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(54) **PATIENT SUPPORT SYSTEM**

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continuation of application No. 08/501,274, filed on Jul. 17, 1995, now Pat. No. 5,606,754, which is a continuation of application No. 08/350,715, filed on Dec. 7, 1994, now abandoned, which is a continuation of application No. 08/201,042, filed on Feb. 24, 1994, now abandoned, which is a continuation of application No. 07/898,970, filed on Jun. 15, 1992, now abandoned, which is a continuation-in-part of application No. 07/555,319, filed on Jul. 19, 1990, now Pat. No. 5,121,513, which is a division of application No. 07/355,755, filed on May 22, 1989, now Pat. No. 4,949,414, which is a continuation-in-part of application No. 07/321,255, filed on Mar. 9, 1989, now abandoned.

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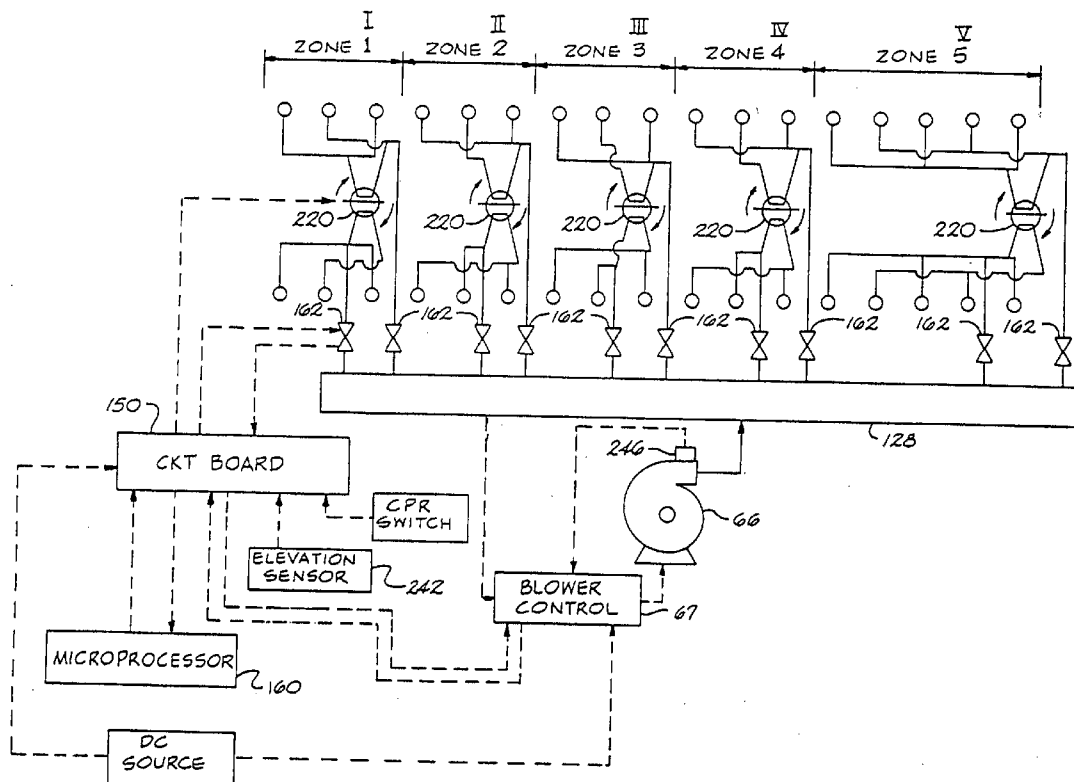
(52) **U.S. Cl.** **137/487.5**

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(60) Continuation of application No. 10/190,807, filed on Jul. 8, 2002, now Pat. No. 6,820,640, which is a continuation of application No. 09/633,599, filed on Aug. 7, 2000, now Pat. No. 6,415,814, which is a continuation of application No. 08/804,317, filed on Feb. 21, 1997, now Pat. No. 6,098,222, which is a

(57) **ABSTRACT**

A pressure control apparatus for use in a bed including a pressurized air source, an inflatable air sack, and an independently inflatable cell located adjacent the inflatable air sack. A controller is operable to regulate the pressure in the air sack and to independently alternately pressurize and vent the inflatable cell at a selected frequency.



