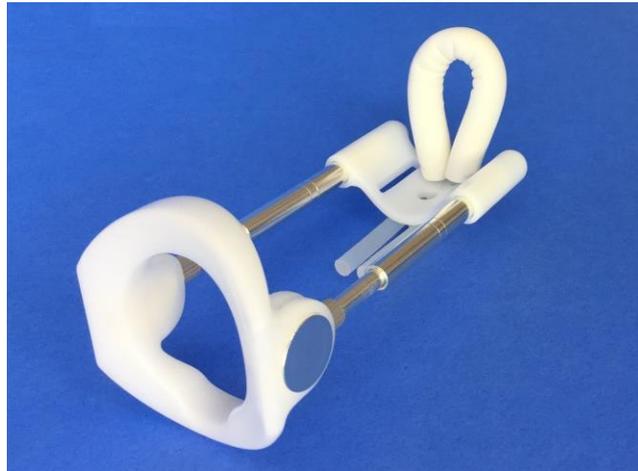


# US+PhysioMED

“Traction Therapy Device”™



“User Guide & Manual”

Special Designed for Peyronie’s  
Disease Rehabilitation

[www.usphysiomed.com](http://www.usphysiomed.com)



# US PhysioMED™ Hybrid Traction Therapy Mission Statement For Peyronie's Disease Rehabilitation

Please review this Document for “Detailed Usage Instructions”, our “USP Three-Day Training Program” and the Chapter on “Supplemental Tips & Guidelines” for proper initial “Training Protocol” of the Traction Device.

Do not attempt to wear the device until after you have reviewed and studied all the information enclosed within the original package. Combined with the addition of the US PhysioMED “8-Steps Application” DVD, this should solidify a means of satisfying all your immediate questions, concerns and needs.

US PhysioMED™, Medical Grade, Therapeutic Extender Device.

*“The US Physio MED's operating philosophy is based on the believe that all people of every race, color and creed are deserving of basic respect, dignity and quality of life and that a healthy sexual life is fundamental to this concept.” Stay in Compliance with your Urologist’s protocol and tell yourself every day that 1) I am NOT dysfunctional 2) I am NOT sexually inadequate 3) I AM STILL A MAN 4) I have what they call: “Peyronie’s Disease” 5) I am successfully rehabilitating this on a daily basis with a positive attitude.*



*USPhysioMED strongly believes in the principle of mutually supportive networking. The company forms strategic alliances with medical professionals, other product manufacturers, media outlets, and medical institutions. The result is a robust approach to business development that is informed, broad-based, yet flexible.*

# Traction Therapy Device “User Manual”

PLEASE TAKE THE TIME TO READ, STUDY AND REVIEW THIS USER MANUAL BEFORE ATTEMPTING TO UTILIZE THE TRACTION THERAPY DEVICE. FOLLOW THE “INITIAL 3-DAY TRAINING PROGRAM” AS OUTLINED BEFORE BEGINNING YOUR DOCTOR PRESCRIBED PROTOCOL.

DO NOT WATCH THE INSTRUCTIONAL VIDEO UNTIL YOU HAVE COMPLETELY REVIEWED THIS MANUAL FIRST!

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# USPhysioMED Overview

## Who we are

USPhysioMED was the earliest company in the US to realize the efficacy of traction-therapy for the treatment of penile health issues. With over 100,000 Urologist's in the United States, only about 10% have the expertise's and experience to work with men who have this atrocious of a medical conundrum such as Peyronie's Disease. Out of the #400+ Physicians who are experts and who have dedicated their practices and lives to helping men around the world, correctly and continuing with hours dealing with men with this atrocious of a disease to help bring better and medically inclined information in working to deal with helping their patients get the most beneficial, medically correct, and helpful newest devices, to find new and positive means to correct this over +600 Years of this withering men's sexual problem.

## Vision

USPhysioMED is equally dedicated to great customer service, which we believe is crucial to professional relationships and patient well-being. We aim to be more than merely a company that provides medical products – we work to become a trusted partner in the patient's ongoing quest for sexual and general health.

## Objectives

Service: First Class Professional Consultation & Customer Service

Products: USPhysioMED Traction Device upcoming, under EQM Erectile Quality Monitor, the LED-Light Enhancement Devices in Urology products.

Market: United States, South America, Europe, Asia.

