Innovation Starts Here™

Dry Heat Therapy Units

User Manual

Models:
FLU110D
FLU110DE
FLU115D
FLU115DE
FLU210D
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Thank you for purchasing the Chattanooga Group, Fluidotherapy Dry Heat Therapy Unit.

This manual contains general safety, operating, maintenance and care instructions for the owners and operators of the Fluidotherapy Dry Heat Therapy Units.

At the time of publication the information contained herein was current and up to date. However, due to continual technological improvements and increased clinical knowledge in the field of Dry Heat Therapy, as well as Chattanooga Group’s policy of continual improvement, Chattanooga Group, Inc. reserves the right to make periodic changes and improvements to our equipment and documentation without any obligation on the part of Chattanooga Group, Inc.

Read, understand and follow the information contained in this manual.

Stay current with the latest clinical developments in the field of Dry Heat Therapy and observe all applicable precautionary measures for treatment.

Keep informed on appropriate indications and contraindications for the use of Dry Heat Therapy.

This equipment is to be used only under the prescription and supervision of a licensed practitioner.
Precautionary Instructions
The precautionary instructions found in this section and throughout this manual are indicated by specific symbols. Understand these symbols and their definitions before operating this equipment. The definition of these symbols are as follows;

⚠️ =CAUTION- Text with a “CAUTION” indicator will explain possible safety infractions that could have the potential to cause minor to moderate injury or damage to equipment.

⚠️ =WARNING- Text with a “WARNING” indicator will explain possible safety infractions that will potentially cause serious injury and equipment damage.

⚠️ =DANGER- Text with a “DANGER” indicator will explain possible safety infractions that are imminently hazardous situations that would result in death or serious injury.

⚠️ =EXPLOSION HAZARD- Text with an “Explosion Hazard” indicator will explain possible safety infractions if this equipment is used in the presence of flammable anesthetics.

NOTE:- Throughout this manual “NOTE” may be found. These are helpful information to aid in the particular area or function being described.

⚠️ CAUTION

- Read, understand and practice the precautionary and operating instructions found in this manual. Know the limitations and hazards associated with using any electrical device. Observe the precautionary and operational decals placed on the unit.
- DO NOT operate the unit when connected to any unit other than Chattanooga Group, Inc. devices.
- Refill unit daily to proper fill level with Chattanooga Group Cellex® Dry Heat Medium.
- Change Cellex Dry Heat Medium every six (6) months.
- Use only Cellex Dry Heat Medium in the Fluidotherapy units.
- Clean Inlet Filter(s) daily before unit startup.
- Use only fingers to operate button controls on the control panel(s). Use of sharp objects such as pencils or pens will result in damage to the unit.
- Turn unit OFF before positioning a patient or removing a patient from the unit.
- Secure all entry ports before turning the unit ON.
- Check unit temperature before treating patient to ensure correct temperature.
- Place the patient in a comfortable position allowing for correct placement of the limb being treated.
- Proper storage and transport temperature for the Fluidotherapy units are -40°F - 158°F (-40°C - 70°C). Relative Humidity 10% - 100%. 

Precautionary Instructions

**WARNING**

- Federal law restricts this device to sale by, or on the order of, a physician or licensed practitioner. This device should be used only under the continued supervision of a physician or licensed practitioner.
- For continued protection against fire hazard, replace fuses only with ones of the same type and rating.
- Make certain the unit is electrically grounded by connecting only to a grounded electrical service receptacle conforming to the applicable national and local electrical codes.
- This device should be kept away from children.
- Care must be taken when operating this equipment around other equipment. Potential electromagnetic or other interference could occur to this or to the other equipment. Try to minimize this interference by not using other equipment in conjunction with it.
- Before administering any treatment to a patient you should become acquainted with the operating procedures for each mode of treatment available, as well as the indications, contraindications, warnings and precautions. Consult other resources for additional information regarding the application of Dry Heat Therapy.
- To prevent electrical shock, disconnect the unit from the power source before attempting any maintenance procedures.
- Use only processed dry heat medium in the unit such as Cellex® to prevent excessive dusting.

**DANGER**

- Explosion hazard if used in the presence of flammable anesthetics.
- Perform all Required Maintenance as described in this manual. Strict adherence to the Required Maintenance for the Fluidotherapy units is mandatory. Failure to perform the Required Maintenance could result in the Cellex® medium entering the heat chamber of the unit(s) and cause severe injury to patients as well as smoke damage to the facility and the Fluidotherapy unit(s).
Indications, Contraindications & Adverse Effects

Indications

• Relief of local pain
• Treatment of local blood flow insufficiency
• Treatment in range of motion when combined with exercise
• Treatment for symptoms of non-rheumatoid arthritis

Contraindications

• This device should not be used for symptomatic pain relief unless etiology is established or unless a pain syndrome has been diagnosed.

