

3-21-97

Send to Denmark?

Yes 

No _____

account with
Connie Marrero
(.)



Nice

TV but

Petus cannot

use - Or Doctors

checking or something
nice

Rudin Management Company, Inc.

345 PARK AVENUE, NEW YORK, N.Y. 10154

IN REPLYING REFER TO:

(X) 212 407-2450 FAX MAILROOM

() 212 407-2440 FAX COMMERCIAL LEASING

() 212 407-2540 FAX CONSTRUCTION DEPARTMENT

DATE: March 17, 1997

TO: NAME: Betty Curry

COMPANY: The White House

FAX: (202)456-1210

FROM: NAME: Krista Rogers (Lewis Rudin's Office)

TELEPHONE: (212)407-2419

MESSAGE: You will receive a hard copy of the following tomorrow morning.

NUMBER OF
PAGES
TO FOLLOW 6

Krista
FAX
OPERATOR _____

Aircast® Cryo/Cuff™

knee compression dressing

The Cryo/Cuff applies "safe compression" to minimize hemarthrosis and swelling, and cold to minimize pain.² Simplicity makes it ideal for the ER, post-op, the training room and home.

The Cryo/Cuff has three parts:

Cuff—covers the knee with pressurized ice water.

Cooler—holds enough water and ice for 6 to 8 hours of cryotherapy.

Tube—exchanges the water between cooler and cuff.

OPERATION

The cooler is filled, the cuff secured (see instructions). Elevating the cooler forces the water into the cuff compressing the knee. Pressure is proportional to elevation—15" for 30 mm hg. Disconnecting the tube seals the pressure.

After 15 to 30 minutes body heat warms the water. It is re-chilled by reversing the cycle: tube connected, cooler lowered, and the warm water returns. After a minute or two for mixing with the ice, the cooler is elevated and the process repeated. The interval between cycles can be extended to an hour or so following initial cooling (Fig 1).

CLINICAL EXPERIENCE

Post-operative experience indicates "hemarthrosis formation can be minimized and pain reduced by early and extended use of the Cryo/Cuff compression dressing".^{1,3} In a study of post-op pain medication, use of the Cryo/Cuff was compared with continuous crushed ice, and with another cold device.⁴ In both comparisons Cryo/Cuff patients required significantly less oral and injectable narcotic analgesics.

EFFECT ON VENOUS FLOW

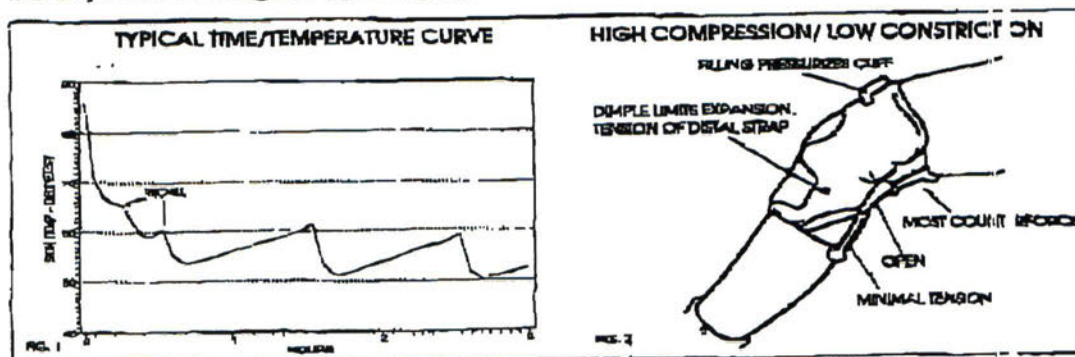
A plethysmography study with knee pressure dressings shows that of the five dressings tested the effect of the Cryo/Cuff was the least, and the elastic wrap the most: "The ideal post-operative knee dressing would improve patient comfort, minimize intra-articular hemarthrosis and have a minimal effect of deep venous hemodynamics. The knee dressing in this study that appears to meet all three of these objectives appears to be the Cryocuff".⁴ Our tests confirm that the Cryo/Cuff applies effective compression with minimal venous constriction.⁶ Compression is regulated, it is applied only where needed, the popliteal fossa is avoided and upper-calf compression is minimized (Fig 2).

