

ADVANCED MEDICAL TECHNOLOGY



SpineMED[®]
decompression system

Model S200E/S200EC

OPERATIONAL INSTRUCTION MANUAL

Serial No.: Table: # _____



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Introduction to Universal Pain Technology Canada and the SpineMED®

For the past 20 years, health care clinics throughout the world have been able to deliver a non-invasive procedure for pain as a result of herniated, bulging, degenerative discs, Facet Syndrome and failed back surgery. This non-surgical decompression* of discs has been shown to be effective in reducing pain and improving the functional activity levels of patients. Fortunately, the collection of experiences during this lengthy clinical history, now provide a solid foundation for the improvements in the design and application of disc decompression.

Universal Pain Technology Canada was formed by a group of professionals from North America, whose years experience with non-surgical disc decompression systems is unprecedented. Since the 1980s, this group has been engaged in delivering and reviewing the results of decompression and patient satisfaction. Recognition of the continued benefit of this procedure for the patients, has served as motivation to work diligently on the engineering and manufacture of an enhanced disc decompression device and the development of an effective procedure protocol.

The SpineMED® System (S200E/S200EC) that is now in your possession is the new generation decompression system by Universal Pain Technology Canada. The advances made have culminated in a simplified, comfortable and efficient method of stabilizing the patient during decompression while providing an accurate method of spinal joint distraction. In partnership with the clinicians, the Universal Pain Technology Canada team has established a protocol that gives the most consistent and reproducible effectiveness possible with disc decompression available today. Together the technology and the knowledge of application create the SpineMED® System.

In the history of the manufacturing of medical technology, it has been demonstrated that the effectiveness of a device is only a part of the procedure. How the professional uses the technology is crucial to its success. It is the belief of UPTC that the delivery of a standardized system of training and support is an integral part of the SpineMED® System and ensures the best possible outcomes.

Initial training, online education and support are provided in the set-up and continue throughout the operational phase of the S200E/S200EC. Monitoring of the sessions, acts as a means of continuous quality control. During the learning stage, the use of a method of standardized data collection allows for the SpineMED® coordinator to view at any time a patient's procedure plan and outcome. Upon completion of the training and testing, certification for use of the S200E/S200EC is issued to the professional Operator.

Universal Pain Technology Canada and its established network of resources will continuously strive to provide the clinicians and the patients with the resources required to attain maximum effectiveness, patient comfort, safety and efficiency of use for the clinician. Ongoing clinical studies and customer feedback will provide the knowledge for necessary changes in the future.



This manual will serve as a guide for the health professionals who will be using the SpineMED® System (S200E/S200EC) and the SpineMED® Protocol for the Lumbar and Cervical Spine. It is important that every Clinician and Operator of the SpineMED® System read all of the instructions and warnings contained in this Manual, prior to operation of the device.

*Spinal Decompression that is, unloading due to non-surgical distraction and positioning.

CAUTION: FEDERAL LAW (CANADA/USA) RESTRICTS THIS DEVICE TO USE BY OR ON ORDER OF A PHYSICIAN, CHIROPRACTOR, PHYSICAL THERAPIST OR PRACTITIONER LICENSED TO USE THIS DEVICE. THIS EQUIPMENT MUST BE OPERATED/UTILIZED UNDER THE DIRECT SUPERVISION OF A LICENSED HEALTHCARE PRACTITIONER.

1. Therapeutic Guidelines and Protocol

1.1 Review of Underlying Principles of the SpineMED® Procedure

To be competent as clinicians working with the SpineMED® System, it is essential to know the functional anatomy of the spine and the surrounding tissues. This portion of the manual will serve to highlight the principles that are significant to the delivery of SpineMED® Decompression. The more detailed review of the material required for learning will take place during the training sessions once your SpineMED® System is installed. It is recommended by UPTC that clinicians be trained and certified prior to treatment of patients with the SpineMED® System.



The knowledge of how a normal disc operates as a shock absorber, how it remains healthy, and, how it behaves under immense pressure, will provide you with the foundation of the SpineMED® protocol. This information describes how the benefits of the design of this particular system and the protocol for disc decompression; ultimately provide pain relief for the patient.

The evolution of disc decompression has taken place over a long period of time, and after a great deal of investigation. The scientific reference articles and studies are strongly recommended, and are found in the Clinic Resource CD. Optimal effectiveness is quickly reproducible when there is a consistency and accuracy in the application technique with each patient. There is a routine that must be followed and not varied with each patient. Although certain patients will require modification in the delivery of the distraction, the basic principles apply. During the training and learning stage, careful review of the results of each patient with an experienced Universal Pain Technology Canada professional is extremely valuable.

1.2 Indications and Contraindications for Patients of SpineMED® Procedure

A) The Indications

SpineMED® is an inherently safe procedure; however, it must be performed on a spinal column that is anatomically structurally stable. The standardized medical and physiotherapy assessments completed prior to the patient entering into the procedure provide the screening necessary for confirming the condition of the spine. It is strongly recommended that prior to the SpineMED® procedure, the patient have the results of a current spinal X-Ray (i.e. no less than 3 months old). If there are recent MRI or CAT Scan diagnostics available, then it is up to the Clinician whether an X-Ray is essential.

B) Candidates

- a. The patient presenting with clinical and/ or radiological evidence of a herniated, bulging or degenerative disc is ideal.

- b. The patient clinically presenting with buttock, leg and foot pain as a result of Lumbar spinal dysfunction, or shoulder, arm and hand pain as a result of Cervical spinal dysfunction.
- c. The patient presenting with classic nerve root involvement of Sciatica Radiculopathy.
- d. Patients with lateral Stenosis and central Stenosis may respond if severe secondary changes are not present in the Vertebra and if the Stenosis is not due to a structurally narrow spinal canal.
- e. Patients presenting with a pain pattern and clinically findings suggestive of Facet Syndrome.
- f. Patients presenting with back pain or neck pain and have degenerative disc findings, which have been to other therapy numerous times, and were compliant with exercise programs, but have not experienced pain relief.
- g. Patients who have failed back surgery.

1.3 Guidelines for Patient Selection for SpineMED® Procedure

- A) The maximum patient weight safe working load is 325 lbs.
- B) Patients with lateral Stenosis and central Stenosis may respond if severe secondary changes are not present in the Vertebra. The definition of Stenosis also becomes an issue. When the diagnosis of Stenosis results from an actual structural narrowing of the spinal canal, in this situation, positive results are less likely. However, if the diagnosis is present as a result of disc bulge, positive results can be expected.
- C) The SpineMED® can be used post spinal surgery and following failed spinal surgery. The use of SpineMED® in conjunction with percutaneous Discectomy is not contraindicated. Clinical trials have demonstrated that the dual approach seems to offer an advantage especially in those patients who have more than one level of disc herniation in which only the major segment was percutaneously excised.

Patients with a history of previous Laminectomy may undergo the SpineMED® procedure when the extent of surgical excision has not compromised the Vertebral articulations and ligament structures. The guideline is that previous surgery is not contraindicated unless there is hardware; i.e. wire mesh, screws, rods, etc., that have been implanted in the spine. The procedure can be undertaken after 6 to 12 months following the removal of the hardware to allow complete healing. The health care professional and the Doctor will assess the time frame.

- D) A patient with recurrent back or neck pain with little to no clinical findings presents a challenge and often becomes a chronic pain patient with secondary gain issues. If the patient continues to be motivated to alleviate the pain and does not want to continue on with the use of pain medication, SpineMED® is a choice that can be presented to the patient. The success rate with these patients is surprisingly high.

- E) Although not a contraindication, it is important to know if a patient is on narcotics for pain relief prior to undergoing the procedure. A patient who has a long history of using narcotics will be unable to accurately report a response to the procedure, and depending on the drug, the patient is at risk for experiencing rebound pain.
- F) It is necessary for patients with a history of narcotic use, to first discontinue narcotic medication prior to beginning the procedure. If the patient has been on narcotics for a short time and requires strong medication because of the pain level, the SpineMED® procedure can begin while still taking narcotics for pain. In this scenario the narcotic use should be closely monitored and curtailed as quickly as possible.

1.3.1 Contraindications

The SpineMED® Procedure should not be administered if any of the following apply to the patient:

- A) Pathological lesions or congenital deformities of the Vertebral column that disrupt the integrity and stability of the Vertebral and ligamental structures.
- B) Fractures; i.e. compression fractures within one year.
- C) Patients with lateral Stenosis and central Stenosis may respond if severe secondary changes are not present in the Vertebra.
- D) Neoplasm, spinal tumors; both metastasis and primary.
- E) Spina Bifida or Pars Defect.
- F) Spondylolisthesis Grade 2 and greater.
- G) Osteoporosis with more than 45% bone loss.
- H) Progressive pathological or inflammatory process of the spinal joints or muscles.
- I) Inflammatory diseases involving the Spine; i.e. Active Rheumatoid Arthritis or Ankylosing Spondylitis.
- J) Connective tissue disease; i.e. Scleroderma.
- K) Cauda Equina Syndrome, which is a result of pressure on the Cauda Equina, presenting with bowel and bladder dysfunction.
- L) Post-surgical patient with hardware implants, including, but not limited to; rods, screw, metal mesh implants in the spine.
- M) Post-surgical patients who have had spinal surgery and healing of tissue is still required. (The period of time post spinal surgery will vary between 6 months to a year.)
- N) Pregnancy
- O) Patients under 15 years of age.

1.4 Patient Instruction Prior to Undergoing the SpineMED® Procedure

Patients are instructed to read the Patient Handbook and to speak to the Clinician about any questions or concerns. It is highly recommended that a patient complete a clinic visit and observe the session in progress, if possible.

The patient must have available for their use an acceptable Lumbar support that they must bring with them to the first session. The support serves primarily to prevent the patient from participating in movements or activity, which will have a negative effect on the healing that is taking place, and to offer some support to the Lumbar Spine. All patients undergoing the SpineMED® procedure are advised to wear a Pelvic Support Belt following each SpineMED® session. This is especially important if the patient must travel any distance or may be subject to acceleration or deceleration forces in transit. Pelvic Belts should also be worn when any postural strain is felt or anticipated as well as whenever the patient engages in activities that may invoke Lumbar flexion or rotational movements during the period of time they are on a course of SpineMED® sessions. Also, many patients find that wearing a Pelvic Support Belt, especially after a SpineMED® session, adds to their comfort level and assists them in maintaining a regular regime of sessions, further facilitating their recovery.

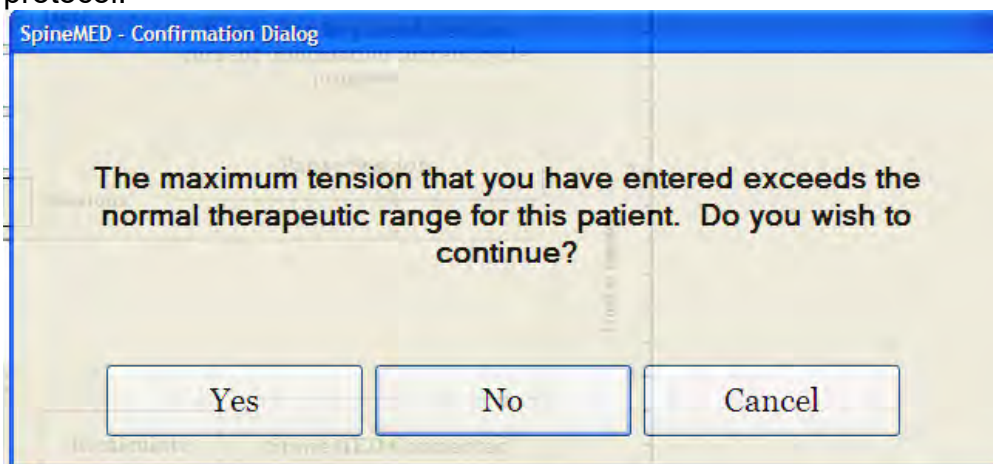
The patient is told that the commitment to the procedure is vitally important and that participation in strenuous activities and exercise during this time of healing will have a definite negative effect upon the results of the procedure. There cannot be enough encouragement given to the patient to comply too the suggested protocol and the “DO” and “DON’T” instructions contained in the Patient Handbook. It is their part of the program, which will have a direct effect on the outcome of the program. Patients are asked to consider this as a time of healing like one would following an injury to any joint.

Sessions are administered with patients fully clothed. However, comfortable, two-piece clothing that can be separated at the waist and loosened at the wrist would be the most practical and comfortable. To avoid bending immediately after each session, it is advisable to wear shoes that slip-on, rather than lace up.

1.5 Standard Protocol for the SpineMED® Procedure

- A) Completion of medical screening and review of previous medical records and radiological reports. Minimal requirement is an X-Ray taken no longer than 3 months ago. The Medical Screening Form and radiological records must be faxed or sent to the SpineMED® Clinic, prior to the patient commencing the procedure.
- B) The patient must review the Patient Handbook prior to beginning the procedure and is encouraged to have any concerns dealt with prior to the sessions starting.
- C) The patient will require a minimum of 20 sessions, which are administered daily, for a minimum of 5 days each week. With each session, there is a cumulative effect. Each SpineMED® session takes approximately 30 minutes, with total time for the session taking 60 to 90 minutes, inclusive of adjunct modalities.

- D) The clinician reviews the Medical Screening Form, medical records and radiological report at the first session. A standardized Physical Therapy Assessment is then completed. It is important to review all the clinical information and confirm the patient is an appropriate candidate.
- E) Maximum Tension is calculated based on the patient's body weight. Starting Tensions should be $\frac{1}{4}$ Body weight - 10 lbs. (*i.e. $\frac{1}{4} \times 160 \text{ lb.} = 40 \text{ lb} - 10 \text{ lb.} = \underline{30 \text{ lb.}}$) Gradual increase of distraction forces are based on patient response to the session plus the general guideline of 3-5 lbs. /session. Maximum distraction tensions of $\frac{1}{4}$ body weight + 25 lbs. is applicable to all patients. Most patients will find a comfortable plateau of tensions at approximately $\frac{1}{4}$ body weight + 15 to 20 pounds. It is very rare that tensions of $\frac{1}{4}$ body weight + 15 pounds is exceeded for any patient. The SpineMED® will enter the calculated Maximum Tension for the first session; however, the Operator can modify this value. Software will prevent user from entering maximum tensions above $\frac{1}{4}$ body weight + 25 lbs.
- F) The SpineMED® software will alert the Operator in the event that they attempt to increase the Maximum Tension beyond $\frac{1}{4}$ body weight + 15 pounds. The following message will appear, to confirm that the Operator does wish to exceed the typical protocol:

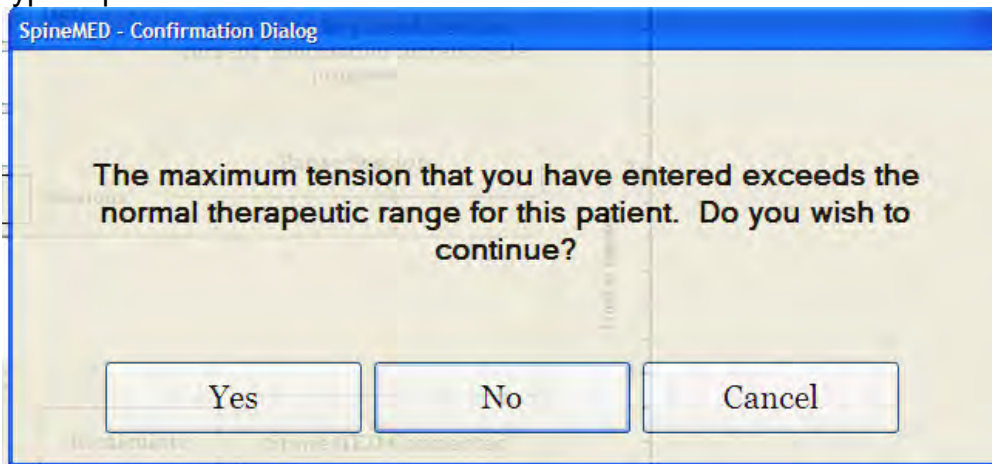


The SpineMED® software will also prevent the Operator from exceeding the maximum recommended tensions for the patient being treated. If the Operator attempts to exceed $\frac{1}{4}$ body weight + 25 pounds for a patient, the following error message will appear:



- G) Calculation of distractive force to be used for patients undergoing Cervical procedure. Maximum Tension for Cervical procedure is calculated based on the patient's gender and mass. Starting Tensions should be 4-5 lbs. for females and 5-6 lbs. for males. Tensions should be increased by 1-2 lbs. daily, until optimum tensions are reached. The SpineMED® software will prevent user from entering Maximum Tensions above 20 lbs. for females and 25 lbs. for males. Most male patients will reach a tension plateau of 15 lbs., while females will typically reach 12 lbs. The SpineMED® software will calculate the Maximum Tension for the first session; however, the Operator can modify this value.

The SpineMED® software will alert the Operator in the event that they attempt to increase the Maximum Tension beyond 15 lbs. for females and 18 lbs. for males. The following message will appear, to confirm that the Operator does wish to exceed the typical protocol:



The SpineMED® software will also prevent the Operator from exceeding the maximum recommended tensions for the patient being treated. If the Operator attempts to exceed 20 lbs. for a female patient or 25 lbs for a male patient, the following error message will appear:



H) Settings for variable Pelvic angles to target specific spinal segments are programmable.

The guidelines for targeting specific Lumbar segments are as follows:

DISTRACTION ANGLES:

- L5-S1 0 degrees
- L5-S1, L4-L5 5 degrees
- L4-5..... 10 degrees
- L4-L5, L3-L4..... 15 degrees
- L3-4 20 degrees
- L3-L4, L2-L3..... 25 degrees
- L2-3 and above 25 degrees

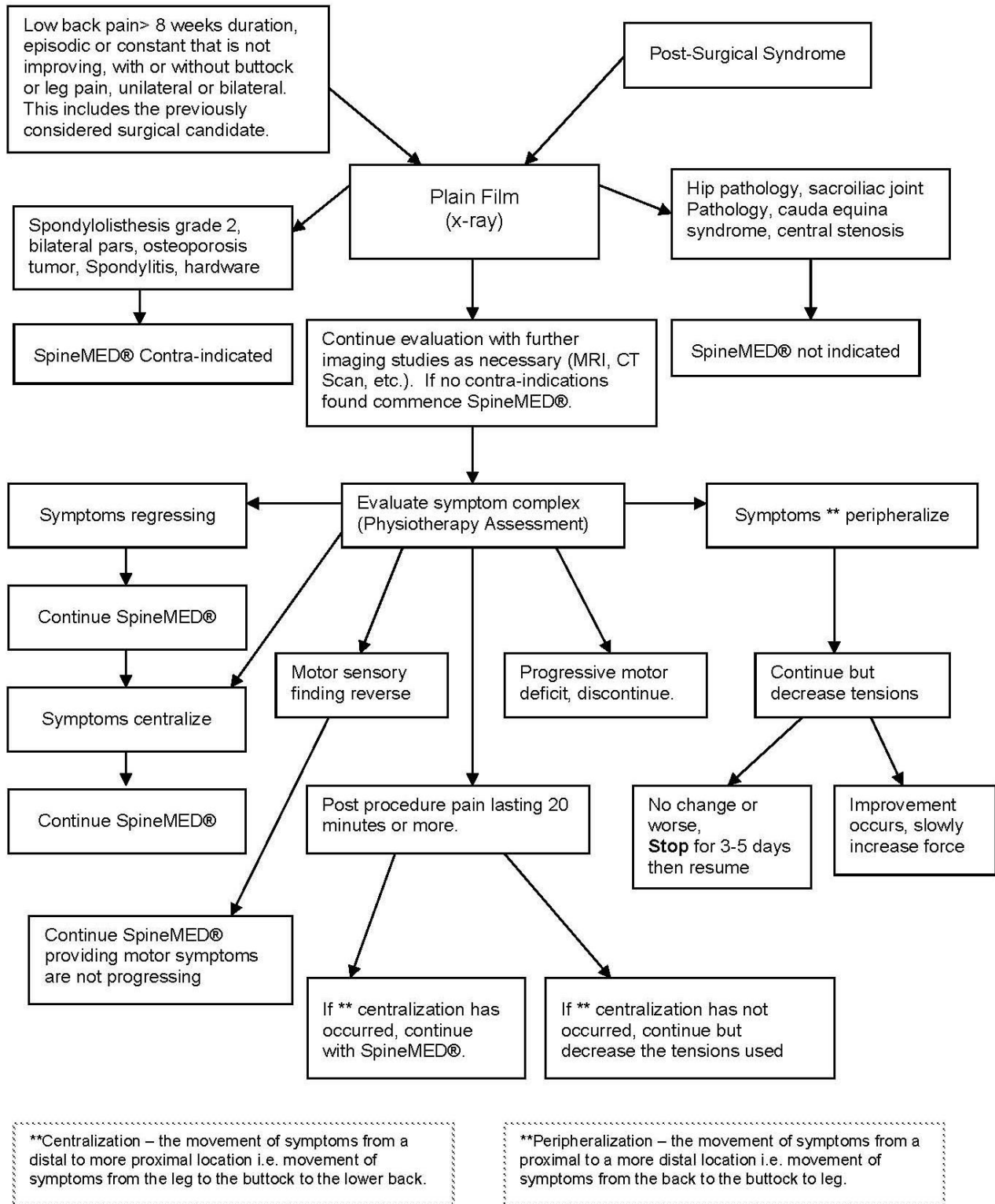
I) Settings for varying angles to target specific spinal segments are programmable. The guidelines for targeting specific Cervical segments are as follows:

DISTRACTION ANGLES:

- C1-C2..... 0 degrees
- C1-C2, C2-C3 3 degrees
- C2-C3..... 7 degrees
- C2-C3, C3-C4 10 degrees
- C3-C4..... 14 degrees
- C3-C4, C4-C5 17 degrees
- C4-C5..... 21 degrees
- C4-C5, C5-C6 24 degrees
- C5-C6..... 28 degrees
- C5-C6, C6-C7 30 degrees
- C6-C7 30 degrees
- C7-T1 30 degrees

Each standard session consists of the following <i>** Patient to sign Release Form before procedure started</i>	DURATION
Completion of self-reported V.A.S. for Pain Scale	5 min.
Lumbar decompression with SpineMED® S200E/S200EC <i>For details see Section 5</i>	30 min.
Cryotherapy or conventional Ice Pack	10 min.
Pain Control Device—Interferential Current Unit	15 min.
Application of Lumbar Support	Continuous
Post Procedure completion of self-reported V.A.S and Oswestry	Variable
Reinforcement of DO and DON'T after the Procedure	

1.6 Procedure Algorithm and Flowchart for SpineMED® Procedure



1.7 Recommended Adjuncts to the SpineMED® Procedure

Non-Steroidal Anti-Inflammatory Drugs (NSAID):

To relieve associated localized soft tissue inflammation and irritation during a SpineMED® session, it is important to select an NSAID agent that also possesses a significant analgesic component. Clinical studies have shown evidence that intradiscal pressures are reduced to negative levels during disc decompression, creating diffusion gradients in excess of 200 mm/Hg. across Vertebral End Plates. Therefore, it has been proposed that this diffusion gradient facilitates migration of serum levels of anti-inflammatory compounds into intervertebral spaces and to the site of the intervertebral lesions.

