



STURFER

TRAINING GUIDE



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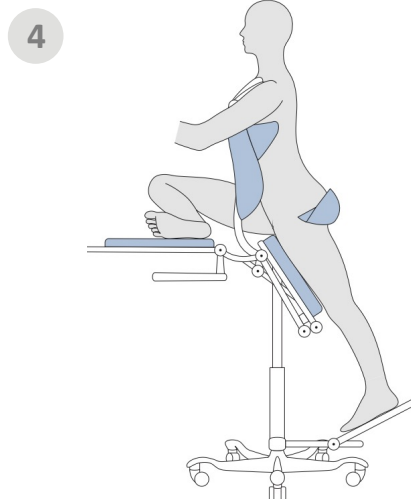
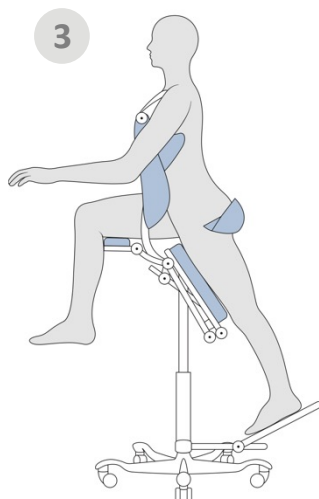
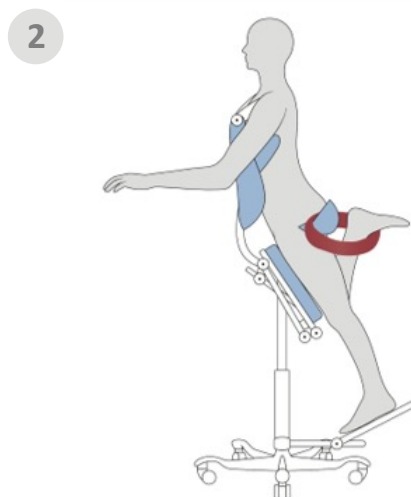
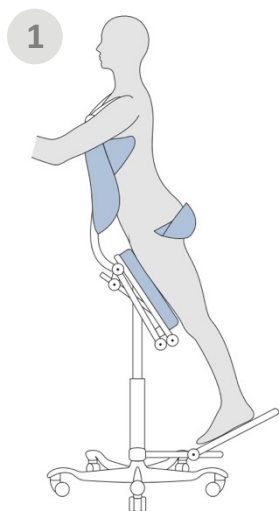
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IN ACCORDANCE USE

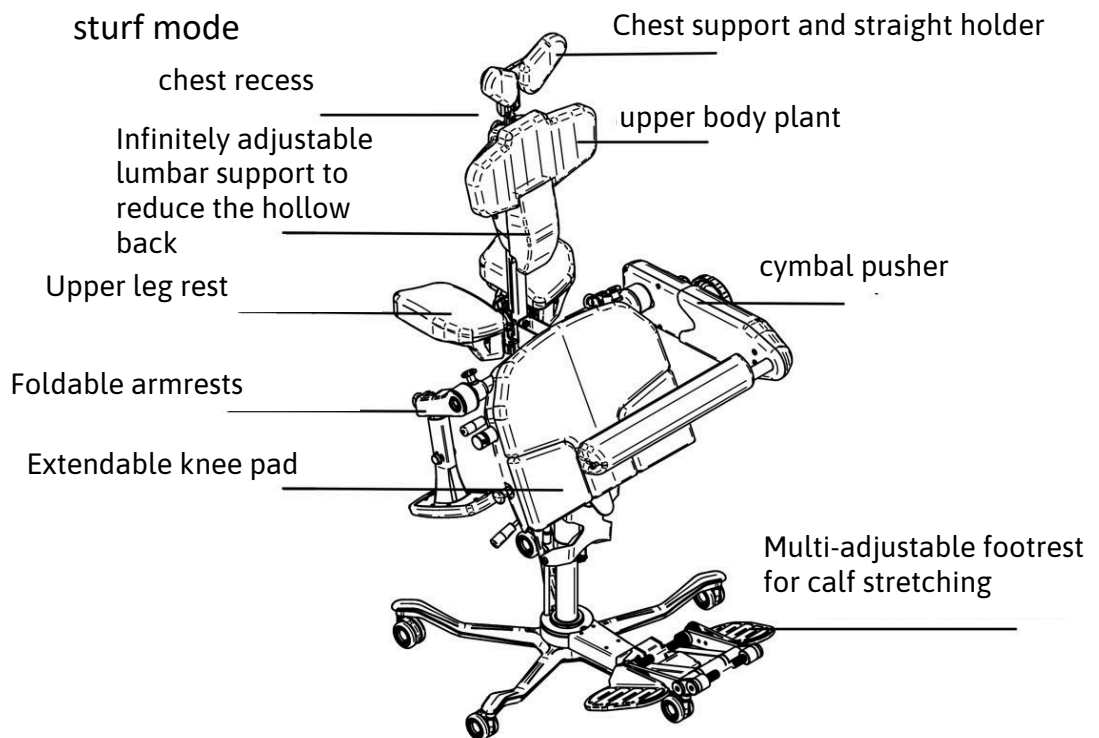
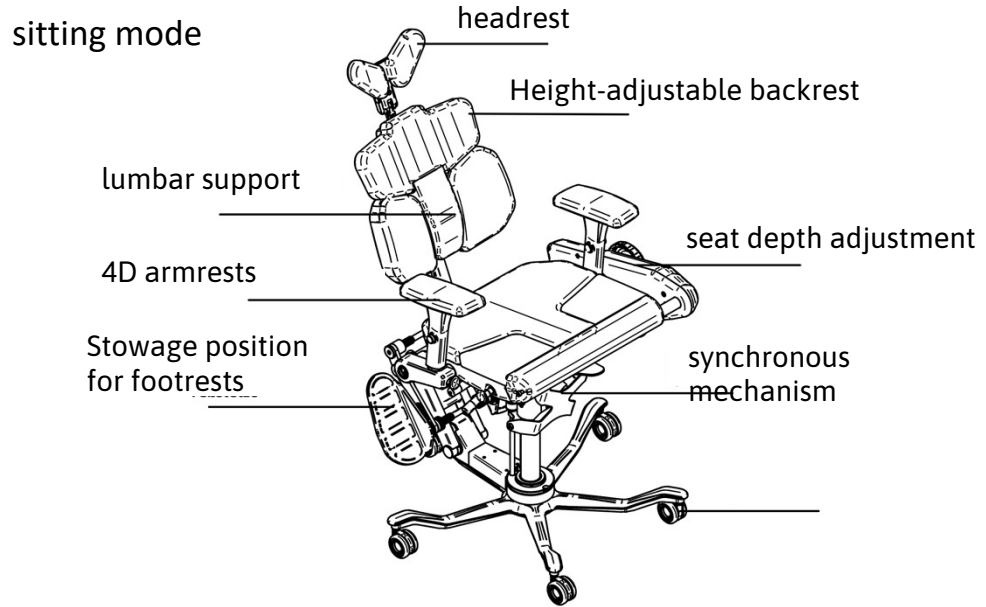
In seated mode, the STURFER is like an ordinary one to use an office chair.

