



JAY Your Way is a modification program designed to deliver the benefits of personalized seating but with the ease of ordering standard JAY products.





From clinical improvements to colored covers, JAY Your Way modifies cushions and backs specifically to address users' unique individual needs and preferences. This brochure includes information on commonly used modifications for JAY bases, fluid inserts, covers, backrests and JAY products. Simple instructions to ordering JAY Your Way are also included and most modifications are made at no additional charge. With JAY Your Way, JAY products are easily modified to meet your clients' needs and individual styles.

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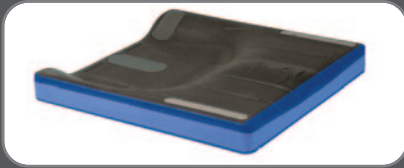
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# Cushion Base Modifications

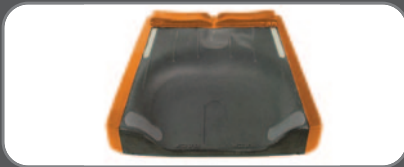
## Size Modifications



### Reduce Size

**Modification Detail:** Remove foam from the length or width of the cushion base and sew the cover to fit

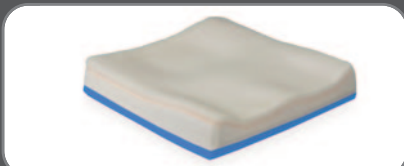
**Clinical Application:** Maintain the size of the Pelvic Loading Area (PLA) but decrease the size of the cushion



### Increase Size

**Modification Detail:** Add equivalent foam or cut down a larger base to the length or width of the cushion base and sew the cover to fit

**Clinical Application:** Maintain the size of the PLA and add foam to increase lateral stability



### Reduce Cushion Height

**Modification Detail:** Remove foam from the cushion base to decrease height

**Clinical Application:** Accommodate wheelchair fit, environment needs, and/or client needs

**Example:** Decrease seat-to-floor height for easier transfers and foot propulsion

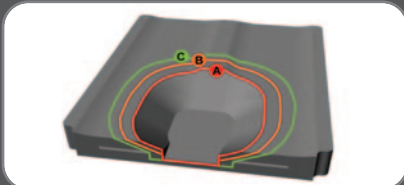


### Increase Cushion Height

**Modification Detail:** Add foam to cushion base to increase height

**Clinical Application:** Accommodate wheelchair fit, environment needs, and/or client needs

**Example:** Increase seat to floor height for easier transfers and foot propulsion



### Well Sizing

**Modification Detail:** Increase or decrease the standard, factory set size of the PLA

**Clinical Application:** Allow for anatomically optimized loading areas when considering proper immersion, pressure reduction, and lateral stability



### Move Pelvic Loading Area (PLA)

**Modification Detail:** Move the PLA forward towards the front of the cushion

**Clinical Application:** Accommodate kyphotic postures or clients who require increased room between PLA and backrest



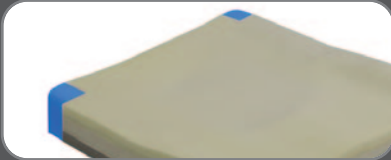
## Base and Positioning Modifications



### Notch for Seat Rails

**Modification Detail:** Remove foam along the bottom, lateral edges of the foam base

**Clinical Application:** To lower the cushion between seat rails to achieve the lowest possible seat-to-floor height



### Notch for Back Posts

**Modification Detail:** Remove foam from the back corners of the foam base

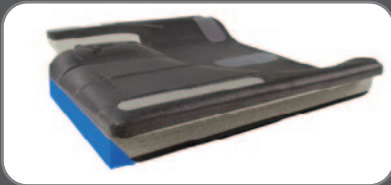
**Clinical Application:** Allows cushion to slide between back posts when loading surface is posterior to back posts, to lock in cushion in the case of frequent transfers, and to build in additional depth growth opportunities



### Leg Length Cut (Right/Left)

**Modification Detail:** Decrease the length of the foam base and fluid pad (if applicable) on the left or the right side and sew the cover to fit

