Build Your Own Cushion

SCRIPTING AND ORDERING GUIDE
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## Client Details

<table>
<thead>
<tr>
<th>Client Details:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name:</td>
<td>Carer Name:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Carer Contact Number:</td>
</tr>
<tr>
<td>Weight:</td>
<td>Assessment Date:</td>
</tr>
<tr>
<td>Salesperson Name:</td>
<td>Distributor Name:</td>
</tr>
<tr>
<td>Salesperson Contact Number:</td>
<td>Distributor Contact Number:</td>
</tr>
</tbody>
</table>

## Seating Measurements:

<table>
<thead>
<tr>
<th></th>
<th>LEFT</th>
<th>RIGHT</th>
<th>LEFT</th>
<th>RIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lower Leg Length</td>
<td>F Chest Depth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Thigh Length</td>
<td>G Hip Width</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Ischial Well Length</td>
<td>H Chest Width</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Shoulder Height</td>
<td>I Shoulder Width</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Axila Height</td>
<td>J Elbow Height</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Notes:

[Diagram of seated person with measurements labeled A to J]

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CREATE YOUR CUSHION AND SEND THIS COMPLETE SCRIPT TO SPEX TO RECEIVE A QUOTE
Specify Cushion Size

Base Style

**FLAT**
1111-0210-000
HEIGHT (C) _ _ _ _ mm

**ANTI-THRUST**
1111-0220-000
LENGTH (A) _ _ _ _ mm
FRONT HEIGHT (B) _ _ _ _ mm
REAR HEIGHT (C) _ _ _ _ mm

---

**CUSTOMISATIONS**

10 - 17” WIDE (1109-0017-000)
17 - 26” WIDE (1109-0026-000)

WIDTH _______ inches
LENGTH _______ inches
Overlay

PRESSURE RELIEVING & MEMORY FOAM

Default combination if no overlay is specified.

½” GEL FOAM

(N/A for SuperHigh contouring)

1” SOFT GEL FOAM

Note: the soft upper layer will be replaced with this overlay.

¾” WAFLE GEL

Note: the soft upper layer will be replaced with this overlay.

SUPRACOR®

1111-0431-000

Installed into special Supracor® Overlay supplied inside special envelope outer cover.

PRESSURE RELIEVING OVERLAY

1111-0392-000

Note: the soft upper layer will be replaced with this overlay.

1111-0395-000

Note: the soft upper layer will be replaced with this overlay.

1111-0358-000

Note: the soft upper layer will be replaced with this overlay.

15MM MEMORY FOAM OVERLAY

1111-0391-000

Additional layer of pressure-relieving overlay.

30MM MEMORY FOAM OVERLAY

1111-0393-000

Additional layer of 15mm memory foam.

1111-0394-000

Additional layer of 30mm memory foam.

Note: the soft upper layer will be replaced with this overlay.

1111-CUST-028 (over 20x20)

Supracor® Overlay supplied inside special envelope outer cover.

DIAGRAM

CUSTOMISATIONS

WWW.SPEXSEATING.COM SOLUTIONS@SPEXSEATING.COM
Medial Thigh Support (1111-0294-000)

- DEPTH (L) _____ mm
- HEIGHT (M)* _____ mm
- FRONT WIDTH (N) _____ mm
- BASE WIDTH (O) _____ mm
- REAR WIDTH (K) _____ mm
- EXTENSION (E) _____ mm
- LATERAL THIGH SUPPORT EXTENSIONS (F) _____ mm

NORMAL MEDIAL THIGH SUPPORT HEIGHTS

<table>
<thead>
<tr>
<th>CONTOUR TYPE</th>
<th>HEIGHT (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDARD CONTOUR</td>
<td>30</td>
</tr>
<tr>
<td>HIGH CONTOUR</td>
<td>50</td>
</tr>
<tr>
<td>SUPERHIGH CONTOUR</td>
<td>80</td>
</tr>
<tr>
<td>SUPERHIGH CONTOUR</td>
<td>100</td>
</tr>
</tbody>
</table>

Removable Medial Thigh Support Option 1111-0298-000

Note: If N, K or L are not specified, normal sizes proportionate to chosen height will be produced

CUSTOMISATIONS

Top View

Front View

Side View

WWW.SPEXSEATING.COM SOLUTIONS@SPEXSEATING.COM
Leg Length Discrepancy 1111-0292-000

Note: Can only select left OR right.

