

backrackTM

Innovative technology in spinal care and pain relief

spinalbackrack.com

Medical Endorsements

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Re: Impartial review of Backrack devices

To Whom It May Concern,

This is an impartial review of the Backrack Brace (belt) and Back Pain (Backrack) management device. This was evaluated in a clinical physiotherapy and osteopathic setting as well as under the supervision of a spinal consultant. The evaluation period covered the winter of 2016/2017. No funds, remuneration or gifts were received in relation to this evaluation.

No contract has been received in respect of this and there are no plans for any relationships which could be considered as buyers/NHS.

Device one –Backrack Lumbar spinal belt

The lumbar spinal belt provides excellent stiff lumbar spinal support. The stimulation effect of the Lumbar spinal joints /paravertebral muscles is very effective. This is my clinical perspective certainly provides the adequate support necessary which would be expected from lumbar support. This is probably most suited for normal weight individuals and less so for underweight patients. From an overall inspection aspect, the device is clearly well made without any obvious areas for concern.

Device two- Backrack devices

These devices are made of wood containing 16 spindles which mimic the natural spine with a lacquered coating as informed by the manufacturers to comply with hygiene standards. We are not aware of competitor products with comparable function.

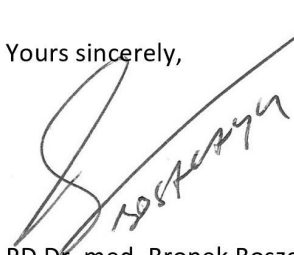
The devices are aesthetically very pleasing and this has been commented on by many of the reviewing persons. The device is easily handled and stored. During use in recommended fashion it was found that the device provides very good stimulation of the spinal joints / paravertebral muscles of the whole spine. The muscles substitute so called 'padding' and in case of discomfort a towel/blanket can be used on top of the device. The effective work on the device which allows for the stimulation of the spinal joints does require a minimum ability of being able to flex the hip raise, the pelvis and hence does require a reasonable degree of mobility of the lower extremities. For patients with significant impairment in these areas to easily use the device without assistance it would need to be placed in a manner where patients can easily come to lie on it. In case of a fusion the appropriate areas can be covered with a towel/blanket. Patients who do not have these impairments and have a reasonably well maintained overall body tone and skeletal function can use the device with comparative ease. It can be used for the entire range of cervical, thoracic and lumbar anatomical areas. We found it to be most effective in the lumbar area. Here it was felt that the

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most benefit would be read by individuals who are pro-active in the management of their predominately skeletal back pain. Especially a more athletic group of patients such with a well maintained skeletal support system of the spine would clearly benefit from this. For patients with a trauma, tumour and deformity on the spine, obviously the application is more limited. For predominantly skeletal back pain in the absence of significant instability of the skeletal stimulation, impresses as effective and pleasant. The reception by individuals varied and is in accordance with person's preference in general where individuals find different devices more pleasant. It would appear that those individuals with adequate motivation to engage in regular targeted treatment would continue to utilise this device and one of the strengths of the device is that it can be used everywhere quite easily in the home or outpatient environment.

Overall, we felt there was therefore a good application range for patients with musculoskeletal lower back pain who have reasonably good muscular function allowing them to utilise the frame in the correct manner. For these patient groups, the application of the device would appear favourable. Obviously, restrictions apply for patients with a very low body mass index or significant impairment of skeletal frame and muscle and the presence of tumour or deformity of the spine along with fresh musculoskeletal trauma for whom the device is not intended.

Yours sincerely,



PD Dr. med. Bronek Boszczyk
Consultant Spinal Surgeon
Honorary Clinical Associate Professor University of Nottingham
Visiting Professor Nottingham Trent University

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LANZO HOSPITAL S.P.A.

CLINICA ORTOPEDICA E FISIATRICA - CASA DI CURA PRIVATA

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Struttura certificata Iso 9001: 2000 DNV

I have incorporated the BackRack in my activities since over 6 months here in our specialized Orthopedic Center, which also has an Out-Patient Ambulatory activity.

