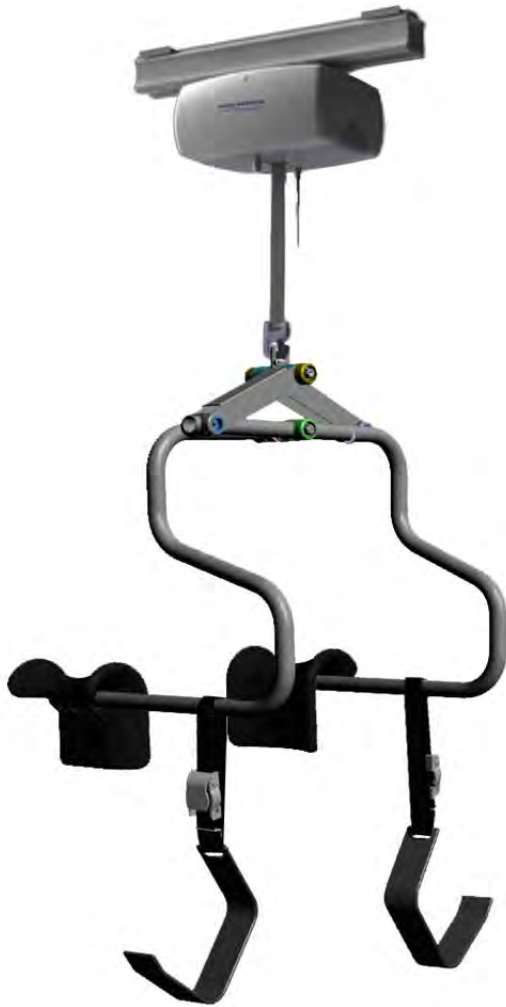


# Independent Lifter



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## Owner's Manual

*Use and Care*  
*Troubleshooting*  
*Warranty Information*

**PRISM MEDICAL**



## Introduction

Before using this equipment, and to ensure the safe operation of your **Independent Lifter**, carefully read this entire manual, especially the section on “**Cautions**”. The **Independent Lifter** is designed to be used in conjunction with Prism Medical ceiling lifts outfitted with a Quick Release System (QRS) Hook and tracking systems. Please refer to any user guides supplied with these components and refer to them while reviewing this manual.

Should any questions arise from reviewing this manual contact your local authorized Prism Medical representative. Failure to comply with instructions in this manual may result in injury to either the operator or the individual being lifted/ transferred. Damage to the lifter and/or related components may also occur. Be sure that the contents of this manual are completely understood prior to using this lifter.

Store this manual with the documents included with the **Independent Lifter** and accessories. Contents of this manual are subject to change without prior written notice.

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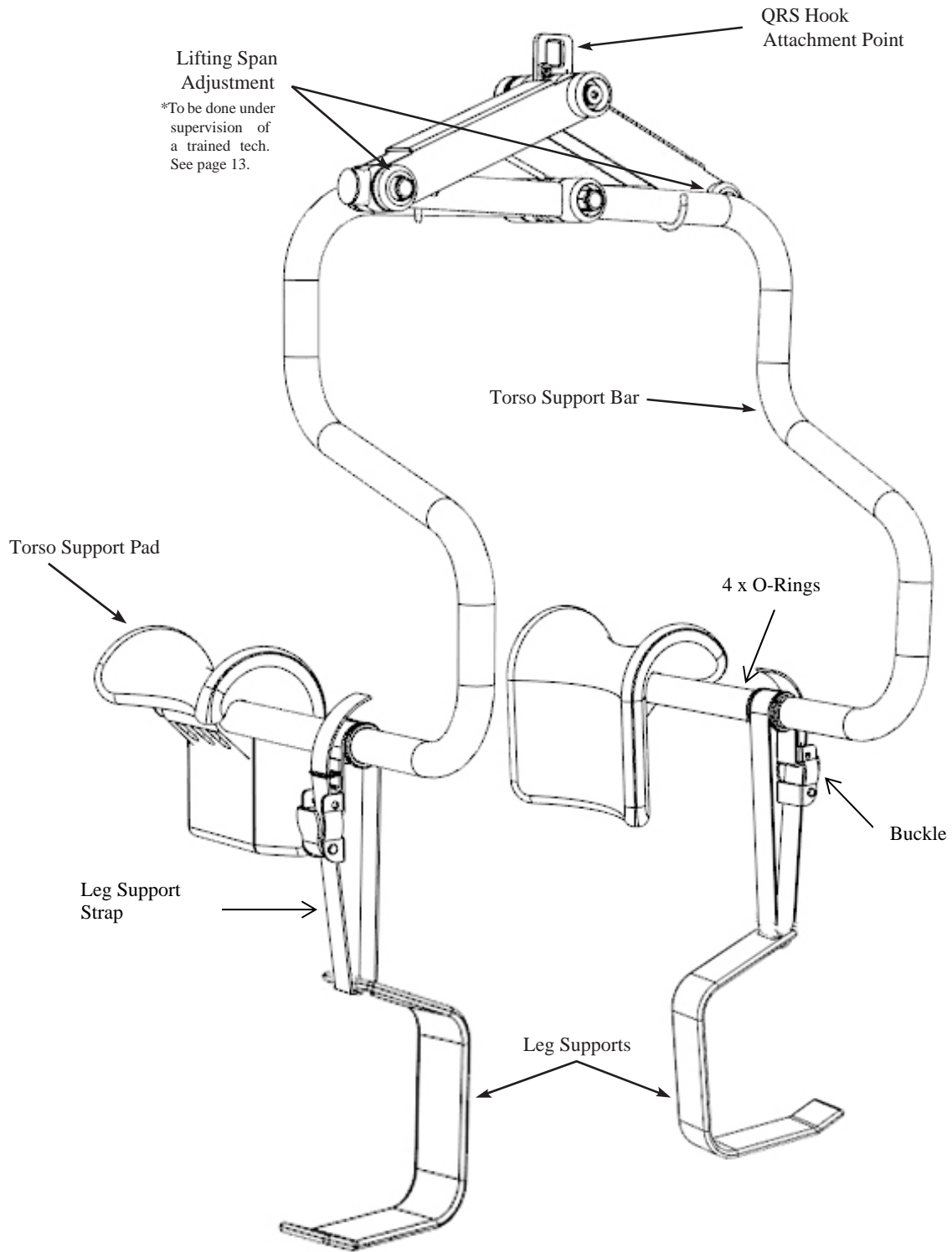
## Overview of the Independent Lifter

