

PROTOCOL MANUAL

Mental Well-Being

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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

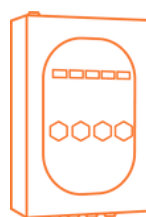
Principles of Responsible Usage



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.

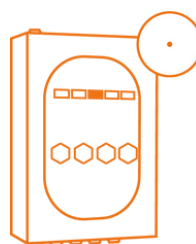
Document each session meticulously: Record the parameters, targeted electrode placement, patient-reported sensations during the session, and overall outcomes, including the date, to support clinical decision-making and track progression.



**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.

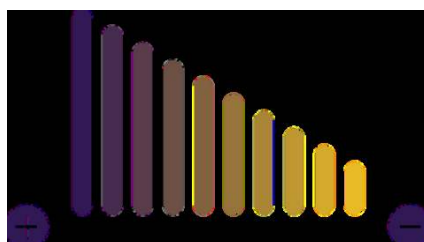
When used as a supplementary treatment to a primary intervention (such as surgery or other therapies), it may be administered with the same frequency as the primary treatment (including a single session), provided that a direct clinical effect of XSignal is not expected, but rather to enhance the effectiveness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

INDUCTION PHASE (1–4 months)

HIGH FREQUENCY
5–4–3 sessions per week

MEDIUM FREQUENCY
3–2 sessions per week

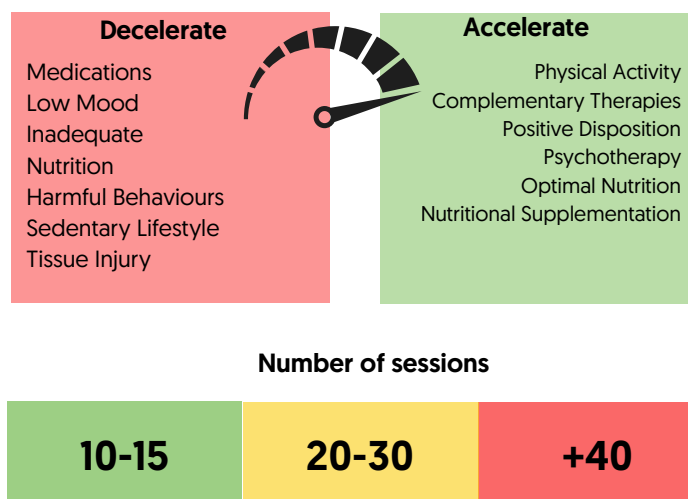
MAINTENANCE PHASE (≥ 2 months; indefinite)



LOW FREQUENCY
2–1 sessions per week
REMISENCE 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.

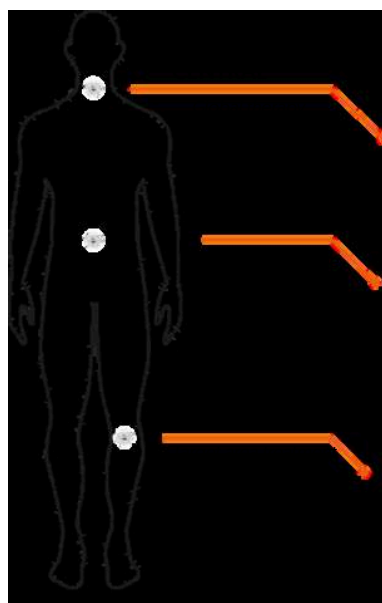
Programmes that stimulate isolated electrodes to elicit responses along specific body planes.

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)

NESA Clinical Team - 2025

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

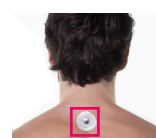
The final grid indicates the suggested quantity [...20] = 20 sessions.

Programmes

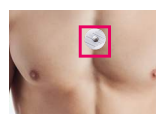
Each box denotes the programme used at the specified time. Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal]. Other indications are denoted by [*] and [**].

		% of time and programs			
		15 min	15 min	15 min	15 min
Spinal Process C6–C7	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 metamer	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.			

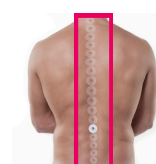
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



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.

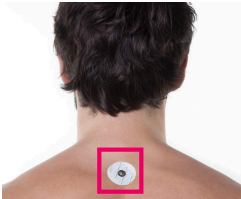
The number of sessions may range from 20 to 40, with frequency adjusted according to the patient’s reported progress. It is advisable to start with 3 to 4 sessions per week.

Number of sessions

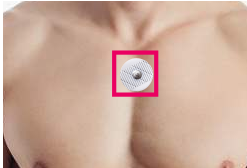
% of time and programs

		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



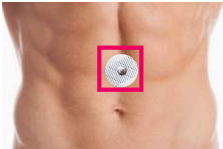
Spinous Process
C6–C7



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
 - GAD7

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.

Number of sessions

% of time and programs

	15 min	15 min	15 min	15 min
Spinous Process C6–C7	P 1 30MIN		P 7 30MIN	
	P 2 15MIN	P 6 15MIN	P 7 15MIN	P 8 15MIN
	P 2 15MIN	P 7 30MIN		P 8 15MIN
	*P2 P3 P4 15MIN	P 7 45MIN		
Sternum	*P2 P3 P4 15MIN		P 7 45MIN	
	Repeat the sequence using the patient's most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE

Spinous Process C6–C7

Sternum

Corresponding metamere

Tender point

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

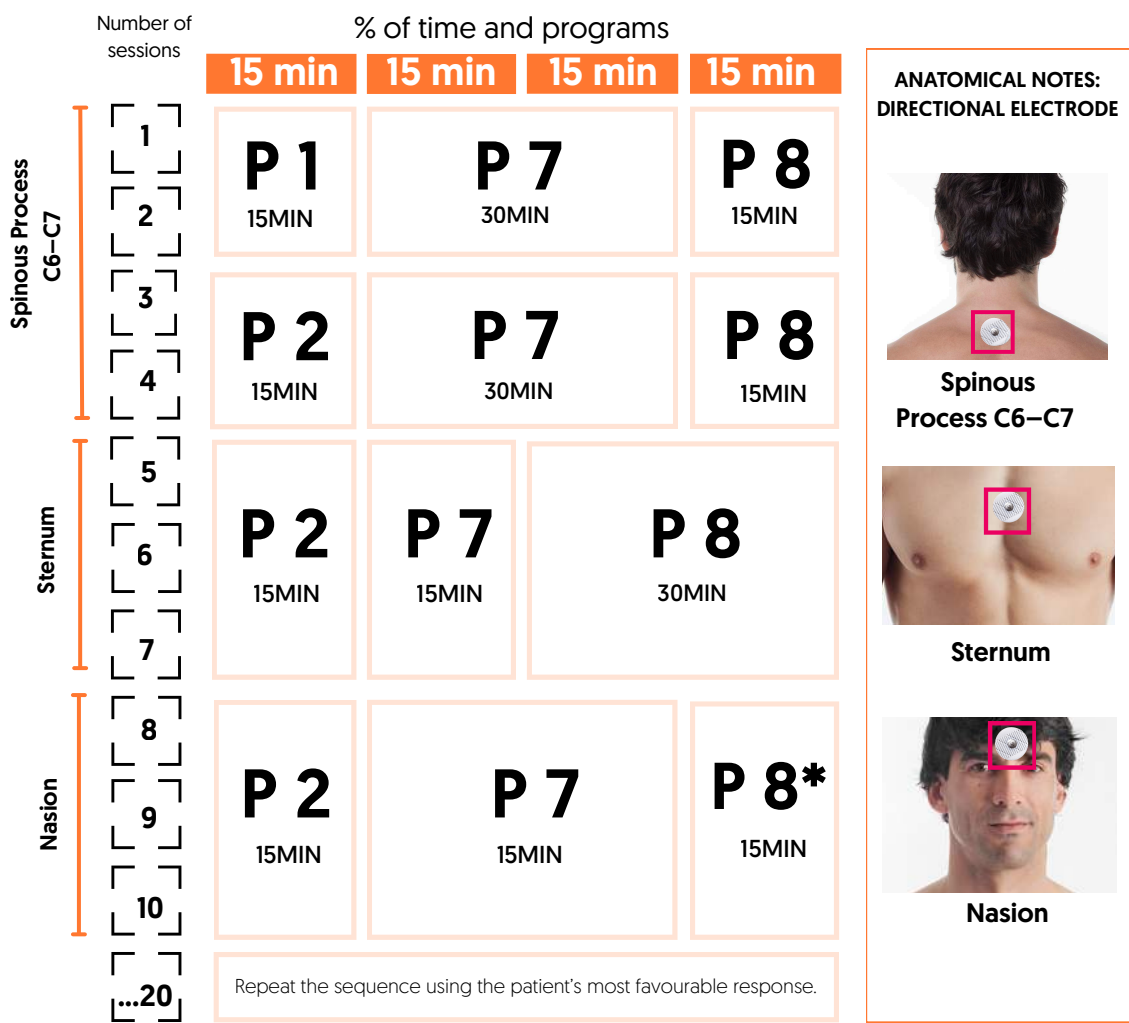


Recommended questionnaires and assessments:

- 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.

