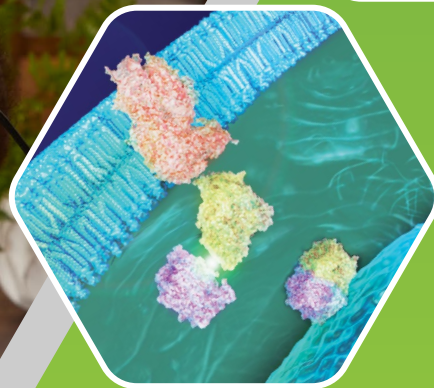
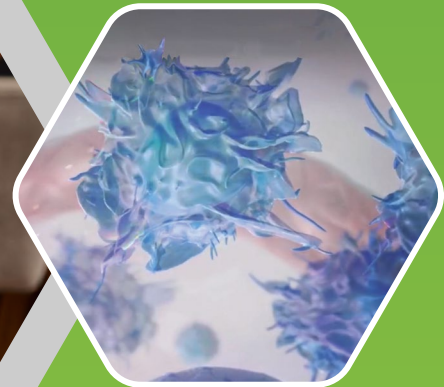


AccelStim™
Bone Healing Therapy

How LIPUS Works

Low-Intensity Pulsed Ultrasound



 ORTHOFIX®

Table of Contents

3	How LIPUS Affects Fracture Healing
4	LIPUS Amplifies Bone Healing
5	LIPUS at the Molecular Level
6	LIPUS at the Cellular Level
7	LIPUS at the Tissue Level
8	Four Phases of Bone Healing
10	Fracture Healing
11	References

The information contained within this brochure is provided for informational and educational purposes only and does not constitute medical advice. Please consult a qualified medical provider for diagnosis and treatment. Orthofix is not responsible for misinterpretation of the information provided or any consequences resulting from the use of this brochure.

Please visit www.Orthofix.com/IFU for full information on indications for use, contraindications, warnings, precautions, adverse reactions information, and sterilization.

How LIPUS Affects Fracture Healing

The fracture repair process is divided into four stages: inflammation, soft callus formation, hard callus formation, and bone remodeling.¹ Low-intensity pulsed ultrasound treatment (LIPUS) has been shown to accelerate fracture healing at every stage, with maximum benefit achieved when applied throughout the entire healing process.¹

The Orthofix AccelStim™ device uses a low-intensity pulsed ultrasound mechanical pressure wave composed of 1000 pulses per second to stimulate a response at the cellular level.^{2,3} After contacting bone, the mechanical pressure wave creates nanomotion at the fracture site producing a reaction at the cellular level.^{2,3}

The Orthofix AccelStim device helps promote bone healing by providing non-invasive therapy for healing nonunion fractures and accelerating the time to healing of fresh fractures.⁴

The Orthofix AccelStim device uses a unique LIPUS signal to amplify your body's natural bone repair processes.⁴



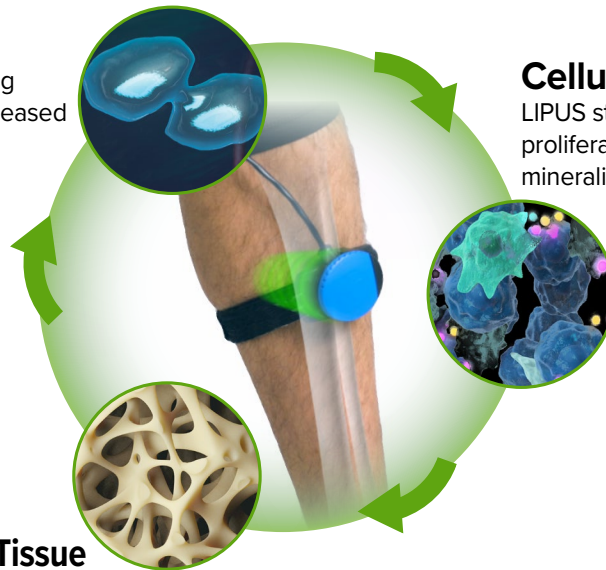
LIPUS Amplifies Bone Healing

LIPUS works by sending ultrasound waves through the skin and surrounding soft tissue to reach the site of the bone fracture.^{5,6} This stimulates signaling pathways,⁷ which in turn promotes mesenchymal stem cells to migrate towards the site of the fracture.⁸ The ultrasound waves activate certain cell receptors,⁹ setting off a series of reactions, referred to as a cascade.

