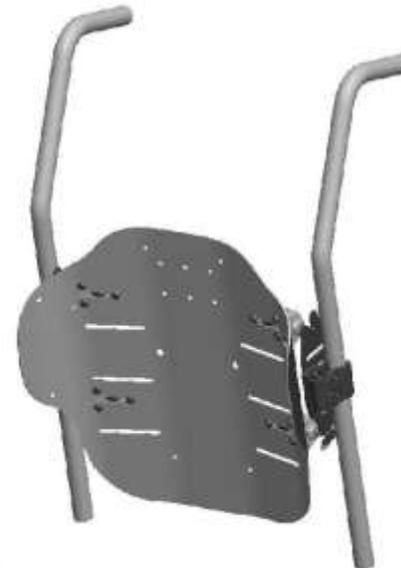


**Lunar Back (No Lateral)  
(Basic Lateral) (Ultra Lateral)  
Back Styles: Low, Mid, Full**



**USA**

Future Mobility Healthcare US LLC 42  
Read's Way, Newcastle, DE 19720

1 888 737- 4011 Fax: 1 866  
6703377

**INSTALLATION  
MANUAL**



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**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

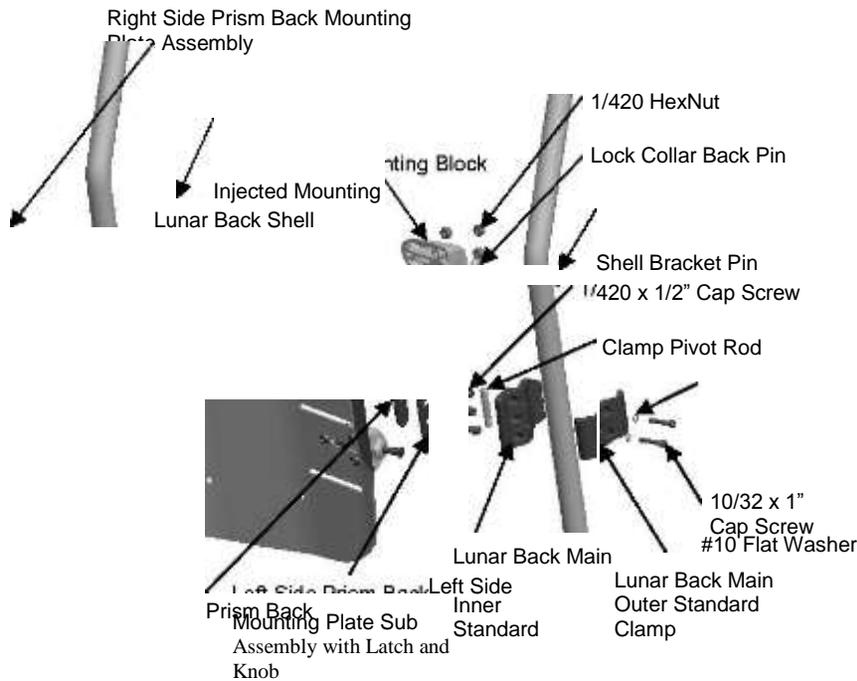
**Notice:**

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

# 1.0 Hardware Contents WARRANTY

## 1- Prism Back Mounting Plate Left

1 Prism Back Mounting Plate Right  
 2 Lunar Back Standard Clamps  
 2 Clamp Pivot Rod  
 6 1/420 x 1/2" Cap Screws  
 4 10/32 x 1" Cap Screws  
 2 Backing Plate  
 4 #10 Flat Washers



## 2.0 Tools Required

Wrench: 7/16" & 7/8" Allen  
 Key: 5/32" Tape Measure /  
 Ruler

This warranty is extended only to the original purchaser/user of our products. Future Mobility Healthcare Inc. warrants its positioning products to be free from defects in materials and workmanship for three (3) years on backs, one (1) year on hardware 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 labor 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 Mobility 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, and date of purchase and indicate the nature of the defect.

DO NOT return products to Future Mobility Healthcare Inc. without 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.

## 7.0 Maintenance

### Cleaning Instructions Back

#### Assembly

Clean with a dampened cloth on a regular basis depending on usage. Wipe entire surface.

### ! PLEASE NOTE

Visual inspection of all parts, mounting assemblies, foam and upholstery materials for any deformation, corrosion, breakage or wear is recommended. Check all fasteners on a regular basis to ensure that all connections remain secure.

