

EXHIBIT D

US007506390B2

(12) **United States Patent**
Dixon et al.

(10) **Patent No.:** **US 7,506,390 B2**
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(54) **PATIENT SUPPORT APPARATUS HAVING
 CONTROLLER AREA NETWORK**

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(51) **Int. Cl.**

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A61G 7/018 (2006.01)

(52) **U.S. Cl.** **5/713; 5/706; 5/600**

(58) **Field of Classification Search** **5/600,**
5/611, 613, 616-618, 86.1, 706, 710, 713,
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See application file for complete search history.

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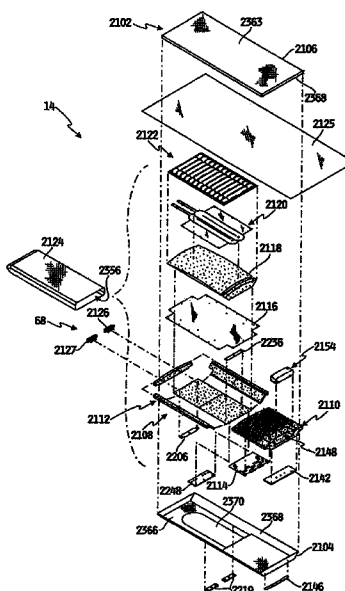
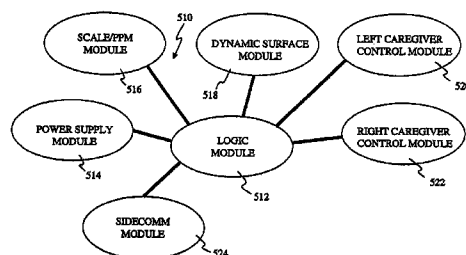
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(57) **ABSTRACT**

A patient support including a frame and a mattress supported
 by the frame. The frame includes a deck support and a deck
 supporting the mattress.

26 Claims, 138 Drawing Sheets



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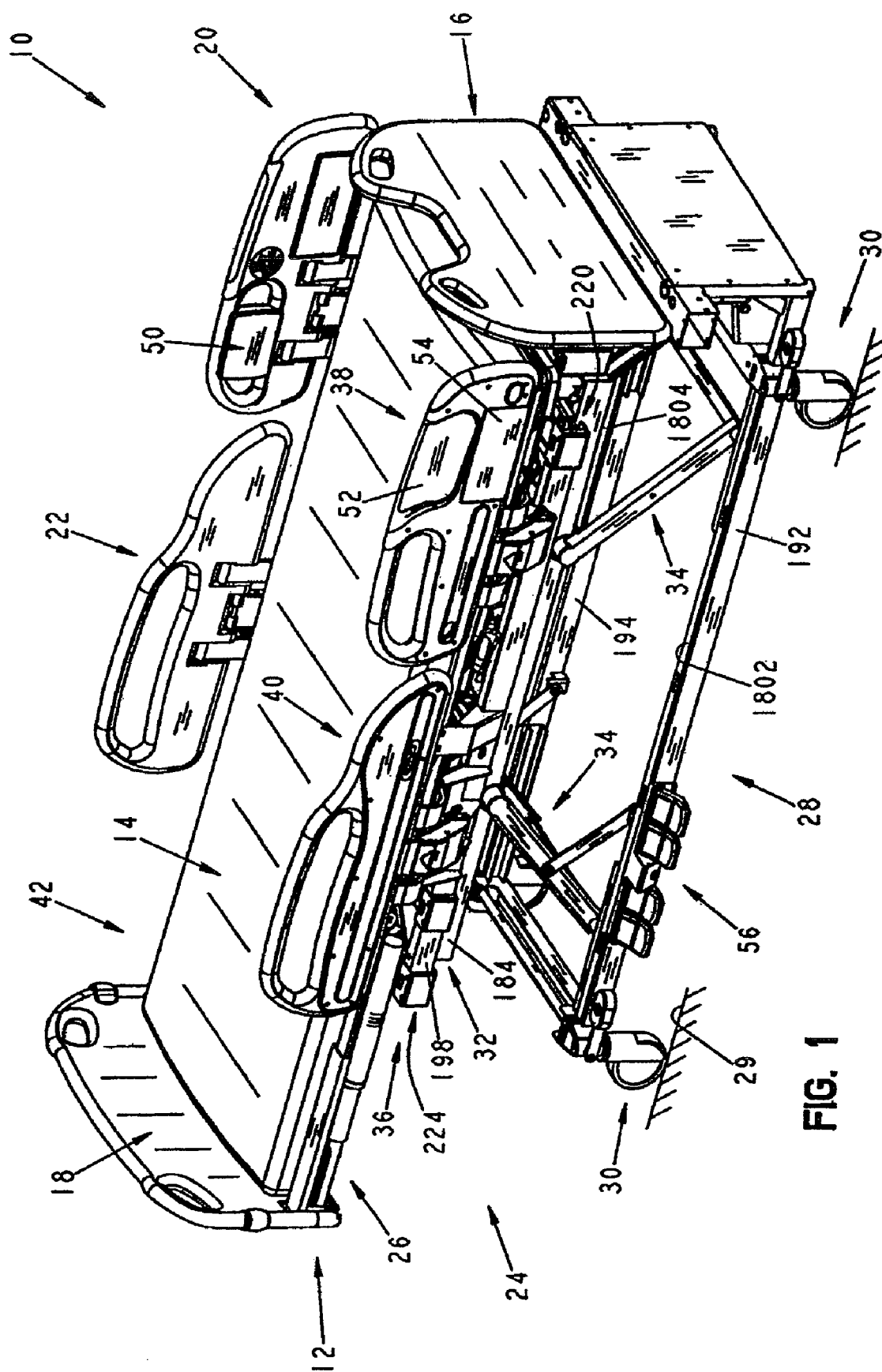


FIG. 1

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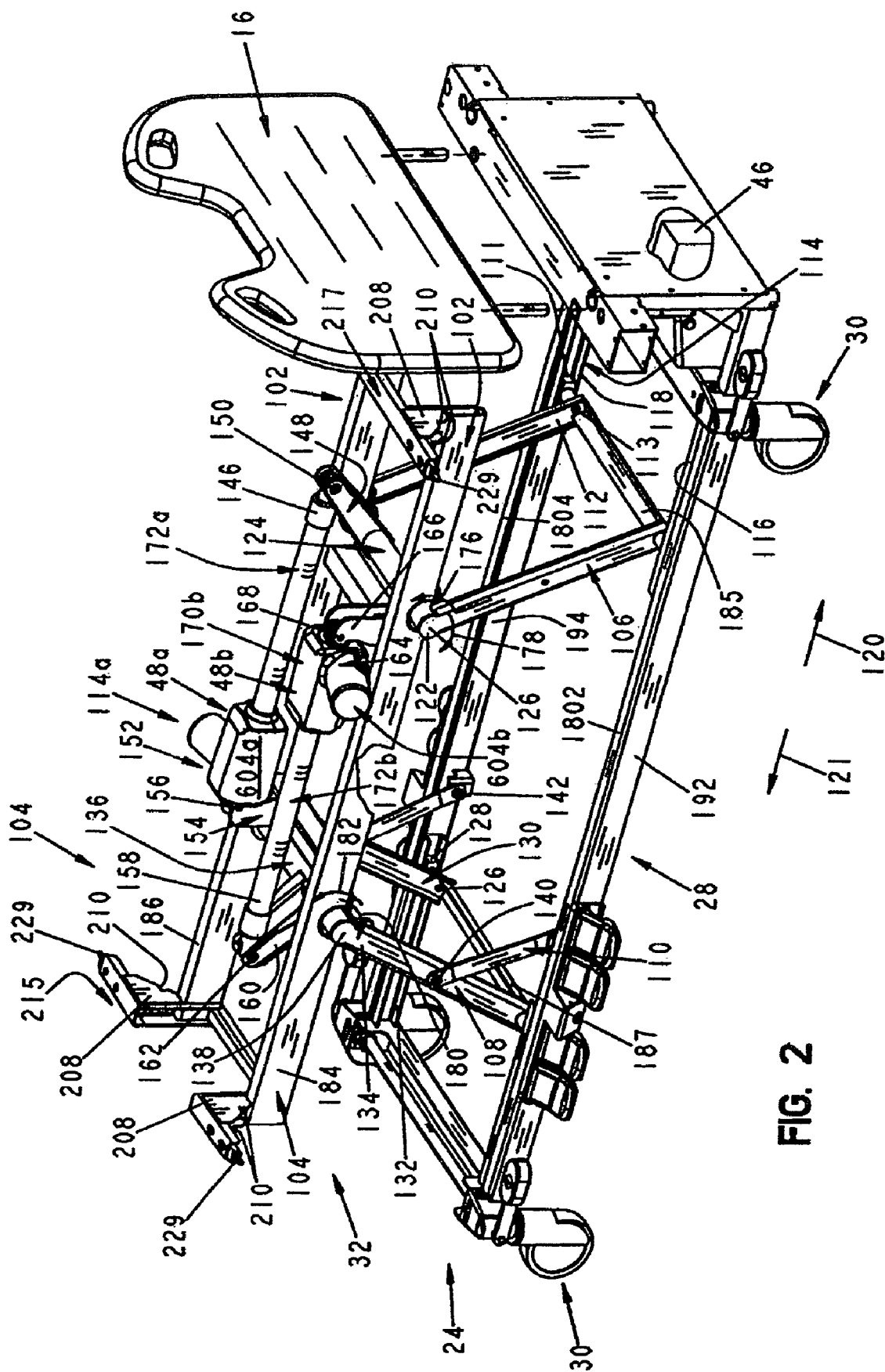


FIG. 2

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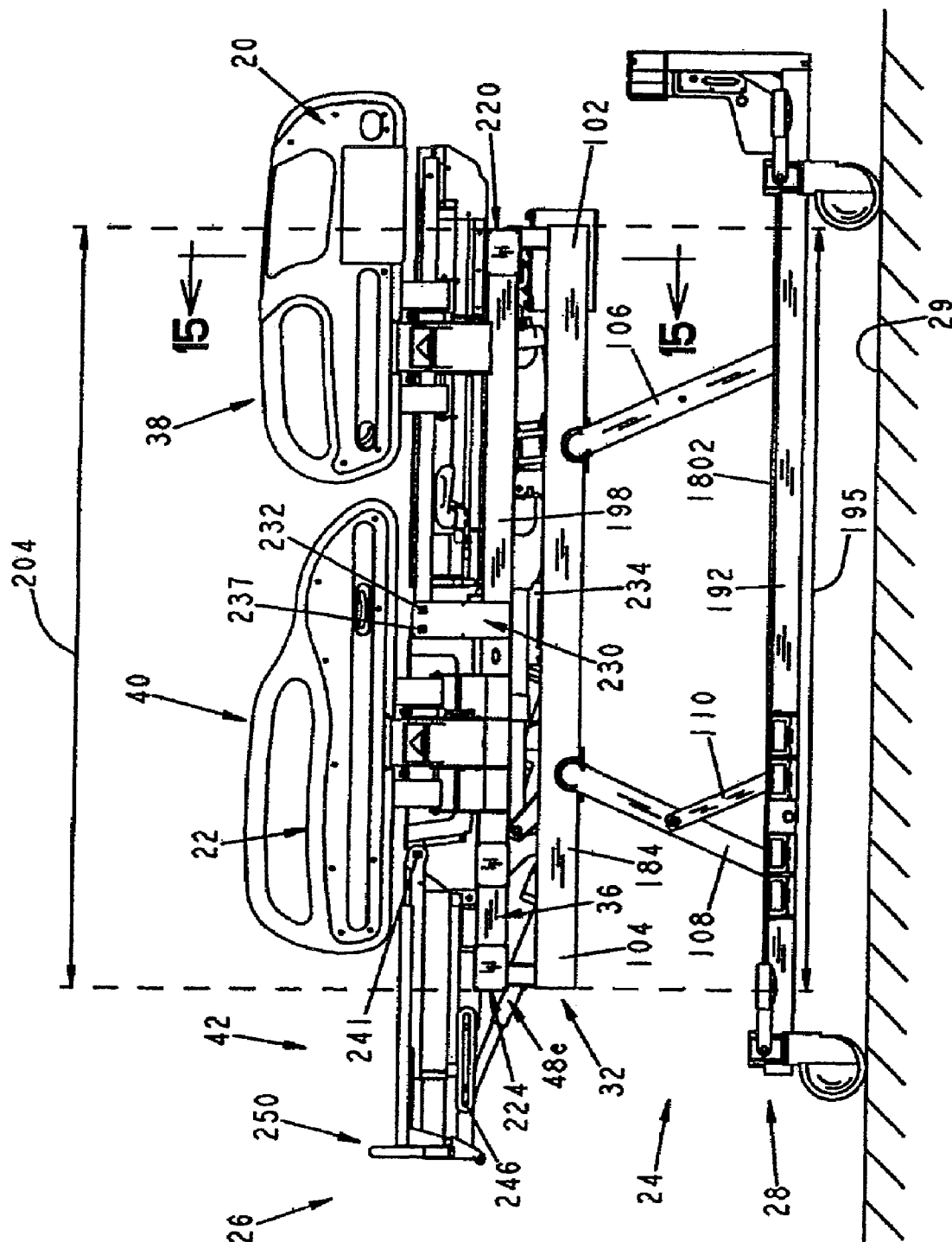


FIG. 3

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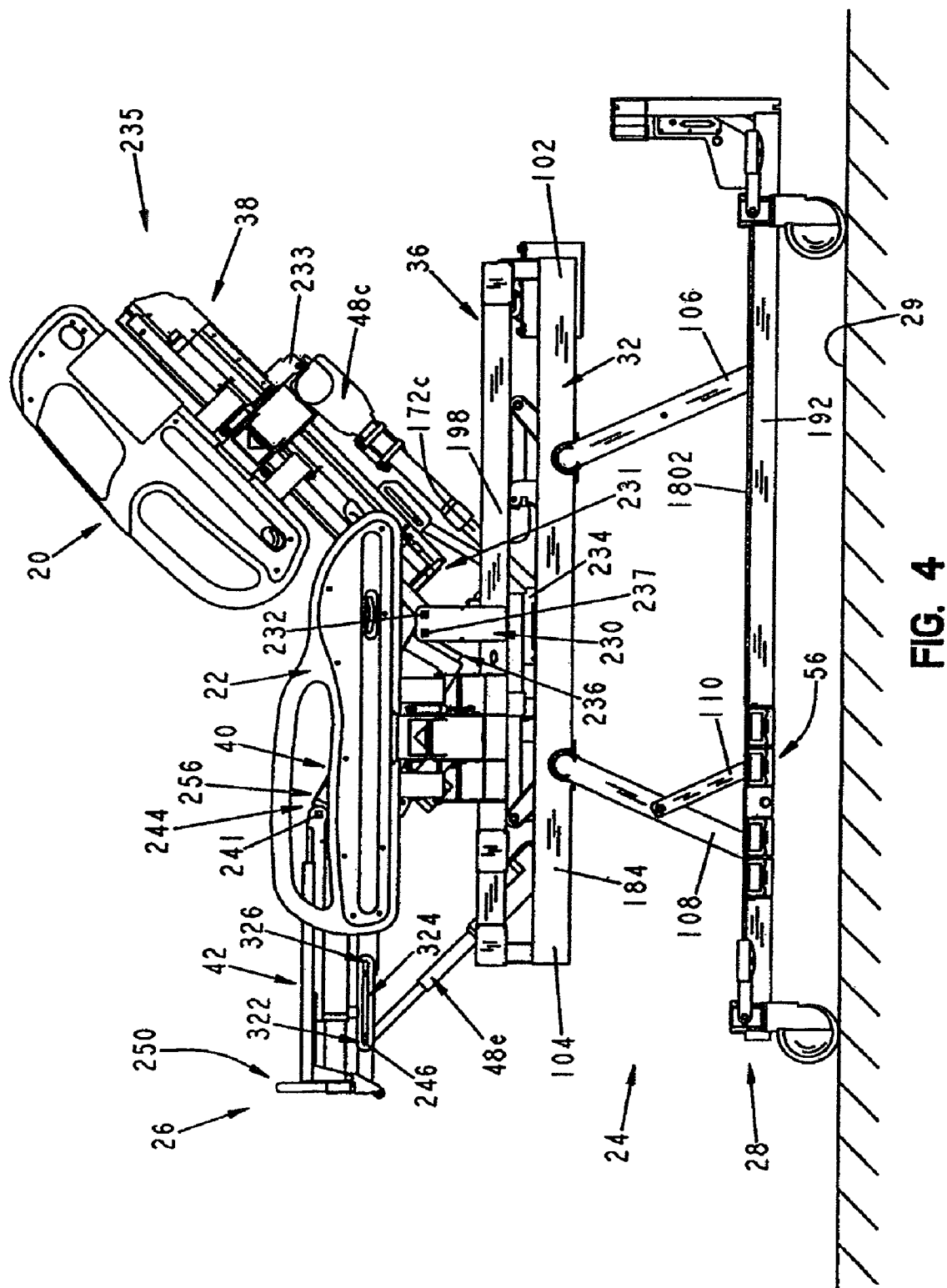


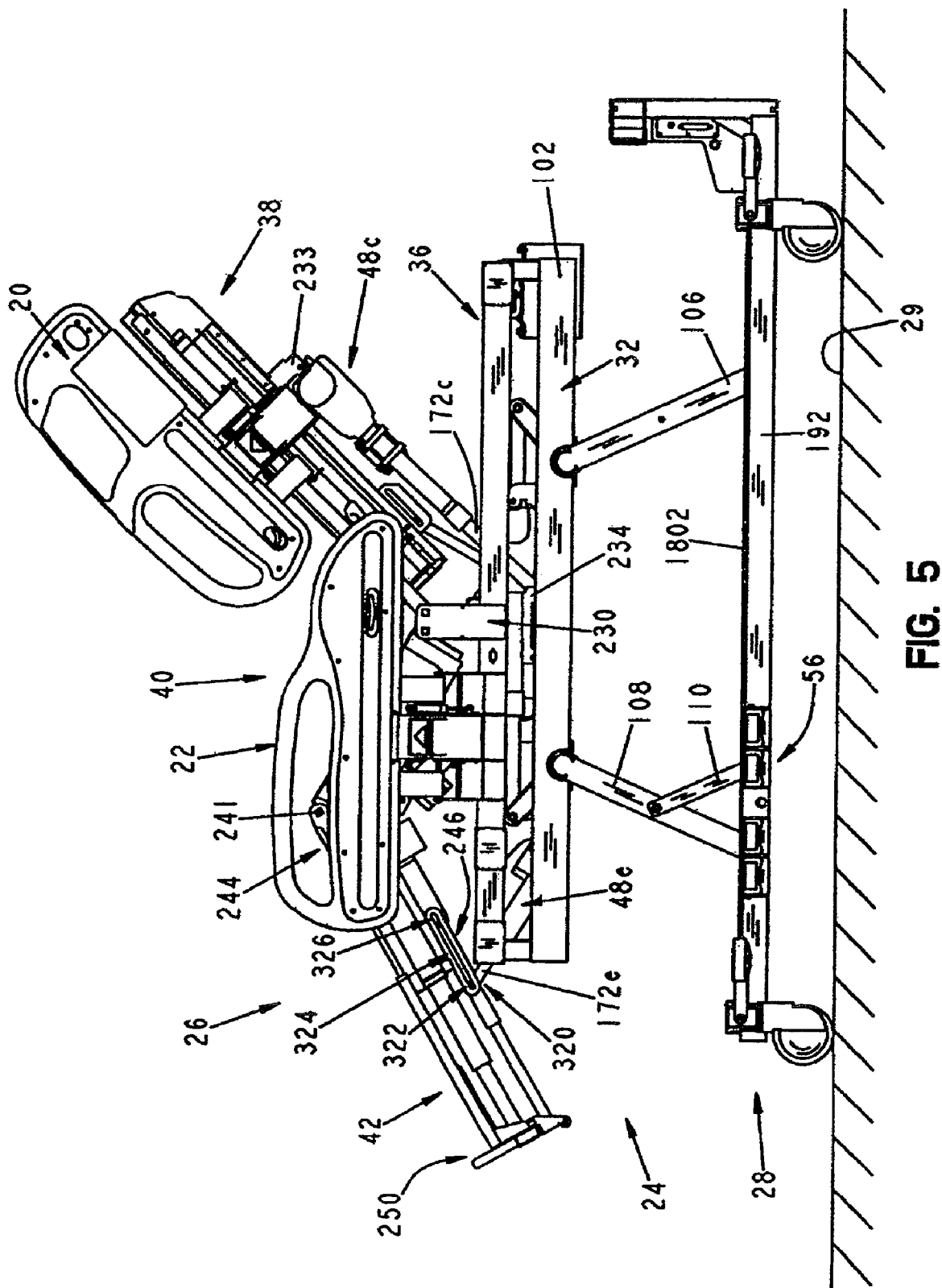
FIG. 4

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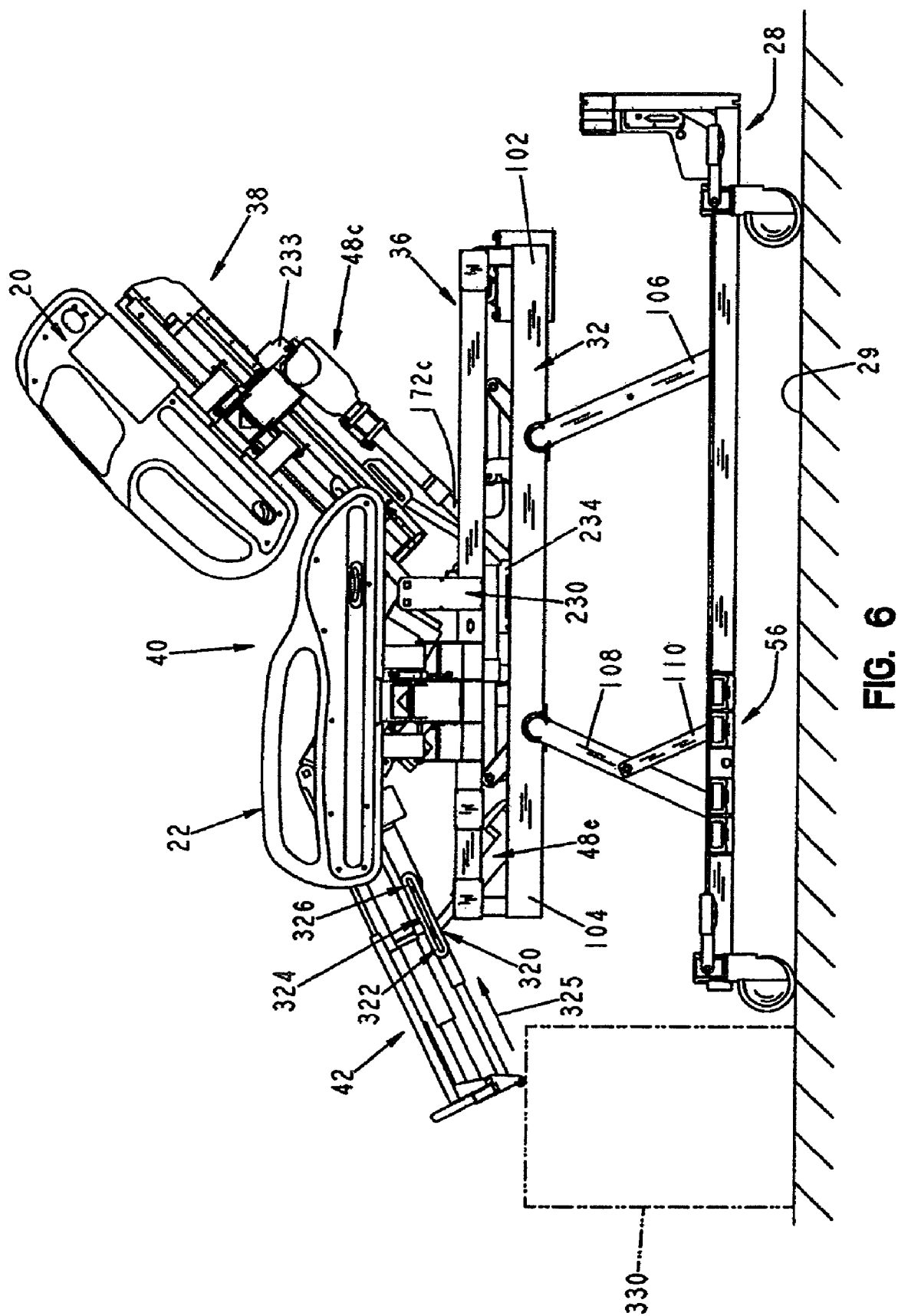


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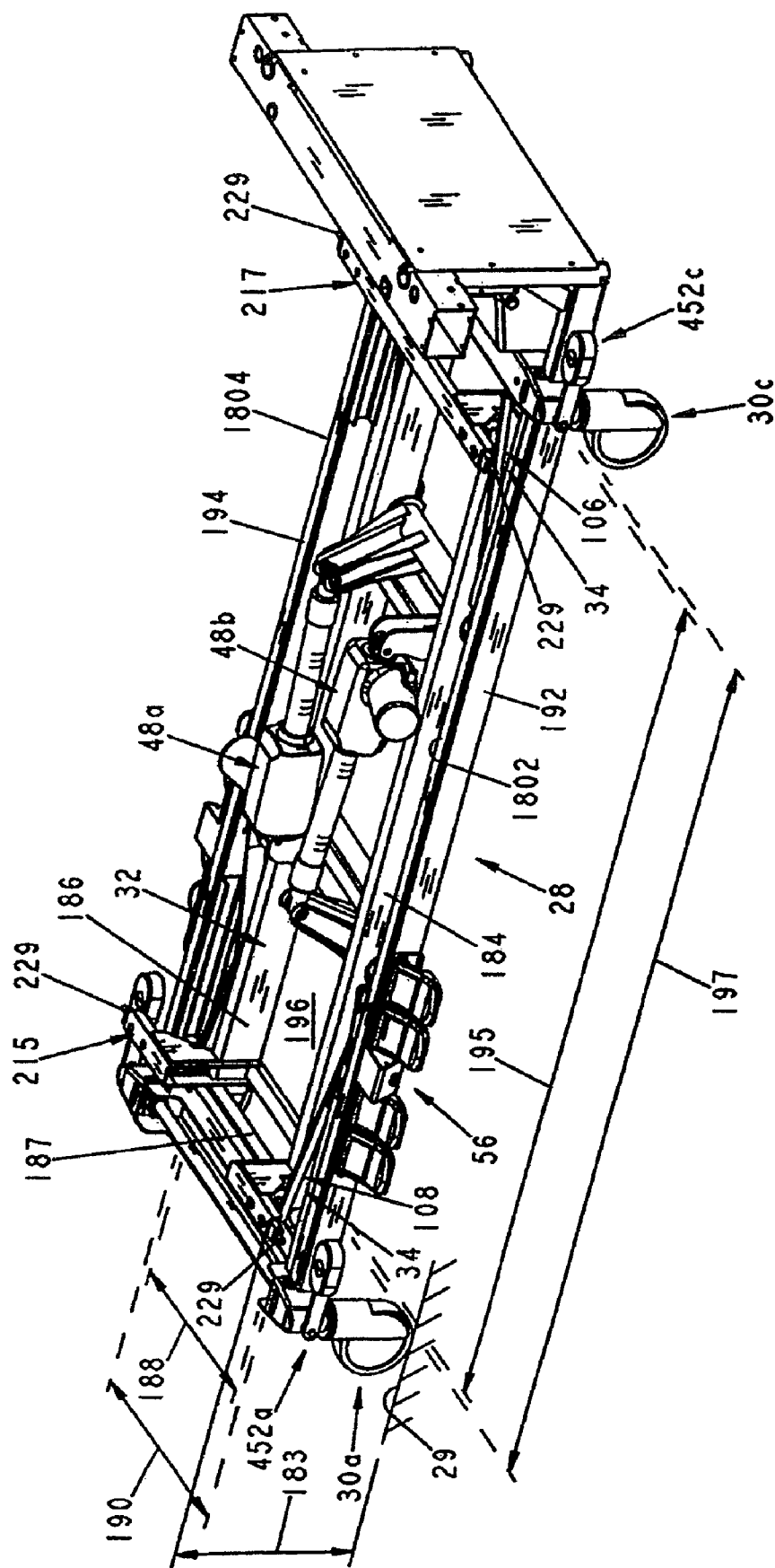


FIG. 7

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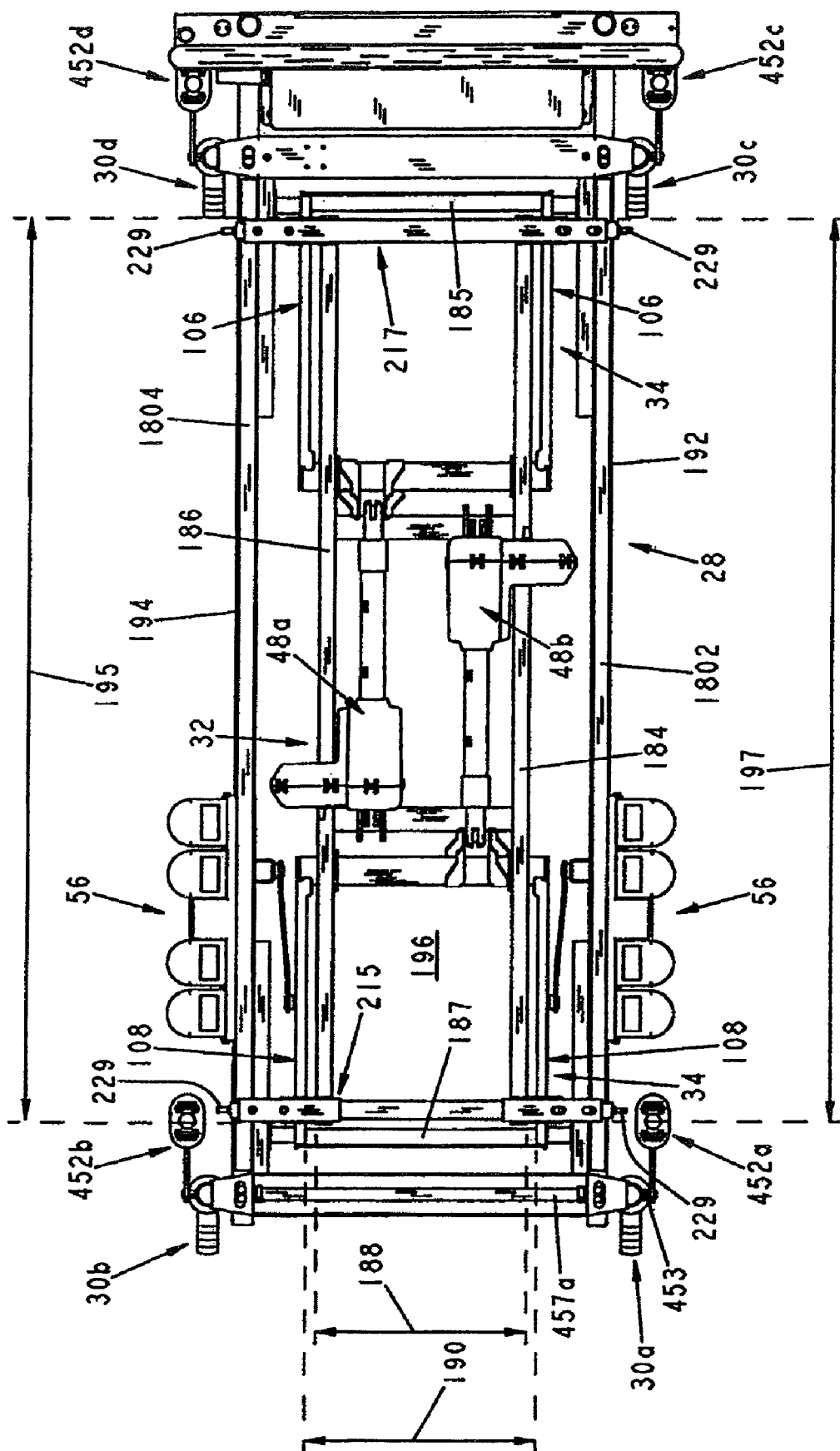


FIG. 8

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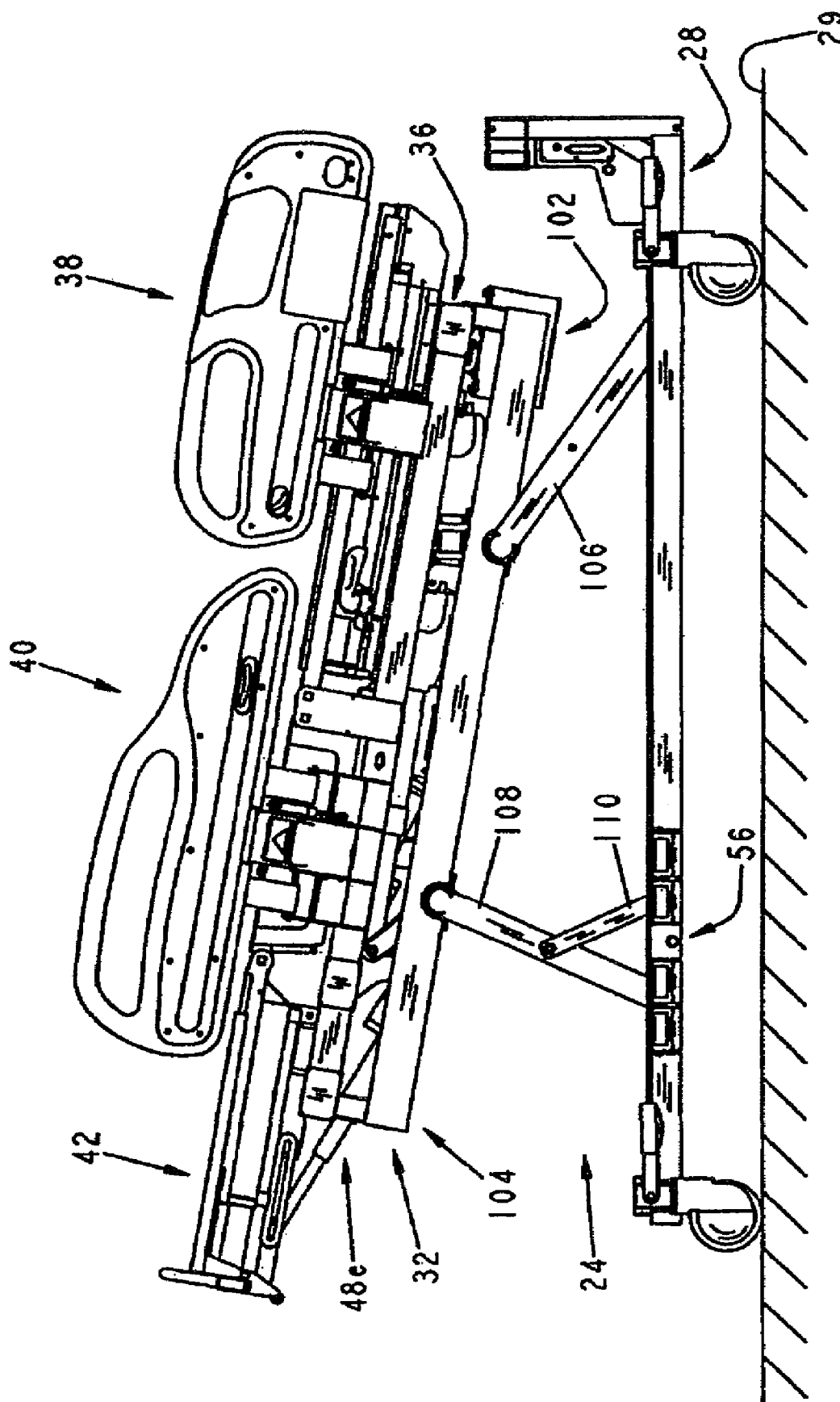


FIG. 9

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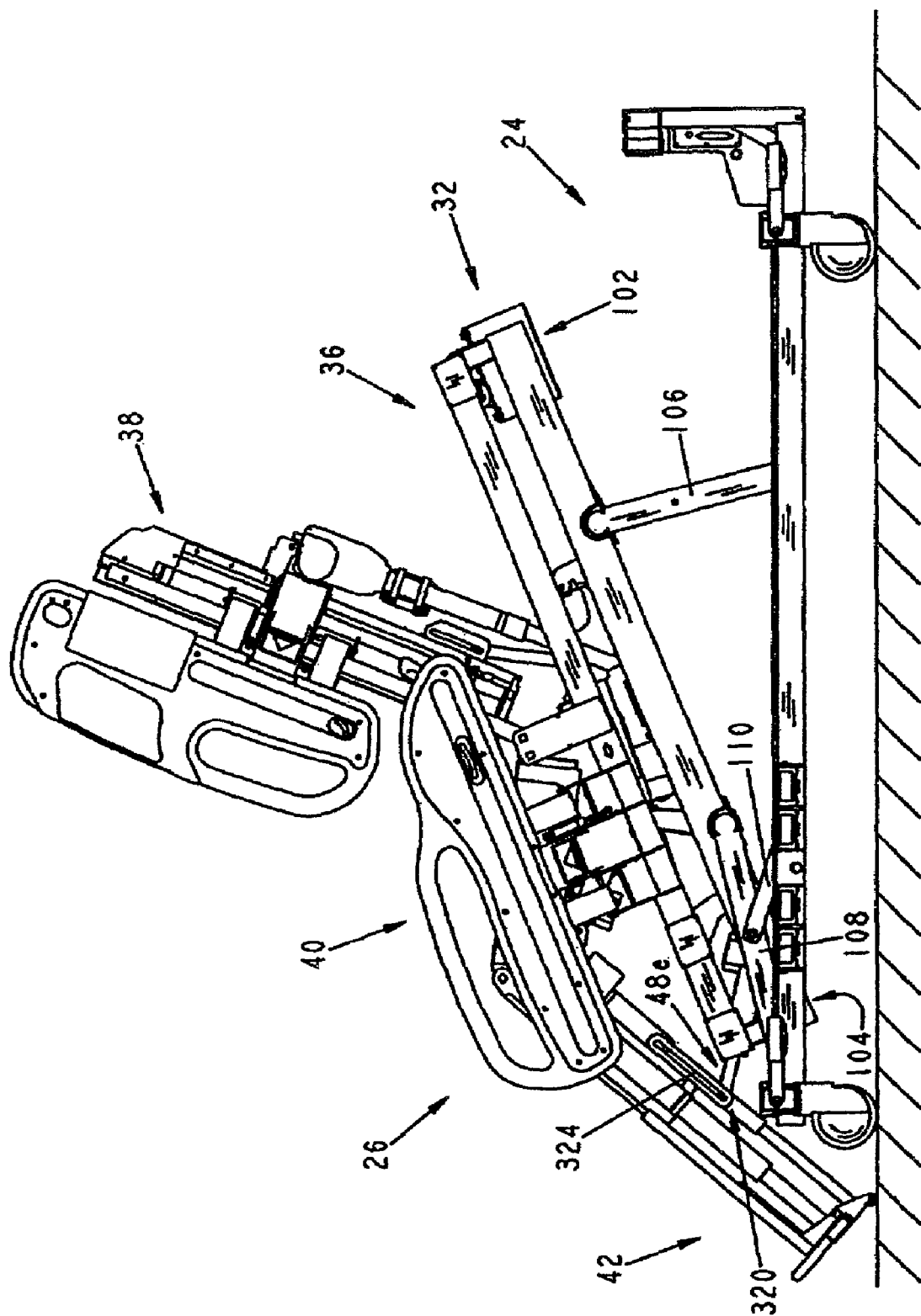


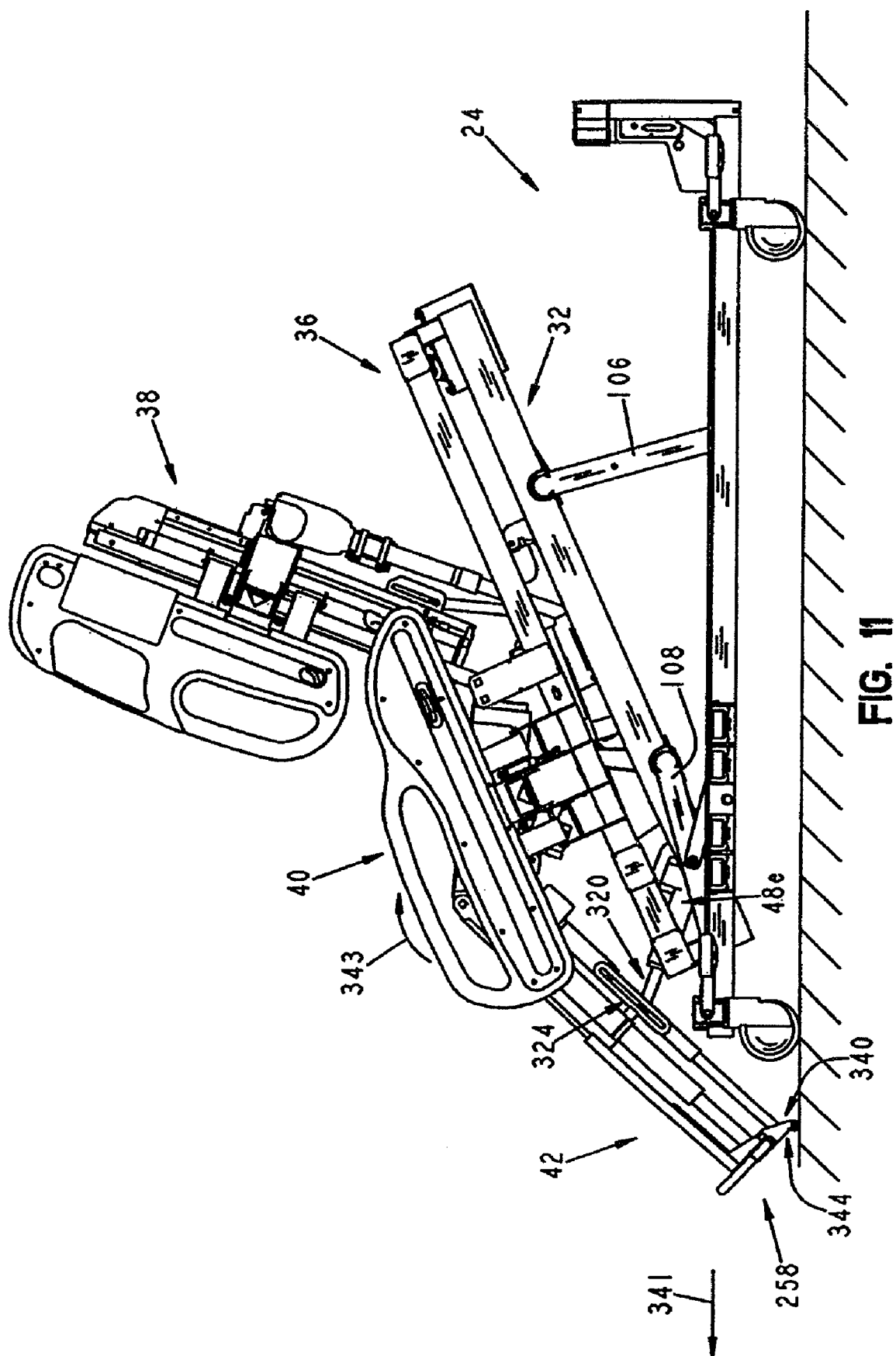
FIG. 10

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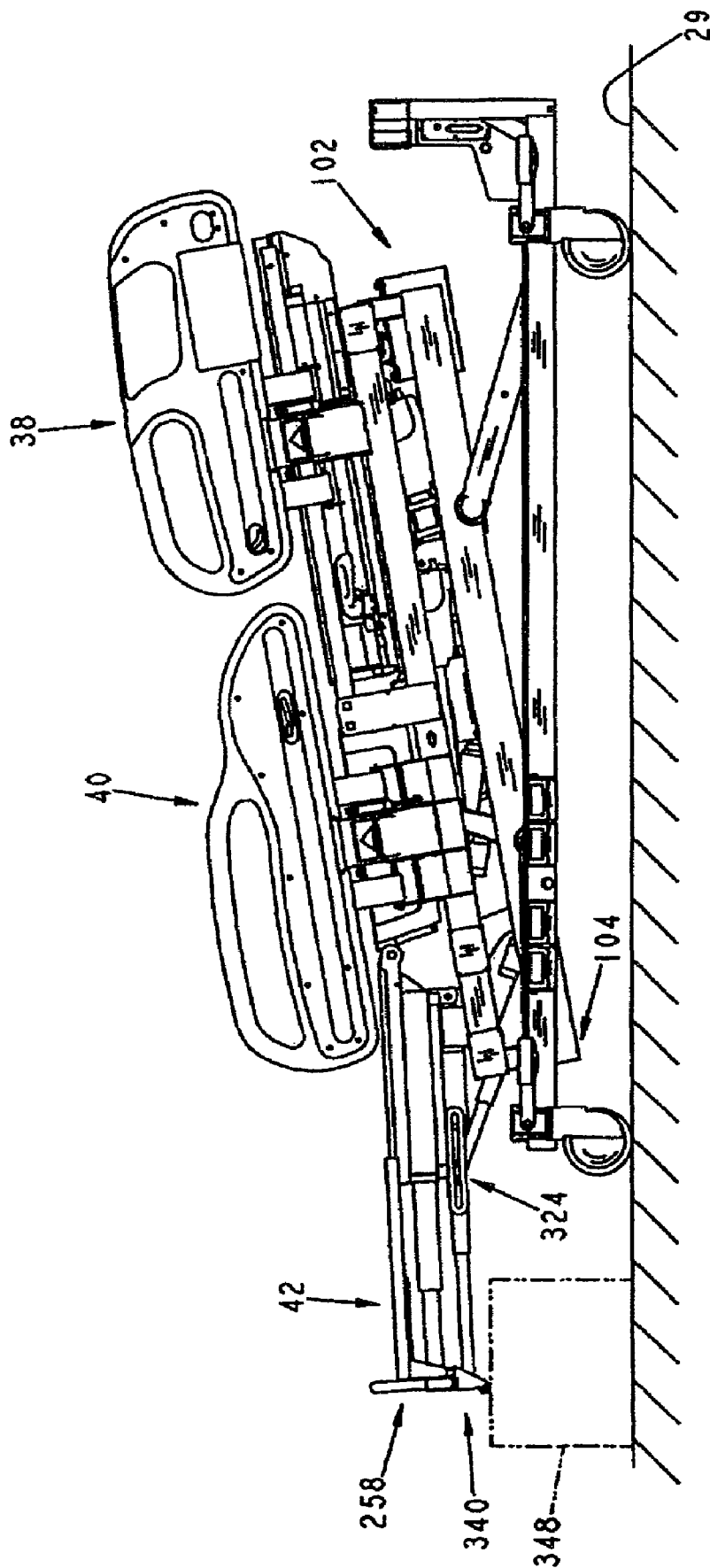


FIG. 12

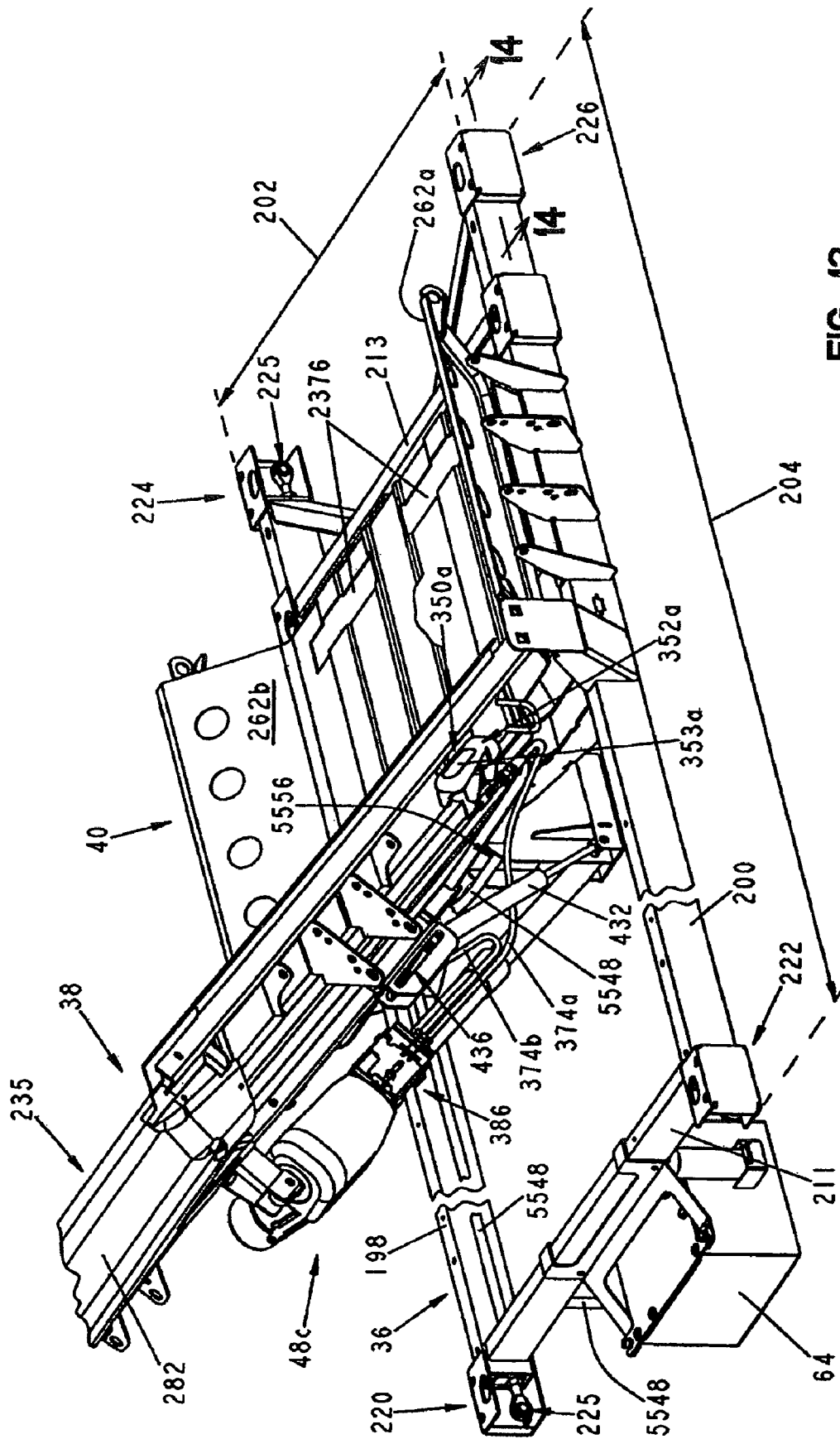


FIG. 13

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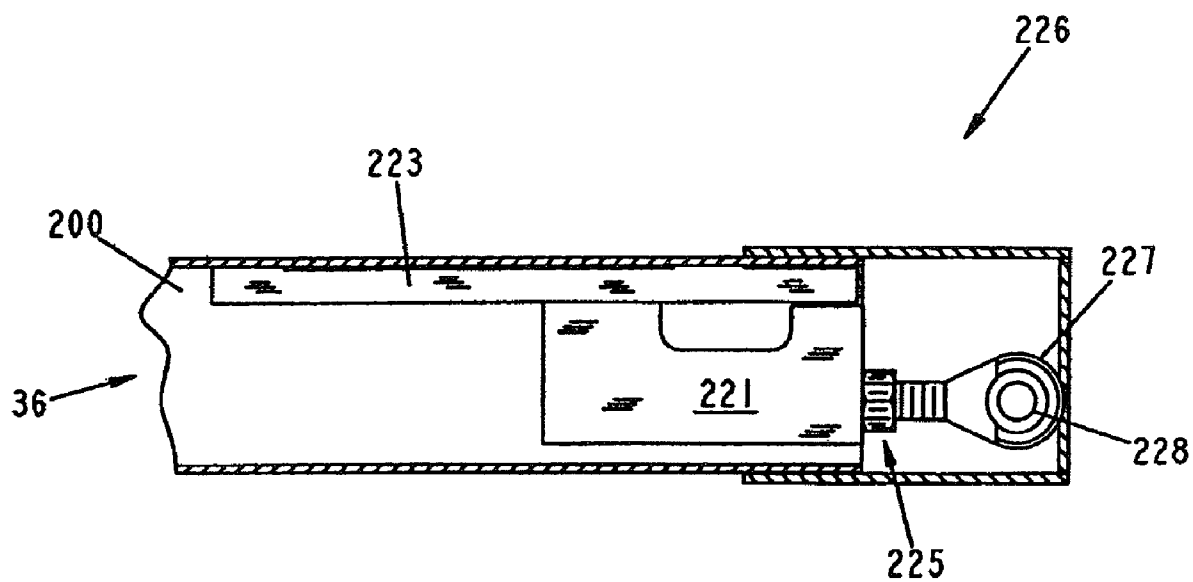