The **Independent Lifter** is a lifting aid intended for use alongside a caregiver. This lifter makes it possible to lift mobility impaired individuals with minimal strain or risk, while providing complete safety, dignity and comfort for the client. This device is primarily designed for clients with “some” upper body strength, cognition, head and neck control, “some” hip control, “some” grip strength, and “some” core strength.

The **Independent Lifter** is one of two components that make up this technology. The lifter needs to be attached to a specially designed Prism Medical ceiling lift by means of a QRS Hook. A QRS Hook must be ordered separately from the **Independent Lifter**. For more information about the QRS Hook, refer to page 6. The **Independent Lifter** supports an individual while the lift or transfer takes place. A ceiling lift should already be installed or supplied at time of purchase. Please refer to any user guides supplied with the ceiling lift and reference them while reviewing this manual.

Please familiarize yourself with the components of the **Independent Lifter** by referring to the diagram on the next page.

# Components of the Independent Lifter

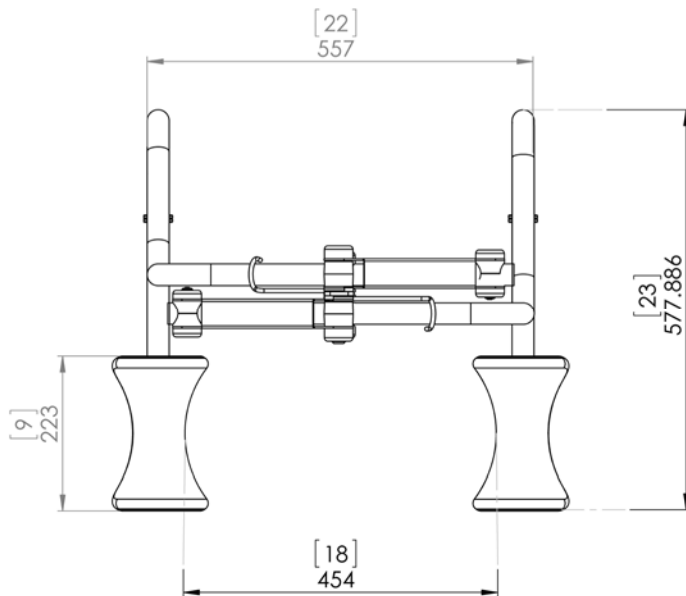


# Specifications of the Independent Lifter

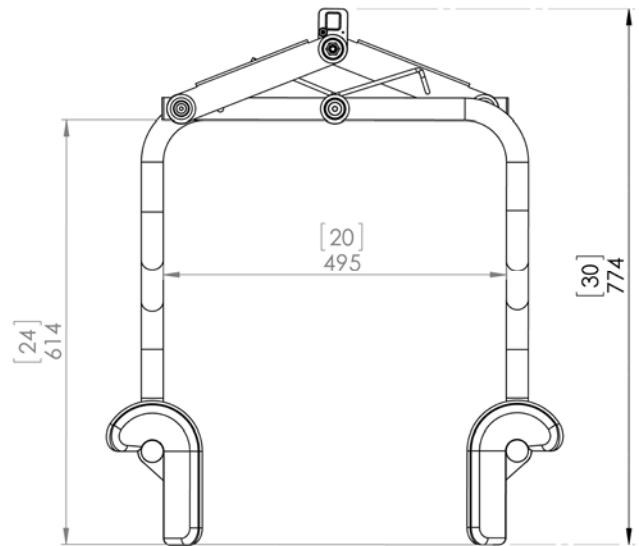
<b>Lifter Weight (with Leg Supports):</b>	20lbs. (9.1kg)
<b>Maximum Load:</b>	Safe working load 440lbs. (200kg)
<b>Service Life:</b>	10 years

**IMPORTANT:** The maximum safe working load of a lifting system is equal to the minimum safe working load of any of the system components. e.g. If an **Independent Lifter** with the safe working load of 440lbs. is attached to a ceiling lift with a safe working load of 625lbs., then the safe working load of the system will be 440lbs. (equal to safe working load of the component with the minimum safe working load).

