Ride® Custom Systems AccuSoft Cushion
Bundled Package Order Form

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

- ❑ Ride Custom AccuSoft™ Cushion (RCAC-S/RCAC-XS)
  Shape provided via:
    - ❑ RideWorks Scan
    - ❑ Evaluator Cushion

Date of shape capture: _____

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride Certified Practioner 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 _____

Ride® Custom AccuSoft Cushion Bundled Order Form

Client First and Last Name _____
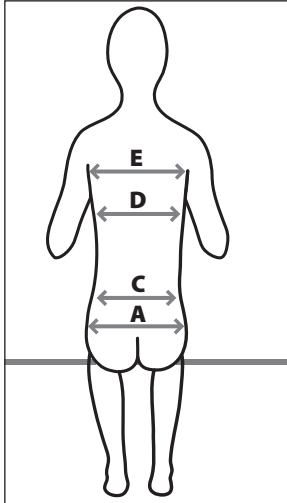

Client Information

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 _____
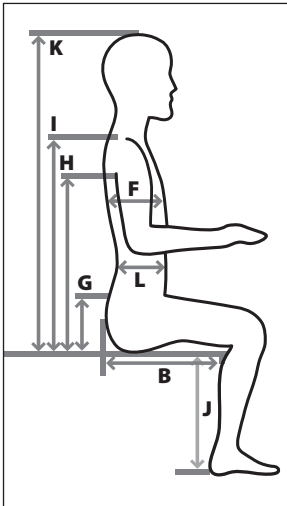
Height _____ Weight _____

Client Measurements

A. Trochanters _____"

B. Leg length L _____" R _____"

C. Iliac Crest _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest L_____" R_____"

H. Axilla height L_____" R_____"

I. Top of shoulder L_____" R_____"

J. Knee to heel _____"

K. Top of head _____"

L. A-P abdomen _____"

Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"

RIDE®

Ride® Custom AccuSoft™ Cushion
Bundled Package Order Form

Client First and Last Name _____

Prices effective January 8, 2024.

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Ride Custom AccuSoft Cushion Soft - Bundled	RCAC-S-B01	$2931.00
Medicare HCPCS Code E2609		
Select outer covers:†		
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
❑ Outer wipeable incontinence-resistant cover	RCAC-IC	
❑ Ride Custom AccuSoft Cushion Extra Soft - Bundled	RCAC-XS-B01	$2931.00
Medicare HCPCS Code E2609		
Select outer covers:†		
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
❑ Outer wipeable incontinence-resistant cover	RCAC-IC	

> **NOTE: Every cushion comes standard with an inner moisture-resistant cover.**

Shape Capture Process (please check one)

❑ Bead Bag
Indicate Shape Capture Base size used:
   ❑ Small (Blue)   ❑ Medium (White)
   ❑ Large (Red)   ❑ None

❑ Shape Capture Base Wedged Up _____"
   ❑ Front   ❑ Rear
   ❑ Left Side ❑ Right Side

❑ Build wedge into cushion per simulation	RCAC-WS	Included in Bundled Price
❑ Do not build wedge into cushion		

❑ Scan of existing cushion (insert existing cushion measurements below)
   Length L _____" R _____"   Rear width _____" Front width _____"
   Height at the following corners: Front L _____"   Front R _____"   Rear L _____"   Rear R _____"
   Is the existing cushion used on a sling seat?   ❑ Yes   ❑ No

❑ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture
   ❑ Neutral   ❑ Posterior   ❑ Anterior

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* All prices are in U.S. dollars.
† Select one or both.

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Patents: www.ridedesigns.com/patents

How to use a Java® Cushion to evaluate Custom AccuSoft Cushion specifications

Step 1

Sit client on an appropriately-sized Java Cushion.

Size used: Width _____"   Length _____"

Step 2

Determine targeted cushion width in 1" increments.

❏ Record targeted width in section 3 of the cushion order form.

Step 3

Determine targeted cushion length relative to the front of the Java Evaluator Cushion.

Measure from the front of the Java Cushion to establish cushion length.

❏ Record targeted cushion length is section 4 of the cushion order form.

Step 4

Determine if additional lateral pelvic control is needed, adding Ride CAM Wedges to achieve this. Indicate where, and how many, Wedges were used.

The Ride Custom AccuSoft Cushion will be carved to match the contour created by Ride CAM Wedge placement.