FIG. 14

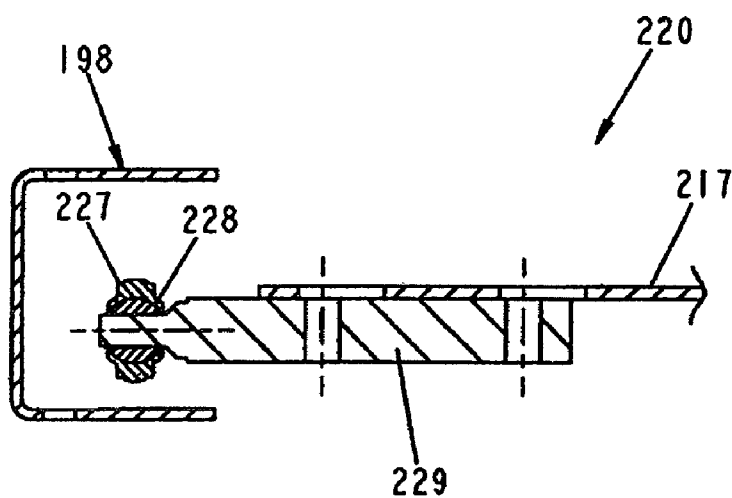


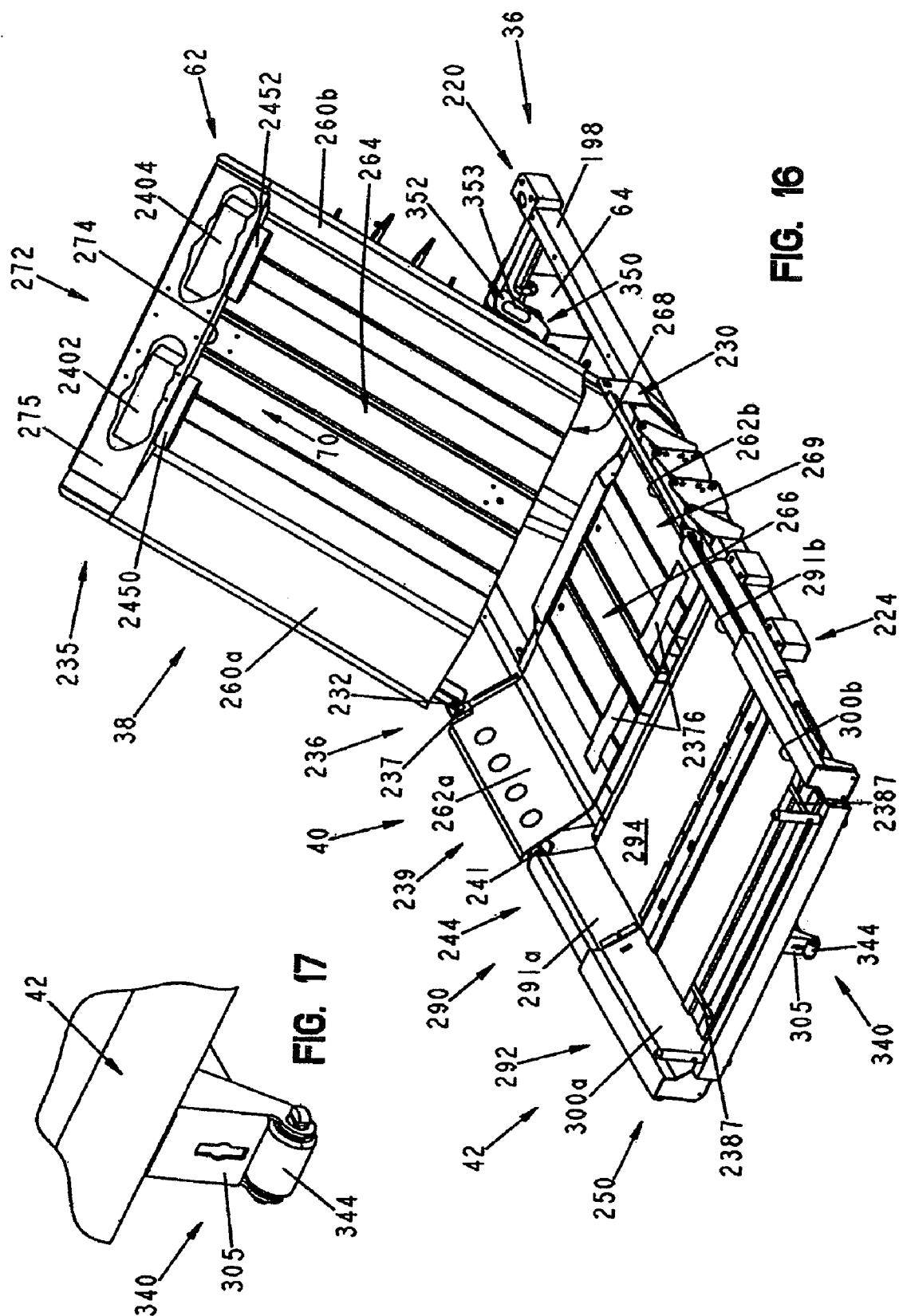
FIG. 15

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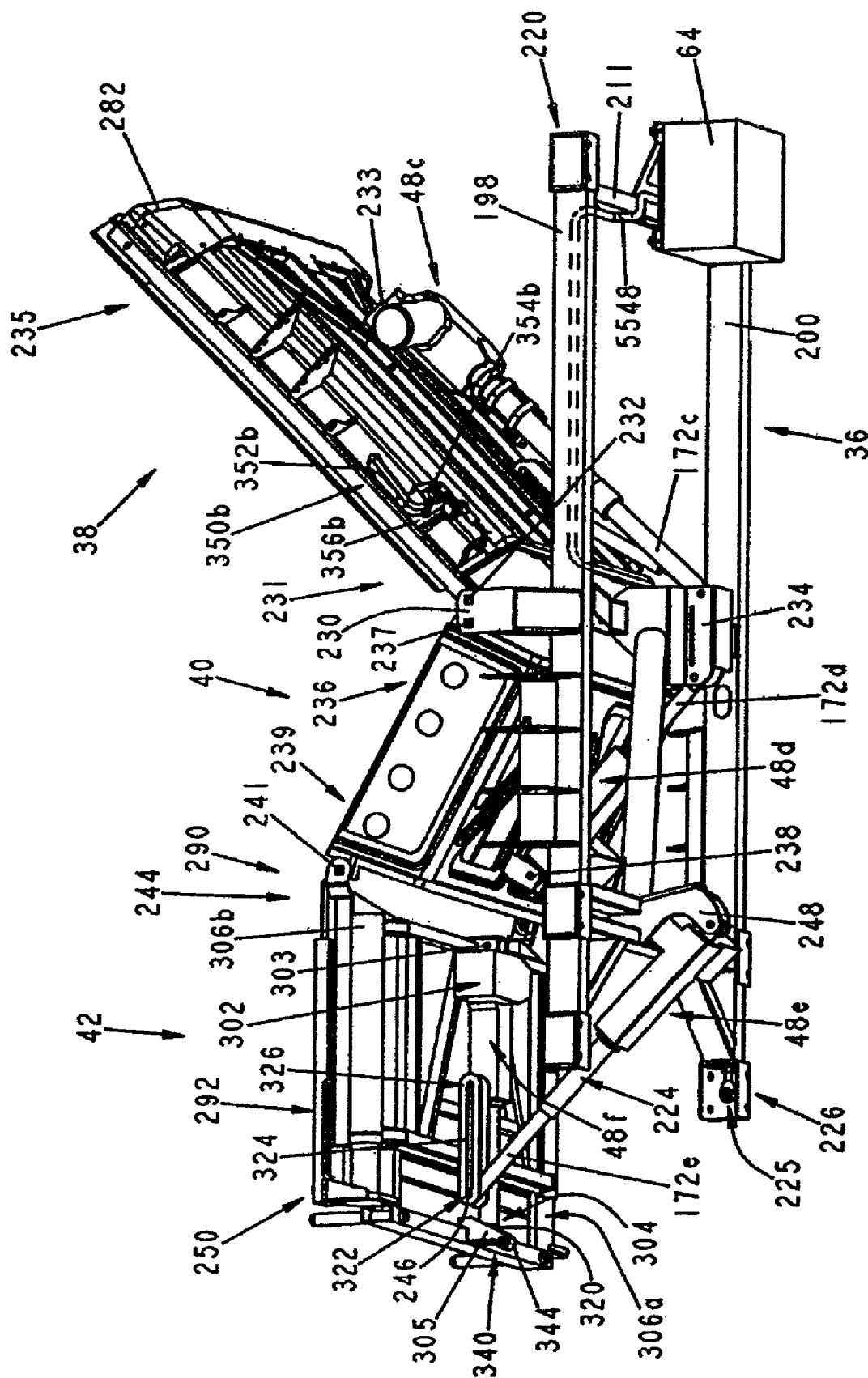


FIG. 18

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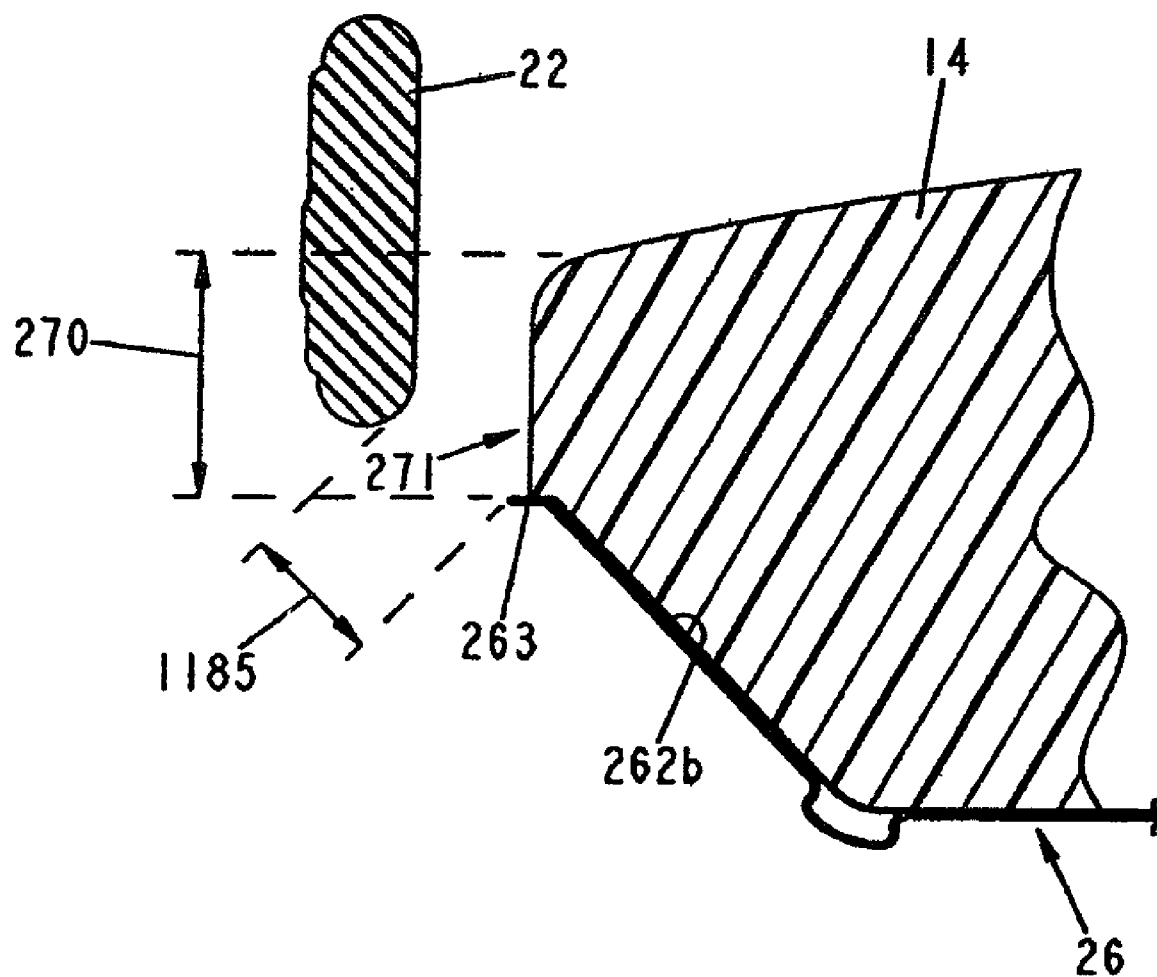


FIG. 19

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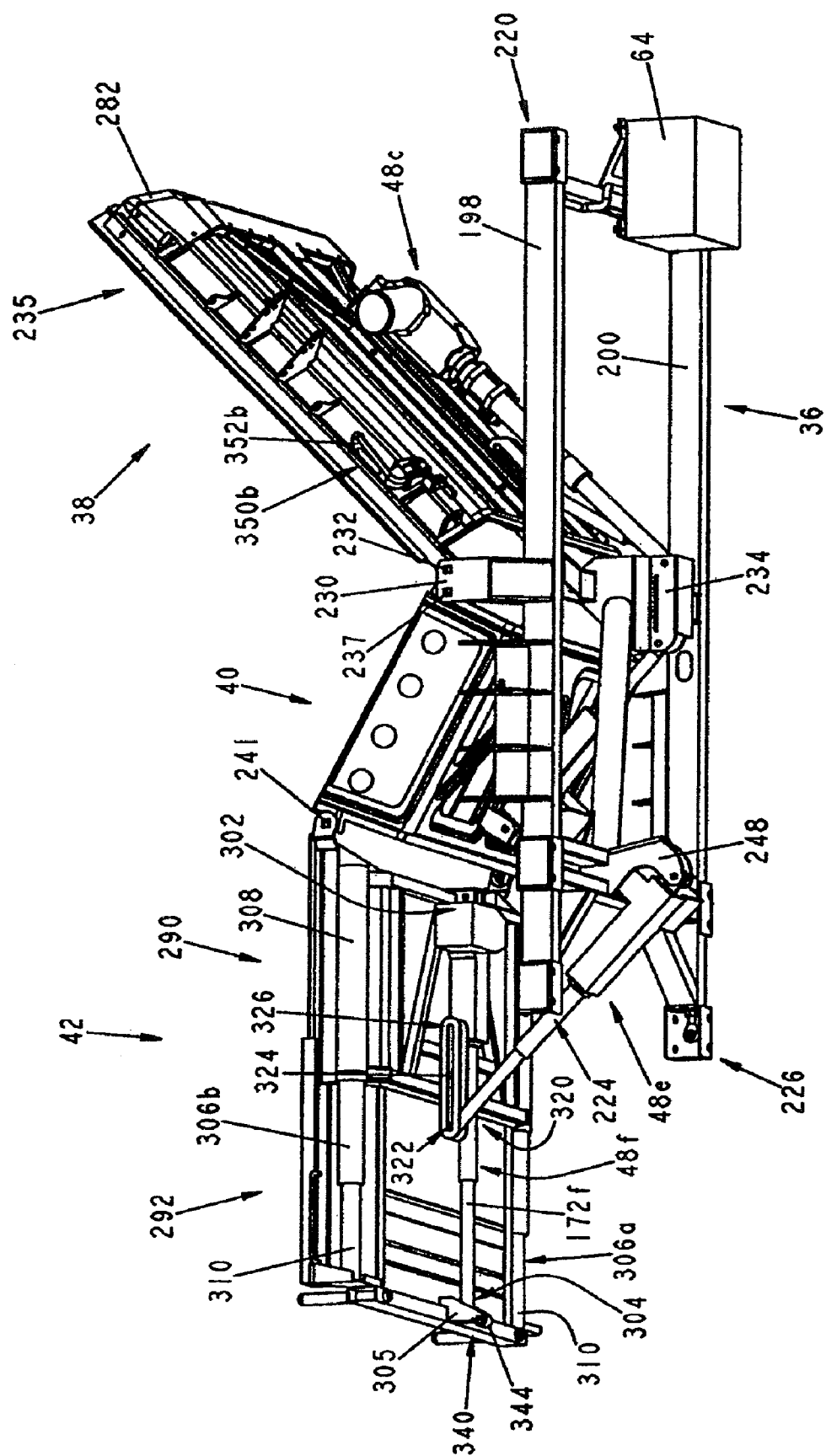


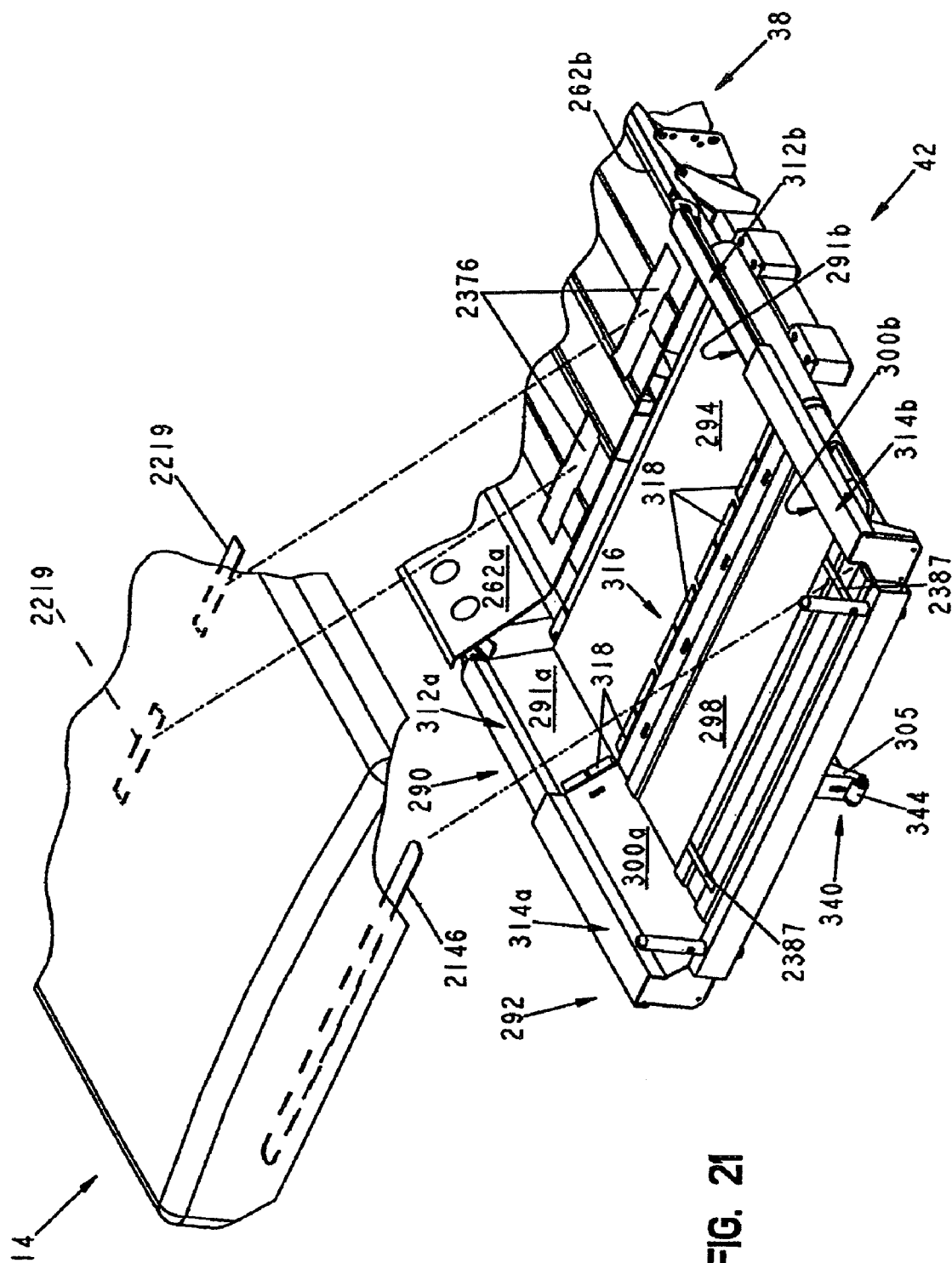
FIG. 20

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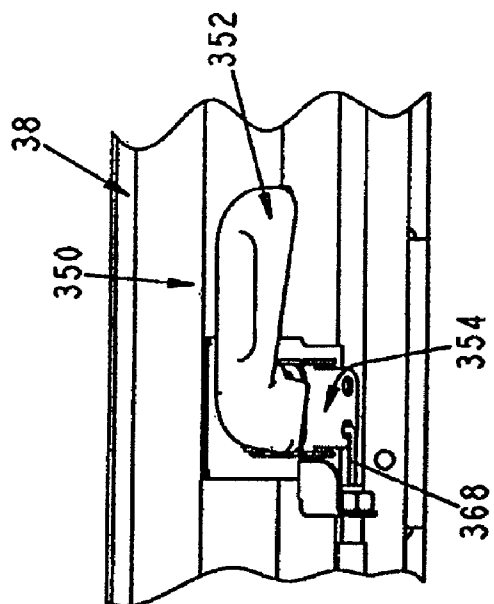


FIG. 26

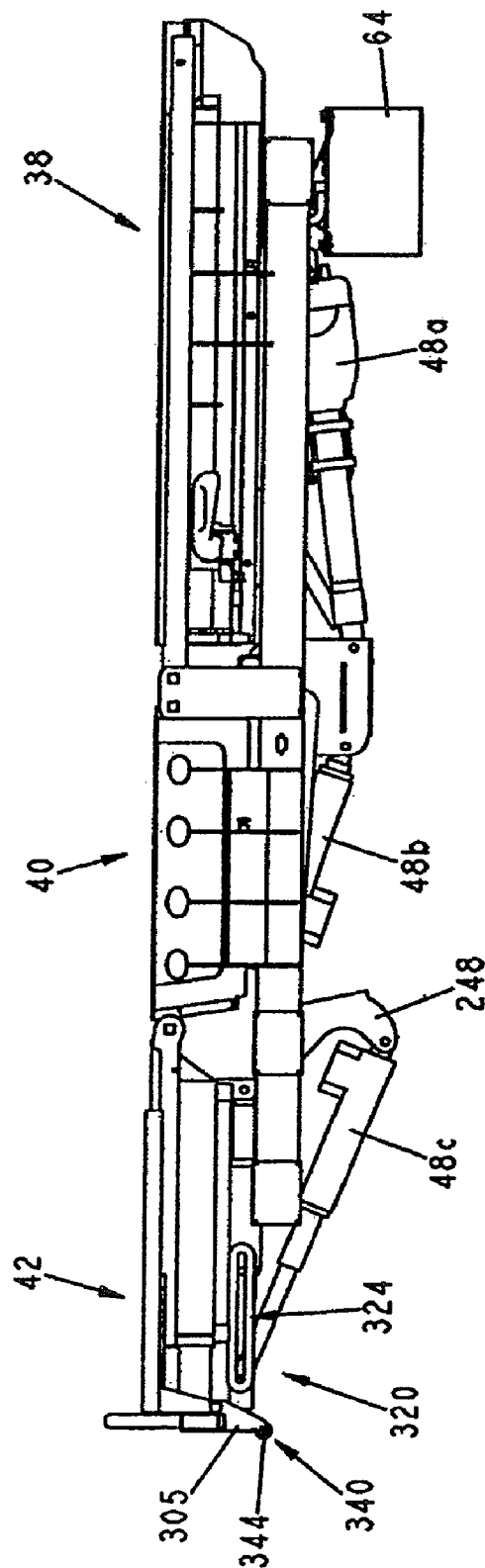


FIG. 22

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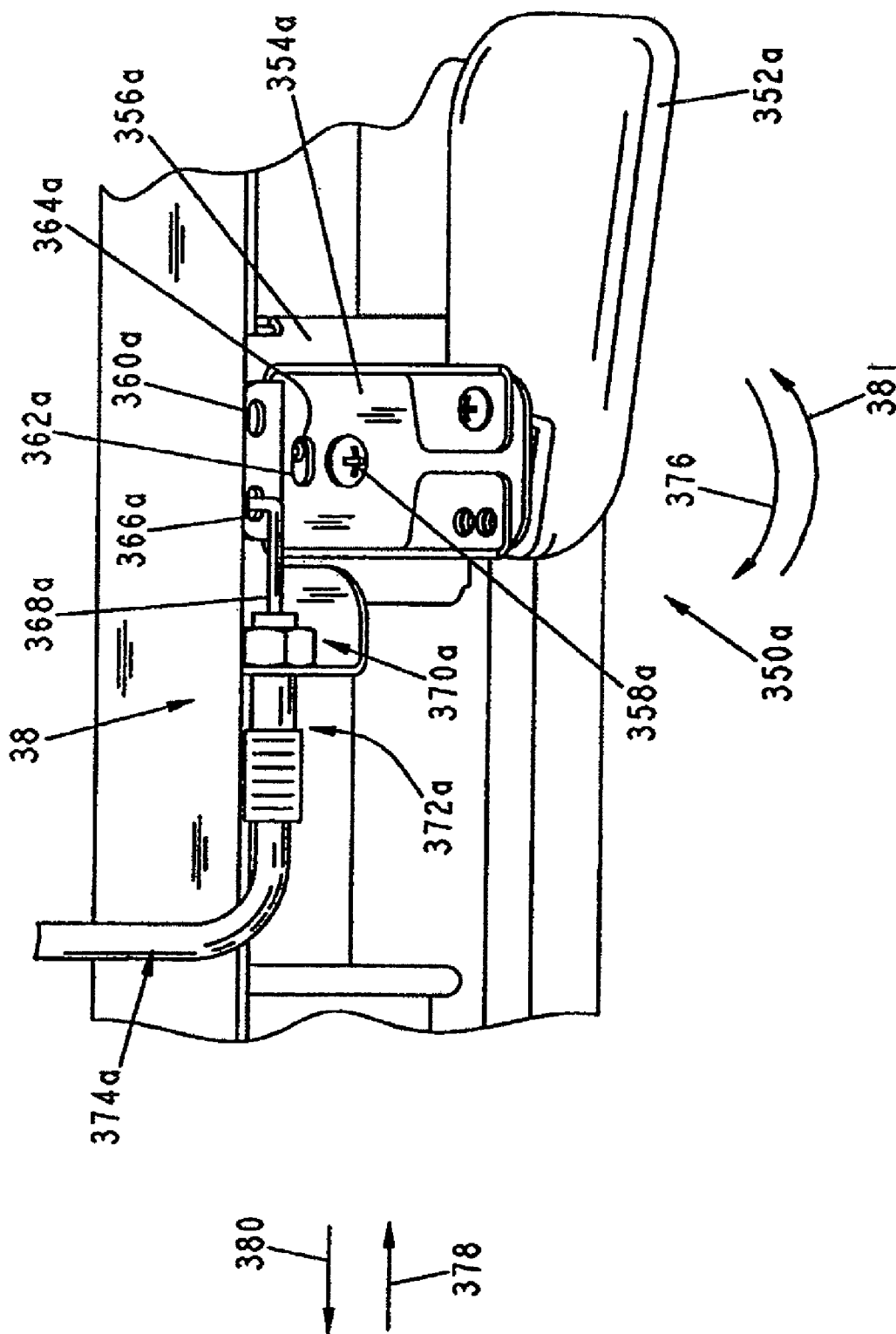


FIG. 23

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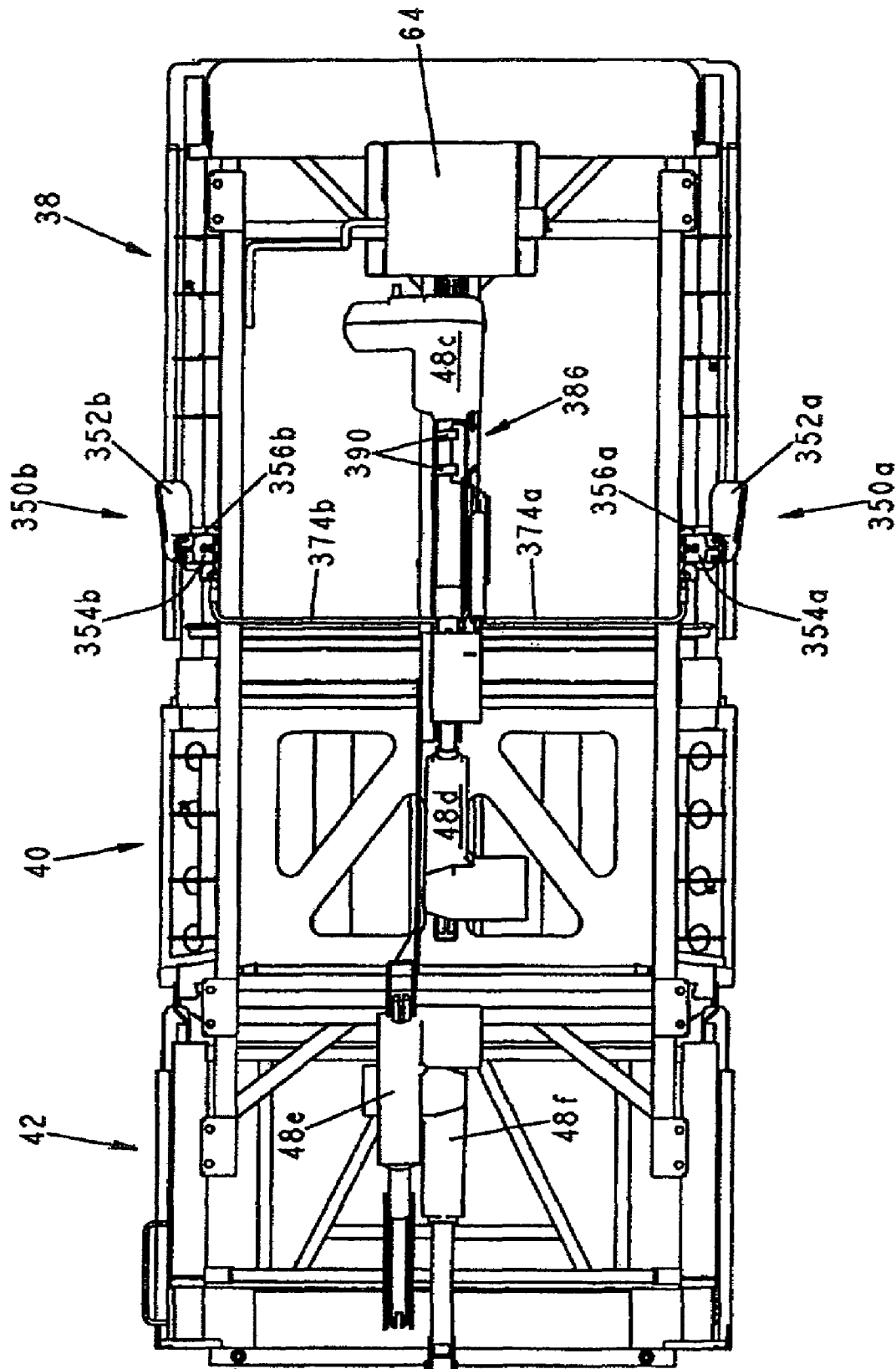


FIG. 24

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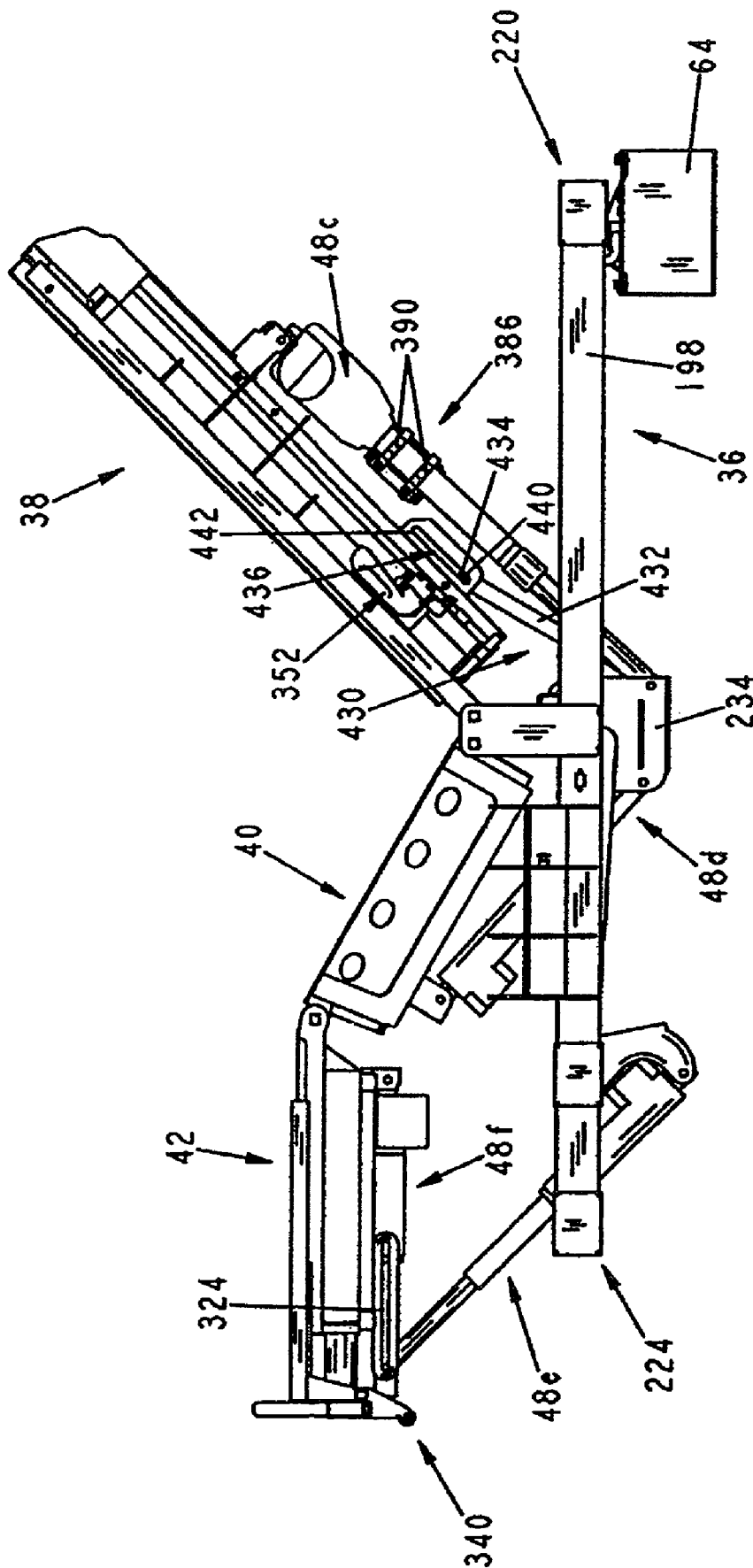


FIG. 25

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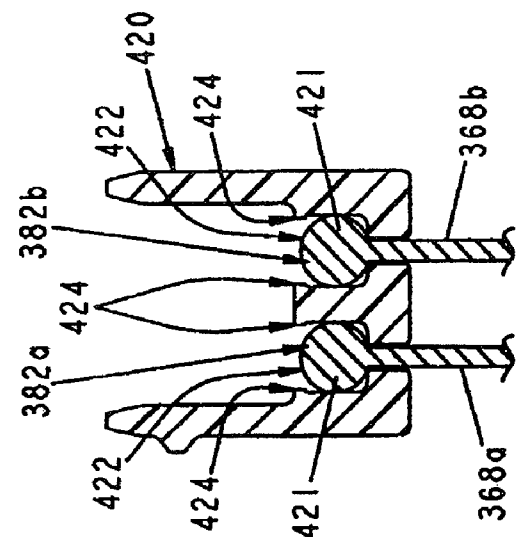


FIG. 29

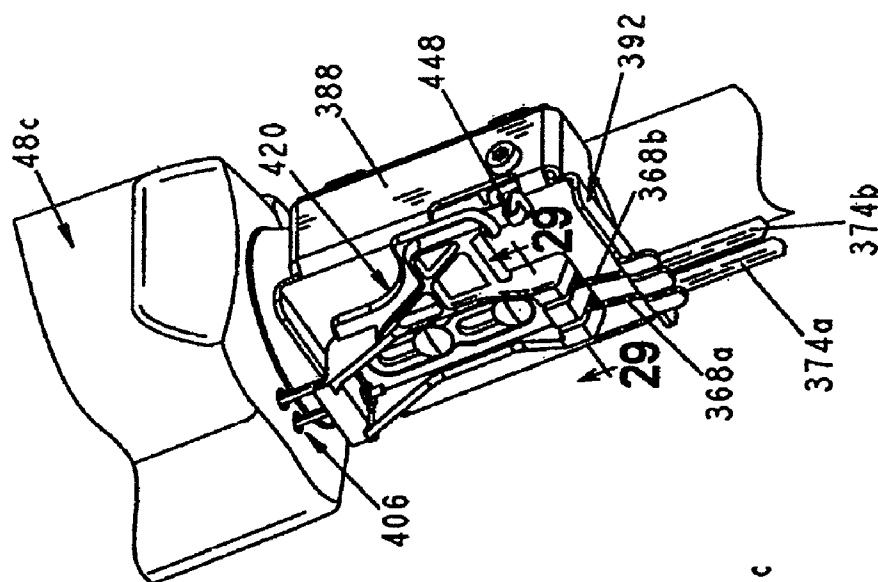


FIG. 28

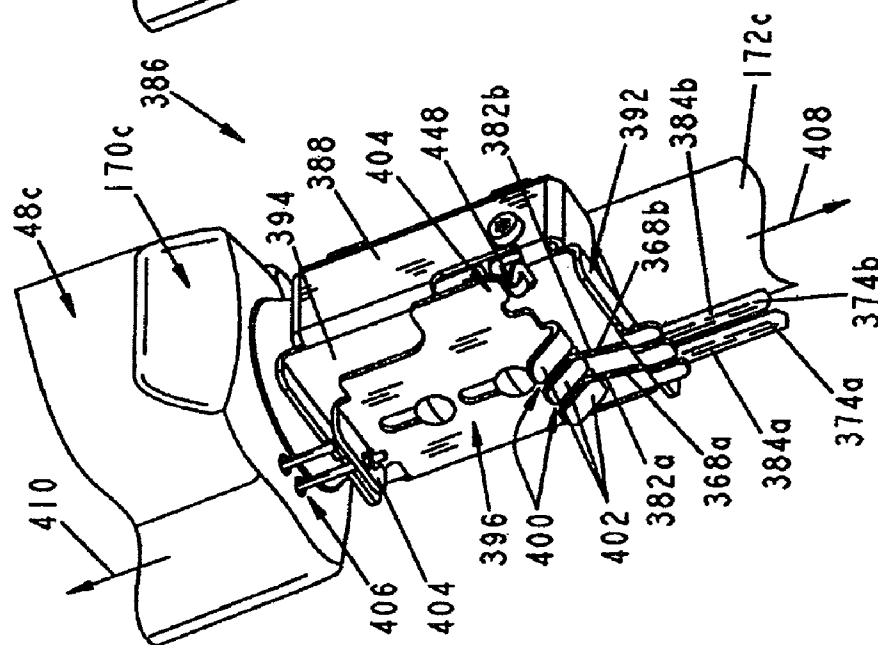


FIG. 27

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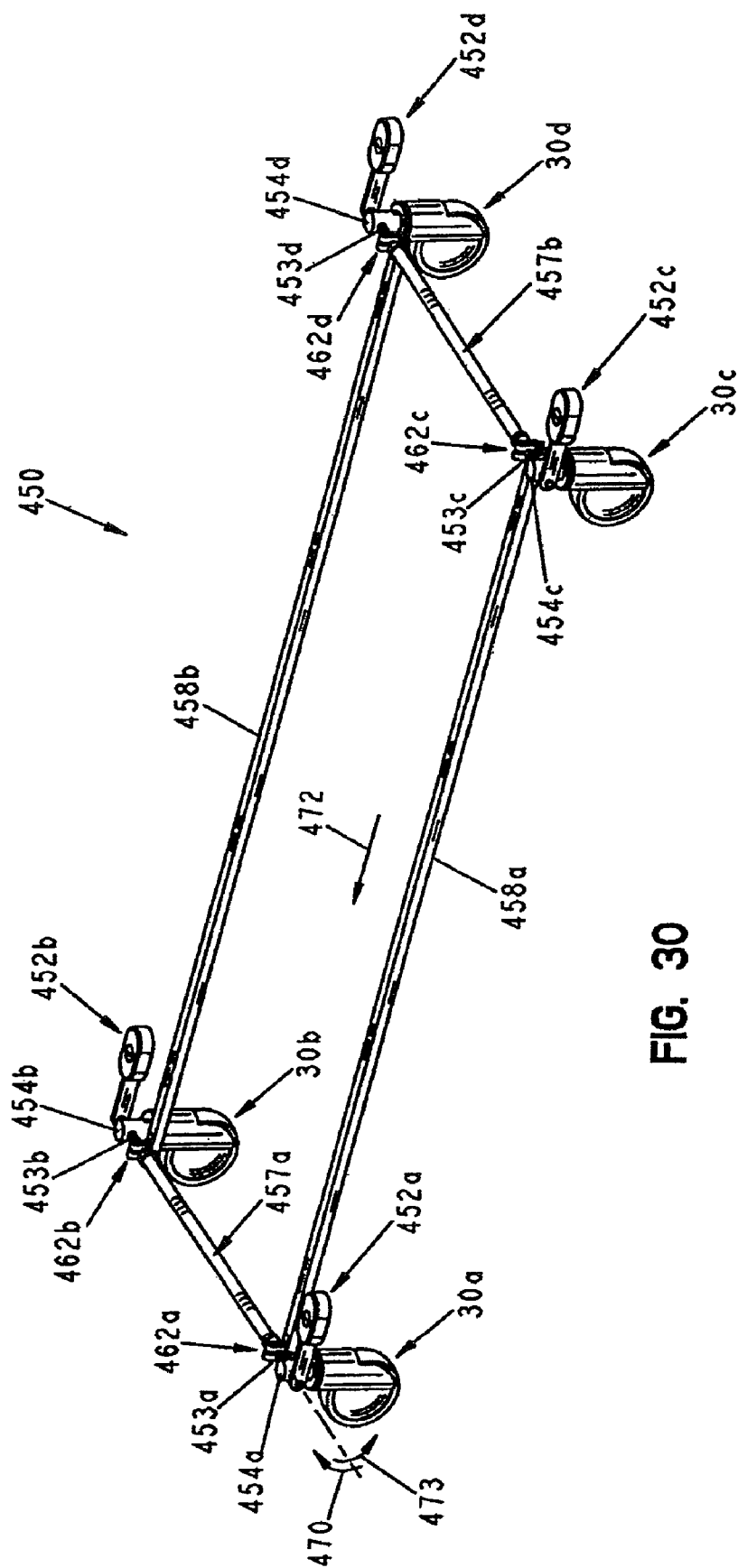


FIG. 30

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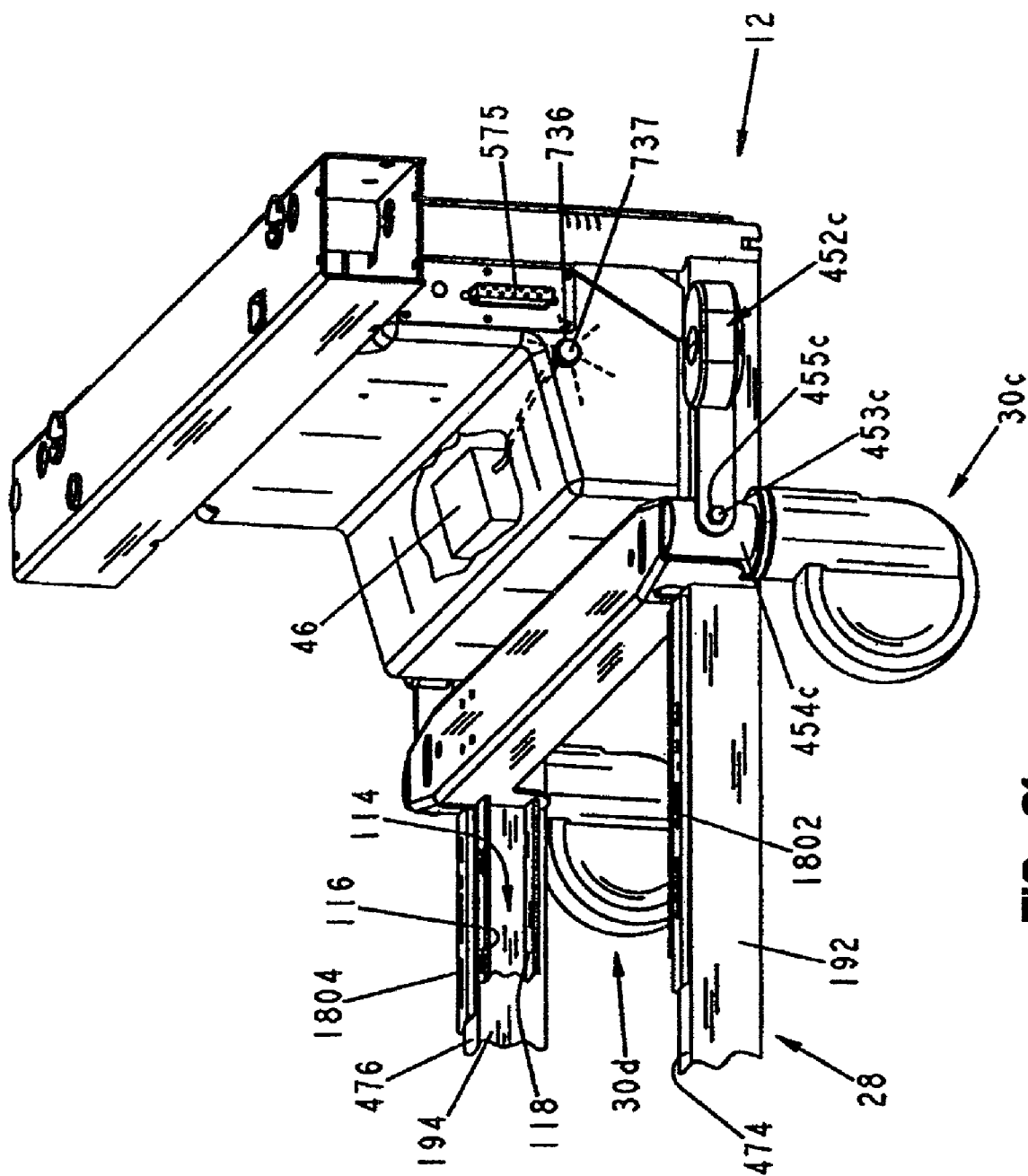
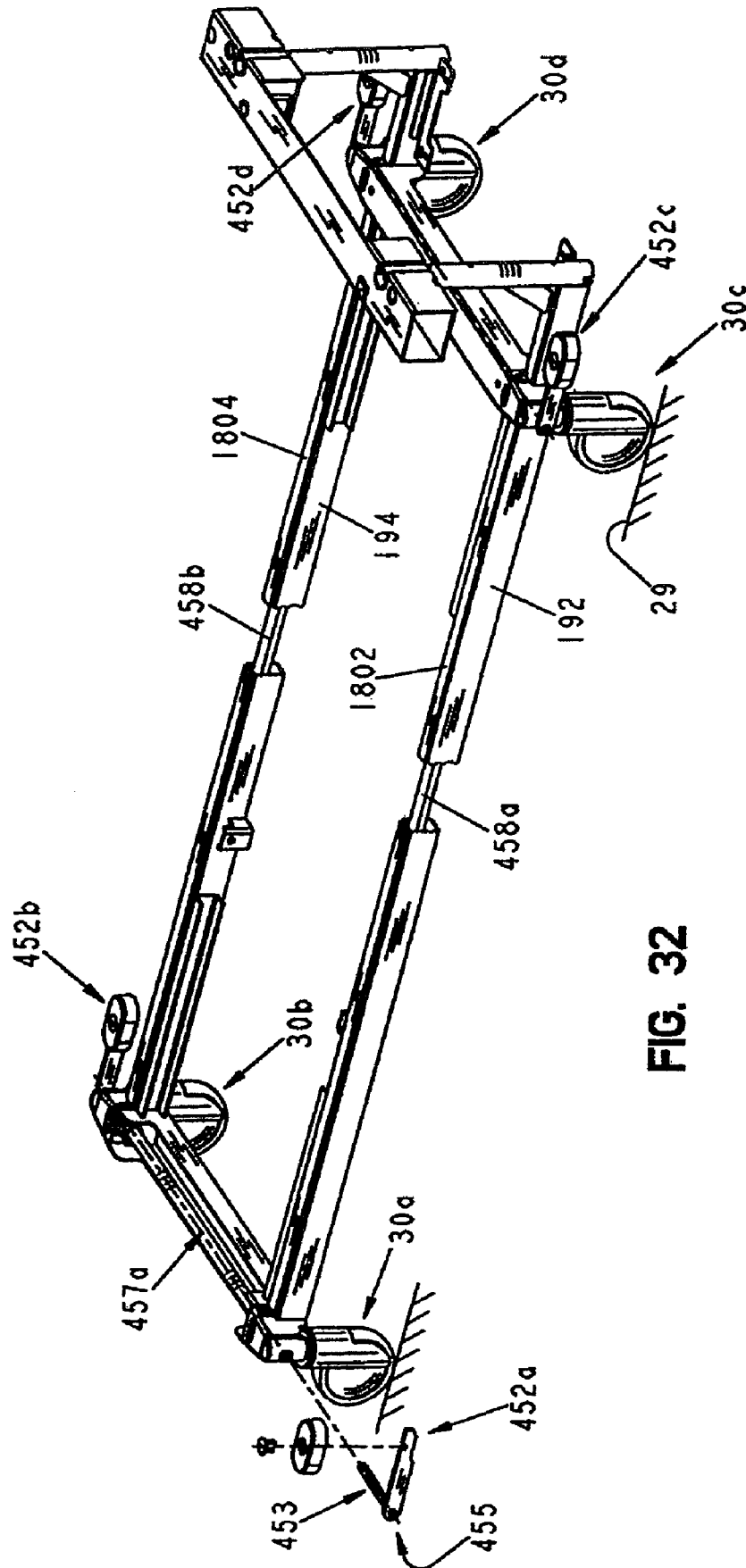


