



SYST'AM® P901T / INTEGRAL HEEL SUPPORT

HEEL SUPPORT MADE OF VISCOELASTIC FOAM WITH MEMORY EFFECT

MATERIALS

80 kg/m³



Visco foam



Removable POLYMAILLE® integral cover



NF EN ISO 597 - 1 & 2

Foam maintenance:



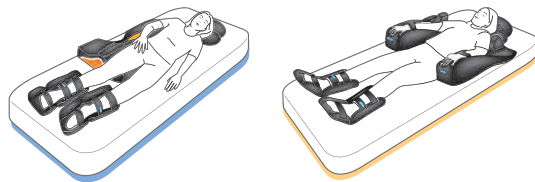
(Do not immerse in water)

Cleaning POLYMAILLE® cover:



INDICATIONS

- 1- This model of heel support is particularly well suited to patients with normal or slightly limited mobility.
- Thanks to the reduction in friction effects between the heel and bed that are a source of sores, this model is also ideal for prevention in agitated patients or those subject to constant movement of the lower members.



AVAILABLE VERSIONS



SYST'AM® P901T / INTEGRAL HEEL SUPPORT

FEATURES OF THE COVERS

FABRIC COATED WITH BI-STRETCH POLYURETHANE

- Reduces friction and shear effects.
- Supple and soft to the touch (comfortable).
- Favours the exchange of gases (steam, sweat):
 - fights against maceration.
- Impermeable material:
 - better hygiene,
 - longer support system lifespan.
- Washable at 90°C, can be decontaminated using cold sprays.
- Treated to resist fire.
- In multi-patient use, it is preferable to buy one new cover per patient.



- Unlike most systems attached to lower limbs using belts and Velcro fasteners, which are uncomfortable and cause irritation, the SYST'AM® P901T is entirely protected by a cover and has a particularly comfortable attachment system that is easy to adjust:
 - the attachment system offers sustainable support maintaining the device in the right position,
 - the system is easy to install.

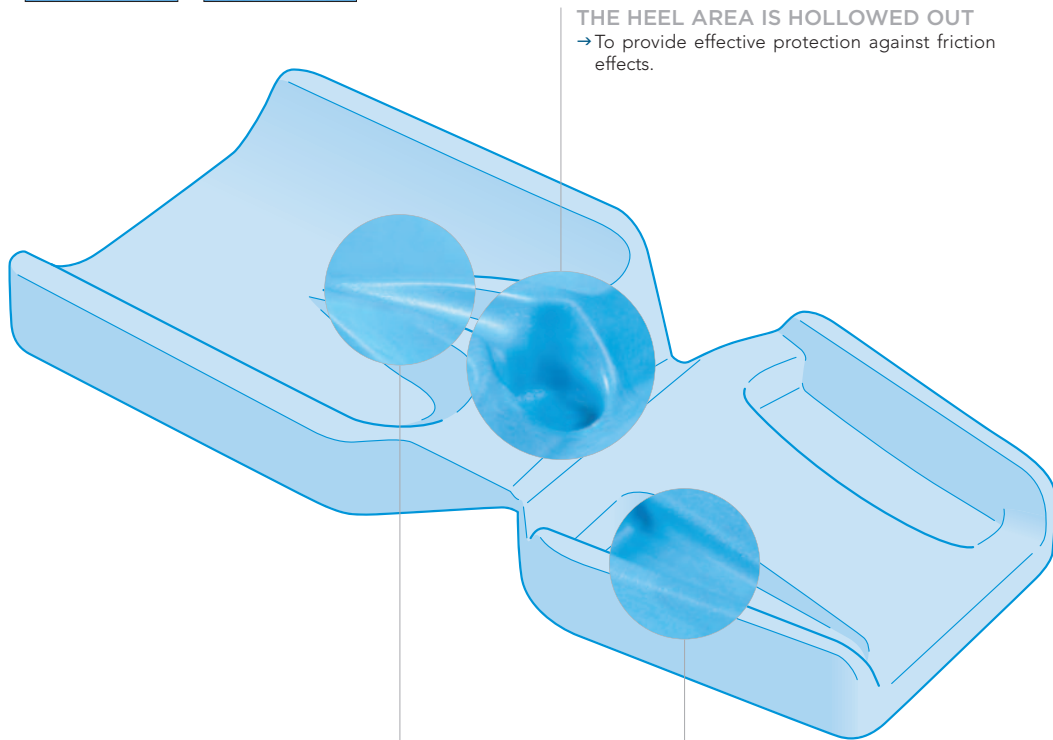
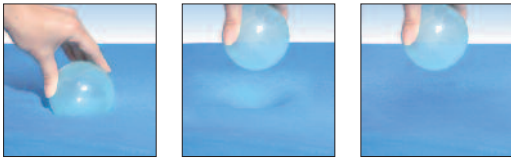
DESIGNATION	ITEM CODE	SIZE L x W x H (cm / inches)
P901T / Integral Heel Support	P901TIHW	55 x 25 x 7,5 cm / 21,6 x 9,8 x 3"





