

Get to know AffloVest.

Comfortable, effective, connected therapy designed to support everyday life.



Airway Clearance Therapy (ACT) is considered a cornerstone of care for minimizing the effects of airway obstruction, infection, and inflammation in lung diseases.

AffloVest® is a fully mobile airway clearance therapy designed to fit more naturally into your patients' daily life. Using anatomically targeted mechanical oscillation, AffloVest helps mobilize lung secretions and support effective bronchial drainage—while giving your patients the freedom to move. It can be used for the treatment of respiratory diseases, such as:

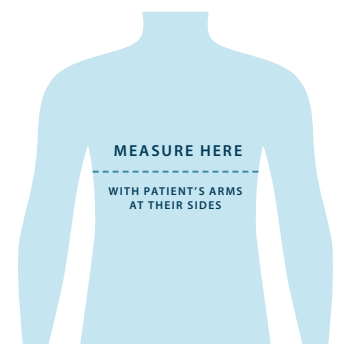
- Bronchiectasis
- Multiple Sclerosis (MS)
- Amyotrophic Lateral Sclerosis (ALS)
- Cystic Fibrosis (CF)
- Muscular Dystrophy (MD)
- Other neuromuscular diseases

Sizing chart and measurement instructions

SIZE	XS	S	M	L	XL
Body Measurement	16"–23" (41–49 cm)	23"–35" (49–89 cm)	35"–46" (89–117 cm)	46"–60" (117–152 cm)	60"–75" (152–191 cm)

INSTRUCTIONS: Have the patient remove any outerwear and stand straight with arms at their sides in a natural, relaxed position (do not inhale to expand the chest). Using a tailor's or sewing tape, measure under their arms across the widest part of the chest. Pull the tape snug without stretching or tightening, and use this measurement to determine the correct AffloVest size.

Before placing the AffloVest on the patient, loosen the side straps and unbuckle the chest buckles. Put the AffloVest on the patient and buckle the chest straps starting at the bottom, ensuring the lower edge aligns with the bottom of the rib cage. Adjust the side panel straps until snug without restricting breathing, so weight rests on the torso—not the shoulders. Adjust shoulder straps as needed so the vest sits just below the collar bone. Patients should always wear a layer of clothing under the AffloVest; do not use on bare skin.



NOTES ON FIT:

- Fit and sizing vary from person to person
- Using the front adjustment buckles, 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 five sizes for a custom fit, XS-XL (16"–75" circumference chest)
Weight	Lightweight, 4.3–7.8 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 (cystic fibrosis 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



Visit afflovest.com to learn more about our patient-preferred therapy.

AFFLOVEST®

AffloVest requires a doctor's prescription for treatment by high frequency chest wall oscillation (HFCWO). AffloVest has received the FDA's 510k clearance for U.S. market availability, and is approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System (HCPCS) code E0483 – High Frequency Chest Wall Oscillation. AffloVest is also available through the U.S. Department of Veterans Affairs/ Tricare. Patients must qualify to meet insurance eligibility requirements.

Tactile Medical

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