

## Marcus Simpson

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**From:**  
**Sent:** Sunday, August 14, 2011 10:35 PM  
**To:** Marcus Simpson  
**Subject:** dr paonessa testimonial

Dear Marcus,

I wanted to write to thank you for your help in setting up my VascuTherm machine following my recent shoulder surgery. As you may recall I had an arthroscopic rotator cuff repair that also required a biceps tendon tenodesis by Dr Anbari. It was a bit more complicated than what was originally expected so I think I was at more risk to develop swelling afterwards that would have made my rehabilitation slower . I think that the combination of the compression on my shoulder and the comfortable cold therapy made the pain after the surgery much less than I expected and helped me utilize less pain medications. I found the machine very easy to work ( even with only one good arm!) and I definitely think that it made me get back to work quicker . I started back to my office practice after only 5 days off and having the cold and compression therapy after my physical therapy helped me get my movement back much quicker than I expected.I also found that keeping it on during sleep was very comfortable and certainly helped for the first week after surgery. I had used a different type of ice therapy following a knee surgery several years ago and not having to worry about constantly placing new ice into your machine made yours much easier to work with . If I ever have to have another knee ( or Hip ) surgery I would certainly chose your machine over any other companies. I have suggested to several of my partners that they utilize your machine for anyone having a knee, shoulder or hip surgery.

sincerely,  
KENNETH PAONESSA MD  
NORWICH ORTHOPEDIC GROUP  
82 NEW PARK AVENUE  
NORTH FRANKLIN , CT 06254

Marcus

I write to provide you feedback on the unit.

As you are aware I used the unit for the last 4 weeks on my son post ACL by Dr. Ruwe.

As you are also aware I have rehabbed ACL's for the COS group for the last 14 years.

I was very impressed with the unit.

I applied it post op for 48 hrs at the prescribed temp with outstanding results.

I saw none of the spongy edema usually associated with the surgery in the suprapateller region.

The ease of application, no ice, no drainage made it easy for my son to apply the unit at day 3. He followed through on the protocol for the remainder of the month.

He saw Dr. Ruwe at 4 weeks, AROM was 0 deg ext 115 deg fix, I usually see this at 8 weeks.

He had cut back to one med per night at about 3 weeks.

From the clinical point of view the unit worked . I realize the sample size in this case is small but not the results.

Best wishes

Michael Goulet MPH PT

Yale University Health Services

November 12, 2010

To:  
Associated Medical, Inc  
16 Stonewood Drive  
Old Lyme, CT 06371

Dear Marcus Simpson and the Staff at Associated Medical,

Thank you very much for the use of the VascuTherm2 cold compression system. Use of this unit has significantly reduced my post surgery pain, reduced my need for pain medication, and reduced the amount of physical therapy I require after my recent surgery.

This past surgery was my third ACL reconstruction (My doctor tells me I need to stop playing soccer.... but I can't). As I learned with the first two procedures, the recovery and rehabilitation steps are the greatest challenges with the reconstruction process. For my first two surgeries and recovery periods I only had access to the ice system with the recirculation pump. This unit requires an ice box to be filled and maintained on a regular basis. This regular maintenance is really not practical at night unless you have access to an "around-the-clock" nurse. There were many occasions during the first two recoveries where at night the ice would become depleted, the knee would heat and swell up, and the pain would significantly increase. The VascuTherm's built in refrigeration system was phenomenal, eliminating the need for ice maintenance and provided excellent temperature control. The cooling control played a critical role at 24 hours post surgery in my ability to get through the following 12 hour time period when the local anesthesia wore off and my oral pain medication (oxycodone) was not being taken due to "stomach rejection". I was able to get through this period with only moderate pain which I thought was amazing considering I had no pain remediation available during this time period except for the cold compression of the VascuTherm unit. It was not until after my 48 hours post surgery appointment with my surgeon that I realized I could begin taking Tylenol which I could have stomached. Next time (which I'm not looking for), I will stick with a milder pain reliever like Tylenol and use of the VascuTherm unit.