## Traction Therapy for Men with Penile PEYRONIE’S Disease Utilizing Traction Therapy Device

The first Therapy of this kind regarding utilization of The USPhysioMED Traction Therapy Device was by Laurence L. Levine, M.D. and James Reebok, M.D. Department of Urology, Rush University Medical Center, Chicago, IL, USA), in 2007-09, along with Dr. Mark Newell, Ph.D. who in 2006-09 did an In-House IRB Trial Study that proved that utilizing the USPhysioMED: “Traction Therapy Device” proved both 100% efficacy and case results in straightening the angulation of men with Peyronie's Disease anywhere from a 42% to a 74% straightening, using only the Traction Device as per the Trial Study Protocol designed and developed by the three Physicians, proving, without question that utilizing the Traction Therapy Device can and will help with most men with their Peyronie’s Disease issues to some degree, if utilized within the scope of the patients their Urologist’s designated etiquette. As a sub-note, it was highlighted that the length gain achieved during this time help the patients gain back anywhere from 0.12mm to 2.0mm in length and girth.

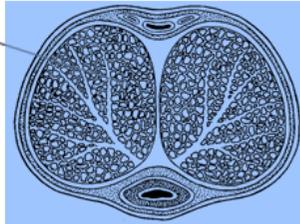
### Peyronie’s Disease:

#### Example of dorsal plaque.



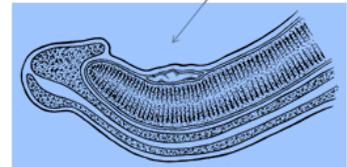
#### Cross Section of the Penis:

White area is where plaque injury can occur



#### Example of Dorsal Plaque:

Dorsal plaque causes upward bend



## **The Clinical and Psychosocial Impact of Peyronie's Disease**

Laurence A. Levine, MD, FACS

The rate of “emotional difficulty” may be even higher. Most recently, in a study of 245 patients with PD, 81% reported having emotional difficulty because of their condition and 54% had relationship problems. Emotional difficulty and relationship problems were determined by asking patients if PD had affected their emotional well-being or their relationship with their sexual partner.<sup>30</sup> Factors that were significantly associated with “emotional problems” included relationship problems from PD ( $P < .001$ ) and loss of penile length ( $P = .02$ ), whereas those associated with “relationship problems” were emotional difficulties related to PD ( $P < .001$ ) and the ability to have intercourse ( $P = .004$ ). These results suggested that treatments aimed at improving penile length or ED may improve psychologic outcomes.

Based upon the hypothesis that PD affects various domains of psychophysical functioning, a recent qualitative study set out to evaluate 28 men with PD and 36 age-matched controls and determine major themes and patterns of response relating to the effects of PD on 4 areas of concern: (1) sexual function and desire; (2) physical appearance and body image; (3) pain and bother (distress); and (4) interpersonal function and relationships. The study consisted of 13 focus groups conducted across 6 US cities (New York, Chicago, Los Angeles, Norfolk, San Francisco, and West Palm Beach).<sup>31</sup> Men with PD were interviewed separately from men without PD in groups of 2 to 6 people, and focus groups were led by an experienced moderator who assured the participants that the information shared would be held in confidence. They stressed the need for openness and used a structured guide to lead the discussion in an open-ended format for approximately 2 to 2.5 hours.

Results from this analysis showed that the majority of interviewees with PD were concerned about 6 key areas: (1) physical appearance; (2) sexual self-image; (3) loss of sexual confidence and feelings of attractiveness; (4) sexual function and performance; (5) performance anxiety and partner's sexual dissatisfaction; and (6) social stigmatization and isolation. Men reported a variety of penile deformities including abnormal curvature, bending, and distortion, with deformities that had mostly worsened since diagnosis.<sup>31</sup> A common concern was the inability to initiate sex with a partner. Many men had lost interest in sexual activity or dating since their diagnosis because of a loss of perceived sexual attractiveness. Still, most men in the study continued to have some degree of sexual activity but complained that sex had changed after the diagnosis of PD because of problems with specific sexual positions, loss of erection, and a reduced ability to ejaculate. A mostly universal comment from respondents was the feeling of social stigmatization manifested by the difficulty in discussing PD-related issues and concerns with their partners or healthcare providers. Specific comments from respondents included, "This is a tragic deformity. Who wants to be considered less of a man?" and "It has been depressing...I've resigned myself to it. It's disgusting and embarrassing." Considering the deleterious effects on emotional well-being, patients with PD should be offered referral to a counselor early in the disease course and should be made aware of online patient-centric resources, such as the Association of Peyronie's Disease Advocates website (<http://www.peyroniesassociation.org>).<sup>32</sup>

