Welcome to the 7th issue of DARCO Europe E-Journal

Dear Reader,

The DARCO E-Journal quarterly publication is designed to provide insightful information to our associates in the medical community, professional institutions and to our distributors throughout Europe.

Plantar Fasciitis? We have a solution.

Plantar fasciitis is a common, painful disorder affecting the heel and the underside of the foot. It is a disorder affecting the insertion site of the ligament on the bone and is characterized by scarring, inflammation, or structural breakdown of the foot’s plantar fascia. It is often caused by increases in exercise or weight. It can also be associated with age or by overuse causing injury to the plantar fascia. It is the most common injury of the plantar fascia and is typically the cause of heel pain. Approximately 10% of all people will have plantar fasciitis at some point during their lifetime. It is relatively common in middle aged people but also occurs in younger people who are frequently on their feet.

The DARCO Body Armor® Night Splint provides the most effective stretch of the plantar fascia of any night splint on the market today. And it does so with a sleek and light-weight profile that provides optimal comfort and livability for the wearer. That means higher compliance and a more effective treatment of the symptoms. It is a win/win situation for both physician and patient.

We hope that you enjoy reading each issue of the DARCO E-Journal.

Yours sincerely,
Rainer Kalleitner
Director of International Sales DARCO (Europe) GmbH

DARCO is a founding member of:

Gesellschaft für Fuß- und Sprunggelenkchirurgie e.V.
Society for Foot and Ankle Surgery

www.gesellschaft-fuer-fusschirurgie.de
www.woundcare-circle.com
Body Armor® Night Splint
Dorsal Night Splint

The DARCO Body Armor® Night Splint is the only night splint on the market today that actively engages the windlass mechanism of the foot resulting in a specific and sustained stretching to the plantar fascia and a continual low load stretch to the flexor tendons, Achilles tendon and calf muscles.

Features and Benefits
The combination of sustained stretching to the plantar fascia with the hallux toe loop and keeping the position by means of the splint, enables the following indications to counteract:

- shortening of the plantar fascia
- heel spurs
- achilles tendonitis and tendonosis
- metatarsalgia
- talipes equinus and ankle contracture

The BodyArmor® Night Splint is a splint stabilizing the foot and lower leg position at an angle of 90° in order to avoid equinus deformity of the foot and to consequently prevent achilles tendon shortening.

The toe loop elevates the hallux, and thus actively engages the windlass mechanism of the foot resulting in a sustained stretch to the plantar fascia.

In addition, the toe loop exercises a slight tension on:
- the Achilles tendon
- the Tibialis posterior tendon
- the deep flexor tendons of the foot
- and the muscle system of the lower leg

“Nighttime comfort has increased patient compliance significantly. In conjunction with an isolated, increased stretch on the fascia via dorsiflexion of the 1st metatarsalphalangeal joint, this product has greatly improved patient outcomes in comparison with other dorsal night splints that I have used”.  

Kevin Brown, DPM Huntington, WV, USA

Postoperative Care

- The adjustable straps are quick and easy to use, providing a perfect fit
- The elastic ring enables the user to fix the toe loop in various positions
- The low profile design of the splint minimizes the tension on the dorsum of the foot and on the anterior crest of the tibia by up to 70%
- Right and left fit, one-size-fits-all design
- The Toe Plate elevates all toes achieving a stronger stretching of the plantar fascia (optional)

Please find detailed information on our website www.darco-europe.com
Heel Spur Syndrome or Plantar Fasciitis?

Plantar heel pain is often diagnosed as a heel spur syndrome. Statistically every third person shows a radiographic prominent heel spur, but usually without any pathology. When there is pain, it is most often related to plantar fasciitis.

Beneath the skin and a fatty pad of the plantar aspect of the foot (sole), there is a thick connective tissue which supports the arch of the foot; the plantar fascia or plantar aponeurosis. This relatively wide structure, spans between the medial calcaneal tubercle and the proximal phalanges of the toes.

Due to overuse, the connection of the plantar fascia at the calcaneus can become inflamed creating pain, and hence, plantar fasciitis. Patients often report stabbing pain that usually occurs with the very first steps in the morning. Once the foot limbers up, the pain of plantar fasciitis normally decreases. Although, it may return after long periods of standing or after getting up from a seated position. Plantar fasciitis is particularly common in runners. In addition, people who are overweight, women who are pregnant and those who wear shoes with inadequate support, are also at risk of contracting plantar fasciitis.

Treatment options for plantar fasciitis include rest, massage therapy, stretching, weight loss, night splints, motion control running shoes, physical therapy, hot and cold therapies, custom orthotics, anti-inflammatory medications, corticosteroids injections and surgery. In refractory cases, extracorporeal shockwave maybe used. Finally in some cases, massaging the inflamed location may offer temporary relief. If not treated properly a plantar fasciitis can result in a heel spur.

Heel spurs develop as an abnormal growth in the heel bone due to calcium deposits that form when the plantar fascia pulls away from the heel. This stretching of the plantar fascia is usually the result of over-pronation (flat feet), but people with unusually high arches (pes cavus) can also develop heel spurs. Women have a significantly higher incidence of heel spurs due to the types of footwear worn on a regular basis.

In 1954, J.H. Hicks described the biomechanical effect of the windless mechanism in relation to the plantar aponeurosis and the arch of the foot. A reference work for the development of modern night splints, such as the DARCO Body Armor® Night Splint.

Additional reading
Events

August 2016

August 26 – 28, 2016 | Ranchi, Jharkhand, India
IFASCON – Indian Foot and Ankle Society
www.ifascon2016.com

September 2016

September 8 – 9, 2016 | Stuttgart, Germany
Annual Meeting of Association of Diabetic Foot Surgeons (A-DFS)
www.a-dfs.org

September 9 – 11, 2016 | Stuttgart, Germany
13th Scientific meeting of the Diabetic Foot Study Group (DFSG)
www.dfsg.org/annual-meeting.html

September 25 – 29, 2016 | Florence, Italy
WUWHS 2016
www.wuwhs.org/sp15/wuwhs-2016

October 2016

September 28 – October 1, 2016 | Duesseldorf, Germany
REHACARE
www.rehacare.com

October 5 – 6, 2016 | Copenhagen, Denmark
Nordic Diabetic Foot (NDF) second symposium 2016
www.nordicdiabeticfoot.org

October 12 – 15, 2016 | Pisa, Italy
The Pisa International Diabetic Foot Course
Management of the Diabetic Foot
www.diabeticfootcourses.org

November 2016

November 14 – 17, 2016 | Duesseldorf, Germany
MEDICA 2016
www.medica-tradefair.com

November 17 – 19, 2016 | Glasgow, Scotland
College of Podiatry Annual Conference
www.scpod.org/conference/2016-college-of-podiatry-annual-conference

Imprint

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