

# JAY<sup>®</sup>

## ZIP BACK

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#### IMPORTANT CONSUMER INFORMATION

**NOTICE:** This manual contains important instructions that must be passed on to the user of this product. Please do not remove this manual before delivery to the end user.

**SUPPLIER:** This manual must be given to the user of this product.

**USER:** Before using this product, read this entire manual and save for future reference.

**WARRANTY REGISTRATION:** To validate the warranty on this product, please complete and return the postcard attached to the enclosed instruction and warranty booklet.

Owner's Manual



**ENGLISH**

Introduction .....	3
Maintenance and Cleaning .....	4
Fitting the Back to the Chair.....	5
Installation .....	6
Adjustment.....	7
Transit Safety .....	8
Removal and Replacement.....	9
Warranty .....	9

Sunrise Medical recommends that a clinician such as a doctor or therapist experienced in seating and positioning be consulted to determine if a Zip Back is appropriate. Backs should only be installed by an authorized Sunrise Medical supplier.

## THE JAY ZIP BACK

The JAY Zip Back is designed to provide the important benefits of a proper back support for a wide variety of pediatric users. It is designed to provide simple, comfortable and effective support to help maximize function and increase sitting tolerance. In addition, it is light-weight, durable and easy to use.

**Maximum user weight: 165 lbs**

### **⚠ 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.

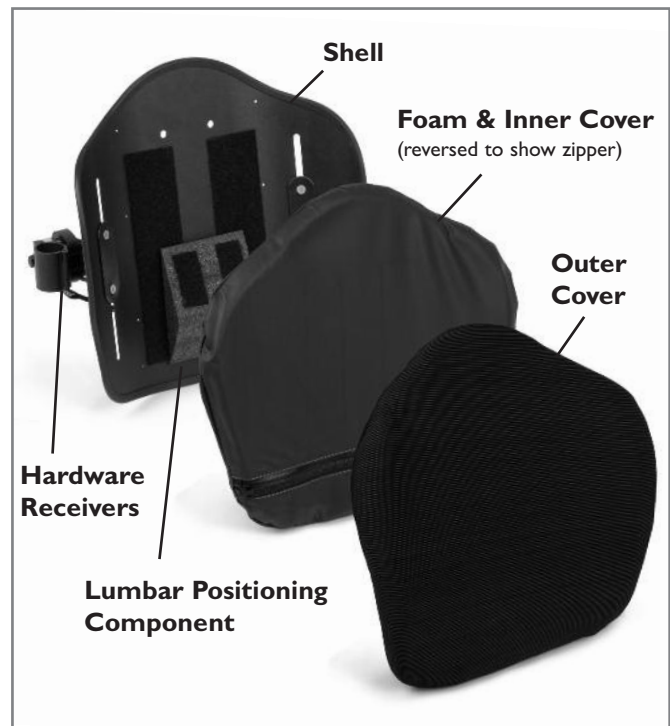
### **⚠ WARNING**

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

### **⚠ WARNING**

Do not use the back handle to lift wheelchair. It is intended only for back removal.

## ZIP BACK



## MAINTENANCE

Sunrise 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 Sunrise Medical supplier immediately to replace any broken components. Do not continue to use the system after identifying loose or broken components.

**NOTE–** Wrench has been included with the back for your convenience.

## EASY CLEANING

**NOTE–** When disassembling the back for cleaning, note the position of the Velcro® Lumbar Positioning Components for correct reassembly.

### To clean back cover

Remove cover by detaching Velcro. Detach cover from back shell. Locate zipper on bottom of the cover and unzip. Remove foam with inner cover and turn cover inside out. Zip cover closed to avoid snagging. Machine wash in warm water (50°C). Drip or tumble dry on low heat.

**NOTE:** Do not dry clean covers or use industrial washers and dryers to clean cover. Do not steam autoclave. Do not bleach.

Reinsert the foam with inner cover into the cover. Please note, the base has two layers of foam. When reinserting the foam, ensure that the thinner, firmer, light grey foam is facing the shell and the softer foam is facing the user. Once the foam is secured inside the cover, zip cover closed.






### To clean back shell and Inner Cover

Shell and inner cover may be wiped clean with soap and water. No other maintenance should be required.

### To clean positioning components

Positioning components can be wiped clean with soap and water. Do not immerse positioning components underwater.

If you have any additional questions regarding cleaning procedures, please contact your authorized Sunrise Medical dealer.