FIG. 31



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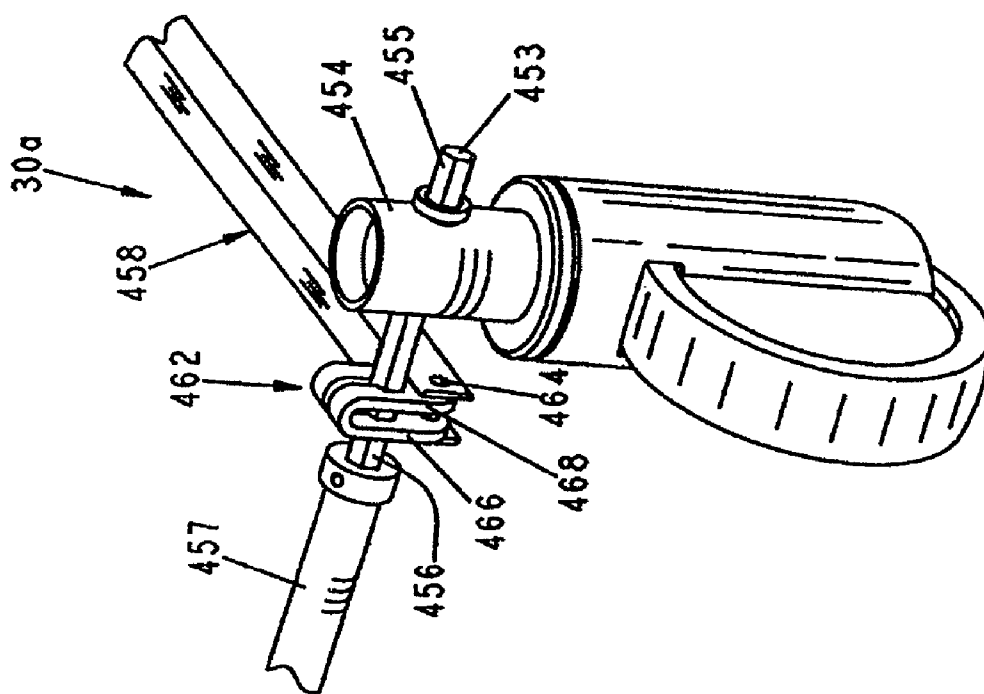


FIG. 33

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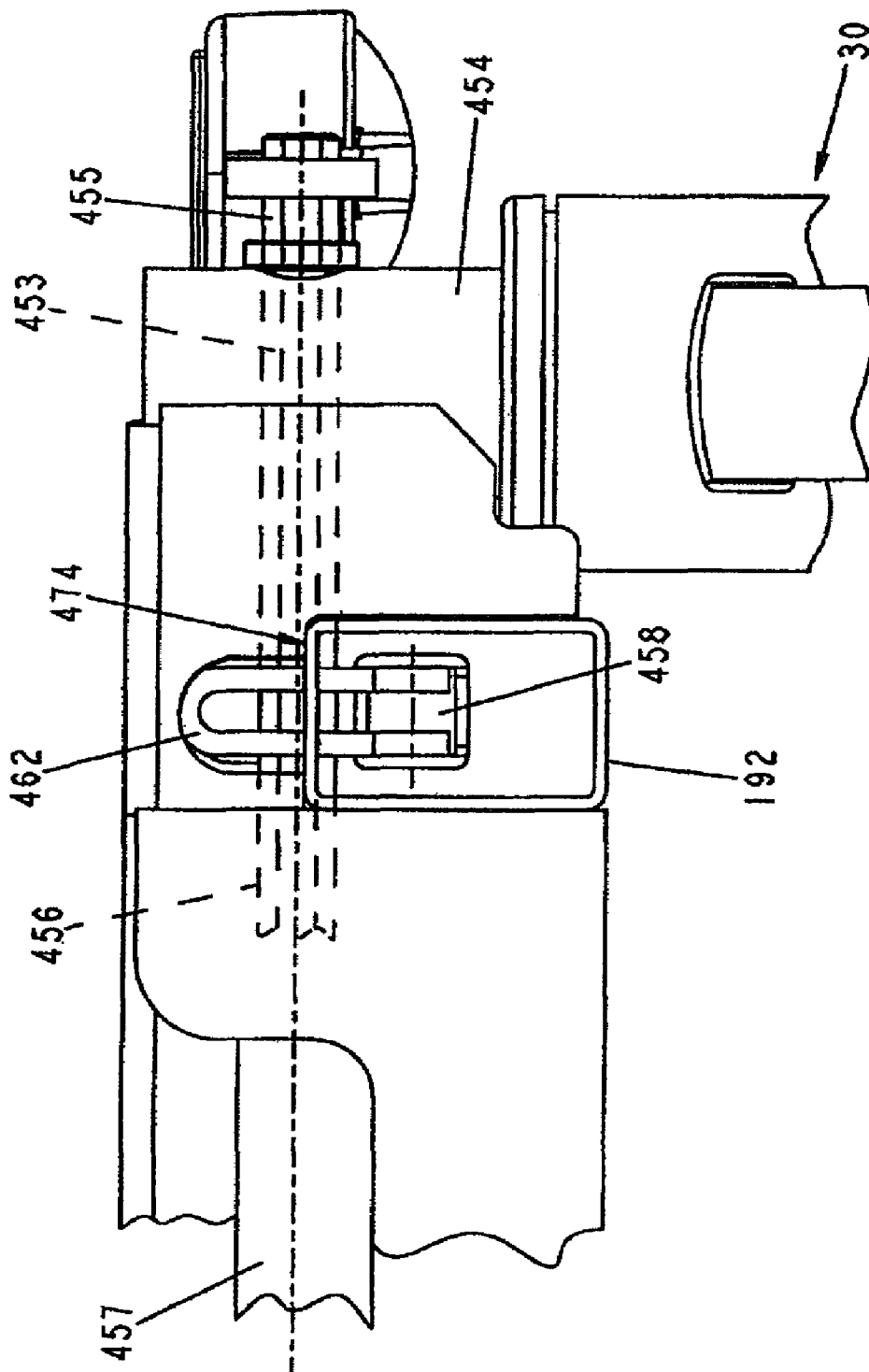


FIG. 34

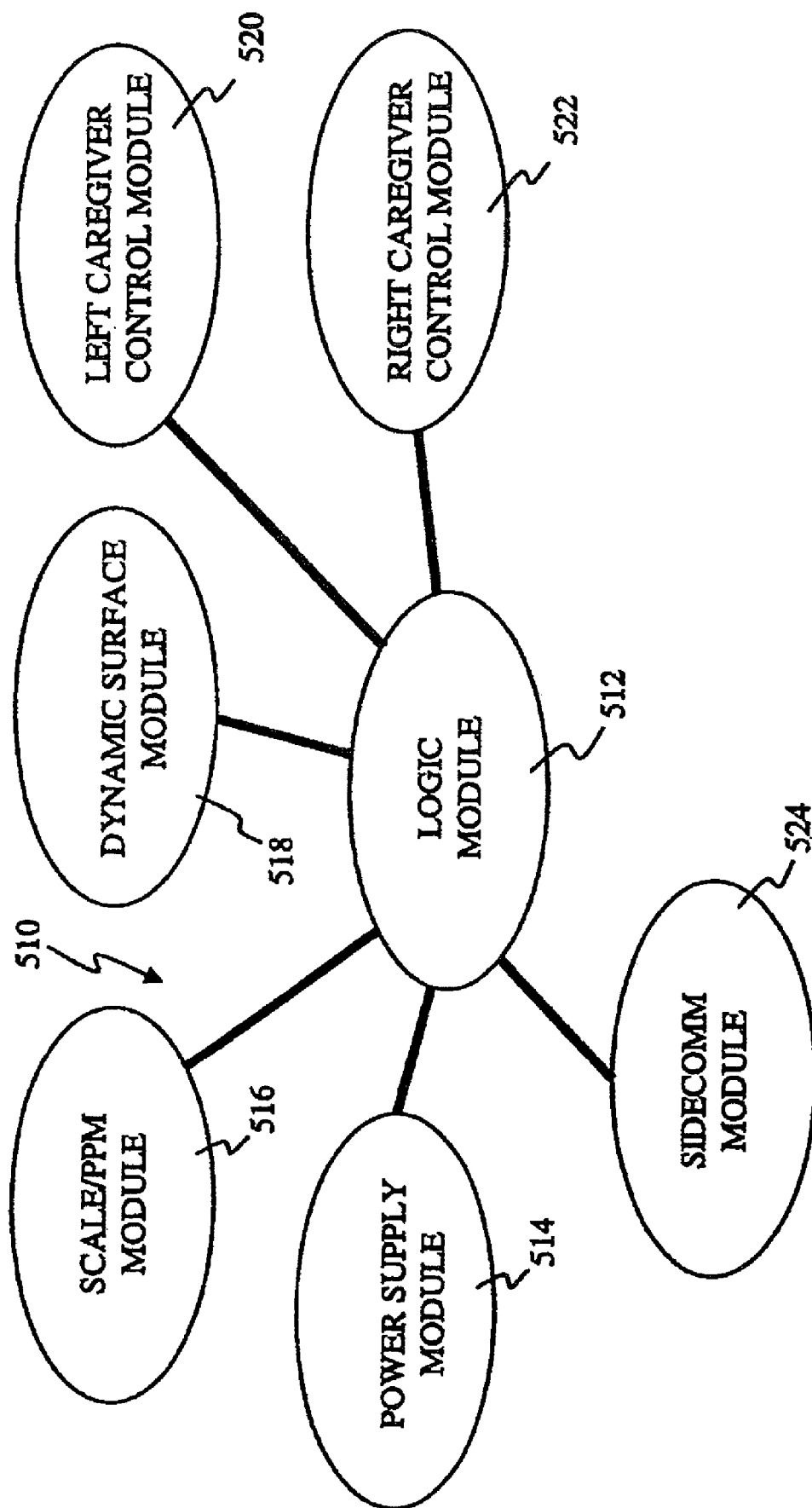


FIG. 35

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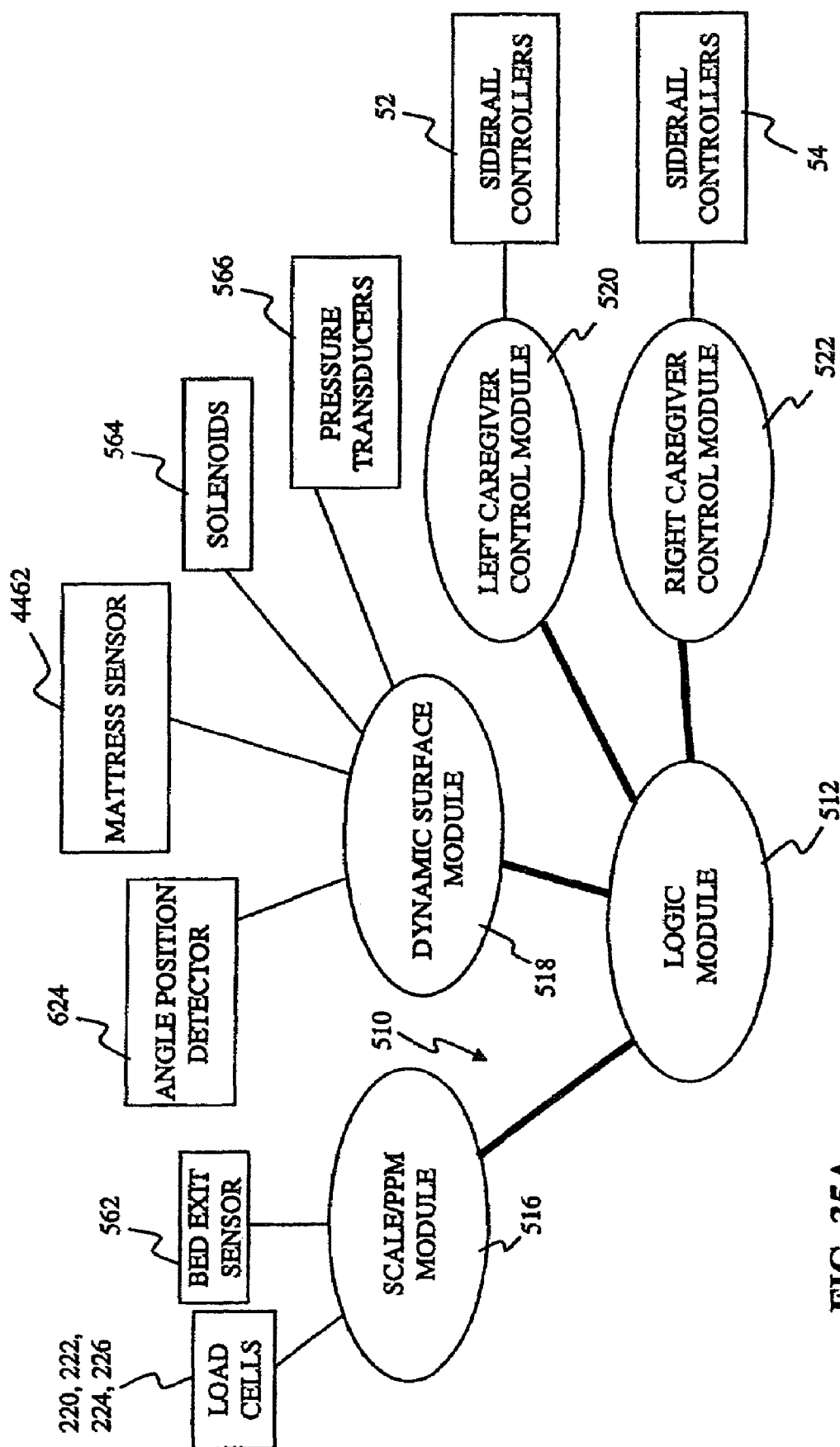


FIG. 35A

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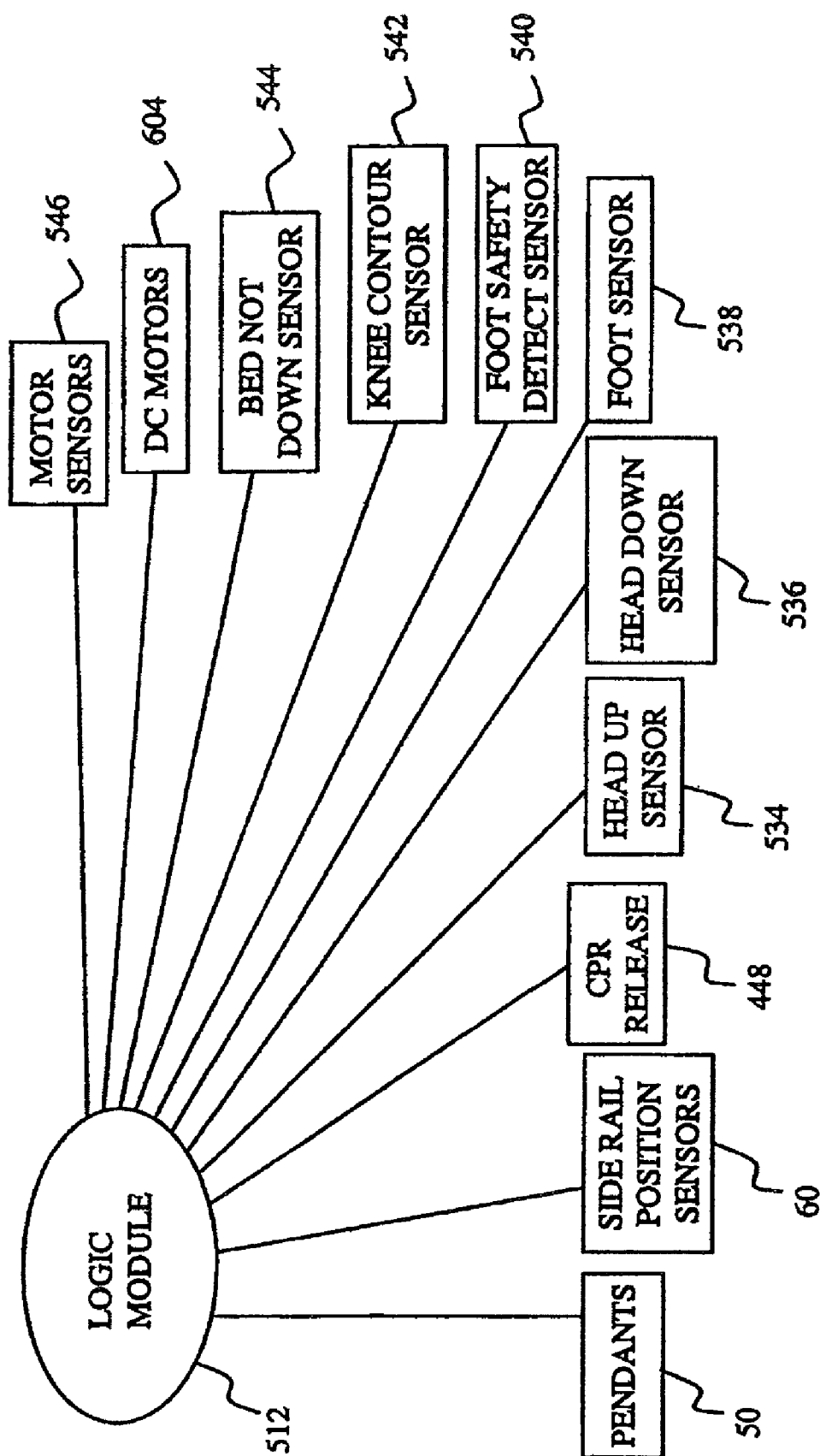


FIG. 35B

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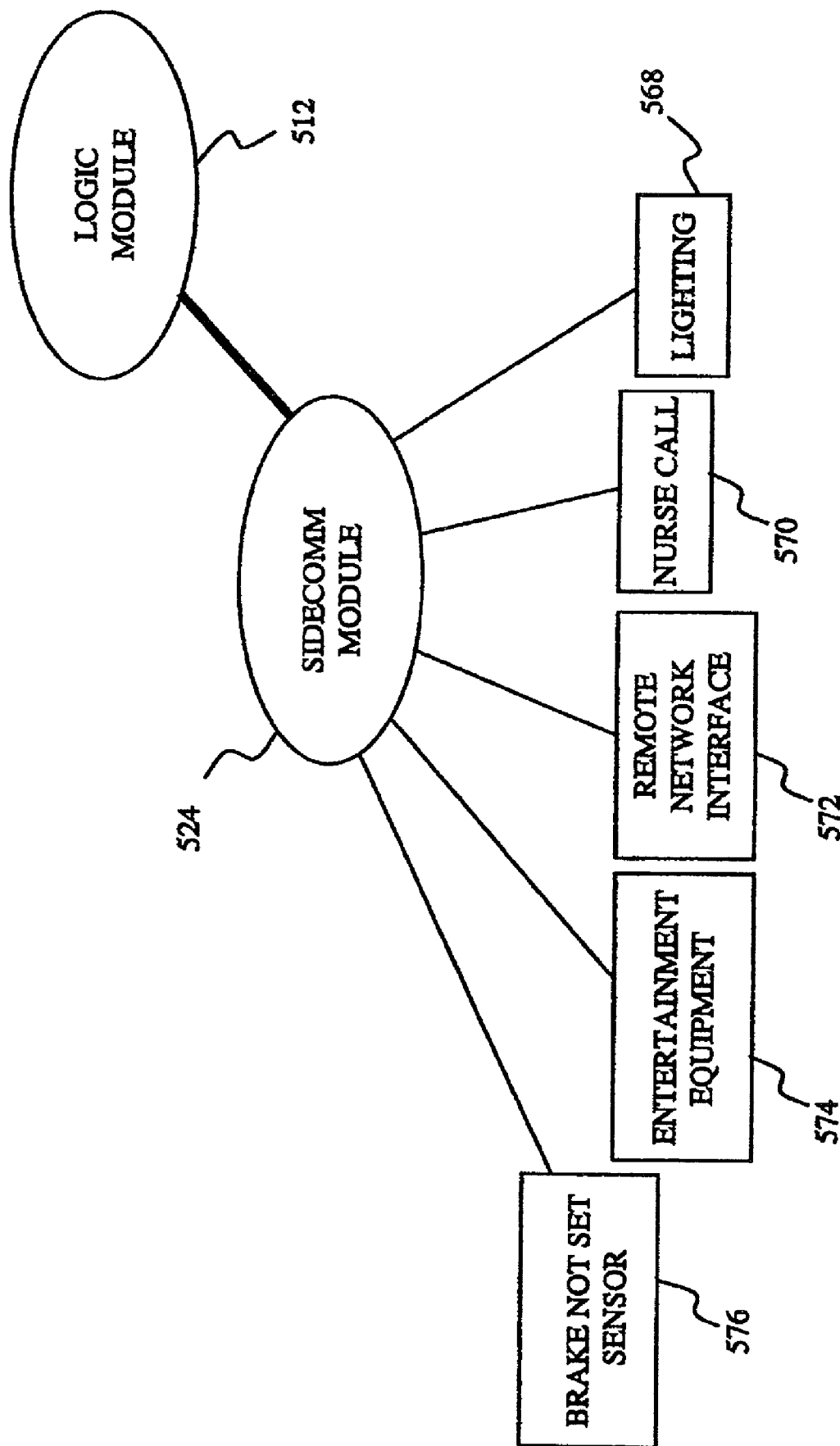


FIG. 35C

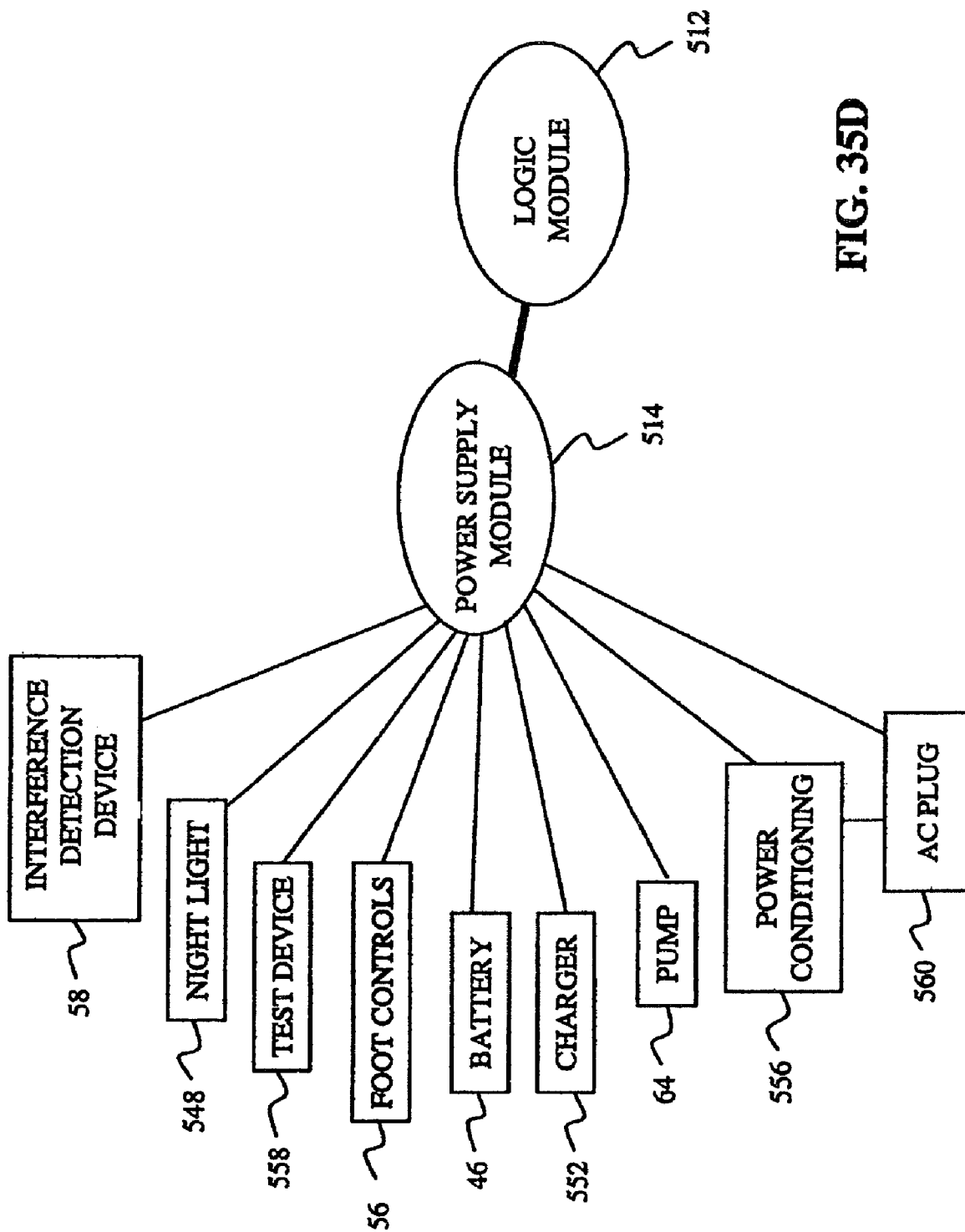


FIG. 35D

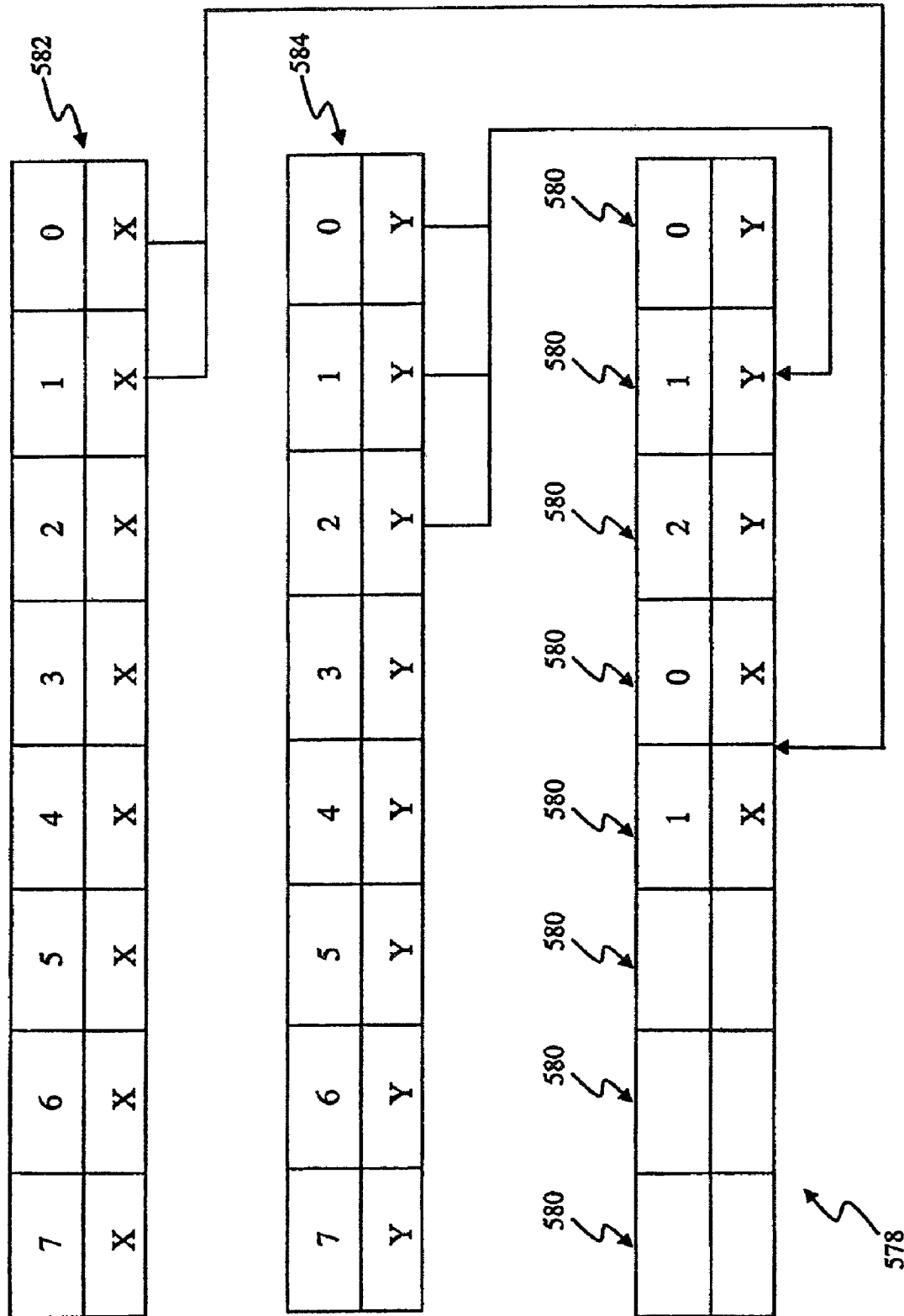


FIG. 36

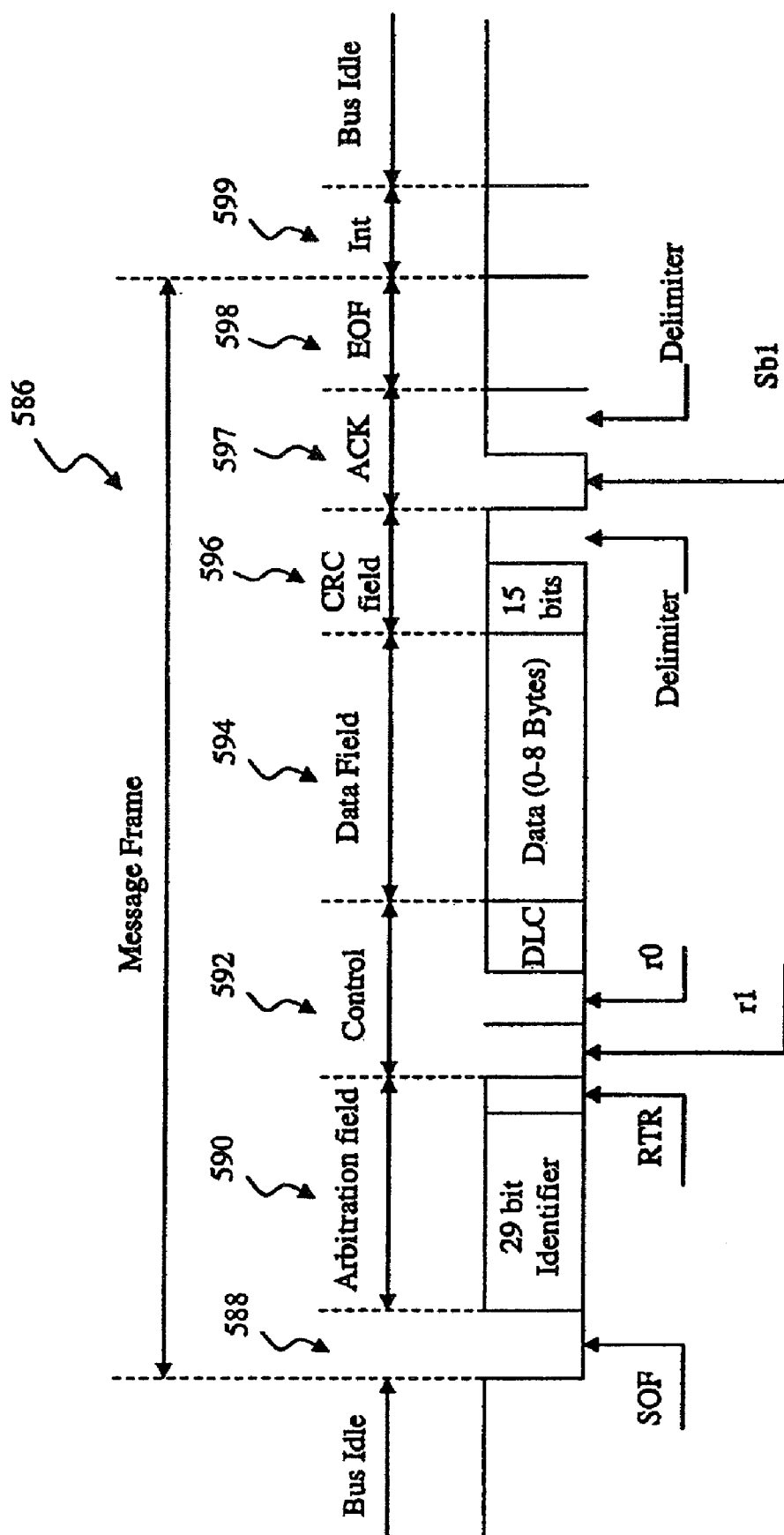


FIG. 37

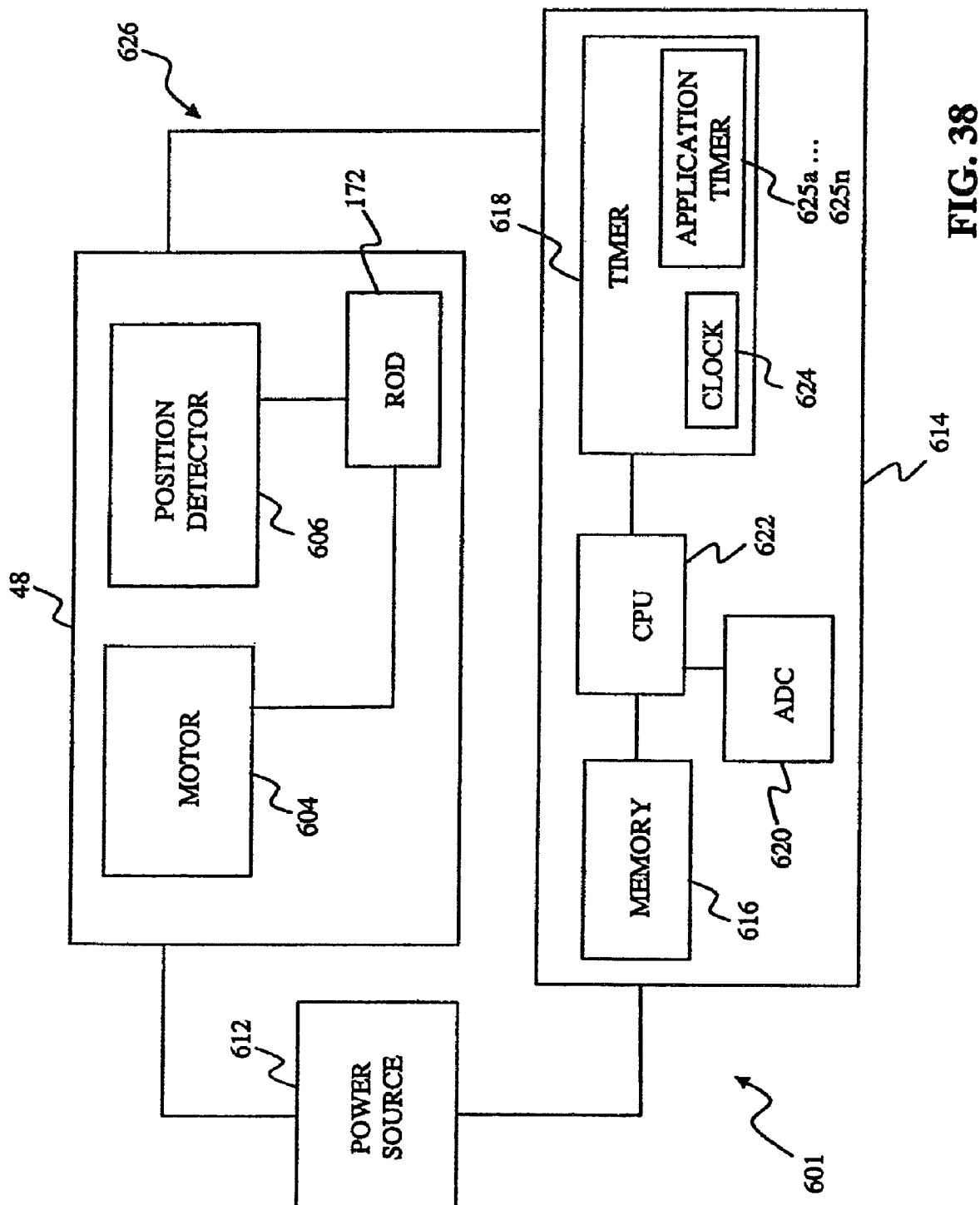


FIG. 38

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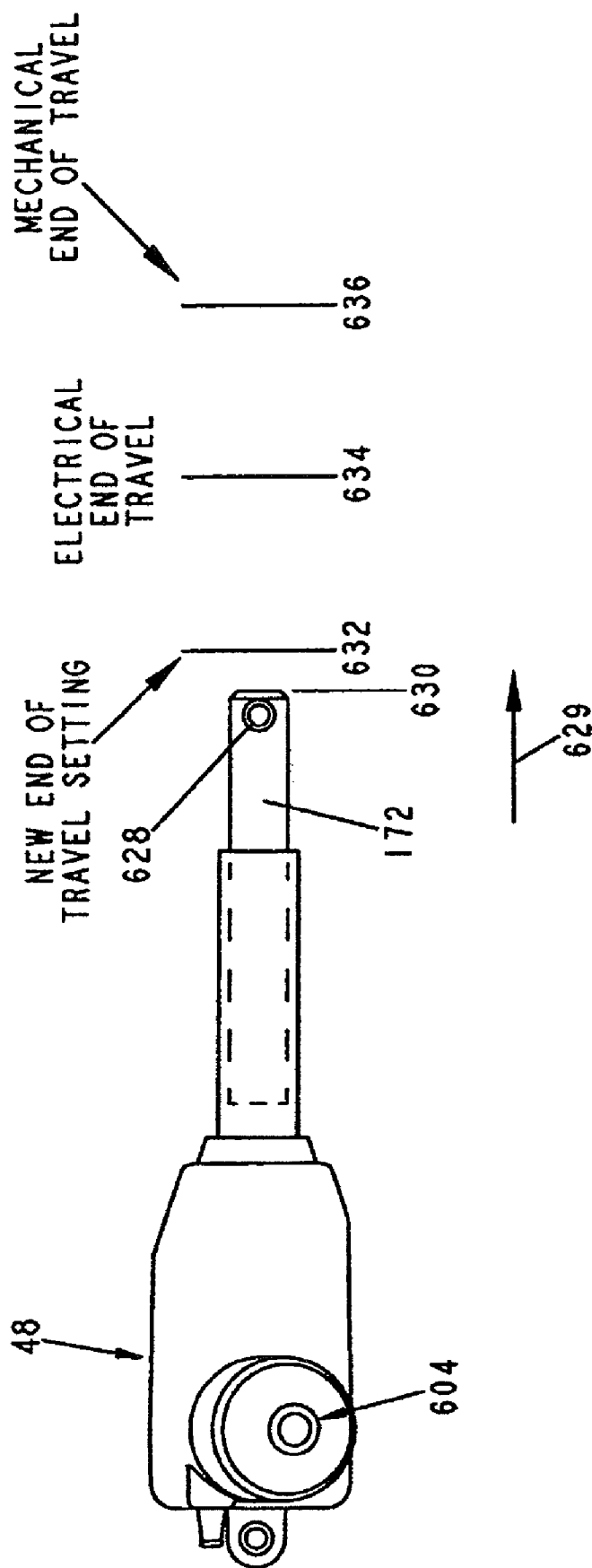


FIG. 39

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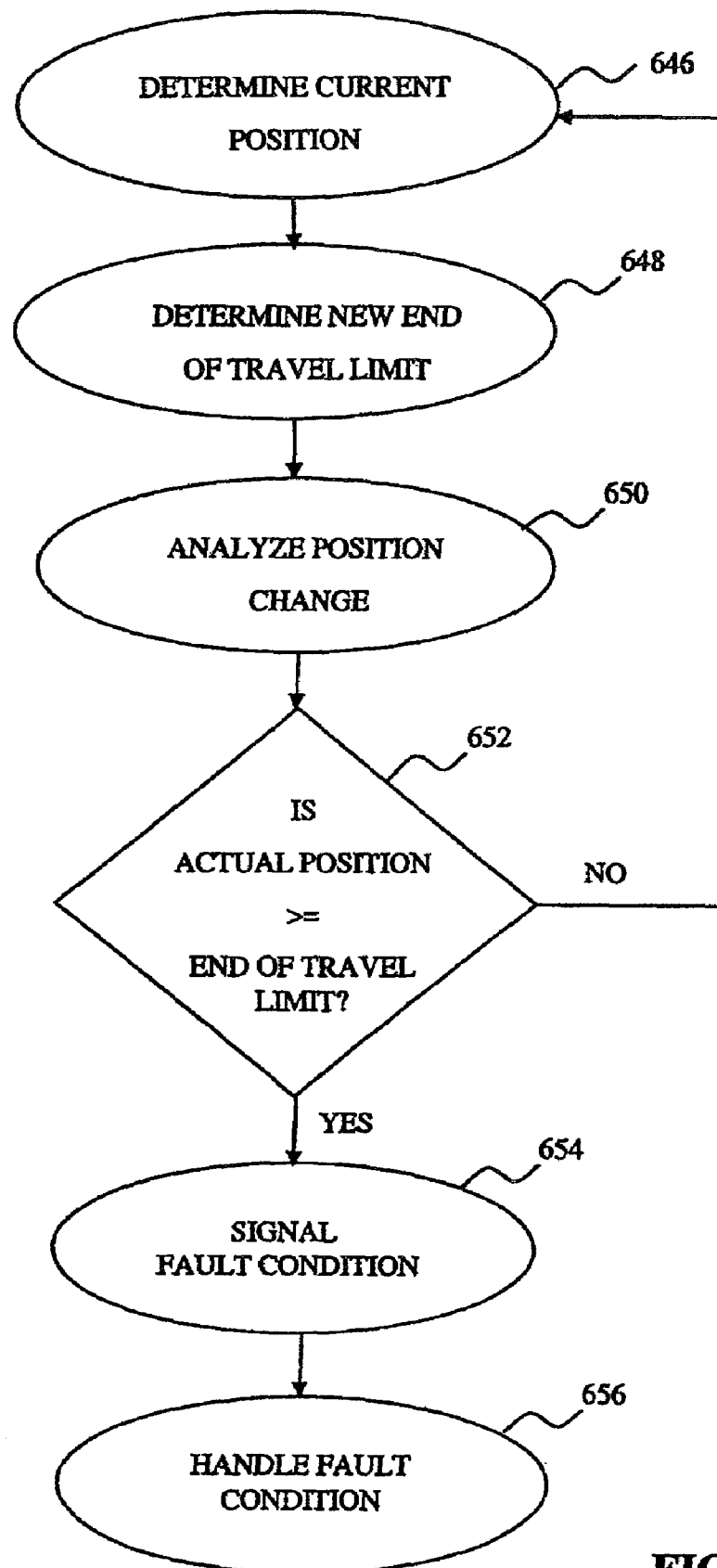


FIG. 40

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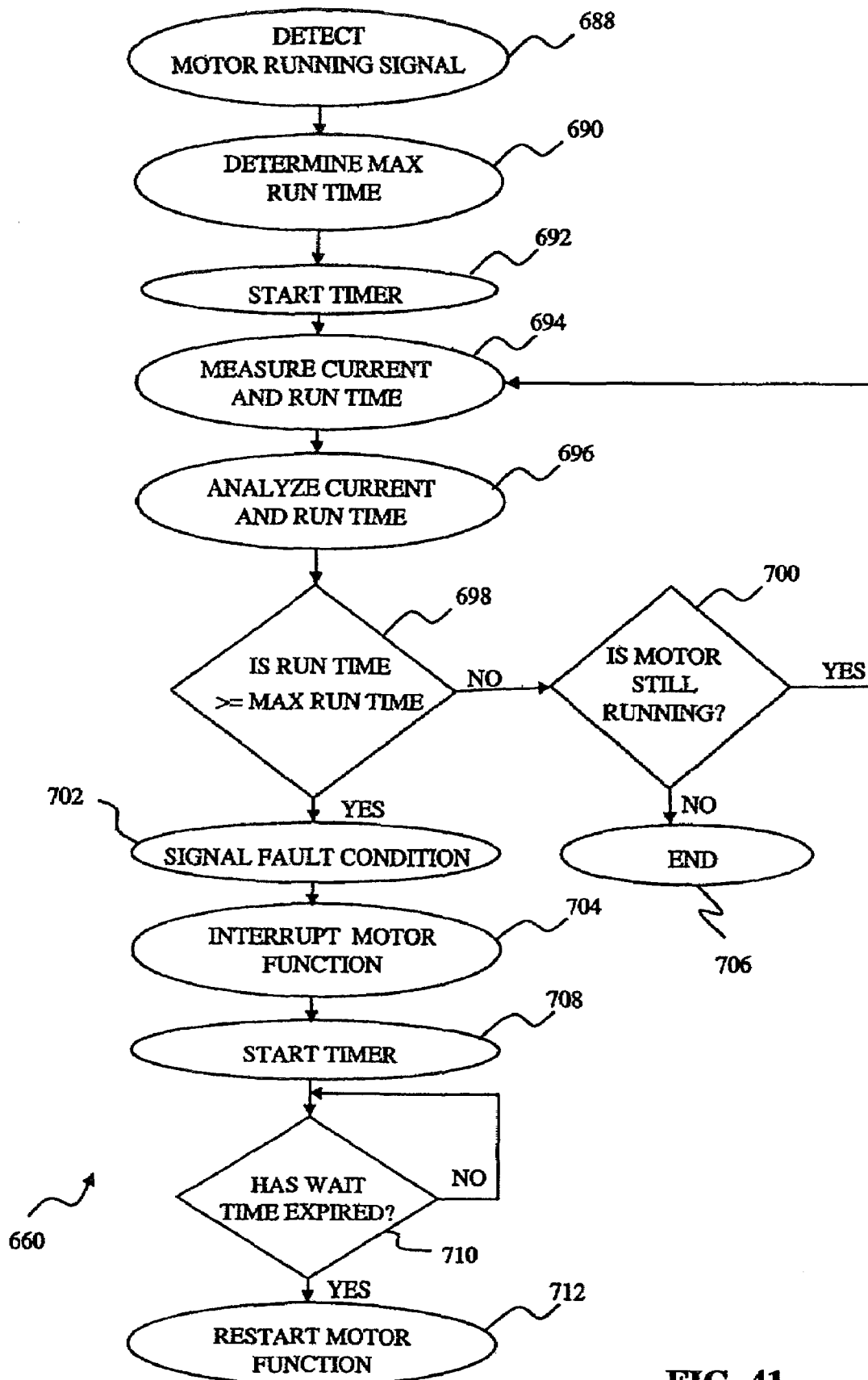


FIG. 41

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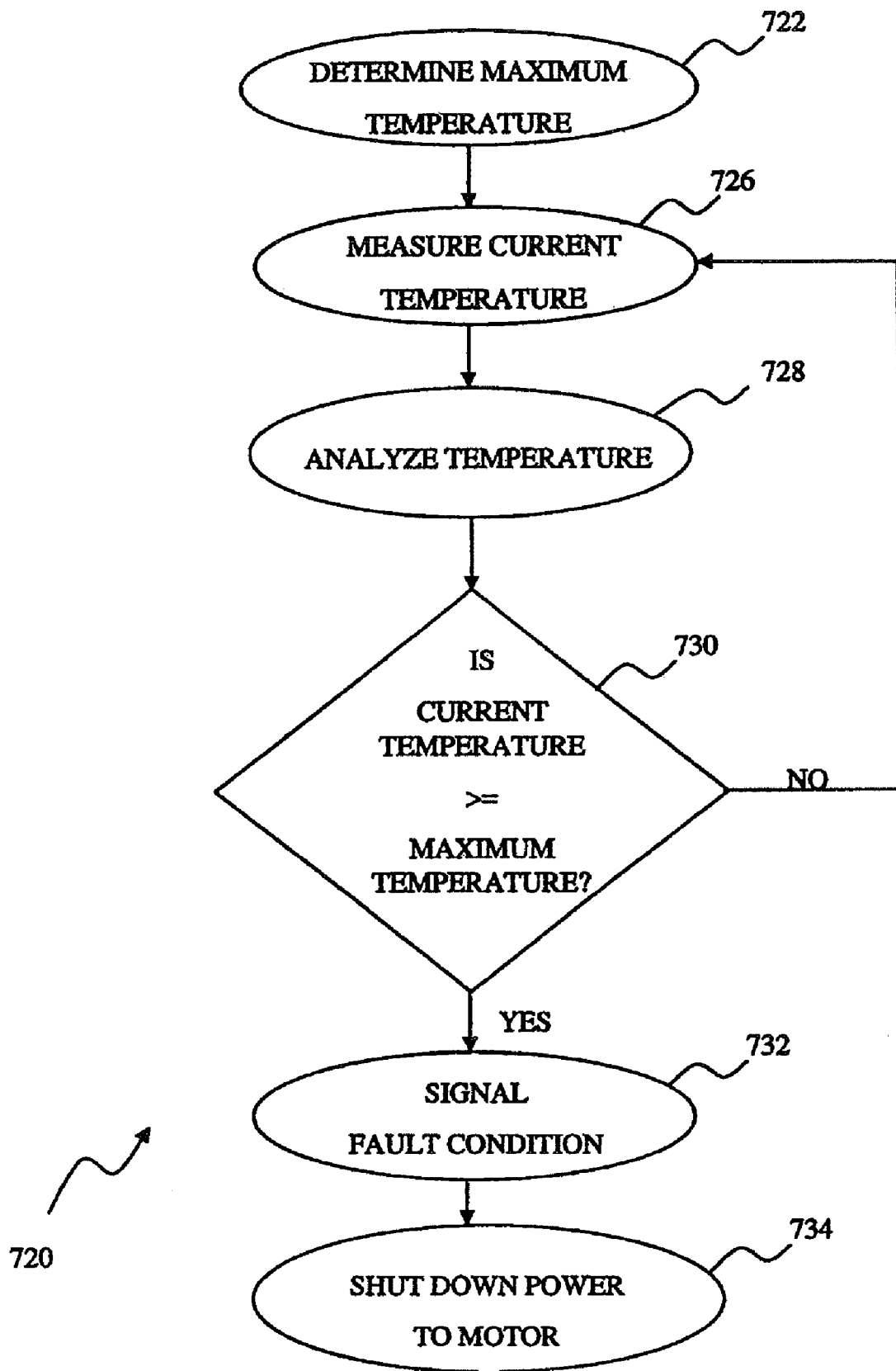