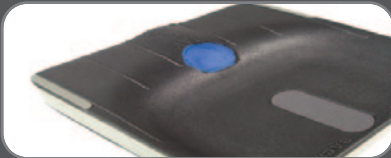
**Clinical Application:** To accommodate varying femoral lengths



### Contracture Cut

**Modification Detail:** Undercut the front of the foam base at an angle

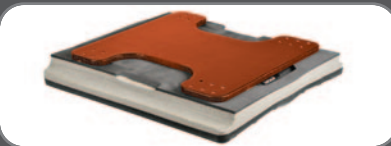
**Clinical Application:** To clear the calves in cases of tight hamstrings, large calves, or close front thigh to lower leg angles, to accommodate chair configurations, and to accommodate foot propulsion



### Scrotal Relief Cut

**Modification Detail:** Scoop out the front and center of the pelvic loading area (PLA)

**Clinical Application:** To accommodate organ tissue, reduce discomfort, and increase sitting tolerance



### Personalized Drop Seat

**Modification Detail:** Fit a drop seat to the cushion base

**Clinical Application:** To minimize seat-to-floor height for foot propulsion and transfers



### Angle Cut Posterior Slope

**Modification Detail:** Remove foam at an angle from underneath the rear of the cushion base; front of cushion will be higher than the back by specified dimension

**Clinical Application:** To close seat to back angle (e.g. for postural stability)

## Base and Positioning Modifications



### Angle Cut Anterior Slope

**Modification Detail:** Remove foam at an angle from underneath the front of the cushion base; back of cushion will be higher than the front by specified dimension

**Clinical Application:** To accommodate hip flexion limitations and assist with foot propelling and transfers



### Wedge Glue Posterior Slope

**Modification Detail:** Add a foam wedge underneath the front of the cushion base; front of cushion will be higher than the back by specified dimension

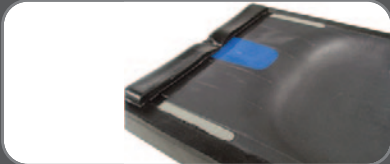
**Clinical Application:** To close seat to back angle (e.g. for postural stability)



### Wedge Glue Anterior Slope

**Modification Detail:** Add a foam wedge underneath the front of the cushion base; back of cushion will be higher than the front by specified dimension

**Clinical Application:** To accommodate hip flexion limitations and assist with foot propelling and transfers



### Medial Support Cut

**Modification Detail:** Remove the pre-contoured medial support

**Clinical Application:** To improve positioning when femoral alignment is not neutral (e.g. in windswept postures) or when transfers are inhibited by the medial thigh support



### Femoral Relief Cut

**Modification Detail:** Shave away the front of pelvic loading area (PLA) to transition from PLA to femoral support area

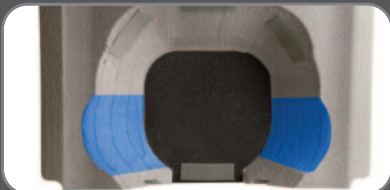
**Clinical Application:** To reduce pressure at front of PLA area to accommodate tissue and increase sitting tolerance for users with sensation



### Leg Trough Cut

**Modification Detail:** Scoop 1" of base material from the front of the PLA forward to the front edge of the femoral support area

**Clinical Application:** To improve medial and lateral positioning and support of the femurs and to accommodate hip limitations by opening hip angles



### Trochanteric Relief Cut

**Modification Detail:** Remove material at the lateral borders of the PLA, beneath the trochanters

**Clinical Application:** To reduce pressure at, or surrounding, the trochanters and evenly distribute load across the whole sitting surface

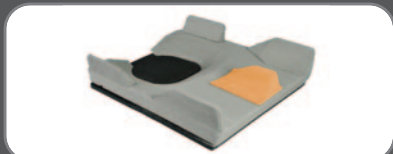
## Positioning Components



### Fixed Lateral Thigh Positioning Pieces

**Modification Detail:** Add positioning pieces to lateral edge of the cushion base

**Clinical Application:** To improve sitting posture and draw legs toward median of the body



### Fixed Medial Thigh Positioning Piece

**Modification Detail:** Add positioning pieces to the middle of the cushion base

**Clinical Application:** To improve sitting posture and position inner thighs



### Fixed Lateral Pelvic Positioning Pieces

**Modification Detail:** Add soft foam positioning pieces to the inner cover at rear of the cushion

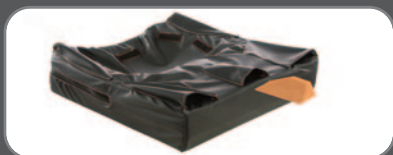
**Clinical Application:** To improve sitting posture and position pelvic area



