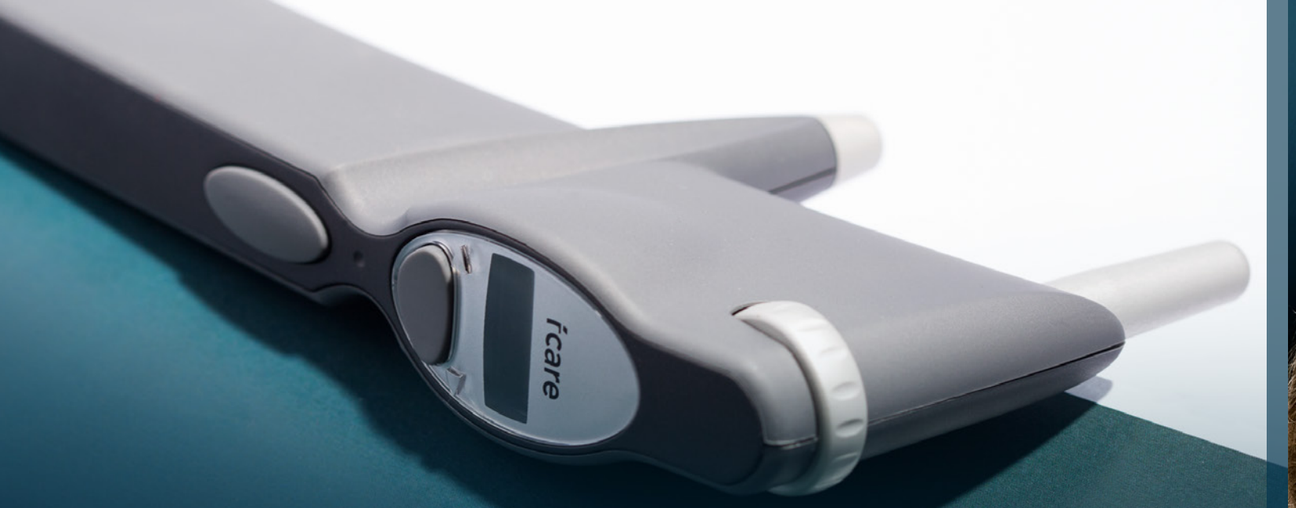
icare
tonometer

REBOUND TONOMETER

MORE EFFECTIVE,
MORE EFFICIENT, MORE RELIABLE

Your patients will thank you for it!



REBOUND TONOMETRY:
A NEW STANDARD OF CARE

The Icare tonometer's advanced algorithms translate into substantially better IOP measuring -- without anesthesia, without air, and without calibration.

REVOLUTIONARY TECHNOLOGY

Rebound technology--found exclusively on the Icare tonometer--uses a 26.5 mg probe to make momentary contact with the cornea. Our proprietary algorithm coupled with state-of-the-art software evaluates probe deceleration, contact time, and other motion parameters of the probe while it touches the cornea.

Motion parameters are measured indirectly by the coil sensor system that uses about 1 micro Joule of kinetic energy. The higher a patient's IOP, the faster the probe decelerates, translating into shorter contact time on the cornea.

Studies have found high correlation between Icare tonometers and Goldmann applanation tonometry (see "Study Findings").

EFFICIENCY EXCELLENCE

The Icare tonometer provides accurate, objective IOP readings for even the most difficult patients.

Because we've eliminated the need for anesthetic drops, we've reduced the amount of time patients have to stay in the lanes—something busy practices can no longer afford.

Because we've ensured the device maintains its calibration, eye care professionals can concentrate on taking readings—not on the device's settings between eyes or between patients.

PATIENTS STAY PUT

The device is mobile—so patients don't have to be. The Icare tonometer does not require anesthetic drops, meaning IOP can be measured when it's convenient for the technician. Our rebound technology eliminates corneal disruption and patient discomfort. There's no patient hesitation when the Icare tonometer is used on the second eye.

EASY-TO-USE

Load, Align, Measure--with those 3 simple steps, the hand-held Icare tonometer can be used by any Eye Care Professional.

By eliminating the need to calibrate the Icare tonometer, we also eliminated the time-consuming maintenance and increased service costs associated with calibration.

USED BY LEADING SPECIALISTS

The Icare tonometer is used by leading eye care specialists, inclusive of teaching institutions, and VA and private hospitals, among others across the globe.

