



## RMS Pelvic Belts



### Healthcare Professionals and Users / Carers

-  All RMS Pelvic Belts are designed for postural positioning and or safety only, not as a method of restraint.
- **UNDER NO CIRCUMSTANCES** should this Pelvic Belt be used as the sole method of securing the User in a wheelchair, during transportation in a motor vehicle. When transporting an occupant in a wheelchair, in a mobility vehicle, a suitable 4 point tie down restraint (WTORS) system with a suitable, separate 3 point passenger restraint must be used to ensure the occupant is safe during transportation.
  - This Pelvic Belt should be prescribed and installed by a suitably qualified healthcare professional, giving the necessary consideration to positioning, direction of pull, strap routing and correct adjustment.
  - Achieving the correct tension is extremely important see Adjustments section .
  - Small RMS Pelvic Belts are intended for a single occupant whose mass does not exceed 50kg.
  - Large RMS Pelvic Belts are intended for a single occupant whose mass does not exceed 125kg.
  - Do not modify the Belt or Buckle in any way.
  - The belts function is checked before use, see User / Carer information.
  - Please record the batch WOR number from the packaging onto your users records for traceability.
  - **Liability** RMS recommends using the device under the specified conditions and for the intended purpose. The device must be maintained according to the instructions for use supplied with the device. The manufacturer is not liable for any adverse outcome caused by any component combinations that were not authorized by them.
  - **CE Conformity** This product meets the requirements of MDD93/42/EEC for Medical Devices and MDR 2002 (2002 No. 618). This device has been classified as a Class 1 Medical Device according to the classification criteria outlined in the regulation. The Declaration of Conformity is created by RMS as a conformation of compliance.
  - **Reporting of Adverse Incidents** In the unlikely event of a serious adverse incident occurring, please report to the manufacturer and the National Competent authority (MHRA in UK)

#### IFU Symbol Glossary:



Date of manufacture



Serial No.



Caution



UK Conformity Assessment



Manufacturer



Catalogue No.



CE Mark EU Conformity



Single User Multiple Use



Lot / Batch no.



