

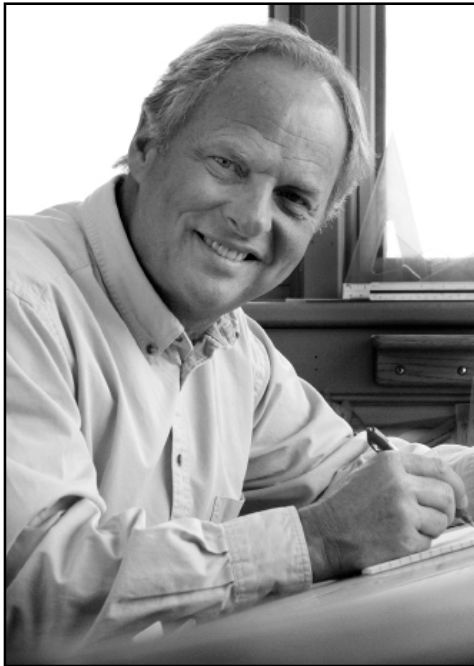
Owner's Manual

500 Elevation



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Thank you for your purchase of a 500 Elevation table. We are pleased to provide you with an aesthetically beautiful chiropractic adjusting table that is versatile and precisely engineered. It has been thoroughly inspected and tested right down to the smallest detail before leaving our shop. We are confident that it will provide you with many years of reliable service.

Please take the time to read this manual carefully. It will familiarize you with the table and instruct you on its proper operation and maintenance.

Thuli Table products are covered by a one year warranty, which includes any defect in workmanship, function and materials under normal wear and tear conditions.

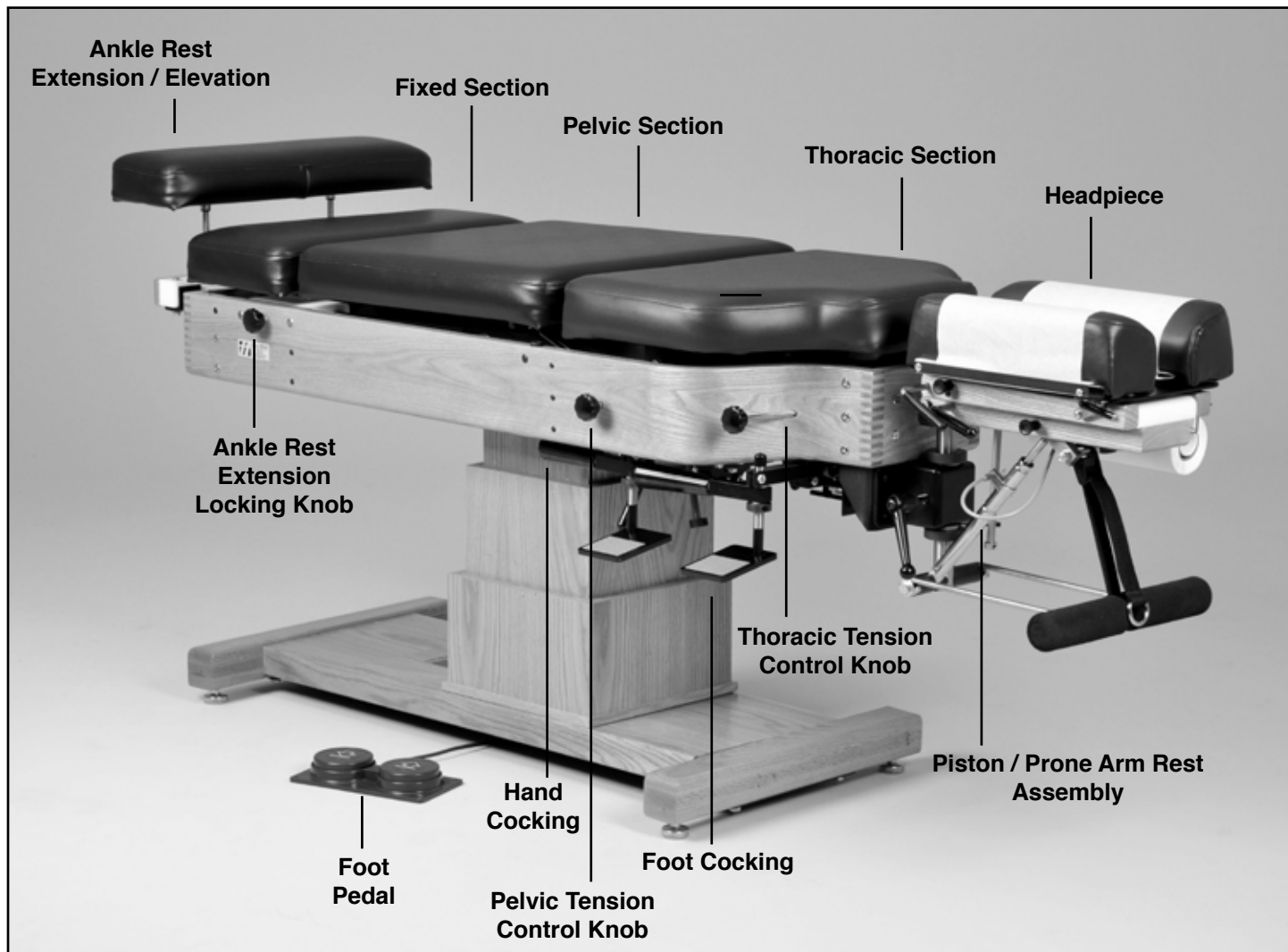
If you have any questions or comments, please contact us. We look forward to speaking with you!

Sincerely,

A handwritten signature in cursive script that reads "Thuli".