In sturf mode, the STURFER may only of Figures 1-4 can be used.

Sturfing mode 37.5 & 50° accordingly.
Rocking is to be avoided in sturfing mode.



PART IDENTIFICATION



DANGER

no circumstances should the STURFER be used with a hip prosthesis in sturf mode.

TERMINOLOGY

sitting position	Using the sturfer while sitting as an office swivel chair
STURFER	product designation
sturfen	Use of the sturfer in sturfing position
sturf mode	sturf position of the Sturfer
sturf position	One of three positions in flipped-up mode (25°, 37.5° or 50°)
default position	25° Sturfposition (highest Sturfer position)
standard sturf position	25° Sturfposition (highest Sturfer position)
sling band	Harness sling for thigh stretching

QUICK START:

1. before sturfer (side away from the backrest)
2. Reach behind the seat with both hands (the backrest must be raised at least far enough for your hands to fit between them (if necessary, pull the second pull button from above and raise the backrest)
3. STURFER to the highest position (25° position) using the STURFER lever on the back of the STURFER . To do this, push the safety lever to the left with your right thumb and pull the climbing lever up. Now use both hands to pull the back of the seat straight up.
4. the footrest to the front of the sturfer (pull the lever) and place it exactly in the middle of one leg of the star base
5. Align the footrests 90° to the seat. For tall people, the foot pads are down. In the case of small people, the soles of the feet are at the top.
6. If the STURFER rolls back and forth too easily, the braking force of the rollers should be increased (turn the screws under the rollers to the LEFT)
7. Fold both armrests backwards.

9. The pelvic press is raised and aligned 90° to the seat, while pulling up the black side button on the back of the pelvic press.
10. The size is adjusted via the normal seat height adjustment. Little people bring the sturfer to the bottom, big people to the top.
11. Now you can get on from the side between the sturfer and the pelvic press, with the front of the upper body leaning against the backrest.
12. The feet are placed on the footrests
13. The height of the backrest can be adjusted using the second pull knob from the top on the back of the backrest. The height of the headrest for attachment to the chest can be adjusted using the top of the pull knobs
14. Fine adjustment of the headrest headrest is done using the gray push button on the side
15. After getting into the sturfer you should stand on your ten toes. The pelvic press is raised (one hand grasps the small black button on the cymbal press, the other hand reaches back and raises the pelvic press to just below the buttocks and then using the hand wheel to release pressure to an appropriate level buttocks pulled up.
16. To release the cymbal press, the red lever on the cymbal press is actuated.

FIRST TIME SETTING:

