

Project Number: 30161 10-TCT002293
 February 8, 2010
 Sample ID: Balanced Aire (without pump)

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INTERFACE PRESSURE MAPPING

TEST RESULTS SUMMARY: Interface Pressures, mmHg

	Subject	(1)	(2)	(3)	ALL
Scapula	Max ->	26	21	21	26
	Avg ->	16	15	16	15
	St.Dev. ->	4.9	3.7	3.3	4.0
Sacral Prominence	Max ->	33	37	27	37
	Avg ->	24	26	21	23
	St.Dev. ->	5.3	6.4	3.4	5.6
Heel	Max ->	42	46	25	46
	Avg ->	19	17	13	16
	St.Dev. ->	13.2	13.4	6.8	11.3
Trochanter	Max ->	62	51	61	62
	Avg ->	39	33	40	38
	St.Dev. ->	10.0	9.2	9.5	10.0

Subject	Sex	Height	Weight (lbs)
1	F	5' 4"	125 lbs
2	M	5' 6"	180 lbs
3	M	6' 0"	205 lbs

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TEST PROCEDURE:

An Xsensor pressure mapping system was employed for conducting this evaluation. The mattress was placed onto a sturdy laboratory surface. Three subjects were used for the analysis and selected according to specific weight and height ranges. The subjects were dressed in an appropriate size cotton sweat suit with no shoes to ensure optimum contact with the full surface sensor matrix. Two positions were employed: back lying and ninety degree side lying. **Color pressure maps are included at the end of this report.**

The maximum values were obtained from each individual pressure point. A 4" by 5" area representing 63 individual sensors was used to isolate and average the pressure points. As a result, out of a possible 63 pressure readings the maximum values were determined by the highest pressure reading per body location.

It is the policy of Stork Twin City Testing Corporation (TCT) to use recognized test procedures whenever possible, such as ASTM, ANSI, ISO etc. To TCT's knowledge, no standard procedure exists for interface pressure testing at the present time. The test method employed for this analysis is based on sound laboratory practice. The equipment used for the evaluation was calibrated and used in accordance with the manufacturer's specifications.

REMARKS:

The tested sample will be retained for 14 days from the date of this report and then discarded unless we received written authorization requesting otherwise. Return shipping, if requested, will be paid by the customer.

The test results contained in this report pertain only to the samples submitted for testing and not necessarily to all similar products.

Tested by:



Joe Whiting
Engineering Technician
Sleep System Evaluation

Reported by:



