

the Med Supply Line

A publication from ACO Med Supply, Inc. | Volume 1 • Issue 2 | www.acomedsupply.com

BEST FOOT FORWARD

Servicing the Podiatry and Orthopedic Markets with a Turnkey Approach



TAKE AIM AT THE POINT OF PAIN™
Depo-Medrol Eases Discomfort, Improves Joint Function

NAVIGATION: The Key to Minimally Invasive Knee Replacement Surgery

ACO
MED SUPPLY

Opening Remarks

In a constantly changing industry, one basic principle remains timeless. New procedures, improved products, advanced technology, and shared information have made each of us better at what we do. However, a sincere desire to improve the patient's life still defines excellence in the health care industry.

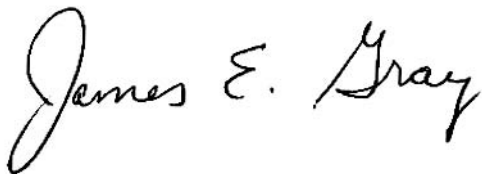
As a medical community veteran, I can attest to those who choose to serve in health care being a special lot. Whether it is the manufacturer, distributor, clinic worker, nurse, or physician, I have never seen people more committed, professional, friendly, and caring.

ACO Med Supply is proud to make your job a little easier. We promise to provide the best delivery system possible and the highest quality products the market offers. We also appreciate the opportunity to get to know you as customers and friends.

As ACO moves forward through its second decade, we renew our pledge to mirror the excellence and compassion of those we are privileged to work with. You inspire us, and for this, we thank you.

I would like to end with a thought that describes many of the exceptional people I have met in person or on the telephone. A wise man once said, "Those who search for happiness have a difficult journey, while those who seek to serve others have completed the quest."

Sincerely,



James E. Gray
Vice President of Operations
ACO Med Supply

the Med Supply Line

A publication from

ACO Med Supply, Inc.

2205-A Distribution Center Dr.
Charlotte, NC 28269
(704) 921-0116: Telephone
(800) 351-8006: Toll Free
(704) 921-0117: Fax

Stuart Ross: President

James Gray: Vice President

Richard Jacobson: Director of Finance

Donna Brown: Director of Contracts

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The Med Supply Line is an inside look at how orthopedic-related products are making a positive difference in the delivery of quality orthopedic care. This bi-annual publication, produced by ACO Med Supply, is designed to educate and inform orthopedic surgeons, practice administrators, purchasing departments, physical therapists, and athletic trainers. The information contained in this publication is not intended to replace a physician's professional consultation and assessment. Please consult your physician on matters related to your personal health.

Sterile Aqueous Suspension

Depo-Medrol[®]

methylprednisolone acetate
injectable suspension, USP



DEPO-MEDROL Sterile Aqueous suspension is contraindicated for intrathecal administration, and local administration to neural tissue is potentially toxic. It is also contraindicated in premature infants because of a risk of fatal gasping syndrome, in systemic fungal infections, and in patients with known hypersensitivity to the product and its constituents.

Dermal and/or sub-dermal atrophy may occur in skin at the injection site. Corticosteroids may mask some signs of infection, and new infections may appear during their use, especially in patients with immune deficiency. Repeated intra-articular administration may result in instability of the joint. Prolonged use of corticosteroids may produce ocular damage. Average and large doses of corticosteroids can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium. †As with all corticosteroids, DEPO-MEDROL has been associated with post injection steroid flare, arthropathy, tendon rupture, infection, skin atrophy, and crystal-induced synovitis, but also fluid retention and electrolyte abnormalities, hypertension, hyperglycemia, osteoporosis, dermatologic disorders, myopathy, ophthalmic problems and growth arrest.

Please see brief summary for DEPO-MEDROL on adjacent page.

Depo-Medrol® (methylprednisolone acetate) injectable suspension, USP

Brief Summary

Before prescribing, please consult full prescribing information.

CONTRAINDICATIONS: DEPO-MEDROL Sterile Aqueous Suspension is contraindicated for intrathecal administration. Reports of severe medical events have been associated with this route of administration. DEPO-MEDROL is contraindicated for use in premature infants because the formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with a fatal "gasping syndrome" in premature infants. DEPO-MEDROL is also contraindicated in systemic fungal infections and patients with known hypersensitivity to the product and its constituents.

WARNINGS: This product contains benzyl alcohol which is potentially toxic when administered locally to neural tissue. Multidose use of DEPO-MEDROL Sterile Aqueous Suspension from a single vial requires special care to avoid contamination. Although initially sterile, any multidose use of vials may lead to contamination unless strict aseptic technique is observed. Particular care, such as use of disposable sterile syringes and needles is necessary. While crystals of adrenal steroids in the dermis suppress inflammatory reactions, their presence may cause disintegration of the cellular elements and physiochemical changes in the ground substance of the connective tissue. The resultant infrequently occurring dermal and/or subdermal changes may form depressions in the skin at the injection site. The degree to which this reaction occurs will vary with the amount of adrenal steroid injected. Regeneration is usually complete within a few months or after all crystals of the adrenal steroid have been absorbed. In order to minimize the incidence of dermal and subdermal atrophy, care must be exercised not to exceed recommended doses in injections. Multiple small injections into the area of the lesion should be made whenever possible. The technique of intrasynovial and intramuscular injection should include precautions against injection or leakage into the dermis. Injection into the deltoid muscle should be avoided because of a high incidence of subcutaneous atrophy. It is critical that, during administration of DEPO-MEDROL, appropriate technique be used and care taken to assure proper placement of drug.

