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WHY DOCTORS ARE USING SOFTWAVE TO TREAT HARD-TO-HEAL WOUNDS

SOFTWAVE BRINGS INNOVATION THAT WORKS

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510(k)
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HARD-TO-HEAL WOUNDS ARE A GLOBAL DILEMMA

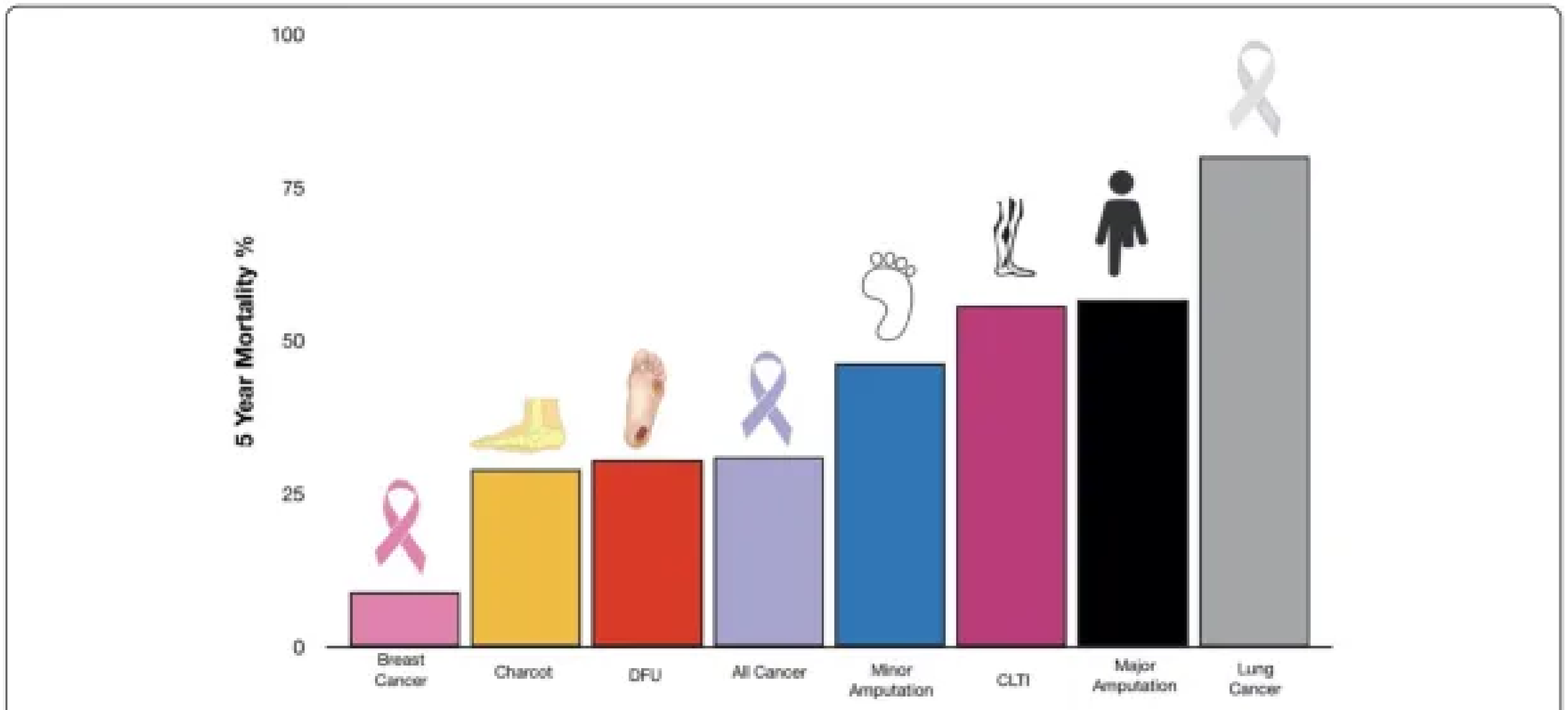

Fig. 1 Five Year Mortality of Diabetic Foot Complications and Cancer. Diabetic foot complications compared to cancer. DFU = diabetic foot ulcers [11] = 30.5%. Charcot = Charcot neuroarthropathy of the foot [14]. All Cancer = pooled 5 year survival of all cancers [11]. CLTI = chronic limb threatening ischemia [28, 29]. Major Amputation = above foot amputation [20–22, 26, 27]. Minor Amputation = foot level amputation [17, 27]

Chronic wounds are associated with high health care costs, poor quality of life and significant morbidity and mortality.(1) They are those wounds that fail to proceed through the normal phases of wound healing in an orderly and timely manner, often stalling in the inflammation phase of healing and showing no progress in 30 days or more.(2)

Wounds that have become chronic are associated with significant morbidity and mortality, and they impose a major medical and financial burden. For example, the mortality rate for an individual developing a diabetic foot ulcer (DFU) is approximately 40%, thus making accurate diagnosis and implementation of appropriate interventions imperative.(3)

HARD-TO-HEAL WOUNDS LACK AN EFFECTIVE, CONVENIENT TREATMENT OPTION UNTIL NOW

Click Here:
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SOFTWAVE IS A COST-EFFECTIVE AND CONVENIENT THERAPY FOR WOUND HEALING

Shockwave therapy is typically a 10-minute treatment performed once a week for 6-8 weeks. SoftWave produces an unfocused shock wave which has the patented advantage of distributing maximum energy to a wide and deep area. This makes for reduced treatments and better outcomes.

Accelerated healing
Non-invasive
Well-tolerated
Fast and easy to use
Convenient for provider and patient
Reimbusement pathway
Less costly than HBOT, skin substitutes and NPWT

FDA 510(k) CLEARED

WOUND MANAGEMENT EXPENSES CONTINUE TO ESCALATE

Wound management, including acute and trauma wounds, is a clinical challenge across all care settings and one with high associated costs.

In the United States, approximately 5% of hospital budgets are devoted to wound care.

The total national cost is between $28.1 billion and $96.8 billion dollars a year.(4)

Complex and chronic wounds often take longer to heal, and this delay significantly increases the cost of treatment.

IN THE U.S., CHRONIC WOUNDS AFFECT APPROXIMATELY 6.7 MILLION INDIVIDUALS AND AN EXCESS OF $50 BILLION IS SPENT ANNUALLY ON TREATMENT. (5)

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DIABETIC FOOT ULCERS

COMPLEX WOUND MANAGEMENT

DFUs are among the most common complications of diabetes mellitus. These wounds are caused by peripheral neuropathy, small vessel occlusion, and secondary infection or trauma.(6) Because DFUs have a complex etiology and have various interactions between local and systemic factors, treatment established in current guidelines is not always successful.(7) Patients with DFUs often experience pain and are likely to have a recurrence when the DFU does heal. Approximately 40% of patients will experience recurrence within three years and 65% within five years.(8) Severe ulcers may lead to amputation of part of the lower extremity (LE).

DFUs have an extreme effect on patients with these wounds. These patients often feel socially isolated and may have limited mobility, sometimes to the extent that simple, daily tasks are impossible to perform. They also commonly have pain and discomfort. The widespread effects of DFUs often worsen patients' quality of life and can even lead to depression.

Diabetic foot ulcer after surgical intervention
71 years old, female, diabetic; 5 SoftWave treatments in total, 2.500 impulses

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COSTS ARE TREATING DIABETIC FOOT ULCERS ARE RISING

25% of people with diabetes will develop foot ulcers. Recurrence within 5 years is 28-51%

15% of diabetic wounds will **progress to amputation**

Every hour,
TEN
Americans undergo amputation due to diabetes

50%

50% of people who have an amputation **die within 5 years.**

2.3x greater health care costs for Americans with diabetes

$327B annual cost of diagnosed diabetes in America

34M
More than 34 million Americans have diabetes

By county
less than average: 0-6%
national average: 7-10%
above average: 11% or higher

88M
More than 88 million Americans have prediabetes

Today in America

Diagosed with diabetes	4,110
Undergo an amputation	356
End-stage kidney disease	159

$1 in $7
Health care dollars is spent treating diabetes and its complications

2017 Stats according to the American Diabetes Association

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SECOND DEGREE BURNS

Burns are among the most complex forms of injury. Unlike first-degree burn injuries, second-degree burns damage the outer layer of skin and the layer underneath. There are two types of second-degree burns, superficial partial-thickness burns, and deep partial-thickness burns. Superficial partial-thickness burns affect the epidermis and papillary dermis. Deep partial-thickness burns also extend to the reticular dermis. The burn will appear red and white, with a slow capillary refill. Thick-walled blisters are commonly present.(9)

Burns can have various etiologies depending on the source of the injury, and they are among the most complex injuries to treat. Patients who have been burned often face physiological and psychological trauma, and the pain resulting from burns is often described as the most severe pain felt by patients.(10) Controlling the patient's pain level and managing the threat of infection are two of the greatest challenges for clinicians treating these types of wounds. ESWT can aid in the treatment of burn wounds by increasing perfusion and assisting epithelialization.(11)

Burn injury
Before and after 7 weeks / 4 SoftWave sessions applied in total

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SECOND DEGREE BURNS

EACH YEAR NEARLY

500,000 AMERICANS

RECEIVE TREATMENT FOR BURNS

40,000 HOSPITALIZATIONS

3,400 DEATHS

BURN RELATED U.S. MEDICAL COSTS EXCEED

$1.5 BILLION PER YEAR

INDIRECT U.S. COSTS ASSOCIATED WITH BURNS EXCEED

$5 BILLION PER YEAR

The average cost of a burn-related hospital stay is $24,000, more than double the cost of non-burn-related stays.(12)

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SURGICAL SITE INFECTIONS (SSIs)

SSIs occur in 2% to 4% of all patients undergoing inpatient surgical procedures. Although most infections are treatable with antibiotics, SSIs remain a significant cause of morbidity and mortality after surgery.

