

## **Member Protocol for Vibration Training**

## Introduction

Vibration training (VT) utilizes the body's natural stretch reflex to elicit muscle contractions. VT causes a rapid stretch to the muscle tendon which makes the muscle contract to oppose the stretch. Currently in the fitness and rehabilitation settings, VT is delivered via a vibrating platform to the lower extremities, trunk, and/or upper extremities. It is provided at a quick, continuous rate, resulting in thousands of muscle contractions in minutes. Studies have consistently demonstrated VT's ability to increase muscle fiber recruitment during training sessions, suggesting that individuals can achieve a safe and more efficient workout.

## **Potential Benefits**

- Improved Lymphatic System Mobility and the Resulting Reduction of Internal Toxicity
- Increased Muscle Fiber Recruitment and Strength
- Improved Circulation
- Decreased Tone and Spasticity

## **Contraindications & Precautions (MD approval required.)**

- Neoplastic Disease of the Spine (i.e. multiple myeloma and invasion of the spine, metastasis to the spine, osteosarcoma of a long bone, etc.)
- Pregnancy
- Pacemaker
- Acute Thrombosis (within the past 6 months)
- Tumors •
- Fresh Fracture
- Hip and Knee Replacements •
- New Hardware (pins, screws, cages, etc. • within the past 12 months)
- Gallstones
- Kidney or Bladder Stones
- Severe Cardiovascular Disease •
- Unhealed Wounds from Surgery

- Improved Flexibility
- Improved Balance
- Reduced Bone Density Loss •
- Improved Proprioception •
- Improved Body Composition •
- Increased Rate of Weight Loss ٠
- **Pressure Ulcers**
- Acute Hernia •
- Herniated Disc •
- **Ocular** Disease ٠
- Spasticity
- Cancer •
- Epilepsy
- Severe Diabetes •
- Active Migraines or Severe Headaches ٠
- Acute Tendonitis •
- **Recently Placed IUDs (Intra Uterine** Devices)
- **New Inflammations**
- **High-Risk Hypertension** •
- Autonomic Dysreflexia •
- Orthostatic Hypotension

I have read and understand this protocol, and know it is my responsibility to inform NextStep Raleigh when I have any of the above listed contraindications & precautions.

Printed Full First and Last Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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