

凱羅® Chiropractic Robot CHIROBOT®

2x3D. 8-Axis. Chiropractic Robot Operation Manual

(AI-Powered – 8-Axis 3D Automatic Chiropractic Motion Table)

Model: 999

Operation Manual & Program Instructions

Before using this device, the operator should examine and evaluate whether the subject's physical condition is suitable for use.

Please read carefully prior to use



Effects are achieved by adjusting height, angles, and posture.

Awards

Winner of Smart Medical & Health Technology Awards (2019–2021): 16th
(2019) National Innovation Award
17th (2020) National Innovation Improvement Award
18th (2021) National Innovation Improvement Award



Patents obtained in: USA, Taiwan, China

Medical Device License: Taiwan Ministry of Health & Welfare No. 007241

China Medical Device License: No. 20192090118

Manufacturer:

ChiroTech Innovation Co., Ltd. Taiwan Tel:

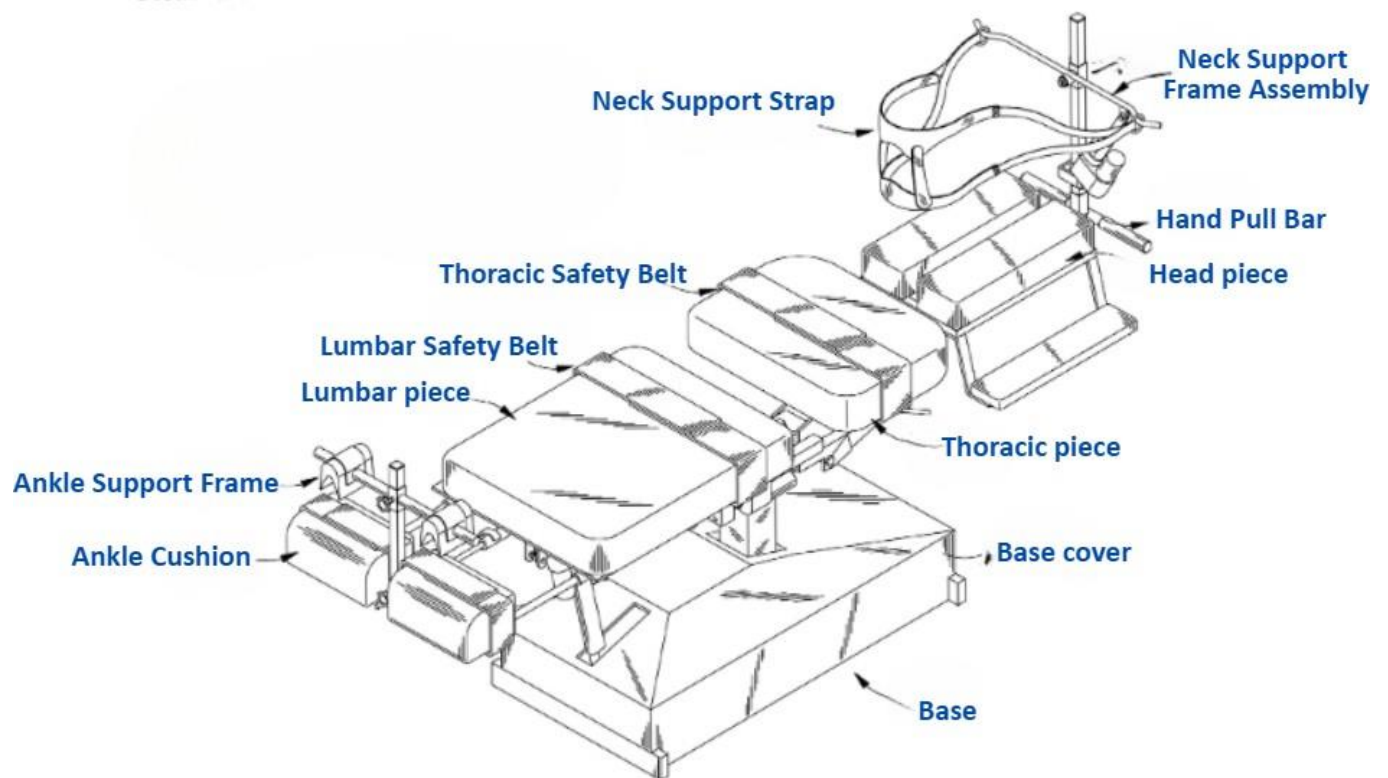
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Brand: CHIROTECH®

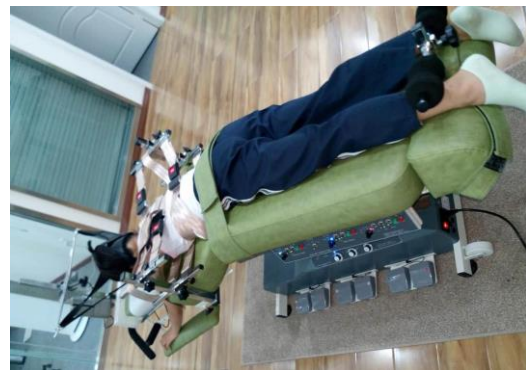
Publication

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- Made in Taiwan

Diagram of CHIROBOT® Sections & Components



Thoracic Side-Bending Counter-Motion



Thoracic Side-Bending Correction Exercise (with frame)



Prone Cervical-Thoracic-Lumbar Traction



Supine Cervical-Thoracic-Lumbar Traction

Chiro Robot Features:

- ※ Passive Movement: Up-and-down swinging motion in the pelvic region.
- ※ Movement Principle: The up-and-down swinging motion generates dynamic bending force, loosening vertebral adhesions and altering the vertebral movement distance by changing the angle of the hip area.
- ※ Abdominal Descending: Abdominal descent reduces pressure in the abdominal area, even decompressing nerves and veins. This is helpful and safe for severe intervertebral disc pain, without causing injury.
- ※ Lateral Angle: Allows for lateral movement of the thoracic and lumbar spine while simultaneously performing X and Y axis movements. The lumbar and thoracic spine do not require rotation, and long-axis traction and passive paravertebral muscle tension exercises are possible.
- ※ Up-and-Down Swinging Speed Control: Different speed controls on the treatment bed are essential for treating severe intervertebral disc pain. The speed control allows for adjustment of the treatment bed's movement, and the camshaft-connected control of the leg angle alters the swing height.
- ※ Head Position: Adjusting the head angle downwards achieves chest expansion. * All vertebral movements
- ※ Dynamic bending and extension
- ※ Vertebral axis rotation

Specifications:

- ※ Neck 6-segment mode with downward angle adjustment.
(The greater the downward angle of the neck, the greater the back tension in the upper chest.)
- ※ Head 3-segment mode with left and right rotation and manual adjustment.
(Improves neck flexibility to the left and right.)
- ※ Abdomen 3-segment mode with left and right lateral bending and manual adjustment.
(Allows the body to bend left and right.)
- ※ Abdomen descent.
(Used in conjunction with manual techniques to soothe the back and correct posture.)
- ※ Hip electric up and down angle adjustment.
(Adjusts the angle of forward or backward bending of the lower back.)
- ※ Hip 3-segment mode with left and right rotation and manual adjustment.
(Allows the body to rotate left and right.)
- ※ Hip bending and extension with up and down swinging motion including foot pedal controller.
(Allows the body to bend forward or backward.)
- ※ 0–30 swings/minute, adjustable up and down swinging speed.
- ※ Up and down swinging motion timer available in 3, 5, 8, 10, 15, and 20 minutes. * Six-stage upward movement of the bed with foot pedal controller.
(The higher the bed, the greater the force of forward bending or backward arching of the waist.)

- ※ Six-stage waist movement and manual adjustment.
(Waist extension and traction function.)
- ※ Power supply: AC 115V, 60Hz, or 220V 50Hz 900W. Must be specified.
- ※ Made of steel with a gray-black powder coating.

Standard accessories:

1. Underarm bar 1 set .
2. Ankle fixation bracket and extension bar 1 set.
3. Neck traction belt, one lying down type and one prone type.

