

Static Compression Therapy

A five-page executive preview of the September 2026 report across the UK, US, Germany and China.

THE REPORT IN ONE VIEW

01 Four markets, four access models

Reimbursement ranges from Germany's fully reimbursed PG 17 pathway to predominantly self-funded hosiery in China.

02 Category problems are universal

Discomfort, cost and roll-off repeatedly sit at the top of patient and fitter barriers across markets.

03 Local failure modes matter

Sizing in the UK, pressure uncertainty in Germany, portfolio/cost constraints in the US, and compliance/formulary issues in China.

04 The channel is decisive

Fitters are the dominant sourcing point across markets; the report treats channel strategy as a core commercial lever.

What the full report covers

- Market structure and category roles across hosiery, bandages, multilayer systems and adjustable wraps
- Reimbursement and procurement pathways by market and indication
- Patient, HCP and fitter drivers/barriers, with market-specific friction points
- Competitive landscape and commercially relevant whitespace/opportunity areas

The same category behaves like four different markets

The report shows why a single global compression strategy is unlikely to translate cleanly across countries.

UNITED KINGDOM	A tightly managed NHS market where product economics are explicit. Bandages acquire the patient; hosiery helps retain them. Sizing and kit selection remain a practical friction point.
UNITED STATES	Effectively two reimbursement markets: lymphoedema gained Medicare coverage in 2024, while venous/CVD hosiery is still largely uncovered absent an open ulcer.
GERMANY	The deepest institutional support of the four markets, with broad reimbursement and strong fitting infrastructure — but a major gap between system design and real-world ulcer treatment.
CHINA	A self-pay hosiery market and hospital-funded bandage market. The key commercial challenge is often category conversion from basic crepe bandaging rather than brand-to-brand switching.

Cross-market message

The category is global, but the commercial problem is local: access, format preference, clinical workflow and patient affordability reshape the opportunity in each country.

Reimbursement changes by country — and by indication

The report maps who pays, what is covered and where pricing power is constrained.

Market	Hosiery — CVD	Hosiery — lymphoedema
UK	Reimbursed via FP10 / Drug Tariff	Reimbursed; dedicated BNF section
US	Generally not Medicare-covered without open ulcer	Covered since Jan 2024; defined garment cadence
Germany	Fully reimbursed under PG 17	Reimbursed; custom flat-knit commonly supported
China	Predominantly out of pocket	Predominantly out of pocket

Bandages & adjustable wraps add another layer

- UK: multilayer systems are reimbursed; NICE supports access to wraps but does not generally justify a price premium unless a wrap is the only suitable option.
- US: adjustable wraps have their strongest access position of the four markets, with explicit inclusion in the 2024 lymphoedema benefit.
- Germany: bandages are reimbursed and adjustable compression systems have their own product class within PG 17.
- China: bandages are typically hospital-provided; adjustable wraps lack clear class recognition and are generally self-pay.

COMMERCIAL IMPLICATION

Reimbursement is a gate, not the whole value proposition. Once access is secured, comfort, fit, usability and price still drive choice.

Three universal barriers — but different local failure modes

Across patients and fitters, discomfort, cost and roll-off dominate. The report then identifies what is uniquely fixable in each market.

DISCOMFORT 88–97% top-two-box across studies that measured the barrier. Comfort is therefore not a “soft” benefit; it is central to persistence and choice.	COST A near-universal barrier, but expressed differently by reimbursement structure — from fitter price sensitivity in the US to self-pay exposure in China.	ROLL-OFF Failure to stay in place consistently appears among the top barriers, creating a concrete product-design and adherence problem.
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Where the markets diverge

UK	Sizing / kit selection: measuring the limb to choose the correct kit was the leading bandage barrier in the UK research (58%).
Germany	Pressure uncertainty: clinicians report insufficient cues to know the compression level applied, creating a specific technology opportunity.
US	Portfolio + affordability: limited options and price sensitivity shape fitter and patient choice even where reimbursement is available.
China	Compliance + formulary: adherence is a major challenge, while hospital formulary access can constrain product choice.

The report moves from market description to commercial action

Its value lies in showing where a global platform can stay consistent — and where market-specific execution is required.

Design around universal pain points	Comfort, affordability and staying in place are the common product problems to solve across markets.
Localize the proof and message	A global claim should not ignore local friction: simplify sizing in the UK, make pressure visible in Germany, address portfolio/value in the US, and support adherence/category conversion in China.
Build around the fitter channel	The report identifies fitters as a dominant sourcing and recommendation touchpoint, making education, fitting tools and service support commercially important.
Treat access as market architecture	Coverage rules determine the feasible opportunity, but do not replace product experience. Revenue modelling must reflect indication-specific reimbursement and replacement cadence.

Evidence base in the full report

The synthesis combines FMR Global Research primary studies across the UK, China, Germany and the US with public-market and reimbursement evidence. Primary datasets include HCPs/nurses, pharmacists, fitters, patients and patient record forms. Samples are purposive; usage/recommendation shares should not be read as audited market share.

FULL REPORT

Detailed country chapters • category-level market structure • reimbursement pathways • competitive sets • patient/HCP/fitter evidence • strategic implications