It is recommended that each candidate for the SpineMED® procedure be prescribed a concomitant NSAID. A therapeutic dosage regime should be started 48 hours prior to the first SpineMED® session in order to develop effective serum levels of anti-inflammatory activity to reduce discomfort from the initial mobilization of irritated Lumbar structures. The agent should be continued throughout the sessions and for approximately two weeks thereafter. To reduce gastric irritations, all NSAID's should be taken with food.

Calcium Supplements:

Calcium is an essential element in the process of skeletal muscle relaxation. This function is especially important for the "strut" (paravertebral) muscles that have a tendency to react with spasms to Lumbar stimuli. Clinical studies have indicated that patients seem to benefit with reduced incidence of spasms when they have a daily intake greater than 800 mg. of elemental Calcium. The preferred source of elemental Calcium is that from the organic salts such as Calcium Lactate or Calcium Gluconate (if allergic to Lactate).

1.8 Patient DO and DON'T

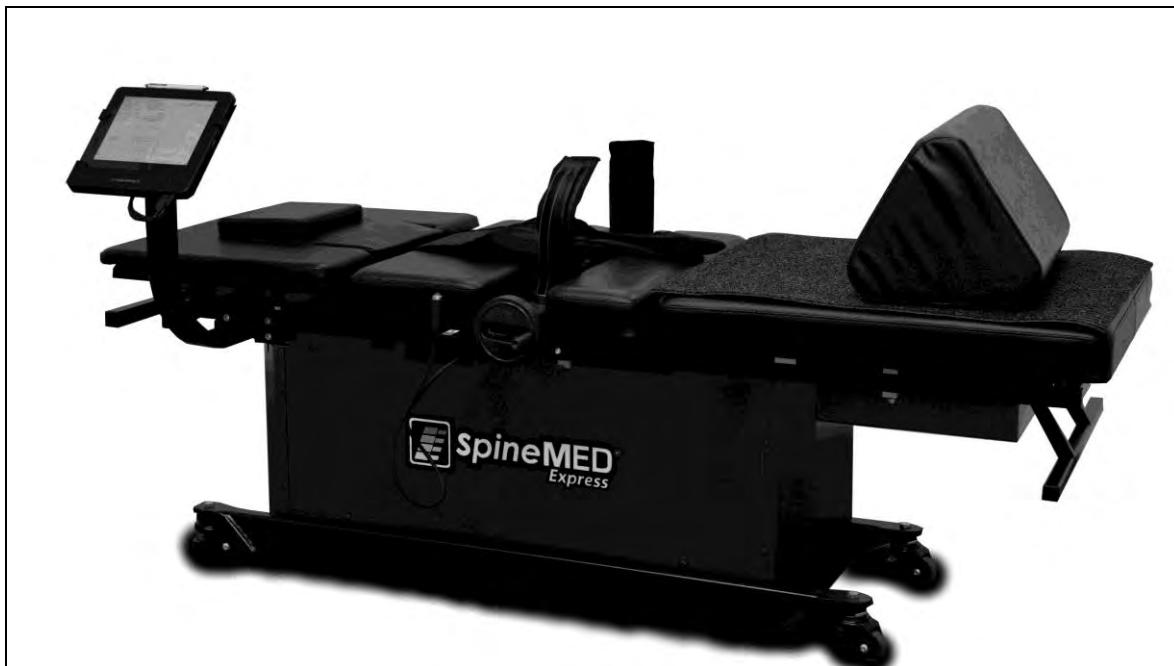
Optimal results are achieved when patients follow the DO and DON'T of the SpineMED® Program.

DO	DON'T
<u>DO</u> rest for at least 1 or 2 hours after each session	<u>DON'T</u> bend forward for the first few hours after a session
<u>DO</u> be aware of your sitting, standing, and lying posture	<u>DON'T</u> twist your back
<u>DO</u> wear your SpineMED® low back support as instructed	<u>DON'T</u> lift heavy objects (over 20 lbs.)
<u>DO</u> wear shoes without laces and use a long handled shoe horn if necessary	<u>DON'T</u> wear high-heel shoes
<u>DO</u> report to the Therapist any change in your symptoms at your next visit	<u>DON'T</u> walk long distances after a session
	<u>DON'T</u> try to engage in those activities that you avoided before the procedure, too soon after even though you feel relief

1.9 Post SpineMED® Procedure Protocol

- A) Exercise program: At an appropriate time, approximately 4 weeks following completion of the procedure, an exercise program, specific to the patient's condition will be introduced. It will include stretches to promote flexibility through proper alignment of the healing tissue, stabilization and strengthening exercises and range of motion exercises. Throughout the course of the procedure, the client will be instructed in proper body mechanics, posture, and the correct way of using the affected structure to avoid re-injury.
- B) Experience has shown that patients undergoing procedure for Posterior Facet Syndromes may resume full activities immediately following remission of their symptoms. However, those who have achieved remission from more serious Lumbar or Cervical dysfunction that involve Intervertebral Discs such as herniations and/or Degenerative Disc Disease, need to realize that their Lumbar/Cervical structures and tissues need time to heal. Follow up of post program patients indicate that this resolution period requires at least one to two months, before individuals can safely engage in body contact sports or strenuous work and recreational activities. This depends on the severity of the underlying lesions and needs to be discussed with the Clinician.
- C) In the immediate post procedure period when a patient is in remission and relieved of pain, there is a tendency to return to a level of activity at work or play that is too strenuous. If this is done, the patient is at risk of experiencing a relapse. Therefore, it is especially important to allow time for resolution and healing of decompressed Lumbar/Cervical discs and the surrounding structures and tissues.
- D) Following a course of SpineMED® sessions, patients in remission should be cautioned to slowly increase their exercise program. If their low back or neck pain has caused them to restrict their activities in the past, their muscle strength might be decreased. In some cases, muscles are smaller (atrophied) and weak as a result of nerve compression. For at least one-month post session, exercises that cause flexion, extension or rotation of the Lumbar/Cervical Spine need to be started in a gradual and cautious manner.
- E) After patient has completed a minimum of twenty sessions, there should be regular follow-up by one of the SpineMED® Health Care professionals at four weeks for re-assessment and instruction on an exercise program. A review of patient's exercises should be completed within 2 months or earlier, if required. Individual issues can be addressed. The SpineMED® Health Care professional should perform a 6 month and one year follow up at the SpineMED® clinic.
- F) The majority of patients that recover through the SpineMED® procedure generally remain in remission. Some individuals whose lifestyle or work environment exposes them to higher risk factors have found that a maintenance program consisting of occasional sessions is necessary. The Clinician will determine this, and the schedule of these sessions will be decided upon at that time. Generally these sessions are performed at one or two week intervals. The purpose of the maintenance sessions is to serve as a measure of protection against disabling exacerbation of low back pain syndrome. Patients in this category develop their own rhythm of maintenance visits that keeps them free from problems.

2. Description of the SpineMED® System S200E/S200EC



2.1 Intended Use of the SpineMED®

The SpineMED® System provides a program of sessions for relief from pain for those patients suffering with low back pain, neck pain or Sciatica. Each session consists of a physician prescribed protocol period on the SpineMED® and is designed to provide static, intermittent, and cycling distraction forces to relieve pressures on structures that may be causing low back pain, neck pain or Sciatica. It relieves pain associated with herniated discs, bulging or protruding discs, Degenerative Disc Disease, Posterior Facet Syndrome, and Sciatica. It achieves these effects through decompression of intervertebral discs, that is, unloading due to distraction and positioning.

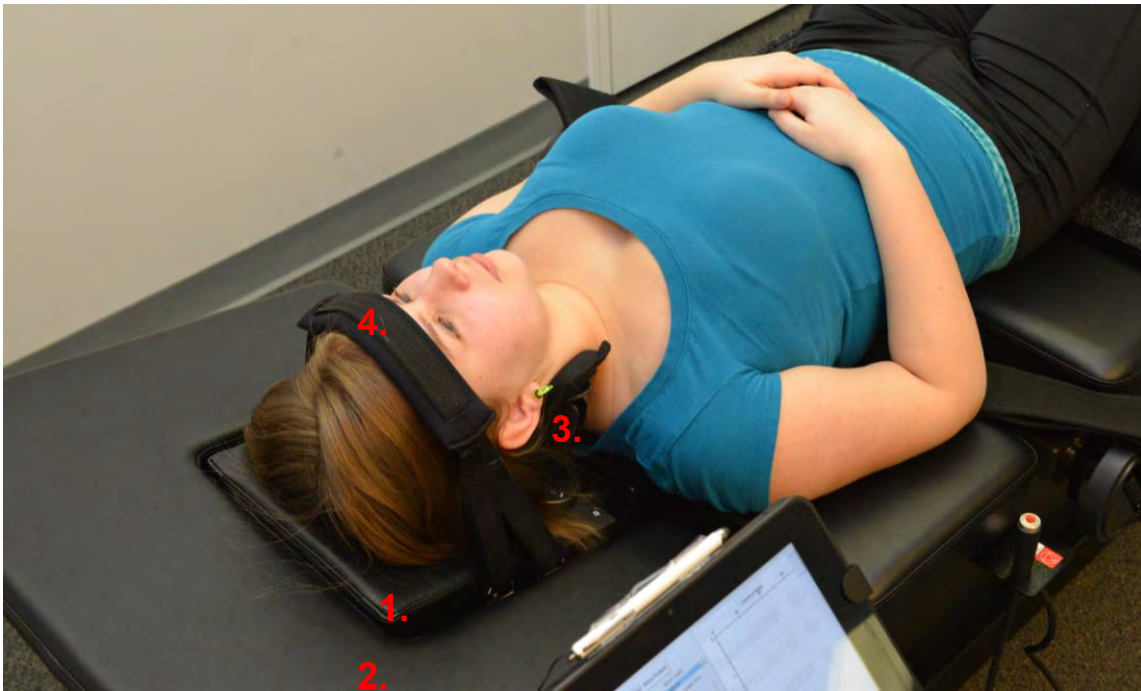
2.2 Structural Design

Components and Features of the SpineMED® S200E/S200EC



A) The Table consists of:

1. A powered, moveable lower Table section
2. A tilting section incorporated into the lower moveable section, which allows tilting of the Pelvis during distraction
3. Pelvic Restraints
4. Patient Hand Held Electrical Emergency Switch (aka Emergency/Panic Switch)
5. Crank Handle to adjust the Pelvic Restraints against the patient
6. Grab Handles for moving Table
7. Knee Bolster Support Cushion
8. Cervical Unit (detailed in later section)
9. Touchcomputer
10. Locking swivel Casters (on all four corners)
11. Adjustment Rail Assembly for Pelvic Restraints
12. Upper Body Restraint



- B) The Cervical Unit consists of:
1. A powered, moveable Cervical Head Cradle
 2. A tilting section to adjust the angle of distraction
 3. Adjustable Occipital Restraint System
 4. Adjustable Head Strap

2.3 Details of Individual Components of the SpineMED® System

- A) Pelvic Stabilization System:



Pelvic Restraint Mechanism: The proprietary SpineMED® Pelvic Restraints secure and stabilize the patient to the lower, moveable section of the Table. The Pelvic Restraints are removable for patient loading/unloading and are adjustable through an Acme Screw System. The adjustments required to secure the Pelvic Restraints in place, are done using the Crank Handle on the side of the device. Pelvic

Restraints are positioned immediately above the Superior Iliac Crests on both sides of the Pelvis, and then tightened to hold the Pelvis securely and comfortably.

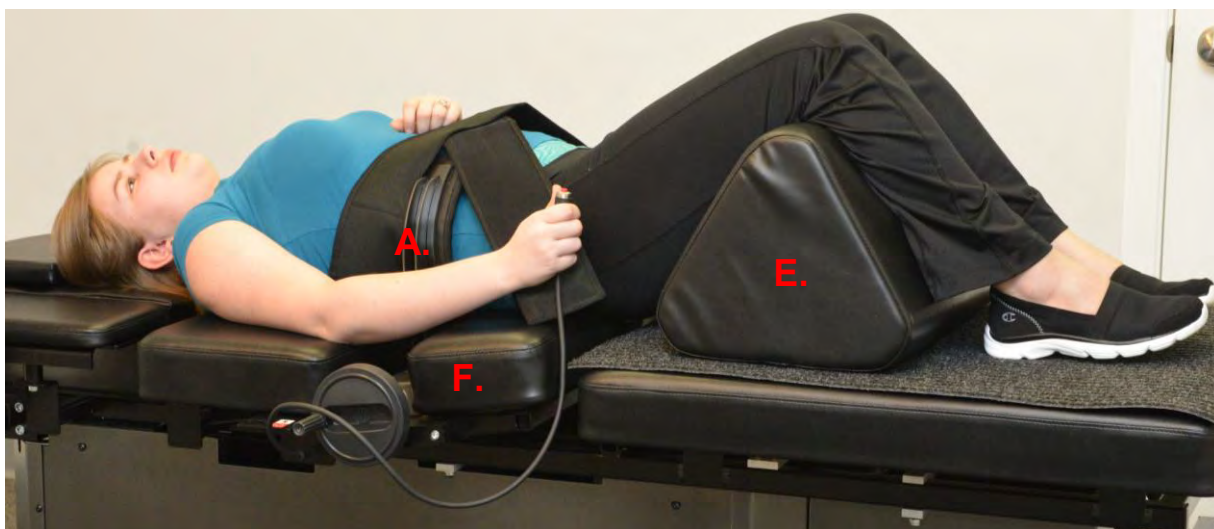
B) Upper Body Restraint



The Upper Body Restraint system is designed to provide maximal efficient stabilization of the trunk for the distraction that takes place in the Lumbar Spine. The integrated Upper Body Restraint is constructed of nylon fabric with integral foam padding for comfort. The Upper Body Restraint consists of two arm components attached to a back panel, which are designed to capture the ribcage under the lower margin. The Upper Body Restraint arms are comfortably secured around the patients lower rib margin.



- C) The Patient Hand Held Electrical Emergency Switch (also referred to as Emergency/Panic Switch) is designed to be held by the patient during the procedure but may also be located wherever it can easily be accessed by the patient, such as across the patient's abdomen or clipped to Upper Body Restraint. This switch will immediately discontinue the session when pressed, and provides the patient with full control of the session.
- D) UPTC Proprietary Software: The UPTC Software, which was designed specifically for the SpineMED® System - S200E/S200EC, controls the entire operation of the SpineMED® System. This software controls the process and permanently stores individual patient records.
- E) Knee Bolster Support Cushion: Is a cushioned wedge knee support that allows the knees to be elevated and bent, providing additional comfort.



- F) The Tilting Section of the moveable lower Table section pivots from 0 to 25 degrees to tilt the Pelvis during distraction. The settings required for the angle of the Pelvis during distraction are entered into the Touchcomputer on the Patient Procedure Screen. The angles of the pull on the Pelvis vary from 0 to 25 degrees and are the angle determines the level of the Lumbar Spine where the distraction takes primarily takes place. See Section 5 for procedure details.

PROCEDURE ANGLES:

- L5-S1 0 degrees
- L5-S1, L4-L5 Multiple Level 5 degrees
- L4-L5 10 degrees
- L4-L5, L3-L4 Multiple Level 15 degrees
- L3-L4 20 degrees
- L2-L3, L1-L2 25 degrees

- G) The Tilting Section of the Cervical Unit pivots from 0 to 30 degrees to tilt the Cervical Spine during distraction. The settings required for the angle of the neck during distraction are entered into the Touchcomputer on the Patient Procedure Screen. The angles of the pull on the neck vary from 0 to 30 degrees and the angle determines the level of the Cervical Spine where the distraction force primarily takes place. See Section 5 for procedure details.



PROCEDURE ANGLES:

- C1-C2..... 0 degrees
- C1-C2, C2-C3 3 degrees
- C2-C3..... 7 degrees
- C2-C3, C3-C4 10 degrees
- C3-C4..... 14 degrees
- C3-C4, C4-C5 17 degrees
- C4-C5..... 21 degrees
- C4-C5, C5-C6 24 degrees
- C5-C6..... 28 degrees
- C5-C6, C6-C7 30 degrees
- C6-C7..... 30 degrees
- C7-T1 30 degrees

2.4 Operational Design

A) The SpineMED® System S200E/S200EC

The SpineMED® System is computerized, and controlled via touch screen menus. The SpineMED® has several key systems incorporated into its design for reliability and patient safety. A Voltage Regulator incorporated into the Table, protects the electrical components from power surges and adverse power fluctuations.

Replaceable fuse protection is also part of the Mains Voltage System. In the event of power failure, an internal UPS (Uninterruptible Power Supply) System with a minimum 30-minute capacity will continue the safe operation of the device to a controlled termination of the current session, while the SpineMED® System will emit an audible warning to notify the Clinician of the power failure. The patient is provided with a Patient Emergency/Panic Switch, which will immediately terminate the current session, and return the Table to the Home Position at a controlled rate.

B) Software Functions

- Complete control of the operation of the SpineMED® through touch screen menus to administer session to patients on the device. Control of program period consisting of cycles of maximum and minimum forces over a session period.
- Procedure Basic Data Field Storage: 1) Operator Name; 2) Patient ID #; 3) Patient Name; 4) Date; 5) Time of Procedure; 6) Graph of Procedure Cycles; 7) Daily 0-10 VAS Pain Index; 8) Patient Procedure History

C) Lumbar Operation

- Force measurements in Pounds
- Typical operation will consist of a series of two force phases per cycle, which typically consist of a 60 second "Hold Time" distraction phase (high force), and a 30 second "Relax Time" relaxation phase (low force) over a modifiable number of cycles for an approximate period of 30 minutes. A graph of this operation would show a beginning force of zero pounds, which is slowly built up to the maximum force while following a linear curve. The Touchcomputer will gradually increase the force tensions to the preset Maximum Tension over a specific number of cycles, termed the "Progressive Cycles", which is preset at 3 cycles. The maximum (Hold Time) and minimum (Relax Time) phases in the cycles repeat through the session of 30 minutes, and at the end of the session, force is gradually diminished to zero pounds over the "Regressive Cycles" period, which is preset at 2 cycles.
- Time Length of Maximum (Distraction/Hold Time) Force Cycle - preset to 60 seconds
- Time Length of Minimum (Rest/Relax Time) Force Cycle - preset to 30 seconds
- Maximum force applied: 10 to 100 lbs.

