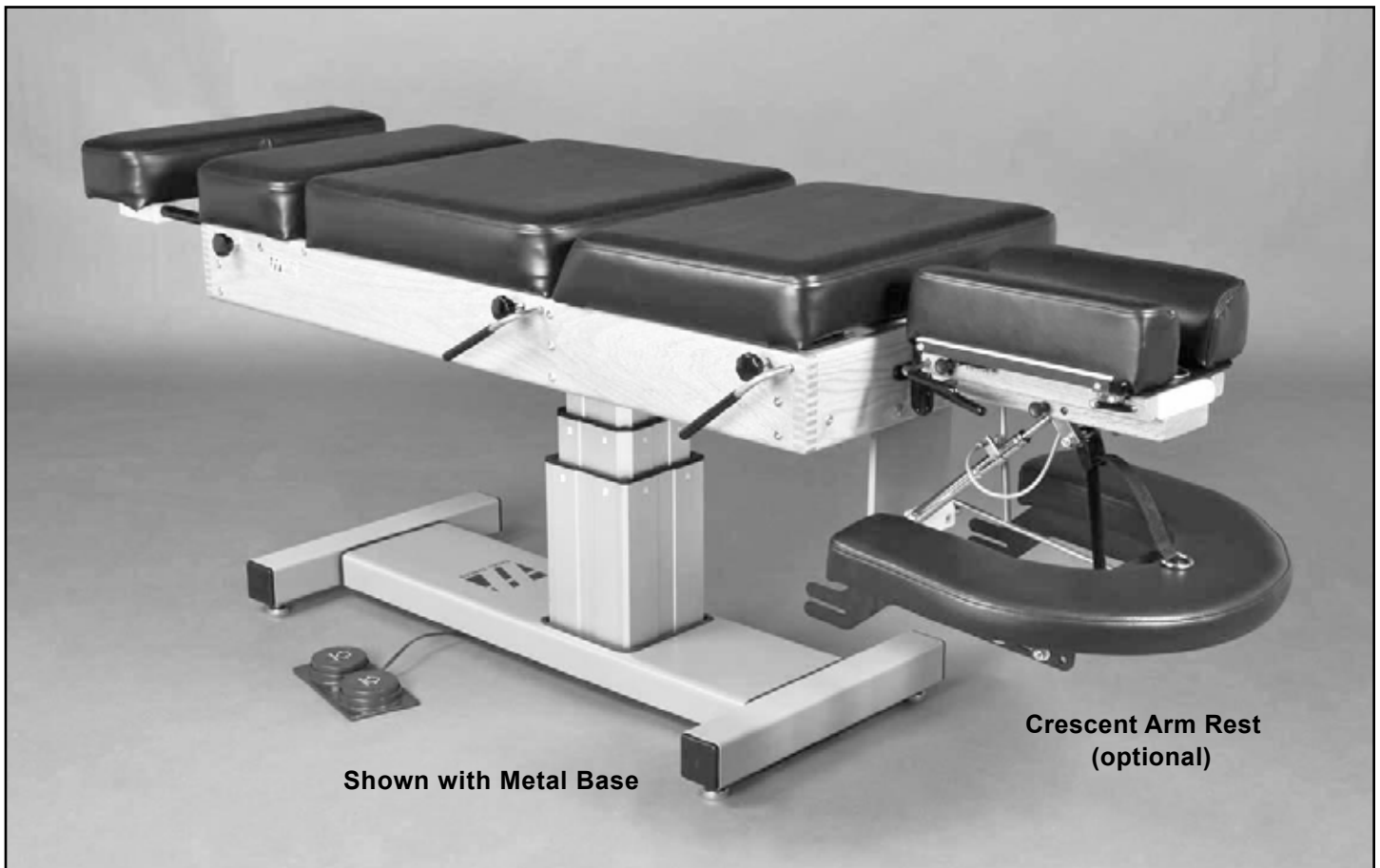




Videos & Manuals

## 350 Owner's Manual

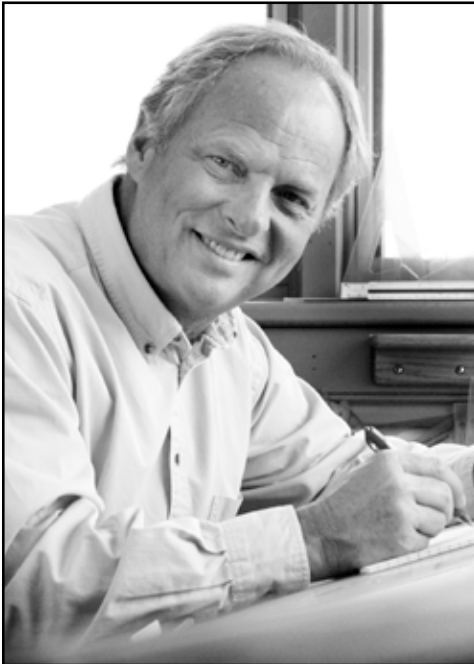


Shown with Metal Base

Crescent Arm Rest  
(optional)

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Thank you for your purchase of a 350 Elevation table.

