As part of the DJOTM family, Aircast® remains committed to improved medical outcomes through the use of innovative medical technologies and sound scientific methods. For over 30 years, Aircast has helped medical professionals worldwide provide functional treatment options for their patients.

By using the concept of “Functional management” as the principal behind innovative product designs, Aircast pioneered the functional management of ankle sprains using patented technology and graduated, pneumatic compression.

Applying the science of graduated, pneumatic compression and advanced technology as a platform, Aircast has a range of products designed to improve patient care.

DJO’s commitment is to continue providing scientifically-based, innovative solutions to improve medical outcomes, help enhance patient quality of life, and achieve total customer satisfaction.
<table>
<thead>
<tr>
<th>Lower Extremity Brace</th>
<th>Cryo-Compression Therapy (Cryo/Cuff™)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air-Stirrup® Ankle Brace</td>
<td>Cooler</td>
</tr>
<tr>
<td>Air-Stirrup® Universe™</td>
<td>Cooler Hanger</td>
</tr>
<tr>
<td>Dorsal Night Splint</td>
<td>AutoChill® System</td>
</tr>
<tr>
<td>AirLift™ PTTD Brace</td>
<td>Foot</td>
</tr>
<tr>
<td>AirSport®/AirGo™</td>
<td>Ankle</td>
</tr>
<tr>
<td></td>
<td>Knee</td>
</tr>
<tr>
<td>Walking Brace</td>
<td>Knee SC (without cooler)</td>
</tr>
<tr>
<td>XP Pneumatic Walker™</td>
<td></td>
</tr>
<tr>
<td>SP Pneumatic Walker™</td>
<td>Calf</td>
</tr>
<tr>
<td>FP Pneumatic Walker™</td>
<td>Thigh</td>
</tr>
<tr>
<td>Achilles Walker</td>
<td>Elbow</td>
</tr>
<tr>
<td>XP Pneumatic Walker™ Diabetic System</td>
<td>Shoulder</td>
</tr>
<tr>
<td></td>
<td>Back/Hip/Rib</td>
</tr>
<tr>
<td>Upper Extremity Brace</td>
<td>Vascular Systems</td>
</tr>
<tr>
<td>StabilAir™</td>
<td>VenaFlow® System</td>
</tr>
<tr>
<td>Mayo Clinic Elbow Brace</td>
<td>VenaFlow® Cuffs (Calf, Foot, Thigh)</td>
</tr>
<tr>
<td>A2™ Wrist Brace</td>
<td>Disposable Calf Cuff Cover and Reusable Aircell</td>
</tr>
<tr>
<td>ARC™ Forearm Rotational Brace</td>
<td>ArterialFlow® System</td>
</tr>
<tr>
<td>Arm Immobilizer</td>
<td>Knee Brace</td>
</tr>
<tr>
<td>Armband</td>
<td>Knee Immobilizer</td>
</tr>
<tr>
<td></td>
<td>Knee Tester (Rolimeter™)</td>
</tr>
<tr>
<td></td>
<td>AirLimb</td>
</tr>
<tr>
<td></td>
<td>CMF OL1000 Bone Growth Stimulator</td>
</tr>
</tbody>
</table>

MAYO, MAYO CLINIC, and MAYO CLINIC ELBOW BRACE are trademarks of MAYO Foundation for Medical Education and Research.
Lower Extremity Brace

Ankle sprain is a ligament injury. The major movements of the ankle - plantarflexion and dorsiflexion can be maintained after sprain and should not be restricted. Current American Academy of Orthopaedic Surgeons & American Academy of Family Physician guidelines for ankle sprain management\textsuperscript{1-3} discourage complete immobilization e.g. by cast and recommend the use of removable, functional ankle brace, which reduces swelling and pain, encourages early mobilization 2-3 days post-injury, speeds up recovery while protecting the injured ligaments.

Numerous studies have shown that Aircast Air-Stirrup is the standard of care for acute ankle sprain:

- Protect the injured ankle by effectively restricting inversion/eversion while allowing full range of motion for the ankle joint (Alves 1992)
- Reduce swelling by 60% within 5 days\textsuperscript{4} (Kerkhoffs 2007)
- Allow fully return to work and sports 8-13 days earlier\textsuperscript{5-6}
- Is superior than cast in terms of functional recovery, quality of life, lower risk of complications and 50% lower in treatment cost\textsuperscript{1-6} (Sommer 1993, McGrew 2003, Beynnon 2006, Lamb 2009).
- A Cochrane review (>850 subjects) shows that Aircast Air-Stirrup\textsuperscript{®} Ankle Brace is the more effective than other external support (Kerkhoffs 2007).

1. AAOS Co-Developed by the American Orthopaedic Foot and Ankle Society, March 2005  
6. Kerkhoffs GMMJ et al., The Cochrane Library, 2009, Issue 1  
Refer to page 9 for other references
**Air-Stirrup® Ankle Brace**

- Anatomical shells, designed for the left or right leg, to provide protection, comfort and inversion/eversion prevention.
- Patented Duplex™ aircell system to reduce swelling and pain by enhanced circulation.
- Pre-inflated aircells for easy application.
- Streamlined to fit in shoes for early protected weight bearing.

**Air-Stirrup II®**

- Same support and protection as the classical Airstirrup.
- The aircell is enhanced with a spacer mesh liner that provides additional comfort and air circulation.
- New “step-in” strapping configuration allows for easy application and more uniform pressure around the ankle.

**Indication:** Acute injury; Post-op; Ankle sprains grade I, II, III; Chronic instability

**Description**

<table>
<thead>
<tr>
<th>Description</th>
<th>Patient Height</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>&lt;5'2” (&lt;1.57 m)</td>
<td>02CL</td>
<td>02CR</td>
</tr>
<tr>
<td>Medium</td>
<td>5’2”–5’6” (1.57–1.67 m)</td>
<td>02BL</td>
<td>02BR</td>
</tr>
<tr>
<td>Large</td>
<td>&gt;5’4” (&gt;1.62 m)</td>
<td>02AL</td>
<td>02AR</td>
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<tr>
<td>Paediatric</td>
<td>little children</td>
<td>02JL</td>
<td>02JR</td>
</tr>
</tbody>
</table>

**Indication:** Acute injury; Post-op; Ankle Sprains (grade I, II, & III)

**Description**

<table>
<thead>
<tr>
<th>Description</th>
<th>Patient Height</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>&lt;5'2” (&lt;1.57 m)</td>
<td>02VSL</td>
<td>02VSR</td>
</tr>
<tr>
<td>Medium</td>
<td>5’2”–5’6” (1.57–1.67 m)</td>
<td>02VML</td>
<td>02VMR</td>
</tr>
<tr>
<td>Large</td>
<td>&gt;5’4” (&gt;1.62 m)</td>
<td>02VLL</td>
<td>02VLR</td>
</tr>
</tbody>
</table>
Air-Stirrup® Universe™

- Patented Duplex aircell system to reduce swelling and pain by enhanced circulation.
- Universal size

Leg Brace

- Provides functional management of stress fractures and stable fractures of the lower leg.
- Can be ordered alone or with an optional Anterior Panel for additional tibial protection.
- Long sock included.