Top View Dimensions:



Back View Dimensions:



## Cautions

- Under no circumstance should the **Independent Lifter** and ceiling lift be put in control of a person who has not been properly trained in the use and care of this equipment. Failure to adhere to this warning may result in serious injury to the operator, and/or the individual being lifted/ transferred.
- The **Independent Lifter** and ceiling lift are not toys. Do not allow children to play with the lifter or any of its components. The lifter is not intended for use by children.
- The manufacturer's warranty is voided if persons unauthorized by Prism Medical perform work on the **Independent Lifter**.
- In facilities where more than one operator will be responsible for using the **Independent Lifter** and ceiling lift it is imperative that all such members be trained in its proper use. A training program should be established by the facility to acquaint new operators with this equipment.
- Although the **Independent Lifter** is designed for occasional splash/exposure to water, long term exposure/ submersion in any liquid is not recommended. The effect of humidity/moisture on ceiling lift should also be considered.
- To maintain optimum function, the **Independent Lifter** should be inspected and maintained on a regular basis. See the section titled "General Inspection and Maintenance".
- The ceiling lift or any accessories used with the **Independent Lifter** should be checked to ensure that they are in good working order. Report any unusual wear, or damage immediately to your local authorized Prism Medical Service Provider.
- The **Independent Lifter** and associated ceiling lift(s) are intended only for lifting and transferring of a person. Prism Medical will not be responsible for any damage caused by the misuse, neglect or purposeful destruction of the lift, and/or its associated components.
- Do not, in any circumstance, exceed the maximum allowable load of this lifter. Refer to the "Specifications" section of this manual on page 4, and/or the labels on the lifter.
- Ensure that a clear space is maintained around the lifter. Move any obstacles out of the way before operating the **Independent Lifter**.
- The **Independent Lifter** can be decommissioned/ disposed of after the recommended service life in accordance with regional component specific disposal recommendations.

# Attaching the Quick Release Hook

In some cases, your ceiling lift may not already include the quick release hook required for use of the **Independent Lifter**. This hook can easily be installed onto a C450/C625 ceiling lift strap using the following method:

**Step 1)** Obtain a Quick Release Hook (635185).

Figure 1



**Step 2)** Using a 2 mm Allen Key, loosen the set screw of the quick release hook and remove the pin.

Figure 2

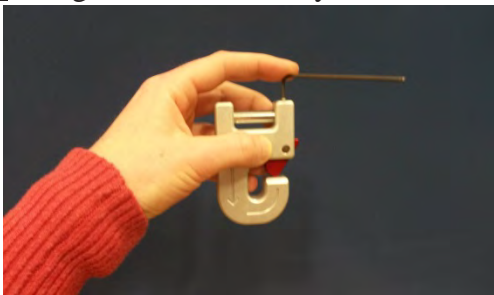


Figure 3



**Step 3)** Insert the pin back through the lift's strap. Tighten the set screw.

Figure 4




Figure 5



**Step 4)** Ensure the strap can rotate freely about the pin; the assembly is complete. The **Independent Lifter** can now be attached to the ceiling lift.

Figure 6



 Ensure set screw is flush with QRS body after tightening

**IMPORTANT:** Many of the following instructions require familiarity with the use of a ceiling lift. Please read the instructions provided with the ceiling lift to understand how to operate the lift in conjunction with the instructions provided with the Independent Lifter.

## Attaching the Independent Lifter

**Step 1)** Place the **Independent Lifter** on a surface which the ceiling lift strap can be lowered to reach to the QRS Hook Attachment Point (see page 3).

**Step 2)** Lower the ceiling lift strap. A Prism Medical ceiling lift requires tension to lower the strap. If the strap is not going down, apply slight downward pressure to the strap by pulling down while lowering the lift.

**Step 3)** Once the QRS Hook reaches the QRS Hook Attachment Point on the **Independent Lifter**, attach the QRS Hook to the lifter (see Figure 1).

Figure 1

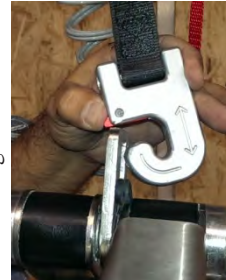
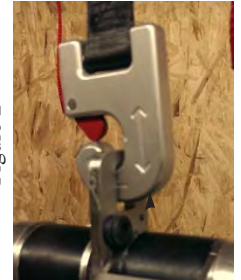


Figure 2



**Step 4)** Following the attachment of the **Independent Lifter** to the ceiling lift, ensure the red locking latch on the QRS Hook is properly closed (see Figure 2).

**Step 5)** Raise the ceiling lift with the **Independent Lifter** attached to and move into position for use or storage.

**⚠ CAUTION:** Always use extreme care when moving the lift from one location to another. Watch out for and avoid any obstructions that may cause injury to the individual in the lifter, or damage to the lift.

## Detaching the Independent Lifter

**Step 1)** Move the **Independent Lifter** and ceiling lift to a location where the lifter can be lowered safely to a surface.

**Step 2)** Lower the ceiling lift strap to a height which allows enough slack for the QRS Hook to be detached.

**Step 3)** Once safely lowered and the **Independent Lifter** is on a safe surface, release the red lock on the QRS Hook by pushing downward on the red hook latch (see Figure 3).

Figure 3



Figure 4

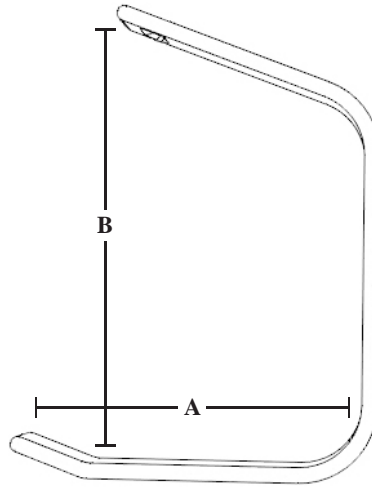


**Step 4)** Detach the QRS Hook from the attachment point on the **Independent Lifter** (see Figure 4).

**Step 5)** Raise the ceiling lift strap and move both the **Independent Lifter** and ceiling lift to their respective storing areas. It is recommended that the ceiling lift strap is not raised to a point that cannot be reached by hand at a later point.