We are pleased to provide you with an adjusting table that is versatile, extremely durable and skillfully designed. 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.

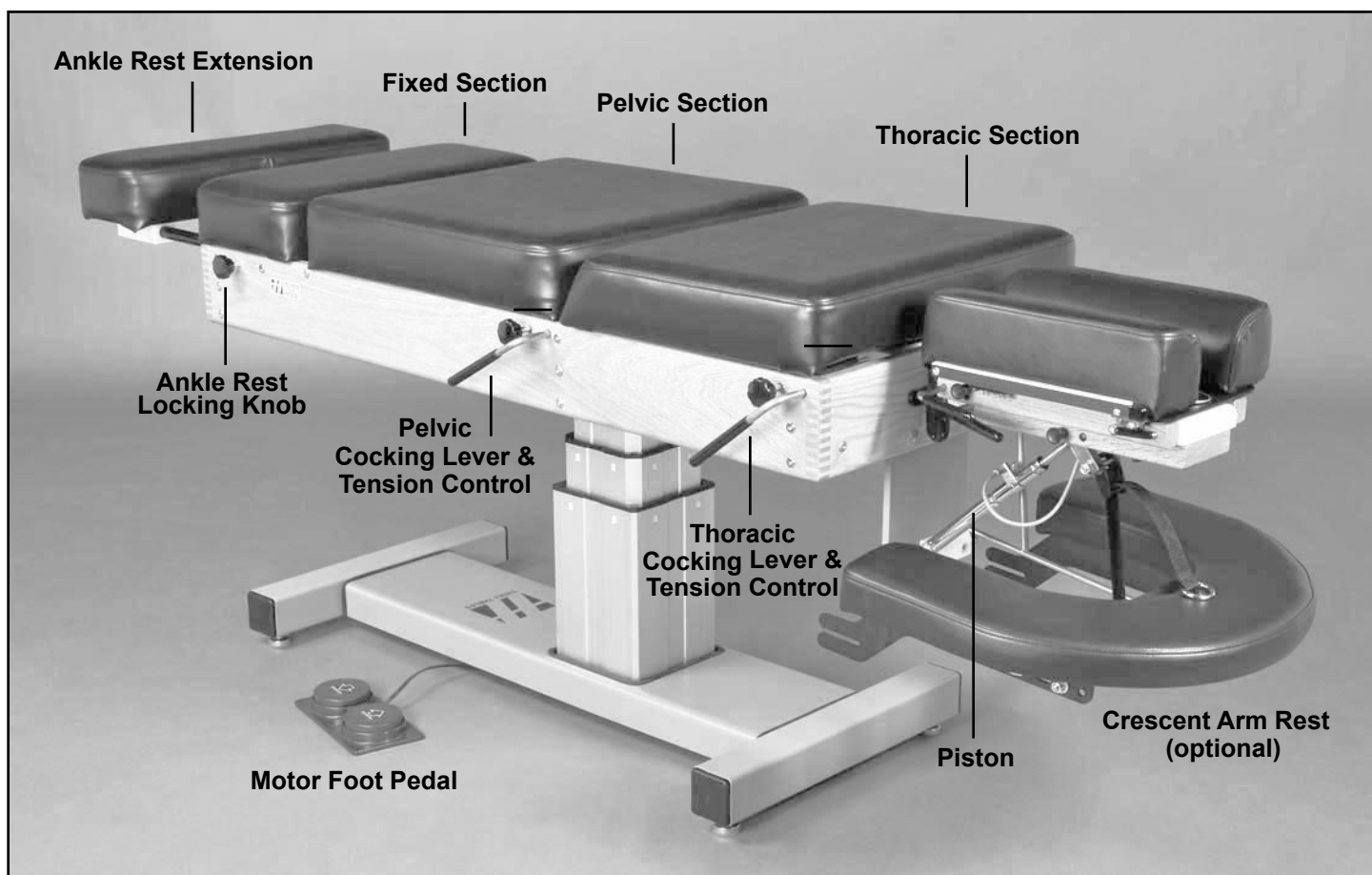
Please take the time to read this manual. It will familiarize you with your table, including its proper operation and maintenance.