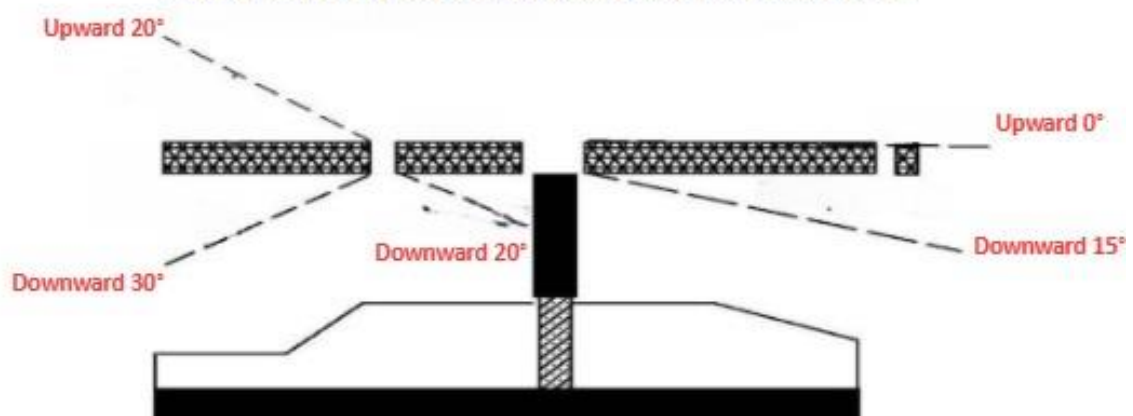
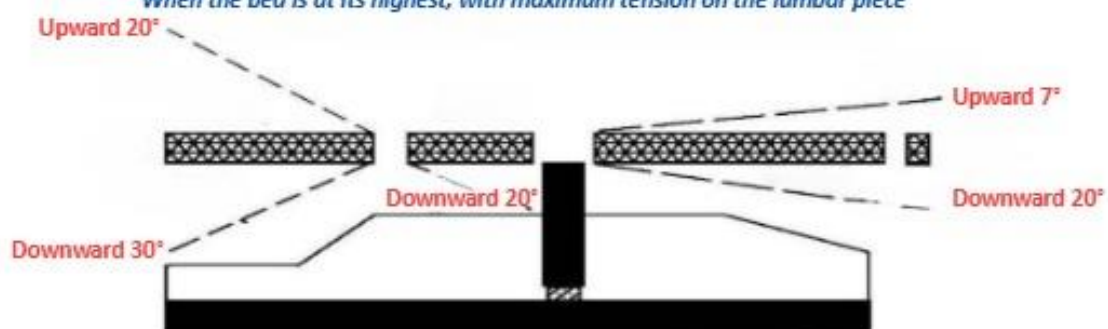
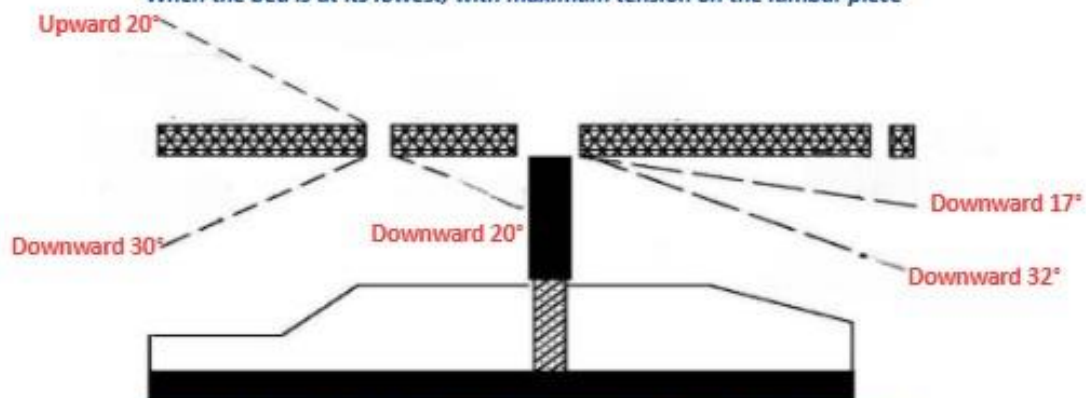
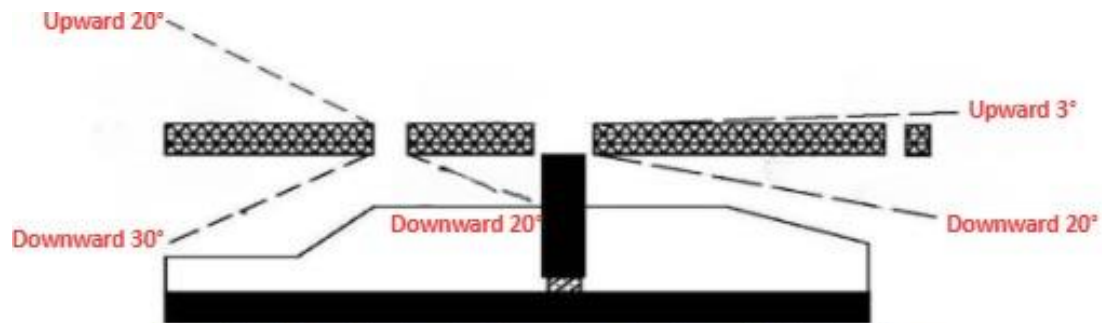
- ※ Additional accessories available for purchase:

Scoliosis correction frame, rotating handle, second parallel handle, and non-powered neck traction bar.

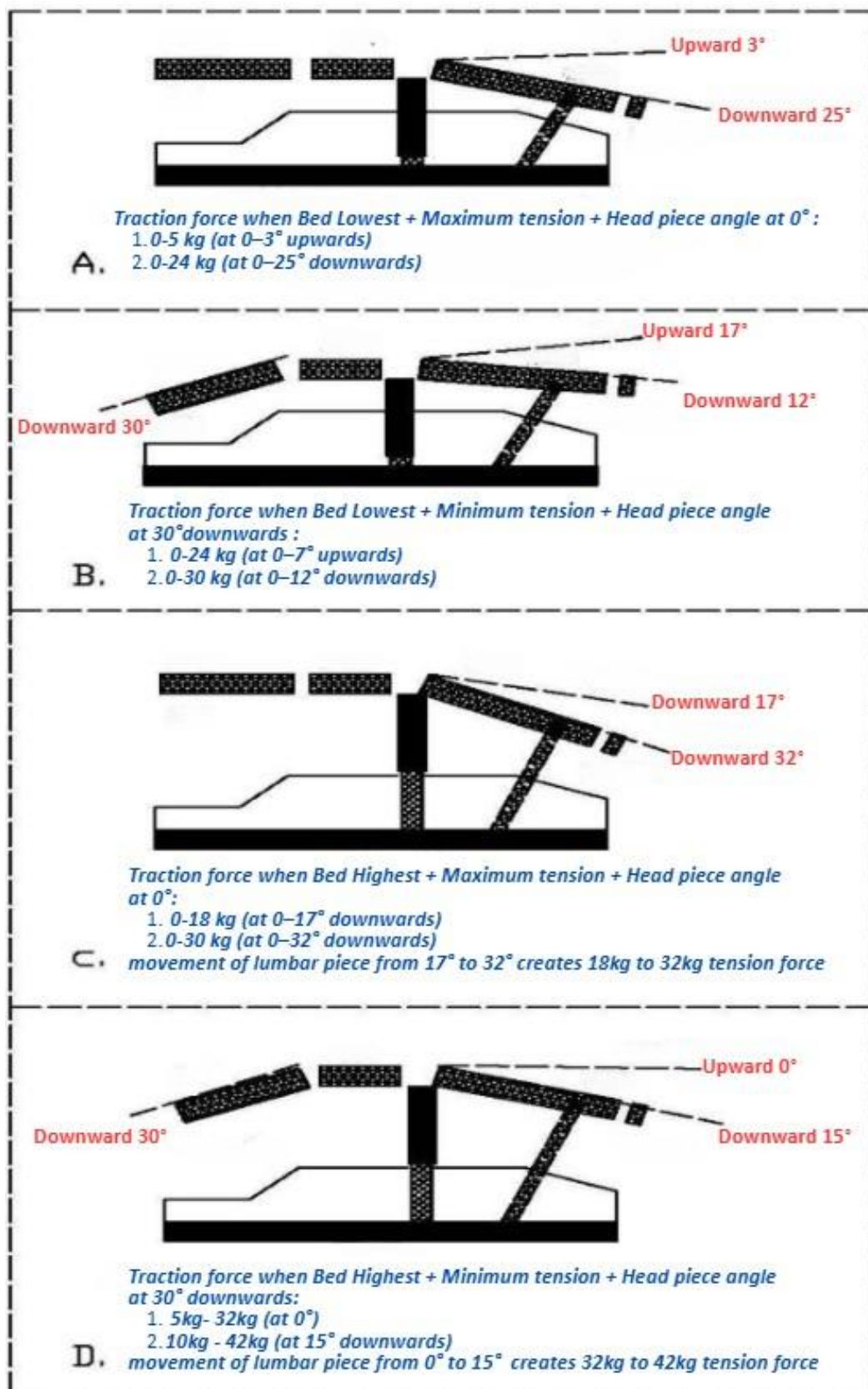
Machine dimensions:

- ※ Exercise bed height range: 58 ~ 76 cm.
- ※ Exercise bed width: 62 cm.
- ※ Exercise bed length: 160–220 cm.
- ※ Maximum load capacity: 150 kg.
- ※ Area occupied during movement:
Front-to-back length 230–250 cm, left-to-right width 130–150 cm.

Illustration of the table section angles at different height positions



Traction Force Values Corresponding to Table Height & Angle



Operation & Mode Instructions for Chirobot Chiropractic Robot

A. 6-segment timer for hip-swinging motion.

Pelvic Swing Zone Control Panel



Functions:

1. Timer options: 3 min, 5 min, 8 min, 10 min, 15 min, 20 min.
2. Motion indicator (green light): Lights up when pelvic up/down swinging is active (started/stopped via foot switch).
3. Run indicator (flashing light): Flashes when timer is running.
4. Motion Speed dial: Adjusts swing frequency from 0–30 swings per minute.
5. Buzzer switch: Enables or disables sound notifications.

B.6-Mode Auto Program – Table Automatic Lifting



Table Auto Uplift Control Panel

Functions:

1. When the large oscillating switch is turned down (Manual), the Variable Height is adjusted by foot pedal movement; this is for the operator's technique.
2. Large toggle switch up to Auto: Table height automatically controlled based on selected mode.
3. The yellow Start button on the mode foot switch functions as follows: pressing it activates one of the following modes individually (selectable as needed): P1, P2, P3, P4, P5, or P6. The Off indicator light illuminates when the mode is complete. (The large toggle switch only functions when in AUTO mode.)
4. The red Stop button on the mode foot switch automatically stops the program when pressed, and waits for a signal indicating the end of the swing time before automatically returning to the lowest position. (The large swing switch only works when in AUTO mode.)
5. The On light indicates automatic mode is running, the Off light indicates automatic mode is stopped, and the Run light indicates the table is rising.