- Minimum force applied is to be automatically calculated as 50% of Maximum force with an upper limit of 25 lbs.
 - Progressive Cycles preset to 3 cycles
 - Regressive Cycles preset to 2 cycles
 - Emergency/Panic Switch: switch operable by patient to immediately discontinue application of all tensions.
- D) Cervical Operation
- Force measurements in Pounds
 - Typical operation will consist of a series of two force phases per cycle, which typically consist of a 60 second “Hold Time” distraction phase (high force), and a 30 second “Relax Time” relaxation phase (low force) over a modifiable number of cycles for an approximate period of 30 minutes. A graph of this operation would show a beginning force of zero pounds, which is slowly built up to the maximum force while following a linear curve. The Touchcomputer will gradually increase the force tensions to the preset Maximum Tension over a specific number of cycles, termed the "Progressive Cycles", which is preset at 2 cycles. The maximum (Hold Time) and minimum (Relax Time) phases in the cycles repeat through the session of 30 minutes, and at the end of the session, force is gradually diminished to zero pounds over the "Regressive Cycles" period, which is preset at 1 cycle.
 - Time Length of Maximum (Distraction/Hold Time) Force Cycle - preset to 60 seconds
 - Time Length of Minimum (Rest/Relax Time) Force Cycle - preset to 30 seconds
 - Maximum force applied: 2 to 25 lbs.
 - Minimum force applied is to be automatically calculated as 50% of Maximum force with an upper limit of 7.5 lbs.
 - Progressive Cycles preset to 2 cycles
 - Regressive Cycles preset to 1 cycle
 - Emergency/Panic Switch: switch operable by patient to immediately discontinue application of all tensions.

2.5 Installation and Space Requirements

Universal Pain Technology Canada will arrange transportation of the SpineMED® System. It is important to consider the location for the SpineMED® System prior to its arrival. The Table weighs 435 lbs.

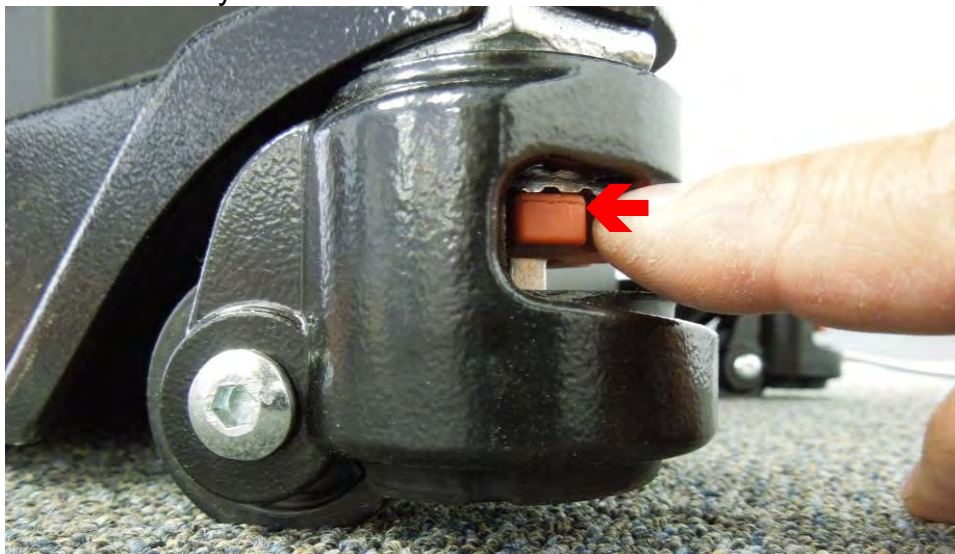
It is preferred that the SpineMED® System, have a room of its own. The minimum recommended size for a room is approximately 4' x 8'. It is beneficial to the success

of the program and individual session, if the patient is in a quiet, dimly lit room, where there is no other activity/distraction noise.

At the time of installation, there will be a qualified technician from Universal Pain Technology Canada, who is responsible for the set-up and installation of the SpineMED® System.

There is an Installation Form, which will be filled out by the technician and signed, to confirm that the function of the SpineMED® System has been tested to manufacturer's specifications.

- A) Moving the Table. The Table is fitted with casters so that they can easily be moved. To facilitate moving the Table, disengage the caster feet by turning the screw assembly counter-clockwise.



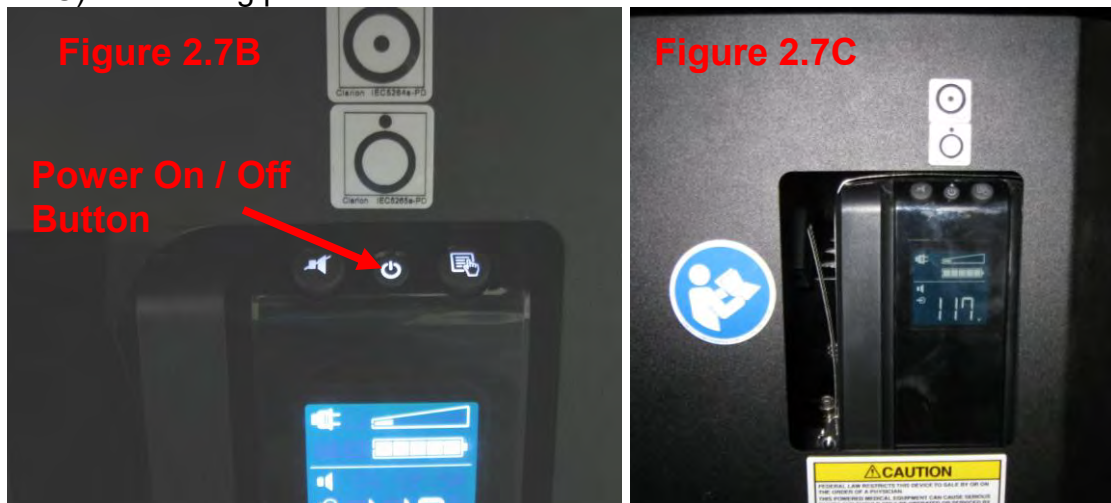
2.6 SpineMED® Power ON Procedure

- A) At all times, with the exception of when the SpineMED® is in storage or being shipped, you must ensure that the Main Supply Power Switch (#1 - Figure 2.7A) is left in the ON position, with the Power Cord attached to a suitable 120V power outlet. This is to maintain a full charge in the UPS (Uninterruptible Power Supply) System. If the SpineMED® System is to be unplugged from the power outlet, or if the Main Supply Power Switch is turned off, the UPS (Uninterruptible Power Supply) System (#1 – Figure 2.7B) must be turned off to



prevent the batteries from discharging. Excessively depleting the batteries can cause irreparable damage to the UPS (Uninterruptible Power Supply) System. Be sure to turn off the Main Supply Power Switch (#1) when unplugging the SpineMED® System from the power outlet to prevent fuse failure.

- B) With the SpineMED® System plugged into a 120V outlet turn on the UPS (Uninterruptible Power Supply) System by pressing the Power On/Off button at the top of the UPS (Uninterruptible Power Supply) System. The Power button on the UPS (Uninterruptible Power Supply) System also acts as a system ON/OFF button (Figure 2.7B). Ensure the UPS (Uninterruptible Power Supply) System (Figure 2.7C) is receiving power.



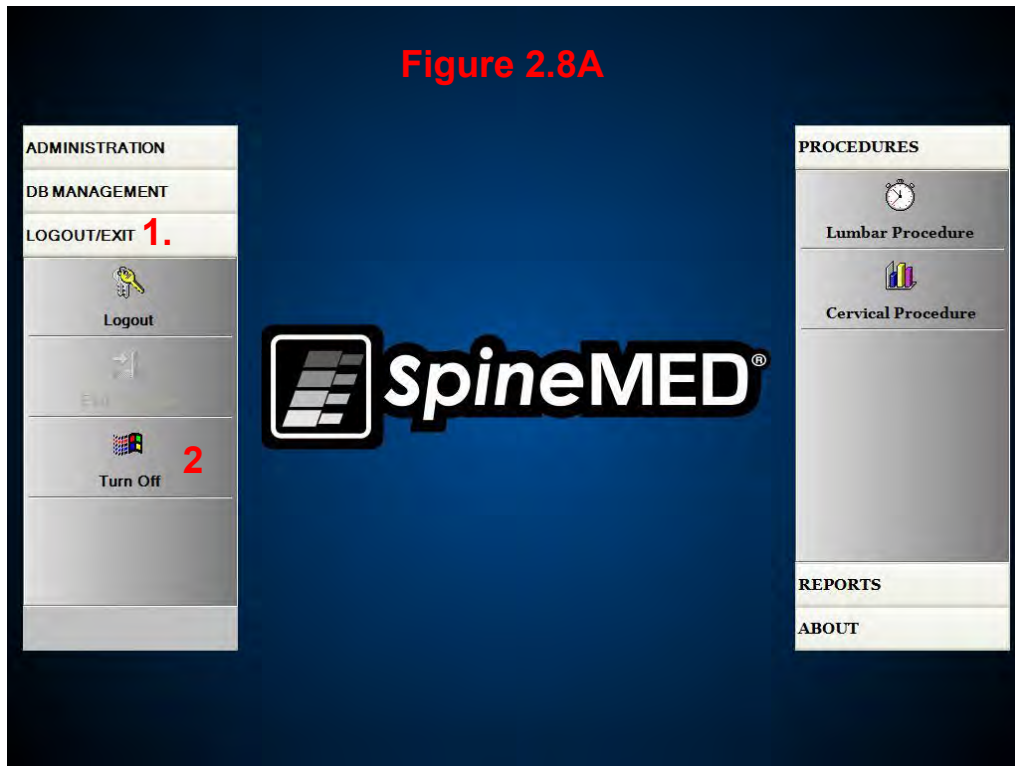
- C) The Touchcomputer must now be powered on, by depressing the small Power button located on the left side of the Touchcomputer (Figure 2.7D, 2.7E).



- D) The Touchcomputer will go through the boot sequence and automatically load the SpineMED® program.

2.7 SpineMED® Shutdown Procedure

- A) On the Main Menu in the SpineMED® software, select LOGOUT/EXIT (#1 - Figure 2.8A).



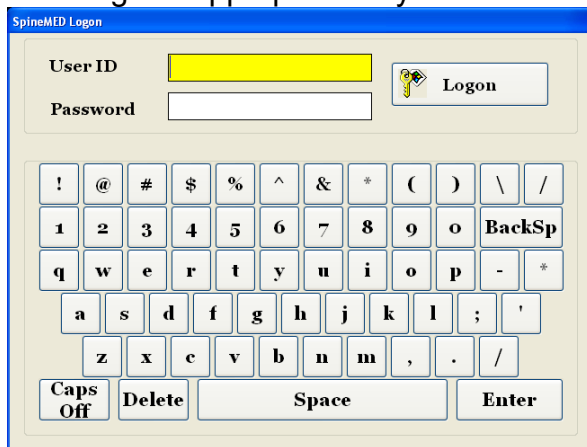
- B) On the LOGOUT/EXIT screen, select TURN OFF (#2 on Figure 2.8A).
- C) It is imperative that you wait for the Touchcomputer to completely shut down before powering off the SpineMED® System. Once the Touchcomputer has shut down, turn off the SpineMED® System by turning off the UPS (Uninterruptible Power Supply) System power. Press and hold ON/OFF Power button (Figure 2.7B) for a few seconds until a beep is heard. The power to UPS (Uninterruptible Power Supply) System will now be off.
- D) The Main Supply Power Switch (#1 – Figure 2.7A) should be left in the ON position to maintain power to the UPS (Uninterruptible Power Supply) System which will maintain a full battery charge in the UPS (Uninterruptible Power Supply) System.

3. SpineMED® Software Operation

The SpineMED® System operates on a proprietary software application designed specifically for this device and utilizes a touch screen interface with a digital keyboard to input data into the Touchcomputer. The appropriate letters or numbers imaged on the screen are selected by simply “touching” the screen with a finger over the desired selection.

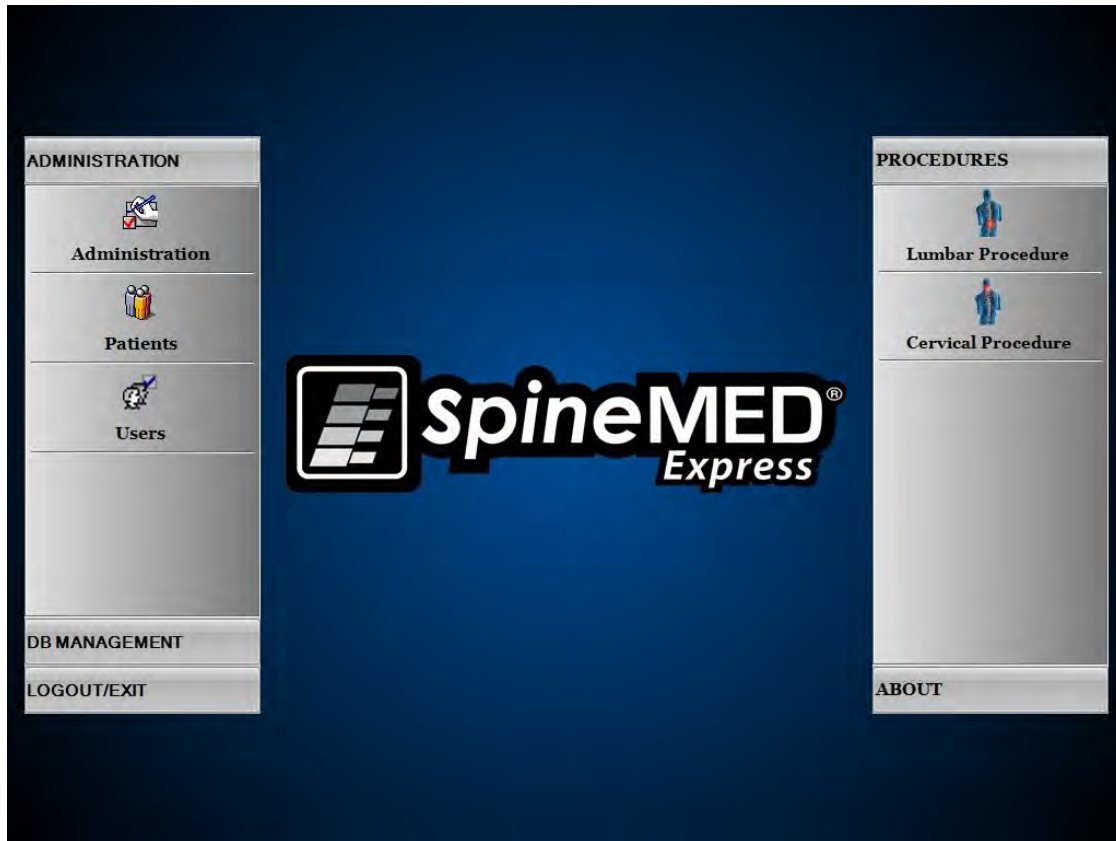
3.1 Operator Logon Screen

- A) Once the SpineMED® has been powered on and completed the boot sequence, the Operator will be presented with the Logon Screen.
- B) Enter the User ID by touching the appropriate keys. If no data appears in the User ID field, ensure that there is a blinking cursor in this field by touching the white data area beside the User ID title.
- C) After entering the User ID, the cursor should be blinking in the Password field. If it is not, touch the white data field beside the Password title. Enter the password by touching the appropriate keys.



- D) Press the Logon button to logon to the system and move to the Main Menu Screen.

3.2 Main Menu

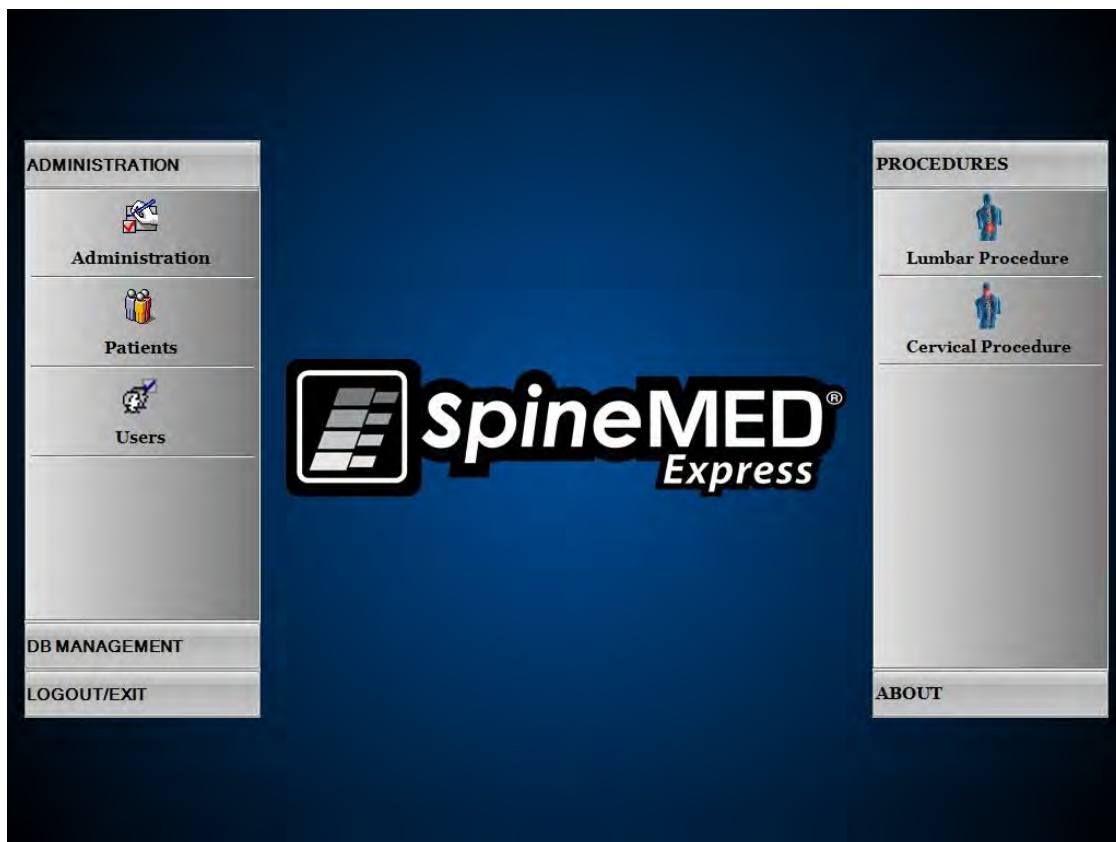


The Main Menu provides access to a number of general categories, which contain separate sub-menus.

- A) Administration. The Administration button will bring up a sub-menu to allow administration of three separate functions: 1) Administration Module; 2) Patients Administration Module; 3) Users Administration Module.
 - i. Administration Module: the Administration button allows the Clinic Manager to modify clinic information in the SpineMED® System.
 - ii. Patients Module: The Patients button will bring up the Patients Screen, where new patients can be entered into the system or modify a current patient's personal data.
 - iii. Users Module: The Users button will open the Users Screen, where new users can be added, or current user's data can be edited.

- B) Database Management: The Database Management button will bring up three sub-menus allowing administration of: 1) Database Backup Function: 2) Database Restore Function: 3) Export Database Function:
 - i. Backup DB: The Backup DB Function allows for internal, external and offsite backup of the internal SpineMED® Database. Clicking on this button will bring up a menu to allow the location of the backup. It is recommended that an internal backup be done at the end of each office day. Using a USB External Drive, it is recommended that a backup be saved to an External Drive for offsite storage at least once per week.

- ii. Restore DB: The Restore DB Function allows for the restoration of the internal database from the internal backups or from an external backup copy (on USB Drive).
 - iii. Export DB: The Export DB Function allows for the exporting of all session data for all patients to an Excel spreadsheet.
- C) Logout/Exit: The Logout/Exit button will bring up two sub-menus allowing: 1) Logout; 2) Turn Off
- i. Logout: The Logout button is used to change current User operating the device. Clicking this button will log off the current User, and open the Logon Screen to allow a new User to Logon.
 - ii. Turn Off: The Turn Off button simply turns off the device, which begins with the exit of the SpineMED® software, and powering down of the Touchcomputer.
- D) Procedures: The Procedure button will bring up a sub-menu to allow access to two separate functions: 1) Lumbar Procedure Module; 2) Cervical Procedure Module
- i. Lumbar Procedure Module: The Lumbar Procedure button will bring up the Lumbar Procedure Screen, where the SpineMED® is controlled to administer individual Lumbar sessions.
 - ii. Cervical Procedure Module: The Cervical Procedure button will bring up the Cervical Procedure Screen, where the SpineMED® is controlled to administer individual Cervical sessions.



