

A Less Invasive Option For Treating Pain-Causing Bone, Calcific And Soft Tissue.

For patients suffering from chronic tendinopathy or painful bony prominences, the Tenex Health TX® System offers a revolutionary, single-procedure solution. Requiring only a mini incision, it employs advanced ultrasonic technology and image guidance to percutaneously cut and remove symptomatic soft tissue and bone. This minimally invasive procedure has also been shown to stimulate a secondary healing response in treated tendons.¹

In soft tissue procedures, it can help patients heal rapidly with less discomfort than open surgery,² is effective in treating chronic tendinosis in ≥85% of patients,³ and allows a return to activity in typically 6-8 weeks.²

Procedures using the Tenex Health TX® System are covered by most insurance.

MicroTip Specifications and Characteristics		Tip Gauge (approximate inner lumen OD)	Sheath Gauge (approximate outer lumen max OD)	Volume as Percentage of TX1 Baseline (per stroke @26.5 kHz)	Tissue Indications
TX1 MicroTip 25.4 mm		19 (1.1 mm)	11 (3.0 mm)	100%	Soft Only
TX2 MicroTip 43.2 mm	***	18 (1.3 mm)	14 (2.1 mm)	200%	Soft Only
TX-Bone MicroTip (TXB) 33.0 mm		15 (1.9 mm)	11 (3.0 mm)	650%	Soft + Hard



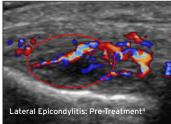


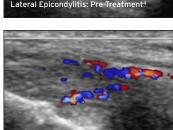
Soft Tissue Removal

Chronic refractory tendinopathy (TX1, TX2, and TX-Bone MicroTips*):

- Shoulder
- Epicondylitis
- Triceps
- Gluteus
- Hamstring
- Quadriceps/ Patella tendon
- · Achilles substance

- · Achilles insertion
- Peroneal
- · Plantar fasciitis
- Plantar fibroma
- Failed surgical intervention





36-Months Post-Treatment



Bone and Calcific Tissue Removal

The latest FDA cleared addition to the Tenex Health TX® System, TXB is specifically designed to remove bone and calcific tissue.*

Tendinopathy with calcification/osteophytes/spur formations (TX-Bone MicroTip):

- Rotator cuff
- Triceps
- Gluteus/Trochanteric region
- · Achilles tendon insertion/Haglund's deformity
- Plantar fascia insertion spur
- · Exostoses and spurs









For more information, contact Tenex Health 949.454.7500 855.2TENDON • info@tenexhealth.com tricemedical.com • tenexhealth.com



TENEX | Tenex Health is now a part of Trice Medical

Tenex Health, Tenex Health TX®, and the Tenex Health logo are trademarks of Tenex Health, Inc.

^{1.} Kamineni S, et al. J Orth Surg Res 2015;10:70:1-8.

^{2.} Stuhlman CR, et al. Orthopedics 2016;39(6):e1028-e1035.; Yanish GJ, et al. Submitted, J Shoulder Elbow Surg, 2019 Apr.

^{3.} Baker CL, Mahoney JR. The Orthopaedic Journal of Sports Medicine 2020;8(3):1-8.; Battista CT, et al. Tech in Hand and Upper Extrem Surg 2018;22:15-18.; Chimenti RL, et al. J Ultrasound Med 2019;39(6):1629-1635.; Elattrache NS, Morrey BF. Operat Tech Orthop 2013;23(2):98-103.; Freed L, et al. J Am Podiatr Med Assoc. 2019;109(1):1-8.; Khanna M, et al. Poster presented at: Annual Meeting American Academy of Phys Medicine & Rehabilitation 2013 Oct.; Koh JSB, et al. Am J Sports Med 2013;41(3):636-644.; Patel MM, et al. J Orthop Rheum 2015;2(2):1014.; Patel MM. Am J of Orthop 2015;44(3):107-110.; Razdan R, Vander Woude E. J Surg Proced Tech 2018;3(102):1-6.; Seng C, et al. Am J Sports Med 2016;44(2):504-510.; Yanish GJ, et al. Submitted, J Shoulder Elbow Surg, 2019 Apr.

^{4.} Morrey BF, et al. The Elbow and its Disorders, 5th ed. 2017:582-587.

 $[\]ast$ TXB has greater potential than TX1 or TX2 for faster and more tissue removal.