<table>
<thead>
<tr>
<th>Description</th>
<th>Patient Height</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air-Stirrup Universe</td>
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</tr>
<tr>
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<td>&lt;5’2” (&lt;1,57 m)</td>
<td>03CL</td>
<td>03CR</td>
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<tr>
<td>Small with Anterior Panel</td>
<td>&lt;5’2” (&lt;1,57 m)</td>
<td>03DL</td>
<td>03DR</td>
</tr>
<tr>
<td>Medium</td>
<td>&gt;5’2” (&gt;1,57 m)</td>
<td>03AL</td>
<td>03AR</td>
</tr>
<tr>
<td>Medium with Anterior Panel</td>
<td>&gt;5’2” (&gt;1,57 m)</td>
<td>03BL</td>
<td>03BR</td>
</tr>
</tbody>
</table>

Indication: Ankle sprains; chronic ankle instabilities

Indication: Stress fracture; Stable fracture
**A60**

- Provides a superior combination of effective support and protection, comfort and simplified application.
- The patented A60 stabilizer molded at a 60 degree angle on both sides of the ankle guard against inversion.
- Breath-O-Prene® material, ensures that the wearer stays comfortably cool and dry.
- Light-weight anatomic design easily fits in athletic footwear.
- Applied and adjusted with a single strap - replacing time-consuming lacing and costly, repetitive taping.

**Indication:** Chronic ankle instabilities; Support and protection for ankles; Prophylaxis

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size (US)</th>
<th>Shoe Size (Europe)</th>
<th>Shoe Size (UK)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>≤7</td>
<td>≤40</td>
<td>≤6.5</td>
<td>02TSL</td>
<td>02TSR</td>
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<tr>
<td>Medium</td>
<td>7.5-11.5</td>
<td>41-44</td>
<td>7-10.5</td>
<td>02TML</td>
<td>02TMR</td>
</tr>
<tr>
<td>Large</td>
<td>12+</td>
<td>45+</td>
<td>11+</td>
<td>02TLL</td>
<td>02TLR</td>
</tr>
</tbody>
</table>

**AirSport™**

- Incorporates proven Air-Stirrup® Ankle Brace features with additional compression and stabilization provided by the AirSport’s patented ATF cross-strap and integral midfoot and shin wraps.
- The unique “step-in” design (toes first into the back of the brace) and automatic heel adjustment simplify application.

**Indication:** Acute ankle sprain; Post-op (tendon rupture and ankle fracture); Chronic instability; Prophylaxis

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size (US)</th>
<th>Shoe Size (Europe)</th>
<th>Shoe Size (UK)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>XSmall</td>
<td>≤5</td>
<td>≤36</td>
<td>≤3.5</td>
<td>02MXSL</td>
<td>02MXSR</td>
</tr>
<tr>
<td>Small</td>
<td>5.5-7</td>
<td>37-40</td>
<td>4-6.5</td>
<td>02MSL</td>
<td>02MSR</td>
</tr>
<tr>
<td>Medium</td>
<td>7.5-11</td>
<td>41-44</td>
<td>7-10.5</td>
<td>02MML</td>
<td>02MMR</td>
</tr>
<tr>
<td>Large</td>
<td>11.5-13</td>
<td>45-47</td>
<td>11-13</td>
<td>02MLL</td>
<td>02MLR</td>
</tr>
<tr>
<td>XLarge</td>
<td>13.5+</td>
<td>48+</td>
<td>13.5+</td>
<td>02MXLL</td>
<td>02MXLR</td>
</tr>
</tbody>
</table>
**Dorsal Night Splint**

- Optimal dorsiflexion adjustment for custom stretch and optimal comfort for pain relief from Plantar Fasciitis.
- Easy application with flexible hinge design and three-point pliable softgood adjustment.
- Secure fit with optional assist strap.

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/M</td>
<td>Men: 5 - 9 1/2</td>
<td>Women: 6 - 10 1/2</td>
</tr>
<tr>
<td>L/XL</td>
<td>Men: 10 - 14</td>
<td>Women: 11 - 15</td>
</tr>
</tbody>
</table>

**Indication:** Plantar Fasciitis

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**AirHeel™**

- Aircells located under the foot arch and in the heel area transfer air with every step, creating pulsating compression that reduces swelling and enhances circulation.
- Reduces plantar pressure and provides fast pain relief.
- Just slip it on like a sock and adjust the fit with one strap.

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>man: ≤7</td>
</tr>
<tr>
<td></td>
<td>(US) (Europe)</td>
</tr>
<tr>
<td>Medium</td>
<td>man: 7.5-11.5</td>
</tr>
<tr>
<td></td>
<td>women: 9-13</td>
</tr>
<tr>
<td>Large</td>
<td>man: 11.5+</td>
</tr>
<tr>
<td></td>
<td>women: 13+</td>
</tr>
</tbody>
</table>

**Shoe Size**

<table>
<thead>
<tr>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>09A-S</td>
</tr>
<tr>
<td>09A-M</td>
</tr>
<tr>
<td>09A-L</td>
</tr>
</tbody>
</table>

**Indication:** Achilles tendonitis; Plantar fasciitis; Heel pain
**AirLift™ PTTD Brace**

- Adjustable arch aircell for individualized support and comfort.
- Anatomically designed shells for secure ankle stability.
- Rear entry design and simple two strap application promote ease of use and compliance.

<table>
<thead>
<tr>
<th>Description</th>
<th>(US)</th>
<th>(Europe)</th>
<th>(UK)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>man: &lt;7</td>
<td>≤38</td>
<td>≤7</td>
<td>02PSL</td>
<td>02PSR</td>
</tr>
<tr>
<td></td>
<td>women: &lt;8.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>man: 7.5-11</td>
<td>39-42</td>
<td>8-10</td>
<td>02PML</td>
<td>02PMR</td>
</tr>
<tr>
<td></td>
<td>women: 9-12.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>man: 11.5+</td>
<td>43+</td>
<td>11+</td>
<td>02PLL</td>
<td>02PLR</td>
</tr>
<tr>
<td></td>
<td>women: 13+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indication:**
Posterior tibialis tendon dysfunction or adult acquired flat foot
Post-op and rehabilitation

**Infrapatellar Band**

- An aircell focuses compression on the patellar tendon.
- Helps to decrease stress at the tibial tubercle.
- Available in beige and black. Universal fit.

**Description**

- Black

<table>
<thead>
<tr>
<th>Circumference</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>25–43 cm</td>
<td>08A-B</td>
</tr>
</tbody>
</table>

**Indication:**
Osgoode Schlatter; Patella tendonitis
Ankle Brace References

Prophylactic Ankle Brace Use in High School Volleyball Players: A Prospective Study
Frey et al. AJSM 2008

Mechanical supports for acute, severe ankle sprain: a pragmatic, multicentre, randomised controlled trial
S E Lamb, et al., The Lancet Vol 372 February 14, 2009

Treatment of severe ankle sprain: a pragmatic randomised controlled trial comparing the clinical effectiveness and cost-effectiveness of three types of mechanical ankle support with tubular bandaging. The CAST trial
Cooke et al., HTA February 2009

Surgical versus conservative treatment for acute injuries of the lateral ligament complex of the ankle in adults

Stabilizing effects of ankle bracing under a combination of inversion and axial compression loading
Tohyama et al., Knee Surg Sports Traumatol Arthros 2006, 14: 373-378

A Prospective, Randomized Clinical Investigation of the Treatment of First-Time Ankle Sprains
Byrnnon et al., Am. J. Sports Med. 2006; 34; 1401

Management of ankle sprains: a randomized controlled trial of the treatment of inversion injuries using an elastic support bandage or an Aircast ankle brace

The Effects Of Three Ankle Braces On Athletic Performance

Ankle Barcing is Cheaper and Quicker than Taping
Bottoni CR, et al. Orthopedic Today September. 86, 2005

Managing ankle injuries: Follow the rules?

