

# PRISM Supreme Gel Cushion

## Installation and Operating Instructions

---

**NOTE:** Check all parts for shipping damages before using. In case of damage, do NOT use the equipment. Contact the Equipment Supplier for further instructions.

### WARNING

DO NOT install this equipment without first reading and understanding this instruction booklet. If you are unable to understand these instructions, contact a healthcare professional, dealer or technical personnel before attempting to install this equipment - otherwise, injury or damage may occur.

### NOTICE

Information contained within this document is subject to change without notice.

### IMPORTANT

The Prism Supreme Gel Cushion is a high-pressure relief cushion but NOT designed for use in the treatment of pressure sores, or for those individuals at risk of developing pressure sores. Your Therapist and/or Physician should be notified if you have any questions regarding pressure relief etc.

## ATTACHING THE PRISM SUPREME GEL CUSHION TO SEATING SURFACE

*The Prism Supreme Gel Cushion attaches to the wheelchair-seating surface through the use of hook loop fastening straps.*

1. If the wheelchair has loop attachment strips, verify that the double-sided hook strips are securely attached to the loop attachment strips on the bottom of the cushion.
2. Align the front edge of the cushion with the front edge of the seating surface. NOTE: The zipper is located on the rear of the cushion.
3. Secure the cushion on the seating surface; making sure that the hook is securely attached to the strips of loop on the cushion cover and the chair.
4. If the wheelchair has hook attachment strips, remove the double-sided hook strips from the cushion.
5. Continue with Steps 2 & 3.
6. To ensure proper pressure relief, verify that the user's IT's are situated in the visco pressure relief foam area

## MAINTENANCE - Cleaning Instructions

### **Foam**

DO NOT immerse the Prism Supreme Gel Cushion in water, instead, it should be wiped down with a slightly dampened cloth. If the foam becomes contaminated due to incontinence, it SHOULD be replaced.

### **Covers (Inner & Outer)**

Carefully remove cushion cover and keep gel pad edges away from the inner cover to avoid damage to the gel pad.

USE mild detergent and machine-wash cold using gentle cycle. DO NOT USE fabric softeners or bleach. Low tumble dry or air dry ONLY.

*The cover is designed to protect the foam against a user's incontinence and to provide fire retardancy, so the Prism Supreme Gel Cushion must not be used without its cover. If the cover is torn, it must be replaced.*

**NOTE:** Check that the cushion covers have the zipper at the rear bottom edge when reinstalling.

### **Gel**

Use mild soap and warm water to clean the **gel padding** of the cushion. Finally rinse the pad with warm water and dry with a cloth. Ensure that the foam of the cushion does not get damp with water which may cause contamination.

## **WARRANTY**

This warranty is extended only to the original purchaser/user of our products.

Future Mobility Healthcare Inc. warrants this seating product to be free from defects in materials and workmanship for two (2) years on cushions and 90 days on covers upon normal usage by original purchaser. If within this warranty period the product shall be proven to be defective, such product shall be repaired or replaced, at Future Mobility Healthcare Inc. discretion. Future Mobility Healthcare Inc. sole obligation and your exclusive remedy under this warranty shall be limited to the repair and/or replacement of the product or its parts. This warranty does not include any labour or shipping charges incurred in replacement part installation or repair of any product.

For warranty service, please contact the dealer from whom you purchased your Future Healthcare Inc. product. In the event you do not receive satisfactory warranty service, please write directly to Future Mobility Healthcare Inc. at 3223 Orlando Drive, Mississauga, Ontario, L4V 1C5. Provide the dealer's name, address, model number, date of purchase and indicate the nature of the defect.

DO NOT return products to Future Mobility Healthcare Inc. our prior consent. The defective unit or parts must be returned for warranty inspection within thirty (30) days of the return authorization date. (Future Mobility Healthcare Inc. will issue a return authorization number). Please prepay all shipping charges; C.O.D. shipments will be refused.

**LIMITATIONS and EXCLUSIONS:** This warranty shall not apply to problems arising from normal wear or failure to adhere to the enclosed instructions. Products subjected to negligence, accident, improper usage, maintenance or storage; or products modified without Future Mobility Healthcare Inc. written consent including, but not limited to : modification through the use of any unauthorized parts or attachments; products damaged by reason or repairs made to any component without the specific consent of Future Mobility Healthcare Inc., or products repaired by anyone other than a Future Mobility Healthcare Inc. dealer. Such evaluation shall be determined by Future Mobility Healthcare Inc..

The foregoing warranty is exclusive and in lieu of all other expressed warranties. It shall not extend beyond the duration of the expressed warranty provided herein and the remedy for violations of any implied warranty shall be limited to repair or replacement of the defective product pursuant to the

terms contained herein. Future Mobility Healthcare Inc. shall not be liable for any consequential or incidental damages whatsoever.

This warranty shall be extended to comply with all provincial laws and requirements.

Future Mobility Products - One Buffalo River Place, Buffalo, NY 14210 1-855-938-8873  
1-716-783-9130, fax 1-716-783-9236  
[www.futuremobility.com](http://www.futuremobility.com)