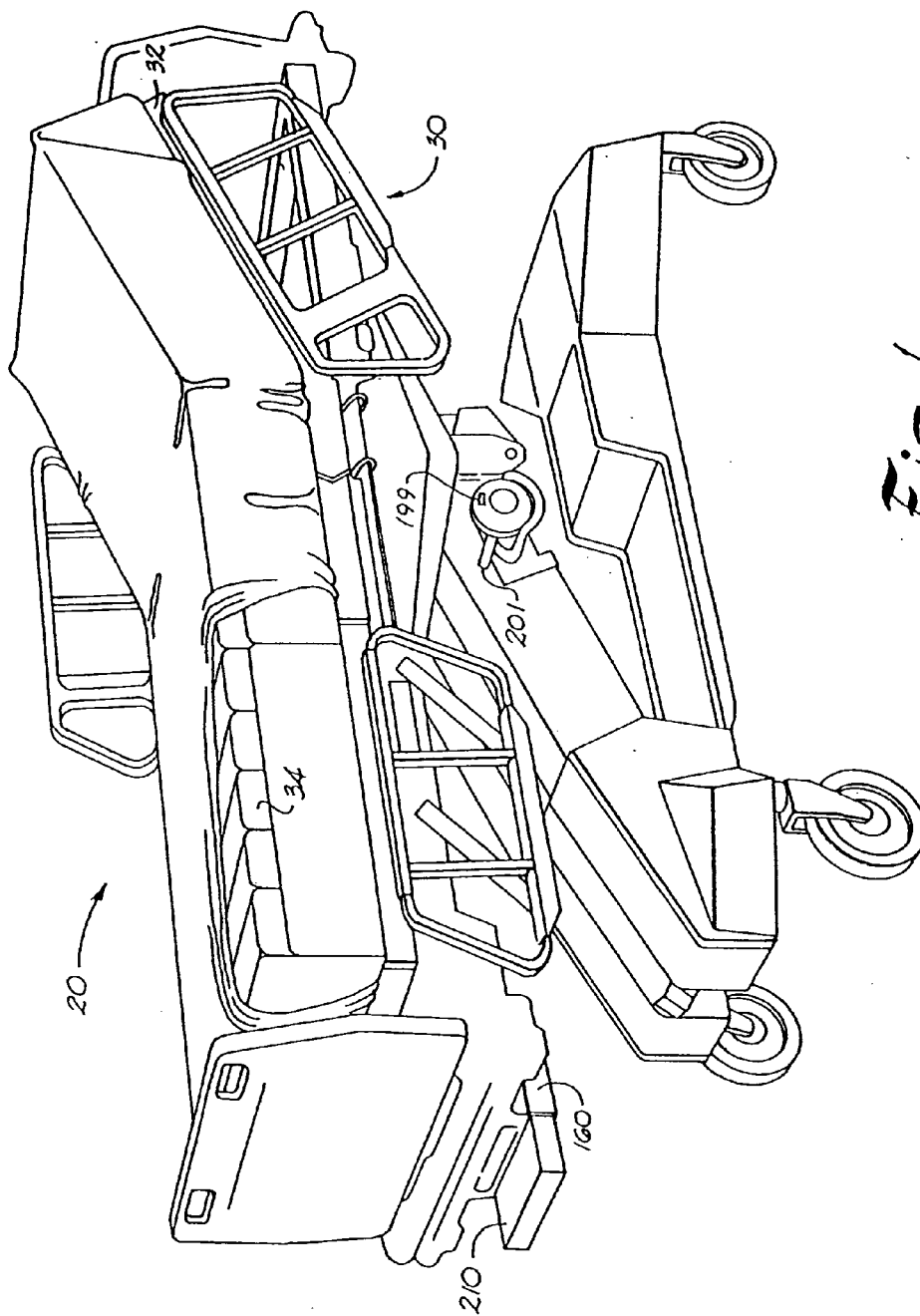


Fig. 1

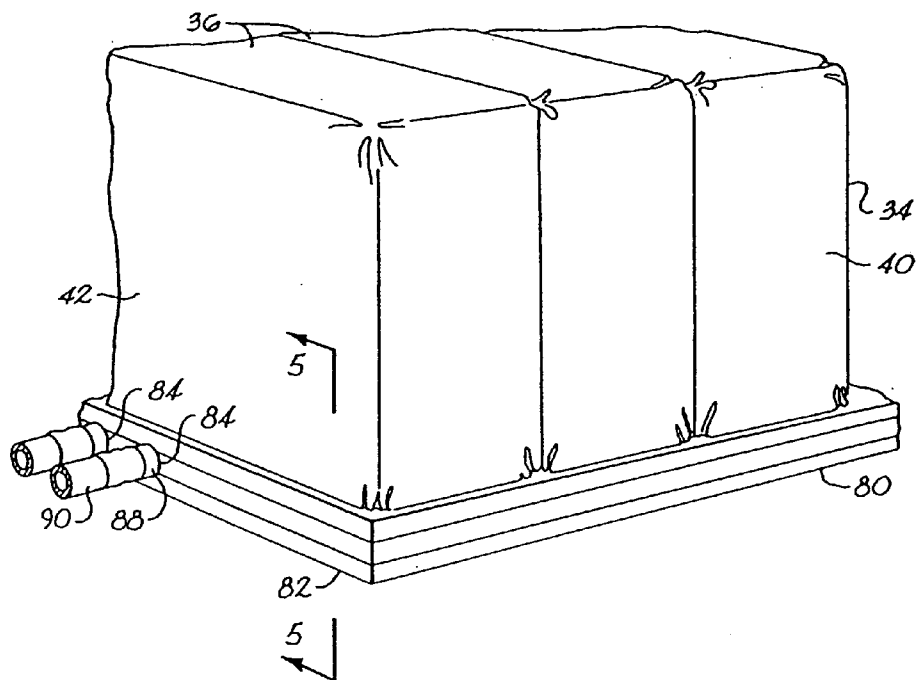


Fig. 4

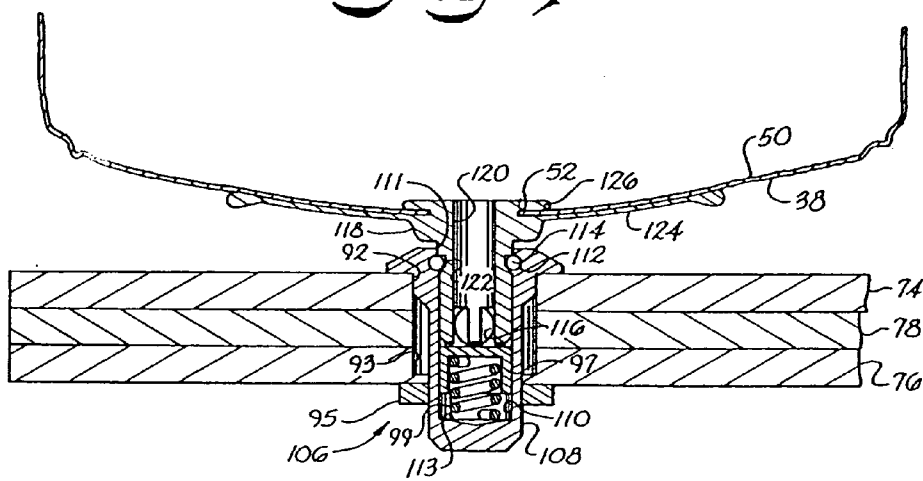


Fig. 5

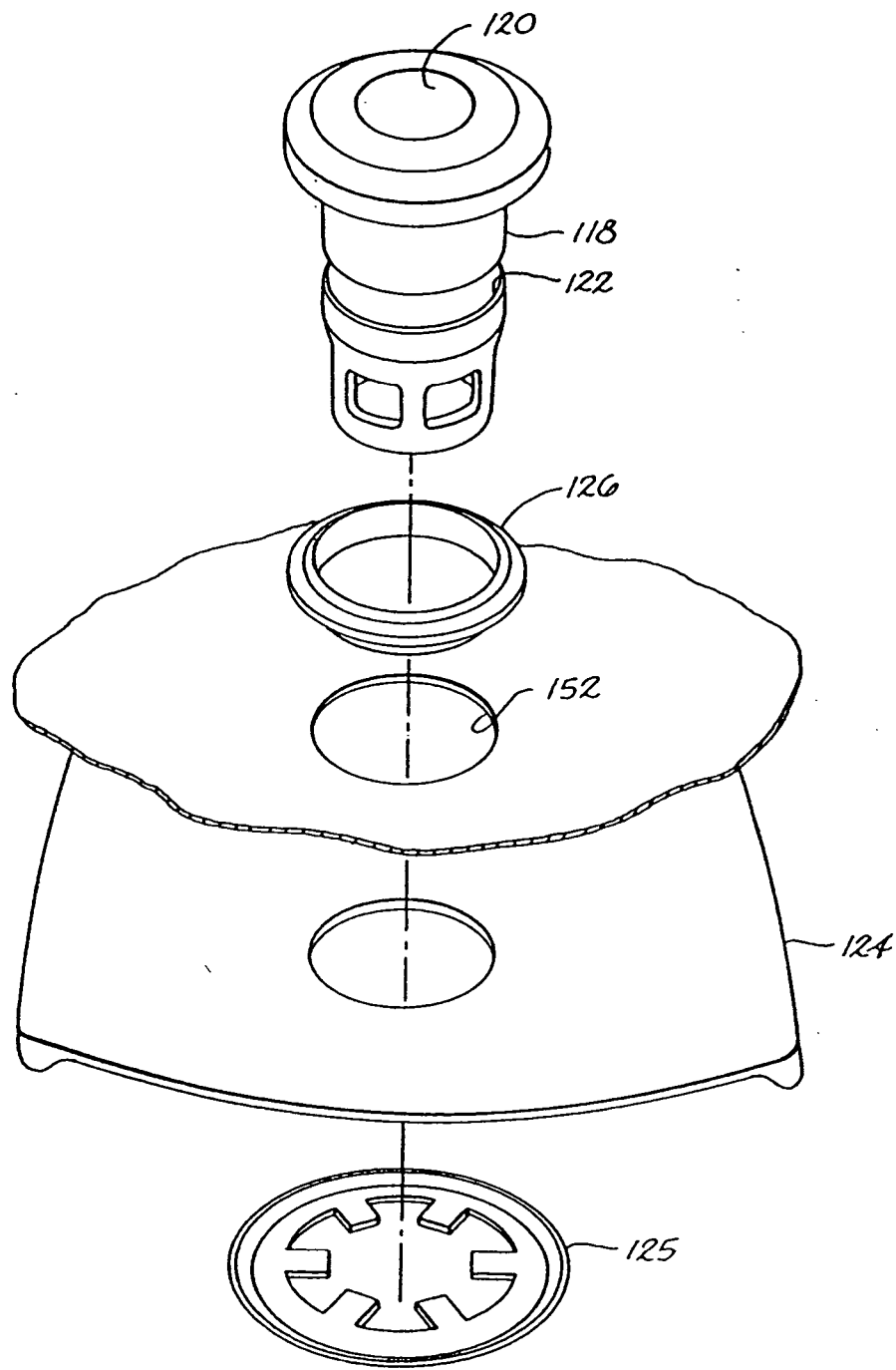


Fig. 6

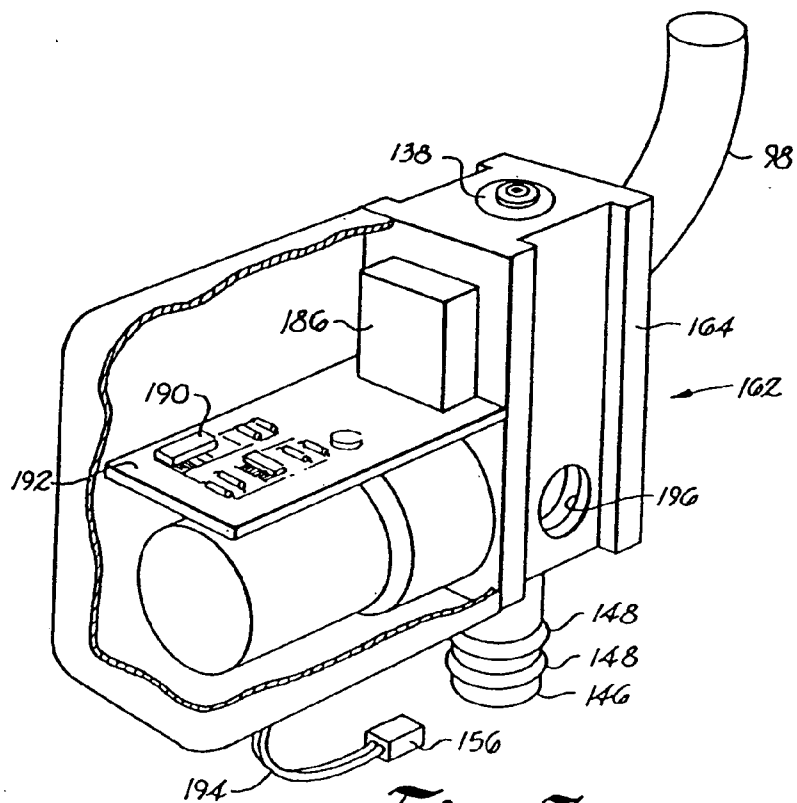


Fig. 7

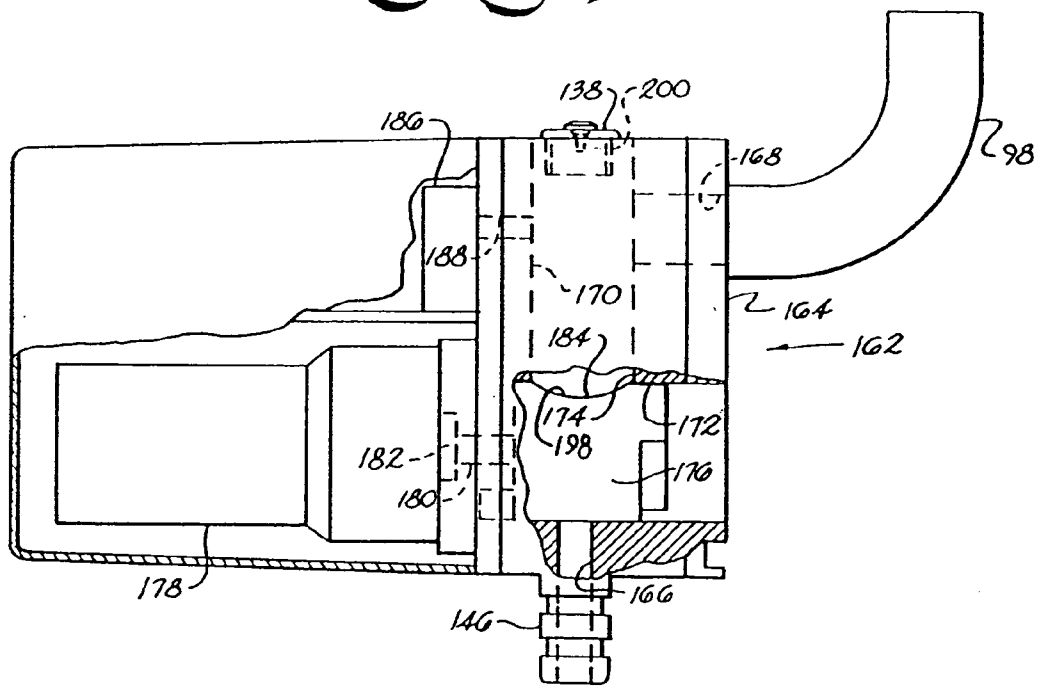


Fig. 8

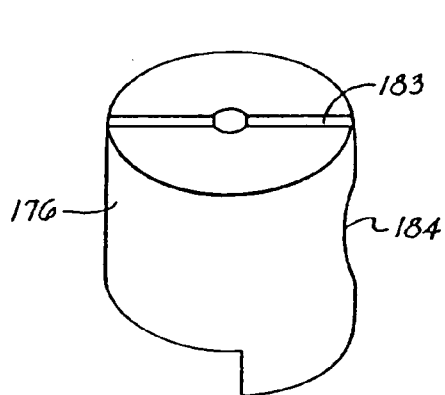


Fig. 9a

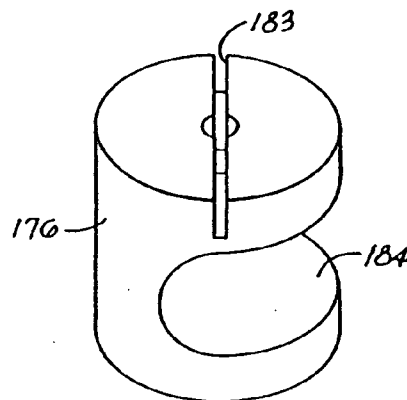


Fig. 9b

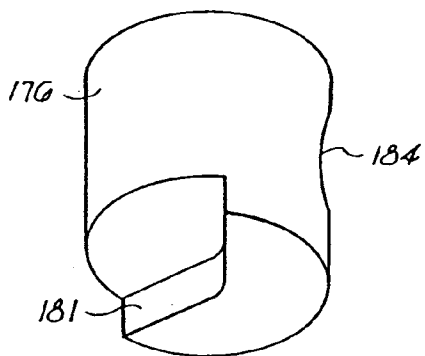


Fig. 9c

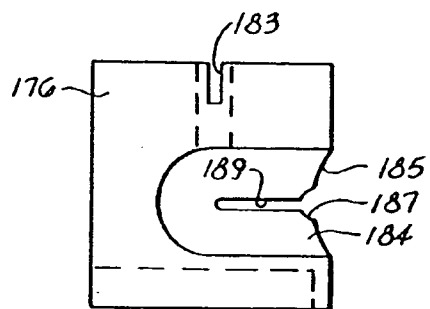


Fig. 9d

