



AESTHETICARE MEDSPA

EMSCULPT NEO TREATMENT PROTOCOL

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EMSCULPT NEO QUICK REFERENCE GUIDE

Emsculpt Neo is a non-invasive procedure that directs electromagnetic energy and heat to the area which induces involuntary powerful muscle contractions. The body responds by creating muscle mass and fat loss therefore strengthening, toning, and firming the area treated.

Emsculpt was introduced in 2018 by the company BTL. BTL created Emsculpt because over a third of the body is made up of muscle, so it only makes sense to treat muscle esthetics as much as fat loss.

| | |
|------------------|-------------------------------|
| TREATMENT TIME | 30 minutes |
| TREATMENT SERIES | 4-6 treatments every 2-5 days |
| DOWNTIME | None |
| MAINTENANCE | 1 treatment every 2-6 months |

CONTRAINDICATIONS & CONCERNS

- Metal implants (including metal IUDs)
- Cardiac pacemakers, implanted defibrillators, implanted neurostimulators
- Drug Pumps
- Pulmonary insufficiency
- Malignant Tumor
- Fever
- Hemorrhagic Conditions
- Heart Disorders
- Epilepsy
- Recent surgical procedures (muscle contractions may disrupt the healing)
- Pregnant
- Cannot treat over hernia
- Lululemon leggings

TREATABLE CONDITIONS

- Builds muscle mass
- Lifts and tones the butt
- Strengthens the core
- Tones and sculpts abs/arms/legs

TREATABLE AREAS

- Abdomen
- Buttocks
- Biceps
- Triceps
- Legs



INTRODUCTION

EMSCULPT HISTORY

Emsculpt was introduced in 2018 by the company BTL. BTL created Emsculpt because over a third of the body is made up of muscle, so it only makes sense to treat muscle esthetics as much as fat loss.

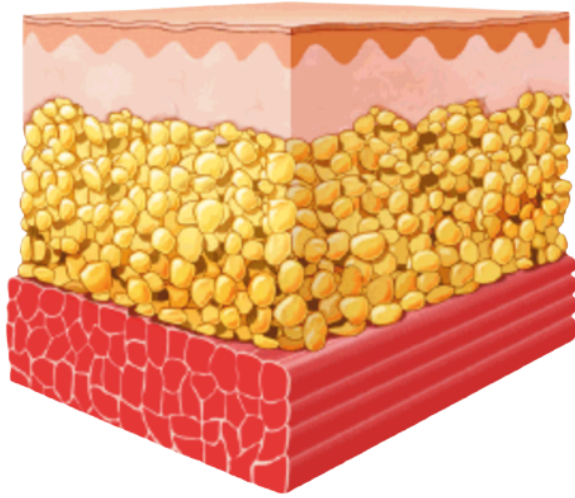
OVERVIEW OF EMSCULPT

Emsculpt is a non-invasive procedure that directs electromagnetic energy to the area which induces involuntary powerful muscle contractions. The body responds by creating muscle mass therefore strengthening, toning, and firming the area treated. Emsculpt is intended for improvement of abdominal tone, strengthening of the abdominal muscles, development of firmer abdomen, strengthening, toning and firming of butt, thighs and calves, improvement of muscle tone and firmness for strengthening muscles in arms.

