Scooter POV - (E1230 - K0800 - K0812)
Provided for patients with good upper body strength and stability.

**Features**
- Most disassemble for transporting in vehicle
- Standard van style seating
- Heavy duty models available

**Limitations**
- No custom cushions or backs available
- Length of scooter may prohibit use in small homes or apartments

Basic Power Wheelchair - (K0011, K0813 - K0891)
Provided for patients who use the wheelchair intermittently.

**Features**
- Wide variety of styles and models
- Van style seating and rehab seating options available
- Center, rear and front wheel drive models available
- Great maneuverability for tight areas in the home and apartment

**Limitations**
- Power seat functions limited

Customized Power Wheelchair
Provided for patients with very complex needs and who utilize the wheelchair throughout the entire day.

**Features**
- Wide variety of styles and models
- Custom seating and positioning available
- Center, rear and front wheel drive models available
- Options can include power tilt and recline, power seat elevator, and power elevating leg rests
- Variety of alternative drive controls available (i.e. head control, sip-n-puff, chin control)
The following list is a sampling of the most common attachments and accessories utilized on a power mobility device. The patient’s medical condition evaluated by the physician and a clinically trained rehab mobility specialist determine the justification for the power mobility device configuration.

**Cushions and Backs** must have skin breakdown or past history and a diagnosis showing inability to independently complete weight transfer. Type of cushions are; basic, pressure relieving, and positioning.

**Headrest with Adjustable/Removable Hardware** necessary above the fixed hardware so it can be adjusted to the correct position and removed for safe transferring or transporting in a vehicle.

**Safety/Seat Belt** patient has weak upper body strength, upper body instability or muscle spasticity which requires use of this item for proper positioning.

**Arm Troughs** it is indicated for coverage when one of the following is met; Patient has quadriplegia, OR patient has paraplegia, OR has uncontrollable arm movements

**Gel Arm Pads** due to diagnosis, patient is at risk for skin breakdown and the standard arm rest are causing pressure and redness.

**Height-Adjustable Arm Rest** it is indicated for coverage when the following two criteria are met; Patient requires an arm height different than that available using non-height adjustable armrests, AND Patient spends at least two hours per day in the wheelchair.

**Electronic Connection Between Wheelchair Controller and Seating System Motors** all electronics necessary to program the power seating functions through the controller and joystick.

**Heel Loops** required to keep patient’s feet on footplates.

**Leg Straps** required to keep patient’s feet on footplates.

**Trays** required for upper body support.

**Oxygen Holder** mobile carrier for oxygen tanks.

**Solid Tires** patient who cannot maintain pneumatic tires.

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