Medical Device



Consult Instruction Manual

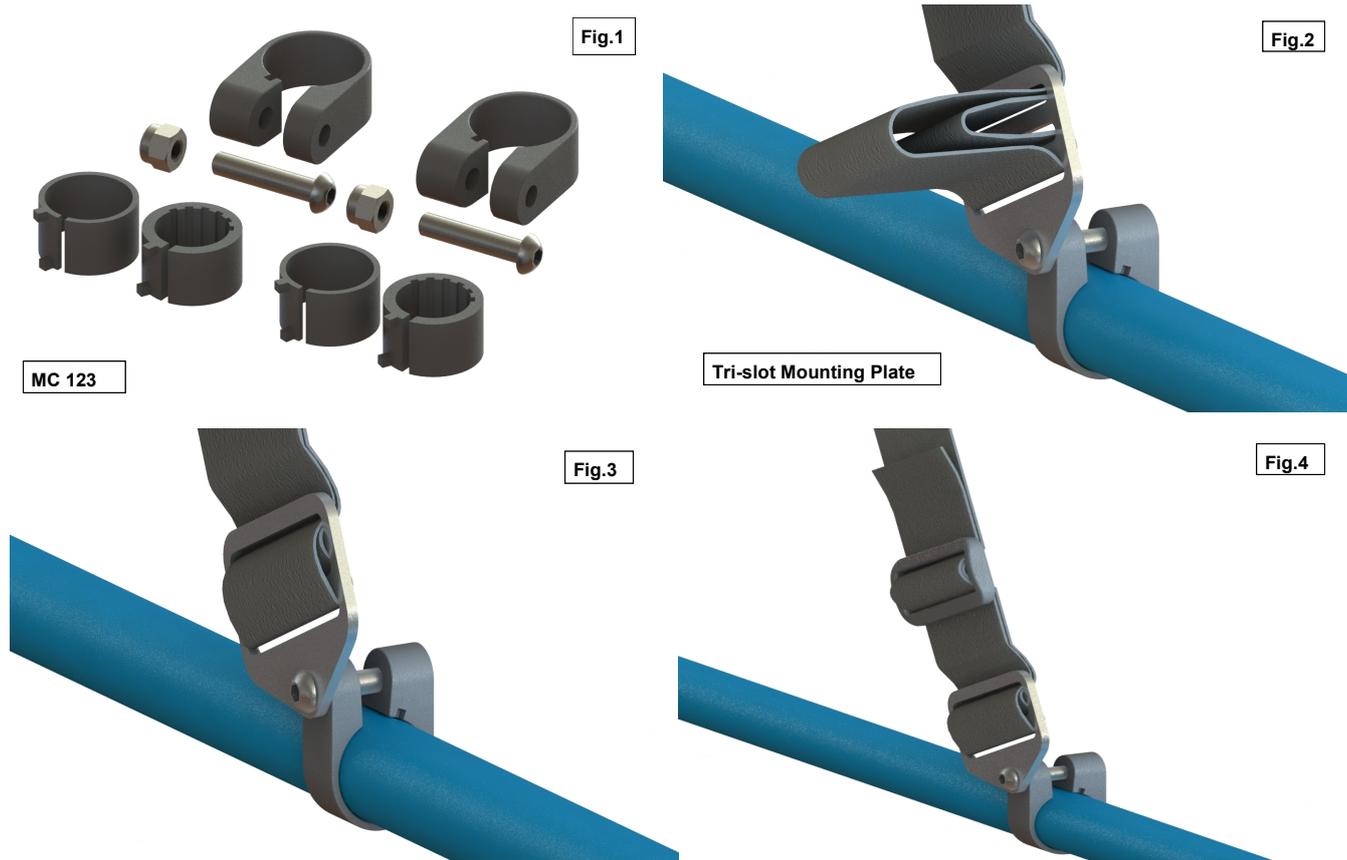


EC Representative

## Fitting : Healthcare Professionals

**RMS Pelvic Belts are supplied with optional methods of attachment to a wheelchair.**

- Initially, the installer will need to establish the most suitable positions for the Pelvic Belt to be attached, according to the User's disability, type of Pelvic Belt and type of wheelchair. It is recommended that this is carried out with the User seated in the wheelchair and the Pelvic Belt laid around the User in the intended position.
- The Pelvic Belt should be attached either by utilising suitable existing frame screws, or by use of the **RMS Universal Mounting Clamps, MC123** included with this kit (see Fig1). These clamps enable the Pelvic Belt to be attached to round frame tubes of 19, 22 or 25mm Diameter without drilling. Where the preference is to use suitable existing frame screws, the User should be removed from wheelchair before slackening or removing any screws, (Minimum screw dia. 5mm).



- To attach the Pelvic Belt using **RMS** frame clamps **MC123** (Fig.1), install the clamps, together with any appropriate size spacer shim, onto the frame tubes in the most suitable position to create a 60° directional line over the pelvis (see Diagrams 1 & 2). NOTE: ensure the locating lugs on any spacer shims engage into the slots in the Clamp.
- Using **Tri-slot Mounting Plate** method of attachment, Figs.2 & 3, install a Tri-glide onto each free end of the Belt by threading the end of the webbing through the slots and slide up the webbing about 30cm.
- Now install the free end of the webbing through the slots as shown in Fig.2. (Do Not adjust at this stage). Insert the clamping screw through the Tri-slot Mounting Plates (from the side which is recessed to take the screw head) and screw into the M6 captive nut in each Clamp. Tighten in line with the direction of pull. Screws should be tightened sufficiently to prevent any movement of the Clamps, although this may allow the Tri-Plates to revolve around the screws, with some resistance.
- Adjust belt lengths as required and pull webbing tight against Tri-Plates and insert the excess webbing end through the preinstalled tri glide. Figs 4.