1. For the sturf position , the sturf is first brought into the highest position using the sturf lever (25° hyperextension of the hips). ([See operating instructions p.6](#))
2. before sturfing (side away from the backrest)
3. Reach behind the seat with both hands (the backrest must be raised at least far enough for your hands to fit between them (second pull button from the top on the backrest)
4. To do this, push the safety lever on the back of the seat (on the right as seen from the front) to the left with your right thumb and pull the Sturfing lever up. Now use both hands to pull the back of the seat straight up.
5. moved 180° to the front of the STURFER . ([See operating instructions p. 13](#))
6. The footrest element is positioned exactly in the middle over one leg of the base. Only there does it snap into the lower position. The footrest element should not come to rest between the sacrum.
7. The footrests themselves can be removed from the side via the push button (right and left) and can be used on both sides, they can be used from right to left as well as from above and below. The two-sided use is so that tall people can adjust them so that they are very close to the ground. Small people can bring the footrests further up.
 - a. Footrest angle: The angle of the footrests can be adjusted for 0, 9, 18 and 27° calf stretch.
 - b. Initial adjustment of the footrest angle: The angle should initially be 90° to the seat or thigh area. This is the case when the footrests point downwards in the direction of the center of the STURFER in the direction of the gas spring/star base, at an angle of about 25° (image). Later, the angle can be increased to set a stretch for the calf muscles, gradually flattening the angle.
8. Adjusting the brakes: The sturfer has patented braked castors. The rollers are preset for optimal braking of the STURFER . Before each use, check that the STURFER cannot roll away. A level surface must be selected for this purpose. If the STURFER rolls too easily, turn the screw on the underside of each roller counterclockwise with a suitable Phillips screwdriver until braking is sufficient (the further the screw is unscrewed, the stronger the braking). If the braking is too strong, the screw can be turned clockwise. ([See operating instructions p. 16](#))

SIZE ADJUSTMENT:

1. First, the footrest should be positioned as a base on one leg of the star base so that you can stand on it as close to the ground as possible. It can be stood on the elements both with and without shoes. Adhesive pads are included for use without shoes, which are glued to the footrests.
2. In the sturf position , the sturf is first brought into the highest position using the sturf lever (25° hyperextension of the hips). ([See operating instructions p.6](#))
3. Both armrests are folded back under a slight pull upwards ([see operating instructions p.12](#))
4. The sturfer is used in the sturfing position , exactly the opposite of sitting. The upper body leans against the backrest with the front. Leaning backwards is incorrect and not correct use of the sturfer .
5. The pelvic press (front part of the seat, [see page 4](#)) is raised. To do this, the rear black lever on the side must be pulled up at the same time. If the pelvic presser is to be moved down, the lever must be pressed down at the same time.
6. Using the seat height adjustment lever ([see page 4](#)), the STURFER is raised so far that the crotch is slightly above the rear edge of the seat. The crotch must remain free, but should not protrude too far beyond the back of the seat (top edge in this case).
7. The higher the step is above the rear edge of the seat, the more pressure is possible with the pelvic press. The smaller the person, the further the distance from the crotch to the back of the seat should be in the stumbling position .
 - a. The height of the upper leg rest can be adjusted.
 - a. Adjustment of the upper body system: There are 3 round pull buttons on the back of the sturfer and another hidden lower pull button . The middle pull knob regulates the height of the upper body and the height of the backrest. The backrest should be adjusted so that the breast or mammary glands are above the backrest (T-shaped).

8. The overlying V-shaped breast or headrest is adjusted up and down using the upper pull knob and should be above the breast or mammary glands. The chest support should be adjusted so that it is supported on the chest above the chest, but still below the collarbone, on the side next to the breastbone. There should be enough space around the neck.
 - a. The fine adjustment of the V-shaped chest and headrest is carried out using the gray button on the side and allows several directions of movement via two joints. Optimal for sturfering is a position that is very far towards the person, which is much closer to the person than the upper body system or the T-shaped backrest. The aim is to keep your upper body as straight and upright as possible. At first, due to the improvement in posture, there may be muscular pain in the chest and also in the thoracic spine, which will improve over time. To fine-tune the V-shaped chest system, the pressure on the chest system should first be relieved. It is important to ensure that it engages properly before leaning on the upper body.
9. Adjusting the pelvic press: The pelvic press can be used either on the right or on the left. To change sides, the respective gray pull lever on the back of the seat can be pulled (in each case at the very bottom). [\(See operating instructions p.7\)](#)
10. The pelvic press can then be pulled out of the holding tube.

ATTENTION: The pelvic press is heavy and must always be held with both hands after unlocking.

 - a. The pelvic presser is raised so that it is positioned in the gluteal crease below the buttocks at the junction of the buttocks and thighs to sit on it in a retracted position. Depending on your body size and the position of the pelvic press, it may make sense to initially pull the pelvic press slightly higher than the gluteal crease, and then sit on this pelvic press in tiptoe standing. To do this, it makes sense to first stand on tiptoe on the footrests, then lift the pelvic presser up to the gluteal crease and use the rotary wheel to pull it all the way up to the gluteal crease. Then pick up your tiptoe stand and stand with your feet on the footrests. **Attention:** The legs must always be in contact with the footrests. You may only sit on the pelvic press with contact to the footrests and only in at least a 2/3 retracted position.

