

Step 1

BEFORE PAIRING YOUR DEVICE:

✓ Your smart device must have an updated operating system:

- IOS 9 or above
- Android 4.4.4 or above

To see if your device is compatible:

Apple:
Settings>General>About>Version

Samsung:
Settings>About Device>Android Version

✓ Before downloading the e-vive app, make sure you know your username and password for the Apple App Store or Android Google Play store.



Download CyMedica e-vive app by searching "cymedica" from the Apple App store or Android Google Play Store.

Step 2

PAIRING YOUR e-vive DEVICE WITH THE e-vive APP

✓ Make sure your blue tooth is enabled.



Ensure you have an internet connection through wifi or your cellular data.



✓ Press the power button to turn on the e-vive device controller (blue light) and open the e-vive app on your mobile device.



When scanning your device, if prompted, allow the e-vive app access to your camera.



Position the square outline over the device barcode on the back of e-vive controller:



Step 3

DOCKING THE e-vive CONTROLLER TO THE GARMENT



Ensure the controller is still on and dock the controller into the garment. Make sure it is fully seated into the cradle.





Welcome to e-vive,
let's get connected!



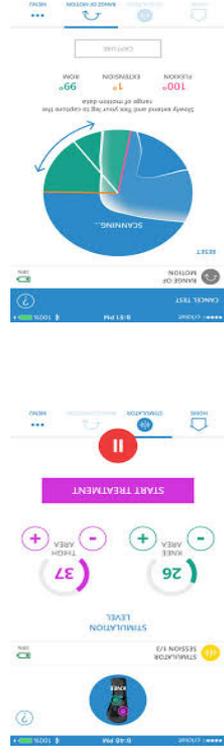
CyMedica Orthopedics
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customer.service@cy.medicaortho.com

Step 5 WHAT TO EXPECT FROM MY e-vive SYSTEM:

The e-vive system is designed to deliver neuro-muscular electrical stimulation (NMES) for muscle activation 3 times per day or at the prescribed intervals by your healthcare provider.

Additionally, the e-vive app will prompt you for daily information on the progress of your rehabilitation. For example: Range of Motion Test Your Pain levels Knee questionnaire.

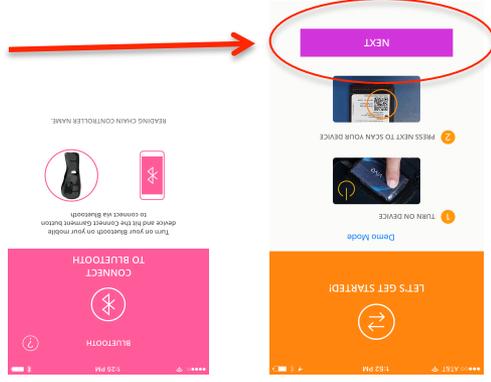
- Knee questionnaire.
- Your Pain levels
- Range of Motion Test



CY-0090-008, Rev. A



The e-vive app will automatically complete the pairing of your controller to your e-vive app by pressing "next":



Follow the prompts to complete your set-up and profile.

The e-vive app profile should be completed to best communicate your rehabilitation progress to your authorized healthcare providers. Minimum required: E-mail address (your e-mail is not shared) Create 4-8 digit PIN Date of Birth First and Last Name Surgery/Injury date