They are the leading cause of readmissions to the hospital following surgery, and approximately 3% of patients who contract an SSI will die as a consequence.

According to data from AHRQ, more than 10 million patients undergo surgical procedures as inpatients each year, accounting for over one-fourth of all hospital stays.

Surgical site infection (SSI)—defined by the Centers for Disease Control and Prevention (CDC) as infection related to an operative procedure that occurs at or near the surgical incision within 30 days of the procedure, or within 90 days if prosthetic material is implanted at surgery—is among the most common preventable complication after surgery.

71y, female, diabetic, polyneuropathy, after two surgical revisions

5 treatments (2500 pulses total - 8 mins/

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PRESSURE RELATED WOUNDS

A Pressure Ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.(13) Nowadays, pressure ulcers are the third most costly disease after cancers and cardiovascular diseases. The mortality rates from this disease are 2 to 6 times as much as from other diseases, with 60,000 deaths annually due to this complication.(14)

$11 BILLION PER YEAR

U.S. SPENDS FOR THE PREVENTION AND TREATMENT OF PRESSURE ULCERS

CLICK HERE

to access the Infected Decubitus Ulcer Treated with SoftWave DermaGold Case Study by Dr. Richard Thiele, MD

The long-term consequences of a pressure ulcer

If the wound becomes infected, the infection can spread to other parts of the body.

Several conditions that may occur if an infection spreads include:

Cellulitis: An infection of the skin.

Osteomyelitis: An infection of the bone.

Bacteremia: An infection of the blood.

Meningitis: An infection of the brain and spinal cord.

Endocarditis: An infection of the heart.

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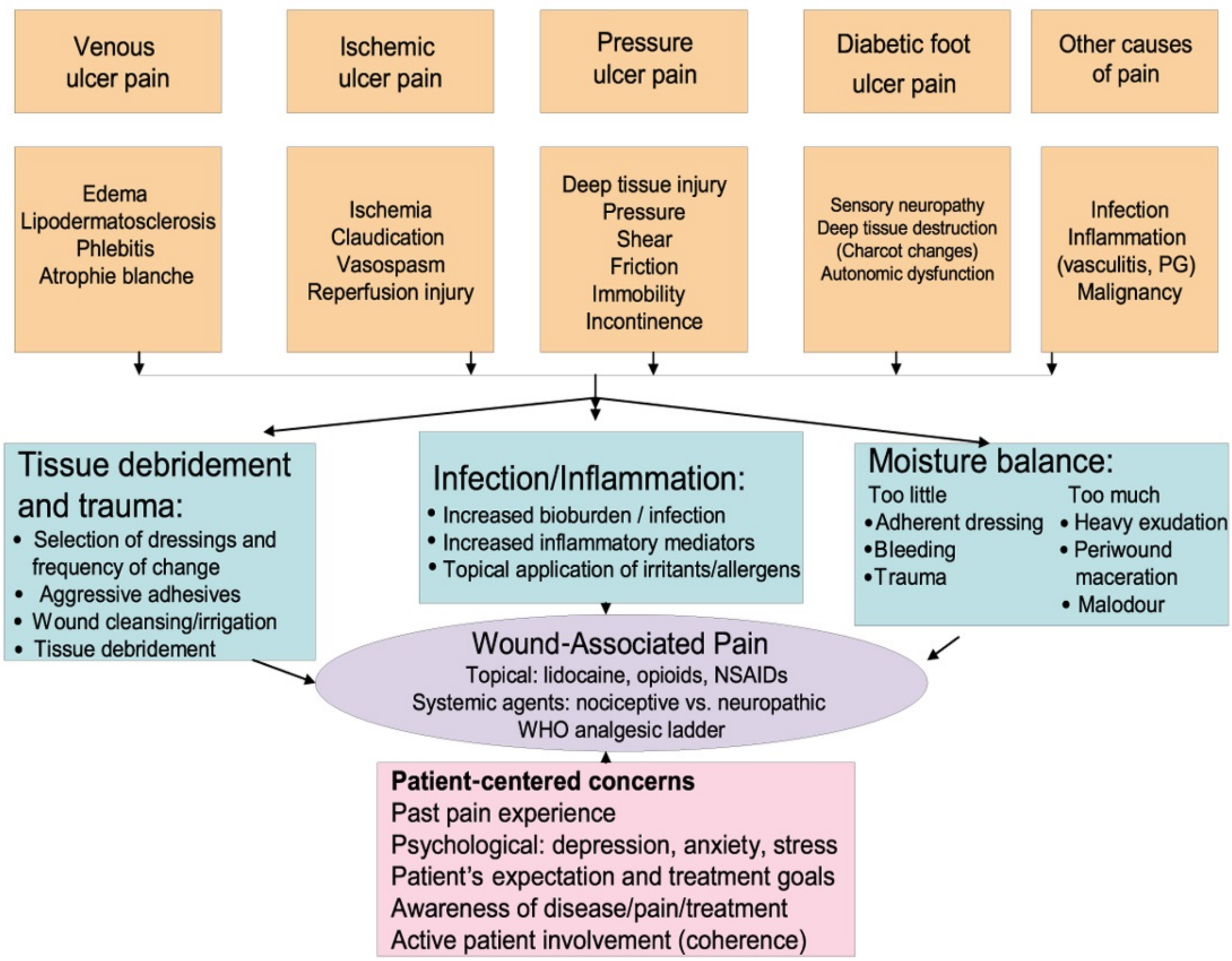
IS WOUND PAIN A COMMON PROBLEM?

Wound pain can be due to four causes:
the presence of the wound, the disease process (neuropathy, inflammation, ischemia, and infection), treatment procedures (including debridement, dressing changes, and cleansing) or very low pain tolerance.(15) The source of the pain can be described as nociceptive(16) or neuropathic and its occurrence as noncyclic, cyclic, or chronic.(17) Nociceptive pain involves pain receptors in the area of injury. In contrast, neuropathic pain is processed by the central nervous system, as in for instance phantom limb pain, or in the peripheral nervous system as in peripheral neuropathy.

Studies of patients with venous leg ulcers indicated that more than 80% of patients reported acute or chronic wound pain, with half of them rating pain as moderate to the worst possible pain.

Chronic wound–associated pain (WAP) model: the wound, the cause, the patient



PG = Pyoderma gangrenosum; NSAID = nonsteroidal anti-inflammatory drugs; WHO = World Health Organization

