Treatment Management of Acute Conditions

Acute conditions are treated a single, or multiple times, until resolution of the condition. Examples of single treatment acute conditions are: pyotraumatic dermatitis, mild presentation of acute otitis, and abscesses (including anal gland abscesses) without surrounding cellulitis. Examples of conditions requiring additional (2 to 4) daily to every-other-day treatments are more involved presentations of acute otitis and abscesses with surrounding cellulitis.

Success in treating conditions - acute and chronic - depends on delivering an appropriate dose of laser energy into the affected tissue (the correct target dose). Insufficient dosing results in treatment failure.

Target doses are expressed in Joules/cm$^2$. One Joule is the energy delivered with one Watt of power in one second.

Target Dosages

- **Superficial Conditions**: 3-5 Joules/cm$^2$ (conditions in tissues such as wounds or other dermatologic conditions)
- **Deep Conditions**: 6-10 Joules/cm$^2$ (conditions under the skin)

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Common Acute Conditions That Benefit from Laser Therapy

- Abscesses
- Acral Lick Dermatitis
- Acute Nephritis
- Acute Pain
- Bacterial Infections
- Burns
- Edema
- Fractures
- Fungal Infections
- Mastitis
- Otitis
- Post Surgical Pain Relief
- Post-Operative Healing
- Pyotraumatic Dermatitis
- Skin Grafts
- Snake Bites
- Soft Tissue Trauma
- Sprains & Strains
- And More...

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- Engaging the staff and utilizing communication tools

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Any surgical or dental procedure will cause acute inflammation, a need for tissue repair, and a certain level of post-procedural pain or discomfort. For this reason, patients scheduled for a surgical or dental procedure should be considered for perioperative laser therapy treatments in order to potentiate tissue healing, and minimize post-procedural pain.

The dental patient will benefit from a treatment applied to any extraction site or gingivectomy sites. Gingivitis and stomatitis should also be treated while the patient is under anesthesia. Selecting the superficial wound or post-op minor protocol of appropriate surface area is optimal when dealing with extraction sites or gingival resections. The gingivitis/stomatitis protocol may also be used if the operator desires to treat the entire mouth and should be carried out in both “open mouth” and “closed mouth” protocols to ensure that all tissues including the oral mucosa are adequately illuminated. These treatments should be done off-contact, except for extraoral treatment with the mouth closed. Treatment with the mouth closed is best applied with a contact technique. These treatments are easily carried out as the patient will be anesthetized. It is important to remember that the smaller treatment heads should only be used at power levels (W) of 3W or LESS and we are working near the eyes, so they should be protected, as well as to place a clean / dry towel under the patient’s head to prevent reflection of the laser light from a metallic dental table.

The surgical patient should be treated prior to, possibly during, and post-operatively. For example, and orthopedic surgery or other procedure in which there is significant tissue disruption should be treated several hours before the procedure and immediately after surgery. Use a contact technique pre-op & non-contact post-op. Performing a preoperative treatment hours prior to the procedure will enable the vasodilation caused by photobiomodulation to subside by the time primary incision is being made, while the neural blockade will remain present at the time of surgery. The same can be applied to an open wound or laceration repair but a contact technique may not be possible due to internal tissues being exposed.

The “pain/trauma” or “edema/swelling” protocol would be more appropriate and all involved pain pathways as well as associated dorsal root ganglia should be treated, if possible. A contact technique is also recommended, with the exception of directly over the incision – it is best to treat incisions non-contact.

An intraoperative treatment should also be done on internal sites while they are still visible prior to the surgeon closing the body wall. Examples include an enterotomy, gastrostomy, cystotomy, or anastomosis. Selecting the “superficial wound treatment” protocol of appropriate surface area is adequate for these sites. A non-contact technique is required.

