

Chair with Caster Full Tilt and Recliner

Operating Manual



Item # CLN400-20

Distributor/Rep

This manual must be given to the caregiver responsible for this chair and its occupant.

Caregiver

Before using this chair, read this manual thoroughly and save for future reference.



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FOREWORD

Congratulations on your purchase of a Drive Chair with Caster Full Tilt and Recliner. Drive recliners are a product of quality engineering and are manufactured to meet our own highly rigid specifications and will surpass all your expectations.

Please read this manual carefully to ensure safe usage and understanding of maintenance instructions. After reading this manual, if you have any questions about the safe and effective operation of your Drive DeVilbiss Healthcare chair or accessories contact your **Provider, Distributor or seller or Drive DeVilbiss Healthcare** for further assistance.

GENERAL INFORMATION

This document provides guidance on the safe and effective operation. Information in this manual must be followed at all times.

Anyone involved with the operation or maintenance of the Drive DeVilbiss Healthcare chair, including the resident's family members, must read this operating manual before using the chair.

The resident's primary caregiver is responsible for ensuring anyone who is unfamiliar with, unwilling, or unable to adhere to the safety and operating instructions, is not permitted to operate or move the chair.

A copy of this instruction manual must always be available.

Drive DeVilbiss Healthcare accepts no liability for damages, injury or accidents caused by operating errors, improper maintenance, or disregard of the instructions in this manual, including any resident specific instructions.

1. DEFINITIONS

“Long-Term Care Institution” refers to a nursing home, hospital, or other healthcare facility that provides health and personal care to its residents on a long-term basis.

“Resident” refers to an individual living in a long-term care institution under the care of professional caregivers.

“Professional Caregiver” refers to doctors, nurses, therapists, nursing aids, healthcare aids, and other specialists who work in a long-term care institution and provide health and personal care to its residents.

“Caregiver” refers to any person in a long-term care institution who is appropriately trained to provide care or services to the resident, or the chair used by the resident and may include the resident’s family members or guardian.

“Seat Tilt” refers to changing the relative angle between the chair’s seat and the chair frame or ground without changing the relative angle between the back and the seat.

“Back Recline” refers to changing the relative angle between the chair’s back and the seat.

“Footrest Elevation” and “Leg Rest Elevation” refers to changing the relative angle between the chair’s footrest and/or leg rest and the seat.

“Transfer(s)” refers to the movement of a resident into or out of the chair with the assistance of their caregiver(s).

“Mechanical Transfer(s)” refers to the movement of a resident into or out of the chair with the assistance of their caregiver(s) using a patient lift or other assistive device that bares the weight of the resident.

2. SAFETY REQUIREMENTS

2.1 Training

Before the chair is put into service, this manual must be read thoroughly by the caregiver(s) directly responsible for the resident's care.

After the chair is put into service, this manual must be read thoroughly by any new caregivers prior to operating or moving the chair.

For the purpose of this manual, a resident's family member who shares responsibility for their care is considered a caregiver and is subject to the same competency before being permitted by the resident's primary caregiver to operate or move the chair.

The primary caregiver must maintain a list of caregivers who have read this manual and who they have authorized to operate and move the chair.

The resident's primary caregiver is responsible for ensuring anyone who is unfamiliar with, unwilling, or unable to adhere to the safety and operating instructions, is not permitted to operate or move the chair.

The operations of the chair must be performed by the resident's primary caregiver who is responsible for seating. All The operations and adjustments performed should be done in a manner to ensure the overall safety, comfort and well-being of the resident, caregiver and third party. All operations and adjustments required for the resident should be determined by the resident's primary caregiver who is responsible for seating.

2.2 Application

DRIVE chairs are intended primarily for post-acute care residence or who are under the care of professional caregivers. The suitability of a DRIVE chair must be determined by a qualified caregiver who is familiar with the seating needs of the intended resident. Any other use of the chair is excluded from possible liability claims.

The DRIVE Chair with Caster Full Tilt and Recliner s are not to be used in the shower. The frame and components will rust and will void the warranty.

The chairs are not explosion resistant and must not be used where there are flammable gases or liquids present (e.g., anesthetics, volatile solvents, and cleaners, etc.)

DRIVE chairs are designed for use with specific DRIVE parts and accessories. The use of non-DRIVE parts or accessories with a DRIVE chair will void the warranty and is excluded from possible liability claims.