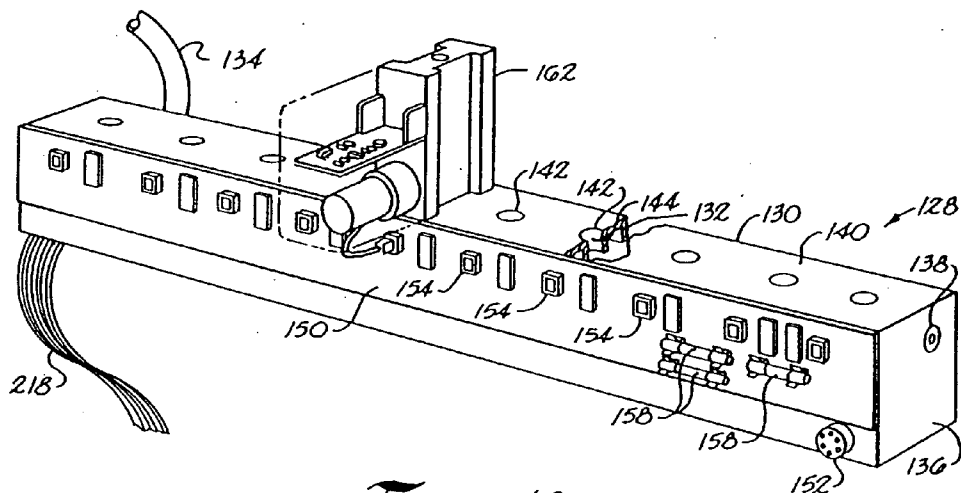


Fig. 10

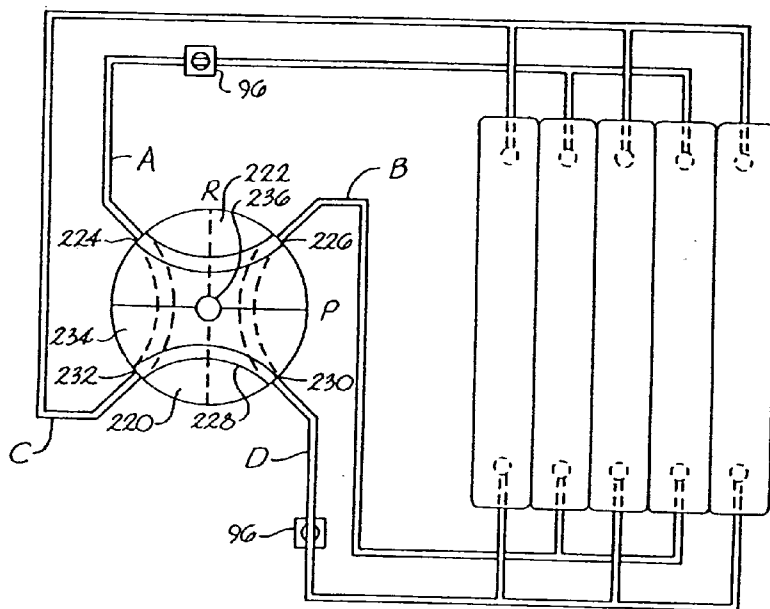


Fig. 11

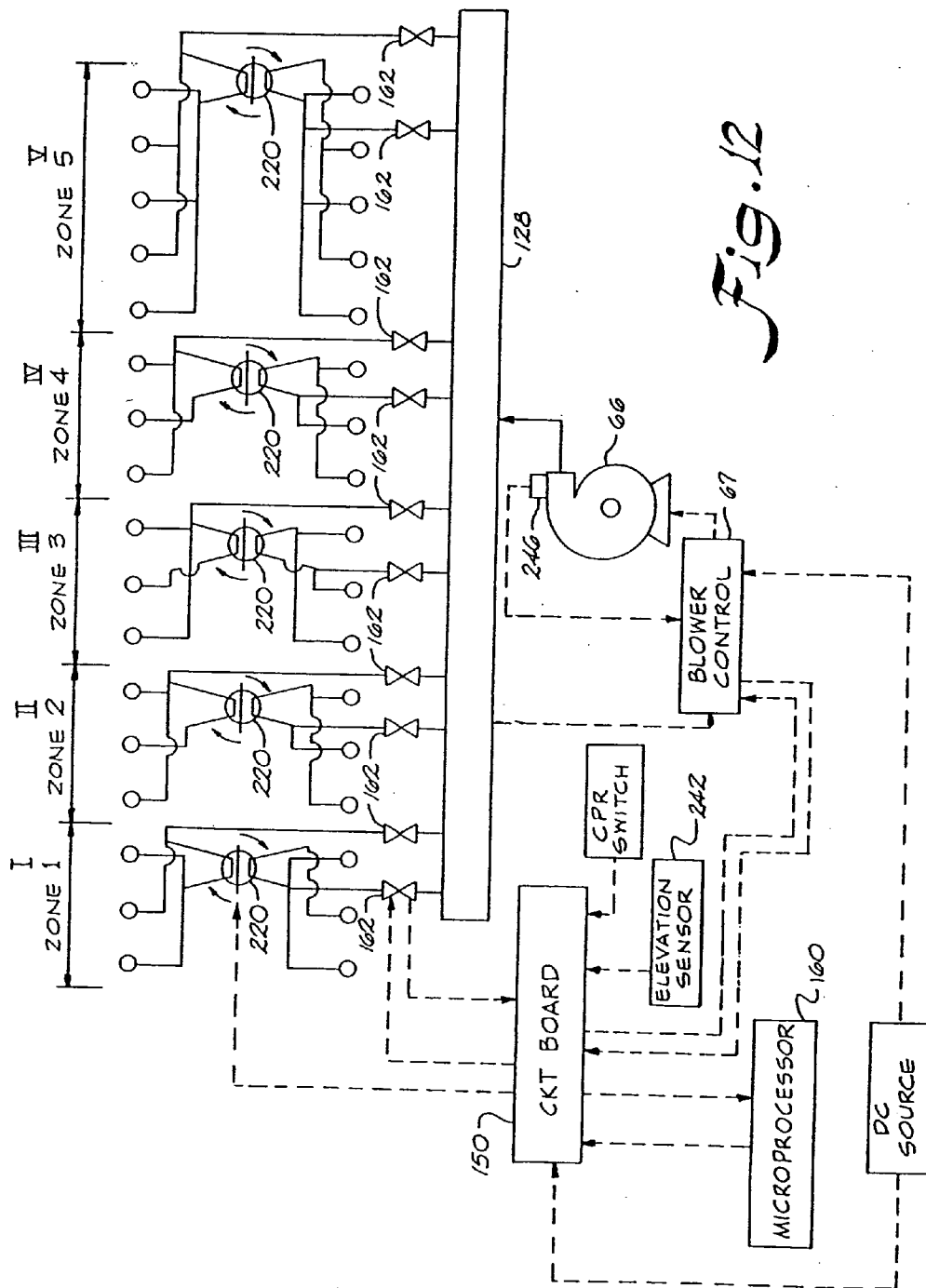


Fig. 12

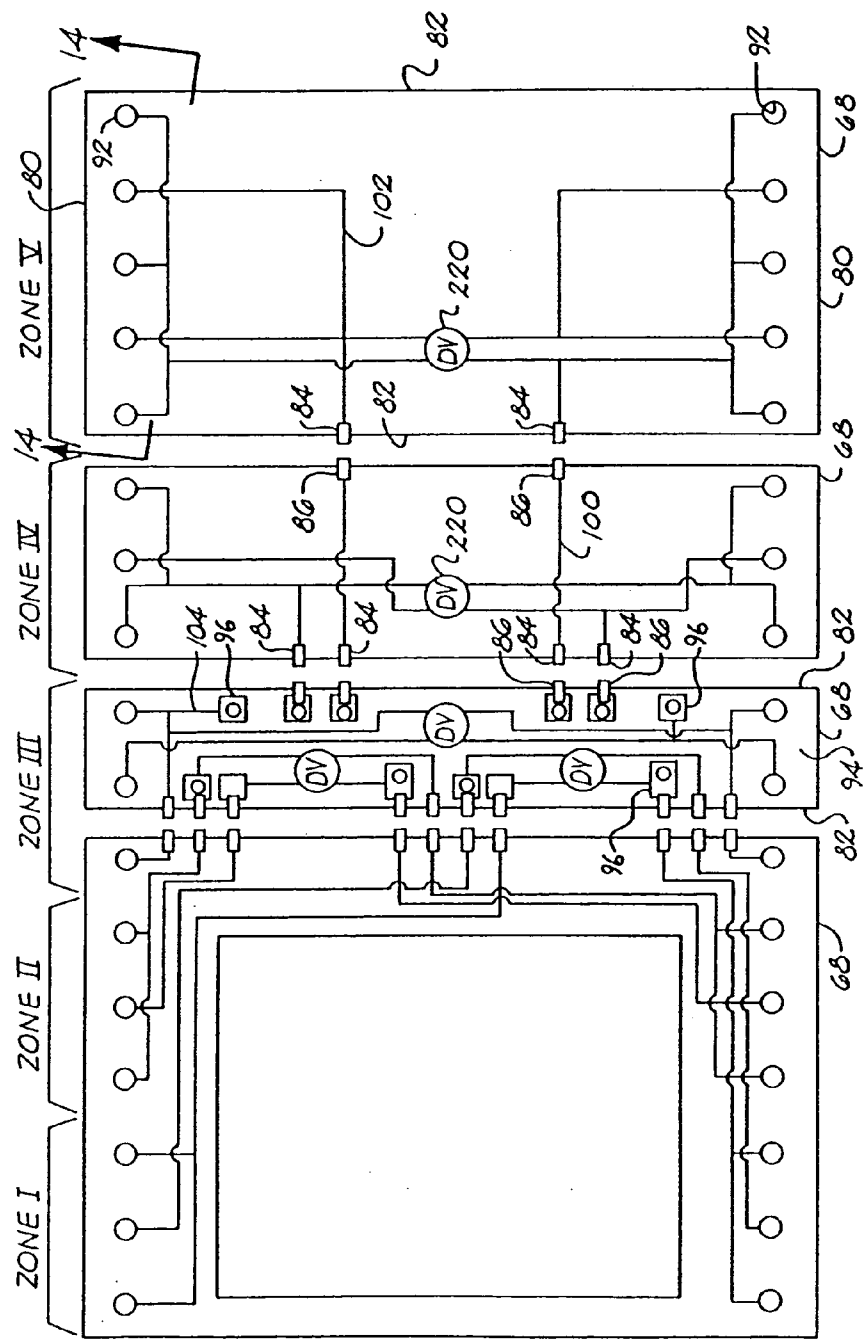


Fig. 13

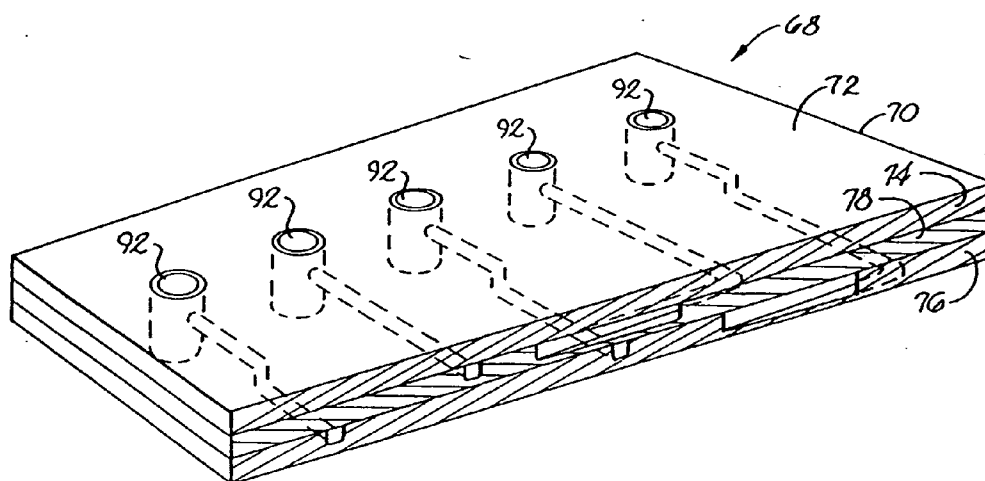


Fig. 14

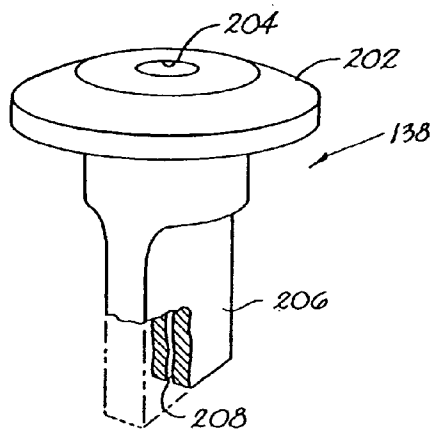


Fig. 15

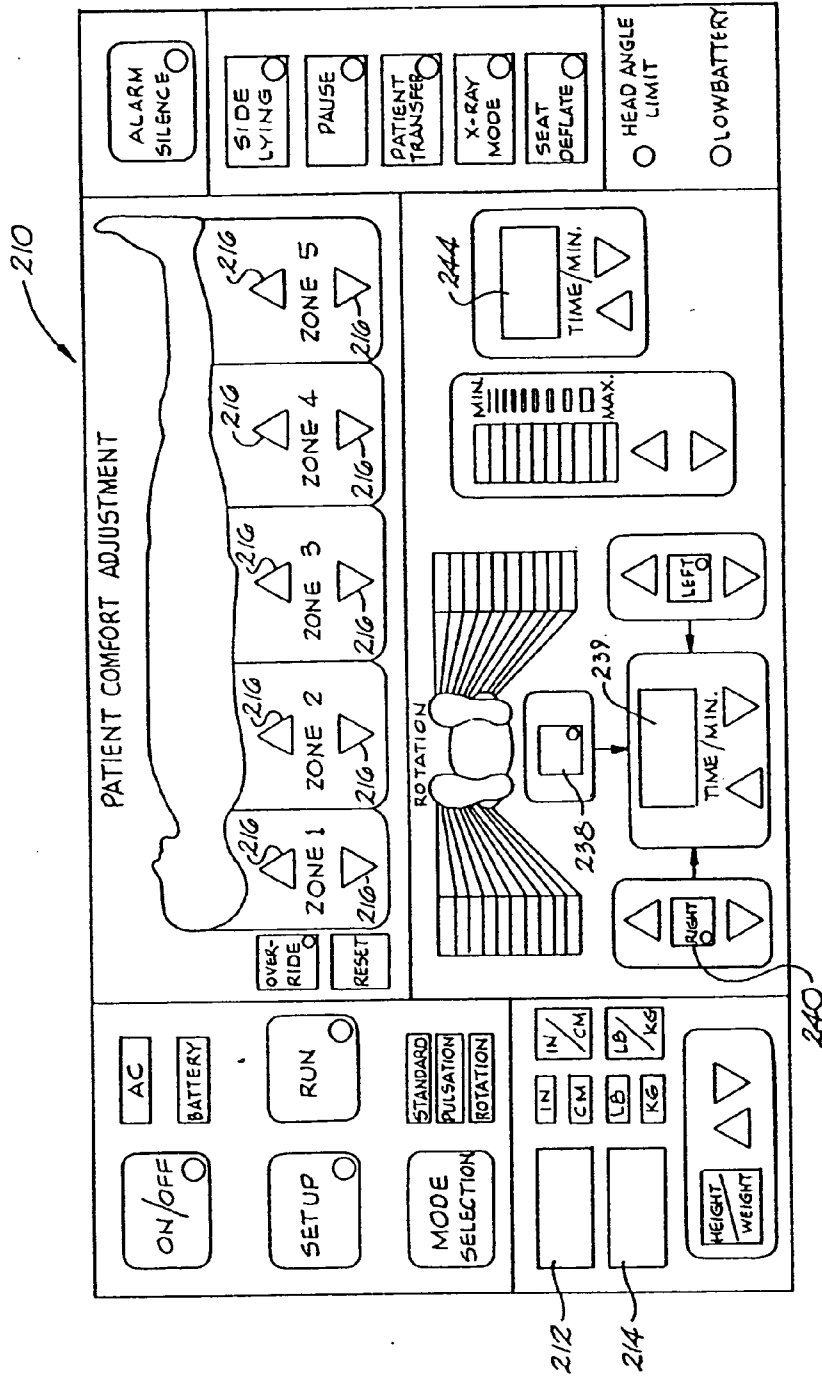


Fig. 16

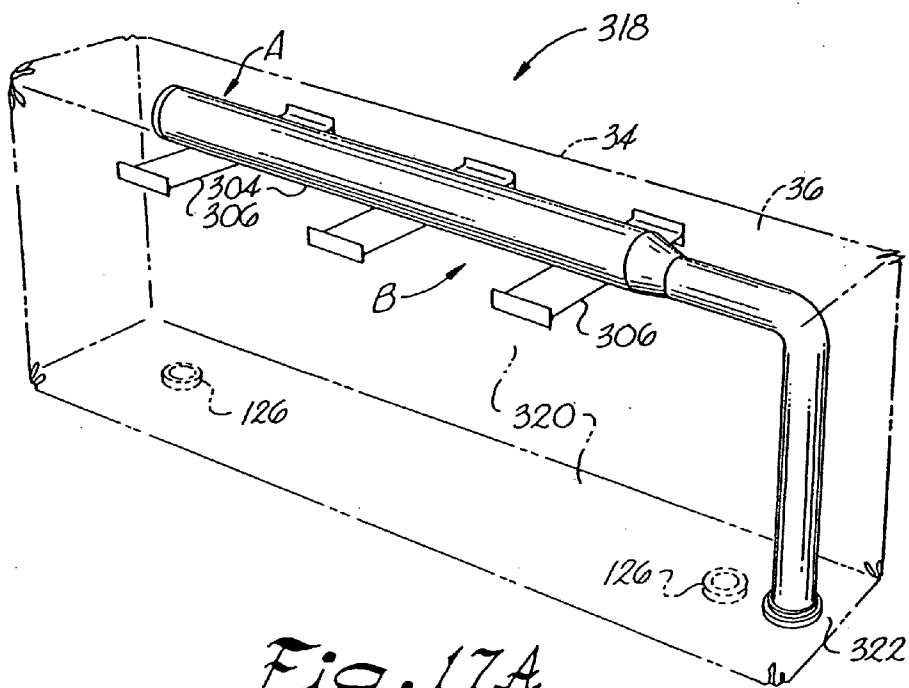


Fig. 17A

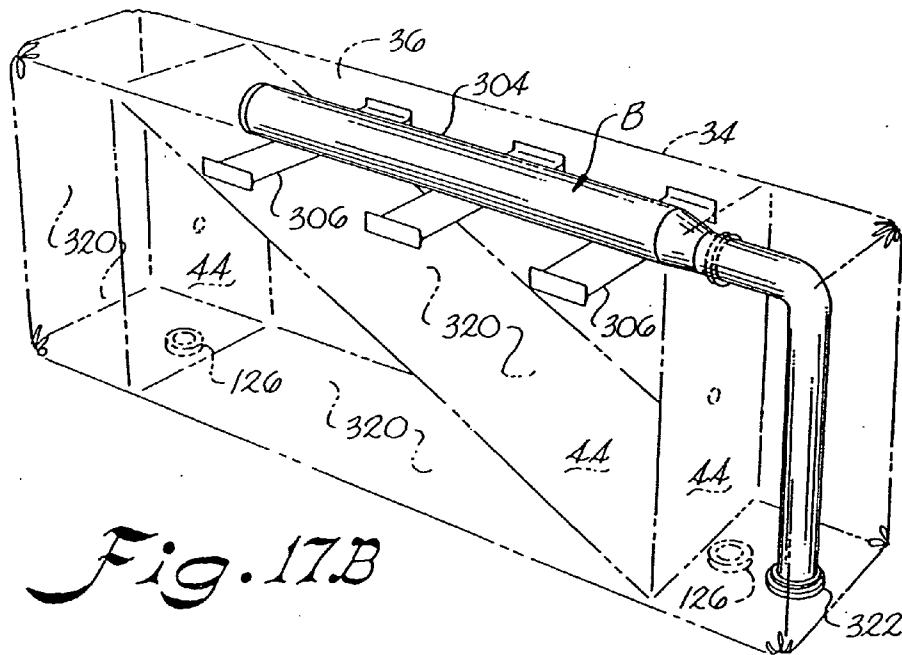
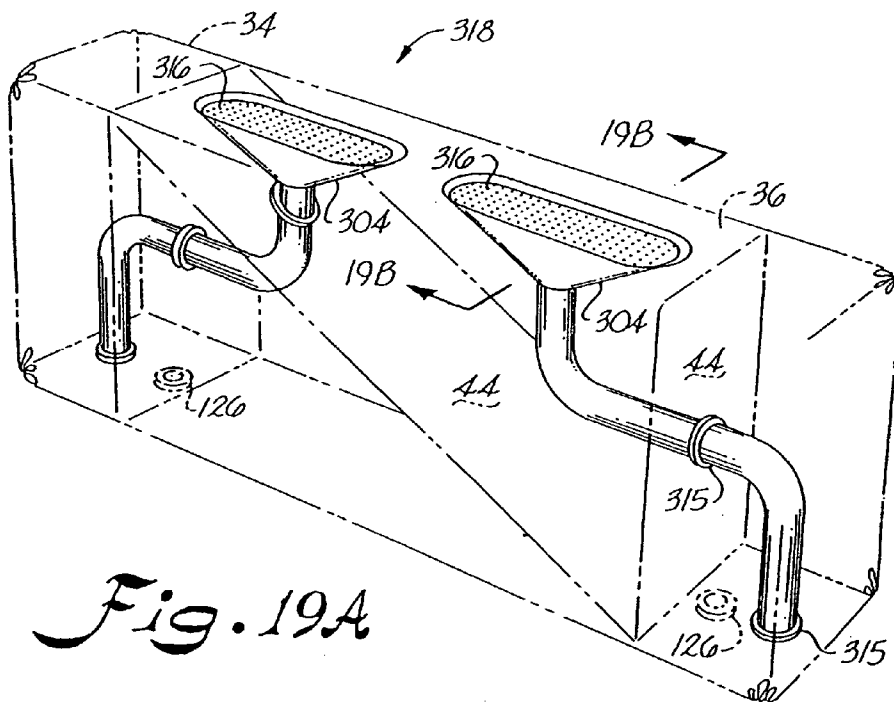
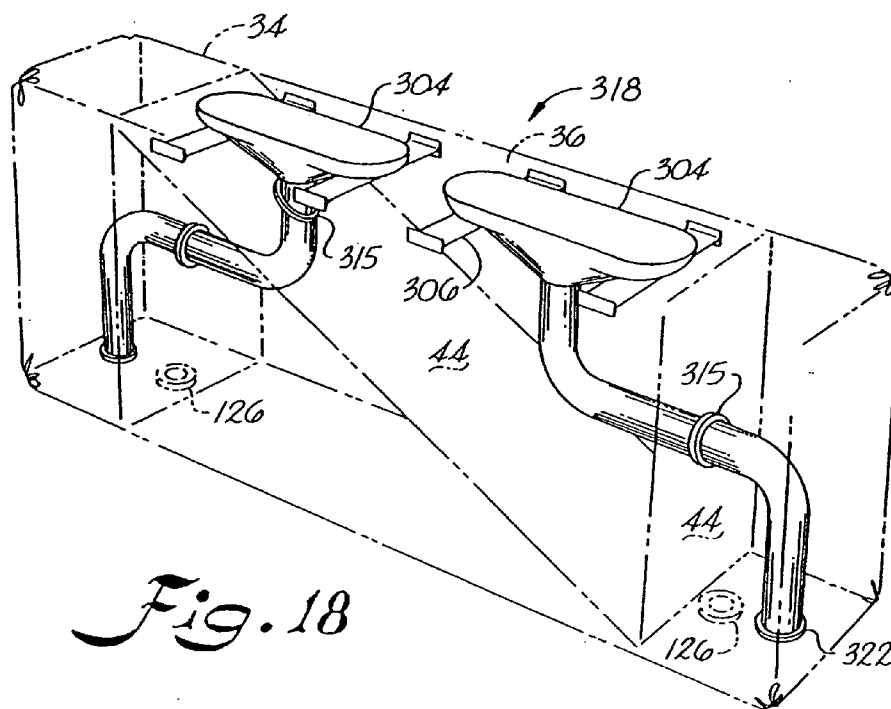