FIG. 42

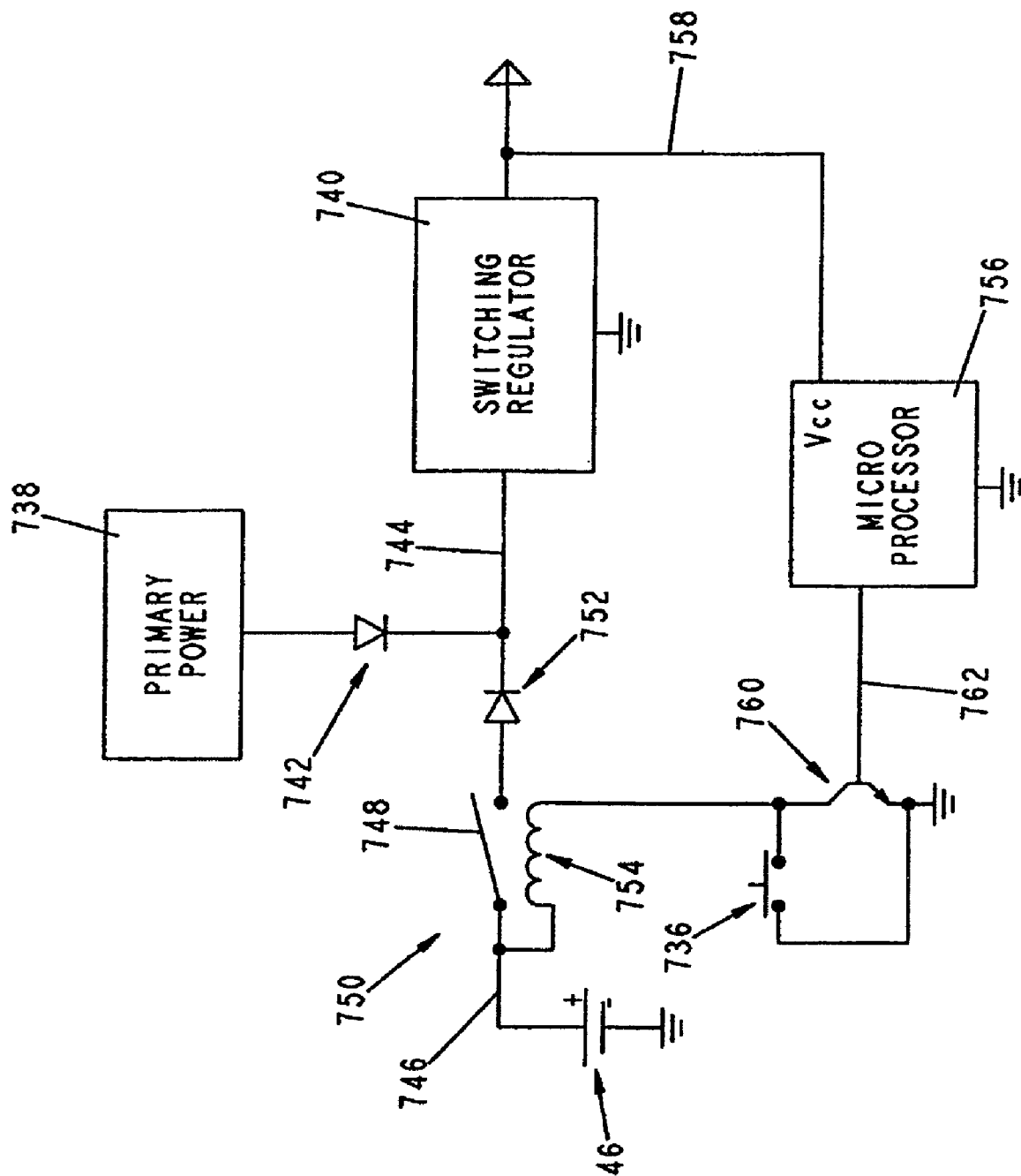


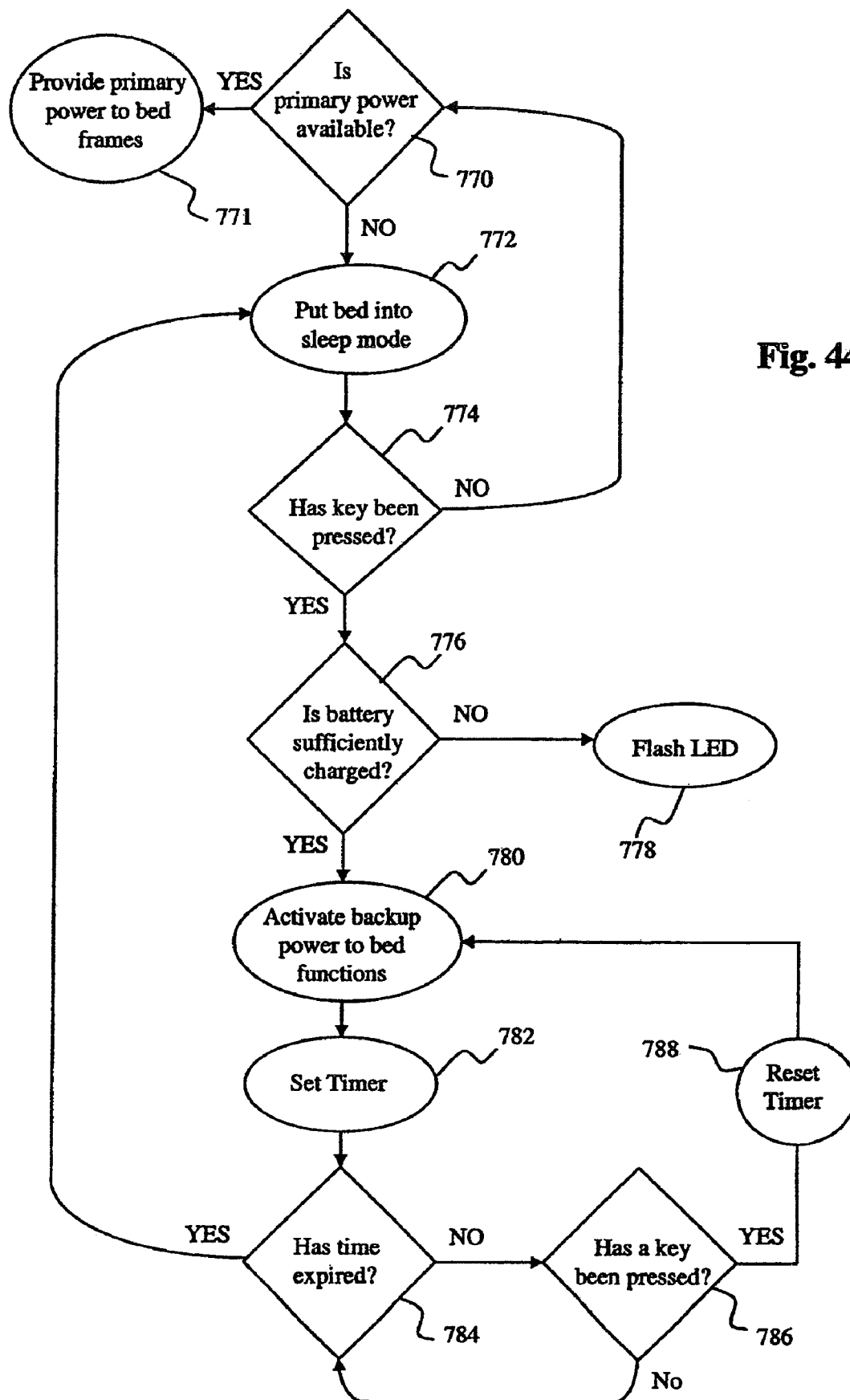
FIG. 43

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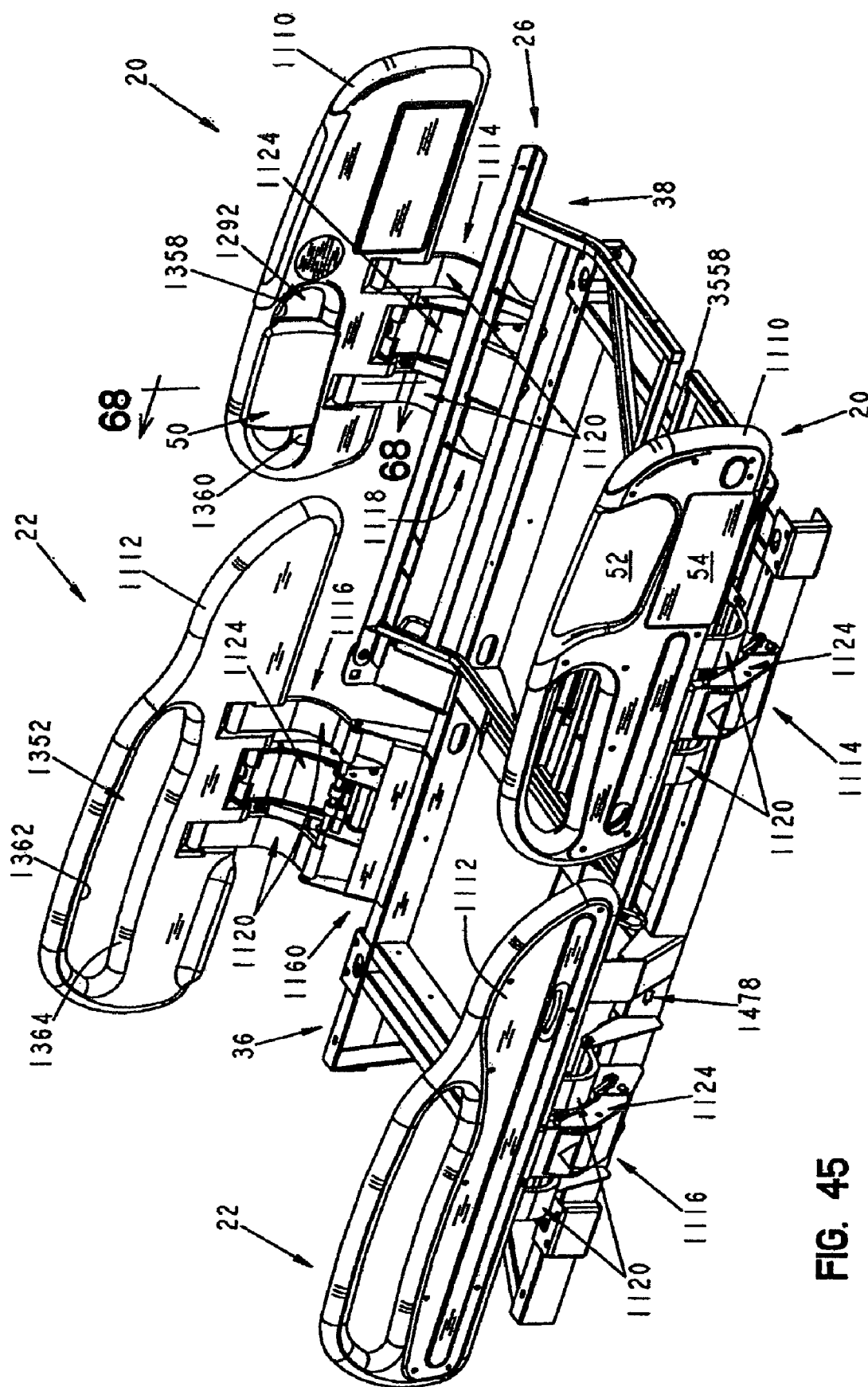


FIG. 45

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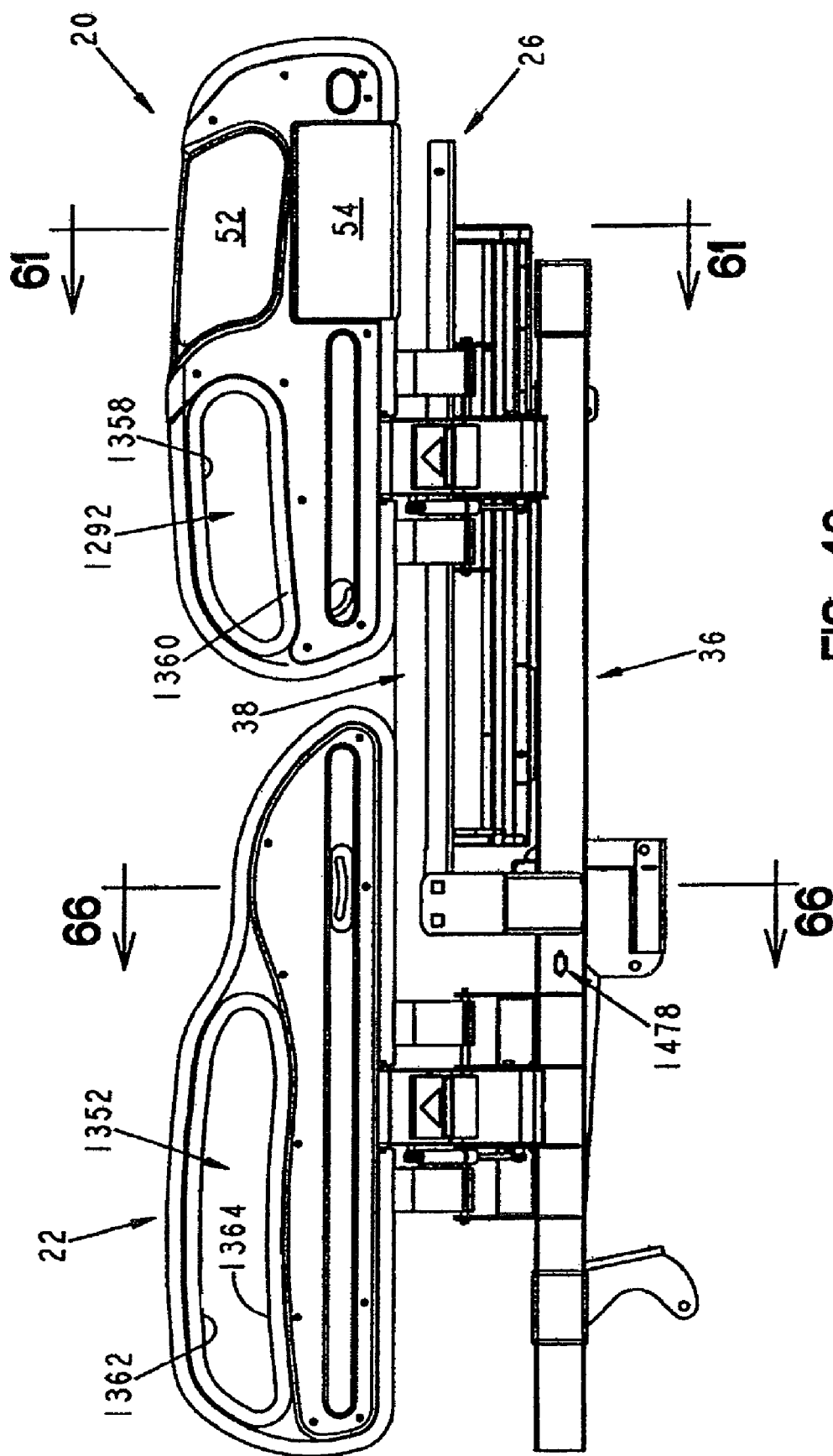


FIG. 46

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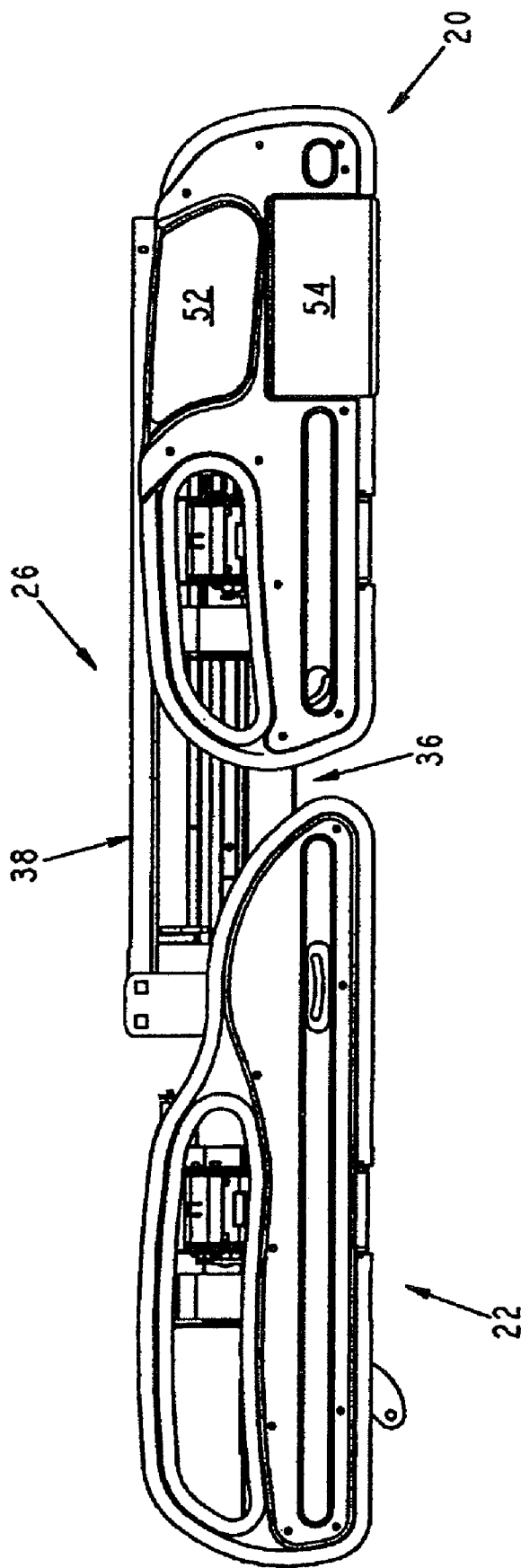


FIG. 47

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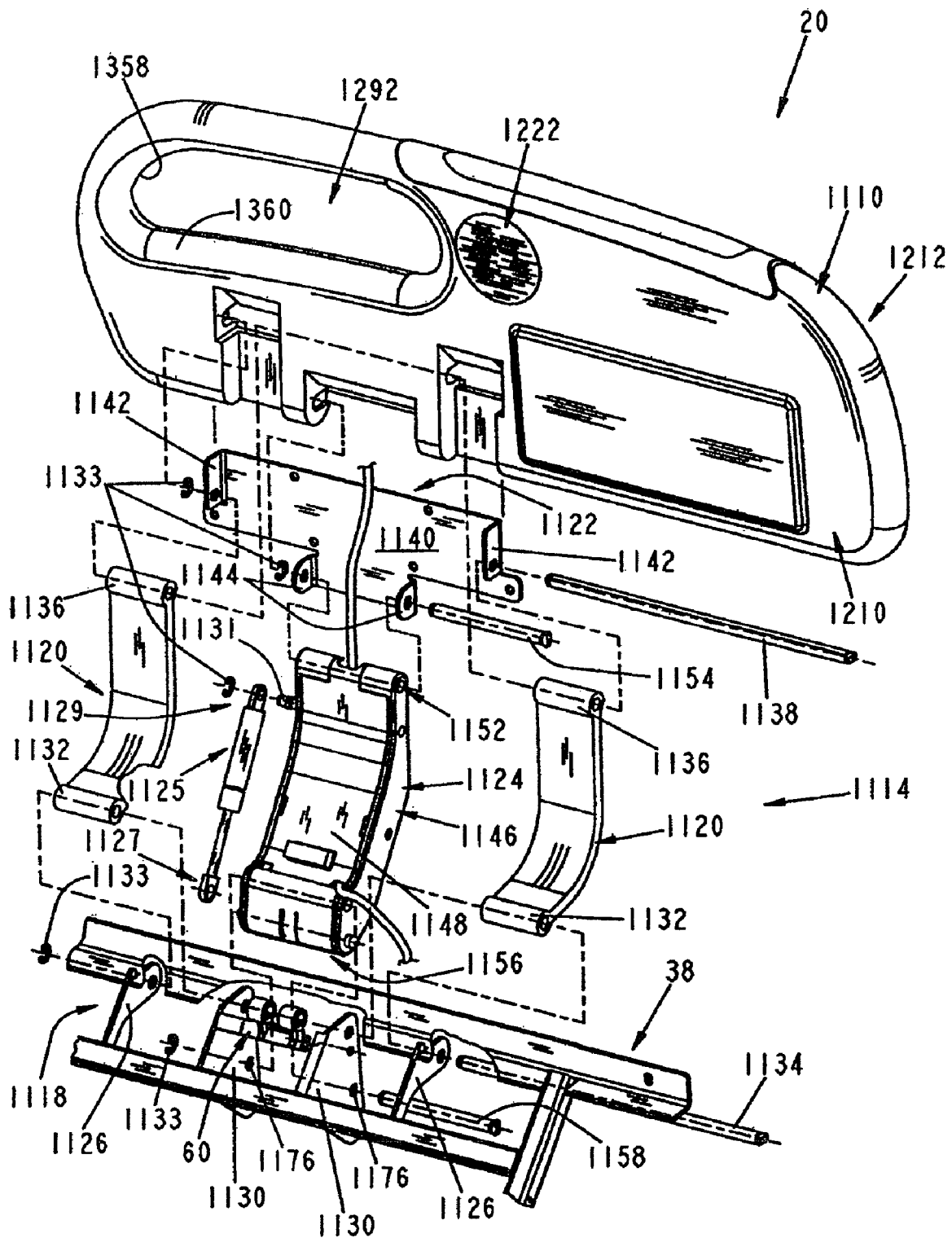


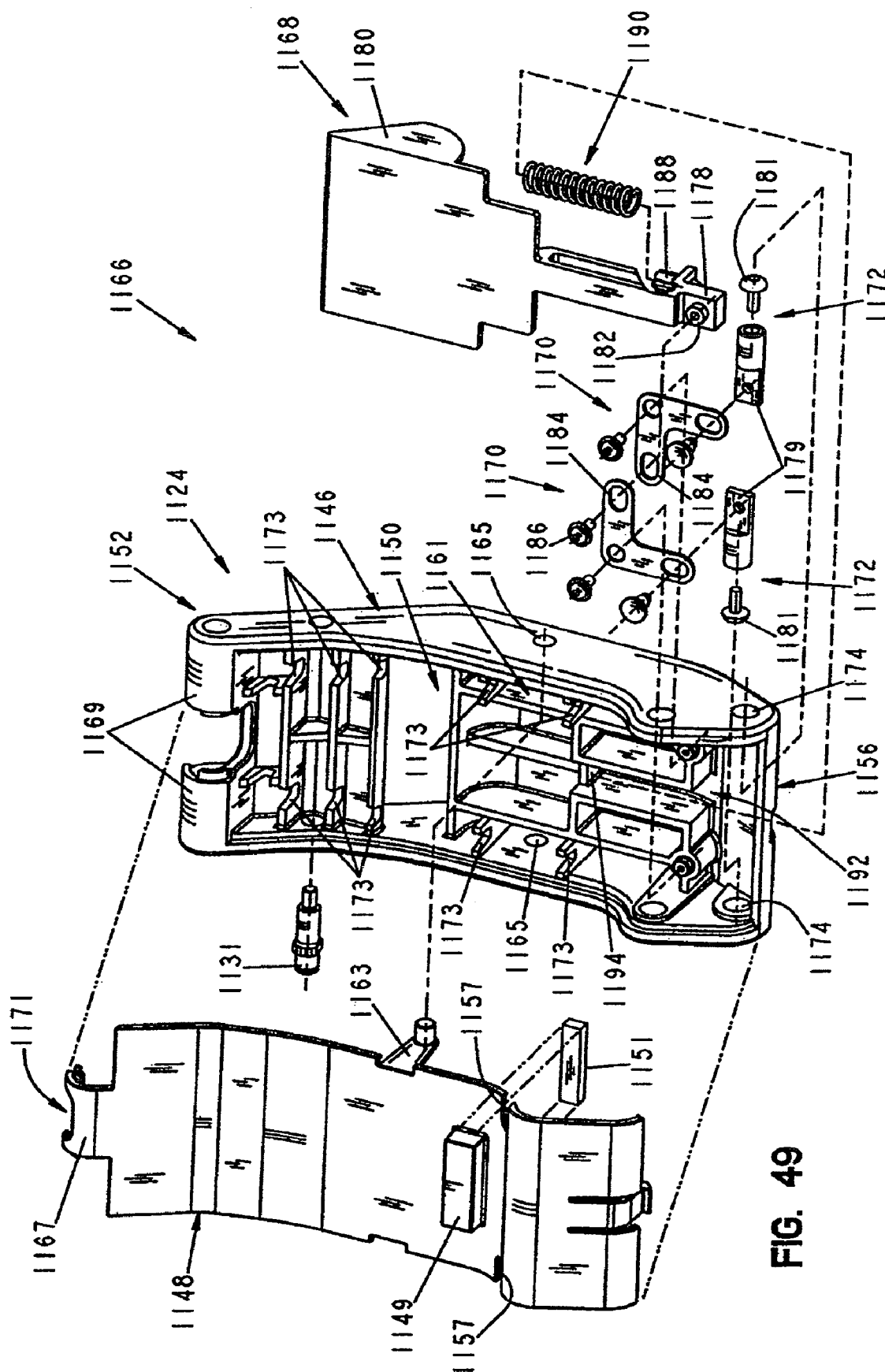
FIG. 48

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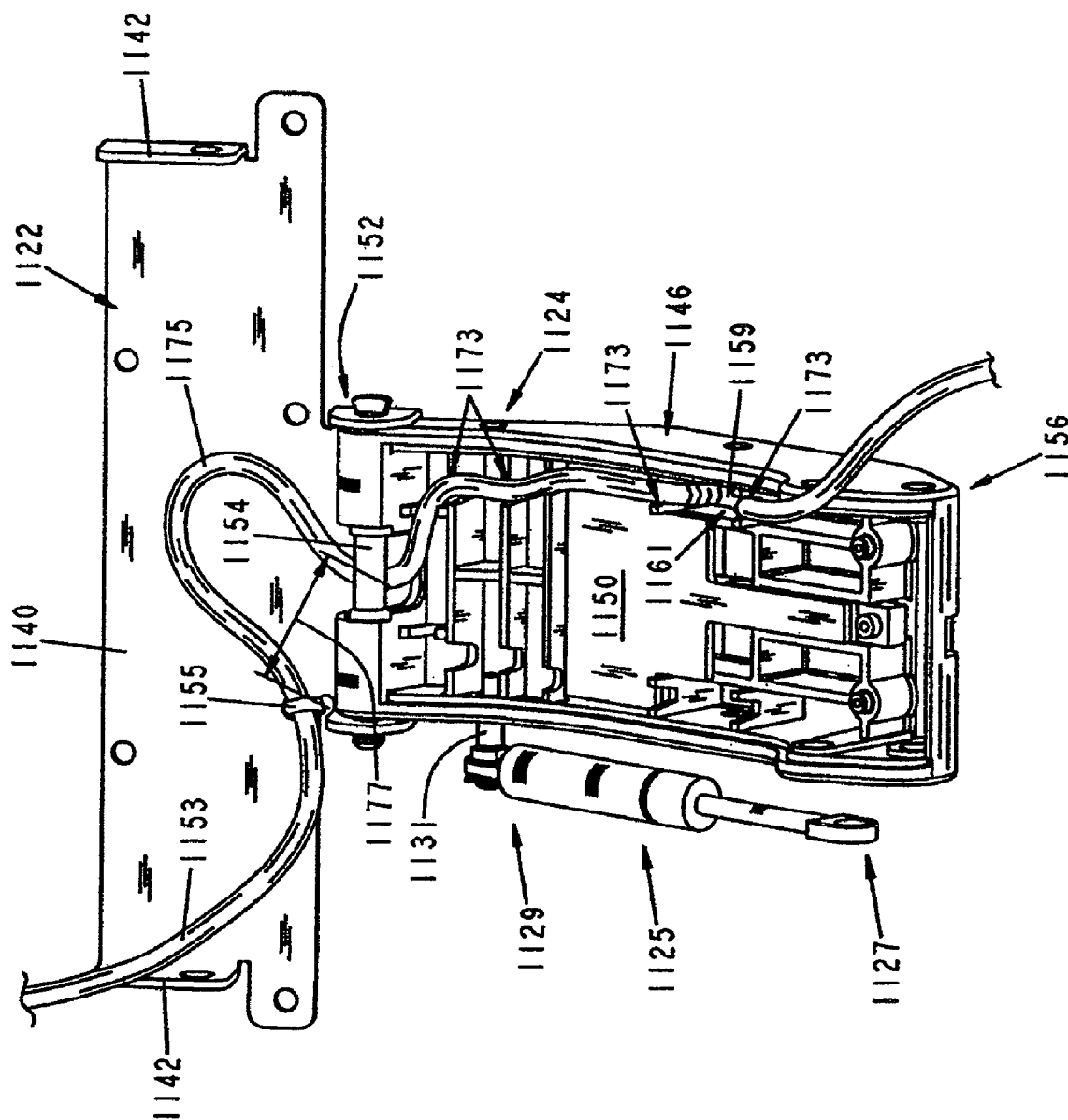


FIG. 50

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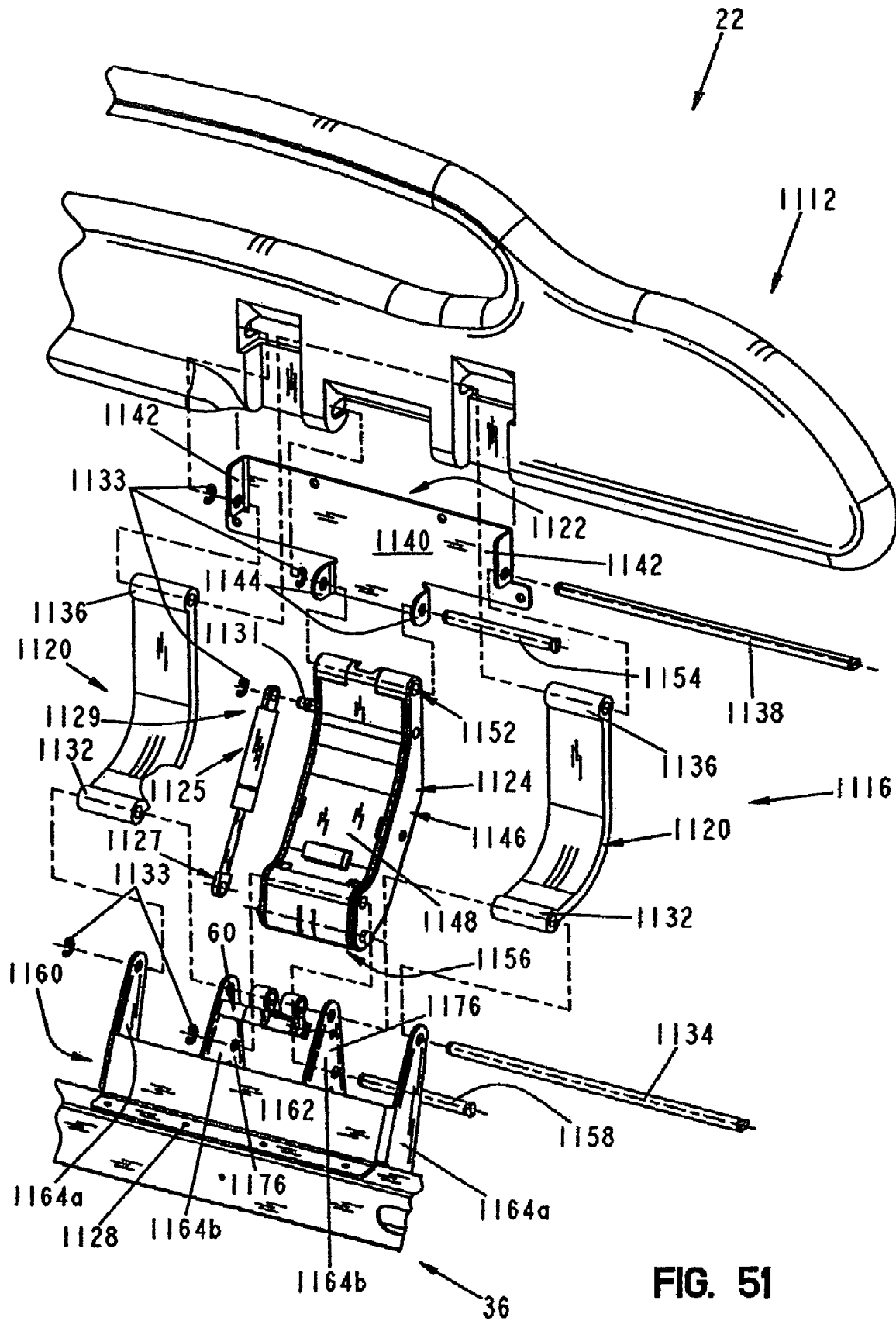


FIG. 51

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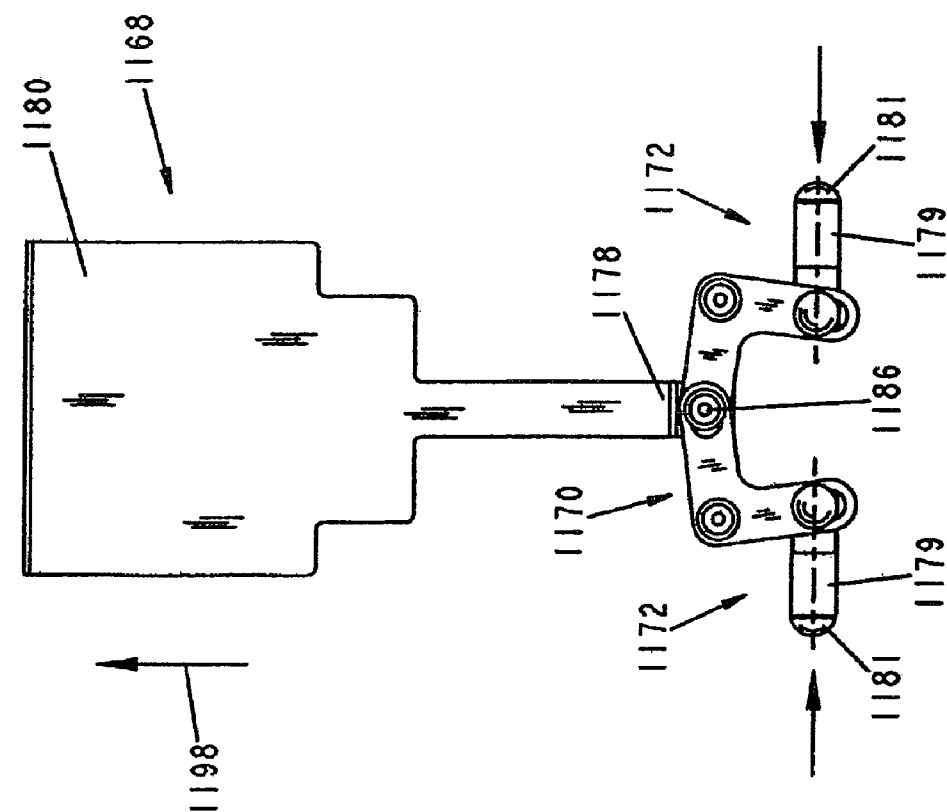


FIG. 52

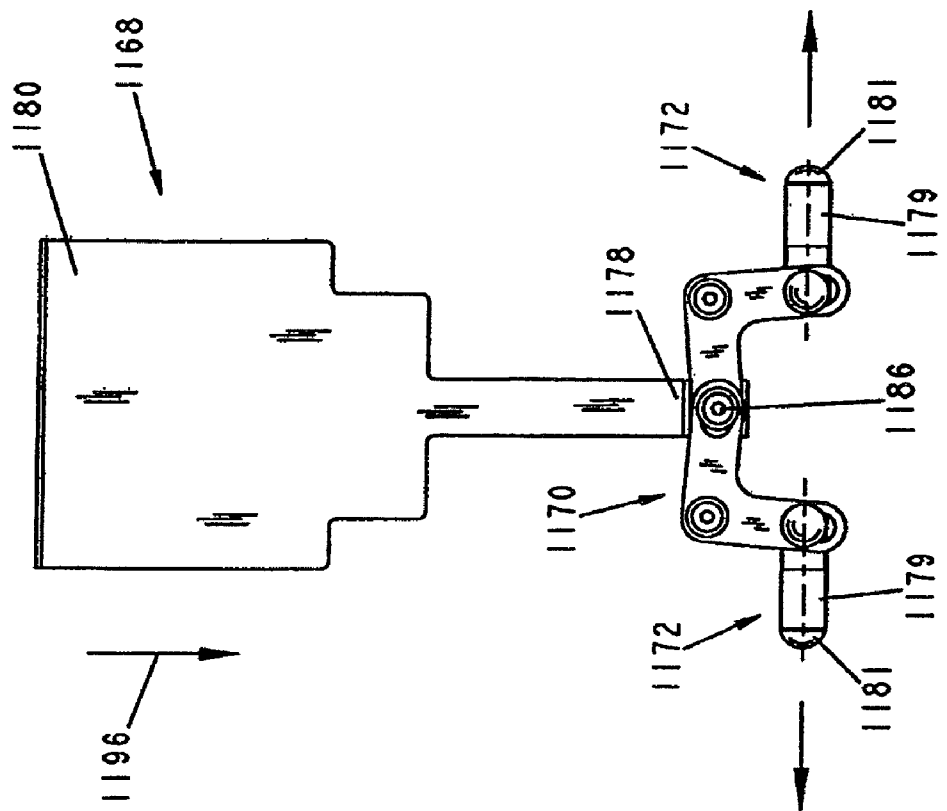


FIG. 53

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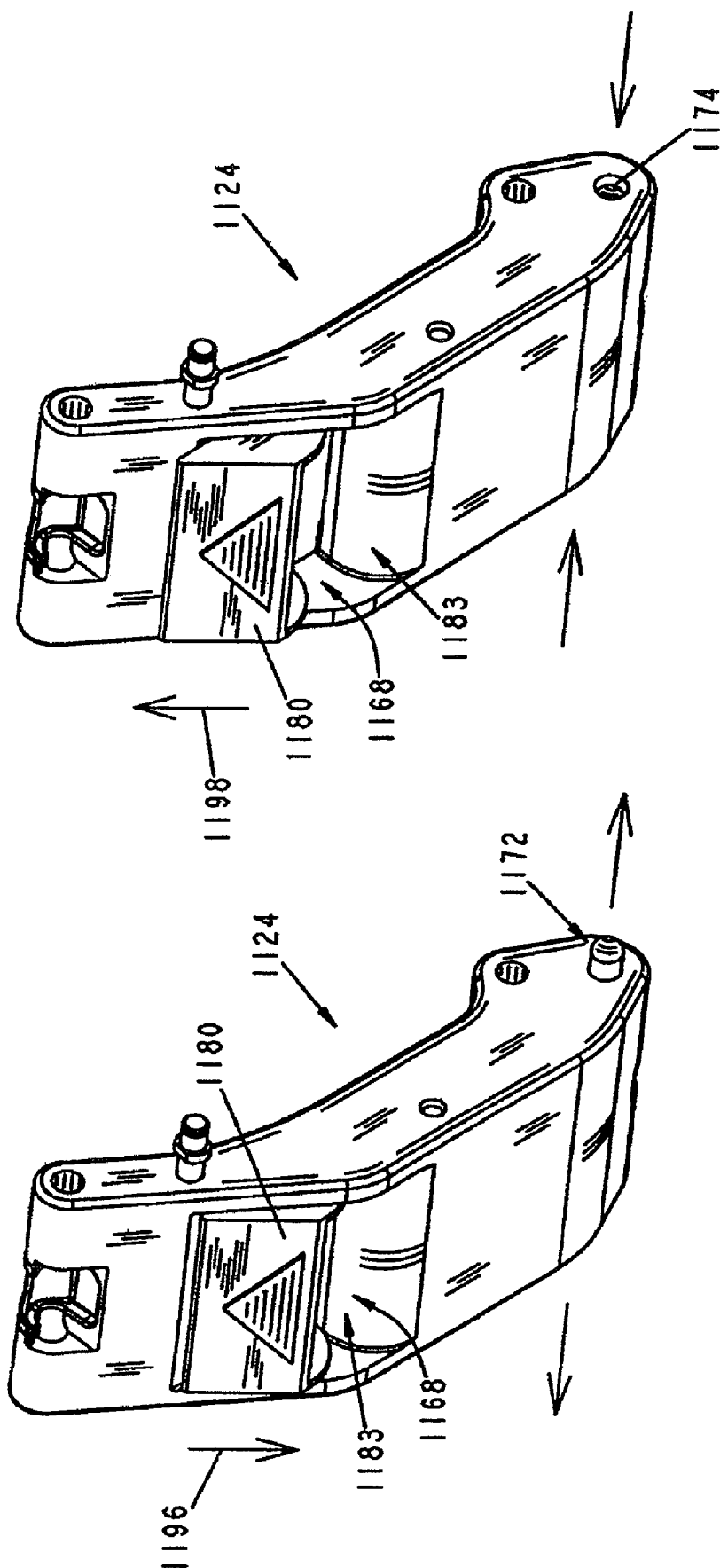


FIG. 55

FIG. 54

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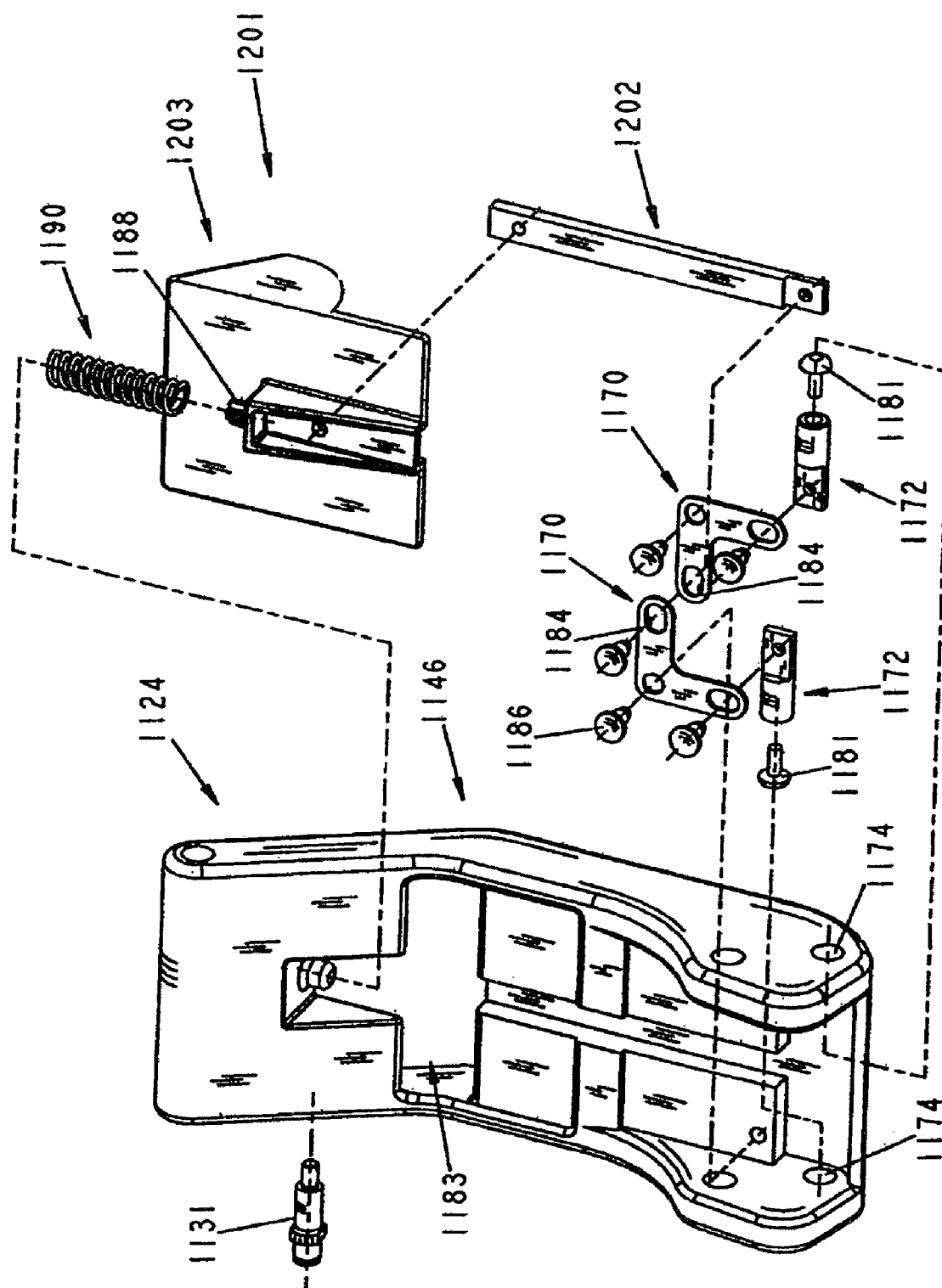


FIG. 56

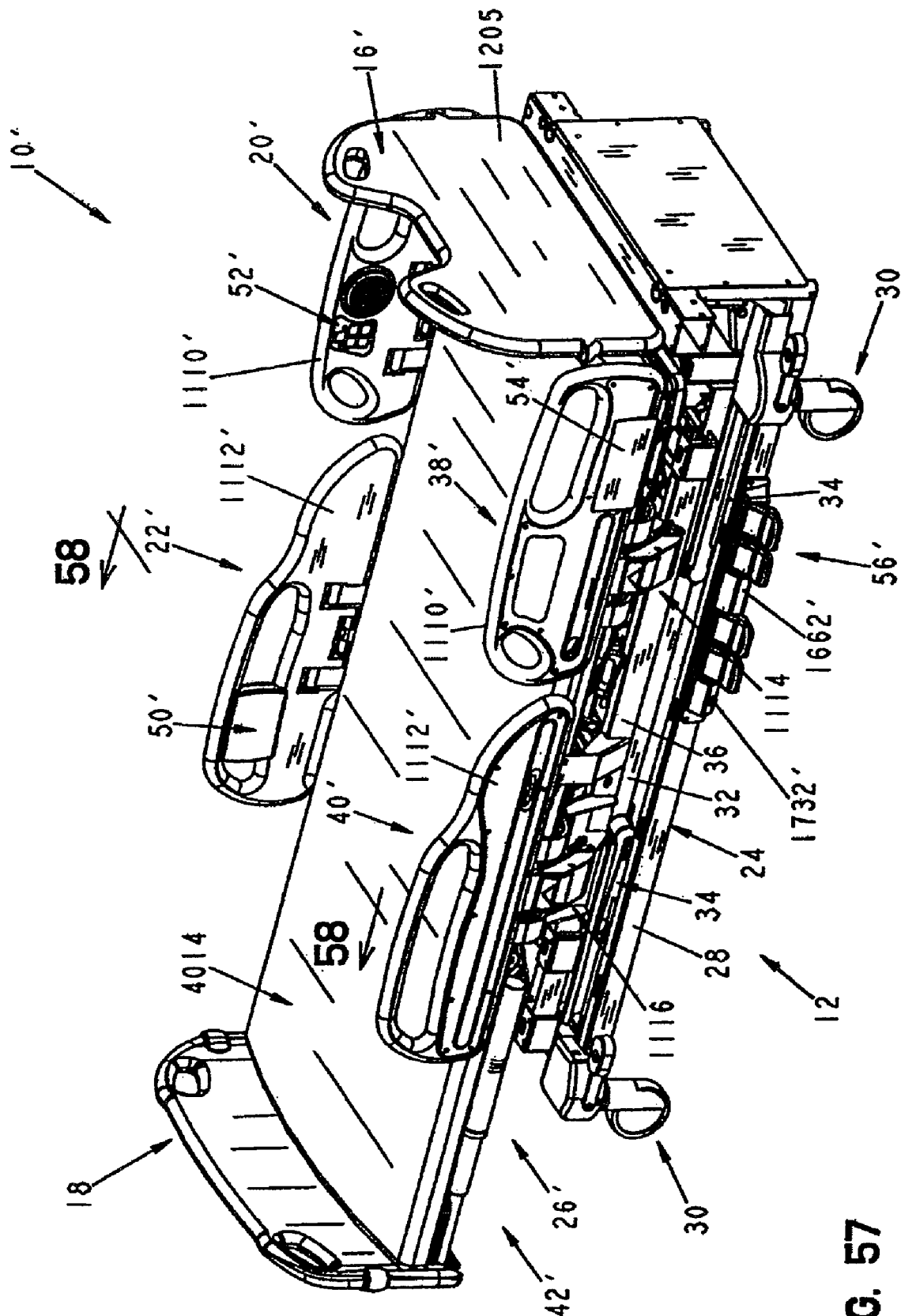


Fig. 57

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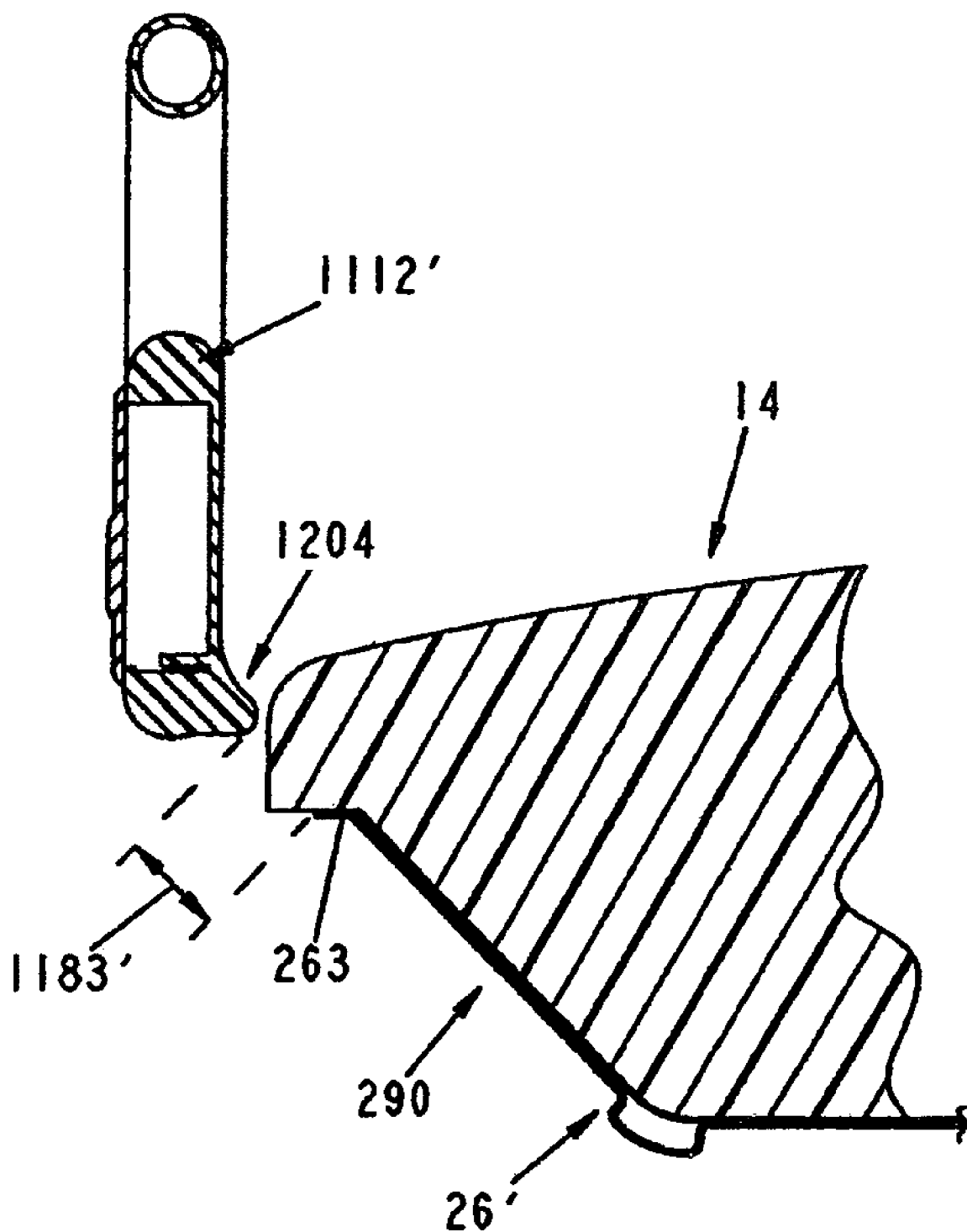