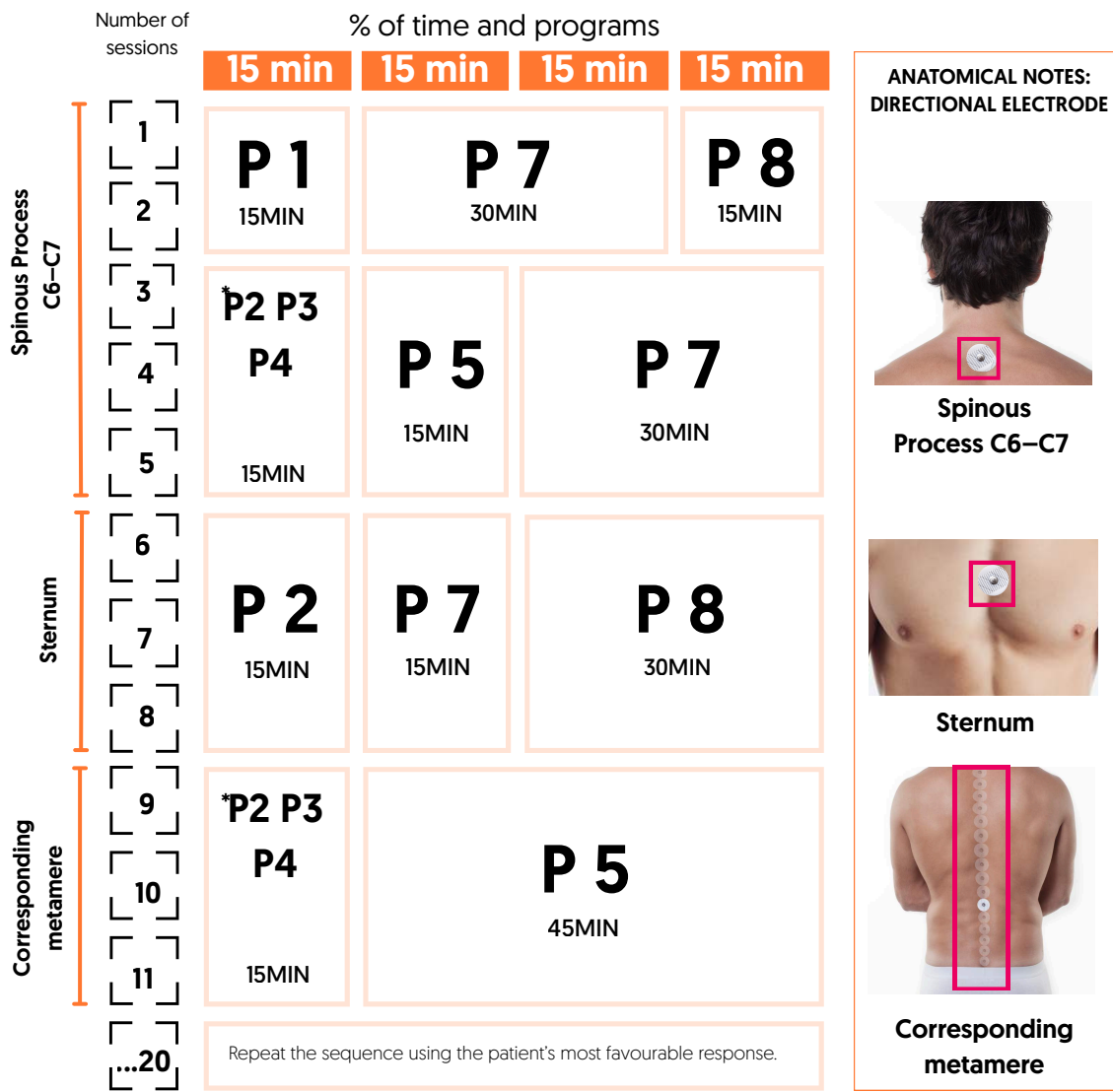


Recommended questionnaires and assessments:

- 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].

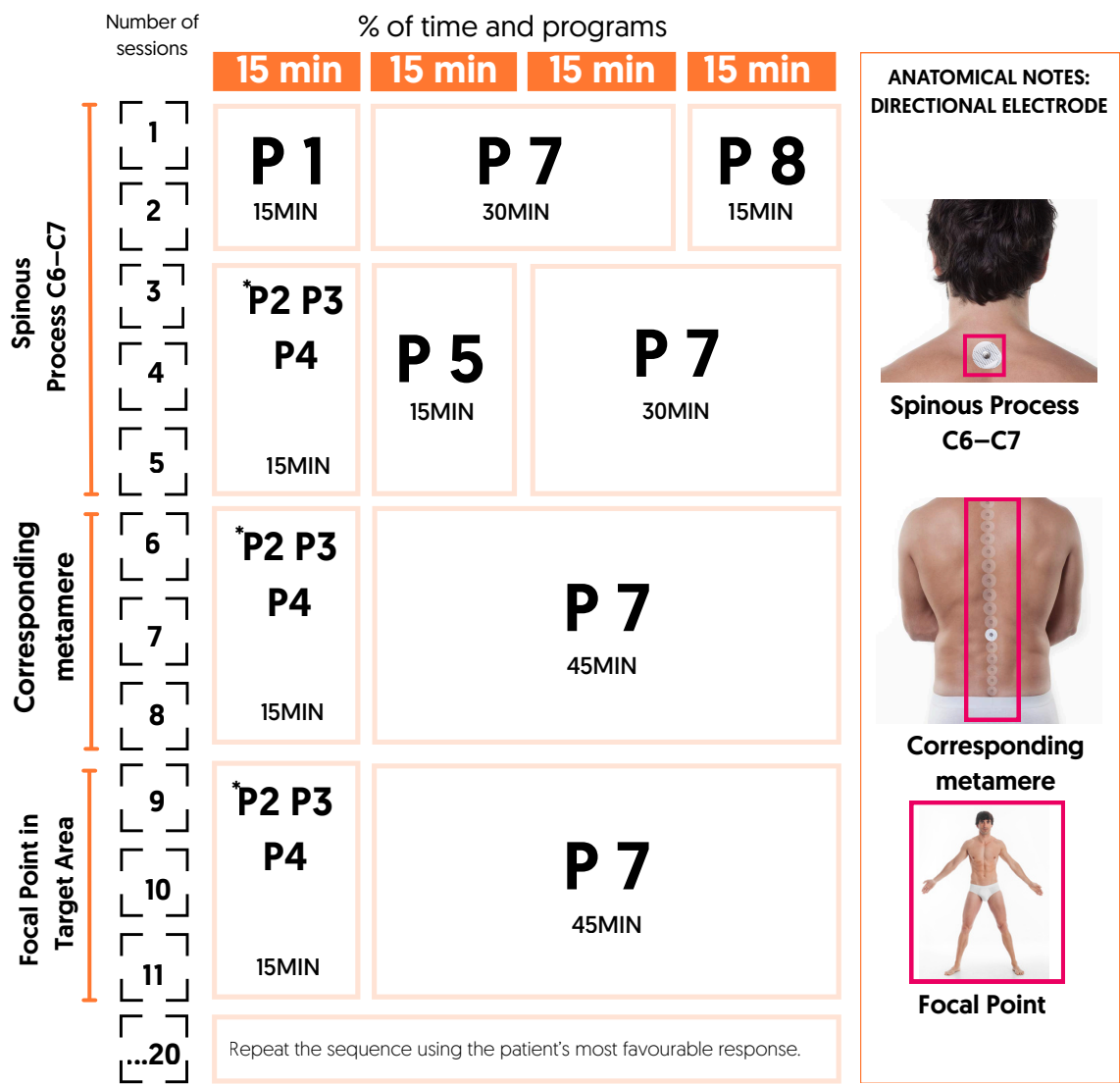


Recommended questionnaires and assessments:

- 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].

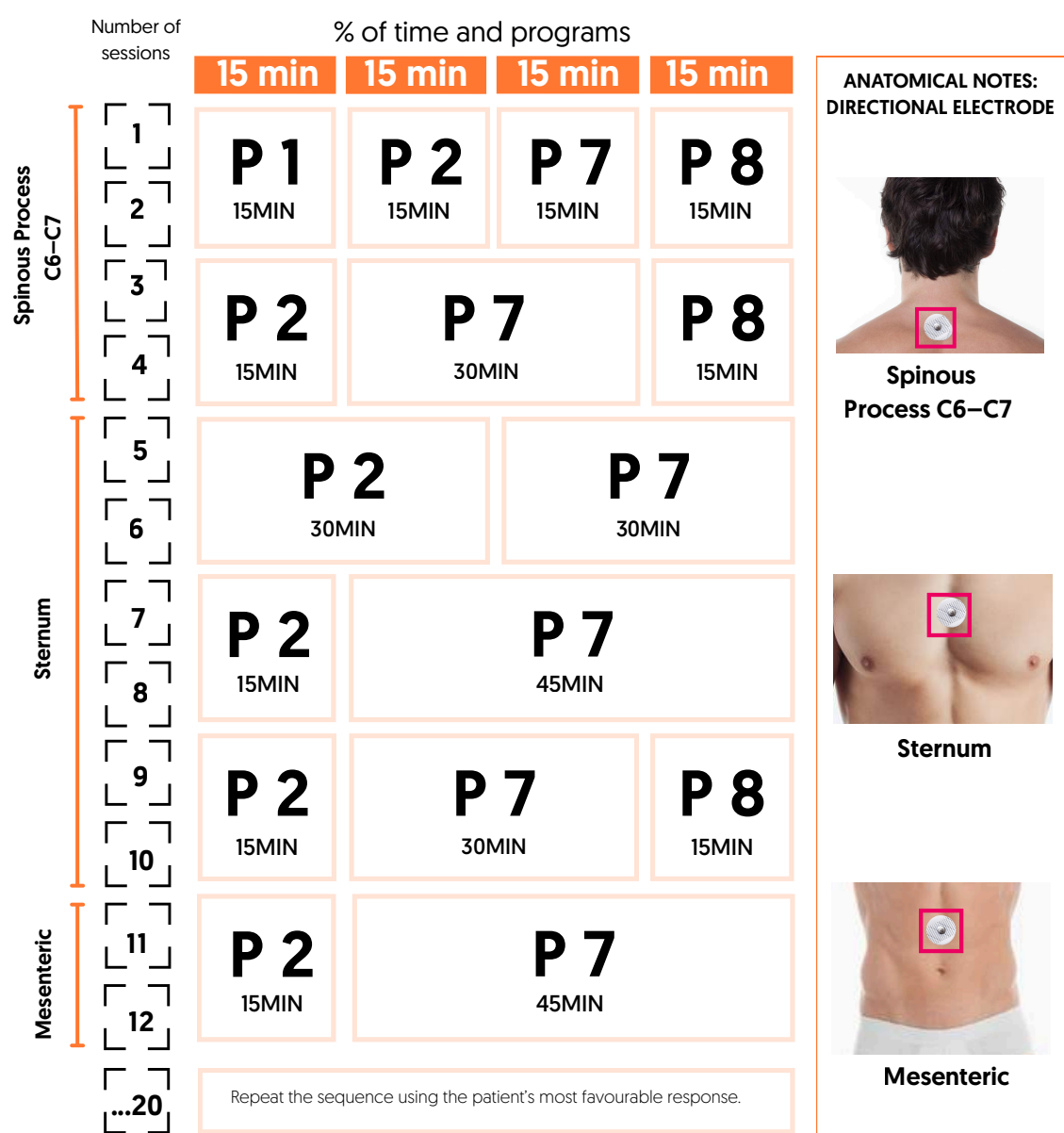


Recommended questionnaires and assessments:

- 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 (Generalised Anxiety Disorder-7)
- Hamilton