Fig. 17B



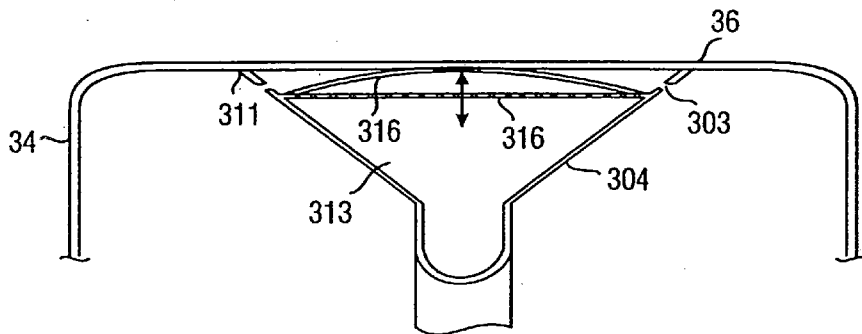


Fig. 19B

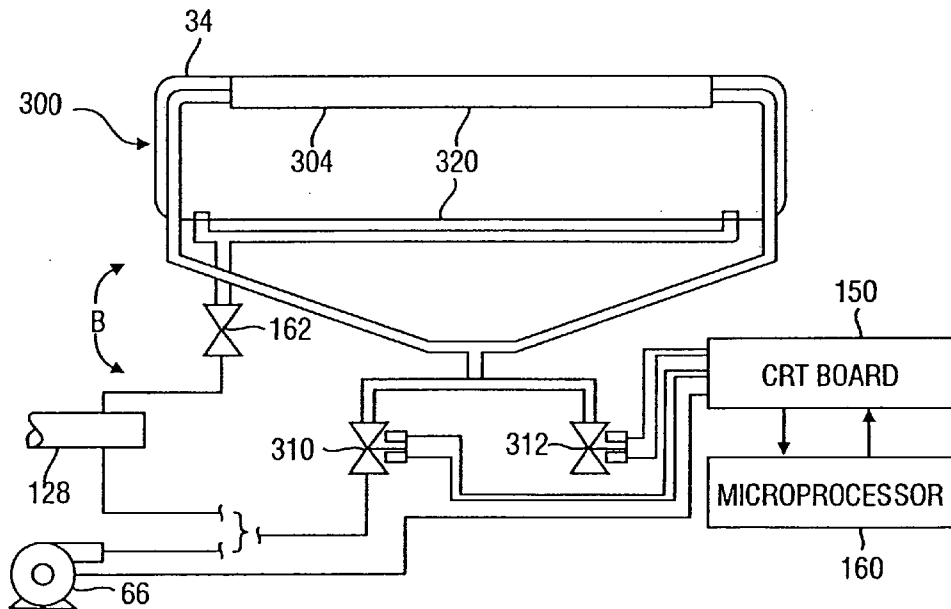


Fig. 20

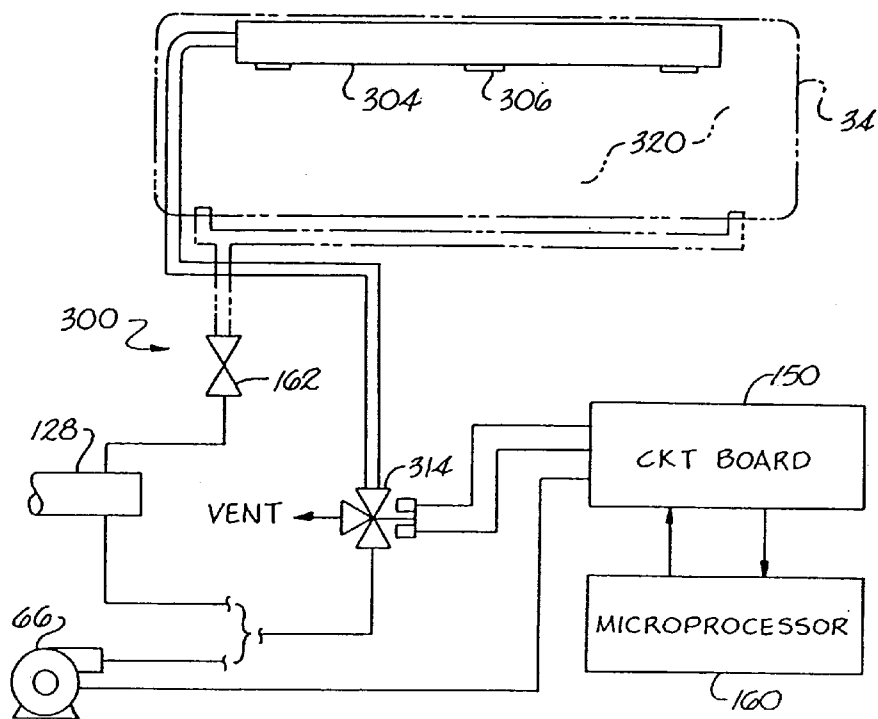


Fig. 21

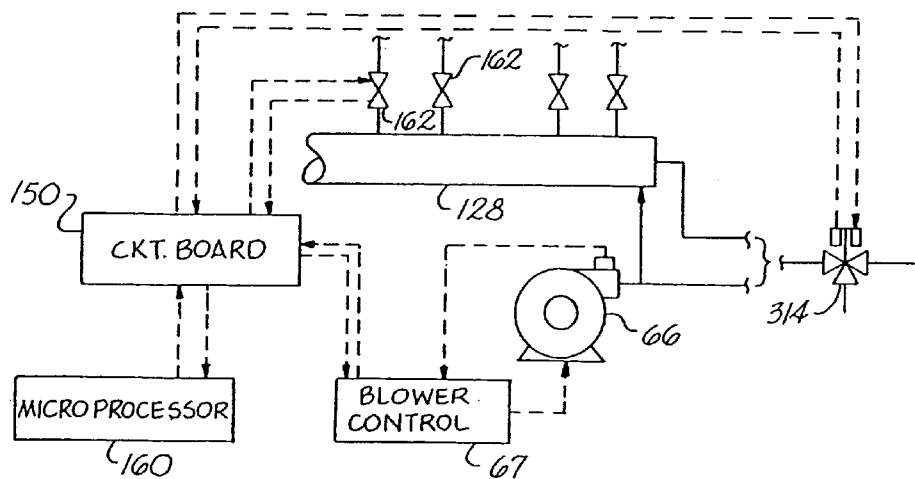


Fig. 22

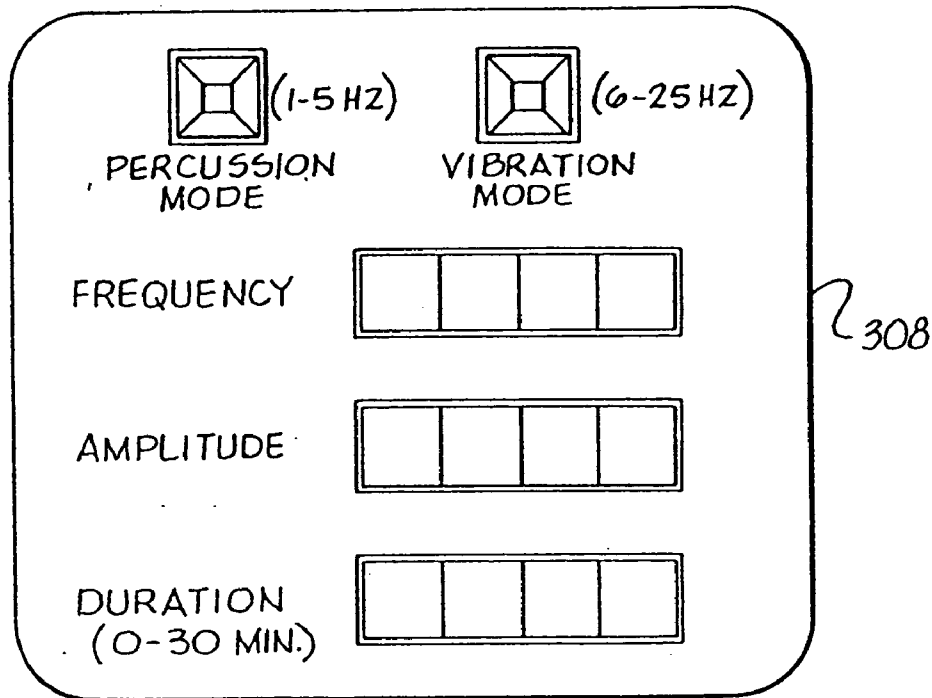


Fig. 23

PATIENT SUPPORT SYSTEM

CROSS-REFERENCE TO RELATED APPLICATION

[0001] This is a continuation of application Ser. No. 10/190,807, filed Jul. 8, 2002 which is a continuation of application Ser. No. 09/633,599, filed Aug. 7, 2000, now U.S. Pat. No. 6,415,814, which is a continuation of application Ser. No. 08/804,317, filed Feb. 21, 1997, now U.S. Pat. No. 6,098,222, which is a continuation of application Ser. No. 08/501,274, filed Jul. 17, 1995, now U.S. Pat. No. 5,606,754, which is a continuation of application Ser. No. 08/350,715, filed on Dec. 7, 1994, now abandoned, which is a continuation of application Ser. No. 08/201,042, filed on Feb. 24, 1994, now abandoned, which is a continuation of application Ser. No. 07/898,970, filed Jun. 15, 1992, now abandoned, which is a continuation-in-part of application Ser. No. 07/555,319, filed Jul. 19, 1990, now U.S. Pat. No. 5,121,513, which application is a divisional application of Ser. No. 07/355,755, filed on May 22, 1989, now U.S. Pat. No. 4,949,414, which application is a continuation-in-part Application of Ser. No. 07/321,255, filed Mar. 9, 1989, now abandoned, all the disclosures of which are incorporated by reference herein.

BACKGROUND AND SUMMARY OF THE INVENTION

[0002] Therapeutic percussors and vibrators are known and used to stimulate expectoration of mucous from the lungs. It has been found that by applying undulating or vibratory action to the area of the body adjacent to the thoracic cavity, postural draining or coughing up of sputum is induced thereby reducing the amount of mucous that lines the inner walls of the alveoli.

[0003] Various pneumatic and mechanical types of percussors are known in the art. For example, U.S. Pat. No. 4,580,107 to Strom et al. discloses a pneumatic percussor for stimulating the expectoration of mucous. Similarly, U.S. Pat. No. 3,955,563 to Maione discloses a pneumatic percussor useful in the therapeutic treatment of cystic fibrosis and other lung disorders.

[0004] Low air loss patient support structures or beds are also known in the medical field. The structures essentially consist of a plurality of inflatable sacs disposed on a frame structure. The patient's weight is uniformly distributed over the supporting surface area of the inflatable sacs. Low air loss beds are known in the art claiming therapeutic value in pulmonary and circulatory care. Low air loss beds are also considered helpful in preventing and treating pressure sores. Exemplary low air loss beds relating to wound care management and prevention include the Flexicair and Restcure beds provided by Support Systems International, Inc.

[0005] Alternating pressure low air loss beds are also known in the art. For example, U.S. Pat. No. 5,044,029 to Vrzalik discloses a low air loss bed having first and second sets of air bags alternating positioned in an interdigitated fashion. Valves and circuitry are provided for alternately changing the pressure in each of the sets of bags to selectable maximum and minimum pressure above and below a predetermined baseline pressure in repetitive and cyclical fashion. Low air loss beds are also known for turning or rotating

a patient from side to side in a cyclic fashion, for instance the Biotyne bed by Kinetic Concepts, Inc.

[0006] Support Systems International, Inc. markets the Restcure bed having the ability to operate in a first static mode, a second pulsation mode, and a third patient turning mode. The Restcure Bed employs a uniquely designed inflatable sac, as disclosed in U.S. Pat. No. 4,949,414, to operate in any one of the three modes.

[0007] Until now, the vibratory therapeutic treatment of lung disorders, such as cystic fibrosis, has not been combined with the benefits of low air loss technology. Previously, a patient restricted to a low air loss bed, such as the Restcure bed, who also required percussive chest therapy to induce mucociliary clearance required an external mechanical or pneumatic type vibrator, such as the Strom device. This device would be applied directly to the patient's upper torso to loosen the mucous.

[0008] It is also known in the art to provide vibratory pads or similar supports upon which a patient can lie or sit. U.S. Pat. No. 4,753,225 to Vogel, for example, discloses an oscillator plate on which a body can sit, lie, or stand. The oscillator plate is made to oscillate by sound waves. U.S. Pat. No. 4,583,255 to Mogaki et al. discloses a massage mat having a plurality of juxtaposed air chambers. A repeated rhythmic wave motion is induced over the entire surface of the mat or in a local surface by repeating a succession of feeding and discharging of compressed air into and from the air chambers. U.S. Pat. No. 4,551,874 to Matsumura et al. discloses a similar pneumatic massage mat.

[0009] The patient care industry has become sensitive to the rising cost of health care in this country. Sophisticated therapy devices such as the low air loss beds described, although very effective in their method, can amount to significant expense if the patient requires sustained use of the bed. The more versatile these beds can be made, the more the expense of the bed can be spread among a wider patient basis. For example, a low air loss bed also incorporating a vibratory therapy mode of operation could be used to treat a first patient suffering from pressure ulcers and a second patient suffering from a lung disorder. The present invention provides such a unique and versatile patient support system and marks a significant advance in the art of low air loss specialty hospital beds.

[0010] The accompanying drawings which are incorporated in and constitute a part of this specification, illustrate embodiments of the invention and, together with the description, serve to explain the principles of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

[0011] FIG. 1 is a perspective view of a preferred embodiment of the present invention;

[0012] FIG. 2 shows a cut-away perspective view of a preferred embodiment of components of the present invention;

[0013] FIG. 3 illustrates a partial perspective view of a portion of a component of an embodiment of the present invention;

[0014] FIG. 4 illustrates a partial perspective view of components of an embodiment of the present invention;

[0015] FIG. 5 illustrates a partial cross-sectional view with the viewer's line of sight taken generally along the lines 5--5 of FIG. 4;

[0016] FIG. 6 illustrates perspective assembly view of embodiments of components of the present invention;

[0017] FIG. 7 illustrates a cut-away perspective view of an embodiment of a component of the present invention;

[0018] FIG. 8 illustrates a cut-away side view of the component like the one shown in FIG. 7;

[0019] FIGS. 9a-9d illustrate different views of a preferred embodiment of a component of a device suitable for use in the present invention;

[0020] FIG. 10 illustrates a perspective view of components of an embodiment of the present invention;

[0021] FIG. 11 illustrates a schematic view of components of an embodiment of the present invention;

[0022] FIG. 12 shows a schematic view of components of an embodiment of the present invention;

[0023] FIG. 13 illustrates a schematic view of a component of an embodiment of the present invention;

[0024] FIG. 14 illustrates a cut-away perspective view of a component of the present invention as if it were taken along the lines 14--14 in FIG. 13;

[0025] FIG. 15 illustrates a component used in an embodiment of the present invention;

[0026] FIG. 16 illustrates an embodiment of a component of the present invention;

[0027] FIG. 17a illustrates a cut-away perspective view of a vibratable inflatable sac according to the present invention;

[0028] FIG. 17b illustrates another cut-away perspective view of a vibratable inflatable sac according to the present invention;

[0029] FIG. 18 illustrates a cut-away perspective view of an embodiment of a vibrating inflatable sac according to the present invention;

[0030] FIG. 19a illustrates yet another embodiment of a vibratable inflatable sac according to the invention;

[0031] FIG. 19b is a cut-away side perspective view taken along the lines b--b of FIG. 19a and illustrates an embodiment of an inflatable cell according to the invention;

[0032] FIG. 20 is a schematic view of the components of the vibratory patient support system according to the present invention;

[0033] FIG. 21 is yet another schematic view of the components of an embodiment of the present invention;

[0034] FIG. 22 is a partial diagrammatic view of the components of an embodiment of the present invention; and

[0035] FIG. 23 illustrates a perspective view-of a control panel for the vibration patient support system.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0036] Reference now will be made in detail to the present preferred embodiments of the present invention, examples

of which are illustrated in the accompanying drawings. As used herein, air tightly is a relative phrase that refers to essentially no air leakage at the operating air pressures of the present invention.

[0037] The preferred embodiment of the modular low air loss patient support system is shown in FIG. 1 and is generally designated by the numeral 20.

[0038] The patient support system of the present invention preferably includes a frame, indicated generally in FIG. 1 by the numeral 30, having at least one articulatable section 32. The frame carries the components of the patient support system and typically has more than one articulatable section and preferably is mounted on castors for ease of movement in the hospital environment. The hydraulic lifting mechanisms for raising and lowering portions of the frame, including the articulatable sections of the frame, are conventional, and suitable ones are available from Hillenbrand Industries of Batesville, Ind., sold under the Hill-Rom brand.

[0039] In accordance with the present invention, a plurality, preferably seventeen in the illustrated embodiment (FIGS. 12 and 13), of elongated inflatable sacks are provided. As shown in FIG. 2 for example, each of the sacks 34 of the present invention preferably has a multi-chamber internal configuration, and preferably four chambers are provided. In one embodiment shown in the drawings, the shape of each inflated sack is generally rectangular and preferably has exterior dimensions thirty-two inches long, ten and one-half inches high, and four and one-half inches thick. The patient support surface of each sack is provided by a top 36 which measures four and one-half inches by thirty-two inches, and a bottom 38 (FIG. 3) is similarly dimensioned. Depending upon their location on the patient support, the sack may include a plurality of pin holes (not shown) to allow a small amount of air to bleed from the sack. The diameters of the holes preferably are about fifty thousandths of an inch, but can be in the range of between eighteen to ninety thousandths of an inch. Each exterior end 40 of each sack measures ten and one-half inches by four and one-half inches, and each exterior side 42 measures ten and one-half inches by thirty-two inches. Each sack is preferably integrally formed of the same material, which should be gas tight and capable of being heat sealed. The sacks preferably are formed of twill woven nylon which is coated with urethane on the surfaces forming the interior of the sack. The thickness of the urethane coating is in the range of three ten thousandths of an inch to two thousandths of an inch. Vinyl or nylon coated with vinyl also would be a suitable material for the sack. Unless the sacks are designed to be disposable, the material should be capable of being laundered. Internally, the sack preferably is configured with four separately defined chambers. As shown in FIG. 2 for example, the internal webs 44 of each sack preferably are integral with the outside walls of each sack, and are at least joined in airtight engagement therewith. An end chamber 46 is disposed at an opposite end of each sack. Each end chamber is generally rectangular in shape with one of the narrow ends 48 formed by a portion of the top of the sack, and the opposite narrow end 50 formed by a portion of the bottom of the sack. As shown in FIG. 5 for example, the narrow end of each end chamber forming a section of the sack bottom is provided with a sack air entrance opening 52 through the bottom of the sack.

[0040] As shown in FIG. 2 for example, each multi-chamber sack includes a pair of intermediate chambers 54 disposed between the end chambers. Each intermediate chamber preferably is shaped as a right-angle pentahedron. Each intermediate chamber 54 has a base wall 56, an altitude wall 58, a diagonal wall 60, and two opposite triangular-shaped side walls 62. Each base wall, altitude wall, and diagonal wall has a generally rectangular shaped perimeter. Each base wall 56 is connected at a right angle to each altitude wall 58. Each diagonal wall 60 is connected at one edge to each base wall and at an opposite edge to the altitude wall. The edges of each triangular side wall are connected to oppositely disposed edges of the base, altitude, and diagonal walls. As shown in FIG. 2 for example, each intermediate chamber is disposed within each sack so that its diagonal wall faces toward the center of the sack and toward the other intermediate chamber. One of the intermediate chambers is disposed above the other intermediate chamber so that it becomes conveniently referred to as the upper intermediate chamber, while the other intermediate chamber becomes the lower intermediate chamber. The altitude wall of the upper intermediate chamber preferably is formed by a middle section of the top 36 of the sack 34. The altitude wall of the lower intermediate chamber preferably is formed by the middle section of the bottom 38 of the sack 34. As shown in FIG. 1 for example, each sack preferably is disposed to extend transversely across the longitudinal centerline of the patient support, and the intermediate chambers are disposed in the center of each sack. Thus, the intermediate chambers also are disposed to extend transversely across the longitudinal centerline of the patient support. As shown in FIG. 2 for example, one of the intermediate chambers is disposed at least partly above the other intermediate chamber and preferably is disposed completely above the other intermediate chamber. Because of the symmetrical position of each sack relative to the longitudinal centerline of the patient support system, one of the intermediate chambers is disposed predominately to the left side of the centerline and has a minority portion disposed to the right side of the centerline. Similarly, the other of the intermediate chambers is disposed predominately to the right side of the longitudinal centerline of the patient support and has a minority portion disposed to the left of the centerline.

[0041] Each sack has a pair of restrictive flow passages, one connecting each of the end chambers to the adjacent intermediate chamber. As shown in FIG. 2 for example, preferably a single web serves as a common wall of an end chamber and the base wall of the adjacent intermediate chamber. As shown in FIG. 2 for example, each restrictive flow passage can be defined by a hole 64 through the web that is common to the intermediate chamber and the adjacent end chamber. Hole 64 preferably is defined by a grommet having an opening therethrough and mounted in a web that forms both the base wall of an intermediate chamber and the vertically disposed internal side wall of the end chamber adjacent the intermediate chamber. The grommet is sized to ensure that the end chambers have filling priority over the intermediate chambers and thus are the first to fill with air and the last to collapse for want of air. For sacks dimensioned as described above for example, a grommet having a ¼ inch diameter opening has been suitable for achieving the desired filling and emptying priority.

[0042] In further accordance with the present invention, means are provided for supplying gas, preferably air, to each

sack of the patient support system of the present invention. As embodied herein and shown schematically in FIG. 12 for example, the means for supplying air to each sack preferably includes a blower 66 powered electrically by a motor which runs on a low direct current voltage such as 24 volts. The blower must be capable of supplying pressurized air to the sacks at pressures as high as 30 inches of standard water but should be capable of supplying pressures in a preferred range of 0 to 18 inches of standard water while operating in the blower's optimum performance range.

[0043] As shown in FIG. 12 for example, a pressure transducer 246 measures the pressure at the blower outlet. The measured pressure signal is transmitted to a microprocessor (described hereafter) via a blower control circuit 67 and a circuit board 150 (described hereafter). Blower 66 preferably is controlled by voltages supplied by a blower control circuit 67 which receives a control voltage signal from the microprocessor via a circuit board 150. The microprocessor is preprogrammed to compare the pressure signal received from pressure transducer 246 to a desired pressure signal calculated by the microprocessor. Depending upon the result of the comparison, the microprocessor regulates the power supply to the blower control circuit. However, the methodology used by the microprocessor to compare the calculated pressure to the measured pressure contains a built-in delay (preferably about three seconds) so that the response to changes in the measured blower pressure is not instantaneous. The deliberate time delay in the response to the measured blower pressure assures control loop stability and prevents unwarranted pressure fluctuations in the sacks. Otherwise, instantaneous real time pressure corrections in response to the blower output pressure and control valve output pressure could cause pressure oscillations in the system.