- E) About: The About button will display the current software version installed on the SpineMED® System.

3.3 Administration Menu Screen

Users with Physician ID's and Passwords can only access the Administration Menu. The administration function is to modify clinic information, modify date and time, obtain device statistics and enter in new lease codes.

The screenshot displays the Administration Menu interface, which is divided into several functional sections:

- Clinic Information:** A form for editing clinic details. Fields include Name (SpineMED Test Clinic), Address (#1 - 1722 Ogilve Street South), City (Prince George), State (BC), Zip Code (V2N 1W9), Country (Canada), Phone ((866)990-4444), Fax ((866)990-4445), and Email (info@spinemed.com). It also features a Date/Time Settings section with a date field (July 29, 2013) and a time field (12:24 PM), along with a 'Set Date/Time' button and a calendar icon.
- Procedures Information:** A table showing procedure statistics for Lumbar and Cervical categories.

Procedures:	Lumbar	Cervical
Sessions Count:	2	2
Sessions Aborted:	5	15
Sessions Failed:	4	13
Total Procedure Time:	1:7	1:2

 A 'Get Procedures Info' button is located below the table.
- Lease Renewal:** A section for managing device leases, featuring a text field with a long alphanumeric lease code (F5F549AE560A7D9A2B8A8E64EB304200) and a 'Renew Lease' button.
- Administration Settings:** A section containing an 'Administration Settings' button, an 'About' button, and a 'Save' button.

A standard QWERTY keyboard is overlaid on the bottom left of the screen for navigation.

- A) Clinic Information: To change any information about the Clinic, simply modify the fields and press the “Save” button to store your changes.
- B) About: This button will display the software version currently installed in this SpineMED® System.
- C) Get Procedures Info: Pressing this button will calculate all of the procedure statistics for the device.
- D) Set Date/Time: Pressing the “...” button will open a calendar window that will allow you to set the current date. Simply enter in the current time in “12:00 AM” format, and press the “Set Date/Time” button to store the time and date.

3.4 Patients Menu Screen

The Patients Screen is used to enter new patients into the Touchcomputer and to modify existing patient's personal data.

3.4.1 Enter New Patient Record

A) To create a new patient record in the system, click on the "Add" button.

The screenshot shows the 'List of Patients' screen. On the left is a table with columns 'First Name', 'Last Name', and 'Patient ID'. The table contains two rows: 'bill bob 001' and 'Robert Smith 002'. Below the table is a search filter section with input fields for 'First Name', 'Last Name', and 'Patient ID', and a 'Clear Filter' button. A virtual keyboard is displayed below the search fields. On the right is the 'Patient Info' form, which is pre-filled with the following information: First Name: SpineMED Test Patient First Name; Last Name: SpineMED Test Patient Last Name; Patient ID: Bert; Address: #1 - 1722 Ogilvie Street South, Prince George, BC V2N 1W9; Phone: 1-866-990-4444; Patient Email: testpatient@spinemed.com. Below the form are buttons for 'Add', 'Edit', 'Delete', 'Patients List Report', and 'Main Menu'.

B) You will be presented with a new blank patient record to complete.

The screenshot shows the 'New Patient' form. The 'First Name' field is highlighted in yellow and contains the text 'New Patient'. The form includes fields for 'Last Name', 'Patient Address', 'City', 'State/Province', 'Zip/Postal Code', 'Country', 'E-Mail', 'Phone Number', 'Date of Birth', 'Gender' (Male/Female), 'Patient ID', 'Physician', 'Weight (lb)(kg)', 'Post Surgical' (Yes/No), 'Symptom Duration', 'Date Of Proc.', 'Lumbar' and 'Cervical' herniation and DDD/Facet Sym. checkboxes, 'Comments', 'Private Record' and 'Patient Active' checkboxes, and 'Save' and 'Cancel' buttons. A virtual keyboard is also visible at the bottom.

C) Enter the patient's personal information:

- First Name
- Last Name
- Home Street Address
- City, State/Province, Zip/Postal Code

- Country
- Email address
- Telephone Number with Area Code
- Date of Birth in MM/DD/YYYY format
- Gender: Male/Female
- Patient ID: Social Security Number or other unique number (the system will only accept a specific number once)
- Attending Physician
- Weight (in pounds)
- Post Surgical: Yes/No if patient has had previous spinal surgery
- Date of TX (Date of assessment/first session)
- Symptom Duration (length of time patient has had symptoms)
- Pathology: Cervical or Lumbar pathology. Multiple fields can be selected for Disc Herniation, Disc Degeneration and Facet Syndrome for the specific diagnosed levels. i.e. L5-S1
- Private Record: Checking this box will eliminate this patient's procedure records from being exported from the SpineMED®
- Patient Active: Un-checking this box will eliminate this patient record from being available in the Patient List which is displayed in the Procedure Screen

D) When all data has been entered, touch the “Save” button to store this patient permanently into the database.

The screenshot shows the 'Patient Info' form in the SpineMED system. The form is divided into several sections:

- Patient Info:** Includes fields for First Name (with a 'New Patient' button), Last Name, Patient Address, City, State/Province, Zip/Postal Code, Country, EMail, and Phone Number.
- Demographics:** Includes Patient ID, Physician (with a dropdown and 'Clear' button), Weight (in lb) (kg), and Post Surgical status (Yes/No).
- Medical History:** Includes Symptom Duration (dropdown) and Date Of Proc (calendar icon).
- Pathology:**
 - Lumbar:** Checkboxes for Herniation, DDD, and Facet Syn. at levels L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1.
 - Cervical:** Checkboxes for Herniation, DDD, and Facet Syn. at levels C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7.
- Comments:** A text area for patient notes.
- Settings:** Checkboxes for Private Record and Patient Active.
- Action:** Buttons for Save, Cancel, and Patient Info Report.
- Keyboard:** A full QWERTY keyboard interface is overlaid at the bottom of the form.

E) Touch the “Main Menu” button to return to the Main Menu Screen.

The screenshot displays a mobile application interface for patient management. On the left, a table titled "List of Patients" shows a list of patients with columns for First Name, Last Name, and Patient ID. The first two rows are highlighted in blue. Below the table is a search section with three input fields for "First Name", "Last Name", and "Patient ID", a "Clear Filter" button, and a full QWERTY keyboard. On the right, a "Patient Info" form displays details for a selected patient, including First Name, Last Name, Patient ID, Address, Phone, and Patient Email. At the bottom right, there are buttons for "Add", "Edit", "Delete", "Patients List Report", and "Main Menu".

First Name	Last Name	Patient ID
SpineMED Test Pat	SpineMED Test Pati	Bert
bill	bob	001
Robert	Smith	002

Patient Info

First Name: SpineMED Test Patient First Nam

Last Name: SpineMED Test Patient Last Name

Patient ID: Bert

Address: #1 - 1722 Ogilvie Street South
Prince George, BC V2N 1W9

Phone: 1-866-990-4444

Patient Email: testpatient@spinemed.com

Action

Add Edit

Delete

Patients List Report

Main Menu

3.4.2 Modify Existing Patient Record

Select the patient to modify information for, by scrolling up or down to the appropriate patient name or enter in their first name, last name or patient ID into the “Search By” fields for the auto search function. Select the particular patient by highlighting the name, and then click on the “Edit” button to open this record. Modify the fields as necessary, and be sure to press the “Save” button to save your changes to this record. Touch the “Main Menu” button to return to the Main Menu Screen.

3.4.3 Archive or Restore Existing Patient Record

A) From Main Menu Screen, select Patients. Select the patient record scrolling up or down to the appropriate patient name or enter in their first name, last name or patient ID into the “Search By” fields for the auto search function. Select the particular patient by highlighting the name, and then click on the “Edit” button to open the record.

List of Patients		
First Name	Last Name	Patient ID
SpineMED Test Pat	SpineMED Test Pati	Bert
Test	Patient1	test1
Test	Patient2	Test2

Search By:	First Name	Last Name	Patient ID	Clear Filter
------------	------------	-----------	------------	--------------

! @ # \$ % ^ & * () \ /	
1 2 3 4 5 6 7 8 9 0 BackSp	
q w e r t y u i o p - *	
a s d f g h j k l ; ' ,	
z x c v b n m . /	
Caps Off Delete Space Enter	

Patient Info	
First Name	test
Last Name	Patient1
Patient ID	test1
Address	Address City, State Postal
Phone	
Patient Email	

Action	
Add	Edit
Delete	
Main Menu	

B) Click the Patient Active check box

Patient Info	
First Name	test
Last Name	Patient1
Patient Address	
Address	
City	State/Province
City	State
Zip/Postal Code	Country
Postal	Canada
E-mail	
Phone Number	Gender
Date of Birth:	Male Female

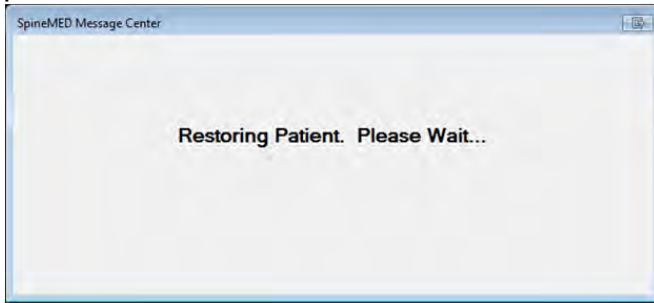
Patient ID	test1
Weight	250 (113.4 kg)
Symptom Duration:	3 months
Lumbar	
Herniation:	L1-L2 L2-L3 L3-L4 L4-L5 L5-S1
DDD:	
Facet Syn.:	
Cervical	
Herniation:	C2-C3 C3-C4 C4-C5 C5-C6 C6-C7
DDD:	
Facet Syn.:	

Comments	
<input checked="" type="checkbox"/> Private Record	<input checked="" type="checkbox"/> Patient Active
Action	
Save	Cancel

- i. If the patient is being modified from "Active" to "Inactive" this will archive all the patient's data.



- ii. If the patient is being modified from “Inactive” to “Active” this will restore all the patient’s data.



- iii. An archived patient will not be visible anywhere in the application except here. The patient will have to be restored to “Active” to view reports or continue with SpineMED® sessions.

3.5 Users Menu

The Users Screen is used to Add or Edit the various Operators of the SpineMED® through their User ID's and Passwords.

 A screenshot of the "Users Menu" interface. It features a table titled "List of Users" with columns for "User ID", "First Name", and "Last Name". Below the table is a "Filter By:" section with input fields for "User ID", "First Name", and "Last Name", and a "Clear Filter" button. A virtual keyboard is displayed below the filter section. To the right of the table is a "User Info" form with fields for "User Name", "First Name", "Last Name", "User Access Level", "Operator", and "User E-mail". At the bottom right, there are "Add", "Edit", and "Main Menu" buttons.

User ID	First Name	Last Name
newuser	New user first	New user last
ivan	ivan	ivan
123123	123	123
3434	34	43
puser	PUser first nam	PUser last name
user	User first name	User last name

3.5.1 Enter New User

- A) To create a new User in the system, click on the “Add” button. You will be presented with a new blank User record to complete.

The screenshot shows a web form titled "User Info". It has two columns of fields. The left column contains: "User ID" (text input with "New User" entered), "First Name" (empty text input), "Last Name" (empty text input), and "User Email" (empty text input). The right column contains: "User Access Level" (dropdown menu with "Operator" selected), and a checked checkbox labeled "User Active". Below the form is a virtual keyboard with keys for numbers, letters, symbols, and function keys like "Caps Off", "Delete", "Space", and "Enter". To the right of the keyboard are "Save" and "Cancel" buttons.

- B) Enter the User’s personal information:
- First Name
 - Last Name
 - Email address
 - Access Level: Operator or Physician

As a device administrator, you have the ability to enter in and modify User records, but you do not have the ability to enter in the User’s password. When all data has been entered, touch the “Save” button to store this User record permanently into the database. You will be returned back to the main User Screen. The User will have the ability to enter their new password when they first logon to the SpineMED®.

This screenshot shows the same "User Info" form, but now with some data entered. "User ID" is "user", "First Name" is "User first name", "Last Name" is "User last name", and "User Email" is "user@ivtechlink.com". The "User Access Level" dropdown is still "Operator". The "Password" and "Verify Password" fields are empty. The "User Active" checkbox is checked. The virtual keyboard and "Save" and "Cancel" buttons are still present at the bottom.

3.5.2 Edit Existing User's Information

Select the User record to modify, by scrolling up or down to the appropriate user name or enter in their first name, last name or phone number into the “Search By” fields for the auto search function. Select the particular User record by highlighting the name, and then click on the “Edit” button to open this record for editing.

The screenshot shows a web-based form titled "User Info" for editing a user. The form is divided into two columns. The left column contains fields for "User ID" (with "user" entered), "First Name" (with "User first name" highlighted in yellow), "Last Name" (with "User last name" entered), and "User Email" (with "user@ivtechlink.com" entered). The right column contains "User Access Level" (a dropdown menu set to "Operator"), "Password" and "Verify Password" (empty text boxes), and a checked checkbox for "User Active". Below the form is a virtual keyboard with buttons for numbers 1-0, letters, and function keys like "Caps Off", "Delete", "Space", and "Enter". To the right of the keyboard is an "Action" section with "Save" and "Cancel" buttons.

Modify the fields as necessary, and press the “Save” button to save your changes to this record. You will be brought back to the main User Screen.

3.6 Database Management

The Database Management functions allow maintenance and management of the internal SpineMED® Database.

3.6.1 Backup Database

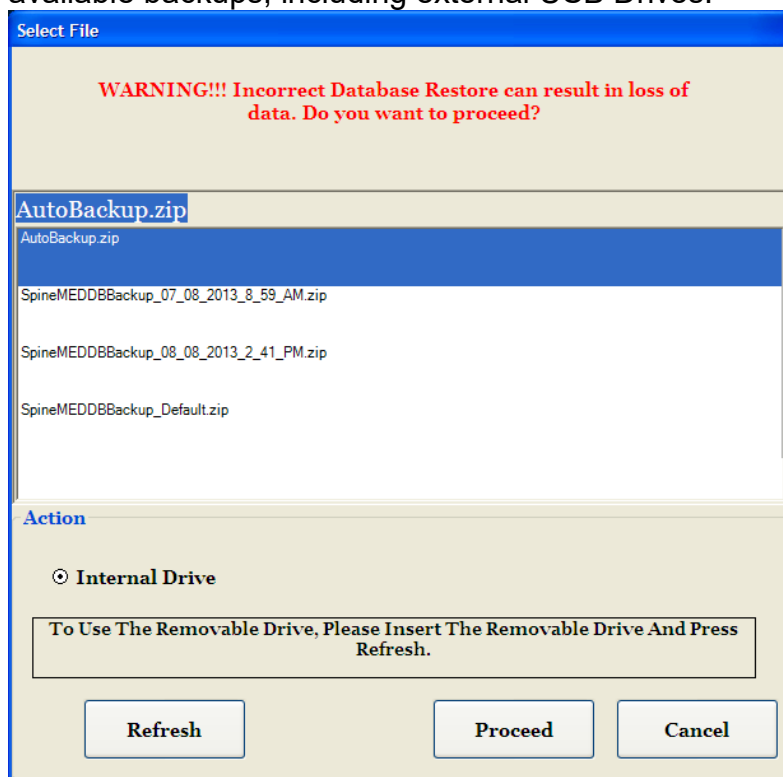
Pressing Backup Database button will allow backup of the database to the internal drive, or an External USB Drive. It is recommended that an internal backup be done at the end of each office day. Using a USB External Drive, it is recommended that a backup be saved to an External Drive for offsite storage at least once per week.

The screenshot shows a dialog box titled "Select SpineMED DB Backup Drive Destination". The main text reads: "Please Select The SpineMED Database Backup Destination. Press Backup To Continue." Below this, there is a section for "DB Backup Destination" with a radio button selected for "Internal Drive". A message box says: "To Use The Removable Drive, Please Insert The Removable Drive And Press Refresh." Below the radio buttons, it shows "ZIP file Name: SpineMEDDBBackup_10_12_2004_9_48_AM.zip" and "Free Space Required: 338529 bytes". At the bottom, there are three buttons: "Refresh", "Backup", and "Cancel". A "Back" button is also visible at the very bottom of the page.

- A) Refresh: Pressing the Refresh button will refresh the list of available drives attached to the Touchcomputer for backup purposes.
- B) Backup: Pressing the Backup button will backup the database to the internal drive. Simply select “Backup” on the screen as the Internal Drive is the default location to store a backup file. To create a backup file on an External USB Drive, simply insert the USB Drive into the USB port on the bottom right side of the Touchcomputer. The screen should change, and indicate the presence of the USB Drive. If not, press the Refresh button for the Touchcomputer to check for the Drive, and then press the Backup button. Pressing the Backup button will initiate the backup procedure for either the Internal Drive or External USB Drive Backup.
- C) Cancel: Pressing the Cancel button will abort the backup procedure and bring you back to the DB Management Menu.

3.6.2 Restore Database

Pressing the Restore Database button will allow a restore of the database from a list of available backups, including external USB Drives.



- A) Refresh: Pressing the Refresh button will refresh the list of available backups attached to the Touchcomputer for backup purposes.
- B) Proceed: Highlight the most recent Backup File, and press the Proceed button to initiate the Backup Restore Function, using the highlighted file. If restoring from an External USB Drive, insert the USB Drive and select a suitable backup file from the list.

- C) Cancel: Press the Cancel button to abort the Restore Function and return to the DB Management Screen.

3.6.3 Export Database

Pressing the Export Database button will allow exporting of all session data for all patients to an Excel spreadsheet.

3.7 Logout/Exit

- A) Logout: Pressing the Logout button will logoff the current User and allows another User to Logon to the SpineMED®.
- B) Turn Off: Pressing the Turn Off button will turn the SpineMED® off.

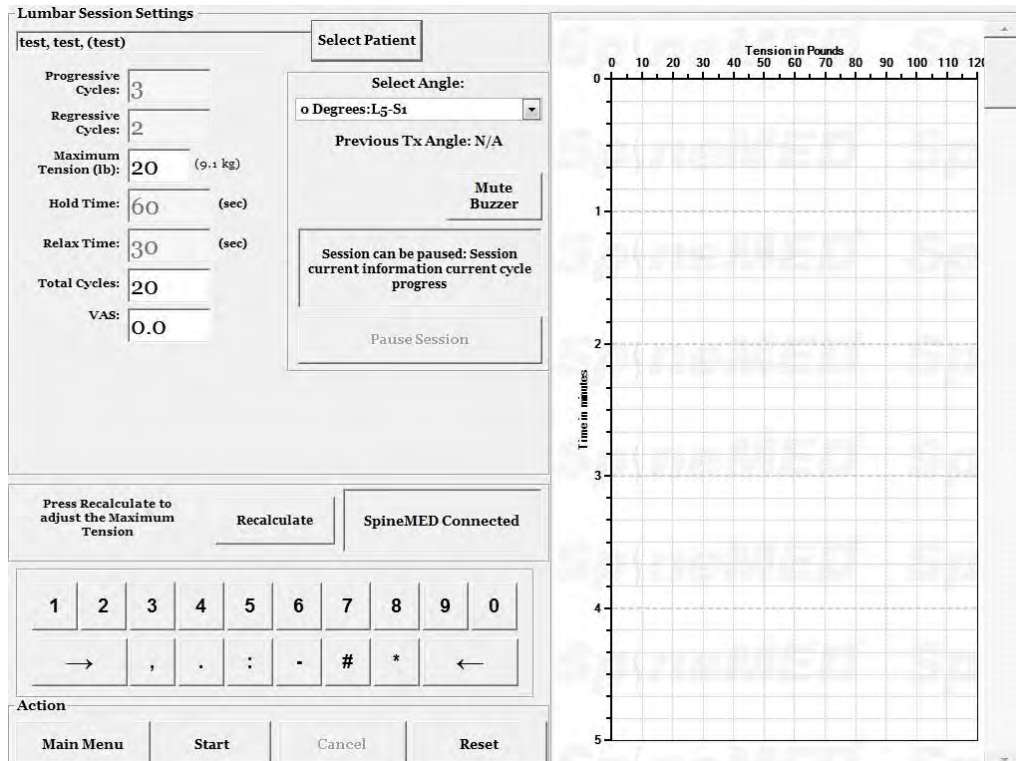
4. Lumbar & Cervical Procedure Screens

4.1 Lumbar Procedure Screen

The Lumbar Procedure Screen is used to enter the procedure parameters for a current session and to initiate the session.

