protocols exist for some of the clinical manifestations mentioned above, the following protocol is recommended for modulating the overarching systemic processes characteristic of this stage, in which vagal modulation plays a crucial role.

The initial frequency of sessions should be at least two to three per week. The total number of sessions will depend on the patient’s objectives and needs during this phase, with medium- to long-term maintenance occasionally advised.

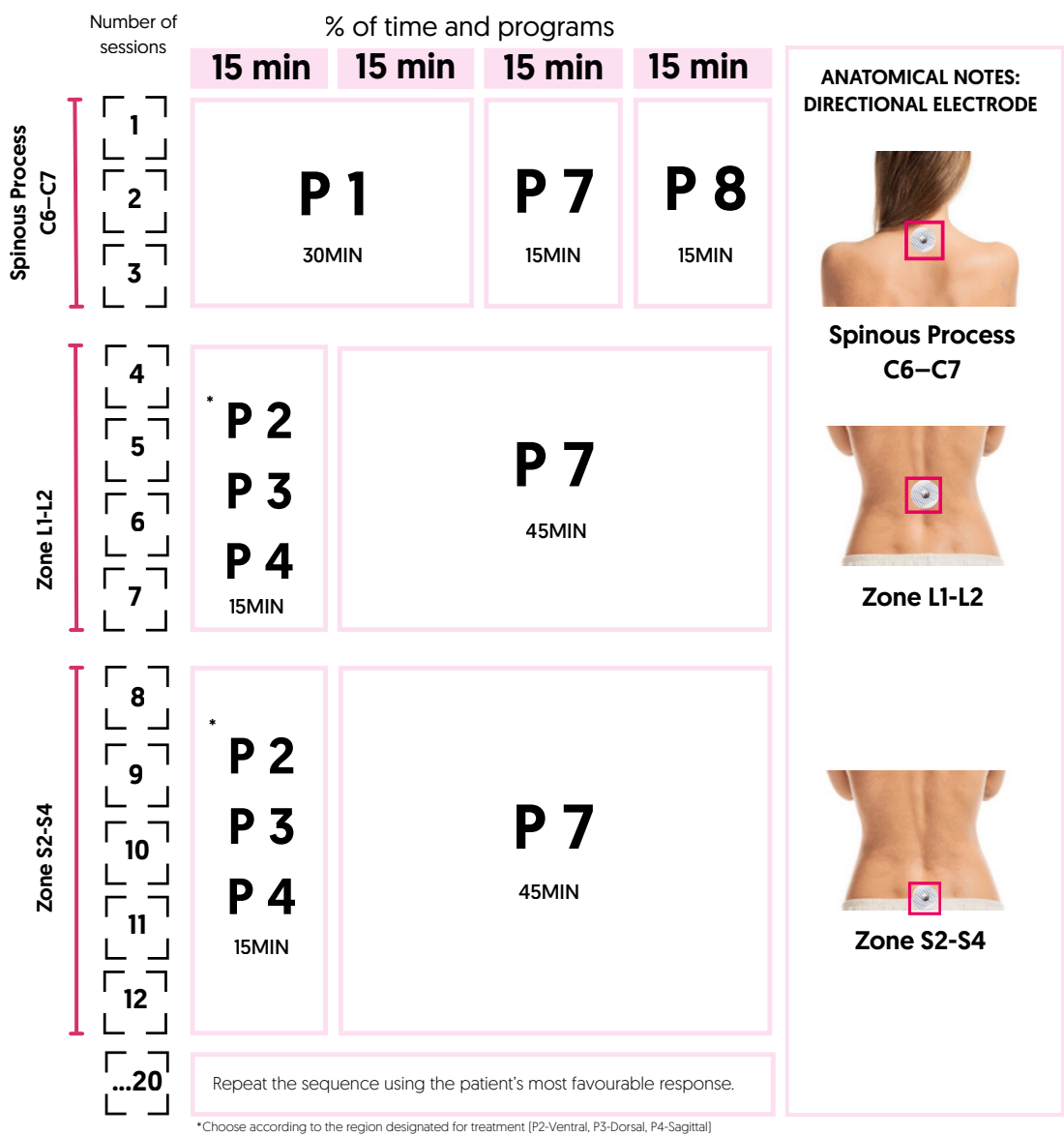


- Recommended questionnaires and assessments:
- **Menopause Rating Scale (MRS)**
 - **Menopause-Specific Quality of Life Questionnaire (MENQOL)**
 - **Menopause Symptoms Treatment Satisfaction Questionnaire (MS-TSQ)**

VAGINAL TROPHISM AND GENITAL SKIN ALTERATIONS

Genital skin and mucous membrane disorders can present in various forms, sometimes arising from physiological processes such as hormonal changes, and at other times resulting from pathological conditions or dysfunctions, including herpes, lacerations, post-surgical changes, and vulvar lichen sclerosis. In all cases, optimal autonomic nervous system function is essential because of its vascular, regenerative, and regulatory roles.

The selection of the metameric placement for the targeting electrode should take into account the affected area, ensuring it is never positioned over compromised skin or other vulnerable structures. Initially, the session frequency should be at least three times per week, with a total of approximately 20 sessions. The frequency and duration of treatment should be individualised according to each case.





