

For the therapist, the interest of all material remains in the possibilities that this one might offer him:

- either the opening of new fields of application that will give him the opportunity of increasing the number of clients in areas not appreciated until then
- or, while practicing, the amelioration of his performance by improving his results, lessening the efforts or shortening the duration of his procedures.

These are the reasons for having created the TV10.

In order to achieve this, the material has to be reliable, easy to set off and practical in handling. If possible, such a material should also be pluridisciplinary.

The TV10 lies, on the one hand, on the multiseular principle of the vacuum use in medicine, and on the other hand, on the massage, its indications, practice and results.

Acknowledging the above, such a material ought to present the following characteristics :

- A reliable pump
- A big versatility and precision to be capable of adapting to all kinds of pathology
- A selection of cupping glasses depending upon the different pathologies
- The possibility to practice a stationary or sliding vacuomobilization.

Moreover, to immediately react against the hyperemia consecutive to aspiration (primum non nocere), the permanent control of the skin appearance was only possible if the cupping glasses allowed it. For this reason, the cupping glasses in the TV10 are transparent.

In the study published by Dr. H. Nüchel, chief thermalist physician, it appears that the effect of vacuomobilizations relates to:

- Either the cutaneous coating which after such a treatment is more flexible
- Either the circulation, as the appearing hyperemia could be very important
- Either the exchanges at a tissue level, notably improved
- Or the painful symptoms, with the same direction that the one in massage

Our experience, both in sports traumatology and kineplastics, allows us to affirm that vacuomobilization, practiced correctly, is perfect as an auxiliary for the treatments of:

- sequelae of muscular lesions,
- pathologies of tendons and periarticulations,
- burns,
- cutaneous lesions, both surgical and traumatological.

In Rheumatology

Nückel has studied the vacuum treatment effect in:

- Myalgia, described as a painful pathology of the muscle characterized by a hypertonia of the muscle (exaggerated increasing and lasting tonicity, even at rest conditions) accompanied by thickness and nodes in its insertions.

In this case we practice sliding vacuomobilization along the muscular fiber, followed by a stationary vacuomobilization over the maxima zones.

We apply this procedure essentially in cervicodynia, Scapulo-Humeral peri-arthritis, coxalgia and lumbago.

In Traumatology

- Either for the treatment of reflex contractures consecutive to a trauma we do practice as before:
- Either locally, as an anti-edema treatment, we practice a sliding vacuomobilization, in the centripetal direction, in the periphery of the lesions during the first days,
- Either secondly, facing the lesion, to ameliorate the exchanges of the local liquids (changed during the treatment).

In sports Traumatology

Muscular lesions

In the first place, sliding vacuomobilization to obtain drainage, centripetal, in periphery.

In the second place, stationary vacuomobilization at high pressure to try to minimize the cicatricial fibrosis, followed by sliding vacuomobilization at middle pressure with a circulatory aim.

In the third place, stationary vacuomobilization at high pressure, facing the lesion. There is a passive mobilization associated to the lesion in the stretching direction of the injured muscle, trying to recuperate its maximum stretching potential.

Pathology of tendons

Locally, splints are treated by sliding vacuomobilization. Afterwards, the insertion zones are treated by vacuomobilization.

In Kineplastics

Vacuomobilization and massages aiming fibrosis are inseparable. For this type of therapy we try to limit at a maximum the fibrosis, to avoid either the retractions or the pathological cicatrices. In all those cases, sliding vacuomobilization at high pressures is always practiced.

In Phlebo-angiology

It is practiced at middle pressure with a middle diameter cupping-glass; sliding vacuomobilization reproduces the effects of effleurage or sliding manual maneuver.

As this list is not at all exhaustive we should remind a few particularities of the TV10:

- The created vacuum adapts perfectly to the pathology and also to the quality of the skin thanks to the flexibility of its setting.
- The condition of skin can always be checked while the treatment takes place thanks to the transparent cupping-glasses.
- Either a stationary or sliding vacuomobilization can be applied depending upon the pathology.
- While applying stationary vacuomobilization, the time and values, maximum and minimum, can be regulated.
- While applying sliding vacuomobilization, almost 1 bar pressures can be reached which means that all the needs in Kineplastics are satisfied (burns or cicatrices whichever the cause or localization may be).

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The cupping-glasses' forms allow all massage techniques and their effect is increased by the vacuum created in the cupping-glass; in this way, the techniques are not only limited to the reproduction of the touch-roll.