At first glance, you can now quickly assess and classify swallows with our unique swallow thumbnail bar. Visually stunning, pressure and impedance data with simplified control to customize views, color palettes and report templates. Real-time metrics at your fingertips, all designed to enhance your experience.

Comprehensive. Versatile. Insightful. Get all that and more with the all new Zvu®.
All patients with suspected achalasia who do not have evidence of a mechanical obstruction on endoscopy or esophagram should undergo esophageal motility testing before a diagnosis of achalasia can be confirmed.¹

**HRiM Probes**

**HRiM² 12 Fr Probe (32 pressure, 16 impedance)**

**HRiM⁴ 8 Fr Probe (32 pressure, 16 impedance)**

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**Chicago Classification 3.0**

**Disorders of EGJ Outflow Obstruction**

Achalasia
- Type I: 100% failed peristalsis [no PEP]
- Type II: 100% failed peristalsis [+ PEP]
- Type III: >20% premature contractions

EGJ Outflow Obstruction
- Incompletely expressed achalasia
- Mechanical obstruction

Major Disorders of Peristalsis

Distal Esophageal Spasm (DES)
- ≥ 20% premature contractions (DL<4.5s)
- Jackhammer esophagus
- ≥ 20% of swallows with DCI >8,000 mmHg-s-cm and normal DL

Absent Contractility
- No scorable contraction by DCI and DL criteria (should consider achalasia with borderline IRP and/or bolus pressurization)

Minor Disorders of Peristalsis

Impaired Bolus Clearance
- >50% ineffective swallows

Fragmented Peristalsis
- >50% fragmented swallows and not meeting criteria for IEM (mean DCI >450 mmHg-s-cm)
Innovations in Clinical Education

Diversatek University Online
Our online training platform contains free content on esophageal and anorectal manometric studies, as well as impedance/pH reflux monitoring studies. Included are tutorials providing step-by-step guidance to develop skills in data acquisition, study review and report generation. Simply go to DiversatekHealthcare.com to request log-in information.

Denver Training Center
Our Technical Research & Training Center specializes in clinical education and personalized training to make learning easy and convenient. Our comprehensive clinical instruction provides users with the knowledge and skills necessary to effectively acquire and analyze high resolution impedance manometry studies, impedance/pH reflux monitoring studies and anorectal manometry studies. Email us at clinicaleducation@diversatekhc.com or visit us online to learn more about our Denver course offerings.

Webinars
Diversatek Healthcare is proud to present a series of live, interactive discussions on topics related to esophageal function testing, impedance/pH reflux monitoring studies and anorectal manometry. Each webinar includes a didactic session followed by an open discussion. All webinars are recorded and posted to the Diversatek U online portal for easy reference. Access DiversatekHealthcare.com for upcoming webinar announcements.

The Diversatek Healthcare Review
Diversatek Healthcare Review, our monthly e-newsletter, features what’s new at Diversatek University along with up-to-date product information. Every issue also includes our Clinical Insights, providing educational tips for Z/pH and HRiM analysis as well as answers to the most frequently asked questions.

Personalized Clinical Support

Onsite Training
Diversatek Healthcare Clinical Specialists deliver product support to suit your specific needs—on your schedule. Specialists are onsite at your facility to train and support you on your Diversatek Healthcare manometry or reflux monitoring equipment as you work through patient cases, acquire and analyze patient data, and create patient reports.

Virtual Coaching
Online and in real-time, Diversatek Healthcare Clinical Specialists work with you via screen sharing to provide study-specific data review and report generation coaching for your more difficult studies. Email us at clinicalsupport@diversatekhc.com to schedule a one-on-one session.

References
1. ACG Clinical Guideline: Diagnosis and Management of Achalasia. Michael F. Vaezi, MD, PhD, MSc, FACG1, John E. Pandolfino, MD, MSCI2, John E. Pandolfino, MD, MSCI2 and Marcelo F. Vela, MD, MSCR3