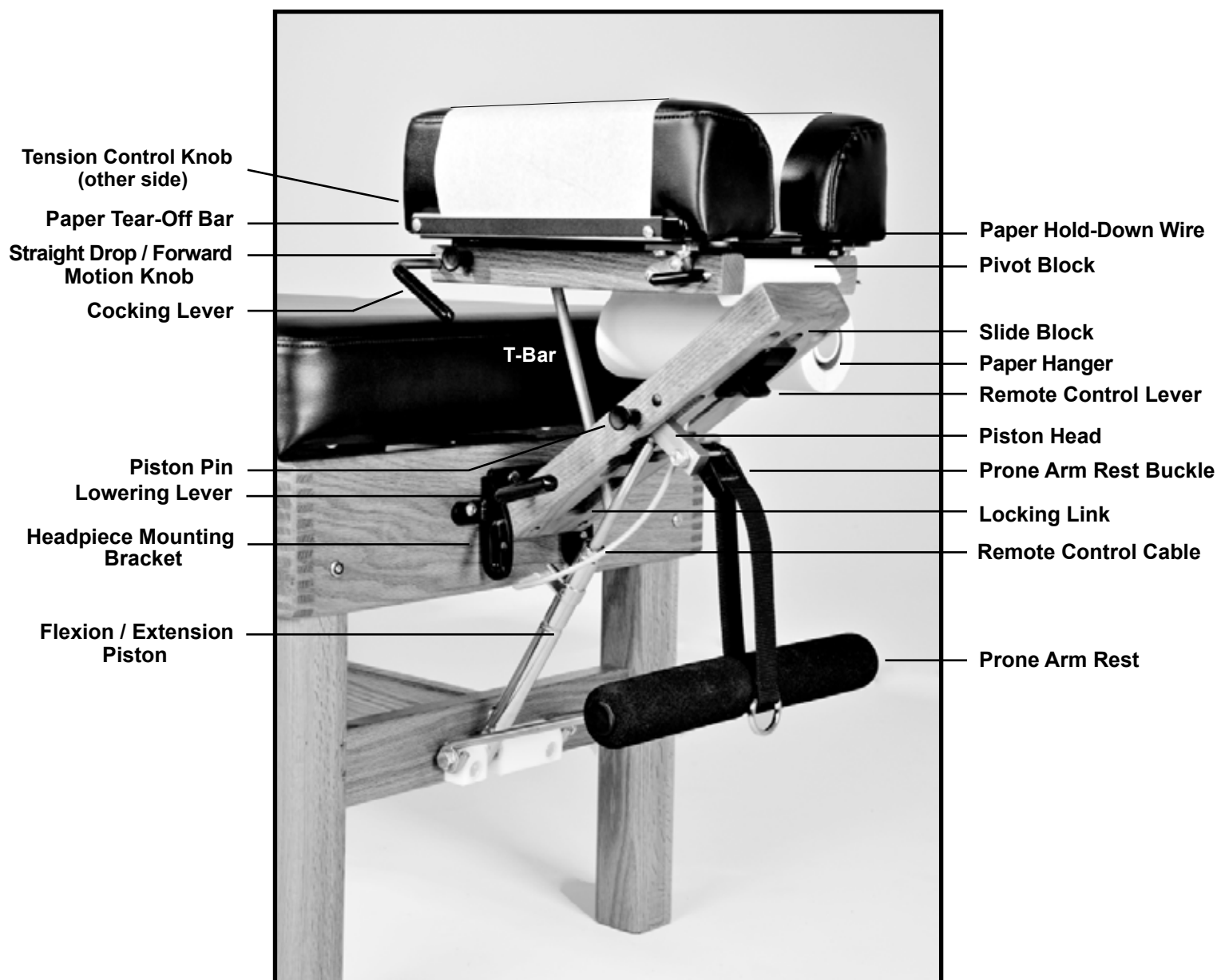
If you have any questions or comments, please contact us!