TESTIMONIALS

"Icare tonometer is one of the best instruments I have purchased! It is easy to use and accurate. Our patients like it! It can be used over soft contact lenses, it works great with children, and is easy to transport. My techs love it!!!"
- Jack M. Chapman Jr., MD

"Two U.S. specialists, who recently published the Clinical Guide to Ophthalmic Drugs, now recommend the Icare tonometer to all their colleagues. Ron Melton, OD, and Randall Thomas, OD, have both replace the use of all Air-Puff tonometers with the easy Icare routine in their practice."
- Randall Thomas, OD & Ron Melton, OD

STUDY REFERENCES

"Intraocular pressure (IOP) readings obtained by an I-care [sic] tonometer in our study have shown reasonable concordance with Goldmann applanation tonometry (GAT). Overestimation of IOP measured by rebound technology as compared with GAT is directly proportional to IOP. As the I-care [sic] tonometer measured IOP with good accuracy, it may be considered as an appropriate method for clinical use in normal subjects and glaucoma patients."
- Journal of Glaucoma, 2014 December

"RBT may have a potential role and use in routine evaluation and management of glaucoma patients given its high correlation with GAT and high reproducibility in IOP measurements. As with GAT, measurements obtained with RBT are affected by CCT, reinforcing the role of pachymetry in glaucoma management."
- J Glaucoma 2013 April/May

"The use of Icare tonometry decreased the need for EUAs to evaluate children with glaucoma and significantly increased successful IOP measurement in clinic."
- J AAPOS 2012 December

"The Icare Instrument was easy to use and was able to obtain rapid and consistent readings with minimal training. It was tolerated well by patients with no use of topical anesthetic."
- Journal of Glaucoma, 2008 Jan/Feb

TECHNICAL DATA

TA01i	
Dimensions	13 – 32 mm (W) * 45 – 80 mm (H) * 230 mm (L)
Weight	155 g (without batteries), 250 g (4 x AA batteries)
Power supply	4 X AA batteries
Measurement range	7-50 mmHg
Display range	0-99 mmHg (IOP estimation beyond the measuring range)
Accuracy	(95% tolerance interval relative to manometry): ±1.2 mmHg (≤20 mmHg)
Repeatability (coefficient of variation)	< 8 %
Accuracy of display	1
Display unit	Millimeter mercury (mmHg).
There are no electrical connections from the tonometer to the patient.	
The device has B-type electric shock protection.	
Storage/transportation environment: Temperature +5 to +40 °C.	
Rel. humidity 10 to 80% (without condensation).	

ICARE FINLAND OY:
ISO 13485:2012 [inc.CDMCAS]
certified by TÜV Nord CERT GmbH

TA01i:
US FDA cleared 2007 [510(k)
-number K063873]
Chinese CFDA cleared 2008 (2014)
Japan MHLW cleared 2004
COMPLIES WITH:
Medical Device Directive 93/42/EEC
Canadian Medical Device Regulations

ICARE USA

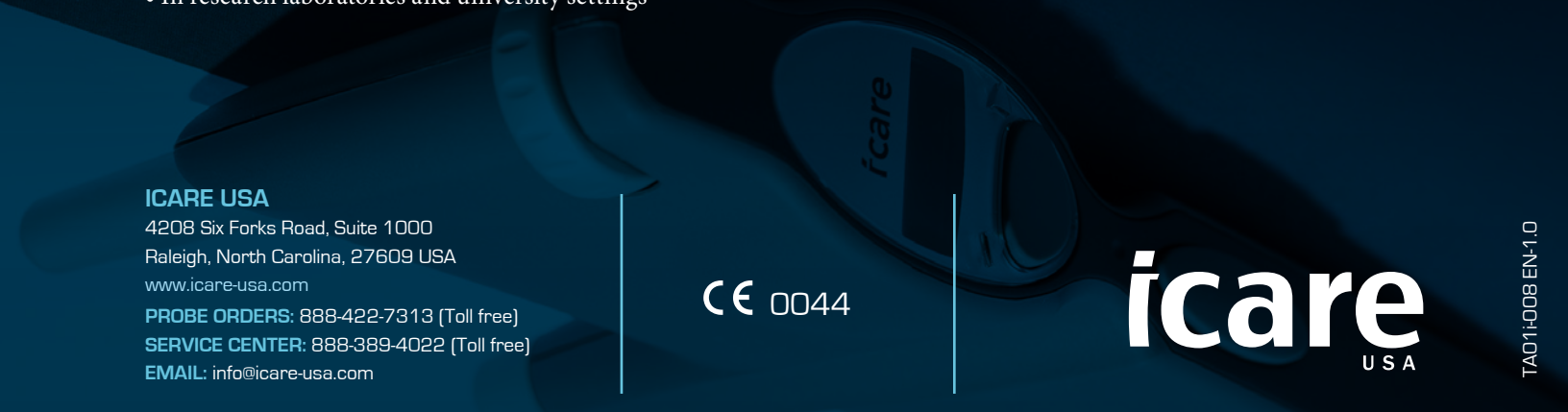
is a subsidiary of Icare Finland, the original developer of rebound technology in tonometers. Today the lightweight, handheld, portable Icare tonometers are cleared and recommended by professionals all over the world.

THE ADVANCED ICARE PRODUCT LINE

offers reliable, high precision, reproducible accuracy in measuring intraocular pressure under any circumstance, in both experienced and inexperienced hands.

ICARE TONOMETERS CAN BE USED IN NUMEROUS SETTINGS:

- In clinics, for both adult and pediatric readings
- In veterinary clinics
- In research laboratories and university settings



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