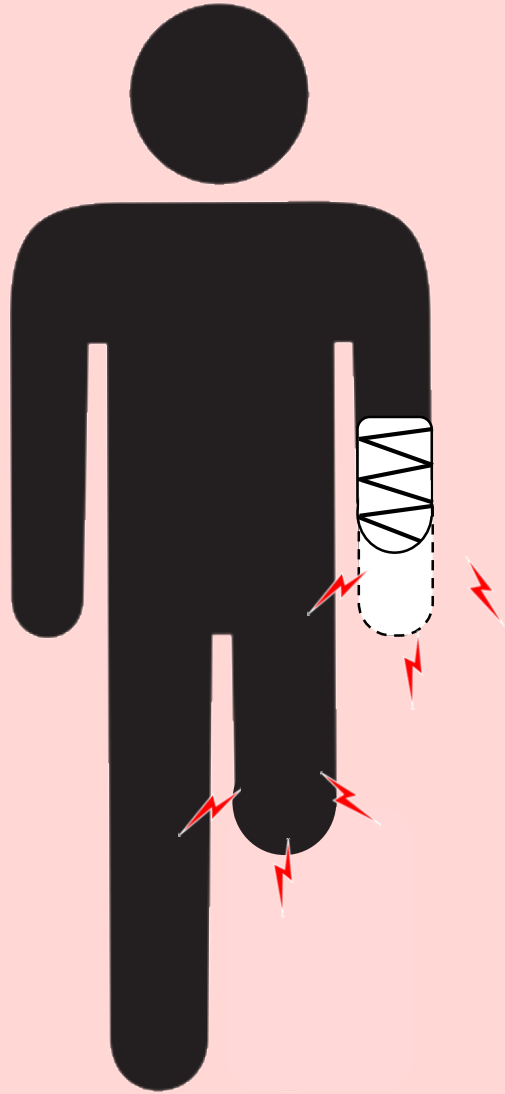


Targeted muscle innervation (TMR) trends towards reducing neuroma and phantom limb pain



There are **2 million amputees** in the U.S. with **30-40,000 amputations** performed every year. **95% of patients** report some post-amputation pain: phantom limb pain (PLP) or residual limb pain (RLP)

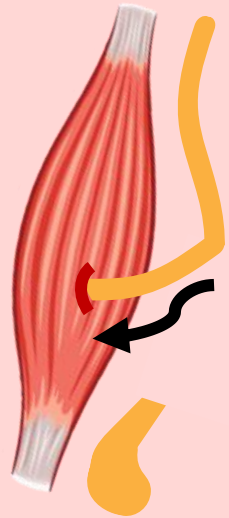
PLP is the perception of pain in a limb that no longer exists

RLP is pain that originates from the actual site of amputation due to:

- Nerve entrapment
- Neuroma formation
- Trauma/infection

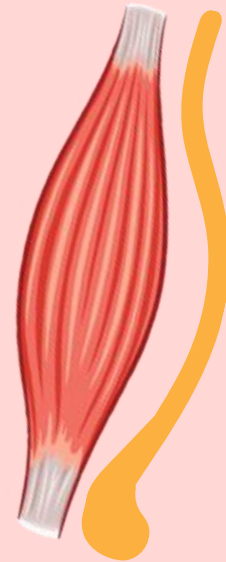
Targeted muscle innervation (TMR) trends towards reducing neuroma and phantom limb pain

“TMR gives the regenerating fascicles 'somewhere to go and something to do,' thus serving to heal rather than hide the amputated nerve ending.”



Standard Treatment

- Excision of neuroma
- Fresh nerve is buried into healthy muscle

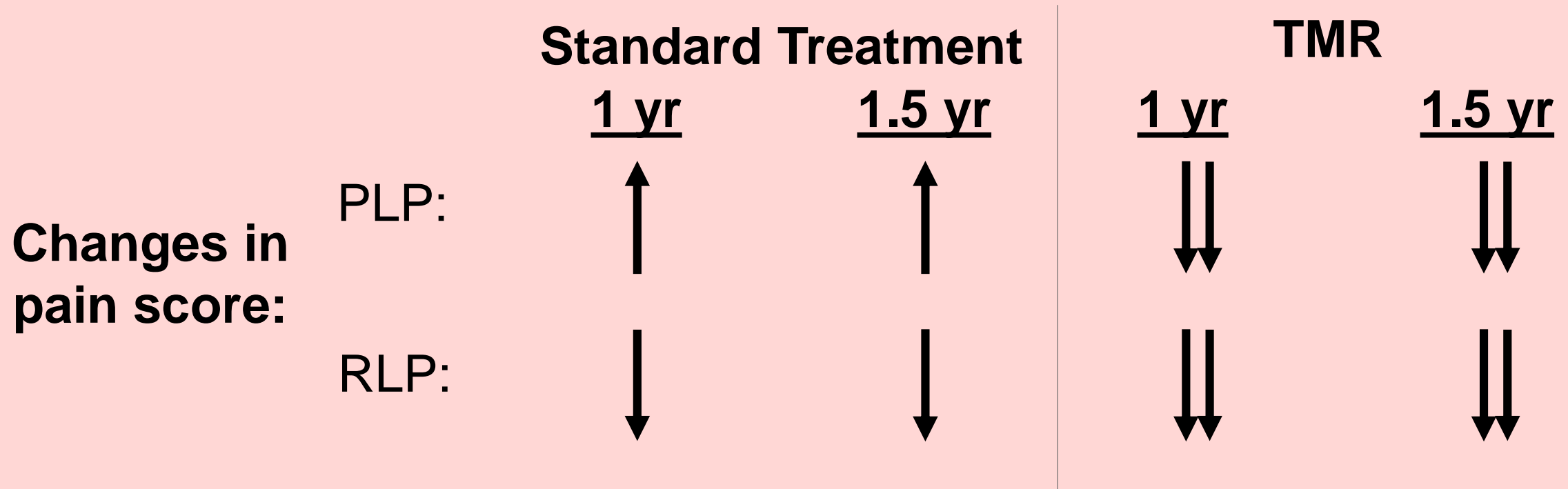


TMR

- Excision of neuroma
- Fresh nerve is coapted to a newly divided nearby nerve

Targeted muscle innervation (TMR) trends towards reducing neuroma and phantom limb pain

Pain was quantified by two different measures: the numerical rating scale (NRS) and PROMIS pain scales.



TMR is a promising therapy for the reduction of pain in patients experiencing PLP or RLP.