Laundry Care Symbols	
	Machine wash in warm water (50° C)
	Only non-chlorine bleach, when needed
	Drip dry
	Do not iron
	Do not dry clean

## DETERMINING COMPATIBILITY

### Wheelchair Types

The Zip Back is designed to be compatible with most wheelchairs with the following exceptions:

Wheelchairs that are angularly adjustable, recline or tilt and result in a back angle greater than 60 degrees from the vertical should not be used.

### **⚠ WARNING**

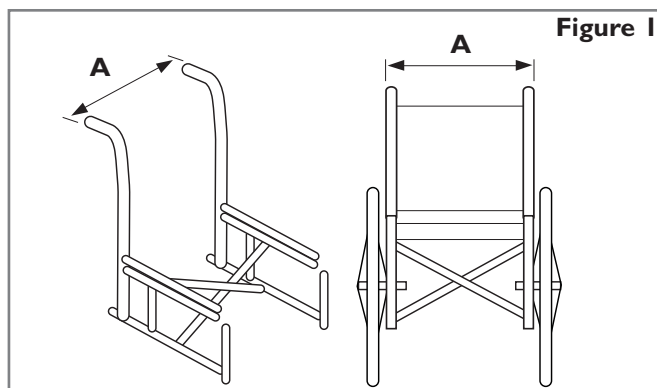
**Use with these types of wheelchairs may cause the back to accidentally disconnect from the wheelchair resulting in a fall and the potential for serious injury.**

### Wheelchair Dimensions

The JAY Zip back is designed to replace the wheelchair's sling upholstery. 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 Zip back hardware can be mounted on wheelchair back canes that measure in diameter 3/4" (with insert), 7/8" (with insert) or 1" (no insert). (Figure 2)

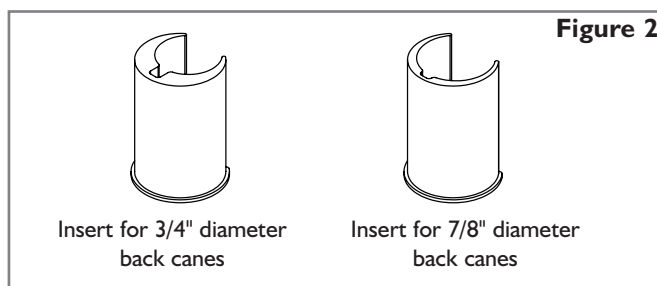
If you cannot determine that the back canes are compatible please contact your authorized Sunrise Medical provider or Sunrise Medical customer service.



**Figure 1**

Zip Back Width* (all contours)	Width of back canes from outside to outside of the tubes (Fig. 1-A)			
	Minimum width		Maximum width	
	inch	cm	inch	cm
8"	7.875	20.00	9.125	23.18
10"	9.875	25.08	11.125	28.26
12"	11.875	30.16	13.125	33.34
14"	13.875	35.24	15.125	38.42

\* Back Width is identified in your back's part number.  
Example: JZIPB10S is a 10" wide back.



**Figure 2**

## INSTALLING THE MOUNTING HARDWARE

Please read the following instructions before beginning installation.

To install the JAY Zip Back, begin without the user in the wheelchair. Once the back has been installed and minor adjustments are needed the user can be seated back in the wheelchair.

### Tool required (included)

10mm wrench



### Hardware Installation Instructions (Fig. 3)

1. Remove the existing wheelchair back according to the wheelchair manufacturer's instructions.
2. Visually determine the desired location of the receivers 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 receivers.
  - a. Loosen the clamp screws (A) with the enclosed 10 mm wrench. NOTE— For large tube diameters, clamp screws may have to be removed completely.
  - b. Attach and align receiver to the wheelchair back canes.
  - c. Hand tighten clamp screws (A). NOTE— Receivers may require additional lateral adjustment to ensure proper alignment.

### Attaching and Aligning the Back Shell (Figs. 3, 4)

- a. Loosen bracket nuts (B) and mounting pin bolts (C) using 10mm wrench until hardware can move easily in all directions.
- b. Attach the Zip Back to the hardware receivers by inserting left and right mounting hooks (D) in the left and right receivers (E).
- c. Locate back to the approximate location, relative to both chair and user.
- d. Tighten bolts on the inside of the mounting hooks (D). The recommended torque specification is 100 - 110 in-lbs. (11.3 - 12.4 Nm). NOTE— Back depth and angle may require additional adjustment to ensure proper fit to the user.
- e. Tighten bracket nuts (B). The recommended torque specification is 75 - 85 in-lbs. (8.5 - 9.3 Nm). NOTE— Back height may require additional adjustment to ensure proper fit to the user.
- f. Test back release by pulling down on back release handle and removing the back off the chair. (See Removal and Replacement section for further details.) Proper alignment of the mounting hardware and back is achieved when smooth attachment and release can be easily done.
- g. If proper alignment has not been achieved, adjust the components until properly aligned.
- h. Once properly aligned, tighten the hardware receiver clamp screws. The recommended torque specification is 75 - 85 in-lbs (8.5 - 9.3 Nm).

