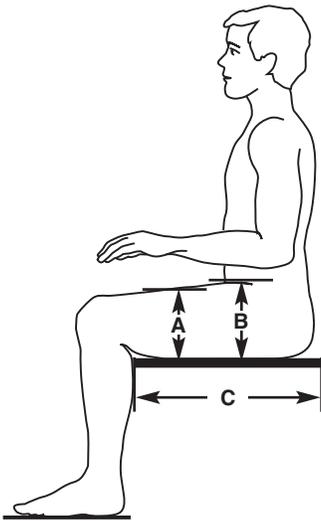


Client Measurements

COMPANY NAME _____

PATIENT NAME _____



(A) Lateral thigh adductor height

Left _____ Right _____

(B) ASIS height for rear lateral trochanter shelf

Left _____ Right _____

(C) Overall cushion length

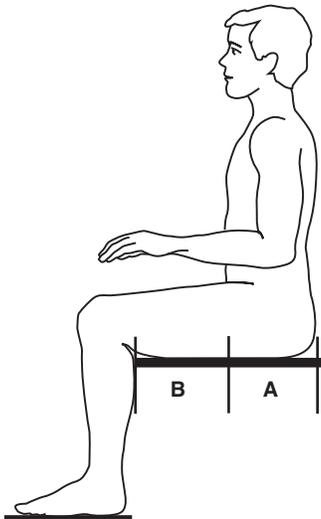
Left _____ Right _____

(D) Hip width

(E) Medial thigh support height

(F) Medial thigh support length

(G) Lateral thigh adductor length



Anti-Thrust (A) and (B)

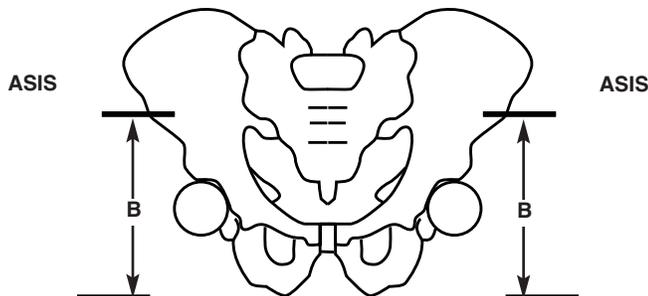
(A) Measure from back of buttocks to ITs and add 2" to maximize IT control.

(B) Pre-ischial shelf length — Subtract overall cushion length from measurement obtained in **(A)**.

(C) Measure thickness of front of seat cushion in front of the anti-thrust component. Added height will affect hip angle if greater than the difference of height between the ITs and the femur. Standard height difference between front and rear is 1-1/2".

(B) Pre-ischial shelf thickness at leg troughs _____

(C) Cushion thickness at rear _____



Obliquity Measurements

(B) Thickness (height) of lateral build up which will correct or accommodate an obliquity. Add to low side of obliquity for correction and high side for accommodation. Generally same 1/2" lower than height difference between ASIS.

(B) ASIS height

Left _____

Right _____



Custom Cushion Specifications

The PRM Custom Cushion allows you to take a generic shape and customize it for your client without going to the extent of custom molding a full seating system. If your client generally has symmetrical shaping but requires modifications to accommodate for mild obliquity, leg ab/adduction, pelvic rotation or greater pelvic positioning to reduce posterior pelvic tilt then this cushion is for you.

Three generic shapes are available for use. By adding in measurements on the attached order form you will enhance the generic shape to fit your client.

- **Subtle Positioning**

A generic shape with minimal leg channeling. Good for the active client who has good leg control or who transfers frequently from the side of the chair/cushion.

- **Moderate Positioning**

A generic shape with increased medial leg support to assist with leg abduction. Also provides increased lateral thigh support to assist with leg adduction. This provides increased support without interfering with full leg mobility or positioning.

- **Aggressive Positioning**

A generic shape with maximal medial leg support to assist with clients who may have increased tone in their thigh adductors. Also provides maximal lateral thigh support to assist in positioning of the legs into adduction for those with higher abductor tone or low adductor tone.

When assessing the need to customize a cushion shape, you need to determine positioning and

shape support for 10 areas of the cushion support surface. The measurements you take will directly correspond to the need required to support that area. If the generic shape fits for a certain area, no further measurements are needed. Only measurements given will be altered from the original standard shape.

