

# CLINICAL USE OF CLARIX<sup>®</sup> CORD 1K AS AN ADJUNCT THERAPY IN PROMOTING TENDON HEALING

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## WHY THIS CASE STUDY IS RELEVANT:

Achilles Tendinopathy is a condition that causes pain, stiffness and swelling of the Achilles tendon. It is considered that repeated injuries to the Achilles tendon may cause Tendinopathy. This injury is common in runners and in recreational athletes. It is a chronic, activity limiting condition affecting people of all ages both men and women. Pathological changes in the tendon can manifest as tendon swelling or nodules. If conservative treatment is not successful, then surgery is an option.

## KEY POINTS:

- Help manage adhesions
- Facilitate rehabilitation and recovery
- Help manage discomfort

## CASE EXAMPLE:

42-year-old, female diagnosed with Achilles Tendinopathy with a partial tear. Patient presented with symptoms including pain and swelling over Achilles for 4 months. Patient was unable to exercise secondary to pain. Patient failed conservative care including rest, physical therapy, and immobilization for a period of 3 months without pain relief.



## TREATMENT PROCEDURE:

Map a longitudinal incision just medial to Achilles tendon. Carry incision down and dissect through the paratenon to expose the nodularity of the Achilles tendon. Inspect Achilles tendon for tears and defects such as nodules, fibrous tissue, or thickening of the soft tissue (FIG. 1). Create a longitudinal incision in the Achilles to resect tendinopathy and mucinous tissue (FIG. 2). Repair the Achilles tendon following removal of pathologic tissue. In this case, a CLARIX CORD 1K 4.0 x 3.0cm umbilical cord allograft was used as a soft-tissue adhesion barrier following primary surgical repair.



Place CLARIX CORD 1K umbilical cord allograft over the repair and secure in position with suture (FIG. 3). Re-approximate the subcutaneous tissue. Suture superficial skin with nylon suture and a no touch technique. Advise standard post-operative instructions with non-weight bearing cast. At 3 weeks, remove suture and initiate weight-bearing in an Achilles walker boot. Initiate physical therapy including Achilles gliding and strengthening without passive dorsiflexion.

## OUTCOME:

At six weeks, the patient weaned out of the Achilles walker boot, progressed in therapy and gradually returned to activities. The patient has returned to all activities without pain.



# CLARIX® CORD 1K

Facilitates healing across a wide range of surgical specialties.

Market-first Cryopreserved Umbilical Cord Allograft which can be used as an adjunct for surgical applications.

Promotes decreased wound dehiscence and scar tissue formation to support expedited wound healing and functional recovery.<sup>1-9</sup>

## SUPPORTED 11.5 DAY REDUCTION IN OVERALL TIME TO WOUND HEALING<sup>1</sup>

Time to Healing after Total Ankle Arthroplasty <sup>1</sup>	
CLARIX CORD 1K	No Allograft
28.5 Days	40.0 Days

- This benefit was most pronounced for patients with risk factors such as diabetes, tobacco use and obesity.<sup>1</sup>
- Helps expedite healing, aids in reducing adhesion formation, and facilitates restoration of range of motion after tendon repair surgery and other soft tissue procedures.<sup>2,8</sup>

UP TO 10X THICKER than amniotic membrane,<sup>10,11</sup> which may increase longevity in the surgical site.

Cool storage in a standard freezer or refrigerator provides versatility, easier handling and less prep time.



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