

Cefar TENS

More than just a TENS machine



Cefar TENS

Don't let pain get in your way.

Chattanooga's Cefar TENS is our next generation of handheld TENS device, building on the established technology of the Primo Pro with added features to combine TENS and NMES treatments in one portable unit.

Intended for use by both healthcare professionals and patients, the Cefar TENS combines TENS with NMES to bring pain relief and muscle rehabilitation from the clinic to the home. Patients can begin treatment with the device in a clinical environment under the supervision of a healthcare professional, before continuing their rehabilitation in the comfort of their own home. Simple and easy to use, with a range of compliance features, patients can be confident about taking their treatment into their own hands while their clinician can easily set parameters and monitor their progress.

For healthcare professionals this equals faster recovery times and shorter stays for patients¹, less pressure on resources, and less use of analgesics², therefore patients can benefit from reduced pain, increased mobility, and greater independence. Altogether, Cefar TENS is more than just a pain machine.

Indications

TENS

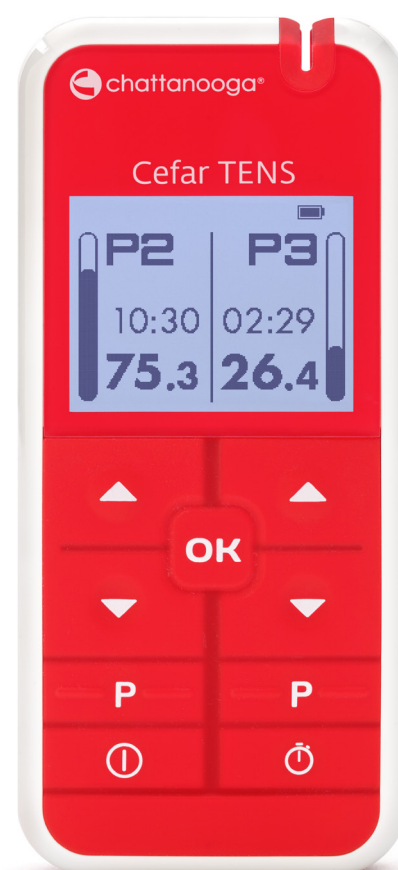
- Symptomatic relief and management of chronic, intractable pain^{3,4}
- Adjunctive treatment for post-surgical and post-trauma acute pain⁵
- Relief of pain associated with arthritis^{6,7}

NMES

- Retarding or preventing disuse atrophy⁸
- Maintaining or increasing range of motion⁹
- Re-educating muscles¹⁰
- Increasing local blood circulation¹¹

Preset Programs

P1	Gate Control HF 80Hz
P2	Burst LF 2 Hz
P3	Gate Control HF 80Hz Mod
P4	Gate Control HF 80Hz Sens
P5	Mix 80Hz/2Hz Han
P6	Neuromodulation LF 10Hz
P7	HF Flow Tens
P8	Endorphinic LF 5Hz
P9	Gate Control HF 100Hz
P10	NMES Muscle Stim 50Hz
P11-P15	Custom programs



Product Features



1+1 Function

The Cefar TENS stimulator features 2 independent channels that can be managed separately. Users can select either the same program on both channels, or 2 different programs to be used simultaneously, allowing a combination of NMES and TENS in one treatment.

This means patients can rehabilitate the affected area while reducing the associated pain, resulting in a more comfortable and effective treatment.



Program mode

The device allows users to create up to 5 custom programs and to select specific parameters. This gives clinicians the ability to prescribe an initial treatment regime that patients can be confident in using, while still allowing room for future modification.



Electrodes

For best results when using the Cefar TENS, we recommend the use of Chattanooga electrodes.

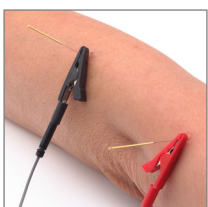
Available in 2 different sizes,

our electrodes provide excellent conductivity and ensure comfortable and effective treatment.