In patients on corticosteroid therapy subjected to any unusual stress, increased dosage of rapidly acting corticosteroids before, during, and after the stressful situation is indicated. Corticosteroids may mask some signs of infection, and new infections may appear during their use. There may be decreased resistance and inability to localize infection when corticosteroids are used. Infections with any pathogen including viral, bacterial, fungal, protozoan or helminthic infections, in any location of the body, may be associated with the use of corticosteroids alone or in combination with other immunosuppressive agents that affect cellular immunity, humoral immunity, or neutrophil function.¹ These infections may be mild, but can be severe and at times fatal. With increasing doses of corticosteroids, the rate of occurrence of infectious complications increases.² Do not use intra-articularly, intrabursally or for intratendinous administration for local effect in the presence of acute infection. Prolonged use of corticosteroids may produce posterior subcapsular cataracts, glaucoma with possible damage to the optic nerves, and may enhance the establishment of secondary ocular infections due to fungi or viruses. *Usage in pregnancy.* Since adequate human reproduction studies have not been done with corticosteroids, the use of these drugs in pregnancy, nursing mothers, or women of childbearing potential requires that the possible benefits of the drug be weighed against the potential hazards to the mother and embryo or fetus. Infants born of mothers who have received substantial doses of corticosteroids during pregnancy should be carefully observed for signs of hypoadrenalism. Average and large doses of cortisone or hydrocortisone can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium. These effects are less likely to occur with the synthetic derivatives except when used in large doses. Dietary salt restriction and potassium supplementation may be necessary. All corticosteroids increase calcium excretion. Administration of live or live, attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of corticosteroids. Killed or inactivated vaccines may be administered to patients receiving immunosuppressive doses of corticosteroids; however, the response to such vaccines may be diminished. Indicated immunization procedures may be undertaken in patients receiving nonimmunosuppressive doses of corticosteroids. The use of DEPO-MEDROL in active tuberculosis should be restricted to those cases of fulminating or disseminated tuberculosis in which the corticosteroid is used for the management of the disease in conjunction with appropriate antituberculous regimen. If corticosteroids are indicated in patients with latent tuberculosis or tuberculin reactivity, close observation is necessary as reactivation of the disease may occur. During prolonged corticosteroid therapy, these patients should receive chemoprophylaxis. Because rare instances of anaphylactoid reactions have occurred in patients receiving parenteral corticosteroid therapy, appropriate precautionary measures should be taken prior to administration, especially when the patient has a history of allergy to any drug. Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chicken pox and measles, for example, can have a more serious or even fatal course in non-immune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chicken pox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chicken pox develops, treatment with antiviral agents may be considered. Similarly, corticosteroids should be used with great care in patients with known or suspected Strongyloides infestation. In such patients, corticosteroid-induced immunosuppression may lead to Strongyloides hyperinfection and dissemination with widespread larval migration, often accompanied by severe enterocolitis and potentially fatal gram-negative septicemia.

PRECAUTIONS: General precautions—Drug-induced secondary adrenocortical insufficiency may be minimized by gradual reduction of dosage. This type of relative insufficiency may persist for months after discontinuation of therapy; therefore, in any situation of stress occurring during that period, hormone therapy should be reinstated. Since mineralocorticoid secretion may be impaired, salt and/or a mineralocorticoid should be administered concurrently.

When multidose vials are used, special care to prevent contamination of the contents is essential. There is some evidence that benzalkonium chloride is not an adequate antiseptic for sterilizing DEPO-MEDROL Sterile Aqueous Suspension multidose vials. A povidone-iodine solution or similar product is recommended to cleanse the vial top prior to aspiration of contents. (See WARNINGS.)

There is an enhanced effect of corticosteroids in patients with hypothyroidism and in those with cirrhosis. Corticosteroids should be used cautiously in patients with ocular herpes simplex for fear of corneal perforation. The lowest possible dose of corticosteroid should be used to control the condition under

treatment, and when reduction in dosage is possible, the reduction must be gradual. Psychic derangements may appear when corticosteroids are used, ranging from euphoria, insomnia, mood swings, personality changes, and severe depression to frank psychotic manifestations. Also, existing emotional instability or psychotic tendencies may be aggravated by corticosteroids. Steroids should be used with caution in nonspecific ulcerative colitis, if there is a probability of impending perforation, abscess or other pyogenic infection. Caution must also be used in diverticulitis, fresh intestinal anastomoses, active or latent peptic ulcer, renal insufficiency, hypertension, osteoporosis, and myasthenia gravis, when steroids are used as direct or adjunctive therapy. Growth and development of infants and children on prolonged corticosteroid therapy should be carefully followed. Kaposi's sarcoma has been reported to occur in patients receiving corticosteroid therapy. Discontinuation of corticosteroids may result in clinical remission. *The following additional precautions apply for parenteral corticosteroids.* Intrasynovial injection of a corticosteroid may produce systemic as well as local effects. Appropriate examination of any joint fluid present is necessary to exclude a septic process. A marked increase in pain accompanied by local swelling, further restriction of joint motion, fever, and malaise are suggestive of septic arthritis. If this complication occurs and the diagnosis of sepsis is confirmed, appropriate antimicrobial therapy should be instituted. Local injection of a steroid into a previously infected joint is to be avoided. Corticosteroids should not be injected into unstable joints. The slower rate of absorption by intramuscular administration should be recognized. Although controlled clinical trials have shown corticosteroids to be effective in speeding the resolution of acute exacerbations of multiple sclerosis, they do not show that corticosteroids affect the ultimate outcome or natural history of the disease. The studies do show that relatively high doses of corticosteroids are necessary to demonstrate a significant effect. Since complications of treatment with glucocorticoids are dependent on the size of the dose and the duration of treatment, a risk/benefit decision must be made in each individual case as to dose and duration of treatment and as to whether daily or intermittent therapy should be used.