SOFTWAVE ACCELERATES THE STAGES OF WOUND HEALING

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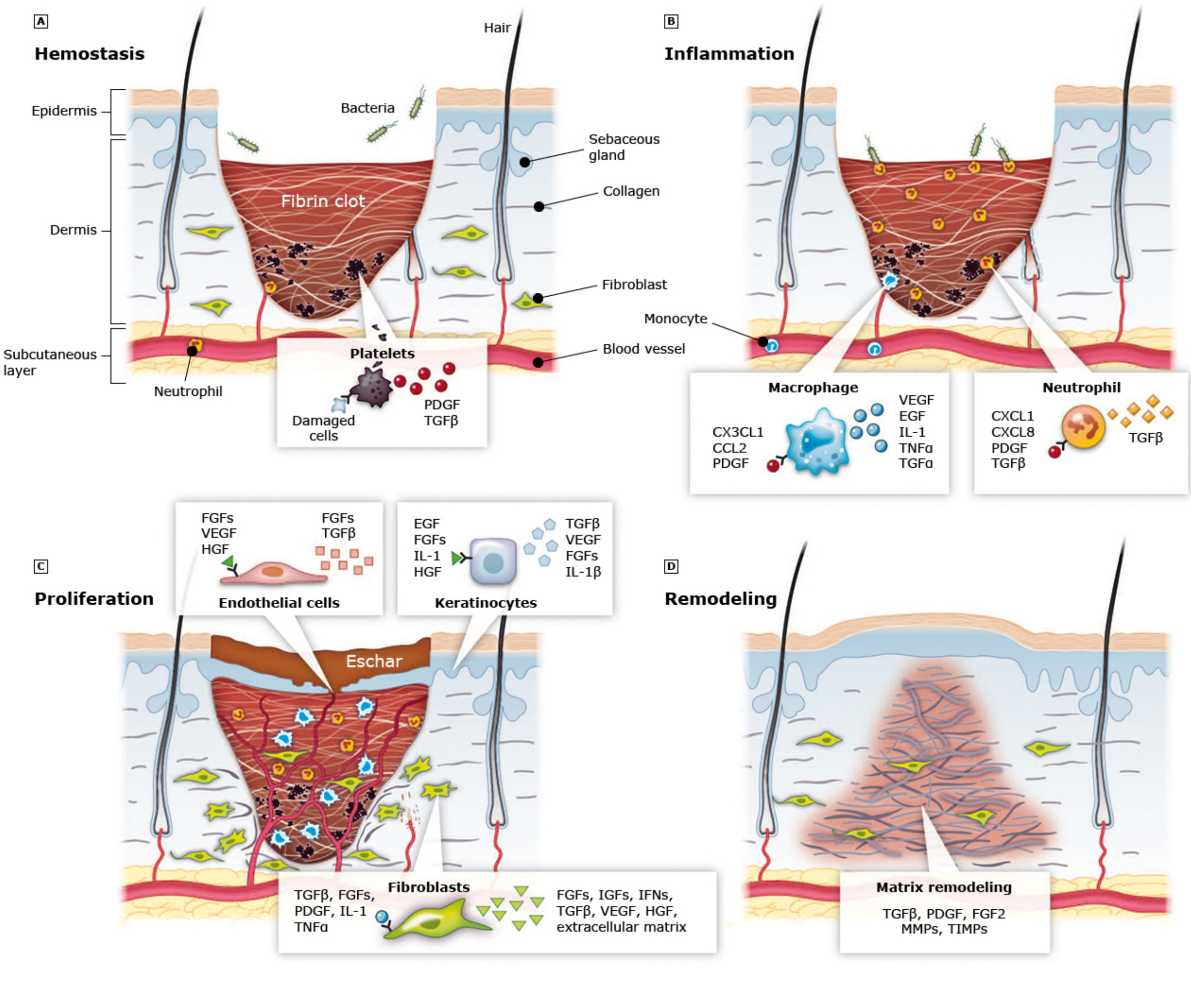
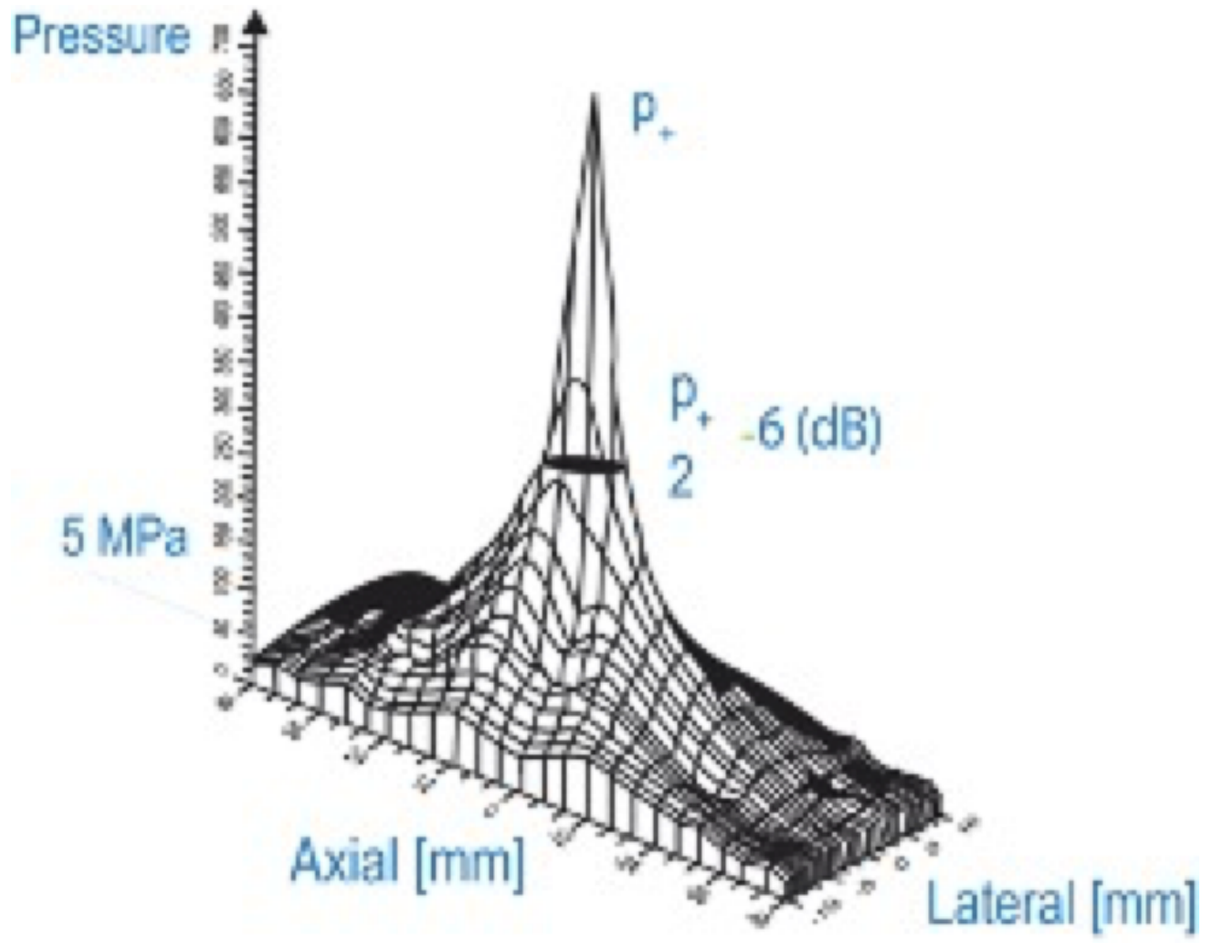


Increasing leukocyte activation assists in the inflammatory phase of wound healing by triggering the release of pro-angiogenic factors. After shockwave treatment, wounds move much faster through the inflammatory phase6 when compared to the normal inflammatory process.(18)

SOFTWAVE EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) PRODUCES A TRUE ACOUSTIC SHOCKWAVE



MECHANOTRANSDUCTION MECHANISM WITH 3 PHASES

1. PHYSICAL –
Generates a large positive pressure wave followed by a negative pressure wave.

2. CHEMICAL –
Mechanical stimulus leads to biochemical reactions. Biomolecules are released and cell signaling is activated.

3. BIOLOGIC –
Angiogenesis, inflammatory modulation, stimulation of tissue regeneration.

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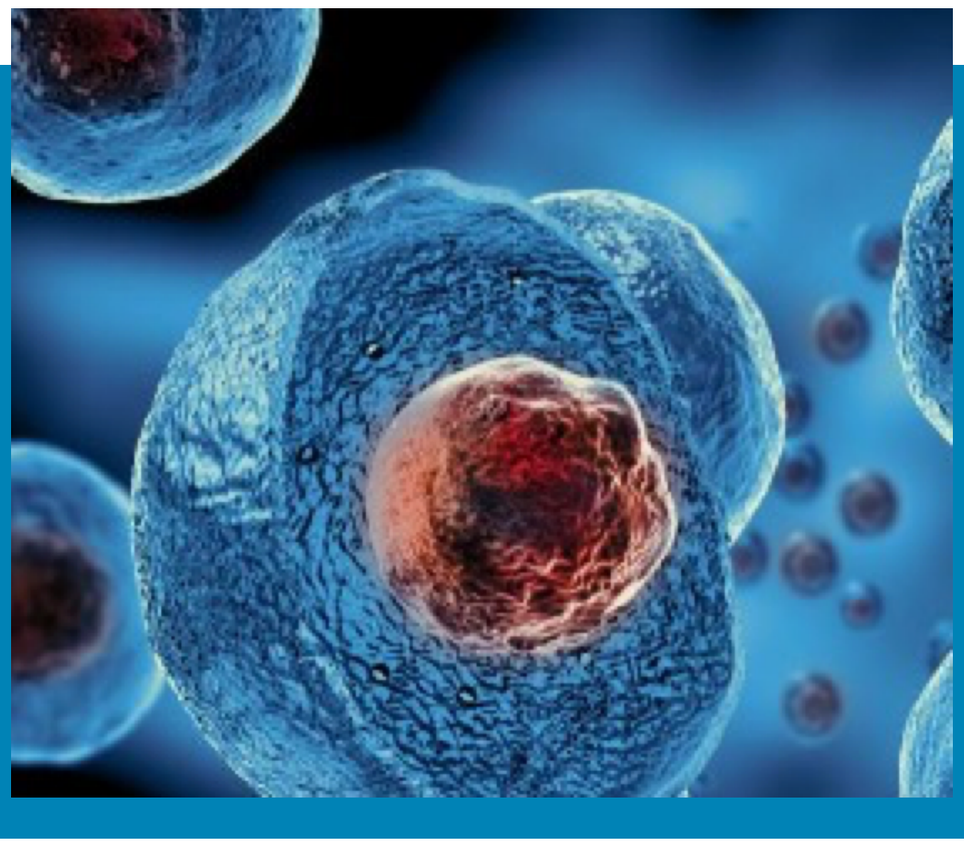
THE SCIENCE

SoftWave produces a cellular biological response that accelerates angiogenesis and revascularization which promotes faster wound healing.