DRIVE chairs may only be used as described in this manual and with proper regard for recognized healthcare and workplace safety and accident prevention practices.

2. SAFETY REQUIREMENTS

2.3 Shipping and Storage

DRIVE chairs should be shipped and stored in an upright position and not stacked higher than 4 boxes. No other materials should be shipped or stored on top of a DRIVE box. Upon receipt, the shipping carton must be immediately examined for damage. Any damage should be noted on the delivery receipt and a request for inspection by the transportation company should be made. Next, the shipping carton should be opened and the chair must be examined for concealed shipping damage. If the chair appears to be damaged, do not use the chair. File a concealed damage report with the transportation company.

DRIVE chairs should be shipped and stored at temperatures between -20°C and 40°C. DRIVE chairs should not be used until they are between 0°C and 30°C. 5

2.4 Pre-Service Check

DRIVE chairs are delivered with the back rest ready to be easily installed. Visually inspect the chair for damage, missing parts, and loose fasteners prior to testing the chair's functions. Functional testing must be successfully completed after visual inspection and before use. These obligations apply to the chair's first use and to all subsequent uses (Section 4: Inspection and Functional Testing).

2.5 Hazards

2.5.1 Position of Chair - "Danger of Falling"

After a resident is transferred into a chair, assess the amount of tilt required. We recommend the chair's seat be tilted sufficiently to prevent the resident from sliding or falling forward off the chair. The amount of seat tilt used should be determined by the resident's caregiver who is responsible for seating.

We recommend the resident's feet be correctly positioned on the footrests and slightly to fully elevated to prevent the resident from sliding or falling forward off the chair. The amount of elevation used should be determined by the resident's caregiver who is responsible for seating.

2.5.2 Position of Seat Tilt - "Danger of Tipping"

We recommend the chair's seat be tilted sufficiently to prevent an agitated resident from tipping the chair forward or backward, or from slumping and sliding in the chair. The amount of seat tilt used should be determined by the resident's caregiver who is responsible for seating. Always ensure the resident is properly positioned before operating the seat tilt.

2. SAFETY REQUIREMENTS

2.5.3 Location of Chair - “Danger of Tipping or Falling Objects”

We recommend when a resident has been moved to their destination, the chair is placed where the resident cannot reach handrails or other objects, fixed or movable. This is to prevent the resident from pulling the chair over or pulling themselves off the seating surface and to prevent the resident from pulling movable objects onto the chair and themselves.

We recommend the chair be used in a supervised area to prevent untrained residents, caregivers, or third parties from unauthorized operation, movement, or unsafe actions such as sitting or leaning on the reclined back, elevated footrest, or the armrests. These actions, if not prevented, put the chair at risk of tipping or damage to the chair.

We recommend a chair only be located on a level surface to minimize the risk of tipping over.

2.5.4 Total Lock Wheel Brakes - “Danger of Falling”

The special casters found on the DRIVE chair have total lock brakes which prevent the wheels from turning and swiveling. The brakes must always be applied when:

1. The chair is not in use
2. A resident is being transferred (moved) into or out of the chair; and
3. The chair is not being moved by a caregiver.

It is important to note if the wheel locks are applied while the patient is in the chair, the caregiver does not leave the patient unattended, especially those patients who have the capability or tendency to move the chair and/or those who may be agitated. This could cause harm to the patient if they attempt to move the chair while the wheel locks are applied.

Note that removing and attaching the footrest may be easier for the caregiver with the brakes applied. Failure to follow these instructions will unnecessarily increase the risk of serious falls by residents, caregivers, or third parties caused by the chair unintentionally moving.

2. SAFETY REQUIREMENTS

2.5.5 Re-Positioning of Resident - “Danger of Clamping”

DRIVE chairs offer the benefits of seat tilt, back recline, leg rest/footrest elevation, and moveable arms. During the movement of any of these functions, the following safety measures must be observed:

1. The resident's arms must be positioned on the armrests or inside the chair frame with their hands on their body or on.
2. The resident's feet must be correctly positioned on the footrest.
3. All of the chair's brakes have been applied.
4. Only one caregiver at a time attempts to operate the chair's functions.
5. Only one chair function is operated at a time.
6. The rear wheels are in the trailing position, behind the chair frame.
7. The residents' and caregivers' body are clear of all pinch points before operating the chair's functions.