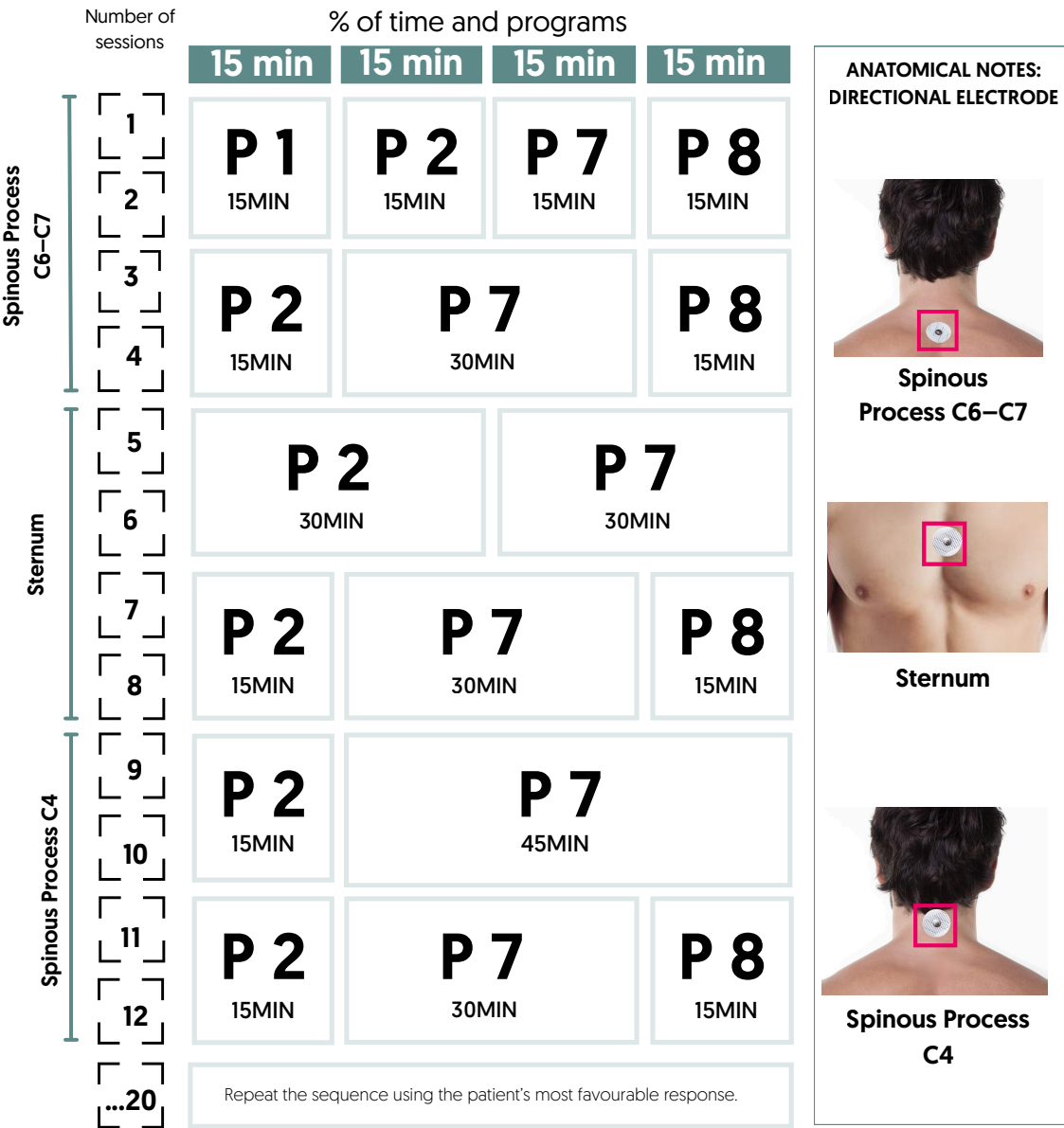
MENTAL WELL-BEING

Fundamentals by clinical specialty



ANXIETY DISORDER

This protocol is intended to complement and enhance psychotherapy sessions focused on anxiety management. In severe cases, it is advisable to conduct 3–4 sessions during the first week to facilitate patient adaptation, irrespective of the psychotherapy sessions undertaken. Microcurrent treatment can alleviate the physical experience of stress; however, if both sessions are conducted simultaneously and trigger stressful memories, this sensation will not be mitigated by neuromodulation.

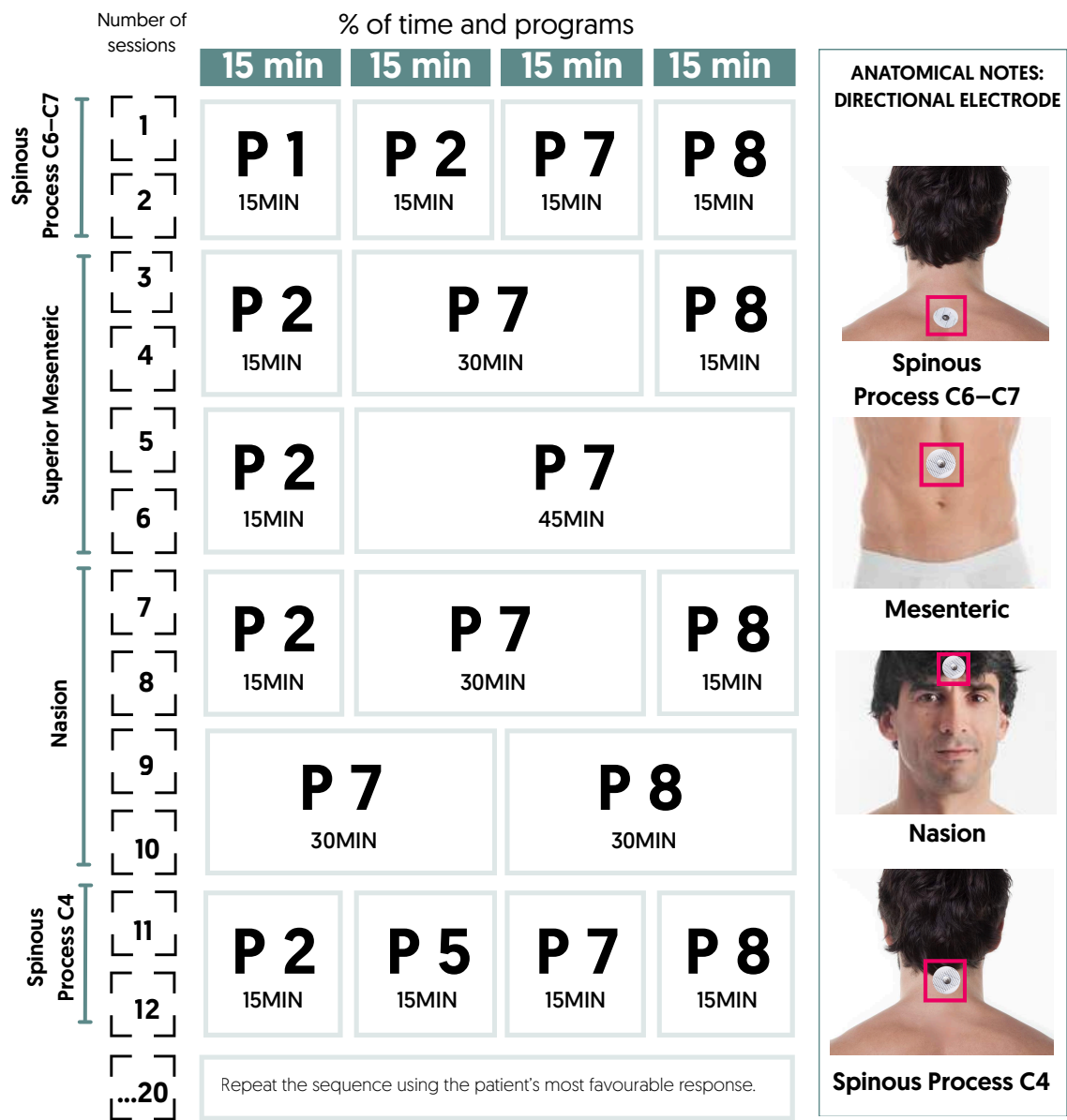


Recommended questionnaires and assessments:

- WeCardio
- Cortisol
- GAD-7 (Generalised Anxiety Disorder-7)

DEPRESSION DISORDER

Depression is a multifactorial condition, and treatment with XSignal can improve the efficacy of other therapies. For patients diagnosed with reduced serotonin levels, positioning the targeting electrode in the supraumbilical region has been associated with clinical improvements. In other cases, depending on the diagnosis, frontal application in conjunction with Programme 8 may result in significant clinical benefits. Nevertheless, it is essential to emphasise the necessity of a specialist diagnosis, with microcurrents serving as a complementary treatment.



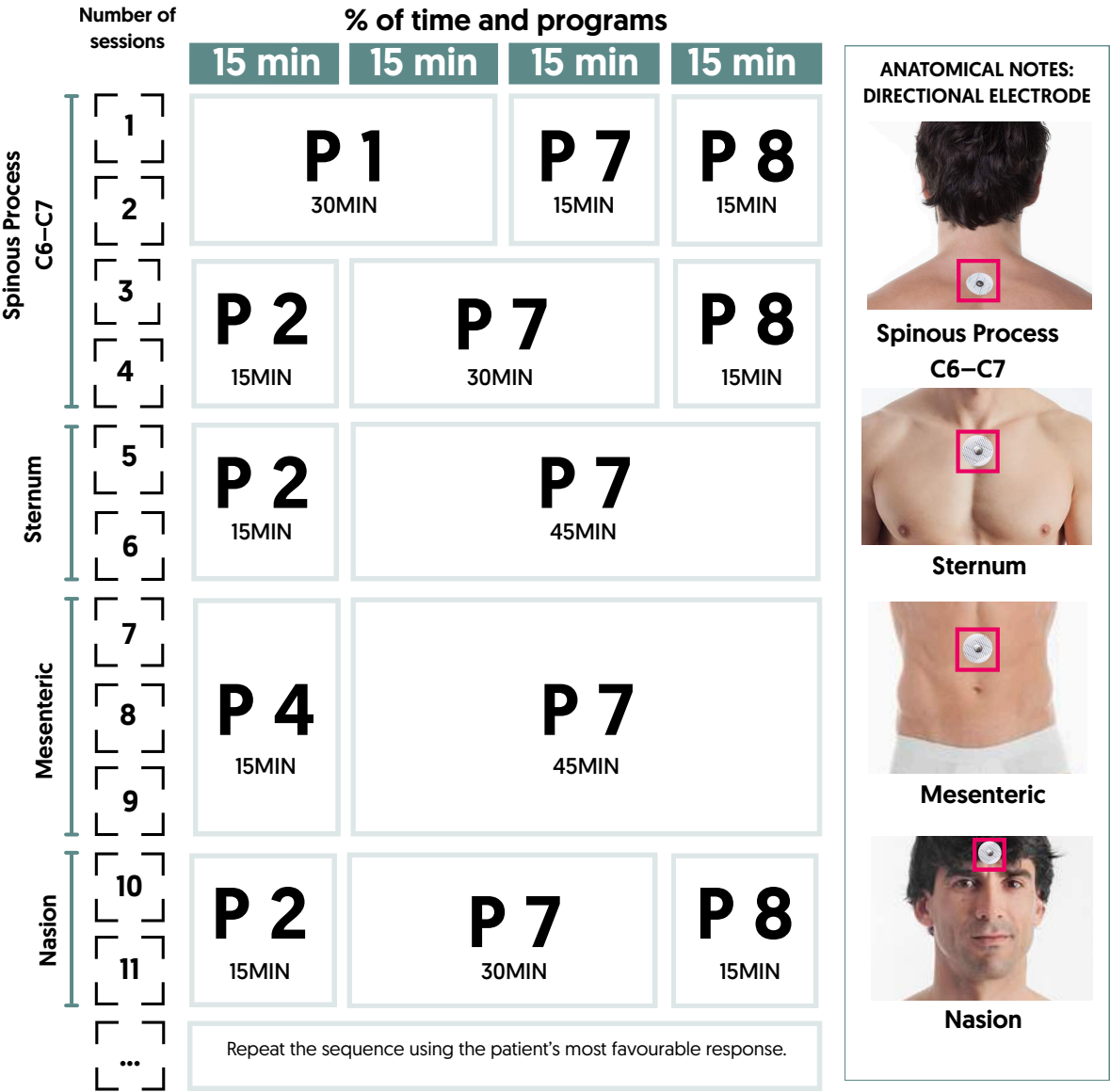


Recommended questionnaires and assessments:

- WeCardio
- Hamilton

IRRITABILITY

The disproportionate reactions exhibited by patients to both internal and external stimuli are frequently associated with autonomic hyperreactivity. Consequently, heart rate variability (HRV), skin conductance response (SCR, EDA), and pupillary response are employed to assess irritability. These methodologies aim to modulate this response by normalizing the autonomic nervous system (ANS). Inexperienced clinicians are encouraged to document the responses to various configurations and to replicate the one that elicits the most favorable response from the patient.

