Owner's Operator And Maintenance Manual

HTR Tilt/Recline

3000/3500 5000/5500

DEALER: THIS MANUAL MUST BE GIVEN TO THE USER OF THE HTR.

USER: BEFORE USING THE HTR, READ THIS MANUAL AND SAVE FOR FUTURE REFERENCE.



WARNING

DO NOT OPERATE THIS EQUIPMENT WITHOUT FIRST READING AND UNDERSTANDING THIS MANUAL. IF YOU ARE UNABLE TO UNDERSTAND THE WARNINGS, CAUTIONS, AND INSTRUCTIONS, CONTACT A HEALTHCARE PROFESSIONAL, DEALER OR QUALIFIED TECHNICIAN IF APPLICABLE BEFORE ATTEMPTING TO USE THIS EQUIPMENT - OTHERWISE INJURY OR DAMAGE MAY RESULT.

PROCEDURES OTHER THAN THOSE DESCRIBED IN THIS MANUAL MUST BE PERFORMED BY A QUALIFIED TECHNICIAN.

SPECIAL NOTES

WARNING/CAUTION notices as used in this manual apply to hazards or unsafe practices which could result in personal injury or property damage.

NOTICE

THE INFORMATION CONTAINED IN THIS DOCUMENT IS SUBJECT TO CHANGE WITHOUT NOTICE.

HTR USER

As a manufacturer of the HTR, Invacare endeavors to supply a wide variety of products to meet many needs of the end user. However, final selection of the type of product to be used by an individual rests solely with the user and his/her health care professional capable of making such a selection.

HTR TIE-DOWN RESTRAINTS AND SEAT POSITIONING STRAPS

Invacare recommends that HTR users NOT be transported in vehicles of any kind while in the HTR. As of this date, the Department of Transportation has not approved any tie-down systems for transportation of a user while in the HTR, in a moving vehicle of any type.

It is Invacare's position that users of the HTR should be transferred into appropriate seating in vehicles for transportation and use be made of the restraints made available by the auto industry. Invacare cannot and does not recommend any HTR transportation systems.

AS REGARDS TO RESTRAINTS - SEAT POSITIONING STRAPS - IT IS THE OBLIGATION OF THE DME DEALER, THERAPISTS AND OTHER HEALTH CARE PROFESSIONALS TO DETERMINE IF A SEATING POSITIONING STRAP IS REQUIRED TO ENSURE THE SAFE OPERATION OF THIS EQUIPMENT BY THE USER. SERIOUS INJURY CAN OCCUR IN THE EVENT OF A FALL FROM THE HTR.

TO HEALTHCARE PROFESSIONALS/ASSISTANTS:

The HTR Tilt/Recline MUST be operated by a HEALTHCARE professional or assistant when in ANY tilt or recline position.

DO NOT maneuver the HTR when the user has been tilted or reclined from the upright back position. Make sure the occupant of the chair is properly positioned.

When using wheel locks, ALWAYS engage ALL wheel locks.

SAVE THESE INSTRUCTIONS

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This Procedure includes the following:

Operating Information

Weight Training

W eight Limitation

Safety/Handling of the HIR

OPERATING INFORMATION

GENERAL WARNINGS

The HTR is to be operated by an assistant only. The HTR was not intended for self-propelling.

To determine and establish your particular safety limits, practice bending, reaching and transferring activities in several combinations in the presence of a qualified healthcare professional BEFORE attempting active use of the HTR.

ALWAYS make sure that the chair is stable BEFORE using the tilt or recline. TEST chair BEFORE it is occupied by the end user to ensure safety.

The gas cylinder MUST be operational before using the chair. DO NOT operate the tilt or recline if the gas cylinder is not operational.

DO NOT operate the tilt or recline if the trigger release lever and cable are not properly adjusted to ensure the gas cylinder locks in place when being engaged.

DO NOT climb, go up or down ramps or traverse slopes greater than 9°.

NEVER leave the user in a tilted or reclined position unattended at any time, especially on an incline.

DO NOT attempt to reach objects if you have to move forward in the seat.