THE SCIENCE: HOW TREATMENT WORKS

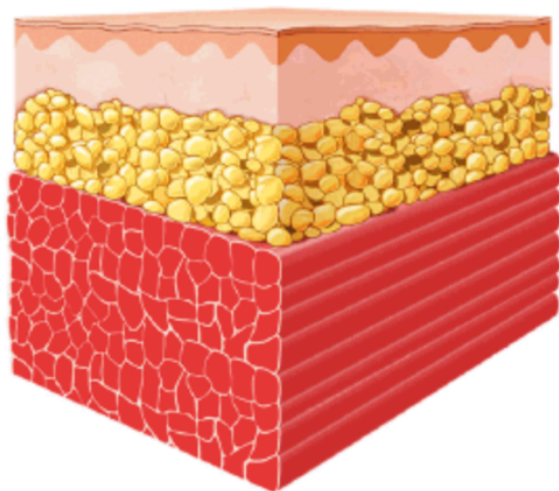
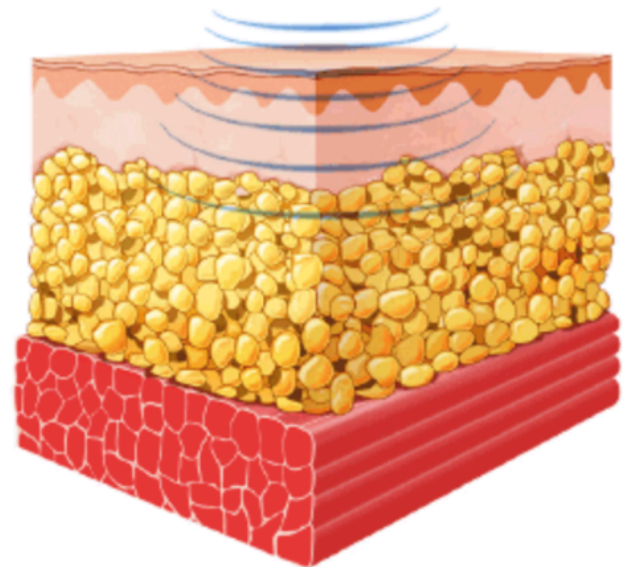
The non-invasive HIFEM® + RF procedure induces powerful muscle contractions and heat not achievable through voluntary contractions. When exposed to strong contractions, the muscle tissue is forced to adapt to such extreme condition. It responds with a deep remodeling of its inner structure that results in muscle building and sculpting your body.

SKIN HISTOLOGY



Skin, fat and muscle form your overall body appearance. The non-invasive HIFEM® (High Intensity Focused Electromagnetic) technology induces powerful muscle contractions not achievable through voluntary contractions.

When exposed to these contractions, the skin remains unaffected while the energy penetrates to fat and muscle layers. The muscle tissue is forced to adapt to such extreme conditions. Skin, fat and muscle form your overall body appearance. The non-invasive HIFEM® (High Intensity Focused Electromagnetic) technology induces powerful muscle contractions not achievable through voluntary contractions.



The body responds with a deep remodeling of its inner structure that results in muscle building and sculpting your body. The muscle tissue is forced to adapt to such extreme conditions.

CLIENT SELECTION

CONTRAINDICATIONS & CONCERNS

- Metal implants (including metal IUDs)
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- Drug Pumps
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TREATABLE CONDITIONS

- Builds muscle mass
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TREATABLE AREAS

- Abdomen
- Butt
- Biceps
- Triceps
- Legs

ADVERSE EVENTS

- muscular pain
- temporary muscle spasm
- temporary joint or tendon pain
- local erythema
- skin redness

EXPECTED OUTCOME

The treatment helps eliminate and remove fat cells from the body while also causing muscle growth through intense muscle contractions. Clinical studies have shown an average of 30% reduction in subcutaneous fat and a 25% increase in muscle thickness with EMSCULPT NEO.

| | |
|------------------|-------------------------------|
| TREATMENT TIME | 30 minutes |
| TREATMENT SERIES | 4-6 treatments every 2-5 days |
| DOWNTIME | None |
| MAINTENANCE | 1 treatment every 2-6 months |

RECOMMENDED PAIRED TREATMENTS

- Coolsculpting
- Exilis
- Intracel
- Skintyte
- Sofwave



EMSCULPT NEO TREATMENT EQUIPMENT/SUPPLIES

EMSCULPT TREATMENT EQUIPMENT

- Treatment bed or chair
- Emsculpt device with appropriate paddles
- Velcro belt/band to hold paddle applicator(s) in place

EMSCULPT TREATMENT SUPPLIES

- Disposable shorts if necessary
- Towel wrap if necessary

EMSCULPT NEO TREATMENT STEPS

PRIOR TO TREATMENT

1. Make sure all supplies are set up and ready for use before greeting
2. Greet client
3. Review client intake form & confirm any contraindications
4. Consent form reviewed and signed
5. Confirm that the photo release is signed
6. Confirm front desk has scanned into client's chart