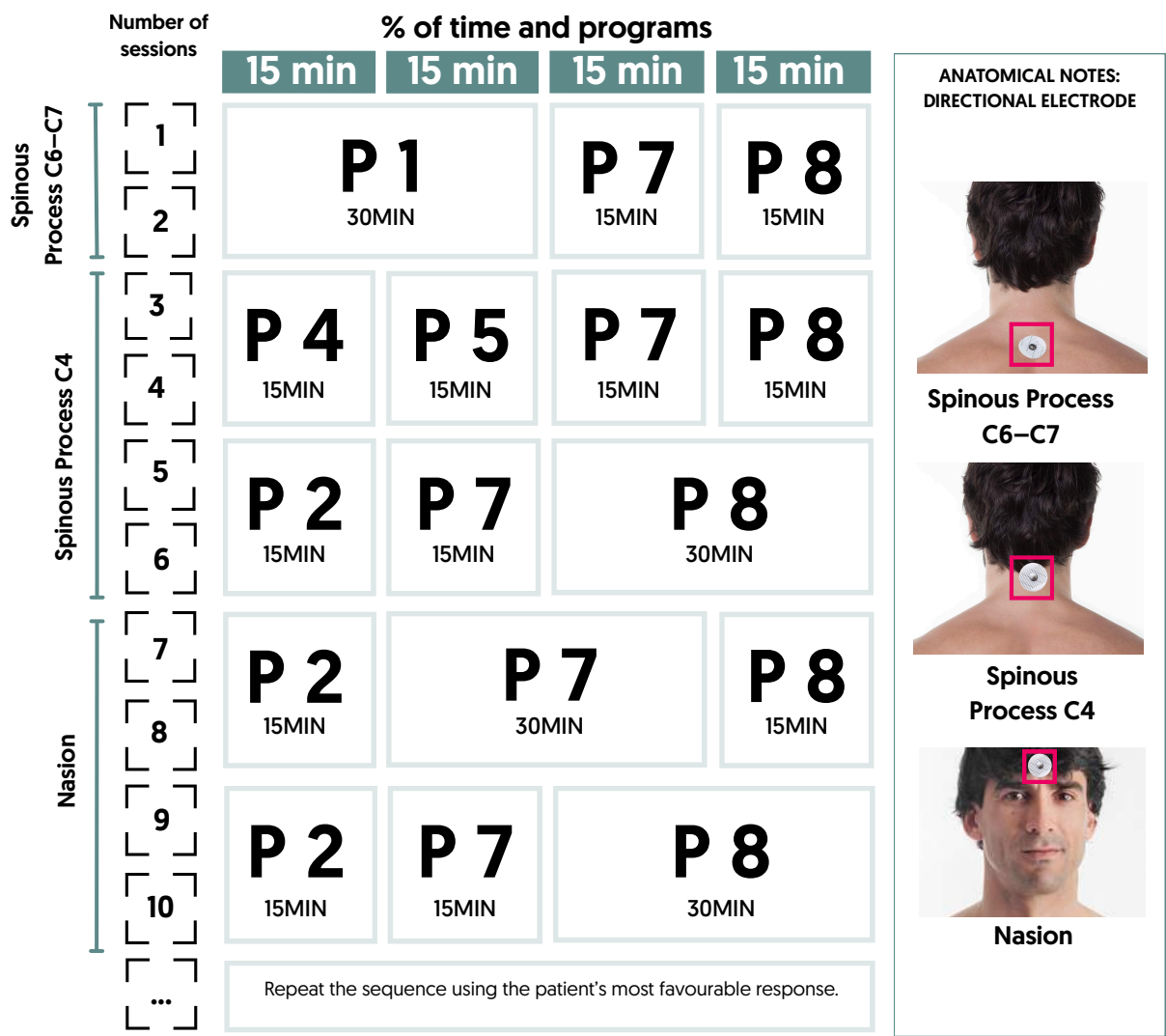


Recommended questionnaires and assessments:

- WeCardio
- Affective Reactivity Index (ARI)
- STAXI-2, Spielberger

Cognitive Fatigue, Concentration and Memory

The onset of cognitive fatigue, which subsequently affects the patient’s concentration and memory, may influence the efficacy of treatment. If the patient encounters stressful situations during treatment, the effects may be reduced, necessitating additional therapeutic interventions. It is crucial to recognise that sleep quality is vital for the effective progression of regenerative processes within the central nervous system. Improving sleep quality, through both sleep hygiene practices and targeted sleep programmes, can be pivotal in certain cases.

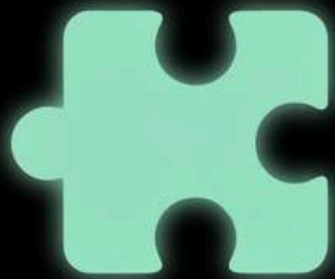


Recommended questionnaires and assessments:

- WeCardio
- Stroop Test
- D2-R Attention Test

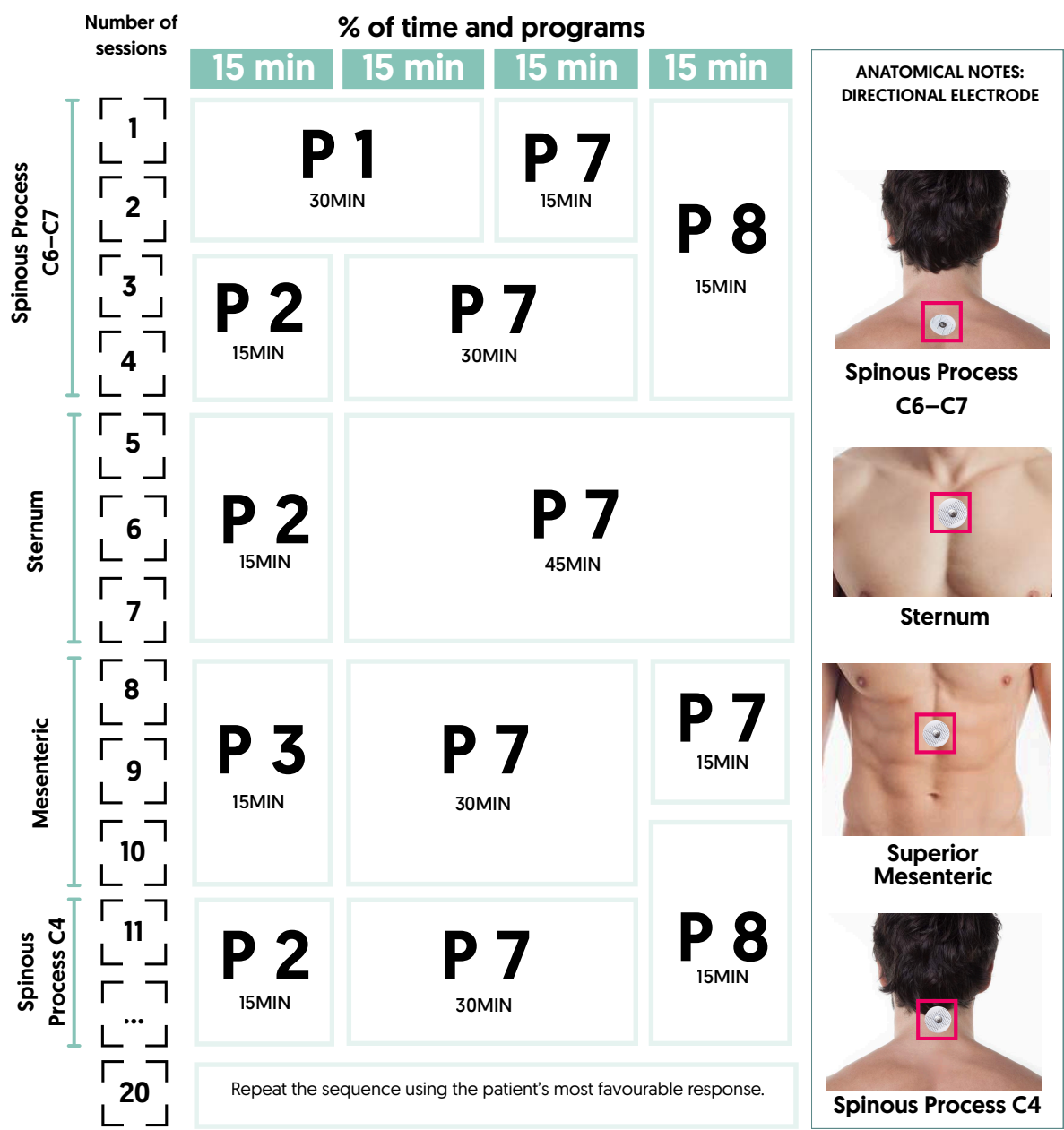
MENTAL WELL-BEING

Specific protocols by clinical specialty



ANXIETY DISORDER

There are instances in the body where an inadequate homeostatic balance may contribute to the development of an anxiety disorder. Nevertheless, the root cause of most anxiety disorders typically involves some form of psychological stress, of which the patient may or may not be aware. This underscores the importance of psychotherapy as an almost indispensable component of anxiety treatment and of sustaining its benefits. Psychotherapy may be combined with psychological sessions; however, if these occur less frequently than twice a week, it is advisable to supplement them with individual sessions up to three times a week, particularly in more complex cases. Patients receiving medication for anxiety may require additional time.