During the first two nights, post surgery, I slept with the leg immobilizer on and the compression/cooling wrap contained inside. I could not really feel the compression and relaxation cycles of the wrap due to the restriction of the immobilizer. On day two post surgery I opened up the immobilizer, when I was stationary on the sofa, and allowed the compression wrap to do its' thing. This made a significant difference in the compression/relaxation effects of the device. For the next two weeks at night (was working during the days), I used the compression wrap outside of the immobilizer. This further reduced discomfort to the point of not even requiring the Tylenol. When I went to my first Physical Therapy session, the clinician was very pleased with the range of motion I was able to exhibit which I believe had a lot to do with the effects of the VascuTherm unit (having gone through this two times previously). At night it's important to have your leg restrained in some manner to prevent any twisting of the knee. Twisting causes pain and discomfort (which can best be realized by using minimal pain medication... but that's a topic for another time). The immobilizer accomplishes this to an extreme by allowing for essentially no motion. The cooling/compression wrap of the VascuTherm provides restraint from any twisting motion, but does allow for a very subtle bending motion of the knee with each compression/relaxation cycle. During the compression cycle the knee is brought to an essentially straight position and during the relaxation cycle the knee can slightly bend. I believe hundreds of these small bending (or straitening) cycles allowed for the advance range of knee/leg motion observed during my early PT sessions.

The VascuTherm system is a "must have" for any ACL reconstructions. I will continue to recommend it to anyone having ACL reconstructive surgery or any procedure like it.

Thanks again for use of this fantastic system,

Best regards,



Jeffrey Lucas  
10 Kings Grant Road, Clinton CT 06413

**Rebecca W. Senzer  
1133 Dunbar Hill Road  
Hamden. CT 06514**

September 13, 2010

Dear Mr. Marcus Simpson,

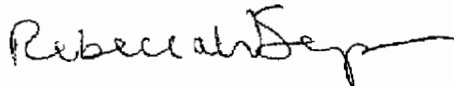
I write to express my appreciation to you and your company for the quality of care and product you provide. As I mentioned to you during our telephone conversations both Richard and I were grateful that Dr. Cohen prescribed the VascuTherm system for the weeks following his shoulder surgery. With the machine he was able to feel more comfortable, get rest, quickly eliminate the prescription pain medication and recover rapidly.

As a caregiver, I was interested in minimizing Richie's discomfort and doing whatever I could to support his recovery. When he responded adversely to first one and then a second prescription pain medication in the days immediately following his surgery, it became even more critical that your machine do what it was purported to do.

Richard's recovery continues going well. He has made great strides in physical therapy. Although his surgery occurred only 7 ½ weeks ago his range of motion is well beyond what is typical at this point, according to his physical therapist.

As I stated previously, our experience with the cooling device was extremely positive. Although we are not doctors, both Rich and I feel his consistent use of the VascuTherm in the first weeks of his recovery contributed to his rapid recovery and extremely limited use of prescription pain medications. We would both be happy to share our experience with others, especially patients with questions or concerns about the benefits of the VascuTherm system.

Thanks again for you commitment to quality patient care,



Rebecca Senzer

Michael Grewcock  
71 Captain Wooster Rd  
Oxford, CT 06478  
203-888-3157

September 10, 2010

Dear Marcus:

This correspondence is in reference to my recent post-operative use of non-segmental pneumatic compressor-cold therapy.

As you know, the treatment of my right shoulder injury was complex and convoluted by poorly managed care up until Dr. Cohen's involvement in my case. I have experienced multiple right shoulder dislocations and constant pain since an unsuccessful right shoulder SLAP repair in August of 2009 by Dr. Geiger. Lack of appropriate management by Dr. Geiger resulted in significant damage to my labrum, rotator cuff, and bicep tendon over a one year period. The initial labrum stitches were removed and correctly secured by Dr. Cohen on July 23, 2010. Considering the extensive damage, Dr. Cohen's surgery was both laparoscopic and an open anterior stabilization with a projected 8-12 month recovery. Thus, because my first surgeon ignored my symptoms and continued to administer pain medication, acupuncture, as well as damaging and unnecessary physical therapy, further preventable damage ensued.

My case is far from the average joint injury; thus, the home compressor has been extremely conducive to my recovery. I can apply the cold therapy myself, as well as continuously, without replacing ice packs every few hours. Minimal movement is needed to use the machine, thus energy expenditure is reduced, as well as pain. Since I have developed a high tolerance to analgesic therapies under Dr. Geiger's care, the ice therapy has been extremely beneficial since narcotics have a limited effect on reducing my acute on chronic pain. The constant cold therapy eased my pain so much that I was able to take less pain medication. It also enabled me to sleep more comfortably, as well as for a longer duration. I would recommend this therapy to anyone recovering from joint surgery, especially those without a caregiver available during their recovery.

