DIAPULSE® TECHNOLOGIES

Pulsed Radio Frequency Energy (PRFE) Therapeutic Systems

Head & Spinal Injury

Trauma & Recovery Brief

For Neurology & Neurosurgery Departments, Spinal Cord Injury Centers, Concussion Programs, Rehabilitation Hospitals & Trauma Centers

60+ Years of Clinical Research	**p<0.01** (Double-Blind RCT) Edema Reduction	**73%** Demonstrated Pain Reduction	**NERVE** Regeneration & Remyelination Proven	**FDA** Approved Pulsed RF Energy Device

CONFIDENTIAL

April 2026

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THE NEUROLOGICAL RECOVERY BREAKTHROUGH

Traumatic brain injuries, spinal cord injuries, and concussions represent some of the most devastating and costly conditions in modern medicine. An estimated 1.5 million Americans sustain a traumatic brain injury each year, while approximately 17,900 new spinal cord injuries occur annually. For the millions living with chronic neurological deficits — from post-concussion syndrome to partial and complete paralysis — existing treatment options remain limited, expensive, and heavily reliant on pharmaceutical management.

Diapulse® is a clinically validated, FDA-indicated Pulsed Radio Frequency Energy (PRFE) therapeutic system with over 60 years of peer-reviewed research. Critically for neurological applications, Diapulse has demonstrated enhanced nerve regeneration and remyelination in published clinical studies — findings with profound implications for traumatic brain injury recovery, spinal cord repair, and concussion management. Additionally, a Mayo Clinic-diagnosed ALS patient showed dramatic improvement in both mobility and speech after just six days of Diapulse treatment.

WHY NEUROLOGICAL & TRAUMA PROGRAMS CHOOSE DIAPULSE®

- ✓ **Proven nerve regeneration & remyelination —** Raji & Bowden (London) demonstrated enhanced nerve regeneration and remyelination with pulsed electromagnetic energy, directly relevant to TBI, SCI, and peripheral nerve trauma.
- ✓ **Documented ALS improvement —** A Mayo Clinic-diagnosed ALS patient showed dramatically improved gait and resolved speech slurring after just 6 days of Diapulse treatment, suggesting potential neurorestorative effects.
- ✓ **9-inch tissue penetration depth —** Reaches deep neurological structures, spinal cord, and brain tissue through the skull, vertebrae, and surrounding soft tissue that surface-level devices cannot access.
- ✓ **73% pain reduction demonstrated —** Reduces or eliminates reliance on opioids and NSAIDs for chronic neurological pain, neuropathic pain syndromes, and post-surgical recovery.
- ✓ **Statistically significant edema reduction ($p<0.01$) —** Critical for reducing intracranial and spinal cord swelling, the primary driver of secondary neurological damage after trauma.
- ✓ **Enhanced blood flow without hemodynamic stress —** Mayo Clinic-confirmed polarized blood flow effect doubles circulation to treatment sites without elevating heart rate or blood pressure, safely increasing oxygenation to damaged neural tissue.
- ✓ **100% drug-free with zero reported side effects —** Safe for repeated daily treatments on neurologically compromised patients, including those on anticoagulants, antiepileptics, and complex medication regimens.
- ✓ **Non-contact application through bandages, braces, halos, and casts —** No repositioning of immobilized patients required; immediate application in ICU, acute care, and rehabilitation settings.