Failure to follow these safety measures can put the residents' or caregivers' limbs at risk of injury. Residents who may be unaware of their body position or unable to maintain a safe body position are at the most risk of the danger from clamping and caregivers should be more cautious with these residents. A second caregiver may be required to ensure the safety of these residents during these operations.

2.5.6 Unintended Movement - “Danger of Falling or Collision”

We recommend DRIVE chairs for indoor use and where there is not enough slope to cause the chairs to move unaided. Chairs used where the surface is uneven or sloped are at risk of unintended movement and could become a serious danger to the resident, caregiver(s), or a third party. We recommend DRIVE chairs are located away from stairwells, elevators, and exterior doorways.

2.5.7 Resident Clothing - “Risk of Injury to Resident's Skin”

We recommend residents only be seated while they are fully dressed in clothing that meets the needs of their specific condition. If after being fully dressed, a resident's bare arms, legs, or body could still come into direct contact with the vinyl straps or vinyl pads, we recommend the use of a covering, such as a back pad or a folded cloth bed sheet to prevent direct contact. Direct contact of bare skin on the straps over a period of time could cause moisture on the resident, and/or cause the skin to stick to the straps. Prior to the operation or movement of a chair with a covering, the caregiver must ensure any covering placed on the chair does not come into contact with any moving parts and is securely placed, so not to slip.

2. SAFETY REQUIREMENTS

2.6 Improper Use

As outlined, the improper use of the chair is dangerous to the resident, caregivers, or third parties, and can consist of, but is not limited to the following:

2.6.1 Improper Restraint Use - “Risk of Serious Injury”

We recommend alternatives to physical restraints be used with residents while seated in the chair except under the specific instructions of the resident’s primary caregiver and with permission of the resident’s family or guardian. Physical restraints have been identified as a common cause of serious injury to residents while they are seated. We recommend the primary caregiver responsible for seating first consider the re-positioning options available in the chair to reduce the risks of sliding, falling, or self-injury.

If a physical restraint is determined to be appropriate to prevent sliding or falling out of the chair, we recommend a thigh belt be used. In all cases, it is the resident’s primary caregiver who must take responsibility for the safety of the resident if restraints are used. **You should NOT have;**

1. Unauthorized operation of the chair’s functions.
2. Unauthorized movement of the chair.
3. Inappropriate use of the chair for a resident who has not been assessed by a qualified caregiver responsible for their seating.
4. Failure to frequently reposition the resident in the chair
5. Attempting to operate of multiple chair functions simultaneously by one or more caregivers.
6. Attempting to move the chair with the brake(s) applied.
7. Leaving the resident unattended in the chair near other objects.
8. Leaving an agitated resident in the chair in an unsupervised area.
9. Leaving a resident unattended.
10. Leaving a resident in a chair on a sloping surface.
11. Leaving a chair unattended on a sloping surface.
12. Using non-DRIVE accessories on the chair.
13. Using the chair at temperatures below 0°C.
14. Using the chair as a shower or bathing chair.
15. Using the chair for any use other than its intended purpose.

2. SAFETY REQUIREMENTS

2.7 Cleaning

Prior to disinfecting, do a cleaning step to remove visible surface soil, bodily fluids, etc. A mild soap or detergent solution made with warm water is recommended for most materials. Rinse soap/ detergent residue by wiping with plain potable water. Dry surfaces by wiping with a clean dry wiper or cloth.

Disinfection:

Use the disinfectant recommended in the User manual for the type of surface and material (hard nonporous, powder-coated, metal, fibrous, foam, wood, cloth, epoxy, etc.)

The use of 1:10 bleach solution (sodium hypochlorite) is a highly effective and efficient surface disinfectant. Use of bleach may result in discoloration or degradation of some materials.

EPA-registered commercial disinfectants in the format of solutions, wipes, and spray are effective surface disinfectants when used per label directions. Examples include bleach and quaternary ammonium compound disinfectants. Global commercial brands include Lysol® and Clorox® (home and Institutional use); PDI® (healthcare setting); Sani-Professional® (food service and janitorial setting).

Sanitization:

Hand hygiene is of critical importance throughout these processes. Wash hands with soap and water using the CDC-recommended procedure. When soap and water are not available, or to sanitize hands (gloved or ungloved) between washings, the use of a 70% -90% (Isopropyl) Alcohol rub is recommended. Hand sanitizing wipes may also be used.