**Sincerely,**

A handwritten signature in dark ink, appearing to read "Thuli". The signature is written in a cursive, flowing style.

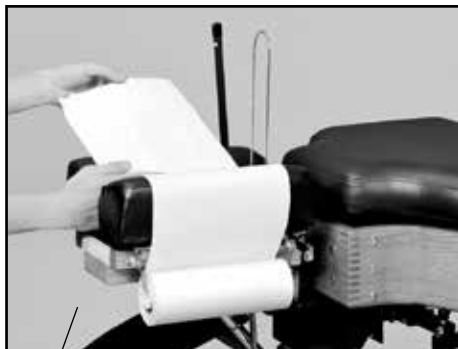
**Rick Thuli, D.C.  
President**





Shown on 300 Stationary

## HEADPIECE PAPER



1. Attach a 8.5" roll of paper.
2. Raise the paper hold-down wire and tear-off bar. Advance the paper several inches beyond the tear-off bar and tuck it between the cushions.
3. Lower the hold-down wire and close the tear-off bar.



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.

## 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.



Narrower position for smaller faces (eg children).



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

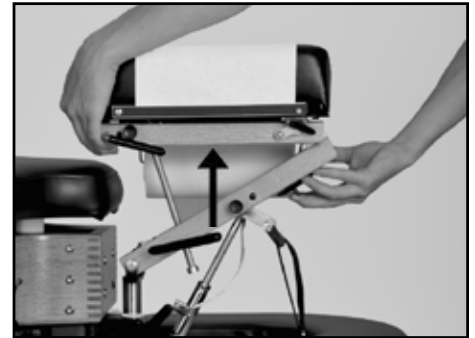
## VERTICAL ELEVATION



1. Raise the back end of the headpiece by lifting it up.



2. Raise the front end of the headpiece by operating the remote 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 (same as flexing or extending the headpiece).



2. In one smooth motion, 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.

## FLEXION / EXTENSION



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

## LATERAL FLEXION (optional)



For lateral motion, 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 when the headpiece is in the flexed, extended, or elevated position.

## 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.

## 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

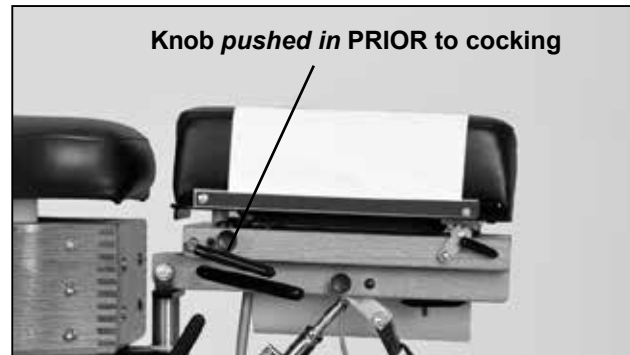
For patients who are sensitive to pressure on their eyes, slightly raise the back end of the headpiece. This will take pressure off of the eyes by supporting the weight of the head at the mandible and zygomatic arches. Using this maneuver, in combination with slight flexing of the headpiece, will provide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

## 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, simply push it back in and continue.

## FORWARD MOTION DROP



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

**Note:** Be sure to change the headpiece drop function **before** cocking the headpiece to prevent an ineffective drop and damage to the drop mechanism.