• This device should not be used when cancerous lesions or open wounds are present in the treatment area.

• Other contraindications are patients suspected of carrying serious infectious disease and or disease where it is advisable, for general medical purposes, to suppress heat or fevers.

WARNING

• Adequate precautions should be taken when treating individuals with suspected or diagnosed medical conditions or diseases such as heart problems, epilepsy, diabetes, etc.

• Prior to treatment, consult a medical professional familiar with the precautionary measures to be taken for patients that may experience allergic reactions to dust and pollen.
NOMENCLATURE

FLU110D & FLU110DE Unit Familiarization

1. RESERVOIR LID & TREATMENT VIEWING WINDOW
   Access to add/change medium, view patient treatment and clinician access to patient treatment area.

2. MEDIUM/TREATMENT RESERVOIR
   Treatment access and medium reservoir

3. HAND/ARM ACCESS PORT
   Treatment port for Hand/Arm Treatment (end of unit)

4. REPLACEABLE INLET FILTERS
   Filters room air entering the Fluidotherapy unit (1 each side)

5. FOUR POINT BASE
   Casters included to convert to a Mobile Base

6. BLOWER HOUSING
   Houses Blower & Heater

7. CONTROL PANEL
   See page 8 for detailed description of controls

8. ELBOW/FOOT TREATMENT ACCESS PORT
   Treatment port for Elbow and Foot
FLU115D & 115DE Unit Familiarization

1. ELBOW/FOOT ACCESS PORT
   Treatment port for Elbow and Foot Treatment. Access to add/change medium. Clinician access to patient treatment area.

2. HAND/ARM ACCESS PORTS
   Treatment ports for Hand/Arm Treatment (end of unit)

3. INLET FILTERS
   Filters room air entering the Fluidotherapy unit (1 each side)

4. MEDIUM/TREATMENT TUB
   Treatment access and medium reservoir

5. MOBILE BASE

6. LOCKING CASTERS

7. BLOWER HOUSING
   Houses Blower & Heater

8. CONTROL PANEL
   See page 8 for detailed description of controls
**NOMENCLATURE**

**FLU210D Unit Familiarization**

1. **RESERVOIR LID & TREATMENT VIEWING WINDOW**
   Access to add/change medium, view patient treatment and clinician access to patient treatment area.

2. **MEDIUM/TREATMENT RESERVOIR**
   Treatment access and medium reservoir

3. **HAND/ARM/LEG ACCESS PORT**
   Treatment port for Hand/Arm/Leg Treatment (end of unit)

4. **INLET FILTERS WITH HEAT FLAPS**
   Filters room air entering the Fluidotherapy unit (1 each side)
   Heat Flaps aid in shortening the Pre-Heat time

5. **MOBILE BASE w/LOCKING CASTERS**

6. **BLOWER HOUSING**
   Houses Blower & Heater

7. **CONTROL PANEL**
   See page 8 for detailed description of controls

8. **ELBOW/FOOT TREATMENT ACCESS PORT**
   Treatment port for Elbow and Foot
NOMENCLATURE

Operating Controls (All Units)

1. DISPLAY
   Displays Treatment Time, Temperature, Airspeed, Pulse Time, Preheat Timer and Clock when the respective Mode is indicated.
2. PREHEAT TIMER ON
   Indicator light for Preheat Timer
3. INCREASE/HOUR
   Use to increase Mode parameters and use to set the Hour when setting Clock
4. DECREASE/MINUTE
   Use to decrease Mode parameters and use to set the Minutes when setting Clock
5. STOP
   Use to stop treatment and Preheat Timer
6. MOTOR FUSE
7. START
   Use to start treatment
8. INDICATOR BAR
   Indicates Mode as they are chosen
9. HEATER FUSE
10. PREHEAT TIMER BUTTON
    Press once to turn Preheat Timer On. Press twice to start Preheat function
11. MODE SELECT
    Use to select desired Mode
12. PM
    PM indicator for Clock
**Modes of Operation**