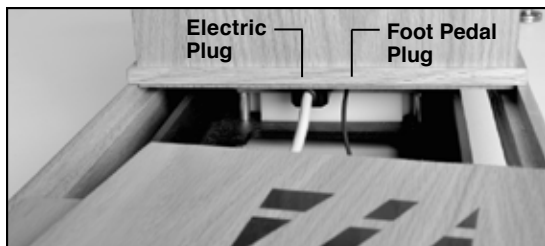
**Rick Thuli, D.C.
President**



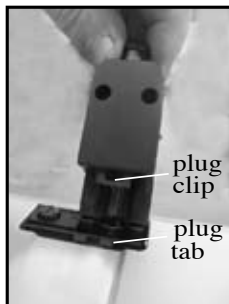


MOTOR INFORMATION

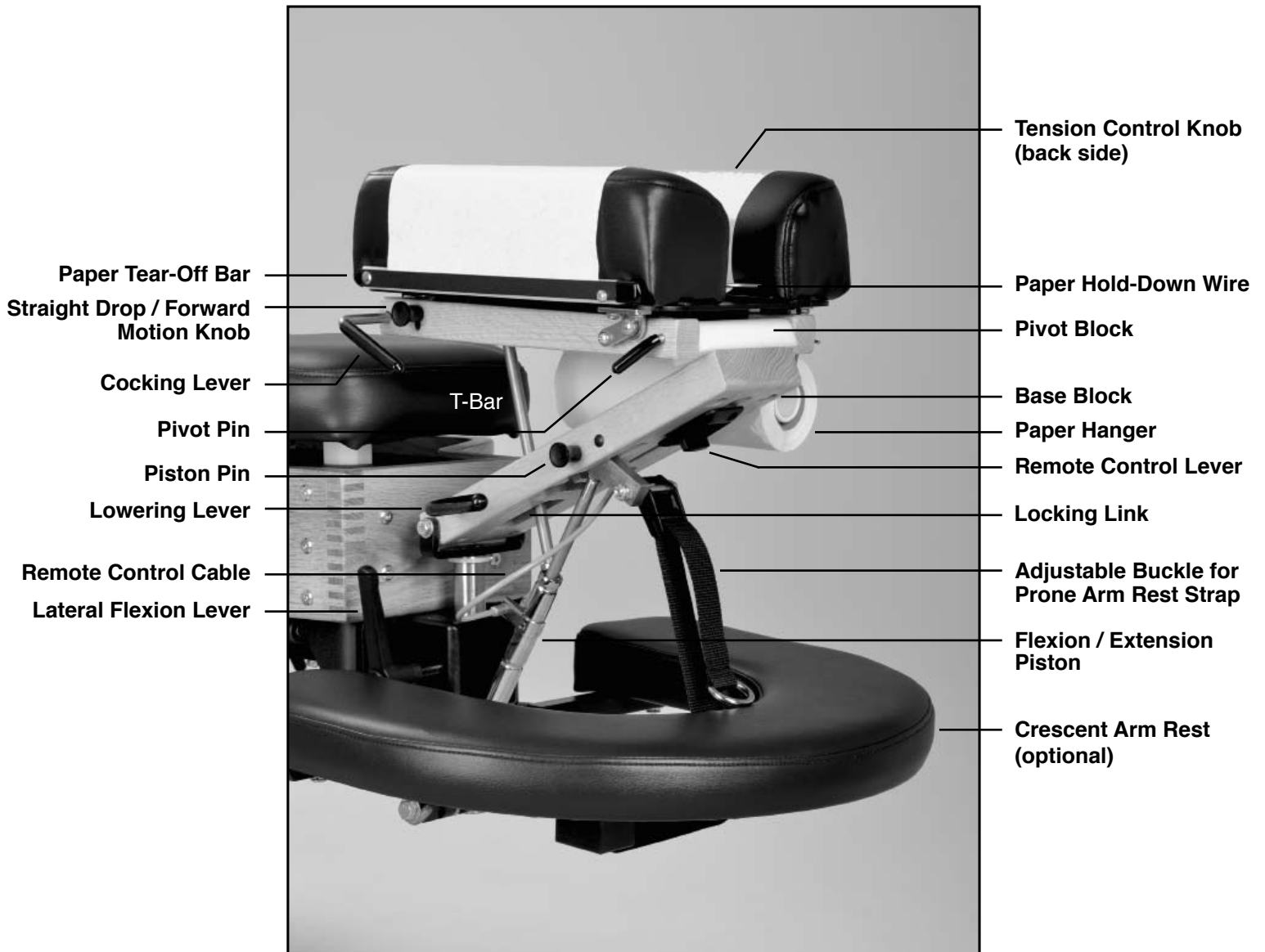
To extend the life of the motor, instruct the patient to get on and off at the center of the table as much as possible. Avoid elevating or lowering the table while the patient is not centered on the table.



The electric and foot pedal plugs are located at the base of the motor shaft, under the wood plate.

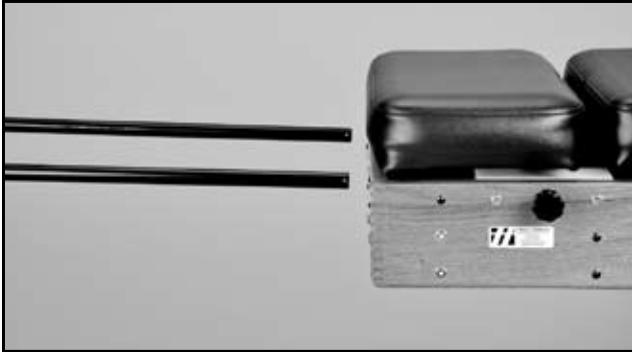


If the cord is not attached to the motor, plug it in, making sure the clip snaps onto the tab. A flat screwdriver may be helpful to gently guide the clip.



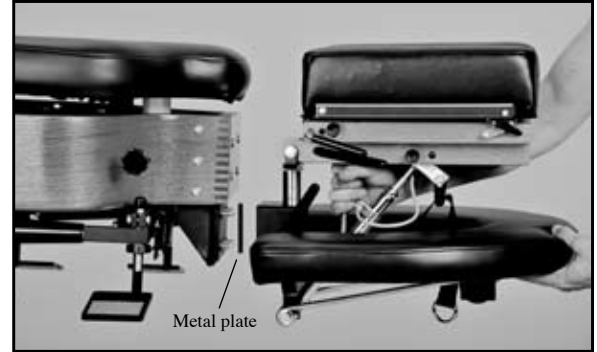
Your table is easy to set up and operate. In order to protect the headpiece and ankle rest extension during shipment, they have been packaged together in a separate box from the table.

ANKLE REST EXTENSION



1. Remove the hitch pins and “O” rings from the ankle rest extension rods.
2. Loosen both ankle rest extension lockouts and slowly remove the wooden dowels from the plastic housing (these dowels were installed for shipping purposes only to keep the plastic spacer from falling out of the plastic housing).
3. Slowly insert the ankle rest extension assembly through the frame and plastic housings.
4. Once you’ve pushed the ankle rest extension all of the way in, replace the “O” rings and hitch pins.

HEADPIECE



Attach the headpiece to the table: Remove the black metal plate from the block (attached to the headpiece) and, using it as a spacer (between the table and headpiece), attach the headpiece to the table with the four bolts, lockwashers and the 9/16” combination wrench provided.

HEADPIECE PAPER



1. Install a standard 8.5” roll of headpiece paper, as shown.
2. Raise the paper hold-down wire and tear-off bar. Advance the paper and tuck it between the cushions.
3. Lower the hold-down wire between the cushions, lower the tear-off bar and tear off excess paper.
4. To advance the headpiece paper, raise the tear-off bar, hold your finger on the paper hold-down wire and pull the paper across the cushions. Pulling the paper in an upward direction will reduce friction, making it easier to pull.
5. To tear off used headpiece paper, use an upward motion while holding down the tear-off bar.

FLEXION / EXTENSION



Flex and extend the headpiece by grasping the front end of the headpiece and operating the remote control lever.

LATERAL FLEXION



To flex the headpiece laterally, lift the lateral flexion lever in a counterclockwise direction, manually position the headpiece, then lock it into position by tightening the lateral flexion lever. This can be done while the headpiece is in the flexed, extended or elevated position.

