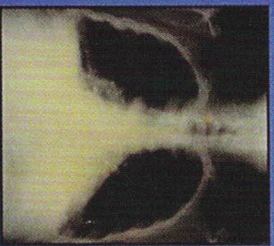


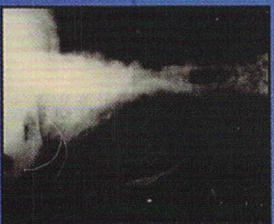
**Safe...**

**Congestive Heart Failure is not a contraindication<sup>1</sup>**



This 60 year-old diabetic male had a right iliac endarterectomy and an occluded femoropopliteal bypass. His rest pain in the right calf and congestive

heart failure (top photo) were not responding to usual treatments. Left leg pumping assisted his heart successfully relieving his heart failure (bottom photo). Right leg pumping relieved rest pain and restored the absent Doppler signal and blood pressure in his posterior tibial artery to 75mm Hg over 9 days. After 6 weeks of out-patient treatments, the ankle pressure was over 200 mm Hg in both the anterior and posterior tibial arteries and he could walk several blocks.



**Circulator Boot is designed to increase arterial flow and permit or speed the healing process.**

**Indications:**

Peripheral Arterial Insufficiency  
Vascular Complications of Diabetes  
Prophylaxis of Thrombophlebitis  
Chronic Lymphedema

**Warning:**

Contraindications  
1. Deep Venous thrombosis

## The Circulator Boot Systems™

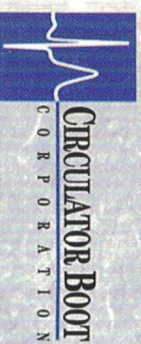
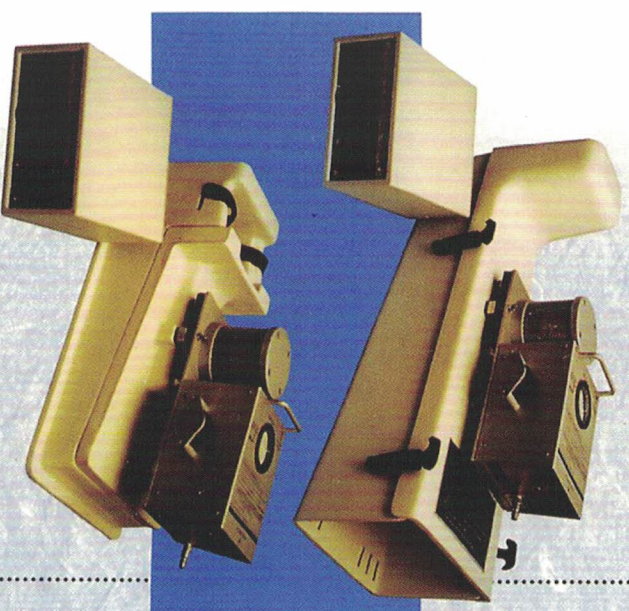
- End-diastolic air compression boot
- Rapid action air valve
- Heart monitor
- Double walled plastic bag (not pictured)
- Four plastic boot sizes

**Caution:**

Federal law, (USA) restricts this device to sale by or on order of a physician.

1. Advances in Heart Disease, Vol. 1, Edited by D.T. Mason, Grune & Stratton, New York, 1977. Noninvasive circulatory assistance by external counterpulsation.
2. Angiology 31: 614-638, 1980. Effective therapy with pneumatic end-diastolic leg compression boot on peripheral vascular tests and on clinical course of peripheral vascular disease.
3. Angiology 37: 47-56, 1988. Treatment of resistant, venous stasis, ulcers and dermatitis with end-diastolic pneumatic compression boot.
4. Ann Surg 204: 643-649, 1986. Successful treatment of osteomyelitis and soft tissue infections in ischemic diabetic legs by local antibiotic injections and the end-diastolic pneumatic compression boot.
5. J. Clin Engineering 5: 63-66, 1980. An end-diastolic air compression boot for circulation augmentation.
6. VASC Surg (Westminister Press) 24: 682-695, 1990. Treatment of osteomyelitis in diabetic foot with systemic and locally-injected antibiotics and the end-diastolic pneumatic compression boot—case studies.
7. Angiology 47: 123-129, 1996. Optimizing external cardiac-assist compressions in patients with atrial fibrillation by anticipating the next beat.

## The Latest Technology for Peripheral Circulatory Disorders



Dr. Russell Blatstein  
www.RMBlatsteinPodiatry.com  
772-225-3668  
Jensen Beach, Port St. Lucie, FL



## Improves All Factors Affecting Circulation



### Arteriosclerotic & Venous

The abrasion of this 75 year-old female ex-smoker had enlarged and a second ulcer developed in spite of the treatment of her family physician and vascular surgeon.

She was given oral antibiotics and 23 outpatient treatments with the Circulator Boot over two months.

Her calf/arm BP index rose from 0.35 to 0.53.<sup>3</sup>



### Ischemic Necrosis

This elderly lady received multiple treatments with the Circulator Boot first during a 51 day hospitalization and subsequently in a nursing home.

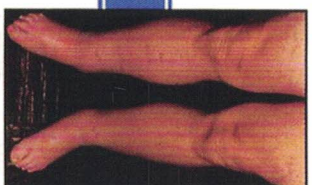
Antibiotics were used both orally and locally. The local antibiotics were administered in a multi-electrolyte solution (Sea Soaks) applied to gauze dressings over the ulcer.



Her pain was easily relieved, but her ulcer was slow to heal. She remains pain-free and ambulatory today.<sup>4</sup>

### Lymphedema

This 74 year old man had refractory lymphedema of 40 years duration. He received 25,600 leg compressions over 8 outpatient treatments with the Circulator Boot. The benefit lasted 5 years.



### Infection & Osteomyelitis

This young man had poorly controlled diabetes since the age of 9. He had an infection through the foot between the 4th and 5th metatarsal heads spreading across the base of the toes to the 2nd toe and spreading to the arch where the abscess pointed. Serial x-rays showed osteomyelitis of proximal and middle phalanges of the 4th toe and of the 4th metatarsal head. He was treated with the Miniboot preceded by antibiotic injections into the grossly infected areas of the foot. During his 16 days in the hospital he also received intravenous antibiotics. His boot therapy and local and oral antibiotics were continued as an outpatient.<sup>5</sup>