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Neurology

A Neurologist's View of the LifeGlider

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I am a neurologist with over 45 years experience in treating patients with impaired mobility. The causes of impaired mobility include stroke, spinal cord injuries, cerebral palsy, a number of different muscular dystrophies and neuropathies and degenerative conditions like Parkinsons Disease, amyotrophic lateral sclerosis, cerebellar ataxias and others.

The LifeGlider excels at mobilizing and rehabilitating all of the above conditions but especially those that are mostly characterized by imbalance. Imbalance while walking creates a dangerous situation. Falling backwards or forwards out of a conventional walker is a common problem.

These types of falls often cause serious injuries, even death. The CDC documents in its literature over 65,000 falls from conventional walkers, which is certainly an underestimate. Even worse than falls from a conventional walker, is the morbidity associated with being confined to a wheelchair or other sedentary existence. The morbidity is social, psychological, and physical with isolation, depression and all the ills associated with inactivity. Inactivity increases the risk for cardiovascular disease, stroke and muscle atrophy, deconditioning and risk for additional falls and disability.

The LifeGlider is unique in its safety profile. It is virtually impossible to fall out of it or tumble it on its side. I recently saw a video of a large framed man who passed out while in his LifeGlider, slumping forward but not falling or tipping. Another aspect that is unique to LifeGlider is that it frees up both hands. It is hands free in its stability and support. That makes it possible to stand and shop or eat or wash dishes or nearly anything else. Another video available is a young woman bowling in her LifeGlider.

One aspect of the LifeGlider deriving from its unique ease of use, safety profile and handsfree nature that is not easily appreciated is the rehabilitation feature. Patients confined to inactivity because of the inadequacy of conventional wheelchairs, scooters, walkers and canes and crutches become progressively weaker and deconditioned. The upright posture, walking with a LifeGlider and the increase in possible activities rehabilitates a lot of patients and improves their overall conditioning.

The recent user survey did not surprise me. Virtually all the benefits that I have personally seen in recommending LifeGlider to patients over the years and as I have expressed above is evident in the survey. Patients note increased safety, increase their mobile activities, improve their strength and stamina, and increase their confidence and outlook. Virtually all of the survey responders highly recommend the LifeGlider to others.

In my opinion, the LifeGlider is a innovative unique safe solution to a very common problem. It needs more exposure to patients and caregivers of those with mobility disorders.

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