

REAL 9000 PLUS CHILD/YOUTH



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Order form - your support for assessment, quotation and order

Use *Adobe Acrobat Reader* to complete this form digitally. Download the program [here](#).

Quotation Order Number of chairs _____

YOUR CONTACT INFORMATION

Name _____ Email _____ Phone _____

1 MODEL

Model	Electrical controls	Color of seat, backrest and other upholstery (except armrests):			
<input type="checkbox"/> Child manual <input type="checkbox"/> Child electrical 24V <input type="checkbox"/> Mini manual <input type="checkbox"/> Mini electrical 24V	<input type="checkbox"/> Mounted ¹ <input type="checkbox"/> Remote control with cord	Plush <input type="checkbox"/> Grey <input type="checkbox"/> Marine <input type="checkbox"/> Bordeaux	<input type="checkbox"/> REAL-blue <input type="checkbox"/> Black <input type="checkbox"/> Brown	Artificial leather <input type="checkbox"/> Red <input type="checkbox"/> Grey <input type="checkbox"/> Brown	Hygiene <input type="checkbox"/> Grey <input type="checkbox"/> Blue <input type="checkbox"/> Patterned <input type="checkbox"/> Blue

¹ For position of mounted controls see section "Control position" in section 2, 3 och 5

2 SEAT

SEAT UPHOLSTERY

Width x depth, in cm	29x32	33x35	36x39	36x43	40x39	40x43	40x48
ErgoMedic (EM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM SlowRecovery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS SlowRecovery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM wooden seat plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM wooden seat plate with Anti-slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEAT TILT seat and backrest are tilted together ²

Fixed interval	Allangle (= configurable)	Seat angle control	Control position	Armrest follow tilt ⁴
<input type="checkbox"/> No tilt <input type="checkbox"/> 15° fw, 8° bw <input type="checkbox"/> 15° fw, 15° bw	<input type="checkbox"/> 15° fw, 8° bw <input type="checkbox"/> 8° fw, 15° bw <input type="checkbox"/> 0° fw, 23° bw ³	<input type="checkbox"/> Crank (under seat back) <input type="checkbox"/> Gas spring <input type="checkbox"/> Electrical	<input type="checkbox"/> Under seat back <input type="checkbox"/> Armrest right front <input type="checkbox"/> Armrest left front <input type="checkbox"/> Armrest right back <input type="checkbox"/> Armrest left back <input type="checkbox"/> Backside of backrest	<input type="checkbox"/> Yes <input type="checkbox"/> No

² See section 7

³ Requires rear base extenders

⁴ Only for seat tilt "Allangle" and "15° fw, 15° bw"

3 BACKREST

BACKREST UPHOLSTERY

Width x height, in cm	Low					High						
	27x22	30x26	33x26	35x20	40x20	25x34	27x32	30x34	33x36	35x43	40x34	42x43
ErgoMedic (EM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
EM SlowRecovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM Support										<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS SlowRecovery				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS side wedge (SW)								<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS comfort (= lower back support)										<input type="checkbox"/>		<input type="checkbox"/>

(more backrests on next page)

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BACKREST UPHOLSTERY (CONTINUATION)

Low

High

Width x height, in cm	27x22	30x26	33x26	35x20	40x20	25x34	27x32	30x34	33x36	35x43	40x34	42x43
EM PLUS SW comfort										<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS reinforced SW										<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS reinforced SW comfort										<input type="checkbox"/>		<input type="checkbox"/>
EM PLUS no scapula support ⁵												<input type="checkbox"/>
EM PLUS no scapula support w SW ⁵												<input type="checkbox"/>
		39x30	45x30			39x40	45x40					
Slingback (backrest with adjustable straps)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>					

⁵ Only available in grey plush

BACKREST MECHANISM

Model

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Comfort |
| <input type="checkbox"/> Medic | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Double Medic (Allangle required) | <input type="checkbox"/> Slingback |

Control position ⁶

- | | |
|---|---|
| <input type="checkbox"/> Armrest right front | <input type="checkbox"/> Armrest right back |
| <input type="checkbox"/> Armrest left front | <input type="checkbox"/> Armrest left back |
| <input type="checkbox"/> Backside of backrest | |

⁶ Only for Comfort and electrical backrest mechanism

4 ARMREST

ARMREST PLATE black molded / artificial leather

ARMREST MECHANISM

Length in cm	25	30	35 ⁷	40 ⁷	42 ⁷	Model
ErgoMedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PLUS (non foldable)
Extra Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Foldable backwards ⁷
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ErgoMedic PLUS		L <input type="checkbox"/> R <input type="checkbox"/>		L <input type="checkbox"/> R <input type="checkbox"/>		

⁷ Not suitable for chair model REAL 9000 PLUS Mini

5 BASE

ACTUATOR FOR SEAT HEIGHT

Seat height adjustment, in cm (manual / electrical) ⁸	Control position	User weight
<input type="checkbox"/> Extra low (- / 33-48) ⁹	<input type="checkbox"/> Under seat front ¹⁰	Manual chair model
<input type="checkbox"/> Low (32-46 / 36-56)	<input type="checkbox"/> Armrest right front	<input type="checkbox"/> < 55 kg
<input type="checkbox"/> High (40-60 / 43-71)	<input type="checkbox"/> Armrest left front	<input type="checkbox"/> 55-75 kg ¹¹
	<input type="checkbox"/> Armrest right back	Electrical chair model
	<input type="checkbox"/> Armrest left back	<input type="checkbox"/> 0-75 kg ¹¹
	<input type="checkbox"/> Backside of backrest	