REPOSITIONING LATERAL FLEXION LEVER



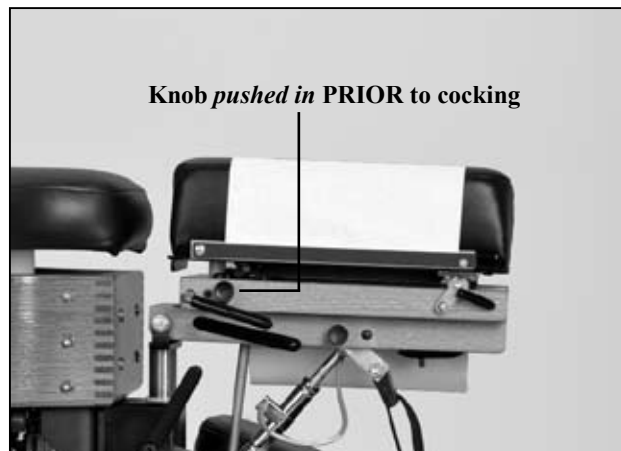
The position of the lateral flexion lever can be changed. With the lateral flexion lever tightened, pull the lever directly outward, rotate to the desired position, and release.

HEADPIECE: STRAIGHT DROP



PRIOR to cocking the headpiece, set for straight drop by pulling out the headpiece straight drop/forward motion knob until you feel it is "set" into position. This will be just short of coming into contact with the cocking bar. If you pull the knob out too far, no problem. Just push it back in and continue.

HEADPIECE: FORWARD MOTION DROP



PRIOR to cocking the headpiece, set for forward motion drop by pushing in the headpiece straight drop/forward motion knob.

NOTE: Cock the headpiece with an upward motion on the headpiece cocking lever. Set the desired tension by turning the headpiece tension control knob clockwise (increasing tension) or counterclockwise (decreasing tension). **Changing the drop direction after the headpiece is cocked will result in an ineffective drop and may damage the mechanism.**

VERTICAL ELEVATION



1. Raise the back end of the headpiece by lifting the red grip of the cocking lever (without operating the lever).
Caution: Do not grasp the cushions to raise the back end, which could stretch and damage the small springs.



2. Raise the front end of the headpiece by operating the flexion/extension control lever.



3. With practice, steps 1 and 2 can be combined to vertically raise the headpiece in one smooth motion.

VERTICAL LOWERING



1. Lower the front end of the headpiece by operating the remote control lever.



2. Lower the back end of the headpiece by lifting the headpiece lowering lever firmly with one hand while gently lowering the back end of the headpiece with the other.

IMPORTANT

Advise your patient of your intention before positioning the headpiece. This is especially important when lowering the back end of the headpiece. See step 2. Failure to gently lower the back end of the headpiece may result in its sudden drop, causing alarm to the patient.

HEADPIECE CUSHIONS: ADJUSTABLE WIDTH

The headpiece cushions are easily adjustable in width at the front end for individualized patient comfort. Firmly pull up on the front end of each headpiece cushion and move in (one or two notches) or out (one or two notches) to desired position. Secure cushions by engaging locating pins into notches provided.



Neutral position.



Narrowest position for smaller faces (eg children).



Widest position takes pressure off of the patient's eyes.

PRONE POSITION



Position the patient sufficiently forward with arms outstretched and wrists resting comfortably on the Prone or Crescent Arm Rest, which is adjustable in height. To raise, pull on the loop at the end of the strap. To lower, squeeze the cam lock (to loosen the strap) and push down on the Arm Rest. Advise the patient not to apply weight on the Arm Rest while getting up from the table.

SIDE POSTURE POSITION



Side posture positioning of the patient's head for lumbo-pelvic adjusting or toggle recoil adjusting.

SUPINE POSITION

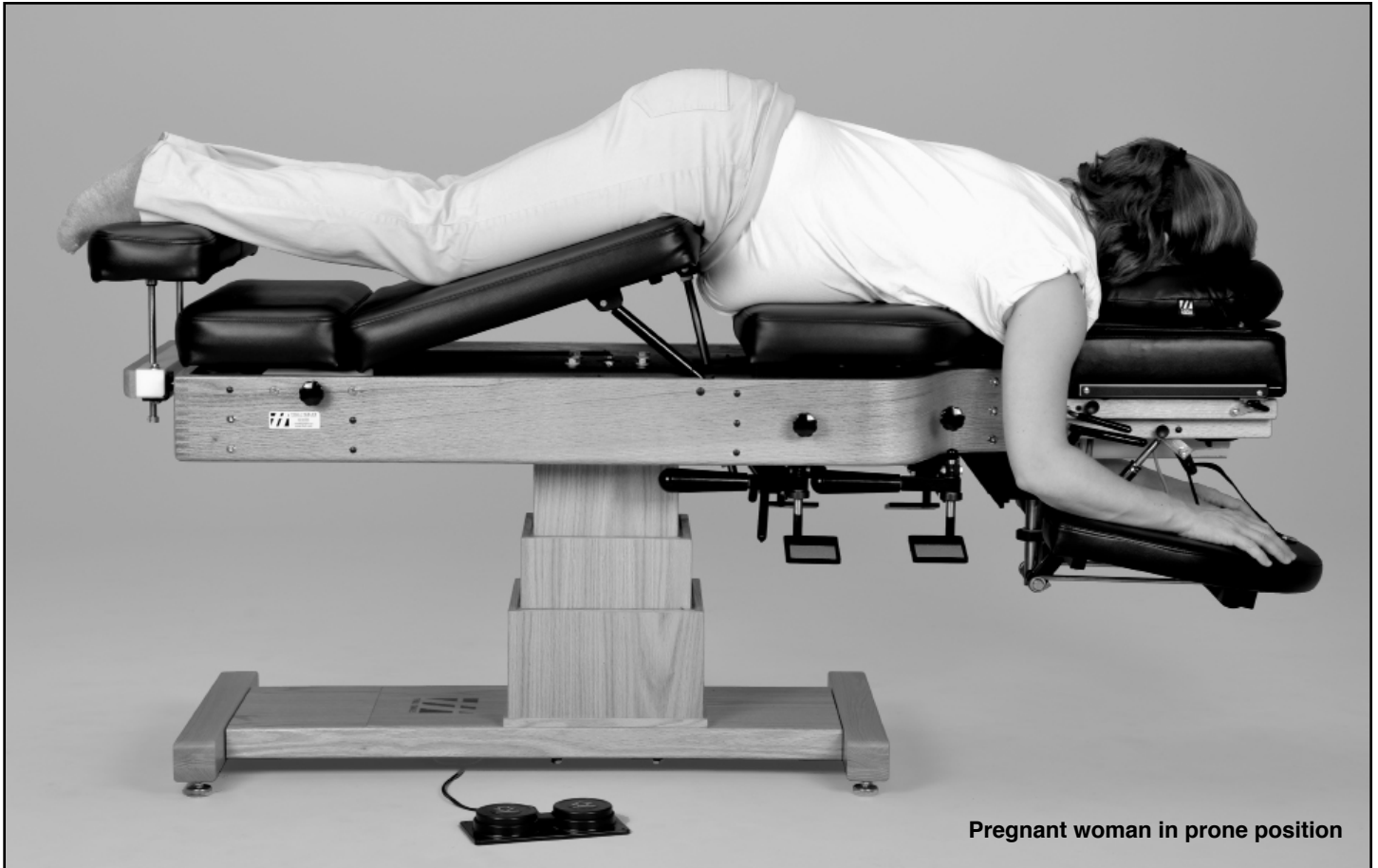


The headpiece can be positioned to support the cervical spine and head when the patient is in the supine position.