DO NOT attempt to reach objects if you have to pick them up from the floor by reaching down between your knees.

DO NOT shift your weight or sitting position toward the direction you are reaching as the HTR may tip over.

Inspect wheel locks for correct locking action before actual use. WHEEL LOCKS ARE NOT BRAKES. DO NOT attempt to stop a moving HTR with the wheel locks. When transferring to and from the HTR, ALWAYS ENGAGE ALL WHEEL LOCKS.

MODELS 5000/5500 ONLY - DO NOT TIP THE HTR ONTO THE REAR WHEELS WITHOUT ASSISTANCE.

DO NOT use an escalator to move the HTR between floors. Serious bodily injury may occur.

Before attempting to transfer in or out of the HTR, every precaution should be taken to reduce the gap distance. Turn both casters parallel to the object you are transferring onto. When transferring to and from the HTR, ALWAYS ENGAGE ALL WHEEL LOCKS.

DO NOT use parts, accessories, or adapters other than those authorized by Invacare.

DO NOT attempt to lift the HTR by lifting on any removable (detachable) parts. Lifting by means of any removable (detachable) parts of the HTR may result in injury to the user or damage to the HTR.

DO NOT stand on the frame of the HTR.

ALWAYS wear your seat positioning strap. Inasmuch as the SEAT POSITIONING STRAP is an option on the HTR (You may order with or without the seat positioning strap), Invacare strongly recommends ordering the seat positioning strap as an additional safeguard for the HTR user.

5000/5500 MODELS ONLY - Anti-tippers MUST BE attached at all times. Inasmuch as the ANTI-TIPPERS are an option on the HTR (You may order with or without the anti-tippers), Invacare strongly recommends ordering the anti-tippers as an additional safeguard for the HTR user.

DO NOT use the footplate as a platform. When getting in or out of the HTR, make sure that the footplates are in the upward position.

WEIGHT TRAINING

If occupant uses the HTR as a weight training chair, Invacare shall not be liable for bodily injury and the warranty will be voided immediately. The Invacare HTR has not been designed or tested as a seat for any kind of weight training.

GENERAL WARNINGS (CONTINUED)

WEIGHT LIMITATION

The HTR Tilt/Recline has a weight limitation of 250 lbs.

SAFETY/HANDLING OF THE HTR

"Safety and Handling" of the HIR requires the close attention of the HIR user as well as the assistant. This manual points out the most common procedures and techniques involved in the safe operation and maintenance of the HIR. It is important to practice and master these safe techniques until you are comfortable in maneuvering around the frequently encountered architectural barriers.

Use this information only as a "basic" guide. The techniques that are discussed on the following pages have been used successfully by many.

Individual HIR users often develop skills to deal with daily living activities that may differ from those described in this manual. Invacare recognizes and encourages each individual to try what works best for him/her in overcoming architectural obstacles that they may encounter, however ALL WARNINGS and CAUTIONS given in this manual MUST be followed. Techniques in this manual are a starting point for the new HIR user and assistant with "safety" as the most important consideration for all.

Stability And Balance

WARNING

ALWAYS wear your seat positioning strap. Inasmuch as the SEAT POSITIONING STRAP is an option on the HTR (You may order with or without the seat positioning strap), Invacare strongly recommends ordering the seat positioning strap as an additional safeguard for the HTR user.

5000/5500 MODELS ONLY - Anti-tippers MUST BE attached at all times. Inasmuch as the ANTI-TIPPERS are an option on the HTR (You may order with or without the anti-tippers), Invacare strongly recommends ordering the anti-tippers as an additional safeguard for the HTR user.

To assure stability and proper operation of your HIR, you must at all times wear your seat positioning strap and maintain proper balance. Your HTR has been designed to remain upright and stable during normal daily activities as long as you do not move beyond the center of gravity.

Virtually all activities which involve movement in the HIR have an effect on the center of gravity. Invacare recommends using seat/chest positioning straps for additional safety while involved in activities that shift your weight.