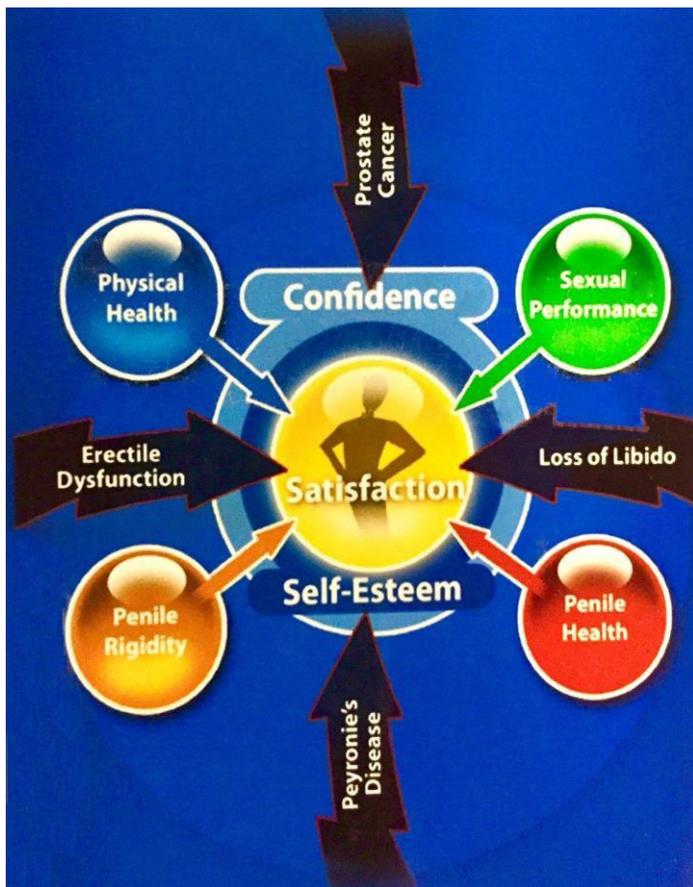
Supplements > The Clinical and Psychosocial Impact of Peyronie's Disease – Published on: March 26, 2013

## TRIAL RESULTS

### Traction Therapy Device

#### Materials and Methods:

- Ten men with Peyronie's disease completed this pilot study of traction therapy.
- Nearly all (90%) had failed prior medical therapy.
- Traction was applied as the only treatment for 2-8 hours per day for 6 months.
- All subjects underwent pre- and post-treatment physical examination
- Included measurement of stretched flaccid penile length (SPL) and biothesiometry.
- Curvature and girth were measured during erection before and after treatment with dynamic duplex ultrasound.
- Assessment of erectile and sexual function was further assessed with the IIEF-EF and QOL-MED questionnaires.
- **All men noted reduced curvature estimated at 10-40 degrees.**
- **Increased penile length (1-3 cm).**
- Enhanced girth in areas of indentation or narrowing.
- Objective measures demonstrated reduced curvature in all men from 10-45 degrees.
- Average reduction for the group was 33% (51- to 34-).
- SPL increased 0.5-2.0 cm and erect girth increased 0.5-1.0 cm.
- Correction of hinge-effect in 4/4 men.
- IIEF-EF increased from 18.3-23.6 for the group.
- Changes in quality of life by QOL-MED were not found to be statistically significant in this small series.
- There were no adverse events including skin changes, ulcerations, hypoesthesia or diminished rigidity

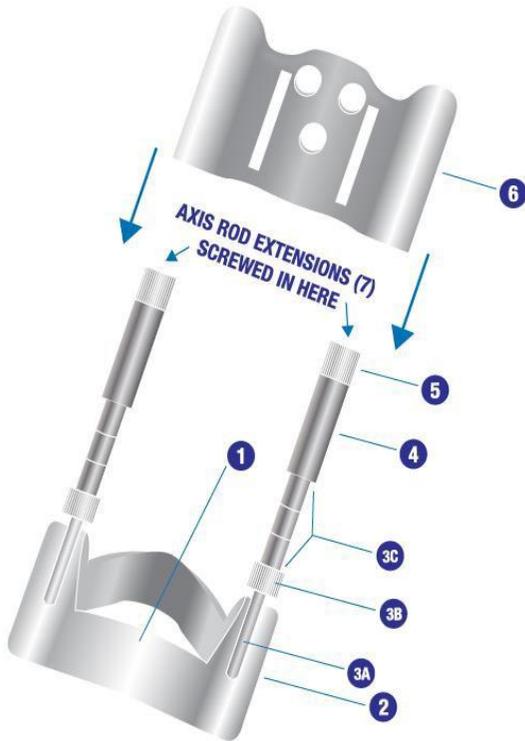


If you just have been diagnosed with Peyronie's Disease or have known for some time, it can be difficult to see beyond the frustrations and limitations that regularly confront you. But rest assured, you're not alone. In fact, there are over 5-million American Men that suffer from Peyronie's Disease, Yearly New Cases exceeding up to 9% of men (1 in 11---men over 54-years old) may develop Peyronie's. We understand the challenges you're facing. We're patients, partners, and physicians dealing with each and every day. And we're dedicated to helping you go beyond Peyronie's and back to a more fulfilling life you once enjoyed([www.usphysiomed.com](http://www.usphysiomed.com)).