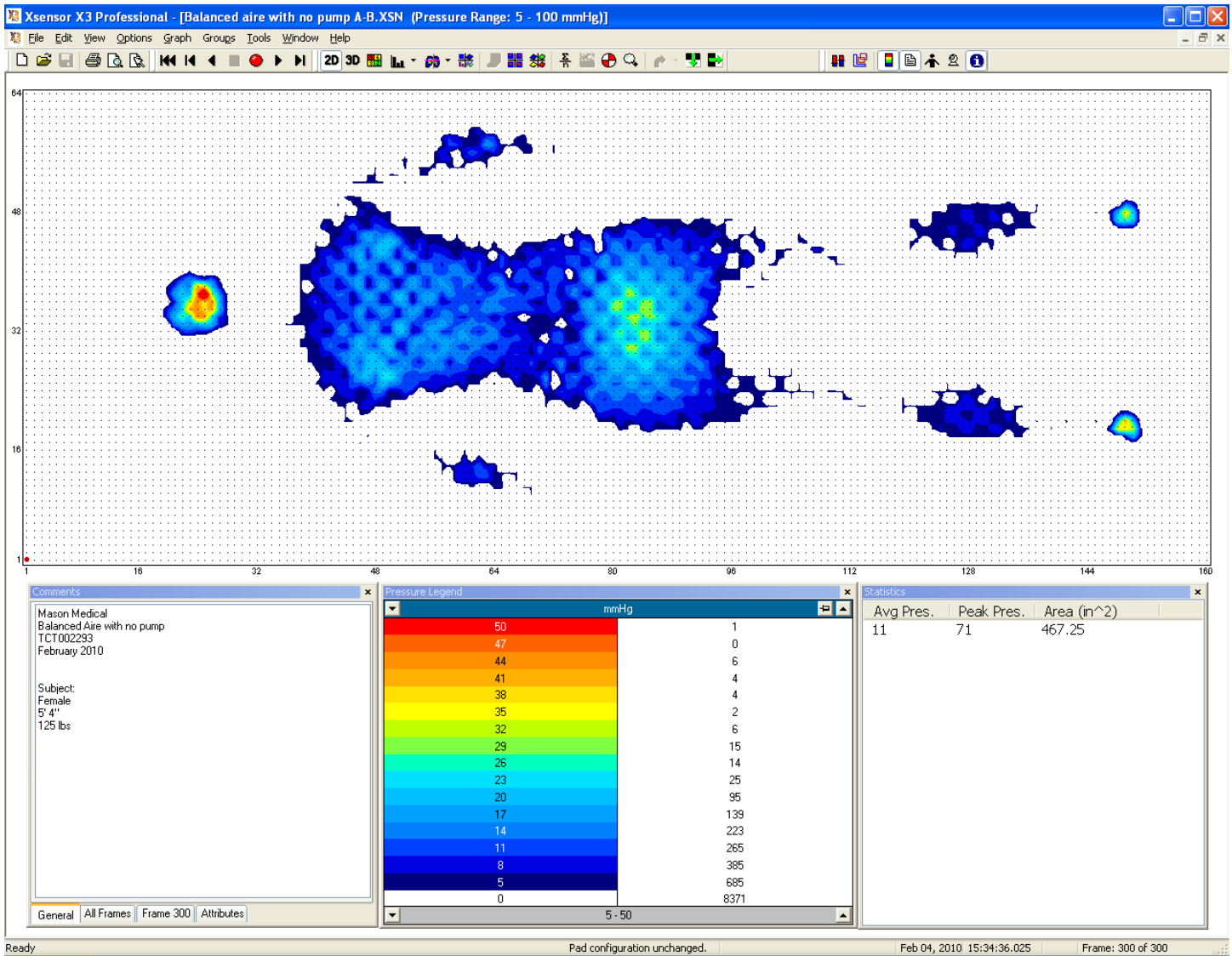
Brent L. Larson
Manager
Sleep System Evaluation
Phone: (651) 659 – 7218

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Subject 1 – Back Lying

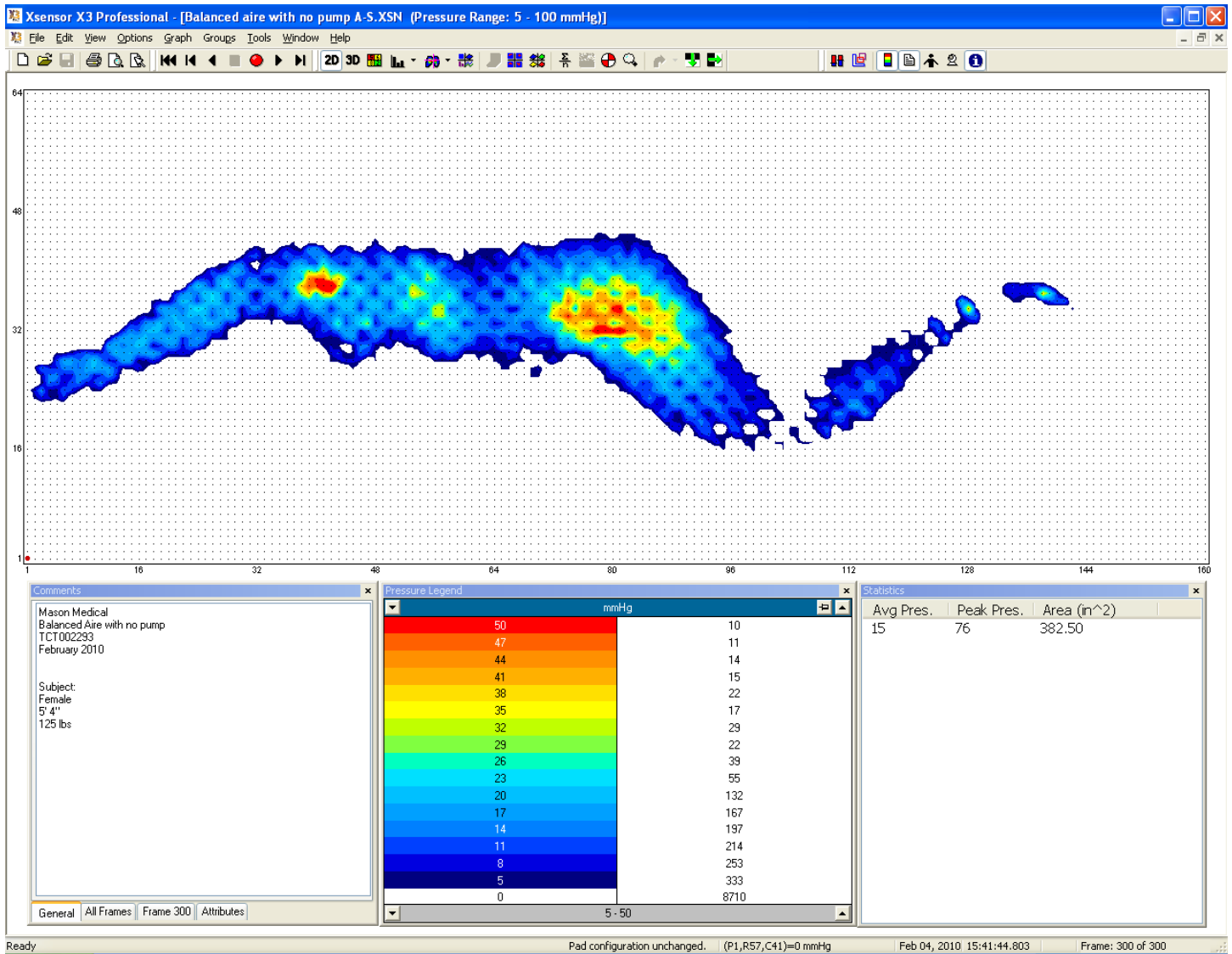
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Subject 1 – Side Lying