# Leg Support Sizing

Use this as a general sizing guideline when selecting Leg Supports.

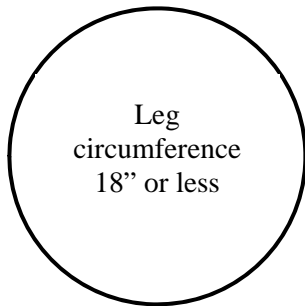


Size:	A	B
Small	5.1" (130mm)	6.3" (160mm)
Medium	7.3" (187mm)	8.9" (227mm)
Large	9.8" (249mm)	12.3" (312mm)

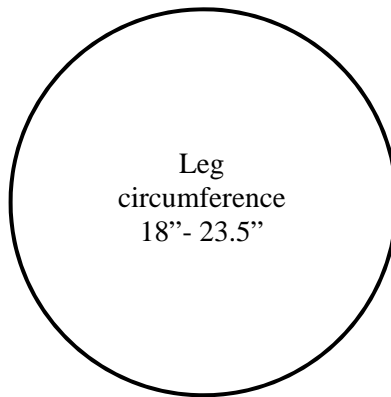
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## Sizing Guidelines for Independent Lifter Leg Supports

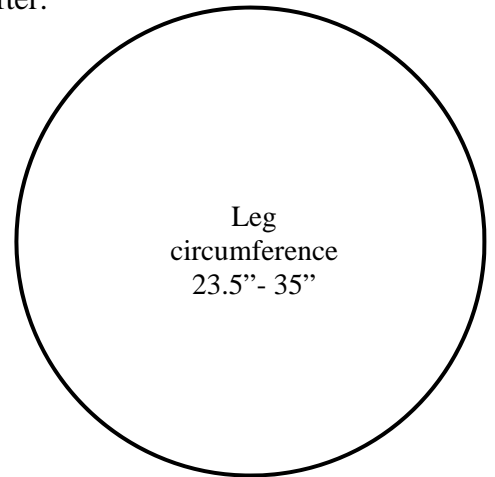
Steps to determine what size Leg Support to order with an Independent Lifter:



**Small**



**Medium**



**Large**

**Step 1)** Measure the circumference of the end user's thigh. The measurement should be taken around the thigh, half way between the top of the knee and bottom of the hip.

**Step 2)** Reference the image above to choose correct size leg support.

**Step 3)** If the end user's leg is borderline on two different sizes, choose the larger size.



# Attaching Leg Supports to Independent Lifter

**Step 1)** With the buckle facing outward, feed the strap through the back of the Leg Support (Figure 1).

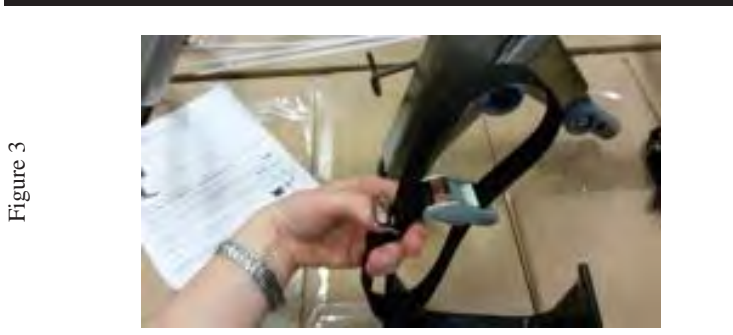
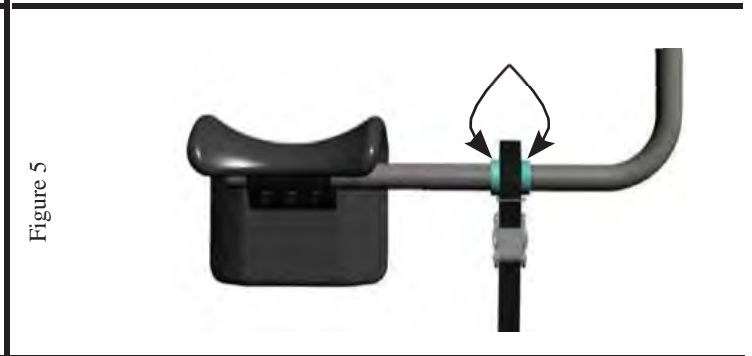
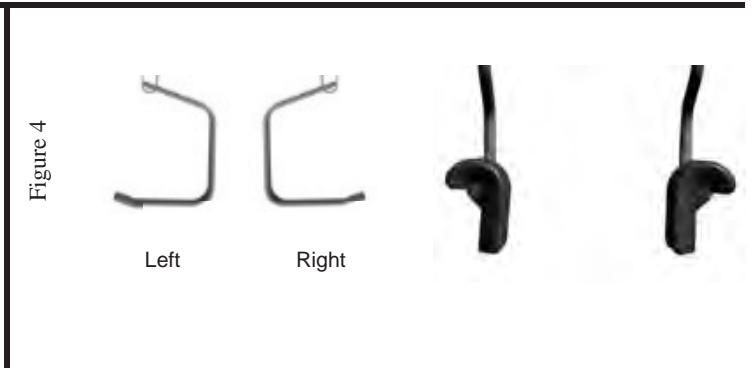
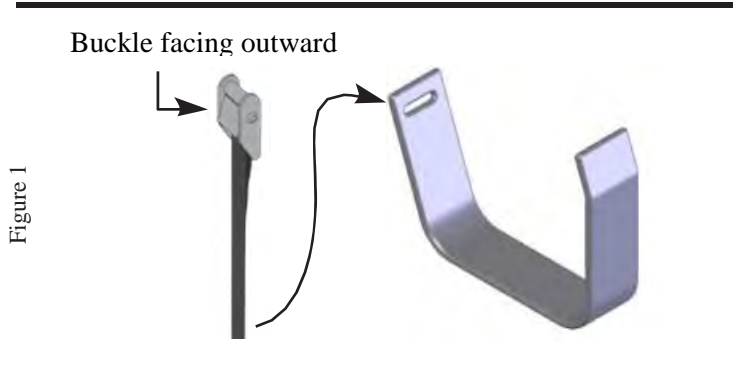
**Step 2)** Once through the Leg Support, feed the strap through the buckle from the bottom up by pressing the buckle down to allow the strap to feed through. Release the buckle once the strap is through (Figure 2).