### Removable Lateral Thigh Positioning Pieces

**Modification Detail:** Add soft foam positioning pieces to the inner cover at lateral edge of the cushion

**Clinical Application:** To improve sitting posture and draw legs toward median of the body



### Removable Medial Thigh Positioning Pieces

**Modification Detail:** Add soft foam positioning pieces to the inner cover in the front and middle of the cushion

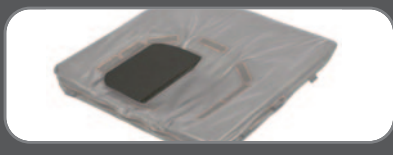
**Clinical Application:** To improve sitting posture and position inner thighs



### Removable Lateral Pelvic Positioning Pieces

**Modification Detail:** Add positioning pieces to the rear of the cushion base

**Clinical Application:** To improve sitting posture and position pelvic area



### Obliquity Pads

**Modification Detail:** Removable foam pads placed under the JAY fluid pad on either right or left side of the pelvic loading area (PLA)

**Clinical Application:** To accommodate bone or tissue asymmetry on one side of the client in the case of a flexible obliquity



### Visco Foam Overlay

**Modification Detail:** Soft Visco foam is added to the top of the cushion for added comfort

## Fluid Insert Modifications



### Underfill

**Modification Detail:** Reduce factory set fluid volume by weight up to 20% in the JAY fluid pad (5% increments only)

**Clinical Application:** Increase immersion of the pelvis into the fluid to achieve appropriate skin protection and/or lateral stability



### Overfill

**Modification Detail:** Increase factory set fluid volume by weight up to 40% in the JAY fluid pad (5% increments only)

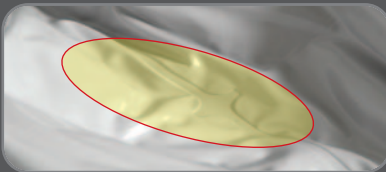
**Clinical Application:** Redistribute load and reduce pressure on the bony prominences when a client experiences "bottoming out" or discomfort on a standard JAY fluid pad



### Accommodate Obliquities

**Modification Detail:** Apply an overfill or underfill to either the right or the left side of the JAY fluid pad

**Clinical Application:** To optimize immersion (underfill), prevent bottoming out (overfill), or substitute for bone or tissue asymmetry on one side of the client in the case of a flexible obliquity



### Sacral or Scrotal Seal

**Modification Detail:** Add a heat seal in the sacral or scrotal area of the JAY fluid pad

**Clinical Application:** To control the migration of fluid in order to reduce pressure in areas that are at risk for skin breakdown, pain, or discomfort

## Cover Modifications

Each JAY cushion and back comes with a carefully designed cover manufactured from top-of-the-line materials that enhance their clinical effectiveness and comfort. JAY Your Way can be used to add some color or better fit users' unique lifestyles.



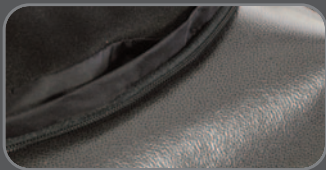
### Zippered Inner Cover

**Modification Detail:** The Zippered Inner Cover is a stretchable and water-resistant cover used under the outer cover of the cushion. It is made from Reversed Dartex®, a water-proof, stretchy fabric, with seams stitched using anti-wicking thread and an AquaGuard® zipper.

