



The Ride™ Custom Cushion Simulator Technical Manual

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Appendix 1

Ride Custom Cushion – Suggestions for Letter of Medical Necessity Justification Statements

General Statement for LMN:

Client requires a Ride™ Custom Cushion due to (select from the following):

- absent or impaired sensation
- significant postural deviations
 - (name them)
- current/history of pressure sores (name them. *Provide specific information about sore location, and stage I, II, III, or IV*) and/or high risk for skin breakdown.
- dependency on wheelchair for mobility, and uses his/her wheelchair for _____ hours/day.
- Profuse diaphoresis with resultant skin maceration and unsanitary micro-environment.
- Bowel/bladder incontinence resulting in skin maceration and unsanitary micro-environment.
- Repetitive motion injury

The design of the Ride custom cushion is specific to each individual, accomplishing complete off-loading of bony prominences at risk for skin breakdown while enhancing loading of areas tolerant of pressure and shear. The cushion's breathable, patented Brock™ composite material allows air to circulate to help keep CLIENT'S NAME skin dry and at the right temperature in all environments. The cushion and cover are easily cleaned and sanitized to maintain a sanitary micro-environment. The impact absorption qualities of the Brock composite material help decrease tissue trauma and repetitive motion injury associated with normal utilization of a wheelchair seat cushion.

The following seating interventions have been used or assessed prior to this prescription and were deemed unsuccessful due to these reasons:

- List seat cushions that have been tried and reasons for failure

Potential Justification Statements for Specific Features

Cushion/wheelchair Interface

1. A 1" drop seat modification is required to lower the vertical center of gravity with respect to the chair for:
 - safety, i.e. to help prevent tipping of wheelchair
 - efficient biomechanics of propulsion,
 - head clearance for access to transportation
 - knee clearance to access workstations, desks, tables, etc.
2. Cross brace notches are required to accommodate the unique configuration of the wheelchair frame thereby allowing the 1" drop configuration.
3. Front rigging notches are required to permit removal and/or swing away of wheelchair front riggings for safe transfers.

Asymmetrical Cushion Length

1. Addition or subtraction of leg length on the right/left is necessary secondary to CLIENT'S NAME leg length discrepancy.

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Undercut Front Edge

1. A 1" or 2" (choose one) undercut of the front of the cushion is required to:
 - provide full femoral support yet accommodate restricted knee angle secondary to tight hamstrings
 - accommodate AFO's or
 - accommodate the squeeze (thigh to knee angle < 90°) of the wheelchair frame.

Sitting Height

1. Increased/decreased (choose one) support height is required to optimize center of gravity of user, vertically, with respect to the drive wheels of the chair to:
 - optimize stability of the wheelchair
 - facilitate efficient biomechanics of wheelchair propulsion.

Orientation of Client, Anterior-Posterior

Adjustment of orientation, anterior-posterior, is required to ensure safe orientation of the user's center of gravity with respect to the chair, anterior – posterior, to:

- optimize wheelchair performance
- help prevent potential forward or posterior tipping of the wheelchair.

Rear Cane Notches

Special cushion modification for a recline angle of greater than 14° is required for correct placement of contour to ensure the desired offloading of bony prominences.

Thigh/Femoral Support

Medial Thigh Supports

Decreased or eliminated medial thigh support (choose one) is needed to:

- facilitate transfers to and from the cushion
- facilitate intermittent catheterization.
- allow movement on cushion to facilitate activities of daily living such as dressing and other self-care activities. (List specific activities)

Increased medial thigh support is needed to:

- block or inhibit adduction of the hips.
- improve contact through the length of the thigh to inhibit abnormal tone.

Lateral Thigh Support

Decreased or eliminated (choose one) left or right (choose one) lateral thigh support is needed to:

- facilitate transfers to and from the cushion
- allow movement on cushion to facilitate activities of daily living, such as, dressing and other self-care activities. (List specific activities)

Increased left/right (choose one/both) lateral thigh support(s) are needed to:

- inhibit hip abduction of the right and/or left lower extremity.
- increase full thigh contact to inhibit abnormal tone.

Covers

The cushion requires use of a cover at all times. A second cover is required when the other is being laundered.