



MEMORANDUM

Date: March 2, 2007

From: Leonard Elbaum, EdD PT Associate Professor Chair, Department of Physical Therapy
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To: Ben Philipson
Curatronic, Ltd.

Ben,

As I promised, I also wanted to send along an informal report, free of academic jargon, that you might share with your colleagues and/or potential customers.

In our formal report of the research project you supported, our conclusion was "In our study, a four-week course of home-based, guardian-supervised use of the Biomove 3000 was significantly increased active ankle dorsiflexion range of motion. This suggests that it would be a useful adjunct to traditional PT programs for children with spastic cerebral palsy when one of the goals is the improvement of active dorsiflexion range of motion."

This conclusion almost certainly understates the potential of the Biomove system to help children with CP. These are the reasons why I feel this way.

First, the subjects in our study, children with spastic CP, age 8 to 14, have usually reached their peak relative to their motor abilities . . . their range of motion usually decreases from this point on . . . and the Biomove helped them to get an increase!

Second, four weeks is a remarkably short period of time to see a change in this population, no matter what type of therapy is applied. I would expect that prolonged use might yield even more remarkable results.

Third, the children in our study, as young as 8, had no trouble at all understanding how to interact with the Biomove.

Finally, the movement that we focused on in our study, active dorsiflexion (picking up the toes and front of the foot), is one of the hardest ones to help children learn to perform. Inability to dorsiflex is the main reason children with CP, and adults with stroke, have to wear braces. I would not be surprised to find that devices like the Biomove 3000 will be used routinely in the future to minimize the need for braces.

So, thanks again for supporting our study, and best wishes to you and your company.

-Leonard Elbaum