It is imperative to maintain a constant scanning technique while treating any of these in order to fully illuminate the target tissues and nearby healthy tissue margins. Several inches of “healthy margin” around the incision should always be treated. The patient and all personnel in the surgical / dental suite, or treatment room need to be wearing the appropriate laser-safe eyewear while any laser therapy treatment is being carried out.

Performing these treatments will potentiate active tissue healing, and provide immediate additional pain relief post-operatively as well.
Condition Focus: Laser Therapy for Burns

Fire victims benefited from laser therapy

By Jeff Smith, DVM, CCRP
For The Education Center

On Sept. 11, 2015, the Valley Fire burned 70,000 acres in Northern California within 24 hours. The fire torched three communities, 1,400 homes and over 1,000 vehicles. Many people ran for their lives, and many others were left to survive on their own. Many perish, many were injured and many were lost or made homeless.

As one might imagine, the impact of the fire on animals was devastating. The animal relief effort that followed was coordinated out of the local veterinary hospital and comprised three components: search and rescue, veterinary care and donations (food, supplies and s.O.

During the response nearly every domestic species was treated: cats, dogs, horses, sheep, goats, chickens, cows, pigs and even koi. Some of the surprises that were performed included digit amputation, tendon repair, bladder stone removal, dental repair, wound/tumor debridement or repair, upper respiratory repair, limb amputation and prolapsed rectal repair.

Among the conditions treated: burns, smoke inhalation, paroxysms, vomiting and diarrhea, hip relocation, heart failure, dermatitis, heartworm disease, rectal bone removal, IVDD, hematoceles, otitis, FAD and lameness.

One aspect of the response that might be surprising, but that was immensely helpful, was the use of laser therapy to stimulate Photobiomodulation (PBM). Many veterinarians are aware of the use of PBM for rehabilitation and chronic conditions like osteoarthritis. However, fewer veterinarians are as familiar with PBM to treat acute and emergent conditions.

The unique way in which PBM modulates pain, stimulates healing and reduces inflammation can be a very important component of a successful multimodal pain/inflammation management regimen. In fact, the new AAVHA/AAPF Pain Management Guidelines recognize this fact and stipulate the incorporation of modalities like laser therapy to optimize outcomes.

Feline Injuries

Hundreds of animals, including a disproportionate number of cats relative to other species, were treated for burns. The high number of feline patients was likely a result of their more free-roaming status, which allowed them to escape death but not the fast-moving fire.

As veterinarians know, burns are very painful and slow healing, so being able to provide PBM at each bandage change was a substantial enhancement to the wound care, buprenorphine, gabapentin, NSAIDs, antibiotic and supportive care that these cats received.

PBM treatments of all four feet typically took less than 10 minutes of technicians time, so the therapy was quite efficient. It was reassuring to know that granulation and epithelialization of the wounds developed 50 to 100 percent faster than with non-lasered burns. Finally, studies showing that these healed wounds would have higher tensile strength and elasticity than non-PBM treated burns gave added confidence that the patients were treated with the best medicine available.

Gunshot Victim

Mito presented an interesting firearm-related case. He was a pit bull that had been blasted twice with a shotgun at close range, presumably because he was loose and aroused someone’s fear, though he was an extremely sweet patient throughout all his medical care.

One blast was to his muzzle and the other to the lateral aspect of his RH gaskin, with an injury to his peroneal nerve. Both wounds were treated with debridement, bandaging and PBM. In addition, antibiotics, NSAIDs and tramadol were prescribed.

When Mito’s primary wounds began to heal nicely, he was referred to the University of California, Davis, for advanced dental surgery. After he returned, Mito’s peroneal nerve injury—continuing to walk on the dorsum of his foot—was treated with rehabilitation: PBM, underwater treadmill therapy, proprioceptive/balance exercises and a toe-up orthotic. This was a great illustration of using PBM in both the acute and rehabilitative phases of a traumatic injury.

Happy Ending

In a third example, a young Rottweiler named Tarr was surrendered during the fire because of debilitating lameness from severe hip dysplasia, mostly because the owners were overwhelmed by the impacts of the fire.