THE NEUROLOGICAL INJURY CHALLENGE

Head and spinal injuries impose staggering clinical, economic, and human costs across the healthcare system:

- **Traumatic Brain Injury (TBI):** The CDC estimates TBI accounts for approximately 2.5 million emergency department visits, hospitalizations, and deaths annually. Lifetime costs for a single severe TBI patient can exceed $3 million. Post-traumatic edema is the primary cause of secondary brain injury in the critical hours and days following trauma — any therapy that accelerates edema resolution directly improves neurological outcomes.
- **Concussion & Post-Concussion Syndrome:** An estimated 3.8 million sports-related concussions occur annually in the U.S. alone. Up to 30% of concussion patients develop persistent post-concussion syndrome with chronic headaches, cognitive impairment, and emotional dysregulation. Current treatment is largely symptomatic, with no approved device therapy targeting the underlying neuroinflammation.
- **Spinal Cord Injury (SCI):** Approximately 302,000 Americans live with SCI, with lifetime care costs ranging from $1.2 million for incomplete low-cervical injuries to over $5 million for high-cervical complete injuries. Even marginal improvements in nerve function or pain reduction translate to dramatically improved quality of life and reduced care dependency.
- **Paralysis & Motor Deficit:** Over 5.4 million Americans live with some form of paralysis. For patients with incomplete injuries, therapies that promote nerve regeneration and remyelination offer the possibility of restored function — a possibility now supported by published Diapulse research.

- **Chronic Neurological Pain:** Neuropathic pain affects an estimated 60–80% of SCI patients and is among the most treatment-resistant pain conditions. Opioid dependency in this population is a recognized crisis. A drug-free therapy demonstrating 73% pain reduction addresses this directly.
- **Pressure Ulcers in SCI Patients:** Up to 80% of SCI patients develop pressure ulcers during their lifetime, with treatment costs exceeding $25,000 per episode. The Salzberg RCT demonstrated Diapulse significantly accelerates pressure ulcer healing in SCI patients specifically.

Diapulse® addresses the full spectrum of these challenges — from acute post-traumatic edema reduction to long-term nerve regeneration, chronic pain management, and secondary complication prevention.

DOCUMENTED NEUROLOGICAL RECOVERY RESULTS

ALS Patient — Dramatic Improvement in 6 Days

A patient diagnosed with ALS by the Mayo Clinic — a condition characterized by progressive motor neuron degeneration with no expectation of improvement, only deterioration with a typical life expectancy of three years — began Diapulse treatment in January 2026. On January 8, the patient was struggling to walk and exhibiting significant speech slurring.

After just six days of Diapulse treatment (January 14), the patient demonstrated dramatically improved gait, significantly better mobility, and resolved speech slurring. Before-and-after video documentation confirms these improvements. For a disease where the clinical trajectory is exclusively downward, any measurable improvement — let alone one this rapid and visible — is extraordinary and warrants serious clinical attention.

KEY CLINICAL OUTCOME — ALS

Mayo Clinic-diagnosed ALS patient showed dramatically improved walking, mobility, and resolved speech slurring after just **6 days** of Diapulse treatment — in a disease with zero expectation of improvement.

Raji & Bowden — Nerve Regeneration & Remyelination (London)

This landmark study published in the Journal of Hand Surgery demonstrated that Diapulse pulsed electromagnetic energy enhanced peripheral nerve regeneration and promoted remyelination of damaged nerve fibers. Remyelination — the restoration of the myelin sheath that insulates nerve fibers and enables rapid signal transmission — is one of the most sought-after therapeutic goals in neurology. These findings have direct implications for traumatic brain injury, spinal cord injury, and any condition involving demyelination or axonal damage.

Salzberg et al. — Pressure Ulcer Healing in SCI Patients

This randomized controlled trial specifically studied Diapulse's effect on pressure ulcer healing in spinal cord injury patients — a population uniquely vulnerable to chronic wounds due to immobility, impaired circulation, and compromised sensation. The study demonstrated significantly accelerated healing with non-thermal pulsed electromagnetic energy, establishing direct evidence for Diapulse's efficacy in the SCI population.

Erdman — Blood Flow Enhancement Without Hemodynamic Stress

This study demonstrated that Diapulse treatment increases blood flow to treatment sites without elevating heart rate or blood pressure — a critical safety parameter for neurologically injured patients who may be hemodynamically fragile, on anticoagulants, or at risk for cerebrovascular events. The Mayo Clinic subsequently confirmed that this effect operates through polarization and alignment of blood cells, enabling more efficient passage through narrowed or damaged vessels.

