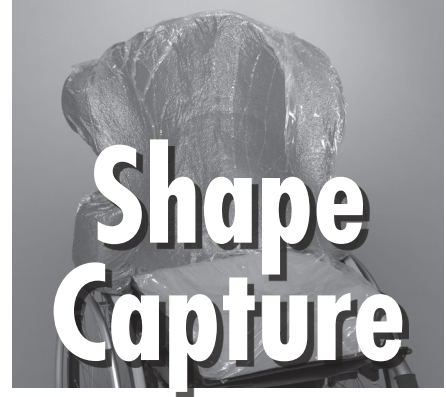


## Ride Custom Systems Shape Capture Checklist



**This comprehensive tools and materials check-list will ensure you have all materials needed for capturing the shape of your client for a Ride Custom Cushion and/or Back support.**

- Order forms (download order forms at [www.ridedesigns.com/orderforms.html](http://www.ridedesigns.com/orderforms.html))
- Tape measure
- Camera

### Ride Custom Cushion tools

- Ride Custom Evaluator Cushion of appropriate size for Evaluator Based cushions (these are the blue covered cushions that came in your Ride Custom Cushion Starter Kit). Make sure Ride CAM® Wedges are in the front pouch of the Evaluator cover.
  - Small (14" W x 14" D)
  - Medium (16" W x 16" D)
  - Large (18" W x 16" D)

NOTE: Evaluator cushions are used to determine if a standard off-loading contour will safely and correctly support a person. If successful, build a Ride Custom Cushion around this contour by filling out the order form and fax to Ride Designs. If unsuccessful, then proceed to capture the person's shape in the impression foam simulator.

- Box of Ride Gauges
- Ride Custom Cushion impression foam Simulator of appropriate size for Simulator Based cushion
  - Small for hip widths less than 14"
  - Medium for hip widths less than or equal to 17"
  - Large for hip widths greater than or equal to 18"
- Box of simulator refresh kits, same size as simulator selected
- 2" hook/loop fastener to attach simulator/evaluator to wheelchair

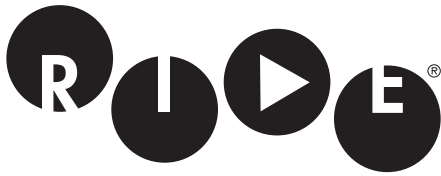
### Ride Custom Back tools

- Back kit (everything needed can be found within your original kit)
  - Inner spandex bag with outer plastic bag installed
  - Vacuum pump
  - Additional outer replacement bags
  - Zip-loc bag with electrical tape, shipping label, order forms, and indelible pencil (make sure it is sharpened)
  - M-L measuring stick
- Black Sharpie® pen for marking trim lines on shape capture bag prior to casting
- 1 box of splinting material and 2 rolls of plaster for each shape to be captured  
Note: A pre-paid shipping label, new outer bag, pencil, splinting material and 2 plaster rolls accompany every Ride Custom Back you order.
- Roll of high quality masking tape for quick patch of the occasional bag tear
- Bucket for plastering
- Examination gloves for use during plastering
- Tarp to protect floor
- Scissors for removing used outer bags

**Ride Designs®**  
a branch of Aspen Seating, LLC

toll-free 866.781.1633  
phone 303.781.1633  
fax 303.781.1722

[www.ridedesigns.com](http://www.ridedesigns.com)



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# Ride Custom Systems Face Sheet :~)

Please fill in one face sheet per client order.

**Client First Name / Last Initial:** \_\_\_\_\_

Attach appropriate order form for each component ordered.

