



NOTE: Check all parts for shipping damage. In case of shipping damage, DO NOT use. Contact equipment supplier for further instruction.

SAFETY SUMMARY

WARNING

SILHOUETTE SEATING SYSTEMS MUST BE INSTALLED BY A TRAINED AUTHORIZED INVACARE DEALER. NEVER ATTEMPT TO INSTALL A SILHOUETTE SEATING SYSTEM WITHOUT THE PROPER INVACARE TRAINING.

DO NOT use this equipment without first reading and understanding these instructions. If you are unable to understand the Warnings, Cautions and Instructions, contact equipment supplier before attempting to use this equipment, otherwise injury or damage may result.

Stabilize from the ground up. A stable base, pelvis and footrests are requirements for any torso positioning system.

Make sure that ALL hardware are tight at ALL times.

STABILITY

The position of back angle, rear wheels, seat depth and wheel locks are directly related to wheelchair stability. Any change to one (1) or any combination of the four (4) may cause the wheelchair to decrease in stability. Use EXTREME caution when using a new seating position.

ALWAYS make sure wheelchair is stable BEFORE reclining the back system. Rear wheels may have to be repositioned rearward depending on the degree of recline. ALWAYS ensure stability BEFORE using maximum amount of recline. TEST wheelchair BEFORE it is occupied by end user to ensure stability.

To maintain the stability of the wheelchair when moving the rear wheels to ANY forward position, the amount of recline MUST be limited to prevent the wheelchair from tipping onto the anti-tippers.

The necessary back angle MUST be selected BEFORE repositioning rear wheels forward.

SEATING PRESSURES

The best way to avoid problems related to pressure sores is to understand their causes and your role in a skin management program.

Your therapist and physician should be consulted if you have any questions regarding weight relief, self-examination of skin, or individual limitations and needs.

WARNING (continued)

All cushions used for the prevention or treatment of decubitus ulcers (pressure sores) should be selected carefully. Working with your therapist, physician and cushion supplier is the best way to assure that a cushion choice matches your individual needs.

As the needs of the client become more complex, the cushion evaluation becomes more important.

Skin condition should be checked very frequently after the provision of any new seating system

AS REGARDS RESTRAINTS - SEAT POSITIONING STRAPS - IT IS THE OBLIGATION OF THE DME DEALER, THERAPISTS AND OTHER HEALTH CARE PROFESSIONALS TO DETERMINE IF A SEAT POSITIONING STRAP IS REQUIRED TO ENSURE THE SAFE OPERATION OF THIS EQUIPMENT BY THE USER. SERIOUS INJURY CAN OCCUR IN THE EVENT OF A FALL FROM A WHEELCHAIR.

	Back Angle	Rear Wheels	Seat Depth	Wheel Locks
Back Angle	●	✓	N/A	✓
Rear Wheels	✓	●	N/A	✓
Seat Depth	N/A	✓	●	✓
Wheel Locks	✓	✓	✓	●

NOTE: When adjusting a feature in left hand column, follow across the shaded area and refer to the ✓ procedure to maintain the proper stability, safety and handling of the wheelchair.

PRODUCT DESCRIPTION

The Silhouette Seating System is designed to fit a specific client based on seating and positioning simulation performed on the Shape Sensor.

DRY FITTING THE CLIENT

1. Dry fit client. Refer to the **SHAPE SENSOR** owner's manual.

WARNING

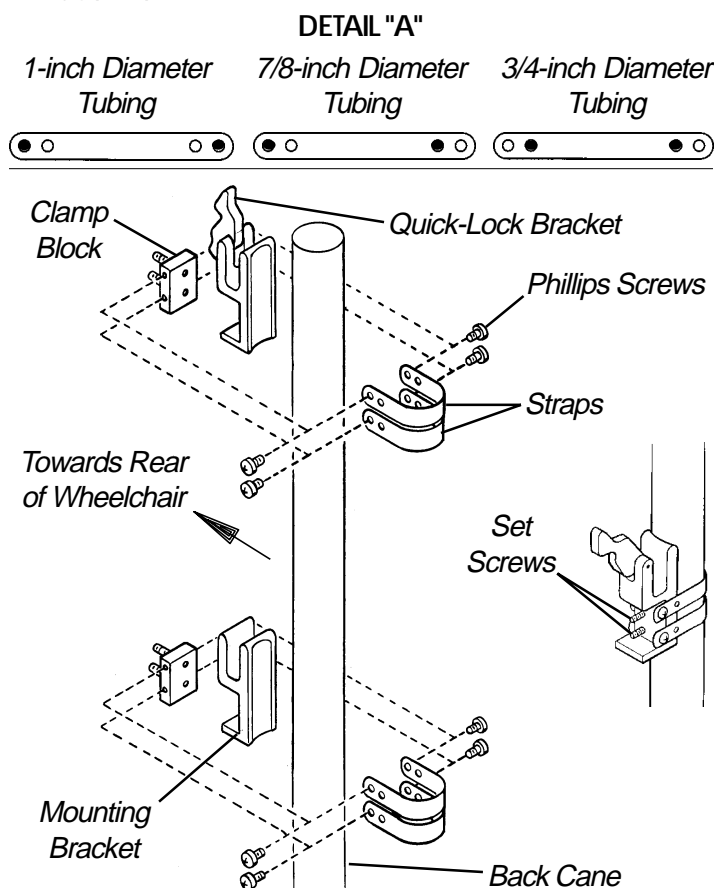
If the Silhouette seat and/or back does not fit the client properly, DO NOT USE. Contact INVACARE for proper instruction, otherwise injury to the client may occur.

