

INVACARE® MATRX®

# MINI BACK



The Invacare Matrix Mini Back features Mini Set hardware, a specially designed miniature version of popular the Easy Set hardware. Every element of this back support has been carefully crafted and constructed, keeping pediatric users at the forefront of the design. The Mini Back is contoured to fit children of all shapes and sizes, combining exceptional support in an appealing low profile package.

## Call to order

1.800.333.6900  
invacare.com

1.888.433.6818  
motionconcepts.com



**matrx**  
SEATING SERIES

**Features and Functional Benefits**

**Cover** – Foam and cover overlap the shell for comfort and protection. Water-resistant and breathable. Available in a choice of Pink Lollipop, Blizzard Blue or Kid\*ab\*ra print.

**Hardware** – “Mini Set” hardware installs and adjusts in minutes. Small attachment point for minimal interference on back canes. Easily adjusts for growth – depth (4”) and angle (40°) and even rotation. Adjustable mounting pins allow fit to chairs same or 1” wider than back. Quick release for convenient portability.

**Back Shell** – Lightweight, durable aluminum shell, designed for easy attachment of optional lateral supports and headrest.

**Adjustable Lumbo-Sacral Support** – Included.

**Headrest Mount**– The Mini Back Shell is pre-drilled to accept Motion Concepts, Stealth and Otto Bock™ headrest mounts.

**Swing-Away Lateral Supports** – 2.5” of vertical adjustment on back pan. Mounts inside back shell without interfering with depth/angle adjustment. Easy push-button release. Available in black, blue & pink.

**Lateral pads** – XS: 4.25” H x 4.25” L

HCPCS Code: E2615



1. Swing-Away  
2. 3" Contour Depth

Invacare Corporation  
www.invacare.com

USA  
One Invacare Way  
Elyria, Ohio  
44035-4190  
(800) 333-6900

Canada  
570 Matheson Blvd. E.  
Unit 8  
Mississauga, Ontario  
L4Z 4G4 Canada  
(800) 668-5324

Motion Concepts  
www.motionconcepts.com  
info@motionconcepts.com

USA  
700EnsmingerRd.,Suite112  
Tonawanda, NY 14150  
(888) 433-6818  
Fax: (888) 433-6834

Canada  
84 Citation Dr., Unit 1-7  
Concord, ON L4K 3C1  
(866) 748-7943  
(905)-695-0134  
Fax: 905-695-0138

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Form No. 15-034  
Rev. 09/16  
160959



Model #	Height	Width	Depth* Adjustment	Angle Adjustment	Product Weight	Weight Capacity	Limited Warranty
MINI	7", 10", 12" & 14"	10" -14"	4"	40° range +/- 20°	0.9 lb. and up	150 lb.	2 Year

\*Limitation of depth/angle adjustment if used on chairs narrower than model width.

All references to HCPCS codes; Providers are responsible for determining the appropriate billing codes when submitting claims to the Medicare program and should consult an attorney or other advisor to discuss specific situations in further detail.