Warning:

The Clinician or Operator of the SpineMED® System must always make the patient aware, prior to a SpineMED® session, if the patient feels that he/she is about to sneeze or cough during a session, that he/she presses the Patient Hand Held Electrical Emergency Switch or instructs the Operator to discontinue the session.



- A) Pressing the “Select Patient” button will bring up a new window to allow for searching and selecting any patient file that has been entered into the SpineMED® Database.

First Name	Last Name	Patient ID
SpineMED Test	SpineMED Test P	Bert
bill	bob	001
Robert	Smith	002

Search By:

First Name: Last Name: Patient ID:

! @ # \$ % ^ & * () \ /

1 2 3 4 5 6 7 8 9 0 BackSp

q w e r t y u i o p - *

a s d f g h j k l ; ' ,

z x c v b n m , . /

Caps Off Delete Space Enter

Main Menu Start Cancel Reset

Details for selected patient

First Name: SpineMED Test Patient First

Last Name: SpineMED Test Patient Last

Patient ID: Bert

Address: #1 - 1722 Ogilvie Street South Prince George, BC V2N

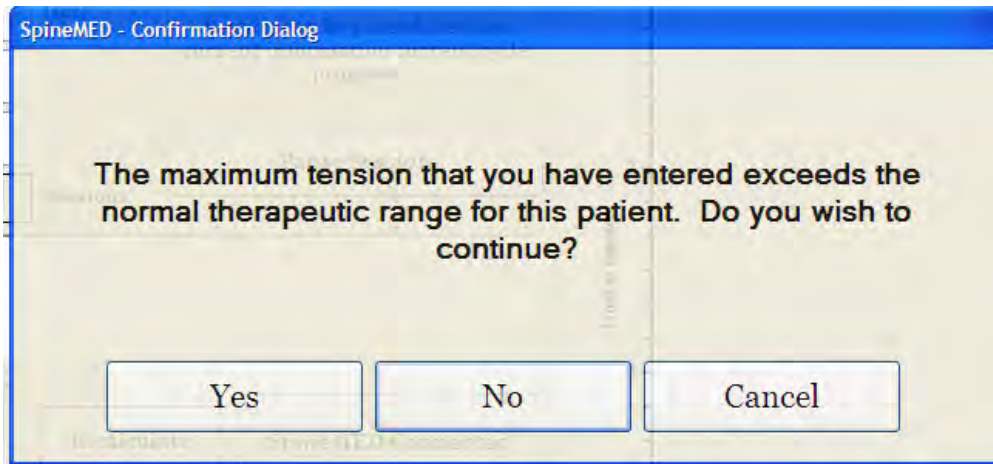
Phone: 1-866-990-4444

Patient Email: testpatient@spinemed.com

Action:

- B) To select the appropriate patient from the database, you can either scroll down the list of patients, or search the database by the patient’s first and/or last name. To select the patient from the list, highlight the correct record and then press the “Select” button.
- C) Progressive Cycles are the number of cycles the device will “ramp up” to the Maximum Tension at the beginning of the session. The default setting is 3 cycles and is not User modifiable.
- D) Regressive Cycles are the number of cycles the device will “ramp down” to zero tension at the end of the session. The default setting is 2 cycles and is not User modifiable.
- E) Maximum Tension is calculated based on the patient’s body weight. Starting Tensions should be $\frac{1}{4}$ Body weight - 10 lbs. (*i.e. $\frac{1}{4} \times 160 \text{ lb.} = 40 \text{ lb.} - 10 \text{ lb.} = 30 \text{ lb.}$) Gradual increase of distraction forces are based on patient response to the session plus the general guideline of 3-5 lbs. /session. Maximum distraction tensions of $\frac{1}{4}$ body weight + 25 lbs. is applicable to all patients. Most patients will find a comfortable plateau of tensions at approximately $\frac{1}{4}$ body weight + 15 to 20 pounds. It is very rare that tensions of $\frac{1}{4}$ body weight + 15 pounds is exceeded for any patient. The SpineMED® will enter the calculated Maximum Tension for the first session; however, the Operator can modify this value.

The SpineMED® software will alert the Operator in the event that they attempt to increase the Maximum Tension beyond $\frac{1}{4}$ body weight + 15 pounds. The following message will appear, to confirm that the Operator does wish to exceed the typical protocol:



The SpineMED® software will also prevent the Operator from exceeding the maximum recommended tensions for the patient being treated. If the Operator attempts to exceed $\frac{1}{4}$ body weight + 25 pounds for a patient, the following error message will appear:

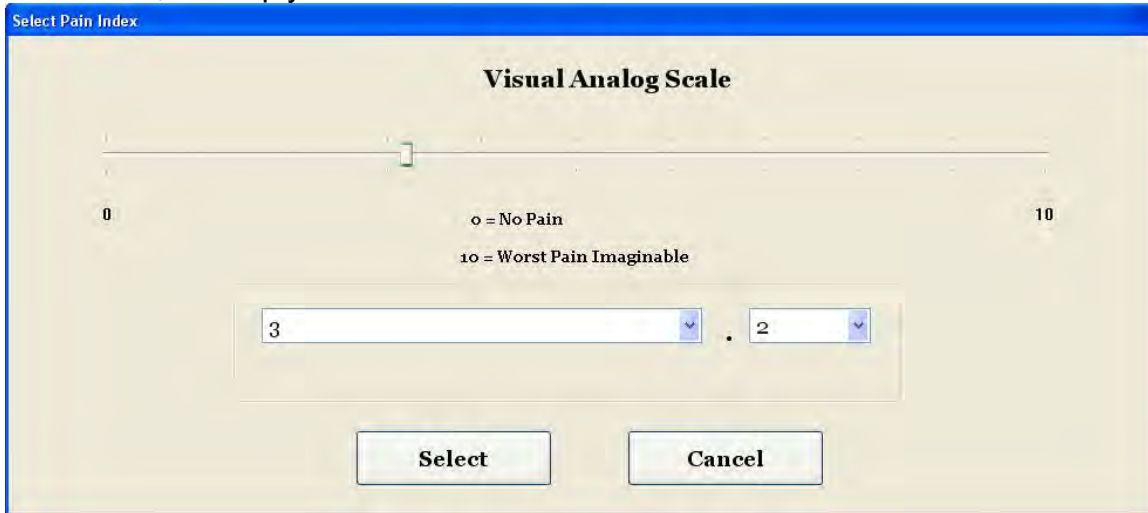


****NOTE:** The Maximum Tensions should never exceed the calculations for a 300-pound (136 Kg.) patient. Therefore, patients over 300 lbs. can be safely distracted up to a maximum force of 100 lbs. (45 Kg.).

- F) Recalculate: Pressing this button will calculate and reset the Maximum Tension entered to the recommended "Starting Tension" based on the patient's body weight.
- G) Hold Time is the length of time in seconds that the Maximum Tension will be held during the distraction phase of the cycle. The default setting is 60 seconds and is not User modifiable.
- H) Relax Time is the length of time in seconds that the Minimum Tension will be held during the relaxation phase of the cycle. The default setting is 30 seconds and is not User modifiable.
- I) Cycles: This is the total number of cycles to be administered during the session. The default number is 20 cycles, for a total of 30 minutes. (20 x 90 seconds = 30 minutes) In the event that a session has been interrupted, and must be restarted, this field can be modified to resume the session for the remaining period, rather than for an

additional 30 minutes. The remaining period of the session will have to be restarted as a new session, and the number of cycles for the resumption period can be calculated by dividing the total number of minutes of a session remaining by 1.5 minutes (one complete cycle). For example, if a session were interrupted at 12 minutes, with 18 minutes remaining, you would divide the 18 minutes remaining in the session by 1.5 = 12 cycles for the resumption session.

- J) Pain Index: This is the current Pain that the patient is experiencing before this session, rated between 0 and 10 (to one decimal point) as per the Visual Analogue Scale. You have the option to use the drop down menu to select the Patient's current VAS Index, or simply touch the slider on the screen.

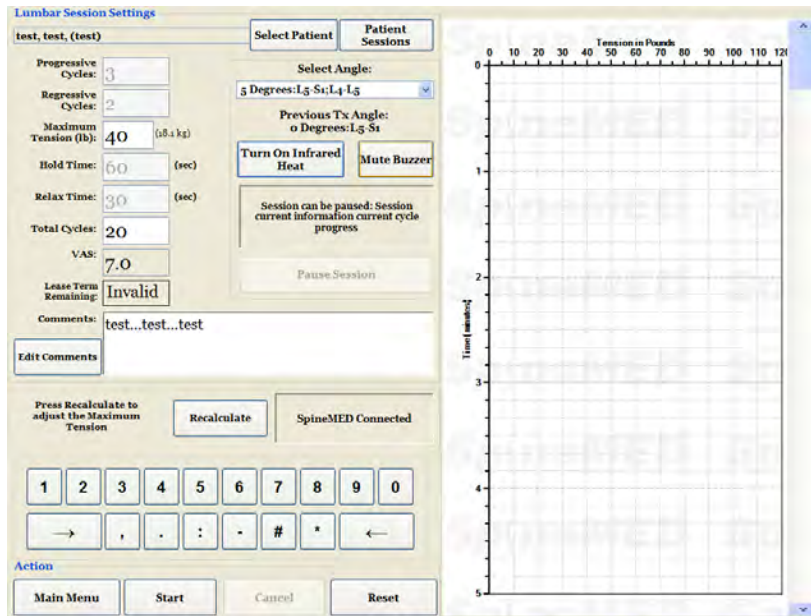


- K) Select Angle: This function is to adjust the tilting section of the Table. The Tilting Section of the moveable lower Table section pivots from 0 to 25 degrees to tilt the Pelvis during distraction. The settings required for the angle of the Pelvis during the distraction, are entered into the Touchcomputer on the Lumbar Procedure Screen. See Section 5 for procedure details.

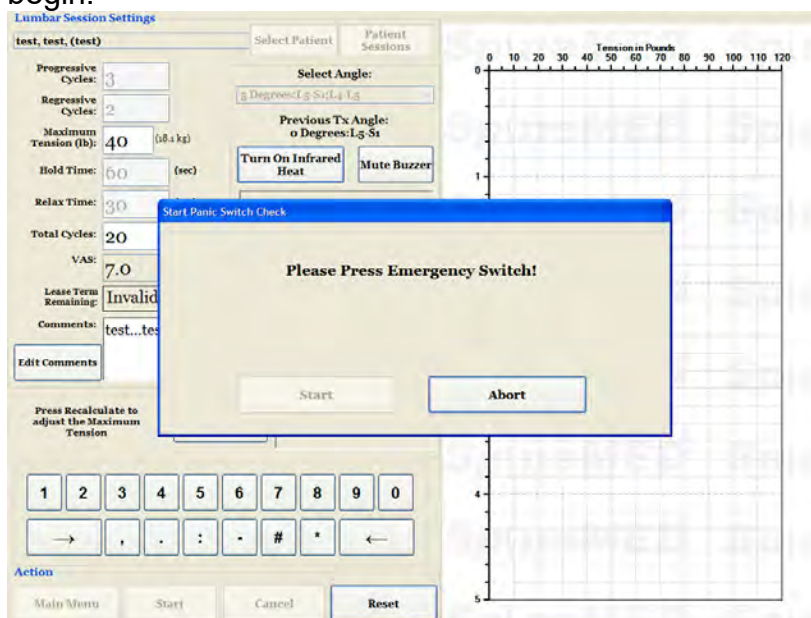
PROCEDURE ANGLES:

- L5-S1 0 degrees
- L5-S1, L4-L5 Multiple Level 5 degrees
- L4-L5 10 degrees
- L4-L5, L3-L4 Multiple Level 15 degrees
- L3-L4 20 degrees
- L2-L3, L1-L2 25 degrees

- L) Mute Buzzer: Pressing this button will mute the buzzer in the Table.



- M) **Pause:** The “Pause” button is used to pause or interrupt the session. Pressing this button will interrupt the session, and present you with another screen, allowing temporary interruption of the session to adjust the patient or to alter the Pelvic Tilt adjustment after the session has been initiated. The Pause feature can be used twice during a session.
- N) **Cancel:** The “Cancel” button is used to discontinue or abort the current session. Once aborted, this particular session cannot be resumed.
- O) **Start:** Touch the “Start” button to begin the session. You will be prompted with a new screen requesting verification of the Emergency/Panic Switch before the session will begin.



- P) **Emergency/Panic Switch:** Before the SpineMED® will begin the session; it will confirm the proper operation of the Emergency/Panic Switch. Immediately after touching the

“Start” button, a message will come up in a small sub screen that reads, “*Please Press Emergency Switch!*”. If the Emergency/Panic Switch is working after patient depresses the button, message “*Click Start to Begin Session. Click Abort to Stop Session.*” will come on the screen.

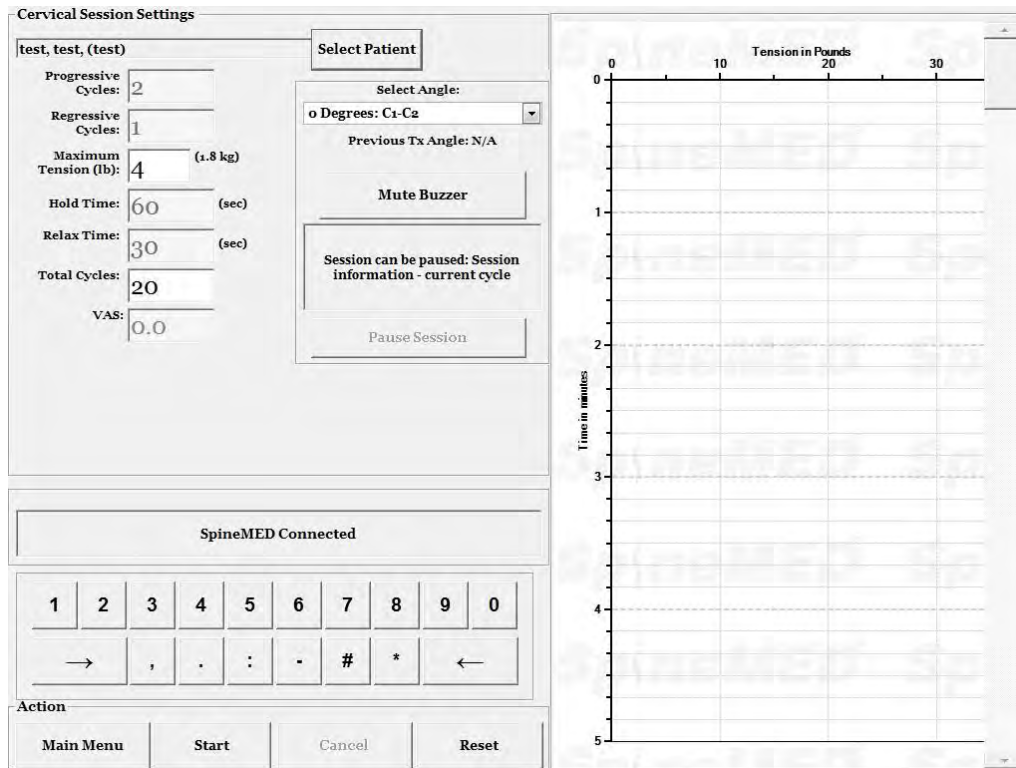
- Q) SpineMED® Connected/Not Connected: This error message will notify the Operator if there is a communication error between the Touchcomputer and Control Board within the Table and the message will be circled in red as an alert.
- R) Main Menu: Touch this button to return to the Main Menu Screen at the conclusion of the session to modify patient data or shut down the SpineMED®.
- S) Trend Line Graph: The digital image of the Trend Line Graph illustrates the actual tensions being applied (in pounds) over the session (in minutes) and will be stored permanently in the Patient’s Data File.
- T) Reset: This button will reset firmware on Control Board. Use if communication is lost. Reset should re-establish communication.

4.2 Cervical Procedure Screen

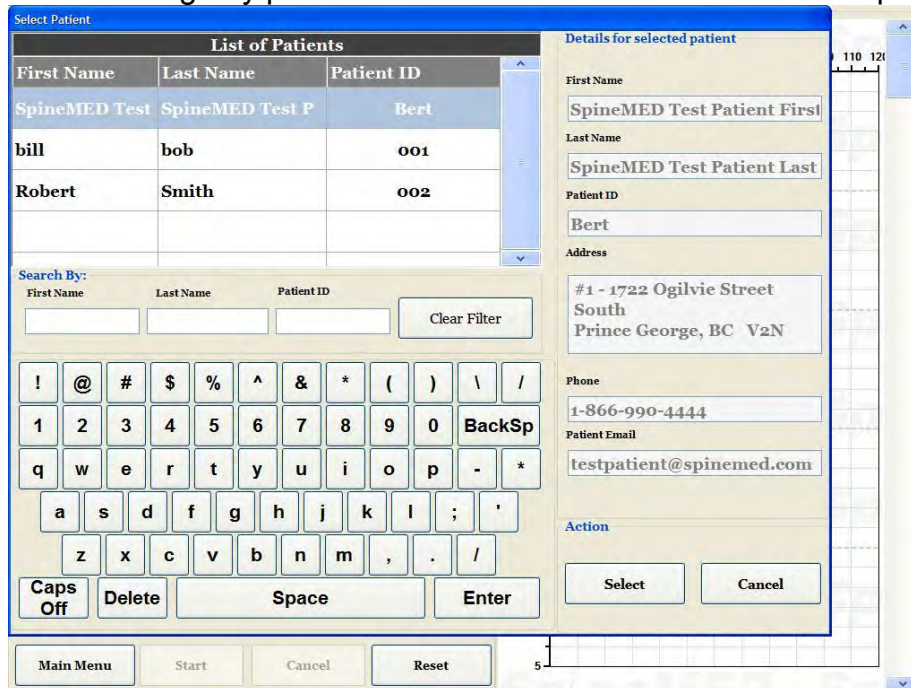
The Cervical Procedure Screen is used to enter the parameters for a current Cervical session and to initiate the session.

Warning:

The Clinician or Operator of the SpineMED® System must always make the patient aware, prior to a SpineMED® session, if the patient feels that he/she is about to sneeze or cough during a session, that he/she presses the Patient Hand Held Electrical Emergency Switch or instructs the Operator to discontinue the session.



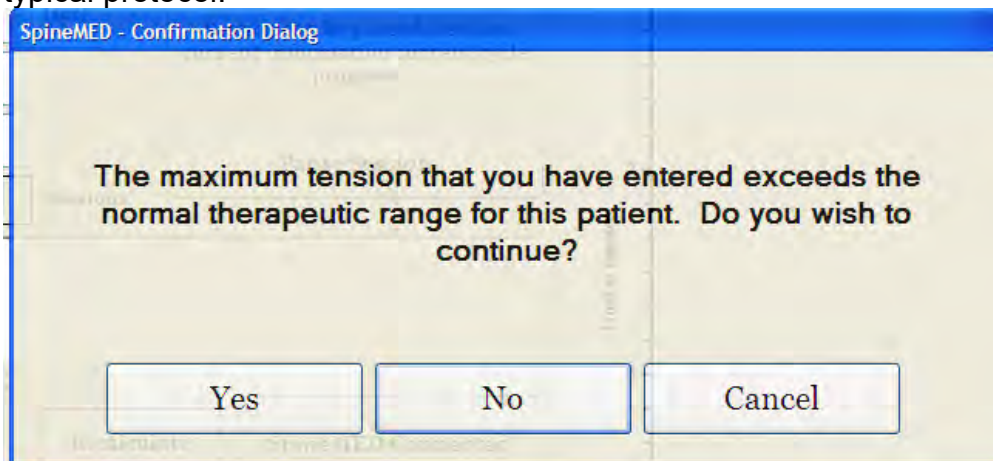
A) Pressing the “Select Patient” button will bring up a new window to allow for searching and selecting any patient file that has been entered into the SpineMED® Database.



B) To select the appropriate patient from the database, you can either scroll down the list of patients, or search the database by the patient’s first and/or last name. To select the patient from the list, highlight the correct record and then press the “Select” button.

- C) Progressive Cycles are the number of cycles that the device will “ramp up” to the Maximum Tension at the beginning of the session. The default setting is 2 cycles and is not User modifiable.
- D) Regressive Cycles are the number of cycles that the device will “ramp down” to zero tension at the end of the session. The default setting is 1 cycle and is not User modifiable.
- E) Maximum Tension for Cervical procedure is calculated based on the patient’s gender and mass. Starting Tensions should be 4-5 lbs. for females and 5-6 lbs. for males. Tensions should be increased by 1-2 lbs. daily, until optimum tensions are reached. The Maximum Tension should never exceed 20 lbs. for females and 25 lbs. for males. Most male patients will reach a tension plateau of 15 lbs., while females will typically reach 12 lbs. The SpineMED® will enter the calculated Maximum Tension for the first session; however, the Operator can modify this value.
**Note: Cervical tensions should never exceed 25 lbs. for males and 20 lbs. for females.