Triggering biological responses

PHYSICAL SHOCK WAVE ENERGY

↓

Biological Responses

VEGF FGF PDGF eNOS PCNA

(Growth Factors and Cytokines)

Angiogenesis **Activation S/PCs** **Modulation Inflammation & Immune Response**

Fibroblast Activation **Collagen Synthesis**

Improved Blood Supply

Epithelialization & Tissue Remodeling

↓

WOUND HEALING

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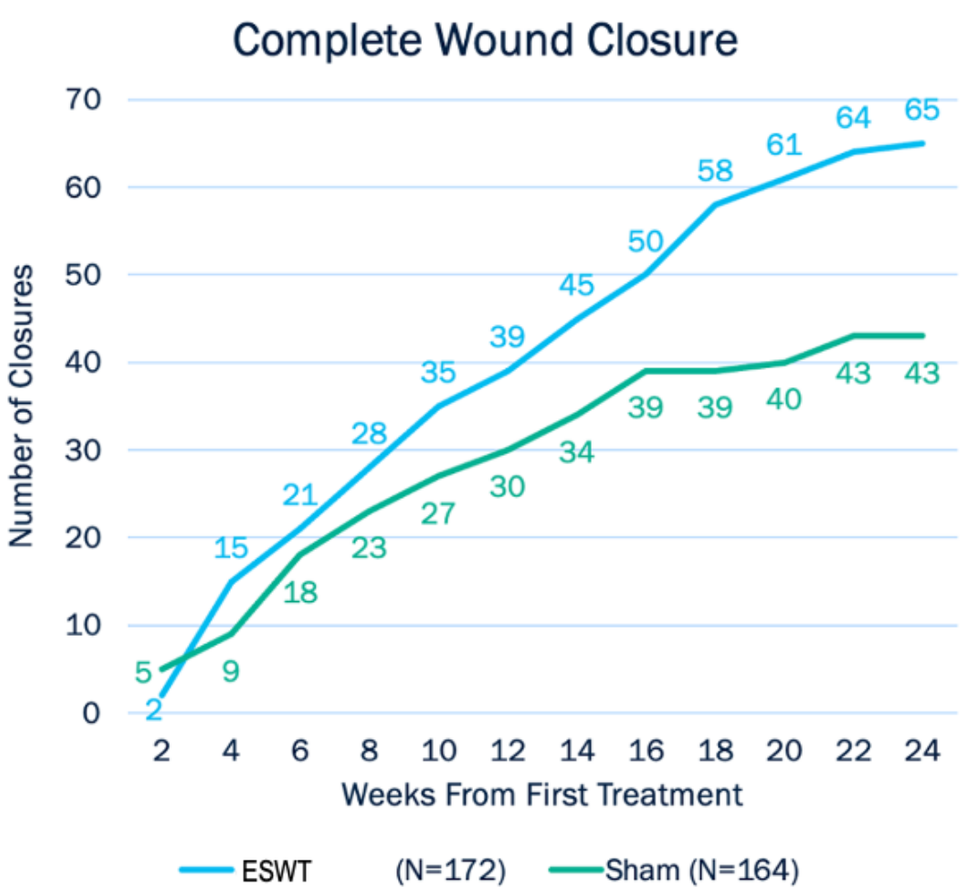
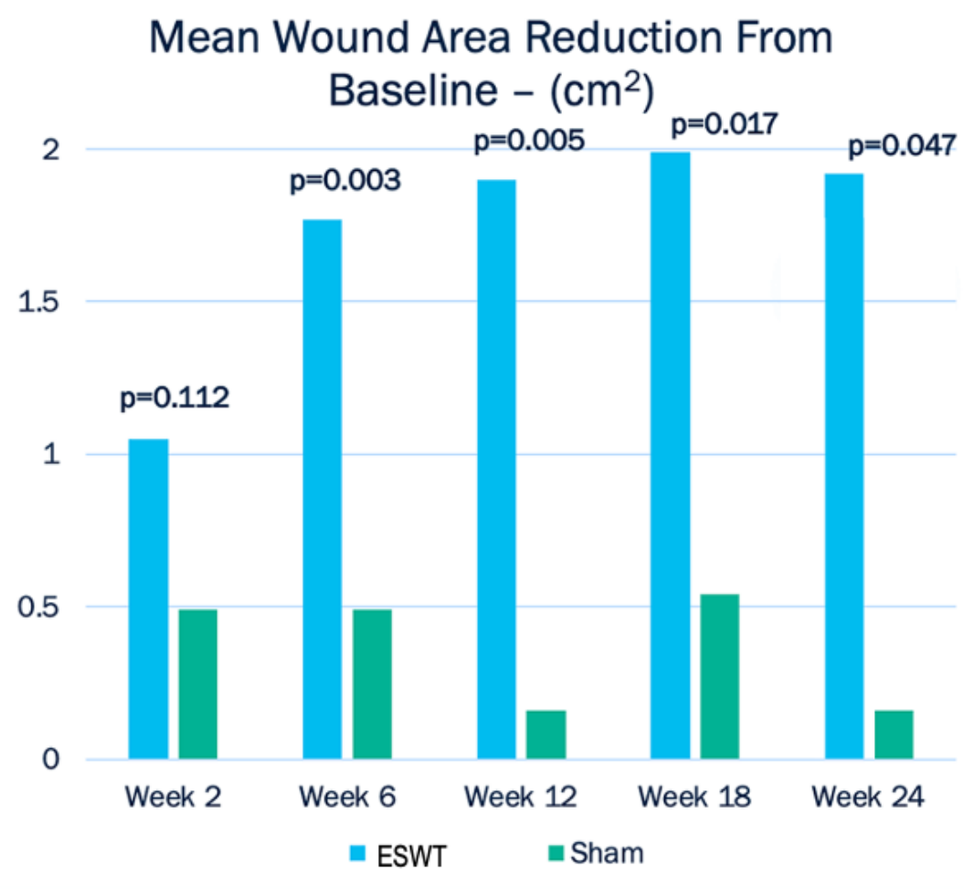
RESULTS

SoftWave TRT uses patented parallel acoustic shockwaves to accelerate wound healing and reduce pain.

- Promotes angiogenesis
- Increases blood supply
- Modulates inflammation
- Stimulates cytokines and growth factors
- Repairs, remodels and regenerates tissue
- Induces antibacterial effect
- Faster wound epithelialization





