



# CAPS II Fitting Procedure



## Important

Wheelchair manufacturers' recommendations on usage should be checked prior to fitting, especially with regard to limitations or exclusions of use and weight limits (total combined weight should be considered).

Stability must always be checked in accordance with MDD guidelines, before using the CAPS II Seating System. *Note; Forwards stability may be adversely affected when using a CAPS II Seat.*

This CAPS II Seating System must be finally set and adjusted by a qualified therapist and/or rehabilitation engineer before use.

## Initial Set-up

- **Initial Settings** The CAPS II seating system will be delivered already set up to the measurements recorded during the **settings**: assessment with the pelvic lateral supports both symmetrical and centrally aligned. *If measurements were not provided with your order always pre-set the chair for the client before they are positioned in it.*
- **Wheelchair Fitting** Place the CAPS II onto its intended base, using the wheelchair interface board supplied, ensuring that it is horizontal.  
**Fasten and tighten both red securing straps.** *It is essential that the wheelchair armrests are also fitted at all times (although it may be necessary to remove them for adjustments).*  
If a passive locking interface is supplied take care to carefully follow the instructions supplied with this type of interface, and ensure the correct operation of the spring catches.
- **Position Client** Place the client in the CAPS II, ensuring that they are right back in the seat, ie. with the sacrum against the sacral pad. Secure and tighten the pelvic strap.
- **Seat Depth** Check the position and tilt of the pelvis, if necessary adjust the seat depth to ensure the pelvis is in a neutral position. When adjusting the seat depth always measure both sides to ensure the backrest is kept square to the seat.
- **Footrests** Adjust the footplates to support the feet with the femur horizontal and both the knees and ankles at 90°. *Footrests and footstraps must always be used if kneeblocks are to be fitted.*
- **Lateral Supports** Align the pelvic and thoracic lateral supports so that the client can be easily positioned, even with thicker clothing. Allow approximately 5cm clearance between the top of the thoracic support and the axilla. The pads should not be brought around the front of the client to hold back the trunk.
- **Kneeblock** Loosen the bolts on the kneeblock and place in position. Set the height to align with the patella tendon. Adjust the angle of the individual knee cups to follow the line of the inner thigh. Finally, adjust the depth setting of the knee cups, taking account of any leg length discrepancies. Ensure all bolts are tight.
- **Windswept Hips** *If correcting windswept hips, adduct the previously abducted hip and push back to de-rotate the pelvis and abduct the previously adducted hip, but apply no force along the line of the femur.*
- **Tray Settings** Insert the tray and adjust the depth setting, ensure sufficient clearance for removing the tray, if necessary adjust the height to a comfortable elbow height. If using an anterior chest support the tray depth setting will need to be adjusted accordingly.
- **Headrest** The headrest and thoracic strap can now be adjusted.
- **Comfortable?** Observe the child once the adjustments have been made and ask if they are comfortable; carry out any minor adjustments. Pay particular attention to the seat depth, kneeblock and footrest settings.
- **Bolts tight?** Check all nuts and bolts are tightened using the spanner provided.
- **Finally...** Check both the red straps securing the seat to the wheelchair are securely fastened, and that the armrests are correctly fitted.



## Information for Client's Treating Therapist

### Upon Delivery

- Inform all staff and family involved with the client of the reasons behind the CAPS II Seating System and the importance of the various components. *Ensure the copy of "Important! Information for Parents and Carers" supplied with the seat is passed on.*
- During the first few days check for redness of the bottom, knees and thighs. If redness subsides quickly there is no cause for concern, however if redness persists check alignment of the kneeblock, height of the footrests and the seat depth adjustment. Ask the child if they are comfortable.
- Check the child's postural ability in the seat. It should be better than out of the seat. Refer to our leaflet "Problem Solving in Seating" for help with specific problems. Always consider the postural management of the child in other situation, i.e. lying and standing.
- Occasionally, ability in certain tasks may appear to decrease when the client is first placed in the CAPS II Seating System, especially with regard to head control and some functional tasks such as eating. This should not present immediate cause for concern as it may simply reflect the need for motor learning to take place within the new equipment following normal patterns of movement.
- The chest strap should be used during transport or when the patient is being moved. It should not be used all the time as the patient could develop a tendency to rely on it for support without developing their postural ability. Use caution when using tilt of the wheelchair and can bring unexpected results and adverse affects on posture.
- Check the use of the seat by carers, teachers and parents especially when positioning the child in the seat and with the use of the kneeblock.
- During the first two weeks closely monitor the child's acceptance of the seat and any changes in their ability. Check the seat depth adjustment, especially when a kneeblock is used. As the child gets used to sitting with their weight down through the ischial tuberosities they will naturally assume the upright sitting posture. As a result the seat depth and/or kneeblock adjustments will often require shortening.
- Check that all nuts and bolts are tight and wheelchair fittings are secure.

### Ongoing Review and Assessment

- Consider the seat as a part of the child's treatment programme, and monitor progress. Routinely check footrests, seat depth, kneeblock etc. when positioning the child in the chair.
- A formal review and re-assessment should be carried out every 4-6 months, or earlier if specific problems persist. This should focus on adjustment of the system and where possible reducing the level of support provided.
- Check the seat cushion for signs of excessive wear, especially under the ischial tuberosities.



## Maintenance

The CAPS II and interface should be checked every 6 months (maximum period 12 months) for security of fixings, nuts and bolts. Seat & back cushions and lateral supports should be checked for wear and degradation of the foam. Straps should also be checked for signs of wear (especially stitching). The CAPS II is fully guaranteed for 12 months but should last between 3 and 5 years if the seat is correctly maintained.



## Transport

Please refer to the Active Design document 'Using Active Design Seating Systems in Vehicles' before using this seating system in transport.



## Lifting and Handling

Take care when lifting heavy weights. Where appropriate, a risk assessment should be carried out to assess current risks and prevent injury. Refer to the HSE Guidelines "L23: Manual Handling – Manual Handling Operations Regulations 1992, Guidance on Regulations" for more detailed guidelines.



## Contact Us



Active Design Ltd  
68k Wyrley Road, Birmingham. B6 7BN  
Tel: 0121 326 7506 Fax: 0121 327 8807  
E-mail: [enquiries@activedesign.co.uk](mailto:enquiries@activedesign.co.uk)  
Web Site: [www.activedesign.co.uk](http://www.activedesign.co.uk)

**If you have any problems or queries with the CAPS II or interface, please contact us.**

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