

Welcome to AffloVest®

Mobile mechanical oscillation therapy that frees patients, mobilizes secretions and advances therapy.



Airway Clearance Therapy (ACT) is considered the cornerstone of therapy aimed at minimizing the effects of airway obstruction, infection and inflammation in lung diseases.

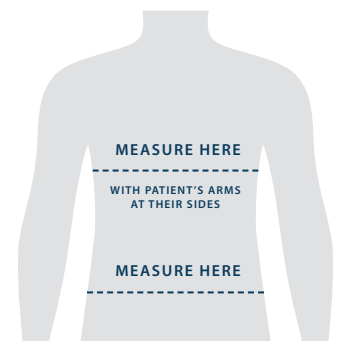
The fully mobile AffloVest is engineered to mimic anatomically targeted chest physical therapy. It can deliver effective airway clearance therapy to help improve bronchial drainage by enhancing mobilization of secretions. It can be used for the treatment of respiratory diseases, such as:

- Bronchiectasis
- Multiple Sclerosis (MS)
- Amyotrophic Lateral Sclerosis (ALS)
- Cystic Fibrosis (CF)
- Muscular Dystrophy (MD)
- Other neuromuscular respiratory diseases

Sizing chart and measurement instructions

SIZE	XXS	XS	S	M	L	XL	XXL
Body Measurement	18"–23" (46–58 cm)	23"–29" (58–74 cm)	29"–35" (74–89 cm)	35"–41" (89–104 cm)	41"–48" (104–122 cm)	48"–55" (122–140 cm)	55"–65"+ (140–165+ cm)

INSTRUCTIONS: Have the patient remove any outerwear and stand straight with arms at their side. The patient should not inhale to overly expand their chest but be in a natural state. Using a tailor's or sewing tape, take the chest/bust measurement under the arms across the largest part of the chest and do the same around the largest part of the abdomen. Pull the measuring tape around without stretching or tightening the tape (a relaxed measurement). Take the chest/bust and abdomen measurements with the patient's arms at their side (not with their arms up or outward, see image). **Use the larger of the two measurements to determine the correct size.** If there is a greater than 12" (30 cm) difference between the chest/bust and abdomen, please contact Tactile Medical for sizing determination assistance.



NOTES ON FIT:

- Fit and sizing vary from person to person
- Using the front adjustment straps, the AffloVest should fit very snugly on the chest, but not limit the patient's ability to take in a full, deep breath
- If needed, adjust the shoulder snaps to place the front upper AffloVest oscillation motors on the upper chest, just below the collar bone
- A 1" (2.5 cm) overlap of the vertical black seams on the front of the AffloVest is acceptable for all sizes
- A 1" to 5" (2.5–13 cm) gap between the two sides of the AffloVest is also acceptable for all sizes

SPECIFICATIONS

Treatment	Treatment times can vary depending on physician prescription; however, treatments generally take 20–30 minutes and are conducted twice daily
Sizes	Available in seven sizes for a custom fit, XXS to XXL (18" circumference chest to 65"+)
Weight	Lightweight, 5.1–8.5 lbs.
Power Supply	Battery operated, rechargeable with five-year warranty, AC/DC power
Mode of Operation	Eight oscillation motors anatomically positioned into the AffloVest that create eight individual pressure waveforms

WARRANTY

The AffloVest and its internal oscillation motors, the Battery, AC Power/Charger Supply, and Hand-Held Controller all have a five (5) year limited warranty, the Go Anywhere travel case has a one (1) year warranty. Limited warranty does not cover any lost items or abuse. Please see the AffloVest complete written warranty policy found in the User Manual for details and limitations.

AffloVest ordering information

1. Provide a prescription for E0483 HFCWO vest therapy with recommended frequency
2. Gather all medical records and chart notes documenting:
 - **If a diagnosis of any type of Bronchiectasis is the primary diagnosis, the following applies:**
 - Most insurances require CT scan for a diagnosis of bronchiectasis, but requirements vary by payer
 - Six continuous months of productive cough OR three or more exacerbations requiring antibiotics (both must be within the previous 12 months)
 - Previous treatments aimed at mobilizing secretions that patient has tried and failed, is unable to tolerate, or is unable to use
 - **If any other qualifying diagnosis (CF or Neuromuscular) is the primary diagnosis, the following applies:**
 - Qualifying diagnosis with chart notes that support this diagnosis
 - Previous treatments aimed at mobilizing secretions that patient has tried and failed, is unable to tolerate, or is unable to use
 - Chart notes must occur within 12 months prior to the prescription
3. Fax all the information above to your preferred DME provider or Tactile Medical at 866.569.1912



Feel the difference

For more information, please visit afflovest.com

AffloVest[®]
BY TACTILE MEDICAL

AffloVest requires a doctor's prescription for treatment by High Frequency Chest Wall Oscillation (HFCWO). It is intended to promote airway clearance and help improve bronchial drainage by enhancing mobilization of secretions. It can be used for the treatment of respiratory diseases, such as Bronchiectasis, Cystic Fibrosis, Multiple Sclerosis (MS), Muscular Dystrophy (MD), Amyotrophic Lateral Sclerosis (ALS), and other neuromuscular and respiratory diseases.

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