Ride Custom Cushion

Ride Custom Back

Date of shape capture: \_\_\_\_\_

Account # _____
PO # _____
Date _____

## 1. General Information

**Supplier** \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Ship to** (if different from above)

NOTE: Ride Custom Systems must be fitted by a Ride Certified Provider and WILL NOT be drop shipped to end users.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Referral Source

Facility Name \_\_\_\_\_

Clinician Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## 2. Client Information

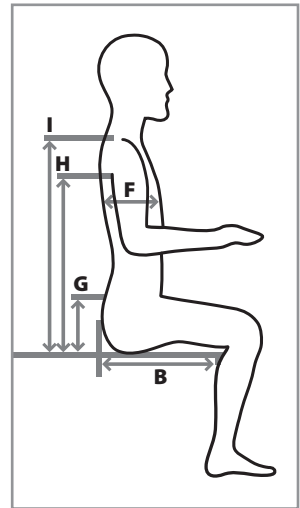
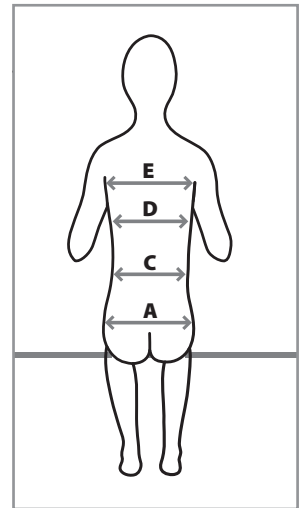
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex:  M  F Diagnosis \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Client Measurements** (\*These measurements needed for cushion orders only.)

- |   |                              |
|---|------------------------------|
| A. Trochanters* _____"                  | F. A-P Mid-Thorax _____"     |
| B. Leg length* Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____"                         | H. Axilla height _____"      |
| D. Mid-Thorax _____"                    | I. Top of shoulder _____"    |
| E. Axilla _____"                        |                              |



## 3. Mobility Base Specifications

Wheelchair Make \_\_\_\_\_ Model \_\_\_\_\_

Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"

NOTE: Ride Designs does not recommend use of Ride Custom Cushions on wheelchairs w/ERGO FRAMES.

## 4. Custom Component Order Forms

Complete and attach the appropriate order form for each Ride Custom component ordered.



# Evaluator-Based Ride Custom Cushion Order Form

Client First Name / Last Initial \_\_\_\_\_

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.  
**Prices effective March 1, 2011.**

- Ride Custom Cushion, Evaluator-Based** (Model #: RCC100)
- Ride Custom Cushion, for Commode Seat (Model #: RCC100)

## Evaluator Size

- Small (14" W x 14" D)
- Medium (16" W x 16" D)
- Large (18" W x 16" D)

## 1. Cushion Width (Actual cushion width will be 1/2" less than specified to accommodate CAM hardware.)

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCE-100R	\$1370.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCE-CWTW	\$1490.00

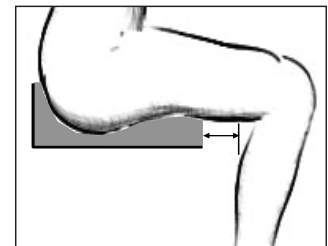
**NOTE: Virtually any size can be built. Call for a quote.**

## 2. Cushion/Wheelchair Interface

Ride Custom Cushions generated from a Ride Evaluator-based assessment come with a mildly radiused bottom. It will work equally well on a tight sling or solid seat. Maximum client weight is 250 pounds. Ride Designs recommends using a solid seat for clients over 200 pounds.

## 3. Cushion Length IMPORTANT: Specify cushion length relative to front of EVALUATOR as shown at right.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to EVALUATOR length	RCE-CLEL	Standard
<input type="checkbox"/> Symmetrical Length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from EVALUATOR length	RCE-CLSL	No charge
<input type="checkbox"/> Asymmetrical Length LEFT	RCE-CLALL	\$ 120.00
<input type="checkbox"/> Equal to EVALUATOR length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from EVALUATOR length RIGHT	RCE-CLALR	
<input type="checkbox"/> Equal to EVALUATOR length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from EVALUATOR length		



Measure from front of EVALUATOR to establish cushion length. If you missed this step, then tell us the length you would like the cushion to be down each side:

Left \_\_\_\_\_" Right \_\_\_\_\_"

\* All prices are in U.S. dollars.

