

NEXUS RECOVERY OPEN HOUSE

Shoulder External Rotation

Immediate Pre/Post Response Report

Objective Kinvent K-Pull testing surrounding a 20-minute Winback BACK4 session.

TEST. TREAT. RETEST.

The clearest immediate changes were the client's pain experience, bilateral peak-force symmetry, and time to peak force - not an increase in maximal force. That distinction matters.

IMMEDIATE SNAPSHOT

Present →	17.8% →	3.54s →	14.82 →
Absent	5.2%	2.03s	11.56 kg
Client-reported pain pre-test to retest	Peak-force asymmetry 71% relative reduction	Mean time to max 43% shorter	Bilateral mean peak force 22% lower immediately post

WHY THE LAST NUMBER IS INCLUDED

A transparent report cannot only show favorable changes. Mean peak force was lower on the immediate post-test. A single open-house session cannot determine whether that reflects treatment-related fatigue, altered motor strategy, effort, learning, normal test variability, or another factor. The result should be tracked - not explained away.

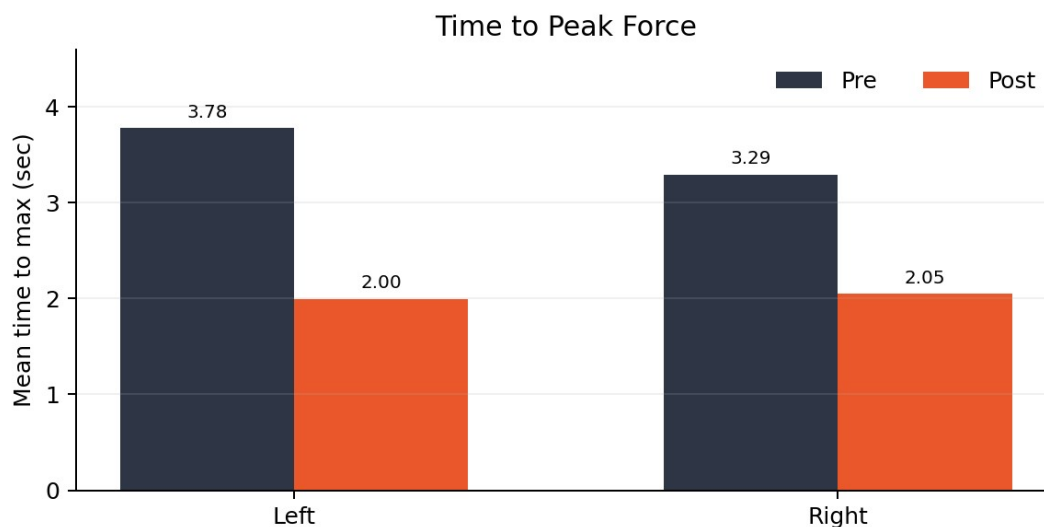
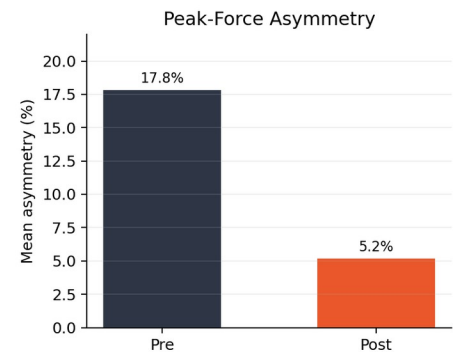
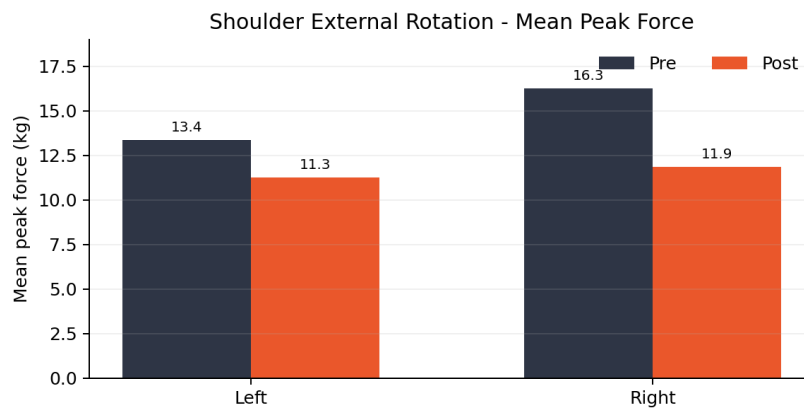
SESSION WORKFLOW