FIG. 58

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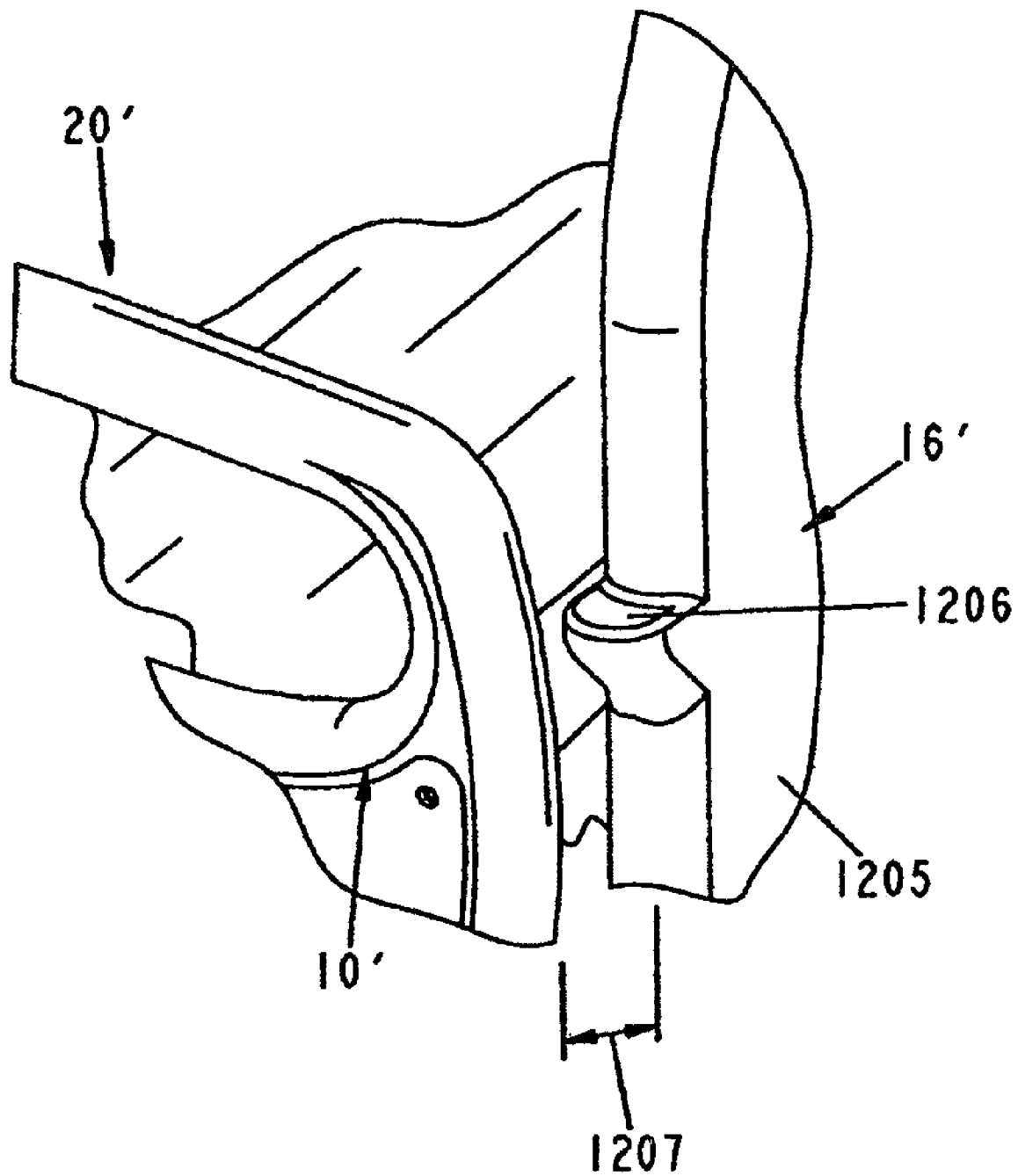


FIG. 59

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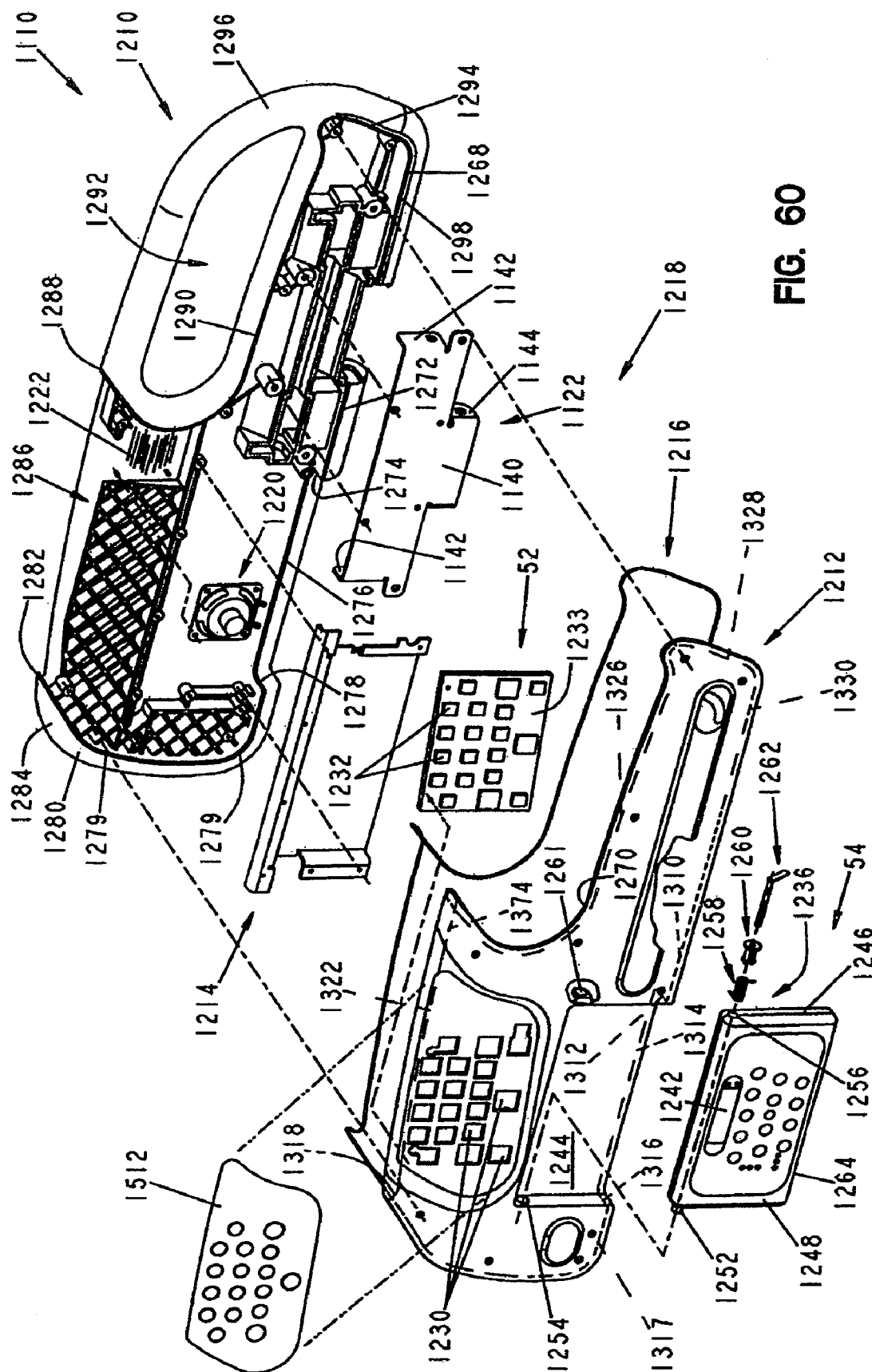


FIG. 60

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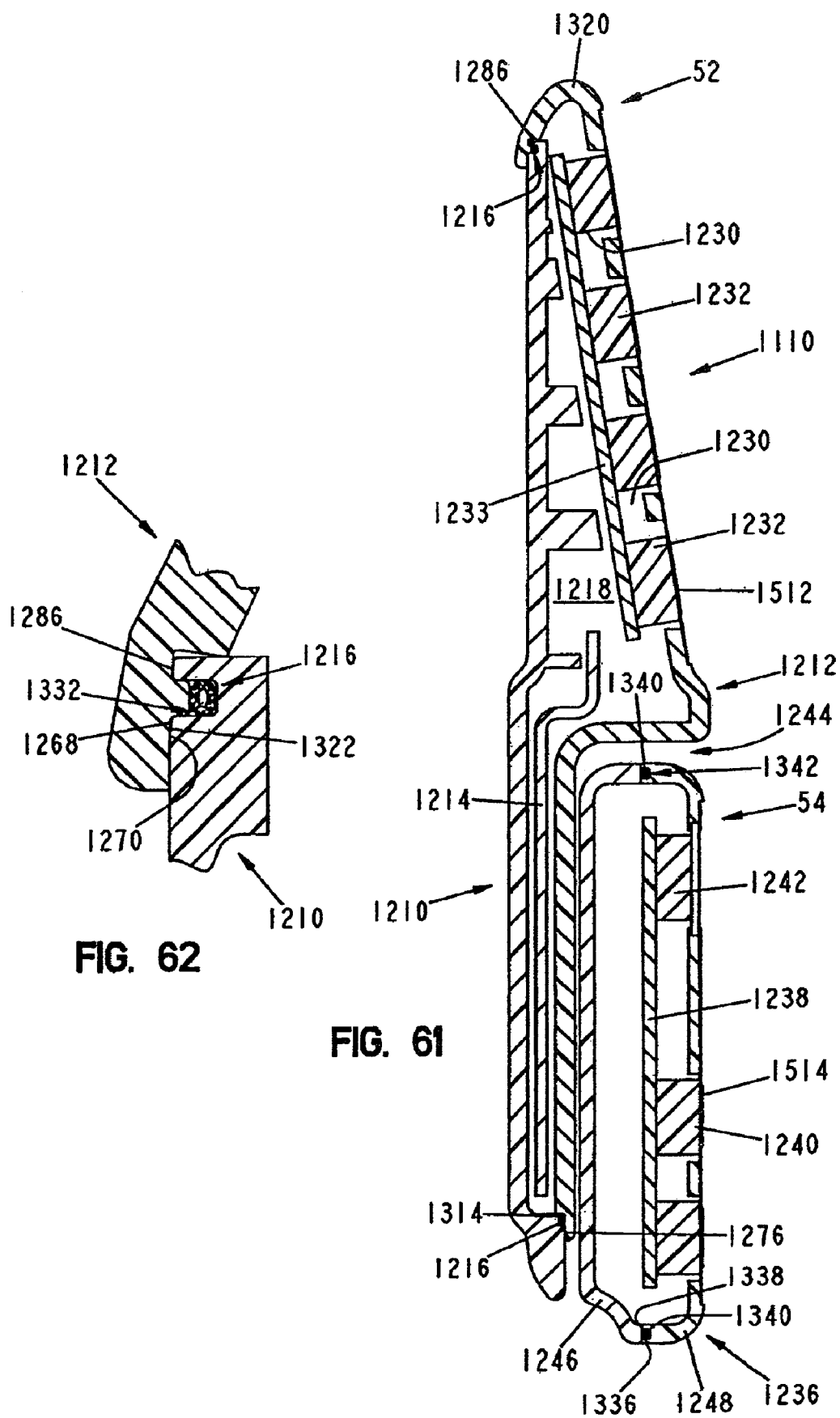


FIG. 62

FIG. 61

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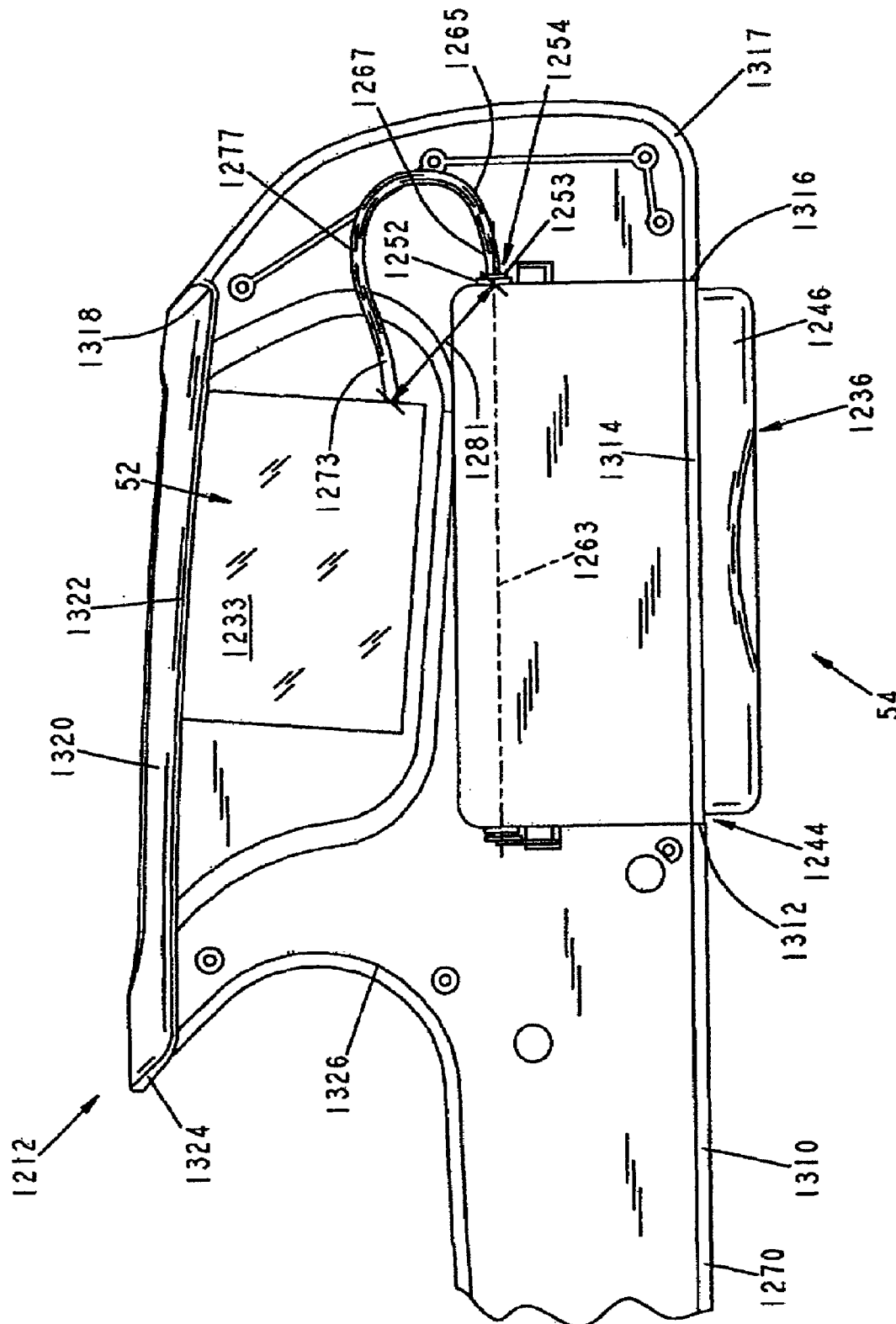


FIG. 3

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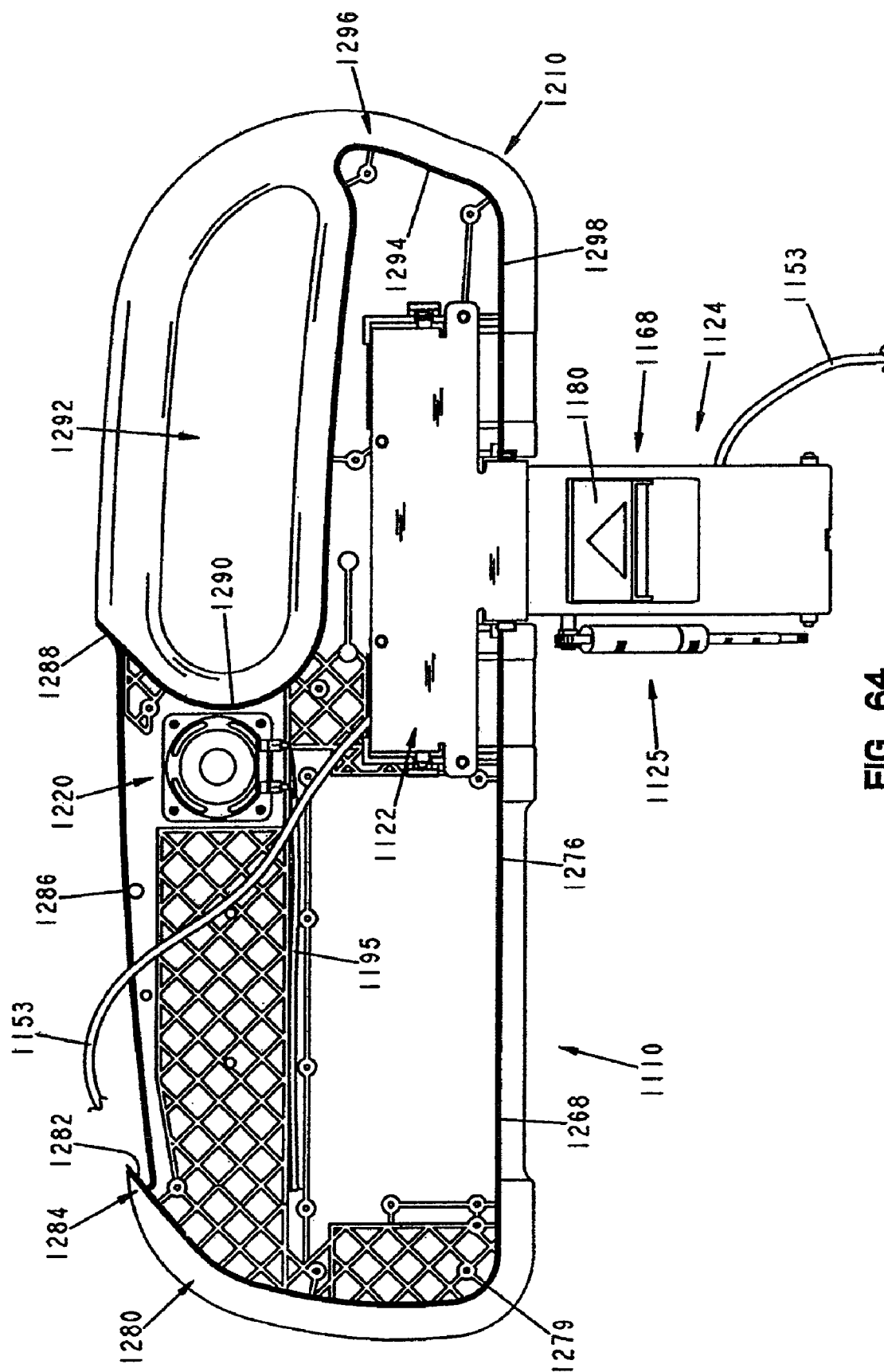


FIG. 64

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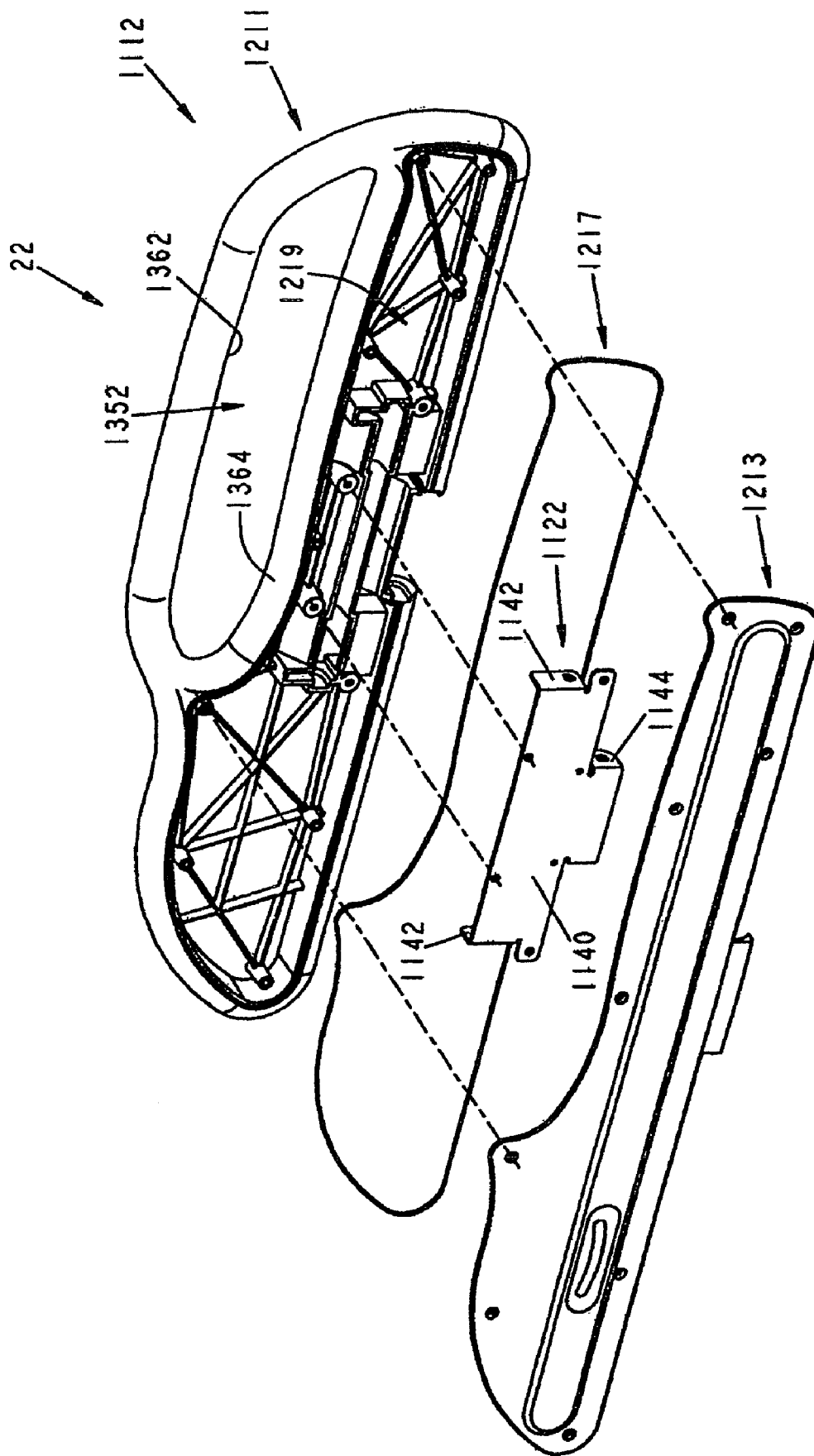


FIG. 65

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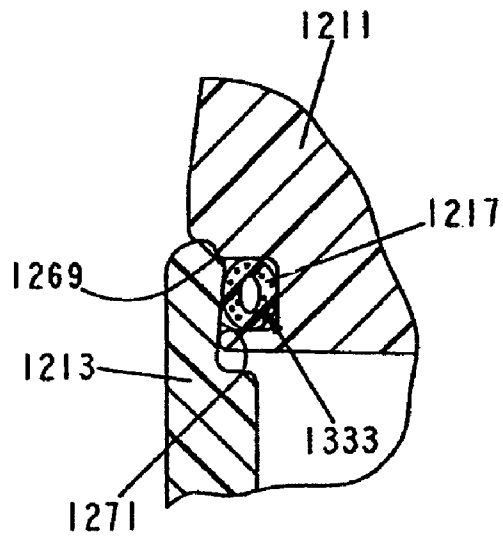


FIG. 67

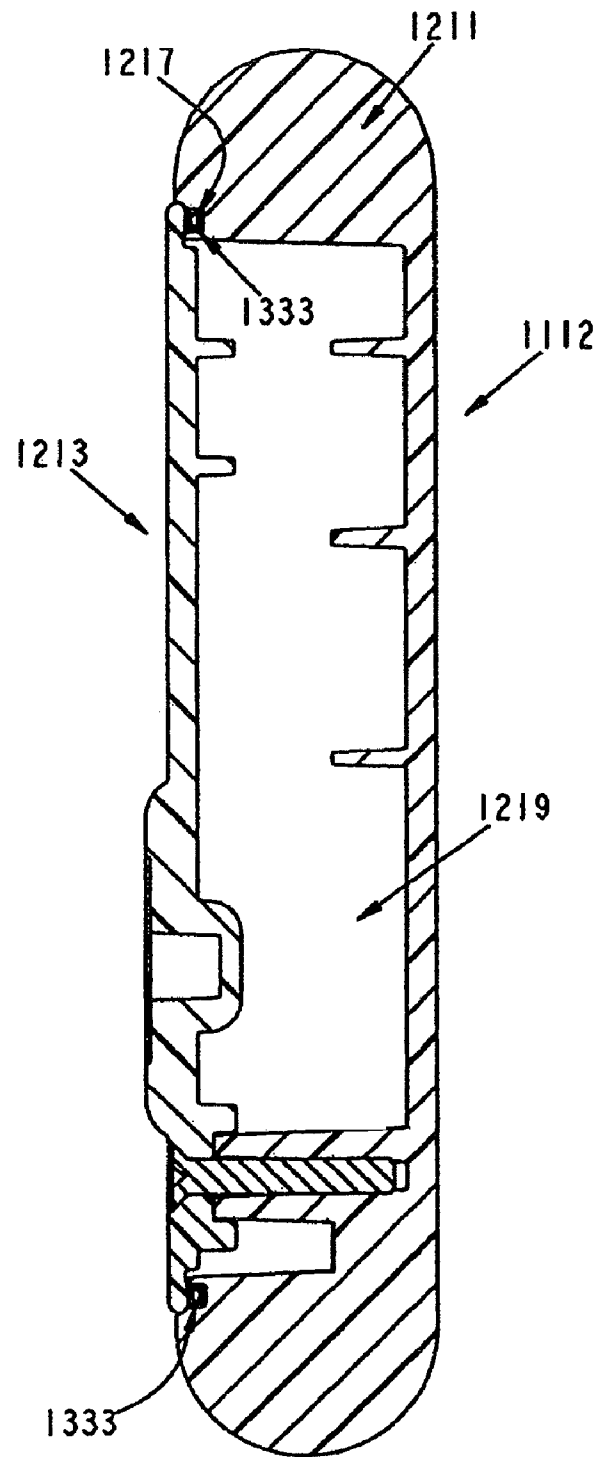


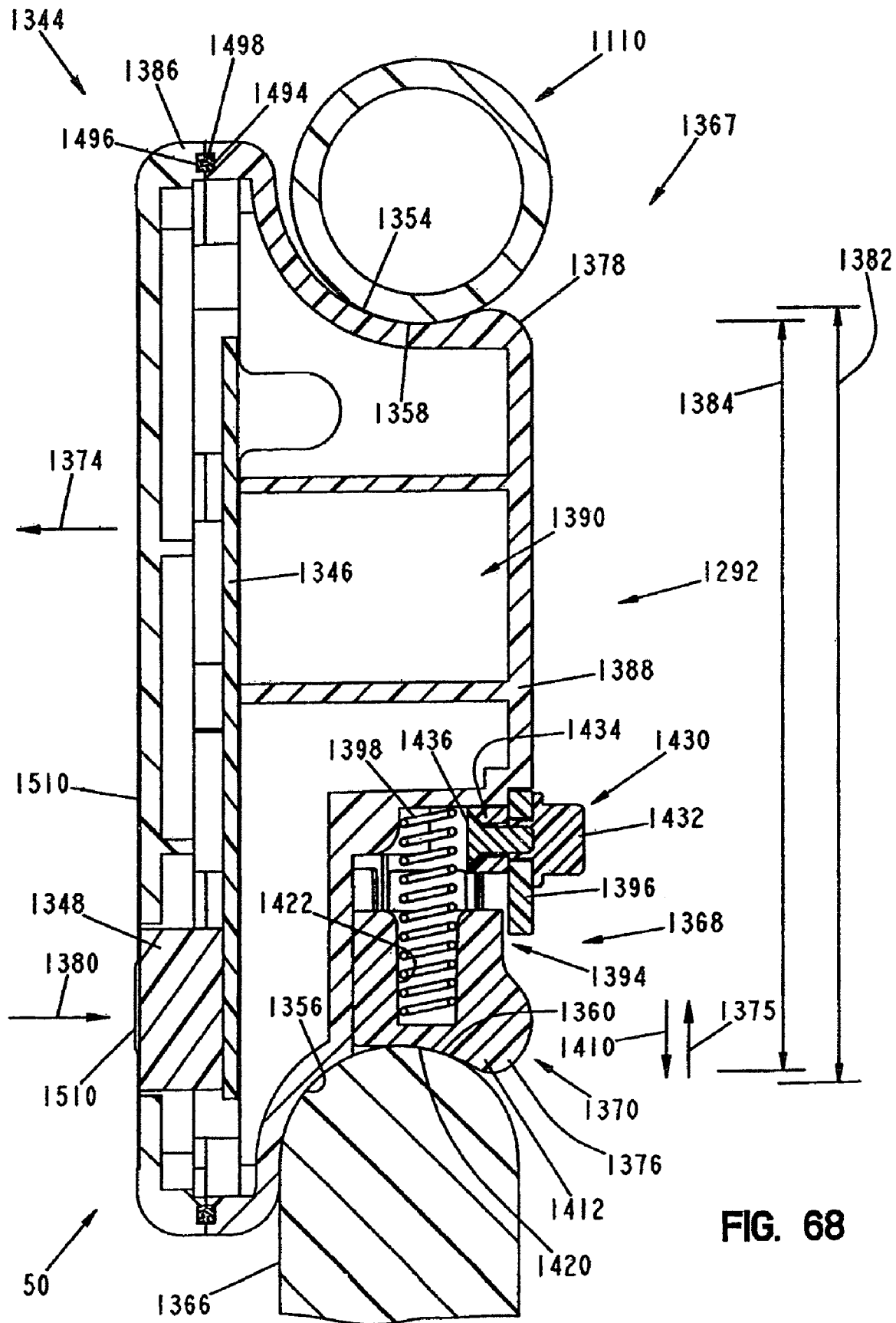
FIG. 66

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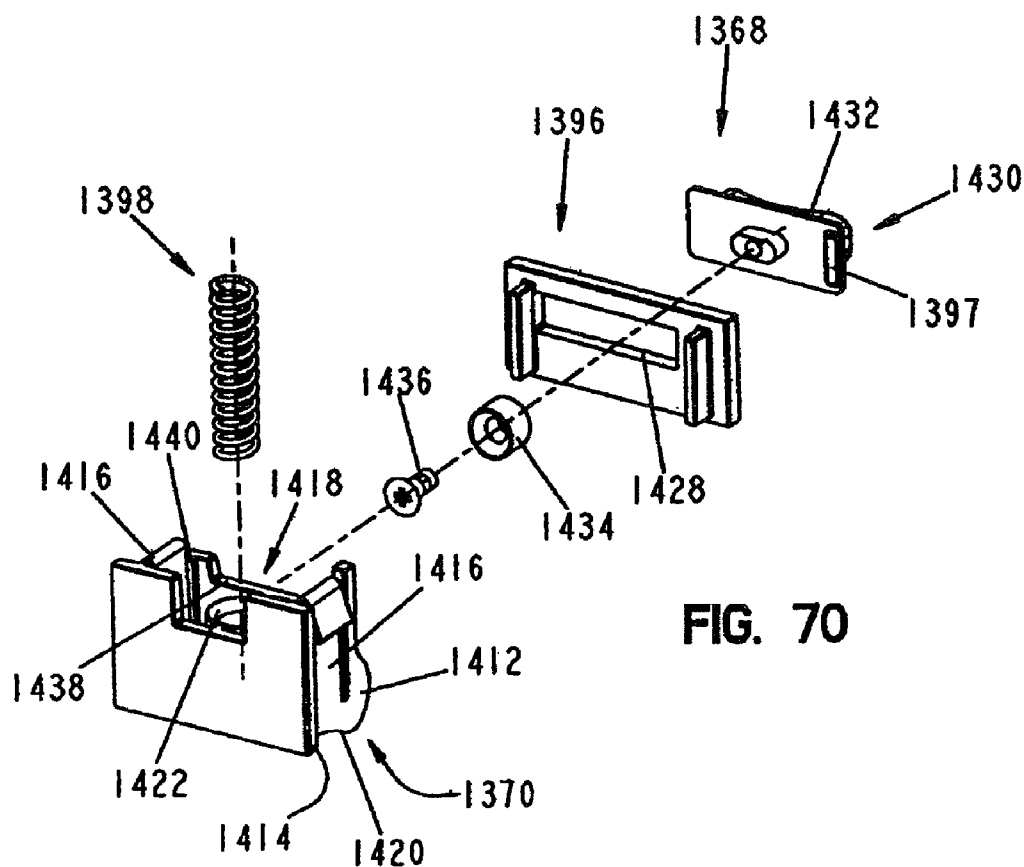


FIG. 70

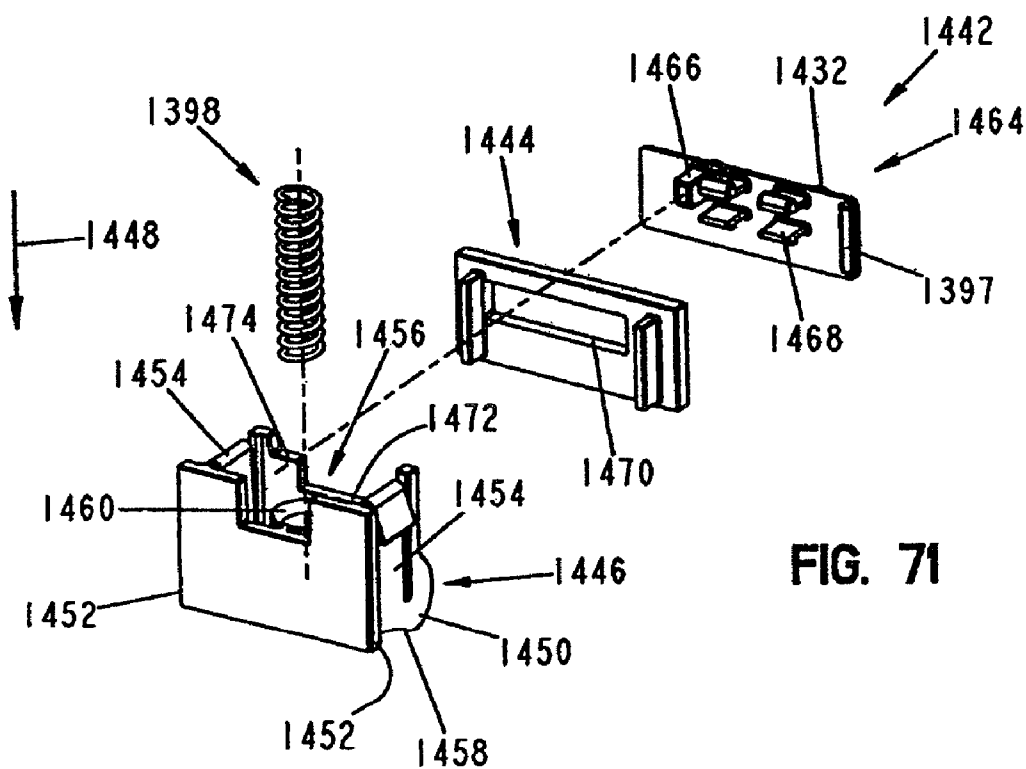


FIG. 71

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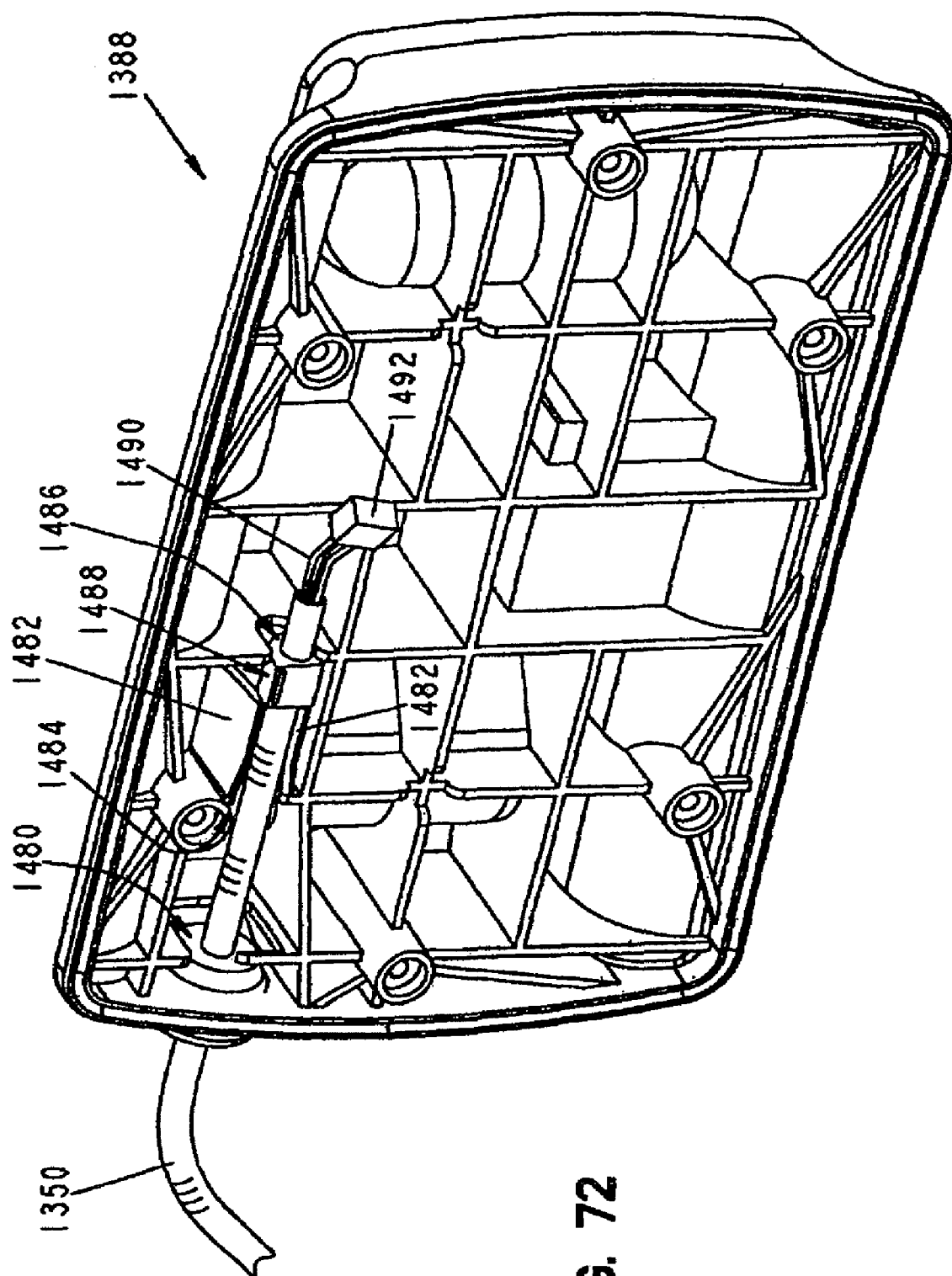


FIG. 72

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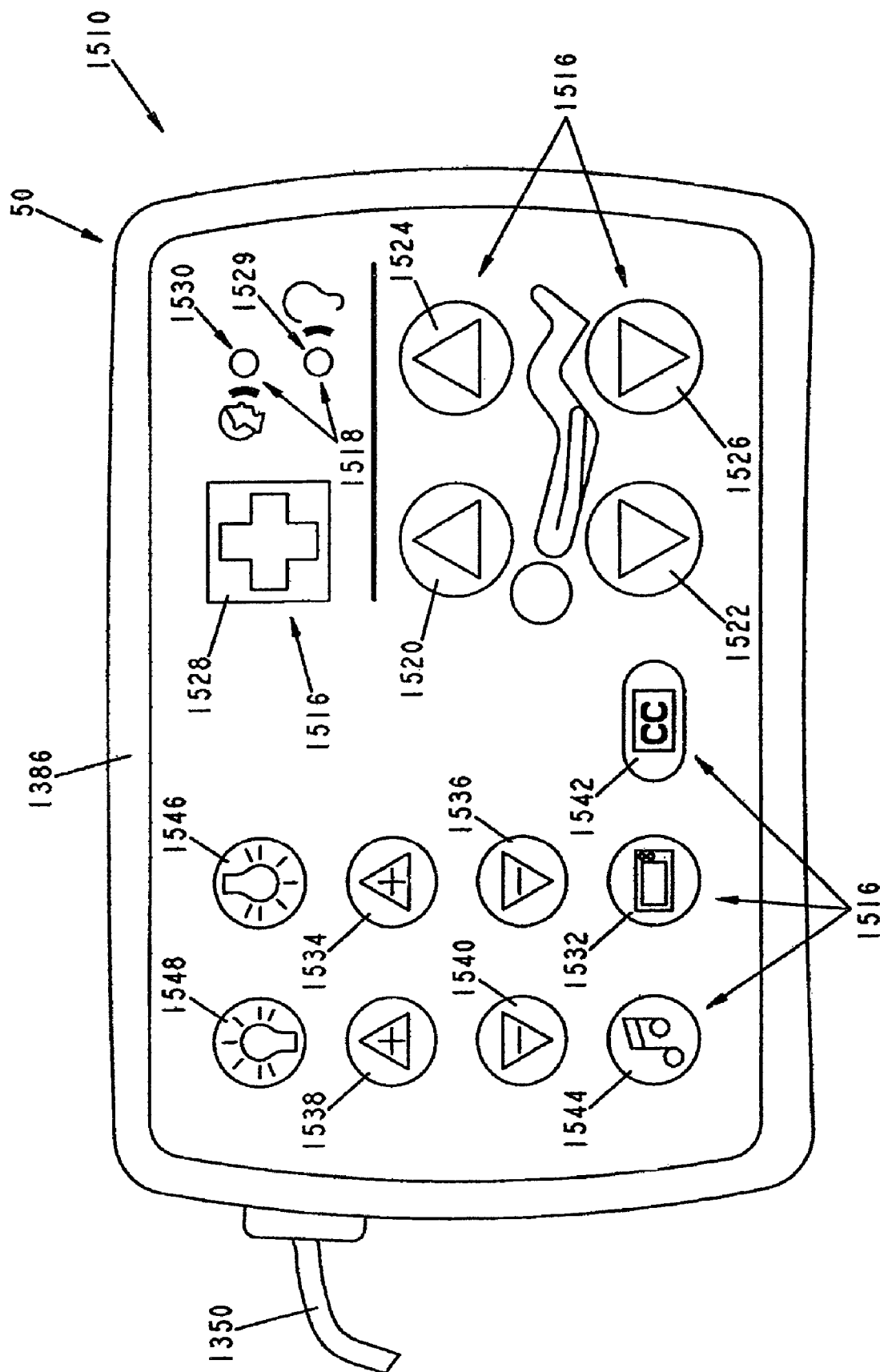


FIG. 73

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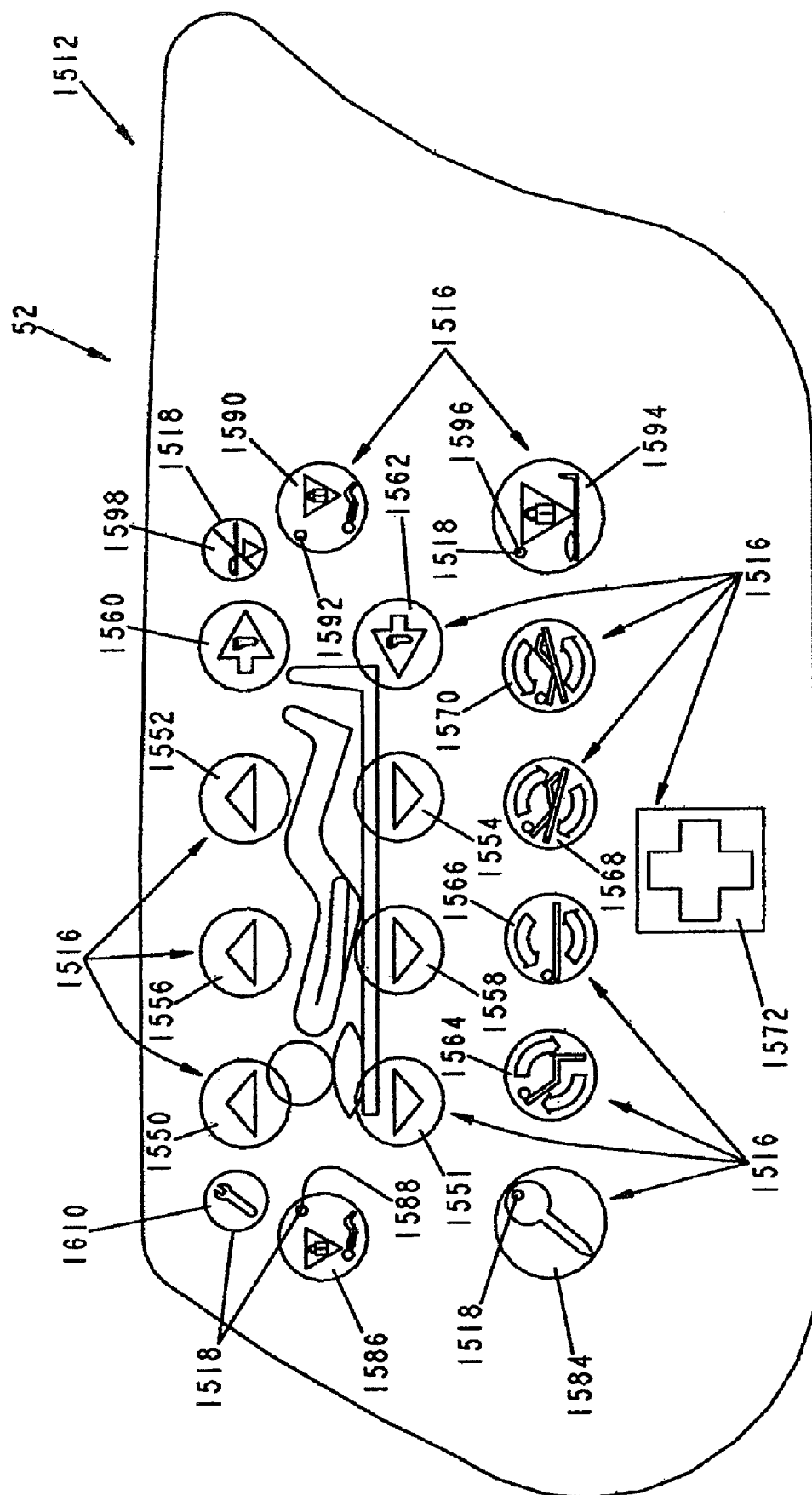
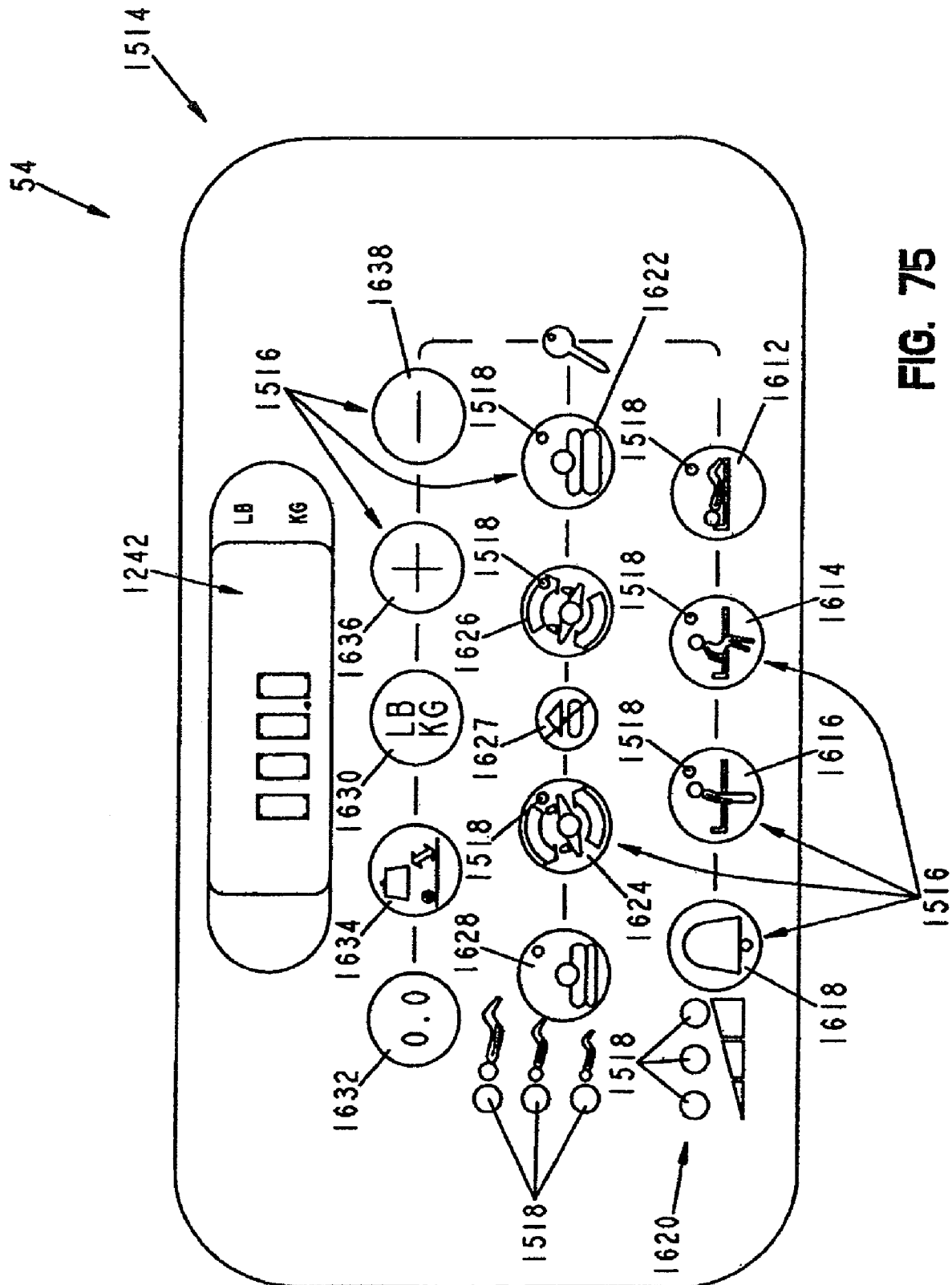