A local rescue group helped arrange a bilateral FHO surgery. The benefit to patients with post-procedure wounds and acute conditions is a times over look application for PBM.

Nonetheless, because these acute conditions respond acutely, they are very gratifying to treat. In other words, the perceptible changes induced by PBM can be recognized within hours to days of initiating therapy in these emergent cases. Even one or two treatments can measurably accelerate the healing process and diminish pain significantly, and recent published studies have documented this phenomenon.

PBM Therapy

As an added bonus, PBM therapy is doctor-prescribed and technician-administered. The techniques are straightforward and easily mastered. Most applications for post-procedure or acute conditions take two to 15 minutes, depending on the size and depth of the area being treated.

PBM therapy is a modality that should be considered for acute and post-surgical conditions. In use in emergency and disaster medicine situations is very beneficial to the patients while also being very practical for the practitioners.

The mechanisms by which PBM work are unique and provide an additional and important component to a comprehensive program of multimodal pain care and wound healing.

Last but not least, clients greatly value the outcomes, expertise and medical technology associated with PBM therapy, which is exactly the goal for the services veterinarians provide.

Other Cases

Many other acute and nearly all post-surgical conditions were treated with PBM, including an equine with a T-post wound, a cat with a lip laceration and a dog with IVDD. The benefit to patients in post-procedure wounds and acute conditions is a times over look application for PBM.

Dr. Jeff Smith owns Middletown Animal Hospital and All Valley Equine veterinary practices in Middletown, Calif. A past president of the California Veterinary Medical Association and a CCRP graduate, he is a frequent lecturer and a consultant to Companion An.

imal Health.

This Education Center article was underwritten by Companion Animal Health of Newark, Delaware.
Laser Therapy Helps Heal Victim’s Burns

By Dennis Arp
For Veterinary Practice News

B y all odds, the spunky little Jack Russell mix with the incredibly bright eyes and growing affinity for chirping birds surely shouldn’t have been alive today. She was locked in a crate at home when the building caught fire, generating so much heat that the plastic crate lid melted and dripped, leaving her with nasty burns over most of her body. The lone reason she even made it to the St. Charles Hospital and Clinic in St. Charles, Mo., was that the ambulance she rode in after being rescued happened to be outfitted with an oxygen mask really shouldn’t be alive today.

It was the only one of 22 in the area so equipped.

“She was locked in the tiny burn cases, he had found the clinic’s Companion Therapy Laser effective in stimulating healing.

The clinic has had therapeutic laser equipment since 2009, when a staff member attended a demonstration and was impressed by its effects. Clinic administrators chose the Companion Therapy by LiteCure laser based on its reputation for reliability and return on investment.

Clinic administrators were highly skeptical, he said. “But I’m on board now.”

These days, Ember is providing more help as a poster puppy than she needs herself. She will always have some scars, but she didn’t need any skin grafts—to the surprise of many on her care team. Two months after she first came in, she was essentially healed, Crecelius said. Decker is convinced laser therapy played a “huge role” in Ember’s recovery, and she couldn’t be happier.

Decker wanted to do something nice for Ember, so when Crecelius suggested she start a campaign to outfit the other 21 St. Charles County ambulances with animal-size oxygen masks, she and her sister took photos, made posters and put collection jars around town. By late March, the effort had netted $1,200—enough for 20 masks, with one more to go.

“It was easy,” Klinefelter said. “I’m not a great photographer, but Ember’s spirit comes through in those pictures, and people want to do what they can to help.”

These days, Ember is providing more help as a poster puppy than she needs herself. She will always have some scars, but she didn’t need any skin grafts—to the surprise of many on her care team. Two months after she first came in, she was essentially healed, Crecelius said. Decker is convinced laser therapy played a “huge role” in Ember’s recovery, and she couldn’t be happier.

