



Foot, Ankle & Lower Leg & Center

Don Dixon
Outcome Medical
115 Sumner Rd
Fayetteville, GA 30214

Dear Mr. Dixon,

As a practicing interventional pain management specialist and a podiatric surgeon located in the same office in a busy urban practice, we are compelled to write you this letter and update you of the dramatic successes we have had in the treatment of our patients utilizing Electronic Signal Treatment (EST). Many of our patients share common problems – foot pain from variety of sources, such as sports injuries, neuropathic pain, arthritis, neuromas, failed foot-ankle surgeries and radiculopathies from discogenic disease in the lower lumbar spine. In addition, Dr. Odell is treating neuropathic pain (diabetic peripheral neuropathy and idiopathic neuropathy) utilizing neuraxial (epidural) injections in conjunction with serial EST sessions. These neuropathies can also be treated with ankle blocks and EST as an alternative, a useful strategy for the podiatrist.

Although different diagnoses (pain generators) require different applications of the EST, successful treatments fall into the following categories: neuropathies (diabetic and idiopathic), failed foot/ankle surgery resulting in nerve compression/entrapment syndromes, arthritis, postoperative edema and pain, low back pain with radiculopathy (another form of neuropathy) and wound healing. In many cases, the treatment involves serial ankle blocks once a week with EST sessions two more times in that same week. Dr. Ricciardi's post op treatment regimen is slightly different, with 3 x weekly treatments immediately postoperatively.

We have observed many salutary effects of the treatment in other than the mitigation of pain: the reduction of edema, elimination of allodynia, return of motor function and wound healing. The theoretical basis for these effects have been explained in multiple publications in the literature; a good summary can be found in *Practical Pain Management*, March-April 2006: Electroanalgesia: Theory and Case Reports, co-authored by Dr. Odell. Another paper, "Anti-inflammatory Effects of Electronic Signal Treatment" has just been submitted to the peer reviewed journal *Pain Physician*.

The basis of our success is the **Integrated Block**. A poster presentation on the theoretical basis and practical outcomes was recently presented at the International Spine Intervention Society meeting in Las Vegas.

In this study, the average pain score (11 point Numeric rating system) drop was from 5.5 to 0,5 over a 20 visits (6 weeks) for a variety of neuropathic conditions including diabetic neuropathy, idiopathic neuropathy and low back pain with radiculopathy (see figure below from poster presentation).

A recent case study illustrates the dramatic effectiveness of our protocols. A 35 year old female has suffered from bilateral foot pain secondary to neuromas for years. The left side, with neuromas between toes #2-3 and #3-4, was operated on twice; neuromas are present on the right but she has understandably refused surgery. She presented with a pain score of "10", no motor function of the toes and allodynia on the left. After seven integrated ankle blocks with EST and approximately 14 other EST treatments, her pain scores have dropped by 50%, her allodynia is completely gone and full motor function in the toes (flexion, extension, intrinsic toe movement) has returned. To our knowledge, there is no other treatment on the planet today that can produce these results.

Independent efforts by groups such as Outcome Medical have shown that most of these improvements are lasting. Except in acute cases, Dr. Odell no longer uses epidural steroids for low back pain with and without radiculopathy – he uses only marcaine with EST treatments.

At this time, interventional pain management specialists have been criticized for doing multiple blocks on patients. Using our protocols, serial injections are completely justified as long as patient progress is measured. We utilize multiple clinical outcome markers, including pain, function, sleep and medication usage. As long as these markers are carefully followed, documented periodically and continue to improve, multiple blocks are justified. Every three weeks a comprehensive 99213 follow-up note is carefully done and further treatment is based on the patient's progress. Typically, after a patient's pain has leveled off (usually very close to zero) and function is optimized, the patient is subjected one two more weeks of twice weekly EST sessions to guard against a return of symptoms. This protocol has proven successful over several years of practice.

We feel that the Integrated block - the use of 0.25% or 0.5% marcaine in conjunction with a peripheral injection (e.g. ankle block) or neuraxial (epidural or medial branch block) plus EST, in conjunction with two other EST sessions per week can provide treatment for patients with a variety of conditions (but especially neuropathic pain) which could not be treated heretofore.

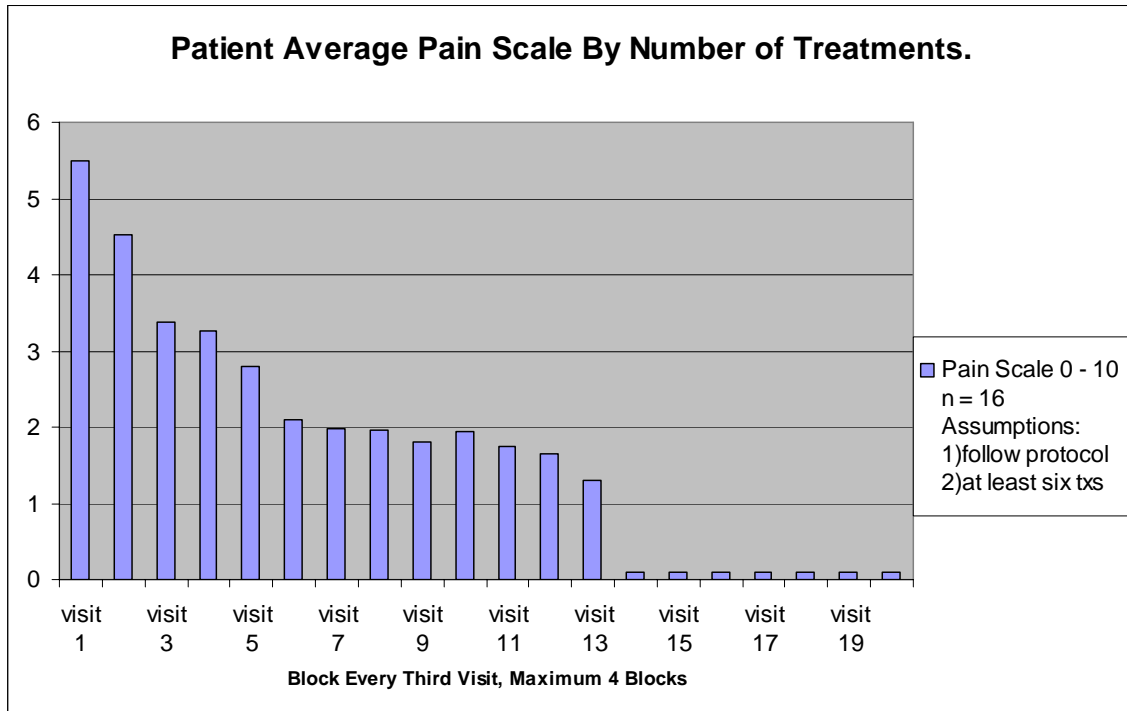
We welcome the inquiries of any physicians (podiatrists and/or pain physicians). Thank you for the opportunity to "spread the word" about this underutilized technology. EST technology will help the podiatrist or pain physician expand their practices to patients who could only be treated pharmacologically prior to this; and increase his bottom line at the same time.

Sincerely,

Anthony Ricciardi, DPM, FACFAS, ABPS

Robert H. Odell, Jr., MD, PhD, DABA, DABPM, FIPP

Average Pain Scores drop for 16 patients over 20 visits



No more than 6 Chemical nerve blocks, combined with Electric Nerve Blocks (= Integrated Nerve Blocks), at most once every 3rd visit, on patients with diabetic & idiopathic neuropathy, LBP w & w/o radiculopathy. .