EYE COMFORT IN PRONE POSITION

For patients who are sensitive to pressure on their eyes, slightly raise the back end of the headpiece. This will take pressure off of the eyes by supporting the weight of the head at the mandible and zygomatic arches. Using this maneuver, in combination with slight flexing of the headpiece, will provide additional comfort for many patients.

MULTIPLE SECTION POSITIONING



Pregnant woman in prone position

By changing the position of each section, the table can comfortably accommodate individual body types.

RAISING AND LOWERING THE PELVIC SECTION (not available with Synchro Drops)

The cephalad end of the pelvic section can be raised to a height from 0"- 6 1/2" from horizontal, which translates to an angle of 0 - 22 degrees, and is intended to be used in the raised position with the patient in the prone position only.

Before lowering the thoracic or pelvic section from a raised position, advise your patient of your intention. Do not attempt to lower the pelvic section with the patient's weight on the section or without the patient's knowledge, as this could result in a sudden drop of the section causing surprise and/or possible injury to the patient.



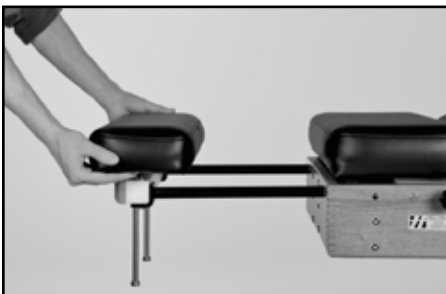
RAISING the pelvic section: Simply lift up on the cephalad end. If your patient is lying prone on the table when you intend to raise the pelvic section, ask the patient to assist you by momentarily shifting his/her weight off of the pelvic section (e.g. to his/her chest and knees) while you raise the pelvic section to the desired height/angle. **FOR USE WITH THE PATIENT IN THE PRONE POSITION ONLY.**



LOWERING the pelvic section:

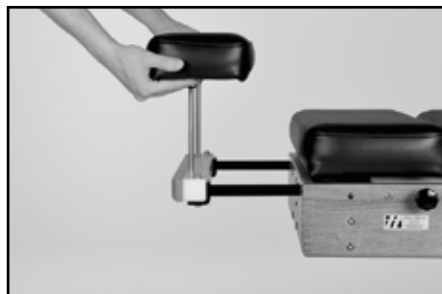
- Advise your patient of your intention.
- Ask your patient to shift his/her weight off of the pelvic section (i.e. to his/her chest and knees).
- Pull back and upward on the pelvic lowering lever.
- Lower the pelvic section by pushing down on the cephalad end.

ANKLE REST EXTENSION



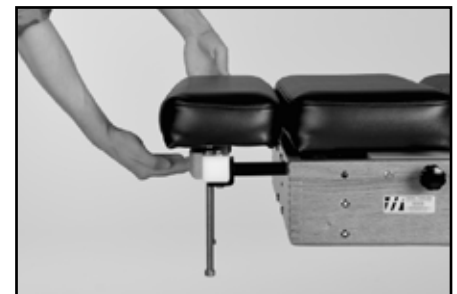
The ankle rest can be extended up to 11" to accommodate taller patients. Shorter patients can drop their feet into the recess created by the extended ankle rest. Locking knobs are provided on both sides of the table.

ANKLE REST ELEVATION

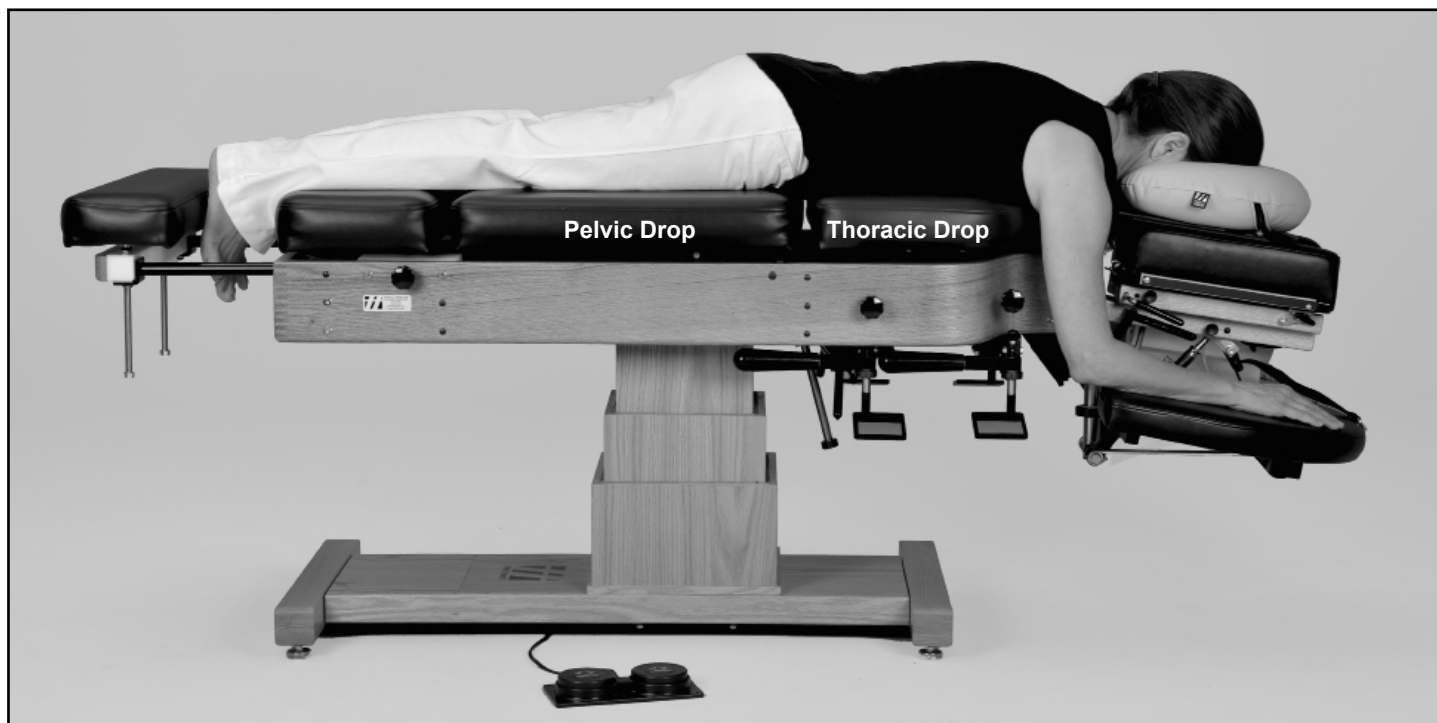


To **ELEVATE**, simply lift up on the ankle rest.