**Clinical Application:** To reduce surface tension, to protect foam base from dirt and moisture build-up, and to prevent odor

## Cover Modifications (Continued)

### Personalized Outer Covers (Fabric Options)



Incontinent Zipper Cover



Incontinent Shower Cap Cover



Dartex® Cover with AquaGuard® Zipper



Reverse Dartex® Cover with AquaGuard Zipper



Microclimatic-3DX



JAY Stretch Zipper Cover



X-static® Cover with Breathable Spacer Fabric



### Embroidery

**Modification Detail:** Personalize your JAY cover with embroidery available in single color, Arial font up to 32 characters



### Add Front Zipper Pocket

**Modification Detail:** Zippered pocket is sewn on the front underside of the cushion cover for convenient access and storage for small items such as keys, credit cards, or cell phones



### Outer Cushion Cover with Colored Side Bands and Colored JAY Back Cover\*



Digital Camo



Electric Lime



Grey



Hunters Orange



Navy Blue



Very Violet



Pink Sorbet



Shocking Pink



Turquoise



University Red



Volt Yellow



# Backrest Modifications

## Military Service Patches



Digital Camo back cover



### Spinal Fluid Pad

**Modification Detail:** Add a JAY fluid pad over spinal area of foam back

**Clinical Application:** Reduce pressure along bony area of the spine that is at risk of skin breakdown



### Visco Foam Insert

**Modification Detail:** Add a Visco memory foam insert with a cover sewn to match

**Clinical Application:** To add a comfort layer over the standard supportive foam for increased sitting tolerance and pressure reduction



Matte Purple painted back shell

### Painted Back Shell (Colors)\*

Aztec Gold	Bead Blast Black	Black Cherry	Black Opal
Blue Opal	Candy Blue	Candy Purple	Candy Red
Electric Blue	Evergreen	Glow	Green Apple
Hot Sparkle Pink	Mauve Pink	Rootbeer	Sparkle Silver
Sunrise Orange	Yellow	Titanium Color Paint	Matte Black
Matte Black Cherry	Matte Purple	Matte Electric Blue	Matte Evergreen

Glossy White

\* The color options shown are for reference only. They are not intended as accurate representations. Refer to the Quickie® & Zippie® Color Brochure, Quickie & Zippie Color ring or the JAY color fabric sample for representations of painted colors. Print processes cannot accurately represent paint finishes or fabric textures. Actual colors may vary.

