

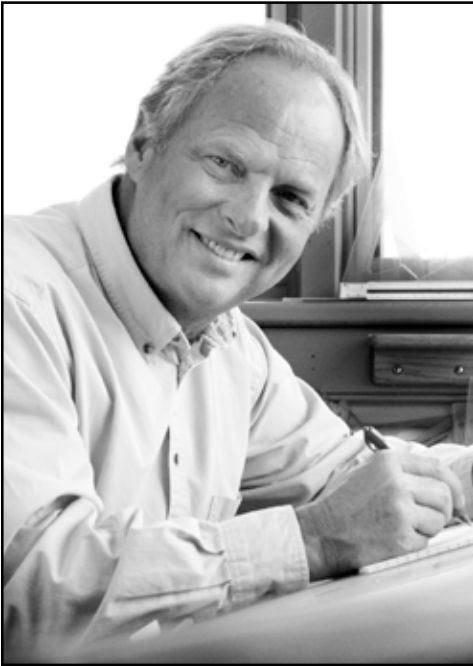


550 Owner's Manual



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Thank you for your purchase of a 550 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.

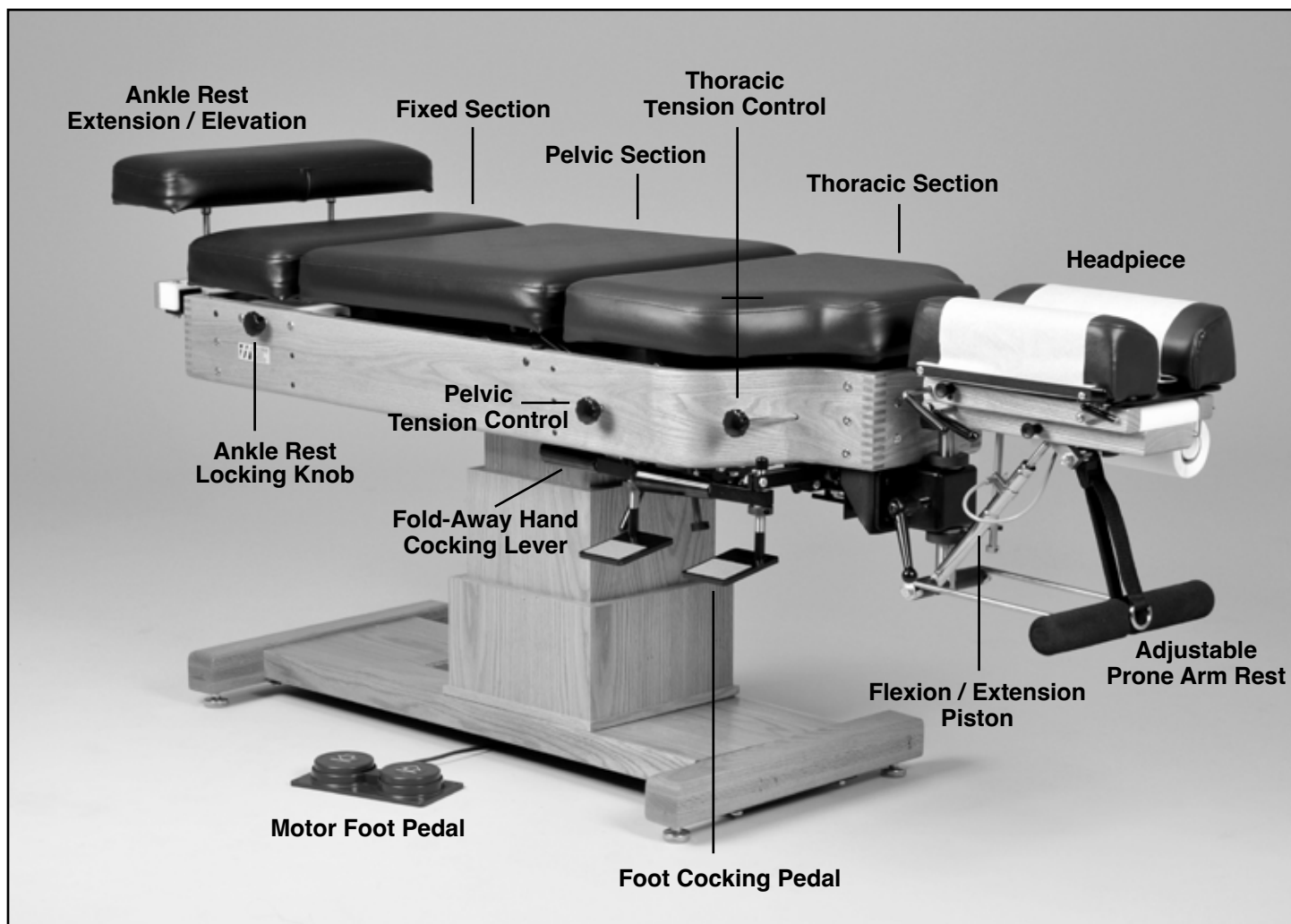
Please take the time to read this manual. It will familiarize you with your table, including its proper operation and maintenance.