Data on File by SoftWave TRT

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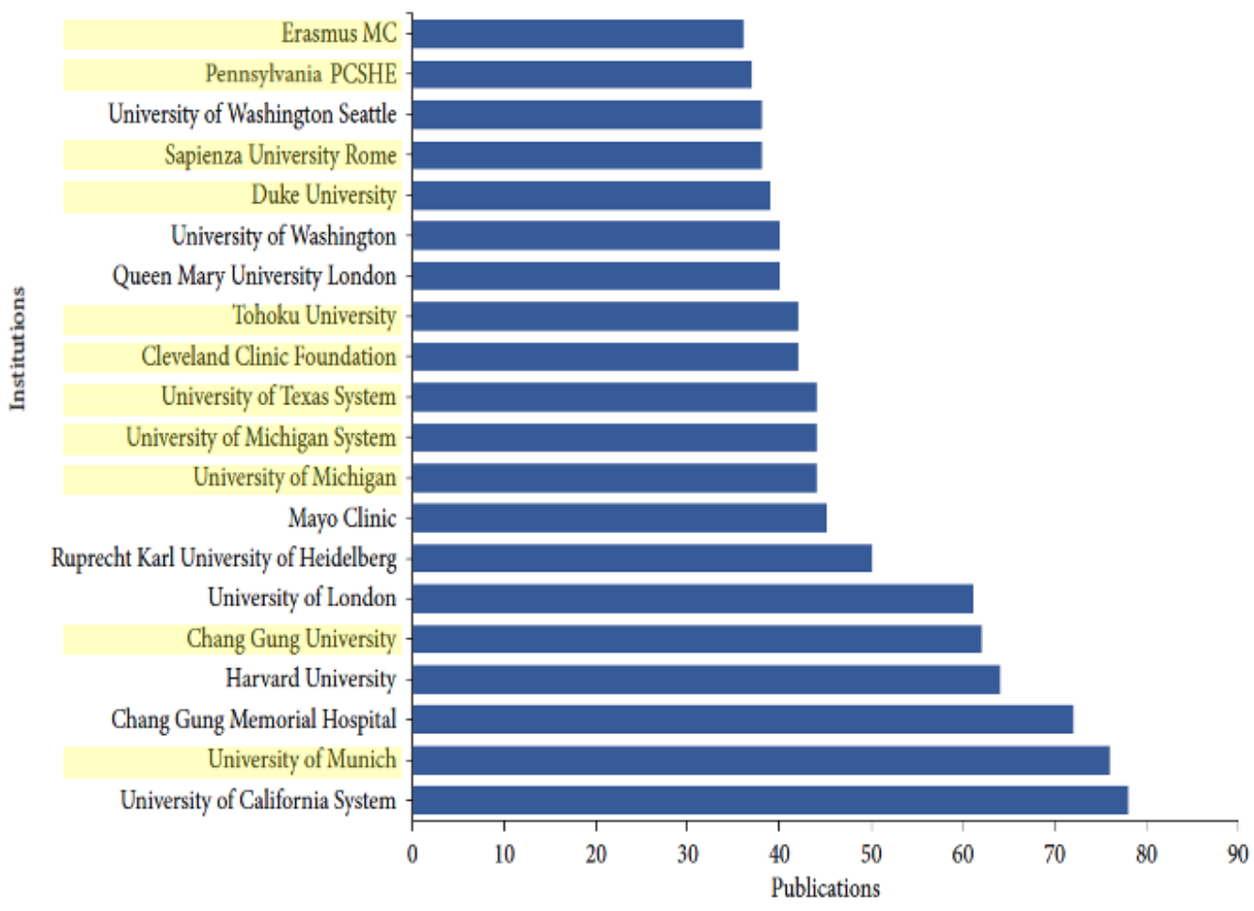
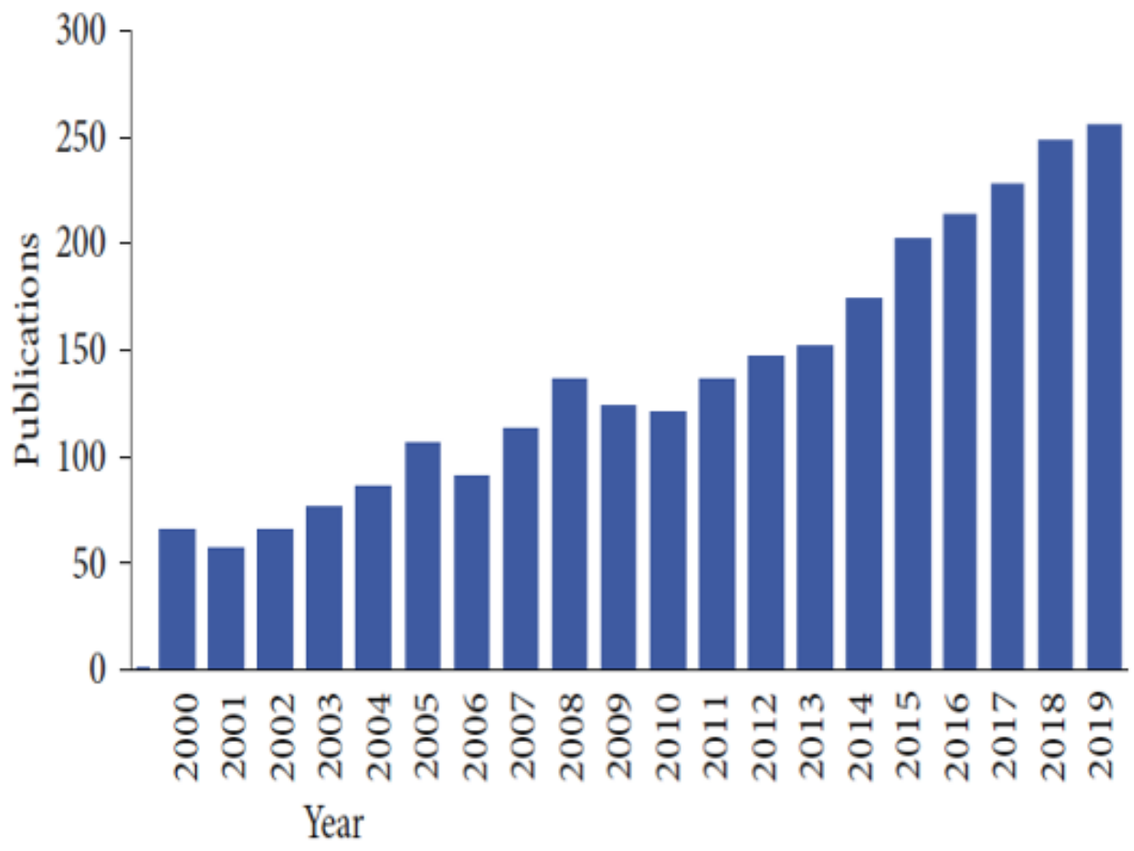
EXTRACORPOREAL SHOCKWAVE THERAPY IS EVIDENCE-BASED

Studied over 1,000 times in the past 5 years

Studied in major U.S. academic institutions





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ORIGIN OF USING UNFOCUSED PARALLEL SHOCKWAVES

My first study of applying SoftWave for non-healing bone fractures was done to prove that this 'new technology' does not work. The results converted not only me but also the AUVA Board, not just because SoftWave therapy is as efficient as surgery and has practically no complications, but also because almost 85% of the costs could be saved. The AUVA Board not only equipped all of its trauma centers with this technology, but SoftWave technology became the standard of care in Austria for the treatment of non-healing fractures. I chose to dedicate my professional career to SoftWave research and applications."

Dr. Wolfgang Schaden

Dr. Wolfgang Schaden is the renowned and premier researcher and clinician of shockwave technology. He has nearly 30 years as a senior physician at Trauma Center Meidling, one of the largest trauma centers in Europe. In 1993, he conducted the first clinical studies on the application of shockwave therapy.

CLICK to WATCH

A video by Dr. Shaden explaining shockwave technology and his decades of experience using the SoftWave device

Dr. Schaden helped found the European Society for Musculoskeletal Shockwave Therapy (ESMST) in 1997, which was renamed in 2000 to International Society for Medical Shockwave Treatment (ISMST). He has written 100 published articles and book chapters and given more than 500 presentations on extracorporeal shockwave therapy. As president of the ISMST he is on the forefront of the research and its early results.

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"UNEXPECTED POSITIVE RESULTS THAT I HAVE NOT SEEN IN 30 YEARS OF PRACTICE"

Dr. John David Mullins MD, FACS

Dr. Mullins serves as the Chairman of the Department of Surgery at Piedmont Atlanta Hospital and is a practicing reconstructing plastic surgeon

CLICK HERE
to watch Dr. Mullins share his experience using SoftWave technology

"As the use of acoustic shockwave has changed my approach to many things from wound care to limb salvage to prosthetic salvage to complex wound and hardware preservation including joints and circulatory assist devices."

—Dr. John Mullins

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VENOUS LEG ULCERS
A MAJOR CLINICAL CHALLENGE

"SoftWave's ESWT enhances cell migration and angiogenic signaling on chronic wounds through mechanotransduction resulting in significant proliferation and healing."

Dr. Matthew Regulski, DPM, FFPM, RCPS

VLUs are among the most common chronic wounds presenting on the lower extremities and feet. Between 1.5 and 3.0 in 1000 people have active leg ulcers. Prevalence increases with age to about 20 in 1000 people aged over 80 years.

Dr. Matthew Regulski DPM, FFPM RCPS (Glasgow), ABMSP states:
93% of Venous leg ulcers (VLUs) are open longer than one year because of comorbidities, lifestyle, and work demands. These wounds are challenging to treat because of chronic inflammation, robust biofilms, hypoxia, and inflammatory exudate that contribute to continued tissue breakdown and chronicity. The longer the wound is chronic the greater the risk of infection, hospitalization, and lost work days.

Dr. Regulski: a case series of patients with chronic venous leg ulcers demonstrated that ESWT was associated with timely wound closure.

ESWT, applied every 7 days for 6 sessions in conjunction with good standard wound care treatments, was a convenient, outpatient (10-to-15-minute sessions) treatment without adverse effects. Complete healing suggests that incorporating ESWT into the wound care regimen for chronic non-healing wounds may be beneficial.