## Arm Trough and Foot Box Modifications



### Add Pommel to Hand Pad

**Modification Detail:** Add ergonomic pommel mount to hand portion of arm trough. Available for arm troughs only.

**Clinical Application:** To improve comfort and pressure distribution for improved sitting tolerance



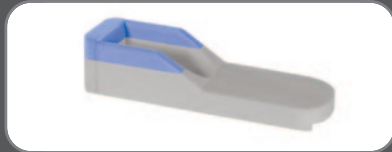
### Visco Overlay

**Modification Detail:** Add a top layer of Visco memory foam for additional comfort



### Add Additional Strap

**Modification Detail:** Add additional strap to secure the extremity



### Reduce Height of Arm Troughs Side Wall

**Modification Detail:** Lower the height of one or both of the side walls. Available for arm troughs only.



### Remove Side Walls of Arm Trough

**Modification Detail:** Remove the side walls for larger extremities. Available for arm troughs only.



Naugahyde surface

### Contact Surface

**Fabrics:** Naugahyde, Sheep Skin, and Microclimactic-3DX



### Colored Sidebands

**Fabric Colors:** See page 8 for color reference

# JAY Your Way Cushions Modification Matrix

		Cushions																			
Modifications Offered	Additional Details	Upcharge Y or N	JAY Basic Cushion	JAY Basic PRO® Cushion	JAY GO Cushion	JAY Zip® Cushion	JAY Ion® Cushion	JAY Union® Cushion	JAY LITE Cushion	JAY Soft Combi P Cushion	JAY Care Cushion	JAY Duo® Cushion	JAY Easy® Cushion	JAY X2® Cushion	JAY J2® /J2 Recline Cushion	JAY J2 DC Cushion	JAY J2 Plus Cushion	JAY GS® Cushion	JAY Fusion® Series Cushion	JAY J3® Cushion	
<b>Size Modifications</b>																					
Increase Length (added to front of cushion)	1"	N							•				•		•	•		•	•	•	
	2"	N							•				•		•	•		•	•	•	
	3"	N							•				•		•	•		•	•	•	
	4"	N							•				•		•	•		•	•	•	
Reduce Length (removed from front of cushion)	1"	N	•	•					•	•			•	•	•	•		•	•	•	
	2"	N	•	•					•	•			•	•	•	•		•	•	•	
	3"	N	•	•					•	•			•	•	•	•		•	•	•	
	4"	N	•	•					•	•			•	•	•	•		•	•	•	
Increase Width	1" - 1/2" added to each side	N							•						•	•		•	•	•	
	2" - 1" added to each side	N							•						•	•		•	•	•	
	3" - 1 1/2" added to each side	N							•						•	•		•	•	•	
	4" - 2" added to each side	N							•						•	•		•	•	•	
Reduce Width	1" - 1/2" removed from each side	N	•	•					•	•			•	•	•	•		•	•	•	
	2" - 1" removed from each side	N	•	•					•	•			•	•	•	•		•	•	•	
Reduce Cushion Height	1/2"	N			•																
	5/8"	N																			
Increase Cushion Height	1"	N						•													
	2"	N				•	•	•	•						•	•		•	•	•	
	3"	N				•	•	•	•						•	•		•	•	•	
Increase PLA / Well Sizing	1" - 1/2" increase to each side	N													•	•	•	•	•	•	
	2" - 1" increase to each side	N													•	•	•	•	•	•	
	3" - 1 1/2" increase to each side	N													•	•	•	•	•	•	
	4" - 2" increase to each side	N													•	•	•	•	•	•	
Reduce PLA / Well Sizing	1" - 1/2" decrease to each side	N													•	•	•	•	•	•	
	2" - 1" decrease to each side	N													•	•	•	•	•	•	
	3" - 1 1/2" decrease to each side	N													•	•	•	•	•	•	
	4" - 2" decrease to each side	N													•	•	•	•	•	•	
Move PLA / Well	1" Forward	N																		•	•
	2" Forward	N																		•	•
	3" Forward	N																		•	•
<b>Base Modifications</b>																					
Notch for Seat Rails	1.25" from side, 1.5" from bottom	N			•	•	•	•	•				•	•	•	•		•	•	•	
Notch for Back Posts	1.25" from side, 1.5" from back	N	•	•	•	•	•	•	•				•	•	•	•		•	•	•	
Leg Length Cut Right (left will be longer than right by specified length)	1"	N	•	•		•	•	•	•				•	•	•	•		•	•	•	
	2"	N	•	•		•	•	•	•				•	•	•	•		•	•	•	
	3"	N	•	•		•	•	•	•				•	•	•	•		•	•	•	
	4"	N	•	•		•	•	•	•				•	•	•	•		•	•	•	

Note: Some limitations and restrictions apply. Please contact Customer Service for more information.



Bullet indicates that the modification is available on the product



Gray box indicates that the modification is not available on the product



Green box indicates upcharge on modification

# Cushions Modification Matrix (Continued)

		Cushions																			
Modifications Offered	Additional Details	Upcharge Y or N	JAY Basic Cushion	JAY Basic PRO® Cushion	JAY GO Cushion	JAY Zip® Cushion	JAY Ion® Cushion	JAY Union® Cushion	JAY LITE Cushion	JAY Soft Combi P Cushion	JAY Care Cushion	JAY Duo® Cushion	JAY Easy™ Cushion	JAY X2® Cushion	JAY J2®/J2 Recline Cushion	JAY J2 DC Cushion	JAY J2 Plus Cushion	JAY GS® Cushion	JAY Fusion® Series Cushion	JAY J3® Cushion	
Leg Length Cut Left (right will be longer than left by specified length)	1"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	3"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	4"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Contracture Cut	1" x 45°	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Scrotal Relief Cut		N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Personalized Drop Seat		Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Angle Cut Posterior Slope (front of cushion higher than the back)	1/2"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Angle Cut Anterior Slope (back of cushion higher than front by selected dimension)	1/2"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1 1/2"	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Posterior Slope	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Wedge Glue	Anterior Slope	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Medial Support Cut		N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Femoral Relief Cut		N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Leg Trough Cut 1" Deep	Right	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Left	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Trochanteric Relief Cut		N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fixed Lateral Thigh Positioning Pieces	1" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Left only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fixed Medial Thigh Positioning Piece	1"	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2"	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fixed Lateral Pelvic Positioning Pieces	1" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Left only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	2" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Removable Lateral Thigh Positioning Pieces	2" Left only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Removable Medial Thigh Positioning Piece	1" Left only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1"	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Removable Lateral Pelvic Positioning Pieces	1" Pair	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Right only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	1" Left only	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Visco Foam Overlay		Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DO NOT Install Positioning Pieces	Pieces ship separately	N	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•



