

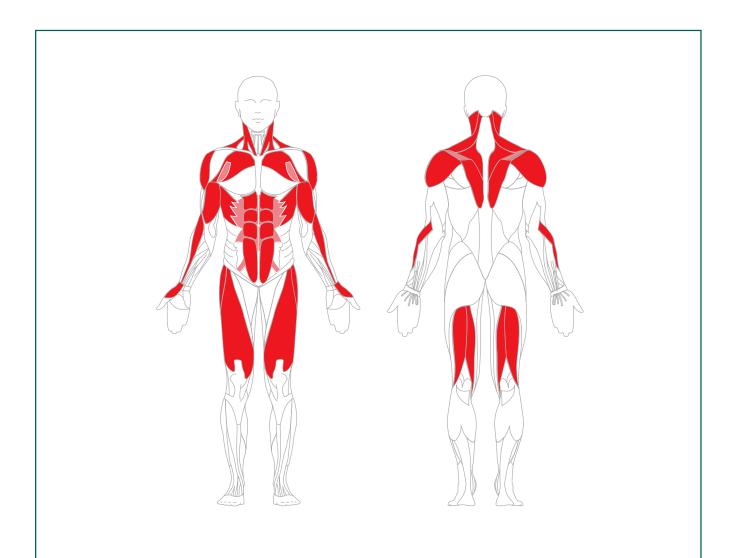
# **MUSCLE OVERVIEW**

Patient Demo Report

Age

Date 01/04/2015

Time 11:56



#### Note

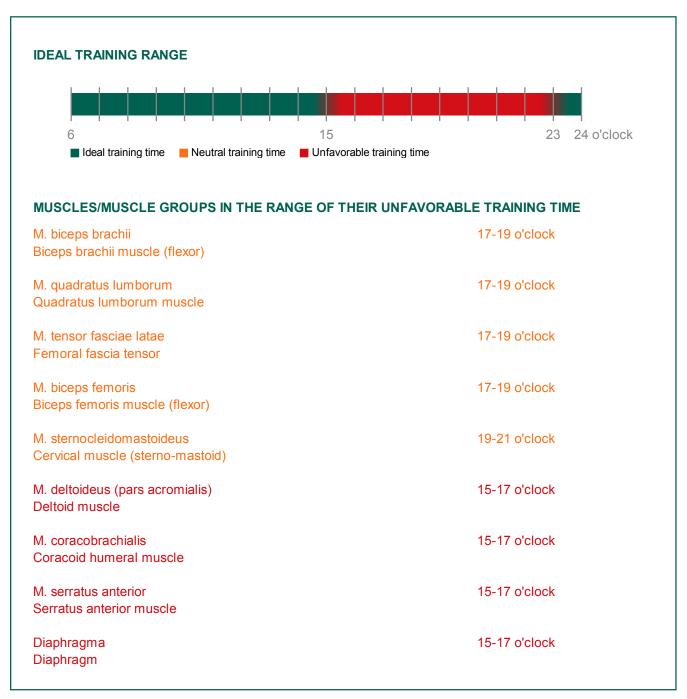
Keep in mind during training, the cervical spine, the thoracic spine, the lumbar spine, the upper-extremity joints and the lower-extremity joints.





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M. levator scapulae 19-21 o'clock Levator scapulae muscle M. pectoralis major (pars clavicularis) 19-21 o'clock Pectoral muscle at clavicle M. brachioradialis 19-21 o'clock Brachioradialis muscle M. opponens pollicis 21-23 o'clock Opposer to thumb M. trapecius (pars transversa) 21-23 o'clock Trapezius muscle (transverse) M. trapecius (pars ascendens) 21-23 o'clock Trapezius muscle (descending)

#### Note

Muscles/muscle groups that are exercised outside their individual ideal (or neutral) training times need a special preparatory and warmup phase.