USPhysioMED highly suggests that you continually visit our USPhysioMED Web Site visit the Association of Peyronie's Disease Advocates for a comprehensive and thorough, self-educating means to learn more about the effects and treatments for Peyronie's Disease. View current updates, case studies, tendencies and facts that will help every man with their Peyronie's Disease. Grasp a greater understanding from the leading experts, Urologists and medical professionals who are knowledge and trained specifically for PEYRONIE'S DISEASE in the field. Feel free to converse with other men who suffer from PD and can connect together, helping each other learn more and more connect to penile health problems and a much more longer active sexual life.

Sign-up its FREE!! You will be glad you did!

## US PHYSIOMED TRACTION DEVICE: SCHEMATIC OVERVIEW



1. PLASTIC BASE RING

2. ROUND BOLT

3A. THREADED BAR SCREW

3B. KNURLED BAR BOLT

3C. ARTICULATED BAR SCREW

4. INTERNAL SPRING COVER SLEEVE

5. KNURLED SCREW TO GROUND SPRING

6. PLASTIC CRADLE SUPPORT

7. AXIS RODS(3 SIZES: 1CM, 2CM, 4CM)

8. SILICON TUBING

9. COMFORT FOAM BAND

Please Note: To add/delete #7-Extension Rods, take off #6-Cradle and screw each extension rod into both arms at #5-Knurled Screw to Ground Spring

## Ease of USE “Silicon Tube Support” (Refer to Page #8 ‘Schematic Drawing’)

### 1. Open White Box:

- Remove Traction Device out of small white box (set upright on table).
- Take out package of #2 silicon tubing/foam pads (#8/#9)
- Remove (#6) Cradle off top of Device (set aside) (Photo #1)
- Take out Package of “Extension Rods” (set aside)
- Remove “Comfort Band Package” (3 Large Foam Pads & Comfort Band-set aside)

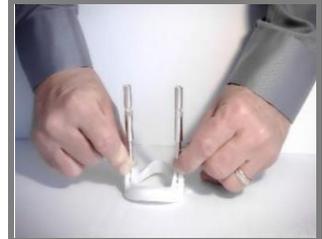
2. Gently move each Extension Arm on each side up to middle of notch of white Plastic Base Ring (#1) so that both arms are straight. If necessary to loosen, use bottom articulated screws of each Extension Arm 3B. (Beware- Both screws turn Clockwise to tighten and Counter-Clockwise to loosen.) Once moved to middle of base (#1), lightly tighten articulated screws, Not too tight. (Photo #2)

3. Slide (#6) Cradle Support back on top of Extension Rods (Photo #3) over top Knurled Screw Bars #5.

4. Take out one Silicon Tube (#8) and one Foam Pad (#9). Push Silicon Tube through Foam Pad. Foam Pad can be cut to fit your penis/girth size. (Photo #4)  
Please note: you can use any type of cushioning. The foam tubes do not have to be used. A bandage can also be applied to the penis area before securing.

5. Place Penis (in flaccid state only) through (#1) Circular Base & rest penis shaft on top of the (#6) Cradle. Make sure concave part of (#1) Circular Base is on the bottom. (Photo #5)

NOTE: Review Instructional DVD only after reading this User Manual



6. Fasten a “noose” by pulling both ends of Silicon Tubing (#8) straight down through both holes on plastic (#6) Cradle. Pull the penis through “noose” and lay top of penis on the (#6) Cradle. (Photo #6,#7), while pulling back penis and #6 Cradle initiating stretch before using.
7. Secure the Silicon Tube (#8) downwards, on each end, thus securing penis by synching into position. (Photo #8,#9)
8. Continue pulling length of Silicon Tubing (#8) on both sides, securing just below the Glans (Head) of the penis, while compressing both ends of the (#6) Cradle towards your body. (Photo #10)
9. Secure both ends of Silicon Tube (#8) into the two “flanged” holding slots underneath the Cradle (#6), which secures proper stretching positioning. (Photo #11)
10. You can continue to adjust tighter by gently pulling the silicon tubing (#8) towards your body comfortably, to keep the Glans from slipping out, of “flanged” (underneath back side of #6 Cradle).
11. Simply release the spring loaded bars to create a comfortable stretch. Your device is now in position to initiate its training regiment.