# Cushions Modification Matrix (Continued)

		Cushions																		
Modifications Offered	Additional Details	Upcharge Y or N	JAY Basic Cushion	JAY Basic PRO® Cushion	JAY 60 Cushion	JAY Zip® Cushion	JAY Ion® Cushion	JAY Union® Cushion	JAY LITE Cushion	JAY Soft Combi P Cushion	JAY Care Cushion	JAY Duo® Cushion	JAY Easy® Cushion	JAY X2® Cushion	JAY J2® JZ Recline Cushion	JAY J2 DC Cushion	JAY J2 Plus Cushion	JAY 6S® Cushion	JAY Fusion® Series Cushion	JAY J3® Cushion
<b>Fluid Insert Modifications</b>																				
Underfill	Up to 20% (in 5% increments)	N						•					•	•	•	•	•	•	•	•
Overfill	Up to 40% (in 5% increments)	N						•					•	•	•	•	•	•	•	•
Obliquity Underfill	Left or Right Side, up to 20%	N						•					•	•	•	•	•	•	•	•
Obliquity Overfill	Left or Right Side, up to 40%	N						•					•	•	•	•	•	•	•	•
Sacral Seal		N													•	•	•		•	•
Scrotal Seal		N													•	•	•		•	•
<b>Cover Modifications</b>																				
Zippered Inner Cover	Reverse Dartex® with Aquaguard® Zipper	Y			•				•	•	•	•			•	•	•	•	•	•
	Incontinent Showercap Cover (J2 Style)	N			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Incontinent Zipper Cover	Y		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	JAY Stretch Zipper Cover (Fusion Style)	Y		•	•				•	•	•	•	•	•	•	•	•	•	•	•
Personalized Outer Cover	X-static® Cover with Breathable Spacer Fabric	Y		•	•				•	•	•	•	•	•	•	•	•	•	•	•
	3DX® Cover with Zipper	Y		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Dartex® Cover with AquaGuard® Zipper	Y		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Reverse Dartex® Cover with AquaGuard® Zipper	Y		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Embroidery	Arial Font up to 32 Characters - Single color	Y	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Digital Camo	N													•	•	•	•	•	•
Colored Outer Cover Sidebands	Electric Lime	N													•	•	•	•	•	•
	Grey	N													•	•	•	•	•	•
	Hunters Orange	N													•	•	•	•	•	•
	Navy Blue	N													•	•	•	•	•	•
	Pink Sorbet	N													•	•	•	•	•	•
	Shocking Pink	N													•	•	•	•	•	•
	Turquoise	N													•	•	•	•	•	•
	University Red	N													•	•	•	•	•	•
	Very Violet	N													•	•	•	•	•	•
	Volt Yellow	N													•	•	•	•	•	•
Add Front Zipper Pocket		Y	•	•		•	•	•	•	•		•		•	•	•	•	•	•	•

Note: Some limitations and restrictions apply. Please contact Customer Service for more information.