Recommended questionnaires and assessments:

- **Vaginal Health Index (VHI)**

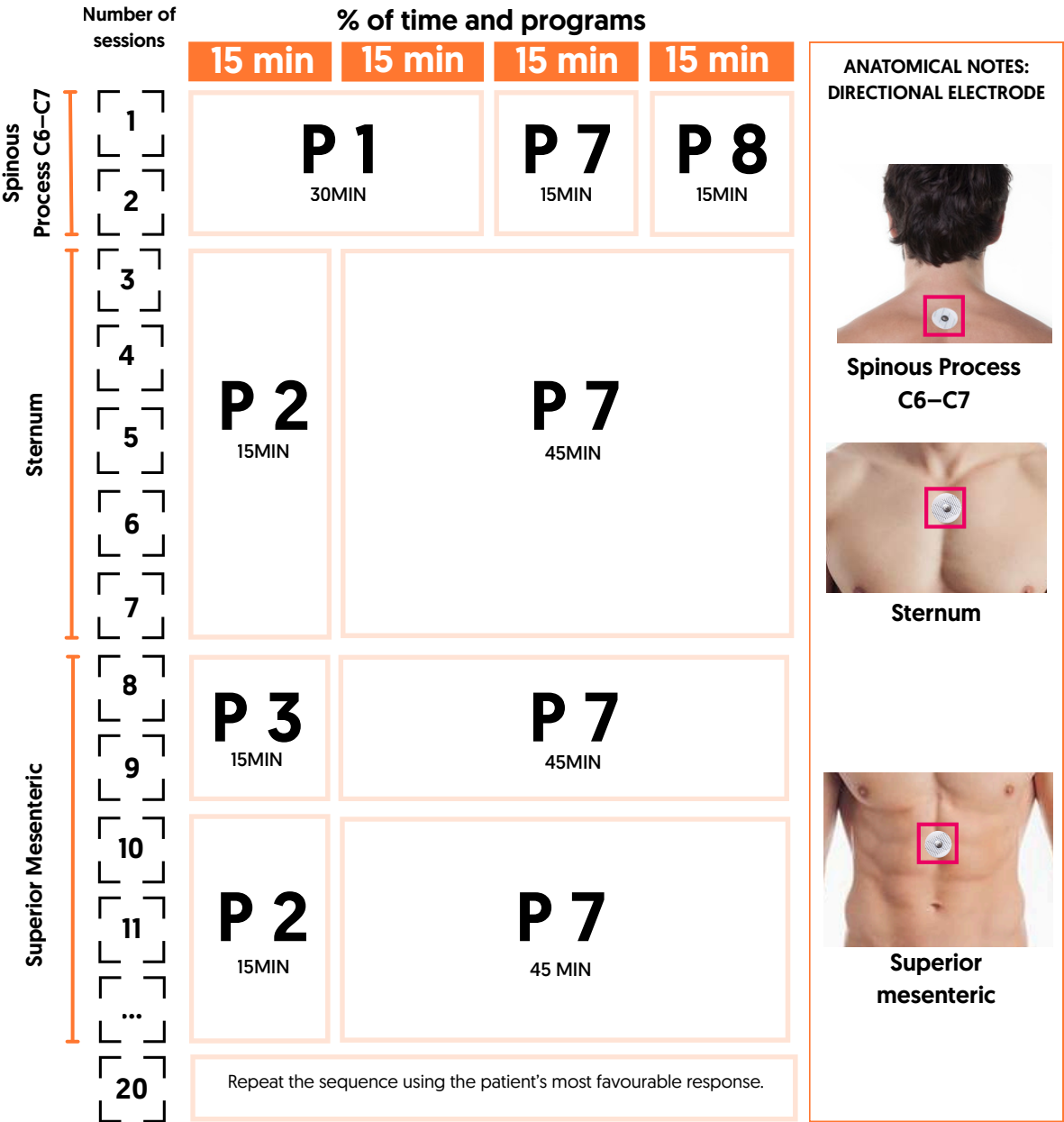
DIGESTIVE TRACT WELLNESS

Specific protocols by clinical specialty



STRESS-RELATED AEROPHAGIA

Clinical evidence indicates improvement in cases of aerophagia associated with anxiety–depressive processes through the application of NESA® microcurrents. A progressive reduction in symptoms has been observed. It is advisable to begin with an induction phase characterised by a high treatment frequency [three to four sessions per week], followed by a gradual reduction in frequency. In some cases, maintenance therapy may be required, or two to four consecutive sessions may be administered as needed, serving as a rescue treatment.



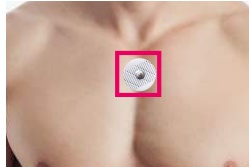
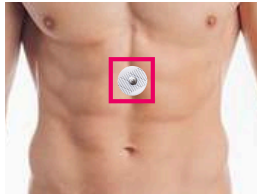


Recommended questionnaires and assessments:

- **WeCardio**
- **Aerophagia Journal**

GENERAL REGULATION OF VAGAL TONE

The objective of this protocol is to enhance vagal tone, thereby improving the adaptability and responsiveness of the enteric nervous system. It serves as a preparatory treatment for the autonomic nervous system before digestive and abdominal surgery. A regimen of 10 to 20 sessions is recommended, with a higher number of sessions generally associated with improved patient responsiveness. Sessions should be carried out two to three times per week. However, if external factors or stressors impact the autonomic nervous system, the degree of improvement may be limited.