**Step 3)** Bring the strap through the bottom half of the metal slider and reverse the direction back through the other half of the slider.

**Step 4)** Loosen the strap just enough to allow the Leg Strap Support to be placed onto the **Independent Lifter**. Be sure to attach so the openings of the leg supports are facing outward. Do so by placing the leg support strap opening around the torso support pads and slide forward onto the preferred position on the Torso Support Bar. Then slide the O-rings in place to secure the Leg Support Strap (Figure 5).

**Step 5)** Follow the same procedure for the second Leg Support.

**Step 6)** Adjust straps of both Leg Supports to approximately the same length.



# Basics in Transferring an Individual

**⚠ CAUTION:** The following steps are intended to generally illustrate the procedure involved in the lifting and transferring of an individual from one location to another using the lifter.

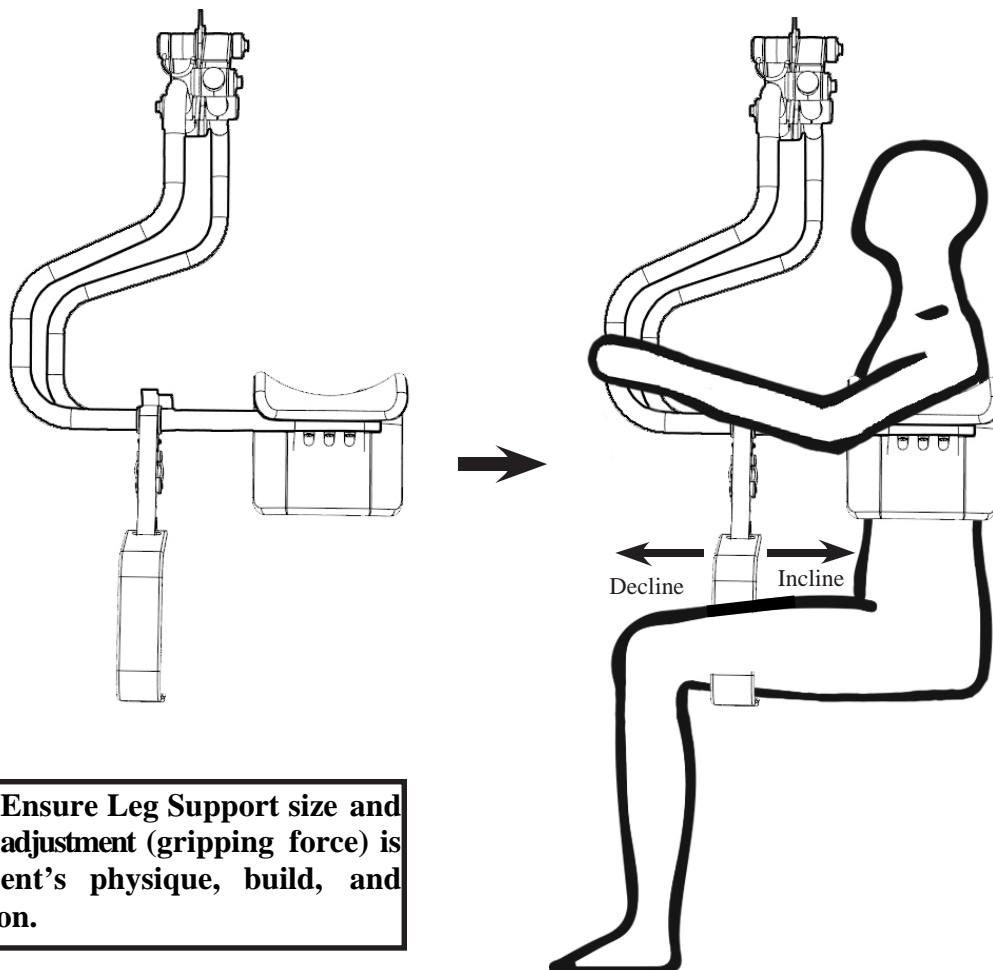
The manual for the ceiling lift that is used in conjunction with the lifter should be reviewed in detail prior to attempting these steps, as the ceiling lift illustrated here may not be the same as the one that was purchased.

Contact your local authorized Prism Medical Representatives if you have any questions or concerns.

**Step 1)** Position the **Independent Lifter** in front of the client. Adjust the height of the ceiling lift so that the torso support pads are three inches below the underarm.

**Step 2)** Place the **Independent Lifter** on the patient by placing the torso support pads beneath underarms with the curvature of the torso support pads around the rib cage. Adjust leg support straps and place leg supports underneath thighs at a comfortable position with the openings facing outward. (See diagrams below).

**Step 3)** The angle at which the client assumes after lifting from a surface can be adjusted by changing the placement of the leg supports either higher or lower on the thighs.



**⚠ CAUTION:** Ensure Leg Support size and tension setting adjustment (gripping force) is suitable to client's physique, build, and medical condition.

