

**"I FEEL
GOOD"**

**HEAL
THE HEEL**

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SWISS DOLORCLAST® METHOD

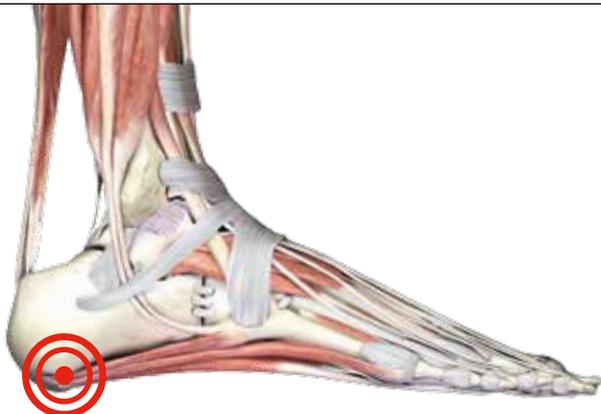
EFFICIENT THERAPY → FOR CHRONIC HEEL PAIN

**EFFICIENT
PAIN
RELIEF**



CHRONIC PAIN →

- > Each day, chronic pain drains those who suffer from it, and can dramatically affect their quality of life. A painful heel makes every step more challenging than it should be.
- > Chronic pain often limits the regular practice of sports such as jogging, walking, dancing, etc.
- > Chronic pain also affects your daily life, draining your physical and mental capacity with the slightest movement.
- > Plantar fasciopathy (PF) is an acute or chronic, painful disorder of the plantar fascia that spans between the medial calcaneal tubercle and the proximal phalanges of the toes.
- > It is the most common cause of plantar heel pain and accounts for approximately 11-15% of foot symptoms presented to physicians. The main clinical symptom is heel pain, particularly in the morning or after a period of rest. Often patients report improvement of pain after walking. Pain is usually located at the root of the plantar fascia, i.e., at the medial calcaneal tubercle.



> Anatomical view of foot

SIMPLE TREATMENT →

- YOUR DOCTOR LOCATES THE PAIN THROUGH PALPATION OR ULTRASOUND
- NO SURGERY, NO ASSOCIATED RISKS
- NO MEDICATION - NO BOTHERSOME SIDE EFFECTS
- UNCOMPLICATED OUTPATIENT PROCEDURE - FAST, GENTLE AND EFFECTIVE



Locating the painful area

Marking the treatment area

Applying contact gel

Delivering shock waves

- A TYPICAL SESSION LASTS ABOUT 15 MINUTES - YOU WILL REQUIRE 3 SESSIONS, EACH 1 WEEK APART

BENEFITS →

- THREE APPLICATIONS AT SHORT INTERVALS - JUST A FEW MINUTES EACH
- ACTIVATES SELF-HEALING PROCESSES - LONG LASTING PAIN RELIEF EVEN AFTER THE THERAPY HAS BEEN COMPLETED*

CLEAR PAIN RELIEF IN MOST CASES DURING THE FIRST TREATMENT SESSION

* Shock wave therapy for chronic plantar fasciopathy with the Swiss DolorClast® was confirmed to result in long-term treatment success, demonstrated at both 6 months and 12 months after the first treatment.
References: Gerdesmeyer et al., Am J Sports Med 2008;36(11):2100-2109; Ibrahim et al., Foot Ankle Int 2010;31(5):391-397