



FUTURE

MOBILITY HEALTHCARE INC.

innovative seating and mobility solutions

LUNAR

LUNAR-HD

LUNAR-SLIM

OWNERS MANUAL

1 CONTACT INFORMATION

FUTURE MOBILITY HEALTHCARE INC. APPRECIATES YOUR FEEDBACK

Supplier: Please give this manual to the user of the wheelchair back.

User: Please read this entire manual before using this back.

Thank you for choosing Future Mobility Healthcare Inc.
If you have any questions please do not hesitate to write or call us
at the address and telephone number below:

Future Mobility Healthcare Inc.

Customer Service Canada

3223 Orlando Dr.

Mississauga ON L4V 1C5

Phone: (888) 737-4011 or (905) 671-1661

Fax: (905) 671-3377

e-mail: customerservice@futuremobility.ca

www.futuremobility.ca

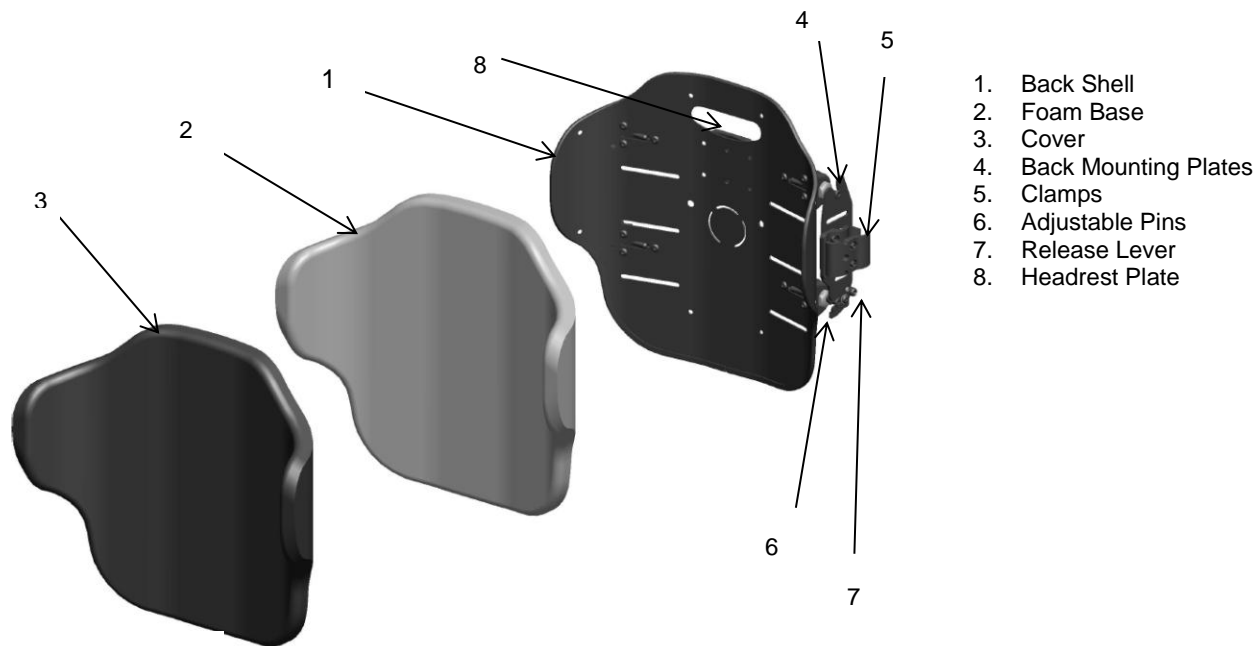
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3 PARTS OF THE LUNAR BACK



4 NOTICE – READ BEFORE USE

CHOOSE THE CORRECT BACK AND OPTIONS

Future Mobility Healthcare Inc. provides a choice of many back styles to meet the requirements of the wheelchair user. However, the final selection of the back and its options rests solely with you and your health care advisor. Choosing the best back will depend on such things as:

1. The level of your disability, strength, balance and coordination.
2. The places and terrain that you are likely to use your chair.
3. The need for options for your safety and comfort (such as fixed or swing away laterals or additional inserts).

REVIEW THIS MANUAL OFTEN

Before using this back, you and each person who may assist you, should read this entire manual and make sure to follow all instructions. Review the warnings often.