Prophylactic Ankle Taping and Bracing: A Numbers-Needed-to-Treat and Cost-Benefit Analysis

Ankle Dislocation Without Fracture

Ankle Sprains: 20 Clinical Pearls
Beynnon et al., Am. J. Sports Med. 2006; 34; 1401

The Prevention of Ankle Sprains in Sports - A Systematic Review of the Literature

Conservative Therapy for Acute Lateral Ligament Lesions: Single Chamber vs. Two-Chamber Orthosis Systems
Schmidt R, Meiners S, Reinjes H, et al. Surgery Dept of the Federal Army Hospital, Ulm, Germany, 1999

Influence Straping, Taping and Nine Braces, A Stress Roentgenologic Comparison

A Randomized, Prospective Study of Operative and Non-operative Treatment of Injuries of the Fibular Collateral Ligaments of the Ankle

Braced for Impact: Reducing Military Paratroopers' Ankle Sprains Using Outside-the-Boot Braces

Stable Lateral Malleolar Fractures Treated with Aircast Ankle Brace and DonJoy R.O.M.-Walker Brace: A Prospective Randomized Study

The Ankle Joint: the Evaluation and Treatment of Sprains
Cooke et al., HTA February 2009

Treatment of Acute Ankle Sprain: Comparison of a Semi-Rigid Ankle Brace and Compression Bandage in 73 Patients

A Fivefold Reduction in the Incidence of Recurrent Ankle Sprains in Soccer Players Using the Sport-Stirrup Orthesis

Stabilizing effects of ankle bracing under a combination of inversion and axial compression loading
Tohyama et al., Knee Surg Sports Traumatol Arthros 2006, 14: 373-378

Early Mobilizing Treatment for Grade III Ankle Ligament Injuries

Functional Treatment with a Pneumatic Ankle Brace versus Cast Immobilization for Recent Ruptures of the Fibular Ligament in Ankle

Treat Ankle Sprains Fast - It Pays


Comparative Study of Functional Bracing and Plaster Cast Treatment of Stable Lateral Malleolar Fractures

Gait Comparison of Subjects with Hemiplegia Walking Untreated, with Ankle-Foot Orthosis, and with Air-Stirrup Brace

A Biomechanical Study of the Stabilization Effect of the Aircast Ankle Brace

Comparison of Support Provided by Ankle Taping and Semirigid Orthosis

Effect of the Air-Stirrup in Controlling Ankle Inversion Stress
Lower Extremity Brace

Leg Brace References

The Use of a Pneumatic Leg Brace in Soldiers with Tibial Stress Fractures: A randomized Clinical Trial

Conservative Therapy for Acute Lateral Ligament Lesions: Single Chamber vs. Two-Chamber Orthosis Systems
Schmidt R, Meiners S, Reintges H, et al; Surgery Dept of the Federal Army Hospital, Ulm, Germany, 1999

Summary:
The Effect of a Pneumatic Leg Brace on Return to Play in Athletes with Tibial Stress Fracture

A Pneumatic Leg Brace for the Treatment of Tibial Stress Fractures

Functional Management of Stress Fractures in Female Athletes Using a Pneumatic Leg Brace

AirHeel References

Eccentric exercises for the management of tendinopathy of the main body of the Achilles tendon with or without the AirHeel™ Brace: A randomized controlled trial. Effects on pain and microcirculation, Knobloch et al., Disabil. & Rehabil., July 2008.

Chronic Achilles Tendinopathy: A Prospective Randomized Study Comparing the Therapeutic Effect of Eccentric Training, the AirHeel Brace, and a Combination of Both. Petersen W et al, The Am J of Sports Med June 14, 2007


A Prospective Evaluation of the Pneumatic Achilles Wrap for Treatment of Acute and Subacute Tendonitis Mimms TT, Badekas A, O’ttiey DCK, Schon LC; Union Memorial Hospital, MD, 1999

AirLift PTTD Brace Reference

Can a New Brace Offer Relief for PTTD? L. Grant. Podiatry Today, March 2010

Effects of the AirLift PTTD Brace on Foot Kinematics in Subjects with Stage II Posterior Tibial Tendon Dysfunction Neville et al., JOSPT March 2009

A Radiographic Analysis Of Posterior Tibial Tendon Dysfunction Bracing, For Adult Acquired Flat Foot Deformity Burston et al., Presented at BOA conference; Sept. 2008.

Solving problems presented by patients with diabetes, hindfoot varus or valgus, metatarsalgia and other conditions considered. ORTHOPEDICS TODAY 25: 16, 2005

Jump Brace Reference


Injury Risk Factors in Parachuting and Acceptability of the Parachute Ankle Brace Knapik et al. Aviation, Space, and Environmental Medicine, July 2008

Parachute Ankle Brace and Extrinsic Injury Risk Factors During Parachuting Knapik et al. Aviation, Space, and Environmental Medicine, Vol. 79, No. 4, pp. 408-415, April 2008
Wolff’s Law states that bone will adapt to the loads it is placed under. If the loading on a bone decreases, the bone will become weaker due to turnover\(^1\). The same applies to soft tissues under Davis’s Law. Patients who undergo 6-8 weeks cast immobilization after foot and ankle fractures, their calf muscle size and force are reduced by 20%-32% and 40-53% respectively. This can only be reversed with 10 weeks of supervised physical therapy\(^2,3\). Aircast Walking Braces are preferred over casts for foot and ankle fractures and severe ankle sprains, because:

- **The mean time from surgery to return to work was significantly lower (50% faster)**
  Egol et al.: 2000

- **Earlier return to full weight bearing and daily activities: 43-73% earlier\(^4,5\) and shorter hospital stay – 3 days\(^5\)**

- **Yields a stronger healed fracture** than does a traditional cast... Dale PA, et al: 1993, Park FH 2003


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Refer to page 15 for other references
XP Pneumatic Walker™

- Provides pneumatic support with full-shell protection.
- Four aircells line the semi-rigid shell for pneumatic support, comfort and protection.
- Includes a hand bulb to adjust aircell compression and two socks.

SP Pneumatic Walker™

- A short pneumatic walking brace specifically designed for foot injuries.
- The cushioning from the foam liner and aircells allow for comfortable ambulation with superior oedema reduction.
- Easy application and simple adjustments help accommodate both dressing and swelling changes.

### Description | Shoe Size | P/N |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Paediatric*</td>
<td>&lt;4</td>
<td>01P-P</td>
</tr>
<tr>
<td>Small</td>
<td>man: 4–7</td>
<td>35–38</td>
</tr>
<tr>
<td></td>
<td>women: 5–8</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>man: 7-10</td>
<td>39–42</td>
</tr>
<tr>
<td></td>
<td>women: 8-11</td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>man: 10-13</td>
<td>43–45</td>
</tr>
<tr>
<td></td>
<td>women: 11-15</td>
<td></td>
</tr>
<tr>
<td>Extra Large*</td>
<td>&gt;13</td>
<td>&gt;45</td>
</tr>
</tbody>
</table>

*Paediatric and Extra Large sizes are custom made and available upon request.

