

e·vive™

Empowering patients
to find their **strength**



 **CyMedica**
ORTHOPEDICS™

e·vive™

TAKE **CONTROL** OF YOUR REHAB

A big part of what makes recovery from knee surgery difficult is the loss of quadriceps strength. In fact, most patients lose over 60% of quad strength after knee surgery, which can prolong rehab time — and more importantly, prevent you from getting back to a normal, active life.

UNDERSTANDING QUADRICEPS WEAKNESS

Quadriceps atrophy — or the weakening of your thigh muscles — is a common but overlooked result of knee surgery. This weakness is caused by your inability to use your knee before and after surgery, as well as the physical impact of the surgical process. As your muscle atrophies after surgery, the communication between your nerves and muscles becomes hindered, limiting your ability to recruit your quadriceps and weakening the signal itself.

Our neuromuscular electrical stimulation (NMES) solutions are designed to help speed up the recovery process, with an emphasis on comfort and convenience—so you can work on your rehab from home, work, or just about anywhere else.

ABOUT NMES:

Neuromuscular electrical stimulation (NMES) is the application of electrical stimuli to a group of muscles, most often for the purpose of muscle rehabilitation. NMES is achieved by passing an electrical impulse from a device through electrodes placed on the skin over the targeted muscle or muscles.



EFFECTIVE. COMFORTABLE. EASY TO USE.

e-vive is the only next generation app-based muscle strengthening solution designed with you in mind. e-vive makes it easy and comfortable for you to engage in your rehab at home.

CYMOTION™ TECHNOLOGY

Our patented CyMotion™ Technology uses a closed-loop feedback system to constantly monitor and adjust the power delivered to your muscles. The result is that e-vive with CyMotion™ NMES delivers a very comfortable, powerful quadriceps muscle contraction with just a few 20 minute treatments each day.

Ask your doctor about the e-vive muscle activation system today!

To learn more, visit www.cymedicaortho.com or call **844-296-2014**

The **e-vive** system consists of three components:

The Conductive Garment

The conductive garment with built in sensor technology transmits your personal critical range of motion data, and also precisely positions the electrodes in place on your quadriceps. An optional post-operative brace* may also be prescribed by your physician.



*Optional post-operative brace (Rx)

The CyMotion™ NMES Controller

The e-vive controller uses our proprietary CyMotion™ technology to monitor and control the power delivered to your muscles for maximum comfort and effectiveness.



The e-vive App

The e-vive app gives you complete control over the NMES therapy for simplified operation on virtually any smart device. Your personalized rehabilitation data is collected and sent to the cloud where your healthcare provider can easily monitor your progress.



STIMULATION INTENSITY

RANGE OF MOTION

PROGRESS TRACKER

No Smart Phone? No Problem!

The CyMedica QB1™ device offers the same advanced NMES therapy without the need for a smart device. Contact CyMedica Orthopedics® for more information.

INSURANCE COVERAGE FOR NMES:

Many commercial and Medicare insurance plans may provide partial or full coverage for your NMES device. Alternatively, CyMedica is pleased to offer several other affordable options, including an interest free payment plan and acceptance of HSA/FSA debit cards. As a courtesy, an assessment of your insurance eligibility and estimated patient responsibility should be provided by your healthcare team before you are asked to make any commitment to purchase.



Take control of your rehab with the
e-vive muscle strengthening system.

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1. Mizner RL, et al. Early quadriceps strength loss after total knee arthroplasty. The contributions of muscle atrophy and failure of voluntary muscle activation. J Bone Joint Surg Am. 2005;87(5):1047-1053 5. Walls RJ, et. Al. Effects of preoperative neuromuscular electrical stimulation on quadriceps strength and functional recovery in total knee arthroplasty. A pilot study.

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