ANKLE REST LOWERING



To **LOWER**, lift the center of the wood bar with one hand while gently lowering the ankle rest with the other hand.



PELVIC DROP

Position the patient's anterior superior iliac spine (ASIS) at the juncture of the pelvic and thoracic sections.

THORACIC DROP

Position the patient sufficiently forward with their arms outstretched and wrists resting on the prone arm rest. This will insure that the skin on the back of the patient's arms will not be pinched between the thoracic section and the table frame when using the drop.

SETTING THE TENSION

BEFORE SETTING THE TENSION, ADVISE YOUR PATIENT OF YOUR INTENTIONS. The pelvic and thoracic drops have adjustable tension and cock with a downward movement of the fold-away hand lever or foot pedal.

1. With the patient on the table, cock the drop section. You must have sufficient tension on the drop mechanism to hold the patient's weight. **NOTE:** It may be helpful to raise the front end of the pelvic section so that it contacts and bears the weight of the patient's pelvis.
2. Loosen the tension by turning the tension control knob counterclockwise until the section drops.
3. Tighten the tension by turning the tension control knob clockwise 2 - 4 half turns.

**Note:* each half turn increases the holding capacity by approximately 10 pounds.

As a general rule, the drop is now set for the patient's weight. The desired tension may vary according to the practitioner's

THORACIC - PELVIC SYNCHRO DROPS (optional)

You can use the Synchro Drops in 3 different ways, depending on how the lever is positioned (it will “click” into its forward, middle or back positions). There is a lever on each side of the table. However, please note that the lever on the left side of the table operates opposite from that on the right side.

When standing on the **right side** of the table:

1. Position the lever **forward** to cock the “back end” of the thoracic section.
2. Position the lever in the **middle** to cock both the “back end of the thoracic section AND the “front end” of the pelvic section at the same time.
3. Position the lever **back** to drop the “front end” of the pelvic section.

When standing on the **left side** of the table:

1. Position the lever **back** to cock the “back end” of the thoracic section.
2. Position the lever in the **middle** to cock both the “back end of the thoracic section AND the “front end” of the pelvic section at the same time.
3. Position the lever **forward** to drop the “front end” of the pelvic section.

Once the section(s) is in position, use the hand-cocking or foot-cocking lever to cock the section(s).

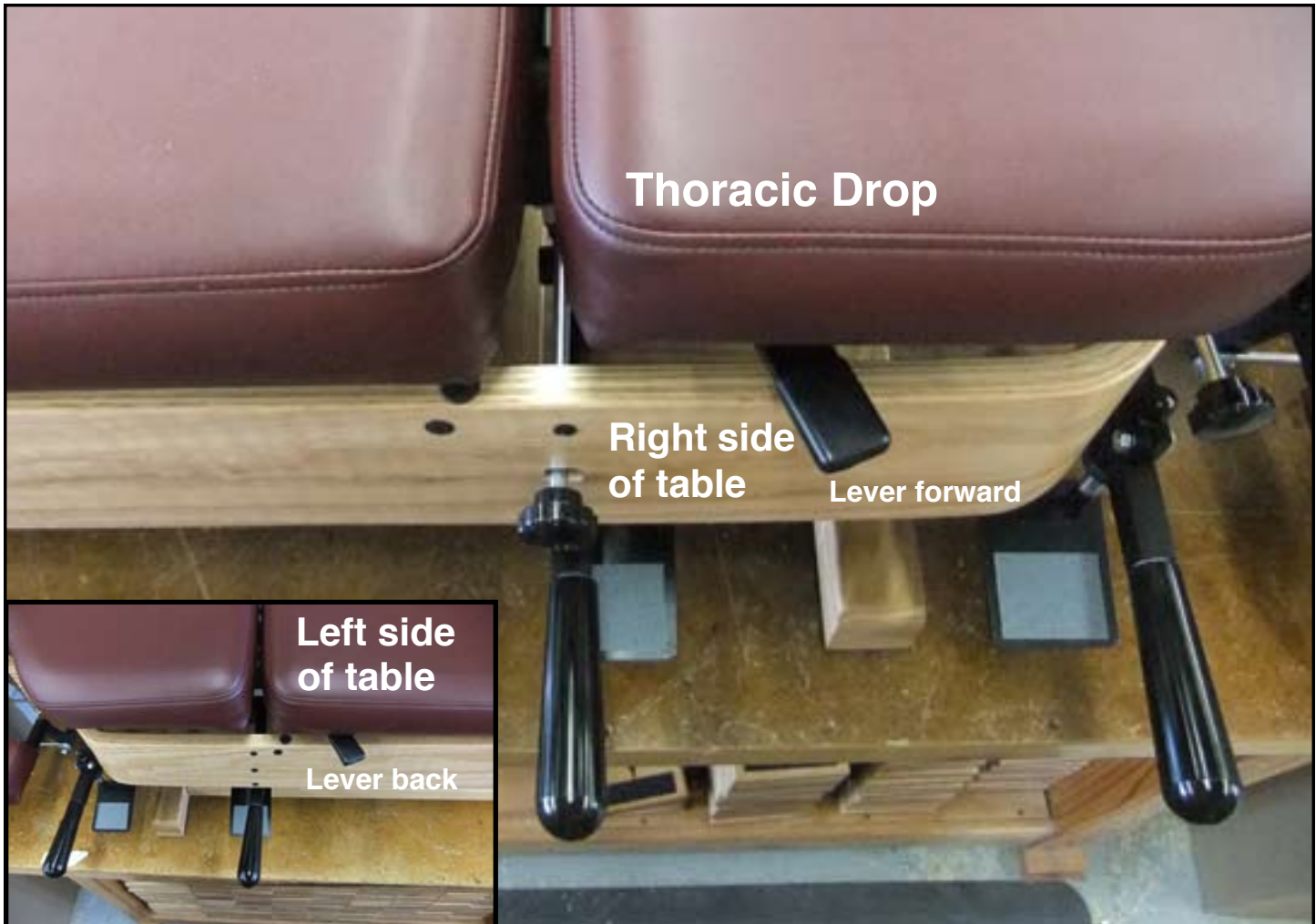
The tension control knob for each drop is located on the right side of the table. The tension can be set differently for each drop.

See the following 3 pages for illustrations on using the Synchro Drops.

