The XP Walker provides pneumatic support with Aircast full-shell protection. Foam-filled aircells cushion the ankle for customized comfort and support. This support is effective in managing edema and fracture healing.

**The XP Walker features and benefits:**
- A low rocker sole for enhanced comfort and natural ambulation
- A wider foot base offers ample room for dressings
- Ergonomic design to promote greater compliance
- Exclusive overlapping aircells offer superior edema reduction
- Semi-rigid shells and adjustable aircells for secure support and protection

**OPERATION**
The brace is applied and the aircells inflated in sequence (see instructions). The proximal aircell overlaps the distal, providing a gap-free pressure gradient. High pressures are found around the ankle for stability while lower, non-constricting pressures are at the calf. When walking, the aircells provide pulsating, graduated compression that helps to control edema and offers exceptional support and comfort. After walking, pressures rise gradually and stabilize as displaced fluids return (Fig. 1).

**CLINICAL EXPERIENCE**
Aircast pioneered use of the pneumatic walking brace. Its effectiveness in the management of edema and fracture healing has been described by numerous authors: "Our observations indicate healing is faster and return to function quicker than in comparable cases treated by other methods." 4 "With delayed union of the tibia and fibula... union occurred with abundant callous sooner than anticipated." 2 "Patients 4 weeks in a cast and 6 weeks in an Aircast had significantly less washing out of bone than with a rigid cast for a similar period." 3

Animal studies from the Mayo Clinic confirm these observations. "Biomechanical studies clearly show that a pressurized brace yields a stronger fracture than does a traditional cast... The effect of a pressurized brace is that intermittent elevation in venous pressure may occur as the dog bears weight and therefore may increase capillary filtration and perfusion of osteoblasts at the fracture site." 1

![Typical Compression Profile](image)
Instructions:

1. Prepare brace
   Unfasten straps, remove front panel, and open toe cover and foot flaps.

2. Apply brace
   Put on sock included with brace. While seated, place leg in brace and seat heel against back. Wrap foot flaps over foot and toe cover around toes (Fig. 2). Secure front panel with lower part inside brace, and upper part outside brace (Fig. 3). Secure straps from bottom to top (Fig. 4). Tighten until snug and comfortable.

3. Adjust aircell compression
   XP Walker aircells are initially deflated.
   To inflate, firmly insert “inflate” tip of hand bulb into brace valve. Cover hand bulb pressure-relief valve with finger (Fig. 5). Squeeze hand bulb several times until aircell is snug. With hand bulb still in brace valve, lift finger from pressure-relief valve for three to five seconds, then withdraw hand bulb. For higher pressure, remove bulb sooner.

   To deflate, firmly insert “deflate” tip of hand bulb into brace valve and squeeze several times until desired compression is reached. After initial inflation, pressure can be adjusted by tightening or loosening straps.

   NOTE: The brace is more comfortable when pressure is higher in the aircells located on the inside and lower in the aircell located at the back of the leg. Higher pressure in aircells provides more support when walking. Lower pressure is more comfortable when sitting or reclining. At high altitudes aircell compression may increase; readjust straps to a comfortable pressure.

CAUTION
Like all lower extremity immobilizers, such as casts or braces, patients without sensation (i.e. post-op anesthesia, neuropathies, etc.) should be monitored frequently for “hot spots”, skin irritation or wound management.

Use caution when walking on slippery or wet surfaces to avoid injury. At high altitudes the aircells will expand beyond their optimal level. Adjust aircell pressure by tightening or loosening straps.

WARNING
Do not overinflate aircells. Improper aircell inflation may cause significant skin irritation in patients with diabetic neuropathy. Reduce aircell compression with any visual skin changes or reported discomfort. Do not use this device on patients incapable of communicating physical discomfort.

REFERENCES

US PATENTS: 6,027,468 AND OTHER PATENTS PENDING