Table Angle Ranges (examples):

- Table at lowest, pelvic rod shortest: Downwards 25° till Upwards +3°
- Table at highest, pelvic rod shortest: Downwards 17° till Downwards 32°
- Table at lowest, pelvic rod longest: Upwards 7° till Downwards 12°
- Table at highest, pelvic rod longest: 0° till Downwards 15°

The design basis for the automatic bed raising modes (P1-P6) below is as follows: When the bed surface is at its lowest point and the hip angle is at its lowest, the swing angle changes sequentially from -25° downwards to +3° upwards:

Mode P1 Function: (Action time 93 seconds)

The table rises by 1 second after 30 seconds, then again after 60 seconds, and finally after 90 seconds.

At this point, the Off light illuminates. The bed continues to descend to its lowest position and stop when the master timer expires, the foot pedal stops, the app stops the oscillation, or a manual emergency stop signal is received. When the program is complete, two alarm bells sound.

Mode P2 Function: (Action time 64 seconds)

The table rises for 1 second after 15 seconds of startup, then again for 1 second at 30 seconds, and then for 2 seconds at 60 seconds.

At this point, the Off light illuminates. The bed continues to descend to its lowest position and stop when the master timer expires, the foot pedal stops, the app stops the oscillation, or a manual emergency stop signal is received. When the program is complete, two alarm bells sound.

Mode P3 Function: (Action time 65 seconds)

The table rises for 1 second after 10 seconds of startup, then another second after 20 seconds, and then another 2 seconds after 30 seconds. It rises for another second after 60 seconds, at which point the Off light illuminates. The bed continues to descend to its lowest position and stop when the master timer expires, the foot pedal stops, the app stops the oscillation, or a manual emergency stop signal is received. When the program is complete, two alarm bells sound.

Mode P4 Function: (Action time 67 seconds)

After starting, the bed rises for 2 seconds after 10 seconds, then again for 2 seconds after 20 seconds, and again for 2 seconds after 30 seconds. After 60 seconds, it rises for 1 second. At this point, the Off light illuminates. The bed continues to descend to its lowest position and stop automatically, waiting for the master timer to expire, the foot pedal to stop, the app to stop the oscillation, or a manual emergency stop signal to be received. When the program is complete, two alarm bells sound.

Mode P5 Function: (Action time 69 seconds)

After starting, the bed rises for 3 seconds after 10 seconds, then another 2 seconds after 20 seconds, then another 2 seconds after 40 seconds, then another 2 seconds after 60 seconds, and finally another 2 seconds after 90 seconds. At this point, the Off light illuminates. The bed continues to descend to its lowest position and stop automatically, waiting for the main timer to expire, the foot pedal to stop, the app to stop the oscillation, or a manual emergency stop signal to be received. When the program is complete, two alarm bells sound.

Mode P6 Function: (Action time 101 seconds)

After starting, the bed rises for 3 seconds at 05 seconds, then rises for 2 seconds at 10 seconds, then for 2 seconds at 30 seconds, then for 2 seconds at 60 seconds, and finally for 2 seconds at 90 seconds. At this point, the Off light illuminates. The bed continues to descend to its lowest position automatically until the main timer expires, the foot pedal stops, the app stops the

swinging motion, or a manual emergency stop signal is received. When the program is complete, two alarm bells sound.

Special Note:

Once the hip swing is initiated, it can be stopped by the emergency stop button on the handlebar, by pressing the red dot switch on the foot pedal, or by the timer setting. When stopped, all other movements cease and the device returns to its initial position.

Overall view of the base section control panel



B. Overall view of the hip segment control panel

Full block diagram:



The rear panel has a black round knob; this is the 20mm fuse holder for this section. Specification: 7A

Instruction :

a. Lateral Torso Flexion: Automatic left and right abdominal flexion movement (Full block diagram: left side, Abdominal area)

1. Press the green "Start" button to execute the program individually (select according to your needs) for 3, 5, or 8 minutes. It will automatically return to a horizontal position after the time is up.
2. Press the red "Stop" button to automatically stop the program and return to a horizontal position.
3. The "Run" indicator light is on when the bending motion is in progress.
4. When switching to Manual mode, moving the head knob down (L.R.) causes the waist bending motion to the right, while moving the head knob up (L.L.) causes the waist bending motion to the left.
5. The "Zero" light is on when the abdomen is in the center position.

Left block diagram:



⊙ Abdominal horizontal bending angle range (left and right): Maximum bending angle to the left: 22°; Maximum bending angle to the right: 22° (from the center horizontal point).

b. Pelvic Axial Rotation (Auto): (Pelvic area in the center of the full diagram)

1. Start (green): Press to execute the program individually (select as needed) for 3, 5, or 8 minutes. It will automatically return to a horizontal position after the time is up.

2. Stop (red): Press to stop the automatic program and return to a horizontal position.

3. Run indicator light: The bending motion is in progress.

4. When switching to Manual mode, moving the head knob down (R.R.) rotates the hips to the left, and moving the head knob up (R.L.) rotates the hips to the right.

5. Zero light: The hip pad is in a horizontal position at the center point.

Central Block Diagram:



⊙ Range of horizontal hip rotation angles to the left and right: Maximum leftward rotation 22°, maximum rightward rotation 22° from the center horizontal point.

C. Lumbar Tension/Relaxation (Automatic Movement:
(Left side of the lower section illustration))



⊙ When the waist is in automatic waist stretch/relaxation mode, it can stretch up to 15 cm backward from the center point.

1. Please note!!! The automatic or manual back extension adjustment is based on the physical condition of the person in bed. The switch toggles between manual and automatic (Auto) operation, or the inability to extend, is determined by the operator.

2. The automatic (Auto) back extension adjustment for the lumbar region has 6 control modes.

The automatic lumbar extension/relaxation modes are described below:

Note: This motor travel is the extension distance under no-load conditions: 9.6mm/sec; under full load (200 kg): 5.1mm/sec

Average distance approximately 8.5mm/sec.

1. In manual mode, the large oscillating switch for extension and relaxation: Pressing Tension downwards moves the buttocks mattress towards the feet (extension); pressing Relax upwards moves the buttocks mattress back to the center (relaxation).

Description of the programmed movements for each segment of the hip area on the 3D AI Chiropractic Robot.

P-1 Program Action:

After starting, pull the buttock pad from the waist to the feet for approximately 4 minutes.

(This only provides a simple waist-stretching function. Adding a neck strap will also provide a neck-and-waist stretching function.)

P-2 Program Action:

After starting, pull the buttock pad from the waist to the feet for approximately 5 minutes.

(This only provides a simple waist-stretching function. Adding a neck strap will also provide a neck-and-waist stretching function.)

P-3 Program Action:

After starting, pull the buttock pad from the waist to the feet for approximately 1.5 minutes. Then, bend the abdominal pad to the right until it stops. Next, pull the buttock pad from the waist to the feet for approximately 1 minute. Then, bend the abdominal pad to the left until it stops. Next, pull the buttock pad from the waist to the feet for approximately 1 minute. Finally, return the buttock pad to the center. The entire procedure takes approximately 4 minutes.

(Additional "Myofascial" lateral bending and stretching exercises; if a neck traction strap is added, it also provides stretching and lowering functions for the neck and lower back.)

P-4 Program Action:

After starting, pull the hip pad from the waist to the feet for approximately 52 seconds. Then, raise the bed for 3

seconds. Next, bend the abdominal pad to the right and hold. Then, pull the hip pad from the waist to the feet for approximately 1 minute. Next, bend the abdominal pad to the right and hold. Then, pull the hip pad from the waist to the feet for approximately 54 seconds. Next, bend the abdominal pad to the left and hold. Then, pull the hip pad from the waist to the feet for approximately 54 seconds. Finally, return the abdominal pad to the center point and lower the bed to its lowest position. The entire process takes approximately 3 minutes.

(Additional "Myofascial" lateral bending and stretching exercises; if a neck traction strap is added, it also provides stretching and lowering functions for the neck and lower back.)

P-5 Program Action:

Upon initiation, the bed rises for 3 seconds while the buttocks pad rotates left and right for 3 minutes. Simultaneously, the buttocks pad is pulled from the waist towards the feet for approximately 57 seconds. Next, the abdomen pad bends to the right and stops, followed by the buttocks pad being pulled from the waist towards the feet for approximately 55 seconds. Then, the abdomen pad bends to the left and stops, followed by the buttocks pad being pulled from the waist towards the feet for approximately 53 seconds. Afterward, the abdomen pad returns to the center point, the buttocks pad returns to the horizontal point, and the bed lowers to its lowest position. The entire process takes approximately 3 minutes.

(Additional "Myofascial" lateral bending and stretching exercises; if a neck traction strap is added, it simultaneously stretches and relaxes the neck and lower back.)

