

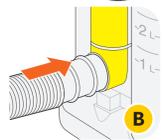
Below, please find abbreviated instructions for use, but please remember to read the complete instructions that are packaged with the iPEP™ Oscillating Positive Expiratory Pressure (OPEP) Therapy System.

Expiratory Flow Bias – Key Driver of Secretion Clearance

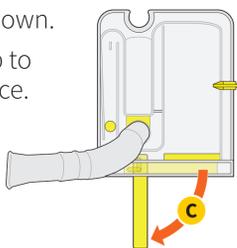
Secretion clearance increases when peak expiratory flow exceeds peak inspiratory flow during OPEP therapy. The greater the difference, or Expiratory Flow Bias, the more effective the secretion clearance, and vice versa. D R Burton OPEP products feature superior Expiratory Flow Bias which is also enhanced by coaching patients to slowly inspire a deeper breath than normal, and exhale with more force than normal. Learn more at www.drburtonhpi.com/clinical-library-study-vPEP.php

1 Assembly of the iPEP

- Insert the OPEP module into the iPEP — put it into the OPEP position with the vents on top.
- Put the iPEP mouth-piece tube into the tube port.



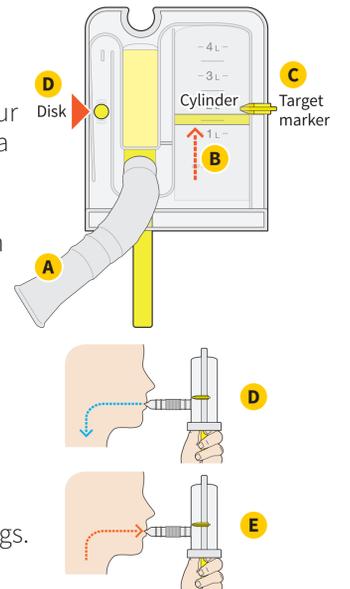
- To use the handle:
 - Swing the handle down.
 - Push the handle up to gently lock into place.



Fold the handle back into place when not being used.

2 Using the iPEP

- Take the dust cap off the iPEP mouth-piece tube and insert in mouth.
- Take a very slow breath in. The cylinder will move up as you breathe in. Your healthcare practitioner may place the target marker to tell you how big of a breath you should take.
- To select the right volume target for each patient based on age, gender and height, see Chart B from complete instructions that are packaged with the iPEP.
- As you breathe in, make sure that the disk stays in the middle of the chamber. Hold your breath for a 2-3 seconds.
- Breathe out through the mouth-piece with more force than normal.
- Keep taking slow breaths in and forceful breaths out — 10 to 20 times.
- Your healthcare practitioner may tell you the number of breaths they want you to take.
- After at least 10 breaths in and out, do 2 or 3 ‘huff coughs’ to clear your lungs.

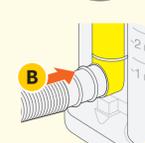
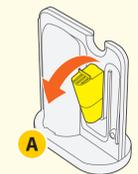


3 Repeat Step 2

REPEAT step 2 four times, or as directed by your healthcare practitioner.

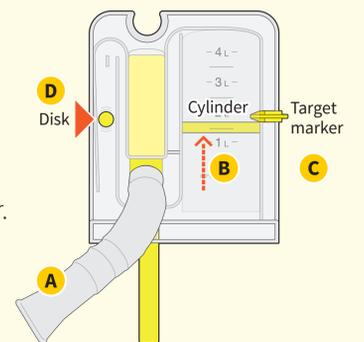
4 Assembly of the Spirometer

- Take the OPEP module out by pushing down on the vents.
- Put the iPEP mouth-piece tube into the tube port.



5 Using the Spirometer

- Take the dust cap off the iPEP mouth-piece tube and insert in mouth.
- Take a slow breath in, trying to get the cylinder to move up as high as you can.
- Your healthcare practitioner may place the target marker to tell you how big of a breath you should take.
- As you breathe in, make sure that the disk stays in the middle of the chamber.
- Breathe in as much as you can.
- Hold your breath for 2 to 3 seconds.
- Breathe out.
- Keep breathing in and out through the device.
- Repeat steps A through H for 10 to 15 breaths, or as directed by your healthcare practitioner.



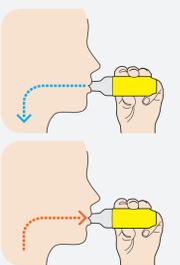
6 Assembly of the PocketPEP™

- Take the OPEP module out by pushing down on the vents.
- Put the OPEP module in the PocketPEP case. Make sure that the module foot goes in first.
- Push the OPEP mouth-piece firmly over the top of the module — push until it clicks on to the case.



7 Using the PocketPEP

- Take the dust cap off the PocketPEP. Insert mouth-piece in mouth.
- Take in a very slow deeper breath than normal. Hold your breath for 2-3 seconds.
- Breathe out through the mouth-piece with more force than normal.
- Keep taking very slow deep breaths in — and forceful breaths out through the PocketPEP — 10 to 20 times.
- Your healthcare practitioner may tell you the number of breaths they want you to take.
- After at least 10 breaths in and out, do 2 or 3 ‘huff coughs’ to clear your lungs.



8 Repeat Step 7

REPEAT step 7 four times, or as directed by your healthcare practitioner.

9 Cleaning the PocketPEP at home

Follow these cleaning instructions. The iPEP can also be cold sterilized.

- Disassemble and clean the 6 parts in warm soapy water for 15 minutes, move them around from time to time, and rinse.
- Allow to air dry before next use.