This Education Series article is underwritten by LiteCure LLC of Newark, Del.
Have you ever looked around on a beach and seen people wearing long-sleeved shirts? While this might not be the expected wardrobe option, especially on a hot day, it’s one that makes sense for people who want to limit their sun exposure. Even a lightweight fabric is remarkably efficient at keeping the sun’s energy from reaching your skin. Sometimes, however, you may not want that extra layer of protection from light energy. When delivering laser therapy treatments, for instance, the best outcomes are achieved when the proper amount of energy is able to reach its target within the body. If there is a layer of clothing, a dressing, a bandage or a cast between the laser and the skin, much, if not all, of the energy is lost to the material before it can enter the body.

How lasers interact with bandages

Laser light can interact with surfaces in one of three ways: reflection, absorption, or transmission. Laser therapy works best when reflection off the skin’s surface is minimized, and absorption into the tissue maximized. By adding a layer of fabric (or cast material), the laser light is not able to interact with the body in the same way. Depending on the color of the fabric, either a greater amount of reflection off the fabric, or absorption into the fabric, will take place. This means that less of the energy is reaching the skin’s surface, and even less is reaching its target within the body.

One way to visualize this concept is to picture a tightly woven chain link fence and someone holding a bucket full of ping-pong balls. The fence represents a layer of fabric, while the balls represent the photons (or energy). If you were to throw the ping-pong balls at the fence, some would bounce off, while some would get stuck in the fence itself, leaving far fewer to make it to the other side. Laser light behaves in much the same way when it comes in contact with fabric.

Achieving Dosage at Depth - Lose the Casts & Bandages

Why power loss matters

Why is this concept so important? This loss of energy can have dramatic effects on treatment outcomes. Laser therapy treatment protocols rely on a certain amount of energy being distributed over a given area, so when less than the recommended amount of energy is delivered, results will be variable and often disappointing.

This layer loss effect is even more pronounced with lower-power lasers. Class III lasers, for example, emit a maximum of 0.5 W, while Class IV lasers, emit much higher powers. For example, Companion Therapy Lasers can emit up to 15 Watts of power. Let us say, for demonstration purposes, that a layer of fabric causes a 75% power loss. This means that a Class III laser emitting at 0.5 W is only delivering 125 mW to the skin’s surface when treating through clothing, while a Class IV laser emitting 15 W would deliver 3.75 W to the skin’s surface. Based on the therapeutic relevance of
The Keys To Therapeutic Success - Target Dose to Target Tissue

- Appropriate Delivery System
- Appropriate Wavelength Selection
- Appropriate Power Selection
- Appropriate Area(s) Treated

Losing layers, improving outcomes

While clothing may be beneficial on a beach, it acts as an undesirable barrier during a laser therapy treatment session, preventing much of the laser energy from reaching its target. By stripping off the common misconception that it is acceptable to treat through clothing, casts, dressings or any material, you will greatly improve outcomes by delivering more consistent and effective treatments.

these different doses, there will be a much larger disparity between the expected and actual results for the Class III laser than the Class IV. However, neither scenario is advisable. To ensure adequate dosing, laser therapy needs to be applied directly to the skin, in either a contact, or non-contact manner.

See The Power-Loss Through Fabric in Action

Watch this short video to see how much energy is lost when laser light is shined through different types of fabric.

http://www.LiteCureInfo.com/PowerLossThroughFabric
Delivery System & Wavelength Why Do They Matter When Treating Acute Conditions?

Now that we have seen why we can’t treat through bandages or casts...what about fur? Do you need to clip fur in order to get a therapeutic response?

Often when treating a wound or another acute surface condition the fur will already be clipped, however you do NOT need to clip fur to achieve a therapeutic response if you have selected the right parameters to help maximize absorption by target tissue. What parameters help maximize dose delivery to target tissue?

- Delivery System
- Wavelength Selection

Delivery System Considerations

1. Minimizing Light Loss Due to Blood Absorption

Blood absorption is a barrier to photon penetration. To maximize photon penetration at depth, contact application provides significant benefits.