[0044] As embodied herein and shown in FIGS. 4, 5, and 14, and schematically in FIGS. 12 and 13, the means for supplying air to each sack preferably further includes a support member carried by the frame. The support member preferably is rigid to provide a rigid carrier on which to dispose sacks 34 and may comprise a plurality of separate non-integral sections so that a one-to-one correspondence exists between each support member section and each articulatable section of the frame. As shown in FIG. 14 for example, each section of the rigid support member preferably comprises a modular support member 68 and defines a multi-layered plate 70. Each plate 70 preferably is thin and has a flat top surface 72 and an opposite bottom surface, which also preferably is flat. As shown in FIG. 14 for example, each plate has an upper layer 74, a lower layer 76, and a middle layer 78 disposed between the upper and lower layers. As shown partially in FIG. 4 for example, the three layers are sealed around the edges to form two opposed ends 80 and two opposed side edges 82 joining between the ends.

[0045] As shown in FIGS. 4 and 13 for example, a plurality of inlet openings 84 are defined through at least one of the side edges 82. As shown in FIG. 13 for example, depending upon the relative position of the modular support member, some of the modular support members have a plurality of outlet openings 86 defined in an opposite side edge 82. The modular support manifold of Zone IV for example also has a plurality of outlet openings 86 defined through the other of the side edges, while the modular support manifold of Zone V only has inlet openings 84

defined through one of the side edges **82**, and lacks outlet openings on the opposite side edge. As partially shown in **FIG. 4** for example, the inlet openings **84** of one plate **70** are engaged by fittings **88** and flexible hoses **90** to become connected to the outlet openings **86** of an adjacent modular support member.

[0046] As shown in **FIGS. 5 and 14**, and schematically in **FIG. 13**, for example, the upper layer defines a plurality of air sack supply openings **92** which extend through the top surface of each plate **70**, and preferably through all three layers of plate **70**. As shown in **FIG. 5** for example, these air sack supply openings **92** are used to hold a special connection fitting (described hereafter) that connects the air sacks to a supply of controlled pressurized air.

[0047] As shown schematically in **FIG. 13** for example, at least one of the modular support members defines a seat sack support member **94** (Zone III) and includes a plurality of pressure control valve openings **96** defined through the lower layer **76** and extending through the bottom surface of the plate **70**. Each pressure control valve opening **96** is configured to be connected to a pressure control valve (described hereinafter). Each of the ten pressure control valve openings **96** shown in **FIG. 13** is schematically represented by a circle inscribed within a box. To avoid unnecessarily cluttering **FIG. 13**, only three of the pressure control openings are provided with designating numerals **96**. Preferably, one end of a rigid elbow **98** (**FIGS. 7 and 8**) has a flexible bellows (not shown) which is connected to each pressure control valve opening **96**, and the other end of the elbow is connected to the output end of the pressure control valve. The seat sack support member preferably includes at least one pressure control valve opening for each pressure control valve required by the particular configuration of the patient support system. Each pressure control valve opening intersects with a channel (described hereafter) for supplying air to the air sacks.

[0048] As shown in **FIGS. 5 and 14**, and schematically in **FIGS. 11-13**, for example, the layers of each plate **70** preferably combine to define a plurality of separated enclosed channels therethrough. In an alternative embodiment, the channels can be formed by discrete flexible tubes. The channels are airtight and perform the function of conduits for the transport of pressurized air from the source of pressurized air to the air sacks. The multi-layer construction of plate **70** allows some channels to cross one another without intersecting, if the air flow configuration requires same. As shown schematically in **FIG. 13** for example, some channels **100** connect one of the inlet openings **84** of plate **70** to one of the outlet openings **86** defined through the opposite side edge **82** of the plate **70**. Some of the channels **102** connect one of the inlet openings **84** defined through one of the side edges **82** to one or more of the sack supply openings **92** defined through the top surface of the plate **70** of the modular support member. Each air sack supply opening **92** communicates with at least one of the channels. Other channels **104** include one of the pressure control valve openings **96**.

[0049] As embodied herein and shown in **FIGS. 2, 3 and 5** for example, the means for supplying gas to the sacks preferably includes a hand-detachable airtight connection, an embodiment of same being designated generally in **FIG. 5** by the numeral **106**. The connection comprises two

components, one secured to the air sack **34**, and the other secured to the modular support member **70**. The force required to insert one of the components into the other component and to disconnect the components from one another is low enough to permit these operations to be accomplished manually by hospital staff without difficulty. Accordingly, both components of the hand-detachable connection **106** preferably are formed of a semi-rigid plastic material with an elastic O-ring **114** secured within the interior of a female connection fitting **108**.

[0050] As shown in **FIG. 5** for example, the component secured to the modular support member comprises an elongated female connection fitting **108** having an exterior configured to engage airtightly with the air sack supply opening **92** defined through the plate **70**. A plenum **93** is defined between the exterior of fitting **108** and air sack supply opening **92**. A lower end of the connection fitting extends through the air sack supply opening **92**, and a locking nut **95** screws onto this end of the fitting to secure same within the air sack supply opening of the modular support member.

[0051] The female connection fitting **108** has an interior configured with a hollow axially disposed coupling opening **110**, preferably a cylinder, to receive a coupling in airtight engagement therewith. A cylindrical poppet **97** is disposed in the cylindrical coupling opening and is configured to slide within the cylindrical coupling opening. Poppet **97** is closed at one end, and a spring rests between the bottom **113** of the interior of fitting **108** and the interior of the closed end of poppet **97**. The spring-loaded poppet is thereby biased to seal off the entrance **111** of coupling opening **110**.

[0052] The connection fitting further defines a fitting groove **112** completely around the interior of the fitting and preferably near the entrance **111** of coupling opening **110**. The connection fitting also includes a resiliently deformable flexible O-ring **114** held in the fitting groove **112**. As shown in **FIG. 5** for example, the coupling cylinder **110** defined in the interior of the connection fitting further includes a channel opening **116** defined therethrough and in a direction normal to the axis of the coupling cylinder **110**. Because of plenum **93**, the connection fitting is always disposed in the air sack supply opening **92** so that the channel opening **116** communicates with the channel **102** that connects to the air sack supply opening **92**.

[0053] As shown in **FIGS. 2, 3, 5, and 6** for example, the other component of the hand-detachable connection includes an elongated coupling **118** that is secured at one end to the air entrance opening **52** of the sack and extends outwardly from the sack. The coupling has an axial opening **120** defined therethrough to permit air to pass through same and between the interior and exterior of the sack. The exterior of coupling **118** is configured to be received within the interior of the connection fitting. The exterior of the coupling has a groove **122** therearound that is configured to seat around and seal against the deformable O-ring **114** of the connection fitting **108** therein when the coupling is inserted into the connection fitting in airtight engagement with the fitting. Groove **122** provides a locking detent to mechanically lock and seal O-ring **114** therein.

[0054] As shown in **FIG. 6** for example, the coupling is secured to extend from the air entrance opening **52** of the air sack with the aid of a grommet **126** and a retaining ring **125**.

The grommet **126** is heat sealed to the fabric of the air sack on the interior surface of the air sack around the air entrance opening. The coupling extends through the grommet **126** and the air entrance opening. A pull tab **124** is fitted over the coupling and rests against the exterior surface of the air sack. Alternative embodiments of pull **124** are shown in **FIGS. 3 and 6** for example. A retaining ring **127** is passed over the coupling and mechanically locks against the coupling in air-tight engagement with the air sack. The pull tab **124**, which is sandwiched between retaining ring **127** and the sack, can be grasped by the hand of a person who desires to disconnect the coupling from the fitting. In this way, the material of the air sack need not be pulled during disconnection of the coupling from the fitting. This prevents tearing of the air sack near the air entrance opening during the disconnection of the coupling from the fitting.

[0055] As shown in **FIG. 5** for example, connection fitting **108** preferably includes a poppet **97** that is a spring loaded cylindrical member disposed concentrically within coupling cylinder **110** so that one end of the spring **99** rests against the closed end of the poppet, and the other end of the spring rests against the bottom **113** of the interior of connection fitting **108**. Thus, when coupling **118** is inserted into coupling cylinder **110**, coupling **118** depresses poppet **97** and connects channel opening **116** to axial opening **120** of coupling **118**. When no coupling **118** is inserted into coupling cylinder **110**, the spring forces the poppet to seal against O-ring **114** and thereby seal the coupling cylinder opening **110** at the entrance **111** thereof near the top layer **74** of plate **70**. This permits one sack to be detached while air is being supplied to the others without leakage of air through the coupling cylinder opening **110**. The sealing effect of the poppet also prevents fluids from entering the channels of plate **70**, and this is advantageous during cleaning of the upper surfaces of plate **70**.

[0056] In keeping with the modular configuration of the patient support system of the present invention, the means for supplying air to each sack further preferably includes a modular manifold for distributing air from the blower to the sacks plugged into the modular sack support member. The modular manifold provides means for mounting at least two pressure control valves and for connecting same to a source of pressurized air and to an electric power source. Because its elongated shape resembles a "log," such modular manifold is sometimes referred to as the log manifold, and one embodiment is designated by the numeral **128** in **FIG. 10** for example. Log manifold **128** includes an elongated main body **130** that is hollow and defines a hollow chamber **132** within same. As shown in **FIG. 10** for example, main body **130** is shaped as a long rectangular tube which preferably is formed of aluminum or another light weight material such as a hard plastic or resin. As shown in **FIG. 10**, an air supply hose **134**, which suitably is one and one quarter inches in diameter, carries pressurized air from blower **66** to chamber **132** of main body **130**. A first end wall **136** is defined at one narrow end of main body **130**, and a second end wall (not shown) is defined at the opposite end of main body **130**. A conventional pressure check valve **138** such as shown in **FIG. 13** for example, is provided in each end wall to permit technicians to gauge the pressure inside chamber **132**.

[0057] One section of main body **130** defines a mounting wall **140** on which a plurality of pressure control valves **162** (such as shown in **FIGS. 7 and 8** for example and described

in detail hereafter) can be mounted. A plurality of ports **142** are defined through the mounting wall and spaced sufficiently apart from one another to permit side-by-side mounting of pressure control valves **162**. Each port **142** has a bushing **144** mounted therein. The bushing is configured to receive and secure a valve stem **146** (**FIG. 8**) of a pressure control valve **162**. As shown in **FIG. 7** for example, valve stem **146** typically has one or more O-rings **148** engage with bushing **144** to form an airtight connection that nonetheless is easily detachable and engageable, respectively, by manual removal and insertion of the pressure control valve. This permits easy removal and replacement of the valve and reduces repair time and inoperative time for the patient support system as a whole.

[0058] The log manifold further includes a circuit board **150** preferably mounted on the exterior of the main body adjacent the mounting wall **140**. As shown in **FIG. 10** for example, an electrical connector **152** is provided for receiving a direct current power line to furnish electric power to operate circuit board **150**. The circuit board includes a plurality of electrical connection fittings defined therein. Each electrical connection fitting **154** or plug outlet is preferably disposed in convenient registry with one of the ports **142** defined in the mounting wall. Electrical connection fittings **154** receive an electrical connector, e.g., plug **156**, of a pressure control valve **162** to transmit electrical power and signals thereto to operate the various electrical components of the pressure control valve. In addition, a plurality of fuses **158** are provided on circuit board **150** to protect circuit board **150** and components connected thereto, such as a microprocessor **160** (described hereinafter), from electrical damage. As shown in **FIG. 10** for example the fuse receptacles are on the exterior of the log manifold **128** to provide technicians with the unobstructed access that facilitates troubleshooting and fuse replacement.

[0059] In further accordance with the patient support system of the present invention, means are provided for maintaining a predetermined pressure in the sacks. The predetermined pressure is kept at a constant predetermined value for each of a number of groups of sacks in the standard mode of operation or may be constantly varying over time in a predetermined sequence in yet other modes of operation of the patient support system of the present invention. As embodied herein and shown schematically in **FIG. 12** (in which electrical connections are shown in dashed lines and pneumatic connections are shown in solid lines, in both cases arrows indicate the direction of electrical or pneumatic flow) for example, the means for maintaining a predetermined pressure preferably includes a programmable microprocessor **160** and at least one and preferably a plurality of pressure control valves **162**, each of the latter preferably monitored by a pressure sensing device (not shown in **FIG. 12** separately from valves **162**).

[0060] As embodied herein and shown in **FIGS. 7 and 8** for example, the means for maintaining a predetermined pressure in the sacks includes a pressure control valve **162**. Preferably, a plurality of pressure control valves are provided, and each valve **162** can control the pressure in a plurality of sacks **34** by means of being connected to a gas manifold (such as modular support member channels **100, 102, 104**) which carries air from the pressure control valve to each of the sacks.

[0061] Each pressure control valve includes a housing 164, which preferably is formed of aluminum or another light weight material. As shown in FIG. 8 for example, an inlet 166 is defined through one end of the housing for receiving air flow from a source of pressurized air. An outlet 168 is also defined through the housing for permitting the escape of air exiting the pressure control valve. An elongated valve passage 170 is defined within the housing and is preferably disposed in axial alignment with the inlet. The passage has a longitudinal axis that preferably is disposed perpendicularly with respect to the axis of the valve outlet, which is connected to the valve passage. The valve housing further defines a chamber 172 disposed between the inlet and a first end 174 of the valve passage. The pressure control valve includes a piston 176 disposed in the chamber. The piston is displaceable in the chamber to vary the degree of communication through the chamber that is permitted between the valve inlet and the valve passage. The piston preferably is formed of a hard polymeric or resinous material such as polycarbonate for example. The pressure control valve further includes an electric motor 178 that preferably is mounted outside the housing and near the chamber.

[0062] The pressure control valve preferably includes means for connecting the motor to the piston in a manner such that the operation of the motor causes displacement of the piston within the chamber. As embodied herein and shown in FIG. 8 for example, the connecting means preferably includes a connecting shaft 180 that has one end non-rotatably secured to the rotatable shaft 182 of the motor 178. Connecting shaft 180 has its opposite end non-rotatably connected to one end of the piston. As shown in FIG. 9b for example, piston 176 has a groove 183 disposed diametrically through one end of the piston to non-rotatably secure the end of connecting shaft 180 therein. Chamber 172 preferably is cylindrical and has its longitudinal axis disposed perpendicularly relative to the longitudinal axis of the valve passage. The piston preferably is cylindrical and rotatably displaceable in the chamber with a close clearance between the piston and the chamber so as to minimize any passage of air thereby. One end of the piston has a cam stop 181 which engages a stop (not shown) in chamber 172 to restrict piston 176 from rotating 360 degrees within chamber 172. As the motor shaft 182 rotates, the connecting shaft 180 and piston 176 are rotatably displaced relative to the chamber. As shown in FIG. 8 for example, the piston has a flow slot 184 extending radially into the center of the piston so that depending upon the position of this slot 184 relative to the inlet and the passage, more or less flow is allowed to pass from the inlet 166, through this slot 184, and into the passage 170. Thus, the position of the piston within the chamber determines the degree of communication that is permitted through the chamber and the degree of communication permitted between the valve passage and the valve inlet. This degree of communication effectively regulates the pressure of the air delivered by the valve.

[0063] As shown in FIGS. 9a, 9b, 9c, and 9d for example, piston slot 184 preferably is configured to result in a linear relationship between the air flow permitted through the valve and the rotation of the piston. As shown in FIG. 9d for example, piston slot 184 preferably comprises three distinctly shaped sections. The section designated 185 is closest to the surface of the piston and is formed as a spheroidal section. The intermediate section is designated 187 and is formed as a semi-cylinder. The section extending deepest

into the center of the piston is designated 189 and is formed as an elongated cylinder with a spherical end.

[0064] As shown in FIGS. 7 and 8 for example, the pressure control valve further preferably includes a pressure transducer 186 that communicates with the valve passage to sense the pressure therein. Preferably, the pressure transducer is mounted to the valve housing. An opening 188 is defined through the housing opposite where the outlet is defined. The pressure transducer has a probe (not shown) adjacent the opening to permit the transducer to sense the pressure in the valve passage. The pressure transducer converts the pressure sensed in the valve passage into an electrical signal such as an analog voltage, and this voltage is transmitted to an electronic circuit (described hereafter as a circuit card) of the valve.

[0065] As shown in FIG. 7 for example, the pressure control valve further includes an electronic circuit 190 which is mounted to the exterior of the housing on a circuit card 192. The valve circuit contains a voltage comparator network and voltage reference chips for example. The valve circuit controls the power being provided to the valve motor. The circuit card is connected to the valve pressure transducer and receives the electrical signals transmitted from the transducer corresponding to the pressure being sensed by the transducer in the valve passage. The circuit card receives a reference voltage signal from a microprocessor (described hereinafter) via circuit board 150. The microprocessor sends an analog-voltage signal to the valve circuit 190 via circuit board 150. The valve circuit compares this signal to the one from the pressure transducer and computes a difference signal. The valve circuit controls the valve motor 178 to open or close the valve according to the magnitude and sign (plus or minus) of the difference voltage signal.

[0066] As shown in FIG. 7 for example, the pressure control valve further includes an electrical lead 194 that is connected at one end (not shown) to the valve circuit card 192 and terminates at the other end in a plug 156. This plug can be connected into a plug outlet such as the electrical connection fitting 154 on the log manifold 128 and thus is consistent with the modular construction of the present invention.

[0067] As shown in FIG. 7 for example, the pressure control valve further defines a dump outlet hole 196 through the valve housing in the vicinity of the valve chamber. As shown in FIG. 8 for example, a dump passage 198 is defined through the valve piston and is configured to connect the dump hole to the valve passage upon displacement of the piston such that the dump hole becomes aligned with the dump passage of the piston.