FIG. 74



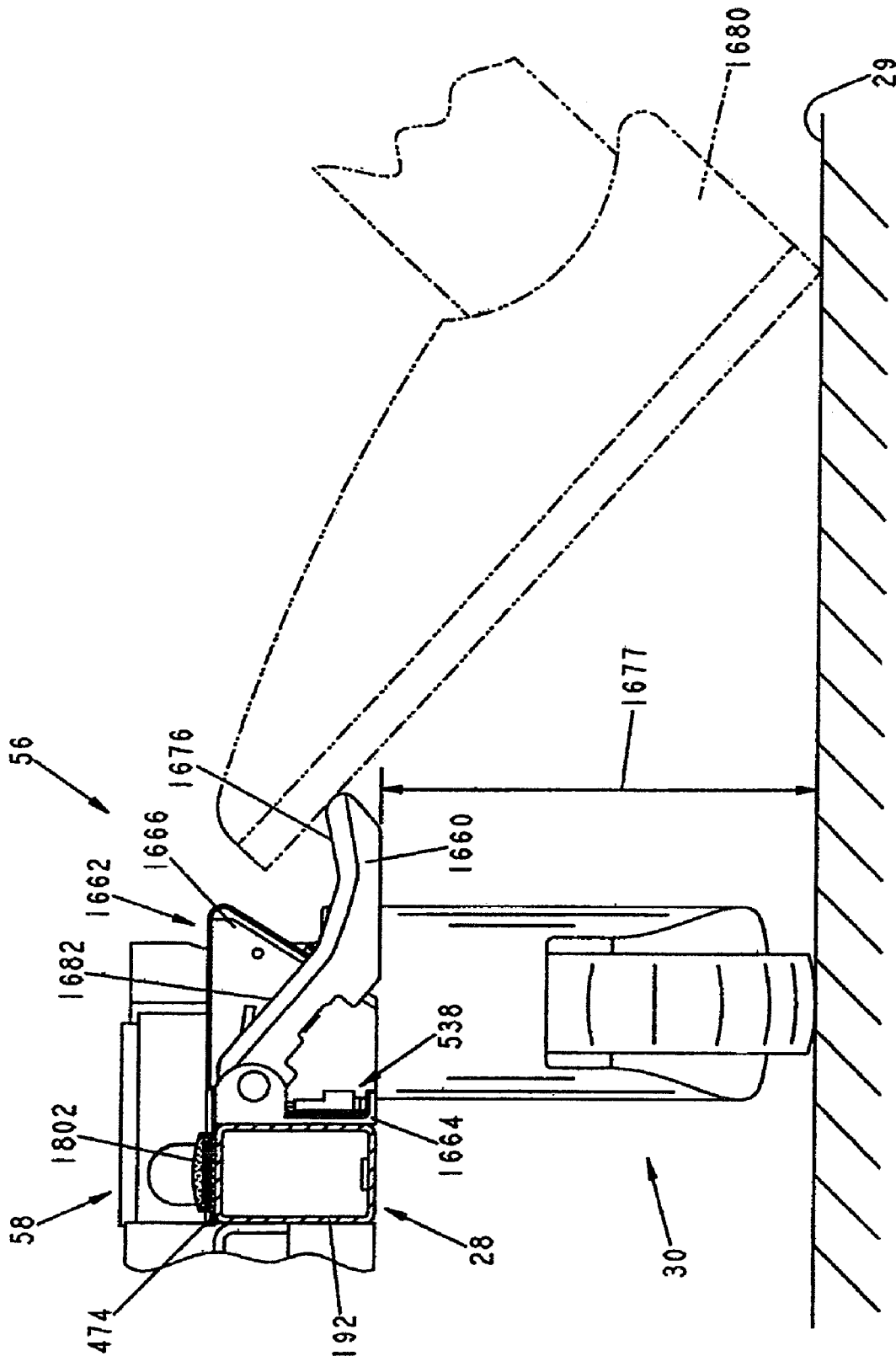


FIG. 76

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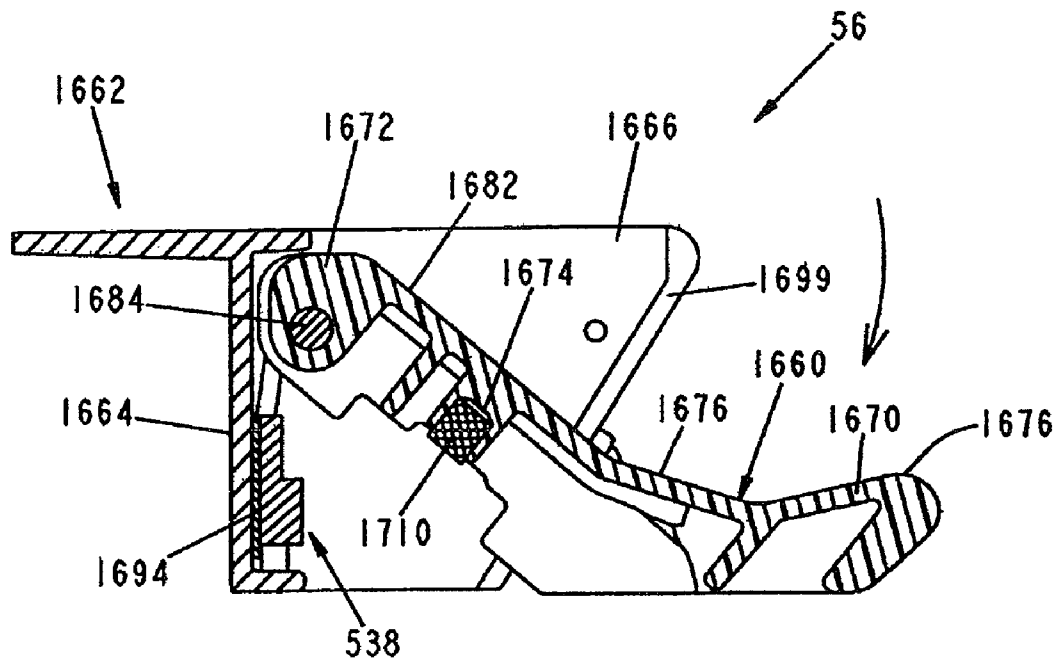


FIG. 77

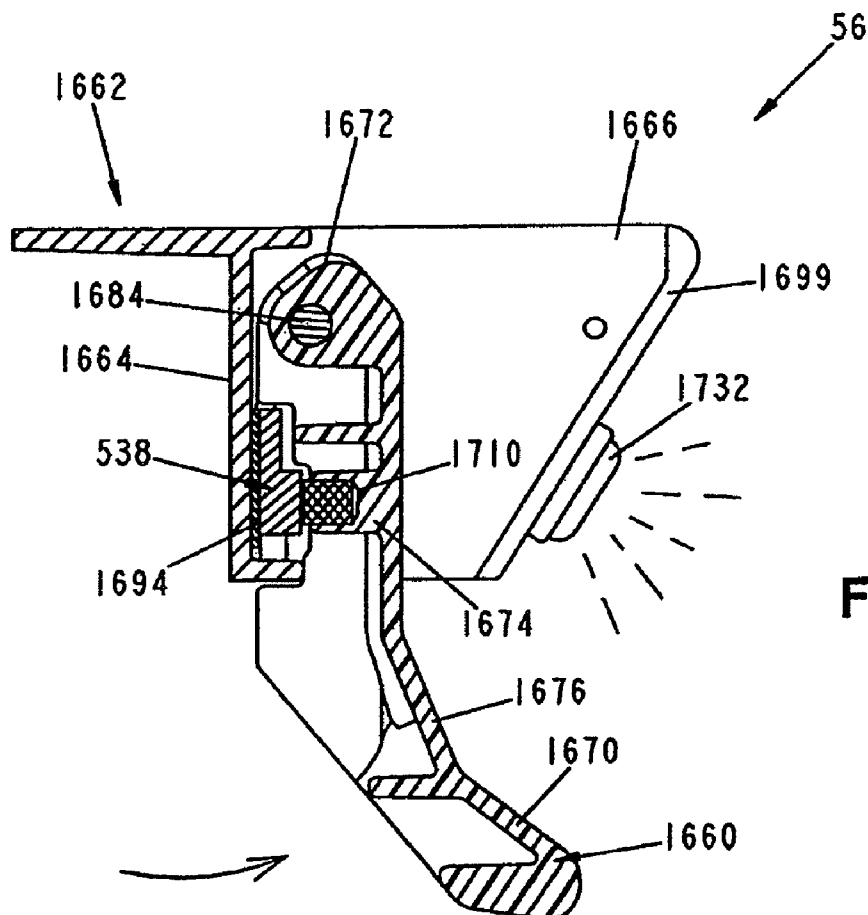


FIG. 78

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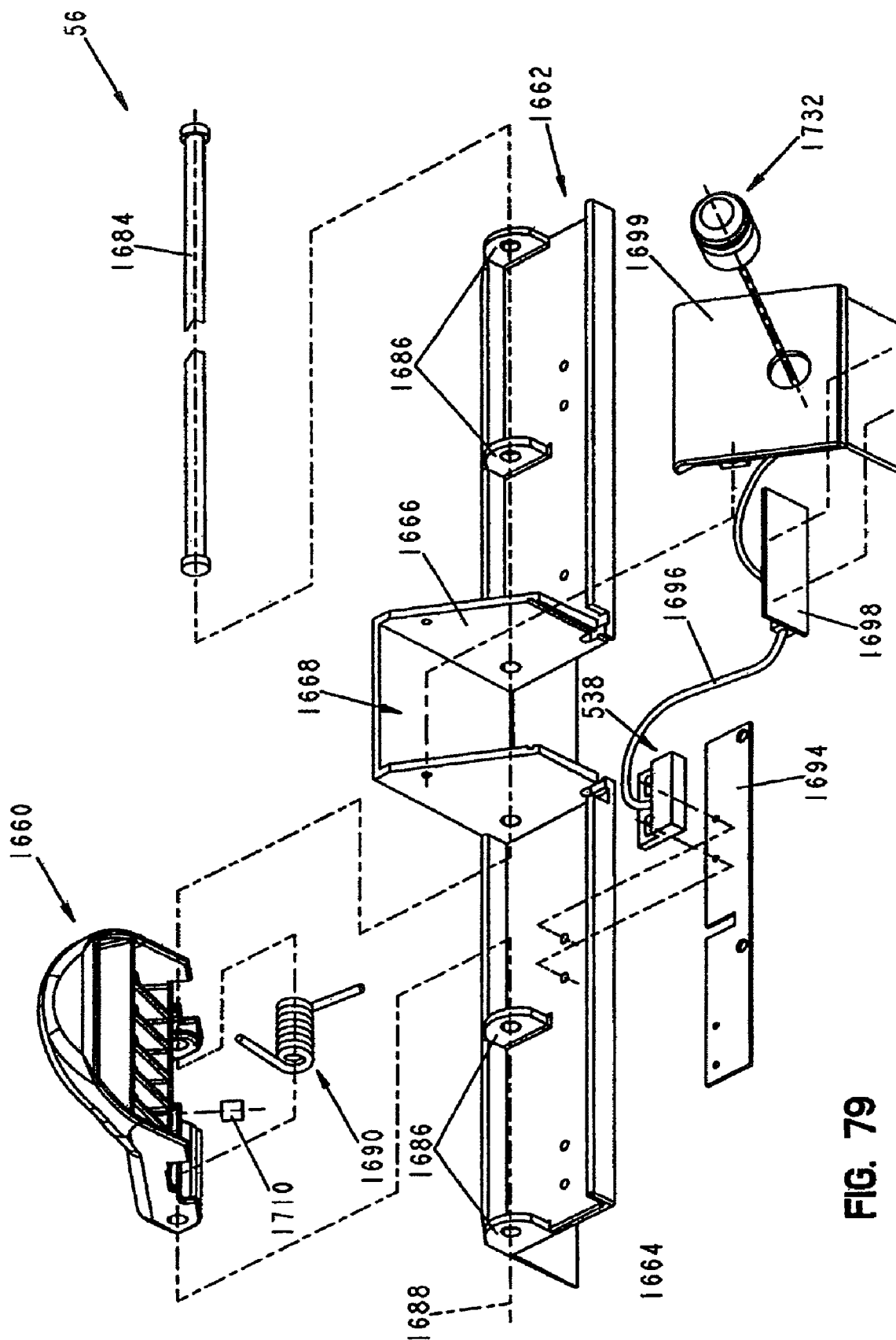


FIG. 79

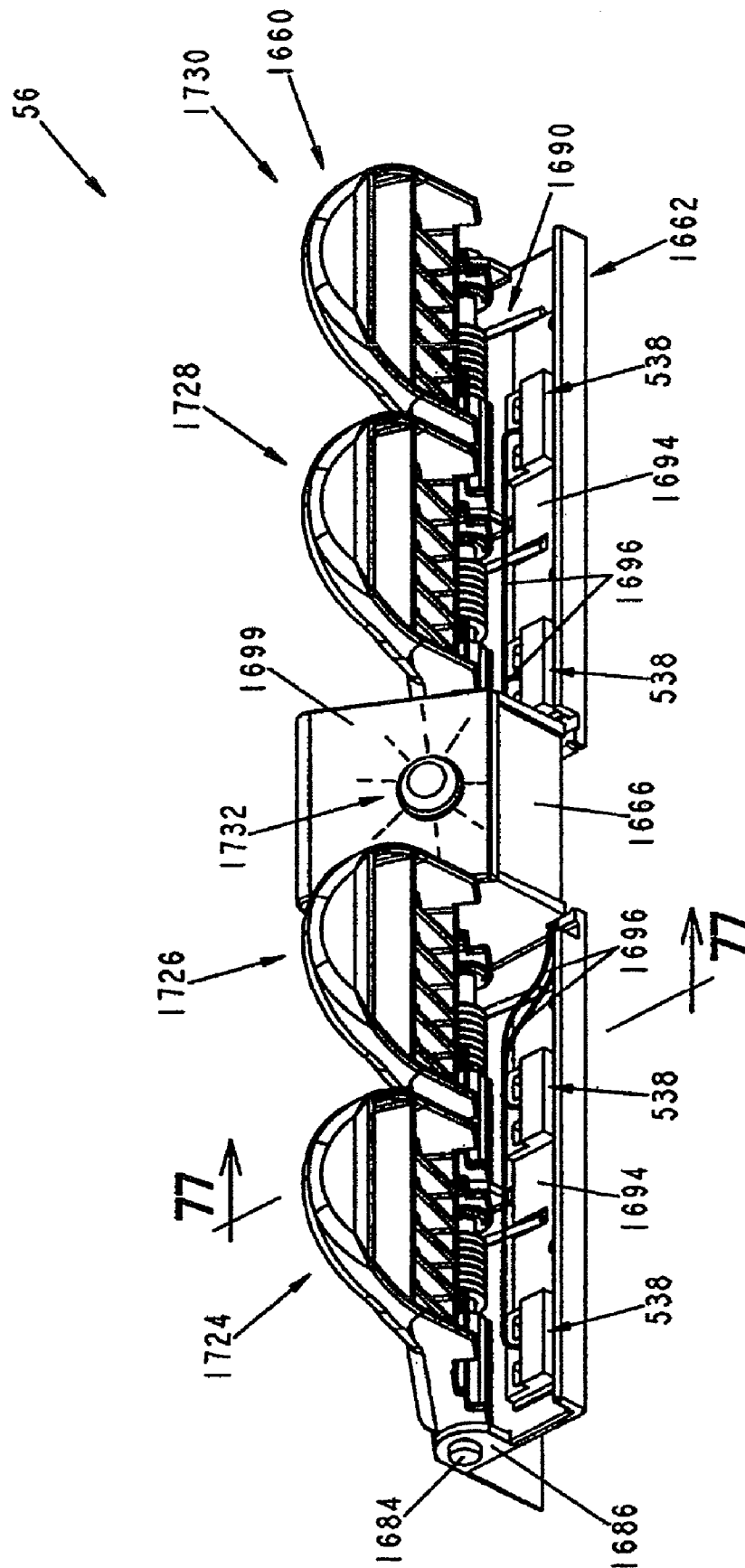


FIG. 80

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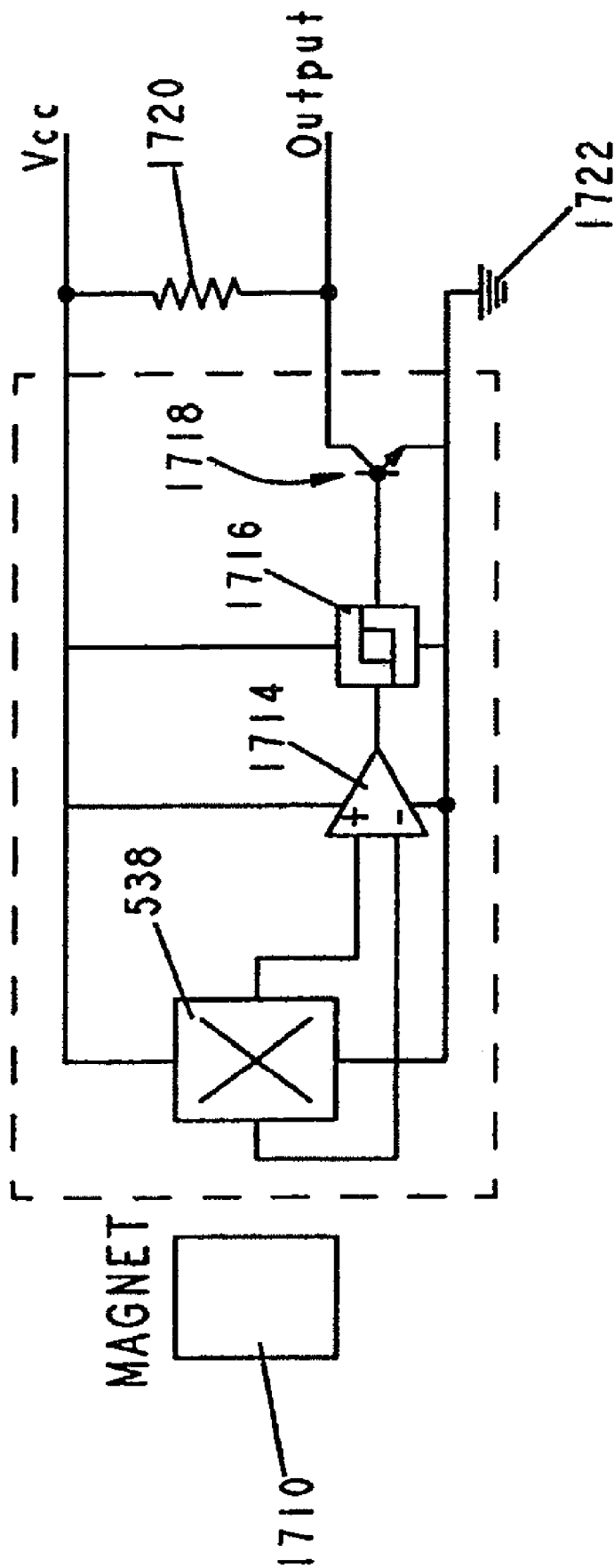


FIG. 81

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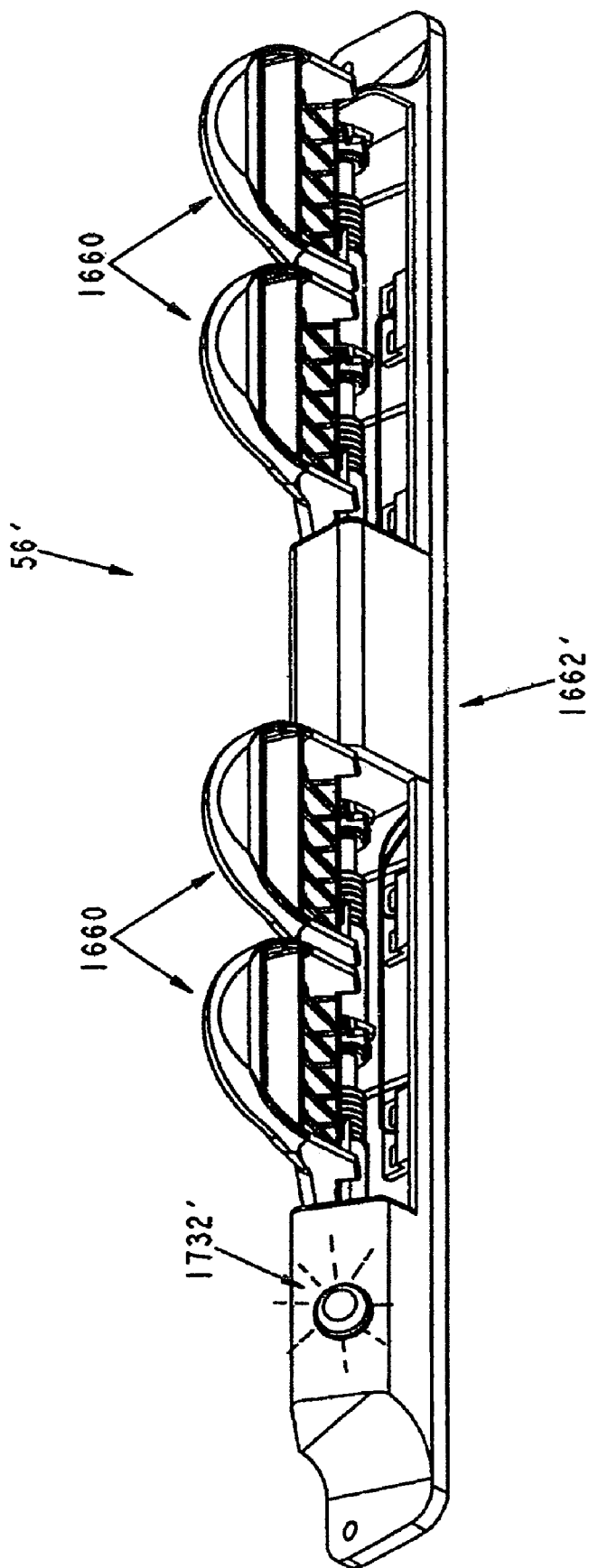


FIG. 82

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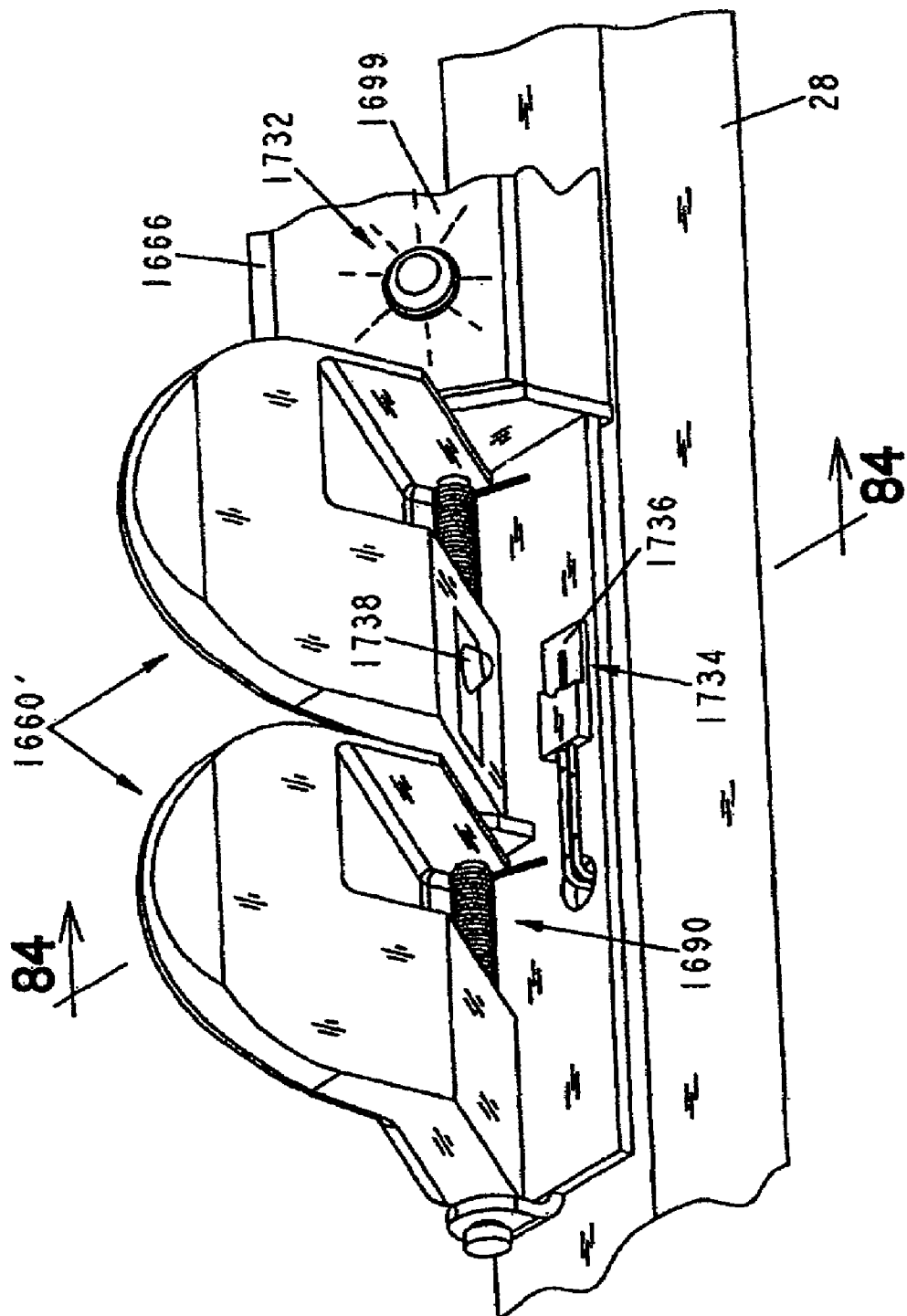


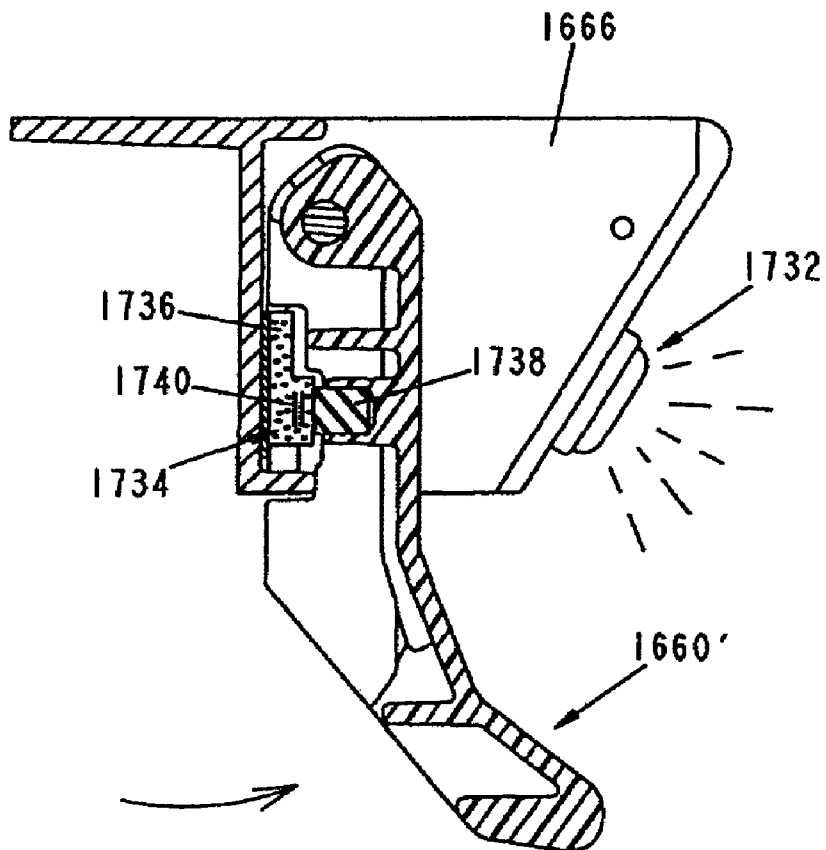
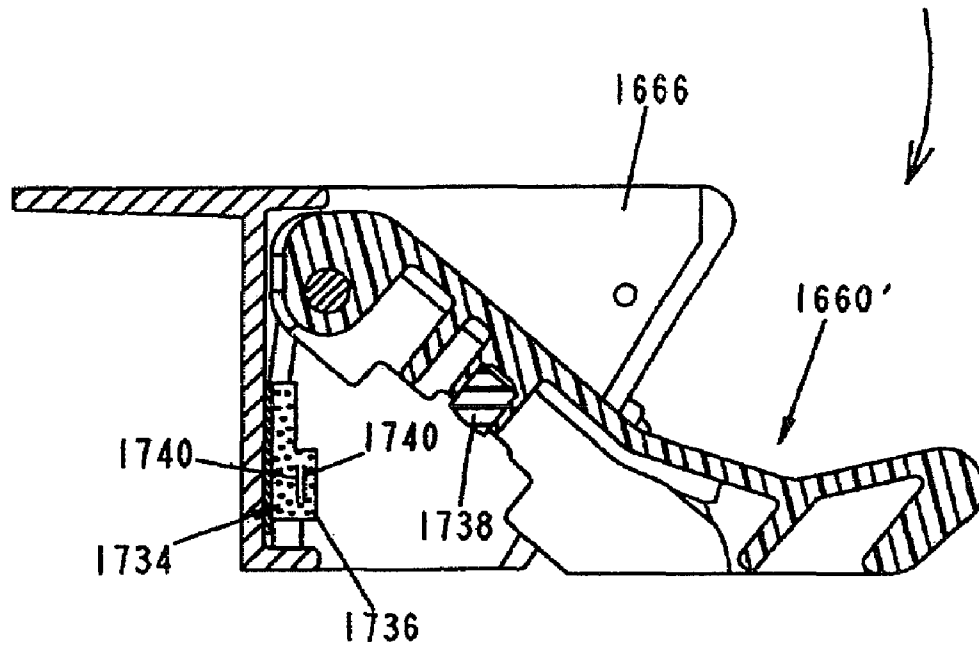
FIG. 83

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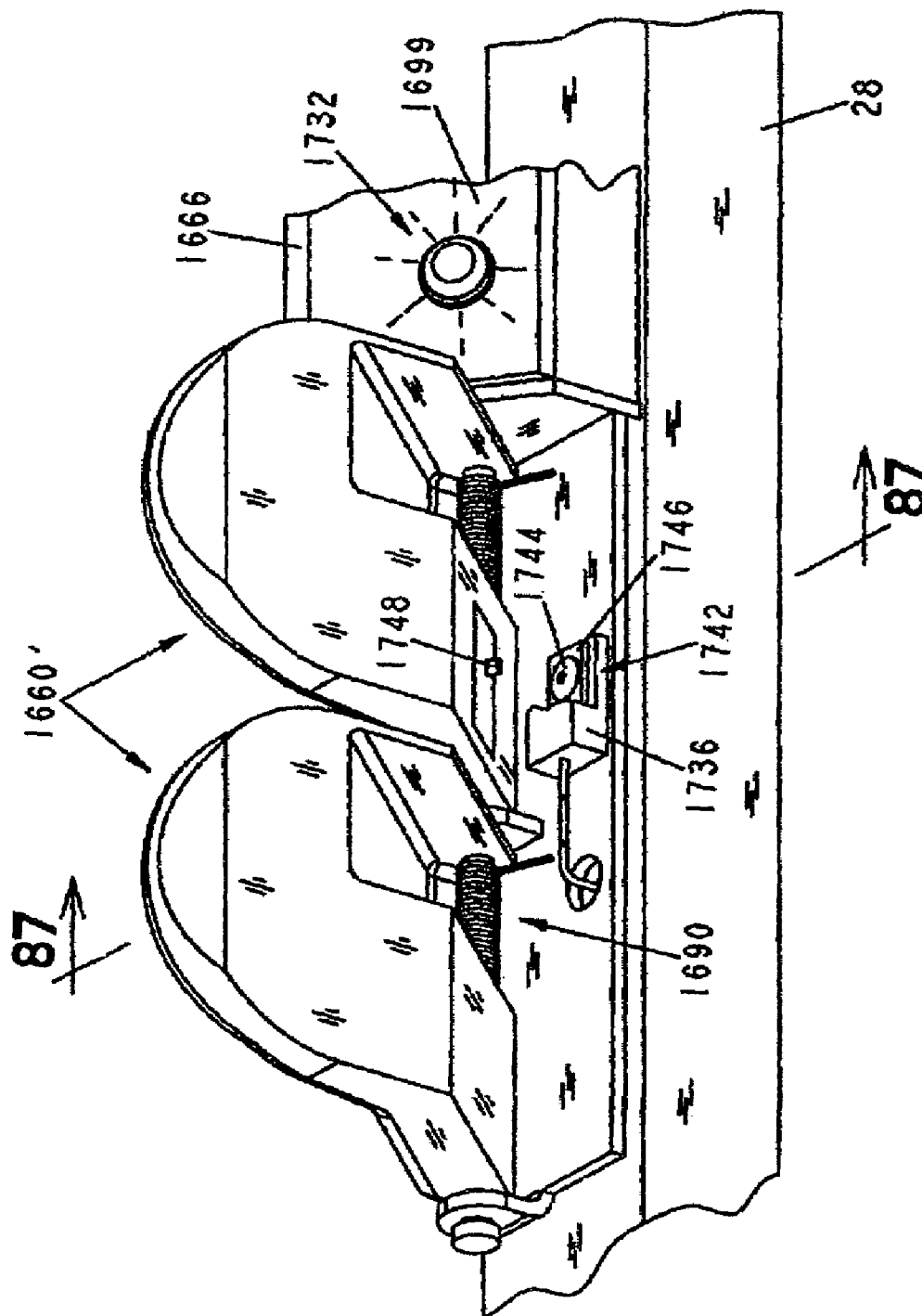


FIG. 86

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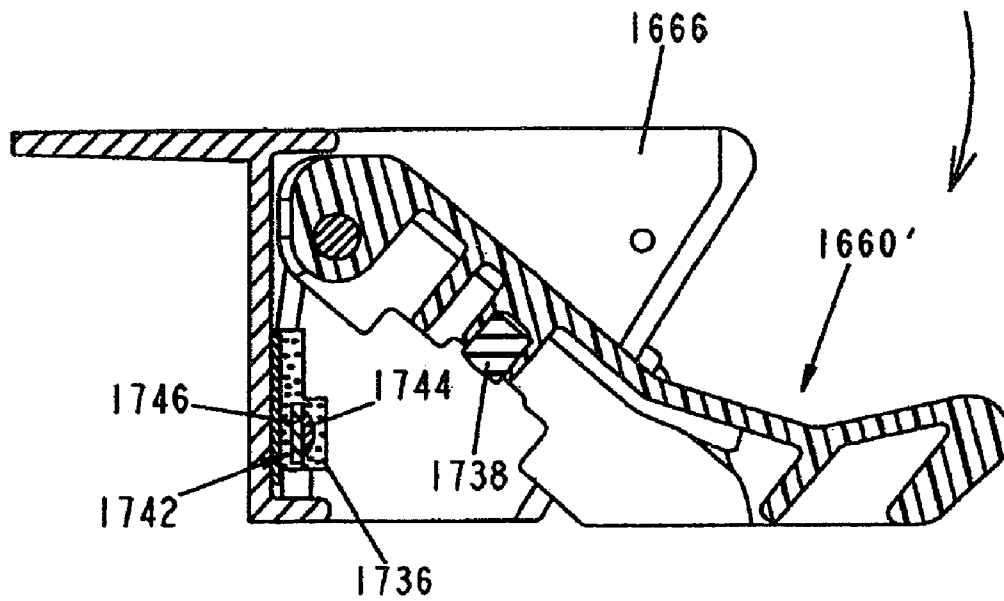


FIG. 87

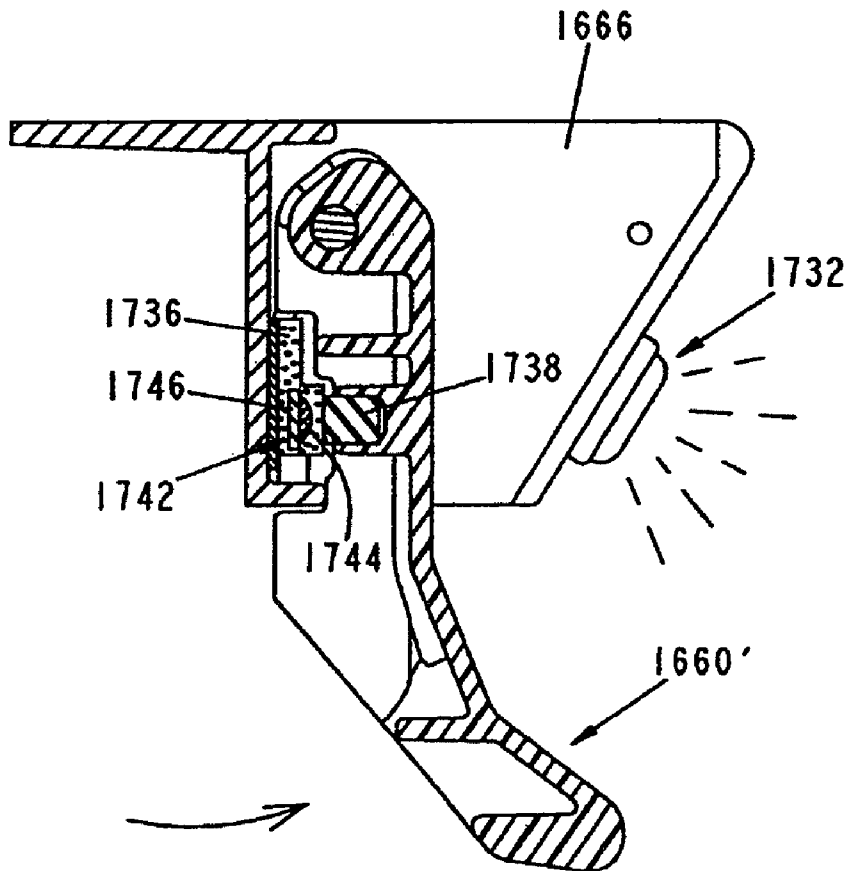


FIG. 88

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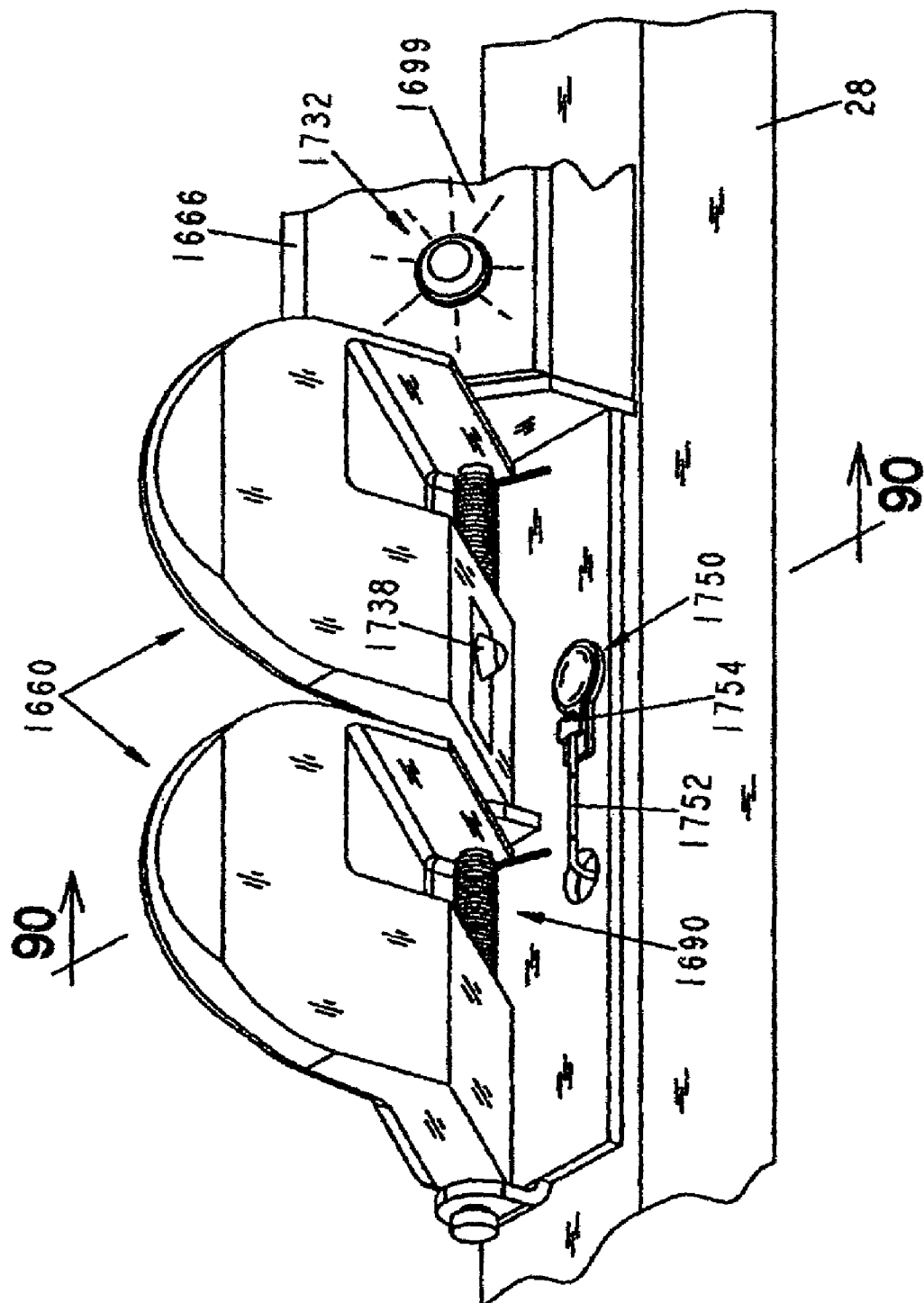


FIG. 89

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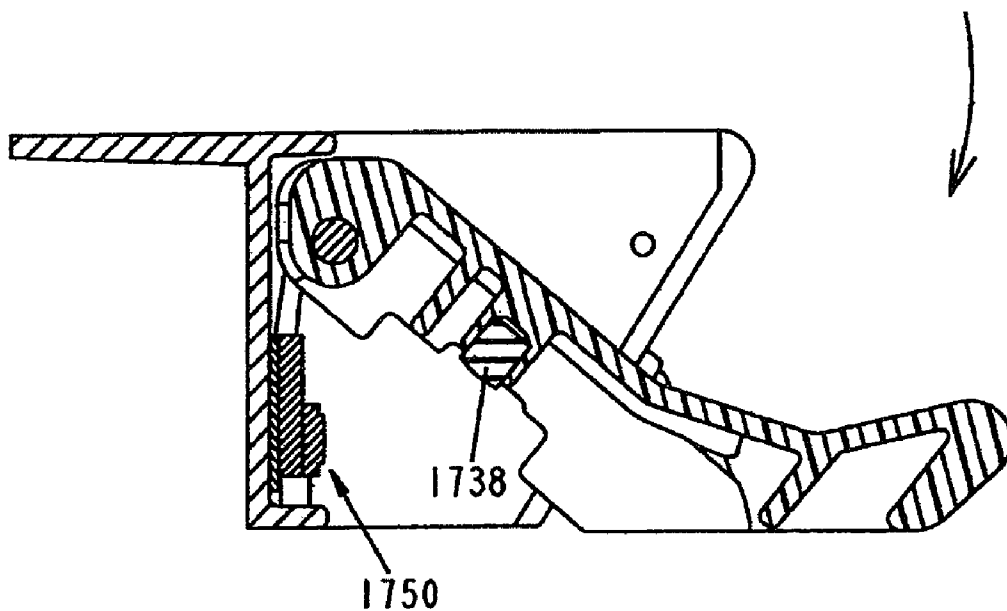


FIG. 90

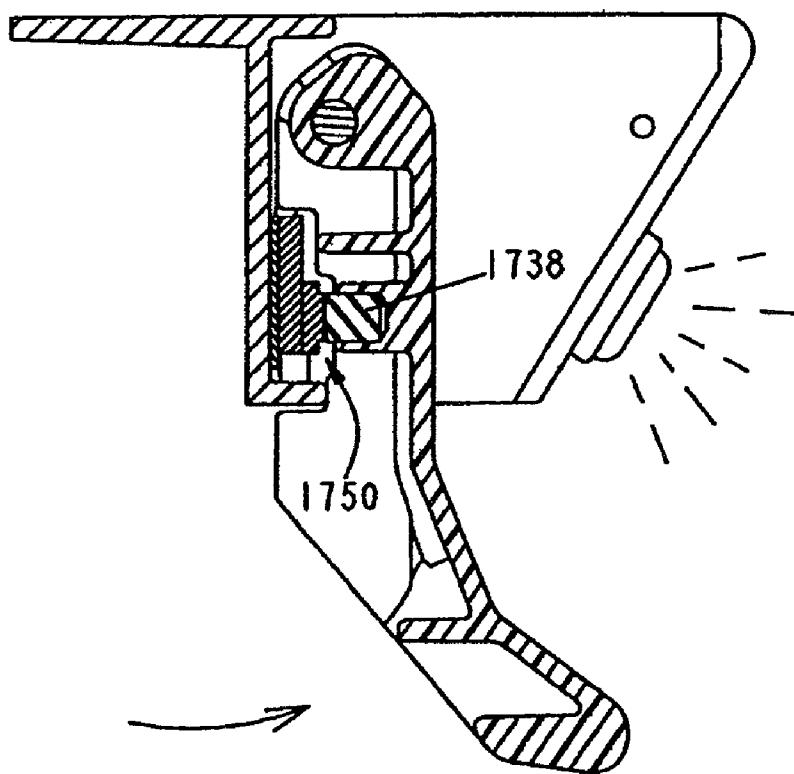


FIG. 91

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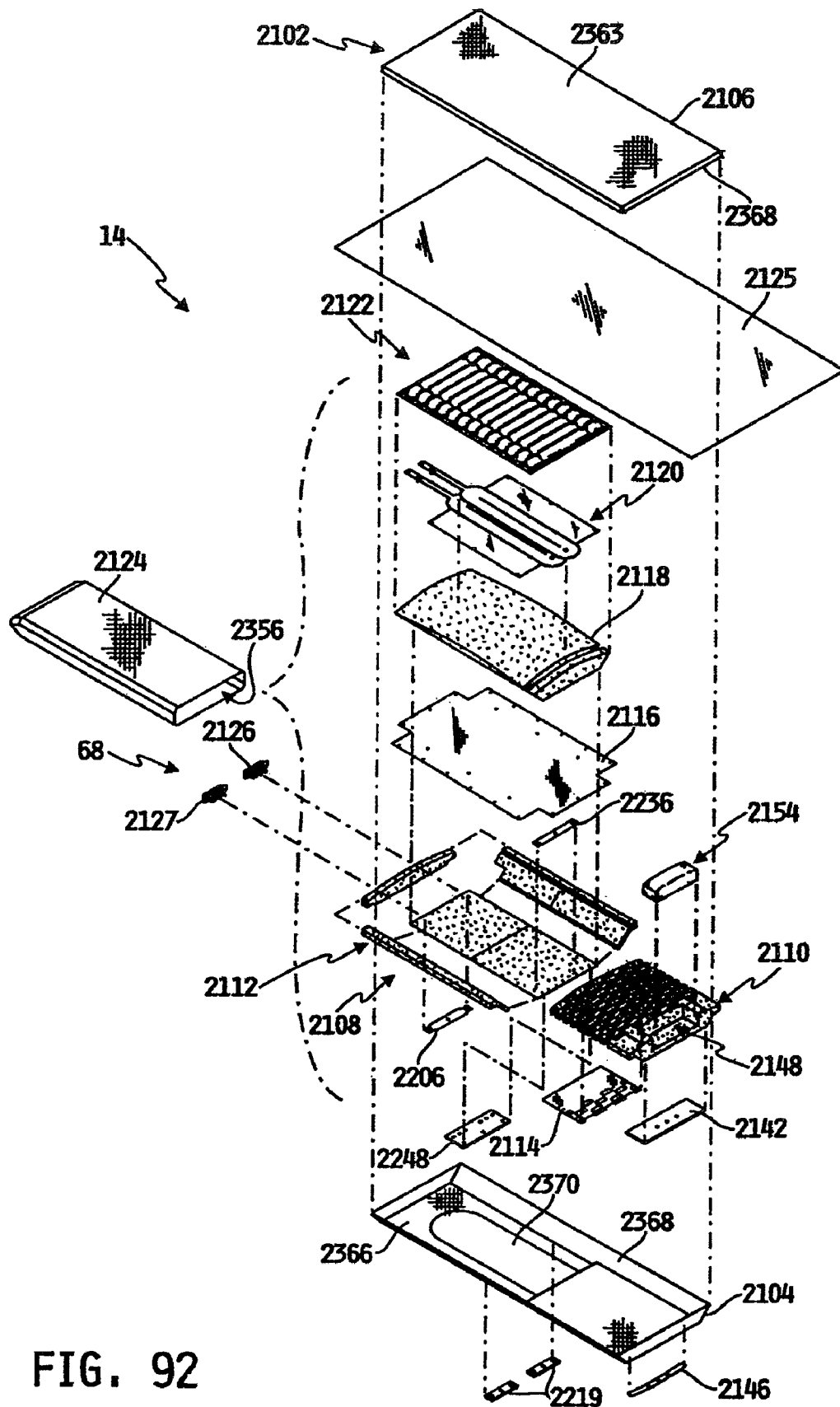