FREQUENCY OF USE

References on cryotherapy often recommend application for 20 to 30 minutes repeated several times a day.^{4,7} However current experience after knee surgery indicates that early and continuous use of the Cryo/Cuff for several days can minimize hemarthrosis formation and pain.^{1,2} (Skin temperatures with the Cryo/Cuff are typically in the range of 50-60°F—not as cold as possible with ice or frozen gel, and there is no risk of frostbite).

CAUTION

Studies show that an elastic wrap may have a significant effect on venous flow,^{4,8} and that there is great variability of compression in their application.⁹ Our tests also show that if the Cryo/Cuff is applied over an elastic wrap the pressures are cumulative.⁵ We therefore strongly recommend that their use in combination be avoided, and that any under-dressing be applied lightly.



Avoid pressures above 30 mm hg (15" elevation). Reduce pressure with any sense of discomfort, numbness or tingling of the limb.

Instructions

1. Prepare cooler:

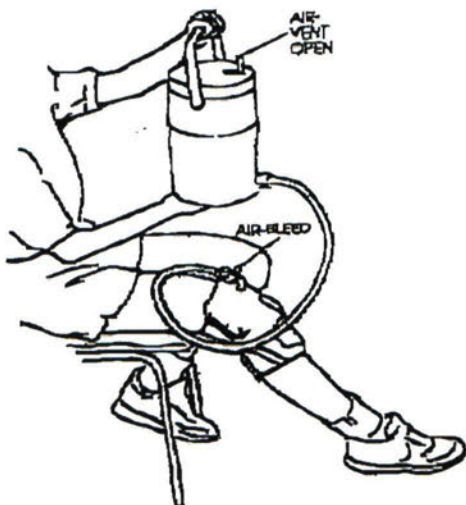
- Add water to the inside Knee line.
- Add ice—to Minimum Ice line for 30 minute treatment, to top for 6 to 8 hours.
- Allow 5 minutes with agitation to chill water.

2. Minimize underwappings, they insulate the knee.

- Apply underwappings with minimal tension, particularly around the popliteal and pretibial area.
- We recommend against use with elastic wraps, because the pressures are cumulative (see caution, front page).

3. Apply cuff:

- Adjust infrapatellar opening so the cuff conforms to the flexed knee.
- Secure the proximal strap, snug not tight. Filling provides the compression.
- Apply distal strap loosely to minimize pretibial constriction—do not stretch the elastic. The distal strap can be quite loose with little effect on compression because most of the counterforce is borne by the proximal strap.
- During CPM the distal strap can be very loose.



4. Fill and pressurize the cuff:

- Connect tube to cuff.
- Open air-vent on the cooler.
- Elevate the cooler about 15" (for 30 mm hg) and hold for about 30 seconds to pre-saturate the cuff.
- Remove the black air-bleed cap and press to vent any trapped air. This is normally unnecessary after initial filling.
- Press the metal tab on the quick-disconnect while cooler is elevated to seal the pressure. The tube can be left in place or disconnected.
- Rest cooler on floor or table.



5. "Rechill" the water in the cuff after 15 to 30 minutes.

- Connect the tube, lower the cooler, and the water will drain from the cuff.
- After a minute or two for mixing with the ice, elevate the cooler and repeat the filling process.
- The interval between re-fill cycles can be extended to an hour or so after the leg is cooled (Fig. 1).

CONTRAINDICATIONS

Cryotherapy should not be used with persons with Raynaud's or other vasospastic disease, cold hypersensitivity, cardiac disorder, or compromised local circulation.

WARRANTY POLICY

Satisfaction - Aircast will provide prompt refund for any product that does not satisfy the physician for any reason whatsoever.
Durability - Aircast will provide replacement parts for any Cryo/Cuff that becomes unserviceable for any reason for a period of one year from date of sale provided the item is returned for analysis.