INSTALLING MOUNTING BRACKETS ONTO BACK CANES (FIGURE 1)

1. Determine diameter tubing of the wheelchair back canes.
2. Refer to **DETAIL "A"** for the corresponding holes in the straps for the required diameter tubing.
3. Remove the two (2) phillips screws that ARE NOT securing the two (2) straps to the clamp block.
4. If necessary, remove the phillips screws that secure the straps to the clamp block and move the straps to the position determined in **STEP 2**.
5. Resecure the two (2) straps to the clamp block with the two (2) phillips screws removed in **STEP 4**.

*NOTE: Do not reinstall the two (2) phillips screws removed in **STEP 3** at this time.*

6. Repeat **STEPS 3-5** for remaining straps and clamp blocks.
7. Position one (1) of the clamp block/strap assemblies around the back cane of the wheelchair.
8. Position one (1) of the mounting brackets in the clamp block/strap assembly as shown in **FIGURE 1**.
9. Secure the two (2) straps to the clamp block with the two (2) phillips screws removed in **STEP 3**.



**FIGURE 1 - INSTALLING MOUNTING
BRACKETS ONTO BACK CANES**

NOTE: Make sure Quick-Lock Brackets (mounting brackets with locking tabs) are mounted at the TOP of the back canes.

*NOTE: Make sure the mounting brackets are positioned **BEHIND** the back canes.*

CAUTION

DO NOT over tighten the clamp blocks to the back canes, damage to the straps may occur.

10. Slide the clamp block/strap assembly and mounting bracket to the desired position and tighten with the two (2) set screws.
11. Repeat **STEPS 7-10** for the remaining clamp block/strap assemblies and mounting brackets.

INSTALLING ADJUSTABLE MOUNTING BRACKETS ONTO KWIK FIT BACK (FIGURE 2)

*NOTE: Adjustable mounting brackets can be placed in different configurations. Always determine where the back will be positioned in relation to wheelchair frame and Silhouette Seat Cushion first. Refer to the **SHAPE SENSOR** owner's manual.*

NOTE: To maintain the original center of gravity (CG) of the wheelchair user, the Kwik Fit back will normally be placed between or behind the back canes.

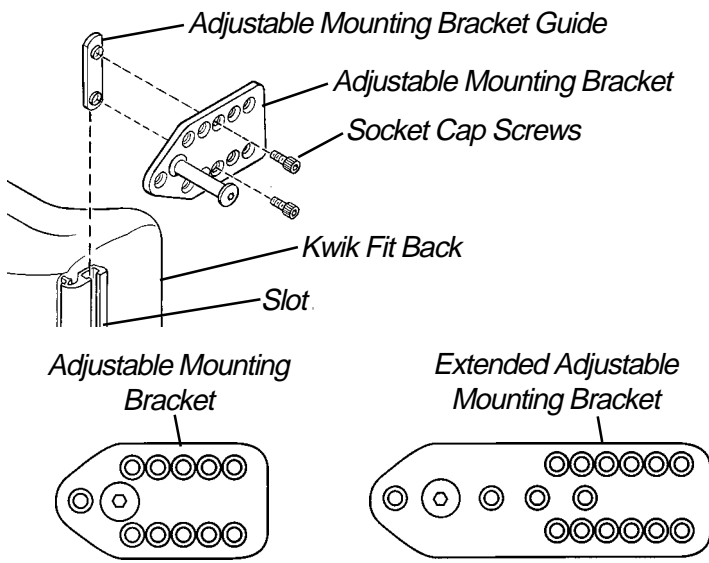
*NOTE: The adjustable mounting brackets **MUST** extend towards the front of the wheelchair.*

NOTE: If necessary, an optional mounting spacer (sold separately, P/N 3002937) can be used to space out the adjustable mounting brackets at the top of the Kwik Fit back.