Thank-you again for easing my recovery period and all of your assistance throughout this crucial process.

Sincerely,



Michael Grewcock

Dear Marcus Simpson:

I am writing in regards to the Iceless Cold Compression machine that I am currently using.

I would first like to comment on your professional conduct and presentation when you brought the machine to my house. You were courteous and very patient in explaining the controls and use of the machine. You never rushed my husband or I and asked us questions to be sure we understood how to operate the machine as well as assuring us that we could call you at any time if we had an questions. This was very important because we were a little nervous and you made us feel very relaxed and confident in being able to use the machine.

I would like to start my evaluation of the machine by saying I may have had the unique experience of having rotator cuff surgery twice on the same shoulder. I had two muscles repaired in my rotator cuff in October 2009. This was due to a very bad car accident. When I came home from the surgery I was in pain and was told to put ice packs on the shoulder on a regular bases. It was very hard to keep the ice on the shoulder as it would keep slipping off and of course it would melt.

My most difficult time was at night. I had to try and sleep in a recliner and every time I woke up, about every hour, I would have to refill the ice pack and try to go back to sleep. Sometimes it would take me one to two hours to fall asleep again. I did not get a good night sleep for probably the first 10 to 12 days. This left me very tired, also my shoulder was still uncomfortable. My husband and daughter were very concerned because I was becoming depressed.

I just had surgery again on the same shoulder because one of the muscles did not take to the bone on the top. This surgery was done on Friday, August 27, 2010. They put the wrap on my arm for the machine before I came home from the surgery. As soon as I got home I hooked up to the Iceless Cold machine.

It is unbelievable the difference the machine made. I kept it on for approximately 60+ hours straight, removing it only to use the bathroom and eat. I could not believe that I slept the first night home after surgery. I woke up once to use the bathroom and was able to fall right back to sleep because all I had to do was hook up the machine and the cold water relieved any discomfort I had.

My daughter had stopped over on Friday, after the surgery and noticed I was on the machine and I was looking better than last time. On Sunday, August 29th she stopped over with her husband and my grandsons. She and her husband could not believe how alert and talkative I was compared to last time. She recalled how after the previous surgery I was still in pain and depressed after two weeks.

On August 30th I started the compression 4 times a day. This really helped with the movement of my arm. I could move the fingers and wrist with no discomfort. I have continued to use the compression and have just cut back to twice a day. I am however using the Iceless cold part of the machine two to three times a day. I have not yet tried to sleep at night without it. It is just over two weeks since the surgery and I will probably try to sleep without it one night this week.

I have the machine for another two weeks and know that I will be giving it up soon. I am only concerned with sleeping at night which is why I will try to sleep without it one night soon.

**The machine has greatly reduced the pain and swelling after surgery.**

I have spoken to a number of people about this machine and told them how it has helped in the reduction of pain and swelling from the surgery.

I will continue to promote this machine, especially to anyone who is going to be going for surgery which can benefit from the machine.

You may conect me at anytime if you have any questions. If possible please copntact me by email because it is hard for me to hold the phone in my left hand for any length of time.

Sincerely yours,

Julie J. Anzellotti  
109 Fresh Meadow Road  
Branford, CT 06405  
203-488-9328 (home)  
203-767-6403 (cell)  
[juliejpetro@sbcglobal.net](mailto:juliejpetro@sbcglobal.net)

I was very fortunate to be able to use this new medical equipment during the recovery period of my recent ACL surgery. I'm certain the aid of this machine helped to minimize my post-operative discomfort and alleviated adverse effects from this surgery.

In February 2010, I suffered a bad ski accident that left me with a complicated elbow dislocation and a torn ACL. Due to the severity of my elbow dislocation it was first priority for surgical repair. I wish now that I had the advantage of using this equipment after my elbow surgery as well. In comparison, the recovery from my knee surgery has gone much more quickly and easily.

After knee surgery, my pain level was low to moderate, requiring no narcotic pain relief and post surgical swelling was minimal. On the contrary, after elbow surgery discomfort in the surgical area was long lasting, pitted edema was a problem and rehabilitation was a slow process because of these two issues.

I would highly recommend the VascuTherm system to others who may be facing surgery. I found it simple and convenient to use. It was also much more comfortable than the alternative method of ice therapy.