Personal Protective Equipment (PPE)

For **hospital** and **Institutional** settings, follow all facility-specified procedures for PPE. The video at the link below provides the current standard.

<https://www.vumedi.com/video/ppe-donning-and-doffing-cdc-sequence-for-covid-19/>

For the homecare setting, wear gloves, mask, gown or apron, and safety glasses or face shield if available. Tie hair back and cover. Wear non-porous, cleanable shoes or boots.

Don PPE and prepare the area, including hand hygiene and waste disposal, before prepping solutions, cleaning, and disinfecting surfaces. Upon donning PPE, do not touch your face or eyes further.

2. SAFETY REQUIREMENTS

2.8 Maintenance

The maintenance on a DRIVE chair will vary with the amount of use and the condition of the resident using the chair.

In regular use, after the initial inspection and functional testing, the chair should be inspected and tested bimonthly. We recommend visually inspecting for signs of wear, damage, loose or missing fasteners, and other safety concerns. Periodic testing of chair functions is also necessary. If a breakage, defect, or operational problem is detected, the chair must be successfully repaired, inspected and tested for function before it is returned to service.

The chair should be inspected and tested as often as each use if the chair is used by:

1. Aggressive or agitated residents.
2. Residents who have involuntary movements.
3. A facility with irregular or sloped surfaces.
4. Any unauthorized person.

Do not use lubricants that contain solvents. Solvents may compromise any rubber components on the chair. If necessary, white food grade grease or lubricant can be used on any sliding components.

2.9 Resident Specific Instructions

The primary caregiver responsible for the specific resident's seating shall add additional instructions necessary for the safe and effective use of the chair based on their professional experience and knowledge of the resident's specific conditions and requirements. DRIVE representatives are not professional caregivers and will not know the specific requirements of the individual using the chair. DRIVE relies on the knowledge, experience, and judgment of the resident's professional caregiver to ensure the specific resident's safety and comfort needs are satisfied while using the chair. These instructions form an essential part of the Safety Requirements for using the chair and must be made available to all caregivers.

3. OPERATION AND MOVEMENT

Safety measures as described in Section 1 must be observed when operating the chair's functions or moving the chair. Only authorized caregivers should attempt to operate or move a chair.

3.1 Seat Tilt

Gas cylinders allow the seat to be tilted to any position from most upright to the lowest within its range. Use seat tilt to safely position the resident, redistribute pressure and increase comfort.

To Activate the Seat Tilt

- Place your RIGHT hand on the bar to assist movement and squeeze the tilt trigger with your LEFT hand.
- Raise or lower the seat tilt until the desired angle is achieved.

3.2 Back Recline

Gas cylinders allow the back to be reclined to any position from the most upright to the lowest within its range. Use back recline to position the resident, create pressure redistribution, increase comfort, and assist with daily care activities.

WARNING: Always tilt slightly before Recliner to prevent resident from sliding.

To Activate the Back Recline

- Place your LEFT hand on the top bar to assist movement and squeeze the recline trigger (RED) with your RIGHT hand. (RECLINE/RED/RIGHT)
- Raise or recline the back until the desired angle is achieved.

3.3 Trendelenburg

The Trendelenburg feature allows caregivers to quickly position the feet above the head.

To activate Trendelenburg

- Recline fully, then tilt fully.

3.4 Elevating Leg Rest

Gas cylinders allow the leg rest to be positioned infinitely from horizontal to vertical. The leg rest elevates with the recline. It is also independently adjustable.

To Adjust the Leg Rest:

- Hold the leg rest to assist movement and squeeze the leg rest handle.
- Raise or lower the leg rest to the desired angle.

The leg rest elevates with the back recline but not with the seat tilt. If the back is in the recline position, the leg rest cannot be lowered independently.

3. OPERATION AND MOVEMENT

3.5 Flip Down Footrest

The flip down footrest is removable and length adjustable.

To Attach the Footrest:

- Insert the right end of the footrest upper cross piece into the desired hole in the right side of the leg rest frame.
- Insert the left end of the footrest upper cross piece into the corresponding hole in the left side of the leg rest frame.
- Release the tension on the spring mechanism.