WARNING

The term “**WARNING**” are hazards or unsafe practices that may cause **severe injury or death** to you or to other persons.

5 GENERAL WARNINGS

USER WEIGHT LIMIT



WARNING

Maximum user weight as follows:

Lunar Back	350 lbs. (159 kg)
Lunar HD	500 lbs. (227 kg)

CENTER OF GRAVITY SHIFT



WARNING

Installing a back support on a wheelchair may affect the center of gravity of the wheelchair and may cause the wheelchair to tip backwards potentially resulting in injury. Always assess for the potential need for anti-tippers or amputee axle adapter brackets to be added to the wheelchair to help increase stability.

LIFTING THE WHEELCHAIR



WARNING

Do not use Lunar Back grab handle to push or lift the wheelchair. Improper use may cause the back to unexpectedly detach from the wheelchair.

6 FITTING THE BACK

DETERMINING COMPATIBILITY

The Lunar Back is designed to be compatible with most wheelchairs

WHEELCHAIR DIMENSIONS

Prior to installation determine if the wheelchair used has compatible back canes, by measuring the width between your back canes as seen in Figure 1. Then using that measurement, check Table 1 to determine if the back will fit your chair. Next check that the back canes are a compatible diameter. The Lunar back hardware can be mounted on wheelchair back canes ranging from 3/4" to 1 1/8". Measure your back cane diameter and ensure your back canes are compatible. If you cannot determine that the back canes are compatible please contact your authorized Future Mobility provider or Future Mobility customer service.

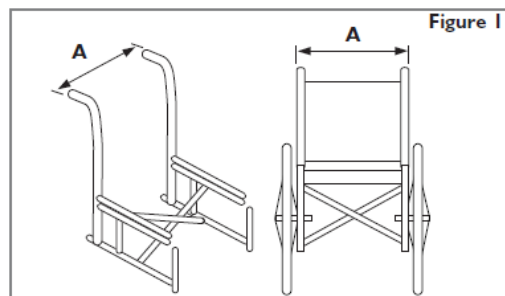
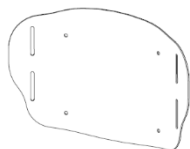


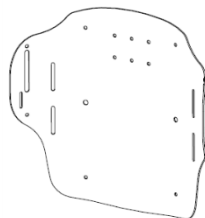
TABLE 1

Lunar Back Width	Width of Back Canes from outside to outside of tubes (Dim A)			
	Minimum Width		Maximum Width	
	inch	cm	inch	cm
12"	11.75	29.8	14.25	36.2
14"	13.75	34.9	16.25	41.3
16"	15.75	40	18.25	46.3
18"	17.75	45.1	20.25	51.4
20"	19.75	50.2	22.25	56.5
22"	21.75	55.2	24.25	61.6
24"	23.75	60.3	26.25	66.7
26"	25.75	65.4	28.25	71.7

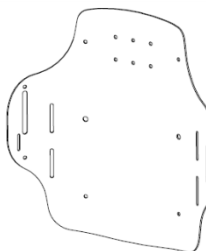
LOW BACK



MID BACK



FULL BACK



7 INSTALLATION

Please read the following instructions before beginning installation. To install the Lunar Back, it is best to begin without a user in the wheelchair. Once the back has been installed and minor adjustments are needed, the user can be seated back in the wheelchair.

Tools Required:

7/16" Box End Wrench

7/8" Box End Wrench



5/32" Hex Key

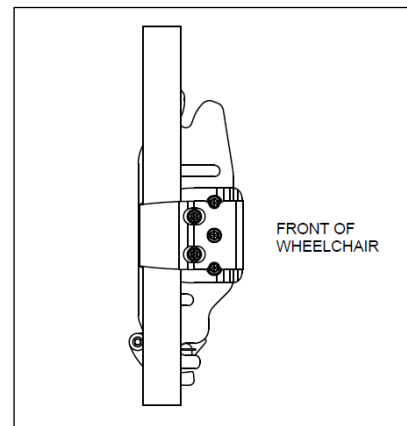


Measuring Tape

MOUNTING CLAMP HARDWARE

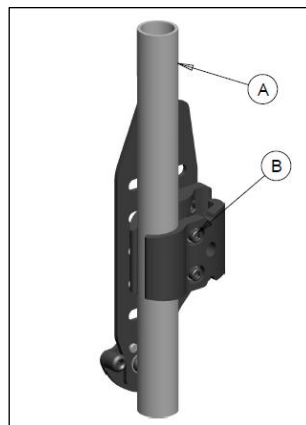
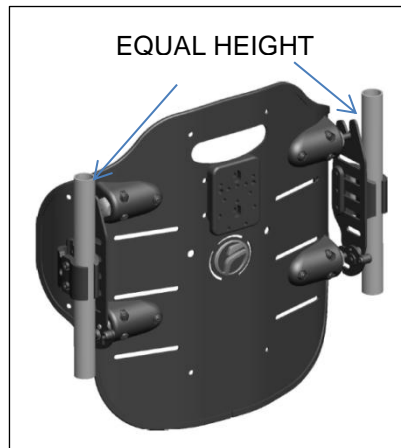
1. Mounting Clamp Hardware Orientation

- The Back Mounting Plates and the Cane Clamps are shipped pre-assembled with the hardware oriented in the forward most back position see Fig. By altering the orientation of the Cane Clamps with the Back Mounting Plates, the hardware can be positioned to provide a rear most mounting position for the back if desired.
- To make the adjustment from the forward most to the rearmost position (or vice versa), detach the Back Mounting Plates from each Cane Clamp by removing the 3 Depth/Recline Adjustment Screws. Then turn the Cane Clamp 180° and re-attach it to the Mounting Plate in its original orientation. Each mounting plate provides an individual adjustment range of 1.5". The LUNAR Hardware offers users a full 5" range of forward and rear adjustability (Angle adjustment forward 15°, back 20°).



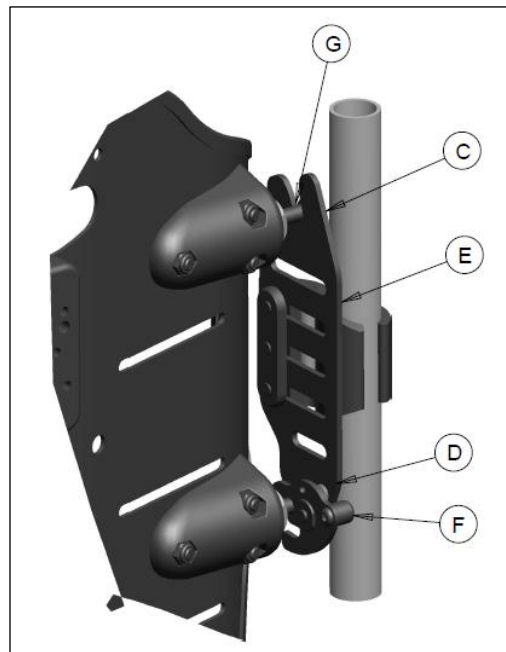
HARDWARE INSTALLATION INSTRUCTIONS

1. Remove the existing wheelchair back if required according to the wheelchair manufacturer's instructions.
2. Visually determine the desired location of the receiver plates on the wheelchair's back canes. The mounting hardware should be at approximately equal heights on each back post and parallel to the seat frame. Higher locations on the back canes are generally better.
3. Attach the hardware clamps. Loosen the clamp screws (B) with the 5/32" Hex Key. NOTE– For large tube diameters, clamp screws may have to be removed completely.
4. Attach and align receiver plates to the wheelchair back canes (A).
5. Hand-tighten clamp screws (B).



ATTACHING AND ALIGNING THE LUNAR BACK SHELL

1. Position the upper mounting pins (G) of the Lunar Back into the upper slot (C) of the mounting plate (E).
2. Swing the Lunar Back lower pins until they enter the lower slot (D) and engage the release lever (F). At this point the back should be fully engaged onto the mounting brackets.
3. If required using the 7/8" and 7/16" Box Wrench adjust the length of the pins by loosening the locking collar, such that the back does not interfere with the lower latch mechanism. See Pin Length Adjustment for details. Once the appropriate pin length is determined, tighten the locking collar.
4. Locate the back to the approximate location, relative to both chair and user.
5. The mounting plate can be adjusted both horizontally (1.5") and angled either 15 degrees forward or 20 degrees rearward if required.
6. Tighten the (3) screws attaching the mounting plate to the clamps. The recommended torque specification is 75-85 in-lbs.
7. Tighten the (2) screws (B) with the 5/32" Hex Key. The recommended torque specification is 75-85 in-lbs. Note - back height may require additional adjustment to ensure proper fit to the user.
8. Test back release by pressing down on the release levers (F) on both sides of the chair and push the lower section of the back shell forward. For Safety reasons the lower latch is self-resetting on both sides.