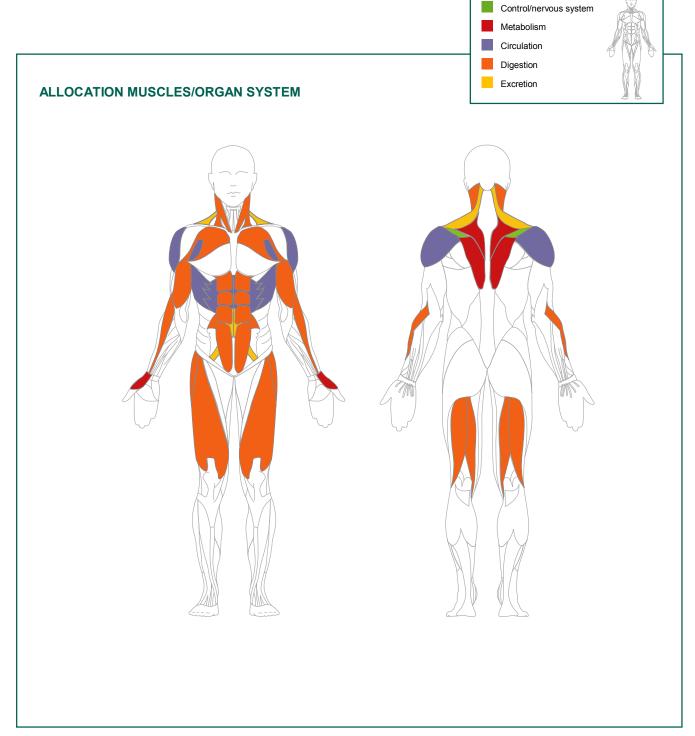
# ALLOCATION MUSCLES/ORGAN SYSTEM

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#### **RELEVANT MUSCLES/MUSCLE GROUPS**

#### M. supraspinatus

Supraspinatus muscle

#### M. biceps brachii

Biceps brachii muscle (flexor)

#### M. quadratus lumborum

Quadratus lumborum muscle

#### M. tensor fasciae latae

Femoral fascia tensor

#### M. biceps femoris

Biceps femoris muscle (flexor)

#### M. sternocleidomastoideus

Cervical muscle (sterno-mastoid)

#### M. rectus abdominis

Rectus abdominis muscle

# M. quadriceps femoris

Quadriceps femoris muscle

#### M. trapecius (pars descendens)

Trapezius muscle (ascending)

#### M. deltoideus (pars acromialis)

Deltoid muscle

#### M. coracobrachialis

Coracoid humeral muscle





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#### **RELEVANT MUSCLES/MUSCLE GROUPS**

#### M. serratus anterior

Serratus anterior muscle

#### Diaphragma

Diaphragm

#### M. levator scapulae

Levator scapulae muscle

#### M. pectoralis major (pars clavicularis)

Pectoral muscle at clavicle

#### M. brachioradialis

Brachioradialis muscle

# M. opponens pollicis

Opposer to thumb

#### M. trapecius (pars transversa)

Trapezius muscle (transverse)

#### M. trapecius (pars ascendens)

Trapezius muscle (descending)

# M. psoas major

Psoas major muscle





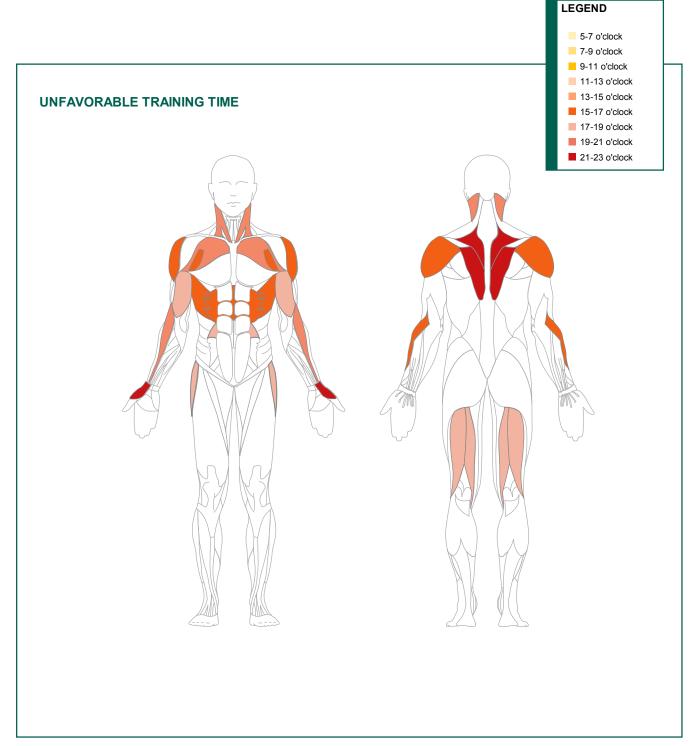
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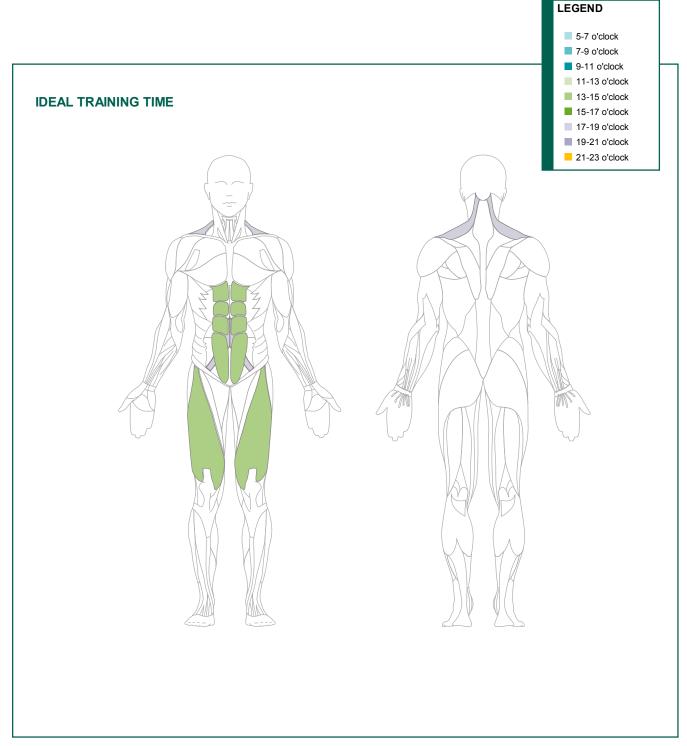
# ALLOCATION MUSCLES/ORGAN SYSTEM

