



## In-Office CT Imaging for the Upper and Lower Distal Extremities



Small device foot print; self-shielded; runs off standard 115V outlet; 25 second scans.



Image acquisition is 70% faster than X-Ray series - allows you to see more patients per day.<sup>2</sup>



35% improved fracture detection and 2-fold improved identification of complex fracture over X-Ray.<sup>1</sup>



8" diameter bore can be height adjusted to fit lower and upper extremities.

# Why do you need an InReach?

- Regain the power to make clinical decisions by having immediate access to full-resolution 3D scans
- Image acquisition is faster than X-Ray - allows you to see more patients per day
- Get patients to surgery more quickly - have same day answers for upper and lower extremity fractures and dislocations
- Better imaging = fewer missed fractures and more accurate diagnosis
- Follow up appointments - assess bone healing and offer patient-specific plans
- Capture imaging revenue for your practice via CPT codes 73200\* and 73700\*

1 De Smet, E., De Praeter, G., Verstraete, K.L.A. et al. Skeletal Radiol (2015) 44: 1111. <https://doi.org/10.1007/s00256-015-2127-3>  
2 Richter M, Seidl B, Zech S, Hahn S. Foot Ankle Surg. 2014 Sep;20(3):201-7. <https://doi: 10.1016/j.fas.2014.04.004>

*\*These guidelines are intended to outline the basis for coverage and reimbursement for certain imaging services to the extent the services may be covered by a particular payor. They do not in any way guarantee actual payment and are not intended as legal advice. Healthcare providers should exercise clinical judgement when selecting codes and submitting claims to accurately reflect the services rendered. Further, proper coding may require analysis of statutes, regulations or payor contracts and policies, and as a result, the proper code result may vary from one payor to another. It is the provider's responsibility to determine and submit appropriate codes, modifiers and charges for the services that are rendered. For appropriate code selection, you should contact your local payor prior to submitting claims.*

Cone Beam CT (CBCT) imaging allows orthopedic surgeons and radiologists to appreciate osseous features in 3 dimensions. In-office CBCT can assist specialists in identifying fractures and displacement much more quickly than if they needed to refer a patient to traditional CT imaging. Hand and wrist specialists may elect to order CBCT scans for the same indications they would have otherwise requested traditional radiographs.

## Peer Testimonials



Dr. Lloyd Champagne, MD  
Arizona Center for  
Hand Surgery

"InReach has been an excellent asset allowing in-office imaging and rapid CT evaluation of the hands with complex diagnostic dilemmas."



Dr. Josef Zoldos, MD  
Arizona Center for  
Hand Surgery

"We all know that the 3D morphology is overlapping and it's sometimes very difficult to tell on plain films. So, this really does heighten our ability to make a diagnosis and examine patients."



Dr. Glenn Gaston, MD  
OrthoCarolina

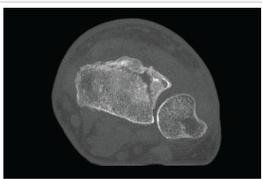
"I use it for many acute distal radius fractures as pre-op planning, questionably displaced scaphoid fractures to assess the need for surgery, 6-10 week check for union for scaphoids and midcarpal fusions..."

## Scientific Evidence



"Considering the low dose of radiation and high image quality, CBCT could be used as a priority method of choice to assess the structure of wrist and hand bones and be done as the first step in diagnostics, replacing standard radiography."

A.Yu. Vasiliev, et al. (2013) Capabilities of Cone-Beam Computed Tomography in the Assessment of the Structure of Wrist and Hand Bones. International Journal of Biomedicine 3(2) 119-121.  
[http://www.ijbm.org/articles/3\\_2\\_MME1.pdf](http://www.ijbm.org/articles/3_2_MME1.pdf)



"We can say that compared to standard X-ray, CBCT has higher sensitivity and specificity in the proper identification and typing of these kind of lesions (foot & ankle fractures, tibial plateau fractures, wrist & scaphoid fractures, and elbow fractures), with low [radiation] dose if compared to MDCT."

M. Ricci, et al. (2019). Cone-beam computed tomography compared to X-ray in diagnosis of extremities bone fractures: A study of 198 cases. European Journal of Radiology Open. 6. 119-121. 10.1016/j.ejro.2019.01.009.



"CBCT is superior to radiographs for diagnosing occult cortical fractures. Because of its low radiation dose, we believe that CBCT can be used in current practice as a replacement or supplement to radiographs to detect these fractures and optimize the cost-effectiveness ratio by limiting the number of needless immobilizations."

C. Borel, et al. (2017) Diagnostic value of cone beam computed tomography (CBCT) in occult scaphoid and wrist fractures. European Journal of Radiology, Volume 97, 59 – 64.  
<https://hal.archives-ouvertes.fr/hal-02143140/document>