## DROP OPERATION AND TENSION SETTING

The drops on the headpiece have adjustable tension and cock with an upward movement of the cocking lever. To prevent damage, **DO NOT** lift the cocking lever further once the drop is activated.

Following is a general guideline for setting the tension.

1. Advise your patient prior to setting the tension.
2. Cock the headpiece with an upward motion of the cocking lever. There must be sufficient tension on the drop to hold the patient's head.
3. Decrease the tension control knob by turning it counter-clockwise until the section drops.
4. Increase the tension by turning the tension control knob clockwise 3-4 half turns. As a general rule, the drop is now set, but may vary according to the practitioner's preference.

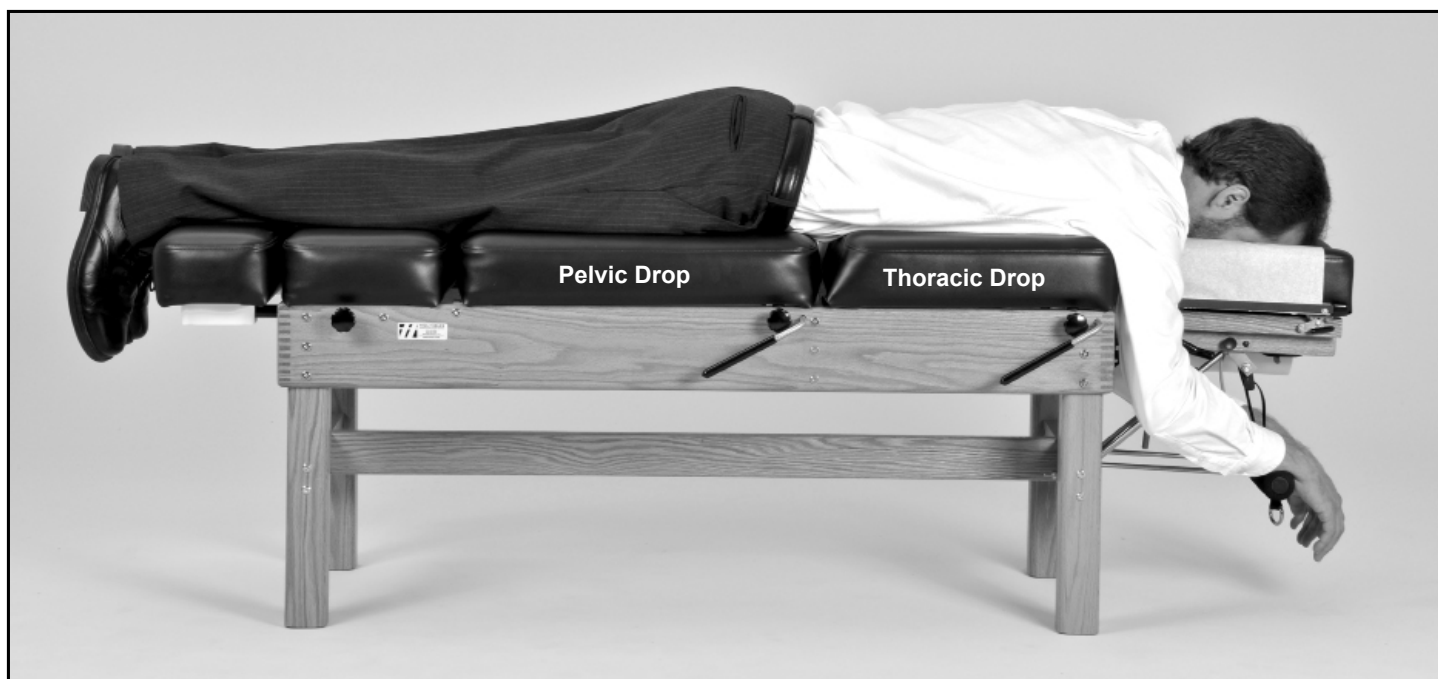
## DROP HEIGHTS

The headpiece drop can be changed from a standard 0.54" drop height to a short 0.35" low force drop by removing the black bumper on top of the plunger, as follows:

1. Lift the back end of the headpiece until the T-bar disengages from the link.
2. Set the headpiece on its cushions.
3. Pull the Straight Drop / Forward Motion Pin out half way.
4. Cock the drop.
5. Set the headpiece on its front end, and pry open the cushions from its base with one hand. Using a utility knife (or screwdriver), "pop" off the black bumper from the top of the white plunger.
6. Store the bumper in the hole of the plastic block on the slide block.







