Scope, safety and evidence statement

This book is an educational decision-support reference for practitioners. It is not a diagnostic system, medical protocol, exercise prescription, or proof that bioresonance/NLS improves strength, endurance, tissue healing, hormones or athletic performance. Sports-medical diagnoses and treatment decisions require appropriately qualified professionals. Device displays and etalon similarities are not equivalent to laboratory tests or objective physiological measurements.

An established sports-science finding is not evidence that an NLS device measures, detects or corrects the same phenomenon. For example, sleep can affect athlete recovery [3], but an NLS sleep-related label cannot independently establish sleep quality. Anatomical names in a software library are educational navigation references, not verified measurements of that organ.

Evidence key

Label	Meaning	Examples
Established sports-science context	Supported by relevant consensus, systematic review or accepted physiology	Load monitoring, sleep history, REDs assessment [1,3,4]
Device concept	A feature or label that may exist in some NLS software	Etalons, entropy displays, comparative scanning
Unvalidated claim	Clinical effect or physiological measurement not demonstrated by adequate evidence	NLS-based hormone quantification or collagen alignment

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How to use the expanded manuscript

Start with Chapters 1–3 for the evidence and safety framework, then use the five core profiles in Chapters 4–8. Chapters 9–26 provide physiology, sport contexts and case reasoning; Chapters 27–33 contain the reference atlases and illustrated decision pathways; Chapters 34–37 cover device-term verification and practice exercises. Appendices A–H provide worksheets, references, a source crosswalk and a final independent-review register.

EDITION NOTES | Research references, documented interpretation boundaries, practitioner worksheets, and an alphabetically indexed reference atlas.

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PART I — THE EVIDENCE-FIRST ATHLETIC FRAMEWORK

Chapter 1 • What an athletic practitioner actually needs to know

1.1 An athlete is an adapting system

Athletic capacity is shaped by repeated training stress and recovery over time. The same training session can be productive for a well-recovered athlete and excessive for a fatigued one. Training response must therefore be interpreted alongside the athlete's prior load, sleep, nutrition, stress, health, injury history and sport-specific demands. The IOC recommends monitoring both the external work completed and the individual's internal response rather than relying on a single marker [1,2].

1.2 External and internal load

External load: work performed	Internal load: response
Running distance, cycling duration, total training sessions	Perceived exertion (RPE), fatigue and mood
Power output, lifting volume, match minutes	Heart-rate response where appropriate
Changes in competition or training schedule	Muscle soreness, sleep, perceived recovery

No single indicator reliably proves overtraining, impending injury or recovery readiness [1,5]. A practitioner can help the athlete build a coherent history, recognise patterns and seek appropriate support without assigning medical meaning to unsupported signals.

1.3 The fundamentals worth tracking

- Training: sport, sessions per week, intensity distribution, recent changes and key competitions.
- Recovery: sleep duration and quality, rest days, travel, fatigue and soreness.
- Nutrition and hydration: food availability, meal timing, sport demands and access to a sports dietitian.
- Health: symptoms, medical diagnoses, medications, recurring illness, injury history and existing professional guidance.
- Psychological context: stress, competition worries, life events, confidence and social pressures.

1.4 Key safety priorities

Escalate acute chest pain, unexplained fainting, severe shortness of breath, serious injury, suspected concussion, new focal weakness, or other urgent symptoms to emergency or qualified medical care as appropriate. Recurrent bone-stress injuries, menstrual changes, rapid weight loss, marked fatigue or disordered eating may indicate an energy-availability problem and warrant qualified assessment [4]. These are not matters to resolve by choosing an NLS target.

1.5 Why recovery is not one intervention

Recovery includes sleep, adequate energy and fluid intake, training-load decisions, psychological well-being and medical care where required. A device-centred session cannot replace these foundations. Sleep consensus guidance emphasises individual needs, screening for sleep difficulties, and attention to travel, workload and stress [3].

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Chapter 2 • Universal NLS device literacy and translation

2.1 The device-independent principle

A universal manual does not prescribe button sequences. It begins with the question the practitioner is trying to understand, then lists possible software-library terms. One device may display an anatomical model and etalon comparison, another may use a different naming system, scoring range or procedure. There is no basis to treat the scores as interchangeable across brands.

2.2 Separate three information lanes

Lane	What belongs here	How it may be used
A: Client-reported	Symptoms, fatigue, sleep, stress, goals	History and repeated patient-reported tracking
B: Independently measured	Training logs, clinician tests, laboratory values, physical assessments	Evidence interpreted by appropriately qualified professionals
C: NLS software observations	Etalon names, graphical indicators, entropy labels and stored comparison results	Documented as device output, not diagnostic confirmation

Never turn a software comparison into a laboratory result. Cortisol, creatine kinase, testosterone and neurotransmitters are physiological or biochemical terms; an NLS-labelled etalon does not quantify them. Likewise, an anatomical screen cannot confirm inflammation, lymphatic obstruction, tissue tears or neural dysfunction.

2.3 Cross-device language map

Universal concept	Possible device-library words	Caution
Anatomy	Organ, tissue, anatomical model, topography	Presence of a label is not evidence of organ pathology
Comparison library	Etalon, reference, spectrum, sample	Scores depend on software; not lab concentrations
Graphical output	Entropy, index, coefficient, colour, indicator	No universal validated interpretation
Intervention menu	Meta-therapy, resonance, imprinting, harmonisation	Features and claims differ; efficacy cannot be assumed
Repeat session	Dynamic observation, comparison, follow-up	Technical repeatability and clinical validity require separate evidence

2.4 A minimum documentation rule

Record device name, model, software version, library version, session conditions and the exact on-screen term. Do not translate a score from one manufacturer into another manufacturer's scale. If a referenced feature does not exist on a device, omit it rather than pretending a substitute is equivalent.

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4.8 Worked assessment: the baseline after an easier training week

Fictional teaching example. A 26-year-old club swimmer completed five pool sessions last week rather than the usual seven because of university examinations. She reports eight hours of sleep on most nights, good energy and no pain. At her first visit she asks whether NLS can confirm that she is ready to race. The device shows a prominent “motor cortex” item.

Reasoning: there is no independent evidence of a neurological problem. The context actually suggests a temporary change in training exposure. The practitioner does not interpret the motor-cortex label as a cognitive deficit or as proof of race readiness. With consent, the notes describe the training week and her readiness question. Competitive readiness is discussed with her coach and relevant sports professionals, using performance, workload and symptom information appropriate to their roles.

Model answer and follow-up

“We can document your current training and well-being and, if you wish, store the software image as an NLS reference. It cannot certify neurological function or predict a race result. A useful follow-up would compare your chosen training indicators under known conditions.”

- Check that the athlete understood the limits of the device and retained control of her data.
- Avoid claiming a physiological improvement if the second session simply takes place after better sleep or during a taper.
- A new chest-pain, fainting or unexplained breathing complaint overrides the baseline exercise and requires medical assessment.

4.9 Editorial decision checkpoint — what is actually comparable?

A baseline is meaningful only when the comparison conditions are documented. Before interpreting a change, record the sport, recent training and competition, days since hard exercise, sleep, travel, medications or illness, measurement method and the athlete's own perception of effort. A ‘healthy’ label does not imply a flawless scan; it describes the athlete's presenting circumstances.

Keep two records: (1) independently collected athlete indicators, such as session-RPE, performance or validated well-being measures, and (2) optional NLS software outputs. A later device colour or entropy shift is not proof of physiological adaptation. If repeatability of the device observation is unknown, explicitly write 'exploratory, not interpretable as a quantified change'. This prevents a baseline from becoming a false health certificate. [1,23]

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