Bullet indicates that the modification is available on the product



Gray box indicates that the modification is not available on the product



Green box indicates upcharge on modification

# JAY Your Way Backs Modification Matrix

		Backs										
Modifications Offered	Additional Details	Upcharge Y or N	JAY Focus/Tail Back	JAY Basic Back	JAY J2™ Back	JAY J2™ DC Back	JAY J2™ Plus Back	JAY Go Back	JAY J3® Back	JAY Zip™ Back	JAY J3® HV Back	JAY J3® CF Back
Military Service Patch	Purple Heart	N						•	•		•	•
	Marines	N						•	•		•	•
	Army	N						•	•		•	•
	Air Force	N						•	•		•	•
	Navy	N						•	•		•	•
	Coast Guard	N						•	•		•	•
Spinal Fluid Pad		Y	•		•	•	•		•	•		
Visco Foam Insert		Y	•		•	•	•		•	•		
Scapular Relief Cut		N	•		•	•	•				•	
Upside Down Back Shell w/ Head rest		N	•		•	•	•					
Upside Down Back Cover		N							•			
Zipper at the Top of the Cover		N							•			
Personalized Outer Cover	Sealed Inner Cover	Y	•	•	•	•	•	•	•			•
	Incontinent Zipper Outer Cover	Y	•	•	•	•	•	•	•			•
	X-static® Cover with Breathable Spacer Fabric	Y	•	•	•	•	•	•	•			•
	3DX® Cover with Zipper	Y	•	•	•	•	•	•	•			•
	Reverse Dartex® Cover with Aquaguard® Zipper	Y	•	•	•	•	•	•	•			•
Embroidery	Arial Font up to 32 Characters - Single color	Y	•	•	•	•	•	•	•			•
Colored Outer Cover with Zipper	Digital Camo	N							•	•	•	•
	Electric Lime	N							•	•	•	•
	Grey	N							•	•	•	•
	Hunters Orange	N							•	•	•	•
	Navy Blue	N							•	•	•	•
	Pink Sorbet	N							•	•	•	•
	Shocking Pink	N							•	•	•	•
	Turquoise	N							•	•	•	•
	University Red	N							•	•	•	•
	Very Violet	N							•	•	•	•
	Volt Yellow	N							•	•	•	•
Painted Back Shell	All Quickie & Zippie Colors available	N			•	•			•	•	•	
Additional Hardware Choice	Basic Back 4-Point Locking Hardware	Y		•								

# Arm Trough and Foot Box Modification Matrix

Arm Troughs & Foot Boxes				
Modifications Offered	Additional Details	Upcharge Y or N	Arm Troughs	Foot Boxes
Add Pommel to Hand Pad		Y	•	■
Visco Overlay		Y	•	•
Add Additional Strap		Y	•	•
Reduce Height of Side Wall	1/2"	N	•	■
	1"	N	•	■
Remove Side Walls		N	•	■
Colored Side Bands	Digital Camo	N	•	•
	Electric Lime	N	•	•
	Grey	N	•	•
	Hunters Orange	N	•	•
	Navy Blue	N	•	•
	Pink Sorbet	N	•	•
	Shocking Pink	N	•	•
	Turquoise	N	•	•
	University Red	N	•	•
	Very Violet	N	•	•
	Volt Yellow	N	•	•
	Naugahyde	N	•	•
	Sheep Skin	N	•	•
Reduce Width	3DX Microclimatic	N	•	•
	1"	N	■	•
Increase Leg Trough Size	1/2"	N	■	•
	1"	N	■	•
Reduce Leg Trough Size	1/2"	N	■	•
	1"	N	■	•

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Green box indicates upcharge on modification



**To order JAY products with JAY Your Way modifications, please log on to your my Sunrise account and see ordering details below. If you do not have a Sunrise Medical account, please contact your local Sunrise Medical Dealer or call Customer Service at 800.333.4000**

## **How to Order JAY Products using JAY Your Way**

- Step 1:** Assess your client and select the appropriate JAY products that need to be modified.
- Step 2:** Visit [www.sunrisemedical.com](http://www.sunrisemedical.com) and log on to your My Sunrise account. To set up an account click on "Sign up for an Online Account" and follow the prompts.
- Step 3:** Begin a "New Order" or "New Quote".
- Step 4:** Enter an "M", followed by the item number of the JAY product you would like to modify. For example, "MJFUSION1818", for a modified Fusion cushion.
- Step 5:** Select from the numerous drop-down menus for the modifications you require. If you do not see a modification you require in this catalog or in the drop-down menus, please contact Customer Service. They will advise if that modification can be made for that product.