## **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**

All drops have adjustable tension control and cock with an upward movement of the cocking lever. Following is a general guideline for setting the tension.

1. Advise your patient prior to setting the tension.
2. With the patient on the table, cock the drop section with an upward motion of the cocking lever. There must be sufficient tension on the drop to hold the patient's body weight.
3. Decrease the tension control knob by turning it counter-clockwise until the section drops.
4. Increase the tension by turning the tension control knob clockwise 3 - 4 half turns. As a general rule, the drop is now set for the patient's weight, which may vary according to the practitioner's preference.

## THORACIC INCLINE



### CERVICAL PALPATION & ADJUSTING

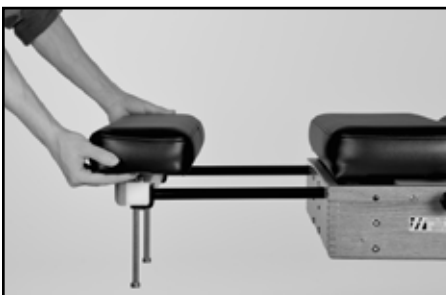
**Uses of the thoracic incline include** anterior thoracic adjusting, cervical palpation and diversified cervical adjusting. This feature allows the practitioner to remain in a comfortable, upright position.



### ANTERIOR THORACIC ADJUSTING

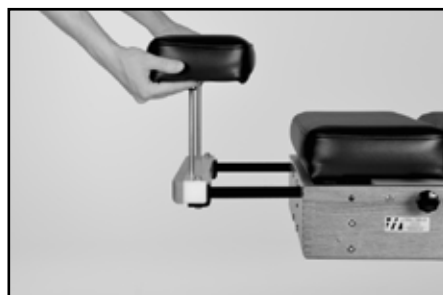
The thoracic section can be raised to a 20° angle. Lift the thoracic section, swing the slant bar down and allow the rubber tips to rest on top of the front legs (the right arm of the slant bar will straddle the thoracic tension control knob).

## ANKLE REST EXTENSION

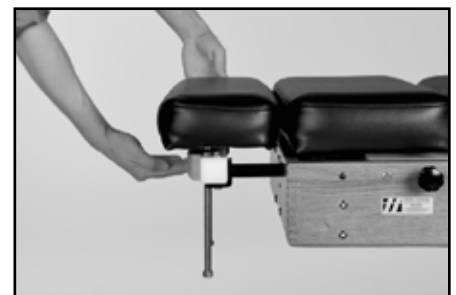


The ankle rest can be extended up to 11" for taller patients. Shorter patients can drop their feet into the recess created by the extended ankle rest. Locking knobs are located on both sides of the table.

## ANKLE REST ELEVATION & LOWERING (optional feature)

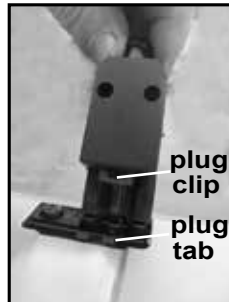
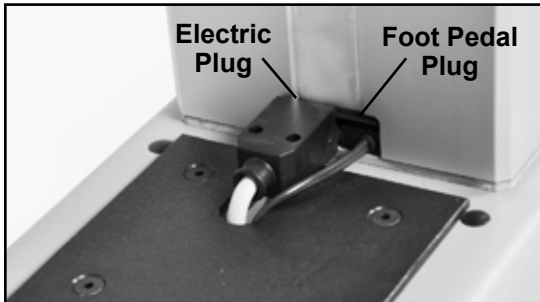


To **elevate**, simply lift up on the ankle rest.



