

Below is a list of the files that were uploaded as well as a summary / cover page. Click on a file name to view the proof of that file. Files are listed in the order specified by the author.

Files Uploaded

► [Doc47989117-980045500](#)



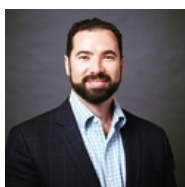
[Joyce Black Hea...](#)
180x180mm
(72 x 72 DPI)



[Jan Kottner Hea...](#)
47x57mm
(72 x 72 DPI)



[Peter Worsley H...](#)
141x211mm
(72 x 72 DPI)



[William Padula ...](#)
388x393mm
(72 x 72 DPI)



[Michael Clark H...](#)
282x423mm
(72 x 72 DPI)

Other

[Cover & Metadata](#)

LETTER TO THE EDITOR

In Reply:

How should clinical wound care and management translate to effective engineering standard testing requirements from foam dressings? Mapping the existing gaps and needs

Jan Kottner PhD RN (1,2)

Michael Clark PhD (3,4)

Joyce M. Black PhD RN FAAN (4,5)

William V. Padula PhD (6,7)

Peter R. Worsley (8,9)

1. Professor of Nursing Science, Charité – University Medicine Berlin, Berlin, Germany
2. President, European Pressure Ulcer Advisory Panel (EPUAP)
3. Professor, Faculty of Health, Education and Life Sciences, Birmingham City University, Birmingham, UK
4. Executive Board Member, Prophylactic Dressing Standards Initiative (PDSI) Task Force, EPUAP-NPIAP
5. Florence Niedfelt Professor in Nursing, College of Nursing, University of Nebraska Medical Center, Omaha, USA
6. Assistant Professor of Pharmaceutical & Health Economics, University of Southern California School of Pharmacy, Los Angeles, USA
7. President, National Pressure Injury Advisory Panel (NPIAP)
8. Associate Professor of Healthcare Technologies, University of Southampton, Southampton, UK.
9. Chair of the Scientific Committee, European Pressure Ulcer Advisory Panel (EPUAP)

To the Editor:

We would like to acknowledge the *International Wound Dressing Technology Expert Panel* on their discussion about the history and future of wound treatment dressing construction, development and possible testing methods and how this might be related to clinical performance.^[1] Dressings are important to wound care, both as cover for the treatment of open wounds so that they may heal efficiently, and as skin barriers for prevention by reducing pressure and friction that lead to pressure injury. It is clear that not all dressings are equal in terms of both their engineering design and clinical efficacy.^[2] As a result, patient treatment may not always be optimal. Establishing and using a framework of engineering standards surrounding wound treatment dressings without the bias from a single commercial funding source, unlike the article published by this expert panel, may help to support clinicians and hospital administrators to select the most appropriate wound dressing according to patient needs.

To establish such important initiatives, it is critical to involve as many stakeholders as possible to ensure that all interests are represented. The European Pressure Ulcer Advisory Panel (EPUAP) and the National Pressure Injury Advisory Panel (NPIAP) already have an established standards initiative that is focused exclusively on prophylactic dressings (i.e., dressings for which manufacturers claim