**\*Review Instructional DVD/Video only after reading this User Manual.**

6,7



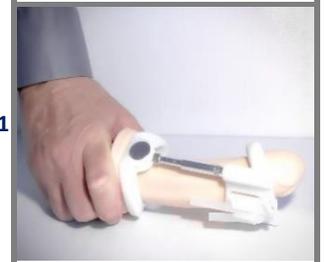
8,9



10



11



## Initial “Three-Day” Training Protocol

The objective of this information is to offer a suggested, “First 3-Day Program” on how to acclimate your penis to your Traction Therapy Device. Adhering to this protocol will allow you to understand the features of *preparing*, *putting-on* and *taking-off* the device, while at the same time explaining how you should start wearing the device for the first week, at least 2-Hours/Day, 6- Days/Week.

### Day #1

Application: Putting On and Taking Off Traction Device:

- Remove & review all literature including User Guide and Instructional DVD before opening white box that holds the Traction Device & all its parts, fully assembled in smallest size without any extensions rods.
- Review, in detail, the US PhysioMED “Measuring” Pack and view the UroSciences™ P.D.A.D. Instructional Web Site.
- Open Traction Therapy Device box. Pull out the contents of the device and focus only on the spring loaded device (#1-#5). Take out of plastic bag along with #1 Silicon Tube (#8) and Foam Pad (#9). The device comes completely assembled in its smallest setting without any extension rods attached.
- Review this User Guide Manual to learn how to set up device. Review artistic “exploded” drawing (Page #8) to familiarize yourself with each part. **Everything comes fully assembled. All you need to do to begin training is to understand how to put on/take off and how to change (#7)-Extension Rods.**
- Set-up Traction Device “as noted” and prepare to wear.
- Spend remainder of 1<sup>st</sup> Day to simply practice *putting-on* and *taking-off* device (without any #7-Extension Rods) wearing for no more than (10-15) minutes each time, (3-4xDay1). This helps in learning how to safely apply, adjust & wear the device.

## Day #2

(Extending to Proper Stretch)

- If comfortable at this point, open bag with the #3 sizes of Extension Rods (#7) and take out (set aside).
- Start with taking #1 of each of the smallest Extender Rods (#7) and put onto Traction Device at top of (#5)-“Knurled Screw to Ground Spring”. You will need to remove the (#6) Cradle, so that the two “Traction Extender Arms” are exposed so you can screw Extender Rods on each.
- Once a safe and proper extension fitting is decided, change wear for up to 1-hour this day to feel reaction. If you feel you are fine, either stay at this level or add more Extender Rods (#7) to achieve a longer stretch. Remember: A proper stretch should facilitate a little soreness, discomfort, fatigue and slight irritation (Ex: last 10 minutes of a 1-hour session).
- Should you not feel this, add more Extender Rod’s (#7) until you do. This should **NEVER HURT**, while putting on or wearing. If this should occur, take off some length (Extender Rods) until you can get to this position of comfort.

## Day #3

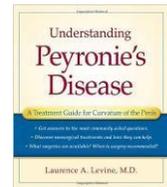
- At this point, try moving your usage time up to #2-Hr./day, from the previous #1-Hr./day.
- Please keep in mind these are only “suggestions” for initial (#1-#3) days/plus.
- Always refer to your Urologist’s prescribed protocol for long term therapy and rehabilitation. US PhysioMED IS NOT RESPONSIBLE for any outcome stemming from these suggestions.
- \* Please complete this “Three Day Training Program” and possibly even another 3-days, before calling back for further consultation. This will help assure your questions will be specific to your exact needs and requirements. Remember that no #2-cases of Peyronie’s Disease are ever alike, so no guarantees can be assured. Every man’s penis is like your thumbprint and specific to your general body type.

## “8-Step DVD Statement”

The “8-Step DVD” is only a supplement to wearing the device, once the User Manual has been thoroughly reviewed and understood. It is NOT INTENDED for overall instructional purposes or content.

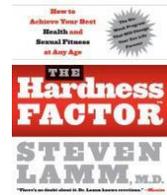
### For further research we suggest the following reading material

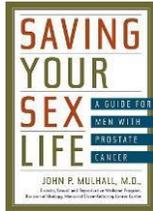
The Book by **Dr. Laurence Levine**, “Understanding Peyronie’s Disease” is included. This is excellent reading material on Understanding Peyronie’s Disease.



