





Indications

The WCS™ Wound Care Shoe System is recommended for the treatment of open and closed ulcerations and other conditions of the foot in which it is desirable to redistribute weight away from specific areas. The circumferential counter of the shoe forms a deep pocket in the sole to permit the use of a variety of insoles under the ulceration or area of pressure. The insole material is placed below the level of the top of the circumferential counter providing greater stability for the foot by preventing the layered insoles from shifting within the shoe.

Fitting instructions

Proper fitting of the wound care shoe is essential for maximum results. A fitting marker »D« has been placed on the outsole to assist in proper fitting. The head of the first metatarsal should be slightly in front of the »D« maker. This will ensure that the metatarsal heads are just in front of the high point (rocker apex) of the sole to reduce the weight-bearing load on the metatarsal heads and forefoot.

Plantar layer system

Material	Density	Thickness	Durometer*
 EVA	soft	1/4"	26
 EVA	medium	1/4"	42
 EVA	firm	1/4"	50
 Foam	high	1/8"	29

*The insole durometers may vary within 2° to 3° of those listed.

Order-number	Size	D/EU	GB male	GB female	Length of the insole
left:					
WCS0B/L	XS	35-36	3.0-4.0	3.0-4.0	22.5 cm
WCS1B/L	S	37-38	4.5-5.5	4.5-5.5	25.0 cm
WCS7B/L	S/M	39-40	6.5-7.0	6.5-7.0	26.0 cm
WCS2B/L	M	41-42	7.5-8.0	7.5-8.0	27.0 cm
WCS3B/L	L	43-44	8.5-10.0	8.5-10.0	28.5 cm
WCS4B/L	XL	45-46	11.0-12.0	10.5-11.5	30.5 cm
WCS5B/L	XXL	47-48	12.0-13.5	11.5-13.0	32.0 cm
right:					
WCS0B/R	XS	35-36	3.0-4.0	3.0-4.0	22.5 cm
WCS1B/R	S	37-38	4.5-5.5	4.5-5.5	25.0 cm
WCS7B/R	S/M	39-40	6.5-7.0	6.5-7.0	26.0 cm
WCS2B/R	M	41-42	7.5-8.0	7.5-8.0	27.0 cm
WCS3B/R	L	43-44	8.5-10.0	8.5-10.0	28.5 cm
WCS4B/R	XL	45-46	11.0-12.0	10.5-11.5	30.5 cm
WCS5B/R	XXL	47-48	12.0-13.5	11.5-13.0	32.0 cm



Other proven products of DARCO in the diabetes area

- OrthoWedge Off-loading Shoe
- HeelWedge® Off-loading Shoe
- MedSurg™ Original Healing Shoe
- Body Armor® Walker II Cast Replacement

WCS™ Wound Care Shoe System

Request our CD-ROM with a video guide to customize the WCS!

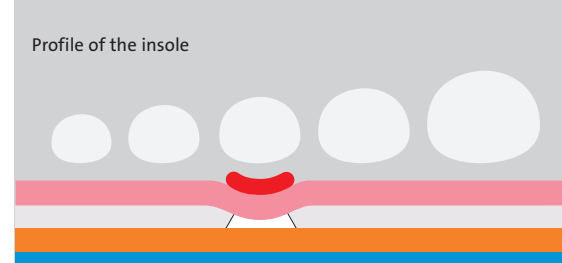
Health provider instruction

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Non weight-bearing ulcers

All grades on Wagner Scale

These ulcers generally occur over the posterior, medial or lateral aspect of the foot. With this type of ulceration (regardless of grade), the external leather only is removed, leaving the soft EVA liner intact to protect the lesion being treated and reduce the occurrence of window edema. Air holes have been added in order to facilitate leather removal in those areas where ulcers are most likely to occur. In order to remove the leather without damaging the EVA liner, pass a small, blunt object (a larger paperclip works well) from one air hole to the adjacent air hole, being careful not to penetrate the liner. With a sharp instrument, cut between the holes in order to remove the required amount of leather. This initial cut should be below the level of the top of the area being removed. A flat instrument or tongue depressor may be inserted between the leather and EVA to prevent accidental cutting or damage to the liner when the leather is cut away.

Insole layers for plantar system should be arranged as indicated by Diagram A when no open ulcers are present.



Diagram A

Weight-bearing ulcers

Grades 0 and 1 on Wagner Scale, open wound

Insoles should be placed in the order as indicated in Diagram B. After accurately locating the ulcer site on the insoles (see Ulcer Site Location), use a utility knife or drill to cut out an oval area of the white material (layer 2) directly under the ulcer. It is important to skive the edges (approx. 30°) so that the opening away from the foot is slightly larger than the opening on the upper surface. The oval relief area should be approx. 5 mm larger than the ulcer and extend distally 12 mm (Diagram C). A hard, smooth cutting surface (i.e. glass) is recommended for more accurate and safe cutting result.

After the wound has closed, the insole layers should be rearranged as indicated by Diagram D. The shoe can now be used as a household ambulation slipper.

Grades 2 and above on Wagner Scale, open wound

Insoles should be placed in the order as indicated in Diagram E. Cut the insole as described above (+ additional layer of the orange insole).

After the wound has closed, the insole layers should be rearranged as indicated by Diagram F. The shoe can now be used as a household ambulation slipper.

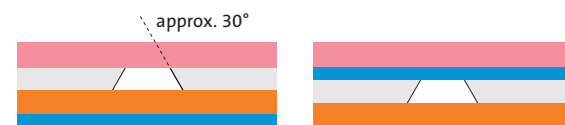


Diagram B: open wound

Diagram D: closed wound

Ulcer Site Location

1. Mark the ulcer on the patient's foot with a transferable marker such as lipstick or ink.
2. The patient should then place the foot in the shoe and stand to allow the mark to transfer to the top insole.
3. Using a straight pin (or similar object), puncture through the center of the transferred mark, piercing all layers needed.
4. On the bottom of the insoles, lightly mark the areas to be removed, as described in Diagram C.

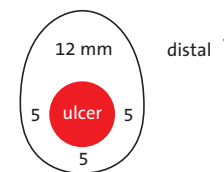


Diagram C: cutout



Diagram E: open wound

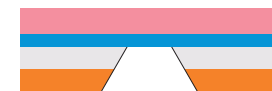


Diagram F: closed wound