REMOVAL AND REPLACEMENT OF THE BACKSHELL

1. **REMOVAL** – Following installation and adjustment, the back can be easily removed from the wheelchair if necessary. To remove the back, press down on the release lever (F) on both sides of the chair. The detent pins will keep the latch in the open position. Next push forward on the lower section of the back shell such that the lower pins clear the latch mechanism. Grab the handle cutout on the upper section of the back and pull up to disengage the back from the mounting bracket on the wheelchair.
2. **REATTACHMENT AFTER REMOVAL** - To reattach the back to the mounting plates, simply line up the upper pins (G) with the slots (C) on the upper mounting plate and drop the pins in place. Pull rearward on the lower back shell until the lower pins engage the release lever (F) in the lower slot. If properly inserted the lever will “click” down and secure the lower pins in place.

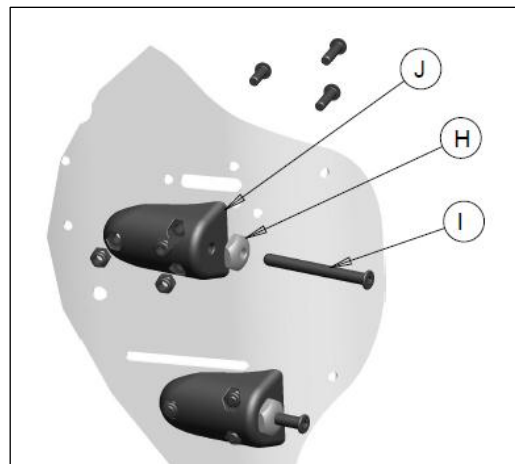
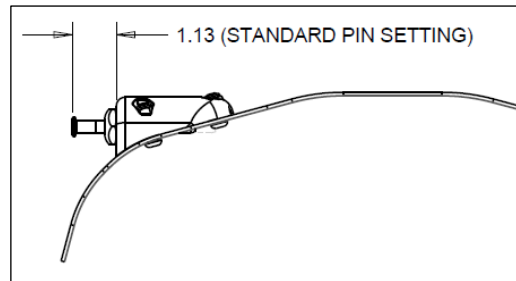


WARNING

If you are uncertain if you have heard the locking “click”, push forward on the lower back shell to make certain that the back shell is fully locked in position.

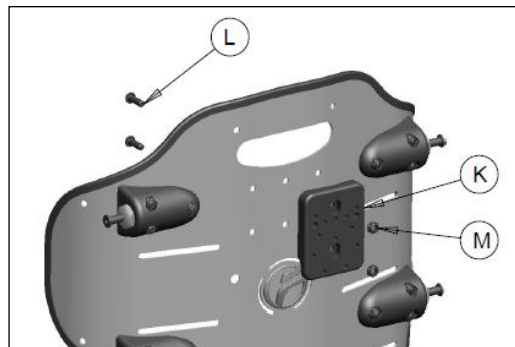
PIN LENGTH ADJUSTMENT

1. If required using the 7/8" and 7/16" Box Wrench, the length of the pins can be adjusted outwards from the standard setting as much as 1" more such that a smaller back of up to 2" in width can be used on the wheelchair.
2. In order to extend the pins, first loosen the locking collar (H) with the 7/8" Box Wrench.
3. Next unscrew the pin (I) from the support mount (J) to the required distance using the 7/16" Box Wrench. Do this for all (4) pins.
4. Check the length by inserting the back onto the wheelchair. See Removal and Replacement for details.
5. If the pin length is correct tighten the lock collar (H) while holding the flats on the pin (I) until the lock collar face is locked to the support mount block (J). Do this for all (4) pins.