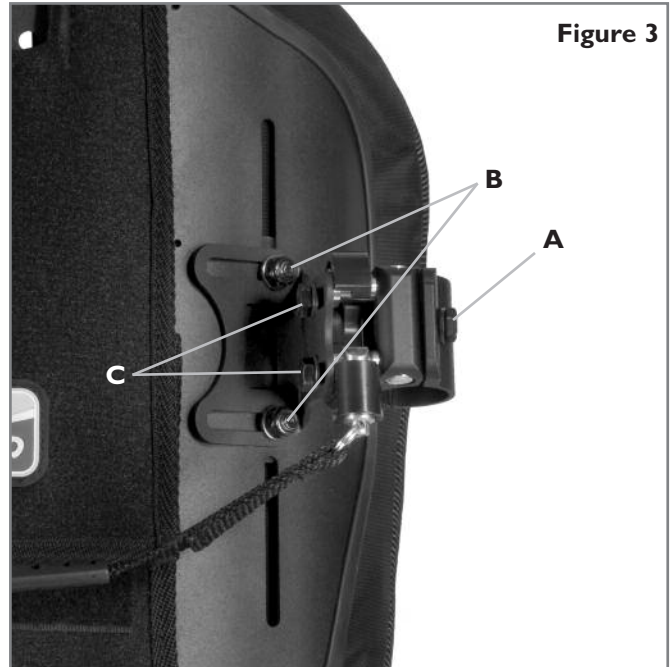


Figure 3

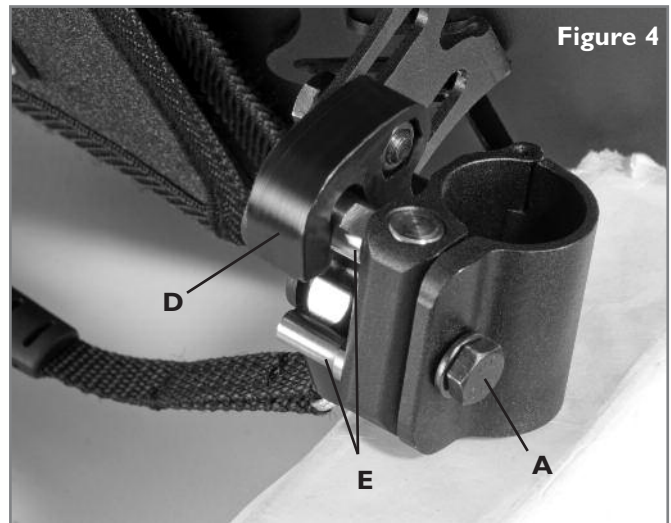


Figure 4

## ADJUSTING JAY ZIP HEIGHT, DEPTH AND ANGLE

With the user in the chair, modify the back height, depth, and angle to meet the unique requirements of the user. Do not have the user apply full pressure on the back as it is not fully tightened to the full torque requirements.

### 1. Height Adjustment (Fig. 3)

- With the user in the chair, identify the desired height of the back. Once identified, have the user remove pressure from the Zip back by leaning or sliding partially forward if possible to allow the adjustment to take place.
- Loosen the bracket nuts (B) and adjust the height of the back shell to required position.
- Securely tighten the bracket nuts (B). The recommended torque specification is 75-85 in-lbs. (8.5 - 9.3 Nm).

**NOTE—** After height adjustment is complete, check that the width was not inadvertently changed.

### 2. Depth/Angle Adjustment (Fig. 3)

Hardware allows for 1.6 inches of anterior depth adjustment, 3 inches with reversing hardware.

- To adjust back depth and angle loosen left and right bolts (C) on bracket slots.
- Adjust depth and/or angle and securely tighten. The recommended torque specification is 100-110 in-lbs. (11.3 - 12.4 Nm). Ensure that none of the depth adjustment nuts (C) will slip or rotate.

## WARNING

Ensure that all hardware has been properly tightened once all adjustments have been completed and the Zip Back is ready for use.