[0068] As shown in FIG. 1 for example, a microswitch 199 is disposed near the hydraulic controls for changing the elevation of the patient support. When a control handle 201 is placed in the CPR mode of operation, microswitch 199 is activated, and the microprocessor turns off the blower and signals all of the valves to align the dump passage of the piston with the dump hole. This causes the rapid deflation of all of the air sacks and places the support into a condition suitable for performing a cardiopulmonary resuscitation (CPR) procedure on the patient.

[0069] As shown in FIG. 16 for example, the control panel of the present invention has a button for SEAT

DEFLATE. When the operator presses the SEAT DEFLATE button, the microprocessor activates the two pressure control valves which control the pressure in the sacks supporting the seat zone (Zone III shown in FIGS. 12 and 13 for example) of the support system. The microprocessor signals the pressure control valves controlling the seat zone to align their pistons' dump passages with the dump holes in the valve housings in order to permit all of the air in the sacks in the seat zone to escape to the atmosphere through the dump holes. As shown in FIG. 8 for example, when the valve pistons are aligned in this manner, the valve inlets are blocked by the pistons and thus prevented from communicating with the valve passages and valve outlets.

[0070] As shown in FIG. 8 for example, a conventional pressure check valve 138 preferably is mounted in a manual pressure check opening 200 defined through the housing of each pressure control valve. As shown in FIG. 9, a conventional pressure check valve 138 also preferably is inserted into the end walls of log manifold 128. As shown in FIG. 15 for example, check valve 138 has a head 202 with a port 204 defined therethrough for receiving a probe of a pressure measuring instrument (not shown). A collapsible bladder flange 206 extends from head 202 to the opposite end of check valve 138. The bladder flange extends through the pressure check opening 200 in the housing of the pressure control valve. A slit 208 is formed axially through the collapsible bladder flange and connects to port 204. The bladder flange is resiliently collapsible around slit 208 to prevent passage of air therethrough. The probe of the measuring instrument is hollow and is inserted through port 204 until the probe parts the flange 206 to open the collapsible slit 208. This allows the probe to access the pressure in the control valve or chamber of the log manifold, as the case may be. Check valve 138 preferably is formed of a flexible material such as a soft plastic or neoprene rubber. One supplier of such check valves is Vernay Labs of Yellow Springs, Ohio 45387.

[0071] As embodied herein and shown schematically in FIG. 12 for example, the means for maintaining a predetermined pressure preferably includes a programmable microprocessor 160. The microprocessor preferably has parallel processing capability and is programmed to operate the pressure control valves in conjunction with the blower to pressurize the sacks according to the height and weight of the patient. The height and weight information is provided to the microprocessor by the operator. This is accomplished by providing the desired information via a control panel 210 such as shown in FIG. 16 for example. The height of the patient is displayed on a digital readout 212 in either inches or centimeters, and the weight of the patient is displayed on a separate digital readout 214 in either pounds or kilograms.

[0072] As shown in FIGS. 12 and 13 for example, five pressure zones or body zones preferably include a head zone (Zone 1 or I), a chest zone (Zone 2 or II), a seat zone (Zone 3 or III), a thigh zone (Zone 4 or IV), and a leg and foot zone (Zone 5 or V). Each body zone is supplied with pressurized air from the blower via two separate pressure control valves. In one configuration of the air flow path from the blower to the sacks, one of the pressure control valves controls air supplied to the chambers of each sack on one side of the patient support system for each body zone, and the other pressure control valve controls the air to the chambers on the side of each sack on the opposite side of the patient support

system. In yet another configuration of the air flow path from the blower to the sacks, one of the pressure control valves controls the air supplied to all of the chambers of every alternate sack in a body zone, and the other pressure control valve controls the air supplied to all of the chambers in the remaining alternate sacks in the body zone.

[0073] The microprocessor is programmed to set the reference pressure of each pressure control valve of each body zone into which the patient support system has been divided for purposes of controlling the pressure supplied to air sacks 34 under particular portions of the patient. Based upon the height and weight of the patient, the microprocessor is preprogrammed to calculate an optimum reference pressure for supporting the patient in each body zone. This reference pressure is determined at the valve passage where the pressure transducer of each pressure control valve is sensing the pressure. The circuit card 192 performs a comparison function in which it compares the reference pressure signal transmitted to it from microprocessor 160 via circuit board 150 to the pressure which it has received from the pressure transducer. Depending upon the difference between this signal received from the valve's pressure transducer and the calculated desired signal corresponding to the preset reference pressure, the valve circuit 192 signals the valve motor to open or close the pressure control valve, depending upon whether the pressure is to be increased or decreased. This process continues until the desired reference pressure is sensed by the pressure transducer of the pressure control valve. The microprocessor has parallel processing capability and thus can simultaneously supply each of the pressure control valves with the reference pressure for that particular control valve. Moreover, the speed of each of the microprocessor and valve circuits greatly exceeds the time in which the motors of the pressure control valves can respond to the signals received from the valve circuits. Thus, in practical effect the motor response times limit the frequency with which the pressure control valves can be corrected.

[0074] Moreover, the reference pressure calculated by the microprocessor also can depend upon other factors such as whether one or more articulatable sections of the frame is elevated at an angle above or below the horizontal. Another factor which can affect the microprocessor's calculation of the reference pressure for the particular zone is whether the patient is being supported in a tilted attitude at an angle below the horizontal and whether this angle is tilted to the left side of the patient support system or the right side. Still another factor is whether the patient is lying on his/her side or back.

[0075] Yet another factor that can affect the reference pressure calculated by the microprocessor is whether the patient comfort adjustment buttons 216 have been manipulated via the control panel to adjust the pressure desired by the patient in a particular zone to a pressure slightly above or slightly below the reference pressure that the microprocessor is preprogrammed to set for that particular zone under the other conditions noted, including, elevation angle, side lying or back lying, and tilt attitude. As shown in FIG. 16 for example, each body support zone has a triangular button 216 pointing upward and a triangular button 216 pointing downward. Depression of the upward button 216 increases the reference pressure that the microprocessor calculates for that particular zone. Similarly, the depression of the downward pointing button 216, decreases the reference pressure

that the microprocessor calculates for that particular zone. The range of increase and decrease preferably is about twenty percent of the reference pressure that is calculated for the standard mode of operation in each particular zone. This permits the patient to change the pressure noticeably, yet not so much as to endanger the patient by producing a condition that is either over-inflated or under-inflated for the sacks in a particular zone. Moreover, the 20% limitation also can be overridden by pressing the OVERRIDE button shown in FIG. 16. The override function can be cancelled by pressing the RESET button shown in FIG. 16.

[0076] One form of sack pressure algorithm which is suitable for use by the microprocessor to calculate the reference pressures for different configurations of the patient support system of the present invention is as follows:

$$\text{Pressure} = C_1 \times \text{Weight} + C_2 \times \text{Height} + C_3$$

[0077] Table 1 provides parameters suitable for several elevation configurations, patients lying on his/her back, side lying, and all five zones. For example, the constants C1, C2 and C3 for each zone are the same for elevation angles 0 degrees through 29 degrees with the patient lying on his/her back. The values of C1, C2 and C3 for side lying are the same for elevation angles of 0° through 29°.

TABLE 1

Elevation Angle	Zone	C1	C2	C3
0°-29° back lying	I	0.00473	0.04208	-1.27789
	II	0.02088	-0.01288	1.73891
	III	0.03688	-0.10931	7.33525
	IV	0.00778	-0.01828	2.21268
	V	0.00316	0.00482	0.61751
30°-44° back lying	I	0.00857	0.02056	-0.22725
	II	0.02230	0.03996	3.32860
	III	0.01971	0.08197	-0.68941
	IV	0.00554	0.03495	0.38316
	V	0.00303	0.01883	-0.12248
45°-59° back lying	I	0.00152	0.02889	0.11170
	II	0.01349	-0.02296	3.06615
	III	0.03714	0.01023	3.37064
	IV	0.01014	0.09399	-3.39696
	V	0.00298	-0.00337	1.40102
60° and above back lying	I	0.00571	-0.00976	1.77230
	II	0.01165	0.02598	-0.20917
	III	0.01871	0.04853	4.35063
	IV	0.02273	0.06610	-2.94674
	V	0.00291	0.00292	0.99296
SL (Side Lying) 0°-29°	I	0.01175	0.00548	0.43111
	II	0.03276	0.03607	-1.78899
	III	0.03715	-0.10824	8.22602
	IV	0.01091	-0.00336	1.48258
	V	0.00146	0.02093	-0.15271

[0078] The weight of the patient is supported by the surface tension of the air sack as well as the air pressure within the sack. Thus, values of C1, C2, and C3 can vary with air sack geometry or the properties, such as stiffness, of the materials used to form the air sacks. Different air sack geometries may provide more or less stiffness in the air sack.

[0079] Typically, a ribbon cable 218 electrical connector (FIG. 10) connects circuit board 150 to microprocessor 160. Circuit board 150 receives analog signals from microprocessor 160 and distributes same to the valve circuit card 192 of each particular pressure control valve 162 for which the signal is intended. In addition, in some embodiments, circuit

board 150 can return signals from the individual pressure control valve circuitry 190 to the microprocessor. The voltage signals from the microprocessor cause the valve circuit card 192 to operate the motor of the pressure control valve to expand or contract the valve opening to attain a reference pressure, which the microprocessor is preprogrammed to calculate. The valve circuit compares the reference signal received from the microprocessor to the signals received from pressure transducer 186 of the pressure control valve. In effect, this enables the support system of the present invention to monitor the air pressure in the valve passage 170 near the valve outlet 168, which is the location where the sensing probe of the pressure transducer is disposed to sense the pressure supplied to the air sack through the pressure control valve.

[0080] In further accordance with the present invention, there is provided means for switching between different modes of pressurizing the sacks. As embodied herein and shown schematically in FIGS. 11, 12 and 13 for example, the mode switching means preferably includes at least one flow diverter valve 220 and preferably includes a plurality of flow diverter valves 220. The number of flow diverter valves depends upon the number of different pressure zones desired for the patient support system embodiment contemplated. A pressure zone includes one or more sacks or sack chambers which are to be maintained with the same pressure characteristics. In some instances, it is desired to have opposite sides of the sack maintained at different pressures. This becomes desirable for example when the rotation mode of the patient support system is operated. In other instances it becomes desirable to have the pressure in every other sack alternately increasing together for a predetermined time interval and decreasing together for a predetermined time interval. This becomes desirable for example when the patient support system is operated in the pulsation mode of operation.

[0081] As shown in FIG. 13 for example, each flow diverter valve preferably is mounted within a modular support member 68, and more than one diverter valve 220 can be mounted in a modular support member such as the seat sack support member 94. However, other sack support members 68, such as the head sack support member shown in FIG. 13 for example, may lack a diverter valve. Each diverter valve preferably is mounted between the top and bottom surfaces of each plate 70. As shown schematically in FIG. 11 for example, each diverter valve has a first flow pathway 222 with a first inlet 224 at one end and a first outlet 226 at the opposite end. Each diverter valve further includes a second flow pathway 228 with a second inlet 230 at one end and a second outlet 232 at the opposite end. The flow pathways are mounted and fixed on a rotating disk 234, also referred to as a switching disk 234, that rotates about a central pivot 236.

[0082] The so-called switching disk is rotatable for the purpose of changing the path defined by the inlets and outlets. As shown in solid lines in FIG. 11 for example, first flow pathway 222 connects channel A with channel B, and second flow pathway connects channel C with channel D. Thus, a first inlet 224 of first pathway 222 is connected to channel A and a first outlet 226 of first pathway 222 is connected to channel B. Similarly, a first inlet 230 of second pathway 228 is connected to channel D and a first outlet 232 of second pathway 228 is connected to channel C. In the

solid line configuration shown schematically in **FIG. 11**, both sides of every alternate sack are connected together and thus maintained at the same pressure by a pressure control valve connected to the sacks via pressure control valve openings **96**. This is the configuration for the so-called pulsation (P) mode of operation.

[0083] As shown by the dotted line configuration of the flow pathways, when the switching disk is rotated 90 degrees counterclockwise to the dotted line position (R), the first flow pathway connects channel A to channel C, and the second flow pathway connects channel B to channel D. Thus, first inlet **224** of first pathway **222** is connected to channel C, and second inlet **230** of second pathway **228** is connected to channel B. First outlet **226** of first pathway **222** becomes connected to channel A, and second outlet **232** of second pathway **228** becomes connected to channel D. In the dotted line configuration shown in **FIG. 11**, one side of all of the sacks are connected together and thus can be maintained at a common pressure, and the other side of all of the sacks are connected together and also can be maintained at a common pressure. This is the configuration for the so-called rotation (R) mode of operation.

[0084] The use of the diverter valves by the present invention enables the support system to be operated in either a pulsation mode of operation or a rotation mode of operation with a minimum number of valves and air flow conduits. The diverter valve allows the air flow paths of the support system to be reconfigured between two distinctly different ways of connecting the pressurized air source through the pressure control valves to individual air sacks of the patient support system.

[0085] The patient support system of the present invention can be operated to automatically rotate the patient, i.e., turn the patient to one side or the other, at preset intervals of time. Referring to the control panel shown in **FIG. 16**, the patient support system of the present invention can be set to operate in a rotational mode by pressing the SET UP button followed by pressing the MODE SELECTION button until the ROTATION indicator is lit. Then the rotation section of the control panel becomes illuminated and can be operated. The operator selects the amount of time that the patient is to be maintained in a right-tilted position, or a horizontal position, or a left-tilted position. To accomplish this for the horizontal position for example, the operator activates the horizontal button **238** followed by activating the TIME button. This manipulation enters the time interval during which the patient support is to maintain the patient supported in the horizontal position. This interval of time is displayed on a digital readout **239**. To set the time that the patient is to spend in the right-tilted position, the operator presses the right button **240** followed by the TIME button. Again, the time interval which the patient is to be maintained tilted to the right is displayed digitally on readout **239**. A similar procedure is followed to set the time spent in the left-tilted position.

[0086] In addition, right button **240** allows the operator to select the attitude of the patient in the right-tilted position. There are a number of illumination bars disposed above the right button. Each illumination bar corresponds to a different attitude to which the patient can be tilted to the right. The operator selects the desired attitude by continuously pressing the triangular buttons above and below right button **240**

until the bar adjacent the desired attitude is illuminated. For example, the maximum attitude of tilt requires the operator to continue pressing the downward pointing triangular button beneath right button **240** until the lowermost bar above the right button is lit. The same procedure is followed to set the attitude for the left-tilted position.

[0087] Moreover, as shown schematically in **FIG. 12** for example, the angle of elevation of the head and chest section of the patient support is monitored by an elevation sensing device **242**, which sends signals to the circuit board **150** of the modular valve mounting manifold **128**. **FIG. 12** illustrates electrical signaling pathways by dashed lines and pneumatic pathways by solid lines. The arrows at the ends of the dotted lines indicate the direction of the electrical signals along the electrical pathways. The elevation sensing device detects the angle at which the head and chest section has been positioned, and supplies a corresponding signal to the microprocessor via circuit board **150**. Examples of suitable elevation sensing devices are disclosed in U.S. Pat. Nos. 4,745,647 and 4,768,249, which patents are hereby incorporated in their entireties herein by reference. If this elevation information from the sensing device **242** indicates that the angle of articulation exceeds 30 degrees, the microprocessor configures the pressure profile to a standard mode of operation and thus cancels any rotation or pulsation that may have been selected by the operator. The rotation mode is cancelled to avoid torquing the patient's body. The pulsation mode is cancelled because the elevation of the patient above 30 degrees reduces the ability to float the patient in the sacks in the seat zone during pulsation of the three sacks therein. Thus, the "bottoming" of the patient during pulsation at elevation angles above 30 degrees is avoided. Upon reduction of the articulated angle below 30 degrees, the microprocessor does not automatically resume either pulsation or rotation but requires any mode other than the standard mode to be reset.

[0088] In accordance with the present invention, the control over blower **66** preferably includes a blower control circuit which controls the power supplied to blower **66**. Microprocessor **160** provides a blower control voltage to blower control circuit **67** which controls the power supply to blower **66** according to this blower control voltage signal received from microprocessor **160**. A pressure transducer **246** measures the pressure preferably at the blower and communicates a signal corresponding to the measured blower pressure to the microprocessor **160** via blower control circuit **67** and circuit board **150**.

[0089] Microprocessor **160** has a blower control algorithm which enables microprocessor **160** to calculate a desired reference pressure for the blower. The blower control algorithm preferably calculates this blower reference pressure to be 3 to 4 inches of standard water higher than the highest pressure in the air sacks. Typically, the seat zone (Zone III) has this highest pressure for a given height and weight setting (provided by the operator to the microprocessor) regardless of the elevation of the head and chest sections and whether the patient is lying on his/her side or back. However, a patient with abnormal body mass distribution (which could be caused by a cast for example) may require the highest sack pressure in one of the other zones. If Zone III has the highest sack pressure, as the elevation angle increases, the sack pressure in Zone III increases, and the

reference pressure for the blower also increases to equal 3 to 4 inches of standard water above the pressure of the sacks in Zone III.