Number of sessions		% of time and programs				
		15 min	15 min	15 min	15 min	
Spinous Process C6–C7	1	P 1 30MIN	P 7 15MIN	P 8 15MIN	ANATOMICAL NOTES: DIRECTIONAL ELECTRODE  Spinous Process C6–C7	
	2					
	3	P 1 15MIN	P 7 15MIN	P 8 15MIN		
	4					
Sternum	5	P 2 15MIN	P 7 45MIN			 Sternum
	6					
	7	P 3 15MIN	P 7 45MIN			
	8					
Superior Mesenteric	9	P 2 15MIN	P 7 45 MIN			 Superior mesenteric
	10					
	11	P 2 15MIN	P 7 45 MIN			
	...					
20	Repeat the sequence using the patient's most favourable response.					

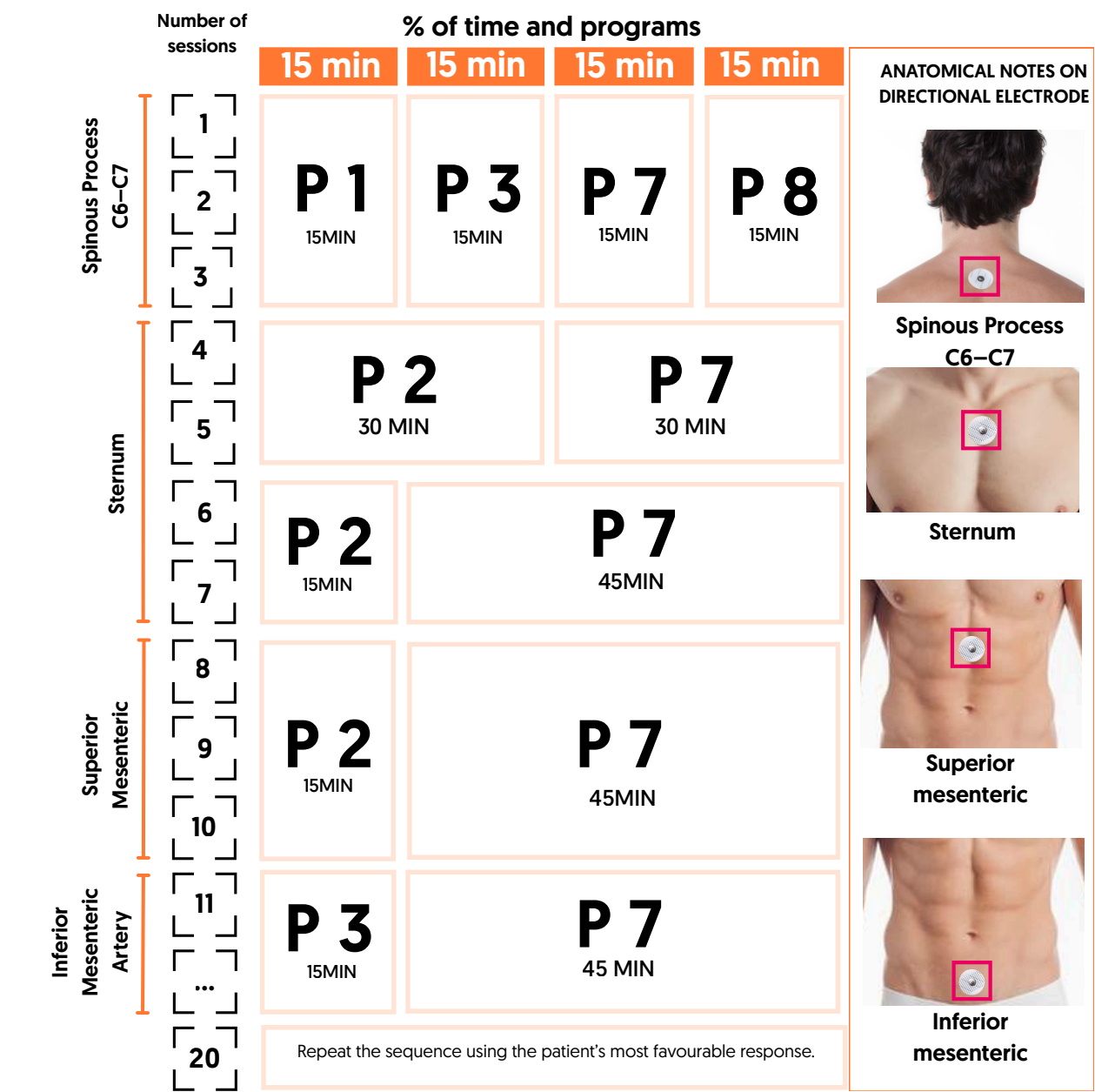


Recommended questionnaires and assessments:

- WeCardio

CONSTIPATION

Clinical trials utilizing NESA technology, including those involving children with cerebral palsy, demonstrate an enhancement in constipation, reflected in both the frequency of bowel movements and stool consistency. Clinical observations indicate improvements in individuals experiencing constipation lasting for weeks or months, as well as in more chronic cases. In older adults susceptible to constipation, increased peristalsis has been clinically noted. The more chronic the condition, the greater the number of sessions required by the individual.