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

## MOTOR SET-UP



The electric and foot pedal plugs are located at the base of the motor shaft.

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.

## MOTOR OPERATION

Raise and lower the motor by pressing your foot on the foot pedal.

To extend the life of the motor, instruct the patient to get on & off **at the center of the table**. Avoid raising or lowering the table when the patient is not centered on the table.

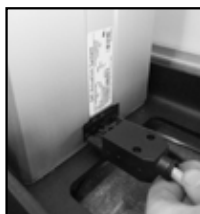
**Please note that there is an automatic shut-off to prevent the motor from overheating.** The motor will shut down after a certain number of continuous cycles up/down, which varies with the weight of the patient (the more weight, the more stress on the motor). Simply let the motor cool down for 30 minutes before using.

## MOTOR WARRANTY

The motor is covered by a one year warranty. Please note that the motor, like all electrical products, will eventually wear out. The life of the motor is determined by various factors including number of uses, weight and positioning of patients, humidity and environmental conditions. If the motor is not functioning properly, please go through this checklist and contact us if necessary.

## MOTOR DOES NOT WORK

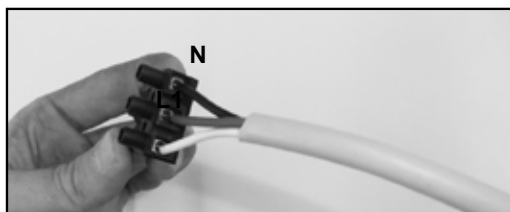
1. The motor may be in an automatic shut-off mode to prevent it from overheating. This happens after a certain number of continuous cycles up/down and varies with the weight of the patient (the more weight, the more stress on the motor). Let the motor cool down for 30 minutes before using.
2. The outlet may not be working or the breaker is tripped. Test the outlet using another device.
3. The electrical connection in the back of the motor may be disengaged. Refer to the video on the FAQ/User Questions page on our website ([www.thulitables.com](http://www.thulitables.com)) for the proper connection.
4. The air lines from the foot switch to the motor may not be fully connected or may be kinked or broken. If kinked, try to straighten. If broken, contact us for a replacement.
5. 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 motor operates by doing this, the foot switch is worn out. Contact us for a replacement.
6. The wires inside the plug may be loose or disconnected.  
To check, first unplug the motor from the electricity and then 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:

### **120 volt motor:**

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

### **230 volt motor:**

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

## MOTOR IS MAKING NOISE (Squealing, Screeching or Clicking)

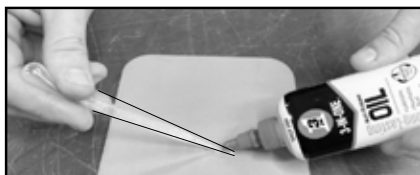
1. The motor may need lubrication (contact us for a kit).
2. Over time, a slight clicking sound may develop (which can not be eliminated).

## TABLE 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.

## DROPS: CLEANING & LUBRICATION

Periodic lubrication of the drops will insure smooth, crisp drops. Use **3-IN-ONE** oil every month or 500 adjustments. If the drops have not been lubricated on a regular basis, first apply **WD-40** to clean the plungers from dust & debris (see below).



### SYRINGE USE (FOR PELVIC DROP)

To access the pelvic plunger, use a small syringe (provided). Squeeze several drops of **3-IN-ONE** oil onto a nonporous surface and suction into the syringe. Save the syringe for future use.

### CERVICAL DROP



#### Routine lubrication:

1. Raise the headpiece and cock the drop.
2. Apply **3-IN-ONE** oil into the hole of the plastic block. Allow a few minutes for the oil to penetrate before using.

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

1. Apply **WD-40** into the hole and then drop the headpiece several times to clean the plunger from dust & debris.
2. It is important to follow the cleaning with **3-IN-ONE** oil for lubrication.