DRUG INTERACTIONS: The pharmacokinetic interactions listed below are potentially clinically important. Mutual inhibition of metabolism occurs with concurrent use of cyclosporin and methylprednisolone; therefore, it is possible that adverse events associated with the individual use of either drug may be more apt to occur. Convulsions have been reported with concurrent use of methylprednisolone and cyclosporin. Drugs that induce hepatic enzymes such as phenobarbital, phenytoin and rifampin may increase the clearance of methylprednisolone and may require increases in methylprednisolone dose to achieve the desired response. Drugs such as troleandomycin and ketoconazole may inhibit the metabolism of methylprednisolone and thus decrease its clearance. Therefore, the dose of methylprednisolone should be titrated to avoid steroid toxicity. Methylprednisolone may increase the clearance of chronic high dose aspirin. This could lead to decreased salicylate serum levels or increase the risk of salicylate toxicity when methylprednisolone is withdrawn. Aspirin should be used cautiously in conjunction with corticosteroids in patients suffering from hypoprothrombinemia. The effect of methylprednisolone on oral anticoagulants is variable. There are reports of enhanced as well as diminished effects of anticoagulant when given concurrently with corticosteroids. Therefore, coagulation indices should be monitored to maintain the desired anticoagulant effect.

Information for the Patient

Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chicken pox or measles. Patients should also be advised that if they are exposed, medical advice should be sought without delay.

ADVERSE REACTIONS: Fluid and electrolyte disturbances—Sodium retention; fluid retention; congestive heart failure in susceptible patients; potassium loss; hypokalemic alkalosis; hypertension. **Musculoskeletal—**Muscle weakness; steroid myopathy; loss of muscle mass; osteoporosis; tendon rupture, particularly of the Achilles tendon; vertebral compression fractures; aseptic necrosis of femoral and humeral heads; pathologic fracture of long bones. **Gastrointestinal—**Peptic ulcer with possible subsequent perforation and hemorrhage; pancreatitis; abdominal distention; ulcerative esophagitis; increases in alanine transaminase (ALT, SGPT), aspartate transaminase (AST, SGOT), and alkaline phosphatase have been observed following corticosteroid treatment. These changes are usually small, not associated with any clinical syndrome and are reversible upon discontinuation. **Dermatologic—**Impaired wound healing; thin fragile skin; petechiae and ecchymoses; facial erythema; increased sweating; may suppress reactions to skin tests. **Neurological—**Convulsions; increased intracranial pressure with papilledema (pseudotumor cerebri) usually after treatment; vertigo; headache. **Endocrine—**Menstrual irregularities; development of Cushingoid state; suppression of growth in children; secondary adrenocortical and pituitary unresponsiveness, particularly in times of stress, as in trauma, surgery or illness; decreased carbohydrate tolerance; manifestations of latent diabetes mellitus; increased requirements for insulin or oral hypoglycemic agents in diabetes. **Ophthalmic—**Posterior subcapsular cataracts; increased intraocular pressure; glaucoma; exophthalmos. **Metabolic—**Negative nitrogen balance due to protein catabolism. The following additional adverse reactions are related to parenteral corticosteroid therapy: anaphylactic reaction; allergic or hypersensitivity reactions; urticaria; hyperpigmentation or hypopigmentation; subcutaneous and cutaneous atrophy; sterile abscess; injection site infections following non-sterile administration (see WARNINGS); postinjection flare, following intrasynovial use; Charcot-like arthropathy.

Adverse Reactions Reported with the Following Routes of Administration: **Intrathecal/Epidural—**Arachnoiditis; meningitis; paraparesis/paraplegia; sensory disturbances; bowel/bladder dysfunction; headache; seizures. **Intranasal—**Temporary/permanent visual impairment including blindness; allergic reactions; rhinitis. **Ophthalmic—**Temporary/permanent visual impairment including blindness; increased intraocular pressure; ocular and periorcular inflammation including allergic reactions; infection; residue or slough at injection site. **Miscellaneous injection sites—**(Scalp, tonsillar fauces, sphenopalatine ganglion)-blindness.

REFERENCES:

¹ Felkey R. Infections associated with corticosteroids and immunosuppressive therapy. In: Gorbach SL, Bartlett JG, Blacklow NR, eds. *Infectious Diseases*. Philadelphia: WB Saunders Company 1992:1050-1.

² Stuck AE, Minder CE, Frey FJ. Risk of infectious complications in patients taking glucocorticoids. *Rev Infect Dis* 1989;11(6):954-63.

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Support Where It's Needed

DonJoy Showcases New Products

Driven and motivated, dj Orthopedics is poised for a successful year in 2006 with its DonJoy product line. ACO Med Supply and DonJoy's new Focus Products will help ensure value to physicians and their patients while allowing DonJoy to continue its quest to "Never Stop Getting Better."

At the recent American Academy of Orthopaedic Surgeons (AAOS) meeting in Chicago, DonJoy showcased several significant products for 2006. Les Cross, President and CEO of dj Orthopedics, Inc., Vista, California, says, "Our development success is driven by our close relationships with leading orthopedic surgeons, enabling DonJoy to develop new products as post-surgical rehabilitation techniques evolve. The annual AAOS meeting is always a great opportunity to follow-up with the surgeon community, as well as showcase our new product lineup. This year, we are focusing on several new products that help patients rehabilitate from knee surgery, as well as benefit a broader cross-section of people who live with the effects of knee osteoarthritis."

The new TROM™ Advance is an innovative new postoperative brace, providing

optimum fit for patients following ligament reconstruction and other knee procedures. The TROM Advance leverages DonJoy's premier telescoping technology, incorporating adjustability at the push of a button and providing patients with a custom-fit brace.

The new TROM Advance utilizes DonJoy's new Tele-Fit adjustable straps, an industry first, which allow independent strap movement just above and below the knee for additional adjustability. A sleeker, lower-profile version of the patented TROM hinge was incorporated into the design. This hinge provides surgeons with the ability to control the patient's total range of motion, from -10 degrees to 90 degrees, as well as to lock the brace at a specific knee angle. The TROM Advance represents

DonJoy's most comprehensive postoperative solution for all patients and protocols.