11. Adjusting the lumbar support: The lumbar support provides support in both the sitting and squatting position. In the middle of the T-shaped backrest there is a lever on the underside with which the lumbar support can be continuously adjusted. (See [operating instructions, p. 10](#)) In the sturfer position, it can be extremely useful and is definitely recommended at the beginning to swing out the lumbar support as much as possible in order to reduce a hollow back (hyperlordosis) caused by pressure on the stomach. The pressure on the abdomen may only be so strong that, apart from a well-tolerable pressure, no pain occurs or can occur even after prolonged use. To retract the lumbar support again, the lower lever must be pulled and the lumbar support pressed from top to bottom.
12. Upper leg rest: For stretch positions in which one leg can be positioned forward, the lumbar sections or upper leg rest can be folded down. (See [operating instructions on page 11](#)) To do this, the metal lever on the back of the backrest or upper body system is lifted and held. The upper leg rest is thus released and guided by hand until it has reached its lowest position.
 - a. The end position of the upper leg rest can be adjusted. On the back of the metal strut of the backrest there is a chrome rail in which 2 screws are screwed and there is an opening without a screw. The open position indicates the location of the upper leg rest. If a different location is desired, remove the appropriate screw and screw into one of the other holes. (See [operating instructions p.12](#))
 - b. The higher the upper leg rest is set, the more pressure is possible with the pelvic press. For small people, the footrests can be positioned so that they raise the overall level to compensate for the height.
13. Using the upper leg rest: The leg on the open side of the pelvic press can now be lifted to the side and placed with the back of the thigh on the upper leg rest. The lower leg can hang down at the front. Like the lumbar support, this position prevents excessive hollow back (hyperlordosis).

14. The lower leg can be placed on the upper leg rest for stretching positions of the gluteal muscles such as the piriformis muscle and other muscles. To do this , pull the third gray pull lever from the top on the back of the T-shaped backrest to adjust the angle of the upper legrest laterally. [\(See operating instructions p.11\)](#)

Caution: This lever may only be operated if there is no leg and no load on the upper leg rest. The angle adjustment is used by less flexible people so that they can also put their legs down. The angle can then be reduced over time. When adjusting the angle , it may be useful to readjust the height of the upper leg rest as described above.

15. Stretching of the thigh muscles: This stretching may only be performed on one side at a time, the opposite side can then be stretched in the same way. To do this, in the sturf position on the corresponding side, pull out the knee support forwards using the gray pull lever on the front side of the seat (2 positions possible) and fold out the knee support . [\(See operating instructions p.16\)](#) The height should be adjusted so that the pelvis is straight when the knee is placed on it. This can be done using the two positions on the knee pad and, if necessary, also by adjusting the seat height (front red lever under the seat [\(see operating instructions, p. 5\)](#)) or by adjusting the position of the foot pad. The other leg must be stable on the footrest. Attention: Check the correct fit of the footrests beforehand.
16. The enclosed sling is positioned with the smaller of the two loops on the pelvic press fabric exactly behind the leg to be stretched. The buckle must point outwards. The initially opened sling is placed around the ankle and the leg is brought closer and closer to the buttocks or the pelvic presser by pulling on the long end. Caution: Only the included sturfer- certified stun strap with emergency release may be used!
17. Emergency release sling: In an emergency and to exit, pull the buckle up. It is an airplane seat buckle.

1. Emergency release cymbal press:
In the sturfering position, the red lever on the cymbal press can be actuated at any time. This releases the pressure on the buttocks, the pelvic press moves to its starting position and the sturf position can be left. ([See operating instructions p.8](#))
2. When returning the sturfer to the starting position, proceed in reverse order according to the quick start instructions
3. Footrest in 25-50-70° position

SAFETY INSTRUCTIONS:

The STURFER is designed for a **body height** of **150cm to 200cm** and a body weight of **120 kg maximum weight** and with this weight it is non-tilting. People weighing more than 120kg are not allowed to use the chair. An application if these body measurements are exceeded or not reached is not permitted.

People with **an artificial hip joint** (hip joint prosthesis, hip joint endoprosthesis) are **not allowed to use the STURFER** . A warning notice is attached to the sturfer.

The sturfer is intended for use on healthy, pain-free and athletically ambitious adults with regular anatomy of the bones, joints, muscles and tendons.

The product serves to maintain physical well-being or can improve, restore or support it.

the pressure on the kneecap is too high in the sturving position , the knee pad can be pulled down so that the kneecap is exposed.

The **angle of the pelvic press** can also be used to adjust the height.

In the initial phase, **avoiding a hollow back** when using the sturfer must be avoided at all costs. Please watch the video "Avoid a hollow back" at www.sturfer.com/instructions

In every sturving position , the hip joint is hyperextended. The overstretching angle can be adjusted with the Sturving lever attached to the back of the seat . The following positions are possible:

25° in the highest position

37.5° in the middle position

50° in the lowest position

The **strength of hyperextension** can be adjusted laterally using the handwheel on the pelvic presser.

Only set the stretch so weakly that only a very slight muscle pull can be felt.

Adjust the stretch only to such an extent that only a slight muscle pull is felt. As the stretching period increases, the stretching usually becomes noticeable even if no stretching is initially noticeable.

It is strongly **recommended to undergo therapy before using the sturfer** , to have the muscles to be stretched prepared by a therapist before each stretching position, using one of the following methods: elastopathy or elastopressure according to Dr. Behrendt, pain therapy according to Liebscher and Bracht (therapy by a therapist is required. YouTube exercises are not sufficient) or pain therapy according to Hock (not to be confused with the squat therapy or squat method). Precise instructions for therapists are available through training or online at www.sturfer.com . We strongly advise against self-treatment. Physiotherapy, physiotherapy, manual medicine, osteopathy, massage or other muscle treatments are not enough.

- Initially, do not stride for more than **3 minutes per surfing position** (we recommend 5 positions from the first day), so is 15 minutes on the first day.
- **Increase** each position by 3 minutes daily (Day 2: 6 minutes, Day 3: 9 minutes etc.)