### THORACIC DROP



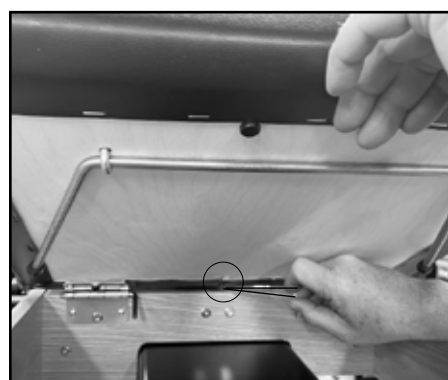
#### Routine lubrication:

1. Cock the thoracic drop and raise the section to its inclined position. Apply **3-IN-ONE** oil onto the thoracic plunger.
2. Cock the pelvic drop. Raise the thoracic section as far as possible, exposing the pelvic plunger just beyond the wood crosspiece. Using the syringe, apply **3-IN-ONE** oil onto the pelvic plunger and allow several minutes for penetration.

#### If the drops have not been lubricated on a regular basis:

1. Apply **WD-40** onto the plungers (as above) and allow a few minutes for penetration. Drop each section several times to clean from dust & debris.
2. It is important to follow the cleaning with **3-IN-ONE** oil for lubrication.

### PELVIC DROP



## TENSION CONTROL ADJUSTMENT

The resistance on the tension control rod can be increased or decreased. Do this by adjusting the set screw on the bottom of the thoracic, pelvic and caudal drop blocks using a 1/8" allen wrench:

**Increase resistance:** Turn the set screw clockwise. This is helpful if the tension control rod is "backing out" while using the drop.

**Decrease resistance:** Turn the set screw counter-clockwise.

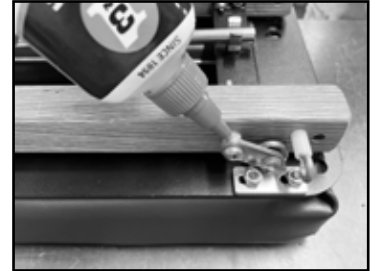


Set Screw

## HEADPIECE HINGE LOOSENING & LUBRICATION

If the forward motion drop on the headpiece becomes sluggish or only one side is moving, the hinges on each side of the headpiece have likely tightened over time. Loosen as follows:

1. Using a thin 3/8" thin wrench, turn the nut clockwise to the wood, which loosens the hinge.
2. Apply a few drops of 3-IN-ONE oil to the nut & screw on each side of the hinge on a regular basis to keep the hinge lubricated and moving freely.



## VINYL CLEANING

1. **Mild Cleaning:** Dilute dish soap in warm water (1:10) and clean using a soft cloth. Follow with a thorough, clear water rinse. If more cleaning is necessary, use a soft bristle brush with the same solution. 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 becoming permanent. Alcohol (70% min) is effective in removing some stains. **Follow with a thorough, clear water rinse.**
2. **Disinfecting Options:**
  - Bleach:** In spray bottle, dilute 4 tsp bleach in 1 quart of water. Spray on vinyl, leave for 1-2 minutes and rinse well with water.
  - Hydrogen Peroxide (3%):** Available in spray bottle. Use undiluted and leave on for 5 minutes and rinse well with water.
3. **Water Rinse:** It is important to follow any cleaning with a thorough, clear water rinse to minimize premature deterioration of the vinyl from extended exposure to chemicals.

## VINYL REPLACEMENT

In the event of wear or damage, pre-sewn replacement vinyl is available from Thuli Tables.

## **WARRANTY**

Our tables are designed and built to high standards. We are proud to offer a limited lifetime warranty against manufacturing defects, with the exception of the headpiece piston and the motor (on elevation tables), which are covered by a one year warranty.

This warranty is valid to the original owner if the table has not been altered in any way. It does not cover issues caused by normal wear & tear or damage due to accidents, improper use or negligence.

If your table needs repair, whether under warranty or not, please contact us. We will determine what is needed and send you either a replacement or the necessary part for repair. Our tables have been designed so that replacing a part is relatively easy to do yourself. Please note that we do not cover labor costs if you hire someone to install the replacement part on your behalf.





**Junior Portable**



**Sport Portable**



**Tour Portable**



**300 Stationary**



**500 Stationary**



**Elevation Tables**



**Treatment Tables**



**Portable Drops**

# **THULI TABLES**