**Indication:** Stable foot and/or ankle fracture; Severe ankle sprain; Post-operative use
FP Pneumatic Walker™

- A cost-effective walking brace that provides semi-pneumatic support.
- The protective semi-rigid shell houses two distal air-cells that provide compression and support.

Achilles Walker - Heel Supports

- Order XP, FP or SP walkers with Heel Supports.
- Designed for post-op treatment in addition to percutaneous and open achillorrhaphy.
- The brace can be fitted immediately after operation.
- Five heel supports in various sizes provide additional Achilles tendon protection.
  3 heels : 22°
  2 heels : 16°
  1 heel : 10°

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size (US)</th>
<th>Shoe Size (Europe)</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric*</td>
<td>&lt;4</td>
<td>&lt; 35</td>
<td>01F-P</td>
</tr>
<tr>
<td>Small</td>
<td>man: 4–7</td>
<td>35–38</td>
<td>01F-S</td>
</tr>
<tr>
<td></td>
<td>women: 5–8</td>
<td></td>
<td></td>
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<tr>
<td>Medium</td>
<td>man: 7–10</td>
<td>39–42</td>
<td>01F-M</td>
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<tr>
<td></td>
<td>women: 8–11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>man: 10–13</td>
<td>43–45</td>
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</tr>
<tr>
<td></td>
<td>women: 11–15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Large*</td>
<td>&gt;13</td>
<td>&gt;45</td>
<td>01F-XL</td>
</tr>
</tbody>
</table>

*Paediatric and Extra Large sizes are custom made and available upon request.

Indication: Stable foot and/or ankle fracture; Severe ankle sprain; Post-operative use

Indication: Post-op percutaneous; Open achillorrhaphy
XP Pneumatic Walker™ Diabetic System

- Specifically designed to meet the needs of the diabetic patient.
- It is an ideal alternative to total contact casting.
Includes: one XP Pneumatic Walker™ for Diabetics, two insoles (one Impax™ Grid and one Plastizote to help eliminate Pressure Points), three stockings, one hand bulb with pressure gauge and three brace loks™.

Hand Bulb with Pressure Gauge

Specialized for measuring aircell compression. For use with Pneumatic Walker™ for Diabetics.

XP Diabetic Walker Replacement Kit

Designed for use with XP Diabetic Walker System. Includes: one insole and one stocking.

<table>
<thead>
<tr>
<th>Description</th>
<th>Shoe Size (US)</th>
<th>Shoe Size (Europe)</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>man: 4–7</td>
<td>35–38</td>
<td>01PD-S</td>
</tr>
<tr>
<td></td>
<td>women: 5–8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>man: 7–10</td>
<td>39–42</td>
<td>01PD-M</td>
</tr>
<tr>
<td></td>
<td>women: 8–11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>man: 10–13</td>
<td>43–45</td>
<td>01PD-L</td>
</tr>
<tr>
<td></td>
<td>women: 11–15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indication: Stable foot and/or ankle fracture; Severe ankle sprain; Post-operative; Charcot foot; Ulcer in malleolus, hind-foot and heel
Pneumatic Walker References

Treatment of Charcot foot and ankle with a prefabricated removable walker brace and custom insole


The Efficacy of Two Methods of Ankle Immobilization in Reducing Gastrocnemius, Soleus, and Peroneal Muscle Activity During Stance Phase Gait


Pneumatic Bracing and Total Contact Casting Have Equivocal Effects on Plantar Pressure Relief


A Comparison Study of Planter Foot Pressure in a Standardized Shoe, Total Contact Cast and Prefabricated Pneumatic Walking Brace


An Alternative Method for Reducing Plantar Pressure in Neuropathic Ulcers


A Comparison of Weightbearing Pressures in Various Postoperative Devices


Achilles Walker References

Current Concepts in Achilles Tendon Rupture

ESSKA, DJO Publications, 2009

Functional management of Achilles tendon rupture: A viable option for non-operative management

S. Karkhanis et al. Foot Ankle Surg 2009


The relative stress on the Achilles tendon during ambulation in an ankle immobiliser: implications for rehabilitation after Achilles tendon repair


Diabetic Walker References

Use of Pressure Offloading Devices in Diabetic Foot Ulcers

STEPHANIE C. WU et al., DIABETES CARE, Vol. 31, No 11, NOVEMBER 2008

A Randomized Trial of Two Irremovable Off-Loading Devices in the Management of Plantar Neuropathic Diabetic Foot Ulcers


Technique for Fabrication of an “Instant Total Contact Cast” for Treatment of Neuropathic Diabetic Foot Ulcers


Pneumatic Bracing and Total Contact Casting Have Equivocal Effects on Plantar Pressure Relief


A Comparison Study of Planter Foot Pressure in a Standardized Shoe, Total Contact Cast and Prefabricated Pneumatic Walking Brace


An Alternative Method for Reducing Plantar Pressure in Neuropathic Ulcers


A Comparison of Weightbearing Pressures in Various Postoperative Devices


The Diabetic Foot with Synovial Cyst

Aircast upper extremity braces are designed to provide optimal support and protection with superior fit and comfort to encourage healing through functional management.

The new StabilAir wrist fracture brace is designed to revolutionize the recovery phase of a distal radius fracture with immobilization and protection. It is lightweight, waterproof, and conforms to the patient’s arm through inflated internal aircells. The StabilAir can replace the use of plaster back slab splints, short-arm casts, and a variety of post-op braces.

The new A2 wrist braces is integrated with dual stabilizers or “stays” to help maintain a neutral (straight) wrist and features a special Breathe-O-Prene breathable liner. It offers superior comfort and support for the post operative treatment of wrist and thumb injuries.

The new Arm Immobilizer has a unique off-loading shoulder strap that is designed to remove strain from the neck caused by the weight of the injured limb. The under arm strap is designed to lock the arm to restrict posterior motion which can cause pain and discomfort. It is appropriate for use with a wide variety of ailments surrounding the wrist to the shoulder.

The Mayo Clinic Elbow Brace provides static stretch of the elbow in flexion and extension and allows a range-of-motion (ROM) therapy.
StabilAir™

- Flexible dorsal shell with two integrated, adjustable aircells to give custom fit.
- Rigid volar shell with contoured pad protects and stabilizes the wrist while promoting full finger dexterity.
- Lightweight, ventilated design enhances comfort.

A2™ Wrist Brace

- Dual stabilizers restrict wrist movement while permitting full finger function.
- Contoured shape and breathable fabric promote comfort.
- Reverse center strap and adjustable straps ensure personalized fit.
- Available with Thumb Spica to hold thumb securely in place.