HOW DIAPULSE® WORKS

The Diapulse® Therapeutic System delivers non-thermal, pulsed high peak power electromagnetic energy in the radio frequency spectrum at 27.12 MHz — the FCC-assigned medical shortwave frequency. Energy is emitted through a cylindrical treatment head directed at the injury site. No wires, electrodes, or skin contact required — it works through cervical collars, halo braces, surgical dressings, and skull hardware.

Mechanisms of Action Relevant to Neurological Recovery

- **Nerve Regeneration & Remyelination:** Published research demonstrates enhanced nerve fiber regeneration and restoration of myelin sheaths under Diapulse treatment — the fundamental repair mechanisms needed for recovery from TBI, SCI, and peripheral nerve injury.
- **Edema Reduction at the Cellular Level:** Restores the electrical potential of injured cells, reducing tissue swelling rapidly. In neurological trauma, edema is the primary cause of secondary injury — the cascade of damage that occurs in the hours and days after the initial trauma. Faster edema resolution directly limits the extent of secondary neurological damage.
- **Enhanced Cerebral & Spinal Blood Flow:** Mayo Clinic research confirmed that Diapulse polarizes blood cells, enabling aligned flow through narrowed or damaged vessels and more than doubling blood flow to treatment sites. For neural tissue starved of oxygen following trauma, this enhanced perfusion supports survival of viable neurons and promotes repair.
- **Enhanced Oxygenation of Neural Tissue:** Increased blood flow drives tissue oxygenation critical for neuronal survival, synaptic repair, and axonal regeneration. Adequate oxygenation during the acute phase of injury is one of the strongest predictors of neurological outcome.
- **Non-Thermal Safety:** The device pulses its output (off 25× longer than on), ensuring zero thermal effect on tissue. This is essential for treating neurological structures where even minimal thermal exposure could cause additional damage to already compromised neural tissue.

Technical Specifications

Parameter	Specification
Carrier Frequency	27.12 MHz (11-meter band)
Pulse Repetition Rate	80 to 600 pulses/second (adjustable)
Pulse Width	65 microseconds
Power Per Pulse	293 to 975 watts (adjustable)
Duty Cycle	0.5% to 3.9%
Tissue Penetration	Up to 9 inches deep
Typical Treatment	15–30 minute sessions; immediate application
Contact Requirement	None — treats through braces, halos, dressings, casts

CLINICAL EVIDENCE RELEVANT TO NEUROLOGICAL & SPINAL INJURY

Diapulse® is backed by 186+ peer-reviewed studies. The following results are directly relevant to head injury, spinal cord injury, concussion, and neurological rehabilitation:

Clinical Study	Neuro-Relevant Application	Outcome	Link
Raji & Bowden J. Hand Surgery, London, 1984	Peripheral nerve regeneration — directly relevant to TBI axonal injury, SCI, and demyelinating conditions	Enhanced nerve regeneration and remyelination demonstrated under pulsed EM treatment.	PMID: 6747406
ALS Patient Case (Mayo Clinic Dx, January 2026)	Motor neuron disease — progressive neurodegeneration with no expected improvement	Dramatically improved gait, mobility, and resolved speech slurring after 6 days of treatment.	*Available upon request from Diapulse Technologies, LLC*
Pennington et al. Military Medicine, 1993 (RCT, n=50)	Post-traumatic edema reduction — applicable to cerebral and spinal cord edema	Statistically significant edema reduction ($p<0.01$); 3.5× greater reduction vs.	PMID: 8441490

