Better support throughout the entire exam

**Rotation/Locking Points**
Patient Support Rails can be locked into three positions—front horizontal or two elevated positions—or moved to a fully back horizontal position. Visual indicator marks help guide the operator to the different locking positions.

**On-Chair Positioning**
When rotated to the back horizontal position, the support rails can be used as safety rails, designed to improve patient security and provide a gripping point during movement into supine, prone, left or right lateral positions.

**Continuous Gripping Surface**
Patient Support Rails provide patients with a 1 ¼ inch diameter continuous gripping surface for entering, exiting or repositioning on the exam chair. They can be used as an affixed gripping point for patients to independently raise themselves off the chair.

**Specifications**

<table>
<thead>
<tr>
<th>Patient Support Rails Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>9A600001 – Patient Support Rails (field installed)</td>
</tr>
</tbody>
</table>

*Dimensions in inches:*
- Front View: 37.3” x 26.6” x 18.3”
- Side View: 44.2” x 25.9” x 8.3”
Better arm support when you need it most

01 BETTER BP
For a more accurate blood pressure measurement, the patient’s arm should be supported at heart level. If the upper arm is below heart level or unsupported, the readings will be too high. If the upper arm is above heart level, the readings will be too low.1

02 BETTER POSITIONING
The Patient Support Rails+ accessory functions the same as the Patient Support Rails with the added benefit of helping providers achieve proper positioning of the patient’s arm for blood pressure capture and blood draw applications.

03 BETTER ARM SUPPORT
Easily support the patient’s arm at heart level with the Patient Support Rails+ accessory. The unique articulating arm pad design allows for more precise positioning for blood pressure capture or other similar applications.

SPECIFICATIONS

PATIENT SUPPORT RAILS+ MODEL
9A600002 – Patient Support Rails+ (field installed)

1  https://www.aafp.org/afp/2005/1001/p1391.html