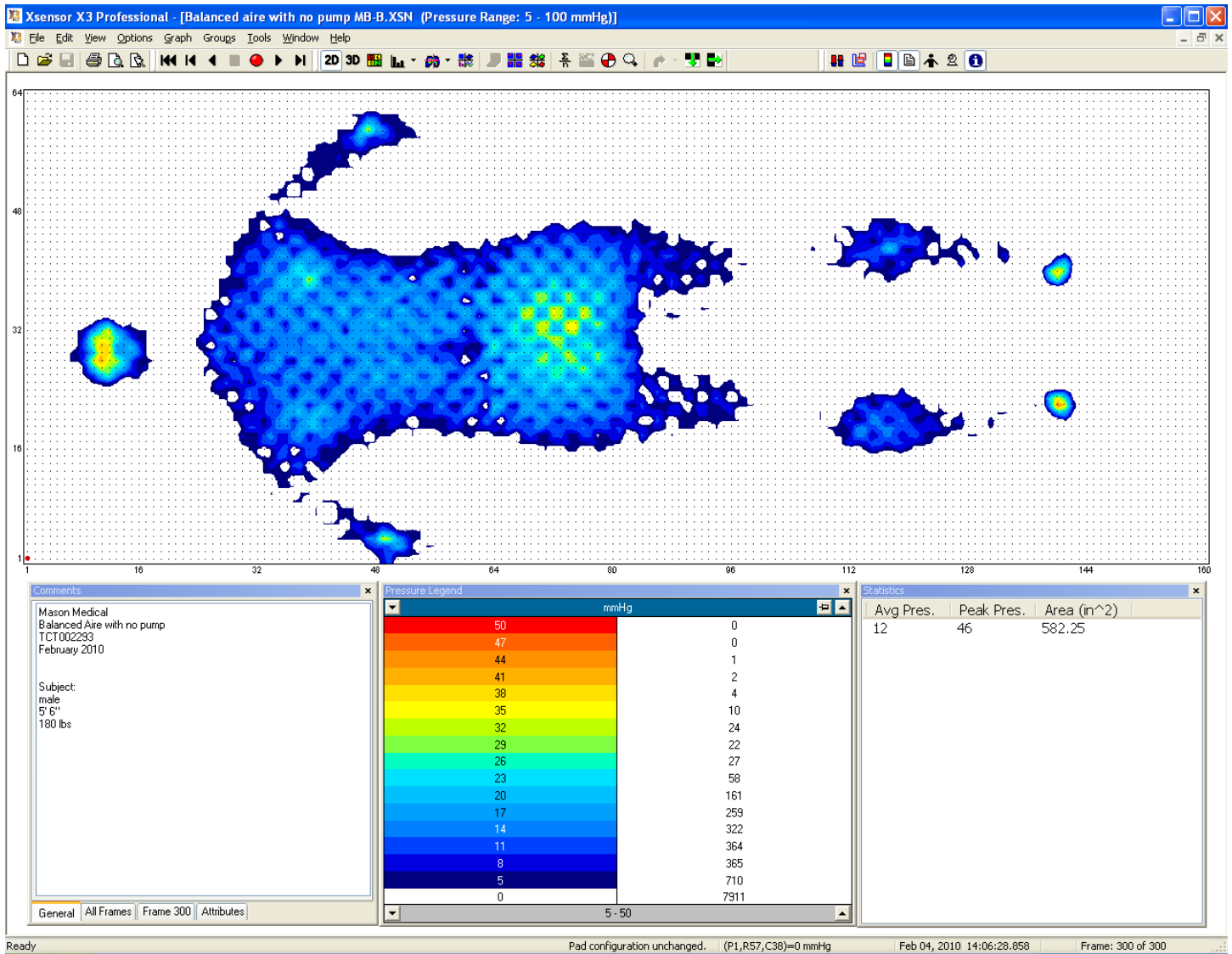
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Subject 2 – Back Lying