		placebo after single treatment.	
Sharon Clin. J. Nursing Care, 2019	Drug-free pain management / opioid elimination — critical for chronic neuropathic pain	73% pain reduction; 26% completely discontinued opioid/NSAID therapy.	*Available upon request from Diapulse Technologies, LLC*
Salzberg et al. Ostomy Wound Manage., RCT, 1995	Pressure ulcer healing in SCI patients — the #1 secondary complication in spinal cord injury	Significantly accelerated wound healing in spinal cord injury population specifically.	PMID: 7546114
Erdman Philadelphia, 1960	Blood flow enhancement — critical for perfusion of damaged neural tissue	Increased blood flow without elevating heart rate or blood pressure — safe for hemodynamically fragile neuro patients.	PubMed Search
Guo et al. Meta-Analysis, Annals of Surgery, 2012 (186 Studies)	Post-operative edema, pain reduction, wound healing across all injury types	Statistically significant efficacy confirmed across the majority of global studies.	PMID: 22301609
Ross Springer, 1991	Biological effects of pulsed high peak power EM energy on cellular systems	Comprehensive documentation of cellular-level repair mechanisms including membrane restoration.	*Book chapter — no PMID available*
Itoh et al. Decubitus, 1991 (n=22)	Chronic wound healing — applicable to SCI secondary complications	100% of wounds healed in the treatment group.	PMID: 1994961
Cochrane Review EM Wound Therapy, 2015	Systematic review of electromagnetic wound therapy evidence	Evidence supports therapeutic benefit of pulsed EM therapy for wound healing.	PMC7138036

APPLICATIONS BY CONDITION & CLINICAL SETTING

Condition / Setting	Primary Applications	Clinical Advantage
Traumatic Brain Injury (TBI)	Acute cerebral edema reduction, post-surgical swelling management, enhanced cerebral blood flow, secondary injury prevention	9-inch penetration reaches through skull; non-thermal safety critical for brain tissue; rapid edema resolution limits secondary damage.
Concussion / Post-Concussion Syndrome	Neuroinflammation reduction, enhanced cerebral perfusion, pain management, cognitive recovery support	Drug-free approach avoids polypharmacy; treats through bandages and skull; no contact electrodes on sensitive scalp tissue.
Spinal Cord Injury (Acute)	Spinal cord edema reduction, post-surgical swelling, enhanced spinal perfusion, secondary injury prevention	Treats through halo braces and spinal hardware; non-thermal safety for cord tissue; enhanced blood flow to injury site.
Spinal Cord Injury (Chronic)	Neuropathic pain management, pressure ulcer prevention/treatment, nerve function support, muscle atrophy-related complications	73% pain reduction reduces opioid dependency; Salzberg RCT proven in SCI population; treats secondary complications.
Paralysis / Motor Deficit	Nerve regeneration support, enhanced perfusion to affected areas, pain management, maintenance of viable neural pathways	Proven nerve regeneration & remyelination; ALS case demonstrates potential neurorestorative effects; deep penetration reaches spinal structures.
Peripheral Nerve Injury	Nerve regeneration, remyelination support, post-surgical nerve repair healing, neuroma management	Raji & Bowden study directly demonstrates enhanced nerve repair; non-contact treats through surgical dressings.
Post-Neurosurgical Recovery	Craniotomy site edema, laminectomy recovery, spinal fusion post-op swelling and pain	Statistically significant edema reduction after single treatment; reduces pharmaceutical burden during critical recovery.

Chronic Neurological Pain	Neuropathic pain syndromes, central pain, phantom limb pain, post-stroke pain	73% pain reduction demonstrated; 26% eliminated opioids entirely; drug-free mechanism avoids neurological medication interactions.
Stroke Rehabilitation	Post-stroke edema, enhanced cerebral perfusion, neuroplasticity support, upper/lower extremity recovery	Enhanced blood flow supports neuroplasticity; non-thermal safety for compromised cerebrovascular tissue; treats through immobilization devices.