### StabilAir™ Indication:
- Wrist and thumb injuries (ligament instability, sprain or muscle strain)
- Carpal tunnel syndrome
- Post-op; post-removal of casting or splint

### A2™ Wrist Brace Indication:
- Stable distal radius fractures and scaphoid fractures; post-operative application

<table>
<thead>
<tr>
<th>Description</th>
<th>Wrist Circumference (cm)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>12.7 - 16.5</td>
<td>05FSL</td>
<td>05FSR</td>
</tr>
<tr>
<td>Medium</td>
<td>15.9 - 19.7</td>
<td>05FML</td>
<td>05FMR</td>
</tr>
<tr>
<td>Brace-Loks™ (10/pk)</td>
<td>P/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Wrist Circumference (cm)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small with Thumb Spica</td>
<td>12.7 - 16.5</td>
<td>05WTSL</td>
<td>05WTSR</td>
</tr>
<tr>
<td>Medium with Thumb Spica</td>
<td>15.9 - 19.7</td>
<td>05WTML</td>
<td>05WTMR</td>
</tr>
<tr>
<td>Large with Thumb Spica</td>
<td>19 - 22.9</td>
<td>05WTLR</td>
<td>05WTLR</td>
</tr>
</tbody>
</table>
Arm Immobilizer

- Innovative adjustable tri-strap design customizes fit while restricts posterior movement and helps off-load pressure from the neck area to reduce pain.
- Arm sling can be easily opened for protected controlled motion.
- Durable mesh fabric helps keep wearer cool and dry.
- Designed for left or right.
- Available with Abduction Pillow

<table>
<thead>
<tr>
<th>Description</th>
<th>Arm Length</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>&lt;26.7 cm</td>
<td>06GM</td>
</tr>
<tr>
<td>Medium with Abduction Pillow</td>
<td>&lt;25 cm</td>
<td>06GMA</td>
</tr>
<tr>
<td>Large</td>
<td>&gt;25 cm</td>
<td>06GL</td>
</tr>
<tr>
<td>Large with Abduction Pillow</td>
<td>&gt;24 cm</td>
<td>06GLA</td>
</tr>
</tbody>
</table>

Indication:
- Post-op and injuries of the shoulder
- Proximal humerus, AC joint, or clavicle fractures in acceptable position

Armband

- Using an aircell, concentrates compression on the extensor muscle, not around the arm — providing more support, less constriction.
- Available in beige and black. Universal fit

<table>
<thead>
<tr>
<th>Description</th>
<th>Circumference</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beige</td>
<td>20–35.5 cm</td>
<td>05A</td>
</tr>
<tr>
<td>Black</td>
<td>20–35.5 cm</td>
<td>05A-B</td>
</tr>
</tbody>
</table>

Indication: Epicondylitis
Mayo Clinic Elbow Brace

Provides static stretch of the elbow in flexion and extension. Replaces the need for two braces for elbow contractures and eliminates the need for serial casting for elbow reconstructions and acute fracture dislocations.

Mayo Clinic Elbow Brace

Provides static stretch of the elbow in flexion and extension. Replaces the need for two braces for elbow contractures and eliminates the need for serial casting for elbow reconstructions and acute fracture dislocations.

ARC™ Forearm Rotational Brace

- An adjustable rotational control brace designed to control pronation and supination of the elbow joint when used with the Mayo Clinic Elbow Brace.
- It consists of four components:
  - Bottom (volar) wrist support
  - Top (dorsal) wrist support
  - Pronation/supination strap
  - D-ring strap

Indication: Pronation control with lateral collateral ligament injuries/repairs and pronation contractures. Supination control is ideal for medial collateral ligament injuries/repairs and supination contractures.

<table>
<thead>
<tr>
<th>Description</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Clinic Elbow Brace</td>
<td>05E-L</td>
<td>05E-R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC Forearm Rotational Brace</td>
<td>P/N</td>
</tr>
<tr>
<td></td>
<td>05E-W</td>
</tr>
</tbody>
</table>

Indication: Fracture dislocation; bicep/tricep tendon rupture; ulnar nerve transposition; total elbow arthroplasty; ligament repair; radial fixation; osteoarthritis; epicondylitis

MAYO, MAYO CLINIC, and MAYO CLINIC ELBOW BRACE are trademarks of MAYO Foundation for Medical Education and Research.
Armband References

Efficacy of Nonoperative Treatment for Lateral Epicondylitis  

Effect of Standard and Aircast Tennis Elbow Bands on Integrated Electromyography of Forearm Extensor Musculature Proximal to the Bands.  

Mayo Clinic Elbow Brace Recommended Resources


The column procedure: A limited lateral approach for extrinsic contracture of the elbow.  

Operative treatment of elbow contracture in patients twenty-one years of age or younger.  

The Technique and Efficacy of Axillary Catheter Analgesia as an Adjunct to Distraction. Elbow Arthroplasty: A Prospective Study.  
The Aircast Cryo/Cuff combines focal compression with cold to provide optimal control of swelling, oedema, haematoma, haemarthrosis, and pain. Simplicity of design and ease of operation makes it ideal for the emergency room, post-op, training room and home.

The Cryo/Cuff is both simple and effective consisting of only two basic parts: cooler and cuff. The cooler is filled with tap water and ice, the cuff is applied and connected to the cooler, and the cooler is lifted above the cuff. Soothing cold water envelopes the affected area reducing swelling and providing relief from pain. The cooler may be detached from the cuff at any time during treatment without interruption of cryotherapy. Studies have shown that with the use of the Cryo/Cuff, patients require less analgesics and have a faster return to function. In addition, because the cold and compression are controlled, there is no known risk of frost bite.
Cryo/Cuff™ Cooler

After the cooler is filled with water and ice it is ready for connection to any Aircast Cryo/Cuff model. Includes a tube assembly. Simplicity of design and ease of operation makes it ideal for post-operative recovery, trauma, athletic training rooms and home use.

AutoChill® System 20BE, 20BG-E

Designed for use with the Cryo/Cuff to automatically exchange warm cuff water for chilled cooler water. Includes a pump, 1.5 m air tube assembly, and wall adapter.

<table>
<thead>
<tr>
<th>System:</th>
<th>20BE</th>
<th>20BG-E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plug Pattern</td>
<td><img src="image" alt="Pattern" /></td>
<td><img src="image" alt="Pattern" /></td>
</tr>
</tbody>
</table>

![Image](image)

- Description P/N
  - Cooler 2125
  - Cooler Hanger 2140
  - System 20BE (UK) 20BE
  - System 20BG-E (Europe) 20BG-E

NEW Cryo/Cuff® IC

The new Cryo/Cuff IC combines focused compression with cold therapy to provide optimal control of swelling to minimize hemorrhosis, edema and pain.

- 30 second on/off cycle - Provides automatic intermittent compression in addition to cold therapy

![Image](image)

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryo/Cuff IC Cooler</td>
<td>52A</td>
</tr>
<tr>
<td>Cryo/Cuff IC Power Supply</td>
<td>25-2740</td>
</tr>
<tr>
<td>Cryo/Cuff IC Lid</td>
<td>25-0238</td>
</tr>
<tr>
<td>Tube Assembly</td>
<td>2130</td>
</tr>
</tbody>
</table>
**Foot Cryo/Cuff™**

Anatomically designed cuff provides complete foot coverage.

**Ankle Cryo/Cuff™**

One-size for adults. Also available in paediatric size (see Paediatric Ankle Cryo/Cuff).

<table>
<thead>
<tr>
<th>Description</th>
<th>Circumference of Foot</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Cuff only</td>
<td>18–23 cm</td>
<td>10D01</td>
</tr>
<tr>
<td>Medium Cuff only</td>
<td>23–33 cm</td>
<td>10C01</td>
</tr>
<tr>
<td>Large Cuff only</td>
<td>25–43 cm</td>
<td>10B01</td>
</tr>
</tbody>
</table>

**Indication:** Turf toe; Post-op

**Description**

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuff only</td>
<td>10A01</td>
</tr>
</tbody>
</table>

**Indication:** Acute sprains; Trauma; Post-op; Rehabilitation
Knee Cryo/Cuff™

Available in three adult sizes. Also available in paediatric size (see Paediatric Knee/Elbow Cryo/Cuff).