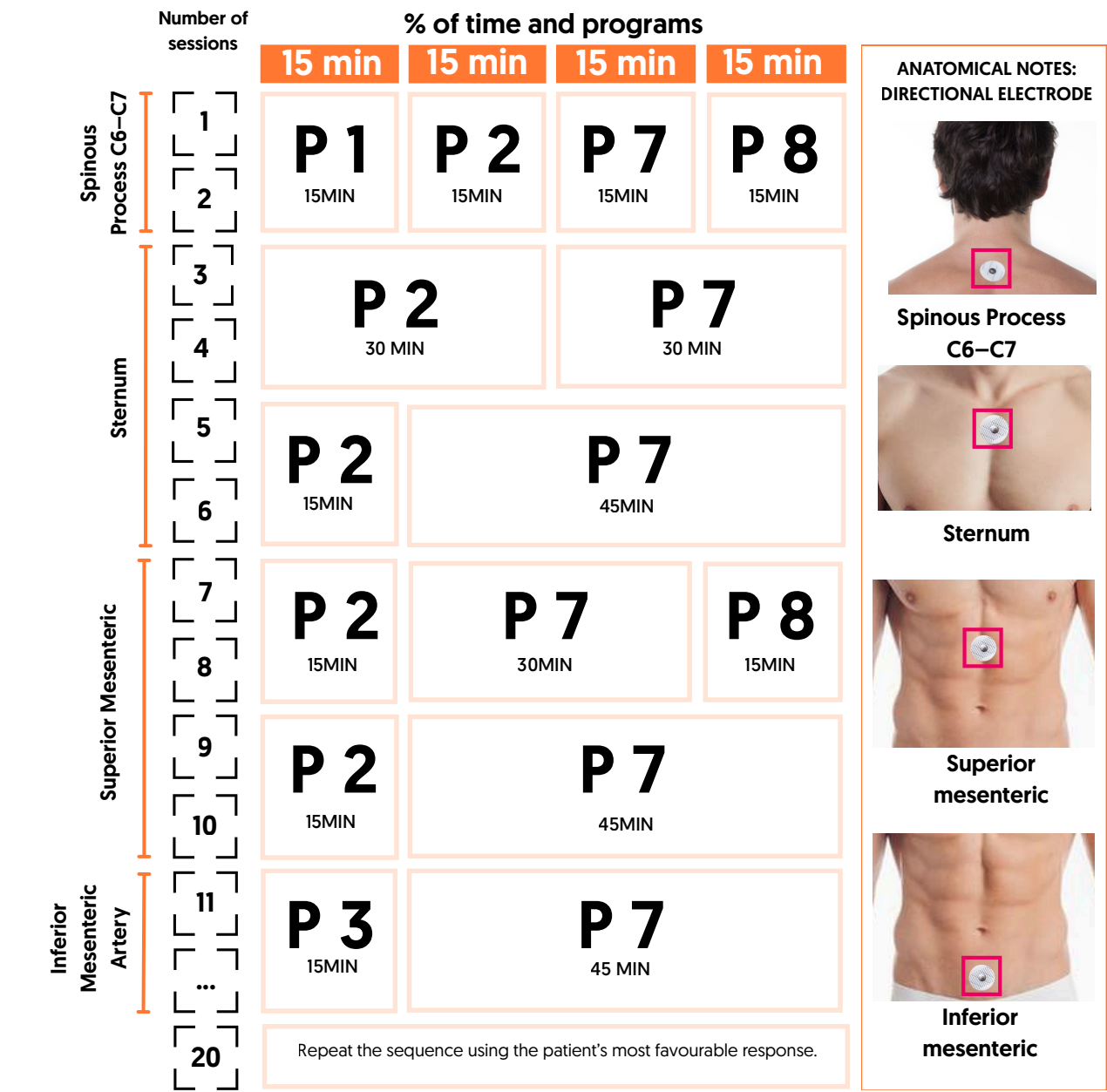


Recommended questionnaires and assessments:

- Lattinen Assessment (Chronic Pain)
- WeCardio

IRRITABLE BOWEL

In patients diagnosed with irritable bowel syndrome as the primary condition, clinical improvement in symptoms has been observed. In cases of abnormal bowel frequency, stool consistency, particularly in diarrhoeic presentations, can be regulated, leading to a reduction in frequency. Improvements in constipation have also been documented. Inductive treatment administered three to five times per week, with a gradual increase in the interval between sessions as the patient progresses, can enhance the digestive system’s responsiveness. A minimum of 20 sessions is recommended, with maintenance therapy advised for severe cases when necessary.





Recommended questionnaires and assessments:

- Lattinen (Chronic Pain)
- WeCardio

NONSPECIFIC ABDOMINAL DISCOMFORT (VISCERAL PAIN)

This treatment is intended for cases of abdominal pain in which, following a comprehensive medical evaluation, no identifiable cause can be determined. Since 2019, the ICD has recognised pain as a pathology in its own right, with visceral pain included within this classification. In clinical practice, highly localised pain is occasionally observed in this region. Therefore, in advanced stages, it is advisable to position the targeting electrode directly over the area of pain. If an exacerbation of symptoms occurs during focal application, treatment should revert to the corresponding metamere until subsequent sessions. Effective pain management requires neuroplastic adaptation, a process that takes time. A minimum of 30 sessions is recommended.