One result of this event is that stem cells begin to proliferate, differentiate, and mineralize to form new bone.^{8,10} LIPUS increases upregulation of the processes critical to bone repair, thus increasing new bone formation.^{5,11}

Molecular

LIPUS stimulates signaling pathways, leading to increased cell differentiation.^{11,12}



Cellular

LIPUS stimulates bone cells to proliferate, differentiate, and mineralize.¹⁸

Tissue

LIPUS increases new bone formation.²⁵

The Orthofix AccelStim device helps promote bone healing by providing noninvasive LIPUS therapy for healing nonunions and accelerating time to healing of indicated fresh fractures.⁴

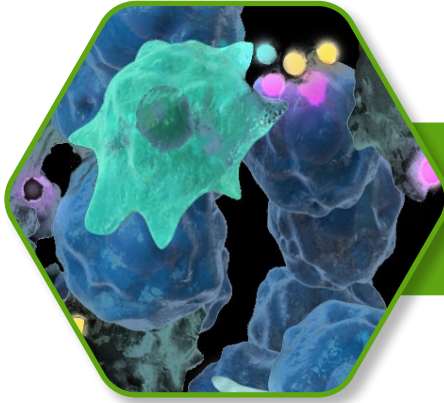
LIPUS at the Molecular Level



LIPUS stimulates signaling pathways, leading to increased cell differentiation.

- LIPUS stimulates the expression of aggrecan in chondrocytes,^{12,13} leading to accelerated cartilage formation, which is part of the initial phase of the fracture healing process.¹
 - LIPUS increases aggrecan expression 10-20% as shown by immunohistochemical staining of chick embryos.¹³
- LIPUS stimulates integrin, a transmembrane cell receptor, leading to increased gene expression of osteogenic growth factors and markers of osteogenesis.^{7,14} These include osteonectin, osteopontin, and insulin growth factor-1 (IGF-1).¹⁵
 - Staining by immunofluorescence showed a significant increase in integrin after 15 minutes of LIPUS exposure in rabbit synovial cells.⁷
- LIPUS stimulation alters the gene expression profile in osteocytes thus modifying the function of osteogenic and inflammatory cells that are involved in the fracture healing process.^{16,17}
 - LIPUS stimulates an anabolic response in osteocytes.¹⁷

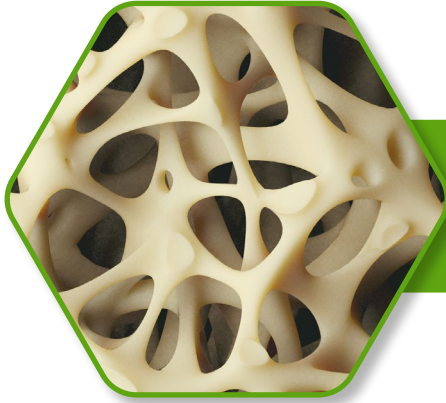
LIPUS at the Cellular Level



LIPUS stimulates bone cells to proliferate, differentiate, and mineralize.

- LIPUS stimulates undifferentiated mesenchymal stem cells to differentiate into osteoblasts.^{8,18}
 - After 13 days of differentiation, mesenchymal stem cells treated with LIPUS were 10% more differentiated than the control group.¹⁹
- In response to LIPUS, periosteal cells and osteoblastic cells increase expression of osteocalcin, alkaline phosphatase, and Vascular Endothelial Growth Factor (VEGF). These result in an increase in mineralization and enhanced angiogenesis.^{20,21}
 - Periosteal cell showed significantly more mineralization after four days of LIPUS treatment when compared to the control group.²⁰
- Enhanced stimulation of osteogenic cells by LIPUS drive endochondral ossification.^{10,20}
 - LIPUS treatment for 16 days accelerated endochondral ossification in mice, shown by histology.²²

LIPUS at the Tissue Level

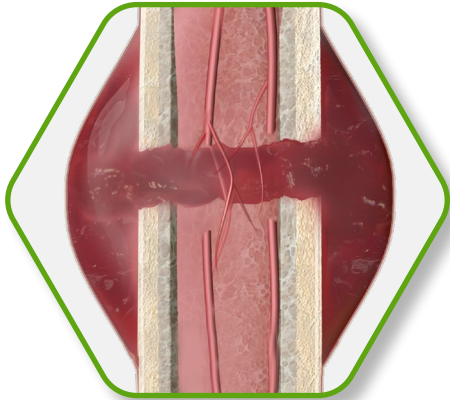


LIPUS increases new bone formation.