A significant product focus for dj Orthopedics and ACO is osteoarthritis (OA) bracing. The enhanced OA Adjuster™ has a new Lock and Off-Load Technology™ that enables patient-controlled adjustability and increased comfort. The antimigration band improves brace suspension while the low-profile swiveling D-rings accommodate leg movement and allow for a more comfortable brace application. The OA Adjuster has received commendation from the Arthritis Foundation.

The new DonJoy OA LITE features a single, hinged, upright design to ensure consistent off-loading through a patient's range of motion. It is low profile, lightweight, and made of comfortable Breath-O-Prene® and micromesh fabrics. While both braces are designed to treat the symptoms of knee osteoarthritis, the OA Adjuster is

Aircast Acquisition Well-Received

On March 31, 2006, dj Orthopedics announced that the Federal Trade Commission had completed its antitrust review of dj Orthopedics' planned acquisition of Aircast Incorporated, paving the way for the completion of this significant transaction first announced on February 27, 2006. After years of representing the Aircast brace through its distribution company, ACO Med Supply is excited to include this line under the dj Orthopedics umbrella. Aircast is a leading designer and manufacturer of high-quality orthopedic devices, including ankle braces, cold therapy, and vascular systems. Aircast, as a leader in orthopedics from a product standpoint, is a welcome addition to the dj Orthopedics family.

ideally suited for active patients and the OA LITE is designed for less active patients.

"Innovation leadership in the nonoperative orthopedics market has been one of the hallmarks of our success ever since the company introduced the first neoprene compression sleeve in 1978," says Cross. That statement remains true today, as more people than ever say, "Prescribe confidence. Prescribe DonJoy." ■

The OA Adjuster, which received a commendation from the Arthritis Foundation, is ideally suited for active osteoarthritis patients.

A National Award Winner

At the 2006 American Academy of Orthopaedic Surgeons meeting in Chicago, DonJoy held its national sales award banquet. More than 200 distributors and dj Orthopedics sales reps were in attendance. ACO Med Supply was extremely honored to be the recipient of DonJoy's National Distributor Partner Award for 2005. In ACO's 16-year tenure with DonJoy, it is the first time the company was honored with this coveted award. This award recognizes ACO's sales reps' commitment and dedication to supporting dj product lines, superior customer service, and a significant increase in sales. ACO sincerely thanks all its customers and sales team members for their commitment.



The Columbus MIOS instruments represent the next generation in minimally invasive surgical tools.

A Perfect Union

Developing a Comprehensive Solution to Knee Replacement Surgery

Every year, more than 365,000 people undergo total knee replacement surgeries, or total knee arthroplasty (TKA). Until recently, surgeons performing TKAs used an approach requiring a 14- to 16-cm incision. Today, less invasive TKA is quickly becoming one of the most important new techniques in orthopedic surgery. The benefits include potentially shorter hospital stays, smaller scars, less blood loss, less skin, muscle, and neurovascular damage, and faster rehabilitation. However, the possibility for complications is often greater than that of the conventional procedure using a larger incision.

Aesculap, Inc., a highly respected German medical company and manufacturer of surgical instrumentation for more than 137 years, has examined the challenges and complications associated with minimally invasive TKA and developed a solution designed to help surgeons achieve the best possible clinical results in a less invasive manner. Today, Aesculap is the recognized leader in this new, orthopedic navigation technology.

In this new approach, called minimally invasive orthopedic solutions (MIOS), Aesculap combines five key elements — an advanced knee implant, specialized instruments, refined surgical technique, state-of-the-art navigation technology, and meticulous training — to help surgeons achieve a high degree of precision and satisfaction while operating in a reduced visual field. The program is designed to make the minimally invasive approach to knee surgery straightforward, comprehensive, and easy to learn and adopt. Its elements are briefly described here.

Columbus Knee Implant

The Columbus Knee is the world's first knee implant designed for use with computer-assisted navigation, which offers important advantages when working through a minimal approach. Developed from years of computer-assisted navigation experience, the Columbus Knee System, when combined with the power of OrthoPilot® surgical navigation, helps surgeons improve less invasive TKA results by means of advanced,

easy-to-use, computer-assisted implant planning and gap-balancing techniques.

MIOS Instruments

Since its founding in 1867, Aesculap has led the field in manufacturing surgical instruments. The company, now the world's largest maker of such instruments, is renowned for its high standards in instrument quality. Among other devices, Aesculap meticulously crafts small-scale knee instrumentation, including the specially designed soft tissue retractors that facilitate less invasive TKA.

The Columbus MIOS instruments represent the next generation in minimally invasive surgical tools. They are designed in particular to help ensure optimal results for less invasive TKA. When paired with OrthoPilot, these instruments provide the precision and accuracy needed to avoid complications and successfully perform a minimally invasive total knee arthroplasty.

MIOS Surgical Technique

Aesculap's approach to less invasive TKA differs greatly from the competition. Aesculap believes surgeons are most comfortable with techniques they know best. With MIOS, surgeons can choose a mini-subvastus, mini-midvastus, or mini-medial parapatellar approach. Whether the physician decides on a femur-first, measured resection or a tibia-first, gap-balancing procedure, OrthoPilot guides him or her through every step. Surgeons do not need to change their TKA surgical philosophy and, as a result, can confidently adapt to a less invasive technique that reduces potential for complications and improves patient outcomes.

OrthoPilot Navigation

The OrthoPilot is a computer-aided navigation system that functions much like a global positioning system for the knee, continuously measuring and displaying information so a surgeon can precisely place the implant device. In a recent study of 821 patients, roughly three of every 10 individuals who received implants through traditional methods were found to have a

prosthesis out of optimal alignment by 3 degrees or more, and one out of 10 was found to be out of alignment by 5 degrees or more. To date, OrthoPilot has been used in more than 48,500 orthopedic procedures. The system provides surgeons with

When paired with OrthoPilot, Columbus MIOS instruments provide the precision and accuracy needed to avoid complications and successfully perform a minimally invasive total knee arthroplasty.

real-time data during the operation, helping them achieve the highest level of precision for every knee replacement patient.