Secondly, **Dr. Mark Newell’s** Newest Edition of his medically approved and respected Booklet, “*A Guide to Peyronie’s Disease: Current Research and Emerging Treatments*” is also and added feature you should read cover-to-cover for even further personal education on Peyronie’s Disease.

Hard is good, harder is better -- for your health, your libido, your life. Such is the provocative premise *behind* **Dr. Steven Lamb’s *The Hardness Factor***, a groundbreaking book that will change the way men live and love. *The Hardness Factor* measures male health through the quality of an erection -- perhaps the greatest male motivator for better living (more so than fear of cancer, heart attack, or stroke). *The Hardness Factor* asks, Can men be hard and in shape for sex their entire lives? The answer is, absolutely. Here for the first time are scientific, evidence-based regimens -- emphasizing nutrition, supplements, and exercise -- to increase erectile quality. By following the programs in *The Hardness Factor*, you will





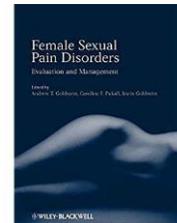
In a straightforward style, **Dr. John Mulhall** guides the reader through the basics of male sexuality, explains the role of testosterone, the functions of the prostate, and the common difficulties men encounter when disease strikes. In plain language, this book spells out the causes and symptoms of prostate disease and diseases of the lower urinary tract and the approach to deal with the aftermath of treatment

**Female Sexual Pain Disorders: Evaluation and Management 1st Edition**  
by [Andrew Goldstein](#) (Editor), [Caroline Uccall](#) (Editor), [Irwin Goldstein](#) (Editor)

*Female Sexual Pain Disorders* is a remarkable fusion of clinical and scientific knowledge that will empower women’s healthcare professionals to help their patients in overcoming this common debilitating disorder. Based on the highest level research, it provides state-of-the-art practical guidance that will help you to:

- Evaluate and distinguish the causes of sexual pain in women
- Differentiate the many forms of sexual pain
- Implement multidisciplinary treatments

Distilling the experience of world leaders across many clinical, therapeutic and scientific disciplines, with an array of algorithms and diagnostic tools, *Female Sexual Pain Disorders* is your ideal companion for treating the many millions of women who suffer from this disorder worldwide.



## “Suggested User Tips”

1. **Read & review** all literature, User Guide and placards to assure proper usage of the Traction Therapy Device. Refer to the [www.usphysiomed.com](http://www.usphysiomed.com) website for further educational material.
2. **Keep compliant** with your training to assure good results.
3. **Consider your Traction Therapy** training just as you would *working-out* at the gym or health club. The penis is just another appendage of your body. (Remember: your seeking “Fatigue Pain Factor” to assure maximum results).
4. **Advice:** Please keep in mind that the protocol/regiment that your Urologist provides for you is specific to your Peyronie’s Disease situation and always takes precedent over any instructions set forth in this User Guide and Instruction Manual.
5. **For Peyronie’s curvature measurements,** utilize the enclosed USPhysioMED “Tape Measure” for girth measuring and the UroSciences PDAD™, goniometer device to measure your penis length, curvature bend (in degrees) & indentation of any “hour-glass” Peyronie's effect. This will allow consistent & verified measurement in helping to ascertain the curvature degree of angulation improvement over time as you improve.
6. **Review Chapter #5:** “Three Day Initial Training Program” to assure proper regiment.
7. **The Traction Device** should never be worn for more than #2-Hours per “training session”, without taking at least a #1-Hour Break in-between beginning another “training session”..

Please note: “Fatigue Pain Factor” means slight uncomfortable feeling of usage the last 20-mins. of your 2-hours training regiment.

**8. Tolerance levels** are extremely tight to keep device working properly, especially at the point of attachment underneath the #6-Cradle. Refer back to Instructions for details or try pre-stretching both Silicon Tubing and #6-Cardle to allow for allowing a slighter problem with this issue.

**9. When initially adjusting the Traction Device:**

- a. Move Extension arms (#3A/B/C) upward gently to middle “notch” of (#1) Plastic Base ring.
- b. Note Knurled Bar Bolts (#3B) at bottom. These might be tightened due to initial manufacturing tolerances allowing some movement up, down and/or straight.
- c. CAUTION: Do not unscrew these screws at bottom of Base Ring (#1) more than ¼”.

**10. BEWARE:** Take caution when adding on Extension Rods that you do not accidentally unscrew bottom Knurled Bar Bolts (#3B) which will dislodge Traction Device. Hold bottom (#3B) Knurled Bar Bolts with one hand and screw in the Extension Rods (#7) at top of each extension arms with the other...one at a time.

