PRODUCT DESCRIPTION

Vascular Study

- Photoplethysmography spectral analysis: Arterial stiffness and blood flow Evaluation
- Ankle Brachial Index: Peripheral Artery Disease detection

Autonomic Nervous System Assessment

- Sudomotor Function Assessment: small fiber neuropathy detection
- Autonomic Regulation: Autonomic balance and activity
- Ewing Tests: Cardiac autonomic neuropathy detection

DHNer software

Manage data of both technologies and provide instant printable reports. Software permits follow up of multiple tests to improve patient's compliance.

(972) 245-2273

INDEPENDENT MEDICAL MANAGEMENT ASSOCIATES

Complex Tests Made Easy

How to differentiate between peripheral neuropathy and peripheral artery diseases ?

We bring everything you need to your

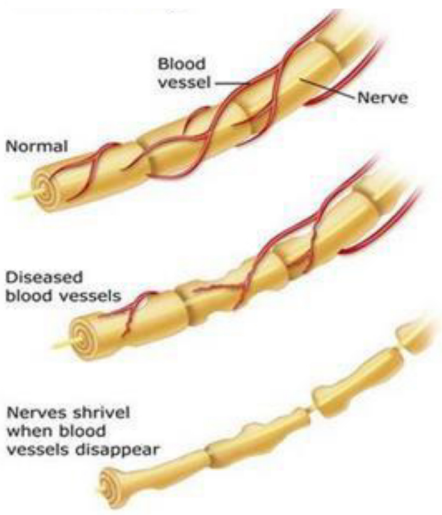
Who to Test ?

More than 29 million Americans are diagnosed with diabetes. About half of them have some form of nerve damage from the disease.

PAD is estimated to affect 12 to 20% of Americans age 65 and older with as many as 75% of that group being asymptomatic.

The signs and symptoms of peripheral neuropathy and peripheral arterial disease (PAD) can overlap and mimic each other.

Nerve Damage & Artery Damage



Symptoms can include:
-Tingling
- Pain
- Burning
- Numbness
- Shooting sensations
- Cramping
- Sensation of "thick skin" or that the part is "asleep".

Peripheral neuropathy or artery diseases lead to serious complications that can be prevented. Patients with these signs and symptoms and a history of Diabetes and Cardiovascular diseases should be tested at least once a year.

One stop Solution

The DHNER system combines 2 key technologies in orde assess risk of peripheral neuropathy and peripheral artery diseases.

Autonomic Nervous System Asssessment

Sudomotor dysfunction is one of the earliest detectable neurophysiologic abnormalities in distal small fiber neuropathy

ANS assessment assists physician in the diagnosis of autonc neuropathy, decreased sweat responses after electrical stimulation is recognized to acts as a predictive tool for ea signs of distal peripheral neuropathy.

Scale of the sudomotor function

>= 830 mV	512 - 830 mV	400 - 511 mV	< 400 mV
Normal	Borderline	Abnormal	Severe

Ankle-Brachial Index

Narrowed arteries by atherosclerotic plaques causes the lowering of the ABI, accordingly the examination is used for the determination of PAD. Therefore, the progression of the disease is reflected in the change in the ABI.

Scale of ankle brachial index

> 1.40	1.0 - 1.4	0.9 - 0.99	0.4 - 0.89	<= 0.4
Non-Compressible	Normal	Borderline	Abnormal	Severe