- LIPUS increases mineralization and calcium deposition.^{23,24}
 - The volume and amount of new bone formation was greater in the LIPUS group than the control, shown by micro-CT.²⁴
- LIPUS enhances bone formation.^{25,26}
 - Bone formation in the LIPUS treated group started earlier and became more extensive than bone formation in the control group.²⁶
- LIPUS improves osteogenic differentiation, mineralization, volume of newly formed bone, and osseointegration.^{11,27}
 - The LIPUS treated group showed 86% spinal fusion in a rabbit model, compared to 14% in the control group.²⁷
- LIPUS accelerates all stages of the fracture repair process (inflammation, bone formation, and bone remodeling), by increasing mineralization and reducing the inflammatory response.^{1,22}
 - Early endochondral ossification in the LIPUS treated femur was greater than in the control, shown by histology and micro-CT, confirming a significant increase in newly formed bone.^{1,22}

Four Phases of Bone Healing

Phase 1: Inflammation

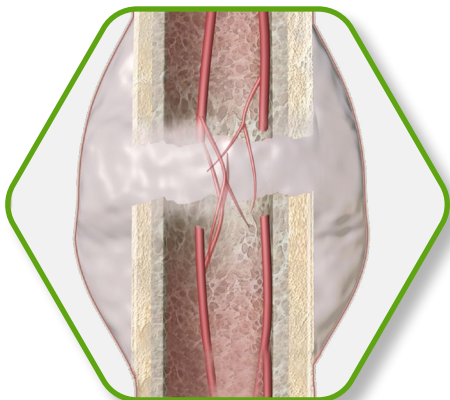


- When a bone breaks, blood vessels in the bone and periosteum are torn and hemorrhage, and a hematoma (blood clot) forms at the fracture site.
- Blood comes from blood vessels, marrow, and surrounding tissues, forming a hematoma that aids in cell recruitment to the fracture site.⁵

LIPUS Benefit

- LIPUS stimulates ultrasound waves through skin and surrounding soft tissue to reach the site of the bone fracture.^{20,28}
- LIPUS activates anti-inflammatory response by upregulating the anti-inflammatory gene expression.^{20,28}

Phase 2: Formation of Soft Callus

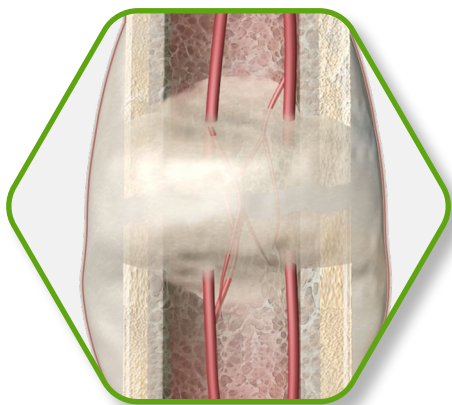


- New blood vessel formation occurs, which is called angiogenesis.⁵
- The major growth factor responsible for angiogenesis is VEGF. VEGF is produced by osteoblasts and periosteal cells.⁵
- Proliferation and osteoblastic differentiation of mesenchymal stem cells takes place to form the soft callus.⁵

LIPUS Benefit

- LIPUS helps to increase the formation of new blood vessels at the fracture site.²⁹
- LIPUS treatment enhances the TGFB-triggered differentiation of chondrocytes in culture and accelerates the formation of extracellular matrix.³⁰

Phase 3: Formation of Hard Callus

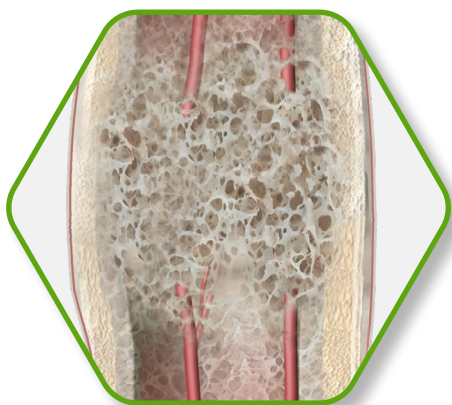


- Calcium is deposited in the new bone structure in a process called ossification. The hard callus continues to grow, bridging the gap in the broken bone until the two ends meet.^{31,32}