Equally as important in obtaining optimal outcomes is Aesculap's support of surgeon training and education. The company believes such education forms the cornerstone of success for any new surgical approach. To that end, the Aesculap

Academy, 2005 recipient of the Frost and Sullivan Medical Professional Education Institution of the Year Award, provides in-depth, hands-on education programs for surgeons and other medical professionals around the world.

The Academy, working with S. David Stulberg, MD, Director of Joint Reconstruction and Implant Surgery at Northwestern Memorial Hospital in Chicago, offers comprehensive education for orthopedic surgeons to develop and test their skills in less invasive TKA. These programs include presentations by experienced surgeons, motor skills training in dry and wet labs, and live surgical demonstrations.

It's not just the instrumentation, implant design, surgical technique, or navigation technology alone that makes a difference, but it's the comprehensive union of these elements that will produce a successful minimally invasive knee replacement. ■

For more information on the Columbus MIOS approach or to register for an upcoming MIOS training course, please contact Aesculap or your local ACO Med Supply representative.

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Joint deterioration, stiffness, and swelling can turn a normal day into a 24-hour torture session. It's no wonder people suffering from joint injury and disease look to physicians to relieve their discomfort and improve their ability to function. Fortunately, these physicians have numerous treatment options available, including injectable pain-relief medication.

Injectable corticosteroids, such as Depo-Medrol, have become an accepted treatment for many causes of acute joint or soft-tissue pain. Depo-Medrol, made by Pfizer, Inc., is a sterile aqueous injectable suspension used to treat specific orthopedic conditions. The medication, also known as methylprednisolone acetate, can relieve many painful and incapacitating symptoms. According to a survey cited in "Injectable Corticosteroids in Modern Practice," published in the *Journal of the American Academy of Orthopaedic Surgeons* (JAAOS), 51% of rheumatologists said they used injectable corticosteroids frequently. An additional 42% use them at least some of the time. The JAAOS article also notes, "The most common and best-studied use of injectable corticosteroids is for joint disorders." American College of Rheumatology (ACR) guidelines support the value of these treatments for acute knee pain in osteoarthritis and for joints affected by rheumatoid arthritis. The treatment's main goal is to relieve pain and control synovitis (inflammation of the synovium, the thin layer of connective tissue that lines the capsule of a joint) in affected joints. Reducing synovitis may also result in increased ability to exercise and improve muscle strength. In addition, controlling pain may decrease rehabilitation time after arthroscopic knee surgery.

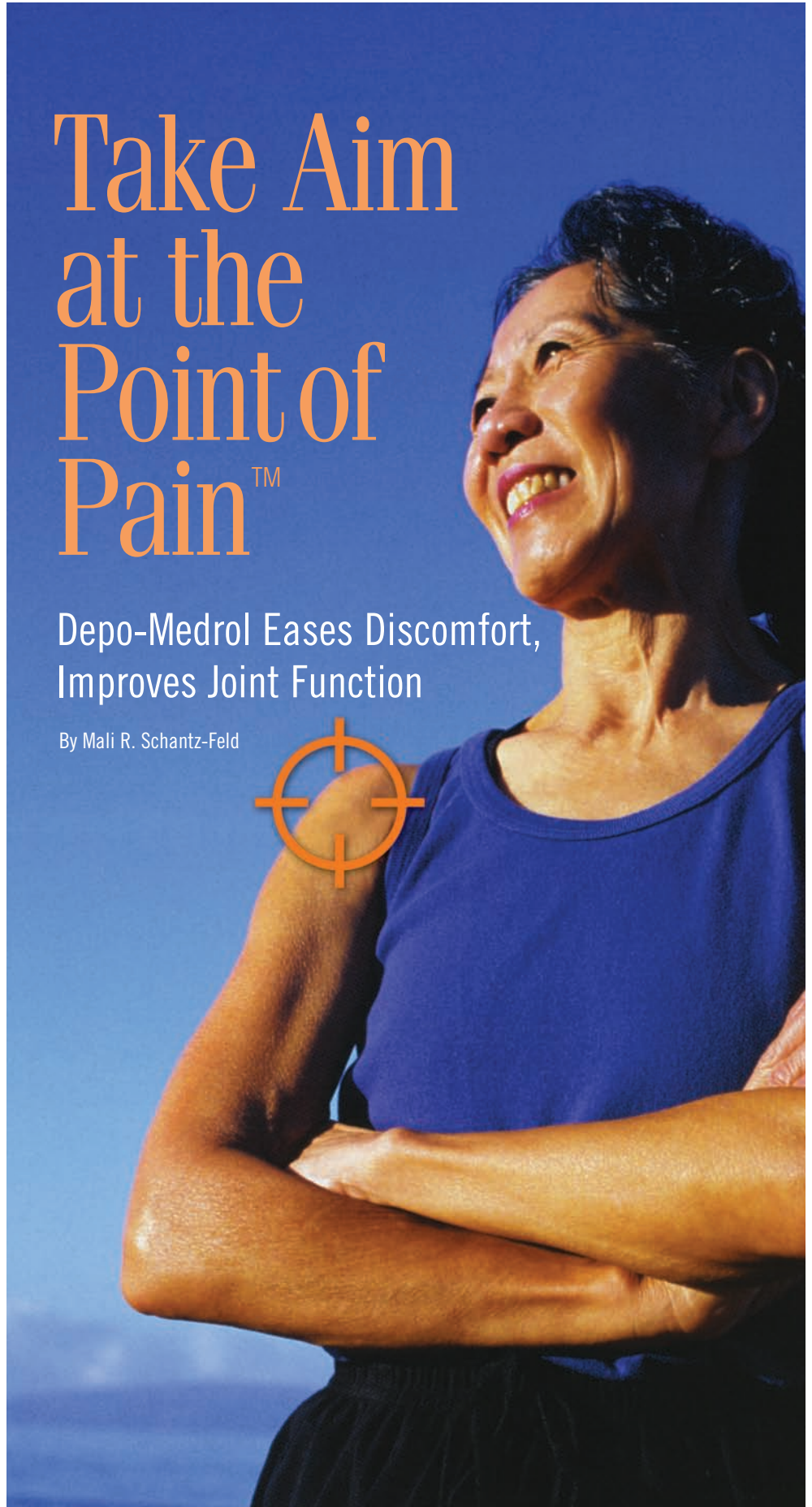
An Effective Treatment

"For some time, injectable corticosteroids such as Depo-Medrol have been steroid options as an adjunct of therapy," says David Engels, Division Team Head for the U.S. Diversified Products Division of Pfizer, Inc. "It continues to be used for a variety of conditions, including pain and inflammation. Depo-Medrol is a fairly inexpensive, valuable tool for an orthopedic office."

