

PODartis® Research:

Effectiveness of Removable Walker Cast Versus Nonremovable Fiberglass Off-Bearing Cast in the Healing of Diabetic Plantar Foot Ulcer

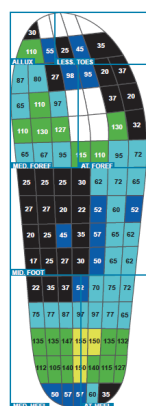
Dr. Faglia, Dr. Caravaggi, Dr. Clerici, Dr. Sganzeroli, Dr. Curci, Dr. Simonetti, Dr. Vailati, Dr. Somalvico

Diabetic Foot Centers: IRCCS Multimedica - Sesto S. Giovanni (Milan) Italy; Istituto Clinico Città Studi (Milan) Italy

DiabetesCare

	2010 - Published on Diabetes Care
AIM OF THE STUDY	Evaluate the efficacy of removable cast walker compared with the Gold Standard nonremovable fiberglass offloading cast in the treatment of diabetic plantar foot ulcer. Efficacy of a removable walker cast STABIL D® Podartis compared with a non-removable offloading TCC cast in the healing of diabetic plantar foot ulcers.
STUDY	45 adult diabetic patients with non-ischemic, non-infected neuropathic plantar ulcer were randomized to treatment with a non-removable fiberglass off-bearing cast (TCC group) or walker cast (STABIL D® Podartis group). Treatment duration was 90 days. Percent reduction in ulcer surface area and total healing rates were evaluated after treatment.
RESULTS	A total of 48 patients were screened; however, two patients in the TCC group and one in the STABIL D® Podartis group did not complete the study and were considered dropouts. There were no significant differences in demographic and clinic characteristics of the 45 patients completing the study. 17 patients (73.9%) in the TCC group and 16 patients (72.7%) in the STABIL D® Podartis group achieved healing.
CONCLUSIONS	The STABIL D® Podartis as removable walker cast, is more recommended with respect to TCC with neuropathic ulcers and ischemic ulcers.

DiabetesCare



(*) Lab NOVEL (February 2007) comparison between Podartis offloading shoes and other USA and European offloading shoes (www.podartis.it)

PODARTIS.IT



PODartis

research & development

Dr. Camillo Buratto

Patient 1

Male, age 56, affected by Diabetes mellitus type 2 (know since 5 years) and currently under insulin therapy, with distal symmetrical sensorymotor neuropathy and arterial hypertension but no history of CHD. The patient shows neuropathic ulcer (degree 1A - TUC) on 5th metatarsal head, griffe toes and the 5th toe varus, with atrophy of muscles between the bones.

The patient has been treated with foot ankle walker **STABIL D® Podartis** with a custom made orthotics to offload the ulcers. The ulcer healed.



1 - before the treatment

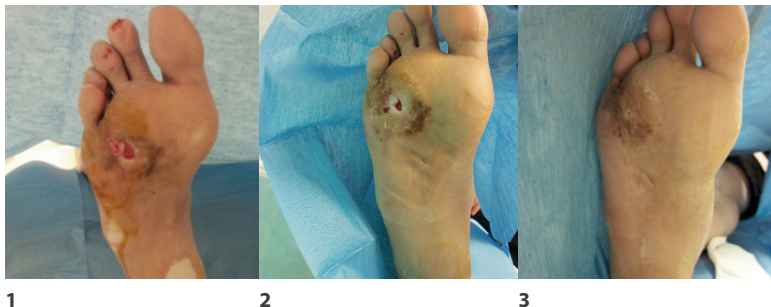
2 - The patient treated with STABIL D® Podartis and custom made orthotics

3 - The ulcer healed

Patient 2

Male, age 66, affected by Diabetes mellitus type 2 (know since 2000) and currently under insulin therapy, with distal symmetrical sensorymotor neuropathy, diabetic retinopathy, arterial hypertension, obesity.

The patient shows neuropathic ulcer (degree 1A - TUC) on the 4th and 5th metatarsal head of the right foot, rigid forefoot and griffe toes. The patient has been treated with foot ankle walker **STABIL D® Podartis** with a custom made orthotics to offload the ulcers. The result was a **significant reduction of the pressures on the forefoot which lead the ulcer to heal. The patient reported a high comfort and stability while walking, especially considering his obesity conditions.**



1 - before the treatment

2 - The patient treated with STABIL D® Podartis and custom made orthotics

3 - The ulcer healed



The STABIL D® as removable walker cast, is more recommended with respect to TCC with neuropathic ulcers and ischemic ulcers.