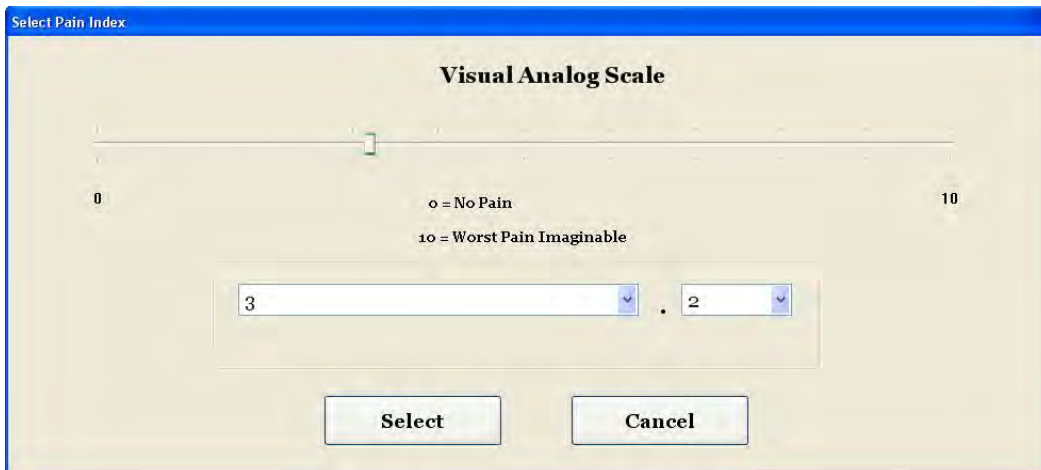
The SpineMED® software will alert the Operator in the event that they attempt to increase the Maximum Tension beyond 15 lbs. for females and 18 lbs. for males. The following message will appear, to confirm that the Operator does wish to exceed the typical protocol:



The SpineMED® software will also prevent the Operator from exceeding the maximum recommended tensions for the patient being treated. If the Operator attempts to exceed 20 lbs. for a female patient or 25 lbs. for a male patient, the following error message will appear:



- F) Recalculate: Pressing this button will calculate and reset the Maximum Tension entered to the recommended "Starting Tension" based on the patient's body weight or gender.
- G) Hold Time is the length of time in seconds that the Maximum Tension will be held during the distraction phase of the cycle. The default setting is 60 seconds and is not User modifiable.
- H) Relax Time is the length of time in seconds that the Minimum Tension will be held during the relaxation phase of the cycle. The default setting is 30 seconds and is not User modifiable.
- I) Cycles: This is the total number of cycles to be administered during the session. The default number is 20 cycles, for a total of 30 minutes. (20 x 90 seconds = 30 minutes) In the event that a session has been interrupted, and must be restarted, this field can be modified to resume the session for the remaining period, rather than for an additional 30 minutes. The remaining period of the session will have to be restarted as a new session, and the number of cycles for the resumption period can be calculated by dividing the total number of minutes of the session remaining by 1.5 minutes (one complete cycle). For example, if a session were interrupted at 12 minutes, with 18 minutes remaining, you would divide the 18 minutes remaining in the session by 1.5 = 12 cycles for the resumption session.
- J) Pain Index: This is the current Pain that the patient is experiencing before this session, rated between 0 and 10 (to one decimal point) as per the Visual Analogue Scale. You have the option to use the drop down menu to select the Patient's current VAS Index, or simply touch the slider on the screen.



K) **Select Angle:** This function is to adjust the tilting section of the Cervical Unit. The Tilting Section of the Cervical section pivots from 0 to 30 degrees to tilt the neck during distraction. The settings required for the angle of the Cervical Spine during the distraction, are entered into the Touchcomputer on the Cervical Procedure Screen. See Section 5 for procedure details.

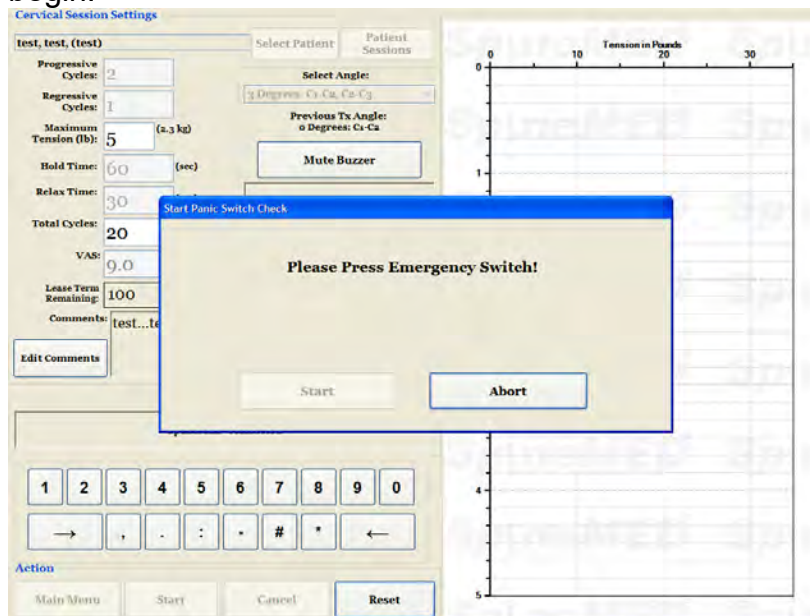
PROCEDURE ANGLES:

- C1-C2..... 0 degrees
- C1-C2, C2-C3 3 degrees
- C2-C3..... 7 degrees
- C2-C3, C3-C410 degrees
- C3-C4.....14 degrees
- C3-C4, C4-C517 degrees
- C4-C5.....21 degrees
- C4-C5, C5-C624 degrees
- C5-C6.....28 degrees
- C5-C6, C6-C730 degrees
- C6-C7.....30 degrees
- C7-T130 degrees

L) **Mute Buzzer:** Pressing this button will mute the buzzer in the Table.

M) **Pause:** The “Pause” button is used to pause or interrupt the session. Pressing this button will interrupt the session, and present you with another screen, allowing temporary interruption of the session to adjust the patient. The Pause feature can be used twice during a session.

- N) Cancel: The “Cancel” button is used to discontinue or abort the current session. Once aborted, this particular session cannot be resumed.
- O) Start: Touch the “Start” button to begin the session. You will be prompted with a new screen requesting verification of the Emergency/Panic Switch before the session will begin.



- P) Emergency/Panic Switch: Before the SpineMED® will begin the session; it will confirm the proper operation of the Emergency/Panic Switch. Immediately after touching the “Start” button, a message will come up in a small sub screen that reads, “*Please Press Emergency Switch!*”. If the Emergency/Panic Switch is working after the patient depresses the button, message “*Click Start to Begin Session. Click Abort to Stop Session.*” will come on the screen.
- Q) SpineMED® Connected/Not Connected: This error message will notify the Operator if there is a communication error between the Touchcomputer and Control Board within the Table, and the message will be circled in red as an alert.
- R) Main Menu: Touch this button to return to the Main Menu Screen at the conclusion of the session to modify patient data, or shut down the SpineMED®.
- S) Trend Line Graph: The digital image of the Trend Line Graph illustrates the actual tensions being applied (in pounds) over the session (in minutes) and will be stored permanently in the Patient’s Data File.
- T) Reset: This button will reset firmware on Control Board. Use if communication is lost. Reset should re-establish communication.

5. Procedure Session

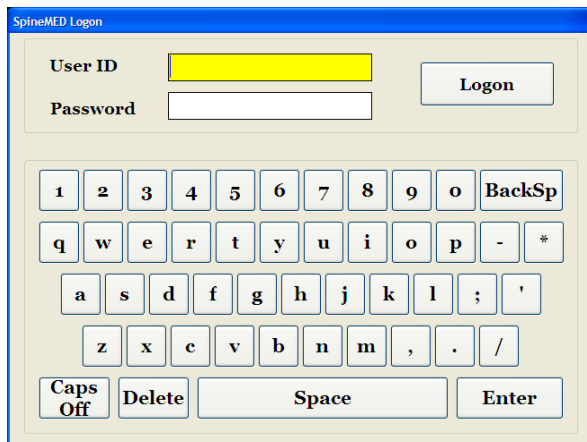
5.1 Review of Recommended Individual Modalities of Each Session

There are four separate recommended modalities administered during each session:

- A) 20 – 30 Minutes of Infrared Heat or Dry Hydrotherapy pre decompression on the SpineMED® System.
- B) 30-minute decompression session on the SpineMED® System.
- C) 15 minutes of Interferential Current immediately post SpineMED® session.
- D) 15 minutes Cryotherapy or Ice Therapy post SpineMED® session.

5.2 Data Entry for Lumbar Session

The SpineMED® System uses a touch screen interface with a digital keyboard to input data into the Touchcomputer. The appropriate letters or numbers imaged on the screen are selected by simply “touching” the screen with a finger over the desired selection.

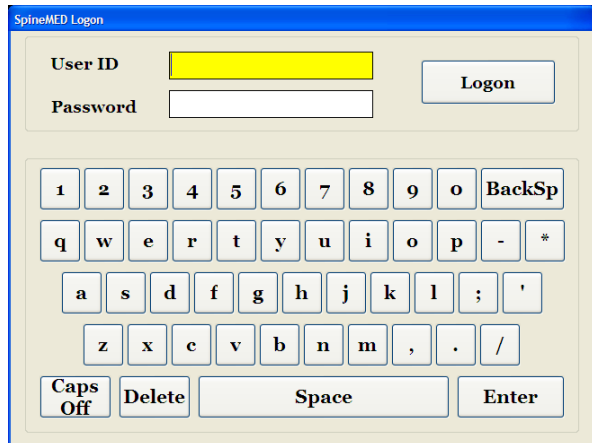


- A) Once the SpineMED® has been powered on and completed the boot sequence, the Operator will be presented with the Logon Screen.
- B) Enter the User ID by touching the appropriate keys. If no data appears in the User ID field, ensure that there is a blinking cursor in this field by touching the white data area beside the User ID title.
- C) After entering the User ID, the cursor should be blinking in the Password field. If it is not, touch the white data field beside the Password title. Enter the password by touching the appropriate keys.
- D) Press the Logon button to logon to the system and move to the Main Menu.

- E) Go to the “Patients Menu” to enter a new Patient if necessary, and complete a new record as per Section 3.4 of this Operator Manual.
- F) Once a Patient File has been created for the current patient, go to the “Lumbar Procedures Menu” to enter the procedure parameters for this particular session. Select the patient’s file by touching the arrow on the right of the “Select Patient” field, and scroll to the desired patient and highlight the record. Enter the “Maximum Tension” (1/4 body weight – 10 lbs. for the first session), the patient’s V.A.S. Pain Index for today, Procedure Comments for today and the angle of distraction. For detailed instructions to program the SpineMED® for a procedure please refer to Section 4.1 of this Operator Manual.

5.3 Data Entry for Cervical Session

The SpineMED® System uses a touch screen interface with a digital keyboard to input data into the Touchcomputer. The appropriate letters or numbers imaged on the screen are selected by simply “touching” the screen with a finger over the desired selection.



- A) Once the SpineMED® has been powered on and completed the boot sequence, the Operator will be presented with the Logon Screen.
- B) Enter the User ID by touching the appropriate keys. If no data appears in the User ID field, ensure that there is a blinking cursor in this field by touching the white data area beside the User ID title.
- C) After entering the User ID, the cursor should be blinking in the Password field. If it is not, touch the white data field beside the Password title. Enter the password by touching the appropriate keys.
- D) Press the Logon button to logon to the system and move to the Main Menu.
- E) Go to the “Patients Menu” to enter a new Patient if necessary, and complete a new record as per Section 3.4 of this Operator Manual.
- F) Once a Patient File has been created for the current patient, go to the “Cervical Procedures Menu” to enter the parameters for this particular session. Select the patient’s file by touching the arrow on the right of the “Select Patient” field, and scroll to

the desired patient and highlight the record. Enter the “Maximum Tension”, the patient’s V.A.S. Pain Index for today, Procedure Comments for today and the angle of distraction. For detailed instructions to program the SpineMED® for a procedure please refer to Section 4.2 of this Operator Manual.

5.4 Instructions and Sequencing for Patient Set-up for Lumbar Session

Warning:

The Clinician or Operator of the SpineMED® System must always make the patient aware, prior to a SpineMED® session, if the patient feels that he/she is about to sneeze or cough during a session, that he/she presses the Patient Hand Held Electrical Emergency Switch or instructs the Operator to discontinue the session.

Following pre-session with infrared heat or dry hydrotherapy, steps taken by the Clinician for patient set-up:

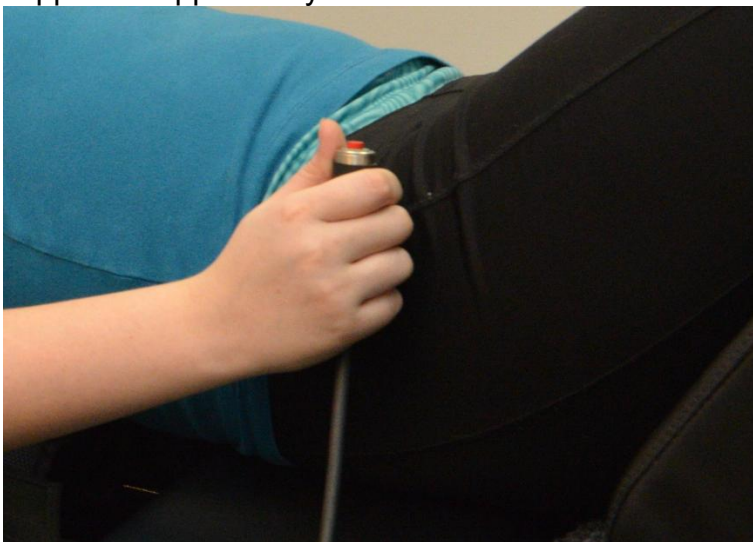
- A) If this is the first session for this patient, create a new patient record in the “Patients Menu” and store all of the pertinent patient data into the SpineMED® as described in Section 3.4 of this Operator Manual.
- B) Walk the patient over to the Table and sit patient on the edge of the Table. The least amount of back flexion possible should be the guide. Once the patient is sitting on the edge of the Table, assist the patient to bring their legs up onto the Table, so that they are in a half-sitting position.
- C) Once in the half sitting position, assist the patient to slowly recline to a lying position.
- D) Slide the patient to the position on the Table so that their Iliac Crests are immediately below the position of the Pelvic Restraints.
- E) Insert the Pelvic Restraints into each receptacle, so that they are positioned in the corresponding holes from one another. If necessary, reposition the patient so that the Pelvic Restraints are positioned immediately above the Iliac Crests, in the anterior superior aspect.



- F) Turn the Crank Handle on the threaded assembly to move the Pelvic Restraints toward the patient's Iliac Crests, and tighten to a comfortable, but firm tension.
- G) Position the Upper Body Restraint around the patient so that it is immediately below, and captures the lower margin of the ribcage, in an "X" pattern, so that it will not slide over the patient's ribs.

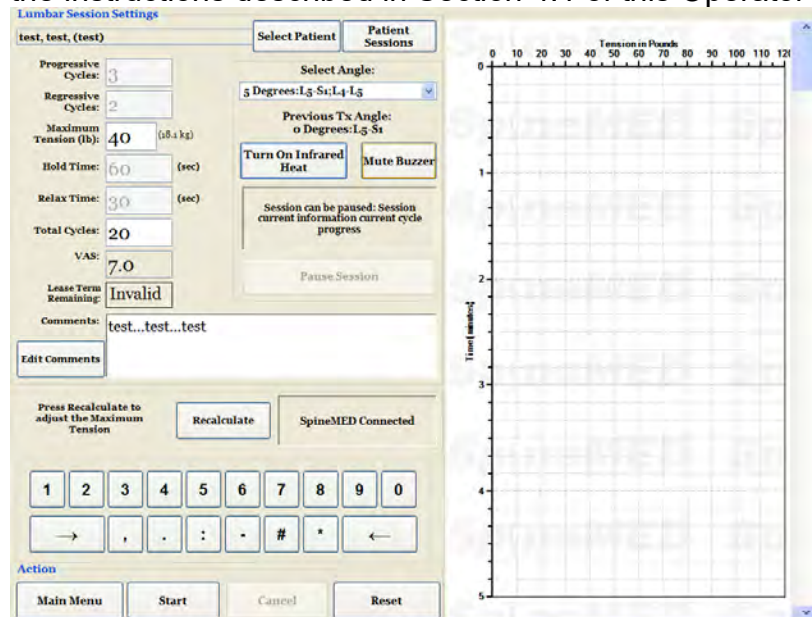


- H) Assist the patient with lifting their head, and place the Head Pillow beneath their head.
- I) Assist the patient with bending their knees, and insert the Knee Bolster Support Cushion.
- J) If this is the patient's first session, position the Patient Emergency/Panic Switch in the patient's hand and instruct on its function, which is to immediately discontinue the session. For future sessions, the Emergency/Panic Switch may be located wherever it can easily be accessed by the patient, such as across the patient's abdomen or clipped to Upper Body Restraint.



- K) Once a new patient record has been created, or if this patient has already been created in the database, go to the "Lumbar Procedures Menu" to enter the procedure

parameters for this session. Prepare the SpineMED® for this current session as per the instructions described in Section 4.1 of this Operator Manual.



- L) Touch the “Start” button to begin the session.
- M) Retighten the Pelvic Restraints and readjust the Upper Body Restraint on the patient after the Pelvic Tilt has been activated.
- N) Emergency/Panic Switch: Before the SpineMED® will begin the session; it will confirm the proper operation of the Emergency/Panic Switch. Immediately after touching the “Start” button, a message will come up in a small sub screen that reads, “*Please Press Emergency Switch!*”. If the Emergency/Panic Switch is working after the patient depresses the button, message “*Click Start to Begin Session. Click Abort to Stop Session.*” will come on the screen.
- O) If the session does not begin, check that the patient has properly depressed the Emergency/Panic Switch, and if so, check to ensure the Emergency/Panic Switch is properly plugged into the Table.
- P) The patient is instructed prior to the session that if they feel they are going to cough or sneeze, that they must press the Emergency/Panic Switch to stop the session, in order to prevent any muscle spasm from occurring while undergoing the session.
- Q) During the session, if the patient is not comfortable, or for any reason the Procedure must be stopped, it can be paused, but if cancelled, the session will require re-programming and the remaining time left i.e. 30 minutes- time will be recorded as a second session.
- R) Return to the Main Menu Screen.

5.5 Instructions and Sequencing for Patient Set-up for Cervical Session

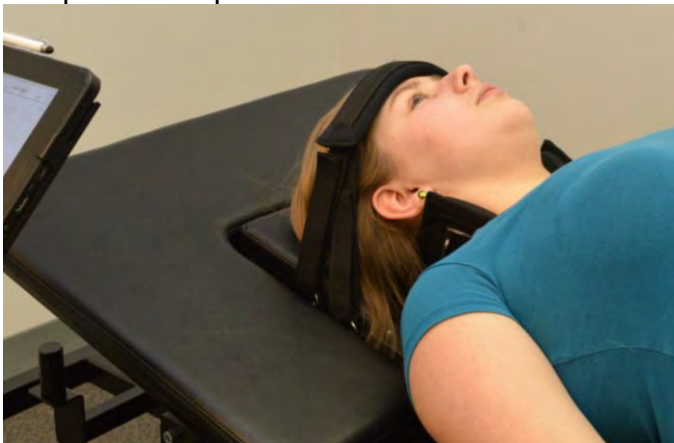
Warning:

The Clinician or Operator of the SpineMED® System must always make the patient aware, prior to a SpineMED® session, if the patient feels that he/she is about to sneeze or cough during a session, that he/she presses the Patient Hand Held Electrical Emergency Switch or instructs the Operator to discontinue the session.