DO NOT lean forward out of the HIR any further than the length of the ammests. Make sure the casters are pointing in the forward position whenever you lean forward. This can be achieved by advancing the HIR and then reversing it in a straight line.

The HTR Tile/Recline MUST be operated by an attendant when the chair is in any tilted or reclined position.

Coping With Everyday Obstacles

Oping with the irritation of everyday obstacles can be alleviated somewhat by learning how to manage your HIR. Keep in mind your center of gravity to maintain stability and balance.

A Note To HTR Assistants

When assistance to the HTR user is required, remember to use good body mechanics. Keep your back straight and bend your knees whenever tilting the HTR or traversing curbs, or other impediments.

WARNING

DO NOT attempt to lift the HTR by lifting on any removable (detachable) parts. Lifting by means of any removable (detachable) parts of the HTR may result in injury to the user or damage to the HTR.

Also, be aware of any removable (detachable) parts. These must NEVER be used for hand-hold or lifting supports, as they may be inadvertently released, resulting in possible injury to the user and/or assistant(s).

When learning a new assistance technique, have an experienced assistant help you before attempting it alone.

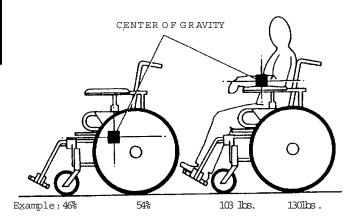
Percentage of Weight Distribution

WARNING

DO NOT attempt to reach objects if you have to move forward in the seat or pick them up from the floor by reaching down between your knees.

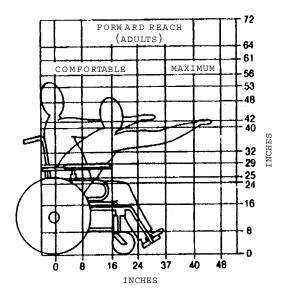
Changing the seat depth of the chair changes the stability of the HTR. To maintain stability, safety limits for bending, reaching and transferring activities MUST be re-evaluated by a qualified healthcare professional BEFORE using the HTR. Many activities require the HIR user to reach, bend and transfer in and out of the HIR. These movements will cause a change to the normal balance, the center of gravity, and the weight distribution of the HIR. To determine and establish your particular safety limits, practice bending, reaching and transferring activities in several combinations in the presence of a qualified healthcare professional BEFORE attempting active use of the HIR.

Proper positioning is essential for your safety. When reaching, leaning, or bending forward, it is important to use the front casters as a tool to maintain stability and balance.



Functional Reach From the HTR

The approximate reach-limit values shown in the accompanying graphs were derived on the basis of a sample of 91 male and 36 female subject users. Note the difference between the maximum and the comfortable reach limits, a subjective but important consideration in design.



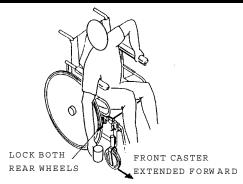
Reaching, Leaning and Bending Forward

Position the front casters so that they are extended as far forward as possible and engage wheel locks.

WARNING

DO NOT lean forward of the armrests.

DO NOT attempt to reach objects if you have to move forward in the seat or pick them up from the floor by reaching down between your knees.

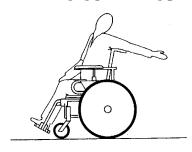


Reaching, Leaning - Backwards

WARNING

DO NOT lean over the top of the back upholstery. This will change your center of gravity and may cause you to tip over.

Position the HIR as close as possible to the desired object. Point front casters forward to create the longest possible wheelbase. Reach back only as far as your arm will extend without changing your sitting position.



Tilting - Curbs

WARNING

DO NOT tilt the HTR without assistance.

When lowering the front casters of the HTR, do not let the HTR drop the last few inches to the ground. This could result in injury to the occupant and/or damage to the HTR.

The following procedure applies ONLY to HTR MODELS 5000/5500 with rear wheels larger than 8-inches.