P-6 Program Action:

After starting, the hip pad swings up and down for 1 minute and stops. Next, stretch and relax from the waist to the feet for about 2 minutes. Then, the hip pad swings up and down for 4 minutes, simultaneously adding a 3-second upward movement of the bed. Then, the hip pad rotates for 3 minutes, while simultaneously adding an abdominal pad bending to the right and holding for 1 minute. At this point, stretch and relax the lower back for 15 seconds. Next, the head pad lowers at a 4-second angle, followed by an abdominal pad stretch and relax for 40 seconds. Then, the abdominal pad bends to the left and holds for 1 minute. Next, the abdominal pad bends back and forth to the left and right for 1 minute. Then, the abdominal pad returns to the center point, leaving only the abdominal pad swinging up and down for 1 minute. Finally, stop and return to the starting position. Performing this P-6 program takes approximately 7 minutes.

(Additional "Myofascial" lateral bending and stretching exercises; if a neck traction strap is added, it simultaneously stretches and relaxes the neck and lower back.)

1. The right side of the lower section diagram is for waist angle adjustment. Angle Manual is for manual adjustment (down) and Angle Up. Auto is for automatic adjustment.

Pressing the green button once will automatically lower the head for 12 seconds each time until it reaches the bottom and stops automatically. Pressing the green button once will automatically raise the head for 12 seconds each time until it reaches the top and stops automatically. Auto Off will automatically stop after pressing the red button once.

Right block diagram



D. Head section control panel



a. Cervical Angle: Automatic downward adjustment of the neck angle (right side of the image above)

© When the head is in automatic downward angle mode, it can be tilted downwards up to 30° from the horizontal position.

1. During normal operation, the head angle adjusts automatically or manually downwards. Upward adjustment is only possible manually (there is no automatic upward adjustment). The switch toggles between Manual and Auto.

2. When the head is horizontal, it automatically adjusts downwards, with 6 adjustable modes.

The automatic neck-down movement modes are described below:

P1 Program Action:

After startup, the headrest moves down for 2 seconds at 10 seconds, 2 seconds at 20 seconds, and 1 second at 40 seconds. The Off indicator light illuminates during this time. The headrest automatically returns to a horizontal position and stops when the main timer expires, the stop button is pressed, the app stops the movement, or a manual emergency stop signal is received.

An alarm sounds once upon completion of this program. (Action time: 45 seconds)

P2 Program Action:

After startup, the headrest moves down for 3 seconds at 5 seconds, 2 seconds at 10 seconds, and 2 seconds at

30 seconds. The Off indicator light illuminates during this time. The headrest automatically returns to a horizontal position and stops when the main timer expires, the stop button is pressed, the app stops the movement, or a manual emergency stop signal is received.

Upon completion of this program, a single alarm sound will be heard. (Action time: 37 seconds)

P3 Program Action:

After startup, the headrest moves down 3 seconds at 5 seconds, 3 seconds at 10 seconds, and 2 seconds at 40 seconds. During this time, the Off light will illuminate. The headrest will automatically return to a horizontal position and stop after the main timer expires, the stop button is pressed, the app stops the swinging motion, or a manual emergency stop signal is received.

Upon completion of this program, a single alarm sound will be heard. (Action time: 48 seconds)

P4 Program Action:

After starting, it moves downwards for 3 seconds after 5 seconds, then downwards for another 3 seconds after another 5 seconds, then automatically returns to a horizontal position and stops. It then moves downwards for 6 seconds after another 5 seconds, then automatically returns to a horizontal position and stops. This process is repeated 6 times, 3 times, 6 times, 3 times, and 6 times, then automatically returns to a horizontal position and stops. Finally, it moves downwards for 6 seconds after another 2 seconds and stops. The Off indicator light illuminates during this time. The headrest automatically returns to a horizontal position and stops when the main timer expires, the stop button is pressed, the APP stops the swinging motion, or a manual emergency stop signal is received.

When this program is complete, an alarm bell sounds once. Upon startup, it automatically disables any activated actions and prevents the activation of other actions.

P5 Program Action:

After starting, it moves down for 3 seconds after 5 seconds, then down for 2 seconds after another 5 seconds, then down for 1 second after another 5 seconds, and then automatically returns to the horizontal position and stops. After another 1 second, it moves down for 5 seconds, then automatically returns to the horizontal position and stops. After another 1 second, it moves down for 6 seconds, then automatically returns to the horizontal position and stops. After another 1 second, it moves down for 6 seconds, then automatically returns to the horizontal position and stops. After another 1 second, it moves down for 6 seconds, then automatically returns to the horizontal position and stops. After another 2 seconds, it moves down for 6 seconds, then automatically returns to the horizontal position and stops. After another 2 seconds, it moves down for 7 seconds, then automatically returns to the horizontal position and stops. After another 2 seconds, it moves down for 7 seconds, then automatically returns to the horizontal position and stops. After another 2 seconds, it moves down for 8 seconds, then rolls back for 5 seconds. At this point, the head pad will automatically return to the horizontal position and stop when the main timer expires, the stop button is pressed, the APP stops the swinging, or a manual emergency stop signal is received. When this program finishes executing, a notification alarm will sound once. Upon startup, it will automatically disable any enabled actions and prevent the startup of other actions.

P6 Program Action:

After starting, it moves downwards for 6 seconds after 02 seconds, then automatically returns to a horizontal position after another 02 seconds and stops. It then moves downwards for 6 seconds after another 02 seconds, then automatically returns to a horizontal position after 01 seconds. It then moves downwards for 6 seconds after another 01 seconds, then immediately moves downwards for another 6 seconds after returning to a horizontal position, then immediately moves downwards for another 6 seconds, then immediately moves downwards for another 6 seconds, then immediately moves to a horizontal position and stops. The Off indicator light illuminates at this time. The headrest automatically returns to a horizontal position and stops when the main timer expires, the stop button is pressed, the APP stops the swinging motion, or a manual emergency stop signal is received. When this program is complete, an alarm sounds once. Upon startup, it automatically disables any activated actions and prevents the activation of other actions.

- ⊙ Stop button: Pressing this button stops the automatic mode. The circuit will automatically return to a horizontal position after the swing time is up or a stop signal is received.
- ⊙ Zero button: Pressing this button automatically returns the device to a horizontal position.
- ⊙ Start button: Pressing this button executes mode P1, P2, P3, P4, P5, or P6 individually (select as needed). The Off indicator light illuminates when execution is complete.
- ⊙ During automatic mode, you can temporarily switch to manual mode to change the direction of movement (up or down). The automatic program continues unaffected by manual operation. Switching back to automatic mode resumes automatic operation.
- ⊙ Zero indicator light: Neck angle is horizontal. On indicator light: Automatic program is running. Off indicator light: Automatic program is stopped. Run indicator light: Neck angle movement.
- ⊙ When switching to manual mode, moving the oscillating knob up (Down) adjusts the neck angle downwards, and moving it down (Up) adjusts the neck angle upwards.
- ⊙ Each time you power on, if it is set to Auto position and your head is below the horizontal line, it will automatically return to the horizontal position and stop. If your head is above the horizontal line, it will automatically rise to the maximum position and stop.

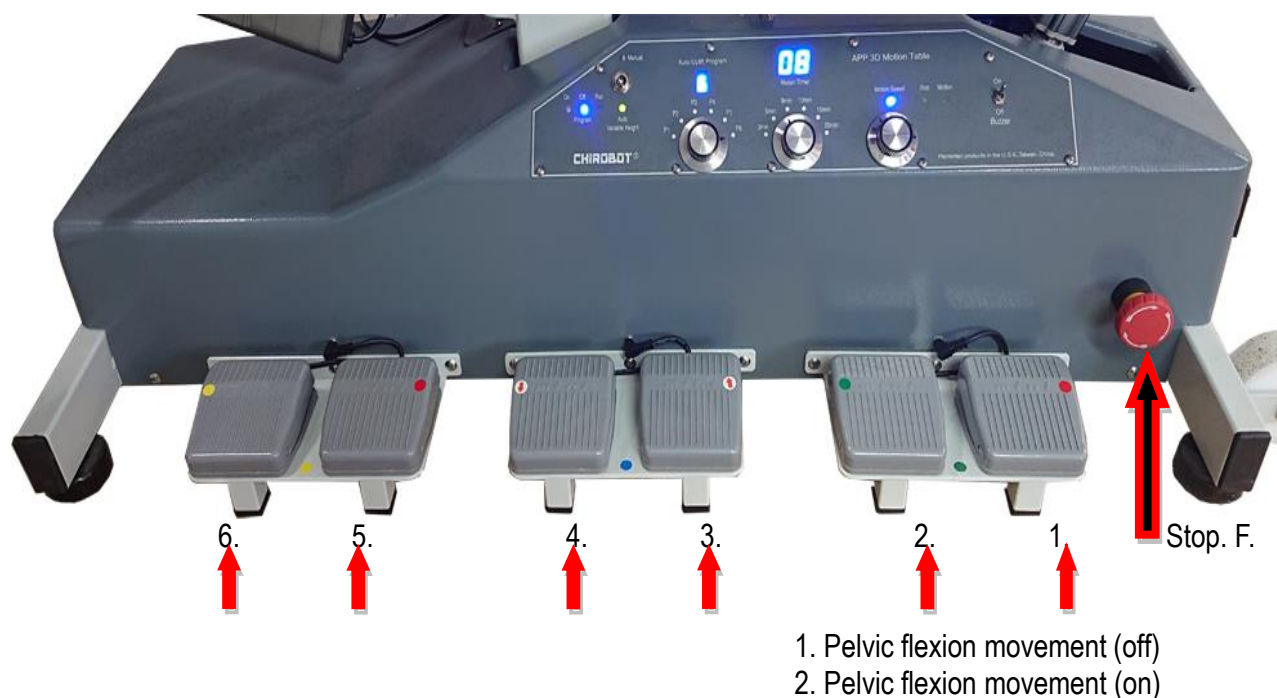
b.Cervical Rotation (Auto): (Left side of the image above)

1. Start button: Press to execute individual programs (select as needed) for 3 minutes, 5 minutes, or 8 minutes. It will automatically return to the horizontal position after the time is up.
2. Stop button: Press to stop the automatic program and automatically return to the horizontal position.
3. Zero light indicates the neck is in the horizontal position; Run light indicates the automatic program is running.
4. When switching to Manual, moving the head rocking knob up (R.L.) adjusts the neck rotation to the left; moving it down (R.R.) adjusts the neck rotation to the right.