Client First Name / Last Initial \_\_\_\_\_

**5. Undercut Front Edge**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCE-UC1	\$ 65.00

**6. Were Ride CAM® Wedges Used?**

Indicate the number used on each side of Evaluator cushion during assessment. The Ride Custom Cushion will be molded to match the contour created by Ride CAM Wedge placement.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> No	RCE-WNO	Standard
<input type="checkbox"/> Yes	RCE-WYES	\$ 140.00
Left: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Right: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		

**6. Sitting Height**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> As evaluated	RCE-SHAE	Standard
<input type="checkbox"/> Increase height _____"	RCE-SHIH	\$ 140.00

**7. Orientation of Cushion**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> EVALUATOR is wedged up _____"	RCE-WE	\$ 140.00
<input type="checkbox"/> Front <input type="checkbox"/> Back		

**8. Thigh/Femoral Support** NOTE: The Ride Evaluator = 0" medial and lateral thigh support.

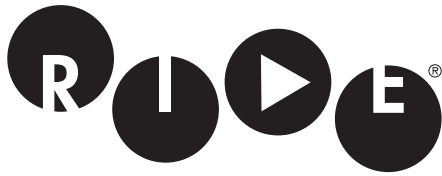
Item	Part Number	Mfr. Sugg. Retail Price*
<b>Medial Thigh Support</b>		
<input type="checkbox"/> 0"	RCE-MTO	Standard
<input type="checkbox"/> ½" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2"	RCE-MTI	\$ 105.00
<b>Lateral Thigh Support</b>		
LEFT		
<input type="checkbox"/> 0"	RCE-LTOL	Standard
<input type="checkbox"/> ½"	RCE-LTIL-0.5	\$ 105.00
<input type="checkbox"/> 1"	RCE-LTIL-1.0	\$ 105.00
RIGHT		
<input type="checkbox"/> 0"	RCE-LTOR	Standard
<input type="checkbox"/> ½"	RCE-LTIR-0.5	\$ 105.00
<input type="checkbox"/> 1"	RCE-LTIR-1.0	\$ 105.00

**9. Covers**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Breathable zip cover		Standard
<input type="checkbox"/> Additional breathable zip cover	RCE-CBZA	\$ 190.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCE-SP	\$ 70.00

Continue on page 3





# Ride Custom Back Order Form

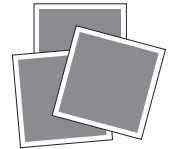
Client First Name / Last Initial \_\_\_\_\_

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.  
Prices effective March 1, 2011.

- Ride Custom Back** (Model #: RCB100)  
Includes custom ventilated contoured seat back shell, with breathable composite foam interface insert, and spacer fabric cover.
- Ride Custom Back, for Commode Back (Model #: RCB100)  
Includes custom ventilated contoured seat back shell and spacer fabric cover.

## ► Before transferring client from simulator, please complete the following...

- Photos of client in simulator:  Front view  Side view  
 Emailed to myride@ridedesigns.com, with client name and provider information OR  Attached
- Trim lines; establish and mark on simulator bag:  
 Back height  Lateral support depth and height  Iliac crest height



## ► Before shipping cast, allow to DRY for 48 HOURS, and complete the following...

- Face sheet and  order form (enclose one copy of each in box with cast)
- Mark cast with following information:
  - Trim lines
  - Arrow indicating top of back
  - Vertical line at approximate midline of wheelchair. Note: This may differ from client midline in the presence of severe postural asymmetry.
  - Client first name and last initial
  - Date
  - Supplier/Vendor
  - Supplier/Vendor representative
  - Therapist name

**NOTE: Do not ship cast in a plastic bag.**

## 1. Ride Custom Back Specifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Trochanter width ≤ 20"	RCB-100R	\$1900.00
<input type="checkbox"/> Trochanter width > 20"	RCB-100W	\$2200.00

## 2. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases lateral support thickness by 1/2" and may result in compromise of postural correction.	RCB-SF	\$ 340.00
<input type="checkbox"/> Enhanced relief with reticulated foam padding Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. <input type="checkbox"/> Draw desired location and shape of relief on cast.	RCB-ERFP	\$ 300.00

\* All prices are in U.S. dollars.