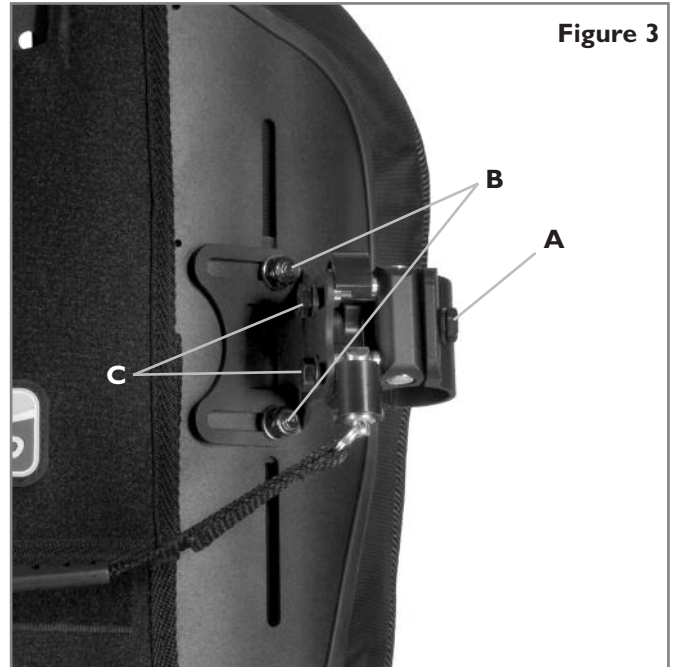


Figure 3

## BACK TRANSIT SAFETY

This back has been dynamically tested for use in a motor vehicle. Please follow all installation, use and maintenance instructions within this manual as well as the transit instructions listed below.

### WARNINGS

1. If possible and feasible, the rider should transfer to the Original Equipment Manufacturer vehicle seat and use the vehicle restraints.
2. The distance between the top of the user's shoulder and the top of the back shell should not exceed 3" (7.6 cm).
3. The wheelchair must be labeled as appropriate for use as a seat in a motor vehicle, dynamically tested to the performance requirements of ISO Standard 7176-19 and installed, used and maintained according to the manufacturer's instructions.
4. If the original wheelchair seat was replaced, the new seat must be approved for wheelchair transit, installed and used as indicated in the manufacturer's instructions.
5. The Wheelchair Tiedown and Occupant Restraint System (WTORS) should be compatible with the specific wheelchair, used as indicated in the manufacturer's instructions and should comply with the performance requirements of ISO Standard 10542.
6. The wheelchair must be forward facing during transport.
7. In order to reduce the potential of injury to vehicle occupants wheelchair-mounted accessories such as trays and respiratory equipment should be removed and secured separately.
8. This product is intended for use by users ranging in weight from 25 to 165 lbs.
9. Postural support devices such as pelvic positioning belts, anterior trunk supports or postural supports such as lateral trunk supports should not be relied on for occupant restraint in a moving vehicle unless they are labeled as conforming to ISO Standard 16840-4.
10. Alterations or substitutions should not be made to the structure, parts or components, without consulting the manufacturer.

### WARNING

**FAILURE TO HEED THESE WARNINGS  
COULD CAUSE SEVERE INJURY TO THE  
WHEELCHAIR RIDER OR OTHERS.**



## REMOVAL AND REPLACEMENT

### Removal

Following installation and adjustment, the back can be easily removed from the wheelchair if necessary. To remove, pull down on back handle, rotate up, then remove from the hardware receivers.

### Proper reattachment after removal

To reattach the back to the hardware receivers, pull down on cord, insert back into receivers, and rotate down.

### WARNING

If you are uncertain if you have heard the locking “click”, pull up on the back to ensure that it has been securely locked.

## WARRANTY

### 24 MONTH LIMITED WARRANTY

Each JAY Zip Back is carefully inspected and tested to provide peak performance. Every JAY Zip Back is guaranteed to be free from defects in materials and workmanship for a period of 24 months from the date of purchase, provided normal use. Should a defect in materials or workmanship occur within 24 months from the original date of purchase, Sunrise Medical will, at its option, repair or replace it without charge. This warranty does not apply to punctures, tears or burns, nor to the back's removable cover.

Claims and repairs should be processed through the nearest authorized supplier. Except for express warranties made herein, all other warranties, including implied warranties of merchantability and warranties of fitness for a particular purpose are excluded. There are not warranties which extend beyond the description on the face hereof. Remedies for breach of express warranties herein are limited to repair or replacement of the goods. In no event shall damages for breach of any warranty include any consequential damages or exceed the cost of non-conforming goods sold.