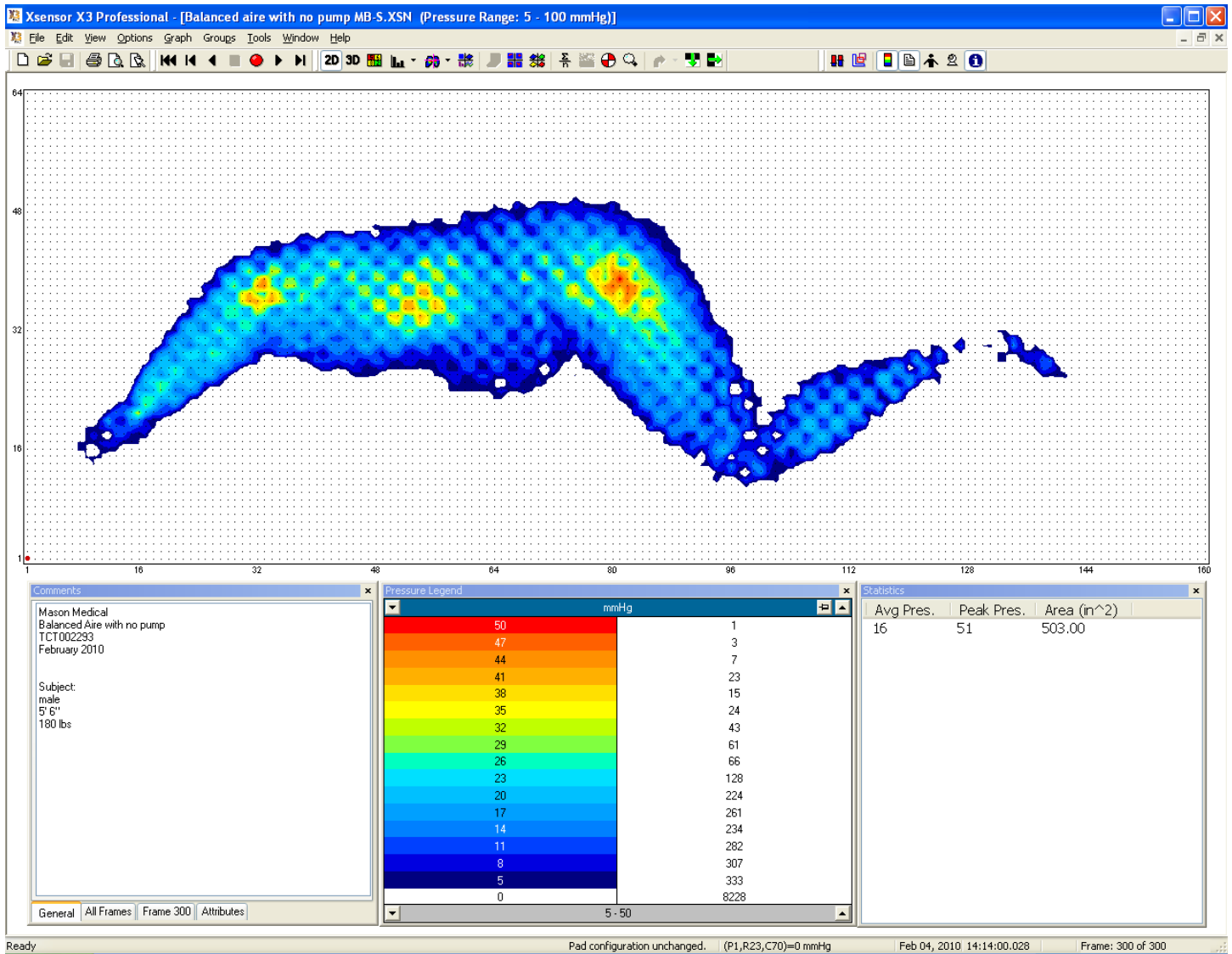
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Subject 2 – Side Lying