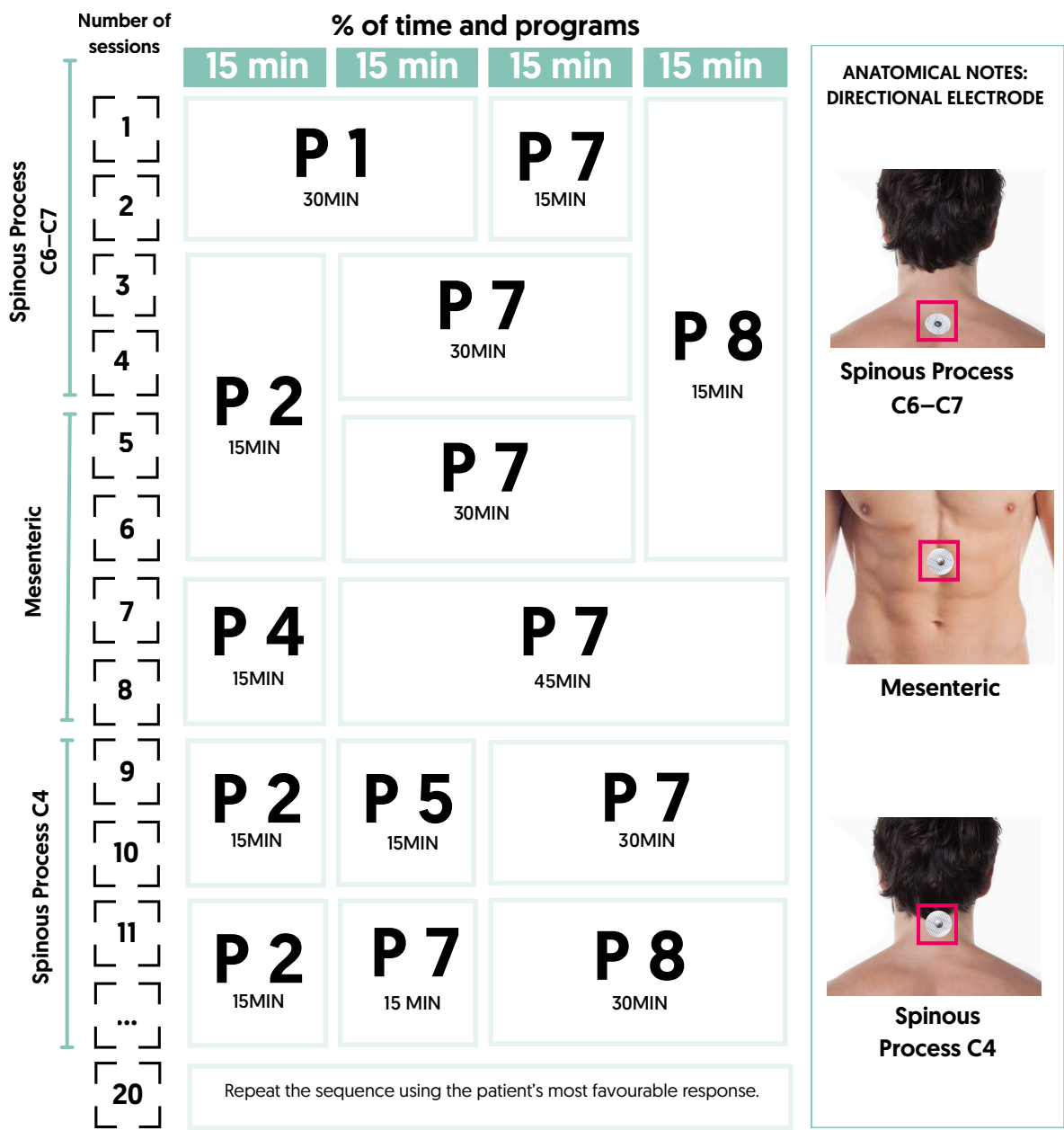


Recommended questionnaires and assessments:

- WeCardio
- Medication and Dosage Requirements Record
- GAD-7 (Generalised Anxiety Disorder-7)

MAJOR DEPRESSIVE DISORDER

Clinical experience suggests that NESAs microcurrents serve as a valuable adjunct to psychological or psychiatric treatment for major depression. The medications prescribed in such cases may impede progress, thus it is advisable to aim for a reduction or gradual withdrawal of these medications. Sessions may be conducted actively during the psychological consultation or passively as a supplementary measure. Depending on individual circumstances, indefinite maintenance may be recommended if the application yields benefits that cannot be sustained over time.





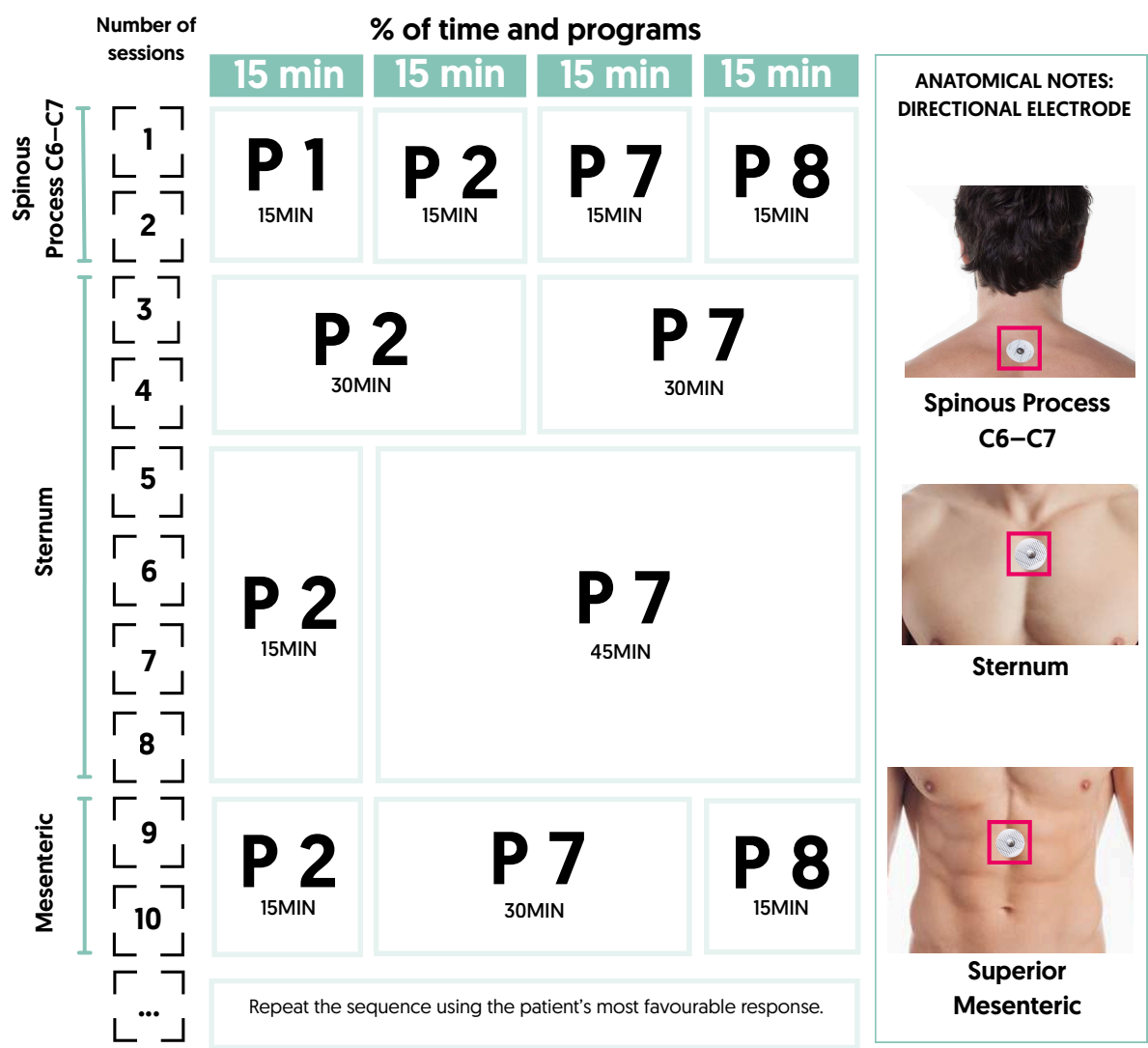
Recommended questionnaires and assessments:

- WeCardio
- Hamilton

POSTPARTUM DEPRESSION

Hormonal and metabolic changes, together with personal history, can lead to depression shortly after childbirth. This condition may be exacerbated by the stress arising during this period. It is crucial to evaluate the intensity of this stress in relation to mental health. Observational studies suggest that the anxiety and depressive symptoms experienced during this time can be alleviated through NESAC[®] technology.

Home treatment provides significant convenience for the patient, as frequent sessions [even 2–3 times daily] may accelerate the restoration of balance. In-office treatment is also an option, with a target frequency of 4–5 sessions per week, the first week focusing on an induction approach.

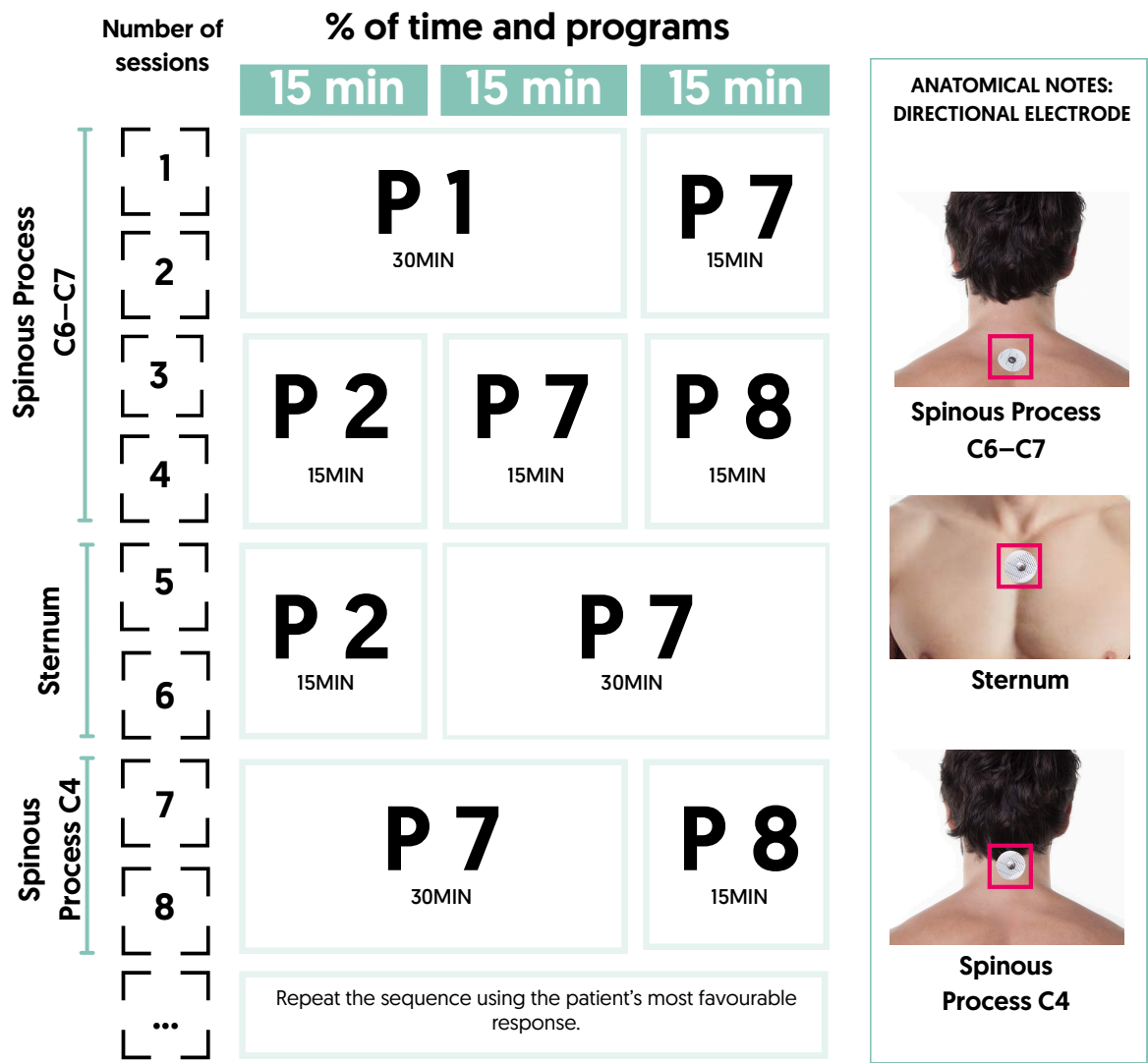


Recommended questionnaires and assessments:

- Mental health evaluations
- WeCardio

ACTIVE TRAUMA ASSISTANCE

This protocol is intended to support psychological sessions for trauma treatment. In complex cases, if deemed appropriate, individual sessions may also be conducted outside formal psychotherapy. Sessions are scheduled for 45 minutes to maximise therapeutic effectiveness and to allow implementation within a one-hour timeframe.



