

CUSHION MODIFICATION DECISION TREE ● ● ● ●

If you answer “yes” to any of the questions below, it may indicate the need for one of the cushion shape modifications or accessories available through Matrix Seating Systems.

Be sure to **answer every question, regardless of the initial response**, to determine whether one or more cushion modifications or accessories may be needed.

Is there distal thigh pressure, knee extension limitation, or foot propulsion?

YES



FRONT UNDERCUT

NO



CONTINUE*

**No immediate modification needed*

Does your client require greater immersion/softer end feel to reduce pressure injury risk/hypersensitivity?

YES



PRESSURE RELIEF ZONE (aka SOFT SPOT)

NO



CONTINUE*

Is there pelvic obliquity?

YES



Can it be reduced safely?
YES = REDUCIBLE



CORRECTIVE BUILD UP

Does correction cause pain or tone?
YES = NON-REDUCIBLE



ACCOMMODATIVE BUILD UP

NO



CONTINUE*

Is there a wound, surgical site, or high-risk bony prominence requiring precise off-loading?

YES



DIGITAL OFFLOAD

NO



CONTINUE*

Does the wheelchair frame narrow at the front or rear OR do the thighs naturally angle inward or outward?

YES



TAPERED CUSHION

NO



CONTINUE*

Does the client drift into abduction or need thigh containment for pelvic stability?

YES



LATERAL THIGH REINFORCEMENT

NO



CONTINUE*

Is a sling seat causing hammocking or distortion of cushion shape?

YES



INTEGRATED RIGIDIZER

NO



CONTINUE*

Does your client present with one leg longer than the other, pelvic rotation, and/or windswept deformity?

YES



ONE-SIDE LEG LENGTH ADDITION

NO



CONTINUE*

Does the cushion frequently end up misaligned after transfers or caregiver placement?

YES



SEAT POSITIONING TRAY

NO