SoftWave ESWT was applied to chronic venous leg ulcers. Patients were treated at a single center between 2/2022 and 5/2022. The criteria for application of ESWT was a lack of progress toward wound healing despite evidence-based medicine protocols. Wounds were considered healed after 6 shockwave treatments.

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VENOUS LEG ULCERS
CLINICAL CASE STUDY SUCCESS

Dr. Matthew Regulski DPM, FFPM RCPS

BEFORE
One year old wound

AFTER
6 SoftWave treatments

Extracorporeal Shockwave Therapy (ESWT) For the Treatment of Non-Healing Venous Leg Ulcers: A Case Series

Introduction

Extracorporeal shock wave therapy (ESWT*) is a non-invasive therapy that involves generating shock waves (transient pressure disturbances that propagate rapidly in 3-dimensional space) outside the body and transmitting the acoustic energy inside the body to induce therapeutic effects. This case series examines the effectiveness of ESWT in treating non-healing venous leg ulcers.

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Methods

These patients had venous ulcerations verified by venous reflux study and adequate arterial flow verified by arterial dopplers with toe pressures. They had evidenced based procedures applied to their wounds including sharp debridement, moist wound balance, multi-layer compression bandaging, biofilm management and skin substitutes. Shockwave was applied weekly: 2,000 shocks at 3.5MHz. Total of 4200mJ.

Results

This retrospective case series, ESWT was applied to chronic venous leg ulcers. Patients were treated at a single center between 2/2022 and 5/2022. The criteria for application of ESWT was a lack of progress toward wound healing despite evidence based medicine protocols. Wounds considered healed after 6 shockwave treatments.

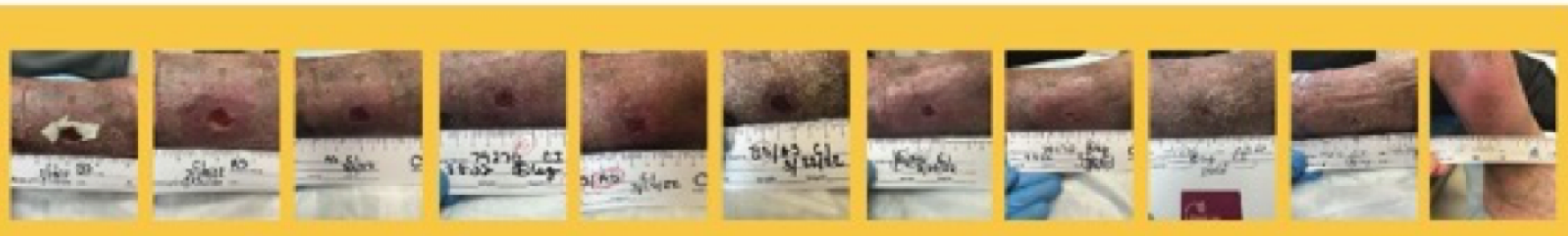
Discussion

93% of Venous leg ulcers (VLUs) are open longer than one year because of comorbidities, lifestyle, and work demands. These wounds are challenging to treat because of chronic inflammation, robust biofilms, hypoxia and inflammatory exudate that contribute to continued tissue breakdown and chronicity. The longer the wound is chronic the greater the risk of infection, hospitalization and lost work days.

This case series of patients with chronic venous leg ulcers demonstrated that ESWT was associated with timely wound closure. ESWT, applied every 7 days for 6 sessions in conjunction with good standard wound care treatments, was a convenient, out-patient (10-to-15-minute sessions) treatment without adverse effects. Complete healing suggests that incorporating ESWT into the wound care regimen for chronic non-healing wounds may be beneficial.

Patient A

53 yo Male referred for chronic wound over one year duration. Patient had pelvic compression syndrome treated with stents in the common femoral vein. Patient had robust arterial flow per doppler. 10 applications of neonatal foreskin applied prior. Wound biopsied from various areas was negative for skin cancer. I initiated biofilm management with anti-biofilm wound gel, collagen and an absorptive hydrofiber dressing with multi-compression bandaging. Weekly shockwave therapy commenced.



Patient B

63 yo Male, long-time smoker, referred for chronic ulceration for over one year. Arterial doppler showed adequate arterial flow, venous reflux study showed significant GSV reflux which required endovenous ablation. Sharp debridement was then performed with biofilm management with anti-biofilm wound gel, collagen and absorptive hydrofiber dressing with multi-compression bandaging. Weekly shockwave therapy commenced.

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Dr. Martin O'Malley

Practicing Orthopedic Physician at the Hospital for Special Surgery in New York, Team Physician for the New York Giants and USA Basket Ball.

The below above is a must-watch. We encourage you to take three minutes to hear from Dr. Martin O'Malley. It's one of many who using SoftWave and seeing amazing results.

CLICK TO WATCH

Highlights from Dr. O'Malley:

- His experience with the machine
- How he uses it in his practice
- How SoftWave works
- Why he thinks every practice should have one

Click Here:
To Schedule a call today

INCREASED REVENUE

"Our investment in SoftWave TRT has helped not only our patients but also our clinic as a way to increase revenue potential and position our practice as a leader in innovation."

Dr. Duane Cumberbatch, DPM

CLINICAL **INNOVATIONS**

Softwave TRT: Addressing Change on a Cellular Level

Here's a new solution
for difficult-to-treat pedal wounds.

BY DUANE CUMBERBATCH, DPM

As a podiatrist and wound care specialist, I used this past year to research options that went beyond the industry standard treatment of care to find a way to treat the underlying issues and etiologies of a wound. I was looking for solutions to address difficult-to-treat wounds, as many of our patients have multiple co-morbidities such as diabetes, PAD, and other chronic conditions, and whose healing seems "stuck".

The idea of using shockwave for wound care was a new concept.

Physicians have limited options when treating chronic wounds. Our clinic uses debridement and advanced wound care products, and at times we recommend hyperbaric oxygen, but with HBO there are certain requirements that need to be met and the treatment can be cost and time-prohibitive for patients. I find even with a wound VAC progress stalls at a certain point. In all cases, the patients can't seem to get past a certain phase of healing. It seems that one way to get them beyond this phase is to address change on a cellular level.

In my research, I came across an article on shockwave therapy and was introduced to SoftWave Tissue Regeneration Technologies. I was familiar with shockwave therapy as we treat patients at times for plantar fasciitis but the idea of using shockwave for wound care was a new concept. In discovery, I learned shockwave was approved for DFUs and burns in 2019 and 2020. I also found more literature and high-level evidence for its use in wound care on a cellular level (Huang 2020 Snyder 2019, Ottoman 2012). The findings that a true shockwave treatment can increase blood flow at the treatment site and modulate inflammation to promote angiogenesis and epithelization were encouraging.

The literature indicates that true shock wave therapy initiates mechanotransduction mechanisms with 3 phases at a cellular level: physical, chemical, and biological. These mechanisms include:

- Increases blood supply
- Modulates inflammation
- Activates and recruits resident stem cells
- Stimulates cytokines and growth factors

Continued on page 102

Clinical Innovations

Clinical Innovations is PM's ongoing series of articles dedicated to introducing new concepts, technologies and studies to the podiatric community. Readers should be aware that Podiatry Management does not specifically endorse any of the technologies, concepts, or products being discussed.

…genesis
…d epithelialization
…enerates tissues
…and chronic pain

…e TRT has helped me …lications, time, pain and … for my patients.

…as convincing enough for us to try …Wave TRT representative trained …l we started using it with my most …. The device was easy to use—it's …edure, does not require anesthesia, …about ten minutes to treat the av… We started seeing changes—such …wound size—generally by the third …orated Kent Imaging technology to …progression and pre and post-treat… of increased blood oxygenation and …ment was well-tolerated and our pa… reduction.

…effects of Softwave TRT therapy have …de:
…algesic effect
…ory action
… pro-inflammatory immune response …s cellular apoptosis and reduces

…ffect in the treatment of infections …expression of endogenous growth

…improved vascularity and blood cir…ly
…rmulation of new bone tissue
…ural anabolic and growth function in …(skin, bones, cartilage, smooth and …ves)
…tem cells; metabolism goes up, pro…igration goes up, differentiation goes

…ling and regeneration

… in SoftWave TRT has helped not …ut also our clinic as a way to in…ential and position our practice as …eader in innovation (there is a reimbursement pathway). Personally, incorporating SoftWave has been gratifying knowing I'm able to offer patients an innovative way to heal, even those with neuropathy who can still feel pain. These patients are telling me they are gaining more sensation, which leads me to believe that this could also be a viable alternative treatment for neuropathy.