Number of sessions

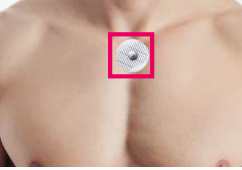
% of time and programs

		15 min	15 min	15 min	15 min
Spinous Process C6–C7	1	P 1 15MIN	P 2 15MIN	P 7 15MIN	P 8 15MIN
	2				
Sternum	3	P 2 15MIN	P 7 45MIN		
	4				
L3	5	P 2 15MIN	P 6 15MIN	P 7 30MIN	
	6				
Superior Mesenteric	7	P 2 15MIN	P 7 30MIN	P 8 15MIN	
	8				
	9	P 2 15MIN	P 7 45MIN		
	10				
Inferior Mesenteric Artery	11	P 3 15MIN	P 7 45 MIN		
	...				
	30	Repeat the sequence using the patient's most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



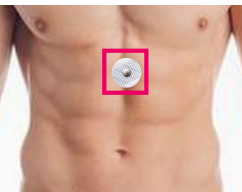
Spinous Process
C6–C7



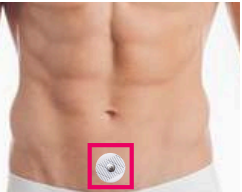
Sternum



L3



Superior
mesenteric



Inferior
mesenteric

Recommended questionnaires and assessments:

- Lattinen (Chronic Pain)
- WeCardio

ENHANCING QUALITY OF LIFE IN CROHN DISEASE

Crohn disease is a chronic inflammatory autoimmune disorder characterised by flare-ups that require medical intervention. During periods of remission, some patients may require ongoing medication. The objective of modulating the autonomic nervous system is to regulate the inflammatory response and enhance intestinal motility. Microcurrents can be used to alleviate symptoms during flare-ups or to improve quality of life between episodes.

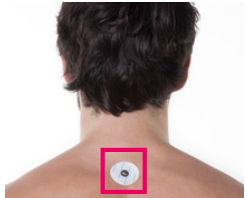
Clinical observations in these patients have not demonstrated any improvement in the assessed biomarkers in the medium to long term; however, improvements in symptomatology have been reported. A regimen of thirty sessions followed by a maintenance phase is recommended to stabilise symptoms.

Number of sessions

% of time and programs

		15 min	15 min	15 min	15 min
Spinous Process C6–C7	1	P 1 30MIN		P 7 15MIN	P 8 15MIN
	2				
	3	P 1 15MIN		P 7 30MIN	P 8 15MIN
Sternum	4	P 2 30MIN		P 7 30MIN	
	5				
	6	P 2 15MIN		P 7 45MIN	
L3	7				
	8	P 2 15MIN		P 6 30MIN	P 7 15MIN
	9				
Superior Mesenteric Artery	10	P 3 15MIN		P 7 45MIN	
	11				
Inferior Mesenteric Artery	...	P 2 15MIN		P 7 45 MIN	
	30	Repeat the sequence using the patient's most favourable response.			

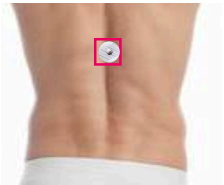
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



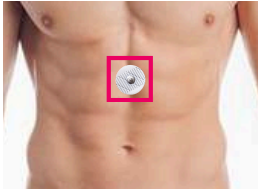
Spinous Process
C6–C7



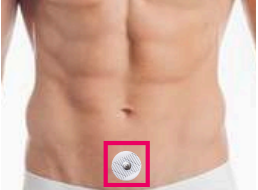
Sternum



L3



Superior
mesenteric



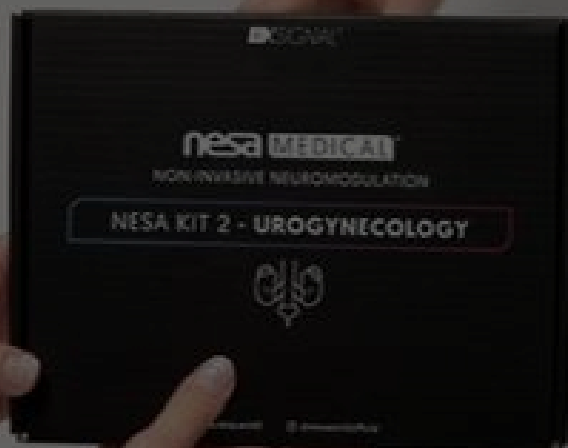
Inferior
mesenteric



Recommended questionnaires and assessments:

- Lattinen (Chronic Pain)
- WeCardio

PATIENT KITS



HOW SHOULD I USE THE KITS WITH THE PATIENT?

Objective: To standardise safety, enhance the patient experience, and improve outcomes, while facilitating compliance with the 2nd and 3rd bonus.

1. Assignment and Registration (Initial Visit)

- Provide the patient with a NESA® Kit (gloves and ankle braces) and document it in their medical record (the code/UDI may be recorded in the “treatment-associated material” field).
- Label the bag with the patient’s first and last name, the start date, and the “Single patient – multiple use [ISO 7000-3706]” symbol. This indicates that the bag must not be shared between patients and that repeated use is permitted solely for the same patient.

2. Education in 60 Seconds (Suggested Script)

- “This is your personal kit. It enhances hygiene, comfort, and consistency of stimulation. You will bring it to each session; this approach minimises cleaning time, optimises effective therapy duration, and ensures a uniform sensation with every use.”