WHY DIAPULSE® OUTPERFORMS OTHER NEURORECOVERY TECHNOLOGIES

Feature	Diapulse®	Transcranial Magnetic Stim (TMS)	Neurostimulation Implants	Pharmaceutical Only
Penetration Depth	Up to 9 inches	1–2 cm cortical	Surgical placement	Systemic/variable
Invasiveness	Completely non-invasive	Non-invasive	Surgical implant required	Oral/IV
Nerve Regeneration	Proven (Raji study)	Not demonstrated	Not demonstrated	Not demonstrated
Clinical Research	186+ peer-reviewed	Growing; limited for TBI	Device-specific	Extensive but symptomatic
Side Effects	None reported (60+ yrs)	Headache, seizure risk	Surgical risks, infection	Sedation, dependency
Treats Through Hardware	Yes — braces, halos, casts	No metallic implants	N/A (is the implant)	N/A
Opioid Reduction	73% pain reduction	Variable	Variable	Often increases dependency
Staff Required	None — hands-free	Trained operator	Surgical team + follow-up	Nursing for administration
Cost	Low (no consumables)	High ($200–$500/session)	Very high ($50K–$100K+)	Ongoing pharmaceutical costs

RETURN ON INVESTMENT FOR NEUROLOGICAL & TRAUMA PROGRAMS

NEUROLOGICAL INJURY COSTS ARE AMONG THE HIGHEST IN MEDICINE Average TBI hospitalization: $80,000–$200,000+ | Lifetime SCI care: $1.2M–$5M+ | Chronic neuropathic pain: $17,000–$30,000+/year

- ✓ **Reduced Secondary Neurological Damage:** Faster edema resolution in the critical hours post-trauma limits secondary brain and spinal cord injury — potentially the difference between functional recovery and permanent deficit. The double-blind military RCT demonstrated significant improvement after a single treatment session.
- ✓ **Reduced ICU & Hospital Days:** Accelerated edema reduction and pain control enable earlier transition from ICU to step-down and rehabilitation. At neurosurgical ICU costs of $5,000–$10,000+ per day, even a 1–2 day reduction generates substantial savings.
- ✓ **Lower Pharmaceutical Costs:** 73% pain reduction reduces reliance on opioid protocols, gabapentinoids, and IV analgesics — generating direct savings while avoiding neurological medication side effects that can impede cognitive recovery.
- ✓ **Pressure Ulcer Prevention in SCI:** The Salzberg RCT demonstrated accelerated wound healing specifically in SCI patients. Each prevented Stage III/IV pressure ulcer avoids $25,000–$120,000+ in treatment costs and weeks of additional hospitalization.
- ✓ **Improved Functional Outcomes:** The nerve regeneration evidence (Raji & Bowden) and the ALS case documentation suggest Diapulse may support neurological recovery beyond symptomatic management. Even marginal improvements in motor or sensory function dramatically reduce lifetime care costs and dependency.
- ✓ **Staff Efficiency:** Hands-free, unattended operation means nursing and therapy staff can manage other patients during treatment. No patient repositioning required — the device treats through all immobilization hardware.

KEY FINANCIAL BENCHMARK

Clinical data projects **$65,000+ in annual savings per Diapulse® unit** through reduced treatment time, fewer interventions, and faster patient throughput.

In neurological and trauma settings with higher per-patient costs and longer stays, actual savings are likely substantially higher.

REGULATORY & SAFETY PROFILE

Regulatory Item	Detail
FDA Indicated Use	Palliative treatment of postoperative edema and pain in superficial soft tissues
Device Classification	Pre-amendment Class III device, formally grandfathered by the FDA on March 27, 1987 (21 CFR 890.5290). Indicated for adjunctive use in the palliative treatment of postoperative edema and pain in superficial soft tissues
Safety Record	No reported side effects or complications across decades of clinical use. Safe for any body area, any frequency of treatment, including neurologically compromised patients
Medicare / CMS Reimbursement	CMS established national coverage for electromagnetic stimulation therapy for chronic wound treatment in December 2003 (NCD CAG-00068N). Provides reimbursement pathway for SCI facilities managing chronic wounds alongside neurological rehabilitation
IP & Brand Ownership	Diapulse Technologies, LLC holds all intellectual property, brand assets, and 21 patents. First new devices built in 2025 in modernised solid-state design

