

June 11, 2013

To whom this may interest:

When planning the newly remodeled Sports Medicine Clinic at Colorado College, I deemed there were 3 high-priority items that were must-haves for our clinical practice. The Pneubounder was one of those items. We have used the Pneubounder in our Sports Medicine facility for over 10 years and it has become an integral piece of equipment in the rehabilitation of our varsity athletes.

We have found the Pneubounder to be an excellent device to optimize the progression from soft surface back to functional harder surfaces. Exercise on the machine is done in up-right postures, using balance and motor patterns that have high transference potential for getting athletes back to functional movement faster. The Pneubounder serves as a great tool to create neuromuscular reeducation, not only for proper lower extremity movement patterns, but to train proper deceleration techniques; with deceleration and eccentric control being quite difficult to fully restore, prior to return to participation in elite athletes. Further, we are able to use the Pneubounder to create rehabilitation programs specific to jump training with an emphasis on jump landing, with reduced impact load on the injured joint.

While our primary use of the machine has been introductory through high-level eccentric and proprioceptive perturbation challenges to lower and upper extremities, we also incorporate it into central core work exercise regiments. Additional clinical application has involved incremental axial loading of the spine and reconditioning in patients with mechanical low back pain and related pathologies. From ankle, knee, hip, trunk and core stabilization, neuromuscular reeducation, to both concentric and eccentric strengthening – the Pneubounder has proven to be a versatile piece of rehabilitation equipment.

Interestingly, the unit has been utilized almost daily since its introduction to our clinic. It has had no maintenance other than an annual check-up and thus has an impressive track record of reliability under extremely heavy use. The same is reported by our clinical affiliates in private practice. The unit has proven to be safe and effective in our clinical environment. Neither the Colorado College nor any of its employees, team physicians, or clinical affiliates has received compensation for the testing and use of the Pneubounder.

Respectfully submitted,

Cindy Endicott, PT, ATC

Cooordinator of Rehabilitation Services

Cindy R hidecott PTATE

Colorado College Sports Medicine