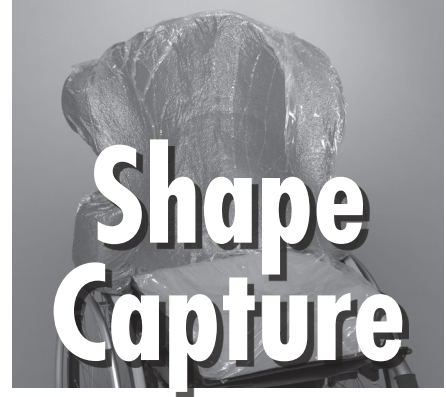


Ride Custom Systems Shape Capture Checklist



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)
- 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
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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 _____

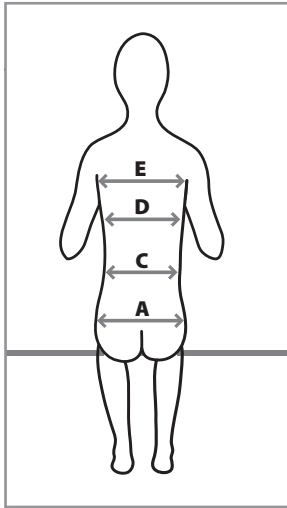
Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____



2. Client Information

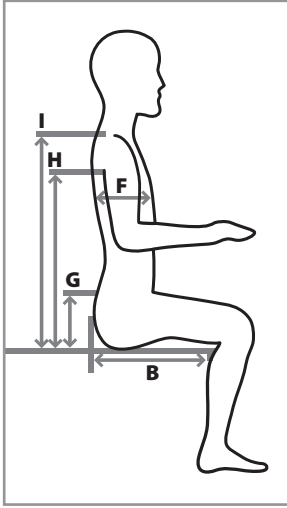
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

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.



Ride Custom Back Order Form

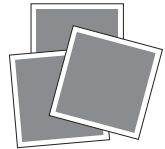
Client First Name / Last Initial _____

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"/> Light 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"> • Weight exceeds 250 pounds • Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28" • Severe extensor tone, spasticity, etc. 		
Quantity		
<input type="checkbox"/> One (1)		\$ 495.00
<input type="checkbox"/> Two (2)		\$ 990.00
Size		
<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

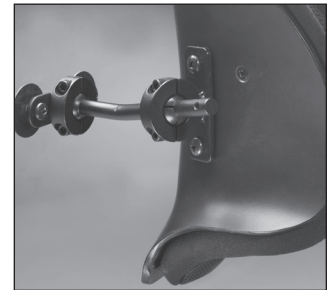
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3. Wheelchair Interface (Continued)

Item	Part Number	Mfr. Sugg. Retail Price*
Original		
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"> • Weight exceeds 250 pounds • Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28" • Severe extensor tone, spasticity, etc. 		
Quantity		
<input type="checkbox"/> One (1)		\$ 525.00
<input type="checkbox"/> Two (2)		\$1050.00
Size		
<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

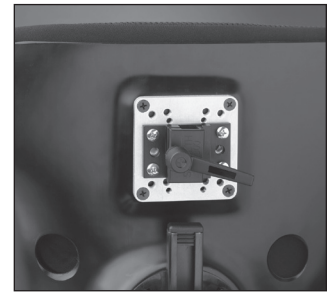
Item	Part Number	Mfr. Sugg. Retail Price*
Establishes back angle relative to cushion, cushion back stop, and lower attachment to the Dynamic Strap Mount.		
<input type="checkbox"/> No		Standard
<input type="checkbox"/> Yes*	RCB-RT	No Charge
*Required when selecting Dynamic Strap Mount for wheelchair 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.		
NOTE: If back of cushion is not captured in mold, then please provide rear height of existing cushion: _____ "		



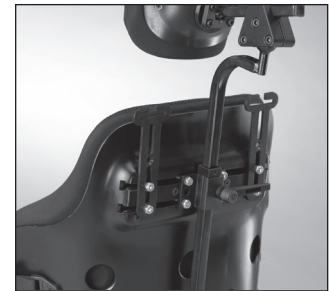
Properly finished cast with plaster extended into bottom of simulator pan with the blue foam removed. Replace blue foam in pan for shipping after removal of cast.

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. Size		
<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

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