You can find **video instructions** at www.sturfer.com/instructions

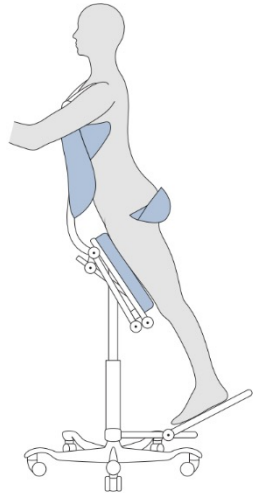
At the start of use and interruption of use of more than one week, the following must be observed:

1. The stretching must always be started in the top Sturfer position (25°). On the first day, the pelvic press should be brought very gently to the buttocks in the gluteal crease and the pressure should be kept low. The first day of use must not exceed 3 minutes in the sturfer position . The usage time can be increased daily by 3 minutes.
2. When getting out of the sturfer , contact with the sturfer must always be maintained until you have a secure footing, in order to be able to hold on to the sturfer if your legs are weak . In very rare cases, untrained people with significantly shortened muscles have noticed that their legs have fallen asleep because they have been stumbling for too long at the beginning . When descending, it is therefore always necessary to first check whether the legs are carrying the body, otherwise hold on tight and wait until the legs have woken up again.
3. After the 3 minutes in the standard 25° sturfer position , 2 additional exercises can be carried out on each side for 3 minutes each, stretching the front of the thighs with a shoring band and elevating the leg on the front leg rest, no matter in which position
4. From day 2, the additional 3 minutes allowed must first be assigned to the positions from number 3. Only when all 5 positions per day can be maintained for at least 3 minutes (total 15 minutes) may the duration in the standard 25° Sturfer position with both legs be increased.

To explain the order:

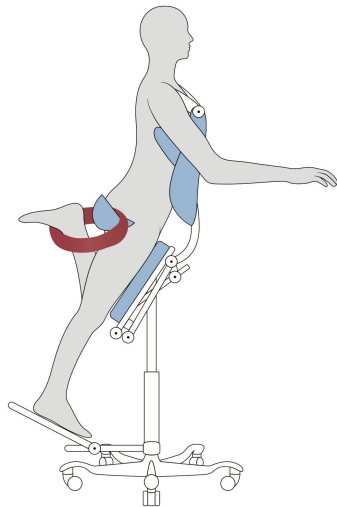
- 3 minutes standard 25° Sturfer position
- 3 minutes stretching of the front thighs with a stretch band on the right or left
- 3 minutes front thigh stretch with strap other side
- 3 minute stretch with right or left leg on upper leg rest, regardless of leg position
- 3 minutes stretch with other leg on top leg rest, no matter what leg position
- Further time increase 3 minutes per day at will. All 5 positions should be taken every day

**Exercise
1**



Sturfering in
highest
position (25°
position)

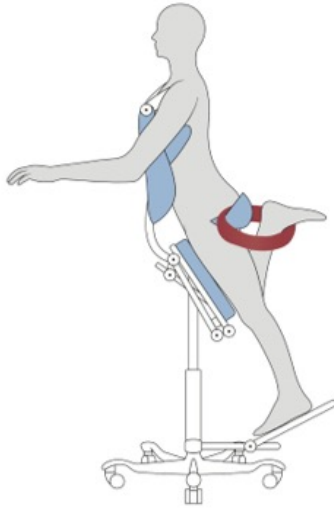
**exercise
2**



Sturfering with
the knee on
the left (use a
strap!)

exercise

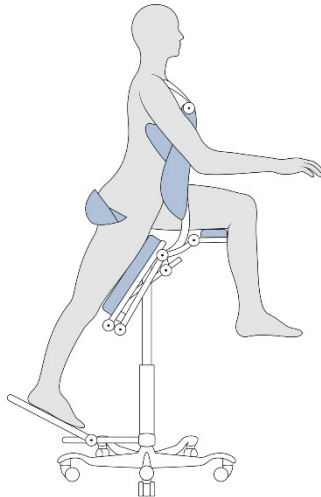
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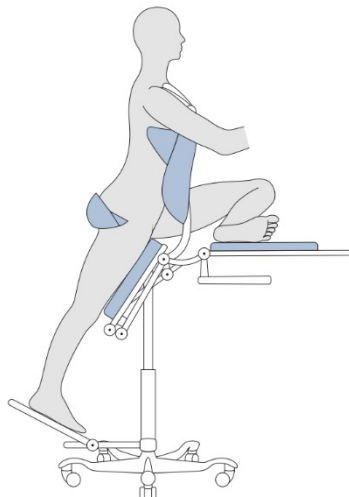
Sturfering with the knee on the right (use a strap!)

exercise

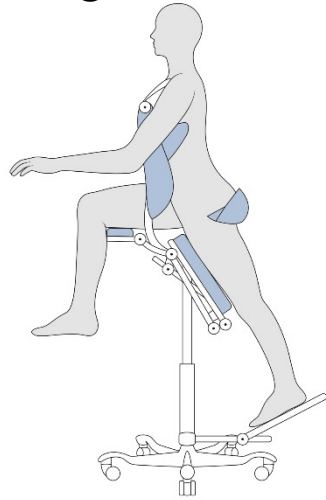
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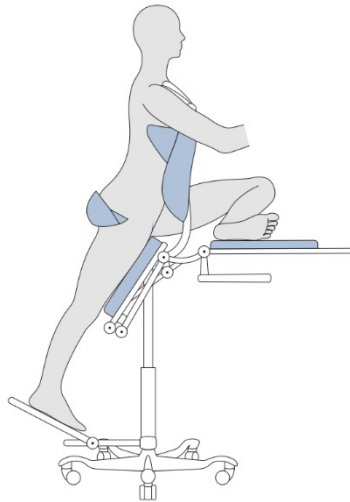
Step forward with left leg on upper leg rest; Lower leg hanging or laid on, no matter what angle