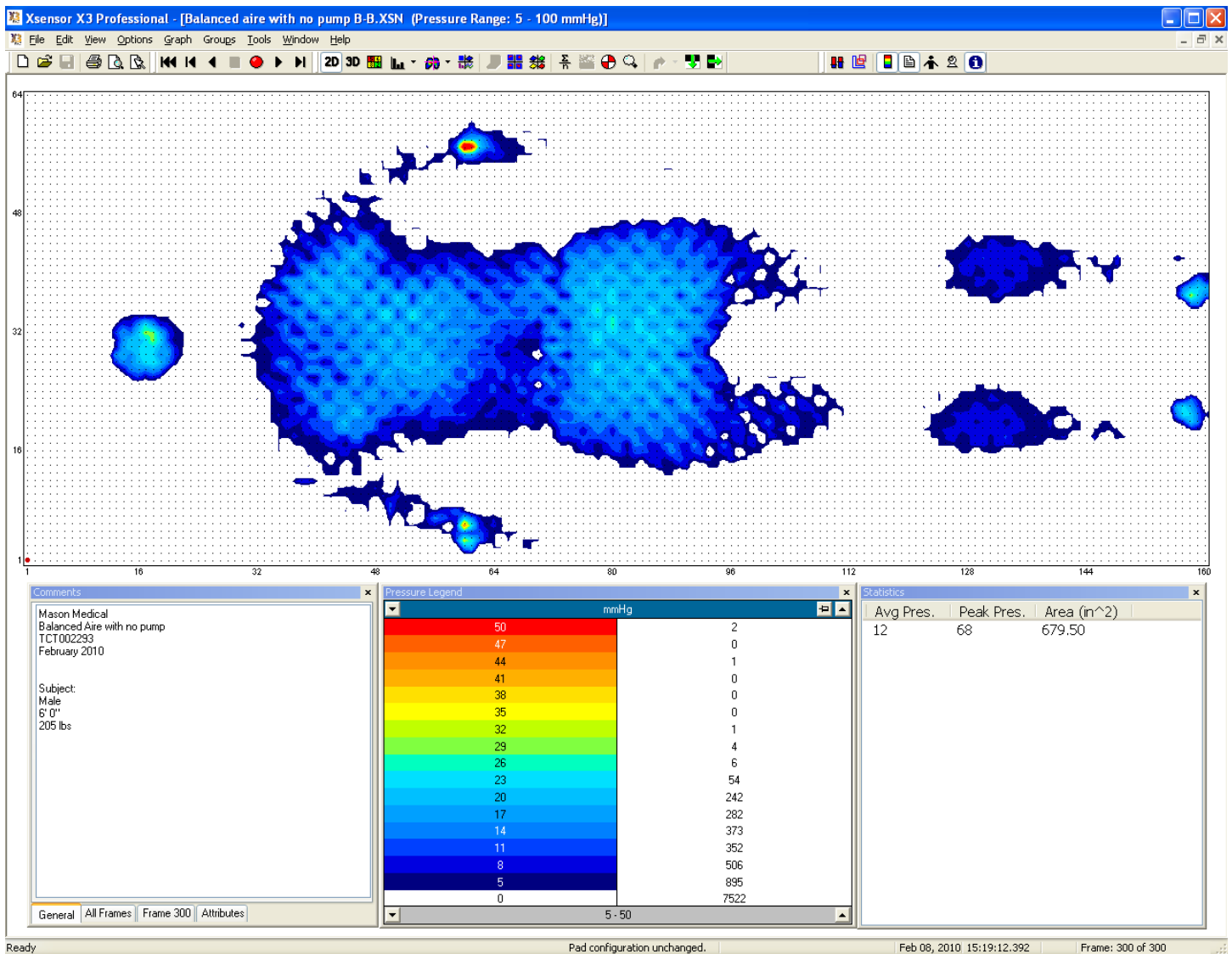
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Subject 3 – Back Lying

