

Clinical Papers			
Author	Published	Title	Conclusion
Sylvia Hampton	JCN 2009	Parafricta material, can it reduce the potential for pressure damage	There is a relationship between reduction of oedema and inflammation under the epidermis and the wearing of Parafricta garments. This leads to the conclusion that Parafricta should be considered for any resident or patient that is at risk of pressure damage related to shear and friction.
Glenn Smith	JWC 2010	Clinical and cost effectiveness evaluation of low friction and shear garments	Low friction garment products have a role to play in the prevention of skin breakdown and appear to be both clinically effective and cost effective
Jackie Stephen Haynes	Wounds UK 2011	Clinical outcomes using a low friction and shear garment in the care home setting	Improvement in the skin with less redness, oedema and a reduction in friction. Parafricta is an additional resource that can aid the management of patients at risk of pressure damage
Jacqui Fletcher	Wound Essentials 2015	Articulated bedframes and heel ulcer prevalence	Heels are a specifically high risk area because of their shape and anatomy, it appears that heel ulcers are becoming more prevalent and increasingly challenging to treat.
NICE	Guidelines 2015	Section 7	Parafricta bootees and undergarments reduce skin breakdown in people with or at risk of pressure ulcers
Debbie Gleeson	BJN 2015	Pressure ulcer reduction using low friction fabric bootees	Implementing the use of the low-friction fabric bootees has provided a good strategy for ST. Helens and Knowsley Teaching Hospitals NHS Trust, for ensuring a reduction not only in heel pressure ulcer incidence but also in achieving zero harm targets and providing substantial cost benefits
Jacqui Fletcher	Wounds UK 2016	Does friction play a role in the occurrence of pressure ulcers	Recommends that silk-like fabrics should be considered for use among people who are at risk of pressure ulcer formation
Debbie Gleeson	Wounds UK 2016	Heel pressure ulcer prevention - A 5 year initiative using low- friction bootees in a hospital setting	Low-friction bootees when used in routine practice have played a part in reduction of heel pressure ulcers and in particular the decline in the proportion of heel pressure ulcers to pressure ulcers on other sites. The reduction in heel pressure ulcers led to significant savings for the Trust.

Complete list of relevant published studies

Primary study reference	Study name (acronym)	Population	Intervention	Comparator
Study 1: Smith and Ingram (2010) - Clinical and cost effectiveness evaluation of low friction and shear garments; Journal of Wound Care Vol. 19, no 12, December 2010, pp.535-42.	JWC2010	Hospital Patients in medical and orthopaedic wards(with a Waterlow score of ≥ 15 (i.e. patients at high or very high risk of pressure ulceration) with or without pressure ulceration on admission who were unable to reposition independently.)	Parafricta Bootee or/and Undergarment added to standard pressure ulcer preventative measures in the clinical centre on at risk patients : Cohort 2	Cohort 1: standard pressure ulcer preventative measures (without the addition of Parafricta)
Study 2: Sylvie Hampton et al - Parafricta fabric: Can it reduce the potential for pressure ulcer damage; Journal of Community Nursing, April 2009, Vol. 23, Issue 4, pp. 28-31.	JCN2009	25 Nursing Home residents (Grade 1 or 2 Pressure Ulcer damage to sacrum and/or heel. 28 measurements in total).	Parafricta Bootee or Undergarment added to standard preventative measures at week 0, according to damage location.	For heel: the comparator was the patients untreated other heel. For sacral ulcers, comparisons were made with scans of normal skin. Bootee

<p>Study 3: Stephen-Haynes et al - Clinical outcomes using a low friction and shear garment in the care home setting; Wounds UK, 2011, Vol. 7, No 4, pp. 76-84.</p>	<p>WUK2011</p>	<p>25 Nursing Home patients at-risk of or with a pressure ulcer of category 2 or less (EPUAP, 2009) Identified by contributory factor causing skin damage.</p>	<ul style="list-style-type: none"> ○ Parafricta Bootee or/and Undergarment added to standard approach. ○ All patients were treated with the standard approach to the prevention and management of pressure ulcers i.e. as outlined by the NICE guidance (2005), EPUAP (2009) and the Institute for Healthcare Improvement (IHI) (2011). 	<ul style="list-style-type: none"> ○ Standard intervention of patient turning and positioning on foam or an alternating air flow mattress. ○ All patients were treated with the standard approach to the prevention and management of pressure ulcers i.e. as outlined by the NICE guidance (2005), EPUAP (2009) and the Institute for Healthcare Improvement (IHI) (2011).
<p>Study 4: Sylvie Hampton, Nursing & Residential Care December 2007, Vol. 9, No 12, pp 2-4.</p>	<p>NRC1</p>	<p>Nursing Home patient (Grade 2 buttocks pressure ulceration, standard intervention of turning and on a pressure reducing/redistributing surface)</p>	<p>Parafricta Undergarment added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface</p>	<ul style="list-style-type: none"> ● Added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface. ● Photograph of starting skin condition.
<p>Study 5: A Kerr, Nursing & Residential Care, January 2008, Vol. 10, No 01, pp. 626-628.</p>	<p>NRC2</p>	<p>Nursing Home patient (Grade 2 buttocks pressure ulceration and skin maceration, standard intervention of turning and on a pressure reducing/redistributing surface)</p>	<p>Parafricta Undergarment added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface.</p>	<ul style="list-style-type: none"> ● Added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface. ● Photograph of starting skin condition.

<p>Study 6: Cathie Bree-Aslan and Sylvie Hampton, Nursing & Residential Care, January 2008, Vol. 10, No 01, pp.626-628.</p>	<p>NRC3</p>	<p>Nursing Home patients (Grade 4 heel pressure ulceration, standard intervention of turning and on a pressure reducing/redistributing surface.)</p>	<p>Parafricta Bootee added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface.</p>	<ul style="list-style-type: none"> • Added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface. • Photograph of starting skin condition.
<p>Study 7: LOEHNE, H.B. (2013). "Clinical Study of Device to Assist in Prevention of Heel and Foot Pressure Ulcers." <i>Poster presentation, SAWC Spring Meeting (USA).</i></p>	<p>SAWC1</p>	<p>Nursing Home patients</p>	<p>Parafricta Bootee added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface.</p>	<ul style="list-style-type: none"> • Added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface. • Photograph of starting skin condition.
<p>Study 8: GLEESON, D (2015) "Pressure ulcer reduction using low-friction fabric bootees" British Journal of Nursing (Tissue Viability Supplement) 24 (6)</p>	<p>BJN2015</p>	<p>Acute Hospital patients</p>	<p>Routine use of Parafricta slip on bootee over a 2 year added to standard intervention of patient turning and positioning on a pressure reducing/redistributing surface. to</p>	<ul style="list-style-type: none"> • Results obtained prior to the introduction of Parafricta bootees • Incidence of grade 2 heel pressure ulcers
<p>Study 9: GLEESON, D (2016) "Heel Pressure Ulcer prevention: a 5-year initiative using low-friction bootees in a hospital setting"" Wounds UK Vol12 No4</p>	<p>Wounds UK Nov 2016</p>	<p>Acute Hospital patients</p>	<p>Routine use of Parafricta slip on bootee over a period of 5 years added to standard of care</p>	<ul style="list-style-type: none"> • Incidence of grade 2 heel pressure ulcers