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SoftWave TRT therapy isn't limited to wound care in our office. We are also using it to calm inflammatory issues as well as musculoskeletal, hamstring tendinopathy, Achilles heel, post-operative scars, and plantar fasciitis. On these, we've seen immediate results with pain and motion. For skin substitutes, we use it as a prep or as a way for the wound to get healthier faster.

The device was easy to use—it's a non-invasive procedure, does not require anesthesia, and typically takes about ten minutes to treat the average wound area.

Overall, we have seen significantly improved outcomes, especially with non-healing wounds. Implementing SoftWave TRT has helped reduce complications, time, pain and costs for patients and has allowed me an alternative to offering my patients a way to heal and get back to living. PM

Dr Cumberbatch is a practicing podiatrist in Fort Myers, FL. His area of specialty includes reconstructive surgery of the foot and ankle, limb preservation, and wound care. Dr. Cumberbatch completed the Ilizarov fellowship in Kurgan, Russia.

(There is a reimbursement pathway.) Personally, incorporating SoftWave has been gratifying knowing I'm able to offer patients an innovative way to heal, even those with neuropathy who can still feel pain.

Dr. Duane Cumberbatch, DPM is fellowship trained in limb salvage and completed the Ilizarov fellowship in Kurgan, Russia. Dr. Cumberbatch's area of specialty includes reconstructive surgery of the foot and ankle, limb preservation, and wound care. Dr. Duane Cumberbatch is currently a practicing podiatrist in Fort Myers, FL.

REIMBURSEMENT PATHWAY

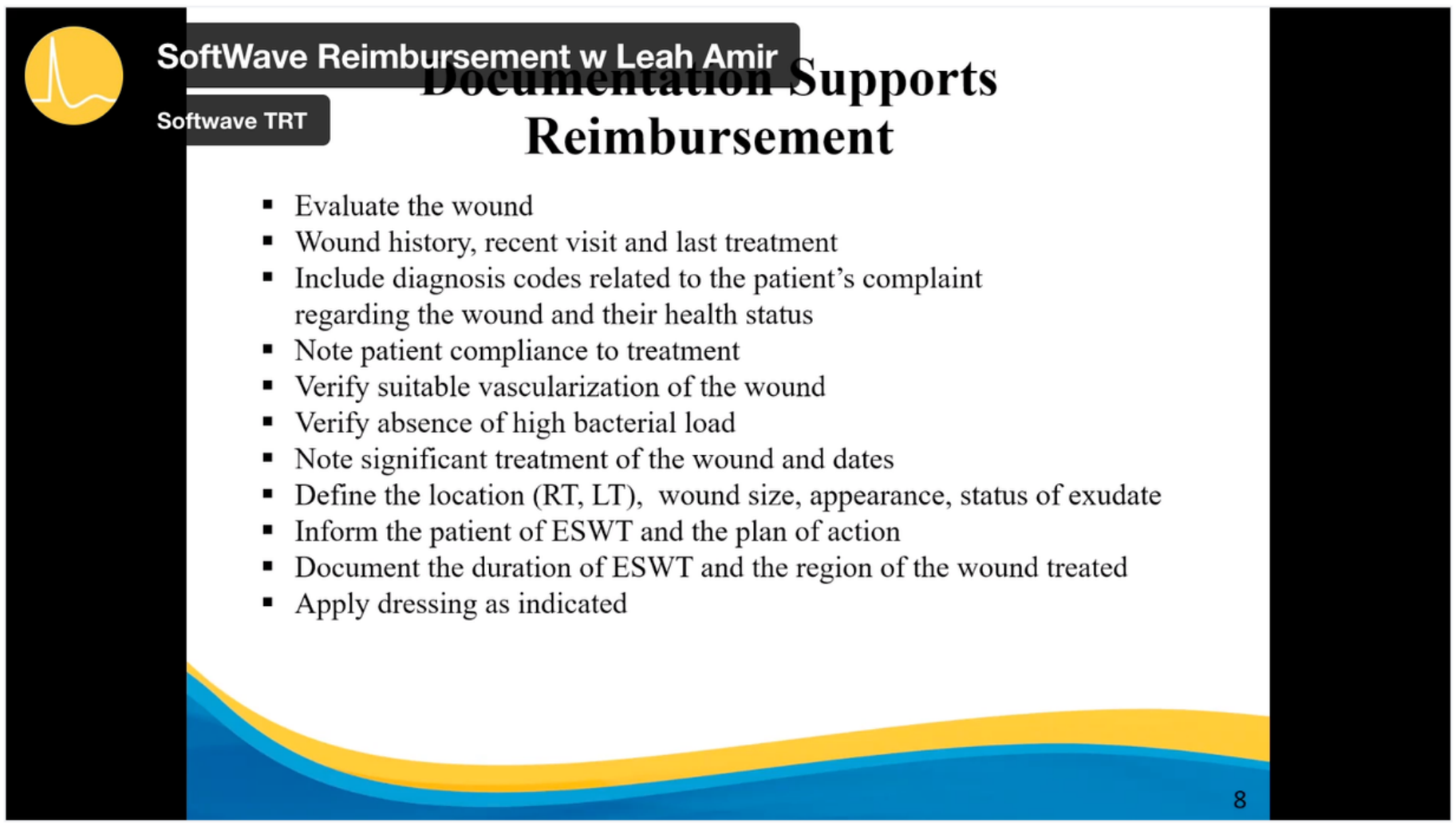
"Two codes define SoftWave's (OrthoGold) ESWT treatment of a wound, 0512T and 0513T. These codes may be billed by the physician noting the place of service on the claim.

There is facility payment available for hospital outpatient and ambulatory surgical centers. 7 out of 8 of the Medicare Administrative Contractors.

Payment requires appropriate documentation as evidence of the patient's medical condition that is intended to be treated by OrthoGold ESWT. With appropriate billing and documentation physicians and their facility are receiving expected payment."

Leah Amir, MS, MHA

CLICK HERE
to access the presentation



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ACCESSIBLE AND AFFORDABLE ADVANCED WOUND CARE

A more practical and overall cost-reducing treatment for the patient

VS

•Extracorporeal shock wave therapy (ESWT) can effectively shorten the healing period and reduce the ineffectiveness of diabetic foot ulcer treatment by 4.8-fold.

•ESWT is not only superior to standard wound care, but also significantly better than hyperbaric oxygen therapy as an adjuvant treatment.

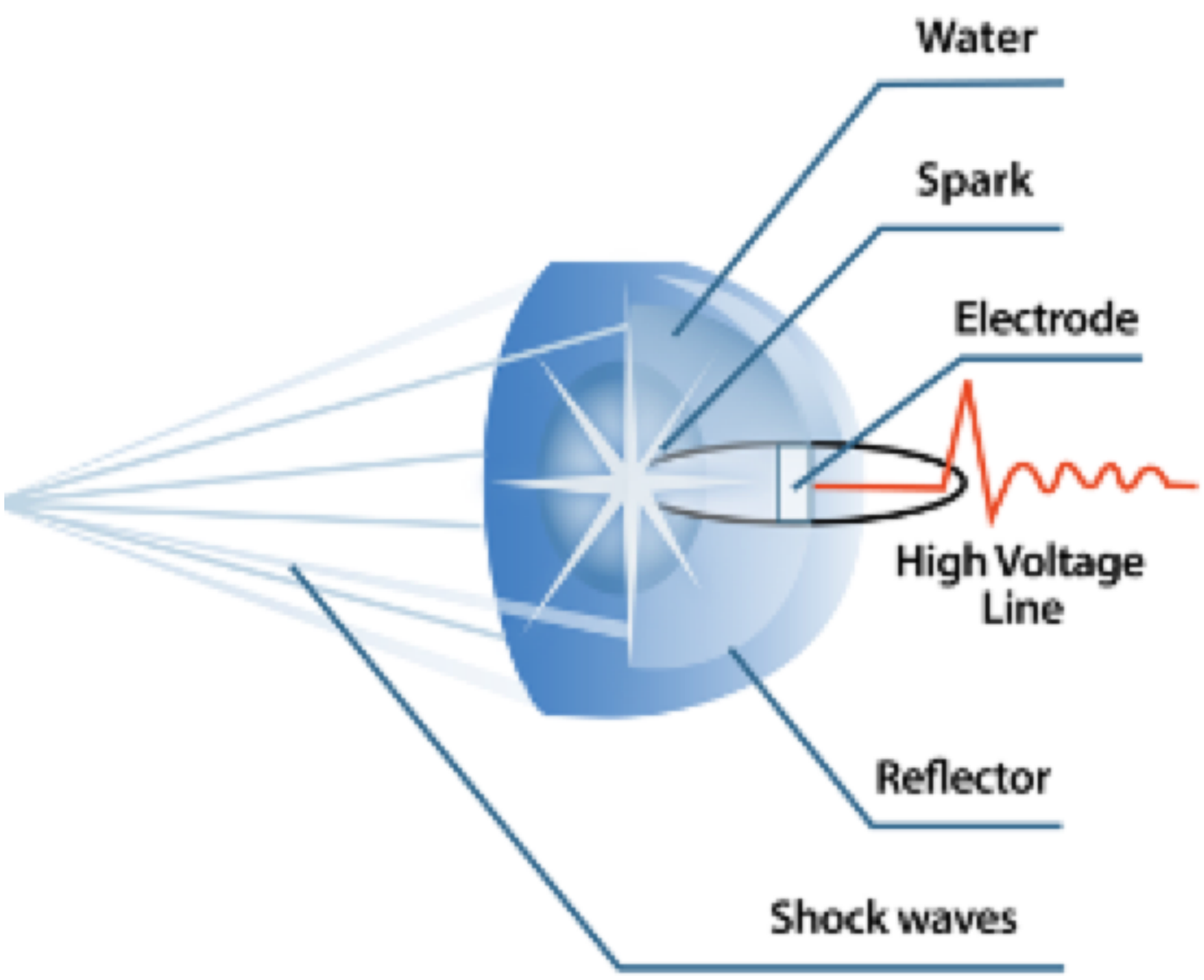
Q. Huang et al (2019). Extracorporeal Shock Wave Therapy for Treating Foot Ulcers in Adults With Type 1 and Type 2 Diabetes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Canadian Journal of Diabetes, 44 (2020) 196-204