Client First Name / Last Initial \_\_\_\_\_

**2. Supplementary Padding, Reliefs, Dimensions** (Continued)

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
<input type="checkbox"/> Left	RCB-ASP-L	\$ 175.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 175.00
<input type="checkbox"/> Extended depth lateral thoracic support		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line	RCB-EDLTS-L	\$ 290.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line	RCB-EDLTS-R	\$ 290.00
<input type="checkbox"/> Mark reference line(s) on cast.		
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports		
<input type="checkbox"/> Left	RCB-RLTS-L	\$ 190.00
<input type="checkbox"/> Right	RCB-RLTS-R	\$ 190.00
<input type="checkbox"/> Vertical stainless steel back reinforcement	RCB-RBS	\$ 280.00
<input type="checkbox"/> Extended height lateral thoracic support		
<input type="checkbox"/> Increase LEFT lateral thoracic support _____" above reference line	RCB-EHLTS-L	\$ 190.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line	RCB-EHLTS-R	\$ 190.00
<input type="checkbox"/> Mark reference line(s) on cast.		
<input type="checkbox"/> Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line	RCB-EBH	\$ 290.00
<input type="checkbox"/> Mark reference line on cast.		

**3. Wheelchair Interface**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> <b>Light</b> Adjustable and removable multi-axial hardware. Simpler, lighter weight with less range of adjustment than the original. Recommended for most applications of the Ride Custom Back when interfacing with 3/4," 7/8," or 1" round back canes. WARNING! Two (2) sets of hardware are required if the client presents with any of the following:		
<ul style="list-style-type: none"> <li>• Weight exceeds 250 pounds</li> <li>• Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"</li> <li>• Severe extensor tone, spasticity, etc.</li> </ul>		
<b>Quantity</b>		
<input type="checkbox"/> One (1)		\$ 495.00
<input type="checkbox"/> Two (2)		\$ 990.00
<b>Size</b>		
<input type="checkbox"/> Pediatric Small — WC widths 10.5 - 13"	RCB-MHPSL	
<input type="checkbox"/> Pediatric Large — WC widths 12.5 - 14"	RCB-MHPML	
<input type="checkbox"/> Adult Small — WC widths 15 - 16"	RCB-MHASL	
<input type="checkbox"/> Adult Medium — WC widths 17 - 18"	RCB-MHAML	



Light Wheelchair Interface

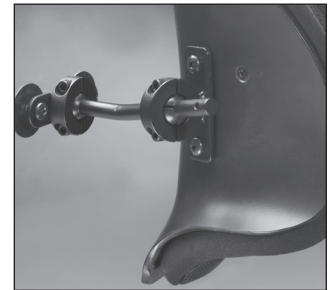
Continue on page 3

**3. Wheelchair Interface** (Continued)

Item	Part Number	Mfr. Sugg. Retail Price*
<b>Original</b>		
Adjustable and removable multi-axial hardware. Recommended for applications needing greater range of adjustment, especially when reaching forward of back canes. May be helpful in very specific and delicate adjustment of trunk balance for clients with MD, SMA, and other similar progressive neuromuscular disorders.		
WARNING! Two (2) sets of hardware are required if the client presents with any of the following:		
<ul style="list-style-type: none"> <li>• Weight exceeds 250 pounds</li> <li>• Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"</li> <li>• Severe extensor tone, spasticity, etc.</li> </ul>		
<b>Quantity</b>		
<input type="checkbox"/> One (1)		\$ 525.00
<input type="checkbox"/> Two (2)		\$1050.00
<b>Size</b>		
<input type="checkbox"/> Small — WC widths 14 - 16"	RCB-MH14-15	
<input type="checkbox"/> Medium — WC widths 15 - 19"	RCB-MH15-19	
<input type="checkbox"/> Large — WC widths 16 - 22"	RCB-MH16-22	
<input type="checkbox"/> Additional mounting blocks (pair) For use with the light and original adjustable and removable multi-axial hardware.	RCB-UMB	\$ 225.00
<input type="checkbox"/> Miller Adjustable Hardware (pair) Recommended when installing the Ride Custom Back onto an existing back pan, such as with a reduced shear recline system.	RCB-MHRB	\$ 425.00
<input type="checkbox"/> Dynamic Strap Mount (requires "Reference Tab" below) Select size to match WC width:	RCB-DSM	\$ 475.00
<input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"		