#### Cover

USE mild detergent and machine wash cold using gentle cycle. DO NOT USE fabric softeners or bleach. DO NOT machine dry –air dry in shady area.

### ! PLEASE NOTE

The cover is designed to protect the foam against a user's incontinence and to be fire retardant, so the Lunar Back's must not be used without their covers. If the cover is torn, it must be replaced.

#### Foam

If the Lunar Back foam becomes contaminated due to incontinence, the foam can be replaced independently. Foam can be purchased separately by ordering through Future Mobility Products' Customer Service.

## 3.0 Before Installation

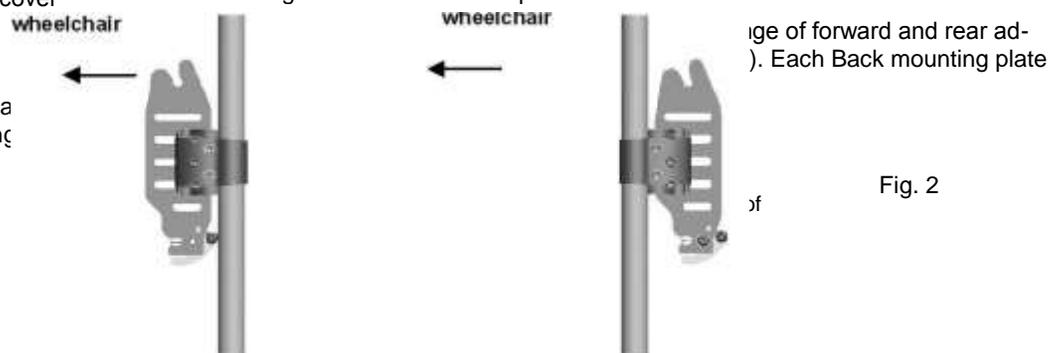
### ! PLEASE NOTE

When establishing the mounting position for the Lunar Back Mounting Hardware, please ensure the stability of the wheelchair is not compromised.

Adjusting the forward and aft position of the backrest will alter the user's center of gravity within the wheelchair. A recessed back position can significantly reduce the rearward stability of the wheelchair. Similarly, a more forward back position will reduce the wheelchair's forward stability.

The Prism Back Mounting Plates and the Lunar Back Clamps are shipped pre-assembled with the hardware oriented in the forward most back position (see Fig. 1 below). By altering the orientation of the Lunar Back Clamps with the Prism Back Mounting Plates, the hardware can be positioned to provide a rear most mounting position for the back if desired (see Fig. 2 below).

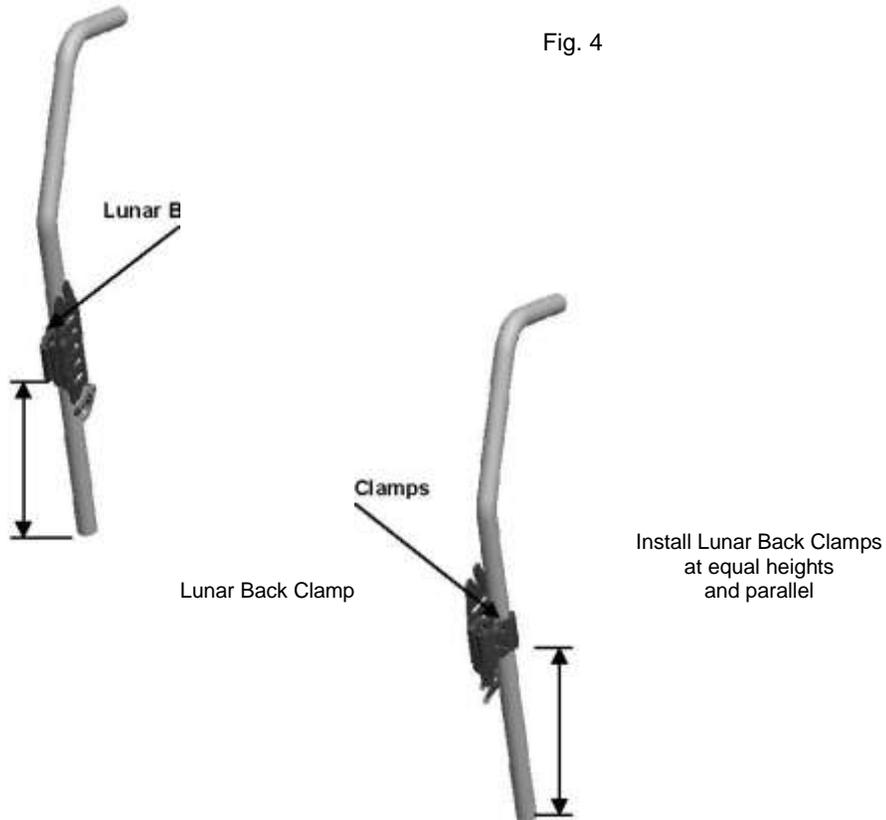
To make the adjustment from the forward most to the rearmost position (or vice versa), detach the Prism Back Mounting Plates from each Lunar Back Clamp by removing the (3) 1/420 x 1/2" Cap Screws. Then turn the Lunar Back Clamp 180° and reattach it to the Prism Mounting Plate in its original orientation. In order to turn the Lunar Back Clamps 180° the (2) 10/32 x 1" Cap Screws should also be loosened and then tightened after the clamp is turned 180°.