FIG. 92

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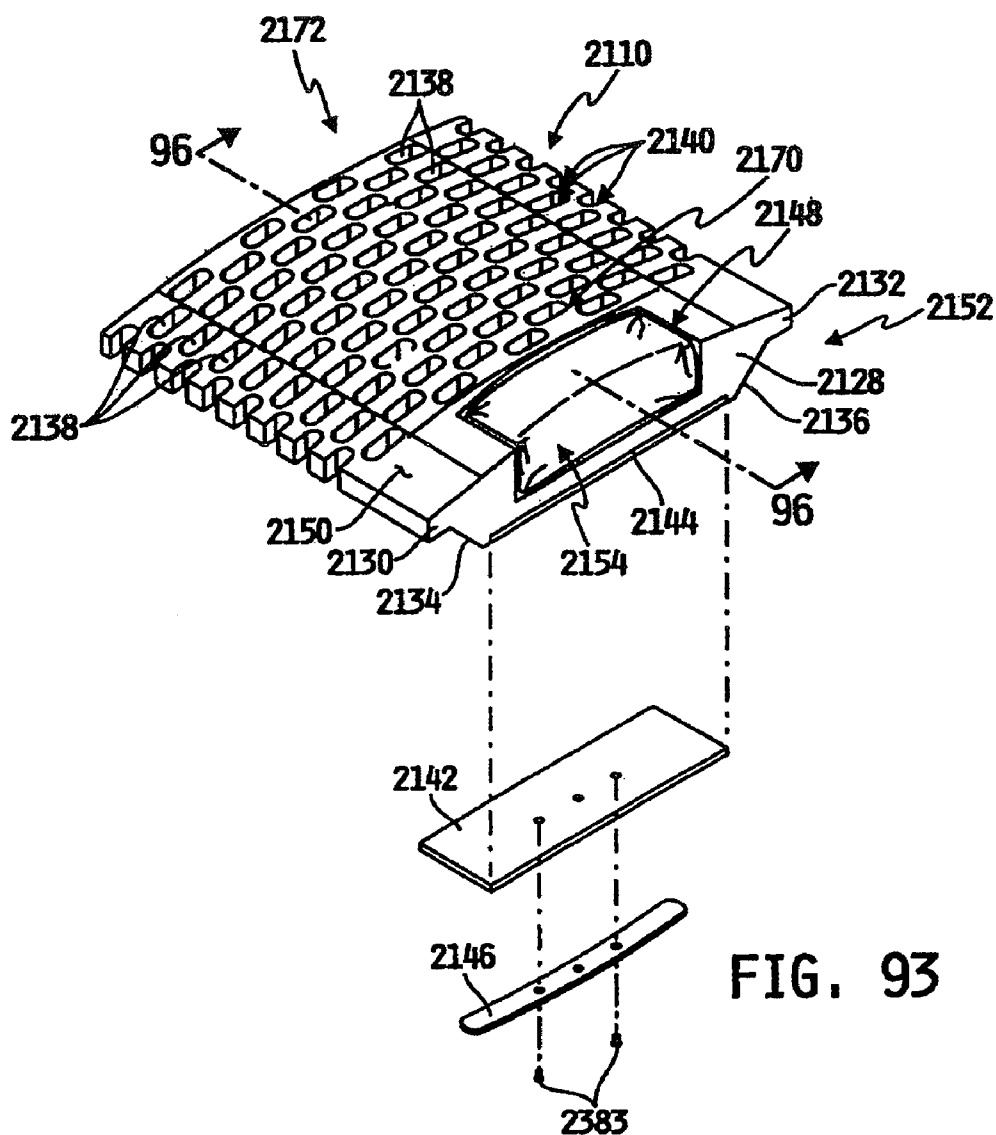


FIG. 93

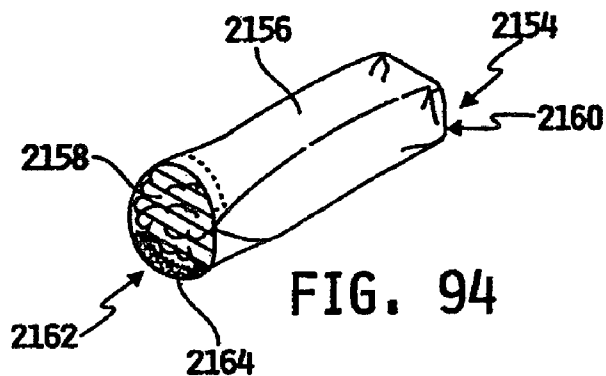


FIG. 94

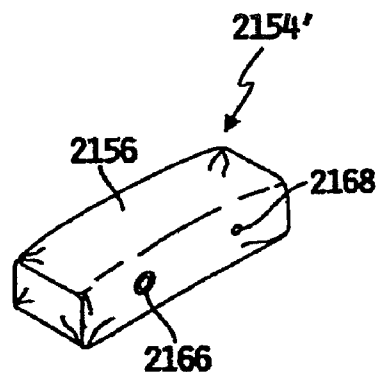


FIG. 95

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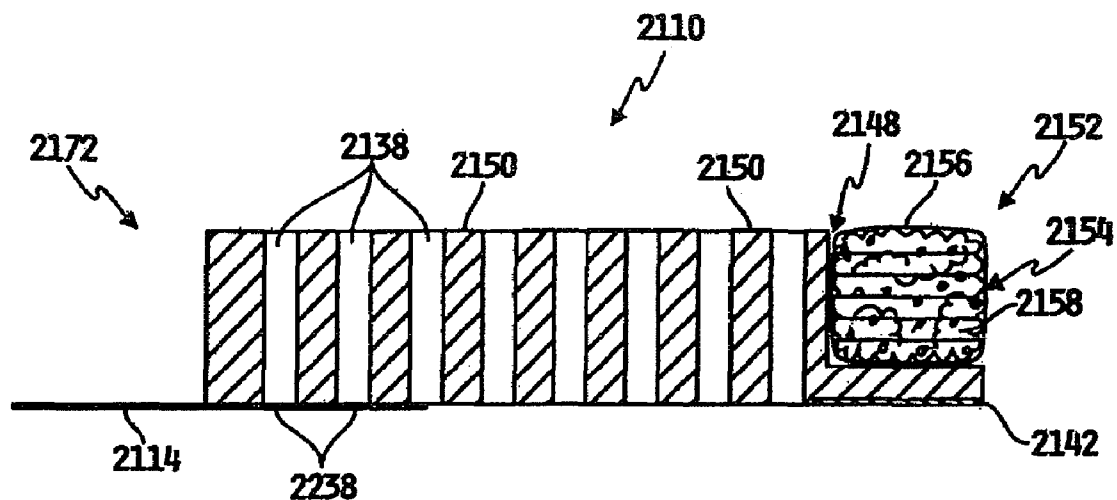


FIG. 96

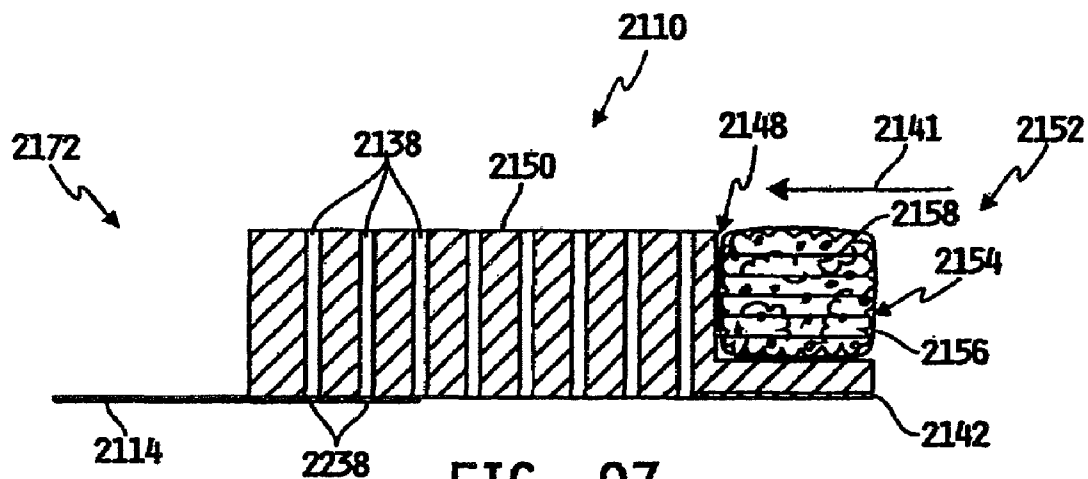


FIG. 97

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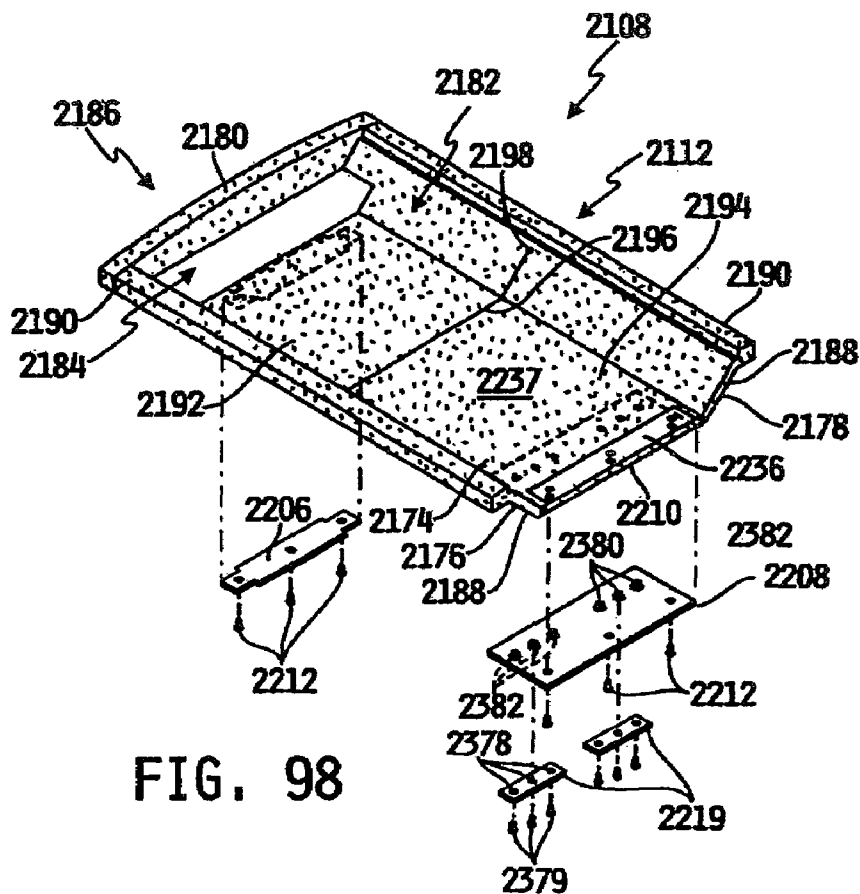


FIG. 98

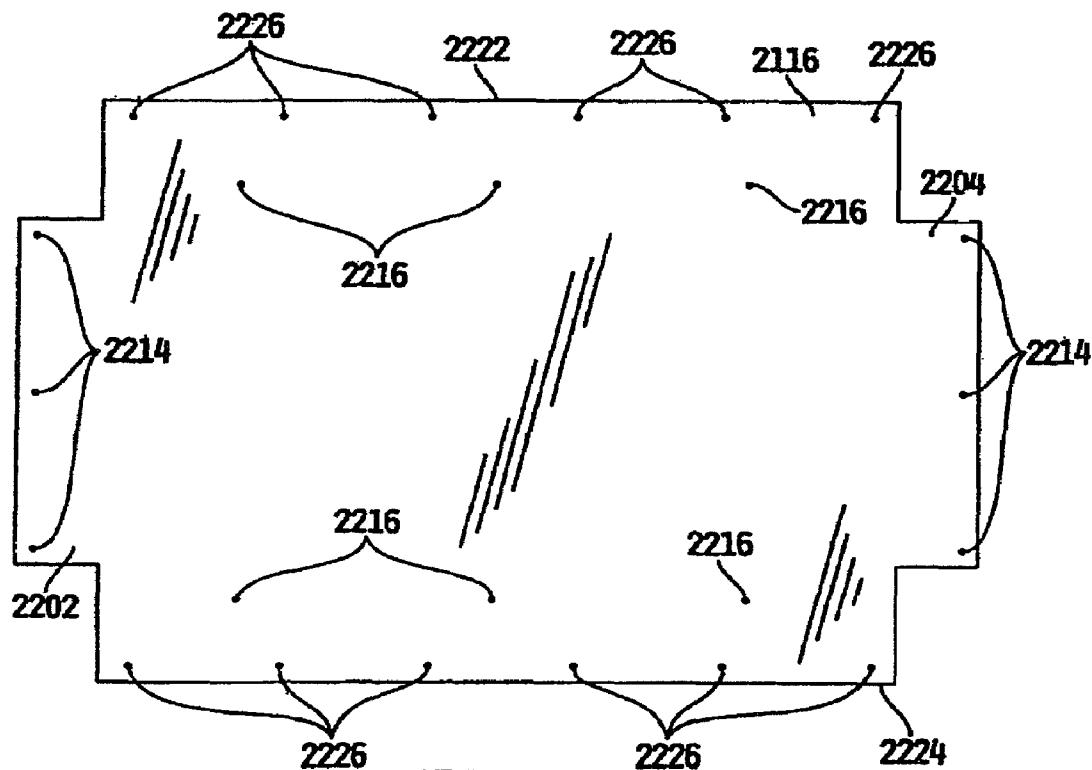


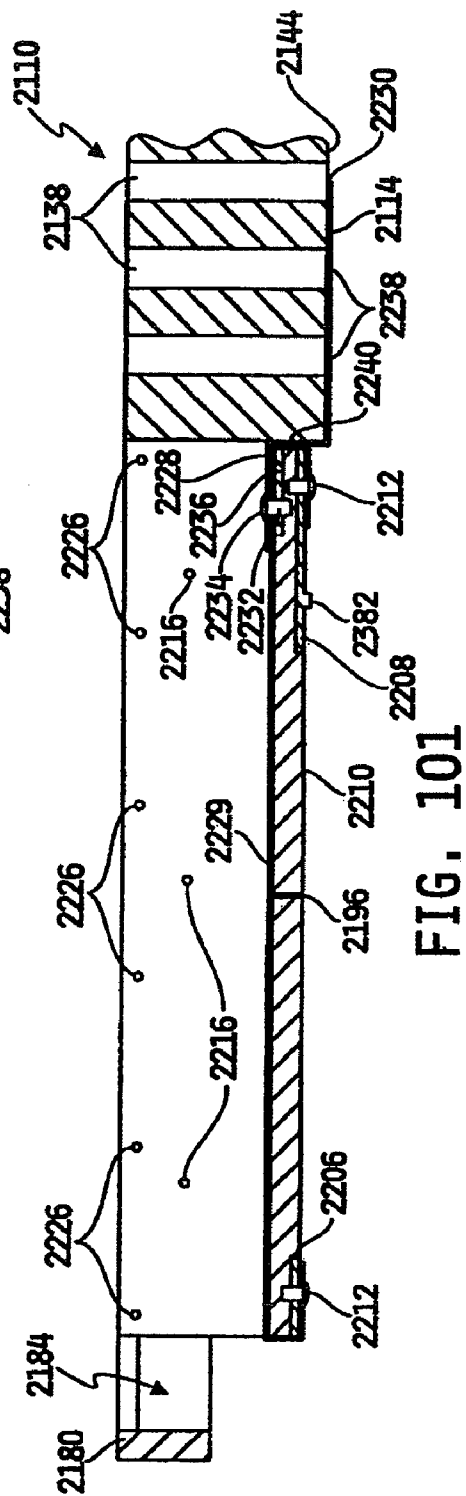
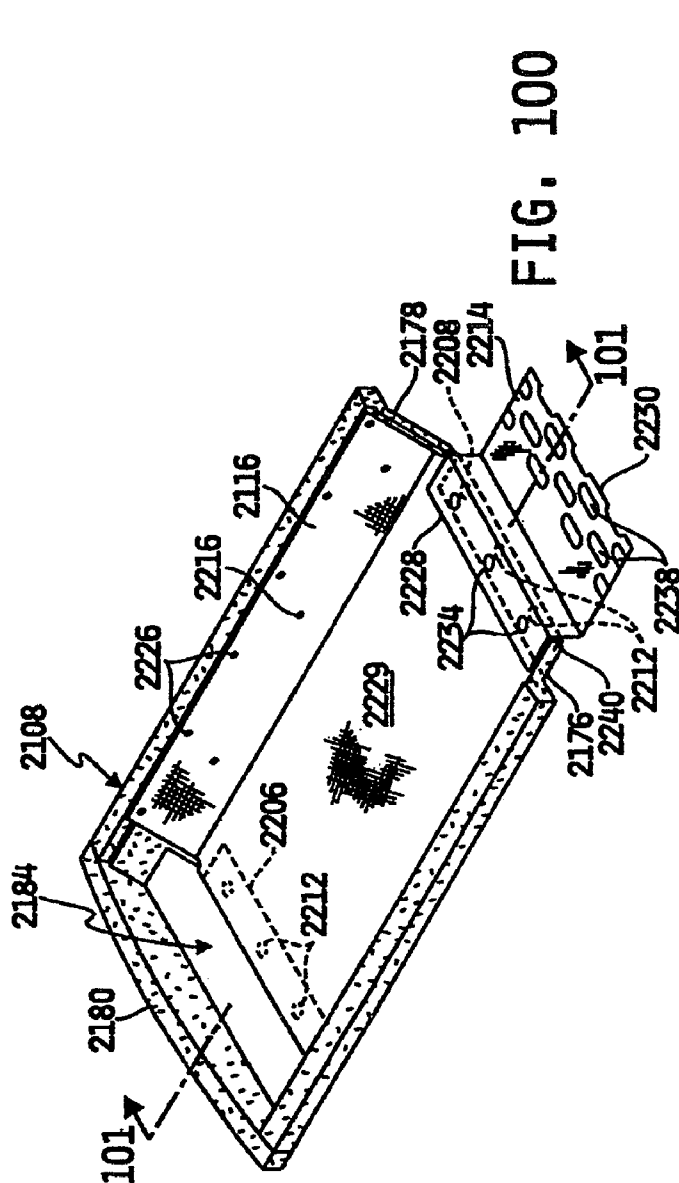
FIG. 99

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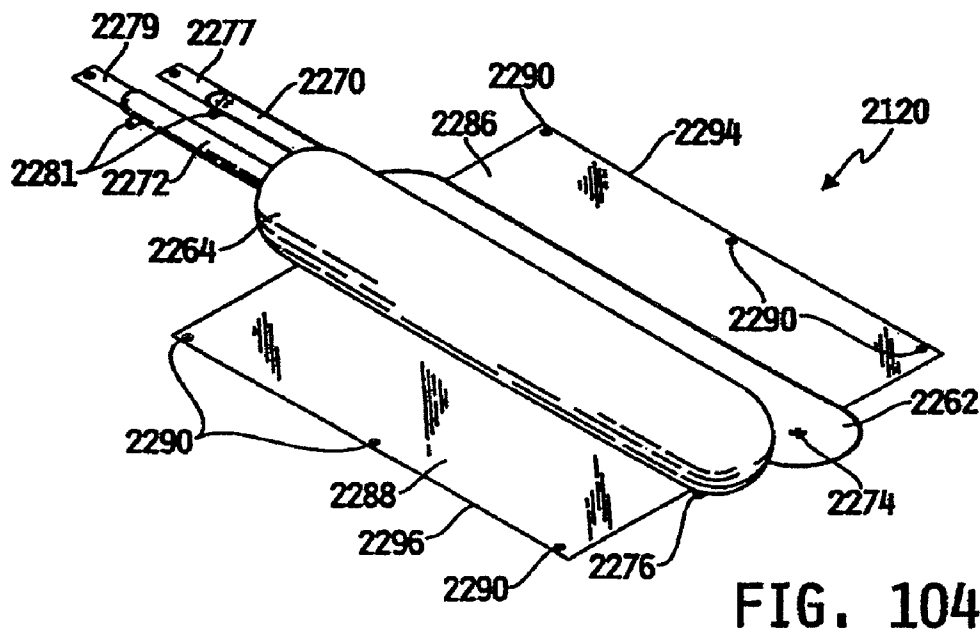
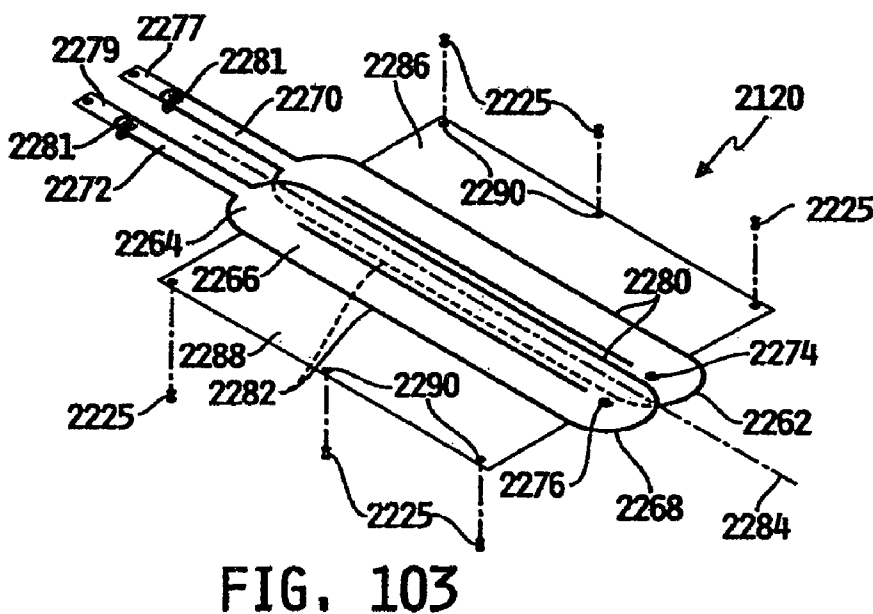
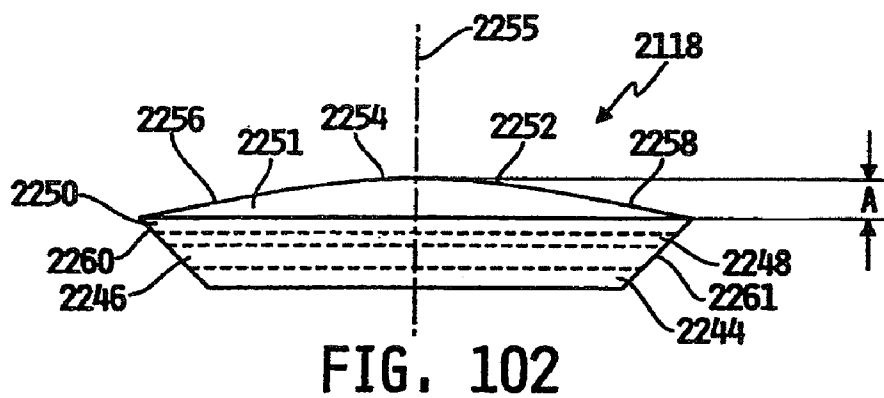


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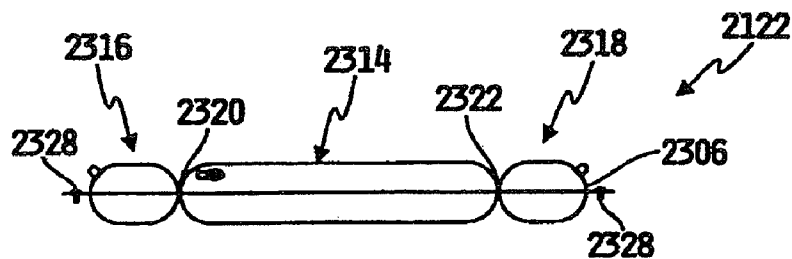


FIG. 105

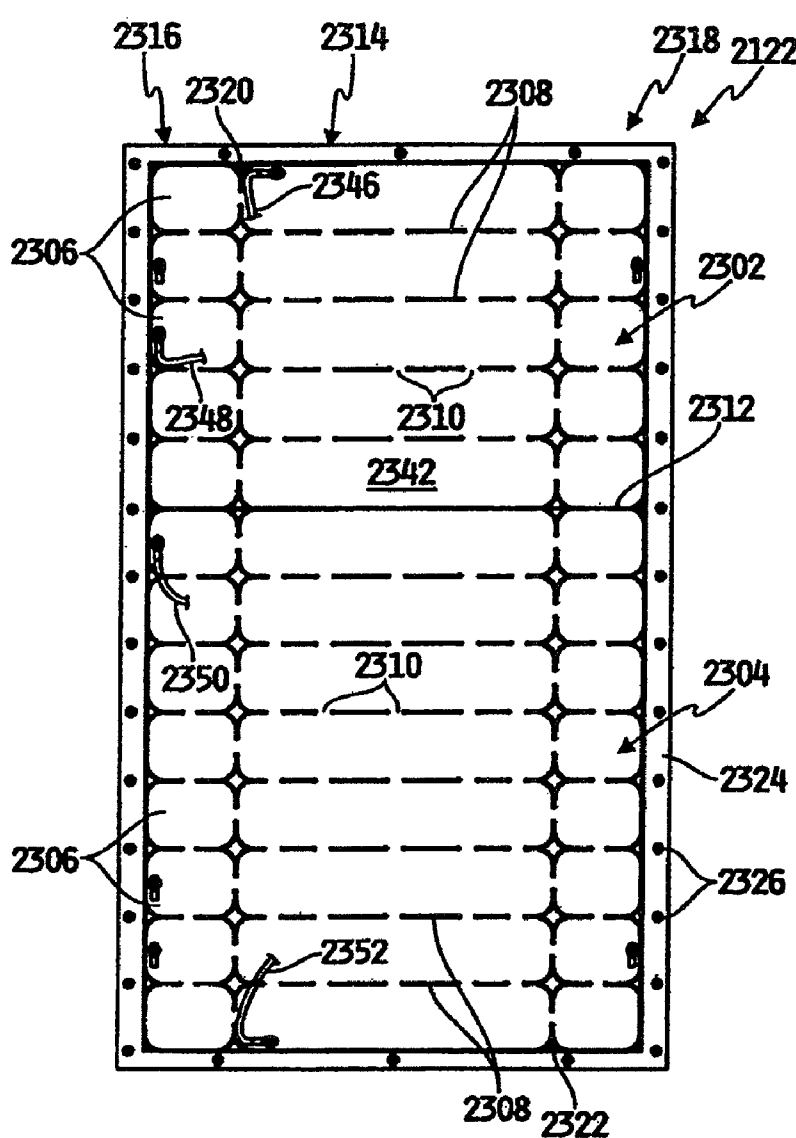


FIG. 106

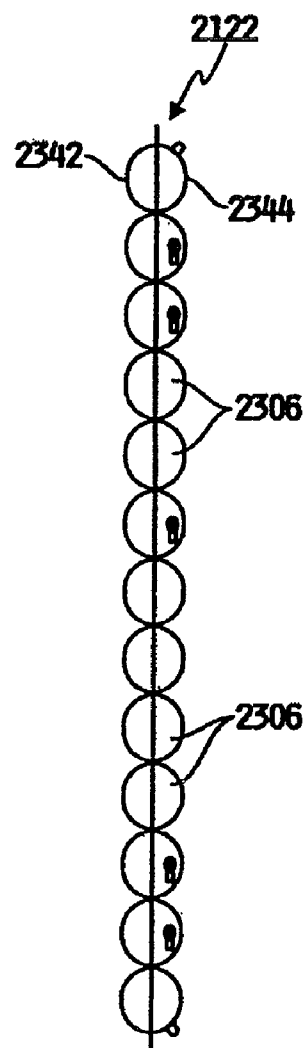
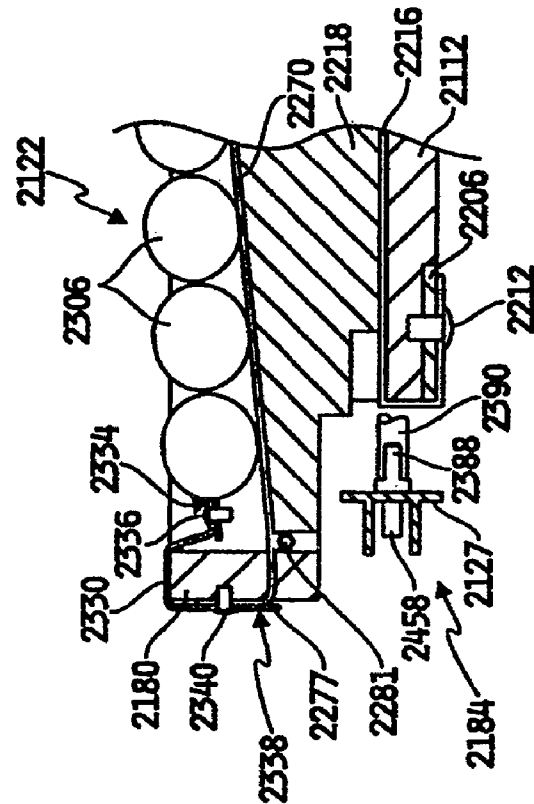
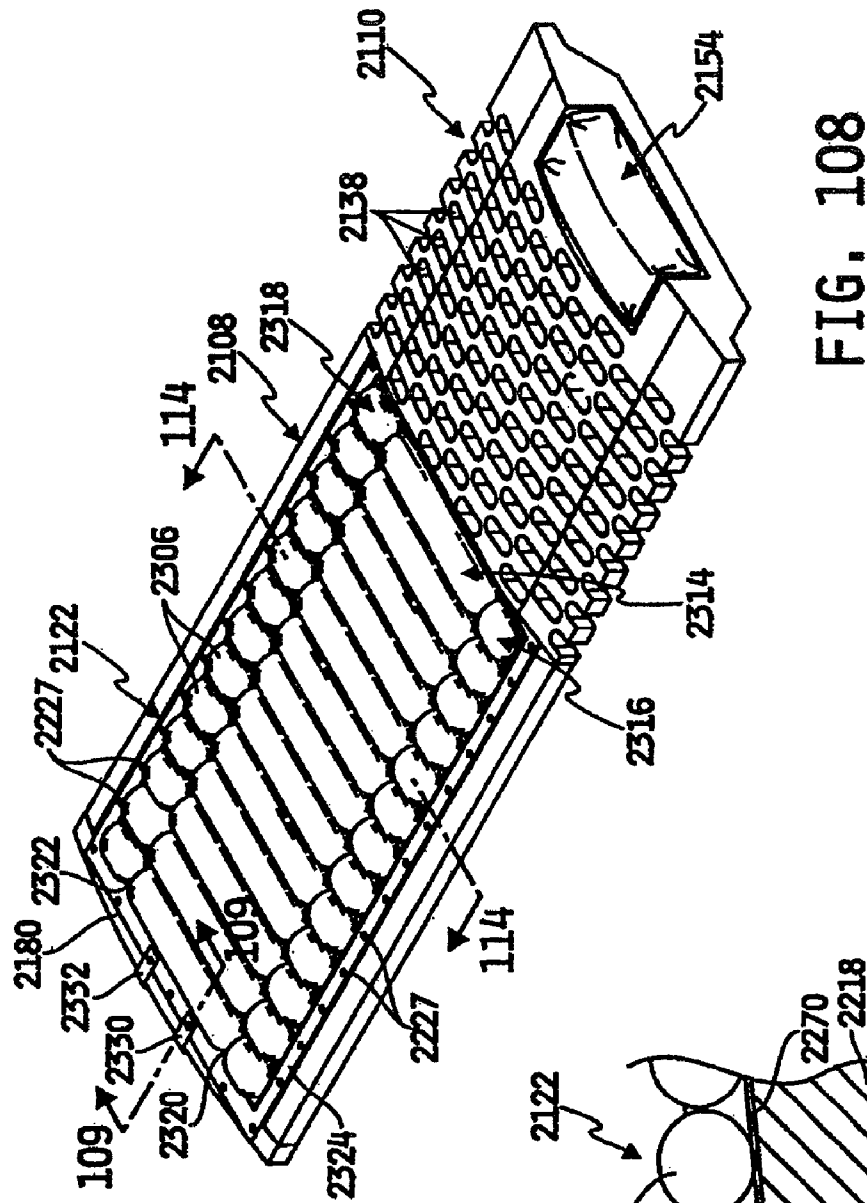


FIG. 107



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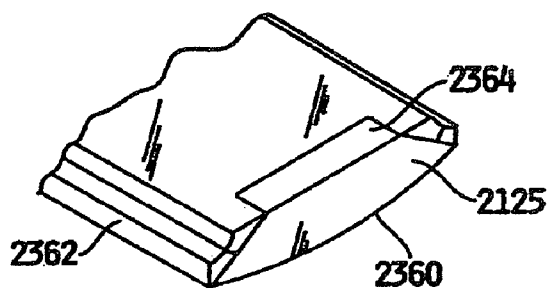


FIG. 110

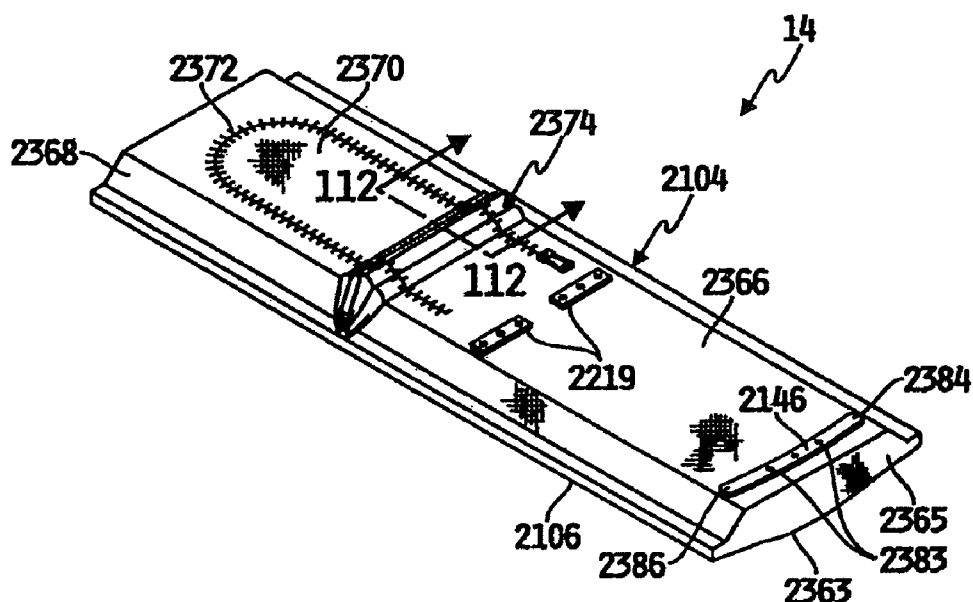


FIG. 111

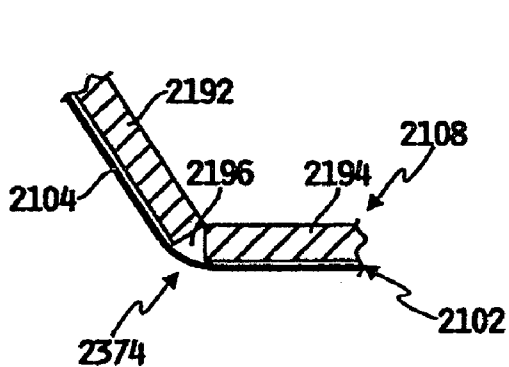


FIG. 113

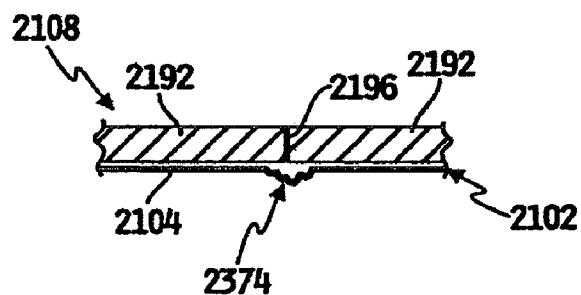


FIG. 112

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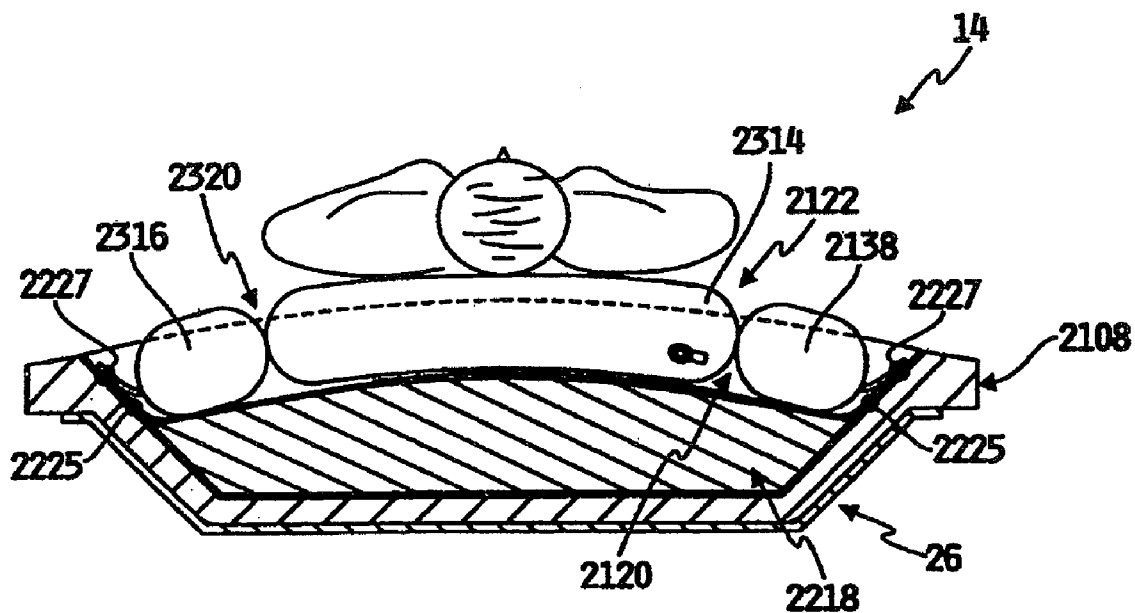


FIG. 114

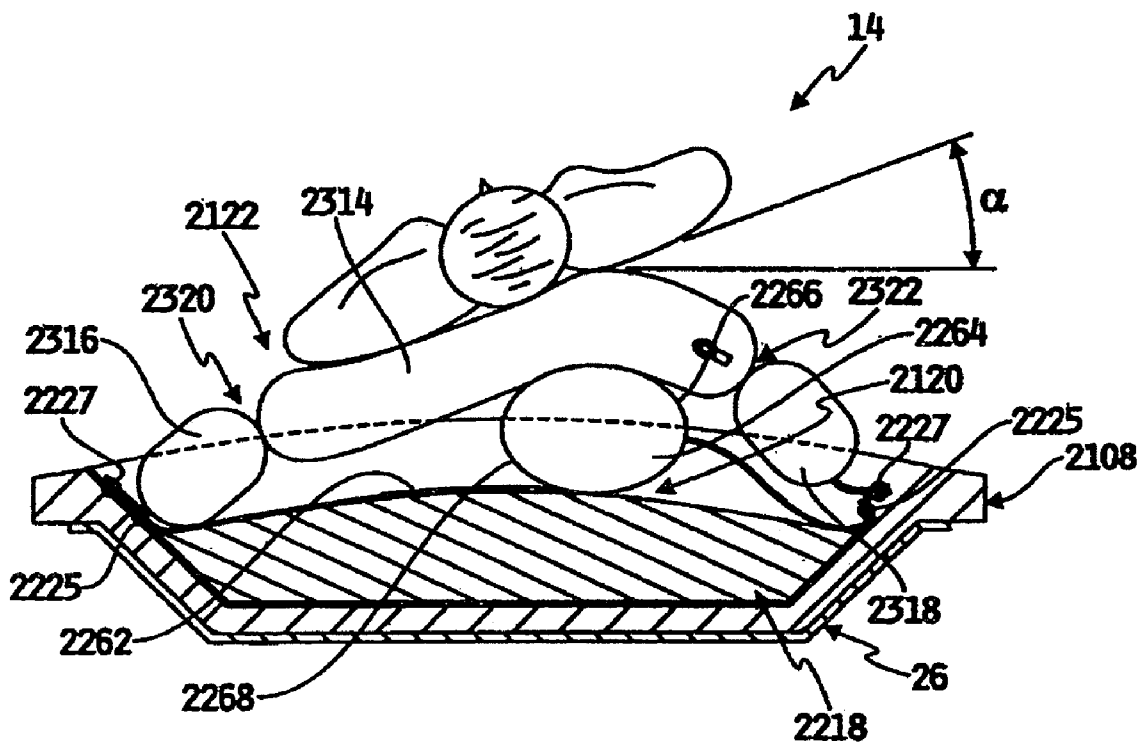
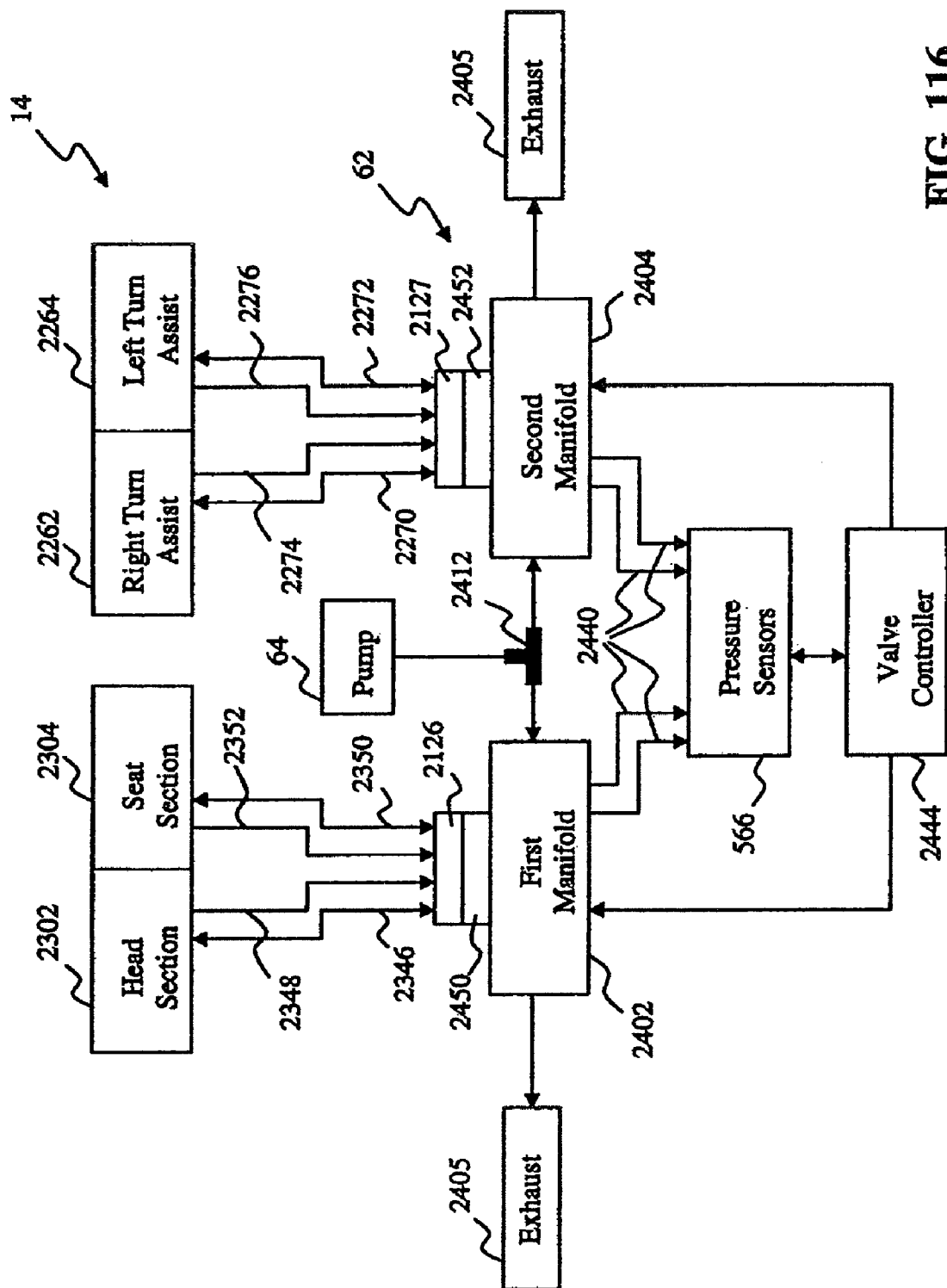