Note: The Pelvic Incline is not available with tables that have Synchro Drops.

THORACIC- PELVIC SYNCHRO DROPS (continued)

THORACIC DROP ONLY: LEVER POSITION

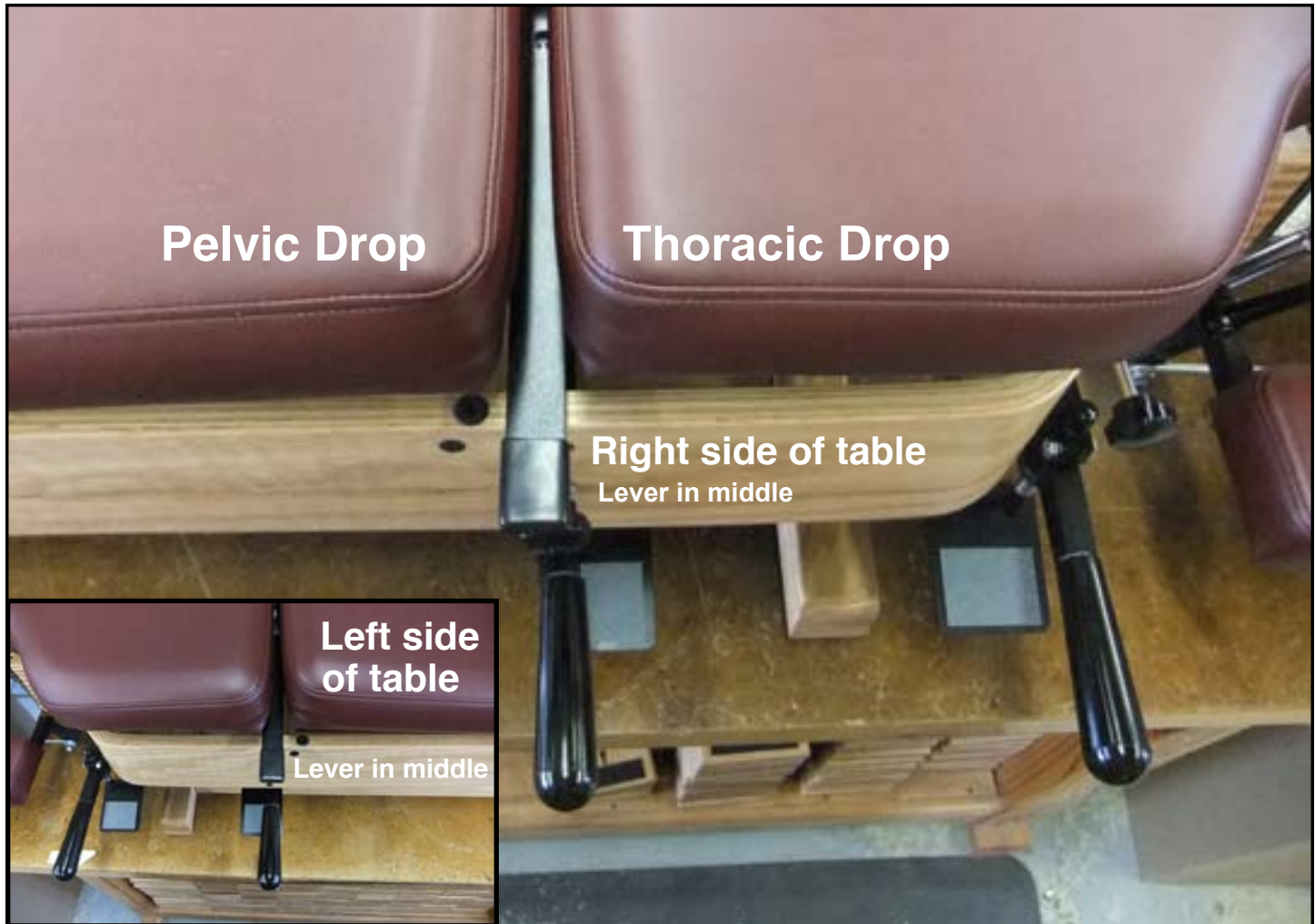


While standing on the **RIGHT** side of the table, the “back end” of the thoracic section will drop when the lever is in the **FORWARD** position.

While standing on the **LEFT** side of the table, the “back end” of the thoracic section will drop when the lever is in the **BACK** position.

THORACIC- PELVIC SYNCHRO DROPS (continued)

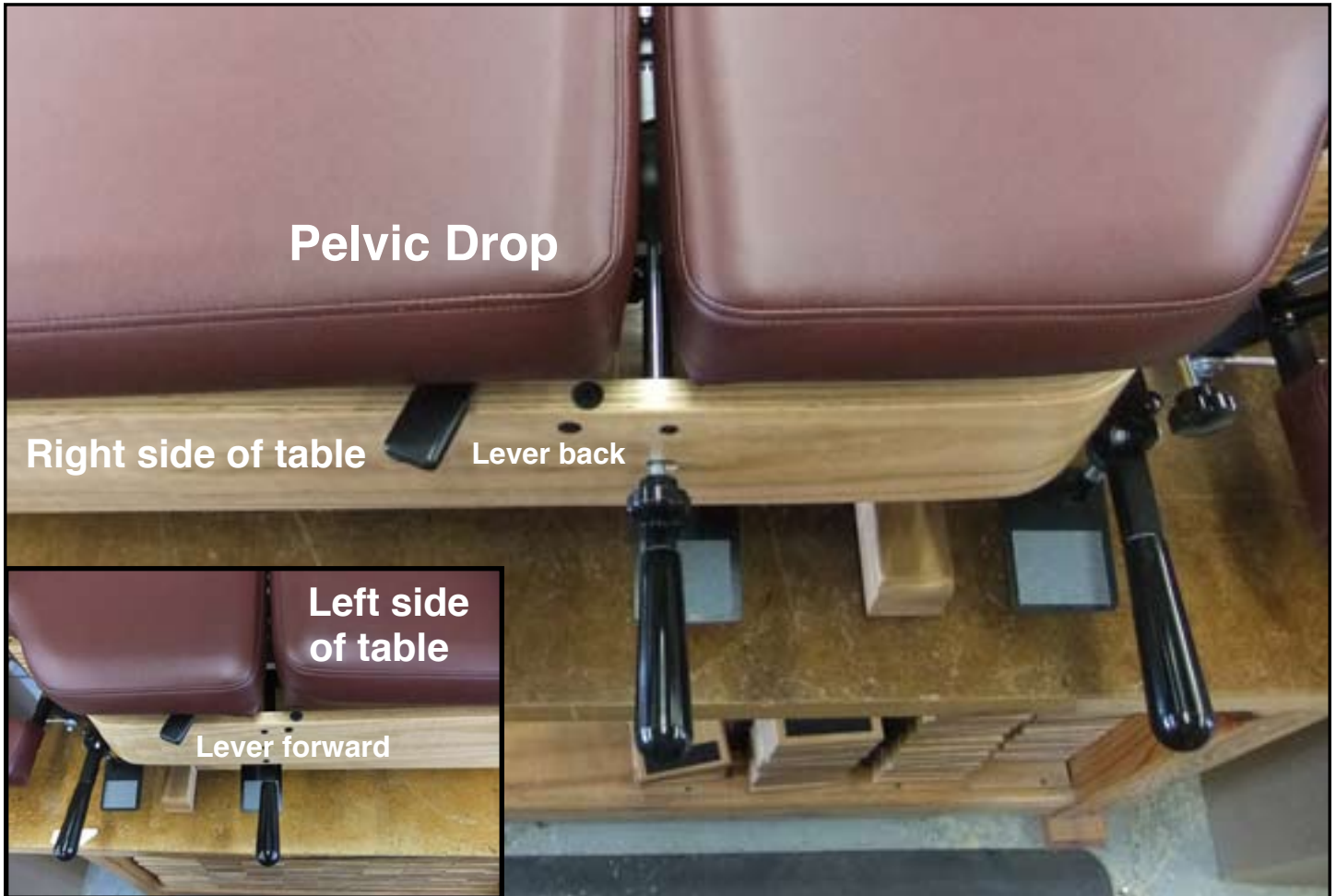
THORACIC & PELVIC SYNCHRO DROPS: LEVER POSITION