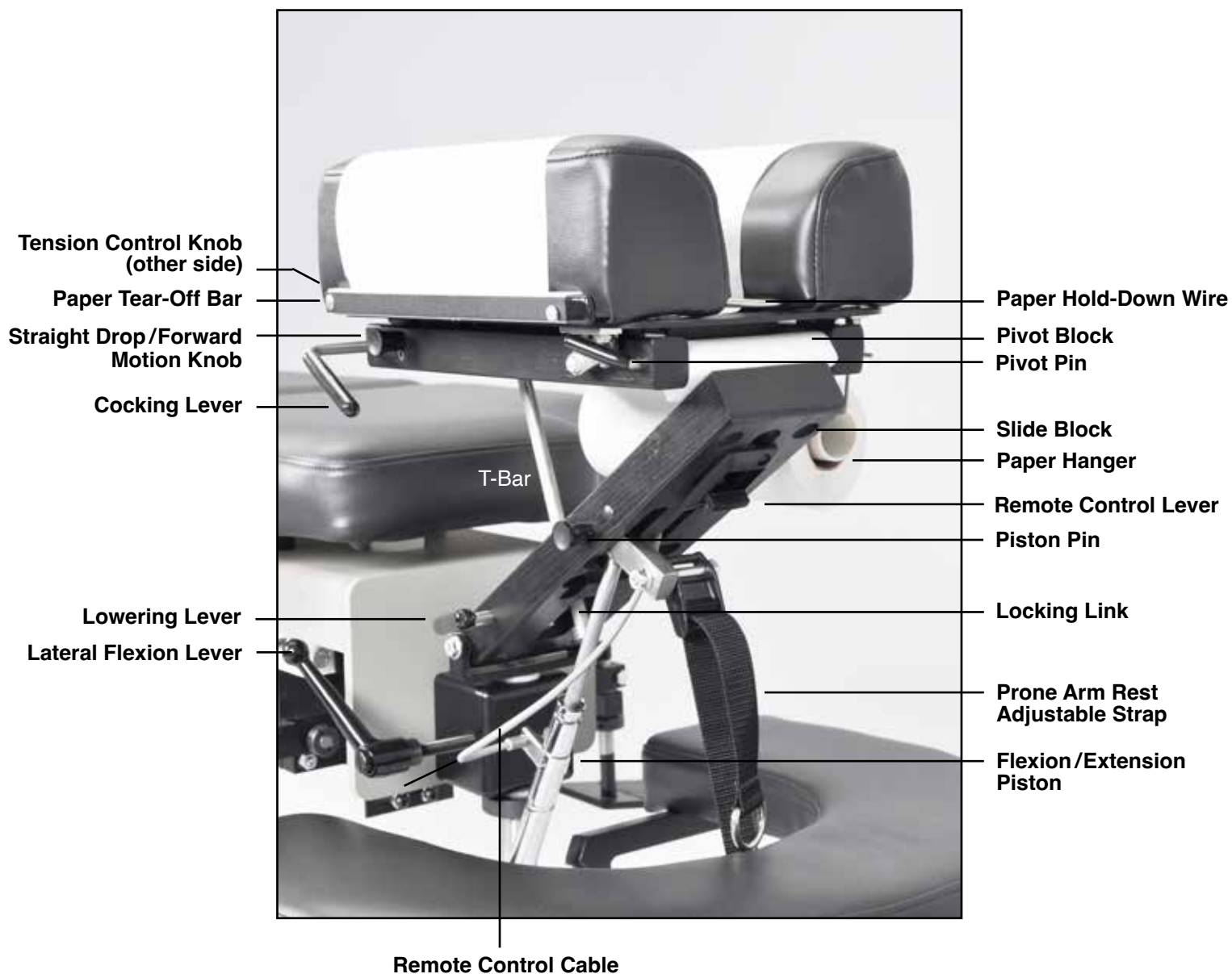
If you have any questions or comments, please contact us!

