



### Additional Clinical Guidelines for using Stimulite® Inserts

Insert	Engineered specifically for (clinical presentation):	Engineered specifically for (sample diagnoses):
<p><b>None</b> (no insert placed, thus creating a suspension technique with the most minimal pressure under the contact area as compared to other options listed within this table)</p>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>Moderate to high risk for skin breakdown (pressure injury)</li> <li>A need for a deep-seated seat well, most likely due to the need for increased pelvic support due to weakened core musculature</li> <li>Significant pelvic migration (observed as the pelvis 'sliding' towards the front of the wheelchair)</li> <li>Significant pelvic rotation (observed as one half of the pelvis rotating towards the front of the wheelchair, in which the opposing side remains in position or rotates towards the rear of the seat)</li> <li>A need to eliminate as much pressure as possible from the ischial tuberosities or other bony prominences</li> <li>A need for more aggressive pelvic stabilization during self-propulsion</li> <li>Hypotonicity or low tone, with accompanying high risk for skin breakdown. This hypotonicity can result in pelvic instability and subsequently poor sitting posture/positioning. This cushion with the recessed contact area and no insert, will offer increased pelvic engulfment while providing the highest level of skin protection.</li> </ul>	<p>Diagnoses which are appropriate for eliminating use of the inserts may include but are not limited to:</p> <ul style="list-style-type: none"> <li>Cerebral palsy (especially with extraneous movements, writhing motions)</li> <li>Diagnoses related to extensor tone especially at the hips (ie. cerebral palsy, spinal cord injury, traumatic brain injury, stroke, cranial bleed, etc.)</li> <li>Spina bifida</li> <li>Significant pelvic migration</li> <li>Significant pelvic rotation</li> <li>Muscular dystrophy</li> <li>Neurological diagnoses, especially those resulting in significant dystonia, trunk control or balance deficits</li> <li>Any diagnosis resulting in low tone (hypotonicity)</li> <li>Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert). By eliminating all inserts, the highest level of pressure relief under the ischial tuberosities is attained.</li> </ul>

		<ul style="list-style-type: none"> <li>• Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>
<p><b>White (a single insert placed, offering moderate suspension with added pressure relief)</b></p>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>• Anterior pelvic tilt, yet will benefit from a layer of pressure relief for skin protection. The recessed seat well and solid anterior aspect of the cushion encourages the pelvis to tilt posteriorly (ie. returning to neutral from an anterior pelvic tilted position) thus aiding in pelvic neutralization, which encourages improved trunk control and upper extremity performance.</li> <li>• A need for less immersion (with the provision of a high level of skin protection) as compared to incorporating no inserts as noted in row 1 of this table.</li> <li>• Hypotonicity or low tone, with accompanying high risk for skin breakdown. This hypotonicity can result in pelvic instability and subsequently poor sitting posture/positioning. This cushion with the recessed contact area and single white insert, will offer increased pelvic engulfment while including a layer of high skin protection.</li> <li>• Mild to moderate pelvic migration (observed as the pelvis 'sliding' towards the front of the wheelchair)</li> <li>• Mild to moderate pelvic rotation (observed as one half of the pelvic rotating towards the front of the wheelchair, which the opposing side remains in position or rotates towards the rear of the seat)</li> </ul>	<p>Diagnoses which are appropriate for use of the white insert may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Lordosis</li> <li>• Anterior pelvic tilt</li> <li>• Mild to moderate pelvic migration</li> <li>• Mild to moderate pelvic rotation</li> <li>• Spinal asymmetries (ie. congenital or age-related degenerative changes)</li> <li>• Spina bifida</li> <li>• Any diagnosis resulting in low tone (hypotonicity)</li> <li>• Neurological diagnoses, especially those resulting in moderate dystonia, trunk control or balance deficits</li> <li>• Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert)</li> <li>• Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>
<p><b>Magenta</b></p>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>• Hypotonicity or low tone, with accompanying moderate or medium risk for skin breakdown. This hypotonicity can result in pelvic instability and subsequently poor sitting posture/positioning. This cushion with the recessed contact area and single magenta insert, will offer increased pelvic engulfment while including a layer of moderate skin protection.</li> <li>• Mild to moderate pelvic migration (observed as the pelvis 'sliding' towards the front of the wheelchair)</li> <li>• Mild to moderate pelvic rotation (observed as one half of the pelvic rotating towards the front of the wheelchair, which the opposing</li> </ul>	<p>Diagnoses which are appropriate for use of the magenta insert may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Neurological diagnoses, especially those resulting in moderate dystonia, trunk control or balance deficits</li> <li>• Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert)</li> <li>• Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>