**Continuous (Default)**
- Variable Adjustments for Time, Temp and Air Speed

**Pulse Mode**
- OFF to 6 Sec ON/OFF

**TREATMENT TIME**
- 1 to 99 minutes

**OPERATING TEMPERATURE**
- 110 °F (43.3 °C) to 125 °F (51.6 °C)

**AIR SPEED**
- 0% to 100% (5% increments)

**PREHEAT TIMER**
- 115 °F (46.1 °C) with 50% Air Flow

**MEDIUM CAPACITY**
- Approximately 30 lb (13.6 kg)

**Input Power (FLU110D)**
- 105-120Vac, 50/60 Hz, 13A

**Input Power (FLU110DE)**
- 210-250Vac, 50/60 Hz, 8A

**Physical Dimensions**
- **Cabinet Length**: 34.0” (86.4 cm)
- **Cabinet Width**: 11.5” (29.2 cm)
- **Height**: 33.0” (83.8 cm)
- **Weight**: 70 lbs (31.7 kg) Less Medium
- **Shipping Weight**: 100 lbs (45.4 kg)

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**WARNING**

- Make certain the unit is electrically grounded by connecting only to a grounded electrical service receptacle conforming to the applicable national and local electrical codes.
Fluidotherapy® - Dry Heat Therapy

**SPECIFICATIONS**

**FLU115D & FLU115DE**

**Modes of Operation**

- **Continuous (Default)**
  - Variable Adjustments for Time, Temp and Air Speed
- **Pulse Mode**
  - OFF to 6 Sec ON/OFF
- **TREATMENT MODE**
  - 1 to 99 minutes
- **OPERATING TEMPERATURE**
  - 110 °F (43.3 °C) to 125 °F (51.6 °C)
- **AIR SPEED**
  - 0% to 100% (5% increments)
- **PREHEAT TIMER**
  - 115 °F (46.1 °C) with 50% Air Flow
- **MEDIUM CAPACITY**
  - Approximately 40 lbs (18.1 kg)
- **Input Power (FLU115D)**
  - 105-120Vac, 50/60 Hz, 13A
- **Input Power (FLU115DE)**
  - 210-250Vac, 50/60 Hz, 8A

**Physical Dimensions**

- **Cabinet Length**
  - 34.0” (86.4 cm)
- **Cabinet Width**
  - 18.5” (47.0 cm)
- **Height**
  - 33.0” (83.8 cm)
- **Weight**
  - 60 lbs (27.2 kg) Less Medium
- **Shipping Weight**
  - 100 lbs (45.4 kg)

**WARNING**

- Make certain the unit is electrically grounded by connecting only to a grounded electrical service receptacle conforming to the applicable national and local electrical codes.
**SPECIFICATIONS**

**FLU210D**

**Modes of Operation**

- **Continuous (Default)**
  - Variable Adjustments for Time, Temp and Air Speed

- **Pulse Mode**
  - OFF to 6 Sec ON/OFF

- **TREATMENT TIME**
  - 1 to 99 minutes

- **OPERATING TEMPERATURE**
  - 110 °F (43.3 °C) to 125 °F (51.6 °C)

- **AIR SPEED**
  - 0% to 100% (5% increments)

- **PREHEAT TIMER**
  - 115 °F (46.1 °C) with 50% Air Flow

- **MEDIUM CAPACITY**
  - Approximately 60 lbs (27.2 kg)

**Input Power (FLU210D)**
- 105-120Vac, 50/60 Hz, 13A

**Physical Dimensions**

- **Cabinet Length**
  - 44.0” (111.8 cm)

- **Cabinet Width**
  - 12.5” (31.1 cm)

- **Height**
  - 35.75” (90.8 cm)

- **Weight**
  - 140 lbs (63.5kg) Less Medium

- **Shipping Weight**
  - 200 lbs (90.7 kg)

**WARNING**

- Make certain the unit is electrically grounded by connecting only to a grounded electrical service receptacle conforming to the applicable national and local electrical codes.
TREATMENT MODE PARAMETERS

Use the following Instructions to set the various Mode Parameters to the desired settings.

**TREATMENT TIME**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “TREATMENT TIME”.

**NOTE:**
The default time of “20:00” will be displayed.

Press the “INCREASE” or “DECREASE” buttons until desired Treatment Time is displayed.

**NOTE:**
The “TREATMENT TIME” can be adjusted in one minute increments from 1 to 99.

**TREATMENT TEMPERATURE**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “TEMPERATURE”.

**NOTE:**
The default temperature of “115°F (46.1°C)” will be displayed when unit is first plugged into wall outlet.
The “F” or “C” and “TEMPERATURE” indicator will flash while the programmed Treatment Temperature is being displayed. When the Bed Temperature is displayed, the “F” or “C” and the “TEMPERATURE” indicator will burn steadily.

Press the “INCREASE” or “DECREASE” buttons until desired Treatment Temperature is displayed.