Sincerely,

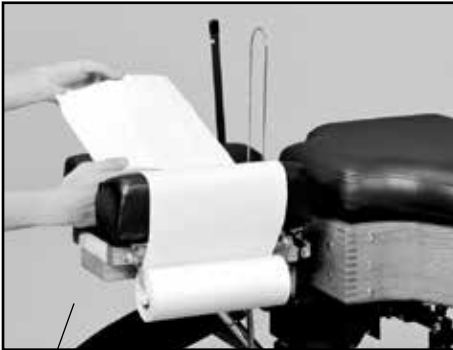
A handwritten signature in cursive script that reads "Thuli".

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





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



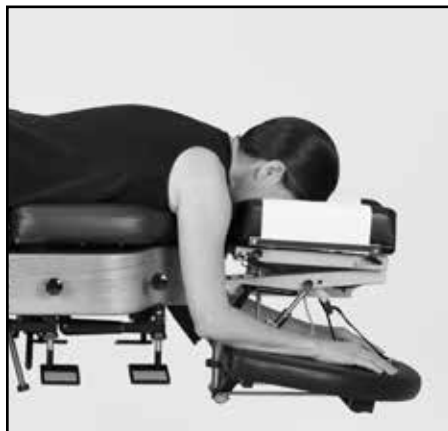
For lateral motion, lift the lateral flexion lever in a counterclockwise direction, manually position the headpiece, then lock it into position by tightening the lateral flexion lever. This can be done when the headpiece is in the flexed, extended, or elevated position.

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 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 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.