Knee Cryo/Cuff™ SC (without cooler)

A totally self-contained cuff that is filled directly with water and ice — no cooler required. A hand bulb is included for cuff inflation.

**Description**

<table>
<thead>
<tr>
<th>Description</th>
<th>Circumference of Leg (15 cm above patella)</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Cuff only</td>
<td>25–50 cm</td>
<td>11C01</td>
</tr>
<tr>
<td>Medium Cuff only</td>
<td>45–60 cm</td>
<td>11A01</td>
</tr>
<tr>
<td>Large Cuff only</td>
<td>50–80 cm</td>
<td>11B01</td>
</tr>
</tbody>
</table>

**Indication:** Trauma; Post-op; Rehabilitation; Sports injuries
Calf Cryo/Cuff™  
Indication: Acute injury; Sports injuries

<table>
<thead>
<tr>
<th>Description</th>
<th>Circumference of Calf</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuff only</td>
<td>36–51 cm</td>
<td>13C01</td>
</tr>
</tbody>
</table>

Thigh Cryo/Cuff™  
Indication: Stress fractures; Sports injuries

<table>
<thead>
<tr>
<th>Description</th>
<th>Circumference of Thigh</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Cuff only</td>
<td>43–58 cm</td>
<td>13A01</td>
</tr>
<tr>
<td>Large Cuff only</td>
<td>51–69 cm</td>
<td>13B01</td>
</tr>
</tbody>
</table>
Hand and Wrist Cryo/Cuff™

One size. Cuff covers both hand and wrist. Includes two removable support bars that can be removed if a wider range of motion is desired.

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuff only</td>
<td>16A01</td>
</tr>
</tbody>
</table>

Indication: Carpal tunnel syndrome; Tendonitis; Post-op; Sports injuries

Elbow Cryo/Cuff™

One-size for adults. Also available in paediatric size (see Paediatric Knee/Elbow Cryo/Cuff).

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuff only</td>
<td>15A01</td>
</tr>
</tbody>
</table>

Indication: Epicondylitis; Post-op; Sports injuries
**Shoulder Cryo/Cuff™**

Can be ordered with an extra long strap to adapt to a larger chest circumference.

**Back/Hip/Rib Cryo/Cuff™**

Universal fit. Versatile design may be applied to either the back, hip, or rib. Includes removable support bar for variable support.

### Cuff only
- P/N: 14A01

### Cuff with Extra Large Strap only
- P/N: 12AXL01

### Strap only
- P/N: 1220

### Extra Large Strap only
- P/N: 1220XL

**Indication:** Trauma; Post-op; Rehabilitation; Sports injuries

**Indication:** Chronic/acute pain; Post-op; Sports injuries
Paediatric Ankle Cryo/Cuff™

Paediatric Knee/Elbow Cryo/Cuff™

Indication: Acute sprains; Trauma; Post-op; Hemophilia hemorrhage; Rehabilitation

Indication: Trauma; Post-op; Hemophilia hemorrhage; Rehabilitation

Designed for children ages 1–7. Also available in an adult model (see Ankle Cryo/Cuff).

Designed for children ages 1–7, the versatile cuff design can be applied to either the knee or elbow. Also available in adult sizes (see Knee Cryo/Cuff and Elbow Cryo/Cuff).

Description | P/N
--- | ---
Cuff only | 10P01
Cuff only | 11P01
Cryo/Cuff References

Practice of Arthroscopic Surgery
Kam-Min CHAN, Prof. Ke-Rong DAI, People's Medical Publication House, p770, 816, 2009

Midportion Achilles Tendon Microcirculation After Intermittent Combined Cryotherapy and Compression Compared With Cryotherapy Alone. A Randomized Trial

Domiciliary application of CryoCuff in severe haemophilia: qualitative questionnaire and clinical audit
Young. *Haemophilia* May 2008


The Role of Pulsatile Cold Compression in Edema Resolution Following Ankle Fractures: A Randomized Clinical Trial


Cold and Compression in the Treatment of Athletic Injuries

Cryotherapy: An Effective Modality for Decreasing Intraarticular Temperature after Knee Arthroscopy

Conservative Treatment of Degenerative Joint Disease of the Knee Using Cold Compression Therapy

The Use of the Cryo/Cuff versus Ice and Elastic Wrap in the Postoperative Patients


Knee Pressure Dressings and Their Effects on Lower Extremity Venous Capacitance and Venous Outflow

Photograph courtesy of Freddie H. Fu, M.D.
Postoperative Cryotherapy for the Knee in ACL Reconstructive Surgery


Perioperative Rehabilitation Considerations

The Role of Cold Compression Dressings in the Postoperative Treatment of Total Knee Arthroplasty


Current Concepts in Anterior Cruciate Ligament Rehabilitation


Deep vein thrombosis (DVT) prevention demands accelerated venous velocity that matches the natural venous pump. Rapid, graduated sequential compression provided by the Aircast VenaFlow® system is the solution.

The VenaFlow system unites two proven methods for superior venous acceleration: graduated sequential compression and rapid impulse inflation. This combination helps prevent thrombus formation by increasing venous ejection while producing more shear stress to enhance fibrinolysis.

The universal VenaFlow pump is designed to operate with any of the three VenaFlow cuff styles: calf, foot and thigh. Each cuff style is manufactured from light, cool, hypoallergenic fabric that remains cool against the skin.

Aircast pioneered graduated, pneumatic compression for functional management of orthopaedic injuries. The ArterialFlow® system evolved from this unique experience, and from performance principles established by earlier researchers in pneumatic compression.

ArterialFlow provides intermittent pneumatic compression of the extremities for management of vascular disorders including ulcers associated with ischemic disease. This graduated, sequential, compression accelerates arterial velocity and enhances fibrinolysis.
VenaFlow® System

A prophylaxis for deep vein thrombosis. Uses a combination of rapid inflation with graduated sequential compression to significantly increase venous velocity. Includes a pump and tube assembly.

System: 30AE 30AG 30AE-SA
Plug Pattern

<table>
<thead>
<tr>
<th>Description</th>
<th>Size</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube Assembly Regular</td>
<td>1.7m</td>
<td>3008</td>
</tr>
<tr>
<td>Tube Assembly XL</td>
<td>2.6m</td>
<td>3008XL</td>
</tr>
<tr>
<td>Tube Assembly XXL</td>
<td>3.2m</td>
<td>3008XXL</td>
</tr>
<tr>
<td>Tube Assembly XXXL</td>
<td>3.8m</td>
<td>3008XXXL</td>
</tr>
<tr>
<td>Optional Battery Pack</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VenaFlow® Elite

The new VenaFlow® Elite is identical in performance to the standard VenaFlow® system. The Elite is smaller in design than the standard VenaFlow® unit, and also comes with a telescoping bed hanger.

Description P/N

- VenaFlow Elite System, International 30BI
- VenaFlow Elite Calf Cuff 3040
- VenaFlow Elite XL Calf Cuff 3042
- VenaFlow Elite Thigh Cuff 3045
- VenaFlow Elite Foot Cuff 3046
VenaFlow® Cuffs (Calf, Foot, Thigh)

Each style cuff, Calf, Foot, or Thigh, can be used with the VenaFlow system to provide superior asymmetric compression for maximal blood velocity and flow. For single patient use only.