## Basics in Transferring an Individual (continued)

**⚠ CAUTION: Always use extreme care when moving the lift from one location to another. Watch out for and avoid any obstructions that may cause injury to the individual in the lifter, or damage to the lift.**

**Step 4)** Once the user is properly in the **Independent Lifter**, raise the lift using the hand control. Raise the lift high enough to ensure proper clearance of surrounding objects. Observe Leg Supports and ensure there is no slippage/movement of straps.

**⚠ CAUTION: Always verify that the client is properly positioned in the Independent Lifter while being raised. If repositioning is required, lower to the surface and reposition.**

**Step 5)** Once at a safe height, the individual can be transferred to the desired location. Refer to ceiling lift manual for operating instructions.

**Step 6)** When the desired location is reached, the individual in the lifter can be lowered/ raised to the correct height in order to complete the transfer. On completion of lowering/raising ensure that the individual is properly positioned and safely supported prior to removing the Leg Supports of the lifter from the individual.

**⚠ CAUTION: Prior to removing the Leg Supports from the individual, be sure to check that the individual being lifted is securely supported in the final desired position.**

**⚠ CAUTION: When lowering the lifter, ensure the client's head does not come in contact with the top of the Arm Support Bar.**

**Step 7)** Remove the Leg Supports from the thighs. Then, move lift and **Independent Lifter** away from the client.

**⚠ CAUTION: Do not place fingers within scissoring mechanism located at the top of the Independent Lifter.**

**⚠ There are no known “contraindications” associated with the usage of the Independent Lifter, provided it is used per manufacturer’s recommendations and guidelines.**

However, it is recommended that a client-specific assessment is completed by a trained and knowledgeable health care professional to determine the method of transfer. Prism Medical does not recommend a required number of caregivers for the use of our products. This information and recommendation can only be provided after a thorough personalized, case specific assessment, as there are many factors that can influence these decisions. It is however, “**obligatory**” that a client that is assessed as being an independent user of our ceiling lift technology have the ability to receive assistance, during the transfer, in the event of a lift malfunction or personal concern. This assistance can be provided in the form of: **a nearby qualified caregiver, a phone, a communication device, etc.**

# General Inspection and Maintenance

## A) Each Use - To be completed by User

Prior to each use the, **Independent Lifter** must be visually inspected. **Should any of these items fail the inspection do not use the Independent Lifter.** Contact your local authorized dealer for service.

Visually check for the following:

- The **Independent Lifter** is securely attached to the QRS hook of the lift with “red” latch of the lift strap QRS in completely closed position. (See Figure 1)
- The **Independent Lifter** Torso support pads show NO signs of wear, deformation or breakage. (See Figure 2)
- The **Independent Lifter** Leg Supports show NO wear, deformation or breakage.
- The stitching on the Leg Supports where it connects to the Buckle show NO signs of fraying, wear or breaking.
- Ensure while lifting there is NO movement/slippage in Leg Supports. If there is any movement, lower the patient down and confirm the proper attachment of strap and buckle with the leg supports.
- Ensure that **Independent Lifter** arms are moving freely under spring tension.
- Discontinue use if you hear any unusual squeaking or grinding noise from the **Independent Lifter** unit.
- Follow the ceiling lift specific “pre-use” inspection procedure to ensure ceiling lift is safe to use.

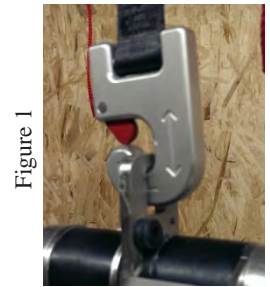


Figure 1



Figure 2

## B) Monthly - To be completed by User

**Should any of these items fail the inspection do not use the Independent Lifter.** Contact your local authorized dealer for service.

- Complete the visual inspection as noted in the “Each Use” section above.

**With no one in the Independent Lifter and being attached to the lift check the following:**

- **Independent Lifter** arms are moving freely under spring tension.
- All screws and fasteners are tight and secure, especially the screws holding the torso support bars together (see page 3).

## C) Preventative Maintenance - To be completed by a lift technician

To ensure continued safe and reliable operation of **Independent Lifter**, preventative maintenance should be performed at intervals recommended below:

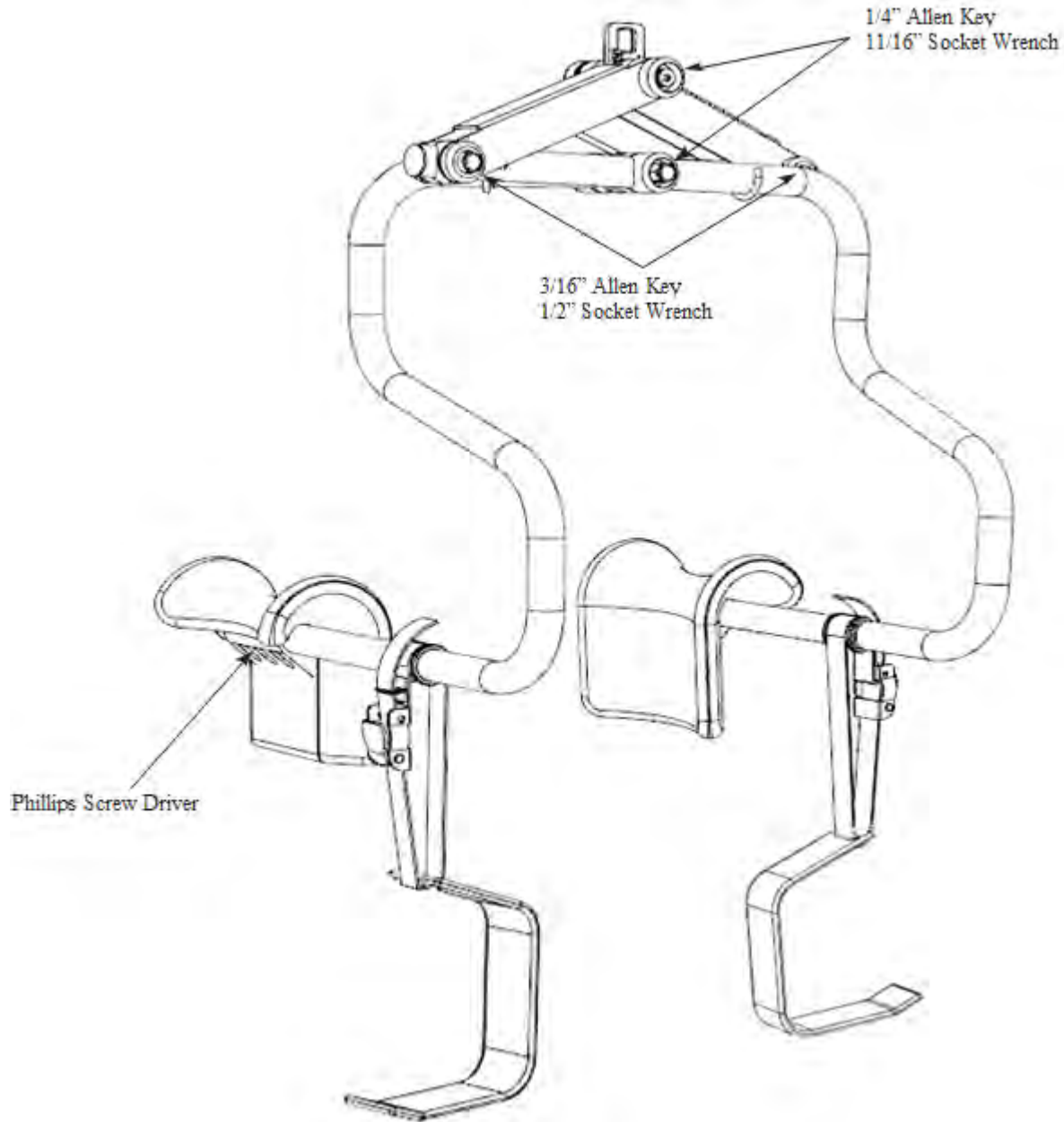
- Generally the recommended preventative maintenance interval time is annual. Consult your local authorized dealer for advice on whether preventative maintenance should be completed every 6 months or on a yearly basis. Generally, in very frequent use (more than 1000 lifts per year), or in situations where heavier than normal clients regularly are lifted, Preventative Maintenance should be completed every 6 months.

The following maintenance actions must be completed:

- Complete the visual inspection as noted in the “Monthly” section above.
- Visually inspect all structural components like the torso support bars, torso support pads, and leg supports and straps for any signs of wear, deformation or breakage.
- Confirm the tension spring is held properly in its place and is working normally.
- Physically confirm that all fasteners are fully tight.

# Independent Lifter - Points of Attachment

Use the described tools to tighten the bolts on a monthly basis in the areas shown.



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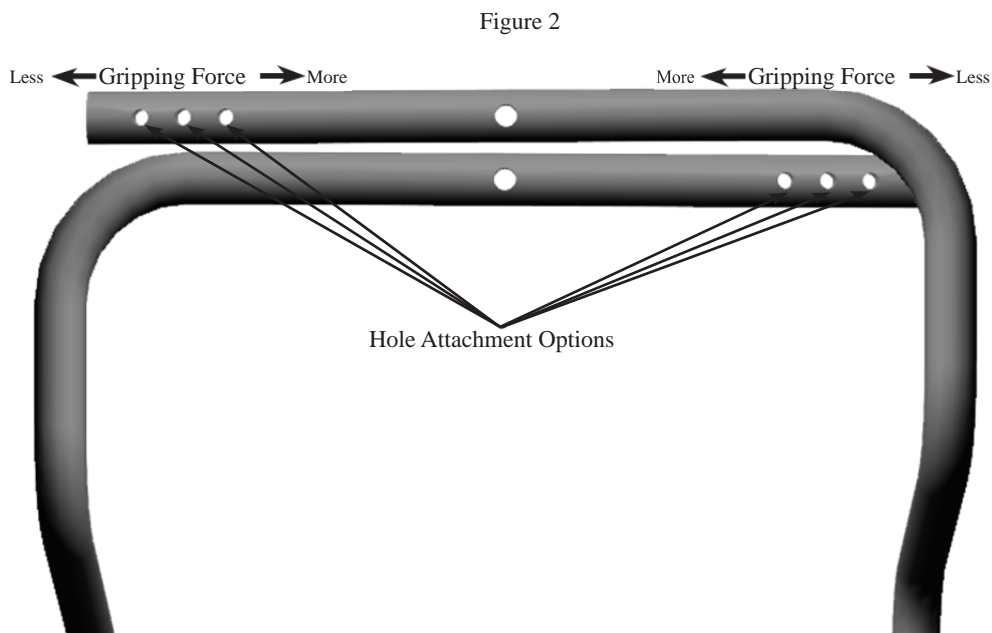
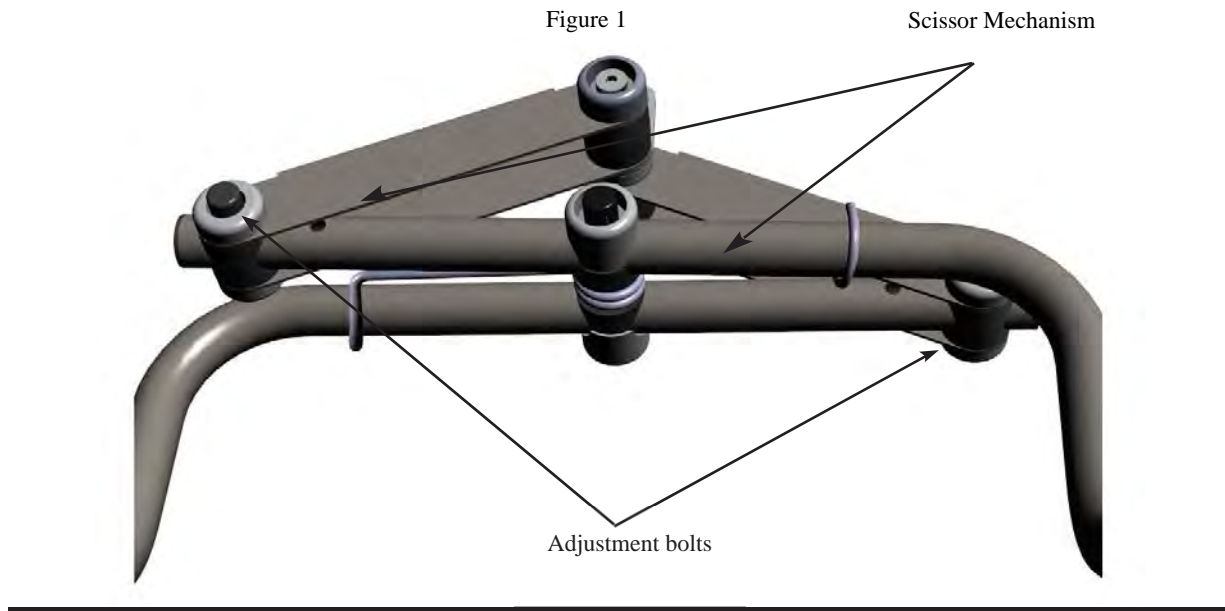
## Independent Lifter Replacement Parts