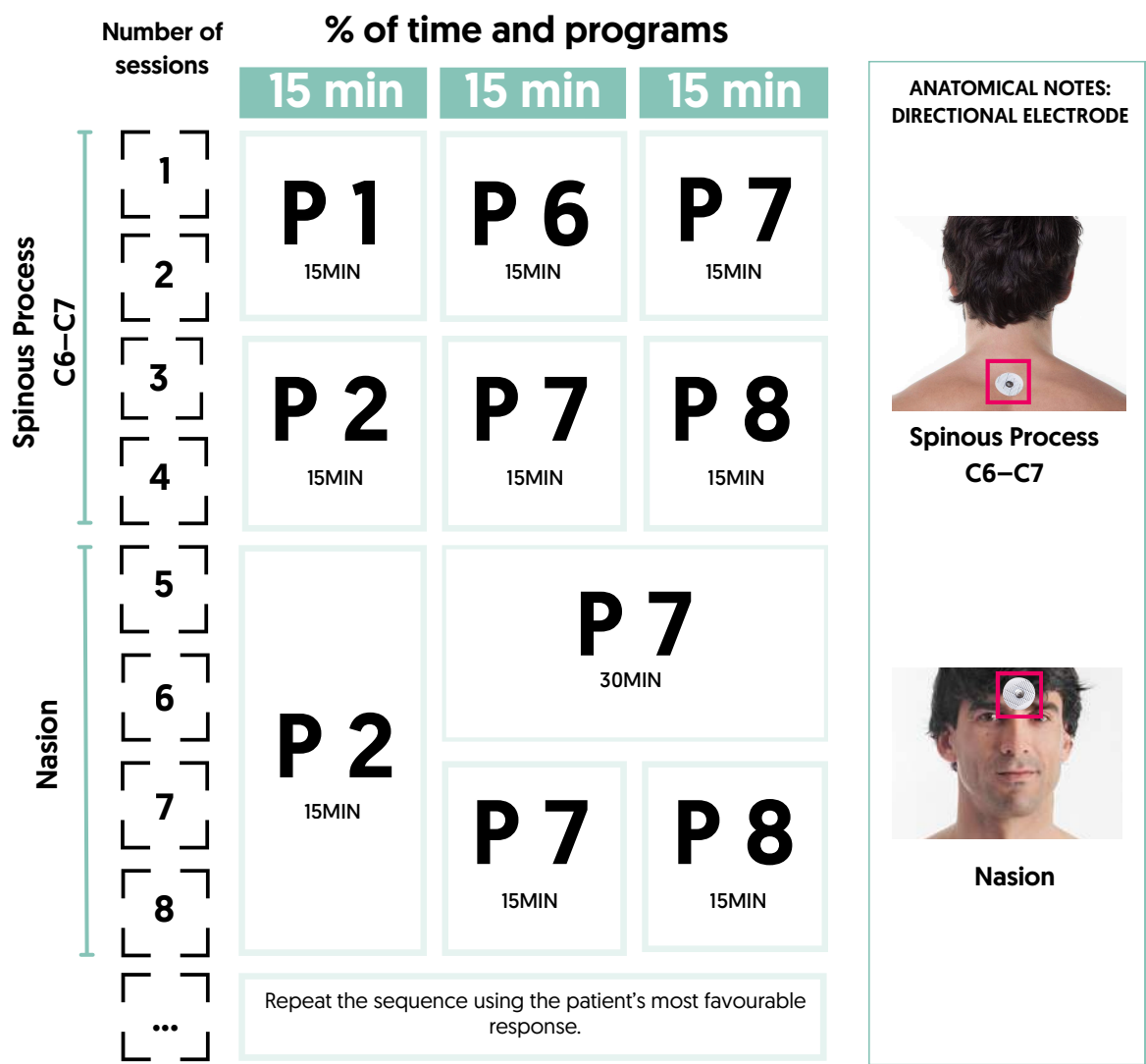


Recommended questionnaires and assessments:

- WeCardio
- Psychological Scales

PSYCHOSOMATIC DISORDERS

Psychosomatic disorders present with a wide range of symptoms, necessitating a comprehensive medical history to determine the appropriate treatment. In some cases, a multidisciplinary approach may be essential. This protocol is intended to support psychological practice. If the disorder is associated with a painful condition, it is advisable to alternate psychotherapy sessions with individual NESAS® sessions, during which protocols targeting pain and central sensitisation are implemented. Achieving and maintaining the benefits may require several months of treatment.

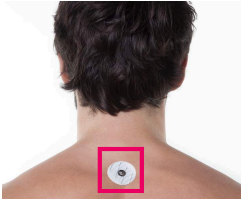
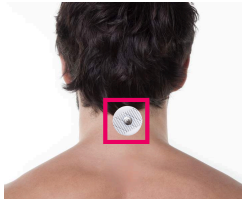
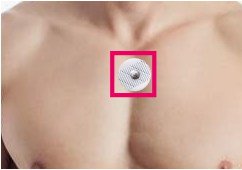


Recommended questionnaires and assessments:

- WeCardio
- Psychological Scales

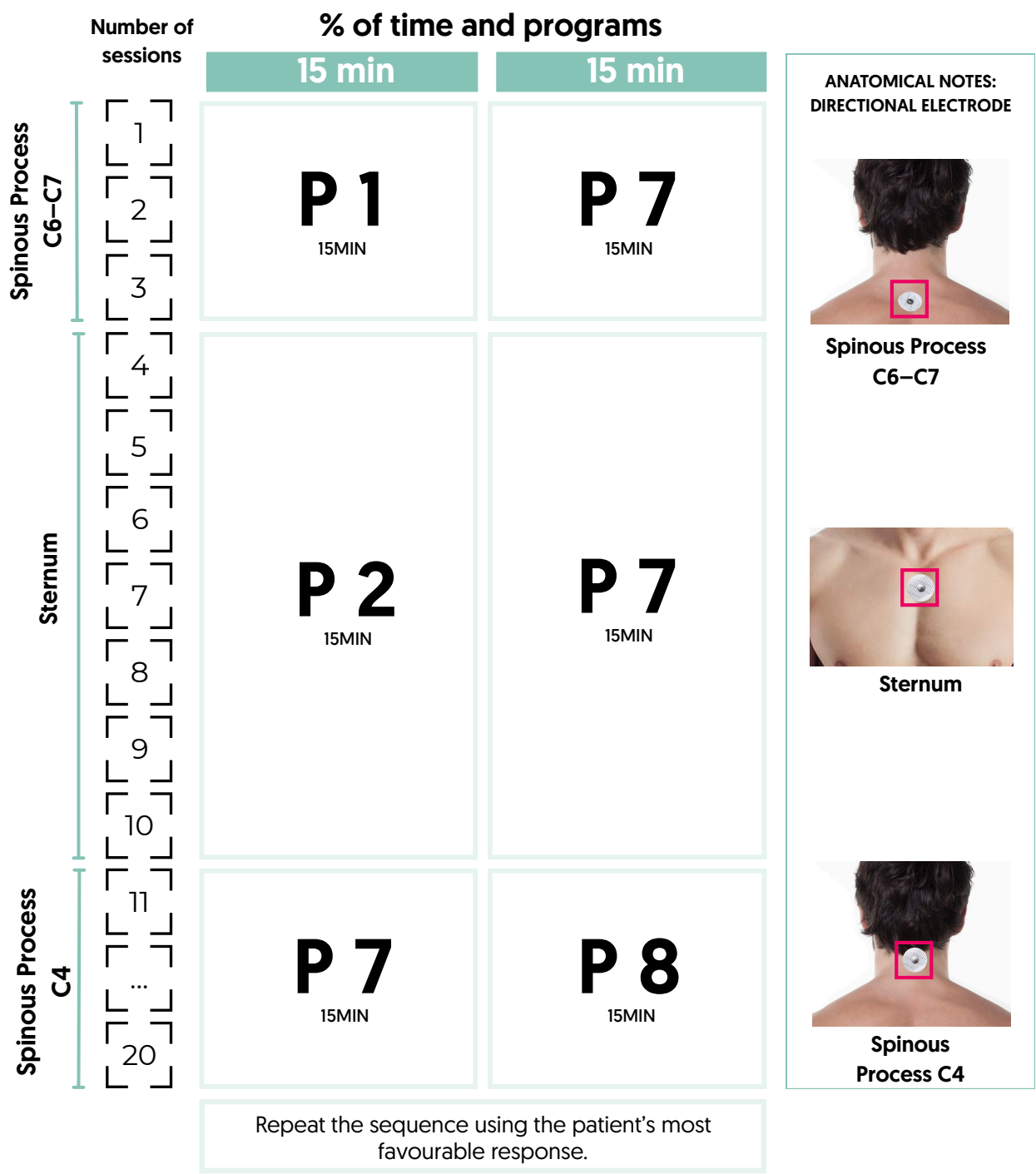
AUTISM AND LEARNING

This protocol derives from a psychopedagogical clinical trial project designed to demonstrate improved concentration and learning in the ASD population through the application of NESA® microcurrents. For patients under the age of 14, the recommended session duration is 30 to 45 minutes, as specified in this protocol. The collaborative and synchronous integration of psychopedagogy and NESA® enhances outcomes.

