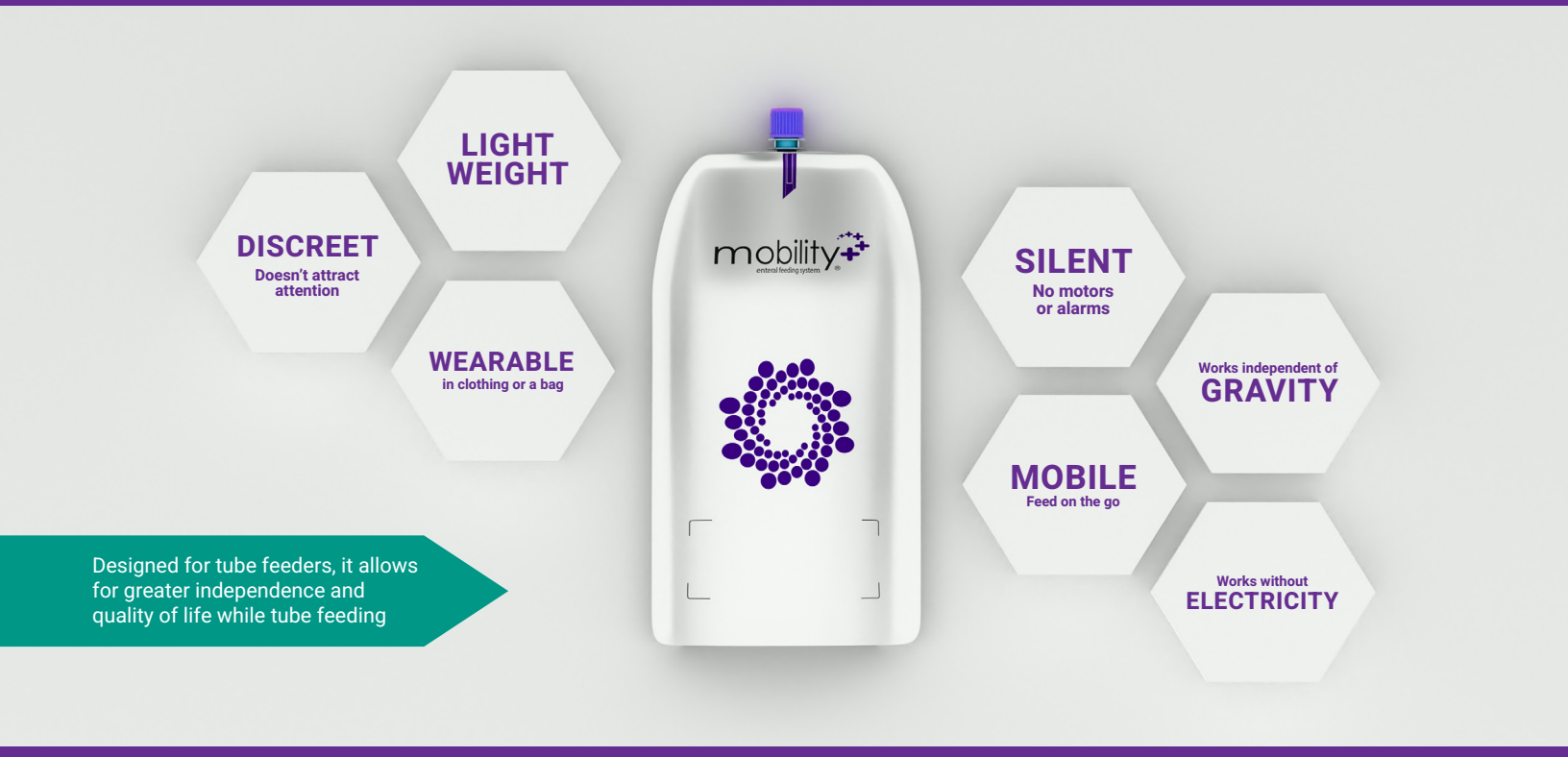
mobility+
enteral feeding system®

Rockfield MEDICAL DEVICES

Improve outcomes and cost efficiencies, with smart enteral nutrition delivery method selection



Designed for tube feeders, it allows for greater independence and quality of life while tube feeding

Mobility+™ is mobile, lightweight and silent.
It delivers enteral nutrition without the need for electricity, battery power, or gravity.

For homecare/DME/managed care facilities interested in:

- Patients returning to normal life with more ease
- Improved patient outcomes due to better tolerance of enteral nutrition feeding
- Improved patient outcomes on therapy due to better nutritional status
- Reduced costs due to better patient adherance and outcomes
- Reduced need for patients to utilise expensive formulas designed for intolerance
- Reductions in nursing support time, readmissions, ED visits
- Improved provider satisfaction

Suitable for patients who:

- Are aged 2 years and over
- Have a G-tube, J-tube or GJ-tube
- Are currently on pump, gravity or bolus feeds
- Have good manual dexterity (or a caregiver, for filling Mobility+)
- Wish to feed discreetly at home or on the go
- Do not require precise flow rates
- Use a formula that is listed on the guide below:

SCAN TO SEE OUR FLOW RATE GUIDE

For samples, please visit our website.

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Patient & Provider benefits

Implementation of an innovative enteral feeding system may:

- enhance patient tolerance and adherence
- support improved nutritional therapeutic outcomes
- facilitate a smoother transition back to daily life
- contribute to higher levels of provider satisfaction.

Payor benefits

Mobility+ may deliver:

- measurable cost efficiencies
- improved resource utilization

by lowering overall care expenditures, including:

- emergency department utilization / readmissions / nursing time

and reducing reliance on high-cost specialty formulas

References

Mohamed ElFadil O, Keaveney E, Pattinson A, Johnson D, Connolly R, Patel S, Patel Y, Hurt R, & Mundi M. Utility, Safety and Effectiveness of a Novel Enteral Feeding System: A Prospective Cohort Study. JPEN J Parenter Enteral Nutr. 2025;49: S142. doi: 10.1002/jpen.2735

Keaveney E, Connolly R, Figueras W. Self-reported improvements in enteral nutrition tolerance using Mobility+ elastomeric enteral feeding system. J Acad Nutr Diet. 2025;125(10):A77. https://www.jandonline.org/article/S2212-2672(25)06957-5/fulltext

Gea Cabrera A, Sanz-Lorente M, Sanz-Valero J, López-Pintor E. Compliance and Adherence to Enteral Nutrition Treatment in Adults: A Systematic Review. Nutrients. 2019 Nov 2;11(11):2627. doi: 10.3390/nu1111262

Ojo O., Brooke J. Recent Advances in Enteral Nutrition. Nutrients. 2016;8:709. doi: 10.3390/nu8110709.

Wang G., Chen H., Liu J., Ma Y., Jia H. A comparison of postoperative early enteral nutrition with delayed enteral nutrition in patients with esophageal cancer. Nutrients. 2015;7:4308–4317. doi: 10.3390/nu7064308

Steel C, Wile H. Dietitian's approach to managing enteral nutrition intolerance when a formula change is indicated: A clinical practice survey. Nutr Clin Pract. 2024;39(3):641-650. doi:10.1002/ncp.11069

ASPEN. Malnutrition Awareness Week (MAW) – Nutrition for Oncology Patients Practice Tool. (MAW-Nutrition-for-Oncology-Patients-Practice-Tool.pdf) (accessed November 2025)

Reddick, C. (2025, October). Enteral Nutrition on the Edge: Innovation in Technology, Formulas and Feeding Methods, 40–44. Infusion, Volume 31(5). Infusion: September/October 2025

Rockfield Medical Devices internal files: CT001, UR003, UR004