I'm currently two weeks post-operative and feel much more pleased with the outcome of this particular surgery. Thank you to Associated Medical for the use of this equipment and thank you for your incredible level of customer service!

# ASSOCIATED MEDICAL, INC.

Dear Patient,

We greatly appreciate the opportunity to provide you with the VascuTherm Cold Compression, DVT therapy system and sincerely hope that your recovery is right on schedule. The VascuTherm system is relatively new in CT, MA, and NY and has thus far been met with high patient satisfaction. Please offer your feedback and experience so that we may improve our process, service, and equipment/wrap design. As a growing company, constructive criticism is invaluable to us, and every idea and comment gets considered. If you feel that the VascuTherm helped you and that others would benefit from it, please tell us as your review may be shared with the referring surgeon or staff and can impact future decision making on this device and other new technologies. We're passionate about fast recoveries, pain management and orthopedic innovations. Please help us by completing and returning your review.

For those interested, we are delighted to share your story, email, or letter on our website. If you'd like for us to do this, please include your permission for us to post. Also, a number of patients are sharing short video responses for web-posting and patient-to-patient reviews. If you would be open to sharing your experience via a short 1-2 minute video, call/email to discuss or just shoot it with your cell phone / camera, send us a link, and we'll put it on our website.

	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	Unlikely			Likely	
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?		Yes	<input checked="" type="radio"/> No		
Did you have any allergic reaction or sensitivity to the medications?		Yes	<input checked="" type="radio"/> No		
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, <input checked="" type="radio"/> 7, 10, 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

Still used 2 percocet every 4 hours for 1 week  
but the VascuTherm provided comfort and less swelling  
of the knee for sure.

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Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Did you have any allergic reaction or sensitivity to the medications?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, <input checked="" type="radio"/> 4, 5, 6, 7, 10, 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

Our experience with Associated Medical, the VascuTherm and your technician was a wonderful experience. The VascuTherm machine was delivered to our home by the afternoon that I was released. We were instructed on how to use it along with all the benefits of using the machine, including the possibility that we might need less medication. The machine was easy to use and indeed I found that I needed hardly any pain meds. Days 1 + 2 I took the meds as prescribed. By days 3 + 4 I only took 1 Tab each day. Nothing after day 4. My sister-in-law had the same operation 2 days after I did + was far less invasive. She unfortunately is still in a great amount of pain 10 days later and did not use VascuTherm. We highly recommend it's use. Shawn, your tech, was awesome!  
 (owner)

Name (optional) Aubrey STEDFORD Surgeon (optional) Dr. Caslow

Do we have your permission to include your response in our marketing? (this is helpful if okay)  Yes  No

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The machine was very helpful in that I did not need to monitor time closely - it did that for me. It is also much more convenient than using icepacks.

Name (optional) \_\_\_\_\_ Surgeon (optional) Dr. Cohen

Do we have your permission to include your response in our marketing? (this is helpful if okay)  Yes  No

16 Stonewood Dr Old Lyme, CT 06371 | 280 Madison Ave, Ste 912 New York, NY 10016

P 866.369.9039 | F 800.707.8861

www.assocmed.com | sales@assocmed.com

PT\_Survey\_CT\_AM\_10/11/2010

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If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, 7, 10, <input checked="" type="radio"/> 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

Overall the service was great. The VascuTherm did help the 1st week by the end of the 2nd week my daughter only wanted to use it after physical therapy.

I hope that it helped with swelling and comfort. We are very happy that it took some of the guesswork off the parent as to how much ice & time is needed.  
Thank you for your service.

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Would you recommend Associated Medical's services to others?	Unlikely			Likely	
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
Did you have any allergic reaction or sensitivity to the medications?	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, <input checked="" type="radio"/> 2, 3, 4, 5, 6, 7, 10, 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

The VascuTherm was instrumental in expediting my recovery from ACL surgery. The constant cold therapy helped tremendously with the pain and swelling. I highly recommend this therapy.

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Did you have any allergic reaction or sensitivity to the medications?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, <input checked="" type="radio"/> 5, 6, 7, 10, 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

*Vascultherm greatly reduced inflammation and pain following my knee surgery. I loved the constant cool 47° temp on my knee. I will, if needed, request the Vascultherm device in the future and will recommend it to anyone I know that will be undergoing surgery.*

*MARCUS was exceptional in explaining the device. He took care of any questions and concerns that I had with the Vascultherm.*

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For those interested, we are delighted to share your story, email, or letter on our website. If you'd like for us to do this, please send an email, fax, or letter and include your permission for us to post. Also, a number of patients are sharing short video responses for web-posting and patient-to-patient reviews. If you would be open to sharing your experience via a short 1-2 minute video, call/email to discuss or just shoot it with your cell phone / camera and we'll post it.