**NOTE:**
°F can be changed to °C and vice versa as desired. See page 17 for instructions. Treatment Temperature can be adjusted in 1° increments from 88 °F to 130 °F (31.1 °C to 54°C).
**SETUP**

**TREATMENT MODE PARAMETERS (Continued)**

**AIR SPEED**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “AIR SPEED”.

**NOTE:**
The default speed of “50” will be displayed.

Press the “INCREASE” or “DECREASE” buttons until desired Air Speed is displayed.

**NOTE:**
The “AIR SPEED” is adjusted in increments of 5 from 0 to 100.

**PULSE TIME**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “PULSE TIME”.

**NOTE:**
The “PULSE TIME” allows the unit to operate by pulsing the medium during treatment. If selected and set, the medium will pulse on and off in equal increments. The Factory Default is “OFF”.

**EXAMPLE:** “PULSE TIME” is set at “5”. The unit will pulse the medium during treatment, five seconds on and five seconds off.

Press the “INCREASE” or “DECREASE” buttons until desired Pulse Time is displayed.

**NOTE:**
“PULSE TIME” is adjusted in one second increments from “OFF” to 6 seconds.
TREATMENT MODE PARAMETERS (Continued)

START TREATMENT
Press the “START” button.

STOP TREATMENT
Press the “STOP” button.
**SETUP**

**TIME CONTROLLED PARAMETERS**

**PREHEAT TIMER**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “PREHEAT TIMER”.

**NOTE:**
The “PREHEAT TIMER” allows the unit to preheat the medium. The unit will run at 50% Air Speed until the unit reaches the default preheat temperature or 90 minutes whichever comes first. The “PREHEAT TIMER” will operate Monday through Friday only and can be set to automatically start at a predetermined time and heat the medium to a predetermined temperature. See page 18 for setting the default parameters of the “PREHEAT TIMER.”

Press the “PRESS ONCE TO TURN ON PREHEAT TIMER” button to illuminate the “PREHEAT TIMER ON” indicator light. Press again to start the “PREHEAT TIMER”.

**NOTE:**
The “PREHEAT TIMER” indicator light must be set at the end of each day in order for it to automatically come on the next day. The “STOP” button is used to turn off the Preheat if desired.

**CLOCK**

Press the “PRESS TO CHANGE MODE” button until the indicator light is beside “CLOCK.”

**NOTE:**
The “PREHEAT TIMER” will not function until the Clock is set.

Press the “INCREASE” button to set hours. Press the “DECREASE” button to set minutes.

**NOTE:**
The “PM” indicator light will illuminate when PM hours are reached.
SETUP

PREFERENCE MODE DEFAULT PARAMETERS

ENTERING “PrEf” MODE (PREFERENCE MODE)

Simultaneously press the “PRESS TO CHANGE MODE”, “INCREASE” and “DECREASE” buttons. “PrEf” will be displayed.

NOTE:
The “PrEf” mode allows the user to change the unit default settings.

TREATMENT TIME DEFAULT

Press the “PRESS TO CHANGE MODE” button until the indicator light is flashing beside “TREATMENT TIME”.

Press the “INCREASE” and “DECREASE” buttons to set unit to the desired default treatment time.

Press the “PRESS TO CHANGE MODE” button to save the new setting.

NOTE:
The factory default setting is 20:00 minutes.
**Setup**

**Preference Mode Default Parameters (Continued)**

**Temperature Reading Default**
Press the “Press to Change Mode” button until the indicator light is flashing beside “Temperature.”

Press the “Increase” button to set unit to display °F or °C as desired for the default setting.

**Note:**
The factory default setting is °F.

**Treatment Temperature Default**
Press the “Press to Change Mode” button until the indicator light is flashing beside “Temperature” and the existing default temperature is displayed.

Press the “Increase” and “Decrease” buttons to set unit to the desired default treatment temperature.

Operating Temperature Range is:
110 °F - 125 °F (43.3 °C - 51.6 °C)

Press the “Press to Change Mode” button to save the new setting.
**PREFERENCE MODE DEFAULT PARAMETERS (Continued)**

**PULSE MODE (Enable/Disable)**

Press the “PRESS TO CHANGE MODE” button until the indicator light is flashing beside “PULSE TIME”.

“EnAb” (enable) or “dISA” (disable) will display.

Press the “INCREASE” button to set unit to display “EnAb” or “dISA” as desired.

Press the “PRESS TO CHANGE MODE” button to save the new setting.

**PREHEAT TIMER MODE (Enable/Disable)**

Press the “PRESS TO CHANGE MODE” button until the indicator light is flashing beside “PREHEAT TIMER”.

“EnAb” (enable) or “dISA” (disable) will display.

Press the “INCREASE” button to set unit to display “EnAb” or “dISA” as desired.

