

# CAPS II Seating Prescription Form

2018

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## GENERAL INFORMATION

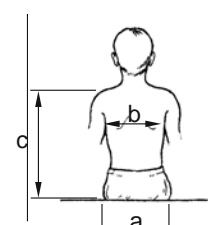
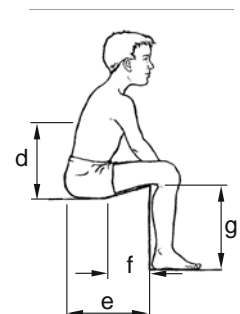
Clinician:	Email:	Date:
Service:	Delivery Address:	

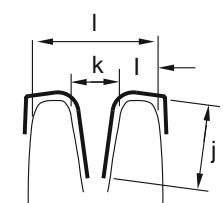
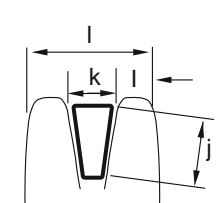
## ASSESSMENT SUMMARY

Client Name/Ref:	Year of Birth:
Address/School:	Diagnosis:
Current Equipment:	CAPS/Fusion Serial No:
Issues with Current Equipment:	
Observations, deformity:	
Hips/Pelvis:	
Spine/Trunk:	

## MEASUREMENTS

		Client measurements		Current Seat
a	Pelvic Width:			cm
b	Trunk Width:			cm
c	Backrest Height:			cm
d	Thoracic Pad Height:	L	R	cm
e	Seat Depth:	L	R	cm
f	Seat Ramp Length:			cm
g	Footrest Height:	L	R	cm
h	Footplate Length:			cm
i	Knee Width:			cm
j	Medial Pad:			cm
k	Distance Between Knees:			cm
l	Outside of Knees			cm
Backrest Recline:		Seat Tilt:		

*Please record current seat sizes as a cross check*

## Seating System Selection

### MiniCAPS

A1
  A2
  A3
  B1
  B2
  B3
  C1
  C2
  C3
  D1
  D2
  D3

### CAPS II

<input type="checkbox"/> One <i>(child)</i>	<input type="checkbox"/> Two <i>(junior)</i>	<input type="checkbox"/> Three <i>(junior plus)</i>	<input type="checkbox"/> Four <i>(teenage)</i>	<input type="checkbox"/> Five <i>(teenage plus)</i>	<input type="checkbox"/> Six <i>(adult)</i>	<input type="checkbox"/> Seven <i>(adult plus)</i>
<input type="checkbox"/> Special Seat Length			<input type="checkbox"/> Special Backrest Height			
<input type="checkbox"/> Lynx Backrest		<input type="checkbox"/> Dynamic Backrest		<input type="checkbox"/> Foam Carve Seat		<input type="checkbox"/> Foam Carve Back

Special Instructions:

### Wheelchair / Base

Manual :	Powered:
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Special Instructions:

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## Order Details (Standard options indicated with ○)