**11. Proper clothing:** Loose fitting clothing, bathrobe, baggy pants, shorts, scrubs, pajama’s, boxers, sweat pants and long T-shirt to prevent any protrusion, depending on social environment. This helps in allowing the device to maneuver itself easier in the pelvic region.

**12. Remember:** The Extender can be used during mild physical activity—casual walking, sitting, standing, lying on your back, etc. The objective is to stretch penis for as long and as far as you can. It should not be painful to put on (overstretching) but yet you are trying to create a “Fatigue Pain Factor” the last 1/4- of your *training regiment* is the objective, and you may experience some slight discomfort during the last 20-minutes of usage, which is the ultimate goal for achieving maximum results.

**13. For Service,** parts, repair, contact us at our Toll Free Telephone Number (1.844.585.1226), or email direct at ([www.usphysiomedinfo.com](http://www.usphysiomedinfo.com)) for a quicker response.

14. To Schedule a Private Consultation Return Call, you **MUST CALL IN TO SCHEDULE A TIME, 24-HOURS IN ADVANCE NOTICE! SAME INFORMATION MUST BE INCLUDED!!**
15. **COMPLIANCY** is the keynote word for successful Traction Therapy. Try to get in (#5-#6) days per week, if at all possible. Stay consistent as per your Urologist's protocol.
16. **Safety:** There is no specific regiment in utilizing the US PhysiMED Traction Therapy Device. You must follow the stipulations as set by your Urologist. Using the Traction Device is at your own risk. Remember the penis needs an adjustment period that varies independently with every patient.
17. **Cleaning and General Care:** The Plastic Base Ring #1 and Cradle #6 pieces should be cleaned occasionally with warm water and mild soap. Use a light cloth to buff and clean the chrome spring loaded bars. You can also use a mild dry silicon spray on the #2 Extension Rods and wipe down accordingly to help with spring compression.
18. You can also go directly to our [www.uswphysiomed.com](http://www.uswphysiomed.com) web site for even quicker responses!

**Chicago, April, 2008**

By: [Cheryl Guttman](#) Urology Times

Extender device yields good results in Peyronie's disease  
 Use of a penile extender reduced curvature and improved  
 penis girth and length.

**Chicago**— Daily use of a penile extender device shows promise as a safe, effective, and noninvasive treatment for Peyronie's disease, according to results of a pilot study conducted by urologists at Rush University Medical Center, Chicago.

]UT Table[

**Results of treatment with extender device at 6 months**

	Baseline*	6 months*
Objective curvature	51 degrees	34 degrees
Erect girth	.5 cm	1 cm
Average FSPL	10.65 cm	12 cm
HEF-EF score	18.3	23.4

\* All numbers are means  
 Source: Laurence A. Levine, MD

## **Initial EASE OF USE “Hybrid Comfort Band Support”**

### **Introduction**

Whereas our normal IRB Medically-Backed Silicon Tubing used on our US PhysioMED: Traction Therapy Device has been the sole means of attachment to wearing the product (since 2006), we have recently incorporated our NEW “Hybrid Comfort Band” attachment option. This is especially designed & helpful for “*pre & post*” penile surgeries, penile implant surgeries, along with “*pre & post*”–Xiaflex™/Verapamil **injection therapy** rehabilitation, but only on suggestion of Urologist.

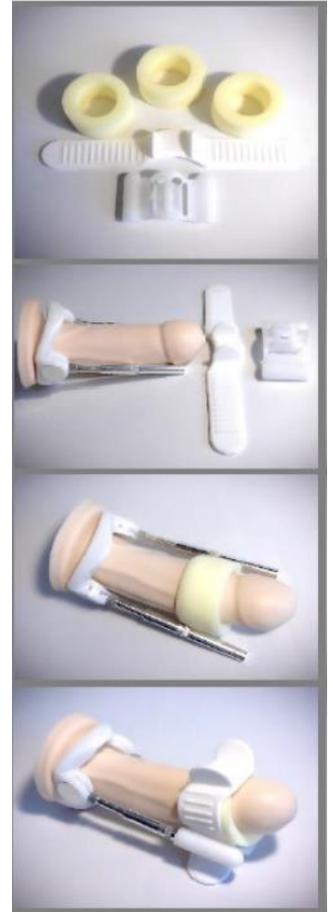
Furthermore, since the (1") “Comfort Band” is wider than the (1/4cm.) Silicon Tube, it attaches further down the shaft of the penis, and displaces the pressure of the area, creating a more comfortable, gentler stretch.

This is an entirely different stretch and has no medical trial studies to prove the effectiveness of any results, unless otherwise approved or noted. It is our believe that the original use of our silicon tube should always be use instead of this attachment option.

