### stryker

# Experts suggest

### the optimal heel protector should:

- Maintain "grip" on the foot while in place as patients may be moving the leg.<sup>1</sup>
- Maintain visibility of the heel while in place.<sup>2</sup>
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- Accommodate sequential compression devices, negative pressure wound therapy, tubing, traction and other essential devices.<sup>2</sup>
- ✓ Have straps that do not damage skin and are loosely applied to avoid pressure on dorsum and lateral edge of foot and the lower leg.<sup>2</sup>
- ✓ Feature an anti-rotation wedge that assists in maintaining neutral position of the lower extremity to prevent external hip rotation and subsequent lateral knee and/or malleoli pressure ulcers and/or peroneal nerve compression.<sup>2</sup>

#### **Heel protector symposia presentations**



Presented at the Institute for Healthcare Improvement Conference.

#### Never Events: Can The Congressional Mandate Be Met

**Courtney H. Lyder** ND, GNP, FAAN, Dean and Professor, UCLA School of Nursing



Presented at the 23rd Annual Meeting of the World Healing Society; SAWC Spring/WHS Joint Meeting

## Limited Mobility and the Foot

Harriet B. Loehne PT, DPT, CWS, FACCWS

References: 1. Lyder C. Never Events: Can The Congressional Mandate Be Met? Poster Presented at the Institute for Health Care Improvement (IHI), Orlando, FL December 6-8, 2010 2. Loehne H. Limited Mobility and the Foot: Plantar Flexion Contractures, Heel and Malleoli Pressure Ulcers, Peroneal Nerve Damage - How Can We Prevent Them? What Happens If We Don't? Poster presented at the 26th Annual Symposium on Advanced Wound Care (SAWC); May 1-5, 2013