Press the “PRESS TO CHANGE MODE” button to save the new setting.

**NOTE:**

If Clock is disabled, the “PREHEAT TIMER” will automatically be disabled.
**SETUP**

**PREFERENCE MODE DEFAULT PARAMETERS (Continued)**

*CLOCK (Enable/Disable)*

Press the “PRESS TO CHANGE MODE” button until the indicator light is flashing beside “CLOCK”.

“EnAb” (enable) or “dISA” (disable) will display.

Press the “INCREASE” button to set unit to display “EnAb” or “dISA” as desired.

Press the “PRESS TO CHANGE MODE” button to save the new setting.

**SETTING DAY OF WEEK**

Press the “PRESS TO CHANGE MODE” button until “dAy__” (___ = day code) is displayed.

Press the “INCREASE” or “DECREASE” button to set unit to display the desired day code.

Press the “PRESS TO CHANGE MODE” button to save the new setting.

**NOTE:**
If Clock is disabled, the “PREHEAT TIMER” will automatically be disabled.
EXITING “PrEF” MODE

Press the “PRESS TO CHANGE MODE” buttons until “PrEF” is displayed.

Simultaneously press the “INCREASE”, “DECREASE” and “STOP” buttons. The default treatment time will display and the indicator will be beside “TREATMENT TIME”.

![Image of Fluidotherapy interface with PrEF mode highlighted]
OPERATION

PATIENT PREPARATION

CLEAN THE PATIENT TREATMENT AREA THOROUGHLY WITH AN ANTIMICROBIAL SOAP AND CLEAN WATER AS PER INDUSTRY/ FACILITY/ REGULATORY STANDARDS, AND UNIVERSAL SKIN WASHING PROCEDURES.

FOLLOWING THE SKIN WASHING PROCEDURE, APPLY A HOSPITAL GRADE ANTISEPTIC SKIN CLEANSER, PER THE CLEANSER MANUFACTURER’S RECOMMENDED INSTRUCTIONS FOR USE.

REFERENCE THE MAINTENANCE SCHEDULE AND MAKE CERTAIN THE REQUIRED MAINTENANCE HAS BEEN PERFORMED PRIOR TO STARTING THE UNIT.

STARTING TREATMENT

STARTING

Make certain all control panel settings have been made, unit is preheated and patient is in proper position with sleeve(s) secure prior to starting the treatment. Refer to pages 13 - 15 for setup of the unit.

Press “START” button to begin treatment.

STOPPING

Treatment will automatically stop when the treatment time reaches zero. Should it be desired to stop treatment before the timer reaches zeros, push the “STOP” button.

NOTE:
Should the treatment be stopped before the timer reaches zero, it will be necessary to re-set the “TREATMENT TIME” in order to complete the prescribed treatment.
REQUIRED MAINTENANCE

DAILY MAINTENANCE

WARNING

- Before any Maintenance is performed or attempted, unplug the unit from the power source to prevent the possibility of electrical shock.

CLEAN INLET FILTERS

At the end of each work day, unplug the unit and clean the Inlet Filters on the unit.

Carefully remove the filter retainer and wash the filter and screen with a mild antibacterial soap and water. Thoroughly dry the filter and screen before placing back on the unit.

NOTE:
Should your unit have the earlier style inlet filters, gently clean the filter using a soft bristle brush. Be careful not to puncture or damage the filter.

Should the filter become damaged, torn or punctured, call your dealer for replacement of the filter before resuming operation.

REFILL WITH CELLEX® MEDIUM

Refill the unit with Cellex® Dry Heat Medium to approximately one (1) inch above the bottom of the arm treatment ports of the unit.

NOTE:
Use of other than Cellex Medium may cause premature failure of the fluidotherapy unit(s).

INSPECT SLEEVE CONDITION

Inspect the port sleeves for tears, rips and weak seams. Replace all sleeves that show signs of tears, rips, weak or loose seams or excessive wear. Keeping the sleeves in excellent condition prevents excessive spillage of the Cellex medium and prevents the medium from entering the heat chamber of the unit.

ARM PREHEAT TIMER

Plug the unit back into an approved power source. If the “Preheat Timer” is used, press the “PREHEAT TIMER” button once, the “PREHEAT TIMER ON” indicator will illuminate, in order for the Preheat Timer to automatically come on at the default time the next morning.

NOTE:
The Fluidotherapy Preheat Timer does not operate on Saturday or Sunday. However, for Monday morning preheat, set the unit as described above on Friday evening.
REQUIRED MAINTENANCE

WEEKLY MAINTENANCE
Each week all sleeves of the Fluidotherapy unit should be laundered in a mild antibacterial detergent. Allow the sleeves to air dry or dry on a low temperature setting. Drying the sleeves in high temperatures could cause the sleeves to shrink or become distorted resulting in the sleeve(s) not properly fitting when placing them back onto the unit.