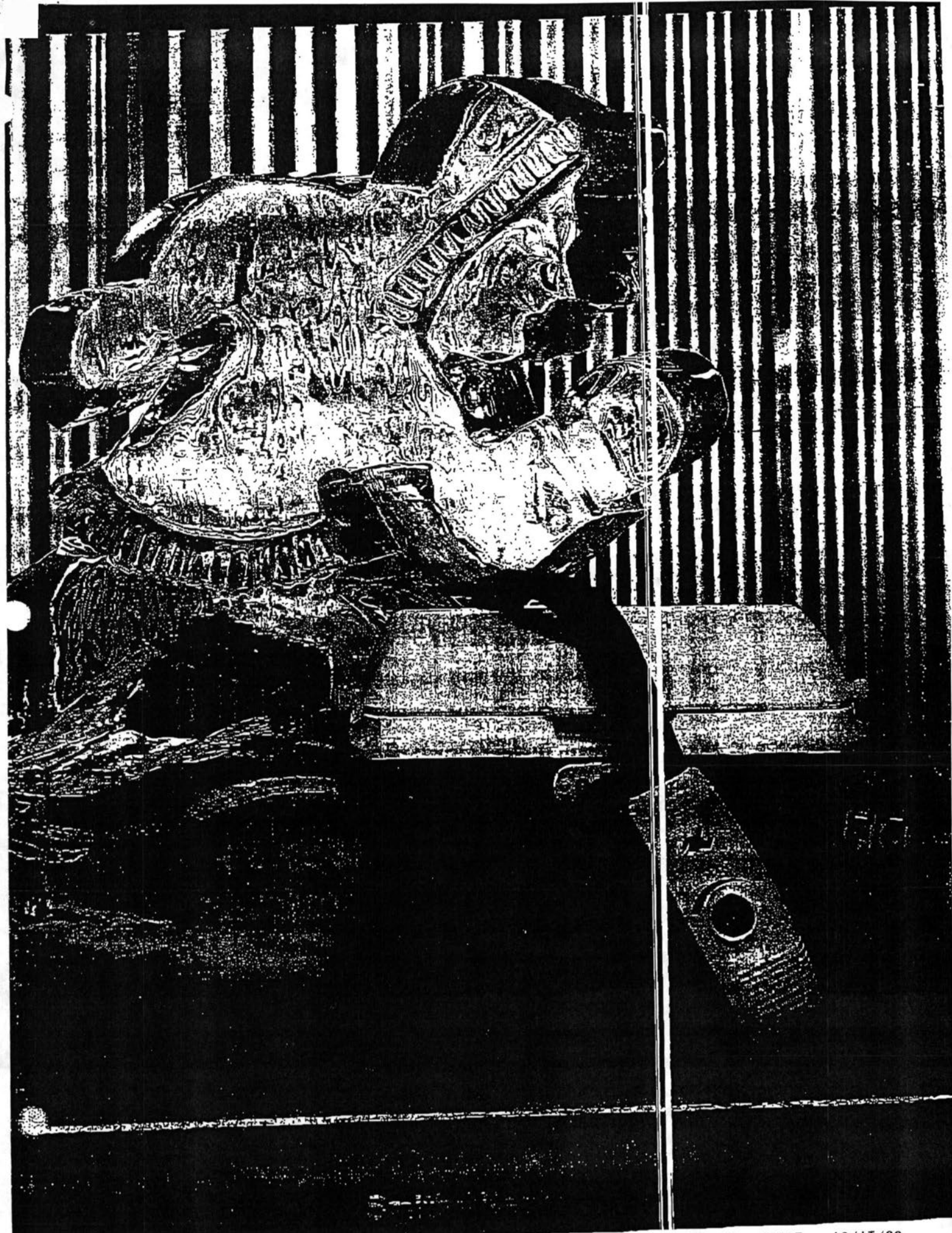
References

- Shelbourne KD, Wickens JM: Current Concepts in Anterior Cruciate Ligament Rehabilitation. *Orthopedic Review* 19: 957-964, Nov 1990
- Knight K: Orthopedic and Sports Medicine News. Jan 1991
- Shelbourne K: Post-surgical use of the Cryo/Cuff knee compression dressing. Protocol, Methodist Sports Medicine Center, Indianapolis IN, 1989
- Mindaba N, Shelbourne KD: Pressure Dressings and Their Effects on Lower Extremity Venous Capacitance and Venous Outflow. Methodist Sports Medicine Center, Indianapolis IN, 1989
- Effect of the Cryo/Cuff knee compression dressing and an elastic wrap on swelling of the calf. Aircast Inc. 1991
- Knight K: Cryotherapy, theory, technique and physiology. Chetanooga Corp., 1985
- Drexler D et al: Cryotherapy and nerve palsy. *Am J Sports Med* 9:256-257, 1981
- Huani E, Ximenes J, Hamilton F: Pressure Bandaging of the Lower Extremity, Use and Abuse. *JAMA* 206:2715-2718, 1968
- Dumley H, Knight K: Ankle Compression Variability Using the Elastic Wrap, Elastic Wrap with a Horsehoe, Edema II Boot, and Air-Stirrup Brace. *Athletic Training* 26:320-323, 1989