To Remove the Footrest:

- Lift up the footrest slightly to discontinue contact between the straps on the footrest and the leg rest.
- Squeeze the footrest to the right to activate the spring mechanism, and release the left and right side.

3.6 Removable Wings

Wings support the Shoulder Bolsters which provide upper body lateral support to the resident.

To Completely Remove the Wing:

- Depress the top button (1) and pull the wing from the receptacle.

To Insert the Wing:

- Insert the lower end of the wing into the lower receptacle. Then insert the upper end into the upper receptacle. Ensure the wing is secured in place.

3.7 Shoulder Bolsters

The Shoulder Bolsters provide upper torso support, protection and containment and accommodate asymmetries in the chair user. Their unique design allows for proper elbow access to the arm rest.

To Attach the Shoulder Bolsters:

- Feed both Shoulder Bolster straps between the inner strap of the wing and the frame of the chair.
- Secure the buckles and cinch the straps to secure the bolster to the wing. The bolster can be slid up and down the wing if desired.

Note: The Shoulder Bolster can be inverted on the wing in order to provide support to narrower residents.

3. OPERATION AND MOVEMENT

3.8 Height Adjustable Armrests

The armrest height can easily be adjusted to accommodate various residents. The armrest height should be adjusted to provide correct arm support for the resident as determined by the caregiver.

To adjust armrest height:

- Push in the button which is located under the armrest flap.
- Raise or lower the arm to the desired height.
- Upon releasing the button, the armrest height will lock into place.

Secure the outside flap on the side panel.

3.9 Adjustable Seat Height

To adjust the seat height

- Using 7/16 wrenches, remove the bolts.
- Raise or lower the front of the seat to correspond with the holes at the desired seat height.
- Insert the bolts through the desired corresponding holes and tighten the bolts.

3.10 Casters

The Drive Chair with Caster Full Tilt and Recliner chair features three 5" total lock casters and one 5" directional locking (tracking) caster. (dark grey pedal) The tracking feature allows for easy maneuverability.

To Operate the Casters:

Step on/off the caster pedal to lock/unlock the caster.

Always ensure the brakes are unlocked when wheeling the chair.

4. INSPECTION AND FUNCTIONAL TESTING

Safety measures as described in Section 1 must be observed when inspecting or testing a chair. Only authorized caregivers or maintenance staff should attempt to inspect or test a chair.

4.1 Inspection

We recommend regular visual inspection for signs of wear, damage, loose or missing fittings, and other safety concerns. If a breakage, defect, or operational problem is detected, the chair must be repaired inspected and tested for function before it is returned to service.

We recommend that the chair be inspected as often as each use if there is any reason to be concerned about the possibility of increased wear or loose or missing fittings. **At a minimum, in regular use the chair should be inspected on a bimonthly basis.** The visual inspection procedure should include at least the observation of all the fittings (fasteners):

The visual inspection procedure should include at least the observation of the following parts:

1. The cylinders that position the seat tilt, back recline, and independent leg rest elevation.
2. The vinyl straps used in the seat, back, leg rest, footrest and wings
3. The cushions
4. The black handles and cables.
5. The armrest height adjustment pins

The visual inspection procedure should include the observation of any installed accessories. The visual inspection should be performed by the facility, or if in a private residence, by the individual responsible for the chair.

4.2 Functional Testing

We recommend that the chair should be tested for operation of the chair's functions without a resident in the chair. The testing may be as often as each use if there is any reason to be concerned about the possibility of increased wear or damage to the chair's components. At a minimum, in regular use the chair should be tested for functions as described in Section 3.

If the caregiver or maintenance department performing the functional testing believes that any function is not operating correctly, the chair should be taken out of service until a satisfactory functional test can be completed. **The caregiver or maintenance department performing the testing should be aware that the seat tilt, back recline, and footrest (leg rest) elevation operations will be more difficult without a resident in the chair.**

When performing repairs or maintenance, do not use lubricants that contain solvents. Solvents will damage many of the moving components in the chair. If necessary, a white, food grade grease (lubricant) may be used on the sliding components in the chair. Do not use spray lubricants on any part of the chair.