LIPUS Benefit

- LIPUS treatment increases soft tissue mineralization to stabilize the fracture by adding a rigid structure and strength.^{31,32}
- LIPUS activates anti-inflammatory response by upregulating the anti-inflammatory gene expression.^{20,2.}

Phase 4: Bone Remodeling



- Mineralized callus is the outer layer of bone tissue that normally forms like scar tissue at the ends of a broken bone once it has healed.³³
- Eventually, the fracture callus is remodeled into a new shape which closely duplicates the bone's original shape and strength.³³

LIPUS Benefit

- LIPUS accelerates both the normal formation (remodeling) and recycling (resorption) of bone tissue, for a faster formation of the mineralized callus.³³



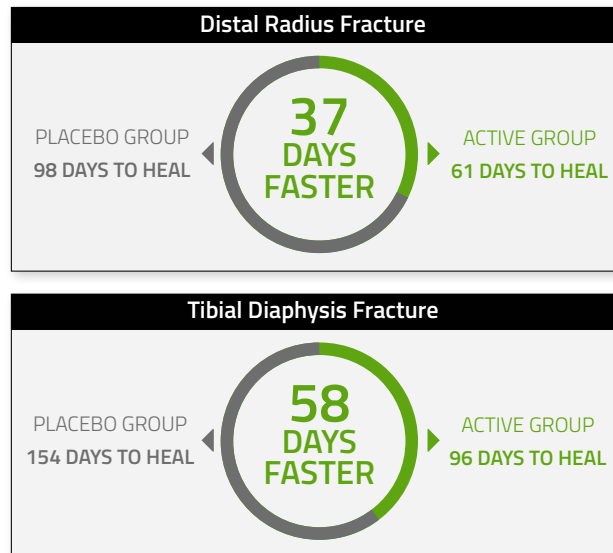
Fracture Healing

Clinical studies have validated the safety and effectiveness of LIPUS:

Clinical studies on LIPUS have successfully shown to resolve 86% of nonunion fractures and this treatment induced a 38% acceleration in achieving clinical and radiographic healing.^{9,34-37}

Studies show the safety and effectiveness of the LIPUS for noninvasive treatment of established nonunions, fresh, closed, posteriorly displaced distal radius fractures and fresh, closed or Grade I open tibial diaphysis fractures.³⁴⁻³⁸ Treatment with LIPUS accelerated healing by 38% (96 days for LIPUS treated versus 154 days for control group).³⁴

Faster healing in both cortical and cancellous bone




LIPUS has been proven to be a safe and effective noninvasive treatment to improve overall nonunion fracture healing success rates and to accelerate the healing of indicated fresh fractures.³⁴⁻³⁶