BASELINE TEST	Kinvent K-Pull: seated shoulder external rotation at 90° abduction; 3 repetitions per side; 5-second reps; 15-second rest periods. Baseline recorded at 2:11 PM.
WINBACK SESSION	20-minute BACK4 session. Shoulder/trapezius work plus wrist-to-shoulder arm work. Focal RET progressed approximately 30% → 40%, Hi-TENS 25 Hz, and Focal Hi-EMS approximately 40%; about 5 minutes per arm within the session.
IMMEDIATE RETEST	Same Kinvent K-Pull configuration repeated at 2:40 PM to compare the acute response.
ROLE / SETTING	Open-house field observation at Nexus Recovery. Hector Torres documented/observed the session and objective testing; this report is not presented as independent clinical research or proof of efficacy.

OBJECTIVE RESULTS

Kinvent K-Pull | 3-repetition averages by side

Metric	Pre - Left	Pre - Right	Post - Left	Post - Right
Mean peak force (kg)	13.37	16.27	11.26	11.87
Mean average force (kg)	11.15	14.50	8.98	10.56
Mean time to max (sec)	3.78	3.29	2.00	2.05
Mean force at 250 ms (kg)	8.34	10.11	7.27	8.18



WHAT CHANGED IMMEDIATELY?

- **Symmetry moved in the right direction.** Kinvent-reported peak-force asymmetry averaged 17.8% before the session and 5.2% immediately after - a 12.7 percentage-point reduction.
- **Force was expressed faster.** Average time to peak force across both sides shortened from 3.54 seconds to 2.03 seconds (about 43%).
- **The client reported no pain on retest.** Pain was present during the baseline test and absent during the immediate post-session retest.
- **Maximal output did not increase.** Bilateral mean peak force decreased approximately 22% on the immediate post-test. This is why the result should be interpreted as an acute response profile, not a strength-gain claim.

WHY THIS MATTERS IN PRACTICE

Turning a treatment experience into a measurable clinical conversation

1 OBJECTIVE WORKFLOW

Pairing BACK4 with objective testing creates a simple workflow: establish a baseline, apply the intervention, repeat the same test, and decide what the data actually says. Winback positions BACK4 as a multi-frequency platform that combines TECAR with Hi-TENS and Hi-EMS, allowing the practitioner to adapt the intervention to tissue, pain, and neuromuscular goals.

2 DO NOT OVERSIMPLIFY THE RESULT

A 2025 clinical commentary in the International Journal of Sports Physical Therapy describes TECAR as promising but still underexplored. It reports potential benefits for pain, range of motion, tissue recovery, and some biomechanical outcomes, while also emphasizing small samples, variable protocols, and limited long-term evidence. That is the right frame for this open-house observation: useful data, not proof of causation.

3 WHERE BACK4 CAN ADD VALUE

For a recovery or rehabilitation practice, BACK4 becomes more useful when it is integrated into an assessment process rather than used as a stand-alone modality. Standardized pre/post testing can help the team document tolerance, identify asymmetry, follow progression, and communicate the client experience with more than a testimonial.

STANDARDIZE

Choose 3-5 repeatable tests for the body regions you treat most.

DOCUMENT

Record protocol, intensity, pain, tolerance, and objective pre/post measures.

FOLLOW UP

Repeat testing across multiple visits to see whether acute changes are durable.

LIMITATIONS

Single client; no control condition; immediate post-test only; no repeated-day reliability check; test effort and learning may vary; the open-house environment was not a research laboratory. The session cannot establish that Winback caused the observed changes, and the post-session reduction in peak force requires follow-up before clinical meaning can be assigned.

SOURCE CONTEXT

1. Lupowitz LG, Ramus L, Delacour F, Johnson K. TECAR Therapy: A Clinical Commentary on its Evolution, Application, and Future in Rehabilitation. International Journal of Sports Physical Therapy. 2025;20(4):632-640. doi:10.26603/001c.130909.
2. Winback. BACK4 / BACK3TX virtual demonstration and educational onboarding materials. 2023.
3. Winback. BACK4 Hands-Free Protocols / CARE+ guidance. September 2024.
4. Winback Group. Brand Guidelines. May 2026.
5. Kinvent K-Pull CSV exports supplied for this session, September 18, 2026.

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**MOVE BETTER.
MEASURE BETTER.**