	<p>side remains in position or rotates towards the rear of the seat)</p> <ul style="list-style-type: none"> <li>• A need for less immersion (with maintenance of a moderate level of skin protection) as compared to incorporating no inserts as noted in row 1 of this table.</li> </ul>	
<b>Gold</b>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>• Hypotonicity or low tone, with accompanying moderate or medium risk for skin breakdown. This hypotonicity can result in pelvic instability and subsequently poor sitting posture/positioning. This cushion with the recessed contact area and single magenta insert, will offer increased pelvic engulfment while including a layer of standard skin protection.</li> <li>• A need for a significantly stable base of support for the performance of transfers, but who presents with a reduced risk of skin breakdown (pressure injury) as compared to those who would be utilizing a white or magenta insert or no insert at all</li> <li>• A need for less immersion (with maintenance of a standard level of skin protection) as compared to incorporating no inserts as noted in row 1 of this table.</li> </ul>	<p>Diagnoses which are appropriate for use of the gold insert may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Neurological diagnoses, especially those resulting in moderate dystonia, trunk control or balance deficits</li> <li>• Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert)</li> <li>• Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>
<b>White on Magenta</b>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>• A need for a cushion with a stable surface and minimal seat well differential (ie. a very minimal recession into the seat well), which maintains the contact area at or near the height of the distal femurs.</li> <li>• A need for a significantly stable base of support for the performance of transfers, with an added layer of pressure relief.</li> <li>• A need to be independent in transfers into/out of the chair, specifically for those who are using board transfers, yet require a protective pressure relieving layer following transfer.</li> <li>• A need for a moderate level of support (horizontal stiffness) for stability (gold insert) with the highest degree of pressure relieving overlay (white insert), typically for a client who has not had a history of significant breakdown, as the suspension technique above is most helpful for this.</li> </ul>	<p>Diagnoses which are appropriate for use of the white insert atop the magenta insert may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Generalized weakness, with an increased risk for skin breakdown.</li> <li>• Difficulty in independent transfer (ie. clients who have difficulty independently transferring out of/into a cushion with a deeper seat well will have an easier transfer path to a cushion with a reduced seat well differential).</li> <li>• Neurological diagnoses, especially those resulting in mild dystonia, trunk control or balance deficits</li> <li>• Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert)</li> </ul>

		<ul style="list-style-type: none"> <li>Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>
<b>White on Gold</b>	<p>Clients who present with:</p> <ul style="list-style-type: none"> <li>A need for a cushion with a stable surface and minimal seat well differential which maintains the contact area at or near the height of the distal femurs.</li> <li>A need for the highest level of support (horizontal stiffness) for stability (gold insert) with the highest degree of pressure relieving overlay (white insert), typically for a client who has not had a history of significant breakdown, as the suspension technique above is most helpful for this.</li> <li>A need be independent in transfers into/out of the chair, specifically for those who are using board transfers, yet require a protective pressure relieving layer following transfer.</li> </ul>	<p>Diagnoses which are appropriate for use of the white insert atop the gold insert may include but are not limited to:</p> <ul style="list-style-type: none"> <li>Spinal cord injury, with active use and some degree of trunk control (injury level of T1 or lower)</li> <li>Generalized weakness, with an increased risk for skin breakdown.</li> <li>Difficulty in independent transfer (ie. clients who have difficulty independently transferring out of/into a cushion with a deeper seat well will have an easier transfer path to a cushion with a reduced seat well differential).</li> <li>Neurological diagnoses, especially those resulting in mild dystonia, trunk control or balance deficits</li> <li>Pressure injury and/or skin integrity compromise due to shear forces or friction (this is applicable to each level of insert)</li> <li>Incontinence of bladder or bowel, due to the machine-washable/dryer safe features of this cushion (this is applicable to each level of insert).</li> </ul>
		<p>Diagnoses which are applicable to all methods of cushion adjustment:</p> <ul style="list-style-type: none"> <li>Amputation (above the knee, below the knee, or hemipelvectomy)</li> </ul>



408.432.1616