Applying pressure disperses blood through blanching which increases photon penetration to deeper tissues, thus maximizing dose delivered to target tissue. Therefore when treating deep tissues and the condition allows - treat in contact with the tissue.

2. Minimizing Light Loss Due to Reflection

Depending on the design of the delivery system and procedural application, there is a 5% to >30% loss of photons from reflection when treating off contact due to the refractive index differences between air and skin. When treating off contact, higher power is necessary to deliver the same amount of photons at depth.

When possible treat in contact with the skin to reduce this light loss. When treating acute conditions such as wounds where non-contact treatment application is required - ensure sufficient photons are delivered to account for the energy loss that takes place during off-contact treatment.

Wavelength Selection Considerations

1. Skin Color Matters When Selecting Wavelength

Light losses in dark skin are approximately 10 times greater than in light skin.

2. The Most Efficient Wavelengths Differ by Skin Color

- Light Skin
  The most efficient wavelengths for treating deep tissues in light skin are 800-830 nm

- Dark Skin
  The most efficient wavelengths for treating deep tissues in dark skin are 900-980 nm
CASE CONTEST: WOUND, OSTEOMYELITIS

*Mile High Veterinary Hospital, Aurora, Colorado*

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<th>Signalment</th>
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<td>Presentation</td>
<td>History of neglect (foot injury originally from strangulation with chain); 3rd and 4th toes had previously been amputated but surgery site never healed and painful granulation tissue was now present. Dog was significantly lame on right hind leg. Radiographs suggested osteomyelitis. Surgeon recommended amputation but owners wished to try laser therapy as a last resort to save limb.</td>
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<tr>
<td>Treatment Details</td>
<td>Bacterial C&amp;S was submitted and pending results, patient was started on Clavamox and laser therapy was instituted 196 total joules delivered to affected area at 2W; EOD for 5 treatments, then every 5 days for 6 additional treatments. Ultimately, C&amp;S grew multiple severe antibiotic resistant bacteria including Methicillin Resistant Staph, Pseudomonas aeruginosa, and Morganella morganii. All were resistant to Clavamox. Patient was started on appropriate antibiotic therapy 7 days later, after clinical improvement already noted.</td>
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<tr>
<td>Treatment Results</td>
<td>“Dax’s exceptional recovery was most likely due to a combination of therapies, but since he did not start appropriate antibiotic therapy until 7 days after the beginning of our treatment course and we saw significant improvement only 2 days after the first use of the Class IV Therapy Laser, we suspect that the Companion Laser was primarily responsible for his dramatic response to treatment.” – Dr. Waskow</td>
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*Photos and case courtesy of Mile High Veterinary Hospital, Aurora, Colorado*
CASE CONTEST: OTITIS

Woodland Springs Veterinary Hospital, Ft. Worth, Texas

Signalment
10 year old, M/N Mixed Breed Dog, 30 lbs

Presentation
Left ear very inflamed and the canal was swollen with yellow debris. Visual inspection with otoscope; ear cytology revealed bacterial and yeast otitis.

Treatment Details
307.5 total joules administered to superficial component and 690 total joules delivered to deep component at 3.5W; Frequency of two treatments, two consecutive days. Appropriate topical therapy was used as well.

Treatment Results
Otitis resolved with ear much less swollen and pruritic after treatment.

