Welcome to the 5th issue of DARCO Newsletter

Dear readers,

Welcome to the 5th issue of the DARCO Newsletter, a quarterly publication which provides information to the medical community, institutions and distributors in India working in the field of treatment of the foot.

Plantar Fasciitis? We can provide a solution.

Plantar fasciitis is a common painful disorder affecting the heel and underside of the foot. It is a disorder of the insertion site of ligament on the bone and is characterized by scarring, inflammation, or structural breakdown of the foot’s plantar fascia. It is often caused by overuse injury of the plantar fascia, increases in exercise, weight or age. It is the most common injury of the plantar fascia and the most common cause of heel pain. Approximately 10% of people have plantar fasciitis at some point during their lifetime.[3] It is common in middle aged people. It also occurs in younger people who are on their feet a lot.[3]

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 from the wearer and a more effective treatment of the symptoms. It is a win/win situation for both physician and patient.

Learn more about it in this issue of our Newsletter.

DARCO – Your partner for professional foot care!

Yours sincerely

Sashi Surpali, CEO DARCO Medical India Pvt.Ltd.

Let’s talk: Knowledge and Specialization in Foot & Ankle Surgery in India

Pune – On the occasion of the 27th IFASCON Meeting in Pune in August DARCO talked to the Past President of the Indian Foot and Ankle Society Prof. Mandeep Dhillon about specialization and further training of Indian foot & ankle doctors and about the future of innovative medical foot care devices in India.

“...The proper device as well as proper rehabilitation, and protection is as important as properly done surgery...”

You will find the whole transcript of the interview here (PDF). Or request it via E-Mail info@darco.in.

Enjoy browsing!
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 stretch to the plantar fascia and a sustained 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° C 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 metatarsal phalangeal joint, this product has greatly improved patient outcomes in comparison with other dorsal night splints that I have used”.  
Kevin Brown, DPM Huntington, WV

> 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 dorsalisizes all toes achieving a stronger stretching of the plantar fascia.  
(optional available)

Please find detailed information on our website www.darco.in
Heel Spur Syndrome or Plantar Faciitis?

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, whereas the pain is most often related to a plantar fasciitis.

Beneath 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. This broad structure spans between the medial calcaneal tubercle and the proximal phalanges of the toes, the plantar fascia or plantar aponeurosis.

Due to overuse the connection of the plantar fascia at the calcaneus can get inflamed and forces the pain, a plantar fasciitis. Patients often report stabbing pain that usually occurs with very first steps in the morning. Once the foot limbers up, the pain of plantar fasciitis normally decreases, but 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 at risk of plantar fasciitis.

Treatment options for plantar fasciitis include rest, massage therapy, stretching, weight loss, night splints, motion control running shoes, physical therapy, cold therapy, heat therapy, orthotics, anti-inflammatory medications, injection of corticosteroids and surgery in refractory cases, extracorporeal shockwave. Also, in some cases, massaging of the inflamed location serves as a 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 often 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.

by Raphael Boehm, Vice President DARCO Europe

Additional reading
http://en.wikipedia.org/wiki/Plantar_fasciitis
Events

September 2014

27 – 28th September | Mahim, Mumbai
Bombay Orthopaedic Society 1st Foot and Ankle Course
www.hindujahospital.com

October 2014

7 – 9th October | Agra
8th Biennial Conference of Orthopaedic Association of SAARC Countries (OASAC)
www.oasac2014agra.com

15 – 18th October | Bhubaneshwar
21st Annual Conference of the Vascular Society of India (VSICON)
www.vsicong2014.org

15 – 19th October | Chandigarh
49th Annual Conference of the Association of Plastic Surgeons (APSICON)
www.apsicon2014.org

November 2014

1 – 2nd November | New Delhi
Annual Meet of Delhi Orthopedic Association (DOACON)
www.delhiortho.org

14 – 16th November | Chandigarh
44th Annual Conference of Endocrine Society of India (ESICON)
www.esicon2014.com

19 – 22nd November | Hyderabad
59th Annual Conference of the Indian Orthopaedic Association
www.ioacon2014.com

21 – 23rd November | Bangalore
42nd Annual Conclave of Research Society for the Study of Diabetes in India (RSSDI)
www.rssdibangalore2014.com

Imprint

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