- When using the enclosed **Cam Lock Mounting Plate** method of attachment, install a Mounting Plate onto each free end of the Belt by raising the Cam Buckle cover, threading the end of the webbing through the Cam Buckle side of the Mounting Plate, around the bridging bar, then back through Cam Buckle as Fig.5. (Do Not adjust at this stage).
- With the Cam Buckle cover raised, insert clamping screw, with washer through each Cam Lock Mounting Plate and screw into the M6 captive nut in each Clamp. Tighten in line with the direction of pull. Tighten screws sufficient to prevent any movement of the Clamps, although this may allow the Cam Lock Mounting to revolve around the screws, with some resistance. Adjust belt lengths as required and close Cam Lock Mounting cover to secure. Fig.6



Fig.5

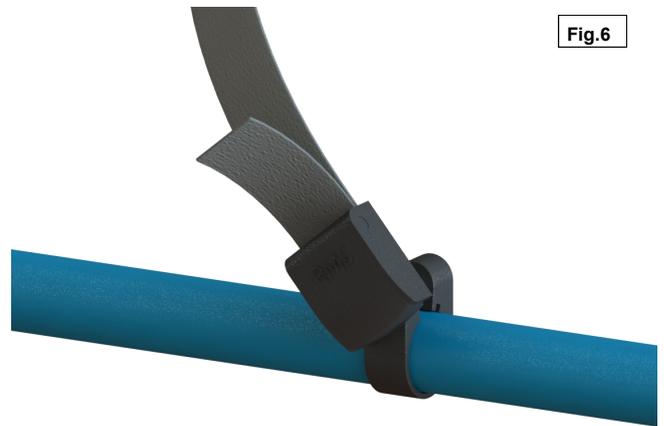


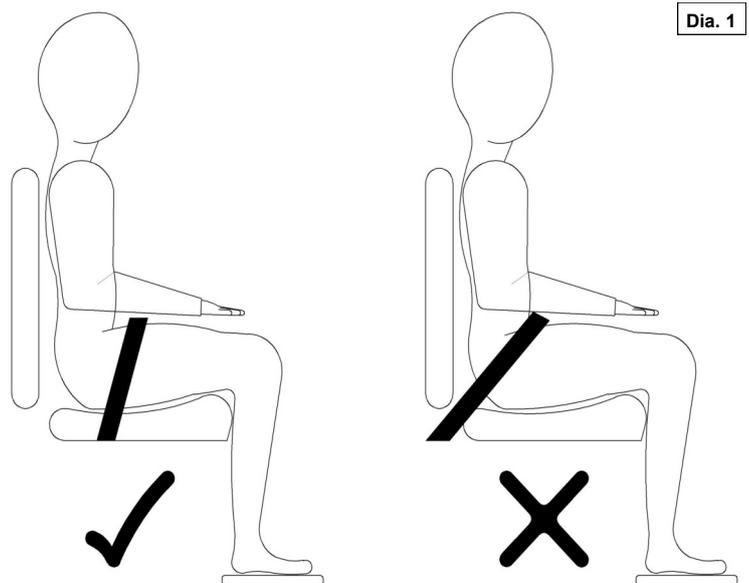
Fig.6

**2-point pelvic positioning**

The belt should be placed in such a way that it stops the pelvis sliding forwards. To achieve this, it shall be attached such that the belt falls anterior to the greater trochanters as shown in the left hand diagram, above.

The right hand diagram shows the incorrect fitment.

More information on postural support fixation and placement can be found in BS 8625:2019



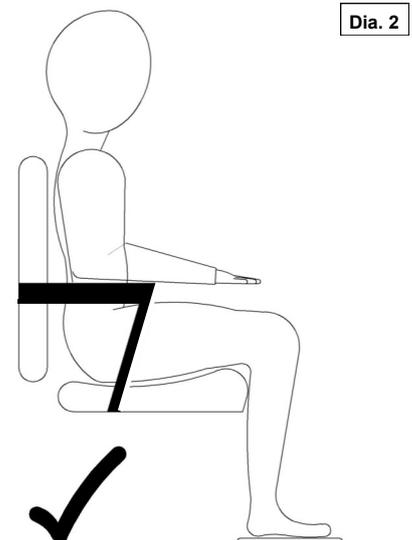
Dia. 1

**4-point pelvic positioning**

The belt is used to control a tendency towards anterior rotation of one ASIS or anterior pelvic tilt, by pulling back on the ASISs. To prevent it riding up over the abdomen secondary straps are used.