Back Mounting Plate in the forward most back position  
Back Mounting Plate in the rear most back position

## 4.0 Lunar Back Installation Instructions

1. Determine the appropriate Back Mounting Plate setup/ configuration for the user( per Section 3.0) .
2. Loosen the 10/32 x 1" Screws ( 2 per clamp) in order to open the clamp enough to fit around the back posts. (Ensure that the Clamp Pivot Rod does not come off or get lost while changing heights)
3. Starting on one side, position the Cane Clamp at the desire height on the back post and tighten the 10/32 x 1" screws enough to hold it in place. ( Clamps will be fully secured once the back is installed and all final adjustments are made) .
4. Using a ruler, measure the exact height of the installed Lunar Back Clamp from a fixed point on the wheelchair, and install the second Lunar Back Clamp at the same height on the opposite back post ( see Fig. 4 below). Please ensure the Lunar Back Clamps are also mounted parallel with each other.

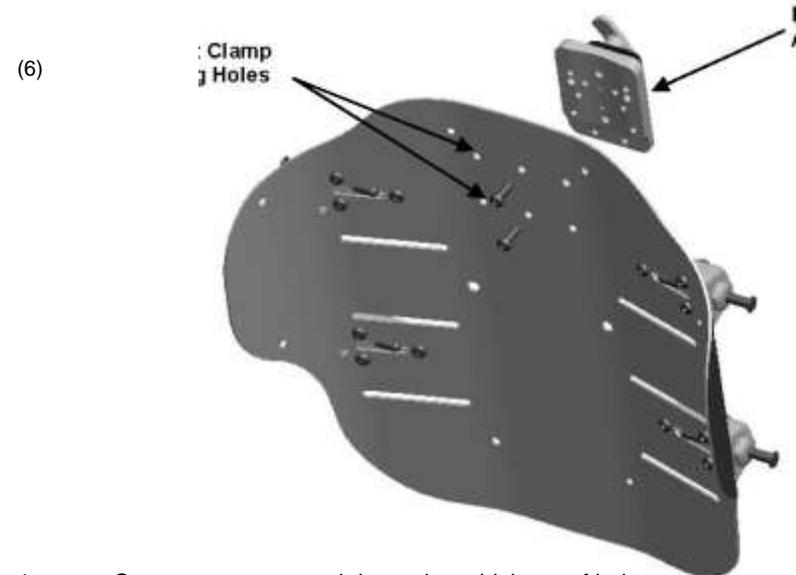


## 6.0 Head/Neck Mounting Support

The Lunar Backs have ( 3 ) sets of holes on the top edge of the shell where the Headrest Adaptor Bracket attaches to the shell. With the Universal Adaptor Bracket , most standard types of headrest can be mounted.

Instructions for installing a Headrest clamp:

Headrest Universal Adaptor Bracket Headrest Clamp Mounting Holes



1. Open outer cover and determine which set of holes to use to attach the Adaptor Bracket. The Bracket may be shifted 1.5" left or right depending on the user requirements.
2. Close the cover and carefully punch ( 2 ) holes through the cover fabric that match the determined mounting holes.
3. Open the front of the cover to access the appropriate mounting holes.
4. Push the mounting screws outward through the back shell and fabric. Place the Headrest Clamp with locknuts inline with screws on the outside of the back cover .
5. Tighten both screws and close the cover.