WARNING

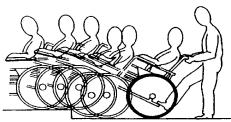
Invacare does not recommend traversing curbs with the HTR. However, extreme caution is advised when it is necessary to move an occupied HTR up or down a curb. Make sure to use ONLY secure, non-detachable parts for hand-hold supports.

When tilting the HIR, an assistant should grasp the back of the HIR on a non-removable (non-detachable) part. Inform the HIR occupant before tilting the HIR and remind him/her to lean back. Be sure the occupant's feet and hands are clear of all wheels.

After mastering the techniques of tilting the HIR, use this procedure to tackle ourbs, short stairs, etc.

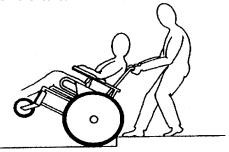
METHOD 1 - Apply a continuous downward motion until the balance point is achieved and the front casters clear the curb. At this point, the assistant will feel a difference in the weight distribution.

Roll the HIR forward and slowly lower the front casters onto the sidewalk. Do not let the HIR drop the last few inches to the ground. This could result in injury to the occupant. Push the HIR forward until the rear wheels roll up and over the curb.



METHOD 2 - This method requires two (2) assistants. The second assistant should be positioned at the front of the HIR lifting upward on a non-removable (non-detachable) part of the HIR frame when lifting the HIR and stabilizing the HIR when the HIR is being lowered to the ground.

The first assistant should stand on the sidewalk and turn the HIR so that the rear wheels are against the curb. The HIR should be tilted back to the balance point and, in one continuous upward movement, the rear wheels should be pulled up and over the curb. DO NOT return the front casters to the ground until the HIR has been pulled backward far enough for the front casters to clear the edge of the curb.



Stairways

WARNING

DO NOT move an occupied HTR up or down a stairway. Otherwise, injury may occur.

ESCALATORS? SORRY!

DO NOT use an escalator to move the HTR between floors. Serious bodily injury may occur.

Transferring to and From Other Seats

NOIE: This activity may be performed independently provided the user has access to the wheellooks and has adequate mobility and upper body strength.

WARNING

BEFORE attempting to transfer in or out of the HTR, every precaution should be taken to reduce the gap distance. Turn both casters parallel to the object you are transferring onto. Also be certain the wheel locks are engaged to help prevent the wheels from moving.

CAUTION

When transferring, position yourself as far back as possible in the seat. This will prevent damaged upholstery and the possibility of the HTR tipping forward.

Position the HIR as close as possible along side the seat to which you are transferring, with the front casters pointing parallel to it. Engage wheel looks. Shift body weight into seat with transfer.

During independent transfer, little or no seet plat form will be beneath you. Use a transfer board if at all possible.



This Procedure includes the following:

Safety Inspection Checklist

Troubleshooting

Maintenance

Transporting

SAFETY INSPECTION CHECKLIST

NOIE: Every six (6) months, take your HIR to a qualified technician for a thorough inspection and servicing. Regular cleaning will reveal loose or worn parts and enhance the smooth operation of your HIR. To operate properly and safely, your HIR must be cared for just like any other vehicle. Routine maintenance will extend the life and efficiency of your HIR. Clean upholstery with mild soap and water or spray disinfectant using a sponge. DO NOT use bleach or wash in a washing machine.

Initial adjustments should be made to suit your personal body structure, preference and abilities. Thereafter follow these maintenance procedures:

these maintenance procedures:				
ITEM	INITIALLY	INSPECT/ ADJUST WEEKLY	INSPECT/ ADJUST MONTHLY	INSPECT/ ADJUST PERIODICALLY
GENERAL HIR rolls straight (no excessive drag or pull to one side).	X	Х		
WHEEL LOCKS Do not interfere with tires when rolling. Pivot points free of wear and looseness. Wheel locks easy to engage.	X X X		X X X	
SEAT AND BACK UPHOLSTERY Inspect for rips or sagging.	X			X
12, 20, and 24-INCH WHEELS Axle nut tension correct. No excessive side movement or binding when lifted and spun.	X X		X X	Х
HANDRIMS (if equipped) Inspect for signs of rough edges or peeling.	X			X
GAS CYLINDERS Impect for leaking oil.	X		X	
CASTERS Inspect wheel/fork assembly for proper tension by spinning caster; caster should come to a gradual stop. Icosen/tighten locknut if wheel wibbles noticeably or binds to a stop. Wheel bearings are clean and free of moisture. CAUTION: As with any vehicle, the wheels and tires should be checked periodically for cracks and wear, and should be replaced.	X X X	х	X X	Х
TIRES Inspect for flat spots and wear. CAUTION: As with any vehicle, the wheels and tires should be checked periodically for cracks and wear, and should be replaced.	Х	Х		
ARMS Secure, but easy to release.	X			Х
TRIGGER RELEASE LEVER AND CABLE Cables completely release and handles return when released.	X	Х		
CLOTHING GUARDS Inspect for bent or protruding metal. Ensure all fasteners are secure.	X X			X X
ARMRESTS Import for rips in the upholstery. Base sits flush against ann tube.	X X			X X
CLEANING Clean upholstery and ammests.	Х			Х

TROUBLESHOOTING

CHAIR VEERS RIGHT	CHAIR VEERS LEFT	SLUGGISH TURN OR PERFORMANCE	CASTER FLUTTERS	SQUEAKS AND RATTLES	LOOSENESS IN CHAIR	SOLUTIONS
Х	Х	Х				3000/3500 Models: Check that directional lock caster is engaged
		Х	Х	Х	х	Check casters for loose nuts and bolts.
Х	Х		X			Check that both casters contact the ground at the same time.

MAINTENANCE

Maintenance Safety Precautions

WARNING

After ANY adjustments, repair or service and BEFORE use, make sure all attaching hardware is tightened securely - otherwise injury or damage may result.

CAUTION

DO NOT overtighten hardware attaching to the frame. This could cause damage to the frame tubing.

Suggested Maintenance Procedures

 Before using your HIR, make sure all nuts and bolts are tight. Check all parts for damage or wear and replace. Check all parts for proper adjustment.

CAUTION

As with any vehicle, the wheels and tires should be checked periodically for cracks and wear, and should be replaced.

2. Check the wheels and tires periodically for cracks and wear. If damaged, have them replaced by a qualified technician.

- 3. Periodically check handrims to ensure they are seared to the rear wheels.
- 4. Periodically adjust wheel looks in cornelation to tire wear.
- 5. Periodically check caster wheel bearings to make sure they are clean and free from moisture.
- 6. Check upholstery for sagging, rips or tears.
- 7. Periodically dreck gas cylinders for all leaks. If all leak is detected, replace the cylinders.

TRANSPORTING

- 1. Remove the footrests.
- 2. Remove the rear wheels.
- 3. Remove the armrests.
- 4. Pull the release pins and fold the back towards the rear of the drair (optional).
- 5. Turn the anti-tippers so they are facing UP.

PROCEDURE 3 OPERATION

This Procedure includes the following:

Tilt Operation

Recline Operation

Flipdown Back Operation

Caster, Wheel and Wheel Lock Operation

WARNING

The HTR is to be operated by an assistant only. The HTR was not intended for self-propelling.

ALWAYS make sure that the chair is stable BEFORE using the tilt or recline. TEST chair BEFORE it is occupied by the end user to ensure safety.

The gas cylinder MUST be operational before using the chair. DO NOT operate the tilt or recline if the gas cylinder is not operational.

DO NOT operate the tilt or recline if the trigger release lever and cable is not properly adjusted to ensure the gas cylinder locks in place when being engaged.

NEVER leave the user in a tilted or reclined position unattended at any time, especially on an incline.

TILT OPERATION (FIGURE 1)

The proper trigger to tilt the drain is clearly marked with the following label:



TILT



Infinite tilt positions are controlled by the trigger cable mechanism located behind the chair on the right push handle. Squeeze the trigger and the lock is released, allowing the chair to be pulled back or essed forward to the desired degree of tilt. Release the trigger and the unit will lock into the chosen degree of tilt. To assist in this function, there is a descent/ascent footbar so your arms are not doing all the work.

