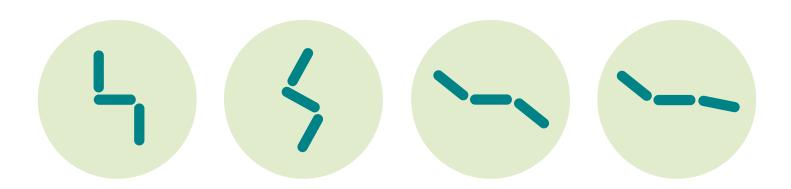


Conventional single motor



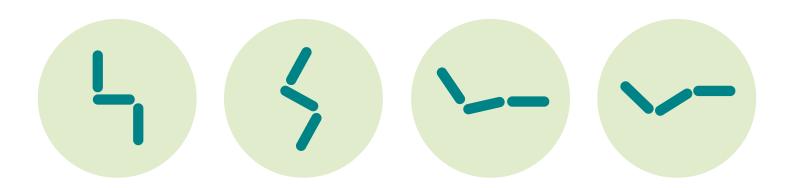
- Legrest and backrest functions connected
- Does not have tilt-in-space
- · Legrest raises to 90 degrees only
- Introduces 'shear' forces as the angle between the seat base and backrest changes
- Poor eye-line and interaction as when the legs are up, the backrest has to be reclined back

- Cannot control backrest and legrest independently
- Reclines quite a long way back
- Sometimes called single motor 3-way
- Only appropriate for users who have the ability to reposition themselves
- Not appropriate for users with shortened hamstrings or fixtures at the knees





Single motor tilt-in-space

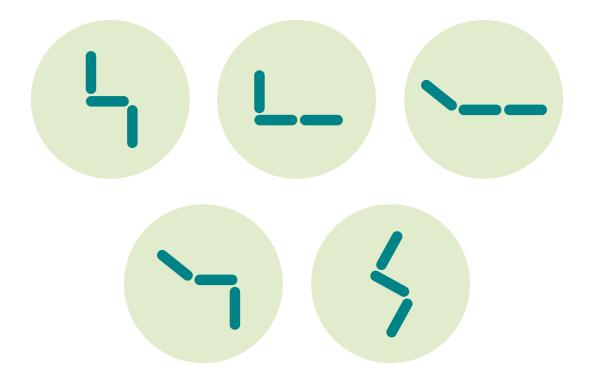


- Angle between seat base and legrest remains the same throughout the recline
- Eliminates 'shear' forces
- Raises ankles above the hips for good circulation and fluid drain off – especially for users with oedemas legs
- Helps pressure redistribution
- Maintains good pelvic stability and therefore upper body stability

- Good eye-line and interaction even when legs are fully raised
- Legrest and tilt functions are connected
- May not be appropriate for users with fixtures at the hips
- Not appropriate for users with shortened hamstrings or fixtures at the knees



Conventional dual motor



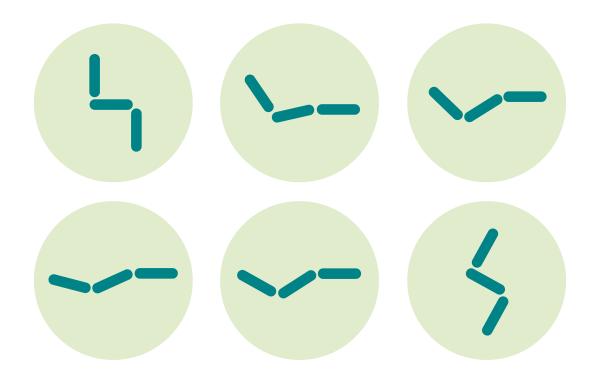
- Does not have tilt-in-space
- Legrest and backrest recline functions independent
- Raises legrest to 90 degrees only
- Introduces 'shear' forces as the angle between the seat base and backrest changes

- Reclines quite a long way back
- Only appropriate for users who have the ability to reposition themselves
- Not appropriate for users with shortened hamstrings or fixtures at the knees
- May be appropriate for users with fixtures or stiffness at the hips





Dual motor tilt-in-space



- Similar to 'Single motor tilt-in-space' but with separate backrest recline control
- Angle between seat base and legrest can be adjusted
- Reduces 'shear' forces
- Raises ankles above the hips for good circulation and fluid drain off – especially for users with oedemas legs
- · Helps pressure redistribution
- Maintains good pelvic stability and therefore upper body stability

- Good eye-line and interaction even when legs are fully raised
- · Reclines to a semi-lying position
- Legrest and tilt functions are connected
- May be appropriate for users with fixtures at the hips
- 2nd motor can be disconnected easily to eliminate 'shear' forces
- Not appropriate for users with shortened hamstrings or fixtures at the knees