The wider main strap should be attached to the back support at the level of the PSISs.

The narrower secondary straps should be fitted so that the belt falls anterior to the greater trochanters as shown in the diagram on the right.



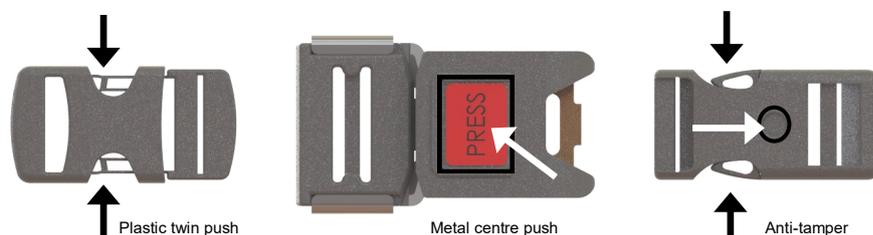
Dia. 2

## Adjustments : All Users

- As the positioning and tension of a Pelvic Belt is extremely important to achieve its intended purpose, care should be taken to ensure that all straps are attached with the correct direction of pull, appropriately adjusted with any Comfort Pads suitably positioned.
- Incorrect tension, i.e. too tight, can result in unnecessary discomfort or distress to the User, whereas too loose, can allow the belt to roll upwards or downwards thus not achieving its intended purpose. This could also allow the buckle release catch to come into contact with a more rigid piece of clothing, i.e. a large button or belt buckle, which in turn could inadvertently operate the release catch on the Belt. Should the User show continued signs of discomfort or distress or redness of the skin or sores around the area of contact due to the Pelvic Belt a suitably qualified healthcare professional should be consulted immediately.
- For “**Single Pull**” type belts, adjustment is made after connecting the main buckle, by pulling the strap fitted with a “D” ring to the side of the main buckle, outwards away from the centre.
- With “**Dual Pull**” type belts, adjustment is made, main buckle, outwards away from the centre.
- For “**Rear Pull**” type belts, adjustment is made after connecting the main buckle, by pulling the “D” ring straps located towards the rear of the Comfort Pads, in a forward direction, thus creating a rearward pull on the Pelvic Belt.
- **50mm anti-tamper** belts are only adjustable from the frame attachment point.

### Buckle Release

- To undo the buckle press the release mechanisms as shown on the picture right.

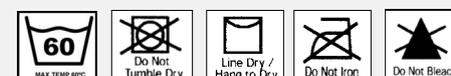


### USER / CARER FORMATION READ BEFORE USE

- Straps or Harnesses should be the last item to be released or removed before the User leaves the wheelchair and the first things to be secured after entering.
- Daily inspection of the belts security to the frame and function.
- The Pelvic Belt length may require adjustment periodically, to allow for User growth, changes to User’s disability or changes in seasonal clothing. Adjustments to belt or strap lengths can be made at the main buckles, with further adjustment available at the Tri-slot mounting plates, located at each anchored end of the Belt.
- Incorrect adjustment could lead to distress and pressure injury, please check the occupant for signs of discomfort and redness, bruising or sores around the contact area with the belt.
- Inspection before use of the product to ensure the function of the buckle is working correctly and the fitment and tension is correct .
- **Metal Buckle** belts must not be Machine Washed, as water ingress to the Buckle mechanism could cause premature rusting and subsequent malfunction at a later date. They may however, be Hand Washed with **CAUTION**, ensuring water does not enter the Metal Centre Buckle area. Water ingress to the metal buckle can be avoided by holding the Belt by the Buckle in one hand whilst lightly sponging with warm soapy water, with a little disinfectant added, with the other hand. **If water or liquid enters the unit, drain any internal water and allow to dry for at least 24 hours in a warm ventilated place.**



- **Plastic Buckle** belts can be machine washed at 60°. It may be easier to place the belt in a mesh laundry bag for washing. Ensure the belt is completely dry and undamaged before refitting.



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