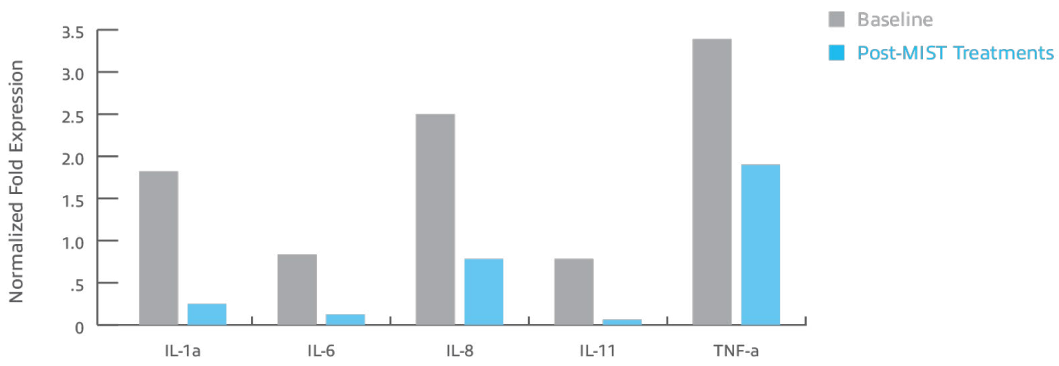
UltraMIST®
Ultrasound Healing Therapy

The UltraMIST® System
Removes Barriers to Healing

INFLAMMATION

Initial injury triggers an inflammatory response within the wound. Controlled inflammation is beneficial, but sustained inflammation can lead to stalled healing.[1] Cellular balance is restored by reducing sustained levels of inflammation, allowing wound healing to progress.

MIST® THERAPY REDUCED PRO-INFLAMMATORY CYTOKINES IN NONHEALING VENOUS LEG ULCERS (VLU)[2]



Pro-inflammatory cytokines: Interleukins (IL-1a, IL-6, IL-8, IL-11); Tumor Necrosis Factor (TNF-a)

BASELINE

12 TREATMENTS

University of Miami*[2]

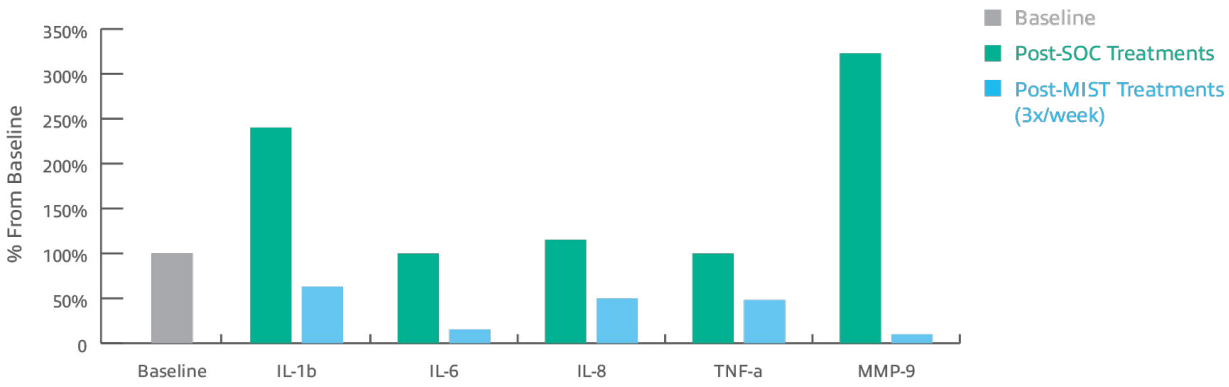
- 10 patients with confirmed VLU wounds present ≥six months
- Failed to improve in the previous 30 days with multilayered compression bandages and standard of care
- 12 MIST treatments
  - Three treatments/week (four-week duration)

45% MEAN REDUCTION IN WOUND SIZE IN 4 WEEKS
VERSUS NO NOTABLE IMPROVEMENT WITH STANDARD OF CARE

UltraMIST therapy removes barriers to healing.

MK2047 Rev B (04/2025)

MIST® THERAPY REDUCED PRO-INFLAMMATORY CYTOKINES AND MMP-9 IN NONHEALING DIABETIC FOOT ULCERS (DFU)[3]



BASELINE

12 TREATMENTS

Boston University*[3]

- 12 patients with average ulcer duration of 39 weeks
- Three study groups: one standard of care (SOC) and two MIST groups
- 12 MIST treatments
  - Three treatments/week (four-week duration)

UltraMIST therapy removes barriers to healing.

*Data was compiled utilizing MIST® therapy. UltraMIST® is the successor but maintains the same mechanism of action. *For more information, please refer to the UltraMIST® therapy instructions for use.*

1. Zhao R, Liang H, Clarke E, Jackson C, Xue M. Inflammation in chronic wounds. Int J Mol Sci. 2016;17(12):2085. 2. Escandon J, Vivas AC, Perez R, Kirsner R, Davis S. A prospective pilot study of ultrasound therapy effectiveness in refractory venous leg ulcers. Int Wound J. 2012;9(5):570-578. 3. Yao M, Hasturk H, Kantarci A, et al. A pilot study evaluating noncontact low frequency ultrasound and underlying molecular mechanism on diabetic foot ulcers. Int Wound J. 2014;11(6):586-593.