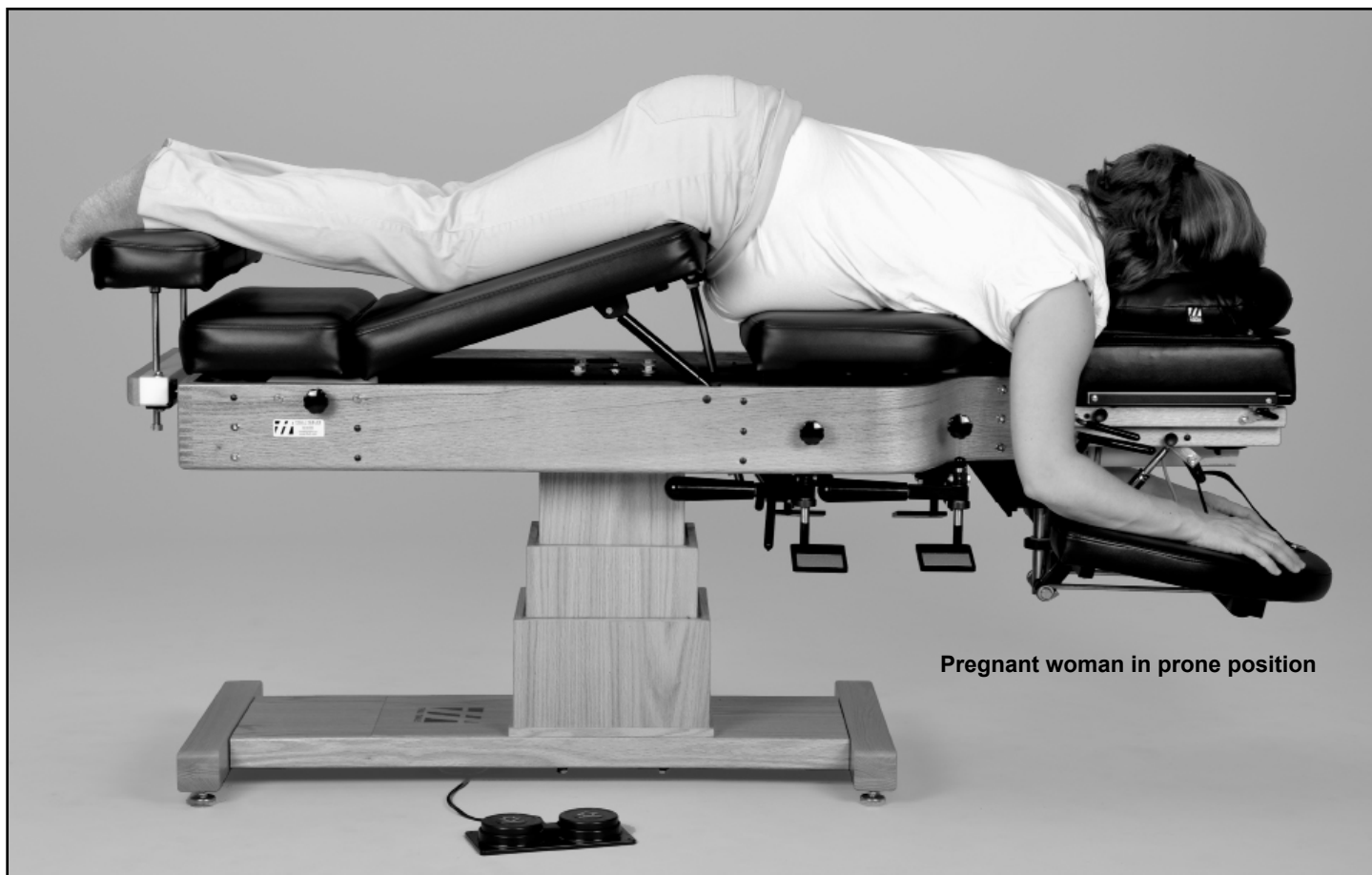
DROP HEIGHTS

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.



MULTIPLE SECTION POSITIONING



Pregnant woman in prone position

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

PELVIC SECTION: RAISING & LOWERING

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



RAISING the pelvic section: Use only when the patient is in the prone position. Ask the patient to assist you by briefly lifting their weight off of the pelvic section while you raise it to the desired height.



LOWERING the pelvic section: Ask your patient to briefly lift their weight off of the section to prevent its sudden drop. Pull back and upward on the pelvic lowering lever and lower the section by pushing down on the front end.

PELVIC DROP

The pelvic section both elevates and drops. The drop can be used in any elevated position. However, there is a sequence in which it will and will not work:

Proper Drop Function

If the pelvic section is in any elevated position, the drop can be cocked and dropped.

If the pelvic section is in any elevated position, the drop is cocked, and then the section is lowered to an elevation higher than 2" from its neutral position, the drop will work.

Improper Drop Function

While the pelvic section is in an elevated position, the drop is cocked, and (prior to using the drop) the section is lowered to its completely neutral (lowest) position, the drop will **not** work. To correct this, elevate the pelvic section at least 2" from its neutral position, and then the drop will work.

Patient Positioning

Proper prone positioning on the pelvic drop section should have the patient's anterior superior iliac spine (ASIS) at the juncture of the pelvic and thoracic sections.

THORACIC DROP

When using the thoracic drop, position the patient sufficiently forward with their arms outstretched and wrists resting on the prone arm rest.

TENSION SETTING

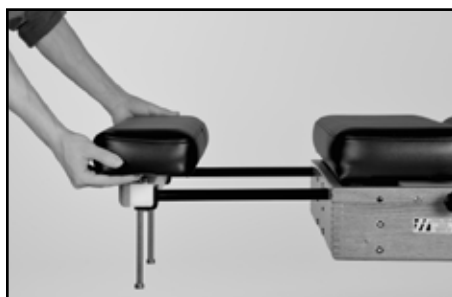
The pelvic and thoracic drops have adjustable tension and cock with a downward movement of the fold-away hand lever or foot pedal.

Before setting the tension, advise your patient of your intention.

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 counter-clockwise 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.

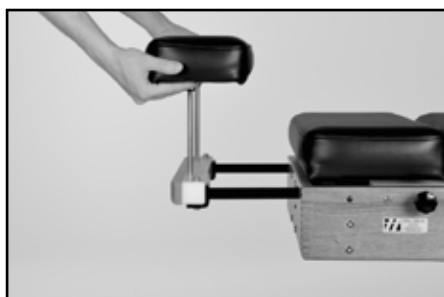
As a general rule, the drop is now set for the patient's weight. The desired tension may vary according to the practitioner's preference.

ANKLE REST EXTENSION



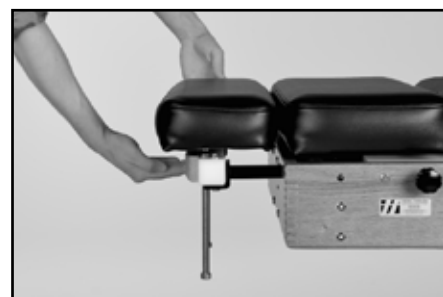
The ankle rest can be extended up to 11" to accommodate taller patients. Shorter patients can drop their feet into the recess created by the extended ankle rest. Locking knobs are located on both sides of the table.