5. There is a 5-pin round metal socket on the left side for connecting the head rotation motor assembly. It can be removed when not in use.

6. There is a black round knob on the left side; this is the 20mm fuse holder for this section. Specification: 4A

E. Foot switch user manual: (Reference style)



3. Table foot pedal upward movement: On

4. Table foot pedal downward movement: On

5. Table automatic program upward movement: Off

6. Table automatic program upward movement: On

Stop.F. Instructions for use of the emergency stop button switch: **Emergency Stop**

In case of an emergency stop, press down with your foot to lock the mechanism; all movements will immediately cease and the device will automatically return to its starting position. Press down again while rotating to the right to release the lock. Then, turn off the AC power switch and wait approximately 10 seconds before turning the device back on to resume normal operation. Normal operation is impossible without releasing the lock.

Additionally, there is a black handle button. When the patient needs to temporarily stop the up-and-down movement, pressing this button will immediately stop the movement. If the head is tilted downwards, it will automatically return to a horizontal position. The hips and waist will also automatically return to their starting position after any movement.

⊙ ⊙ ⊙ Special Notes:

1. The power system used by this machine must be grounded, as static electricity will be generated during use.
2. The power system used by this machine must be grounded to prevent electric shock due to leakage.
3. When using the neck support belt, the automatic downward angle adjustment function in neck mode must be stopped.
4. The underarm bars are for use when lying down, as needed; they are not normally placed on the bed.
5. When using this bed, assess the physical condition of the person using it to determine if it is suitable for use. Pay special attention to controlling the angle, height, usage time, extension distance, whether to choose a lying or prone position, and the application of the program, etc. All these should be assessed first. It's better to improve gradually than to rush; appropriate treatment and safety are paramount. Any unexpected situations are unrelated to the bed's design. Please be sure to follow the contraindications and precautions instructions.
6. During timed hip rotation and lumbar bending movements, due to the time difference caused by the load, the bed may sometimes stop at a point that is not horizontal when the time is up. Press the red stop button to return it to its original position.

⊙⊙Contraindications and Precautions for Using the Chiro-Robot .

Before using the passive movements of the Chiro Robot (Automatic Adjustment 3D Table), such as abdominal bending to the left and right, hip rotation to the left and right, continuous bending and stretching of the hips upward and downward, hip displacement and relaxation, head rotation to the left and right, automatic head downward movement, etc., a complete clinical examination and evaluation must be performed to determine whether the person using the back exercise bed is capable of performing these movements.

If the person using the back exercise bed complains of dizziness, nausea, extreme restlessness, or severe aches and pains; motor neurasthenia; or other opposite sensory changes such as numbness, then the above movements should not be continued, or the person should be prohibited from using the device if they are unable to move.

The following are general prohibitions on use:

- 01 Inflammation, Acute
- 02 Calcified Bone
- 03 Symptoms of Malignant Tumors
- 04 Arthritis, Acute Inflammation
- 05 Fractures
- 06 Cancer
- 07 Bone Infections
- 08 Rheumatoid Arthritis
- 09 Bone Tuberculosis

- 10 Severe Muscle Spasms
- 11 Acute Traumatic Complications
- 12 Spinal Cord Compression or Other Diseases
- 13 Implantation of Bone Implants
- 14 Local Peripheral Vascular Diseases
- 15 Trauma Due to Overexertion
- 16 Healing Non-Compression Fractures and Dislocations
- 17 Osteoporosis (Geriatric Disease)
- 18 Spondylolysis, Sacral Fracture
- 19 Osteochondritis
- 20 Patients Who Underwent Intervertebral Lamina Removal
- 21 Syringomyelia
- 22 Brain Stem Lesion
- 23 Cervical Spinal Injury
- 24 25. Internal bleeding, ulcers
26. Joint instability, such as grade IV vertebral arthritis
27. Pregnancy (bending and traction movements of the thoracic and lumbar spine are prohibited)
28. Or those who believe they have psychological oppression, tension, or fear
29. Heart and vascular diseases (bending and traction movements of the thoracic and lumbar spine are prohibited)
30. Acute intervertebral disc rupture, bone necrosis. If confirmed by CT or MRI:
31. Numbness and tingling in both hands/feet (highly likely spinal cord injury)
32. Spinal stenosis (medication ineffective, correction unsuccessful, surgery required)
33. Menstrual cycle (correction should only be performed three days after menstruation begins)
34. Patients with abnormal blood pressure, especially when hypertension is rising (hypertensive vasoconstriction)
35. Thrombosis, arteriosclerosis, carotid artery dissection, elderly or chronically ill patients
36. Avascular necrosis of bone and joint tissues, most commonly hip joint (caused by excessive or prolonged use of Western medicine or painkillers)
37. Spondylolysis
(Vertebral separation: a disease involving the separation of the vertebral styloid process)
38. Cervical spine contraindications: Cervical osteophytes (degenerative arthritis), rheumatoid arthritis, carotid artery sclerosis, stroke

Note: Whether the above conditions require special care or attention during treatment must be determined and borne by the operator at the time.

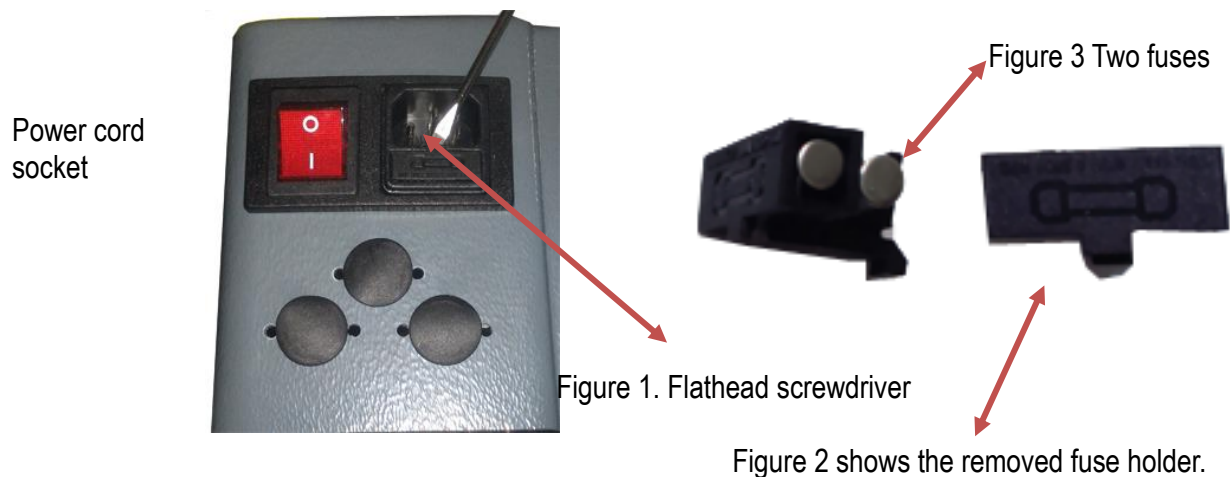
Warning: When passive movements begin, do not allow personnel, objects, or children to remain around the back exercise bed. The bed's movement, causing contact with objects or bodies, may overload the machine or cause accidental injury to personnel or children.

For those with a large belly, special care should be taken. During the downward movement and abdominal bending motions, there is a possibility of abdominal constriction. In this case, slide the abdominal pad down, or place a rolled-up cloth or soft foam in the space between the abdominal and hip pads to reduce the likelihood of abdominal constriction.

⦿ Maintenance and Troubleshooting Diagrams

A. Power Supply Section

If the indicator light does not illuminate after the power switch is pressed, first check if the power plug is properly inserted. Next, check if the power cord socket is properly inserted. If this does not resolve the issue, unplug the power cord socket. Using a flathead screwdriver or scissors, tap upwards from the center of the socket (Figure 1) to remove the fuse holder (Figure 2). You will see two fuses (Figure 3). Remove the spare fuse from the square tube and replace the burnt fuse. Then reinstall the fuse holder. Pressing the power switch should illuminate the indicator light, indicating normal operation. If the fuse burns out immediately again, please contact the manufacturer for inspection.



B. Foot Switch Section:

If there is no action when the foot switch is pressed:

1. The microswitch may be damaged. If you have a large Phillips screwdriver, remove another set of switches next to it and plug this set into the socket to test. If it works, that set is faulty; please contact the manufacturer for repair. If it still doesn't work, restore it to its original state; it's likely a faulty component, please contact the manufacturer.
2. Sometimes the operation is malfunctioning or misoperation, resulting in a shutdown. Turn off the power, wait about 1 minute, and then turn it back on. Operation should then be normal. If it still doesn't work, or the indicator light doesn't illuminate, please contact the manufacturer.