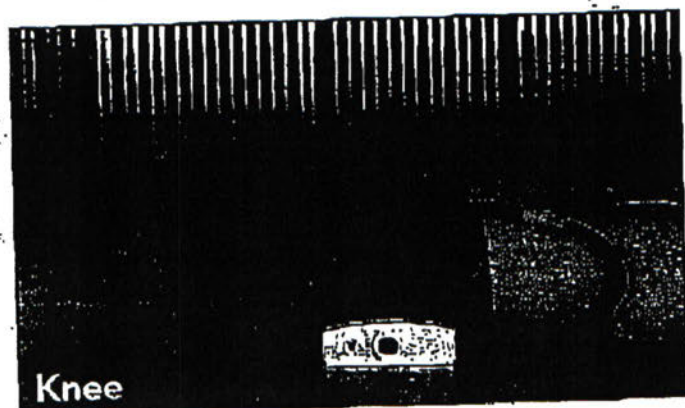
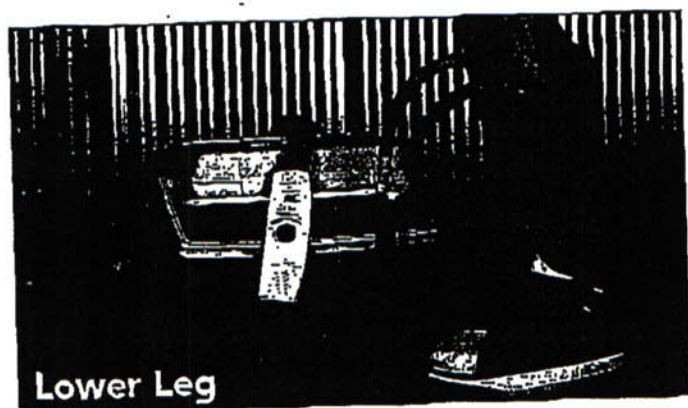
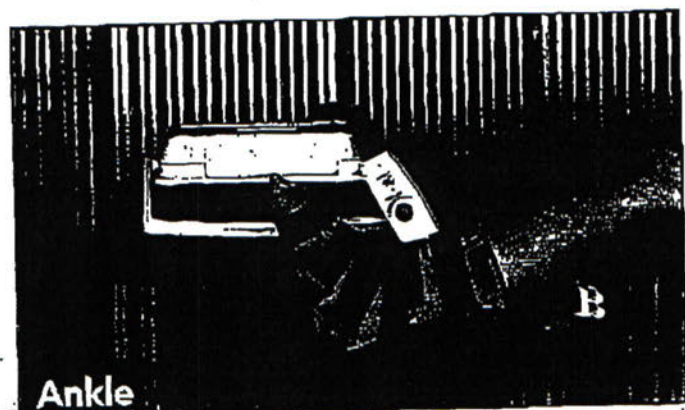
PATENT PENDING