MADE OF VISCOELASTIC FOAM WITH MEMORY EFFECT

- The heel sinks into the memory foam.
- Combined with the curved form of the system, it reduces pressure peaks in the high-risk areas.



THE HEEL AREA IS HOLLOWED OUT
→ To provide effective protection against friction effects.

THE ACHILLES TENDON IS PROTECTED BY SIDE SUPPORTS
→ That direct pressure towards retromalleolar regions considered as being lower risk.

THE SIDES OF THE FOREFOOT SECTION ARE HOLLOWED OUT
→ To divert pressure towards the surrounding areas that are less subject to sore formation.



INTEGRAL HEEL SUPPORT
→ Is particularly well suited to patients with normal or slightly limited mobility.
→ Is also ideal for prevention in agitated patients or those subject to constant movement of the lower members.





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HEEL SUPPORTS

The area of the heel is described by many authors as being a particularly frequent location of pressure sores. Meehan identifies the heels as the second pressure sore development zone after the sacrum, while Hunter considers distribution of pressure sores between these two sites as being equal.

RISK FACTORS

- The study by Blaszczyk highlighted 5 risk factors often associated with the risk of pressure sores on the heel.
 - Age > 70 years
 - Diabetes
 - Altered mental state (agitation, confusion, absence of response, stupor)
 - Loss of movement in at least one lower member
 - Decrease in the level of physical activity.
- Other factors should also be taken into account, such as stiffness of the knee, vascular problems in the peripheral areas or oedema in a lower member.
- The immobilisation factor is primordial in the development of pressure sores on the heel. Certain pathologies inducing the immobilisation of the lower members are therefore more frequently linked with the occurrence of these sores. As proof of this, after surgery on the lower members, several studies have shown the frequent occurrence of pressure sores, in particular after surgery on the femoral neck. They report rates of 27% to 42%. Versluysen notes incidence of 32%, including 23% heel pressure sores. These pressure sores appear very early, with 18% observed before operating, 16% on the day of the operation and 30% the week following it. Only 13% were recorded in the second week after the operation.
- In intensive care, a survey conducted in wards in 94 hospitals in France showed that the most frequent location of pressure sores was the heels, 44.4% of cases, then the sacrum for 25.9%. Among the risk factors, immobility of the lower members was essential in this case too.

ARE PRESSURE SORE PREVENTION OR TREATMENT SUPPORTS EFFECTIVE IN PROTECTING THE AREA OF THE HEEL ?

- Several studies have shown that the use of pressure sore prevention or treatment supports reduced the rate of sacrum pressure sores but had little or no influence on the rate of heel pressure sores; this observation was the same whatever the support used.
- Blaszczyk assessed the effect of using pressure sore prevention or treatment supports in the intensive care department of a hospital. He noted a decrease in the incidence of pressure sores on the sacrum and an increase in that of pressure sores on the heels.
- Allen compared the pressure exerted on the heels on two supports of the motorised low-pressure active air type. He found good results for the area of the buttocks, while the pressure recorded on the heels was high (2.67 times higher).
- Maklebus compared the pressure recorded on a memory foam mattress, an active-air mattress of the low-pressure type and a standard mattress for 64 subjects. The results were greater than 32 mmHg in all cases.
- This observation is confirmed in wards equipped with motorised active supports of the low-pressure type, where the persistence or even an increase in the incidence of heel sores is recorded after the installation of these mattresses.
- Consequently, it would appear obvious that prevention for the heel area must be considered separately from the pressure sore prevention and treatment support in high-risk situations.

ARE TRADITIONAL HEEL SUPPORTS EFFECTIVE IN PREVENTING THE APPEARANCE OF SORES ?