3. Expedited Placement and Validation (Per Session)

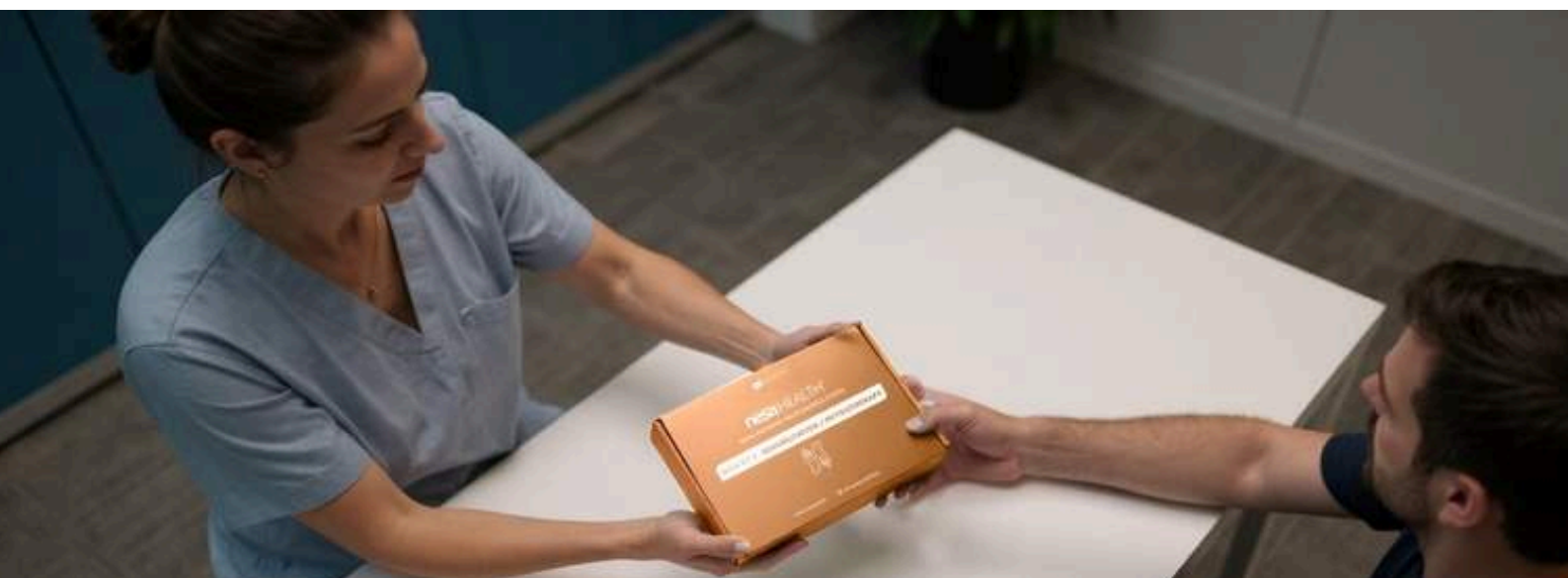
- Perform a skin assessment (no active wounds), adjust the glove/ankle brace, and evaluate moisture/conductivity in accordance with the device’s Instructions for Use.
- If there is an excess of cream or sweat, ensure the area is cleaned and dried to maintain consistent contact.
- Do not share the kit with another patient. If it is forgotten, follow the courtesy kit protocol (single-use or loaner with validated and documented reprocessing) or reschedule the session.

4. Conservation (Between Sessions of the Same Patient)

- Store the kit in the designated bag and inspect for signs of wear. If the material loses elasticity or comfort, replace it.

5. Value Communication (Every Two to Three Sessions)

- Reinforce perceived benefits: “Have you noticed that each session feels increasingly comfortable, with no alteration in sensation? This is due to your personal kit; it allows us to maintain the consistency of the stimulus.”



PATIENT BENEFITS

OF HAVING PERSONAL GLOVES AND ANKLE BRACES

Clinics and adherence

- Enhanced infection control: Prevents reuse between patients, thereby eliminating the need for complex reprocessing and additional validation. It complies with CDC guidelines, which stipulate that any reusable equipment must be cleaned and reprocessed before use on another patient. The implementation of a personal kit mitigates this operational risk.

Clinics and procedures

- Clinical time saved: Eliminates cleaning interruptions between patients, resulting in a more efficient and predictable workflow.
- Technical consistency: Maintaining the same fit and skin contact from session to session fosters a stable perception of the stimulus.
- Fewer incidents: Reduces friction and risk of cross-infection, improves treatment aesthetics, addresses hygiene concerns, and decreases complaints. It also strengthens traceability when the kit is documented in the patient's medical record.

Patient (experience and sentiment)

- Sense of safety and individualised care: "My kit = my health."
- Comfort [self-regulation] and confidence [privacy maintained].
- Active participation: By taking care of their kit, the patient becomes engaged and committed to the treatment plan.

Business (compliance and profitability)

- Immediate compliance and operational bonus: Providing the kit and ensuring a "zero-friction" experience during treatment.
- Enhanced conversion: Improves the perception of quality and consistency [increases satisfaction and reduces negative feedback elements].
- Competitive differentiation: Positions the centre as a beneficiary of the patient's experience.



HOW AND WHEN TO INCORPORATE THE SESSION BONUS?

Indicative model (adjust according to your figures):

Incorporating the kit into the 10-session package extends explanation time by 0.5 to 1 minute during the initial visit, while reducing cleaning and preparation time by 3 to 5 minutes per session. Over 10 sessions, this results in a total time saving of 30 to 50 minutes in scheduling (equivalent to approximately 0.5 to 1 additional slot per package). If the billable hour is €60 or more, the time saved effectively offsets the cost of the kit while increasing capacity. Moreover, a 10–20% increase in renewals following the second package has a direct positive impact on lifetime value (LTV).