Take Aim at the Point of Pain™

Depo-Medrol Eases Discomfort, Improves Joint Function

By Mali R. Schantz-Feld



In one Depo-Medrol study, patients demonstrated relief from pain up to three weeks after injection. As many as 60% of patients responded to Depo-Medrol, while only 20% responded to placebo injections. Nearly two-thirds of the study participants preferred Depo-Medrol. In another study, Depo-Medrol therapy significantly reduced inflammation scores.

“Intra-articular steroidal injections are an important part of an orthopedic practice,” says Stuart Ross, President of ACO Med Supply, which delivers this product at a competitive cost. “Depo-Medrol is used often in the orthopedic marketplace. With its longstanding history, we are proud to support and offer this as one of our preferred products.”

According to Ross, ACO Med Supply is one of the few orthopedic specialty distributors to have a contract with Pfizer. “We have extremely competitive pricing and volume discounts,” he says. “Now that we have a direct relationship with Pfizer, we’re very excited about our ability to focus and grow this product’s usage.”

A Versatile Product

Physicians can choose Depo-Medrol for a variety of medical conditions. It is indicated for adjunctive, short-term therapy for patients experiencing acute pain for conditions including synovitis of osteoarthritis, rheumatoid arthritis, acute and subacute bursitis, acute gouty arthritis, epicondylitis, acute non-specific tenosynovitis, and posttraumatic osteoarthritis. The medication can be injected intra-articularly into the knee, shoulder, ankle, elbow, wrist, phalangeal, and hip.

Pfizer supplies excellent educational materials for the product to the orthopedic community. Physicians can log on to a comprehensive Web site (www.Depo-MedrolMD.com) and receive news and information about the medication, complimentary materials for patients and the practice, and ongoing updates regarding program enhancements. The site also offers product and joint injection resources, including joint injection technique videotapes and a library of videotaped injection demonstrations. Interactive presentations on

Depo-Medrol’s efficacy and common patient fears and misconceptions about joint injection are also discussed online. The site offers joint injection coding and reimbursement information as well as information about ordering. “Depo-Medrol offers great support for billing information and reimbursement,” adds Ross.

Treatment Protocols and Cautions

When using Depo-Medrol, physicians must wear gloves and cleanse the target site thoroughly with an antibacterial cleanser or povidone-iodine solution and alcohol. To obtain a full anti-inflammatory effect, Depo-Medrol should be injected directly into the synovial space. To reduce patient discomfort, physicians may choose to include a local anesthetic; however, Depo-Medrol should not be diluted or mixed with other solutions due to potential physical incompatibilities.



Depo-Medrol is a sterile aqueous injectable suspension used to treat specific orthopedic conditions.

When treating a “wet” or effused joint, excess synovial fluid must be aspirated before introducing Depo-Medrol. Before gently injecting Depo-Medrol into the synovial space, the physician must identify the area of the joint where the synovial cavity is most superficial and free of large vessels and nerves. Then a 20-gauge to 24-gauge needle on a syringe containing the desired dose may be inserted. (Due to some difficulties in entering the hip joint, great care must be taken to avoid injury to any large blood

vessels in that area.) Following the procedure, physicians should advise the patient to keep the injection site clean and report any unusual redness, swelling, fever, or chills.

Patients with recurring pain who benefit from previous injections may be injected up to a recommended maximum of three to

“ Depo-Medrol is a fairly inexpensive, valuable tool for an orthopedic office. ”

– David Engels,
Division Team Head, Pfizer,
U.S. Diversified Products Division

four times per joint per year, according to the ACR. Literature continues to support the efficacy and safety of the soft-tissue joint injection.

However, with all corticosteroids, side effects are possible. These may include postinjection steroid flare, arthropathy, tendon rupture, infection, skin atrophy, and crystal-induced synovitis. This treatment is contraindicated in premature infants because the formulation contains benzyl alcohol. Corticosteroids may also mask some signs of infection, and new infections may appear during their use. Appropriate examination of any joint fluid is necessary to exclude a septic process. Repeated intra-articular administration may, in some cases, result in joint instability. Finally, this treatment ameliorates symptoms but does not constitute a cure. For that reason, comprehensive therapy, including physiotherapy and orthopedic correction, should be part of a full treatment approach.

Appreciated Relief

For patients suffering joint pain from an inflammatory disorder or injury, any treatment that relieves discomfort and improves mobility brings welcome relief. Intra-synovial or soft-tissue injections of corticosteroids like Depo-Medrol provide such a reprieve from discomfort for acute episodes or exacerbations. By combining these injections judiciously with other healing regimens, physicians help patients regain as much of their normal joint function as possible. In cases like these, even a little assistance goes a long way. Medications like Depo-Medrol give physicians another much-appreciated weapon in their arsenal for combating debilitating joint issues. ■



An Industry Foothold

Servicing the Podiatry and Orthopedic Markets with a Turnkey Approach

By Peter Fretty

Most foot problems can be treated without surgery, which is where the DonJoy Velocity™ products excel.