Critical Safety Advantages for Neurological Patients: Diapulse's non-thermal mechanism is uniquely suited for neurological applications. Unlike transcranial electrical stimulation, deep brain stimulation, or thermal modalities, Diapulse delivers therapeutic energy without any thermal effect, electrical current through tissue, or surgical invasion. The pulsed delivery (off 25× longer than on) ensures zero risk of thermal damage to neural structures. The non-contact treatment head eliminates infection risk at surgical sites and avoids the need to reposition immobilized patients.

A LEGACY TRUSTED BY THE U.S. MILITARY & GLOBAL MEDICINE

The Diapulse prototype was developed in the early 1930s by Dr. Abraham J. Ginsberg, a physician, and Arthur Milinowski, a physicist. Dr. Albert Einstein, a close friend of Ginsberg, reportedly advised in the development of the treatment algorithms. The technology was commercialized in 1957 by Dr. Ginsberg and Dr. Jesse Ross, a biophysicist who co-founded the Bioelectromagnetics Society and served as a NASA consultant.

- **U.S. Military Validation:** The U.S. military's Tri-Service Research Program studied Diapulse in the 1950s and concluded it was safe and effective for treating combat injuries, including blast-related trauma.
- **Raji Nerve Study:** The Raji nerve regeneration study was conducted at a leading London research hospital, establishing the neurological repair evidence base.
- **Olympic Use:** The Olympic Committee ordered 100 Diapulse machines at each of five Olympic Games; thirty Olympic nations maintained their own devices.
- **Mayo Clinic Research:** Confirmed the polarized blood flow enhancement effect, with direct implications for cerebral and spinal perfusion.
- **Insurance Industry Validation:** Featured in the Journal of Insurance Medicine for cost-effectiveness — Mutual Benefit Life Insurance treated nearly 1,000 employees.
- **FDA Vindication:** After a 19-year FDA regulatory battle, the device was ultimately FDA-approved, vindicating the underlying technology.
- **Reborn 2023:** Diapulse Technologies, LLC established, acquiring all intellectual property, brand assets, and 21 patents. First new devices built in 2025 in modernised solid-state design.

SCHEDULE AN ONLINE MEETING WITH US

We would welcome the opportunity to host your neurology department leadership, neurosurgeons, physiatrists, and rehabilitation physicians for an exclusive online presentation — one that brings to life the remarkable history and compelling clinical outcomes behind Diapulse®.

This session is tailored specifically to your program, allowing your clinical team to evaluate the device's direct application within your neurological treatment protocols, spinal cord injury programs, and patient population.

DIAPULSE® TECHNOLOGIES, LLC

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Ron Peri, President & CEO | David J. Stob, Executive Vice President

APPENDIX: CLINICAL STUDIES & REFERENCES

Diapulse Technologies | Pulsed RF Energy — Verified Clinical Evidence Base | Updated: April 2026

> Disclaimer: PRFE vs. PEMF Terminology Clinical reports or publications that describe the Diapulse® device as employing Pulsed Electromagnetic Field (PEMF) therapy may contain inaccurate terminology. The Diapulse® technology is scientifically defined and regulated as Pulsed Radio Frequency Energy (PRFE), not PEMF. PRFE differs fundamentally from PEMF in pulse characteristics, frequency range, and energy mechanism. The Diapulse® system delivers short, high-peak pulses of non-thermal radio frequency energy. Any clinical references mislabeling PRFE as PEMF do not accurately represent the physics or regulatory classification of the Diapulse® device.