**exercise
5**



Step forward
with right leg
on upper leg
rest;
Lower leg
hanging or
front leg on
top, no matter
the angle



Exercise plan (suggestion)

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Ü1 3 min	U1 4 min	U1 5 min	U1 5 min	U1 5 min	U1 5 min	U1 5 min
U2 3 mins	U2 3 mins	U2 3 mins	U2 4 mins	U2 5 minutes	U2 5 minutes	U2 5 minutes
U3 3 mins	U3 3 mins	U3 3 mins	U3 4 mins	U3 5 minutes	U3 5 minutes	U3 5 minutes
U4 / U6 3 mins	U4 / U6 3 mins	U4 / U6 3 mins	U4 / U6 3 mins	U4 / U6 3 mins	U4 / U6 4 mins	U4 / U6 5 minutes
U5 / U7 3 mins	U5 / U7 3 mins	U5 / U7 3 mins	U5 / U7 3 mins	U5 / U7 3 mins	U5 / U7 4 mins	U5 / U7 5 minutes

Using the standing and stretching function requires a period of getting used to, which may take a few weeks. In this respect, the daily usage time should start with a few minutes and increase slightly daily to weekly.

Stretching in sturfer positions for too long can cause arms and legs to go to sleep or numbness. If the position is painful, eg due to pressure damage to a nerve, this position must be left immediately. Beware of falling when dismounting. After properly prepared muscles by the above procedures, such problems should not occur.

If the sturfer is used without any of the above-mentioned therapies being prepared, the musculature also allows for further stretching over the long term. However, we do not explicitly recommend this.

A feeling of numbness, falling asleep of extremities, a feeling of tingling or a short-term disturbance of muscle function can occur if the stretching is too long and too strong. The reason for this is usually a shortened and too thick (hypertrophic) muscle that can press on nerves during the stretching. In the same way, a painful pressure on a nerve can be caused by a position. In this case the position must be left immediately.

The sturfer must be slowly mounted and slowly exited in all sturfer positions. It is important to ensure that when you put your foot on the footrest, your upper body is already close to the backrest or upper body in order to have a central focus. Under no circumstances may the STURFER be climbed over the edges of the footrest or rocked on.

An initial increase in back pain is not uncommon for the first few weeks, can last up to 3 months, but should go away over time. In the case of a slight pain, the sturfer can usually continue to be used, although it is recommended to repeat the therapy and to carry out additional stretching exercises, which are recommended by the therapist and can also be found on the website www.sturfer.com. A doctor should be consulted if the pain is very severe or lasts for a long time.

In the beginning, special attention must be paid to preventing the hollow back (hyperlordosis) in the sturf position. Since the hip flexor muscle (psoas muscle) pulls the spine into a hollow back (hyperlordosis), and this pull is reinforced by stretching, the following rules for the sturfing positions must be observed, especially in the initial phase.

1. Before use, one of the above therapies must be carried out.
2. The duration of 3 minutes per day and increase of 3 minutes per additional day should not be exceeded.
3. Initial hip hyperextension should be as low as possible.
4. The pressure from the pelvic press should initially be as light as possible.
5. The front of the thigh should be stretched as the first stretching position. To do this, the knee pad must be folded out on one side, the length of the thigh adjusted and the lower leg pulled onto the pelvic press using only the sling with emergency release provided.
6. The duration of 3 minutes of use per day and the increase of 3 minutes per additional day should not be exceeded.
7. The lumbar support should be extended as far as possible in the slouching position without painful pressure on the stomach. If necessary, a pillow should be placed between the stomach and the lumbar support instead of the lumbar support or in addition.
8. One leg should be resting on the Upper Leg Rest, either with the lower leg hanging down or fully resting.

It is important to ensure that there is enough counter-pressure on the abdomen so that the spine is not pressed into a hollow back.

Not every possible stretch position is possible for every person.

Rocking is not allowed on the chair.

Appropriate athletic attire should be worn.

In an emergency, press the emergency release. The emergency release is located as a lever right next to the hand wheel on the side of the pelvic press and must be pushed up or down depending on the position (right or left). The pelvic press then extends immediately.

The feel-good function of the chair can be supported by stretching exercises. In the same way, the chair can maintain the stretching state achieved during a stretching exercise.

Stretching is also recommended as an additional exercise if there is no overstretching. The sturfer should not be used in the sturfer position on patients with hypermobility syndrome, i.e. overmobility. Signs of this can include hyperextensibility of the elbow and knee joints or reaching the forearm with the thumb tips when the hand is flexed. Likewise, the sturfer is not recommended for Ehlers-Danlos syndrome. In all unclear cases, a doctor should be consulted for clarification.