REMOVING TOP SLEEVES (All Models)
Unplug the unit from the power source.
Carefully remove the rectangular bezel(s) from the top of the unit.
Carefully pull the hook and loop fasteners apart to remove the sleeve from the unit.
Replace in reverse order making certain the corners are well seated to form the seal required to prevent excessive escape of medium.

REMOVING END SLEEVE (Model FLU110D & FLU110DE)
Carefully pull the hook and loop fastener on the sleeve to remove sleeve from unit.
Replace in reverse order making certain the corners are well seated to form the seal required to prevent excessive escape of medium.

REMOVING END SLEEVE (Model FLU210D)
With Top Sleeve removed, reach in through the top port and carefully pull the hook and loop fastener of the sleeve away from the unit.
Replace in reverse order making certain the corners are well seated to form the seal required to prevent excessive escape of medium.
REQUIRED MAINTENANCE

WEEKLY MAINTENANCE (Continued)

REMOVING END SLEEVES (Model FLU115D & FLU115DE)

NOTE:
The sleeve in these photos has been modified (cut away) for clarity.

Remove the top sleeves to gain access to the inside of the unit. Refer to page 23.
Pull the medium back and away from the arm ports.

It is extremely important to move the medium away from the ports to prevent the medium entering the space between the inner and outer walls of the unit when the sleeves are removed and replaced.

Dust away all Cellex® medium from inside the sleeve.

Pull the retainer ring from the sleeve and lay aside for re-installation.

Pull the sleeve away from the sleeve extrusion in the inner housing of the unit.

NOTE:
There is a ring folded into the sleeve that fits over the sleeve extrusion on the inside of the unit.

From the outside of the unit, reach into the sleeve and remove the other sleeve retainer ring.

Carefully pull the sleeve and ring out of the unit, avoiding Cellex medium from entering the cavity between the two housings of the unit.

Cellex medium entering the heat chamber of the unit(s) can cause severe injury to patients as well as smoke damage to the facility and the Fluidotherapy unit(s).
WEEKLY MAINTENANCE (Continued)

Remove the ring from the folded end of the sleeve.
Launder sleeves as described on page 23.

Vacuum out any of the Cellex® medium that may have entered the cavity between the inner and outer walls of the unit.

WARNING
Removal of all Cellex medium that has entered the cavity is essential to maintain proper and safe operation of the unit. If the medium reaches the heating chamber of the unit immediately call a certified technician for removal of any suspected medium in the heat chamber. Do not place the unit into service if medium is suspected to be in the heat chamber.

INSTALLING 115 Model SLEEVE
Fold the elastic end of the sleeve over the ring.
Place sleeve through port hole.

Place the ring/sleeve assembly over the sleeve extrusion on the inside of the unit.

NOTE:
Position the sleeve seam toward the top of the unit and push the ring/sleeve assembly completely onto the sleeve extrusion.

Install the inner sleeve retainer ring making certain the ring split will be toward the top of the unit.
Push the retainer ring over the ring/sleeve assembly until it is completely seated.

NOTE:
The retainer ring should fit tightly over the sleeve. If necessary, use a pair of pliers to tighten the ring in the area where it slides over the sleeve.
REOUIRED MAINTENANCE

WEEKLY MAINTENANCE (Continued)

From the outside of the unit, reach in through the sleeve and install the outer sleeve retaining ring.

**NOTE:**
Start installation of the outer ring at the top of the unit. As the ring is being seated pull the area of the sleeve tight. This will aid in the prevention of excessive medium spillage and patient comfort.
REQUIRED MAINTENANCE

ADDITIONAL FLUIDOTHERAPY PREVENTIVE MAINTENANCE REQUIREMENTS

The following additional preventive maintenance requirements must be scheduled and performed as described to ensure that the unit(s) are operating efficiently, safely and functioning at their optimum. A blank Maintenance Record is provided, on page 28, to aid in the scheduling and Record Keeping of this prescribed preventive maintenance program. The following preventive maintenance procedures must be performed by a Chattanooga Group certified, trained service technician trained in the maintenance requirements of the Chattanooga Group, Inc., Fluidotherapy units.

QUARTERLY (Every 3 Months)

The following Preventive Maintenance must be performed on all Fluidotherapy units quarterly by a certified service technician.