References

1. Azuma Y IM, Harada Y, Takagi H, Ohta T, Jinguishi S. Low-intensity pulsed ultrasound accelerates rat femoral fracture healing by acting on the various cellular reactions in the fracture callus. *J Bone Miner Res.* 2001;16(4):671-80.
2. Bioventus LLC. Exogen ultrasound signal depth and penetration. Data on file, RPT-000368.
3. Lehmann JF BG, Martinis AJ, McMillan JA. Ultrasonic effects as demonstrated in live pigs with surgical metallic implants. *Arch Phys Med Rehabil.* 1959;Nov(40):483-8.
4. Cook SD RJ, McCabe J, Frey JJ, Heckman JD, Kristiansen TK. Acceleration of tibia and distal radius fracture healing in patients who smoke. *Clin Orthop Relat Res.* 1997;337:198-207.
5. Claes L, Willie B. The enhancement of bone regeneration by ultrasound. *Progress in Biophysics and Molecular Biology.* 2007;93(1-3):384-98.
6. Hadjiargyrou M, McLeod, K., Ryaby, J. P. & Rubin, C. Enhancement of fracture healing by low intensity ultrasound. *Clin Orthop Relat Res.* 1998;355S: S216–S29
7. Sato M, Nagata K, Kuroda S, Horiuchi S, Nakamura T, Karima M, et al. Low-intensity pulsed ultrasound activates integrin-mediated mechanotransduction pathway in synovial cells. *Ann Biomed Eng.* 2014;42(10):2156-63.
8. Garg P, Mazur MM, Buck AC, Wandtke ME, Liu J, Ebraheim NA. Prospective Review of Mesenchymal Stem Cells Differentiation into Osteoblasts. *Orthopaedic Surgery.* 2017;9(1):13-9.
9. Harrison A, Alt V. Low-intensity pulsed ultrasound (LIPUS) for stimulation of bone healing – A narrative review. *Injury.* 2021;52:S91-S6.
10. Hasegawa T, Miwa M, Sakai Y, Niikura T, Kurosaka M, Komori T. Osteogenic activity of human fracture haematoma-derived progenitor cells is stimulated by low-intensity pulsed ultrasound in vitro. *J Bone Joint Surg Br.* 2009;91(2):264-70.
11. McCarthy C, Camci-Unal G. Low Intensity Pulsed Ultrasound for Bone Tissue Engineering. *Micromachines.* 2021;12(12):1488.
12. Parvizi J WC, Lewallen DG, Greenleaf JF, Bolander ME. Low-intensity ultrasound stimulates proteoglycan synthesis in rat chondrocytes by increasing aggrecan gene expression. *J Orthop Res.* 1999;17(4):488e94.
13. Zhang Zi, Huckle J, Francomano CA, Spencer RG. The influence of pulsed low-intensity ultrasound on matrix production of chondrocytes at different stages of differentiation: an explant study. *Ultrasound Med Biol.* 2002;28(11-12):1547-53.
14. Naruse K, Miyauchi A, Itoman M, Mikuni-Takagaki Y. Distinct Anabolic Response of Osteoblast to Low-Intensity Pulsed Ultrasound. *JBMR.* 2009;18(2): 360-9.
15. Sena K LR, Mazhar K, Sumner DR, Virdi AS. Early gene response to low-intensity pulsed ultrasound in rat osteoblastic cells. *Ultrasound Med Biol.* 2005;31(5):703e8.
16. Shimizu T, Fujita N, Tsuji-Tamura K, Kitagawa Y, Fujisawa T, Tamura M, et al. Osteocytes as main responders to low-intensity pulsed ultrasound treatment during fracture healing. *Sci Rep* 2021;11.
17. Li L, Yang Z, Zhang H, Chen W, Chen M, Zhu Z. Low-intensity pulsed ultrasound regulates proliferation and differentiation of osteoblasts through osteocytes. *Biochemical and Biophysical Research Communications.* 2012;418(2).
18. Gurkan UA, Akkus O. The mechanical environment of bone marrow: a review. *Ann Biomed Eng.* 2008;36(12):1978e91.
19. He R, Chen J, Jiang J, Liu B, Liang D, Zhou W, et al. Synergies of accelerating differentiation of bone marrow mesenchymal stem cells induced by low intensity pulsed ultrasound, osteogenic and endothelial inductive agent. *Artificial Cells, Nanomedicine, and Biotechnology.* 2019;47(1):673-83.
20. Leung KS CW, Zhang C, Lee KM, Lo HK. Low intensity pulsed ultra-sound stimulates osteogenic activity of human periosteal cells. *Clin Orthop Relat Res.* 2004;418:253e9.
21. Tassinari JAF, Lunardelli A, Basso BdS, Dias HB, Catarina AV, Stülp S, et al. Low-intensity pulsed ultrasound (LIPUS) stimulates mineralization of MC3T3-E1 cells through calcium and phosphate uptake. *Ultrasonics.* 2018;84:290-5.
22. Naruse K, Sekiya H, Harada Y, Iwabuchi S, Kozai Y, Kawamata R, et al. Prolonged Endochondral Bone Healing in Senescence is Shortened by Low-Intensity Pulsed Ultrasound in a Manner Dependent on COX-2. *Ultrasound in Medicine & Biology.* 2010;36(7).
23. Wu L, Lin L, Qin Y. Enhancement of Cell Ingrowth, Proliferation, and Early Differentiation in a Three-Dimensional Silicon Carbide Scaffold Using Low-Intensity Pulsed Ultrasound. *Tissue Eng Part A.* 2015;2015(21):53–61.
24. Cao HF, L.; Wu, Z.; Hou, W.; Li, S.; Hao, Y.; Wu, L. Effect of low-intensity pulsed ultrasound on the biological behavior of osteoblasts on porous titanium alloy scaffolds: An in vitro and in vivo study. *Mater Sci Eng C.* 2017.
25. Wang Y, Peng W, Liu X, Zhu M, Sun T, Peng Q, et al. Study of bilineage differentiation of human-bone-marrow-derived mesenchymal stem cells in oxidized sodium alginate/N-succinyl chitosan hydrogels and synergistic effects of RGD modification and low-intensity pulsed ultrasound. *Acta Biomater.* 2014;10:2518–28.