Both the “back end” of the thoracic section AND the “front end” of the pelvic section will drop at the same time when the lever is in its **MIDDLE** position.

THORACIC- PELVIC SYNCHRO DROPS (continued)

PELVIC DROP ONLY: LEVER POSITION



While standing on the **RIGHT** side of the table, the “front end” of the pelvic section will drop when the lever is in the **BACK** position.

While standing on the **LEFT** side of the table, the “front end” of the pelvic section will drop when the lever is in the **FORWARD** position.

COMFORT PILLOW



The base of the Comfort Pillow inserts into place between the headpiece cushions. Use with your Thuli or any other manufacturer's table!



The Velcro on the underside of the pillow secures it to the base, allowing for width adjustability.

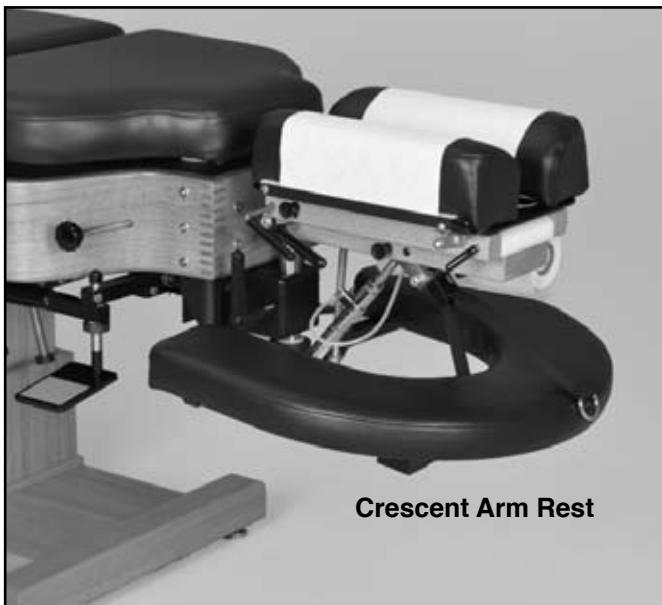


The Comfort Pillow offers massage quality comfort in the prone position.



Rotate the Comfort Pillow 180 degrees to provide cervical support in the supine position.

CRESCENT ARM REST



The Crescent Arm Rest provides additional forearm support in the prone position. Can be retrofitted at anytime (minimal installation required).

BOLSTERS

2.75" x 20" Bolster (shown on Tour portable)



Bolsters are 20" wide with a nonslip base. Choice of two heights: 2.75" or 4.25". Use in prone position under ankles or in supine position under knees to relax hamstrings.

DROP MECHANISM LUBRICATION

The Thoracic and Pelvic Drops do not require lubrication. However, we do recommend periodic lubrication of the cervical drop mechanism to ensure a smooth, crisp drop. We recommend that you use 3-IN-ONE oil once per month. If the drops has not been lubricated on a regular basis, it is recommend to first clean the plungers using WD-40. See instructions below.

CERVICAL DROP



Routine lubrication:

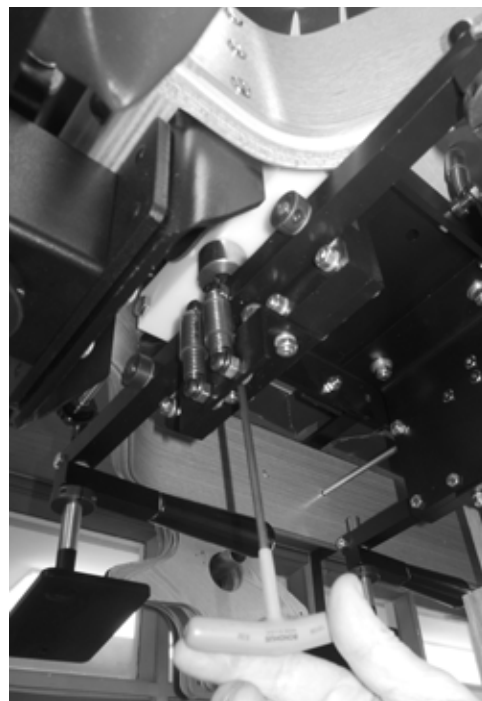
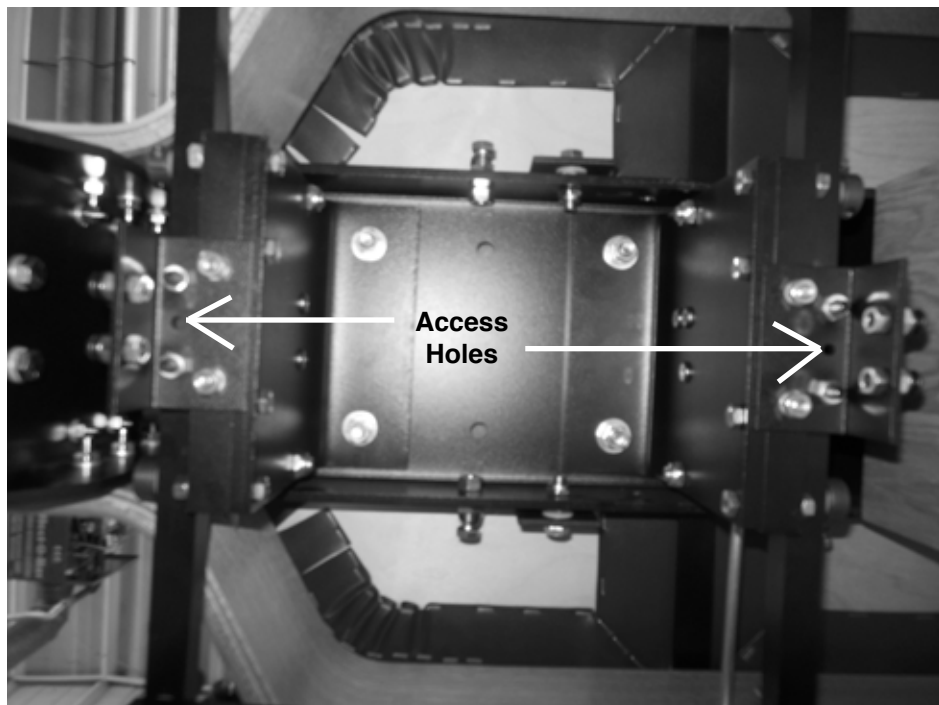
1. Raise the back of the headpiece.
2. Apply 3-IN-ONE into the hole of the white drop mechanism housing as shown in the photo. Allow a few minutes for the lubricant to penetrate the mechanism before using the headpiece drop.