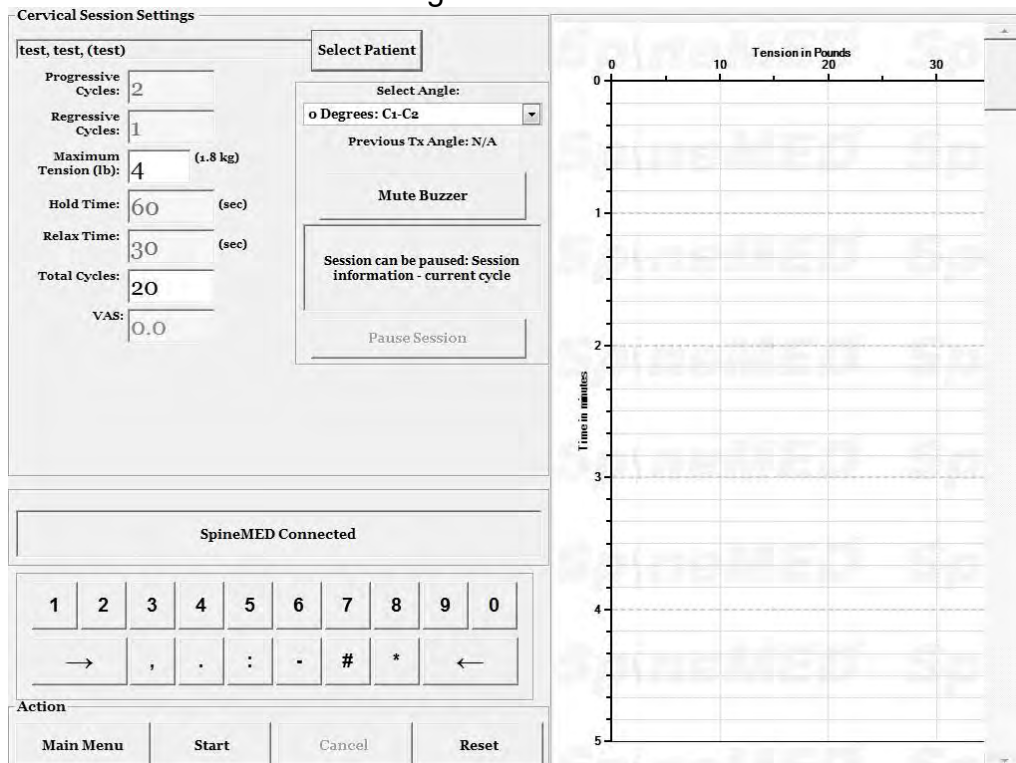
****IMPORTANT NOTE:** The Cervical patient setup is opposite to the Lumbar setup, in that the Cervical Tilt is administered BEFORE the patient is instructed to lie on the Table.

Following pre-session with infrared heat or dry hydrotherapy, steps taken by the Clinician for patient set-up:

- A) If this is the first session for this patient, create a new patient record in the “Patients Menu” and store all of the pertinent patient data into the SpineMED® as described in Section 3.4 of this Operator Manual.
- B) Once a new patient record has been created, or if this patient has already been created in the database, go to the “Cervical Procedures Menu” to enter the procedure parameters for this session. Prepare the SpineMED® for this current session as per the instructions described in Section 4.2 of this Operator Manual.
- C) Adjust the Tilt Angle for the Cervical Unit for this session prior to placing patient on Table.
- D) Walk the patient over to the Table and sit patient on the edge of the Table. The least amount of back flexion possible should be the guide. Once the patient is sitting on the edge of the Table, assist the patient to bring their legs up onto the Table, so that they are in a half-sitting position.
- E) Once in the half sitting position, assist the patient to slowly recline to a lying position.
- F) Slide the patient to the position on the Table so that their head is positioned comfortably on the Head Cushion and between Cervical Restraints. Tighten the Head Strap over the patient’s forehead.



- G) If desired, position the Knee Bolster Support Cushion under the patient’s knees for added comfort.
- H) If this is the patient’s first session, position the Patient Emergency/Panic Switch in the patient’s hand and instruct on its function, which is to immediately discontinue the session. For future sessions, the Emergency/Panic Switch may be located wherever it can easily be accessed by the patient, such as across the patient’s abdomen or clipped to Upper Body Restraint.
- I) Touch the “Start” button to begin the session.



- J) Emergency/Panic Switch: Before the SpineMED® will begin the session; it will confirm the proper operation of the Emergency/Panic Switch. Immediately after touching the “Start” button, a message will come up in a small sub screen that reads, “Please Press Emergency Switch!”. If the Emergency/Panic Switch is working after the patient depresses the button, message “Click Start to Begin Session. Click Abort to Stop Session.” will come on the screen.
- K) If the session does not begin, check that the patient has properly depressed the Emergency/Panic Switch, and if so, check to ensure the Emergency/Panic Switch is properly plugged into the Table.
- L) The patient is instructed prior to the session that if they feel they are going to cough or sneeze, that they must press the Emergency/Panic Switch to stop the session, in order to prevent any muscle spasm from occurring while undergoing a session.
- M) During the session, if the patient is not comfortable, or for any reason the session must be stopped, it can be paused, but if cancelled, the procedure will require re-

programming and the remaining time left i.e. 30 minutes- time will be recorded as a second session.

N) Return to the Main Menu Screen.

6. Therapeutic Operational Guidelines

6.1 Outcome Measure Data Entry

Integrated into the software, is the Visual Analogue Scale for the objective measurement of the patient's Pain Index. The Patient is asked at the beginning of each session, what their current level of pain is, on a scale of 0.0 to 10.0, on a one level decimal point.

7. Precautions

7.1 Precautions for SpineMED® Procedure

CAUTION: FEDERAL LAW (CANADA/USA) RESTRICTS THIS DEVICE TO USE BY OR ON ORDER OF A PHYSICIAN, CHIROPRACTOR, PHYSICAL THERAPIST OR PRACTITIONER LICENSED TO USE THIS DEVICE. THIS EQUIPMENT MUST BE OPERATED/UTILIZED UNDER THE DIRECT SUPERVISION OF A LICENSED PRACTITIONER.

Warning: The Clinician or Operator of the SpineMED® System must always make the patient aware, prior to a SpineMED® session, if the patient feels that he/she is about to sneeze or cough during a session, that he/she presses the Patient Hand Held Electrical Emergency Switch or instructs the Operator to discontinue the session.

The Maximum Tensions for Lumbar sessions should never exceed the calculations for a 300-pound (136 Kg.) patient. Therefore, patients over 300 lbs. can be safely distracted up to a maximum distraction force of 100 lbs. (45 Kg.).

The Maximum Tensions for Cervical sessions should never exceed 20 lbs. (9.1 Kg.) for males and 15 lbs. (6.8 Kg.) for females.

The maximum patient weight safe working load is 325 lbs.

Warning: System contains UPS (Uninterruptible Power Supply) System: UPS (Uninterruptible Power Supply) System should be periodically checked.

7.2 Precautions for Use of SpineMED® System

Warning: To avoid risk of electric shock, this equipment must only be connected to Supply Mains with Protective Earth.

Warning: No modification of this Equipment is allowed.

Caution: To prevent fire or shock hazard, do not expose SpineMED® System to rain or moisture. Use extension cords that maintain electrical safety and incorporate a power surge protector. To reduce the risk of electrical shock, do not remove covers. Refer servicing to qualified personnel approved in writing by Universal Pain Technology Canada Inc.

- A) DO NOT expose SpineMED® System to rain or moisture.
- B) DO NOT tamper with the SpineMED® System.
- C) DO NOT disassemble, modify or remodel the SpineMED® System without prior written agreement with Universal Pain Technology Canada.
- D) DO NOT connect the SpineMED® System to an electrical supply without first verifying that it is the correct voltage.
- E) DO NOT use a damaged power supply cord.
- F) DO NOT permit liquids or any foreign matter to enter the SpineMED® System.
- G) DO NOT attempt to service SpineMED® System without qualified personnel approved in writing by Universal Pain Technology Canada.
- H) DO NOT let a patient who weighs more than 325 lbs undergo the procedure.

Warning: *The SpineMED® System is a stand-alone device and is NOT intended to be connected to any other systems, peripherals or office networks. If more than one SpineMED® System is being utilized within one clinical practice, and the SpineMED® database must be shared between devices, only a closed network system between the SpineMED® Systems alone may be used. This closed network system should only be installed and configured by a qualified SpineMED® Technician.*

Warning: *All I/O ports on the SpineMED® Touchcomputer must only be fitted with factory installed connections. No non-factory connections should be made with any port on the SpineMED® Touchcomputer.*

7.3 Degree of Protection Against Harmful Ingress of Liquids: IPX0 (ordinary equipment)

Degree of Safety in the Presence of Flammable Anesthetic Mixture with Air or With Oxygen or Nitrous Oxide: Not suitable for use in the presence of a flammable anesthetic mixture with air or with oxygen or nitrous oxide.

7.4 Environmental Conditions for the Operation, Storage and Transport of the SpineMED®

Operating Environment	
Temperature	+10° C to +40° C (50° to 104° F)
Relative Humidity	30 to 85%
Air Pressure	500 to 1060 hPa
Maximum Operating Altitude	3000 meters
Storage Environment	
Temperature	-40° C to +70° C (-40° to 158° F)
Relative Humidity	10 to 95%
Air Pressure	500 to 1060 hPa

8. Maintenance

8.1 Disposal of SpineMED® System

At the conclusion of the useful life of the SpineMED® System (to be advised by Universal Pain Technology Canada), the device should be dismantled carefully, and disposed of by an appropriately approved disposal company, or returned to Universal Pain Technology Canada. There are no toxic or explosive substances within the SpineMED® System, the construction being primarily of extruded aluminum, steel and plastic.

8.2 Regular Maintenance

The SpineMED® System has been engineered to be relatively maintenance-free for several years of use and does not require regular maintenance other than cleaning. Qualified Universal Pain Technology Canada personnel must conduct any service or repairs required. The SpineMED® System should be recalibrated by Qualified Universal Pain Technology Canada personnel immediately following any relocation to another address and prior to the treatment of any patient.

8.3 Cleaning of Equipment

- A) Clean the Touchcomputer occasionally as follows:
- Prepare a mixture of a gentle kitchen-use detergent (one that does not contain abrasive powder or strong chemicals such as acid or alkaline).
 - Use water and detergent in ratio 5:1.
 - Absorb the diluted detergent into a sponge.
 - Squeeze excess liquid from the sponge.
 - Wipe the surface with the sponge, using a circular motion and taking care not to let any excess liquid drip.
 - Wipe the surface to remove detergent.
 - Rinse the sponge with clean running water.
 - Wipe the surface with the clean sponge.
 - Wipe the surface again with a dry, soft lint-free cloth.
 - Wait for the surface to dry completely and remove any cloth fibers from the Touchcomputer surface.
- B) Following each session, the Table surface should be sprayed and wiped with a non-toxic, mild anti-bacterial agent.
- C) The Head Pillow and Knee Bolster Support Cushion should also be sprayed and wiped with a non-toxic, mild anti-bacterial agent on a regular basis.

8.4 Service and Warranty

The SpineMED® System and its components are warranted to be free of defects of workmanship for one year from the date of delivery. Universal Pain Technology Canada will repair or replace defective components at no cost to the owner of the SpineMED® System once the part has been determined by UPTC, to be faulty. All warranty and maintenance services will be performed by UPTC authorized representatives during normal working hours. Any repairs or service to the SpineMED® by non-authorized UPTC service personnel will immediately terminate the manufacturer's warranty. SpineMED® Warranty Certificate can be found in the Appendix section of this Operator Manual. The SpineMED® System should be recalibrated by Qualified Universal Pain Technology Canada personnel immediately following any relocation of the SpineMED® System to another address and prior to the treatment of any patient.

FAILURE TO USE AND MAINTAIN THE SpineMED® SYSTEM AND ACCESSORIES IN ACCORDANCE WITH OPERATOR INSTRUCTIONS FOR MAINTENANCE, REGULAR CHECKS AND PRECAUTIONS FOR EQUIPMENT USE WILL INVALIDATE THE WARRANTY OF THE SpineMED® SYSTEM.

ITEMS NOT COVERED on SpineMED® Warranty

- Malfunction of any accessory /part resulting from misuse or other than intended use
- Improper installation or repair and/or use of Non-UPTC specified parts or products
- Improper application of components
- Damage caused by accident, fire, floods, acts of God, or mischief
- Replacement of building fuses or resetting of circuit breakers
- Service trips to your office to teach you how to use the SpineMED®
- Cushions, Gel Pads, UPS (Uninterruptible Power Supply) System Batteries

8.5 Troubleshooting

- A) The SpineMED® has error prompting, where error messages and correction instructions appear on the Touchcomputer screen to correct input and data errors.



- B) Located on the front panel of the UPS (Uninterruptible Power Supply) System, inside the front/head end of the Table, are system LED Indicator Lights and a Digital Display that will indicate System Status and System Errors to the Operator. System Status Indicator functions on the front panel of the UPS (Uninterruptible Power Supply) System are as follows:

1. ON/OFF: This button is used to turn the UPS (Uninterruptible Power Supply) System output ON or OFF. To turn ON, press the button until a 'beep' is heard. To turn OFF, press and hold the Power button for approximately 5 seconds until a 'beep' is heard and display goes blank.
2. Online Indicator: If indicator is on, the UPS (Uninterruptible Power Supply) System is receiving online voltage (power) from the wall outlet.

3. Battery Backup: If system is on Battery Power, the Power Indicator will change to a Battery Icon, indicating that the system is operating on battery power (Figure A in Section 8.6.1). An audible alarm will sound 4 beeps every 30 seconds during this condition.
4. Line Voltage: This indicator displays the wall outlet line voltage.
5. Battery Level: Indicator displays current charge level of battery.

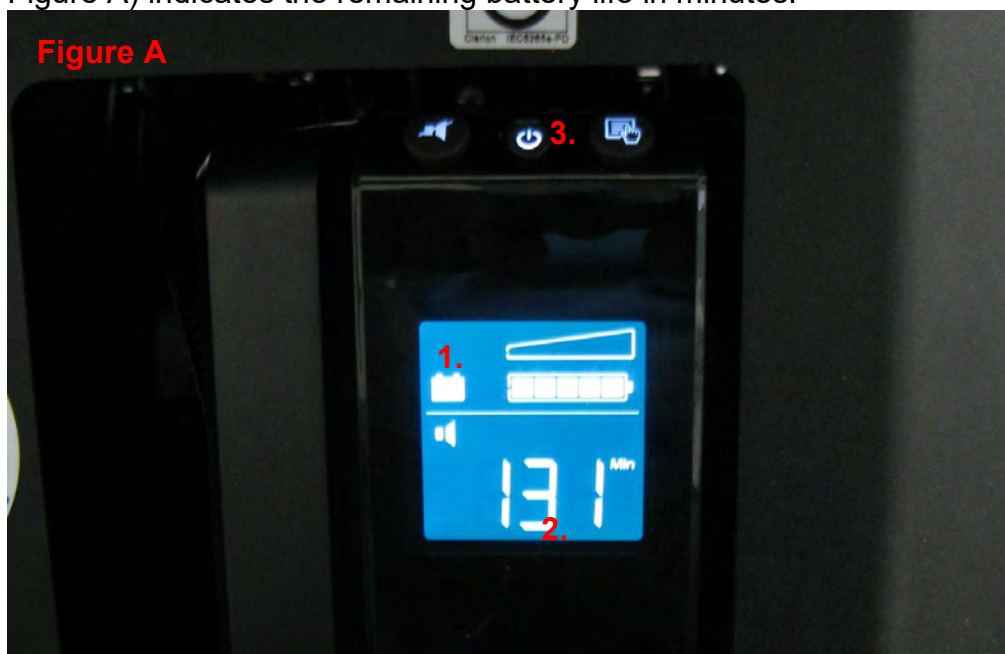
C) Troubleshooting Table

	Problem	Possible Causes
No Power and “UPS (Uninterruptible Power Supply) System” LED light is on.	Power Failure but UPS (Uninterruptible Power Supply) System is on and still providing power.	<ul style="list-style-type: none"> • Defective cord to receptacle. • Non-functioning power receptacle.
No Power and “Check UPS (Uninterruptible Power Supply) System” LED light is on.	All components are not functioning Power Failure and UPS (Uninterruptible Power Supply) System is not working.	<ul style="list-style-type: none"> • Power failure due to external problem with power supply. • UPS (Uninterruptible Power Supply) System needs replacing.
The Procedure will not initiate when Emergency/Panic Switch is pressed.		<ul style="list-style-type: none"> • Patient did not push Emergency/Panic Switch. • Emergency/Panic Switch button is broken. • Emergency/Panic Switch is disconnected from Table.
Table not functioning but Touchcomputer is functioning.		<ul style="list-style-type: none"> • Electrical wiring between Touchcomputer and Control Board within the Table is loose or defective.
Unable to enter data for Procedure, display has Error Message on Screen.	Incorrectly attempting to set data outside of available parameters i.e. Unable to set tension at 170 lb. as maximum is 100 lb.	<ul style="list-style-type: none"> • Improper input of data outside protocol parameters.

8.6 Power Troubleshooting and Fuse Replacement

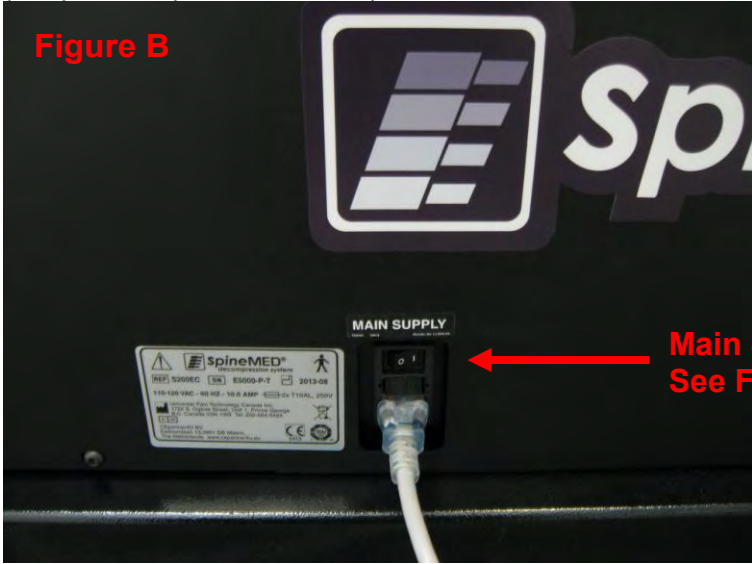
8.6.1 Power Troubleshooting

1. If the UPS (Uninterruptible Power Supply) System is emitting an alarm (beeping), it is indicating that power to the Table has been interrupted. Once session is completed it is not recommended to perform any new sessions while on battery backup power.
2. If the UPS (Uninterruptible Power Supply) System is beeping, view the indicator panel on the UPS (Uninterruptible Power Supply) System at the front of the Table. If the “On Battery” indicator (#1 in Figure A) is lit, then the electrical power (wall outlet) to the SpineMED® has been interrupted (go to step #3). Remaining Time Indicator (#2 in Figure A) indicates the remaining battery life in minutes.



3. At this point the SpineMED® System should be powered down completely and unplugged from the wall outlet. Power down procedure is:
 - i. On the Main Menu in the SpineMED® software, select LOGOUT/EXIT
 - ii. On the LOGOUT/EXIT screen, select TURN OFF
 - iii. It is imperative that you wait for the Touchcomputer to completely shut down before powering off the SpineMED® System. Once the Touchcomputer has shut down, the UPS (Uninterruptible Power Supply) System should be powered off. On the front of UPS (Uninterruptible Power Supply) System, press and hold the ON/OFF button (#3 in Figure A) for a few seconds until a beep is heard and display goes blank.
 - iv. The Main Supply Power Switch should be turned off (O = Off) (Figure B) and then the Main Supply Power Cord can be unplugged from the wall outlet.
4. The wall outlet where the Main Supply Power Cord was plugged in should now be checked to confirm electrical power is present. An electrical appliance (such as a lamp) should be plugged into the outlet to verify power.

- 5. If the appliance does not work in the outlet, then it is likely that the circuit breaker in the building breaker panel has 'tripped'. Reset the breaker in the building power panel to restore power to the wall outlet. Confirm power supply was restored.
- 6. Once it is confirmed that power is present at the wall outlet, the fuses should be checked. This needs to be done before the Main Supply Power Cord is plugged back into the wall outlet.
- 7. Note: The fuses in the SpineMED® System will burn out if there is a power surge in the building or, in some cases, if the Main Supply Power Cord is removed from the wall without first turning off the Main Supply Power Switch. Always turn off the Main Supply Power Switch (#1 in Figure C) switch by pressing the "O" prior to unplugging the power cord from the wall outlet.
The system uses: 2 (two) T10AL (5mm x 20mm) 250V fuses when wired for 120V or 2 (two) T8AL (5mm x 20mm) 250V fuses when wired for 240V.



