

August 28, 2009

To Whom May Concern,

I'm writing this letter to share with you the success we've had incorporating the Aerobounder in our clinical practice. I have used the Aerobounder for 5 years in a free-standing outpatient rehabilitation clinic. As a private-practice owner, I feel that having the best equipment available to use gives me an edge against my competition. To be short, there is nothing like the Aerobounder in the market today.

First and foremost, it is fun. Every patient we have had on it has enjoyed it, from 5 to 85. It gives them the sensation of a real jump. Some very disabled patients have not been able to do this for years or decades. The ability to introduce such a dynamic activity early in rehabilitation has been a real plus. Besides the obvious physical benefit, the psychological boos that doing such a dynamic motion gives to a patient is hugely beneficial. We have found it to be an easy way to increase the patient's, "buy-in," to our rehabilitation plan.

There are also the physical benefits. By greatly reducing shock and vibration during plyometic activity, we can use it earlier in rehabilitation. There is much less likelihood of increasing joint pain when shock is removed. We commonly see some of our lower extremity acute and overuse injury patients be able to jump without after effects. This allows for increased specificity of training early in the rehab, which results in earlier functional gains and return to activity.

We consider the Aerobounder an essential piece of equipment in our practice. The uniqueness of the machine's design makes it valuable to most lower extremity rehabilitation protocols. I highly recommend this equipment to anyone in rehabilitation, and give the readers of this letter an open invitation to call me to discuss our experience with the product.

Sincerely

Scott Rea MOT, OTR

Owner