The following is a comprehensive index of published clinical studies, regulatory documents, and references relevant to neurological, head injury, and spinal cord injury applications of Diapulse® technology. PubMed links have been audited and verified as of Q1–2026. Entries without a verified public URL are available upon request from Diapulse Technologies, LLC.

#	Type	Study / Document	Year	Reference / Link
1	Clinical	Pulsed EM field effect on nerve repair — Raji & Bowden, J. Hand Surgery (nerve regeneration & remyelination)	1984	View → PMID: 6747406
2	RCT	Pulsed EM energy in ankle sprains (n=50, double-blind) — Pennington et al., Military Medicine (edema reduction)	1993	View → PMID: 8441490
3	RCT	Non-thermal pulsed EM on pressure ulcers in SCI patients — Salzberg et al., Ostomy Wound Manage.	1995	View → PMID: 7546114
4	Review	PRFE (Diapulse) for Drug-Free Pain Mgmt / Opioid Elimination — Sharon, Clin. J. Nursing Care	2019	*Available upon request from Diapulse Technologies, LLC*
5	RCT	Effects of Diapulse on wound healing: double-blind RCT — Goldin et al., Br. J. Plastic Surgery	1981	View → PMID: 7023583
6	RCT	Diapulse on decubitus ulcer healing (85% vs 0%) — Comorosan et al., Rom. J. Physiology	1993	View → PMID: 7982015
7	Clinical	Accelerated wound healing of pressure ulcers (n=22, 100% healed) — Itoh et al., Decubitus	1991	View → PMID: 1994961
8	Clinical	Treatment of hand injuries by pulsed EM energy — Barclay et al., Physiotherapy	1983	View → PubMed Search
9	Clinical	Effects of Diapulse on wound healing in experimental animals — Constable et al.	1971	View → PubMed Search
10	Meta	Meta-analysis of 186 PRFE studies — Guo, Kubat, Nelson & Isenberg, Annals of Surgery	2012	View → PMID: 22301609
11	Cochrane	EM therapy for treating pressure ulcers — Cochrane Review, Aziz & Bell-Syer	2015	View → PMC7138036
12	Review	Pulsed EM (short-wave) energy therapy — Goats, Br. J. Sports Med.	1989	View → PMID: 2670159
13	Research	Biological Effects of Pulsed High Peak Power EM Energy — Ross (Springer)	1991	*Book chapter — no PMID available*
14	Guideline	ACP Clinical Practice Guideline: Treatment of Pressure Ulcers (cites electrical stimulation) — Ann. Internal Med.	2015	View → PMID: 25732279
15	CMS	National Coverage Decision: Electrostimulation for Wounds — CMS.gov	2004	View → CMS NCD
16	Policy	Clinical Policy Bulletin: Pulsed EM Stimulation (#0175) — Aetna (references Diapulse)	Current	View → Aetna CPB 0175
17	Legal	US v. Diapulse Corp. (748 F.2d 56, 2d Cir.) — FDA regulatory legal history	1984	*Available upon request from Diapulse Technologies, LLC*
18	Press	Historic Healing Technology Returns: Diapulse Reintroduced in Solid-State Design — PRLog	2025	View → PRLog

The original Diapulse Corporation's published bibliography includes over 80 additional studies. Organizations are encouraged to request the complete bibliography from Diapulse Technologies, LLC.

DISCLAIMER: This document is for informational purposes only and is intended for neurologists, neurosurgeons, physiatrists, rehabilitation physicians, and clinical decision-makers. Clinical outcomes referenced herein are based on published peer-reviewed studies and documented clinical cases; individual patient results may vary based on injury severity, location, treatment protocol, and other factors. The ALS case described represents a single documented case and should not be interpreted as evidence of a general treatment effect for ALS without further clinical investigation. Diapulse® is FDA-indicated for palliative treatment of postoperative edema and pain in superficial soft tissues. All trademarks are property of their respective owners.