Having evidenced and depending on the patient collective, with combined hip-knee and spine disorders and pathologies, the BackRack is proving to be an essential therapeutical concept in improving patients with different spine conditions and static overloads. I have personally seen that with an early incorporation of the BackRack in the therapy plan of the patients, the use of oral medication is reduced and possible more invasive, pain management options, avoided or better tailored.

Definitely in the absence of a neurological deficit and after targeted screening with appropriate imaging, the BackRack has delivered an important tool in my out-patient clinical activity. I have treated now in these 6 months, 150 patients with a corresponding protocol and follow-up. The overall improvement rate after the incorporation of the BackRack vs. a previous conservative management protocol without the BackRack, has been of 88.7 % better results. I highly recommend the Back Rack and motivate fellow Spine Specialists to incorporate it in their armamentarium.

The BackRack and the additional exercises which can be done for the different spine segments is an additional advantage as the patients can continue at home and work on and further consolidate the improvements obtained during the initial therapy plan. I do recommend however, to the patients that they periodically follow-up with their treating physician and/or physiotherapist to monitor and reviewing the proper use and exercises that they do with the BackRack.

Prof. Dr. Walter Bini

Neurosurgical Spine Section / Ortho Dept. I

May 4th, 2017

COF LANZO HOSPITAL S.p.A.

dott. Walter Bini

cod. fisc. BNI WTR 56S18 Z404X

spec. in Neurochirurgia

Sistema Sanitario



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Our Ref: RC/bc

7th April 2004

Mr. B.M. Luklinski
Back Rack Ltd
31 Merrow Woods
Guildford GU1 2LQ

Dear Mr. Luklinski,

Re: Backrack-Medical Critique for the Purpose of CE Marking

I have had the opportunity of reviewing the medical critique for the purpose of CE Marking. I have also had the opportunity of reviewing the backrack equipment.

In my professional opinion it is reasonable and appropriate for the backrack to be used for treating the underlying causes and hence the symptoms of back pain.

You have demonstrated to my satisfaction that the backrack may be clinically effective and that it can be used safely in the absence of supervision.

I also agree that the backrack can be used to treat the conditions listed in appendix 2 of the enclosed document.

I do treat spinal surgical patient's on a regular basis and have also supervised PhDs within Imperial College on different aspects of spinal surgery.

Yours sincerely,

Richard R.H. Coombs
MA,DM,MCH,FRCS,MRC,FRCS(Ed)Orth
CONSULTANT ORTHOPAEDIC AND SPINAL SURGEON



**General Authority for Health Services
For the Emirate of Abu Dhabi**

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لإمارة أبوظبي

مستشفى توام
ص. ب : ١٥٢٥٨ - العين
الإمارات العربية المتحدة

Mr A.M. Sarwat FRCS (Glasg.)
Spine Surgeon
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30 May 2004

Mr B.M. Luklinski
Luklinski Spine Clinic
31 Merrow Woods
Guildford, Surrey
GU12LQ

Dear Mr Luklinski

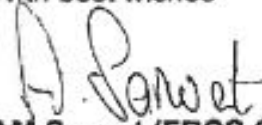
I would like to thank you for giving me the opportunity to comment on the Back Rack, which I am familiar with since 2000.

Back Rack device reflects human spine based upon a proven medical speciality of Orthopaedic Medicine. The clinically applied biomechanics works and treats upon a specific pathology in accordance with clinical conditions as listed in CE document (as per appendix 2) through decompression of zygoaphophyseal spinal joints resulting in a complex chain reaction, therefore the device is a safe and effective through the concept and application.

In my professional opinion I agree that the Back Rack can treat the underlying causes and hence the symptoms of spinal back pain complexity. Back Rack is clinically effective and safe to be used in the absence of supervision, nevertheless application in some rare cases such as a specific clinical syndrome it may benefit from a medical or paramedical supervision in a hospital care.

As a Spine Surgeon I am pleased to say that I fully endorse this product for all sufferers of back pain in any environment they may experience such a condition.

With best wishes


AM Sarwat (FRCS Glasg.)
Spine Surgeon