Rationale for incorporating the Individual Kit in the initial voucher (text prepared for your document)

1. Adherence to regulations and best practices

Complies with MDR [GSPR 10–11–23] and infection control guidelines, which mandate thorough reprocessing before reusable equipment is used on a different patient. Assigning a kit to an individual patient streamlines and reinforces compliance. [In Spain: refer to RD 192/2023, Chapter III].

2. Safety and hygiene in patient care

Reduces the risk of cross-contamination and hygiene-related issues, while enhancing patient confidence and acceptance of treatment from the first session. [CDC].

3. Ensuring the quality and consistency of the stimulus

By consistently using the same kit for the same patient, the fit and feel remain uniform, providing a more stable experience and improving the patient's perception of efficacy.

4. Distinction and allegiance

Personalised service, a perception of innovation, and a premium protocol foster renewals [second and third vouchers] as well as word-of-mouth recommendations.

How can I incorporate the kit into the treatment voucher price?

- Preferred Option [Straightforward and Effective]
- 10-session voucher, including the assessment session and kit.
- Automatic discount on the second and third vouchers [e.g., –X€, as the kit is already provided].
- Policy displayed at reception and included in the informed consent form: “A personal kit is included with your first voucher. Please bring your kit to each session.”

TEAM CHECKLIST

- ☐ Deliver and document the kit in the patient's medical record.
- ☐ Provide a 60-second explanation of use and care; the patient acknowledges understanding and confirms that it is personal.
- ☐ Ensure prompt placement and perform a skin check prior to each session.
- ☐ If the patient forgets to bring their kit, apply the documented courtesy protocol (no sharing).
- ☐ A discount or benefit is available on the second and third vouchers for bringing the kit.

REGULATIONS

MDR

CLICK



CDC (United States)

CLICK



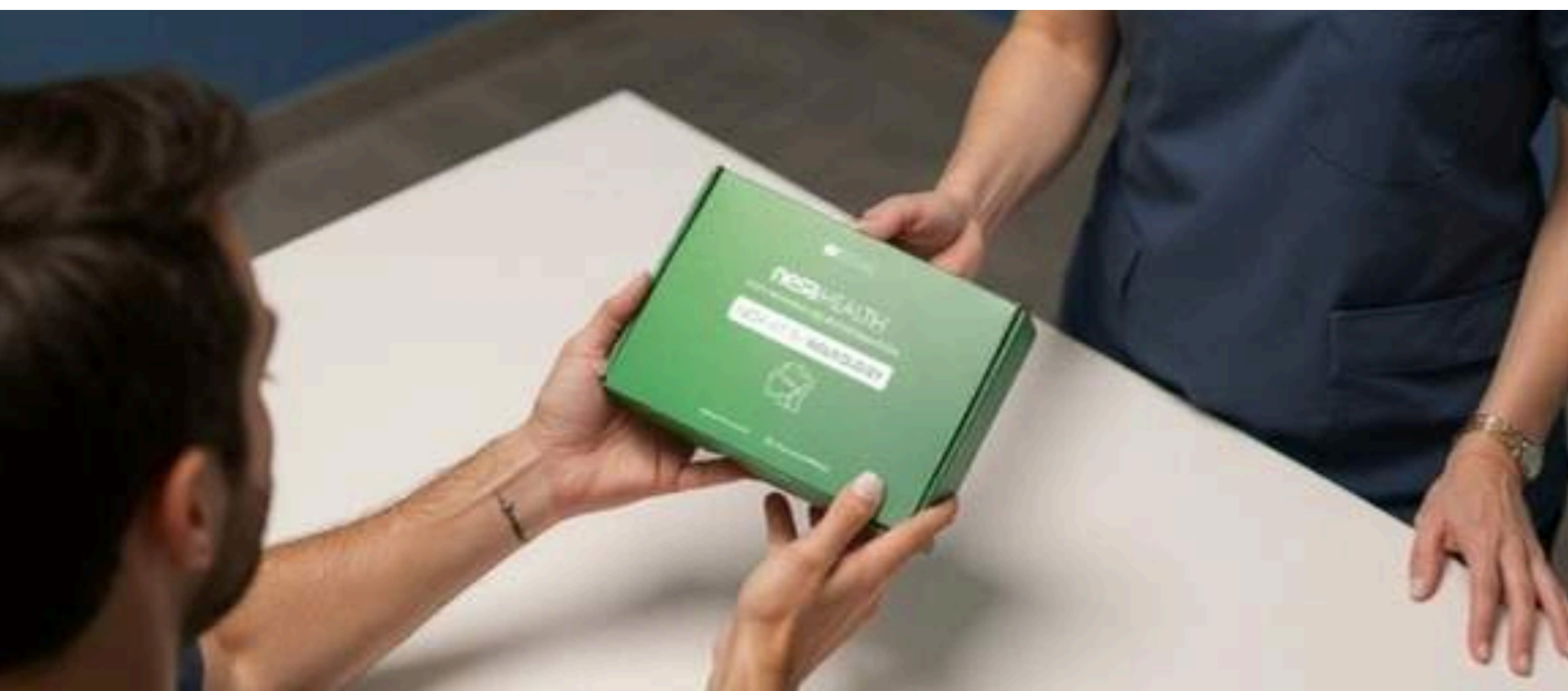
EURO-Lex

CLICK



BOE (Spain)