Features:
- Light, cool, comfortable for increased patient compliance
- Hypoallergenic — may be placed directly against the skin
- Easy to apply and remove

Cuff to be used with VenaFlow® System only

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calf Cuff</td>
<td>2</td>
<td>3010</td>
</tr>
<tr>
<td>Extra Large Calf Cuff</td>
<td>2</td>
<td>3012</td>
</tr>
<tr>
<td>Thigh Cuff</td>
<td>2</td>
<td>3015</td>
</tr>
<tr>
<td>Foot Cuff</td>
<td>2</td>
<td>3016</td>
</tr>
</tbody>
</table>

Cuff to be used with VenaFlow® Elite System only

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>VenaFlow Elite Calf Cuff</td>
<td>3040</td>
</tr>
<tr>
<td>VenaFlow Elite XL Calf Cuff</td>
<td>3042</td>
</tr>
<tr>
<td>VenaFlow Elite Thigh Cuff</td>
<td>3045</td>
</tr>
<tr>
<td>VenaFlow Elite Foot Cuff</td>
<td>3046</td>
</tr>
</tbody>
</table>

Calf Cuff, Foot Cuff, Thigh Cuff
The ArterialFlow system augments arterial flow and microcirculation with pulsatile compression of the calf. Doppler tests at the popliteal artery show significant increase in arterial velocity following each pressure pulse. The response is greater with the patient sitting.

**System:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>ArterialFlow Cuff (u.o.m. is pair)</td>
<td>3210</td>
<td></td>
</tr>
<tr>
<td>Tube Assembly Regular</td>
<td>1.7 m</td>
<td>3007</td>
</tr>
<tr>
<td>Tube Assembly XL</td>
<td>2.6 m</td>
<td>3007XL</td>
</tr>
<tr>
<td>Tube Assembly XXL</td>
<td>3.2 m</td>
<td>3007XXL</td>
</tr>
</tbody>
</table>

**Indication:** Management of vascular disorders including ulcers associated with ischemic disease

**ArterialFlow System for UK**

**Description:**

- 32AE ArterialFlow System
- Includes:
  - Pump 3201E
  - AC Power Cord 3008E
  - 1.7 m Tube Assembly 3007

**ArterialFlow System for Continental Europe**

**Description:**

- 32AG ArterialFlow System
- Includes:
  - Pump 3201G
  - AC Power Cord 3008G
  - 1.7 m Tube Assembly 3007

**ArterialFlow System References**

VenaFlow System References

Pneumatic Compression Devices Are an Effective Therapy for Restless Legs Syndrome. A Prospective, Randomized, Double-Blinded, Sham-Controlled Trial
Lettiere et al., Chest January 2009

Rapid-Inflation Intermittent Pneumatic Compression for Prevention of Deep Venous Thrombosis

Thromboembolic Disease Prophylaxis in Patients With Hip Fracture: A Multimodal Approach
Westrich, G H. J Orthop Trauma 19 (4): 234-240, 2005

Prophylaxis for deep venous thrombosis in Craniootomy patients: a decision analysis

Two mechanical devices for prophylaxis of thromboembolism after total knee arthroplasty: A prospective, randomised study.

Mechanical prophylaxis of deep-vein thrombosis after total hip replacement: a randomised clinical trial.

Prevention of deep-vein thrombosis after total hip and knee replacement

Aspirin plus Venaflow vs. Loveneox plus Venaflow for DVT prophylaxis in TKA patients

Improved venous return by elliptical, sequential and seamless air-cell compression

Prevention of Venous Thromboembolism in the ICU

Prospective, Randomized Study of Two Intermittent Pneumatic Compression Devices for DVT Prophylaxis After Total Knee Arthroplasty

Effect of Mechanical Compression on the Prevalence of Proximal Deep Venous Thrombosis as Assessed by Magnetic Resonance Venography

Prophylaxis Against Venous Thromboembolic Disease in Patients Having a Total Hip or Knee Arthroplasty

Current Recommendations for Prevention of Deep Venous Thrombosis

Evaluation of Intermittent Pneumatic Compression Devices

An in vitro cell culture system to study the influence of external pneumatic compression on endothelial function

Evaluation of Thromboembolic Disease Using the VenaFlow Mechanical Compression Device in Orthopedic Surgery Trauma Patients

Pneumatic Compression Hemodynamics in Total Hip Arthroplasty

Influences of Inflation Rate and Duration on Vasodilatory Effect by Intermittent Pneumatic Compression in Distant Skeletal Muscle

Intermittent Pneumatic Compression of Legs Increases Microcirculation in Distant Skeletal Muscle

The Effects of External Compression on Venous Blood Flow and Tissue Deformation in the Lower Leg


Evaluation of Pneumatic Compression Devices and Compression Stockings
Boegli S, Fennell C: *Middleton Regional Hospital, Ohio*, 1998

Prevention of Venous Thromboembolism


Prophylaxis against Deep Venous Thrombosis after Total Knee Arthroplasty

Prevention of Venous Thromboembolism: Fourth ACCP Consensus Conference on Antithrombotic Therapy

The Return of Blood to the Heart: Venous pumps in health and disease

Effect of Optimization of Hemodynamics on Fibrinolytic Activity and Antithrombotic Efficacy of External Pneumatic Calf Compression

Optimisation of Indices of External Pneumatic Compression for Prophylaxis against Deep Vein Thrombosis: Radionuclide Gated Imaging Studies

Prevention of Venous Thrombosis and Pulmonary Embolism

Bioengineering Studies of Periodic External Compression as Prophylaxis against Deep Vein Thrombosis - Part I: Numerical Studies
Kamm RD. *J Biomech Engineering* 104(I): 87-95, 1982

Bioengineering Studies of Periodic External Compression as a Prophylaxis against Deep Vein Thrombosis - Part II: Experimental Studies on a Simulated Leg Olson DA, Kamm RD, Shapiro AH. *J Biomech Engineering* 104(II): 96-104, 1982

Intermittent Sequential Pneumatic Compression of the Legs in the Prevention of Venous Stasis and Postoperative Deep Venous Thrombosis

The Effect of Intermittently Applied External Pressure on the Haemodynamics of the Lower Limb in Man

OTHER IPC DEVICES REFERENCES

Analysis of the operation of the SCD Response intermittent compression system

The Role of Nitric Oxide in Vasodilation in Upstream Muscle during Intermittent Pneumatic Compression

Knee Brace

Knee Immobilizer — designed to stabilize the knee in full extension during post-op rehabilitation.

Knee Tester (Rolimeter™) — an economical, easy-to-use device designed to measure passive anterior and posterior knee joint laxity.
Knee Immobilizer

Stabilizes the knee in full extension. May be used with the Knee Cryo/Cuff™ to add the benefits of cold and compression.

Knee Tester (Rolimeter™)

A cost-effective arthrometer, designed for measuring anterior and posterior knee joint laxity. Can be sterilized for use in the sterile operation field.