In the case of back pain that cannot be traced back to a treatable muscular cause, the STURFER should not be used without consulting a doctor, or the ability to sturf should be established before use, either through therapy, invasive measures such as injections, infiltrations or operations .

As a rule, the following principle applies: If one of the preparatory therapies mentioned and subsequent regular daily stretching exercises result in freedom from pain or low pain, the sturfer can be used to the same extent of movement as these exercises and the exercise can thus be taken over passively by the sturfer. The stretcher positions should not exceed the extent of the stretch position and the stretch time of the stretching exercise. If freedom from pain or low pain has been achieved through preparatory therapy and regular daily stretching exercises, the student could maintain this condition to the same extent through daily use.

A sturf attempt can usually still be made if:

- Arch closure disorder: This is a congenital problem in which the posterior vertebral arch is not closed. This leads to friction between the ends of the bones and often also to increased stress on the intervertebral discs, which can result in more herniated discs, even at a younger age. Sometimes the arch closure disorder must first be closed if there is corresponding pain.
- Vertebral arch fracture: The vertebral arch fracture (spondylolysis) is a fracture in the vertebral arch, which usually occurs on both sides and is often congenital. The fracture can also occur in the teenage years due to a weak point. The ends of the bones can rub against each other and cause pain, and vertebral slippage can also occur. It may be necessary to screw the vertebral arch fracture before Sturfing .
- Vertebral slippage (spondylolisthesis): As a result of a vertebral fracture, there is no connection to the vertebral joints, which can lead to the upper vertebra slipping forward (spinal slippage). The intervertebral disc cannot compensate for this offset and forms a false herniated disc, which can, however, pinch nerves. In this case, fixation of the vertebral gliding may be necessary first.
- Hypoplasia L 5: Even if the vertebra is too small, usually the lowest lumbar vertebra, two false herniated discs will develop. The reason for this is that the vertebrae are too small (hypoplasia), which is why the normal-sized intervertebral disc protrudes. It looks like a herniated disc.
- Disc prolapse: Herniated discs are very different, and the extent of the symptoms is also very different depending on the size of the prolapse, age, water content and location. Many slipped discs do not hurt at all and are not noticed. In the case of recent herniated discs and herniated discs that are still pressing on the nerve or in an unfavorable position on a nerve that radiates into the leg (e.g. sciatica pain), it is possible that the herniated disc is being pressed more on the nerve when you step on it . The prolapse should therefore first be treated or removed or the spontaneous healing should be awaited. You can start sturfing after about three months without pain at the earliest , ideally starting 2-3 years after a herniated disc. Even then, however, a herniated disc can still be present and cause problems.
- sturfen should be useful after preparation by a therapist as described above.

- **Lumbosacral transition disorders:** In the area of the lower lumbar vertebrae, congenital changes can exist on one or both sides. These are usually adhesions of the lower vertebra to the pelvis, which can lead to excessive wear of the overlying disc. One speaks here of sacralization , lumbarization or the Bertolotti syndrome . In individual cases, such an adhesion can be resolved, although this is usually not done as the sole operation, but usually when an operation is required anyway, such as when a herniated disc has to be operated on. The tension created by such a bone brace can lead to scoliosis (curvature of the spine), but it can also result in an increased hollow back. I once experienced impressively how a girl, for whom I had loosened such an adhesion, was four centimeters taller after the operation and had to change clothes because the braces had come loose, which had forced the spine into a serious incorrect posture.
- **scoliosis:** Scoliosis, i.e. the curvature of the spine, can be mild or severe. Even if those affected often suffer greatly from the curvature, in many cases it is not a reason for pain. In my opinion, in addition to the adhesions mentioned above, muscle pulls of different strength are responsible for the curvature. The bone grows faster than the shortened muscle relaxes, causing the curvature. Scoliosis does not preclude stumbling .
- **Spinal canal stenosis:** In the case of spinal canal stenosis, preparatory therapy is recommended. If the freedom from pain can then be maintained with stretching exercises, sturfer should be possible. After decompression of the spinal canal, sturfer can be tried and tested means of delaying or even preventing the development of spinal canal stenosis.
- **sturfer can be a very good option after spinal surgery,** provided the relevant damage has been repaired and provided there is no other condition such as spinal canal stenosis. As a rule, the cause of the back disease is not eliminated by the operations, which is why stumbling is recommended here in order to eliminate the cause of the disease. In these cases, however, I recommend prior therapy for muscle shortening through elastopathy and elastopressure .
- **Fractured vertebrae:** A vertebral fracture should always be allowed to heal first. The healing time is about three to six months.
- **Osteoporosis:** Thin and brittle bones are no reason not to climb . However, in the case of severe osteoporosis, it should be clarified with the doctor whether sturf is recommended.
- **Hip and knee joint prostheses:** the sturfer must not be used with a hip joint replacement. Use is possible for knee joint replacement.

Ask your doctor

When in doubt, you should always consult your doctor and ask him if there are any objections to stomping. However, keep in mind that many doctors and therapists do not yet know the basics of toning and making stretchable and elastic (elastopathy). Therefore, ask explicitly about the doctor's experience with these methods and, if in doubt, always get an opinion from a doctor who has experience with these methods.