- INTERNAL CAVITY INSPECTION AND CLEANING
- INTAKE FILTER REPLACEMENT
- FULL FUNCTIONAL AND PERFORMANCE TESTS
- DISTRIBUTOR REPLACEMENT
  Only if Performance Test results indicate replacement is necessary.

BI-ANNUAL (Every 6 Months)

The following Preventive Maintenance must be performed on all Fluidotherapy units every six months in addition to the Quarterly Maintenance requirements by a certified service technician.

- CHANGE Cellex® Medium
- BLOWER MOTOR(S) REPLACEMENT
- REPLACE DISTRIBUTOR
  Required at the six month interval

ANNUAL (Once per Year)

The following Preventive Maintenance must be performed on all Fluidotherapy units annually in addition to the Quarterly and Bi-Annual Maintenance requirements by a certified service technician.

- CALIBRATION

DANGER

If the level of Cellex medium suddenly drops one inch or more below the operating level of the unit, immediately pull the unit out of service and contact a certified service technician. A sudden level drop in the Cellex medium indicates that medium is in the heating chamber of the unit and must be repaired before the unit is placed back into service.
## FLUIDOTHERAPY MAINTENANCE RECORD

<table>
<thead>
<tr>
<th>DATE</th>
<th>MAINTENANCE PERFORMED</th>
<th>TECH INITIALS</th>
</tr>
</thead>
<tbody>
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</table>

Completing this form:

- **DATE** - Date Service is performed
- **MAINTENANCE PERFORMED** - Quarterly, Bi-Annual or Annual
- **TECH INITIALS** - Certified Tech's Initials
REQUIRED MAINTENANCE

SERVICE

When the Fluidotherapy Dry Heat Therapy unit requires service, or preventive maintenance, contact the selling dealer or Chattanooga Group, Inc. Service Department.

All units returned to the factory for service must include the following;

WARRANTY REPAIR/OUT OF WARRANTY REPAIR

1. Written statement containing the following information;
   - RGA Number- Obtain from Factory
   - Unit Model Number
   - Unit Serial Number
   - Contact person with Phone and Fax Numbers
   - Billing Address (for Out of Warranty Repair)
   - Shipping Address (Where to Ship Unit after Repair)
   - Detailed Description of Problem or Symptoms

2. Copy of original invoice issued at purchase of the unit.

3. Ship unit to Factory in the original container with all accessories and information as required in item 1 above to:

   Chattanooga Group, Inc.
   4717 Adams Road
   Hixson, TN 37343
   Phone: USA: (800)-592-7329
     Canada: (800) 361-3661
   Outside USA: (423) 870-7200
   FAX: (423) 875-5497
   Web Address: www.chattgroup.com

Service to these units should be performed only by Service Technicians Certified by Chattanooga Group, Inc.
REPLACEMENT ACCESSORIES

When ordering additional accessories for the Chattanooga Group Fluidotherapy units, use the following part numbers and descriptions.

<table>
<thead>
<tr>
<th>MODEL FLU110D &amp; FLU110DE</th>
<th>HENLY No.</th>
<th>CGI No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOP SLEEVE</td>
<td>SLE0003</td>
<td>31775</td>
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<tr>
<td>TOP SLEEVE BEZEL</td>
<td>FRA0003</td>
<td>31456</td>
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<tr>
<td>ARM SLEEVE</td>
<td>SLE0002</td>
<td>31774</td>
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<table>
<thead>
<tr>
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<th>HENLY No.</th>
<th>CGI No.</th>
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<tbody>
<tr>
<td>TOP SLEEVE</td>
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<tr>
<td>TOP SLEEVE BEZEL</td>
<td>FRA0003</td>
<td>31456</td>
</tr>
<tr>
<td>INNER SLEEVE RETAINER</td>
<td>TRI0034</td>
<td>31883</td>
</tr>
<tr>
<td>SLEEVE RING</td>
<td>PPL0013</td>
<td>31679</td>
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<tr>
<td>OUTER SLEEVE RETAINER</td>
<td>TRI0035</td>
<td>31834</td>
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<td>ARM SLEEVE</td>
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<td>31773</td>
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</table>

<table>
<thead>
<tr>
<th>MODEL FLU210D</th>
<th>HENLY No.</th>
<th>CGI No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOP SLEEVE</td>
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<td>31775</td>
</tr>
<tr>
<td>TOP SLEEVE BEZEL</td>
<td>FRA0003</td>
<td>31456</td>
</tr>
<tr>
<td>END SLEEVE</td>
<td>SLE0004</td>
<td>31776</td>
</tr>
</tbody>
</table>

CELLEX® Dry Heat Medium 10 lbs (4.5 kg) MED0001

MEDIUM

Use only Chattanooga Group's Cellex Dry Heat Medium in the Fluidotherapy unit. The Cellex medium is designed specifically for use in the Chattanooga Group Fluidotherapy units to ensure optimal and efficient operation of all the Fluidotherapy products.
WARRANTY

Chattanooga Group, Inc. ("Company") warrants that the Fluidotherapy® Dry Heat Therapy units ("Product") are free of defects in material and workmanship. This warranty shall remain in effect for one year (12 months) from the date of original consumer purchase. If this Product fails to function during the one year warranty period due to a defect in material or workmanship, Company or the selling dealer will repair or replace this Product without charge within a period of thirty (30) days from the date on which the Product is returned to the Company or the dealer.