Main Supply Power Switch location
See Figure C



8.6.2 Fuse Inspection

1. The fuses are located in a Power Module located in the SpineMED® Table, which also houses the Main Supply Power Switch and the connector for the electrical Main Supply Power Cord. Figure C in Section 8.6.1 illustrates the location of the Fuse Drawer (Item #2 in Figure C), located in the center of the Power Module. *The system uses: 2 (two) T10AL (5mm x 20mm) 250V fuses when wired for 120V or 2 (two) T8AL (5mm x 20mm) 250V fuses when wired for 240V.*
2. ****HAZARD**** To avoid electrical shock while replacing fuses, the SpineMED® System should be turned off and unplugged from the wall outlet before the fuses are checked. The Fuse Drawer is removed by using a small screwdriver similar to the one illustrated below. To allow easier access to Fuse Drawer the Main Supply Power Cord may also be unplugged from the side of the Table.



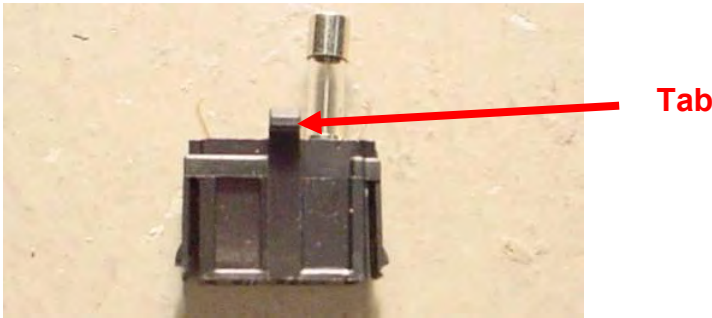
3. The Fuse Drawer is held in place by two small clips located on either side of the drawer face. To remove the Fuse Drawer, use the small screwdriver to release each clip, one side at a time.



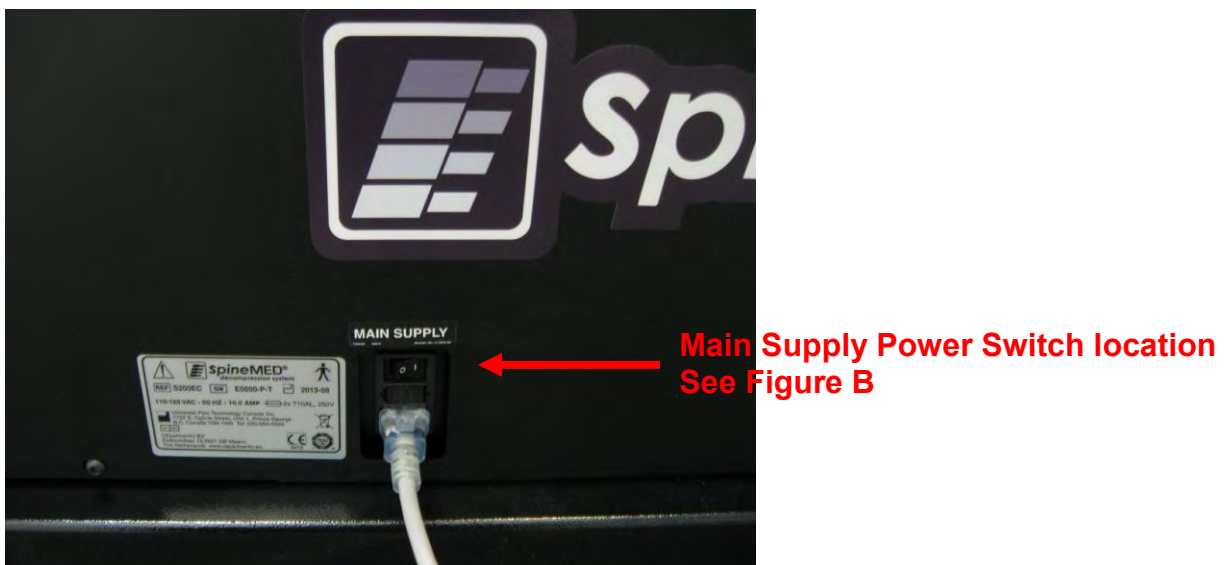
4. Once you have released the second clip, the drawer will pop out of the Power Module as illustrated below.



5. With the Fuse Drawer removed, you will be able to remove the glass fuses from the drawer for inspection. Check to see if the internal filament is burnt. If the fuses are damaged, replace the fuses with the appropriate fuses as described on the serial number label (located beside Fuse Drawer and Main Supply Power Switch).
6. To replace the Fuse Drawer, it must be inserted in a specific position. You will notice that there is a small tab in the middle of the Fuse Drawer on one side of the assembly. This tab must face downward in order for the Fuse Drawer to be reinserted into the Power Module.



7. Insert the Fuse Drawer back into the Power Module, making sure that the tab is facing downward. Gently push the Fuse Drawer until a small audible click indicates that it has locked in place.
8. The SpineMED® System may now be powered on as follows:
 - i. If required, re-attach the Main Supply Power Cord to the Table
 - ii. Plug Main Supply Power Cord into wall outlet
 - iii. Turn on the Main Supply Power Switch (I = On)
 - iv. Turn on the System by powering on the UPS (Uninterruptible Power Supply) System. This is done by pressing the ON/OFF button until beep is heard
 - v. Turn on Touchcomputer
 - vi. Log into the SpineMED® software



9. Technical Specifications

9.1 Power Supply

Power to operate the device is supplied via the Main Supply Power Switch on the SpineMED® Table. Press the Main Supply Power Switch to turn the system on. The system uses a 115 Volt, 60 Hz power supply (in North America), and is protected by an approved circuit breaker. For SpineMED® Systems supplied for use in Europe, the system is suitable for 230 Volt, 50 Hz power supply. Appropriate transformer taps are connected within the SpineMED® System for proper voltage requirements. The SpineMED® also has an Automatic Voltage Regulator incorporated, which corrects system input voltages to a consistent 115 VAC in the event of fluctuation in the wall supply.

Power Requirements:

- A) Voltage: 110-120/220-240 Volts AC (Pre-wired for either voltage)
- B) Frequency: 50/60 Hz
- C) Amperage: 10 Amperes at 120VAC or 8 Amperes at 240VAC

9.2 Dimensions and Weight

- 1) Dimensions of SpineMED® S200E/S200EC
Table: 32 1/4" wide x 77" long x 25" high
(When operating the Table requires: 38" wide x 88" long x 41" high)
- 2) Weight of SpineMED®
Table: 435 lbs.

9.3 Model Number Designation

- 1) SpineMED® S200E consists of a Lumbar Only System.
- 2) SpineMED® S200EC consists of the Lumbar System with an incorporated Cervical System.

9.4 Type B Applied Parts

- 1) The SpineMED® S200E Model uses Type B Applied Parts consisting of:
 - a. Vinyl Surfaced Table Cushions
 - b. Lycra Covered Pelvic Gel Pads
 - c. Emergency/Panic Switch
 - d. Vinyl Covered Head Pillow/Cushion
 - e. Vinyl Covered Knee Bolster Support Cushion
 - f. Nylon Upper Body Restraint
- 2) The SpineMED® S200EC Model uses Type B Applied Parts consisting of:
 - a. Vinyl Surfaced Table Cushions
 - b. Lycra Covered Pelvic Gel Pads
 - c. Emergency/Panic Switch

- d. Vinyl Covered Head Pillow/Cushion
- e. Vinyl Covered Knee Bolster Support Cushion
- f. Nylon Upper Body Restraint
- g. Nylon Cervical Head Strap
- h. Lycra Covered Cervical Gel Pads

9.5 Compliance Standards

The SpineMED® System is a Class II Type A Medical Equipment.

USERS IN USA: This device complies with Part 15 of the FCC rules. Operation is subject to the following conditions: (1) This device may not cause harmful interference; and (2) This device must accept any interference received, including interference that may cause undesired operation.

Note: This equipment has been tested and found to comply with the limits for a Class A digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference when the equipment is operated in a commercial environment. This equipment generates, uses, and can radiate radio frequency energy, and if not installed and used in accordance with the instruction manual, may cause harmful interference to radio communications. Operation of this equipment in a residential area is likely to cause harmful interference in which case, the user would be required to correct interference at own expense. Shielded cables must be used with this SpineMED® System to ensure compliance with the Class A FCC limits.

USERS IN CANADA: This digital apparatus does not exceed the Class A limits for radio noise emissions from digital apparatus set out in the Radio Interference Regulations of the Canadian Department of Communications.

Le present appareil numerique n'emet pas de bruits radioelectriques depassant les limites applicables aux appareils numjberiques (de la class A) prescrites dans le Reglement sur le brouillage radioelectrique edicte par le ministere des Communications du Canada.

9.5.1 Electromagnetic Standards EN 60601-1-2 2007

The SpineMED® S200E/S200EC needs special precautions regarding EMC and needs to be installed and put into service according to the EMC information provided in this Operational Instruction Manual.

The SpineMED® S200E/S200EC is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or user of the SpineMED® S200E/S200EC can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the SpineMED® S200E/S200EC.


The SpineMED® S200E/S200EC is Class A Medical Electrical Equipment and is intended for use by healthcare professionals only. The SpineMED® S200E/S200EC may cause radio interference or may disrupt the operation of nearby equipment. It may be necessary to take mitigation measures, such as reorienting or relocating the equipment or shielding the location.

Class A – The SpineMED® S200E/S200EC is suitable for use in all establishments other than domestic and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.

9.5.2 Electromagnetic Environment Guidance

The SpineMED® S200E/S200EC is intended for use in the electromagnetic environment specified below. The customer or the user of the SpineMED® S200E/S200EC should assure that it is used in such an environment.		
Emissions test	Compliance	Electromagnetic environment – guidance
RF emissions CISPR 11	Group 1	The SpineMED® S200E/S200EC uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class A	The SpineMED® S200E/S200EC is suitable for use in all establishments other than domestic, and may be used in domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes, provided the following warning is heeded: Warning: The SpineMED® S200E/S200EC is intended for use by healthcare professionals only. The SpineMED® S200E/S200EC may cause radio interference or may disrupt the operation of nearby equipment. It may be necessary to take mitigation measures, such as re-orienting or relocating the equipment or shielding the location.
Harmonic emissions IEC 61000-3-2	Class A	
Voltage fluctuations/ flicker emissions IEC 61000-3-3	Complies	

The SpineMED® S200E/S200EC is intended for use in the electromagnetic environment specified below. The customer or the user of the SpineMED® S200E/S200EC should assure that it is used in such an environment.			
Immunity test	IEC 60601 test level	Compliance level	Electromagnetic environment – guidance
Electrostatic discharge (ESD) IEC 61000-4-2	±6 kV contact ±8 kV air	±6 kV contact ±8 kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30 %.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	±1 kV line(s) to line(s) ±2 kV line(s) to earth	±1 kV line(s) to line(s) ±2 kV line(s) to earth	Mains power quality should be that of a typical commercial or hospital environment.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11 UT = 220 Vac	<5 % UT (>95 % dip in UT) for 0,5 cycle 40 % UT (60 % dip in UT) for 5 cycles 70 % UT (30 % dip in UT) for 25 cycles <5 % UT (>95 % dip in UT) for 5 sec	<5 % UT (>95 % dip in UT) for 0,5 cycle 40 % UT (60 % dip in UT) for 5 cycles 70 % UT (30 % dip in UT) for 25 cycles <5 % UT (>95 % dip in UT) for 5 sec	Mains power quality should be that of a typical commercial or hospital environment. If the user of the SpineMED® S200E/S200EC requires continued operation during power mains interruptions, it is recommended that the SpineMED® S200E/S200EC be powered from an uninterruptible power supply or a battery.
Power frequency (50 Hz and 60 Hz) magnetic field IEC 61000-4-8	3 A/m	3 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.

The SpineMED® S200E/S200EC is intended for use in the electromagnetic environment specified below. The customer or the user of the SpineMED® S200E/S200EC should assure that it is used in such an environment.			
Immunity test	IEC 60601 test level	Compliance level	Electromagnetic environment – guidance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz	3 Vrms	<p>Portable and mobile RF communications equipment should be used no closer to any part of the SpineMED® S200E/S200EC including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter.</p> <p>Recommended separation distance</p> $d = \left[\frac{3,5}{V_1} \right] \sqrt{P}$
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2,5 GHz	3 V/m	$d = \left[\frac{3,5}{E_1} \right] \sqrt{P} \quad 80 \text{ MHz to } 800 \text{ MHz}$ $d = \left[\frac{7}{E_1} \right] \sqrt{P} \quad 800 \text{ MHz to } 2,5 \text{ GHz}$ <p>where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey^a should be less than the compliance level in each frequency range^b</p> <p>Interference may occur in the vicinity of known RF transmitting devices and equipment marked with the following symbol:</p> 
NOTE 1 At 80 MHz and 800 MHz, the higher frequency range applies.			
NOTE 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.			
<p>a) Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the SpineMED® S200E/S200EC is used exceeds the applicable RF compliance level above, the SpineMED® S200E/S200EC should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as re-orienting or relocating the SpineMED® S200E/S200EC</p> <p>b) Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m.</p>			

**Recommended separation distances between
portable and mobile RF communications equipment and the [ME EQUIPMENT or ME SYSTEM]**

The SpineMED® S200E/S200EC is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the [ME EQUIPMENT or ME SYSTEM] can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the SpineMED® S200E/S200EC as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter W	Separation distance according to frequency of transmitter M		
	150 kHz to 80 MHz	80 MHz to 800 MHz	800 MHz to 2.5 GHz
	$d = \left[\frac{3,5}{V_1}\right]\sqrt{P}$	$d = \left[\frac{3,5}{E_1}\right]\sqrt{P}$	$d = \left[\frac{7}{E_1}\right]\sqrt{P}$
0.01	0.12	0.12	0.24
0.1	0.37	0.37	0.74
1	1.17	1.17	2.34
10	3.69	3.69	7.38

9.5.3 Compliance Standards Met

In compliance with:

- A) UL 60601-1:2003
- B) CAN/CSA C22.2 No. 601.1-M90
- C) CAN/CSA C22.2 No. 60601-1:2008
- D) ANSI/AAMI ES 60601-1:2005/A2:2010
- E) EN 60601-1:2006/A11:2011

10. Manufacturer

The SpineMED® is manufactured by: Universal Pain Technology Canada Inc.

10.1 Contact Information

Universal Pain Technology Canada Inc.
 #1 – 1722 Ogilvie St. South
 Prince George, BC V2N 1W9
 Tel. (250) 564-5424
 Fax. (250) 563-3177

10.2 European Union Authorized Representative

CEpartners4U BV
Esdoornlaan 13, 3951DB Maarn
The Netherlands
www.cepartner4u.eu

10.3 United States Authorized Representative

Emergo Group, Inc.
611 West 5th Street
Third Floor
Austin, TX 78701
Tel: 512-327-9997

10.4 Product Serial Label Example

S200EC 110-120V

Warning icon, spineMED[®] decompression system logo, person icon

REF S200EC SN E5001-P-T MW 2013-08

110-120 VAC - 60 HZ - 10.0 AMP 2x T10AL, 250V

Universal Pain Technology Canada Inc.
1722 S. Ogilvie Street, Unit 1, Prince George
B.C. Canada V2N 1W9 Tel: 250-564-5424

EC REP

CEpartner4U BV
Esdoornlaan 13,3951 DB Maarn,
The Netherlands www.cepartner4u.eu

CE 0413 TUV SUD NRTL US

S200EC 220-240V

Warning icon, spineMED[®] decompression system logo, person icon

REF S200EC SN E5001-P-T MW 2013-08

220 - 240 VAC - 50 HZ - 8.0 AMP 2x T8AL, 250V

Universal Pain Technology Canada Inc.
1722 S. Ogilvie Street, Unit 1, Prince George
B.C. Canada V2N 1W9 Tel: 250-564-5424

EC REP

CEpartner4U BV
Esdoornlaan 13,3951 DB Maarn,
The Netherlands www.cepartner4u.eu

CE 0413 TUV SUD NRTL US

S200E 110-120V

Warning icon, spineMED[®] decompression system logo, person icon

REF S200E SN E5001-P-T MW 2013-08

110-120 VAC - 60 HZ - 10.0 AMP 2x T10AL, 250V

Universal Pain Technology Canada Inc.
1722 S. Ogilvie Street, Unit 1, Prince George
B.C. Canada V2N 1W9 Tel: 250-564-5424

EC REP

CEpartner4U BV
Esdoornlaan 13,3951 DB Maarn,
The Netherlands www.cepartner4u.eu

CE 0413 TUV SUD NRTL US

S200E 220-240V

Warning icon, spineMED[®] decompression system logo, person icon

REF S200E SN E5001-P-T MW 2013-08

220 - 240 VAC - 50 HZ - 8.0 AMP 2x T8AL, 250V

Universal Pain Technology Canada Inc.
1722 S. Ogilvie Street, Unit 1, Prince George
B.C. Canada V2N 1W9 Tel: 250-564-5424

EC REP

CEpartner4U BV
Esdoornlaan 13,3951 DB Maarn,
The Netherlands www.cepartner4u.eu

CE 0413 TUV SUD NRTL US














APPENDIX

Device Classification

The SpineMED® System is Class I Equipment, with Type B applied parts with Continuous Mode of Operation.

Degree of Protection Against Ingress of Water: IPX0 Equipment

Definition of Symbols

Symbol	Description
	Alternating current
	Direct current
	Follow Instructions for Use
	“Off” (only for a part of equipment)
	“On” (only for a part of equipment)
	TYPE B Applied Parts
	Protective Earth (ground)
	Off (Power: connection to the Mains Supply)
	On (Power: connection to the Mains Supply)
	Pinch Point
	Not Hand Hold or Grab Bar
	Keep Hands Clear
	Emergency Stop (Patient Panic Switch)

Warranty Certificate

SpineMED® DECOMPRESSION SYSTEM Standard Warranty

Universal Pain Technology Canada (“UPTC”) warrants the SpineMED® Decompression Table and Cervical (“Equipment”) is free of defects in materials and workmanship for a period of one (1) year, from the date of purchase by the original purchaser. If any part or component is found to be defective during the one (1) year warranty period, UPTC will repair or replace the defective part at UPTC’s option and expense.

This warranty does not cover normal wear, cosmetic damage or damage due to acts of God, accident, misuse, abuse or negligence, improper usage, handling or care. This warranty covers parts and labor costs resulting from a mechanical or electrical failure of the SpineMED® Decompression System, caused by defects in workmanship and/or materials, excluding those experienced during normal wear and tear.

This warranty does not cover replacement of:

Pelvic Restraint Gel Pads, Pelvic Restraints, Cervical Restraint Gel Pads, Cervical Restraints, Upper Body Restraint, All Cushions

CONDITIONS OF WARRANTY

The electrical power source for the operation of the Equipment must be a dedicated 15 amp. circuit. Operation of the Equipment connected to an electrical circuit other than a dedicated 15 amp. circuit will void this warranty. Any routine maintenance procedures set forth in this SpineMED® Manual must be performed by the Purchaser. Failure to perform any required routine maintenance shall void this warranty. A UPTC Service Technician or a qualified service technician, as designated by the Manufacturer, must make all repairs and modifications to the Equipment. Repair or modification by any other person shall void this warranty. This warranty is void if the factory-applied serial numbers on the Equipment have been altered or removed.

PURCHASER NAME:	
ADDRESS:	
SERIAL NUMBER TABLE:	
INSTALLATION DATE:	
EXPIRY DATE:	

EXCEPT TO THE EXTENT PROHIBITED BY APPLICABLE LAW, ANY IMPLIED WARRANTY, INCLUDING THAT OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IS HEREBY LIMITED IN DURATION TO THE WARRANTY PERIOD SET FORTH ABOVE. UPTC shall not be liable for any consequential or incidental damages in connection with the Equipment. The Purchaser may have specific rights which may vary from state to state and which may conflict or modify the foregoing. This warranty is valid in Canada and United States.

UPTC Commitment to Service

Recognizing the need to sustain UPTC services, on notice of defective operation by telephone or Fax transmission, UPTC will make its best effort to resolve the problem as expeditiously as possible. UPTC shall not be liable for default or delay in performance under its warranty caused by any circumstances beyond its control, including but not limited to Acts of God, fire, floods, strikes, material supply problems or government restrictions or restraints.

Services not covered by warranty will be rendered upon request at UPTC’s regular rates for repairs and service.

To obtain Warranty service or information contact:

**Universal Pain Technology Canada Inc.
#1 – 1722 Ogilvie St. South
Prince George, BC V2N 1W9
TELEPHONE 1-250-564-5424 or 1-866-990-4444
FAX 1-250-563-3177 or 1-866-990-4445**