Preparation of the stomping

In any case, it is advisable to prepare your muscles for surfing if possible. This can be done by a therapist, preparation by the user himself is also conceivable. Here it is necessary to first make the muscles to be stretched elastic. The following steps are useful here. First of all, all muscles involved should be pressed for a long time at their muscle attachment, then it would make sense to do stretching exercises at least for the first few days. It explains in detail which muscles need to be treated and which stretching exercises are recommended. The musculature should always be made elastic after longer breaks in stretching or after a longer period of non-use of the sturf. The ability of the muscles to stretch is only available for a few days after being stretched and then falls back in most cases. If you stretch regularly or use the sturfer regularly five days a week, stretching by pressing on the muscle attachment is not required on a regular basis. Nevertheless, it is advisable to occasionally press the muscle attachment again in order to exploit the full potential of the stretch.

Preparation by a therapist

In principle, it is possible for you to visit a physiotherapist of your choice. He or she should be able to carry out an appropriate therapy based on these instructions. From my point of view, however, a physiotherapist needs a certain amount of preparation time, since elastopathy and elastopressure of the muscles by pressing the muscle attachment is not part of the normal spectrum of treatment by a physiotherapist.

We will also offer onsite and online training for therapists to train them in this technique.

Nevertheless, the anatomical knowledge, i.e. the knowledge of the body structure, which the physiotherapist has is sufficient to carry out such a therapy. Plan around 60-90 minutes for a treatment. Treatment in a physical therapy session is not possible due to time constraints. You need about 3-6 sessions to have treated all muscles sufficiently. At the same time, you should be shown and checked for the stretching exercises.

There are therapeutic procedures that master such techniques. It would be possible to consult therapists who are either trained in pain therapy according to Liebscher and Bracht or in squat pain therapy. The Liebscher and Bracht method is a bit more common, especially due to extensive YouTube marketing. However, it should be pointed out here that repeating YouTube exercises is generally by no means sufficient, and that treatment by a trained therapist is required, especially since there is no preparation for pure stretching exercises. The squat pain therapy is somewhat more precise in individual points, but also has some disadvantages and can be recommended in particular if you do not achieve sufficient success with the pain therapy according to Liebscher and Bracht, since the squat pain therapy involves more precise diagnostics and additional muscle points be treated.

permanent stretch

In order to achieve ideal results, it is recommended to do the following exercise every day. Here too, repeated elastopressure of the muscle attachment points on the back would be useful.

Stretch instead of Sturfing

As an alternative to surfing, stretching exercises can be done. However, it is crucial that the exercises are carried out almost every day.

Elongation and time saving by Sturfing

Surfing makes the stretch comfortable and can be maintained for a long period of time. The tedious stretching is no longer necessary and sporty people can use their time for other sporting activities.

Lack of mobility due to stumbling?

sturfen can be misunderstood as an overly passive measure that encourages physical inactivity. At first glance, such a way of thinking seems understandable. On closer inspection, things look different. Chair manufacturers are observing that the adjustment options on chairs, apart from the height adjustment, are hardly used, which is why more modern chairs are increasingly becoming automatic chairs that can adjust themselves to the body weight. These chairs are purely passive. When Sturfing, one position must be consciously selected from various options, and the positions are switched over and over again. It is also a definitely different position than sitting in everyday life, in the car, at the dining table etc. Beginners in particular will find that physical activity and heart rate levels increase when sturfing as the body begins to rebuild its muscles and fascia. sturfen can initially be physically demanding for long periods of time for inexperienced people. Formerly crushed structures and cartilage can unfold again and absorb nutrients better, such as dietary supplements. The training condition of the body improves, which encourages further physical activity. sturfen is therefore also a motivator to break out of the downward spiral of sedentary lifestyle.

Damage from increased mobility?

Critics of stretching exercises like to point out damage that can result from increased mobility. First of all, it must be pointed out that all movements are only carried out within the framework of normal joint mobility. No joint should be forced by a piece of equipment or chair in a direction of motion that it cannot reach. Such methods are used in the medical field by therapists and also by motor-driven movement splints, for example after knee prosthesis operations, in which extremities are tied to devices with ligaments in order to increase mobility.

This is not the case with such a chair. The chair is primarily set in a position in which one can stand it well and it is up to each user to assume the position that is comfortable for them. For stretching, of course, a position that easily causes stretching pain is ideal. This pain could be described as feel-good pain. If the stretch hurts beyond that comfort, the stretch intensity should be reduced.

All studies that have been carried out so far have not carried out any elastopressure before stretching. In this respect, no study - neither a positive nor a negative one - says anything about what it would be like if an elastopressure had been carried out beforehand.

Finally, it is also stated that damage to the intestinal area can occur in the abdominal area. This assumption is also unfounded, because no high pressure is built up, but the pressure corresponds to that which occurs when you lie on your stomach in bed and put a pillow under your stomach.

CLEANING

- Clean with a cloth slightly moistened with water (possibly a commercially available dishwashing liquid/water mixture is also permissible)
- Do not use aggressive cleaning agents (if in doubt, test on an inconspicuous area)

A NOTICE

Only trained personnel may replace and work on the seat height adjustment elements.

A NOTICE

For safety reasons, care must be taken that the rollers are on the floor in an unloaded state of the application area does not slip.

More explanations and videos for use, see www.sturfer.com

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Detailed instructions for using the sturfer :



sturfer.com



VIDEO INSTRUCTIONS