## 5.0 Disengaging the Lunar Back

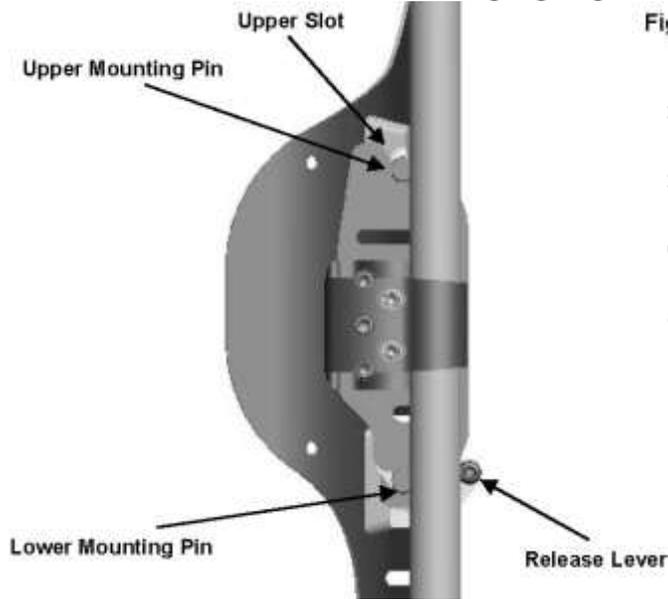


Fig. 7

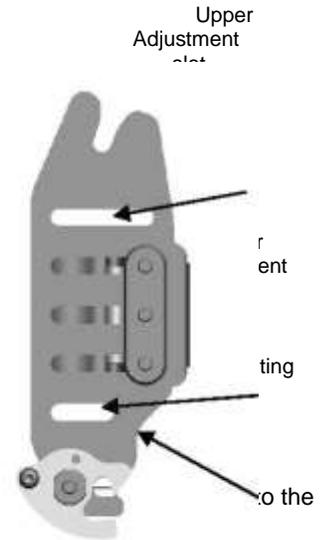
Mounting plate until the ball  
 mounting plate until the ball  
 from the mounting plates (  
 and out of the upper slots

Fig. 7

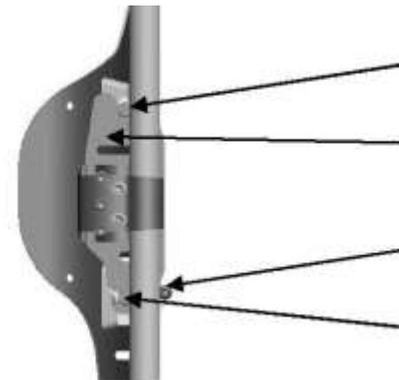
## 4.0 Lunar Back Installation Instructions

### ! PLEASE NOTE

Additional upper and lower adjustment slots are provided on the Prism Hardware Back Mounting Plates to allow alternate mounting heights when back post obstacles are encountered. Using the Alternate Mounting Slots will increase or decrease the back heights by 7/8". However using the lower slot will decrease the range of available depth and angle adjustment.



5. To Install the Lunar Back onto the back mounting plate, follow the instructions and diagram (see Fig. 5 below).



Insert upper mounting pin into hooked slot on the top of  
 RT detent latch is in the closed position.  
 Upper Pins in place, snap the Shell Bracket lower  
 at the bottom of the back mounting plates.