Number of sessions		% of time and programs		ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	
Spinous Process C6–C7	1	P 1 15MIN	P 7 15MIN	 Spinous Process C6–C7
	2			
	3			
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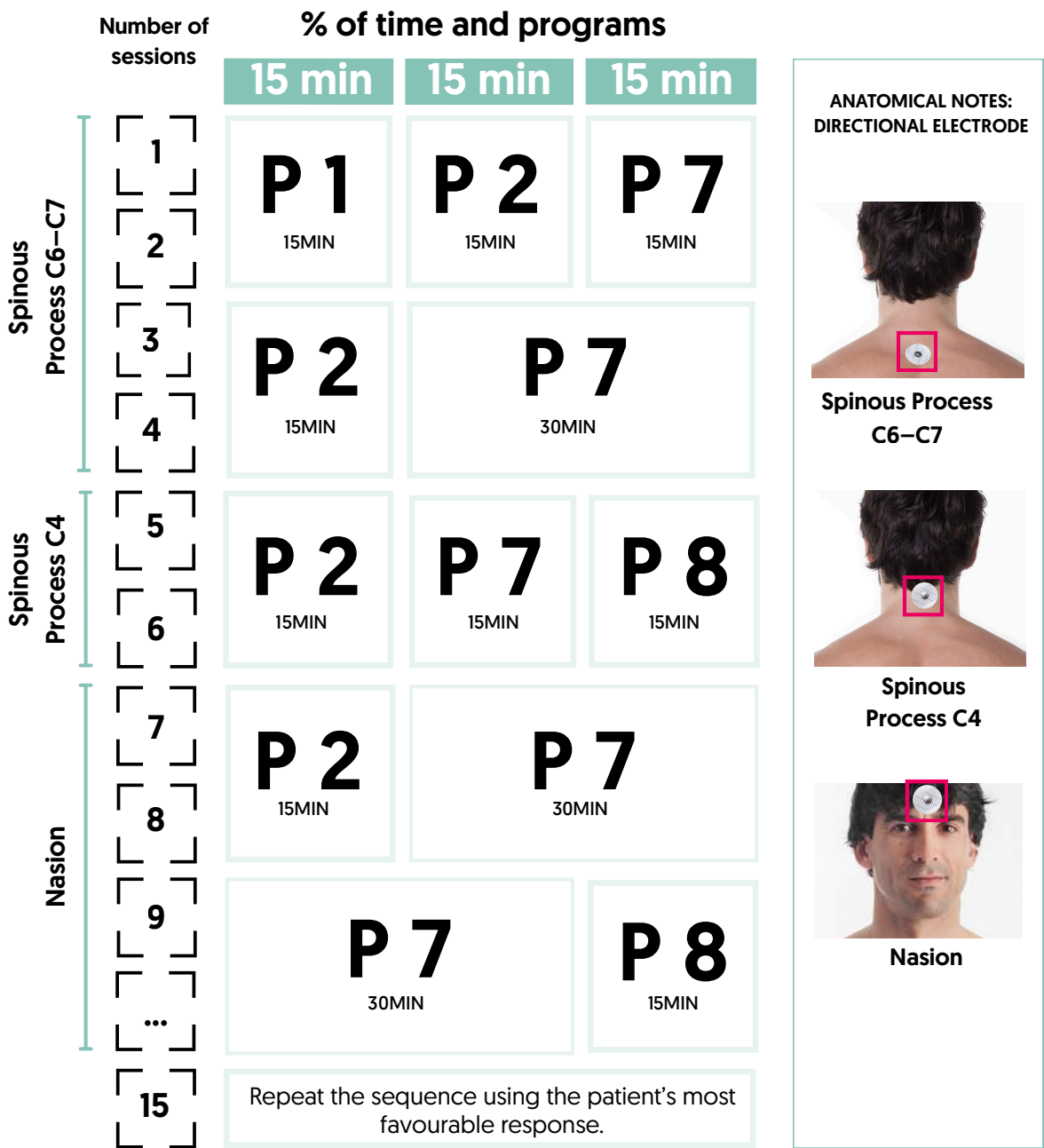
AUTISM WITH DISRUPTIVE BEHAVIOUR

This protocol is based on observational insights from pilot and clinical studies, which suggest that a substantial proportion of children receiving NESAs® microcurrent treatment reported improvements in concentration and reductions in stress levels. An initial phase of 20 sessions, administered three times per week, is recommended, followed by maintenance treatments two to four times per month, depending on individual circumstances.



CONDUCT DISORDER

The proposed protocol is intended for implementation during psychotherapy sessions. Repeat the sequence that produces the most beneficial effects for the patient. Patients with complex needs may require supplementary sessions using only NESAS®, ensuring a total frequency of at least two to three sessions per week. Occasionally, Programme 8 may elicit arousal responses in the patient; in such cases, it should be applied for only 5 to 10 minutes, with the device switched off before the end of the session.



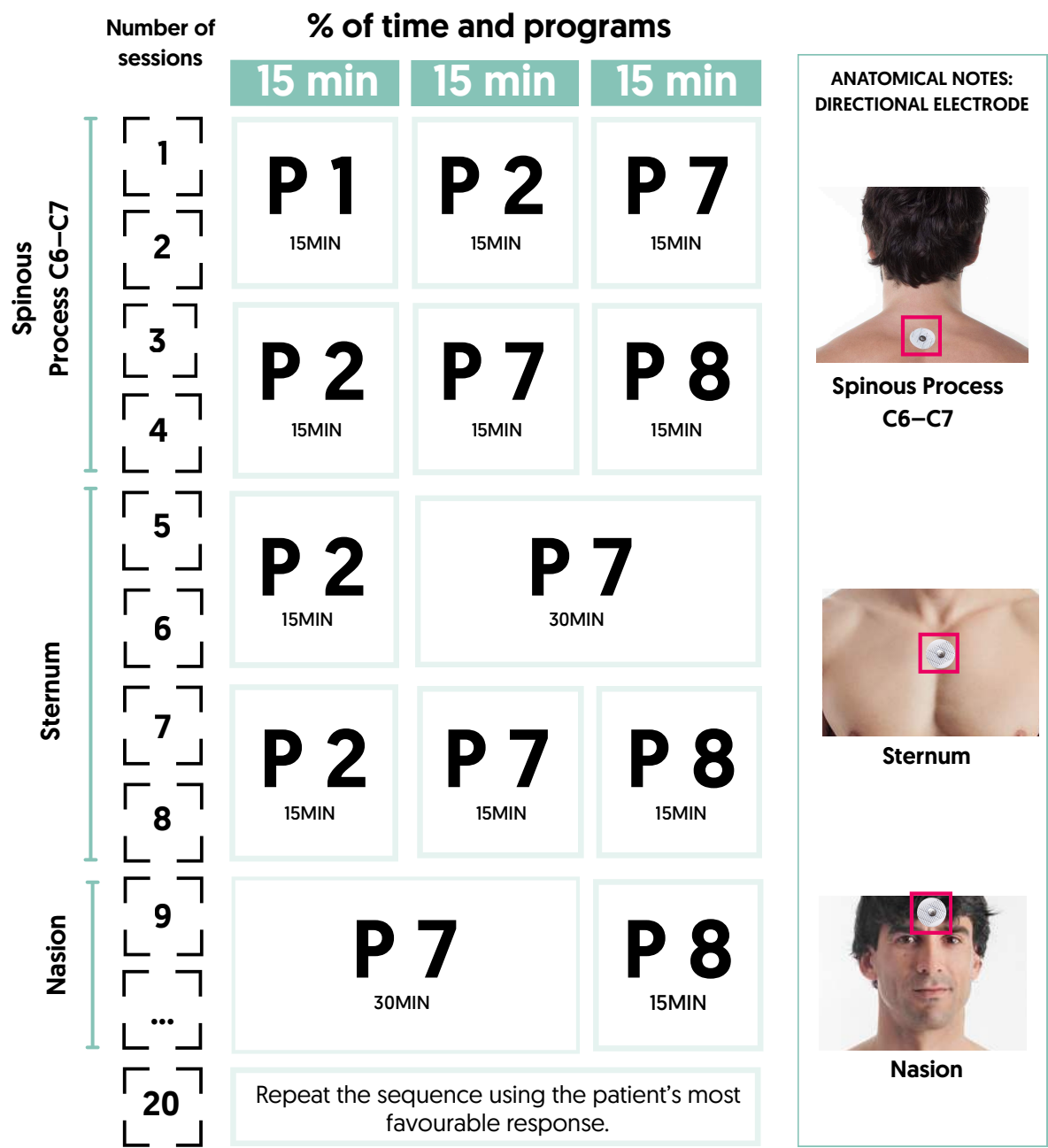


Recommended questionnaires and assessments:

- Psychological Scales
- WeCardio

ADDICTIONS

The proposed protocol is intended for implementation during psychotherapy sessions. Repeat the sequence that produces the most beneficial effects for the patient. Patients with complex needs may require supplementary sessions using only NESAC[®], ensuring a total frequency of at least two to three sessions per week. Occasionally, Programme 8 may elicit arousal responses in the patient; in such cases, it should be applied for only 5 to 10 minutes, with the device switched off before the end of the session.

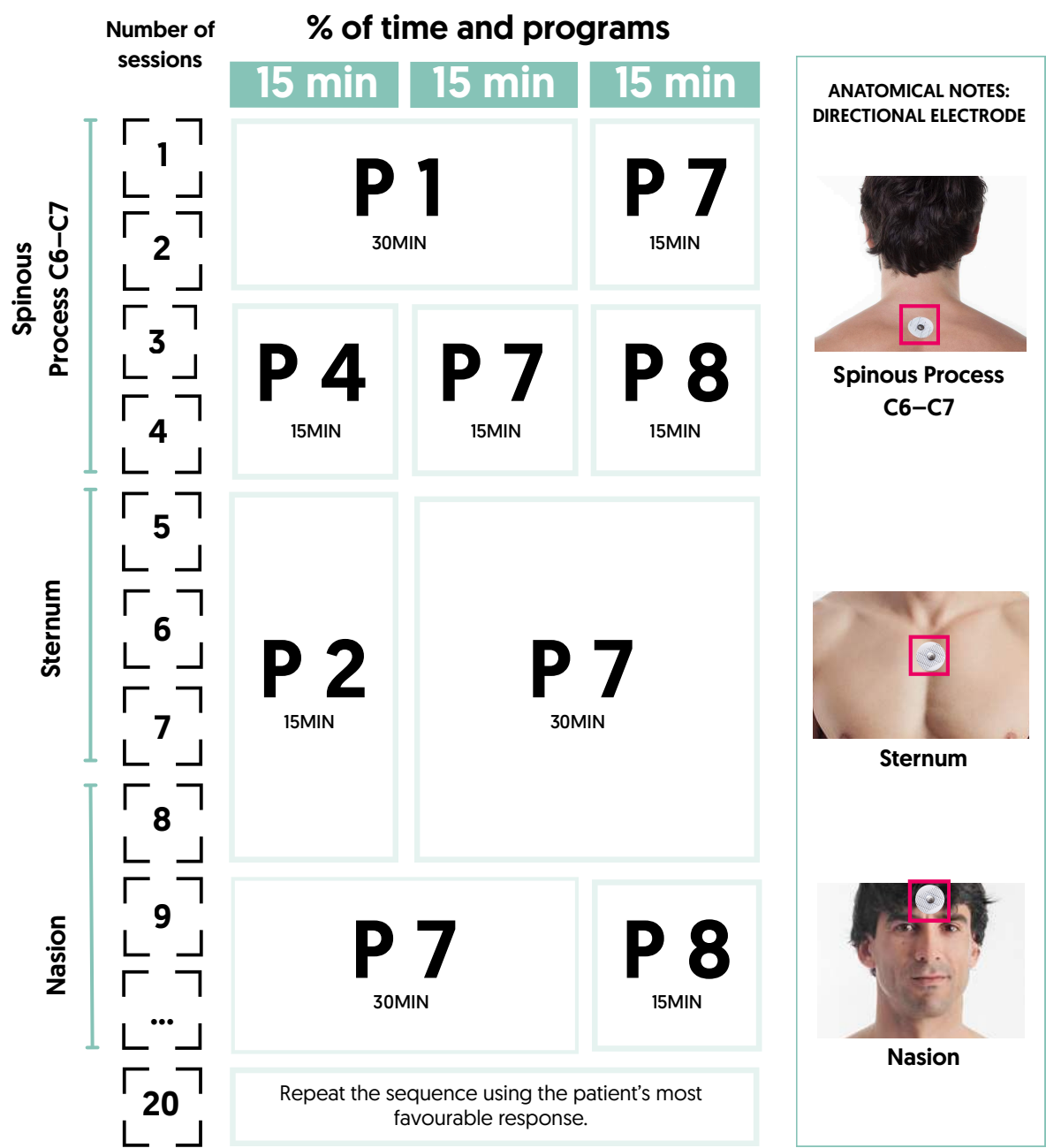


Recommended questionnaires and assessments:

