

PROFILES IN EXCELLENCE: ARTICLE FOR NEUROTHERM

TITLE: NT250 RF Generator System: A SIMPLE ACCURATE TREATMENT OF PLANTAR HEEL PAIN SYNDROME

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Plantar heel pain syndrome continues to baffle and challenge podiatric physicians. While most forms of heel pain are successfully treated with non-operative interventions, most practitioners realize that this disorder is growing in prevalence and a significant number of patients do not adequately respond to traditional treatment.

Because the long term, negative ramifications of surgical intervention for plantar heel pain are significant, podiatric physicians have sought alternative treatments to relieve pain and allow patients to return to regular activity levels. Thus, non-surgical treatments such as shockwave therapy, cryosurgery and radiofrequency treatment of the plantar fascia have drawn keen interest over the past few years.

A new emerging technology, utilizing radiofrequency ablation of the inferior calcaneal nerve offers a simple, accurate solution for plantar heel pain syndrome. This technique employs NeuroTherm's new NT250 RFNA unit which has its roots in a myriad of minimally invasive applications ranging from Neurosurgery (RF ablation of the Globus Pallidus to treat Tremor), Electrophysiology (RF ablation of accessory pathways to eliminate tachycardia) and in Pain Management (RF ablation of the lumbar or cervical medial branch nerves for chronic facet pain)

The advantage of the NT250 RF System compared to other ablation techniques such as cryosurgery is the ability to accurately isolate the sensory branch of the inferior calcaneal nerve for ablation. This procedure will assure that the key motor branches of this nerve to the flexor digitorum brevis and the abductor digiti quinti brevis are spared. Thus, complete ablation of the pain is possible without any risk of motor nerve damage.

The NT250 RF treatment is designed for use in the office setting. The entire procedure for one heel takes approximately 20 minutes. The procedure is performed under local anesthetic block, and involves placement of a cannula approximately the same size as an 20-gauge needle. There is no significant disability after the procedure and no significant risk of long term cutaneous sensory deficit.

Studies using radiofrequency nerve ablation for plantar heel pain syndrome as well as traumatic neuroma have already been published in the podiatric literature and several more new studies are underway. Currently, practitioners around the country are using this proven technology with reported success rates in the range of 75-80% which mirrors my personal experiences with the device. Reimbursement for this procedure is

widely recognized by Medicare and most private insurers, making this procedure a smart and effective addition to many surgical practices.

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