Anyone who has experienced a foot injury understands the importance of getting back on his or her feet. One of the most important factors in making this happen is having the best instruments to repair a foot injury and the best products to provide strength and support for patient recovery. This is exactly why ACO Med Supply offers a combination of Miltex and DonJoy products that can set a podiatry practice apart from the competition. “ACO’s quality product lines give practitioners a sense of comfort and confidence,” says Tracy Sterling, Miltex Regional Sales Manager.

Embracing Health

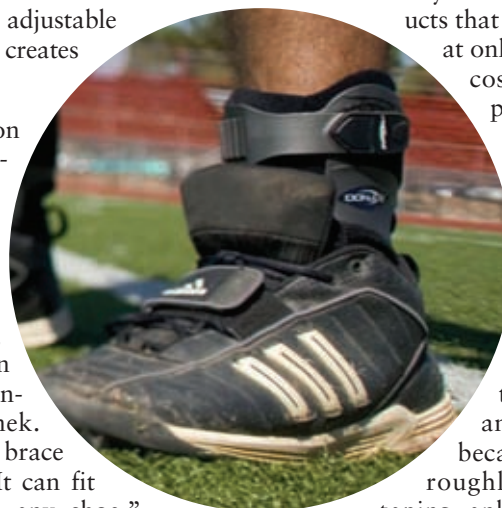
Fortunately, most foot problems can be treated without surgery, which is where the DonJoy Velocity™ products excel. According to Russ Havranek, Marketing Manager for the Velocity line, the firm’s ankle brace is used primarily for ankle sprains and other situations where patients need additional support. “We really focus on therapeutic aspects of treatment,” says Havranek.

What makes the Velocity brace unique are features that one usually finds only on a custom brace, explains Havranek. “We incorporated those features into our product to give physicians the ultimate in treatment efficacy and patient comfort with off-the-shelf availability,” he says. The Velocity’s distinctive aspects include a heat-moldable footplate and fully adjustable sizing, a combination that creates unparalleled ankle fit.

One of the most common uses for the Velocity product is for reinjury prevention following ligament reconstruction surgery. The braces are also used for all types of ankle training. “The Velocity, for example, is effective in treating posterior tibial tendonitis,” says Havranek. Another advantage of the brace is its very low profile. “It can fit comfortably into almost any shoe,” says Havranek, “which is typically not true with most competing braces.”

Rod Walters, Head Athletic Trainer for the University of South Carolina, uses braces like Velocity as well as consumable products such as wraps. “The Velocity provides superior comfort and definitely helps treat a wide array of anomalies and injuries affecting the foot and the ankle,” he says.

“Velocity is one of the few products that come off the shelf at only a fraction of the cost of a custom product. It definitely fills a void in the market.”



According to Walters, the use of braces within the athletic market has increased over the course of an athletic season because the cost is roughly half that of taping ankles for support.

“This makes all the difference in our world,” he says.

Surgical Specialty

In some foot cases, surgery is not only recommended but necessary. To help physicians deal with these instances, ACO offers its clients the entire line of Miltex podiatry instrumentation. The Miltex stainless steel product line is forged and then hand finished in Germany, explains Sterling. "When podiatrists pick up one of our instruments, they can truly feel the difference quality makes,"

“The Velocity provides superior comfort and helps treat a wide array of anomalies and injuries affecting the foot and the ankle.”

— Rod Walters, Head Athletic Trainer,
University of South Carolina

says Sterling. "Plus they know that investing in a Miltex product means acquiring an instrument that will probably last them through the life of their entire practice."

According to Sterling, other companies produce German steel instruments, but this label is often deceiving. "Even though the steel is from Germany, the instruments are usually less substantial and are sent to Pakistan or some other country for machine finishing, which reduces precision and quality," she says.

Sterling also notes that buying a quality product like Miltex comes with a bit of responsibility. "It is important to protect the instrument investment with proper care and cleaning, considering you are paying for quality and craftsmanship," she says. "Unfortunately, many people do not really know how to maintain what should be a long-lasting investment. This is one reason why Miltex stands behind its products with a lifetime manufacturing warranty. ACO also offers full repair and sharpening services for all instrument brands."

Put in Play

In many instances, what company representatives say varies from what practitioners routinely experience. This is definitely not the case when DonJoy and ACO discuss the quality of the podiatry products offered, explains Walters. "As a certified athletic trainer, I want a wide array of products with the best design for the various injuries I face," he says. "This is why it is so important that someone like ACO Med Supply brings a quality mix of products to the table." ■

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A Helping Hand

Billing and Equipment Supply Service Makes Life Easier for Physicians

By Nicole Achs Freeling

Orthopedic care is about treating patients, not tracking down payments for products that the physician has prescribed. That's where Ortho Pros Express (OPE), a sister company of ACO Med Supply, comes in. OPE specializes in stocking, billing, and collection services that help physicians dramatically reduce time and money spent on such activities.

OPE does third-party billing for durable medical products and equipment such as cold therapy and continuous passive motion (CPM) machines. It also provides a stock-and-bill program for DME orthopedic supplies and offers a collections service, which works in conjunction with the physician's office to expedite collections and manage overall efficiencies of the office. "It takes time for a doctor's office to do these things," says Martha Weber-Ross, OPE President.

Effortless Ordering and Billing

When a physician requests cold therapy or a CPM machine, Ortho Pros Express contacts the insurance company for authorization, advises patients of the co-pay, bills the insurance company, and collects payment. With CPM machines, OPE gets the physician's surgery schedule and provides the machine directly to the patient at the appropriate time.

"We handle all the paperwork," says Weber-Ross. "The physician prescribes the product that best meets the patient's need, and everything else is taken care of."

Charlotte orthopedic surgeon Scott Smith, MD, says OPE is invaluable to his small private practice. "I don't have the staff to do [billing and collections] on my own," he says. "We fill out a very short form, and I sign it and that's it. It works out great."