<b>Seat Cushion:</b>	<input type="radio"/> Ramped <input type="checkbox"/> Anti-Thrust <input type="checkbox"/> Flat		<input type="checkbox"/> Asymmetric: Left    cm    Right    cm		
Ramp:	Length:	Angle:	Height:	Ramp Base Layer:	<input type="radio"/> Standard <input type="checkbox"/> Chip Foam
Flat Section of Cushion:	<input type="radio"/> Standard	<input type="checkbox"/> Soft Memory	<input type="checkbox"/> Medium Memory	<input type="checkbox"/> Firm Memory	<input type="checkbox"/> Synergel
Special Requirements:					
<b>Back Cushion:</b>	<input type="radio"/> inc Sacral		<input type="checkbox"/> inc Lumbar		<input type="checkbox"/> Full Type
Special Requirements:					
<b>Laterals:</b>	<input type="radio"/> Fixed	Swingaway:	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Castellated	<input type="checkbox"/> Pip Pin <input type="checkbox"/> Special
	<input type="checkbox"/> Low Profile	<input type="checkbox"/> Synergel Lining	<input type="checkbox"/> Lynx (only with Lynx back)	<input type="checkbox"/> Arm Protraction Pads	
Special Requirements:					
<b>Headrest :</b>	<input type="radio"/> Shallow Curved <input type="checkbox"/> Curved <input type="checkbox"/> Winged Curved <input type="checkbox"/> Soft Wing Curved				
	<input type="checkbox"/> Multi-Adjustable <input type="checkbox"/> Neck Roll	<input type="checkbox"/> 35cm <input type="checkbox"/> 40cm <input type="checkbox"/> 45cm <input type="checkbox"/> 50cm <input type="checkbox"/> 55cm <input type="checkbox"/> Asymmetric			
Mounting:	<input type="radio"/> Standard Link mtg <input type="checkbox"/> Ball Joint mtg <input type="checkbox"/> Double mtg	Stem:	<input type="checkbox"/> Straight <input type="checkbox"/> Swan Neck		
Special Requirements:					
<b>Harness:</b>	<input type="checkbox"/> H Type <input type="checkbox"/> X Type <input type="checkbox"/> Bandido <input type="checkbox"/> Dynaflex	<input type="checkbox"/> Rear Pull <input type="checkbox"/> Front Pull <input type="checkbox"/> Top Pull	Size:		
<b>Lap Strap:</b>	<input type="radio"/> Standard <input type="checkbox"/> Padded	<input type="checkbox"/> 2 point <input type="checkbox"/> 4 point	<input type="checkbox"/> Slim-line	Size:	
Special Requirements:					
<b>Knee Control:</b>	<input type="radio"/> Kneeblock	<input type="checkbox"/> Adjustable Pommel	<input type="checkbox"/> Solid Pommel	<input type="checkbox"/> Knee Laterals	
Lining:	<input type="radio"/> Standard Evazote <input type="checkbox"/> Double Evazote <input type="checkbox"/> Synergel <input type="checkbox"/> Fleece Lining	<input type="checkbox"/> Reinforced			
Special Requirements:					
<b>Footrest:</b>	<input type="radio"/> Separate Plates <input type="checkbox"/> One Piece <input type="checkbox"/> Footbox	<input type="checkbox"/> Padded <input type="checkbox"/> Reinforced <input type="checkbox"/> Rear Upstand			
	<input type="checkbox"/> Active Dynamic <input type="checkbox"/> Double Plate Dynamic	Straps:	<input type="radio"/> Webbing <input type="checkbox"/> Leather <input type="checkbox"/> Ankle Huggers		
Special Requirements:					
<b>Tray:</b>	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Not Req'd	<input type="checkbox"/> Clear <input type="radio"/> Black	<input type="checkbox"/> Elbow Extensions <input type="checkbox"/> Upstands		
	<input type="checkbox"/> Angle Adjustable <input type="checkbox"/> Locking Tray Brackets	<input type="checkbox"/> Tray Pad	<input type="checkbox"/> Grab Bar		
Special Requirements:					
<b>Upholstery</b>					
<b>Duratex:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Pink	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Denim	<input type="checkbox"/> Purple <input type="checkbox"/> Red
<b>Dartex:</b>	<input type="checkbox"/> Black	<b>Spacer Fabric:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Black Leather
Special Requirements:					

Separate size specification & prescription forms also available for Headrest, Kneeblock, Footrest, Cushions.

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MiniCAPS DIMENSIONS													
		A1	A2	A3	B1	B2	B3	C1	C2	C3	D1	D2	D3
Pelvic Width	Min	16			19			21			24		
	Max	23			25.5			28			30.5		
Seat Depth	Min	17	20	22.5	20	22.5	25	25	27	30	27	30	32
	Max	25	27.5	30	27.5	30	32.5	32.5	35	37.5	35	37.5	40
Ramp Length		8	10	11	10	11	12	13	15	16	15	16	17
Knee / Footplate Centres		130			145			175			200		
Kneeblock Size		Cut to size											
Backrest Height		32	32	34	34	34	36	36	39	42	39	42	46
Nominal Base Size	Width	12"			13"			14"			15"		
	Length	11"	12"	13"	12"	13"	14"	14"	15"	16"	15"	16"	17"
Seat Unit Weight (kg)		7.5			8			8.5			8		
Maximum User Weight (kg)		45			50			55			60		
Tray Size (Width x Depth)		Small (52 x 40)											

CAPS II DIMENSIONS									
		One <i>(child)</i>	Two <i>(junior)</i>	Three <i>(junior plus)</i>	Four <i>(teenage)</i>	Five <i>(teenage plus)</i>	Six <i>(adult)</i>	Seven <i>(adult plus)</i>	
Pelvic Width	Min	21	23	25	28	30	33	36	
	Max	28	30	33	35	38	41	44	
Seat Depth	Min	25	30		35		37		
	Max	35	40		45		48		
Ramp Length		15	19		22		25		
Kneeblock Width		7.5	9		10		12		
Kneeblock Medial Pad		10	16		18		18		
Backrest Height		39	42	46	49	52	54	57	
Nominal Base Size	Width	14"	15"	16"	17"	18"	19"	20"	
	Length	15"	17"		19"		20"		
Seat Unit Weight (kg)		15	18	19	20	21	22	23	
Maximum User Weight (kg)		60	70	75	85	90	95	95	
Tray Size (Width x Depth)		Small (52 x 40)				Large (63 x 53)			

Small Medium or Large trays can be fitted to any size of seat, in either black ABS or Clear PETG.

Medium tray size is 52cm x 48cm (W x D)

All dimensions in cm unless stated otherwise