

The EPAT Advantage: Why Your Peers Have Incorporated This Evidence-Based Approach to Treating Pain

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**What Your Peers Are
Saying**

Shock wave. It was first successfully used in February 1980 to disintegrate kidney stones—all without damaging surrounding tissue.

Today, podiatrists are successfully using EPAT (Extracorporeal Pulse Activation Technology), also commonly referred to as ESWT or Shock Wave, to treat acute and chronic musculoskeletal pain including foot and heel pain, Achilles pain, tendon and/or tendon insertion pain, neuromas and trigger points.

Podiatrists who offer EPAT recognize that the technology is most effective when it is introduced earlier in the continuum of care—and not saved as a last resort to surgery.

Podiatrists who have used EPAT/ESWT to grow their practice and improve patient outcomes had this to say:



Dr. Lederman

Dr. Marc A. Lederman, DPM: “*EPAT works.* EPAT is non-invasive, requires very little time to treat the patient, does not require anesthesia, and is completely ambulatory. *EPAT adds revenue.* This procedure offers the practice immediate cash flow with a very marketable and clinically effective modality. *EPAT is progressive.* We can treat patients who are acute or chronic, and the unique

treatment protocol helps differentiate us from other offices.”

**By treating the root cause of
the pain, not just the symptoms,
physicians can help their patients get
better faster, while altogether
avoiding surgery and downtime.**

Dr. Amol Saxena, DPM: “ESWT has the highest level of evidence for anything we do for plantar fasciitis. When it comes to treating this issue, shock wave is the closest thing we have to a miracle cure.”



Dr. Saxena

By treating the root cause of the pain, not just the symptoms, physicians can help their patients get better faster, while altogether avoiding surgery and downtime. The EPAT procedure typically consists of 3-5 visits, 1 time per week, with each treatment taking just 7-10 minutes.

Doctors find that despite the fact that the technology is not covered by insurance, patients, once they understand the technology and how it works, are interested in moving forward with a procedure that will help them get better faster and back to doing the activities they love.

Many podiatrists have found that this evidence-based, non-invasive approach to treating pain has helped them differentiate their practice; others have effectively integrated EPAT in response to increased patient demand for non-surgical treatment options and to avoid taking medication.



Dr. Chin

Dr. Michael Chin, DPM: “EPAT is like surgery, without doing surgery. It’s a highly evidence-based, therapeutic, non-surgical modality that allows me to successfully treat the cause of my patients’ pain, not just their symptoms.”



Dr. Burtoft

Dr. Teresa Burtoft, DPM: “All of the doctors in our practice rely on EPAT to treat patients who suffer from Achilles tendonitis and plantar fasciitis. With EPAT, we have an 80-85% success rate in resolving their pain. Our patients actually look forward to their treatments

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EPAT Advantage *(continued)*

because they know it's going to help them get better. I'm blown away by how well EPAT works and, honestly, wouldn't know how we would practice without it."



Dr. Conenello

Dr. Robert Conenello, DPM: "If you're treating patients who are active, who want to keep moving, and are looking to get better, you need to bring in the best to your practice ...You need to have EPAT. EPAT is one of the newest and greatest technologies in our field. It takes the healing process to the next level."

CuraMedix, the leading U.S. distributor of STORZ Medical devices, is committed to providing its partners exceptional customer service, marketing guidance, and technical support. The CuraMedix

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portfolio of products includes the OrthoPulse Ultra (radial pressure wave) and DuoLith SD1 TT (focused shock wave) devices. Interested in learning more about EPAT and integrating this innovative technology into your practice? Contact CuraMedix: ph. 401-333-6500, info@curamedix.com, or [click here](#).