1. Position the Kwik Fit back on the wheelchair at the dimensions taken from the Shape Sensor. Refer to the **SHAPE SENSOR** owner's manual.
2. Hold the back in place and determine approximate mounting position of the four (4) adjustable mounting brackets.

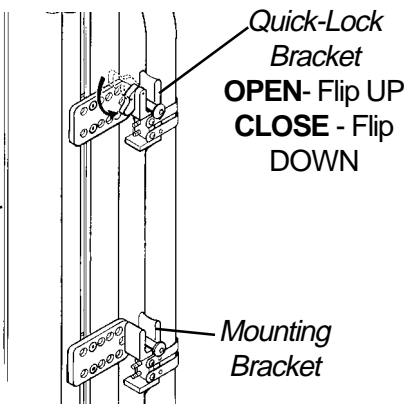
*NOTE: Refer to **DETAIL "B"** for possible mounting positions.*

3. Loosely install the four (4) adjustable mounting bracket guides to the four (4) adjustable mounting brackets at the position determined in **STEP 2** with the socket cap screws provided. Refer to **FIGURE 2** for proper orientation.
4. Install the four (4) adjustable mounting bracket guides into the slot on either side of the back and slide to the position determined in **STEP 2**. Tighten socket cap screws securely.
5. Install Kwik Fit back onto wheelchair as shown in **FIGURE 2**. Repeat **STEPS 3-4** until ALL of the following occur:
 - A. The Kwik Fit back hangs vertically.
 - B. The Kwik Fit back does not rattle.
 - C. The lock levers on the Quick-Lock brackets open and close without obstruction.



INSTALLING KWIK FIT BACK ONTO WHEELCHAIR

Kwik Fit Back



DETAIL "B"

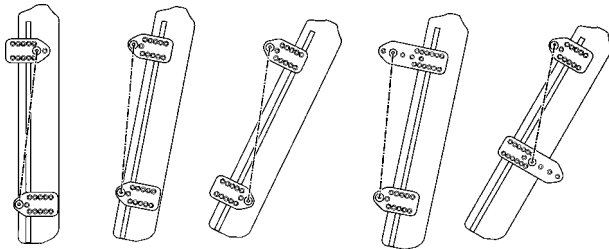


FIGURE 2 - INSTALLING ADJUSTABLE MOUNTING BRACKETS ONTO KWIK FIT BACK

INSTALLING SEAT CUSHION (FIGURE 3)

The Silhouette Cushion attaches to wheelchair seat upholstery using hook and loop fasteners on the bottom of cushion cover.

NOTE: The zipper on the cushion should face rearward.

1. Determine whether the wheelchair seating surface has hook or loop attachment strips.
2. Perform one (1) of the following:
 - A. If wheelchair has loop attachment strips, verify that double sided hook strips are securely attached to the loop attachment strips on the bottom of the cushion.
 - B. If the wheelchair has hook attachment strips, remove the double sided hook strips from the cushion.

NOTE: If the wheelchair seating surface has neither hook or loop attachment strips, remove the double sided hook from the bottom of the cover.

3. Align the front edge of the cushion with the front edge of seating surface.

WARNING

Make sure the cushion is securely fastened to the wheelchair seating surface with the hook and loop fasteners **BEFORE** using. Exercise caution when transferring in and out of the wheelchair, **ESPECIALLY** if the wheelchair is not equipped with hook and loop fasteners.

4. Secure cushion to the seating surface, making sure that the hook and loop fasteners are securely attached to the seating surface and the cushion.

NOTE: If the wheelchair seating surface has neither hook or loop attachment strips, remove the double sided hook from the bottom of the cover.

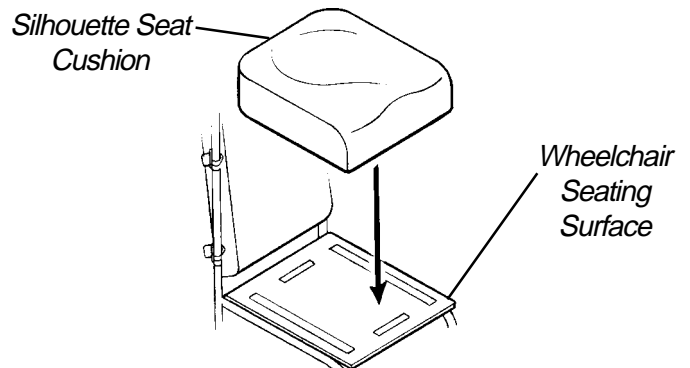


FIGURE 3 - INSTALLING SEAT CUSHION

USE AND MAINTENANCE OF THE SILHOUETTE SEATING SYSTEM

Installing the Back Cover

The cover is properly installed when the words "BOTTOM OF BACK" (marked on inside of cover) is at the bottom of the back.