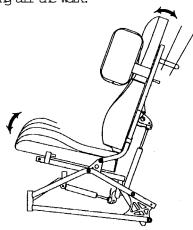


FIGURE 1 - TILT OPERATION

RECLINE OPERATION (FIGURE 2)

The proper trigger to recline the back is clearly marked with the following label:



Infinite recline positions are also controlled by a single trigger cable mechanism located behind the chair. The recline control mechanism is located on the left push handle 90 degrees to the back. Squeeze the trigger and the back is released, allowing the seat to back angle to be adjusted accordingly. Release the trigger and the back will be locked at the chosen degree of recline.

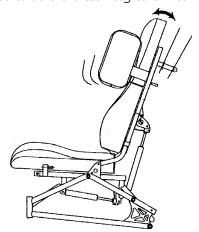


FIGURE 2 - RECLINE OPERATION

FLIPDOWN BACK OPERATION (FIGURE 3)

To flip down the back, pull simultaneously on the two pins located in the vertical members of the back. Allow the upper portion of the back to swing down behind the lower portion. To return the back to its upright position, swing the back up and it will automatically look in position.

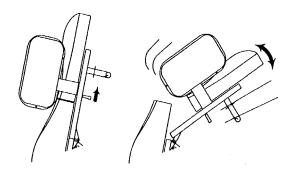


FIGURE 3 - FLIPDOWN BACK OPERATION

CASTER, WHEEL AND WHEELLOCK OPERATION

5-inch Casters with Wheel Locks

Push your foot down on the lower of the two caster toggles. To disengage, push down on the top toggle.

5-inch Caster with Directional Lock

Ensure the caster is positioned directly forward. Push your foot down on the lower of the two caster toggles. To disengage, push down on the top toggle.

24-inch, 20-inch, and 12-inch Rear Wheels with Wheel Locks

To engage, push the wheel look handle forward. Reverse to disengage. PROCEDURE 4 ADJUSTMENTS

This Procedure includes the following:

Headwing Adjustment

Headrest Adjustment

Arm Adjustment

Seat Depth Adjustment

Legrest Adjustment

Swingaway Footrest

Wheel Lock Adjustment

Tray Adjustment and Storage

HEADWING ADJUSTMENT (FIGURE 1)

All HIR headwings are width adjustable. To adjust, losen the tension knob on the back of the chair, slide the headwing to the desired position and securely tighten the tension knob. All HIR headwings can also be reversed to change their height. To do this, take the left headwing and install it on the right side, and vice-versa.

CAUTION

Be careful not to damage the headwings when flipping the back down.

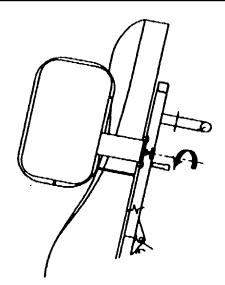


FIGURE 1 - HEADWING ADJUSTMENT

HEADREST ADJUSTMENT

The headrest can be moved vertically to meet varying needs. Simply pull the headrest up or down to achieve the desired position. The fastening straps can be loosened or tightened accordingly.

ARM ADJUSTMENT (FIGURE 2)

All HIR arms are adjustable height flip back arms. Height adjustment is achieved by pulling back the release pin (located at front beneath the ampad) and lifting up the upper arm section to its desired height. Release the pin to lock it in place. To flip back the arm, pull the front arm release pin back.

WARNING

Ensure the armrest is locked in position before moving the HTR.

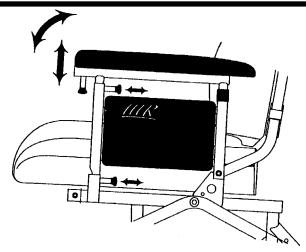


FIGURE 2 - ARM ADJUSTMENT

SEAT DEPTH ADJUSTMENT

Seat depth can be adjusted in a range from 15"-19" in 1" increments To adjust the depth, pull the lever under the left side of the seat, slide the seat to the desired location and release, making sure the pin has locked into the hole.