HEADREST MOUNTING PLATE

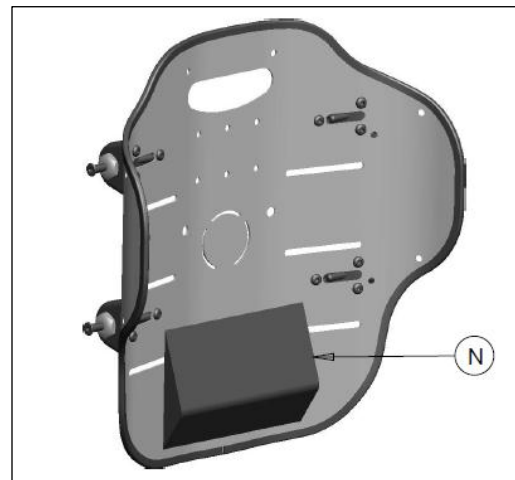
1. Remove the foam and cover from the Lunar Back shell.
2. Line up the holes of the universal headrest mounting plate (K) onto the upper rear of the shell as shown. The headrest can either be mounted using the center holes or can be offset by 1.5" to the left or right.
3. Once the holes are lined up, insert the button head screws (L) from the inside of the shell and through the mounting plate. The locknuts (M) should already be in the slots to accept screws.
4. Tighten the (2) screws with the 5/32" Hex Key to fasten in place.
5. Reinstall the Lunar Back cover and foam onto the shell.



FOAM INSERT POSITIONING WEDGES

1. Remove the foam and cover from the Lunar Back shell.
2. Place the positioning wedge on the two Velcro strips on the interior of the back shell.
3. Reinstall the Lunar Back cover and foam onto the shell.
4. Have the user test the current setup for comfort and support. Repeat steps 1-3 until adjustments are complete. Foam can be trimmed if necessary.

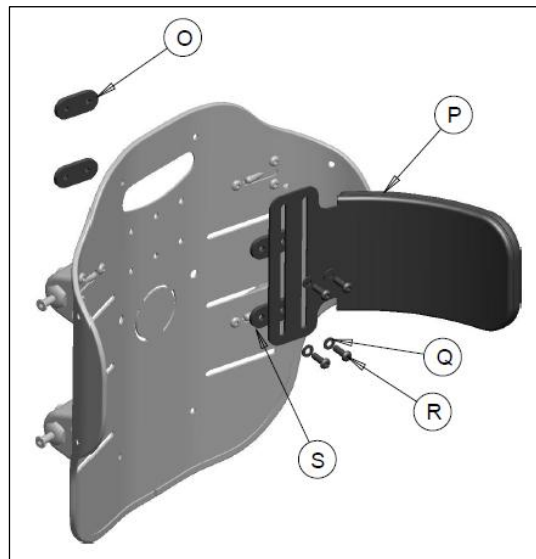
Positioning Components	
Large Lumbar	
Small Lumbar	
Wedge	



LUNAR BACK LATERAL SUPPORT ACCESSORIES

1. Remove the foam and cover from the Lunar Back shell.
2. Unscrew screws (R) and remove locking plates (O) from the padded lateral support (P).
3. Position the lateral support on the inside of the back shell in either the upper or lower two slots as shown. Make sure to keep the spacer plates (S) in between the back shell and the lateral support plate.
4. Thread the four screws into the two locking plates (O) and position the padded lateral support by sliding in slots to the desired location.
5. Tighten the (4) screws with the 5/32" Hex Key to fasten in place.
6. Reinstall the Lunar Back cover and foam onto the shell.
7. Have the user test the current setup for comfort and support.
8. Continue with adjustments if necessary until user is satisfied.
9. Repeat for other side if required.

NOTE: For the Fixed Height lateral support there are no plates used and the screws are inserted from the back of the shell side.

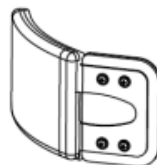
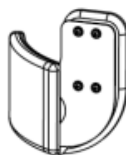
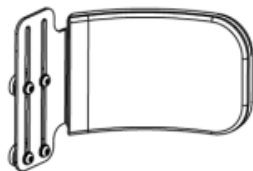
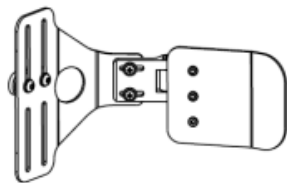


SWING AWAY

HEIGHT ADJUSTABLE

FIXED OFFSET

FIXED



8 MAINTENANCE

GENERAL MAINTENANCE

Future Mobility recommends that all fasteners be checked for wear, such as loose bolts or broken components every 6 months. Loose fasteners should be retightened according to the installation instructions. All fasteners should be tightened to torque specifications as stated in the hardware installation section. Contact your authorized Future Mobility supplier immediately to replace any broken components. Do not continue to use the system after identifying loose or broken components.