	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the equipment and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The device's clinical utility or help to you on pain and inflammation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how satisfied were with the device's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?	<input type="radio"/> Unlikely <input type="radio"/> <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Likely				
Did you have any allergic reaction to the medications?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
If you recall, please tell us how many days you took Percocet or Vicodin	Days 0, 1, 2, 3, <input checked="" type="radio"/> 4, 5, 6, 7, 10, 14, 21, ___				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the equipment's use in your recovery.

*The VascuTherm was an integral part of my recovery. I was unable to take Vicodin after day 4 due to side effects, so I relied on the machine for pain control and help w/ inflammation. The ice wrap was comfortable and easy to apply/remove.*

*Marcus was very professional, cautious, and supportive.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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	Very			Very	
	Dissatisfied			Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	0	0	0	0	5
Quality of the initial setup or in-service	0	0	0	0	5
Completeness of the clinical information and instructions provided	0	0	0	0	5
Understanding how to use the VascuTherm and for how long	0	0	0	0	5
Our availability, support, and callback response times	0	0	0	0	5
Clinical use or help to you on pain and inflammation management	0	0	0	0	5
How satisfied were you with the VascuTherm's assistance to your recovery?	0	0	0	0	5
Overall, how did you feel about the quality of care you received?	0	0	0	0	5
	Unlikely			Likely	
Would you recommend Associated Medical's services to others?	0	0	0	0	5
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	0	0	0	0	5
Do you feel that you took less pain medication while using this device?				Yes	No
Did you have any allergic reaction or sensitivity to the medications?				Yes	No
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, 7, 10, 14, 21, <u>  2  </u>				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

I had surgery on right knee about 20 yrs ago 3 times  
 once for ACL replacement this VascuTherm machine  
 would have provided much more comfort much easier  
 than having to continually freezing ice packs and wrapping  
 them on knee. Actually was much more help!

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Did you have any allergic reaction or sensitivity to the medications?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
If you recall, please tell us how many days you took prescription pain meds					Days 0, 1, 2, 3, 4, 5, 6, <input checked="" type="radio"/> 7, 10, 14, 21, __

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

*Strap placed on shoulder slipped, and rubbed - causing skin rash with itching. Need to supply soft padding for pts between skin and plastic areas. Strap requires too much device, went under arm and up to shoulder. This crushed, bunched, and arched. If you could, make a strap, for around, the pt and with an arch coming up to fit like a sling strap. It would be more comfort and keep it from slipping.*

*It provided comfort to me and was neither too hot or too cold.*

*I appreciated the concern by Marcus for my diabetes and the care he took adjusting time, etc.*

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Did you have any allergic reaction or sensitivity to the medications?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, 7, 10, 14, 21, <input checked="" type="checkbox"/>				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

I told my surgeon I recommend the VascuTherm for post op therapy to help w/ pain and reduce swelling. I will request for this if ever needed again. (hope not) I was very satisfied. I had Rotator Cuff Repair and this was the best ice, cold, therapy I ever used!! Thank you!

Maria Makulitz 812 395 2100  
 Associated Medical (Braze)

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Unlikely			Likely	
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?	ONLY TOOK TWO OXYCOTTON				
Did you have any allergic reaction or sensitivity to the medications?	(Yes) (No)				
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, 7, 10, 14, 21, _				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

I believe that this therapy should be part of post surgery recovery. There is no question that only taking two Oxycotton pain meds over the course of 2 weeks is a direct result of this VascuTherm unit. I did experiment with the compression feature during my recovery & found it to be extremely soothing to my shoulder. I have already recommended this unit to a friend who is going to undergo knee replacement. Because I do believe it will help his recovery.