S

ADJUSTMENTS PROCEDURE 4

LEGREST ADJUSTMENT (FIGURE 3)

- A To adjust for thigh length, move knob (see 1 in FIGURE 3) on left side to the left and slide whole legrest in or out. If pulled too far out, the safety pins will look in place to release, squeeze pins (see 2 in FIGURE 3) in.
- B. To adjust angle, pull knob (see 3 in FIGURE 3), lift footboard to desired position. To lower footboard, pull knob (see 3 in FIGURE 3), push footboard to desired position.
- C. To adjust calf length, move know (see 4 in FIGURE 3) on left side, to the left and adjust footboard up or down
- D. Footboard can be hinged up out of the way by lifting up.
- E. SB= Safety Button, depress completely to remove assembly.

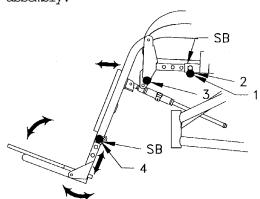


FIGURE 3 - LEGREST ADJUSTMENT

SWINGAWAY FOOTREST

- A. Turn the footrest to the side (open footrest plate is perpendicular to the HIR).
- B. Insert the footrest mounting pins.
- C. Rotate the footrest towards the inside of the wheeldrair until it looks in place.

NOTE: The footplate will be on the inside of the HIR when looked in place.

- D. Repeat this procedure for the other footrest assembly.
- E. To release the footrest, push the footrest release lever inward while rotating the footrest outward.

WHEEL LOCK ADJUSTMENT (FIGURE 4)

NOTE: This procedure does not apply to 5" caster wheel laws.

- 1. Remove set screw from wheel lock clamp half using a 1/8-inch hex key. Refer to FIGURE 4 for set screw location.
- 2 Loosen, but do not remove the socket cap screw (using a 3/16-inch hex key) and two (2) button head clamp screws (using a 5/32-inch hex key) that secure the wheel lock assembly to the wheelchair frame.
- 3. Using a 3/16-inch hex key, tighten the middle socket cap screw until the wheel lock clamp firmly grasps the frame tube, but still rotates and moves on the tube.
- 4. Using a 5/32-inch hex key, tighten the two (2) button head clamp screws until the clamp firmly grasps the frame tube, but still rotates and moves on the tube.
- 5. Position the wheel lock so, at a minimum, the wheel lock shoe embeds into the tire (refer to FIGURE 5) according to the following table:

Wheel Size	Minimum Measurements
12-INCH WHEELS	3/16-INCH
20-INCH WHEELS	1/4-INCH
24-INCH WHEELS	1/8-INCH

- 6. Securely tighten the socket cap screw to 120 in-lbs. (approximately an additional 1/4 turn).
- 7. Securely tighten the button head clamp screws to 70 in-lbs. (approximately an additional 1/8 turn).
- 8. Engage wheel lock and push the HIR wheelchair to check that wheel lock engages the tire enough to hold the HTR wheelchair during patient use/transfers.
- 9. Repeat the above STEPS 2-8 until the wheel looks hold the HIR wheelchair.
- 10. Tighten set screw with a 1/8-inch hex key to 30 in-lbs. (approximately 1/4-1/2 turn after the screw bottoms out on the tube).

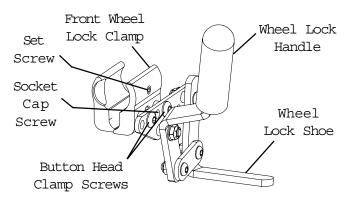


FIGURE 4 - INSTALLING NEW WHEEL LOCK (LEFT WHEEL LOCK FOR 20" REAR WHEEL IS SHOWN)

