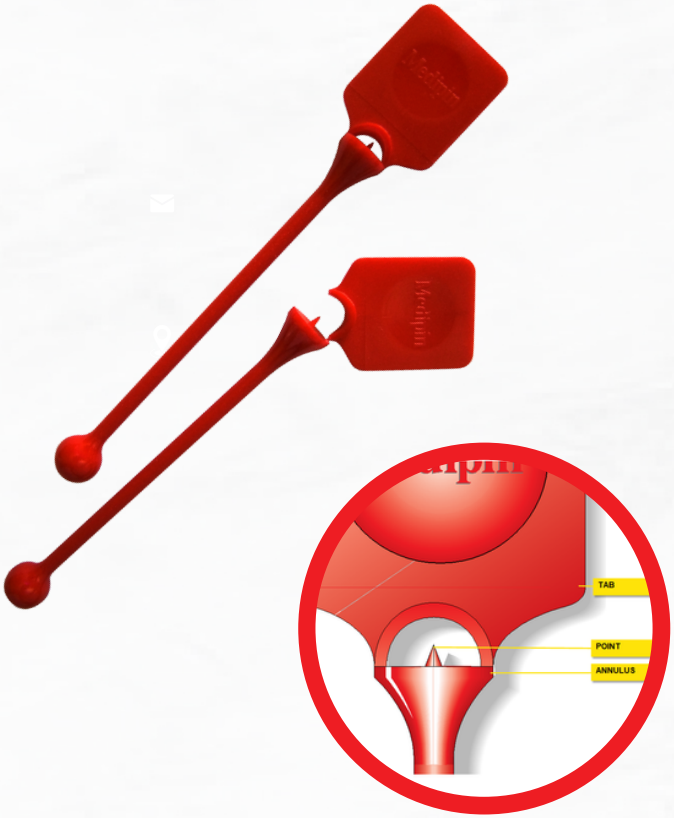
For the earliest diagnosis always insist on

Jacobs Medipin®

Single Use Protected Neurological Pin ②

The single-use precision instrument designed to optimize cutaneous pinprick perception without piercing delicate skin



Enhanced test sensitivity at lower application pressure

Medipin's protected point is designed to significantly enhance pinprick acuity by creating a neural 'centre surround' field effect without actually being sharp.

Enhanced Safety

Enhanced acuity facilitates lower application pressure to achieve useful stimulation and reduce risk of damaging delicate skin.

Infection Control

The protective annulus inhibits depth of penetration and protects against self-inflicted "needle stick" injury.

Disposability

The plastic point is easily neutralised by compression against a hard surface.

Ease of Use

Medipin has been designed to promote proficient handling.

"The standard to be judged by for safer diagnosis, offering accuracy, security and convenience"

Medipin MP-100 (Professional-Use) Instructions for Use

1. BREAK TAB TO EXPOSE POINT - AVOID CONTACT WITH FINGERS.

2. GRASP DEVICE BETWEEN THUMB AND INDEX FINGER LIGHTLY ENOUGH TO PERMIT SLIGHT AXIAL SLIPPAGE IF REQUIRED - UTILIZE TEXTURED SURFACE TO FACILITATE CONTROL.

3. APPLY TO SKIN AT A PERPENDICULAR TO STANDARDIZE POINT PRESSURE FOR IMPROVED TEST CONSISTENCY and OPTIMIZE ANNULAR CONTACT TO GENERATE A 'CENTRE SURROUND' FIELD OF ENHANCED ACUITY. ESTABLISH A CONTROL AREA IN AN UNAFFECTED REGION WITH AN 'AVERAGE' STIMULATION LEVEL BY MAKING SEVERAL QUICK APPLICATIONS AROUND THE SAME LOCALITY. PRESS FIRMLY BUT CAREFULLY USING A REPETITIVE, PERCUSSIVE CONTACT. AVOID HIGH AMPLITUDE or 'STABBING' ACTIONS - PENETRATION IS CHECKED BY THE ANNULUS BUT NEVER ASSUMED 'IMPOSSIBLE'.

INSTRUCT YOUR PATIENT THIS "NORMAL" AREA REPRESENTS A SCORE OF "5" OUT OF TEN.

4. COMPARE SYMMETRICAL or ADJACENT REGIONS OF SENSORY DISTRIBUTION CONTINUOUSLY ASKING YOUR PATIENT WHERE POSSIBLE TO IDENTIFY and GRADE THE QUANTITY OF DEFICIT BETWEEN THEM AND YOUR 'AVERAGE' OR 'CONTROL' AREA.

5. TO PREVENT RE-USE DESTROY POINT BY COMPRESSION AGAINST A HARD SURFACE and/or DISPOSE OF IN A BIOHAZARD CONTAINER.

ALWAYS OBSERVE SHARPS POLICY

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Do The

Right

Test.

Cutaneous pinprick sensation is the most sensitive modality for detecting early sensory deficit due to small fibre loss[1] and Medipin has been designed to exploit this phenomenon as a precision instrument that is best employed where the patient becomes their own control.

A repetitious technique utilising comparison of multiple applications between symmetrical regions, where one of them represents the initial 'control' site, allows the subject to appreciate and express subtle, quantitative distinctions of sensory loss on an arbitrary scale rather than only the crude 'all or nothing' option permitted by sharp/blunt testing.

[1] Pop-Busui et al 2017; Diabetic Neuropathy: A Position Statement by the American Diabetes Association; Diabetes Care 2017; 40:136–154 | DOI: 10.2337/dc16-2042

Supplied in cartons of 100 Medipin contains no metal components and offers virtually an infinite shelf life

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Do The

Test

Right.

Even with the most sensitive of instruments subject idiosyncrasy dictates that there still needs to be an appropriate application technique to furnish a necessary and complementary specificity. The considerable variation in perception from day to day in the same patient let alone between different members of the population stipulates using the patient as their own control.

Therefore attempting to impose a standardized level of stimulation across the population, even with a device that imparts a predictable level of force, simply won't work[2]. It is critical to give the patient an "average" or "normal" sense of stimulation particular to them. Not only are receptors distributed randomly throughout the skin but everyone feels stimuli differently as well as there being considerable variation in application technique between clinicians.

This is achieved easily using continuous applications to generate so called "wind up" or summation which reduces "standard deviation" in reception whilst providing an opportunity to recognize subtle sensory distinctions between regions of the body.

[2] A.T. Shirgaonkar, M. Purva, I.F. Russell; A double blind comparison of the variability of block levels assessed using a hand help Neurotip™ or a Neuropen® at elective caesarean section under spinal anaesthesia. International Journal of Obstetric Anesthesia (2010) 19, 61–66.

Employ the right instrument

Use

Medipin.

Medipin represents a unique, dedicated single-use precision technology designed to enhance the diagnosis of cutaneous sensory loss. The instrument consists of a short, faceted point, acutely delineated by its' surfaces and edges and inclined to stretch rather than penetrate the skin surface, within a protective annulus that encircles the point with a perimeter of dull stimulation.

Stretching the skin whilst contrasting the sharp stimulus of this highly demarcated point with that of the annulus, emphasize the neurological phenomenon of **Lateral Inhibition** where functional central nervous system connections are formed to highlight contrasting differences between areas of sensation. Each application generates a focussed and well-defined '**Centre Surround**' field effect to augment pinprick perception. 'Continuously compare between the established "normal" for the patient and the symmetrical area or side to be scrutinized to create a subtle picture of quantitative deficit as opposed to a crude "present or not" option

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