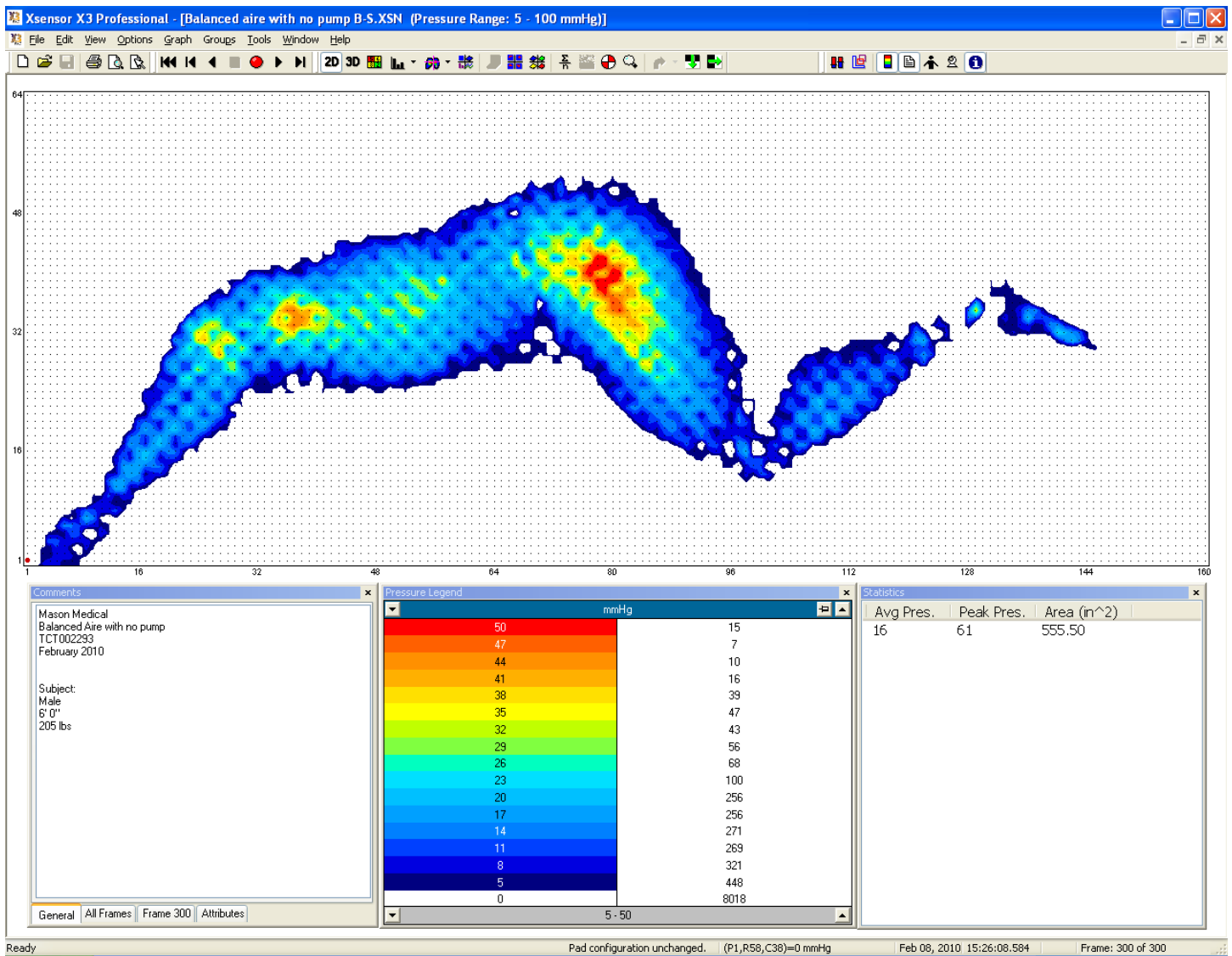
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Subject 3 – Side Lying

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