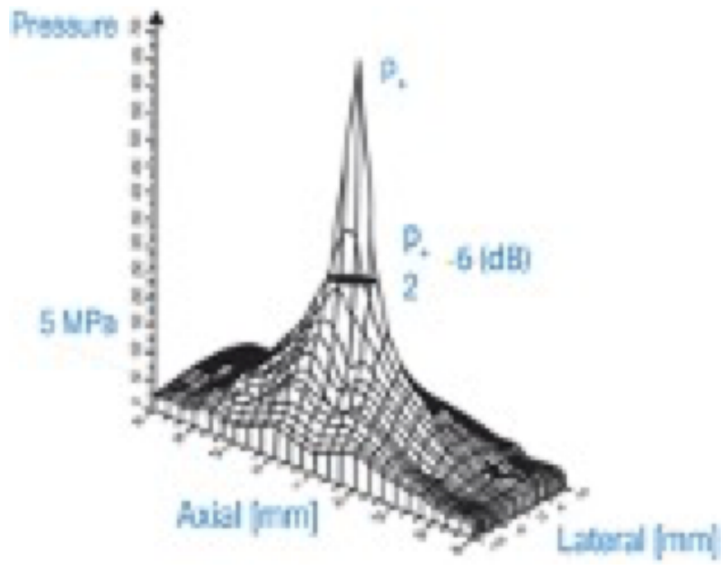
FASTER HEALING TIME	COST-EFFECTIVE
SOFTWAVE *1x/wk; 6-8wks; No side effects* *28-42 days healing time*	**SOFTWAVE** *$320/wk - $1960 total*
HYPERBARIC *Daily treatment* *Up to 80 days healing time*	**HYPERBARIC** *$9,000*
NEGATIVE PRESSURE *Daily treatment, 2-3 dressings changes* *96 days healing time*	**NEGATIVE PRESSURE** *$500/wk - $4,650 total*
SKIN SUBSTITUTE *Inventory management*	**SKIN SUBSTITUTE** *$24,552*

WHY SOFTWAVE TRT IS DIFFERENT

PATENTED APPLICATOR

The SoftWave TRT patented, unfocused applicator design makes it possible to spread energy to a large treatment area to stimulate the body's natural healing process and without microtrauma.



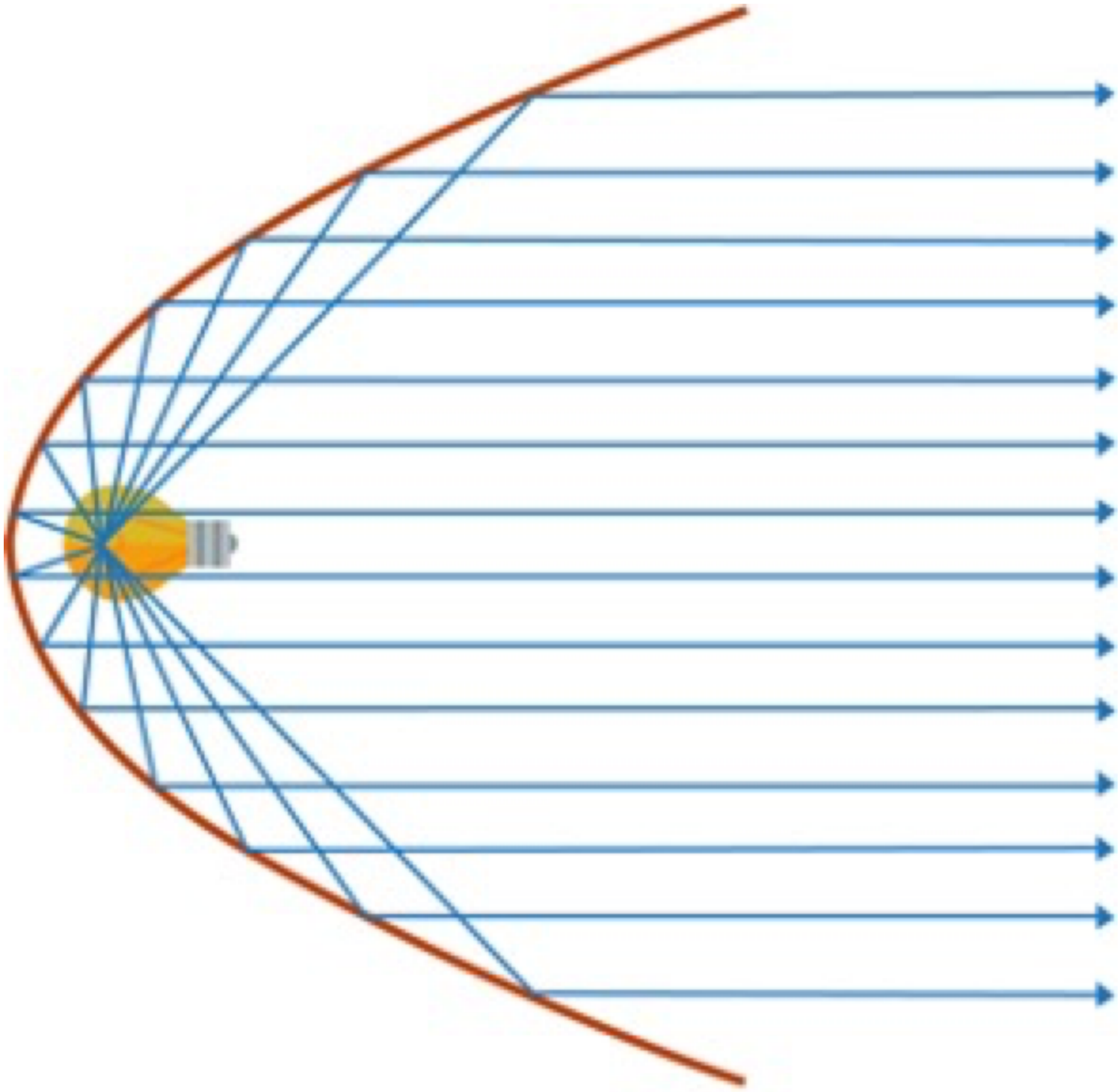


A true shock wave that accelerates wound healing

SoftWave
Tissue Regeneration Technologies

DIFFERENTIATING SOFTWAVE FROM OTHER TECHNOLOGIES

SoftWave® technology offers the ONLY Parallel acoustic Shock Wave



Parallel waves

FDA 510(k) CLEARED

FDA 510(k) cleared for:

- Activation of connective tissue
- Treatment of chronic diabetic foot ulcers
- Treatment of acute second-degree burns
- Improved blood supply
- Temporary pain relief

SoftWave
Tissue Regeneration Technologies

LOW INTENSITY PATENTED SHOCK WAVE TECHNOLOGY THAT HEALS

62 yr old DFU patient after 4 SoftWave sessions

Modulates inflammation
Increases blood supply
Promotes angiogenesis
Stimulates cytokines & growth factors
Wound epithelialization
Tissue regeneration

RESEARCHED | EFFECTIVE | TRUSTED

Fast healing
Non-invasive
Well tolerated & safe
Fast treatment times

Less costly than
HBOT, NPWT & CPT

GET BETTER RESULTS

True shock wave that reaches an area wide and deep

- Fast and easy to use
- Convenient for patient and provider
- Position your practice as a leader in innovation
- Reimbursement pathway available CPT codes 0512T and 0513T
- Increase your revenue potential

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www.SoftWaveTRT.com

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