AIRCAST
INCORPORATED

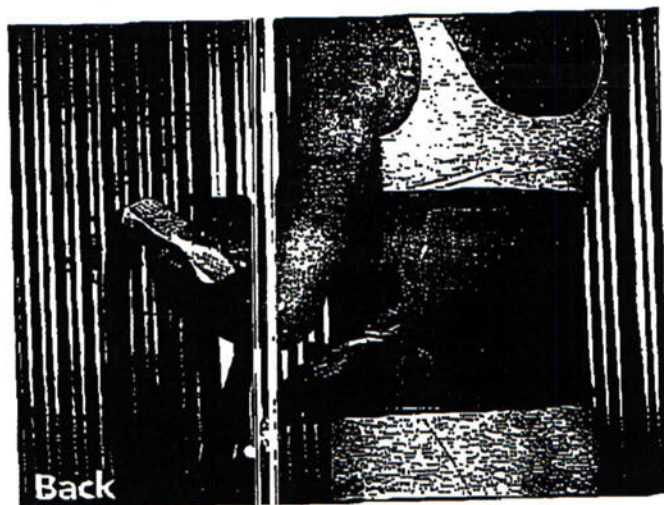
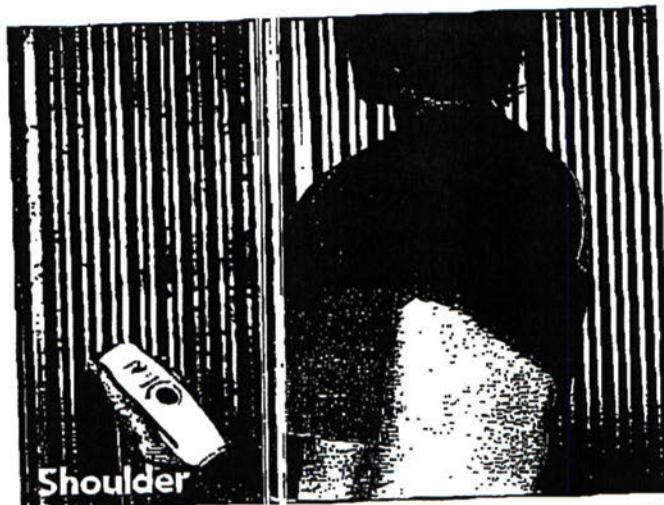
P.O. Box 709
Summit, New Jersey 07902-0709
800-526-8785
In NJ (908) 273-6349
TELEX 532832 aircast us
FAX (908) 273-1040



The ICEMAN cold therapy unit can greatly reduce the need for post-operative pain medications, aid in the temporary reduction of localized edema and facilitate faster rehabilitation.



The ICEMAN is a low-cost, labor-saving, portable, regulated cold therapy device. It may be used for a variety of minor post-op, injury or chronic pain indications.

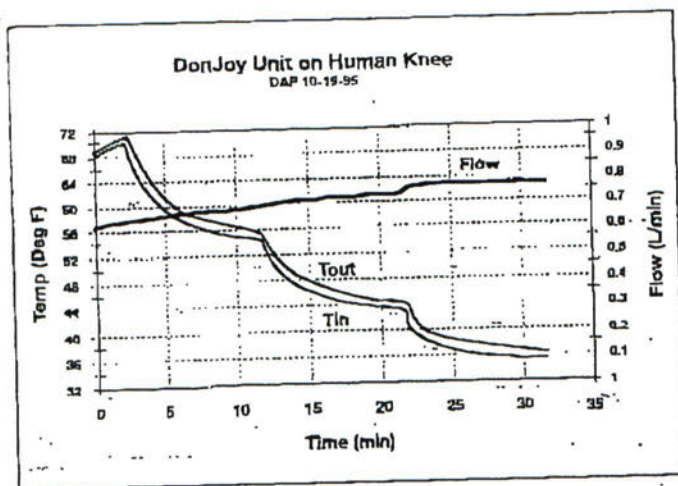


INDICATIONS FOR USE

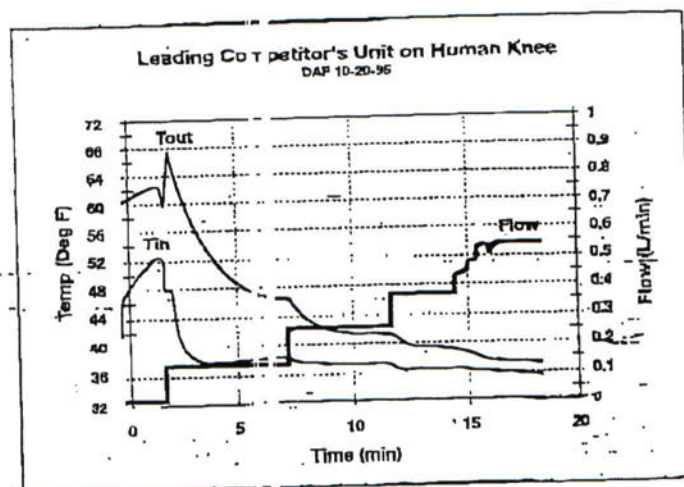
Temporary relief of minor pain, swelling, strains, sprains and muscle spasms, and temporary decrease of local blood circulation.