[0090] Microprocessor 160 stores the signal from transducer 246 corresponding to the measured blower pressure in the microprocessor memory, which is updated preferably only once every three seconds. Microprocessor 160 calculates the reference blower pressure about four times each second and compares it to the stored measured pressure about once each second. If the measured pressure is more than about one inch of standard water higher than the reference pressure calculated by microprocessor 160, microprocessor 160 decreases the control voltage by an increment of $\frac{1}{256}$ of the maximum control voltage signal that microprocessor 160 is programmed to provide to blower control circuit 67. This maximum voltage corresponds to the maximum output of blower 66. If the measured blower pressure is more than about one inch of standard water lower than the reference pressure, then microprocessor 160 increases the control voltage signal by an increment of $\frac{1}{256}$ times the maximum control voltage. The increase or decrease, if any, occurs about once each second. Pressure deficits are of a greater concern, and thus correction of such deficits occurs four times faster than correction of excess pressures. The pressure changes resulting from the blower control sequence occur no more frequently than once each second and are no greater than $\frac{1}{256}$ of the maximum pressure for decreases and $\frac{1}{256}$ times the maximum pressure for increases. Moreover, the microprocessor's three second delay in updating the measured pressure used in the calculations assures that changes in the measured pressure that have very short durations will not lead to pressure instability because of control loop exacerbation of short-lived pressure fluctuations. This three second time interval can change depending upon the pressure dynamics and control dynamics of the system.

[0091] The selection of the rotation mode of operation on control panel 210 causes the microprocessor to signal the diverter valves to align their pathways for rotational operation of the support system. Once the parameters of operation in the rotation mode have been inputted, the microprocessor recalculates an optimum reference pressure for each pressure control valve. The microprocessor determines the appropriate tilt reference pressure based upon the height and weight of the patient and the angle of tilt selected by the operator. This is accomplished such that the pressure in the low pressure side of the sack and the pressure in the high pressure side of the sack average out to the pressure that would be set for the same sacks in the normal mode of operation, i.e., without any rotation. Thus, the average pressure over the entire sack during the rotational mode of operation is the same as it would be in the non-rotational modes of operation.

[0092] The operator initiates the rotation by pressing the RUN button on panel 210 in FIG. 16 for example. When the operator presses the RUN button, the microprocessor adjusts the pressure control valves 162 to set the new tilt reference pressure in the end and intermediate chambers on the side of the support system to be tilted. This results in a reduction in the pressure in the end and intermediate chambers of the tilted sides of the sacks in each body zone. The microprocessor operates the control valve to prevent this low sack pressure from falling below 1 to 2 inches of standard water,

because this is the minimum pressure needed to keep the end chamber inflated while the weight of the patient is squeezing out air from the intermediate chamber. The microprocessor also raises the pressure in the end and intermediate chambers on the opposite side, i.e., non-tilted side of the sacks of the support system. The increase in pressure in the chambers of the untilted side of the support system is needed to compensate for the loss in pressure in the chambers on the tilted side of the support system. The additional pressure allows the patient to be supported in the tilted position as comfortably as in the non-tilted position. The pressure increase in the chambers of the non-tilted side of the sacks is preferably sufficient so that the average pressure between the two sides of each sack equals the pressure in this sack when the patient is supported thereon in a non-tilted position. In other words, one-half of the sum of the pressure in the high side of the sack and the low side of the sack is equal to the normal base line pressure of this particular sack in a non-tilted mode of operation, i.e., when both sides of the sack are at this same base line pressure.

[0093] In accordance with the present invention, a method is provided for turning the patient on a low air loss patient support system as in the present invention. As embodied herein, the turning method includes the step of grouping all of the sacks 34 into at least two body zones that correspond to at least two different zones of the patient's body. Each zone of the patient's body is preferably supported by one or more sacks in one of the two body zones. Preferably five body zones are involved.

[0094] The next step in the method for turning a patient is to pressurize all of the sacks according to a first pressure profile that provides each sack in each body zone with a respective first air pressure. This first air pressure has been chosen so as to provide a first respective level of support to that portion of the patient's body supported by the sacks in that body zone. The level of support is predetermined depending upon the height and weight of the patient and calculated accordingly by the microprocessor. The height and weight data also affect the respective first air pressure that is chosen for the sacks in that particular body zone.

[0095] The terms "pressure profile" are used to refer to the fact that the pressure in each body zone may be different because of the different support requirement of that particular body zone. If the individual pressures in the sacks of all the body zones were to be represented on a bar graph as a function of the linear position of the sacks along the length of the patient support, a line connecting the tops of the bars in the graph would depict a certain profile. Hence the use of the term "pressure profile" to describe the pressure conditions in all of the sacks at a given moment in time, either when the pressures are changing or in a steady state condition.

[0096] The next step in turning the patient involves separately controlling the air pressure that is supplied to each side of each of the sacks. This preferably is accomplished by supplying the chambers on one side of the sacks in each body zone via a first pressure control valve and supplying the chambers on the other side of the sacks via a separate pressure control valve, and connecting each pressure control valve to a four-way diverter valve. The diverter valve can then be configured to ensure that the air pressure being supplied to the chambers on one side of each sack is being

controlled by one of the pressure control valves, and the pressure being supplied to the chambers on the other side of the sack of a particular zone is being supplied through a separate pressure control valve.

[0097] The next step in turning the patient involves lowering the pressure in the chambers on the side of the sacks to which the patient is to be tilted. Specifically, the pressure must be lowered in the chambers of one side of the sacks from a first pressure profile, previously established, to a predetermined second pressure profile. The second pressure profile is predetermined according to the height and weight of the patient and also according to the attitude to which the patient is to be tilted. The greater the angle below the horizontal to which the patient is to be tilted, the lower the predetermined second pressure profile.

[0098] Another step in the method of turning the patient requires raising the pressure in the chamber on the side of the sacks that is opposite the side to which the patient is being tilted. This involves raising the pressure in the chamber of the non-tilted side of each of the sacks to a predetermined third pressure profile. The raised pressure profile in the non-tilted sacks compensates for the lower pressure profile in the side of the sacks to which the patient has been tilted. When the overall pressure being supplied to support the patient has been reduced in half of the sack, as occurs during tilting, that portion of the patient's body in that particular body zone would not be maintained at the desired level of support without increasing the pressure in the non-tilted side of the sack.

[0099] The operator begins by lowering the pressure in one side of the all of the sacks until the patient has been tilted to the desired attitude of tilt beneath the horizontal. As this is occurring, the microprocessor is increasing the pressure in the non-tilted sacks such that one-half of the sum of the pressure in the tilted sacks plus the pressure in the untilted sacks equals the base line pressure of the sacks before the tilting procedure began. In the case just described, the base line pressure corresponds to the pressure in the sack at the first pressure profile. Preferably, the raising and lowering of the pressures in the chambers of opposite sides of the sacks occurs practically simultaneously. Since preferably the microprocessor has parallel processing capability and thus can control each of the pressure control valves simultaneously, the speed with which the tilting is effected (or any other pressure changes in the sacks) is primarily limited by the flow restrictions in the pneumatic circuit, which is primarily a function of the air sack volume and the pressure level in the sacks.

[0100] In further accordance with the present invention, the patient is maintained in the selected tilted position for a predetermined length of time. At the end of this predetermined length of time, which is clocked by the microprocessor, the patient is returned to the horizontal position by simultaneously increasing the pressure in the side of the sacks to which the patient previously had been tilted while decreasing the pressure in the non-tilted side of the sacks until the pressure in both sides of the sacks returns to the first predetermined pressure profile. The changes in pressure from low to high or from high to low preferably occurs over a time interval of about three minutes. This is done to reduce the likelihood that the patient will experience any uncomfortable sensation during these pressure changes.

[0101] In still further accordance with the present invention, the method of turning a patient can maintain the patient in the horizontal position for a predetermined interval of time. At the end of this predetermined interval of time, the patient then can be tilted to the side of the patient support system that is opposite the side to which the patient had been tilted prior to being maintained in the horizontal position. Moreover, the amount of time which the patient spends in a particular position, namely, left-tilted, horizontal, and right-tilted, can be preselected so that the patient can be maintained in one of the three positions for however long is deemed therapeutic.

[0102] It is during the turning, i.e., rotation or tilting, mode of operation that the grommet which defines the hole 64 connecting each intermediate chamber 54 with each end chamber 46 of each sack 34 plays a particularly important role. As the pressure control valve controlling the side of the sack to which the patient is to be tilted begins to close and reduce the pressure being supplied to this side of these sacks, the weight of the patient above the depressurizing intermediate chamber 54 squeezes the air from the intermediate chamber through the grommet and into the end chamber 46 to compensate for the reduced pressure being supplied to the end chamber via the pressure control valve. Thus, the reduction in pressure initially serves to deflate the intermediate chamber while maintaining the end chamber as fully inflated as before the pressure control valve began to reduce the pressure supplied thereto. The pressure in the end chamber of course is being reduced. However, the end chamber remains completely inflated, unlike the connecting intermediate chamber which is being squeezed by the weight of the patient that no longer is being supported by the same level of air pressure as was present when the sacks were being maintained according to the first pressure profile that was first set to maintain the patient in the horizontal position atop the sacks. Moreover, since the end chamber remains inflated, it acts as a passive constraint to prevent the patient from rolling past the end chamber and off of the patient support.

[0103] To operate the support system of the present invention in the pulsation mode, the operator pushes the SET UP button on the control panel illustrated in FIG. 16 for example. Then the operator presses the MODE SELECTION button until the PULSATION indicator illuminates. When the PULSATION indicator is illuminated, the pulsation section of the control panel also becomes illuminated. The microprocessor immediately signals the diverter valves to align their pathways for the pulsation mode of operation. In the pulsation alignment of the diverter valves, the channels of the modular support members connect alternately adjacent air sacks. This results in two sets of sacks which can be operated at two separate and opposite patterns of pressurization. As shown in FIG. 16 for example, the operator selects the time interval for a complete pulsation cycle by pressing the TIME button. The time interval for each pulsation cycle is displayed in a digital readout 244 above the TIME button. The operator selects the degree of depressurization in the phase of the pulsation cycle in which the pressures in alternating sacks are lowered while the pressures in the other sacks are increased according to the amount that the pressures in the first group of alternating sacks have been lowered. The operator accomplishes this selection by pressing one of the two triangular shaped buttons beneath the light bars next to the MAX-MIN scale

to illuminate the light bar adjacent the desired level of depressurization. Once the parameters of operation in the pulsation mode have been inputted, the microprocessor begins calculating a pulsation reference pressure for each pressure control valve. This pulsation reference pressure depends upon the degree of depressurization selected by the operator and the height and weight of the patient. Preferably, the microprocessor maintains the pressures in adjacent sacks such that one-half of the sum of the pressures in the adjacent sacks equals the base line pressure for a sack in that zone at the elevation angle, if any, and taking into account whether the patient is side lying or back lying. The operator initiates the pulsation of the sacks by pressing the RUN button on panel 210 in FIG. 16 for example.

[0104] In further accordance with the present invention, a method is provided for periodically relieving the pressure of the patient support system against the patient's body. This method preferably is accomplished by pulsating the pressure in the sacks of the low air loss patient support system having a plurality of sacks disposed transversely across the length of the support system. The pressure in a first group of sacks comprising every alternating sack is depressurized relative to the remaining sacks, which are provided with an increase in pressure. The pressure differential between the two separate sacks is maintained for a predetermined interval of time. At the end of this time interval, the pressure profiles switch so that the other set of alternating sacks becomes depressurized while the first set of alternating sacks receives a slight increase in pressure. This opposite pressurization condition is also maintained for a predetermined interval of time, whereupon the cycle repeats itself until the pulsation mode of operation is discontinued.

[0105] Prior to the initiation of the pulsation mode of operation, all of the sacks in the patient support will be maintained at a first pressure profile according to the height and weight of the patient, the various angles of inclination of any of the articulating sections of the frame, and any tilt angle imposed upon the sacks. However, preferably, the pulsation method will not be operated in conjunction with any tilting of the patient, and thus activation of the pulsation method automatically discontinues operation in the tilting mode.

[0106] The steps of the method for pulsating the pressure in the sacks of the low air loss patient support system include configuring the air supply means of the patient support to define two separate groups of alternating sacks. A first group of sacks includes either every odd number sequenced sack in order from one end of the patient support to the opposite end of the patient support or every even number sequenced sack. For purposes of this description, the first of the two groups of sacks will be chosen to be the odd number sequenced sacks. In a preferred embodiment, the sacks are further grouped into body zones to support the patient's body at a predetermined pressure for all of the sacks in the body zone. Thus, all of the sacks in a particular body zone will be pressurized at the same first pressure, and accordingly the individual first pressure will be applied to all of the sacks in each body zone. This step of configuring the sacks is preferably accomplished by configuring a plurality of diverter valves to connect every alternating sack in a body zone.

[0107] The next step includes reducing the air pressure being supplied to the sacks in the first group. This is

accomplished as the microprocessor controls the pressure control valve of this first group to attain a second pressure profile. The second pressure profile corresponds to a decreased pulsation reference pressure calculated by the microprocessor when the degree of depressurization was selected by the operator. The microprocessor controls the pressure control valves supplying air to the sacks in the first group until the decreased pulsation reference pressure has been attained by the sacks in this first group.

[0108] The next step occurs simultaneously with the first step and includes supplying air pressure to the sacks in the second of the two groups, namely, the group including every even number sequenced sack in order from one end of the patient support to the opposite end of the patient support, at a third pressure profile. This third pressure profile corresponds to an increased pulsation reference pressure which the microprocessor calculated for each pressure control valve controlling the sacks in the second group for each individual body zone. This increased pulsation reference pressure also has been calculated by the microprocessor depending upon the degree of depressurization selected by the operator.

[0109] This third pressure profile is designed to compensate for the loss of pressurization by the first group of sacks so that the patient support can continue to maintain the patient at the same level of horizontal support during the depressurization of the first group of sacks. In other words, while the pressures in the alternate groups of sacks are changing, the vertical height of the patient above the floor is not changing significantly from what it was prior to the onset of the pulsation mode of operation. Thus, the microprocessor maintains the pressures in the two groups of sacks such that one-half the sum of the second and third pressure profiles equals the first pressure profile.

[0110] The two steps involving the changes in pressurization of the two groups of sacks, occur simultaneously over a first time interval.

[0111] The method for pulsating the pressure in the sacks further includes the step of maintaining the second and third pressure profiles being supplied to the two groups of sacks during a second interval of time. This is accomplished by the microprocessor controlling the pressure control valves to maintain the increased or decreased pulsation reference pressures calculated by the microprocessor for the respective group of sacks over the time interval selected by the operator.

[0112] After the predetermined lower pressure has been maintained for the sacks in the one group for the second interval of time, the next step is to increase the pressure being supplied to this one group during a third interval of time until each sack in this one group attains a higher individual pressure corresponding to the third pressure profile. At the same time that the sacks in the first group of sacks are attaining the higher individual pressure, the pressure being supplied to the sacks in the other of the two groups is being decreased to the lower pressure corresponding to the second pressure profile. The pressure in the other of the two groups is decreased until the predetermined lower pressure is being provided to each individual sack in this other group. The pressure decreases over this third interval of time.

[0113] Finally, the third pressure profile in the one group and the second pressure profile in the other group are maintained during a fourth interval of time.

[0114] Preferably, all of the first, second, third, and fourth intervals of time are of equal duration. However, in some embodiments of the method of pulsating the sacks of the present invention, the first interval of time preferably equals the third interval of time, and the second interval of time preferably equals the fourth interval of time.

[0115] In yet another embodiment of the method of pulsating the sacks of the present invention, not only are the first and third time intervals equal to each other as well as the second and fourth time intervals being equal to each other, but the first and third time intervals are shorter than the second and fourth time intervals. In other words, the time which the sacks spend alternately changing pressures is less than the time during which the sacks remain at the steady state higher or lower pressures. Similarly, in yet another embodiment of the method of pulsating the sacks of the present invention, the second and fourth time intervals can be equal to each other and shorter than the first and third time intervals, which also are equal to each other.

[0116] In accordance with the present invention and as illustrated in the figures in general, particularly **FIGS. 17 through 23**, a vibratory patient support system **300** is provided. Vibratory patient support system **300** includes rigid support frame **30**, as described, and a plurality of inflatable sacs **34** supported upon support frame **30**. Each sac **34** has an upper support surface **36** whereby a plurality of sacs **34** forms a patient support surface. Vibratory patient support system **300** further includes means for pressurizing and maintaining sacs **34** at a predetermined pressure. These means have already been described in detail. Vibrating means **A** separate from the pressurizing and maintaining means are provided for vibrating at least a portion of the patient support surface at a predetermined therapeutic frequency. In a preferred embodiment, zone **2** (**FIG. 13**) contains vibrating means **A**. The plurality of sacs **34** are maintained at their predetermined pressure while the portion of the patient support surface is simultaneously vibrated at a predetermined frequency within the specified frequency range. Means are further provided for variably controlling vibrating means **A**.

[0117] The vibratory patient support system **300** may be similar to the low air loss patient support system previously described with the addition of vibrating means **A** for vibrating at least a portion of the low air loss patient support system. In a preferred embodiment of system **300**, inflatable sacs **34** are disposed transversely across support frame **30**, as depicted generally in **FIG. 1**. As also previously described in detail, support frame **30** is preferably articulable in sections with at least one section corresponding to the general area of a patient's chest. In a preferred embodiment, vibrating means **A** are disposed within at least one inflatable sac **34** which is located in the section corresponding to the general area of the patient's chest.

[0118] Vibrating means **A** may be external to inflatable sacs **34** or disposed internal to at least one sac **34** as depicted generally in **FIGS. 17 through 22**. However, it is within the scope of the present invention to include external vibrating means, such as a mechanical vibrator for vibrating a portion of the patient support surface at a predetermined therapeutic frequency. Vibrating means **A** may include, for example, an internal fluid or air system, a pulsating air or fluid system, or any suitable motive means for vibrating the patient support system.