(A) (right side) and **(F)** (left side). **Lateral thigh adductor height:** This measurement may be added to one or both sides. The measurement should be taken from a solid sitting surface and up the lateral edge of the client's thigh. For moderate support this measurement should be taken to 1/2" thigh thickness and for maximal support to the top of the thigh. This additional support will assist in maintaining leg adduction for those clients who may sit with a flexible windswept position which is correctible. For clients with a fixed windswept position you may wish to have the lateral adductor support reduced on the front edge and remain for a portion of the remaining adductor length **(H)**.

(B) ASIS height for rear lateral trochanter shelf support: This measurement may be added to one or both sides, but generally is adjusted for clients with a pelvic obliquity. To correct an obliquity it is recommended that additional height be provided on the low side of the obliquity. To accommodate a fixed obliquity, add the height to the high side. Measure the difference in the height of the ASIS on one side of the pelvis compared to the other. Pending the client's tolerance for correction, the measurement given will reflect the full difference in height but is generally 1/2" less than the difference in the ASIS heights.

(C) Overall cushion length: This measurement will reflect the distance from the rear of the buttocks or PSIS forward to the back of the knee minus 1"- 2" pending degree of thigh support the client requires and method of mobility (foot propelling will require shorter support). (Measure both sides).

(D) Seat width: Measure from greater trochanter on each side to determine overall width of seat cushion. Add 1"– 2" pending client functionality, clothing, weight shifts or use of lift sling. When considering this width for larger clients, please also consider adding width to the lateral trochanteric shelf.

(E) Medial thigh support height: (See "A" Lateral thigh adductor height) Measure from the sitting support surface to the desired height between the client's thighs. Higher supports may be required to reduce leg crossing from behavior patterns or high tone.

(F) Lateral thigh support (left side).

(G) Medial thigh support (abductor pom-mel) length: Measured length from front of seat cushion to pubic bone. Generally final measurement is 2"- 3" in front of the pubic bone. If manufactured too long can create pressure points on the pubic area. Longer lengths to the front of the knee can assist with maintaining an abducted position for clients with high tone.

(H) Lateral thigh support length (adduc-tor length): Shorten this depth posteriorly for someone who may have a fixed posterior pelvic tilt, or lengthen beyond the front edge of the cushion for those clients who need maximal adductor control to the end of the knee.

(I) (Right) and **J** (left). **Interior leg trough channeling:** Increased depth will assist to control leg positioning. Often adjusted in thickness one side greater than the other for clients who complete single foot propulsion. Reduce height by difference in height of propelling foot, often 1"– 1-1/2".

Anti-Thrust Seat Location and Height Difference:

(A) Measure from back of buttocks to ITs and add 2" to maximize IT control.

(B) Measure thickness of front of seat cushion in front of the anti-thrust component. Added height will affect hip angle if greater than the difference of height between the ITs and the femur (1-1/2").

Obliquity Modifications:

(A) Width of trochanter shelf and lateral thigh support. Measured from outside of buttocks to lateral edge of ischial tuberosity.

(B) Thickness (height) of lateral build up which will correct or accommodate an obliquity. Add to low side of obliquity for correction and high side for accommodation. Generally same 1/2" lower than height difference between ASIS.

Hip Guide Modifications:

For the client who tends to sit in rotation or too far off to one side of the cushion or needs assistance in centering the body in mid line. Also can be used to assist with obliquity correction/accommodation. A gradual build up to curve around the thigh and provide graduated support to the trochanter.

(A) Width of lateral thigh shelf. Generally measured from lateral edge of ischial tuberosity to lateral border of cushion width.

(B) Height of guide. Increased height provides greater control. Generally measured from just below trochanter to seated surface.

Asymmetrical Seat Depth:

For the client who sits with a pelvic rotation, has a leg length discrepancy or foot propels from one side only. Measure from back of buttocks to back of knee and subtract depth required to accommodate discrepancy.

Drop Base with Holes:

When measuring please ensure type of chair has been determined in order to accommodate seat rail size, position of cross braces and any other hardware that may interfere with a flush fit into the chair, including armrest receivers, seat belt clips and seat rail lock out clips.