All repairs to the Product must be performed by a service center authorized by the Company. Any modifications or repairs performed by unauthorized centers or groups will void this warranty.

The warranty period for accessories are 90 days. Accessories consist of sleeves and use replaceable intake filter(s).

The warranty period for the motor(s) and distributor are 180 days.

To participate in warranty coverage, this Product’s warranty registration card (included with Product) must be filled out and returned to the Company by the original owner within ten (10) business days of purchase.

This Warranty Does Not Cover:
- Replacement parts or labor furnished by anyone other than the Company, the selling dealer or a certified Company service technician.
- Defects or damage caused by labor furnished by someone other than Company, the selling dealer or a certified Company service technician.
- Any malfunction or failure in the Product caused by product misuse, including, but not limited to, the failure to provide reasonable and required maintenance or any use that is inconsistent with the Product User’s Manual.

COMPANY SHALL NOT BE LIABLE IN ANY EVENT FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES.

Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

To Obtain Service From Company or the selling dealer under this warranty:

1. A written claim must be made within the warranty period to the Company or the selling dealer. Written claims made to the Company should be sent to:
   4717 Adams Road
   P.O. Box 489
   Hixson, TN  37343 USA
   Telephone: 423-870-7200
   Outside USA: (423) 870-2281
   Facsimile: (423) 875-5497

   and

2. The Product must be returned to the Company or the selling dealer by the owner.

This warranty gives you specific legal rights and you may also have other rights which vary from state to state.

The Company does not authorize any person or representative to create for it any other obligation or liability in connection with the sale of the Product. Any representation or agreement not contained in the warranty shall be void and of no effect.

THE FOREGOING WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
More Trusted Products from Chattanooga Group, Inc.

Achiever™
Supports
Adapta®
Treatment Tables
A.E.R.® Boot
Auto Edema Reduction Boot
Cambion®
Shock Dampening Foot Care Products
Carpal-Trac™
Carpal Traction Accessory
ColPaC®
Chilling Units and Reusable Cold Therapy Products
Conductor™ Gel
Highly Conductive Ultrasound Gel
Contracture Products
Contracture Management Orthotic Products
CTS®
Carpal Tunnel Stretching Device
DURA-STICK® Electrodes
Self-Adhesive Electrodes
EMG Retrainer®
Dual Channel Surface EMG
Flexi-PAC® I and II
Reusable Hot and Cold Compresses
Fluidotherapy®
Dry Heat Whirlpool Therapy Units
Gel Medex™
Gel Mattress Overlay
Hydrocollator®
Heating Units and HotPacs™
Intelect® Legend
Ultrasound and Electrotherapy Products
Measurement Instruments
Dynamometers, Goniometers, etc.
Myossage®
Massage Lotion
Nylatex®
Elastic Wraps
OptiFlex®
Continuous Passive Motion
Para-Care®
Paraffin Wax Unit
Pillow Perfect™
Cervical Pillow Line
Pivotal Therapy System™
Orthotics for the Spine
ProPower Pillow™
Power Massage Pillow
PresSsion®
Intermittent Compression
Pron Pillo®
Positioning Pillow
Cervical Traction System
Clinical Cervical Traction
SPORT-PAC™
Soccer Ball Shaped Cold Pack
Therma-Wrap™
Hot and Cold Compression
Triton®
Treatment and Traction Equipment
TX®
Treatment and Traction Equipment
Vectra™ Series
Electrotherapy products.
Wellness 1st™
Back Support
Women’s Contour Back Support
Back Support
HANDISIZER™
Hand Exersiser
VersaBath Seat™
Aid to Daily Living

Problem Solving Through Innovation!

ISO 9001 CERTIFIED

4717 Adams Road
P.O. Box 489
Hixson, TN 37343 U.S.A.
1-423-870-2281
1-800-592-7329 U.S.A.
1-800-361-6661 CANADA
+ 1-423-870-2046 OUTSIDE U.S.A. FAX
www.chattgroup.com

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