C. Mattress Maintenance

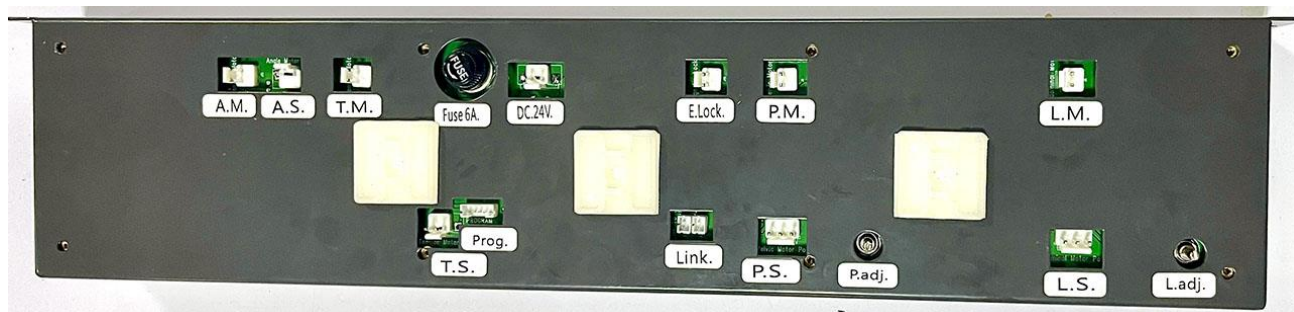
After each use, wipe the mattress with diluted detergent. You can use a mild dishwashing detergent to spray the mattress surface and wipe away the body oils, which can delay hardening and extend the mattress's lifespan.

It is not recommended to use diluted alcohol to clean the body oils on the mattress surface, as this may cause a chemical reaction that accelerates mattress hardening.

D.Maintenance of Table Frame and Moving Joints

If you hear any unusual noises, apply a spray-on lubricant to several moving joints, especially the swivel wheels where the bed swings up and down. If you hear a continuous squeaking sound when rotating your hips left and right, it's likely a friction sound from a malfunctioning electric lock. In this case, raise the bed and hips to their highest position, look at the back panel of the control box, and pull out the electric lock socket marked "E-lock". There should be no more noise when rotating. Also, please note: Do not use lubricant on the moving joints of the electric lock!

Back of pelvic segment control box



Instructions for use of each plug

01. A.M. 2pin Socket : From the motor that raises the ankle angle
02. A.S. 2pin Socket : Sensors that originated from raising the ankle angle (now discontinued)
03. T.M. 2pin Socket : Motor from lumbar traction
04. T.S. 2pin Socket : Sensors from the lumbar traction motor
05. Prog. Socket : Modify the program's port
06. Fuses 6A : The main fuse for this control box (6-7A is acceptable)
07. DC 24V 2pin Socket : The main power input to this control box
08. Elock 2pin Socket : Protect the pelvic segment from swaying when rotation stops
09. P.M. 2pin Socket : The motor of rotation from the pelvic segment
10. P.S. 3pin Socket : Sensors for rotation from the pelvic segment
11. Link. 2pin Socket : From system linkage control
12. P.adj. : The pelvic rotation sensor is adjusted to a horizontal position.
13. L.M. 2pin Socket : The motor that bends left and right from the abdominal section
14. L.S. 3pin Socket : Sensors for left and right bending from the abdominal segment
15. L.adj. : The abdominal segment's left and right bending sensors are adjusted to the center point.

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The following information is taken from the 1984 Technique course manual by Dr. Leander J. Eckard D.C., the inventor of the Leander Table in the United States.

Appendix: Thoracic Scoliosis Correction

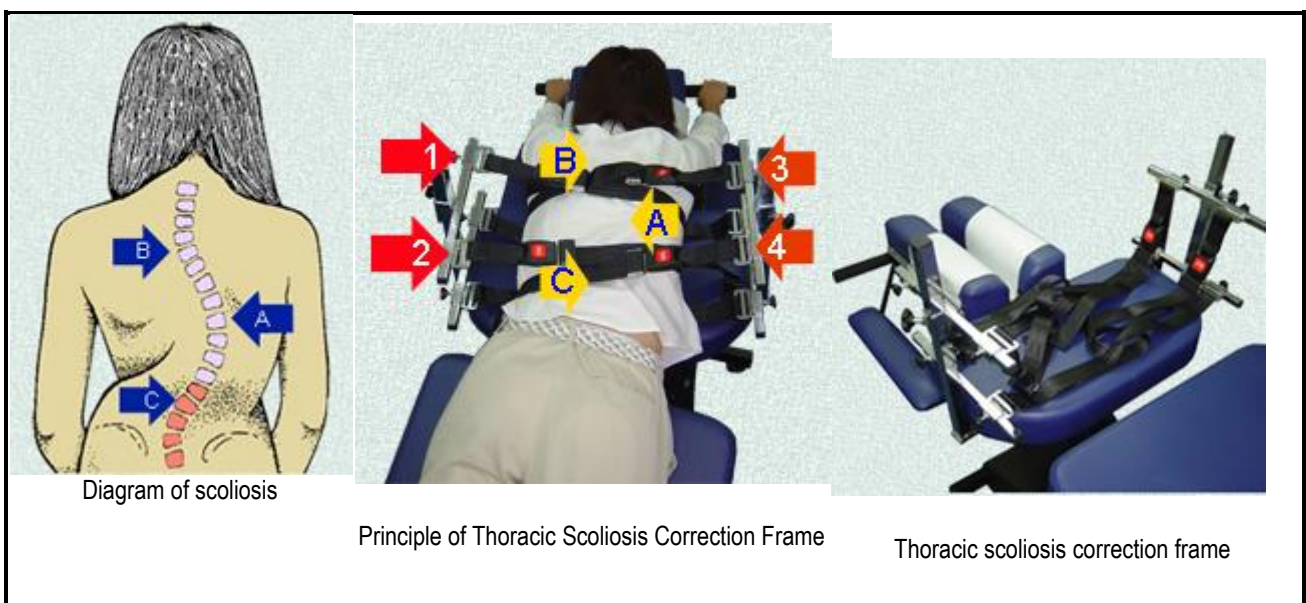
Instructions:

△ The thoracic scoliosis correction procedure is performed in conjunction with a back-movement bed series. The bed has recessed correction frames on both sides of the thoracic region (as shown in the right image below), with a total of 4 adjustable safety belts (as shown in the middle image below, 1, 2, 3, 4).

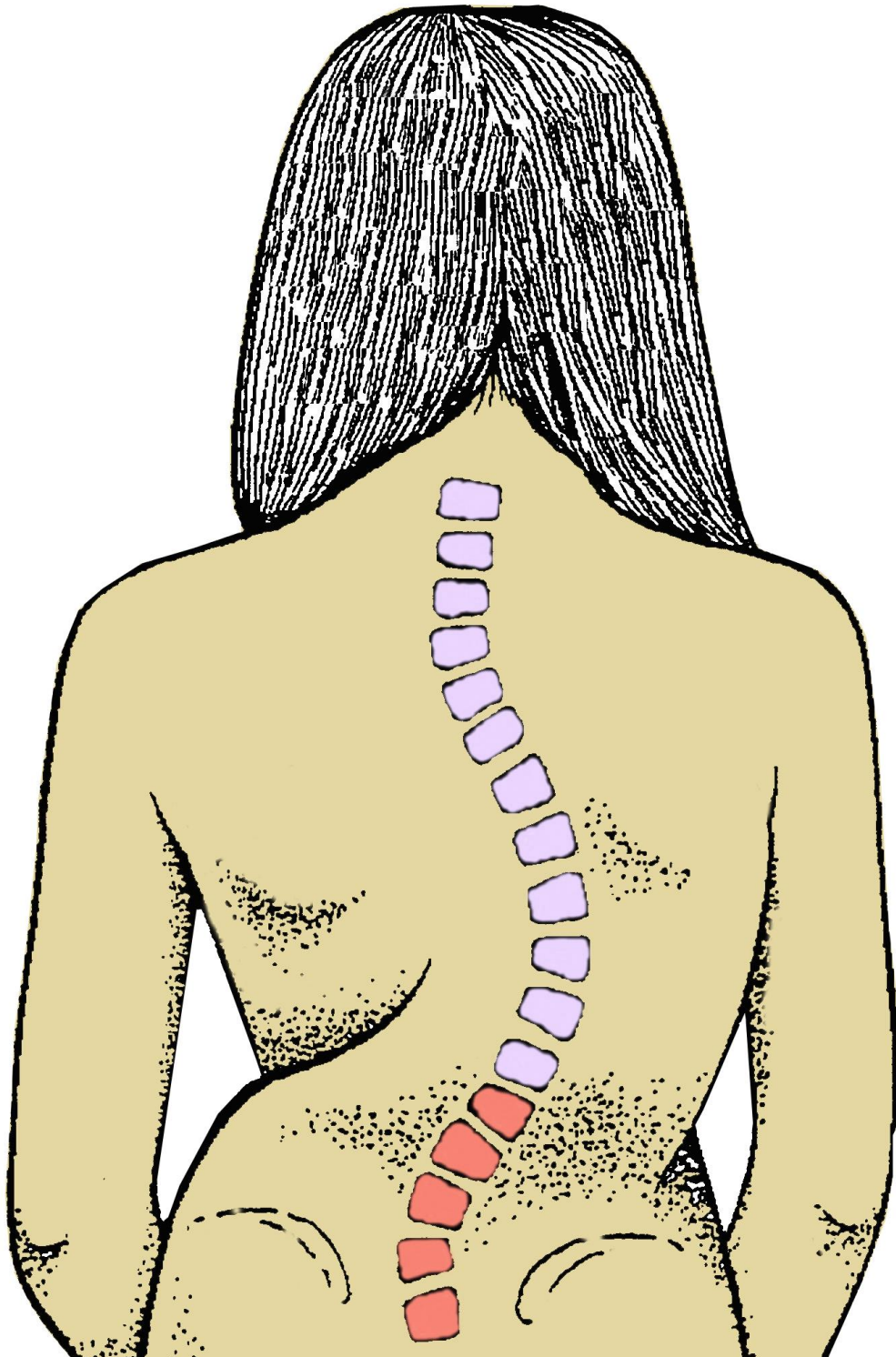
△ This optional accessory has proven highly effective for spontaneous scoliosis correction for 25 years.