- Medical staff often use heel supports. There are a large number of models, most of them made of gel, foam, silicon-coated fibres or synthetic sheepskin. Many studies have shown, however, that this type of device does not distribute pressure sufficiently, judging by the clinical results obtained.
- Other studies comparing the efficiency of these heel protection systems consider that only those systems that relieve pressure completely seem to offer real efficiency when the conditions of use allow.
- When this is not the case or when inappropriate use of the pressure-release systems is noted (reduced or complete mobility of the lower members), the use of accessories attached to the foot and placed at the bottom of the bed represents an appropriate alternative given the lesser risk related to the mobility factor.

THE SYST'AM® HEEL SUPPORT RANGE

Total pressure relief boot

- The results of the implementation of a post-operation prevention protocol in orthopaedics (hip replacement) and intensive care on 30 patients showed that no heel sores appeared (Cheney and Blaszczyk). In cases where there was a loss of mobility in at least one lower member, education of the patient and total relief of pressure on the heels proves to be very effective.
- On the basis of this data, SYST'AM® has developed a boot with an innovative anatomical shape, made of very high density viscoelastic memory foam, ensuring the reduction of pressure peaks and good comfort levels in use.

Integral heel support or heel pad

- In cases of normal or reduced mobility, the risk of sores is lower but still exists if we take into account the other risk factors such as diabetes, mental state, age or vascular problems. The use of heel pressure-relief systems is not efficient in such cases as the patient does not use them correctly (difficult to keep the heel firmly in place in the boot); in such cases, it is better to use systems that allow the lower members to move, such as devices attached to the foot or positioned at the bottom of the bed.
- For patients with normal mobility but suffering from cognitive disorders and movements that engender friction phenomena, it is necessary to use a heel support attached to the foot.
- For these sorts of cases, SYST'AM® has developed two models made with very high-density viscoelastic memory foam – a support pad to be placed on the bed and a model that is attached to the foot.



AN EXCELLENT PREVENTION SUPPORT IS ONLY EXCELLENT WHEN IT IS USED PROPERLY !

In order to make it easier to choose the right support for the heel area, SYST'AM® suggests that you use the decision-making grids below. This is not the only approach however, and other criteria linked with comfort, particular pathologies or morphology may require a different choice.

1/ Determine the total score of patient-related risk factors F by marking the value "1" in the column if the patient is concerned by the criterion in question, and "0" if not. Add up the score for each risk factor and determine the total F score.

2/ Choose the right heel support by determining the level of mobility of the lower members of the patient.

2 possible cases:

→ **In preventive strategy:** compare the mobility criteria with the F Total (risk factors) calculated previously to work out which model to use.

→ **To assist treatment of an existing sore:** compare the mobility criterion with the indications provided in the treatment assistance column to find the best-suited model.


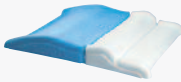
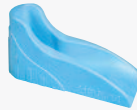


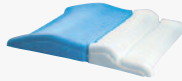
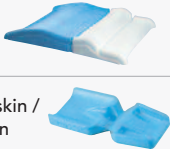



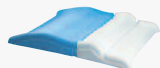
NB: take into account any particular cases requiring specific indications.

DETERMINING THE NUMBER OF RISK FACTORS

If the patient is concerned, mark 1 (if not, 0)

- Age > 70
- Diabetes
- Vascular problems
in the lower members
- Agitated, confused, absence of
response, state of stupor
- (Edema in lower member
- Stiffness of the knee (<5°)

TOTAL risk factors **F =**

LEVEL OF MOBILITY OF LOWER MEMBERS	RISK FACTORS		TO ASSIST TREATMENT OF EXISTING SORE
	TO ASSIST PREVENTION if F < 2	if F > 2	
NO MOBILITY OF LOWER MEMBERS	←  →		
LIMITED MOBILITY OF LOWER MEMBERS			Sore of stager > 2 
			Sore of stager < 2 
NORMAL MOBILITY OF LOWER MEMBERS	no particular device necessary		If fragile skin / friction 
PERMANENT MOVEMENT / AGITATION OF LOWER MEMBERS	←  →		
PARTICULAR CASES			
Particular case n°1: Case of patient in intensive care	←  →		
Particular case n°2: Elderly subject post operation (surgery of lower members)	Less than 2-3 weeks after operation, very reduced mobility of lower members	←  →	
		More than 2-3 weeks after operation, recovery of mobility of lower members	low mobility  or normal mobility 