WARNING

Failing to follow these recommendations could lead to possible injury.

SERVICE AND REPAIR

1. Please contact the dealership or supplier from where the back was purchased for service and moderate repair.
2. In some circumstances, it may be necessary to return your back to Future Mobility for repairs.
3. Contact Future Mobility directly by telephone, fax, or e-mail to obtain information regarding repair at Future Mobility facilities.
4. For safe and secure shipping, the back must be placed in a suitable carton, to ensure it does not sustain damage during shipping. Contact Future Mobility to receive specific instructions for packaging and shipping your back. Alternatively, Future Mobility may arrange for pick-up.

CLEANING YOUR BACK

1. Cleaning Back Cover

- a. Remove the outer and inner cover if required and hand wash with a small amount of detergent.
- b. Hang to dry the covers, do not machine dry or wring out.
- c. For stains use a multipurpose disinfectant to spray and scrub with soft brush if needed.
- d. Test an inconspicuous area first for color-fastness.
- e. **DO NOT USE HOT AIR FOR DRYING.**
- f. **DO NOT IMMERSE** the back foam in water or cleaning solution.
- g. Some color leeching from the cover onto the foam is normal and cannot be washed out.

2. Cleaning Back Shell

- a. Back shell may be wiped clean with soap and water. No other maintenance should be required.



WARNING

**Do not ever submerge back in water.
Do not use cleaning products without consulting the products' instructions and taking appropriate precautions for human exposure to chemicals.**

9 **WARRANTY**

FOR TWO (2) YEARS

Wheelchair Back Mounting Hardware (Excluding Upholstery)

1. Future Mobility Healthcare Inc. guarantees the back mounting hardware (Excluding Upholstery) to be free of defects in material and workmanship for two years.

FOR (90) DAYS

Cushion and Back Upholstery

1. Future Mobility Healthcare Inc. guarantees the wheelchair back upholstery to be free of defects in material and workmanship for 90 days.

LIMITATIONS

1. We do not warrant:
 - a. Damage from negligence, accident, misuse, or from improper installation or repair.
 - b. Products modified without written consent from FMHI.
 - c. Damage from exceeding the back weight limit.

WARRANTY PROCEDURES

1. If within this warranty period the product shall be proven to be defective, such product shall be repaired or replaced, at FMHI discretion.

2. FMHI's sole obligation and your exclusive remedy under this warranty shall be limited to the repair and/or replacement of the product or its parts.
3. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any product.
4. For warranty service, please contact the dealer from whom you purchased your FMHI product. In the event you do not receive satisfactory warranty service, please write directly to FMHI.
5. DO NOT return products to FMHI without our prior consent. The defective unit or parts must be returned for warranty inspection within thirty (30) days of the return authorization date. (FMHI will issue a return authorization number). Please prepay all shipping charges; C.O.D. shipments will be refused.

The foregoing warranty is exclusive and in lieu of all other expressed warranties. 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. FMHI shall not be liable for any consequential or incidental damages whatsoever.

Cut below this line

Warranty Registration Form

To validate your Future Mobility HealthCare warranty, please complete the below form and return it the address at the end of this form. Visit online at www.futuremobility.ca for more Future Mobility Products.

Name: _____
Street Address: _____
City/Country/Postal Code: _____
Telephone: _____
Purchased Date: _____
Purchased From (Dealer Name and Address): _____
Product Purchased: _____
Serial Number: _____

Print and Mail it to:
Future Mobility Healthcare Products
3223 Orlando Drive
Mississauga, Ontario, L4V 1C5
Fax: 905-671-3377

CANADA

Future Mobility Healthcare Inc.

3223 Orlando Drive

Mississauga, ON, L4V 1C5

Ph: 905-671-1661 - 1 888 737 - 4011

Fax: 905-671-3377

e-mail: customerservice@futuremobility.ca

www.futuremobility.ca

USA

Future Mobility Products US LLC

1 Buffalo River Place

Buffalo, NY, 14210

Ph: 716-783-9130 - 1 855-938-8873

Fax: 716-783-9236

e-mail: customerservice@futuremobility.com

www.futuremobility.com



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