PROCEDURE 4 ADJUSTMENTS

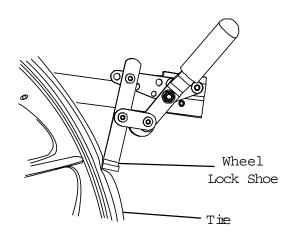


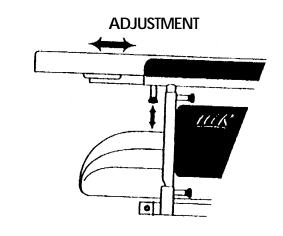
FIGURE 5 - WHEEL LOCK SHOE EMBEDS INTO TIRE (RIGHT WHEEL LOCK FOR 24" WHEEL SHOWN)

TRAY ADJUSTMENT AND STORAGE (FIGURE 4)

The tray can be adjusted by pulling down the relase pin (rotating the pin will look it open) located under the arm tube. The adjustment is in 1" increments.

Ensure the tray is securely locked in place before using.

To store the tray place one of the tray rods in the arm tube with the top surface of the tray facing away from the chair.



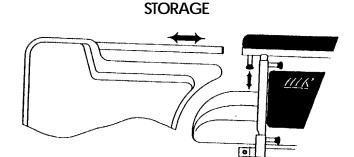


FIGURE 4 - TRAY ADJUSTMENT AND STORAGE

LIMITED WARRANTY

PLEASE NOTE: THE WARRANTY BELOW HAS BEEN DRAFTED TO COMPLY WITH FEDERAL LAW APPLICABLE TO PRODUCTS MANUFACTURED AFTER JULY 4, 1975.

This warranty is extended only to the original purchaser/user of our products.

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

Invacare warrants its product to be free from defects In materials and workmanship for a period of three (3) years; lifetime on the frame; and one (1) year on the upholstery and Gas Spring Cylinders from the date of original purchaser/user. If within such warranty period any product shall be proven to be defective, such product shall be repaired or replaced, at Invacare's option. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any such product. Invacare's sole obligation and your exclusive remedy under this warranty shall be limited to such repair and/or replacement.

For warranty service, please contact the dealer from whom you purchased your Invacare product. In the event you do not receive satisfactory warranty service, please write directly to Invacare at the address on the back page. Provide dealer's name address and the date of purchase, indicate nature of the defect and, if the product is serialized, indicate the serial number. Do not return products to our factory without our prior consent.

LIMITATIONS AND EXCLUSIONS: THE FOREGOING WARRANTY SHALL NOT APPLY TO SERIAL NUMBERED PRODUCTS IF THE SERIAL NUMBER HAS BEEN REMOVED OR DEFACED, PRODUCTS SUBJECT TO NEGLIGENCE, ACCIDENT, IMPROPER OPERATION, MAINTENANCE OR STORAGE, COMMERCIAL USE, PRODUCTS MODIFIED WITHOUT INVACARE'S EXPRESS WRITTEN CONSENT (INCLUDING, BUT NOT LIMITED TO, MODIFICATION THROUGH THE USE OF UNAUTHORIZED PARTS OR ATTACHMENTS; PRODUCTS DAMAGED BY REASON OF REPAIRS MADE TO ANY COMPONENT WITHOUT THE SPECIFIC CONSENT OF INVACARE, OR TO A PRODUCT DAMAGED BY CIRCUMSTANCES BEYOND INVACARE'S CONTROL), AND SUCH EVALUATION WILL BE SOLELY DETERMINED BY INVACARE. THE WARRANTY SHALL NOT APPLY TO PROBLEMS ARISING FROM NORMAL WEAR OR FAILURE TO ADHERE TO THE THESE INSTRUCTIONS.

THE FOREGOING WARRANTY IS EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES. IMPLIED WARRANTIES, IF ANY, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE DURATION OF THE EXPRESS WARRANTY PROVIDED HEREIN AND THE REMEDY FOR VIOLATIONS OF ANY IMPLIED WARRANTY SHALL BE LIMITED TO REPAIR OR REPLACEMENT OF THE DEFECTIVE PRODUCT PURSUANT TO THE TERMS CONTAINED HEREIN. INVACARE SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES WHATSOEVER.

THIS WARRANTY SHALL BE EXTENDED TO COMPLY WITH STATE/PROVINCIAL LAWS AND REQUIREMENTS.