LEFT

_______ mm

RIGHT

_______ mm
Thigh Angle 1111-0285-000

Note: Depending on the angles required, the cushion may need to be made higher or lower to ensure correct padding under the legs.

LEFT

<table>
<thead>
<tr>
<th>UP</th>
<th>DOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm</td>
<td>or     degrees</td>
</tr>
</tbody>
</table>

RIGHT

<table>
<thead>
<tr>
<th>UP</th>
<th>DOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm</td>
<td>or     degrees</td>
</tr>
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</table>

Note: Cannot apply thigh elevation and drop to the same leg.
Contracture Cut-back 1111-0281-000

**LEFT**

_____ mm or _____ degrees cutback

**RIGHT**

_____ mm or _____ degrees cutback

Note: If adding to leg length discrepancy, start measurement from "new front"
Create Thigh Laterals

**USER’S RIGHT SIDE**
1111-0261-000

**REAR CONTOURING**
- **HEIGHT**: XX = _ _ _ _mm
- **LENGTH**: XX = _ _ _ _mm
- **THICKNESS**: XX = _ _ _ _mm

**FRONT CONTOURING**
- **HEIGHT**: XX = _ _ _ _mm
- **LENGTH**: XX = _ _ _ _mm
- **THICKNESS**: XX = _ _ _ _mm

**NORMAL THIGH LATERAL SUPPORT HEIGHTS**

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**CUSTOMISATIONS**

- **WINDSWEPT CONTOURS**
- **HIP BELT SLOTS**
- **ABDUCTION CONTOURING**
- **FRONT OR REAR CONTOURING ONLY**
- **ASYMMETRIC LATERAL CONTOURS**
- **LATERAL THIGH SUPPORT EXTENSIONS**

**EXAMPLES**

[Images of various seat contours and customisations]

[Diagram showing seat contours and customisations]
Pelvis/Ischial Area 1111-0351-000

SIZE
AUTOMATIC
(size changes proportionate to cushion size)

POSITION
CENTRAL

CUSTOM WIDTH (W)
_____mm

CUSTOM LENGTH (L)
_____mm

OFFSET POSITION
by _____ mm

OBLIQUITY BUILD UP

BUILD-UP
Using Spex Strategic Base Pads
(complete diagram on page 13)

BUILD-UP
Custom Support Build-Up
(complete diagram below)

DIAGRAM

CUSTOMISATIONS

CUSHION OPTIONS

½” GEL FOAM
1111-0353-000

1” SOFT GEL FOAM
1111-0354-000

½” WAFFLE GEL
1111-0356-000

AIR INSERT*
1111-0344-000

*Air insert to be sourced by customer and supplied to Medifab to be fitted within cushion at time of manufacture. Printed copies of customer’s purchase order and Medifab’s order confirmation must be enclosed with goods.
Outer Cover Material

Custom Build Your Own Cushions include one incontinence cover and two outer covers.

Extremely pliable fabric layers on both sides that stretch well and retain their shape over time. Breathable fabric option.

Extremely pliable and will stretch well. Synthetic polyurethane on one side and knitted layer on the other. Non-breathable fabric option.

Extremely pliable and will stretch well. Synthetic polyurethane on one side and knitted layer on the other. Non-breathable fabric option.

A superior insulator and temperature regulator. Breathable allowing heat and moisture to flow meaning a drier and more comfortable fabric.

Select Air Mesh Colour

- Black (default)
- Chilli -022
- Mango -030
- Calypso -028
- Royal -077
- Bumblebee -044
- Ocean -060
- Leaf -054
- Granite -090
Options

5-DEGREE CUSHION WEDGE (UNGLUED)
1209-2724-300
Made to fit specified cushion

EXTRA CUSHION POSITIONING PADS KIT
1111-0273-000
Comes as a kit

BARIATRIC CUSTOMISATION
Specify users weight

WEIGHT

KG

Additional Notes

WWW.SPEXSEATING.COM      SOLUTIONS@SPEXSEATING.COM
Contouring Chart

PLEASE COMPLETE IF YOU WOULD LIKE YOUR CUSHION TO BE PRE-CONTOURED

<table>
<thead>
<tr>
<th>User’s right leg</th>
<th>Front of cushion</th>
<th>User’s left leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter number of contouring pads:</td>
<td></td>
<td></td>
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<tr>
<td>.........................</td>
<td></td>
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<tr>
<td>Enter number of contouring pads:</td>
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Back of cushion