Fig. 5

Shell Bracket Upper  
 Mounting pin Back  
 Mounting Plate

Latch Mechanism

Shell Bracket Lower  
 Mounting pin

# 4.0 Lunar Back Installation Instructions

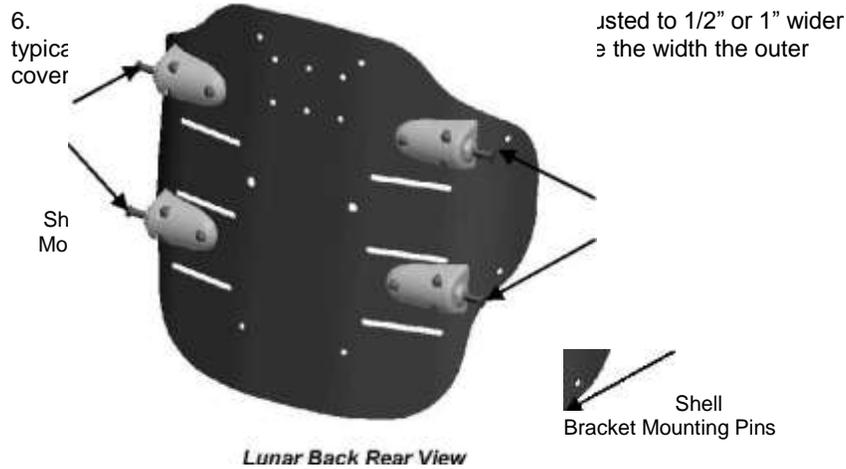
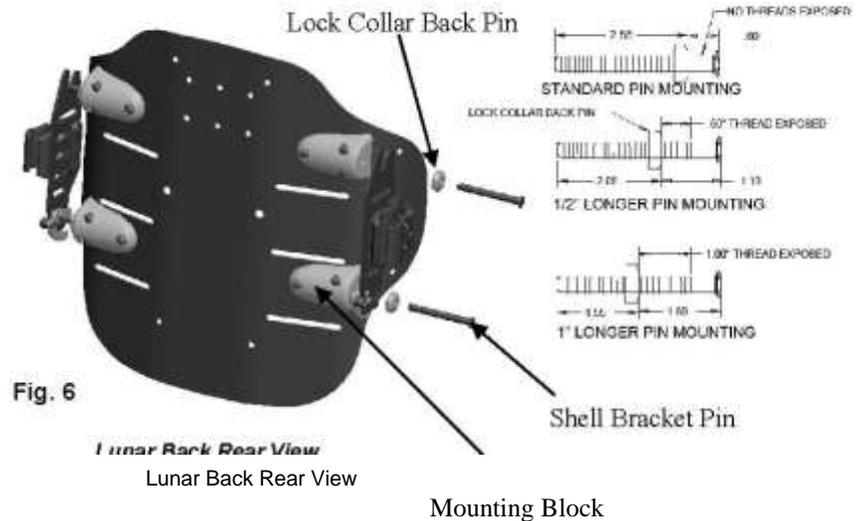


圖 6 月背後視圖  
圖 6 月背後視圖

## ! PLEASE NOTE

Our Standard Lunar Back can be adjusted to accommodate wheelchair seat frame sizes up to 2" wider than the actual back width. Each Lunar Back is shipped with the mounting pins installed at the standard position. Example: A 16" wide Lunar Back can be placed on a 17" wide or 18" wide chair without any additional hardware.

7. To increase the length of the pins, please refer to the instructions below
  - Remove the back from the wheelchair and secure in place.
  - Using 7/8" wrench, loosen the lock collar back pin and turn counterclockwise until the desired dimension of thread is met (either 1/2" or 1") as shown in Figure 6. The lock collar back pin will move outwards as one is turning using a wrench. The dimension should be taken from the inside of the lock collar back pin to the outside of the mounting block.
  - Once the appropriate dimension is met carefully turn the lock collar back pin clockwise until it reaches the mounting block. At that point tighten the lock collar pin—the location of the lock collar pin should be the same as shown in Figure 6..



- Repeat the same process for the other 3 lock collar pins.
8. Check that the fit and alignment of the back is correct
  9. Fully tighten the 10/32 x 1" Cap Screws on each side of the back
  10. Once the back is properly secured to the back canes, the user can be seated in the wheelchair in order to establish the optimal depth and recline settings for the back. With the user in the chair, loosen the 1/420 x 1/2" and position the back at the desired depth and recline angle, and retighten the screws to lock in place.
  11. To decrease the length of the pins, first loosen the lock collar back pin using a 7/8" wrench by turning counterclockwise.
  12. Then use a 7/16" wrench and turn the head of the shell bracket pin clockwise. Measure the dimension of the threads which are visible between the head of the shell bracket pin and the outside of the lock collar back pin.
  13. Once the appropriate dimension of met then use a 7/8" wrench and turn the lock collar back pin clockwise.
  14. Repeat the same process for the other 3 lock collar pins