**Only use this option upon approval of your Urologist and/or Medical Advisor.**

## Directions (Continued)

1. Simply remove Silicon Tubing if attached to device.
  2. Replace by sliding the “Comfort Band” into the #2 lateral slots on the (#6) Cradle, and pull down #1-#2 notches on each side. Be sure the “Comfort Band” curve is at top, towards the Glans (Head) of the penis.
  3. Slide one of the “Foam Pads” over the shaft of penis & set at 1/4" down from the base of the Glans (Head). (optional only), we suggest you do not use Foam Pads. (After a number of years, most men DO NOT USE THE YELLOW LARGE FOAM PAD.
  4. Slide penis through (#1)-Base (with Extension Rods attached for personal stretching length).
  5. With “Comfort Band” already looped to form a “noose” on (#6) Cradle, slide the cradle onto the device extension rods, pressing down so that the “Comfort Band” covers on top of penis shaft at the Distal Point (where bottom of the penis head meets the top of the penis shaft).
  6. While still pressing and holding the “extension arms” down, synch down each side of the “Comfort Band”, underneath the Traction Device, until the penis is secured & tightened in place.
  7. To release & take off, simply tug the silicon “flaps” of the “Comfort Band”, one side, then the other, until penis can be slid out of the Traction Device.
- Please note: It is always advisable no to use that #3 yellow large foam pads included. They seem to get on the way of property usage.



## Customer Service & Consultation

- \* Continue to follow your Doctor's prescribed protocols. Measure & track on a bi-monthly basis, using the enclosed Measuring Tape and Urosciences-P.D.A.D.™ (goniometer) device.
- \* Continue to try and increase both time and extension length as your penis improves and as per your Urologist's and your own personal protocol.
- \* Should you require help, service or consultation, please feel free to contact us directly to schedule a consultation call.

### For Consultation Service

Always remember the following information to expedite a return call:

- Name (First, Last)( *spelled slow and deliberate*)
- Urologist Name
- Dr. Referral Code (D-xxx)
- Invoice Number From Original Order
- Phone Number
- Most convenient times to call you back at your specific Time Frame Zone
- Brief description of nature of call**
- Use of email ([m.hays@usphysiomed.com](mailto:m.hays@usphysiomed.com)) can help expedite up to a few short questions.
- We will not return calls without leaving a message with all of the above information noted.**



### **MEDICAL DISCLAIMER**

This booklet is meant to be a reliable and informative instructional guide and resource about *Peyronie's Disease, Male Sexual Health and Sexual Fitness*. It is not intended to be used as a substitute for professional medical care, advice, diagnosis or treatment. Always consult your Urologist before beginning any sort of regiment or protocol.

Our Consultation Services do not diagnose. We cannot offer medical assistance, advice nor medical diagnosis. We only consult in the aspect of the usage and wearing of the Traction Therapy Device.

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Due to medical regulatory sanctions and considerations, we cannot refund any monies once the original US PhysioMED *shipping package* has been received, opened and the hermetically-sealed plastic bags “un-sealed”. Packages and product returned to us in this fashion are required to be completely destroyed as *pre-used product*, per FDA regulations.

### **WARRANTY**

US PhysioMED, Inc. offers a 1-Year, “*Parts & Labor*” Warranty and in cases where the device is dysfunctional, broken, or incomplete, will be fixed, repaired and corrected at *NO CHARGE* to the Customer (unless due to customer misuse, loss or breakage). Customer is responsible for following the exact stipulations for usage as outlined in this User Manual.

Packages returned un-opened will be charged a \$50.00 “Restocking” Fee.

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USPhysioMED is in compliance with all FTC Requirements and does not sell, advertise or promote through any direct consumer, print or Internet Marketing promotions, to protect client confidentiality, Medical HIPPA Regulations and Medical Confidentiality issues. Results of using the US PhysioMED “device” are generally accepted, due to the fact that no two Peyronie’s Disease cases are ever alike or the same. Results cannot be guaranteed.

USPhysioMED products/consultations are not intended to diagnose, treat, cure or prevent any disease and the Company cannot be held liable for any problematic issues stemming from the utilization of any of our product line.

*Please review our [www.usphysiomed.com](http://www.usphysiomed.com) Web Site for continual new information, notifications and updates to stay informed with research and emerging trends, in regards to your “Sexual Health & Wellness” Program.*



USPhysioMED, Inc  
6125 Archway  
Irvine, CA. 92618  
[info@usphysiomed.com](mailto:info@usphysiomed.com)  
Toll Free: 844.585.1226  
Direct: 949.769.6751  
[www.usphysiomed.com](http://www.usphysiomed.com)