



Required Equipment List

- _____ Vibe Pro WBV platform
- _____ Vibrating Traction
- _____ Scoliosis Traction Chair
- _____ Eckard Motion table with Scoliosis Brackets & Ratchets and dual thoracic and pelvic drops
- _____ Manual Traction Adjustor
- _____ Core Muscle Stimulator
- _____ Active Rehabilitation Chair
- _____ Cervical Traction
- _____ Spinal Weights (Headweights, Hipweights, etc), Air Disc, and Horizon Glasses
- _____ ArthroStim or similar Mechanical Adjusting Instrument
- _____ Scoliosis Spinal Exercise Sheets & DVD
- _____ Drop Piece (table with drops, portable Thuli Drop, Z-Drop Piece, DUD Drop Piece, or Soft Drop
- _____ Xray Machine with Headclamps and Stool
- _____ Spinal Blocks and Rolls
- _____ Mechanical Drop Piece

I, _____ (PRINT NAME CLEARLY), hereby certify that all of the required equipment listed above is in my clinic, in working order, and has all CLEAR Treatment Center required updates installed. I have placed my initials on each line to indicate this is true. I certify that I know how to operate all of the equipment, and am capable of instructing my patients in its proper usage. I acknowledge that misrepresentations are grounds for immediate and permanent removal from CLEAR Institute.

Signature

Date