If the drop has not been lubricated on a regular basis:

1. First clean the plunger from accumulated dust and debris by applying WD-40 (as shown above) and then drop the headpiece several times.
2. Apply 3-IN-ONE oil to lubricate the drop (as described above).

UPHOLSTERY

Normal day to day soil on the vinyl upholstery can be removed with neutral soap and warm water, and then rinsed thoroughly. Avoid harsh detergents and powdered abrasives. Areas coming in contact with hair, body oils or perspiration should be washed frequently. Remove stains immediately to prevent the possibility of them becoming permanent. In the event of damage, pre-sewn replacement upholstery is available from Thuli Tables.

THORACIC & PELVIC STRIKE PLATES

Periodic tightening of the thoracic and pelvic drop mechanism strike plates will assure proper functioning and reduce wear on the cocking arms. We recommend doing this approximately once/month.

Locate the access hole in the angle bracket of each drop. Using the allen wrench provided, insert it through the hole and locate the screw to tighten the strike plate. Tighten the screw firmly. Do this on both of the thoracic and pelvic strike plates.

To extend the life of the motor, instruct the patient to get on and off at the center of the table as much as possible. Avoid elevating or lowering the table while the patient is not centered on the table. Following is a list of items to check if the motor is not working properly.

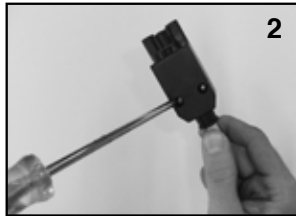
MOTOR IS NOT WORKING

1. The outlet may not be working or the breaker is tripped. Try plugging in another device.
2. The electrical connection in the back of the motor may be disengaged.
3. The air lines from the foot switch to the motor may be not be fully connected or they may be kinked or broken. If they are kinked, try to straighten them. If broken, we sell replacement air lines.
4. The foot switch may be worn out. Unplug the air lines from the foot switch and blow into both of them, one at a time. If the foot switch is worn out, the motor will operate by doing this. Contact us for a replacement foot pedal.
5. The wires inside the plug may be loose or disconnected.

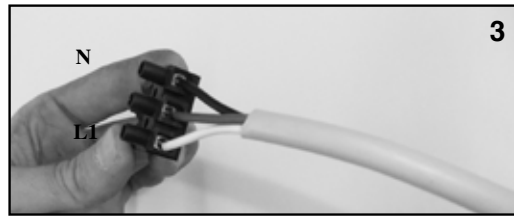
To check this, first unplug the motor from the electricity. Follow the steps below.



Remove the plug from the motor by lifting up on the tab (using a flat screwdriver).



Remove the cover by removing the 2 screws (using a Philips screw driver).



Loosen the 3 screws (using a flat screwdriver) and re-connect the wires as follows:

110 Motors:

White wire goes into L1 (left)
Green wire goes into middle
Black wire goes into N (right)

220 Motors:

Brown wire goes into L1 (left)
Green/Yellow goes into middle
Blue goes into N (right)

6. If the above steps do not solve the problem, the motor must be sent in for repair. Please contact us.

MOTOR IS MAKING NOISE

1. Squealing or screeching noise:
The electronic brake has likely failed and must be sent in for repair.
2. Clicking noise:
This is normal and may get louder with age, but functionally the motor is fine.

MOTOR MOVEMENT

When the table is in an elevated position, some movement of the table is normal. If the movement becomes excessive and interferes with function, it is likely that the motor needs replacing. Please contact us.

VERY MODERN, VERY SOPHISTICATED

Recognizing the need for distinctive, contemporary graphics for chiropractic offices and reception areas, Thuli Tables has commissioned two fine sets of plaques. Unmatched in visual appeal and content, these plaques are perfect for your consultation and adjusting rooms. They will assist your patients in understanding the essential principles of chiropractic.

Silkscreened on black laminate, each piece is 9" x 22" x 3/4".

QUOTATION SET

*"Look well to the
spine for the
cause of disease."*

— Hippocrates



*"The doctor of the future will give
no medicine, but will interest his
patients in the care of the human
frame, in diet, and in the cause
and prevention of disease."*

— Thomas Edison



chi-ro-prac-tic (kī'rō-prāk'tic)n.

[Greek *cheir*, hand + *praktikos*, done by]

That science and art concerned with the relationship between the spinal column and the nervous system as it affects the restoration and maintenance of health, primarily utilizing the hands to adjust misaligned or malfunctioning vertebrae.

EDUCATION SET



A **SUBLUXATION** refers to the structural misalignment or fixation between two or more adjacent vertebrae, causing nerve irritation and resultant alteration in normal mechanical and neurological functions of the body.

An **ADJUSTMENT** is the specific chiropractic procedure used to eliminate or reduce a subluxation, thereby restoring normal neural transmission to the involved area, and assisting the body's natural ability to achieve maximum health.

www.thulitables.com



Tour Portable

youtube.com/thulitables



Sport Portable



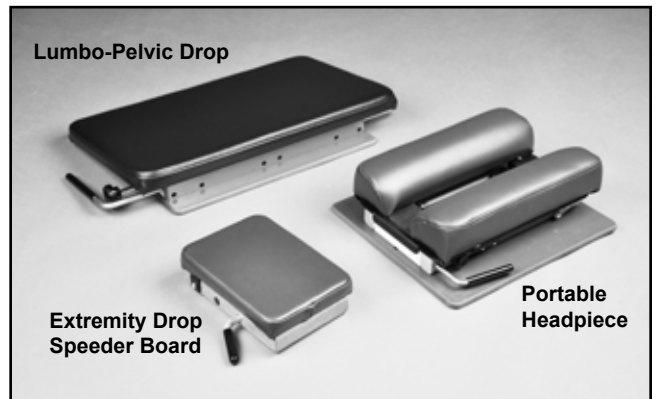
300 Stationary



500 Stationary



Elevation Tables



Portable Drops