[0119] Additionally, the vibratory patient support system of the present invention is not limited to a low air loss configuration. Inflatable sacs **34** may comprise low air loss sacs but, this is not a requirement of the invention.

[0120] A multi-modal low air loss patient support system has already been described. The multi-modal system includes means for pressurizing inflatable sacs **34** in a first constant pressure mode, means for pressurizing inflatable sacs **34** in a second pulsation mode, and means for pressurizing inflatable sacs **34** in a third turning mode. In a preferred embodiment of vibratory patient support system **300** according to the invention, vibrating means **A** are included with the multi-mode low air loss patient support system as described. In this embodiment, vibratory patient support system **300** is switchable from any one of the modes of operation of the low air loss configuration described to any other mode of operation with vibrating means **A** being independently actuable and controllable from any one of the modes of operation. The modes of operation of the low air loss configuration system have already been discussed in detail in the specification and need not be repeated.

[0121] Vibrating means **A** and the means for variably controlling vibrating means **A** according to the invention preferably includes an operator interface means, such as control panel **308** as shown in **FIG. 23** or other suitable operator interface component. Control panel **308**, or like interface component, may be included as part of the control panel depicted in **FIG. 16**, or comprise a singular component. The means for variably controlling vibrating means **A** may include means for selecting from a first percussion mode and a second vibration mode. In the percussion mode, vibrating means **A** vibrates the patient support surface at a predetermined frequency in a range of, for example, 1 to 5 hz. In the vibration mode, vibrating means **A** vibrates the patient support surface at a predetermined frequency within a range of 6 to 25 hz, for example. The frequency ranges of the modes can obviously be tailored to desired frequency ranges. Means are further provided to allow the operator to select any combination of frequency, amplitude, and duration of the vibrating therapy.

[0122] Control panel **308** depicted in **FIG. 23** is merely a representation of what a suitable user-friendly control panel for use with the present invention may resemble. Control panel **308** or operator interface can comprise any suitable means or interface component. For example, a LED display may be used providing the operator with a menu for selecting the vibrational mode, frequency, amplitude, and duration of vibrating therapy.

[0123] The relationship of circuit board **150**, microprocessor **160**, and blower control **67** has already been described in detail. The means for variably controlling vibrating means **A** preferably comprises an interface with microprocessor **160** and circuit board **150**. Microprocessor **160** includes software means for controlling the frequency of vibrating means **A** through power distribution board **150**. This relationship is depicted generally in **FIGS. 20 through 22**. The means for varying the amplitude or magnitude of frequency of vibrating means **A** includes an interface with blower control unit **67**. This relationship will be described in more detail below.

[0124] Vibrating means **A** according to the invention may comprise a pneumatic vibrating system or means **B**, as in

FIGS. 20 and 21 generally. The motive force for pneumatic vibrating system B is a pressurized air source, preferably the same pressurized air source used with the means for pressurizing and maintaining sacs **34** at a predetermined pressure. For example, the source of pressurized air could be blower **66**. As shown in **FIGS. 20 and 21** in particular, blower **66** supplies air to valves **162** through manifold **128** for pressurizing and maintaining sacs **34** at their predetermined pressure. As indicated by the broken lines in the figures, the pressurized air source for pneumatic vibrating system B may be via manifold **128** or directly from blower **66**. In an alternative embodiment, pneumatic vibrating system B may employ its own separate source of pressurized air, for instance a separate blower **66** or other suitable source of pressurized air. This separate source of air may include, for example, a connection to the hospital service air system, an external pressurized air control, or other external source.

[0125] Pneumatic vibrating system B may further comprise at least one inflatable cell **304**. Cell **304** may be disposed within at least one inflatable sac **34**, as shown particularly in **FIGS. 17 through 19b**, or disposed external to sac **34** generally adjacent the upper surface thereof. Inflatable cell **304** is disposed within sac **34** generally at the top thereof to lie just beneath upper surface **36** of sac **34**. In the embodiments depicted in **FIGS. 17a, 17b, and 18**, inflatable cell **304** is completely separate from sac **34** and supported within sac **34** by, for instance, internal slings **306** upon which inflatable cell **304** rests. Slings **306** are heat sealed or otherwise adhered to the sides **42** of sac **34**. Any appropriate retaining means for maintaining cell **304** in position within sac **34** may be used but, flexible slings **306**, or like devices, are preferred in that they will give with the changing shape and volume of sac **34**.

[0126] In one preferred arrangement, cell **304** comprises a tubular pod which extends generally lengthwise within sac **34**, as shown in **FIGS. 17a and 17b**. Alternatively, a plurality of individual inflatable cells or pods **304** may be disposed within sac **34** as depicted in **FIG. 18**. It should be understood that any arrangement of inflatable cells **304** within sac **34** is within the scope of the invention.

[0127] As described, each inflatable sac **34** has an upper surface **36**. Preferably, inflatable cells **304** are disposed within sac **34** just below surface **36** so that when inflatable cells **304** are rapidly inflated and vented, they impart a vibrational force to upper surface **36**. Thus, the frequency of the vibrational forces imparted to the patient support surface depends upon the frequency inflatable cells **304** are alternately inflated and vented. Alternatively, cells **304** may be external to sac **34** and still impart vibrational forces to the patient support surface.

[0128] **FIG. 19a** depicts another preferred embodiment of inflatable cells **304**. In this embodiment, inflatable cell **304** is not completely separate from sac **34** but, the top of cell **304** is also upper surface **36** of sac **34**. In other words, inflatable cell **304** and sac **34** share the same upper surface. In this embodiment, internal slings **306** are not required. In this embodiment, a diaphragm **316** may also be provided within each inflatable cell **304**, as shown particularly in **FIGS. 19a and 19b**. Diaphragm **316** rest just below upper surface **36** and forms the top of pressurizable portion **313** of inflatable cell **304**. Above pressurizable portion **313**, there is a space **311** within which diaphragm **316** expands and

contracts. Ports **303** are provided into space **311** so that the relative pressure within space **311** equalizes with the pressure of internal chamber **320**. Diaphragm **316** is precisely arranged within cell **304** beneath upper surface **36** so that when cell **304** is pressurized, diaphragm **316** expands and “snaps” against upper surface **36**. Upon venting cell **304**, diaphragm **316** contracts or returns to its original position. Due to ports **303**, the pressure in space **311** equalizes with that in internal chamber **320**, thereby aiding diaphragm **316** in returning to its original position. With this embodiment, the vibrational forces imparted to upper surface **36** are enhanced by the action of the diaphragm **316** within inflatable cell **304**.

[0129] Means are further provided for connecting inflatable cells **304** to the source of pressurized air. Preferably, device **322** is provided similar to the hand detachable air-tight connection **126** for supplying pressurized air to sacs **34**, as previously described. However, any suitable air-tight connection can employed as device **322**. Flexible tubing or other like material may be used to convey the pressurized air internally through sac **34** to inflatable cell **304**. When inflatable cells **304** are disposed within a multi-chambered sac **34**, as illustrated in **FIGS. 18 and 19a**, the flexible tubing, if disposed internal to sac **304**, may pass through internal walls **44**. In this case, air-tight seals or grommets **315** are provided to ensure the air-tight integrity of the internal chambers of sac **34**.

[0130] Pneumatic vibrating system B according to the present invention may also include controllable valve means C disposed between the source of pressurized air or blower **66** and inflatable cell **304**. Valve means C operate to alternately supply pressurized air from the pressurized air source to inflatable cell **304** and to vent pressurized air from inflatable **304** at a predetermined frequency. In this manner, inflatable cell **304** expands and contracts thereby pneumatically vibrating just below upper surface **36** of sac **34**, thereby imparting vibrational forces to the patient support surface.

[0131] Controllable valve means C may comprise solenoid valves **314, 310, and 312** as shown in **FIGS. 20 and 21**. In the embodiment of **FIG. 21**, three-way solenoid valve **314** is utilized. Three-way solenoid valve **314** operates to alternately pressurize inflatable cell **304** and vent cell **304** to atmosphere. Solenoid valve **314** is powered through circuit board **150** with the frequency of operation of valve **314** being controlled through appropriate software in microprocessor **160**. The frequency of operation of valve **314**, or the rate valve **314** pressurizes and vents cell **304** is controlled and may be varied through interfacing with microprocessor **160**.

[0132] Controllable valve means C may comprise conventional timer control circuits with relay outputs for controlling the frequency of operation of the solenoid valves. In this embodiment, the timer control circuit need not be interfaced with microprocessor **160**. Preferably though, appropriate software is embodied in microprocessor **160** for controlling the valves.

[0133] The software for control of controllable valve means C may be embodied in an appropriate chip carried within microprocessor **160**. The control of solenoid valves through appropriate software and power distribution boards is well-known to those skilled in solid state electronic control systems and need not be described in detail here. In

summary though, an operator may interface with microprocessor **160** through, for instance, control panel **308** of FIG. **23**, to establish the vibrational mode and frequency of valve **314**. Depending on the operator's commands, microprocessor **160** generates a control signal for valve **314** through power distribution board **150**. The control signal and power to operate valve **314** is routed through circuit board **150** to solenoid valve **314**. In an alternative embodiment not depicted in the figures, other routing and power distribution systems may be employed for controlling controllable valve means B. For instance, a separate microprocessor and power distribution board may be utilized for independently controlling solenoid valve **314**. The frequency, sequencing, and amplitude of the vibrational forces may be controlled with the software and microprocessor **160** by, for example, varying the frequency and timing of the valve operations.

[0134] As embodied in FIG. **20**, controllable valve means C according to the invention may comprise two-way solenoid valves **310**, **312**. Valves **310** and **312** may operate in opposite phase to alternately pressurize and vent inflatable cells **304**. First solenoid valve **310** is signaled to open thereby allowing pressurized air into inflatable cells **304** while second solenoid valve **312** is simultaneously signaled to close. Valve **310** then shuts stopping the flow of pressurized air to cell **304** while second solenoid valve **312** simultaneously opens venting cell **304**. In an alternative embodiment, valves **310** and **312** may open and close with a predetermined time delay there between so that a time lag exists between pressuring and venting of cells **304**. As described above, control of solenoid valves **310** and **312** is through microprocessor **160** and circuit board **150**.

[0135] It should be understood that the solenoid valves **310**, **312**, and **314** are only examples of suitable controllable valves for use with the vibrating therapy system of this invention. Other valves or valve configurations are suitable and within the scope of this invention. For instance, a spool valve or solenoid diaphragm type valve may also be utilized.

[0136] Means are also preferably provided for controlling the amplitude or magnitude and sequence of vibrational forces imparted to upper surface **36**. This may be accomplished by, for instance, varying the source of pressurized air to cells **304** or the timing of the pressurization of the cells. In the embodiment of the invention depicted in the figures, blower **66** supplies air to inflatable cell **304**. The magnitude or amplitude of vibrational forces of cell **304** can be varied by controlling the speed of blower **66** through blower control circuit **67**. Preferably, an operator interface is provided by, for example, control panel **308**, for varying the output of blower **66**.

[0137] It is a desirable feature of the vibrational therapy device according to the present invention that vibrating means A, for example, pneumatic vibrating system B, be separately actuable and controllable in any of the modes of operation of the patient support system. If vibratory patient support system **300** of the present invention includes the low air loss patient support system described earlier, it is desired to be able to actuate and control vibrating means A so as not to interfere with or affect the operational mode of the low air loss system. For example, it may be desired to actuate vibrating means A while the low air loss patient support system is simultaneously rotating the patient from side to side. Additionally, it may only be necessary to actuate vibrating means

A for only brief periods of time at preselected intervals. In this manner, it is desired to have a timing control circuit, within microprocessor **160** for example, for establishing and controlling the period of operation of vibrating means A regardless of the mode of operation of the low air loss patient support configuration.

[0138] In further accordance with the present invention, a vibratable inflatable sac **318** is provided. Vibratable sac **318** may be utilized, for example, with other sacs in a inflatable patient support system, such as a low air loss patient support bed. As illustrated in FIGS. **17a** and **17b**, vibratable sac **318** comprises at least one internal chamber **320** and preferably, a plurality of internal chambers as illustrated in FIG. **17b**. Means **126** are provided for connecting internal chamber **320** to a source of pressurized air so that vibratable sac **318** can be pressurized and maintained at a predetermined pressure. Pneumatic vibrating means B are carried internal to sac **318** and disposed within internal chamber **320** generally near the top thereof just below upper surface **36** of sac **318**. Means **322** are provided for connecting vibrating means B to a source of pressurized air so that vibrating means B can be alternately pressurized and vented at a predetermined frequency thereby imparting a therapeutic vibrational force to the upper surface **36** of sac **318**. In one preferred embodiment of vibratable inflatable sac **318** according to the present invention, pneumatic vibrating means includes an inflatable cell or pod **304** disposed within internal chamber **320** just below upper surface **36**, as already described.

[0139] It will be apparent to those skilled in the art that various modifications and variations can be made in the present invention without departing from the scope or spirit of the invention. Thus, it is intended that the present invention cover the modifications and variations of this invention provided they come within the scope of the appended claims and their equivalents.

1. A bed for supporting a patient, comprising:

a bed frame; and

an inflatable patient support assembly supported on the bed frame, the assembly having at least one inflatable zone including:

first and second interlaced sets of generally adjacent inflatable air sacs defining a patient support surface, each air sac in the first set inflating collectively with other sacs in the first set, each air sac in the second set inflating collectively with the other sacs in the second set, the first set of air sacs being inflated independently relative to second set of air sacs, and

a vibrational therapy system configured to impart a vibrational force to the patient support surface.

2. The bed of claim 1, wherein the at least one zone has first and second sets of generally adjacent inflatable air sacs, each air sac in the first set inflating collectively with other sacs in the first set, each air sac in the second set inflating collectively with the other sacs in the second set, the first set of air sacs of the at least one zone being inflated independently relative to the second set of air sacs of the at least one zone.

3. The bed of claim 1, further including a controller having software to alternately inflate the first set and second set of air sacs.

4. The bed of claim 1, wherein the vibrational therapy system includes an impact cell.

5. The bed of claim 4, wherein the impact cell is positioned within an air sac.

6. A bed for supporting a patient, comprising:

an inflatable patient support assembly, the assembly having:

first and second interlaced sets of generally adjacent inflatable air sacs defining a patient support surface, and

a controller including a pulsating mode of operation where air pressures within the first set of air sacs and the second set of air sacs are successively and alternately pulsated, and a rotational mode of operation where the patient support surface is laterally rotated.

7. The bed of claim 6, wherein the controller further includes a vibrational therapy mode where a vibrational force is imparted to the patient support surface.

8. The bed of claim 7, further comprising an impact cell in communication with the controller and configured to provide the vibrational force to the patient support surface.

9. The bed of claim 6, wherein the controller further includes a pressure relief mode where the first set of air sacs and the second set of air sacs are maintained at a substantially constant pressure to support the patient in a relatively static condition.

10. A method of providing therapy to a patient, the method comprising the steps of:

providing an inflatable patient support assembly having first, second, third, and fourth generally adjacent inflatable air sacs and a controller;

providing alternating pressure therapy by inflating the first and third air sacs and at least partially deflating the second and fourth air sacs; and

providing lateral rotation therapy by providing inflation to a first chamber of the air sacs that is greater than the inflation provided to a second chamber of the air sacs.

11. The method of claim 10, wherein the patient support assembly includes a plurality of independently controlled zones, each including first, second, third, and fourth generally adjacent inflatable air sacs.

12. The method of claim 10, further comprising the step of providing vibrational therapy by imparting a vibrational force to a patient support surface defined by the air sacs.

13. A method of providing therapy to a patient including the steps of:

providing an inflatable patient support assembly having first, second, third, and fourth generally adjacent inflatable air sacs defining a patient support surface;

providing alternating pressure therapy by inflating the first and third air sacs and at least partially deflating the second and fourth air sacs; and

providing vibrational therapy by imparting a vibrational force to the patient support surface.

14. The method of claim 13, wherein the patient support assembly includes a plurality of independently controlled zones, each including first, second, third, and fourth generally adjacent inflatable air sacs.

15. The method of claim 13, further comprising the step of providing lateral rotation therapy by altering inflation levels of the air sacs.

16. A patient support apparatus for use with a source of pressurized air, comprising:

a first support zone and a second support zone, each support zone including a plurality of inflatable bladders for supporting a portion of the patient, the plurality of inflatable bladders in each support zone configured such that every alternate bladder is coupled together in a first group and every other alternate bladder is coupled together in a second group;

a plurality of pressure control valves, each pressure control valve associated with a respective group of inflatable bladders, each respective pressure control valve configured to regulate the pressure of the respective group of inflatable bladders; and

a microprocessor configured to control the plurality of pressure control valves such that:

the first support zone is inflated to a first reference pressure and subsequently pulsating the pressure in the first group and the second group in the first support zone; and

the second support zone is inflated to a second reference pressure which is substantially maintained in the first group and the second group of the second support zone.

17. The patient support apparatus of claim 16, wherein the microprocessor is further configured to control the pressure control valves such that a first chamber of the air sacs have a pressure greater than a second chamber of the air sacs.

18. The patient support apparatus of claim 16, further comprising a vibrational therapy system controlled by the microprocessor.

19. The patient support apparatus of claim 18, wherein the vibrational therapy system includes an impact cell.

20. The patient support apparatus of claim 19, wherein the impact cell is positioned within an air sac.

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