Compliance

Clinicians can easily keep track of patients' home treatments by monitoring how many hours of usage since the device was reset, along with total device usage.

The device also features a locking function to ensure the patient will only use the appropriate program.



Acupuncture mode*

When connected to acupuncture needles, Cefar TENS can be used to deliver electroacupuncture (EA) treatment. As EA has been shown to be particularly effective in the reduction of pain², this provides a further, more beneficial option for

patients to reduce their discomfort.

**Clinician use only. Acupuncture needles not supplied.*



Rotatable belt clip

When connected to the belt clip, the device can be rotated to allow convenient access to the cable outputs.





Ordering Information

Part Number	Description
2053	Set Cefar TENS EN-FR-NL-DE-ES - Plug EU (France)
2061	Set Cefar TENS SV-NO-DA-FI - Plug EU (Nordic)
2075	Set Cefar TENS EN-FR-NL-DE-ES - Plug EU (DACH/Benelux/Spain)
2094	Set Cefar TENS EN-FR-NL-DE-ES - Plug US (Canada/Export)
2106	Set Cefar TENS EN-FR-NL-DE-ES - Plug UK (UK/Export)

Kit Contents

Part number: 2053 / 2061 / 2075 / 2094 / 2106

Quantity	Description	Part number
1	Cefar TENS device	1981
1	Fast charger EU/UK or US	2001 / 2133 or 2145
1	Set of 2 pin cables	1990
1	User manual and practical guide	13-00187 / 13-00189
1	Transportation pouch	2049
1	Necklace and clip	2023
1	Flippable belt clip	2037

Electrodes are considered as optional depending on markets.

Languages Available

English, French, Dutch, German, Swedish, Norwegian, Finnish, Danish, Spanish.

Clinical References

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2. Rakel B, Frantz R, Effectiveness of transcutaneous electrical nerve stimulation on postoperative pain with movement. *The Journal of Pain*, Vol 4, No 8 (October), 2003: pp 455-464
3. Johnson MI, Jones G, Transcutaneous electrical nerve stimulation: current status of evidence. *Painmanag* (2017)7(1)
4. Johnson MI, et al., Transcutaneous electrical nerve stimulation for acute pain. *Cochrane database of systematic reviews* 2015 issue 6
5. Sbruzzi G, et al., Transcutaneous electrical nerve stimulation after thoracic surgery: systematic review and meta-analysis of 11 randomized trials. *Rev Bras Cir Cardiovasc.* 2012 Jan-Mar;27(1):75-87.
6. Osiri M, et al., Transcutaneous electrical nerve stimulation for knee osteoarthritis. *The Cochrane Library* 2008, Issue 2
7. Bjordal JM, et al., Short-term efficacy of physical interventions in osteoarthritic knee pain. A systematic review and meta-analysis of randomised placebo-controlled trials. *BMC Musculoskeletal Disorders* 2007, 8:51
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9. Labanca L, et al., Neuromuscular Electrical Stimulation Superimposed on Movement Early after ACL Surgery. *Med Sci Sports Exerc.* 2018 Mar;50(3):407-416.
10. Topp R, et al., The Effect of Prehabilitation Exercise on Strength and Functioning After Total Knee Arthroplasty. *Physical Medicine & Rehabilitation*, Volume 1, pp. 729-735
11. Broderick BJ, et al., Haemodynamic performance of neuromuscular electrical stimulation (NMES) during recovery from total hip arthroplasty. *J Orthop Surg Res.* 2013 Mar 5;8(1):3.
12. Sangdee C, et al., Electroacupuncture versus Diclofenac in symptomatic treatment of Osteoarthritis of the knee: a randomized controlled trial. *BMC Complementary and Alternative Medicine* 2002, 2:3



DJO Global | 1a Guildford Business Park | Guildford | Surrey | GU2 8XG | UNITED KINGDOM

www.DJOglobal.eu