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June 18, 2002

Keith Walli-Ware
Vice President of Sales and Marketing
Osborne Medical
100 W Main
PO Box 324
Utica, Minnesota 55979

Dear Keith:

As usual, I enjoyed seeing you again at the SVS\AAVS meeting in Boston. I am happy to provide a testimonial regarding the use of Rooke boots, as they have become an essential element of our practice. We are currently using the Rooke boots routinely in patients undergoing any lower extremity revascularization or abdominal aortic aneurysm procedures. Our impetus to use the Rooke boot initially was due to a dismaying number of patients who developed decubitus heal ulcers during their perioperative course. Despite increased vigilance and care on the part of our resident and nursing staff this remained a persistent problem. Since routinely using the Rooke boots, a practice which we started over five years ago, this problem has been virtually eliminated. I cannot remember the last time one of our patients developed a decubitus heal ulcer while on our service. We continue to see many patients in consultation on other services with decubitus heal ulcers and we are trying to impress upon other services, particularly those that take care of chronic, debilitated patients of the importance of heal protection with Rooke boots. To my knowledge there is no product on the market which eliminates this problem as effectively as the Rooke boots.

Additionally, the boots are very well received by our patients. The majority of our patients really enjoy wearing them. With the traction provided in the sole of the boot it allows the patient to ambulate while still wearing the boot. The only complaint that I've heard from patients about the boot is that they are occasionally too warm. Quite frankly, when a patient who presented with critical limb ischemia tells you that his or her foot is too warm we consider this a victory. In such cases we simply tell the patients to leave the front of the boot open and to rest their foot in the heal cup of the boot. This maintains excellent heal protection while they remain supine in bed.

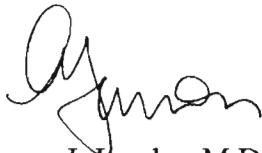
Keith Walli-Ware
RE: Rooke boots testimonial
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Perhaps the greatest testimony that I can think of to the Rooke boots is the fact that Dr. Porter wore his religiously up until the time of his passing. Given Dr. Porter's natural skepticism, the fact that he wore the boots so religiously speaks to their effectiveness.

We will continue to use the Rooke boots in all of our vascular patients. And as noted, we are encouraging other services to use the boots in all patients who are anticipated to have a long period of convalescence. We look forward to further innovations by your company.

With best regards.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Landry". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

Gregory J. Landry, M.D.
Assistant Professor of Surgery
Division of Vascular Surgery

GJL:jlb