❏ No Wedges used

Wedges used on left side
        ❏0   ❏1   ❏2

Wedges used on right side
        ❏0   ❏1   ❏2

Step 5

Determine targeted sitting height and record in section 5 of the cushion order form.
Note: the height of the Java Cushion base and foam topper is as low as the Custom AccuSoft Cushion can be made.

Step 6

Determine whether wedges are needed under the Java Cushion during evaluation to achieve the desired position for correction or accommodation of pelvic/femoral asymmetries.

Record the usage of wedges here and record the targeted height in all four corners. Lateral height can be increased up to 2" from the top of the Java Evaluator Cushion.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

Wedges used:

    ❏ Front   ❏ Back   ❏ Left Side   ❏ Right Side

Cushion height at corners:

    Front Right _____"   Front Left _____"   Rear Right _____"   Rear Left _____"

Step 7

Determine if additional medial and/or lateral thigh support is necessary in section 7 of the cushion order form.

Lateral height can be increased by up to 2" from the top of the Java Cushion, in 1" increments.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

Step 8

Complete the remainder of the order form and email, along with photos of the client in the Java Evaluator Cushion, to: customerservice@ridedesigns.com.

> **Proceed to Page 5 if a scanned shape is being submitted.**

Ride® Custom AccuSoft™ Cushion Bundled Package Order Form

Client First and Last Name _____

Photos and Scan

Using RideWorks? Use RideWorks app to:
- ❑ Photograph front and both sides of client during shape capture.
- ❑ Photograph captured shape.
- ❑ Scan captured shape.
- ❑ Take any and all additional photos that may help.

Not using RideWorks? Include:
- ❑ Photograph of front and side view of client during shape capture or evaluation in Java Cushion.
- ❑ Photograph of captured shape or of Java Cushion once evaluation is complete.

The Ride Custom AccuSoft Bundled Package includes all of the following options

Cushion Width (Actual cushion width will be ½" less than specified.)

Item	Part Number
Standard ❑ 10" ❑ 11" ❑ 12" ❑ 13" ❑ 14" ❑ 15" ❑ 16" ❑ 17" ❑ 18" ❑ 19" ❑ 20"	RCAC-___ (width)
Extra large width ❑ 21" ❑ 22" ❑ 23" ❑ 24"	RCAC-W___ (width)
❑ Tapered width Back width _____" Front width _____"	RCAC-CWTW

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

Cushion Length

(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

Measure from front of Shape Capture Base or Java Evaluator Cushion to establish cushion length.
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

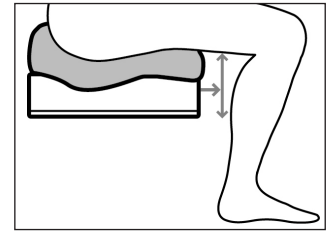| Item	Part Number
❑ Equal to Shape Capture Base length	RCAC-CLAC
Symmetrical Length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" to Shape Capture Base length	RCAC-CLSL
Asymmetrical Length LEFT ❑ Equal to Shape Capture Base length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" to Shape Capture Base length	 RCAC-CLALL
RIGHT ❑ Equal to Shape Capture Base length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" from Shape Capture Base length	RCAC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
❑ Undercut Front Edge 1" RCAC-UC1	
❑ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR
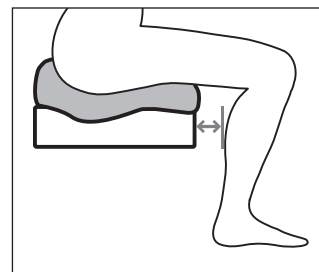
Sitting Height

Targeted final front cushion height (see diagrams at right)

Height: L leg _____"   R leg _____"

NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.

Item	Part Number
❑ As captured	RCAC-SHAC
❑ Increase overall height _____"	RCAC-SHIH
❑ As low as possible	RCAC-SHDH

For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base or Java Evaluator Cushion up to the underside of the leg with the feet properly positioned on the footplate(s).

Cushion Contour

Item	Part Number

NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.

❑ Ride contour — RCAC-RC
Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. NOTE: Ride contour is not available with Extra Soft Foam option.

  ❑ Reticulated Foam Well Insert Kit — RCAC-WI
  For gentle support to bony prominences and to maintain a high level of microclimate management.
  ⚠ ONE SIZE: Must be trimmed in field to fit

❑ Full contact — RCAC-FC
Cushion manufactured as captured
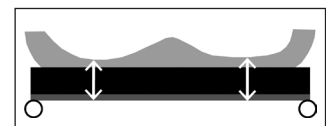
Determine targeted front of cushion height (front view).