- | | |
|------------|--|
| Foot/Ankle | Bunionectomies, Spurs, Fractures, Ligament Repairs, Sprains. |
| Knee | ACL, Total Joint, Meniscus, Tendon Repair. |
| Elbow | Hyperextension, Fracture. |
| Shoulder | Shoulder Strain, Rotator Cuff, Dislocation, Fracture. |
| Hand/Wrist | Carpal Tunnel, Fracture. |
| Back | Chronic Problems, Disc Repair/Removal. |
| Hip | Total Joint, Revisions. |

INLET TEMPERATURE COMPARISON



The ICEMAN™ by DonJoy



Leading Competitor's Unit

EXPLANATION OF TEMPERATURE COMPARISON GRAPHS

The above graphs show a comparison between Inlet Temperature (Tin) and Outlet Temperature (Tout), as measured on a human knee utilizing the DonJoy ICEMAN™ and a leading competitor. As you can see from the graphs, there is a significant difference between the Inlet Temperature (Tin) and Outlet Temperature (Tout) with the leading competitor, compared to the minimal difference in temperature measured in the DonJoy ICEMAN. This temperature difference is recorded from the leading competitor's pad, means that there are hot spots and cold spots on the pad. These spots of temperature difference can create potential problems. The cold spots create the potential for tissue damage, nerve palsy or other medical problems. The hot spots create areas of lessened therapeutic effectiveness.

The DonJoy ICEMAN™ unit, with its advanced technology, displays and measures the Inlet Temperature. In addition, its advanced technological-ly advanced recirculating flow and temperature control system, ensures that the Inlet Temperature (Tin) and Outlet Temperature (Tout) remain within a 3° Fahrenheit temperature differential. The competitor's temperature differentials can vary anywhere from 8° to 21° (see Leading Competitor's Unit Graph). This unknown temperature differential can lead to unexpected consequences.

The ICEMAN by DonJoy leads the way in delivering a safe and effectively regulated cold therapy treatment regimen. The ICEMAN's accurate temperature control throughout the treatment regimen provides a safe, comfortable and effective cold therapy use. The ICEMAN is a technologically advanced product delivering superior results for you and your patients.

To obtain a free sample of our cold temperature tester to test your own machine's pad temperatures, please contact Smith & Nephew DonJoy at 1-800-336-6519.

LEADING THE WAY IN REGULATED COLD THERAPY TREATMENT APPLICATIONS.

Features

- * Inlet Temperature control and monitoring.
- * 6 - 8 hours therapy time.
- * Semi-closed loop system.
- * Compatibility with a variety of pads.
- * Durable, quiet pump.

Benefits

- * Uniform pad temperature.
- * Less ice changes.
- * More accurate water temperature control and minimal temperature differentials.
- * Increased flexibility of use.
- * Reliability and increased patient comfort.

Ordering Information

To order, call toll free: 1-800-336-6569.
Fax: (619) 438-3210.

Significance

- * A safer, more reliable unit for patients to use.
- * Less staff or patient work.
- * Reduction in chances of temperature-related problems.
- * Exact pad for specific indication or surgery providing optimum cost-effective therapy.
- * Facilitates long-term therapy use.
- * Better patient compliance.

Iceman Specifications

11-0494-9-02000	ICEMAN UNIT MODEL 1100
11-0542-9-00000	Bed Support (avail. summer '96)
Size	height: 11" length: 10" depth: 13 1/2"
Weight	4.75 lbs (empty)
Capacity	10 quarts
Temperature Range	35° - 69° measured
Pump Pressure	5 PSI
Power Supply	7 VDC at 1.6 A-UL544 approved
Thermometer Accuracy	±1° F
Safety Approval	UL544

See Cooling Pad Specification Sheet for cooling pad information.

CAUTION: Federal law restricts this device to sale by or on the order of a licensed health care practitioner.

ICEMAN is a trademark of Smith & Nephew DonJoy Inc., patent pending.

Smith & Nephew DonJoy, Inc.

2777 Loker Avenue West Suite 100
Carlsbad, CA 92008 U.S.A.
Telefax (619) 438-3210 Toll Free 1-800-336-6569

TO ORDER

03/17/97 17:22 FAX 2126821198

7000

RUDIN MGT CO.

2440