Installing the Seat Cushion Cover

The cover is properly installed when the zipper is at the back of the cushion. In addition, the back surface of the cushion is marked, "REAR OF SEAT".

Maintaining the Covers

In the event of incontinence, some leakage may occur at the seam stitching, fastening straps or at the zipper, so the water repellant coating should be cleaned. Refer to **CLEANING** in this instruction sheet.

Inspection

1. In order to ensure that the seating system is working as designed, inspection of the seating system on a regular basis is necessary.

WARNING

DO NOT continue to use this product if any of the following problems as described are discovered. Corrective maintenance can be performed at or arranged through your equipment supplier.

2. Visually inspect all parts weekly, including hardware, upholstery materials, foams (if accessible), and plastics for deformation, corrosion, breakage, wear and/or compression.

Cleaning

The Silhouette Seating System is available with several different covering options. Follow washing instructions attached to cover.

Keep ALL parts dry and away from chemicals or lubricants.

1. **Weekly cleaning is recommended.**
2. To clean the water repellent foam coating, use a soft cloth and wipe clean with warm water and a mild soap solution. Rinse off and dry.

CAUTION

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

LIMITED WARRANTY

PLEASE NOTE: THE WARRANTY BELOW HAS BEEN DRAFTED TO COMPLY WITH FEDERAL LAW APPLICABLE TO PRODUCTS MANUFACTURED AFTER JULY 4, 1975.

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

This warranty gives you specific legal rights and you may also have other legal rights which vary from state to state.

Invacare warrants the foam cushion to be free from defects for a period of two (2) years from the date of purchase. The cushion cover is warranted for a period of ninety (90) days from date of purchase. With regard to the original purchaser/user only, Invacare warrants its metal fabricated hardware components to be free from defects in materials and workmanship for the lifetime of the product except any wood, foam plastic or upholstered components. If within such warranty period any such product shall be proven to be defective, such product shall be repaired or replaced, at Invacare's option. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any such product. Invacare's sole obligation and your exclusive remedy under this warranty shall be limited to such repair and/or replacement.

For warranty service, please contact the dealer from whom you purchased your Invacare product. In the event you do not receive satisfactory warranty service, please write directly to Invacare at the address below. Provide dealer's name, address, model number, date of purchase, indicate nature of the defect and, if the product is serialized, indicate the serial number. Do not return products to our factory without our prior consent.

LIMITATIONS AND EXCLUSIONS: THE WARRANTY SHALL NOT APPLY TO PROBLEMS ARISING FROM NORMAL WEAR OR FAILURE TO ADHERE TO THE ENCLOSED INSTRUCTIONS. IN ADDITION, THE FOREGOING WARRANTY SHALL NOT APPLY TO SERIAL NUMBERED PRODUCTS IF THE SERIAL NUMBER HAS BEEN REMOVED OR DEFACED; PRODUCTS SUBJECTED TO NEGLIGENCE, ACCIDENT, IMPROPER OPERATION, MAINTENANCE OR STORAGE; OR PRODUCTS MODIFIED WITHOUT INVACARE'S EXPRESS WRITTEN CONSENT INCLUDING, BUT NOT LIMITED TO: MODIFICATION THROUGH THE USE OF UNAUTHORIZED PARTS OR ATTACHMENTS; PRODUCTS DAMAGED BY REASON OF REPAIRS MADE TO ANY COMPONENT WITHOUT THE SPECIFIC CONSENT OF INVACARE; PRODUCTS DAMAGED BY CIRCUMSTANCES BEYOND INVACARE'S CONTROL; PRODUCTS REPAIRED BY ANYONE OTHER THAN AN AUTHORIZED INVACARE DEALER, SUCH EVALUATION SHALL BE SOLELY DETERMINED BY INVACARE.

THE FOREGOING WARRANTY IS EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES, IF ANY, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

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. INVACARE SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES WHATSOEVER.

THIS WARRANTY SHALL BE EXTENDED TO COMPLY WITH STATE/PROVINCIAL LAWS AND REQUIREMENTS.

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Form No. 98-159 Part No. 1080355 Rev B (2) 12/99