△ Taking the 3D (X.Y.Z. 3-vector axis) back-movement bed series as an example, the operating principle is explained as follows: After the person is positioned, the correction frame safety belts (as shown in the middle image below, 1, 2, 3, 4) are adjusted to the appropriate position. For points 1, 2, 3, and 4, the safety belts pass under the body, cross to the opposite side, and return to the original point above the body to be fastened. Safety belts 1 and 2 are defined as correction belts (as shown in the middle image below, A), while safety belts 3 and 4 are defined as fixing belts (as shown in the middle image below, B and C). When the bed body moves up and down along the vertical axis in a bending motion in the hip area (refer to the animation on the back-movement bed series website), the correction mechanism will adjust accordingly. This generates a full-vertebral stretching and releasing motion. Taking the spinal curvature angle shown in the left diagram as an example, the abdominal area of the bed undergoes a horizontal axis-to-leftward counter-correction angle, straightening the vertebrae (as shown in the left diagram). When the bed swings up and down, a corrective force is applied to point A at the right thoracic vertebral curvature, returning it to its leftward position. If there is rotation in the hip area, the rotation handle can be pulled up to perform a Z-axis rotation for counter-correction and positioning.

△ The most effective method involves using this method for 20 minutes daily, 5 times a week, for 14 to 20 weeks.



Scoliosis corrector



Scoliosis Table Patient Set-up Procedures

The scoliosis package consists of two brackets with two belts attached to each bracket. See figure 1.

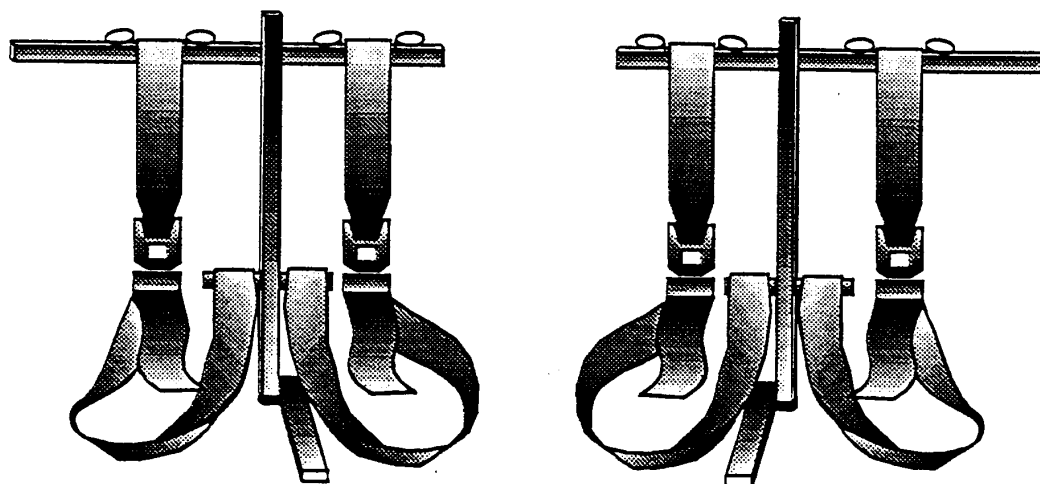


Fig. 1

Note that the upper bar has a short piece and a long piece where the belts are attached. The long portion points toward the front of the table when the bracket is positioned properly in its receiver under the abdominal cushion. See figure 2.

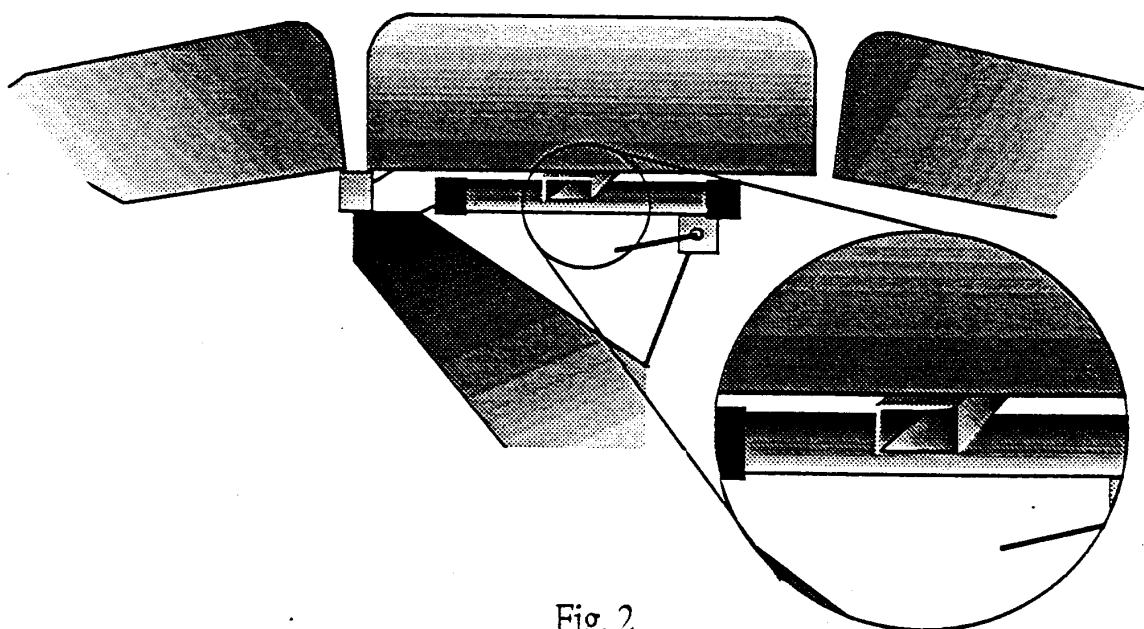


Fig. 2

Note: If the brackets are improperly installed damage may result to the leading edge of the pelvic cushion.

Scoliosis Table Patient Set-up Procedures

Place the belts on the abdominal cushion per the drawing in figure 3.

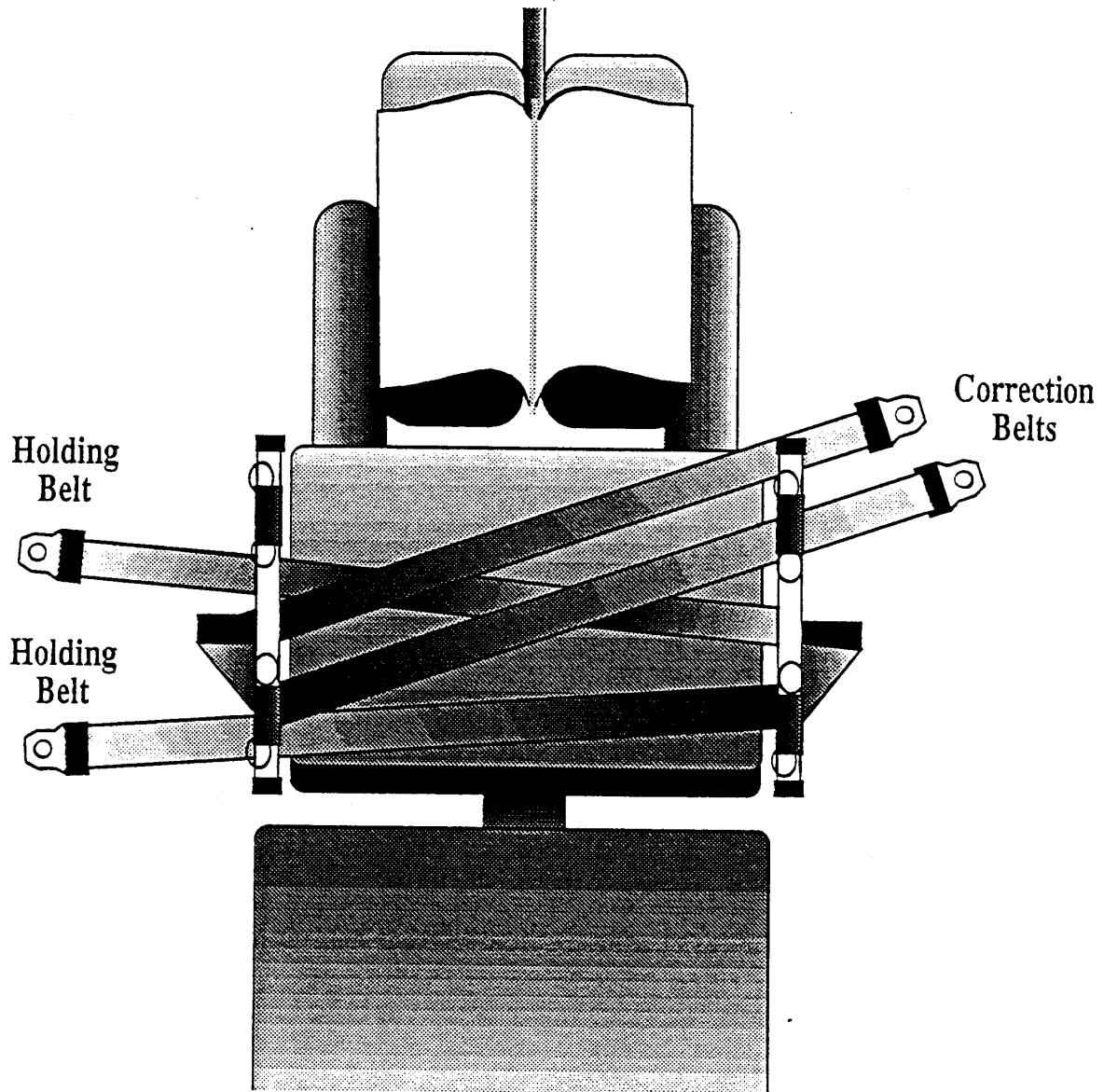


Fig. 3

If the patient has a right thoracic scoliotic curve and a compensating left lumbar curve, the belts will be positioned as noted below. If the opposite curves are the condition simply change the configuration of the belts.