Designed for:
- Lachman test
- Anterior drawer test
- “Step Off” test

<table>
<thead>
<tr>
<th>Description</th>
<th>Leg Length</th>
<th>Leg Inseam</th>
<th>P/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>58 cm</td>
<td>64–71 cm</td>
<td>07C</td>
</tr>
<tr>
<td>Medium</td>
<td>67 cm</td>
<td>69–84 cm</td>
<td>07A</td>
</tr>
<tr>
<td>Large</td>
<td>75 cm</td>
<td>81–91 cm</td>
<td>07B</td>
</tr>
</tbody>
</table>

Rolimeter References

An investigation to examine the inter-tester and intra-tester reliability of Rolimeter Knee tester and its sensitivity in identifying knee laxity

Clinical Results of Computer-Navigated Anterior Cruciate Ligament Reconstructions

A New Mechanical Testing Device for Measuring Anteroposterior Knee Laxity
CMF OL1000 Bone Growth Stimulator

Features and Benefits
- Cost effective and noninvasive
- No direct skin contact required
- For casted or non-casted applications, requiring no cut-outs to the cast
- Can be used with internal or external fixation devices
- Simple one-button operation
- Portable, comfortable, and lightweight
- All-in-one device with no messy gels to apply and clean up
- Controlled treatment time
- LCD displayed treatment time and compliance monitor

Noninvasive treatment of an established nonunion acquired secondary to trauma, excluding vertebrae and all flat bones. A nonunion is considered to be established when the fracture site shows no visibly progressive signs of healing (see prescribing information).

<table>
<thead>
<tr>
<th>Description</th>
<th>P/N</th>
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</thead>
<tbody>
<tr>
<td>OL1000 Dual Coil Small</td>
<td>01-201-0001</td>
</tr>
<tr>
<td>OL1000 Dual Coil Medium</td>
<td>01-203-0001</td>
</tr>
<tr>
<td>OL1000 Single Coil Size 2</td>
<td>01-211-0002</td>
</tr>
<tr>
<td>OL1000 Single Coil Size 3</td>
<td>01-211-0003</td>
</tr>
<tr>
<td>OL1000 Single Coil Size 4</td>
<td>01-211-0004</td>
</tr>
</tbody>
</table>
The Combined Magnetic Field (CMF) signal is the latest evolution of bone growth stimulation science. The 76.6Hz CMF frequency is within the optimal 0-150 Hz frequency range for bone growth stimulation. The CMF sine wave is 1/50th the energy of older PEMF technology, and operates continuously within the optimal range of electromagnetic frequencies for bone growth stimulation.

Only CMF bone growth stimulators utilize this advanced CMF technology, which increases both the specificity and potency of treatment.

Clinically proven bone healing in only 30 minutes per day

PROVEN SCIENCE

CMF has been proven to stimulate the production of growth factors in osteoblasts and fracture callus in vitro and in vivo.

- The CMF Bone Growth Stimulator was the first bone growth stimulator to receive FDA approval of its mechanism of action in 1994.
- Published data confirm the effectiveness of CMF on bone healing.
- Application of the CMF stimulates bone cells and increases growth factor secretion.
- This results in the production of connective tissue, leading to healing.
In pre-clinical laboratory studies human bone cells and rat fracture callus were grown in a nutrient medium and then exposed to 30 minutes of CMF. The results are depicted in the following graphs.

DJJO studies, in collaboration with the research lab of Dr. David Baylink at Loma Linda University4,5 show that 30 minutes of CMF exposure stimulated various osteoblastic cellular functions mediated by the bone cell growth factor, IGF-II. These factors have been shown to influence the healing process in pre-clinical in vitro laboratory studies.

**PROVEN SCIENCE (con't)**

30 minutes of CMF exposure increased cellular proliferation of osteoblastic and IGF-II synthesis in fracture callus cultures.

**CLINICAL RESULTS**

CMF OL1000 Postmarket Patient Registry Data9,10

<table>
<thead>
<tr>
<th>By Site</th>
<th>Healed # / Total # n/N</th>
<th>Outcome Rates</th>
<th>Average Heal Times (Months)</th>
<th>By Site</th>
<th>Healed # / Total # n/N</th>
<th>Outcome Rates</th>
<th>Average Heal Times (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle</td>
<td>110 / 145</td>
<td>75.9%</td>
<td>4.7</td>
<td>Phalanx (Toe)</td>
<td>22 / 29</td>
<td>75.9%</td>
<td>3.7</td>
</tr>
<tr>
<td>Carpal Navicular</td>
<td>154 / 218</td>
<td>70.6%</td>
<td>3.9</td>
<td>Radius</td>
<td>81 / 96</td>
<td>84.4%</td>
<td>5.0</td>
</tr>
<tr>
<td>Carpal / Metacarpal</td>
<td>35 / 39</td>
<td>89.7%</td>
<td>5.3</td>
<td>Radius / Ulna</td>
<td>14 / 17</td>
<td>82.4%</td>
<td>5.3</td>
</tr>
<tr>
<td>Clavicle</td>
<td>79 / 114</td>
<td>69.3%</td>
<td>5.1</td>
<td>Tarso</td>
<td>51 / 77</td>
<td>66.2%</td>
<td>4.3</td>
</tr>
<tr>
<td>Femur</td>
<td>160 / 250</td>
<td>64.0%</td>
<td>6.4</td>
<td>Tibia</td>
<td>285 / 372</td>
<td>76.6%</td>
<td>6.2</td>
</tr>
<tr>
<td>Fibula</td>
<td>58 / 68</td>
<td>85.3%</td>
<td>4.3</td>
<td>Tibia / Fibula</td>
<td>122 / 154</td>
<td>79.2%</td>
<td>5.8</td>
</tr>
<tr>
<td>Humerus</td>
<td>103 / 180</td>
<td>57.2%</td>
<td>5.5</td>
<td>Ulna</td>
<td>77 / 110</td>
<td>70.0%</td>
<td>5.0</td>
</tr>
<tr>
<td>Metatarsal</td>
<td>408 / 477</td>
<td>85.5%</td>
<td>3.8</td>
<td>TOTAL (Postmarket)</td>
<td>1780 / 2370</td>
<td>75.1%</td>
<td>4.9</td>
</tr>
<tr>
<td>Phalanx (Finger)</td>
<td>21 / 24</td>
<td>87.5%</td>
<td>3.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average time from injury was 15.1 months—Postmarket Registry Data9
Average time from injury was 29.3 month—Premarket Data10
Bone Growth Stimulation References

1. Ryaby, J.T., et al., Biophysical Stimulation of Fracture Healing Mediated by IGF-II
6. P910066/S005, May 1997
7. Rosch, P.J., Markov, M.S., Bioelectromagnetic Medicine, Marcel Dekker, New York, 2004
9. CMF OL1000 Bone Growth Stimulator Postmarket Patient Registry Data: As of June 30, 1998, the CMF OL1000 had been applied to 5300 patients with physician diagnosed nonunion with varying times from injury, two months or greater. Patient registry data was collected from December 1994 to December 1998. At the time of database closure, we expected follow-up on 4100 patients and received follow-up on 2370 patients (57.8%). Physician diagnosed healing determined patient outcome in the patient registry. All patients were treated for 30 minutes per day, and devices were programmed to provide a maximum of 270 days of treatment.
10. The success rate of 5184 patients in pre-marketing clinical data was 60.7% and was maintained at 2 years post treatment with 90% follow-up of all healed fractures. In the pre-market study non-union was considered to be established when a minimum of nine months had elapsed since injury and the fracture site showed no visibly progressive signs of healing for a minimum of 3 months. Patient success was defined as three out of four corticies bridged on radiographic and no pain or motion at the fracture site. For additional detailed information on pre-market prospective study, contact dj Orthopedics.