



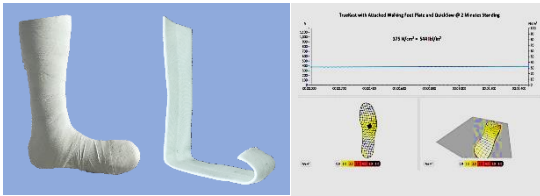
A "Systematic" Approach to Total Contact Casting

Simple, Fast, Safe & Effective Offloading

#DoTheRightThing

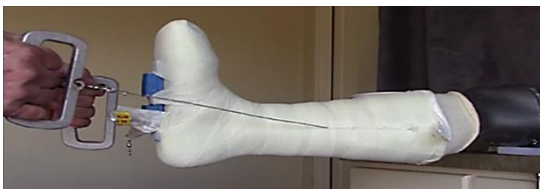
See the Video at www.truekast.com

Are you using a TCC product? Or are you using an INTEGRATED TCC SYSTEM to provide the Offloading, Comfort, Protection, and Safety your Diabetic, Neuropathic Foot Ulcer Patients both need and want? Take a close look below at The TrueKast Total Contact Casting "System of Systems" which incorporates multiple Patent Pending Technologies to address your TCC needs & concerns.



Total Contact Cast Offloading System with 7-Layer Splint

The Light-Weight (34.oz) TrueKast Fiberglass Wall and Posterior Splint are made with a quick drying formulation which allows for removal, application, and weight bearing ambulation in less than 20 minutes. Plantar Offloading is demonstrated via pressure testing.



QuickSaw (QST) Removal System – No Cast Saw Needed

The Quicksaw System provides for safe, fast, and patient friendly removal of the TCC while eliminating the risks of patient injury due to the use of a cast saw. It also reduces the amount of cast debris and aerosolized cast dust produced by a vibrating power tool.



Total Foot Protection (TFP) Cushioning System

The TFP pad provides cushioning for patient comfort & protection from injury to bony prominences and soft tissue structures over the entire foot and ankle surface. Perforated, soft, and resilient, it affords you and your patients the protection needed in a TCC.

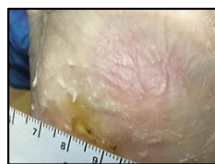


Traction Stability System (TSS) Walking Surfaces

- (1) Footplates with "Lock and Walk" Technology (Small, Large, and TMA), these walking surfaces provide traction & stability.
- (2) Cast Shoe with special leveling plate for patients who require a different walking surface for maximum stability.



November 30, 2017



June 1, 2018



Effective Plantar Offloading – "The Gold Standard"

Wound Care Plus, LLC Martha Kelso, RN, HBOT, CEO, WCP Kansas, Missouri, Nebraska, Iowa, Arkansas, Oklahoma, Illinois

Case: Diabetic wound present for 2 years. Patient is obese with poor nutritional intake. TrueKast initiated March 13th, 2017. Utilizing the TrueKast along with standard of care principles, the wound had significant reduction in area and volume. This significant reduction had not occurred in the previous two years despite standard of care being utilized. The wound was closed on June 1, 2018 and the patient was discharged.