The two belts coming from the right bracket will be the *holding* belts, and the two from the left bracket will be the *correction* belts. In all scoliosis conditions, the holding belts should be the outermost belts, while the correction belts should be the inner belts.

Scoliosis Table Patient Set-up Procedures

Position the patient face down on the table so that their iliac crest is even with the leading edge of the pelvic cushion. Position the holding belts first (the ones coming from the right bracket). They should be in a comfortable area of the body, avoiding breasts and liver areas. The correction belts (sometimes only one can be used) are placed over the apex of the thoracic curve. If the curve is quite severe the belt will not stay in position. In this case, move the belt so that it presses on the rib that is attached to the vertebra at the apex of the curve. Both correction belts can be in the same area if there is room. See figure 4.

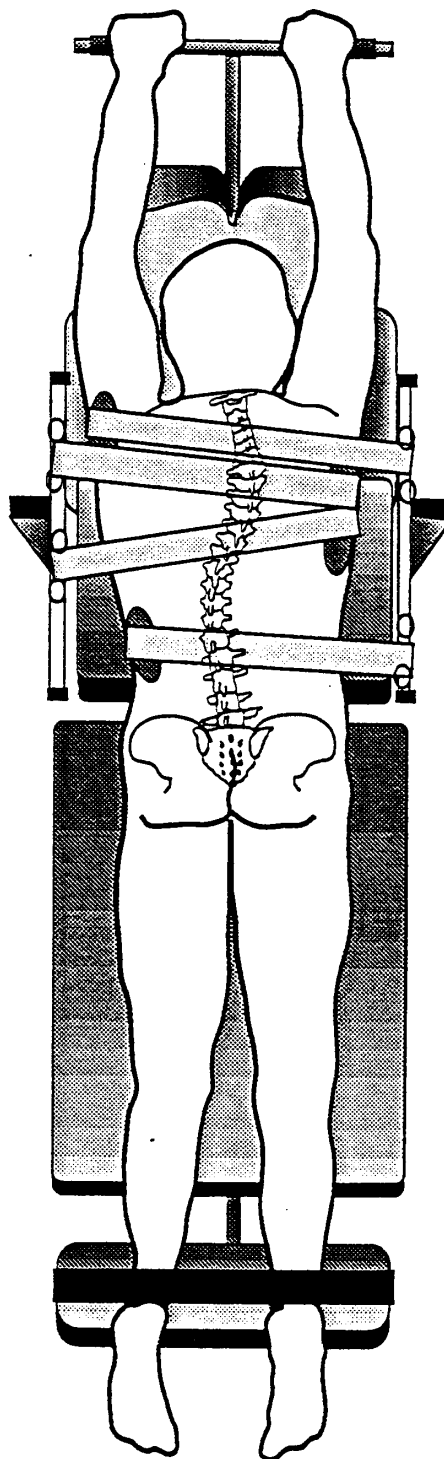


Fig. 4

For patient comfort, place a small towel or washcloth between the belt and the patient's skin. This will alleviate the possibility of chaffing.

Scoliosis Table Patient Set-up Procedures

Alternately tighten the holding and correction belts. Considerable tension must be placed on the correction belts for the treatment to be beneficial, but it should be applied gradually (approx. 70 lbs.).

With a patient having a left lumbar compensating curve, flex the front portion of the table to the left to derotate and to straighten the lumbar spine. See figure 5.

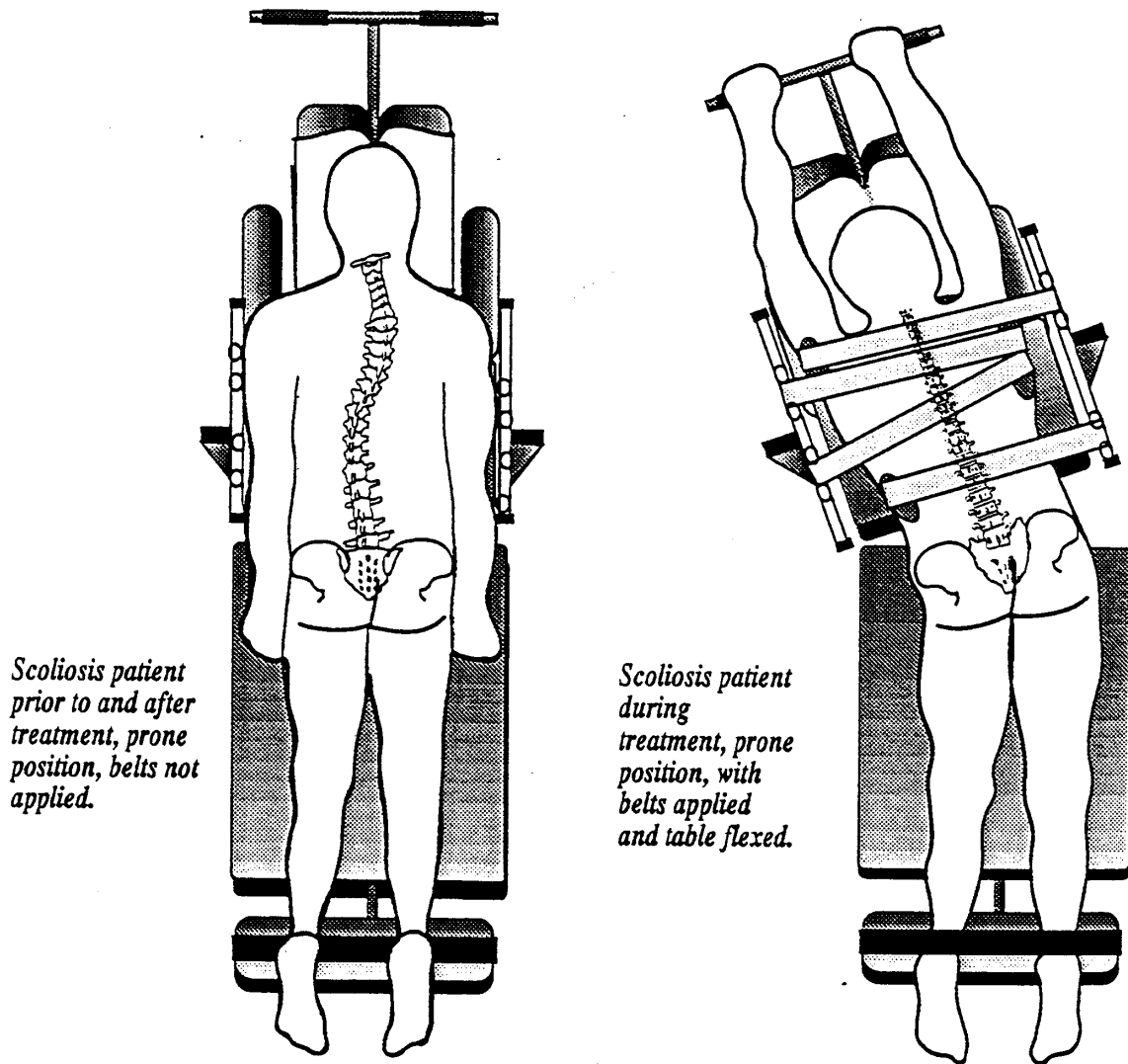


Fig. 5

Energize the table by depressing and releasing the foot switch. The abdominal section of the table may be lowered, but with most patients strapped into the brackets, there is insufficient pressure to maintain the abdominal section in its lowered position.

Continue to alternately tighten the correction and holding belts until the spine is relatively straight. Check the belts to insure their proper position, and if not, reposition as necessary.

The preferred treatment time is 20-30 minutes twice a day.

Chiropractic Robot / 3D Multifunctional Traction Therapy Table Accessories List

Standard accessories:

power cord ☐ 	Ankle brace ☐ 	Ankle brace anchor ☐ 	Ankle brace extension bar ☐ 
armpit bar seat ☐ 	armpit bar ☐ 	One set of hip and abdominal straps ☐ 	Neck traction prone position ☐ 
Neck traction, lying position ☐ 	Traction frame main rod ☐ 	☐ Manual angle traction frame pole 	Traction frame ☐ 

Accessories can be purchased separately.:

Rotary handle ☐ 	Specialized scoliosis correction frame ☐ 
Adjustable pull handle ☐ 	
☐ Traction frame electric rotating machine 	