ANKLE REST ELEVATION



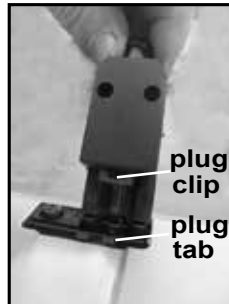
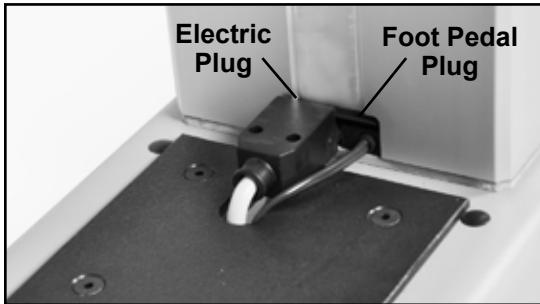
To **elevate**, simply lift up on the ankle rest.

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.

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

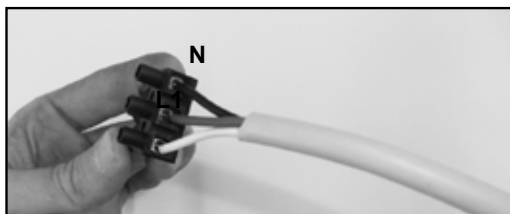
1. The motor may be in an automatic shut-off mode to prevent it from overheating. This happens after a certain number of continuous cycles up/down and varies with the weight of the patient (the more weight, the more stress on the motor). Let the motor cool down for 30 minutes before using.
2. The outlet 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) 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.

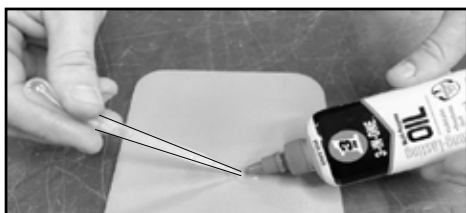
DROPS: CLEANING & LUBRICATION

Periodic lubrication of the drop mechanisms will ensure smooth, crisp drops. Apply **3-IN-ONE** oil every month or 500 adjustments.



CERVICAL DROP

1. Raise the back of the headpiece and locate the hole in the plastic block.
2. **Clean with WD-40:** If the drop has not been lubricated on a regular basis, apply WD-40 into the hole and drop the headpiece several times to clean off dust & debris. It is important to follow the cleaning with **3-IN-ONE** oil for lubrication.
3. **Lubricate with 3-IN-ONE oil:** Apply oil into the hole. Allow a few minutes for the oil to penetrate before using. Lubricate every month or 500 adjustments.



THORACIC & PELVIC DROPS: SYRINGE USE

To access the thoracic and pelvic plungers, 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.

THORACIC DROP



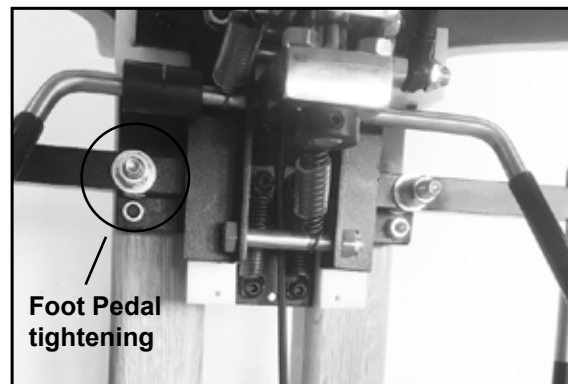
PELVIC DROP



1. Elevate the thoracic & pelvic sections and cock both drops. Look underneath the table and locate the thoracic & pelvic plungers.
2. **Clean with WD-40:** If the drops have not been lubricated on a regular basis, apply **WD-40** onto each plunger. Drop the section several times to clean off dust & debris. It is important to follow the cleaning with **3-IN-ONE** oil for lubrication.
3. **Lubricate with 3-IN-ONE oil:** Using the syringe, apply oil onto the plungers. Allow a few minutes for the oil to penetrate before using. Lubricate every month or 500 adjustments.

FOOT COCKING PEDAL TIGHTENING

If the foot cocking pedals loosen over time, tighten the bolt on the cocking arm, using either two 7/16" wrenches (or a 7/16" wrench and 5/32" allen wrench).



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