5. TECHNICAL INFORMATION

5.1 Specifications

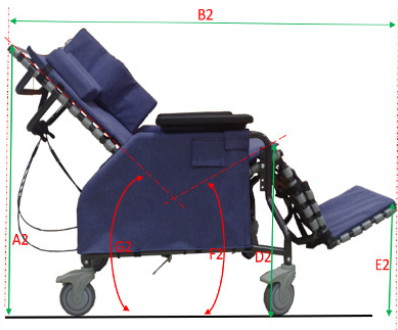
Specifications based on 20" Drive Chair with Caster Full Tilt and Recliner



Item No	Description	Spec size inch/mm
C	Overall width	25.8"/655mm
I	Arm pad length	14"/356mm
J	Arm pad width	2.87"/73mm
k	Seat depth	17.7"/450mm
L	Back height	32.6"/830mm
M	Width between two shoulder rest	13"/330mm
N	Min area size between two shoulder pillow size	10.8"/274mm
O	Shoulder pillow length	17.7"/450mm
P	Leg pad height	12.4"/315mm
Q	Leg pad length	19.3"/490mm
R	Foot pad width	12.2"/310mm
S	Width between shoulder tube	22.4"/570mm

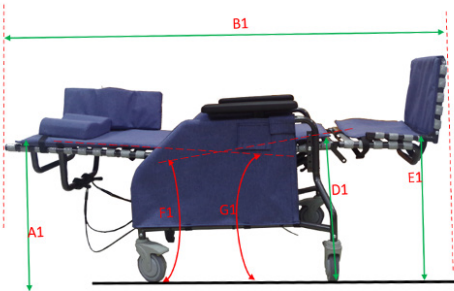
5. TECHNICAL INFORMATION

Tilt



Item No	Description	Spec size(inch/mm)
A2	Overall height	36.4"/925mm
B2	Overall length	59"/1496mm
D2	Seat height	22.1"/562mm
E2	Foot pad height	18.5"/470mm
F2	Seat angle	22°
G2	Back angle	53°

Recline



Item No	Description	Spec size(inch/mm)
A1	Overall height	23.4"/595mm
B1	Overall length	65.2"/1656mm
D1	Seat height	21.6"/550mm
E1	Foot pad height	22.0"/560mm
F1	Seat angle	5°
G1	Back angle	8°

5.2 DRIVE Chair with Caster Full Tilt and Recliner Parts Schematic Drawing.
See DRIVE web site

5.3 DRIVE Chair with Caster Full Tilt and Recliner Parts Schematic Legend
See DRIVE web site

6. COMMON TROUBLESHOOTING AND REPAIR

Please have the chair serial number ready when contacting DRIVE or your local area representative for parts or assistance for your chair. **The serial number can be found on a grey sticker on the rear of the chair.**

6.1 Troubleshooting for Gas Cylinders

The use of gas charged springs (cylinders) on DRIVE products allows the caregiver to easily make adjustments to the tilt, recline, and leg rest with a minimal effort. The gas cylinders contain Nitrogen gas, it is not flammable nor is it toxic. The cylinders provide a lifting force which counterbalances the weight of the occupant thereby reducing the amount of weight the caregiver needs to lift.

Symptom	Problem	Solution
The chair is not Recliner or tilting or leg rest is not moving when the handle is squeezed	The pin in the end of the cylinder is not being depressed when the handle is pulled.	Ensure the cable is attached to the cylinder actuator. If cable is attached, see Adjustment Steps below.
The chair (tilt, recline or leg rest) seems to slowly slide out of position	The pin in the end of the cylinder may be still partially depressed.	See Adjustment Steps below:

Note: When adjusting cylinders with tools that come in contact with the cylinder rods, a cloth or some other protective material must be used to protect the sliding surface of the rod. If the rod becomes scratched or marred it will damage the seal on the cylinder and the cylinder will fail.

Damaging a cylinder in this fashion voids the manufacturer's warranty.

7. WARRANTIES

Manufacturer Warranty

Your Drive branded product is warrantied to be free of defects in materials and workmanship for the lifetime of the product for the original consumer purchaser.

This device was built to exacting standards and carefully inspected prior to shipment. This Lifetime Limited

Warranty is an expression of our confidence in the materials and workmanship of our products and our assurance to the consumer of years of dependable service.

This warranty does not cover device failure due to owner misuse or negligence, or normal wear and tear. The warranty does not extend to non-durable components, such as rubber accessories, casters, and grips, which are subject to normal wear and need periodic replacement.

If you have a question about your Drive device or his warranty, please contact an authorized Drive dealer.