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Unlikely</b>			<b>Likely</b>	
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Did you have any allergic reaction or sensitivity to the medications?		<input checked="" type="radio"/> Yes		<input checked="" type="radio"/> No	
If you recall, please tell us how many days you took prescription pain meds					Days 0, 1, 2, 3, 4, 5, 6, <input checked="" type="radio"/> 7, 14, 21, ___

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

THERE WERE MANY TIMES I WANTED THE VASCOTHERM WRAPPED AROUND MY KNEE FOR RELIEF MORE THAN I WANTED TO TAKE PAIN MEDICATION. THE INSTANT COOLING OF WATER WAS VERY COMFORTING. I ATTRIBUTE THE LACK OF INTENSE PAIN FOLLOWING SURGERY WAS TO THE VASCOTHERM SYSTEM. I DON'T DO WELL WITH CONTINUED USE OF PAIN MEDICATION IN MY SYSTEM, SO THIS MACHINE HELPED SO MUCH. I ALMOST REFUSED THE CARE BECAUSE OF THE CU-PAP. I WOULD REQUEST THE MACHINE AFTER ANY SURGERY IN THE FUTURE; HIGHLY RECOMMEND TO ANY ONE THINKING ABOUT THE USE OF.

Name (optional) RENE RODG Surgeon (optional) \_\_\_\_\_

Do we have your permission to include your response in our marketing? (this is helpful if okay)  Yes  No

# ASSOCIATED MEDICAL, INC.

Dear Patient,

We greatly appreciate the opportunity to provide you with the VascuTherm Cold Compression, DVT therapy system and sincerely hope that your recovery is right on schedule. The VascuTherm system is relatively new in CT, MA, and NY and has thus far been met with high patient satisfaction. Please offer your feedback and experience so that we may improve our process, service, and equipment/wrap design. As a growing company, constructive criticism is invaluable to us, and every idea and comment gets considered. If you feel that the VascuTherm helped you and that others would benefit from it, please tell us as your review may be shared with the referring surgeon or staff and can impact future decision making on this device and other new technologies. We're passionate about fast recoveries, pain management and orthopedic innovations. Please help us by completing and returning your review.

For those interested, we are delighted to share your story, email, or letter on our website. If you'd like for us to do this, please include your permission for us to post. Also, a number of patients are sharing short video responses for web-posting and patient-to-patient reviews. If you would be open to sharing your experience via a short 1-2 minute video, call/email to discuss or just shoot it with your cell phone / camera, send us a link, and we'll put it on our website.

	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the initial setup or in-service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Completeness of the clinical information and instructions provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Understanding how to use the VascuTherm and for how long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our availability, support, and callback response times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical use or help to you on pain and inflammation management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
How satisfied were you with the VascuTherm's assistance to your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall, how did you feel about the quality of care you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	Unlikely			Likely	
Would you recommend Associated Medical's services to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that you took less pain medication while using this device?		<input checked="" type="radio"/> YES	No		
Did you have any allergic reaction or sensitivity to the medications?		<input checked="" type="radio"/> Yes	No		
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, <input checked="" type="radio"/> 7, 10, 14, 21, __				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

Marcus was great. He's friendly, knowledgeable, & very accommodating. He did a great job of explaining the device and providing the written material on the device.

This device was fantastic in managing my pain and inflammation. I'm sad to see it go.

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	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
Friendliness, professionalism and courtesy of our staff	0	0	0	0	5
Quality of the initial setup or in-service	0	0	0	0	5
Completeness of the clinical information and instructions provided	0	0	0	0	5
Understanding how to use the VascuTherm and for how long	0	0	0	0	5
Our availability, support, and callback response times	0	0	0	0	5
Clinical use or help to you on pain and inflammation management <i>no cold therapy</i>	0	0	0	0	0
How satisfied were you with the VascuTherm's assistance to your recovery?	0	0	0	5	0
Overall, how did you feel about the quality of care you received?	0	0	0	0	5
	<b>Unlikely</b>			<b>Likely</b>	
Would you recommend Associated Medical's services to others?	0	0	0	0	5
If you required another orthopedic surgery, would you request the VascuTherm or products of Associated Medical again?	0	0	0	0	5
Do you feel that you took less pain medication while using this device? <i>NO cold DVT</i>		Yes	No		
Did you have any allergic reaction or sensitivity to the medications? <i>NO</i>		Yes	No		
If you recall, please tell us how many days you took prescription pain meds	Days 0, 1, 2, 3, 4, 5, 6, 7, 10, 14, 21, ___				

Please share anything you wish. Tell us what you liked, where we can improve, or anything you want your surgeon or provider to know about your experience with us or about the VascuTherm's use in your recovery.

*Service was outstanding - Sean + Marcus really understand their machines and its uses. We were very impressed by this and ~~sure~~ their response to our questions, Very fast!*