Original Wheelchair Interface



Miller Adjustable Hardware



Dynamic Strap Mount

**4. Reference Tab**

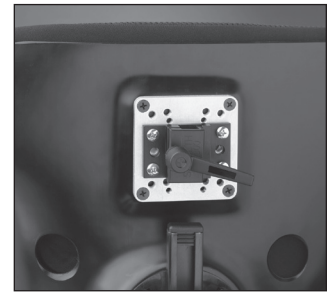
Item	Part Number	Mfr. Sugg. Retail Price*
Establishes back angle relative to cushion, cushion back stop, and lower attachment to the Dynamic Strap Mount.		
<input type="checkbox"/> No		Standard
<input type="checkbox"/> Yes*	RCB-RT	No Charge
*Required when selecting Dynamic Strap Mount for wheelchair interface.		
IMPORTANT: If selecting yes, please extend cast down and forward to fully capture back half of bottom of Ride Custom Cushion Simulator pan.		
When capturing the back shape relative to a Ride Evaluator Cushion, Ride Custom Cushion, or other cushion, make sure to capture the full width and height of the posterior aspect of the cushion, and extend cast down to seat pan and laterally to sides of cushion.		
<b>NOTE:</b> If back of cushion is not captured in mold, then please provide rear height of existing cushion: _____ "		



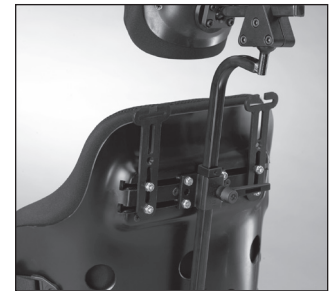
Properly finished cast with plaster extended into bottom of simulator pan with the blue foam removed. Replace blue foam in pan for shipping after removal of cast.

**5. Accessories**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Universal headrest mounting plate, installed Note: Will be installed midline, top of back, unless otherwise marked on cast.	RCB-UHMP	\$ 160.00
<input type="checkbox"/> Stealth headrest mount, installed Note: Must select either universal headrest mounting plate and/or integrated headrest/accessories mount.	RCB-HM	\$ 80.00
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM	\$ 240.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG	\$ 95.00
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on cast.	RCB-SHGI	\$ 165.00
<input type="checkbox"/> Privacy flap Covers gap between cushion and back support. Note: Not compatible with reference tab.	RCB-PF	\$ 130.00
<input type="checkbox"/> Abdominal support panel Instructions: 1. Before removing client from back simulation, mark height of each ASIS on back capture bag. 2. Measure up from this mark to establish desired height of abdominal panel needed. 3. Draw a vertical reference line from the ASIS mark extending up to the height of desired abdominal panel. 4. Measure around the abdomen from one vertical line to the opposite. 5. Ride Designs will install the abdominal panel for you to meet these specifications. <b>Size</b>		
<input type="checkbox"/> Small — height 4" Measurement around abdomen _____"	RCB-AP-4	\$ 345.00
<input type="checkbox"/> Medium — height 6" Measurement around abdomen _____"	RCB-AP-6	\$ 345.00
<input type="checkbox"/> Large — height 8" Measurement around abdomen _____"	RCB-AP-8	\$ 345.00



Universal Headrest Mounting Plate with Stealth headrest mount attached.



Integrated Headrest/Accessories Mount with Shoulder Harness Guides & headrest installed.



Abdominal Support Panel.

**6. Covers**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-COVER	\$ 325.00

**7. Growth**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit Provides for one discounted growth adjustment, including a new cover, during two year warranty period (normal cost for growth is \$535.00). Width and/or height only. Changes in spinal alignment and body shape can not be accommodated through growth adjustment.	RCB-DGK	\$ 435.00

Continue on page 5

Client First Name / Last Initial \_\_\_\_\_

**8. Shape Storage** (RCB-SS)

Maintain back mold for fabrication of additional back supports.

NOTE: Ride Designs disposes of back molds 20 days post receipt of delivery to supplier.

If an additional Custom Back, Custom Commode Back, or other interface is anticipated, check this box. Ride Designs will extend the storage of the mold for an additional 60 days.

**Total:** \_\_\_\_\_

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

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