⁸ Seat height measured between floor and bottom of seat (without seat tilt)

⁹ Only without seat tilt

¹⁰ Not for "15° fw, 15° bw" seat tilt or electrical adjustable chairs

¹¹ For user weight exceeding 75 kg, see order form for REAL 9000 PLUS Adult

BASE Width x depth, in cm

Model	Brake type	Wheels (in mm)
<input type="checkbox"/> Forward brake (Mini 43 x 48) ^{12,13}	<input type="checkbox"/> Brake lever 25 cm	<input type="checkbox"/> 100 XL
<input type="checkbox"/> Forward brake (Child 43 x 53) ¹³	<input type="checkbox"/> Brake lever 35 cm	<input type="checkbox"/> 100 BXL
<input type="checkbox"/> Forward brake (48 x 53) ¹³	<input type="checkbox"/> Brake lever 45 cm	<input type="checkbox"/> 100 SL
<input type="checkbox"/> Backward brake (48 x 53) ¹³	<input type="checkbox"/> Brake lever w loop	<input type="checkbox"/> 125
<input type="checkbox"/> 4-point-backward brake (48 x 53) ¹³		<input type="checkbox"/> 150
	<input type="checkbox"/> Foot brake (choose backward brake)	
	<input type="checkbox"/> Electrical brake	

¹² Only with seats 29x32

¹³ Choose model "forward brake" for brake type "levers" and model "backward brake" for foot brake.

6 OPTIONAL AND ALTERNATIVE EQUIPMENT

LEGREST Adjustable interval, in cm

Foot ring foldable	Legrest Medic	Legrest split Medic	Legrest center mounted	Adapter for Cross legrest
<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/8 right <input type="checkbox"/> 1/8 left	<input type="checkbox"/> S 18-24 <input type="checkbox"/> M 23-32 <input type="checkbox"/> L 28-41	<input type="checkbox"/> S 18-24 <input type="checkbox"/> M 23-32 <input type="checkbox"/> L 28-41	<input type="checkbox"/> 30-38 (W29xD24) <input type="checkbox"/> 37-53 (W29xD24) <input type="checkbox"/> 30-38 Mini (W25xD18) <input type="checkbox"/> 37-53 Mini (W25xD18) <input type="checkbox"/> 30-38 Slim (W32xD10) <input type="checkbox"/> 37-53 Slim (W32xD10)	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Including Cross legrest

EXTRA SUPPORT Width x height, in cm

Trunk support ¹⁴	Side support	Hip belt (length)	Attachment for belt/harness
<input type="checkbox"/> Straight <input type="checkbox"/> Cruved <input type="checkbox"/> Curved and adjustable	<input type="checkbox"/> 15x8 <input type="checkbox"/> 28x8 <input type="checkbox"/> 24x14	<input type="checkbox"/> S 51-71 <input type="checkbox"/> M 63-83 <input type="checkbox"/> L 83-103	<input type="checkbox"/> Attachment hip belt ¹⁵ <input type="checkbox"/> Attachment 4-point harness <input type="checkbox"/> Attachment H-harness

Neckrest ¹⁴	Neckrest mechanism ¹⁴	Knee stop	Calf support	Leg abductor (width)
<input type="checkbox"/> Flat 29x16 <input type="checkbox"/> Concave 31x18 <input type="checkbox"/> ErgoMedic PLUS 30x23 <input type="checkbox"/> ErgoMedic PLUS 30x8	<input type="checkbox"/> Height adjustable <input type="checkbox"/> Height and sideways adjustable	<input type="checkbox"/> 15x8	<input type="checkbox"/> 15x13	<input type="checkbox"/> 11

¹⁴ Only for high backrest

¹⁵ Not needed if the selected option for seat tilt is "Allangle"

COVER	PUSH HANDLE	TABLE/TRAY	BASE EXTENDERS
<input type="checkbox"/> Backrest, plush <input type="checkbox"/> Seat, plush <input type="checkbox"/> Backrest, water resistant <input type="checkbox"/> Seat, water resistant	<input type="checkbox"/> Push handles Optimal	<input type="checkbox"/> Table 37x45 cm foldable <input type="checkbox"/> Table 60x45 cm foldable <input type="checkbox"/> Tray 45x30 cm	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Front and rear

7 PRESCRIPTION RECOMMENDATIONS

The backrest mechanism Double Medic should be prescribed when:

- ... there is a risk for involuntary movements which may cause great stress on the backrest mechanism over a long period of time.
- ... the user is over 200 cm long and has a backward tilted pelvis, in combination with a seat unit that can tilt more than 8° backward, and neck support.
- ... the seat unit can be tilted more than 15° backward and the user weighs more than 100 kg.
- ... the reinforced seat frame Allangle +15°/-23° is selected due to high loads.
- ... a user with spasms or repeated rocking movements is going to use the chair.
- ... backrest upholstery wider than 46 cm is mounted on the chair in combination with 15° tilt backward.

COMMENTS