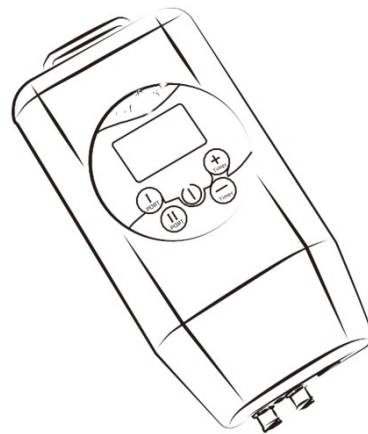


148.00 mm

Equi Recover
Opperduit 360
2941 AR Lekkerkerk
Netherlands



USER MANUAL

Cold Compression Device

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Precautions

Indoor use only.

Contains small parts, only professionals can disassemble.

Product is only applicable to equipment for cold compression wraps.

- To avoid battery failure, please charge the product every 2 or 3 months if you do not use it for a long time.

Warnings

Contains built-in lithium battery, dispose properly.

Do not throw the product in fire.

- Use only the power adaptor provided by the manufacturer.

If pulsations, numbness or throbbing occurs, the wrap may be wrapped too tightly, loosen immediately.

Stop using device if swelling occurs; consult physician.

Ensure the pump control unit is turned off and unplugged from the wall outlet prior to and while cleaning.

Contraindications

Do NOT use the product if any of the below condition applies:

Deep vein thrombosis, ischemic vascular disease, severe arteriosclerosis, pulmonary edema, congestive heart failure, thrombophlebitis or an active infection;

Vein ligation, gangrene, dermatitis, open wounds, a recent skin graft, massive edema or extreme deformity of affected area;

Neuropathy;

On extremities that are insensitive to pain;

Where increased venous or lymphatic return is undesirable;

Operating Environment

Working temperature: 5°C - 40°C (41°F - 104°F)

Relative humidity: 10% - 90%

Product Specifications

Model	Cold and compression device
Size	173* 82* 40 mm
Weight	340g
Input	100-240V-50/60Hz
Output	12V, 2A
Pressure Levels	20 mmHg, 40 mmHg, 60 mmHg, 80 mmHg, 100 mmHg
Working Time	10 min, 20 min, 30 min, 40 min, 50 min, 60 min, 70 min, 80 min, 90 min, 100 min, 110 min, 120 min

NOTE:

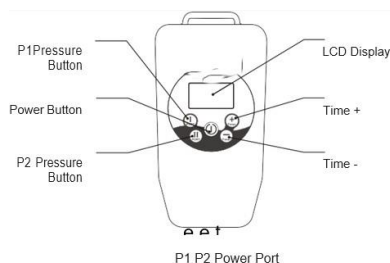
- Default setting of pump working time is 30 minutes.
 - It takes around 4 hours to full charge.
- Luer connector is used for quick connection and disconnection and avoid tangled tube.

Intended Use

Cold and compression device is an intermittent compression device used with inflatable wraps to imitate massaging action, which helps in the temporary relief of minor muscular aches and pains and increases circulation in specified area.

Product Introduction

It inflates the wrap to a specified pressure of 20 mmHg, 40 mmHg, 60 mmHg, 80 mmHg or 100 mmHg (set by the user), and once the pressure reached the targeted level, it will hold for 10 seconds before releasing. Default setting is 30 minutes per cycle or set by users. Built-in rechargeable lithium batteries allow the system to be completely portable for treatment any time and anywhere.



How To Use

- 1. Turn It On**
Long press the power button to turn it on, LCD display will light up. If failed, connect the pump with power supply; It is advised not to use the pump when charging.
- 2. Set Pressure**
Press Port I/Port II button (according to P1/P2 port wrap is connecting with) to set desired pressure, set after 3 seconds without further action, the pump will start working. Pressure is adjustable when pump is in working state.
- 3. Set Time**
Press Timer + or Timer - button to set the working time of the system, set after 3 seconds without further action, It will start working. The default setting is to automatically shut down after 30 minutes of work.
- 4. Shut Down**
When LCD display is on, long press power button to turn it off.

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1. When pump is working, the pressure value on display is the actual pressure.
2. When using, ensure the wrap is properly connected with pump port P1/P2; If targeted pressure level is not reached in several minutes, the pump unit will alarm and corresponding port indicator flashes. Pump will stop working and please check if wrap is properly connected or if the wrap is leaking.
3. Battery indicator is located at the upper right corner of display, please timely charge when the battery is low.

Maintenance & Cleaning

WARNING: PUMP MUST BE TURNED OFF AND DISCONNECTED FROM THE POWER MAINS (WALL OUTLET) PRIOR TO CLEANING OR DISINFECTING.

Keep away from water.
Use dry cloth or towel to wipe to clean.

Troubleshooting

Can not turn on	Check if battery is too low, plug the power supply and charge.
Can not feel pressure	Check if tube is properly connected; Check if wrap is not close fitting, adjust the wrap fit; Check if wrap is damaged or leaking.
Pressure is too high	Adjust pressure level down; if not working, stop using immediately and timely send for repair.
Pump alarms and P1/P2 indicator flashes	Check if pump and wrap is connecting; Check if wrap is broken.

Warranty

Equi recover warrants that Cold Compression Device, if properly used, will be free from defects in materials or workmanship for a limited period of one (1) year after the date of original purchase.

If the product, which is the subject of this Limited Warranty, malfunctions during the warranty period for reasons covered by this Limited Warranty, at its options, may elect to replace or repair the returned product with either a new or reconditioned product. This limited warranty exists only to the original purchaser of the product and are non-transferable.

EXTENT OF LIMITED WARRANTY

This limited warranty does not cover damages due to external causes, including, without limitation, accident, usage not in accordance with product instructions, misuse, neglect, alteration, normal wear and tear or unauthorized repairs.

HOW TO OBTAIN WARRANTY SERVICE

To obtain warranty service, please notify your equi recover sales representative or contact your local distributor. You must have returned the Warranty Registration card within thirty (30) days from the date of purchase, or provide proof of purchase. If you qualify for warranty service, you will be issued a Returned Material Authorization (RMA) number.

You must include the RMA number on or inside the package when you return the defected product.

The returned product shall become the property of equi recover. The replacement product is warranted under this written warranty and is subject to the same limitations and exclusions for the remainder of the original warranty period.

Warranty Registration Card

Warranty Registration Card
Please fill out and return upon purchase.

Date: _____

Model No.: _____

Name: _____

Company or Organization: _____

Your Address: _____

Phone: _____

Email: _____

Purchase from: _____

Purchase date: _____