See page 3 for a diagram of the parts listed below.

<b>Part No:</b>	<b>Description:</b>	<b>Includes:</b>
341640	Spare Arm Support Kit	Single arm support pad and hardware
341650	Independent Lifter Leg Support Strap Kit-Small	Single leg support with strap and buckle
341660	Independent Lifter Leg Support Strap Kit-Medium	Single leg support with strap and buckle
341670	Independent Lifter Leg Support Strap Kit-Large	Single leg support with strap and buckle

# Adjusting Spring Tension for Sizing

To be done under the supervision of a trained technician.



**Step 1)** Unscrew the adjustment bolts as shown in Figure 1 (see page 13 for proper tool selection).

**Step 2)** Move the scissors away to match desired hole.

**Step 3)** Fasten the scissor mechanism the selected hole.

**Step 4)** Repeat for the other side of the lifter. Be sure to use the same hole on both arms.

**IMPORTANT:** The further out the utilized hole is from the center, the less gripping force the lifter will have (see Figure 2).

# Service Record History - Initial Information

- Complete the following section on **Purchase and Service Information** as soon as this equipment is purchased.
- Use the service record history to record to any completed service and repairs.
- Ensure that the service record is signed and dated each time it is used.
- Be sure to have this piece of equipment serviced on a regular basis as described in the “General Inspection and Maintenance” Section.

## PURCHASE INFORMATION:

**Product Name:** Independent Lifter

**Model:** \_\_\_\_\_

**Serial No:** \_\_\_\_\_

**Date of Purchase:** \_\_\_\_\_

**Purchased From:** \_\_\_\_\_

(local authorized Prism Medical Representative)

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Comments:**

## SERVICE INFORMATION:

Contact the following company for service:

**Company:** \_\_\_\_\_

(local authorized Prism Medical Representative)

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Comments:**

# Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
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<b>Remarks &amp; Action Taken:</b>			

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Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			



# Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

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<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

# Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

<b>Date:</b> _____		<b>Time:</b> _____	
<b>Service Type:</b> <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
<b>Completed By:</b> _____		_____	
Printed Name		Signature	
<b>Company:</b> _____			
<b>Remarks &amp; Action Taken:</b>			

# Warranty

This Warranty does not affect or in any way limit your Statutory Rights.

1. Prism Medical guarantees all equipment, which includes Ceiling Lifts, Floor Lifts, Slings, Service Parts and Track and accessories, supplied as new, against failure within the period of 1 year from date of installation or 18 months from date of manufacturing, whichever is shorter, by virtue of defects in material or workmanship.
  2. Prism guarantees all refurbished equipment supplied against failure within a period of three months from date of installation or six months from date of purchase whichever is shorter.
  3. This guarantee does not apply to failure attributable to normal wear and tear, damage by natural forces, user neglect or misuse or to deliberate destruction, or to batteries more than 90 days after original purchase.
  4. This guarantee shall be void if the equipment is not serviced by Prism Medical or its authorized service agents in accordance with the manufacturer's recommendations or if any unauthorized person carries out works on the equipment.
  5. The liability of Prism Medical under the terms of this guarantee shall be limited to the replacement of defective parts and in no event shall Prism Medical incur liability for any consequential or unforeseeable losses.
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If you have any questions about the manufacture or operation  
of this equipment, please contact  
Prism Medical, or your local authorized dealer.

**PRISM MEDICAL**



**This document conforms to EN ISO 10535 requirements**