TREATMENT PROTOCOL

1. Confirm & review procedure with client prior to laying down
2. Have client change clothes if needed. No metal jewelry, cell phone or metal on clothes, including Lululemon leggings
3. Have client lay down
4. Place paddle applicator on treatment area
5. Wrap velcro band around applicator to hold in place. The hose should point down to the toes.
6. Follow protocol appropriate area
7. Start with lower energy (30%) and high heat (80-100%)
8. During treatment check the clients comfort level and gradually turn up energy if client is comfortable. Goal is 100% without client being uncomfortable
9. During treatment, discuss retail products
10. Once treatment is finished, remove applicators and place back on machine
11. Have client change back into their clothes if necessary
12. Review post care
13. Give post care sheet

POST TREATMENT

1. Walk client to the front desk
2. Pull all appropriate retail products
3. Book next treatment
4. Book the follow up photo (recommended 30 days post treatment)
5. Thank the client
6. Chart on the client – include any personal notes for the next visit
7. Follow up call next business day (usually 24 hours post)
8. Check-in to see how client is doing & address any questions/concerns

HOW TO CLEAN/SANITIZE THE EQUIPMENT

1. Wipe down the applicator(s) used with hypochlorous acid or alcohol.
2. Wipe down the strap with alcohol.

ONBOARDING TRAINING SUGGESTIONS

TRAINING SUGGESTIONS

- Thoroughly review treatment protocol
- Verbal quiz with trainer
- Thoroughly review clinical training videos and documents found at btlsupport.com

ADDITIONAL RESOURCES

www.bodybybtl.com

www.btlsupport.com

www.mintaesthetics.com

EMSCULPT NEO CLIENT PAPERWORK

EMSCULPT CONSENT FORM

GENERAL PATIENT RECORD

| | | | |
|--------------|--|--------|--|
| Patient Name | | DOB: | |
| Phone: | | Email: | |

You are scheduled for a series of non-invasive treatments with the EMSCULPT NEO. The device is indicated for non-invasive lipolysis (breakdown of fat) of the abdomen and for reduction in circumference of the abdomen in Skin Types I to III. The device is also cleared for improvement of abdominal tone, strengthening of the abdominal muscles, development of firmer abdomen. Strengthening, toning and firming of buttocks, thighs and calves. Improvement of muscle tone and firmness, for strengthening muscles in arms. **Initials:** _____

Your treatment provider will discuss your specific treatment needs. The recommended number of treatments is 4. The treatment is typically about 20-30 minutes per session, with sessions separated by 5 to 10 days. Completing a full treatment series is necessary to maximize treatment efficacy. You may need additional treatments, depending on your goals. **Initials:** _____

Before the treatment, you are not required to do anything special, however, keeping your body well hydrated is strongly recommended. On the day of the treatment, you are advised to wear comfortable clothing, allowing flexibility for correct positioning during the treatment. You will be asked to remove all metallic accessories and electronic devices. **Initials:** _____

I acknowledge that a successful treatment outcome can be affected by smoking or excessive alcohol consumption and eating disorders or on-going medication. While no special diet is required, you are encouraged to eat healthy to help promote and maintain results. **Initials:** _____

The treatment does not require anesthesia. During the application, you will feel intense muscle contractions and heating sensation in the treated area. The procedure doesn't require any recovery time. Typically, you can get back to your daily routine right after the treatment. **Initials:** _____

I am aware NOT TO wear any metallic accessories (such as jewelry, watch or clothes containing metallic threads or metallic accessories) during the treatment. I also acknowledge that I do not have any metallic or electronic implants (such as pacemakers, defibrillators, metallic IUDs, etc.) **Initials:** _____

EMSCULPT NEO CONSENT FORM (CONT'D)

Please answer whether you currently have or have had any of the following*:

- | | | |
|--|------------------------------|-----------------------------|
| ▪ Metal or electronic implants | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Cardiac pacemakers, implanted defibrillators, implanted neurostimulators | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Drug pumps | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Pulmonary insufficiency | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Malignant tumor | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Cardiovascular diseases | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Disturbance of temperature or pain perception | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Septic conditions and empyema | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Acute inflammations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Systemic or local infection such as osteomyelitis and tuberculosis | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Contagious skin disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Elevated body temperature | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Pregnancy, post-partum period, nursing and menstruation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Basedow's disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Metallic IUD | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Hemorrhagic conditions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Heart disorders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Epilepsy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Recent surgical procedures (muscle contraction may disrupt the healing) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Areas of the skin which lack normal sensation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered YES to any of these questions, please specify:

Please answer the following:

- Have you been pregnant?
☐ C-section ☐ Vaginal birth
- Are you satisfied with the strength of your core muscles? ☐YES ☐NO
- Are you satisfied with the shape of your buttock? ☐YES ☐NO
- Are you satisfied with the tone of your arms? ☐YES ☐NO
- Are you satisfied with the tone of your calves? ☐YES ☐NO

Treatment considerations

- I am aware that the treatment cannot be applied over the head, heart and neck. **Initials:** _____
- I am aware that pregnancy is contraindicated, and pregnant women cannot undergo the treatment.
Initials: _____
- I am aware that as is the case with every heat-based therapy, in rare cases, an occurrence of localized overheating of tissue cannot be excluded. **Initials:** _____
- I am aware that the applicators must be in full contact with the bare skin. I am aware that no therapy can't be performed through clothing. **Initials:** _____
- I understand that there are certain risks associated with EMSCULPT NEO treatments and they include but are not limited to muscular pain, intramuscular fat decrease, temporary muscle spasm, temporary joint or tendon pain, local erythema or skin redness, increased menstrual flow in female patients and panniculitis*.
Initials: _____

- I understand that the treatment over injured or otherwise impaired muscles is contraindicated* **Initials:** _____
- I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks. **Initials:** _____
- I agree to before and after treatment photographs, measurements and weighing, as this will help for medical evaluation of the results of the treatment. Information will be acquired for medical records or marketing purposes. **Initials:** _____
- I understand the results may vary from person to person and that an exact result cannot be predicted. Completing a full treatment series is necessary to maximize treatment efficacy. It is very unlikely, but it is possible that you will not feel any recognizable result after the procedure. I acknowledge the results may not meet my expectations. **Initials:** _____
- I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure, and possible side effects. **Initials:** _____
- I have read the above information, and I request and give my consent to be treated with the EMSculpt Neo by the physician(s) in this practice and his/her designated staff. **Initials:** _____

My signature below indicates that the above information is accurate and current.

Patient's signature: _____ Date: _____

Witness (in print): _____

Signature: _____ Date: _____

Practice Name: _____

**For the full range of possible adverse effects and expected device-related treatment sequelae, consult your treatment provider.*

PHOTOGRAPHY/VIDEO RELEASE

Name:

Phone: DOB: / /

PLEASE READ AND COMPLETE THE FOLLOWING:

☐ I consent to having "Before" and "After" photographs be taken to track my personal journey.
initial

I acknowledge that I am (please check one):

☐ Over the age of 18

☐ Legal guardian for the following model (please list name below)

These photographs may be used for marketing purposes.

☐ Yes ☐ No

comments: _____

☐ I understand, by signing this form, I am allowing _____ to disclose photographs and/or video taken of me before, during, and after treatment. I understand that once my photographs have been disclosed, I grant _____ and its employees the irrevocable and unrestricted right to reproduce the photographs and/or video taken of me, or underage members of my family, for the purpose of training, promotion, advertising, or trade, in any manner or in any medium. I understand and agree that all photos or videos will become the property _____ and its affiliates/successors. I hereby irrevocably authorize _____ to edit, alter, copy, exhibit, publish, or distribute this media for any lawful purpose or use my before/after photography of treatment(s) performed. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

Client Signature Date: / /

Parent/Legal
GuardianSignature: Date: / /