

Main Line Health
Riddle Memorial Hospital

Keith Walli-Ware
Osborn Medical Inc
100 West Main St
Utica, MN 55979
June 6, 2009

Dear Keith,

I am very pleased to report our results of the trial with Rooke Boots consisting of 50 patients on 100 limbs. The study was to assess Rooke Boots in the efficacy of prevention of the development of any pressure ulcers on the lower extremity and promotion of the healing of existing arterial wounds. The inclusion criterion was any of the following: a Braden ≤ 14 , a diagnosis of PAD, on vasopressors, a current arterial/pressure ulcer anywhere, and an Albumin ≤ 3 .

We had a 0% incidence of heel/toe ulcers for patients that wore Rooke Boots.
Of the 50 pts we had there were 30 patients with 39 existing wounds that ranged from Stage I to Unstageable in the table outlined below.

Stage	I	II	III	IV	Unstageable	DTI's
	21	10	3	1	3	1

66% of the Stage I healed in ≤ 4 days with the rest resolving by 12 days.
40% of the Stage II healed ≤ 9 days, with the remaining showing marked improvement.
Of the 3 Stage III and 1 stage IV ulcers; we saw all of them reduce their size by 75% within 12 days. The DTI by day 12 converted to a stage 1 of its original size.

I was very impressed with the healing performance of Rooke Boots.

An example of the effectiveness of Rooke Boots was a patient with existing arterial ulcers and CLI.

The results for this patient were dramatic in that after vascular intervention, the patient reperused and the digits were saved. I am confident in the fact that without the application of the protective Rooke boot, these patients may have had to undergo amputation of the toes that were compromised prior to the revascularization. Photographs of the patient's left foot, initially taken in the E.D. subsequently after patient was admitted, prior to revascularization and continually until discharge. The blue digits began to "pink up" and the 4th and 5th toes that had eschar covering with moist discharge with all toes intact.

The podiatrist, vascular surgeon and certified wound, ostomy, and continence nurse practitioner (CWOCN, CRNP), all attribute the success of the patient outcome to the use of the Rooke boot, successful revascularization of the foot, as well as excellent care given by the staff. The patient himself was not a believer until he finally saw the results, and walked out of the inpatient rehab on his own two feet.

Sincerely;
M. DeSales Foster MSN, CWOCN, CRNP
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