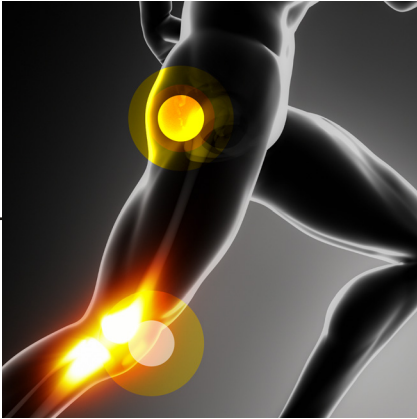


TREATMENT FOR SOFT AND HARD TISSUE DISEASE



Do you have patients with chronic tendon/plantar fascia pain?

Refer them for a Tenex Health TX® consultation

We offer a minimally invasive procedure using Tenex Health TX® System technology to rapidly treat chronic refractory tendinopathy and osteophytes. Common applications include:

- Shoulder
- Lateral/medial epicondylitis
- Gluteus (Hip)
- Hamstring
- Patella tendon
- Achilles/Haglund's deformity
- Plantar fascia
- Plantar fibroma
- Calcification in the tendon
- Bone spurs and bony prominences

The Ideal Patient

- ✓ Pain for over 3 months - chronic
- ✓ Other treatments and conservative measures have failed (RICE, PT, maybe even cortisone)
- ✓ Presents point tenderness (can easily identify location of pain)

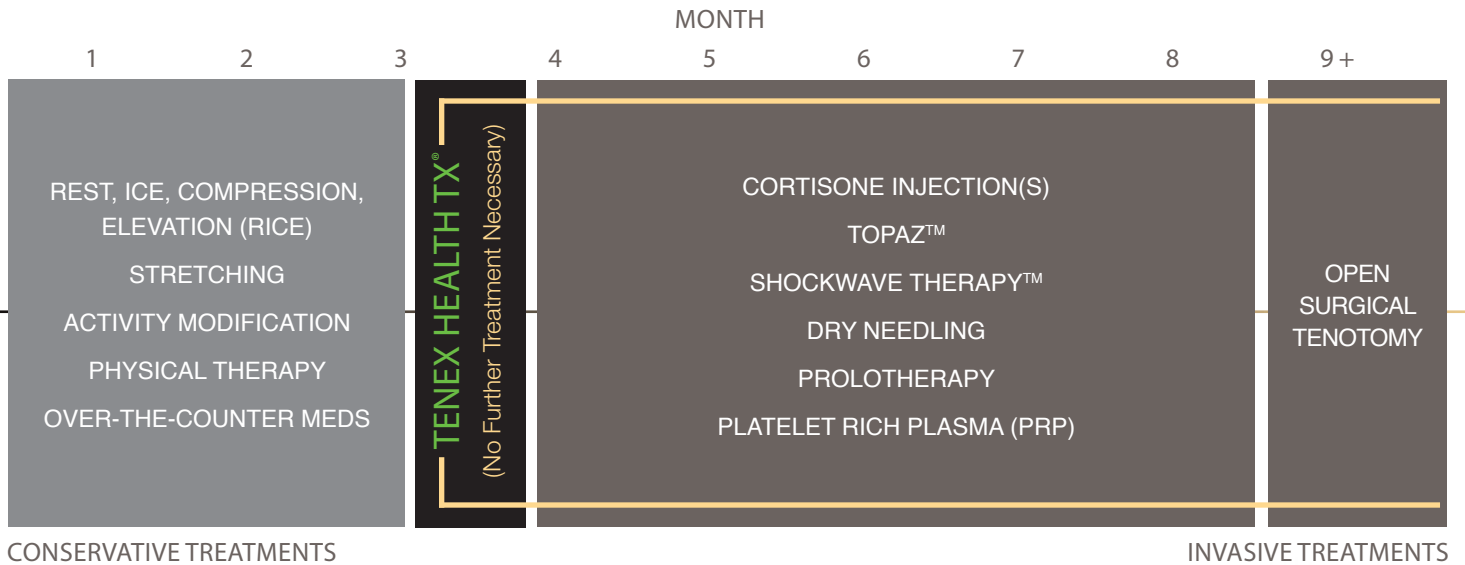
The TX System delivers ultrasonic energy, enabling us to precisely cut and remove pain-causing tissue without damaging surrounding healthy tendon. This process is shown to stimulate healthy tissue growth.¹ It allows patients to rapidly return to their normal activities in a fraction of the recovery time compared to traditional open surgery.² It can also be effective in cases of failed open surgical procedures.

Over 100,000 procedures have been performed with the TX System.

Transform your treatment path for patients with tendon/plantar fascia disease

Recommend Tenex Health TX[®]

The TX System allows patients to bypass the need for open surgery or lengthy and tedious treatment plans. It is an outpatient procedure typically performed with local anesthetic. No stitches are required (only a small, adhesive bandage) and most patients can drive home afterwards. It is clinically proven to relieve tissue pain in over 85% of patients.^{3,4,5,6}



Please contact us for more information or refer your patients to:

¹ Kamineni S, Butterfield T, Sinai A. J Orth Surg Res. 2015;10:70:1-8.
² Yanish GJ, Moore CT, Pinegar C. Percutaneous Ultrasonic Tenotomy with Ultrasound Guidance vs. Open Lateral Epicondylectomy: A Prospective Cost Comparative Analysis. (Under review), March 2019.
³ Chimenti RL, Stover DW, Fick BS, Hall MM. J Ultrasound Med. 2018;00:1-7.
⁴ Razdan R, Vander Woude E, Braun A, Morrey BF. J Surg Proced Tech. 2018;3:102.
⁵ Patel MM, Patel SM, Patel SS, Daynes J. Austin J Orthopade & Rheumatol. 2015;2(2):1014.
⁶ Patel MM. Am J Orthop. 2015;44(3):107-110.