While OPE makes billing for durable equipment simple from the physician's perspective, in reality it requires highly specialized knowledge. OPE's 12-person

team must stay up to date on Medicare coverage, as well as on insurance company standards and requirements, which can differ significantly. In particular, the staff must keep abreast of Medicare limits on cost, coverage time, and medical necessity, as most of the major insurance payors follow Medicare guidelines.

Simplified Equipment Restocking

In addition to cold therapy and CPM machines, OPE's Med Direct stock-and-bill program makes sure a physician's closet has all the standard equipment needed, items like crutches, arm slings, walker boots, and ankle braces. The physician pays nothing for the products. OPE bills and collects payment for them as they are dispensed to patients.

Without such a service, the physician's office must purchase these products and seek reimbursement from patients and insurance companies themselves.

"Sometimes it's a \$25 item," says Weber-Ross. "With the time it takes to bill and

collect this, a physician will end up paying much more to collect the reimbursement than the item is worth."

Reliable Bill Collections

As a natural extension of its billing services, OPE helps collect late payments. It works with patients to set up payment plans and follows up with insurance companies when reimbursements are more

“With Ortho Pros Express, we always get someone on the phone within a few minutes. They have become a quality partner for us.”

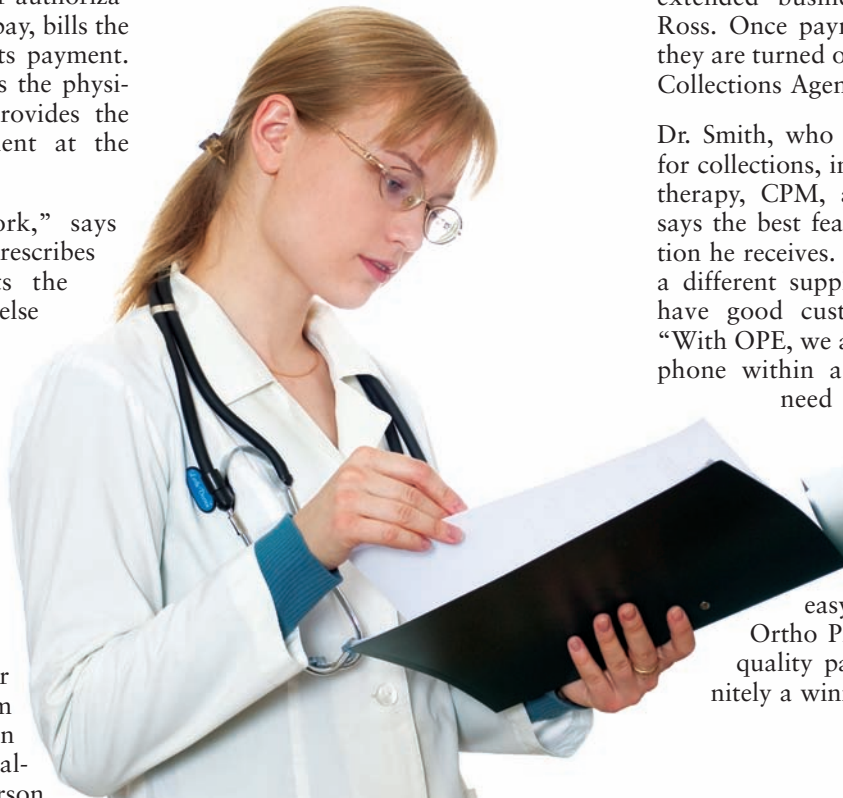
— Scott Smith, MD

than 120 days late to find the basis of and resolve issues causing the delay. OPE's staff present themselves as representatives of the medical practice. "We act as a physician's extended business office," says Weber-Ross. Once payments become delinquent, they are turned over to the Weber and Ross Collections Agency for processing.

Dr. Smith, who just contracted with OPE for collections, in addition to using its cold therapy, CPM, and Med Direct services, says the best feature is the personal attention he receives. In the past, his office used a different supplier. "But they just didn't have good customer service," he says. "With OPE, we always get someone on the phone within a few minutes. When we

need a product immediately or a fitting, they do it quickly and we get good feedback from our patients about their service. The paperwork is simple to fill out and easy for my staff to deal with.

Ortho Pros Express has become a quality partner for us — it is definitely a winning relationship." ■



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Customer convenience has become a hallmark of our 21st century world. However, the downside to the “get-it-fast” business model is that large corporations often lack the human touch, tending to view customers as demographic groups rather than individuals.

ACO Med Supply was aware of this limitation when it decided to expand its orthopedic specialty distribution service into medical/surgical supplies. Nevertheless, the company’s goal from its inception in 1995 has been to give customers the benefit of national distribution organizations, while keeping business relationships local and personal. This commitment has remained unchanged.

In order to strengthen its relationships with specialty physicians, ACO provides a “One Call, One Invoice, One Delivery” advantage to customers who need medical/surgical supplies and equipment. As a member of National Distribution & Contracting, Inc., the largest co-op of independent medical supply distributors in the world, ACO offers its customers the best equipment and supplies at the most competitive prices. Regional focus means customers get quick, effective customer service that would be difficult for a nationwide firm to provide.

Part of ACO’s ability to quickly respond to physician needs comes from its status as a privately held firm. Unlike policy-driven conglomerates, ACO employees can think on their feet instead of running decisions up the corporate chain of command.



In its ongoing drive to establish distributor contracts with national group purchasing organizations (GPOs), ACO has negotiated competitive pricing contracts with more

than 500 suppliers, including DonJoy, Aircast, Kimberly Clark, and 3M. GPOs play an increasing role in the way health care providers buy supplies. Combining a local distributorship with nationwide vendor programs and regional delivery allows ACO to provide quality products, reduce costs, and help physician practices and medical facilities improve their clinical and economic performances.

Donna Brown, ACO Director of Contracts, says, “We want our customers to know there is a local option where they receive hands-on service rather than an 800 number and a computer click.” ■

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