CLICK



IMPORTANT LINKS

NESA® CAMPUS: <https://nesacamp.thinkific.com/>

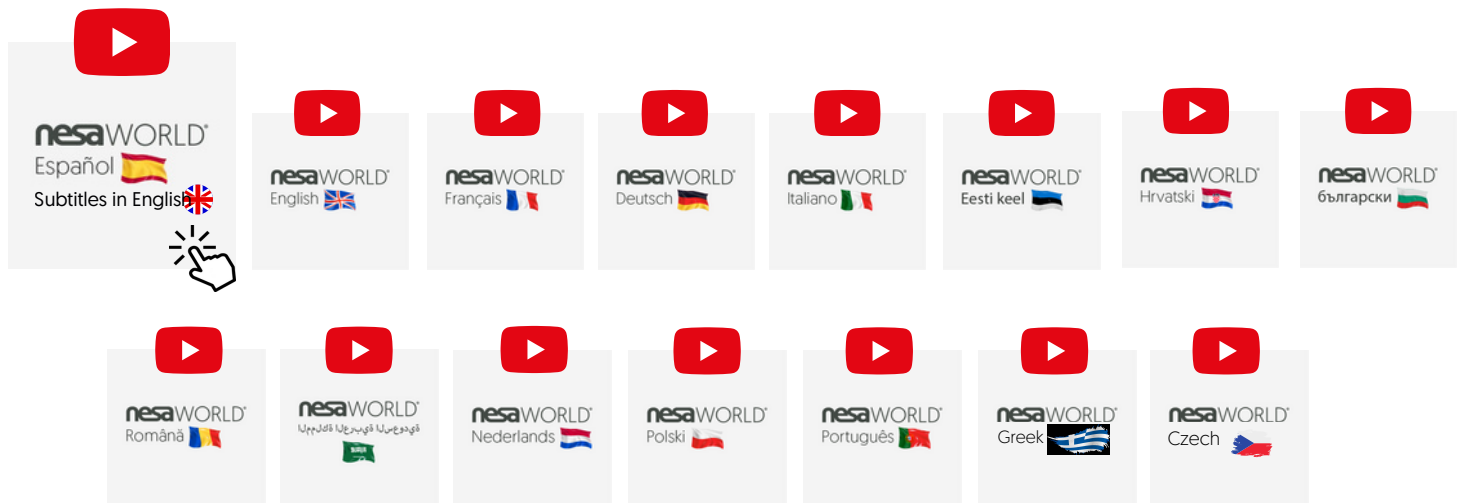


On Campus, you will find:

- SharePoint NESA®: provides all the documents, videos, and images required for daily use.
- NESA® Introductory Campus: designed to assist you in developing clinical reasoning with your patients, thereby supporting up to 70% of clinical outcomes.
- Clinical Guidelines Platform: featuring a search engine to access clinical reasoning for a variety of cases.
- Guide for Initiating Patient Engagement.
- Specialty-Specific Webinars and Clinical Reasoning.
- Monographic Training by Specialisation.
- Engagement with the Clinical Department and Customer Service.

If you are a NESAWORLD® customer and do not have your passwords, please request them from your distributor or directly from NESAWORLD®.

YOUTUBE CHANNELS



FAQs: Frequently Asked Questions and Responses

1. Technical FAQs [CLICK HERE](#)
2. Physiology FAQs [CLICK HERE](#)
3. Scientific Evidence FAQs [CLICK HERE](#)
4. Clinical FAQs [CLICK HERE](#)
5. Patient FAQs [CLICK HERE](#)
6. Training and Events FAQs [CLICK HERE](#)

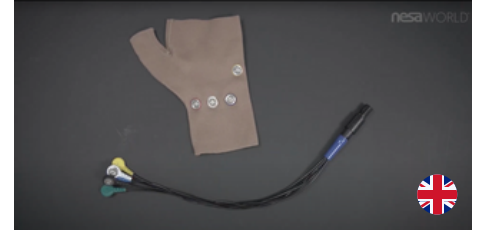
LINKS OF INTEREST



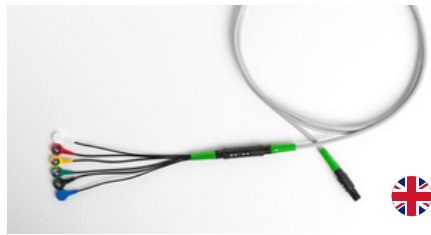
1. PROGRAMMING THE NESA X SIGNAL®
(Essential – 3 minutes)



2. HOW TO WEAR GLOVES AND ANKLE BRACES
(Important – 2 minutes)



3. HOW TO ADJUST GLOVE AND ANKLE BRACE SIZES



4. CABLE PLACEMENT PROCEDURES
(Important – 1 minute)



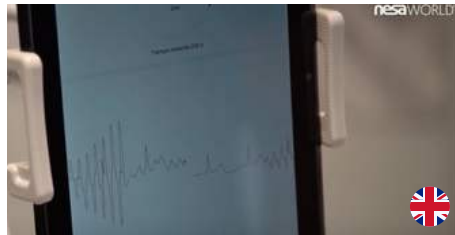
5. METHODS FOR SECURING CABLES DURING OPERATION (Important – 1 minute)



6. INSTRUCTIONS FOR USING THE INTERNATIONAL BATTERY CHARGER



HOW TO SUBMIT AN APPLICATION TO NESA®



HOW TO USE THE NESA X SIGNAL® AND THE WECARDIO ELECTROCARDIOGRAPH



AM I ON THE CLINIC WEBSITE?

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Left hand

Right hand



CLICK HERE



Left foot

Right foot

www.nesaclinics.com



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nesaWORLD®



www.nesa.world