References (continued)

26. Ganzorig K, Kuroda S, Maeda Y, Mansjur K, Sato M, Nagata K, et al. Low-intensity pulsed ultrasound enhances bone formation around miniscrew implants. *Archives of Oral Biology*. 2015;60(6):902-10.
27. Hui CF, Chan CW, Yeung HY, Lee KM, Qin L, Li G, et al. Low-intensity pulsed ultrasound enhances posterior spinal fusion implanted with mesenchymal stem cells-calcium phosphate composite without bone grafting. *Spine*. 2011;36(13):1010-6.
28. Yang R-S, Lin W-L, Chen Y-Z, Tang C-H, Huang T-H, Lu B-Y, et al. Regulation by ultrasound treatment on the integrin expression and differentiation of osteoblasts. *Bone*. 2005;36(2):276-83.
29. Rawool NM, Goldberg BB, Forsberg F, Winder AA, Hume E. Power Doppler Assessment of Vascular Changes During Fracture Treatment With Low-Intensity Ultrasound. *Journal of Ultrasound in Medicine*. 2003;22(2):145-53.
30. Mukai S, Ito H, Nakagawa Y, Akiyama H, Miyamoto M, Nakamura T. Transforming growth factor- β 1 mediates the effects of low-intensity pulsed ultrasound in chondrocytes. *Ultrasound in Medicine & Biology*. 2005; (12):1713-21.
31. Silva JC. What to know about bone fracture repair. medicalnewstoday.com/articles/322419.php. 2018
32. Sousa CP DI, Lopez-Pena M. Bone turnover markers for early detection of fracture healing disturbances: A review of the scientific literature. *An Acad Bras Cienc*. 2015;87(2):1049-61.
33. Freeman TA, Patel P, Parvizi J, Antoci V Jr, IM S. Micro-CT analysis with multiple thresholds allows detection of bone formation and resorption during ultrasound-treated fracture healing. *J Orthop Res*. 2009;27(5):673-9.
34. Heckman JD, Ryaby JP, McCabe J, Frey J, Kilcoyne RF. Acceleration of tibial fracture-healing by non-invasive, low-intensity pulsed ultrasound. *J Bone Joint Surg Am*. 1994;76(1):26-34.
35. Kristiansen TK, Ryaby JP, McCabe J, Frey JJ, Roe LR. Accelerated healing of distal radial fractures with the use of specific, low-intensity ultrasound. A multicenter, prospective, randomized, double-blind, placebo-controlled study. *J Bone Joint Surg Am*. 1997;79(7):961-73.
36. Nolte PA, van der Krans A, Patka P, Janssen IM, Ryaby JP, Albers GH. Low-intensity pulsed ultrasound in the treatment of nonunions. *J Trauma*. 2001;51(4):693-703.
37. Leighton R, Watson JT, Giannoudis P, Papakostidis C, Harrison A, Steen RG. Healing of fracture nonunions treated with low-intensity pulsed ultrasound (LIPUS): A systematic review and meta-analysis. *Injury*. 2017;48(7):1339-47.
38. Mayr E, Rudzki MM, Rudzki M, Borchardt B, Häusser H, Rüter A. Does low intensity, pulsed ultrasound speed healing of scaphoid fractures? *Handchir Mikrochir Plast Chir*. 2000;32(2):115-22.

Brief Prescribing Information:

The AccelStim device is indicated for the non-invasive treatment of established nonunions excluding skull and vertebra, and for accelerating the time to a healed fracture for fresh, closed, posteriorly displaced distal radius fractures and fresh, closed or Grade I open tibial diaphysis fractures in skeletally mature adult individuals when these fractures are orthopedically managed by closed reduction and cast immobilization.

Full prescribing information can be found in product labeling on our patient education website BoneGrowthTherapy.com or by calling Patient Care at 800.535.4492. Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

Orthofix, its logo, and AccelStim are trademarks or registered trademarks of Orthofix Medical Inc. and/or its affiliate companies.



Orthofix.com
BoneGrowthTherapy.com

MM-BS-10124000 Rev AA © Orthofix US LLC 07/2025