- Psychological Scales
- WeCardio

DISSOCIATIONS

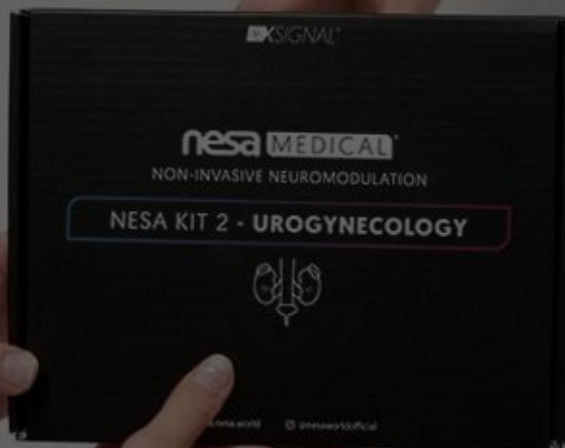
The proposed protocol is intended for implementation during psychotherapy sessions. Repeat the sequence that has the most beneficial effect on the patient. Complex cases may require supplementary sessions using only NESAC[®], ensuring a total frequency of at least two to three sessions per week. Occasionally, Programme 8 may elicit responses in the patient; in such cases, it should be applied for only 5 to 10 minutes, with the device switched off before the end of the session.



Recommended questionnaires and assessments:

- **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)

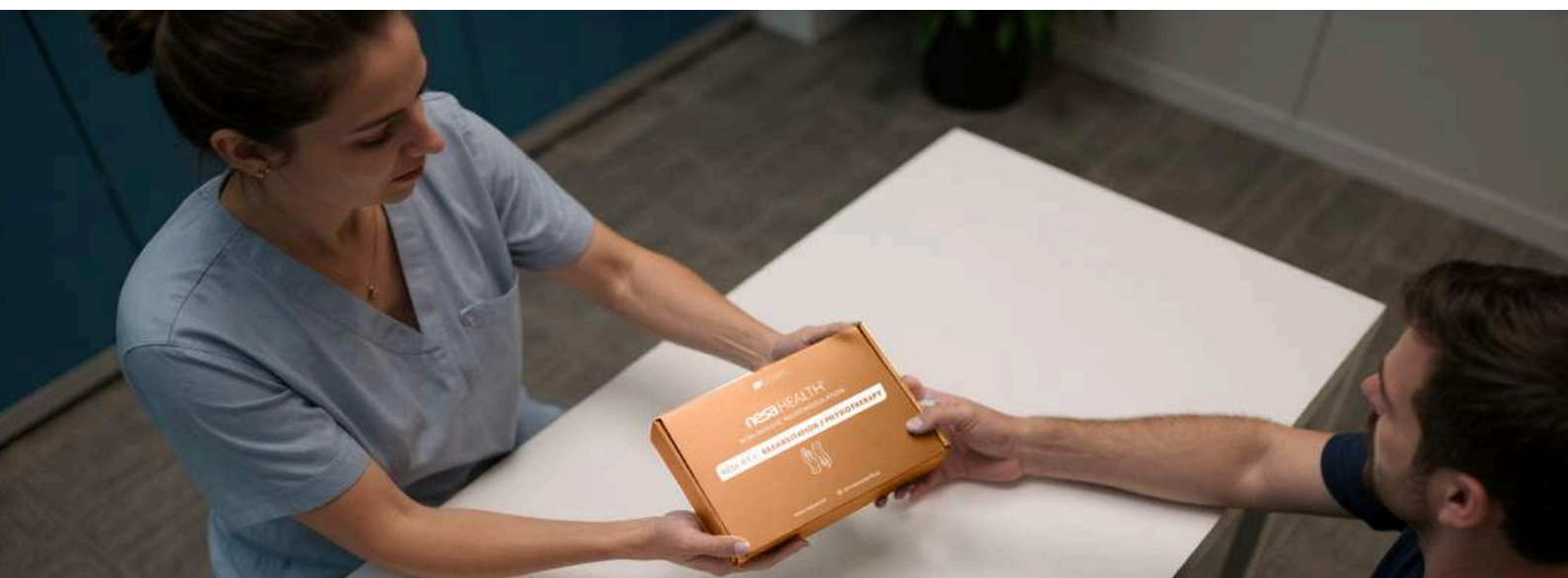
- Perform a skin assessment (no active wounds), adjust the glove/ankle brace, and evaluate moisture/conductivity in accordance with the device’s Instructions for Use.
- If there is an excess of cream or sweat, ensure the area is cleaned and dried to maintain consistent contact.
- Do not share the kit 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 with expected elements].
- Competitive differentiation: Positions the centre as a beneficiary.



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/>

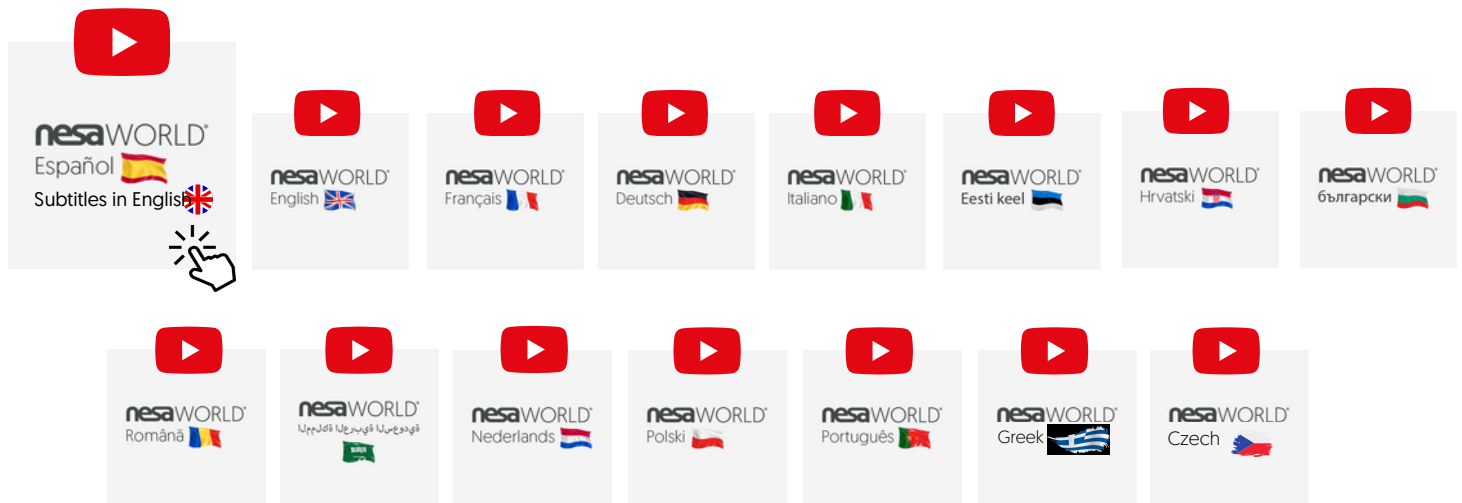


On Campus, you will find:

- 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](#)

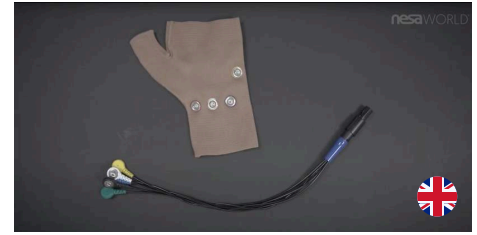
LINKS OF INTEREST



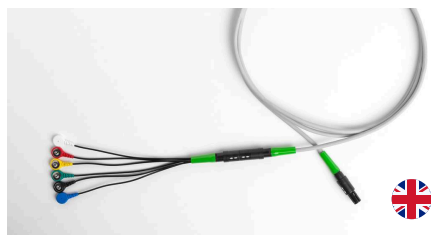
1. PROGRAMMING THE NESA Xsignal®
(Essential – 3 minutes)



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)



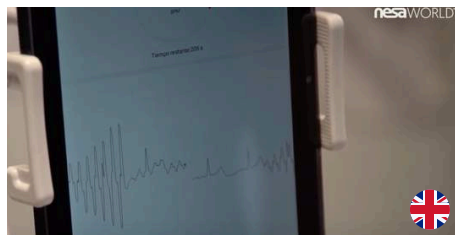
5. METHODS FOR SECURING CABLES DURING OPERATION (Important – 1 minute)



6. INSTRUCTIONS FOR USING THE INTERNATIONAL BATTERY CHARGER



HOW TO SUBMIT AN APPLICATION TO NESA®



HOW TO USE THE NESA Xsignal® AND THE WECARDIO ELECTROCARDIOGRAPH

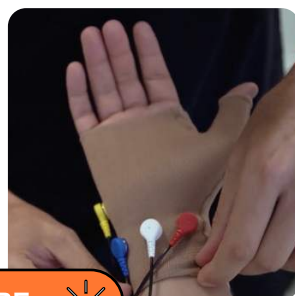
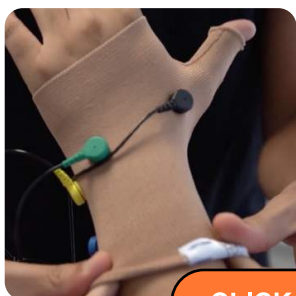


AM I ON THE CLINIC WEBSITE?

CLICK HERE 

Left hand

Right hand



CLICK HERE 



Left foot

Right foot

www.nesaclinics.com



CLICK HERE 

A person is shown from the back, wearing a dark blue polo shirt. Their hair is tied up in a bun. The background is dark with some light streaks. The shirt has the 'nesaWORLD' logo and social media icons printed on it.

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