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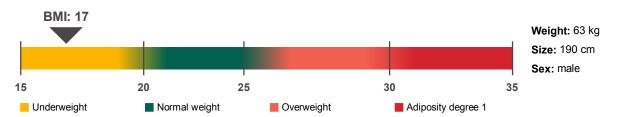


#### FITNESS ANALYSIS

Patient Demo Report
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#### **BODY MASS INDEX (BMI)**



Relative to height, body weight is too low and should not be further reduced by overly intensive training. To ensure success in training, food intake should be increased, while maintaining a balanced diet. During training, the blood sugar level absolutely must not fall too sharply. Therefore, keep an eye on the Glycemic Index when eating carbohydrates.

#### **TRAINING-PULSE TARGET ZONES**

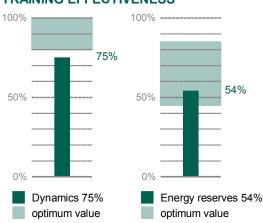
Stable health:99 - 119 [heartbeats/minute]Active metabolism:119 - 139 [heartbeats/minute]Improved fitness:139 - 168 [heartbeats/minute]

Your ideal training range is between 129 and 149 heartbeats/minute.

#### **ACID-BASE BALANCE**

# Heavy Hyperacidity Medium Hyperacidity Light Hyperacidity Acute Chronic

#### TRAINING EFFECTIVENESS



Since there are almost no energy reserves on hand and dynamics is also low, training must be done sparingly and with pulse monitoring. Lengthen the session times carefully, keeping stress to a minimum in order to enable the body to build up energy reserves.



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#### **CARDIOVASCULAR TRAINING**

Massages and physical applications are recommended.

The trainee should perform cardiovascular training within the range of the recommended Pulse Target Zones of "Stable health" to "Active fat metabolism".

#### **HEALTH CHECK**

Before beginning training, we recommend the trainee undergo a medical health check-up.

#### MOVEMENT/RELAXATION TRAINING

It is recommended that the trainee do regular moderate training. It is important that the training cyclymphedema include adequate rest periods (e.g. relaxation training). No additional stress should be allowed to build up due to too-high performance demands.

#### NO WEIGHT TRAINING FOR NECK MUSCULATURE

In order to strengthen the musculature in the neck and cervical region, isometric restorative training should be done, but without using heavy weights. Atlas block possible.

#### **PURIFICATION**

If it's medically OK, a sauna session is recommended after training. Other metabolically stimulating water applications (such as hydrotherapy) are also a good idea.

#### JOINT-GENTLE TRAINING

Training that goes easy on the joints is recommended for the trainee, with moderate traction and load on the joints. Overstress from mechanical load peaks should be avoided.





# DIETARY INFORMATION Patient Demo Report Age 01/04/2015 Time 11:56

#### **DIETARY READJUSTMENT**

Dietary readjustment is recommended for the trainee, concentrating on high-fiber raw fruits and vegetables, and regulating carbohydrate intake while monitoring the Glycemic Index.

#### **USE OF UNSATURATED FATTY ACIDS**

The trainee's diet should pay attention to unsaturated fatty acids. Animal fat intake should be reduced.

#### **ACID-BASE BALANCE**

In order to rebalance the acid-base metabolism, a reduction of acidifying carbohydrates, proteins and fats is recommended, while monitoring the Glycemic Index.

#### ADEQUATE FLUID INTAKE

Increased fluid intake (more than 3 liters) is recommended. Normal daily requirement is 2 liters of plain tap water. Coffee, fruit juices and similar ingredient-enriched drinks just serve as foodstuffs or stimulants. Depending on how much the trainee perspires, the extra fluid requirement must be met by drinking water and minerals, in order to safeguard the metabolism.

#### **ENZYME SUPPLEMENTATION**

Enzymes are needed to break down protein waste byproducts.

### LIGHT DIET

A diet is recommended that is gentle on the stomach. Hard-to-digest products should be avoided.