Photos and case courtesy of Woodland Springs Veterinary Hospital, Ft. Worth, Texas

Day 1 - 10/16
Day 2
Day 14

Webinar: Pushing the Envelope with Laser Therapy

In this 60-minute webinar, presented by John C. Godbold, Jr., DVM see award-winning laser therapy cases. Cases covered include:

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- Treatment Trends
- Dosing Considerations Including: Power, Pulsing, Treatment Attachments & Technique
- Case Studies

Watch it now at:
http://www.litecureinfo.com/PushingEnvelope
CASE CONTEST: DELAYED UNION FRACTURE

Arlington Park Veterinary Services, Kingston, Ontario, Canada

Signalment
1 Year Old, F/S Mixed Breed Dog

Presentation
Surrendered to Humane Society – no history apart from trauma. Left Femur fracture repaired w/ internal fixation. 8 weeks post-op radiographic evaluation demonstrated no evidence of osteogenesis and a broken screw. Exercise restriction was recommended and repeat radiographs were performed 4 weeks later. (12 weeks Post-Op) No clinical improvement. Delayed union present. Owner considering amputation. Presented to DVM with laser for treatment.

Treatment Details
900 Total Joules delivered at 6W CW to entire thigh area 3 times weekly for 1 month (12 tx), then twice weekly for 2 weeks, then once weekly for 2 weeks (18 total treatments). Other therapies included controlled weight bearing/balancing exercises and slow leash walking; crate rest otherwise.

Treatment Results
Complete boney union achieved; dog fully weight bearing and comfortable.

Photos and Case courtesy of Arlington Park Veterinary Services, Kingston, Ontario, Canada

Noah’s Recovery
After falling from an 8th story window he recovers with laser.

Noah, a feline patient of Dr. Onjira Chingchit in Bangkok, Thailand recovered from his wounds with laser therapy.

Watch his case video now at:
1 **HOW:** The Deep Tissue Applicator (on contact) lenses are applied directly to the skin. As such, the tissue is compressed (less distance), and blanched (fluid displaced—especially blood with hemoglobin). Moreover, the hair coat is “parted” and displaced (diminishing unintended absorption at the surface). Finally, much less light is reflected from the skin when the lens is directly introducing the light into the tissue. Altogether, more photons reach deep tissues than when applied with a non-contact handpiece.

2 **HOW:** Apply with moderate pressure, move the handpiece 1-3 inches per second, keep the handpiece perpendicular, move in a grid-like pattern, take the area through a range of motion, and treat the area from 360 degrees when possible.

3 **HOW:** 3 Levels of Expertise:
   - **One:** Deliver the therapeutic dose as described above.
   - **Two:** Elicit a myofascial trigger point release with a pleasant massaging technique.
   - **Three:** Determine diagnostic information based on the pet’s response (moving away from or into the pressure) to the application—use this to gauge the patient’s progress or determine areas of sensitivity.

4 **HOW:** Keep the heads clean and scratch free. The heads can be cleaned inside and out with alcohol and should be allowed to completely dry prior to use. Keep the red lens caps in place when the heads are not in use and keep one treatment head on the handpiece at all times.

5 **WHY:** Dosing the tissue consistently and effectively is the key to maximum tissue response. When using a non-contact treatment head, if up to 90% less of the intended dose is reaching the deeper target tissues, then one should expect much less effective response from those target tissues.

6 **WHEN:** Deep Tissue Applicators should be used whenever the target pathology is not visible to the eye. In other words, any pathology that requires penetration of the energy through more than 5-10 mm of tissue: Arthritis, IVDD, fractures, osteotomies, internal organs, deep tissue around the ear, deep tissue around the mouth, tendons, ligaments, and so on. Occasionally animals may be uncomfortable enough that the initial treatment(s) need to be accomplished with a non-contact head until enough pain relief allows the use of the contact head.

7 **WHEN:** Non-contact heads can be used if you can see the damaged tissue: Hot spots, superficial wounds, burns, minor incisions, external ear canal/pinna, exposed intraoperative organs, and so forth.

8 **WHEN:** Some protocols require both Contact and Non-contact heads (ears and mouth in particular). This type of treatment effectively allows a much more thorough treatment from both the “inside” and the “outside” of the tissue. A similar approach can be used with cases like a post-op TPLO: Treat over the incision with a non-contact head/dose, then treat 270 degrees around the incision with the contact head/dose.
Why Choose Companion®?

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The Company

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