Thigh/Femoral Support

Item	Part Number

Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.

❑ As captured	RCAC-MTAC
❑ Eliminate	RCAC-MTE
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI
❑ Decrease _____"	RCAC-MTD
❑ Decrease as marked with line on Shape Capture Bag	RCAC-MTM

Lateral Thigh Support

LEFT

❑ As captured	RCAC-LTAC
❑ Eliminate	RCAC-LTEL
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL
❑ Decrease _____"	RCAC-LTDL
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTML

RIGHT

❑ As captured	RCAC-LTAC
❑ Eliminate	RCAC-LTER
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR
❑ Decrease_____"	RCAC-LTDR
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTMR

❑ Lateral Thigh Support Reinforcement — RCAC-RL
Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)
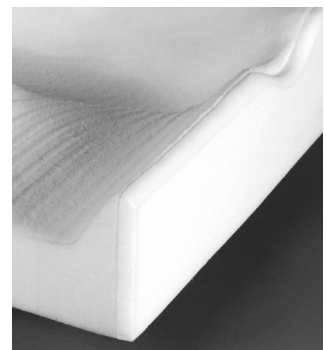
The Lateral Thigh Support Reinforcement option removes ½" of cushion foam from each lateral thigh support. Reinforcement material replaces the foam that was removed, without increasing the overall width of the cushion.

Cover Modifications

Item	Part Number
❑ For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
❑ Spandex layer over spacer fabric	RCAC-SP
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2

Custom AccuSoft Accessories

Item	Part Number
❑ 1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge, please see page 3.)	
❑ For 14" / 36cm cushion widths	RCAC-OW-1414
❑ For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616
❑ For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816
❑ For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016

Wedge to be used: (select one)
❑ Outside cover
❑ Inside cover
If inside cover, thick edge of the wedge to be placed:
    ❑ Back of cushion
    ❑ Front of cushion
    ❑ Left side of cushion
    ❑ Right side of cushion

Item	Part Number
❑ Ride CAM® Wedge Kit**	RCAC-WK

Cushion/Wheelchair Interface Modifications

Item	Part Number
❑ Bevel-Cut Modification for sling seat	RCAC-BC

** One size fits all. Trim in field for correct fit.

Additional Options
Price not included in bundled package

Additional Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Drop Seat Modification, 1" drop	RCAC-WC003	$ 142.00
❑ Custom Mounting Platform (not compatible with bevel cut modification or drop seat modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCAC-CMP	$ 450.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ____ (width)	$ 226.00
❑ Spandex layer over spacer fabric	RCAC-SP	$ 86.00**
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 156.00**
❑ Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	$ 272.00
❑ Additional inner incontinent-resistant cover	RCAC-INICA	$ 272.00

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment. (This option requires shipping cushion to Ride Designs with RA.)	RCAC-DGK	$ 279.00

We offer a 90 day fit and function guarantee and a two year warranty for all our custom products. Details can be found on our website at www.ridedesigns.com.

Total: _____

* All prices are in U.S. dollars.
** If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.

Special Instructions or Comments

NOTE: May affect price; call to request quote.

_____

_____

_____

_____

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_____

_____

_____

Pair the Ride Custom AccuSoft Cushion with a Ride Custom Back Support for optimal seating

Consider Ride Designs' lightweight, thin-profile, and adjustable Custom Back support for the widest range of seating needs.

Breathable
Ultra-breathable 3D mesh liner material, along with a spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

Forgiving
An optional soft, open-cell polyurethane foam insert is available as an alternative to the ultra-breathable 3D mesh liner.

Protection and comfort
Supplementary padding and reliefs improve protection and comfort at sensitive areas.

Easy to clean and adjust
Removable and washable cover eases cleaning, maintenance, and adjustments.

Mounting options
Strong outer shell provides stability and surfaces for easy mounting of hardware and accessories.

Growable
Like the Ride Custom AccuSoft Cushion, the Back can be grown at a fraction of the cost of a new custom system.

More information at www.ridedesigns.com

Ride Custom Back paired with the Ride Custom AccuSoft Cushion.

Ride Designs®
a branch of Aspen Seating, LLC

SUNRISE MEDICAL®

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