FIG. 115

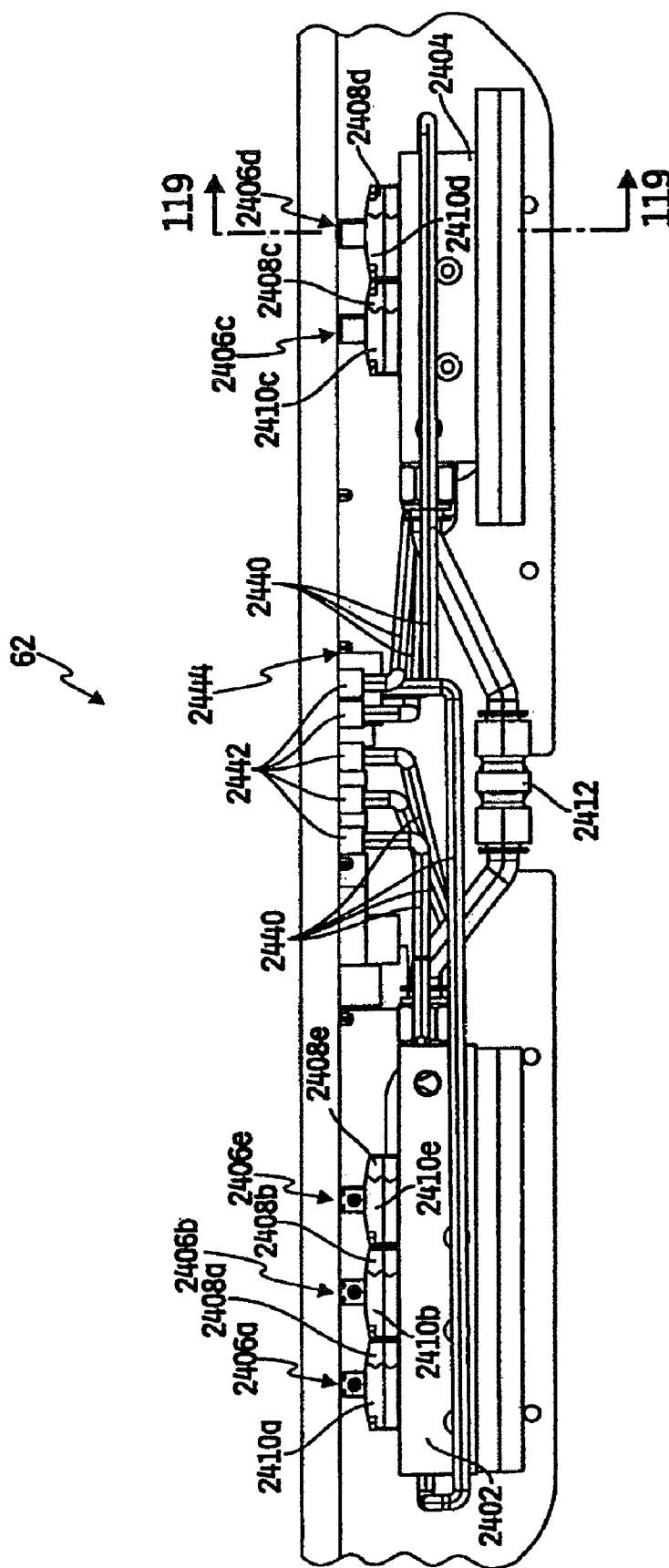
**FIG. 116**

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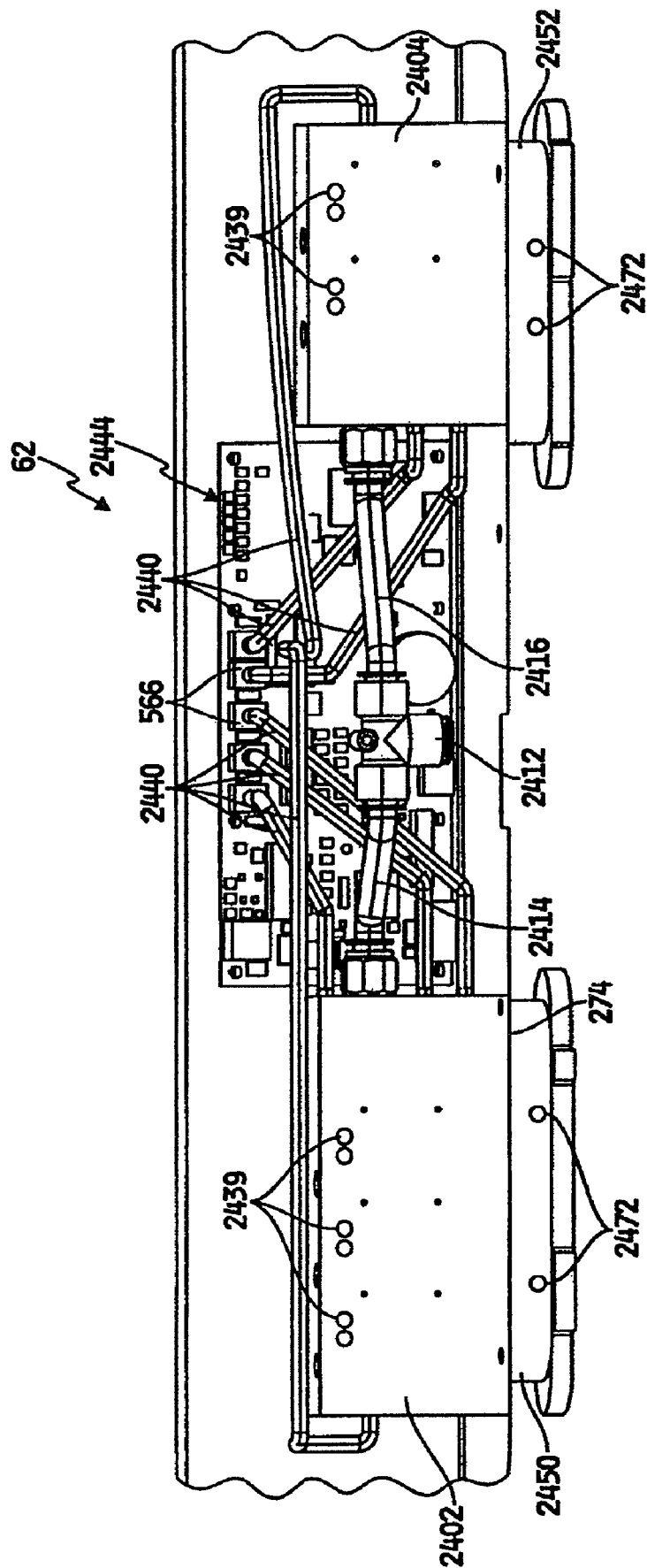


FIG. 118

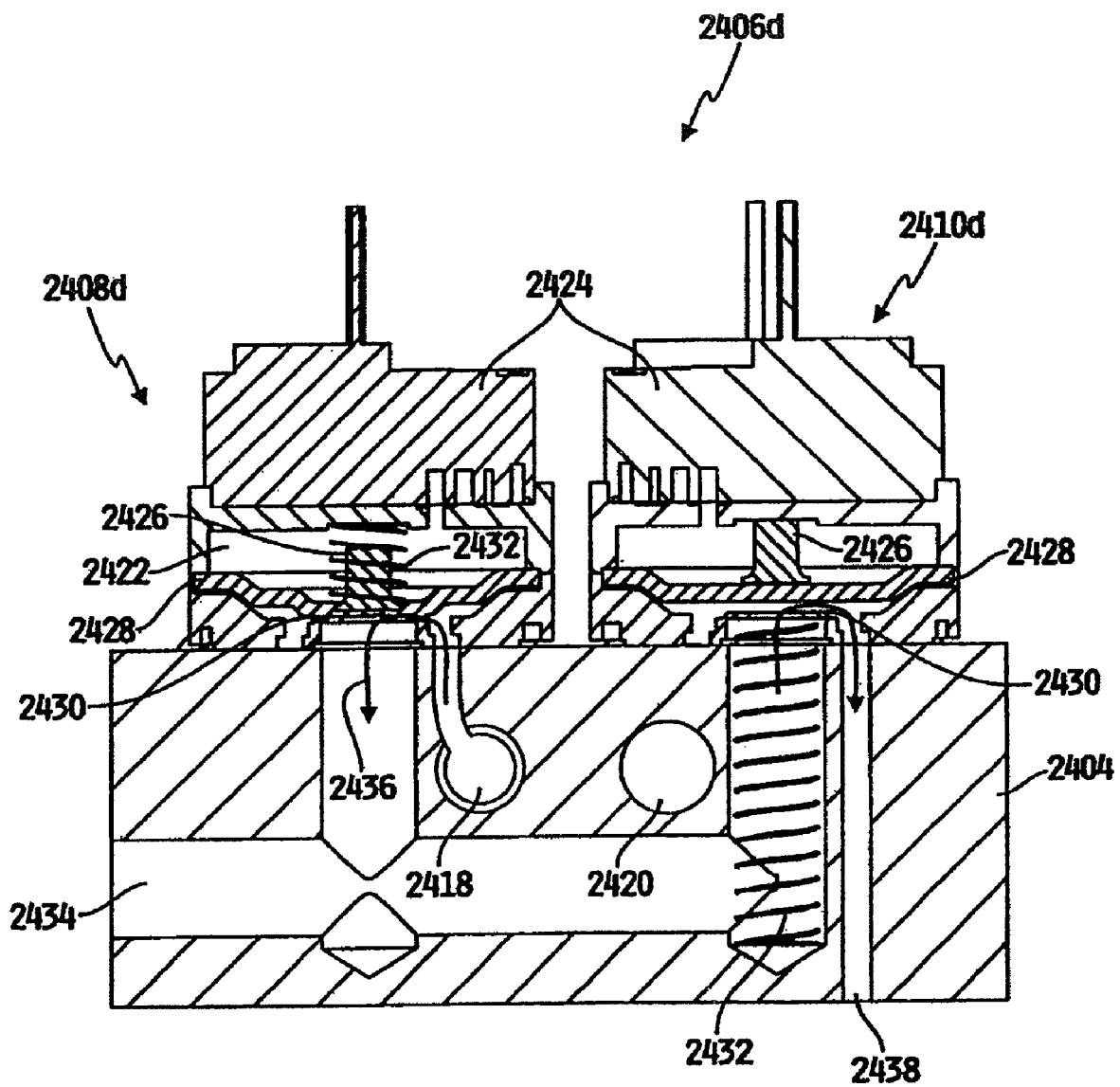


FIG. 119

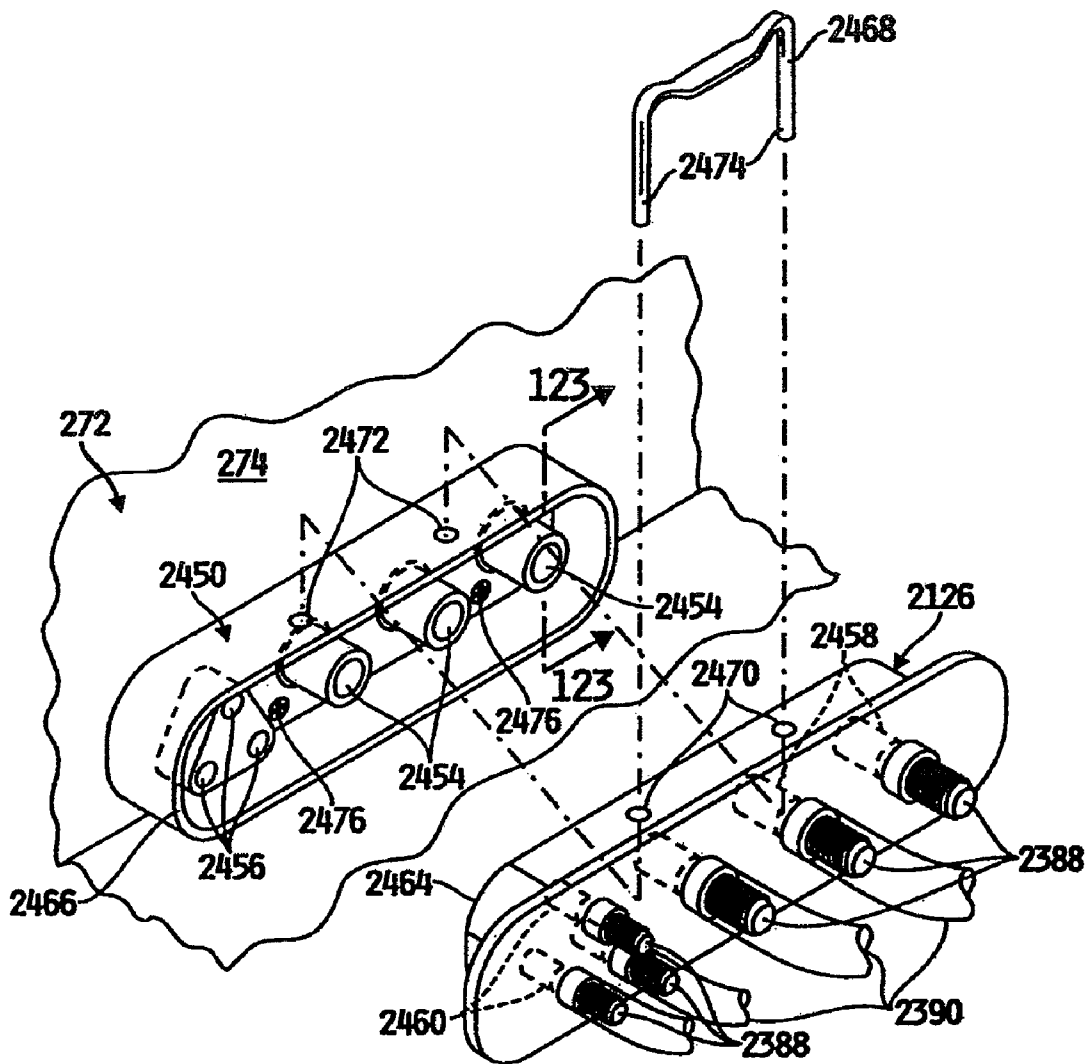


FIG. 120

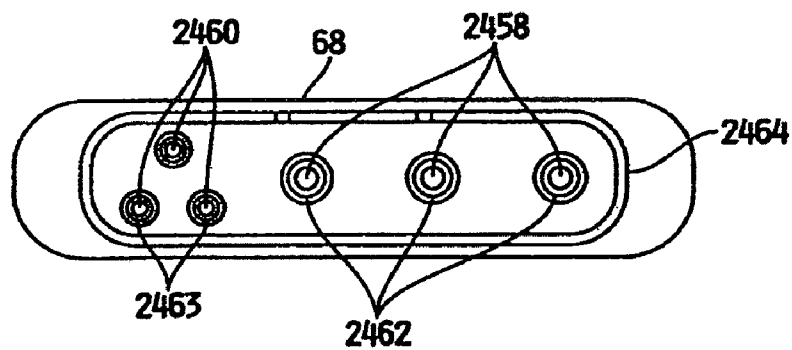


FIG. 121

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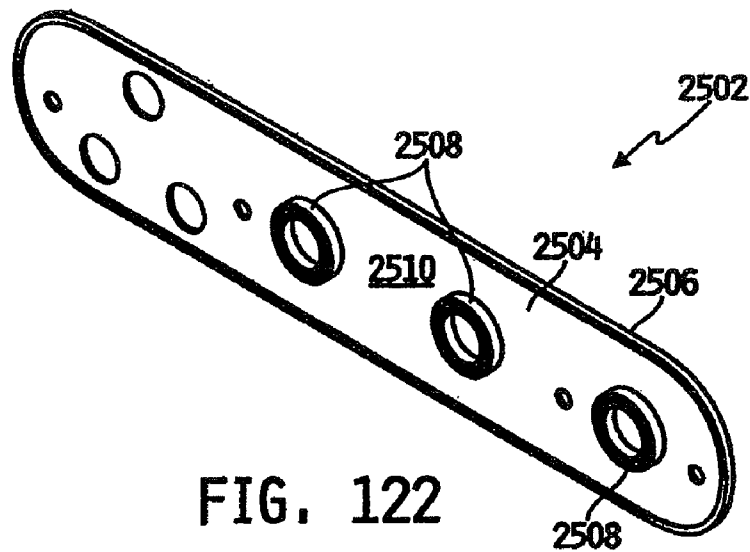


FIG. 122

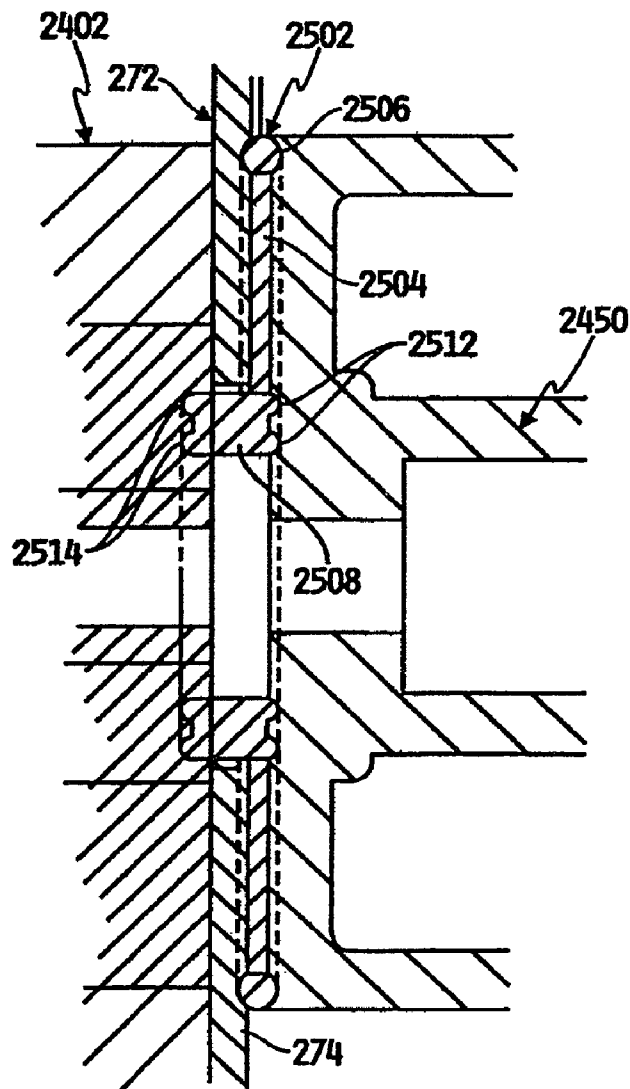


FIG. 123

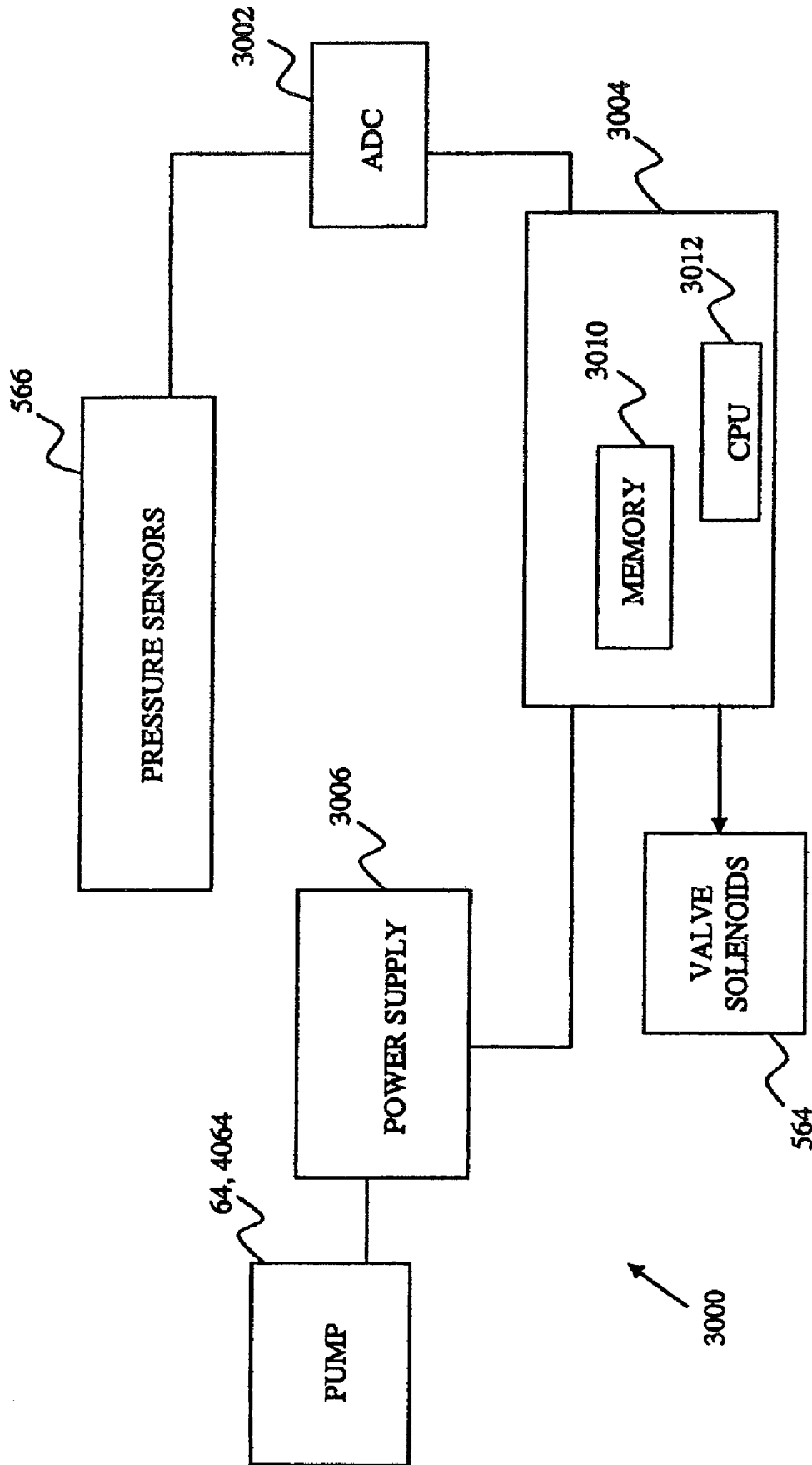


FIG. 124

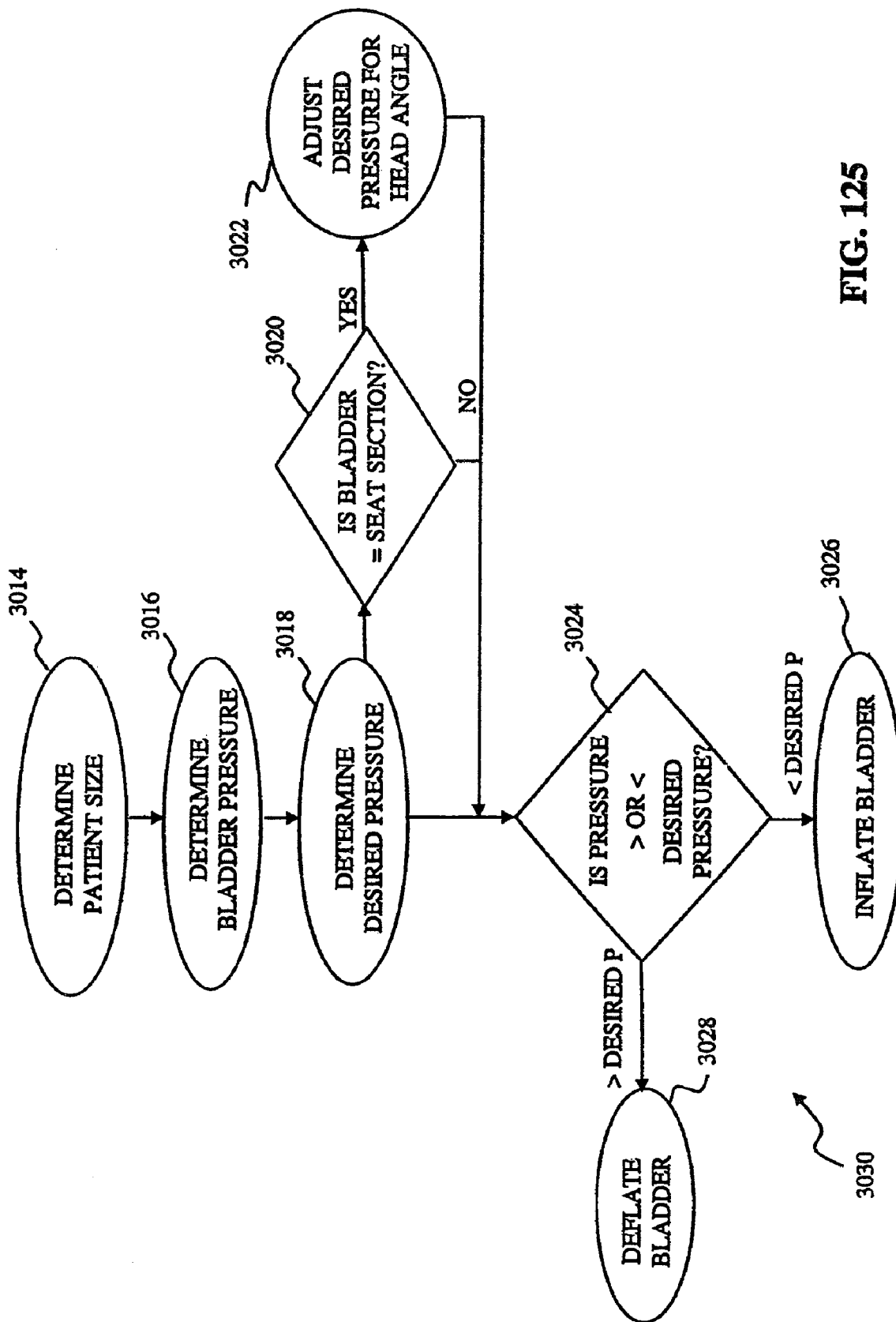


FIG. 125

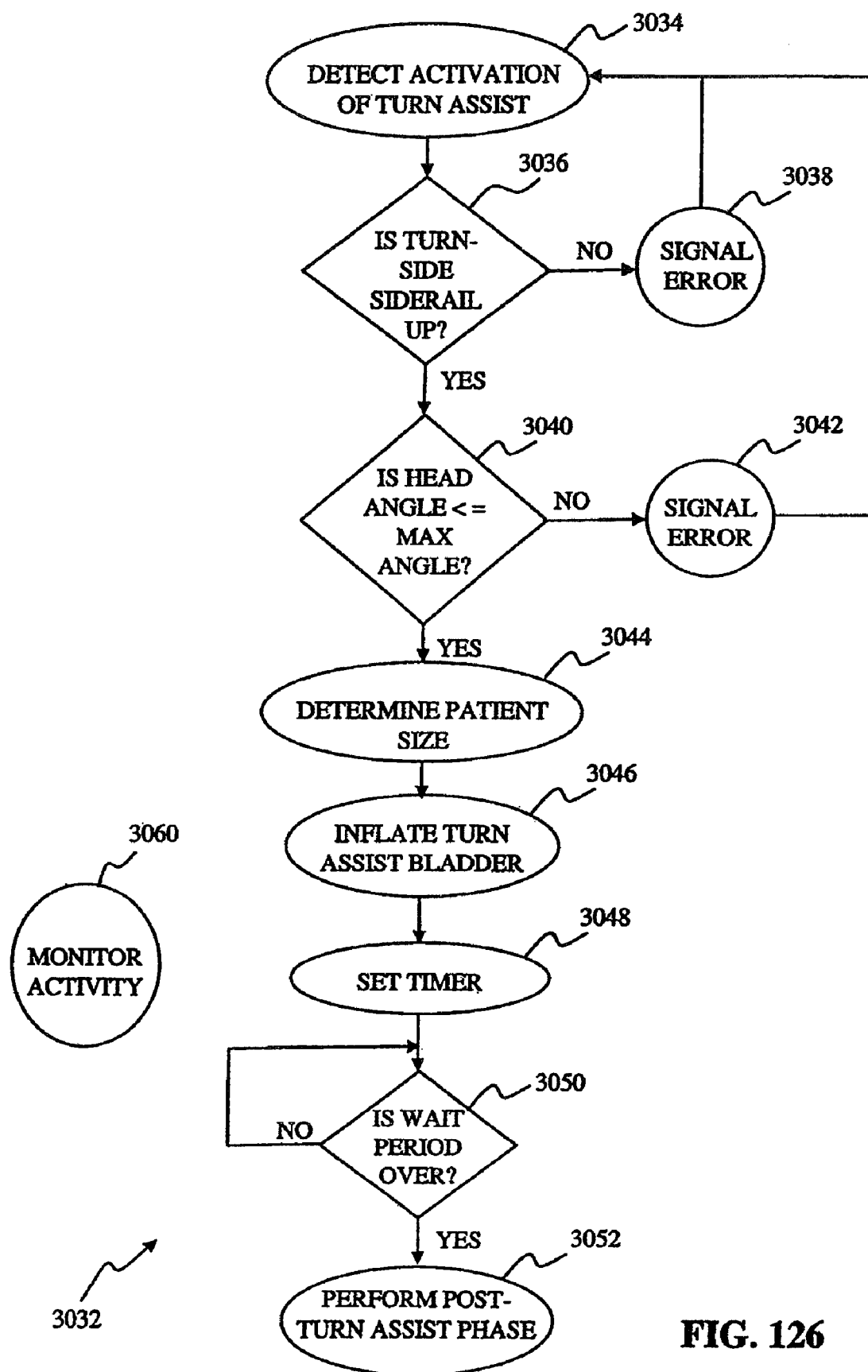


FIG. 126

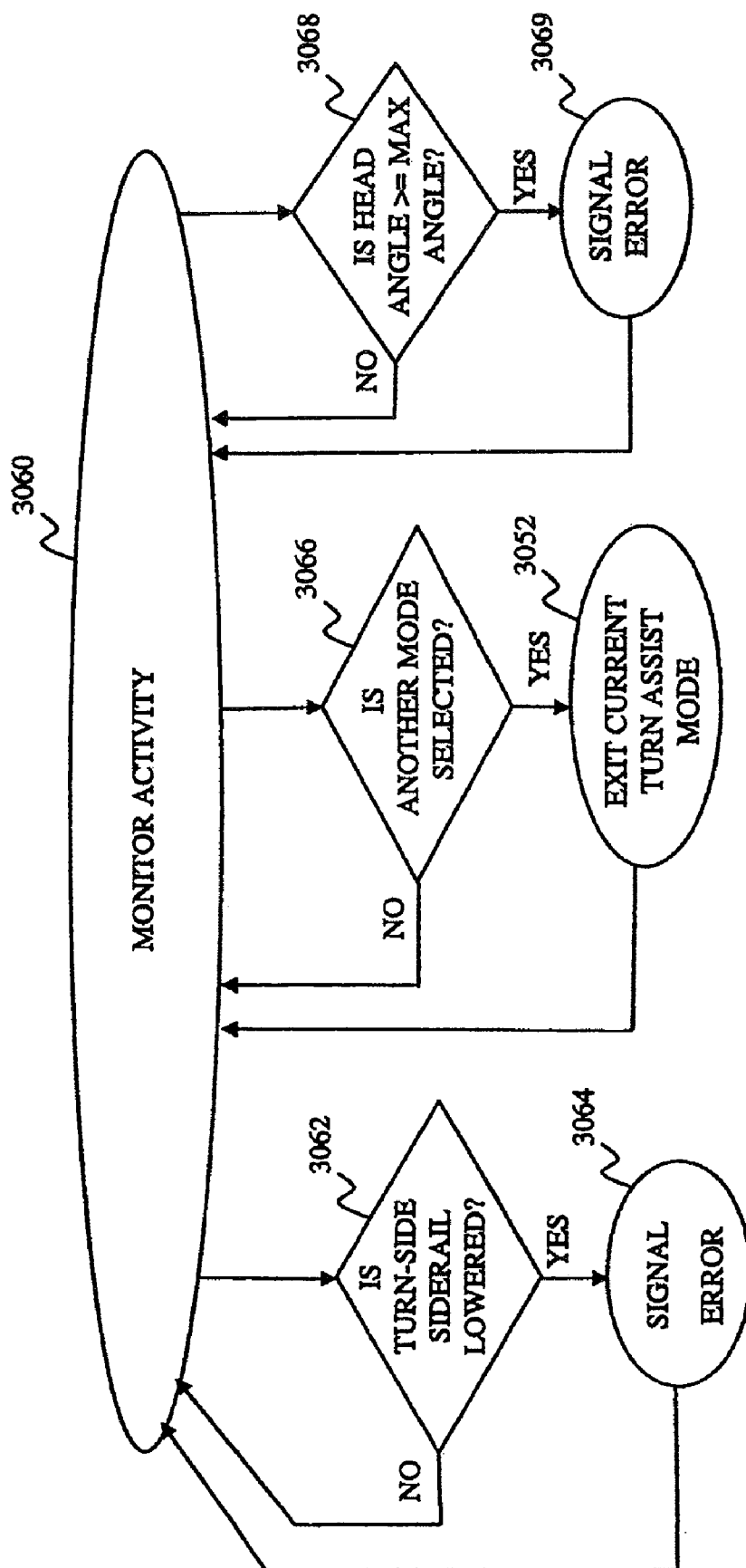


FIG. 127

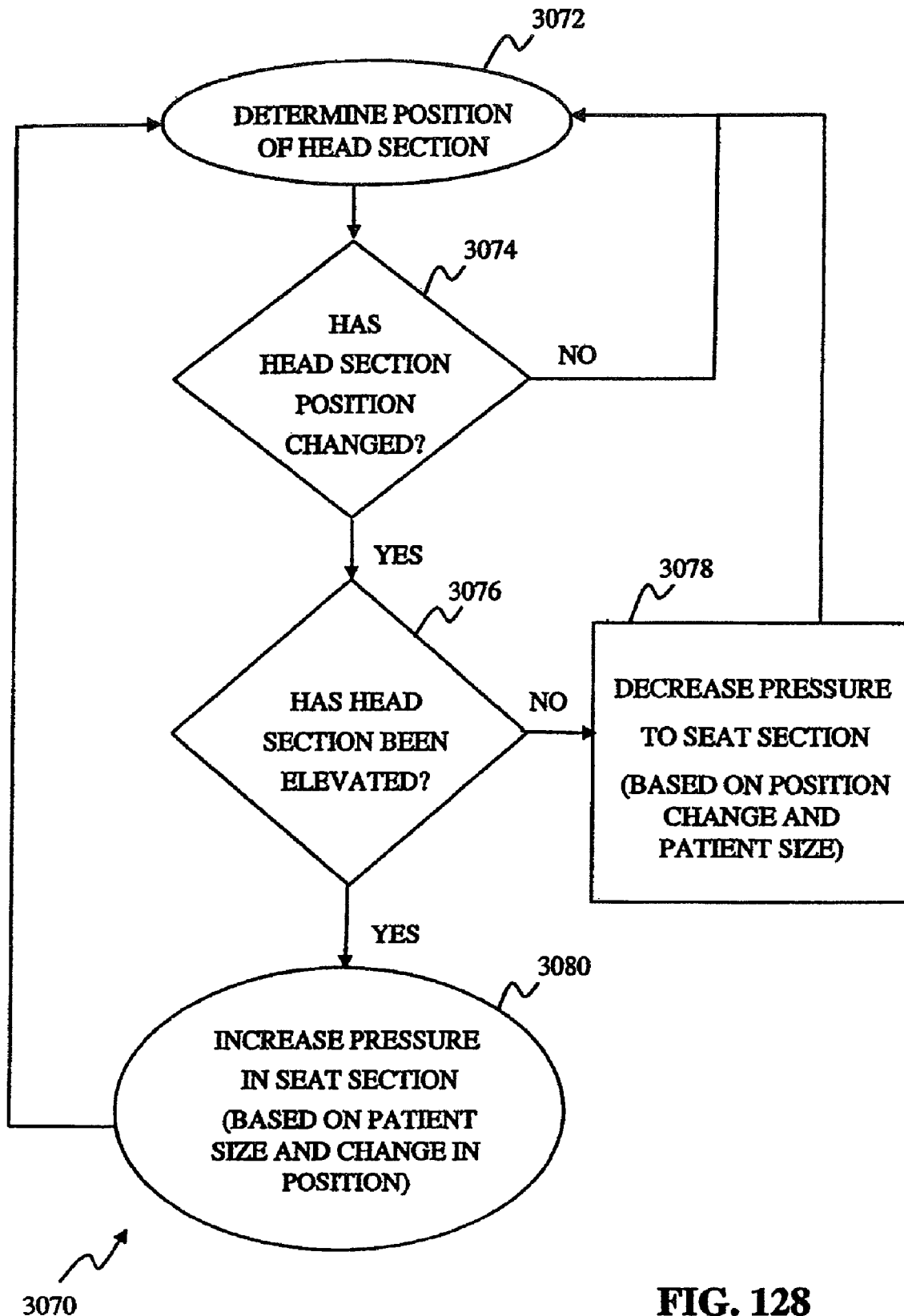


FIG. 128

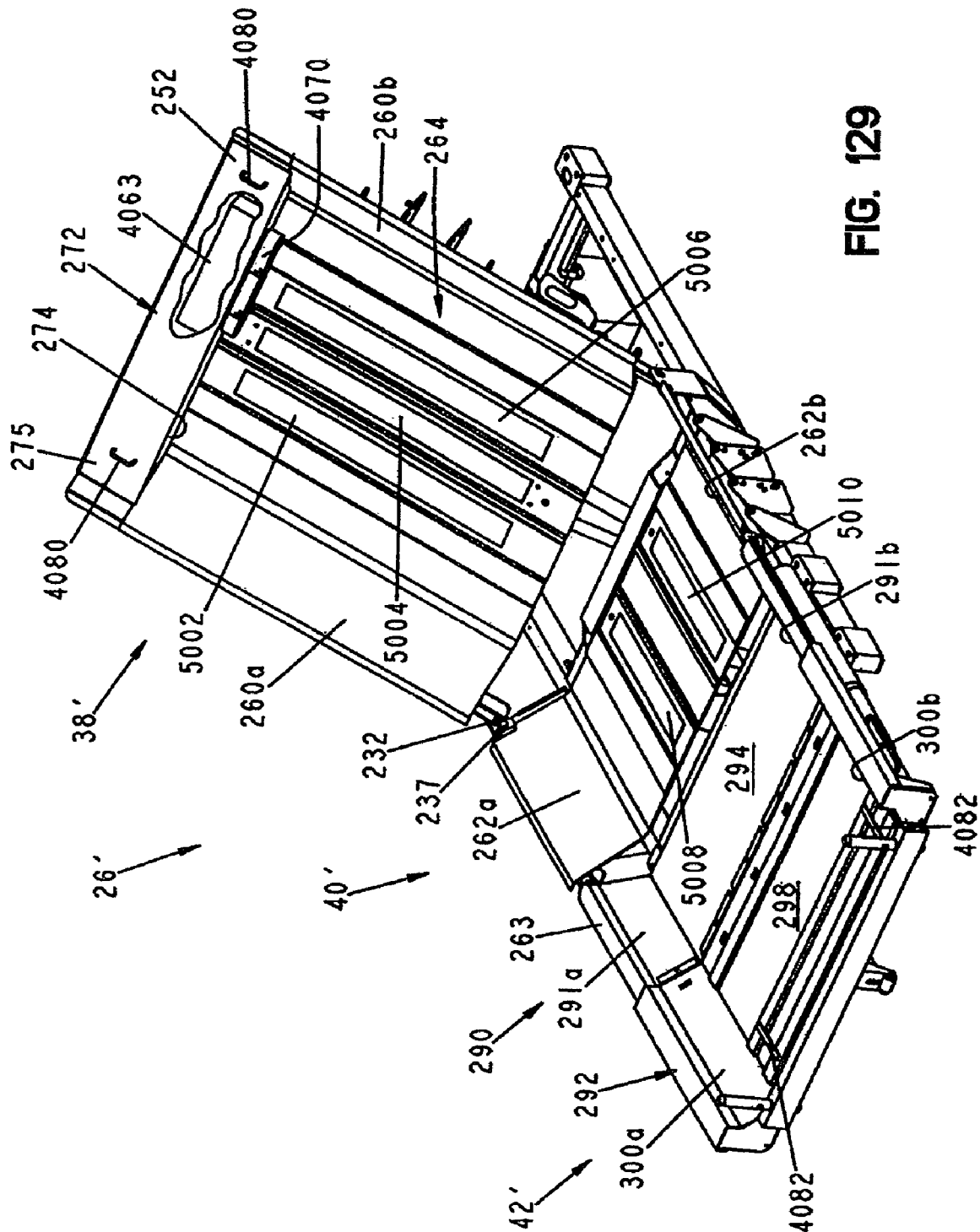
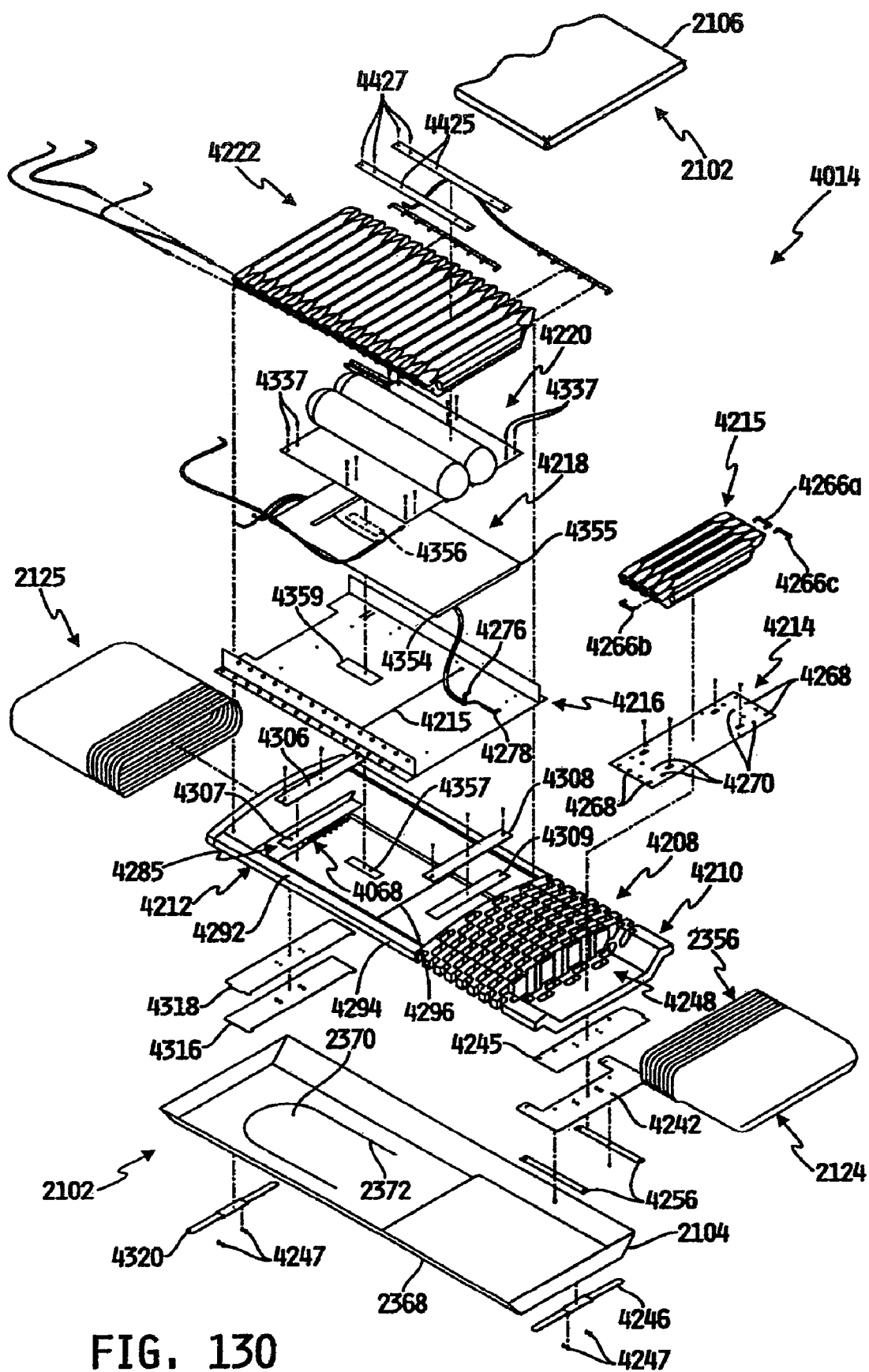
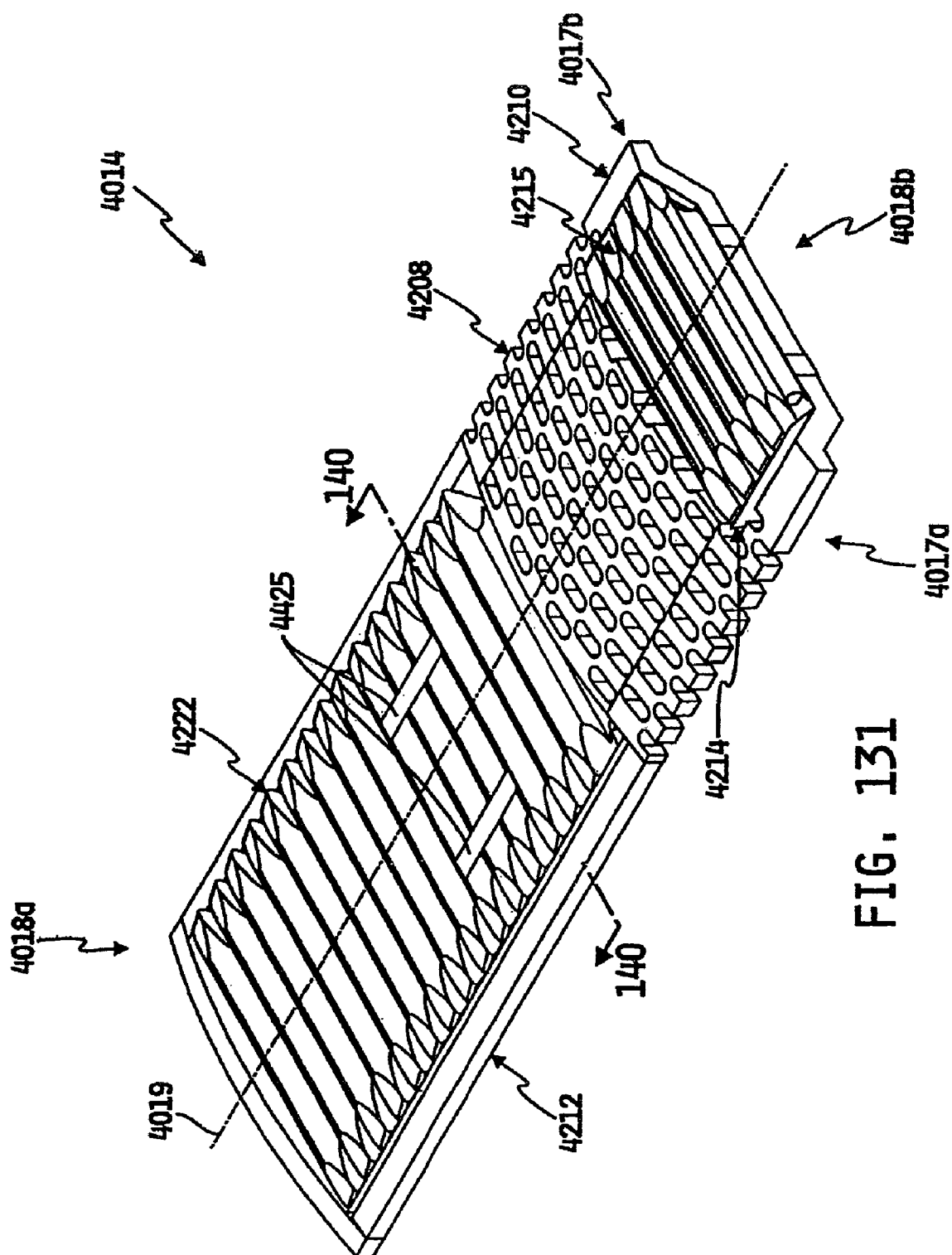


FIG. 129





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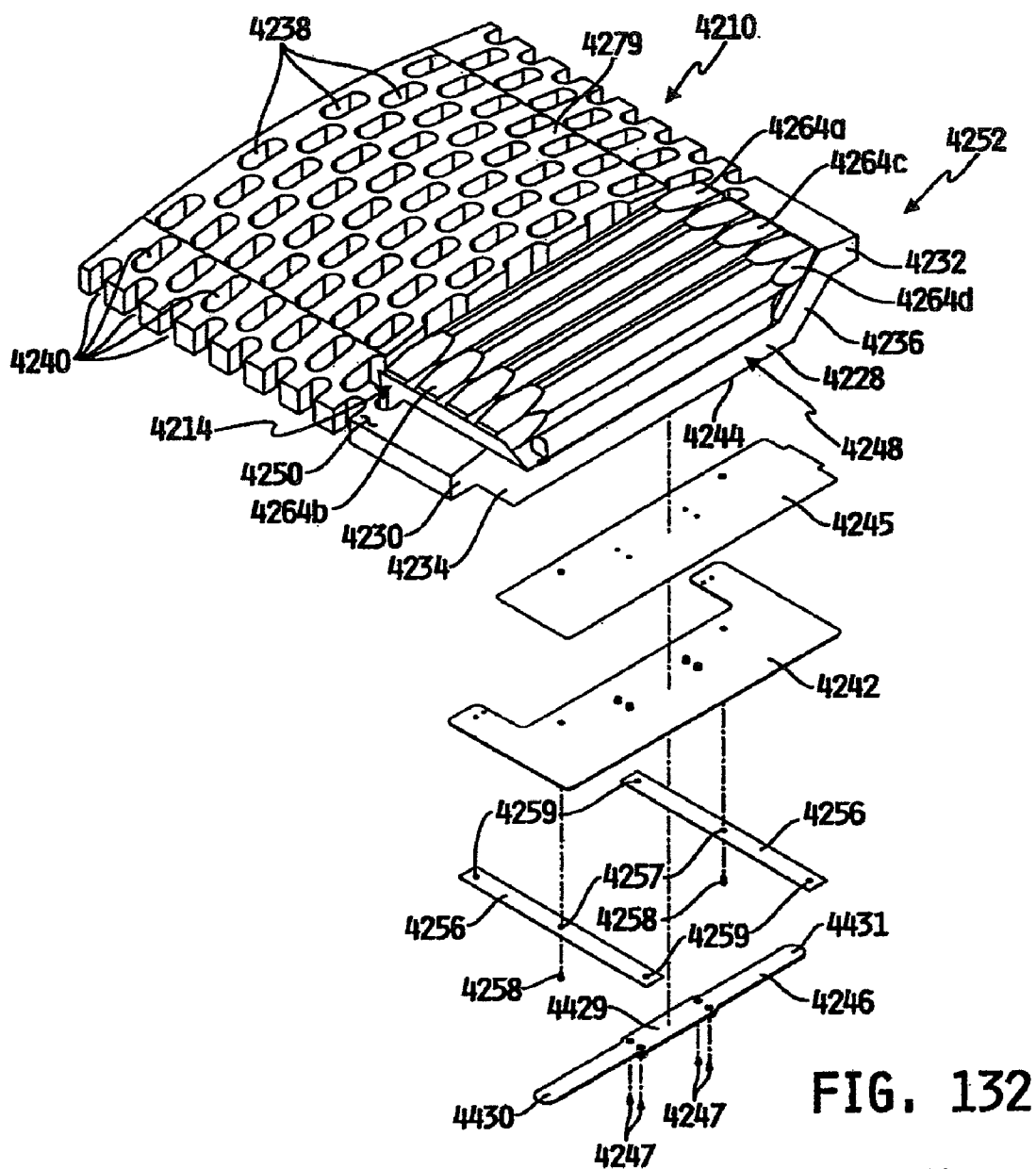


FIG. 132

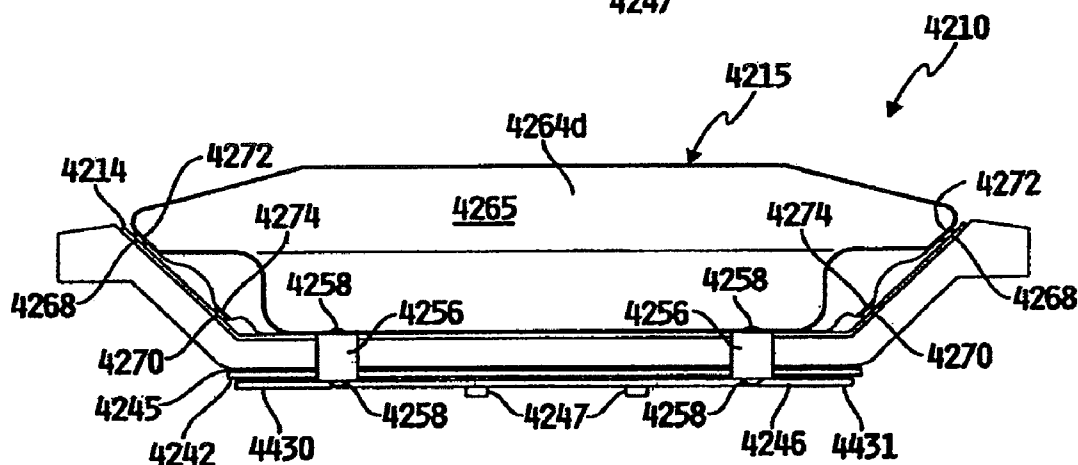


FIG. 133

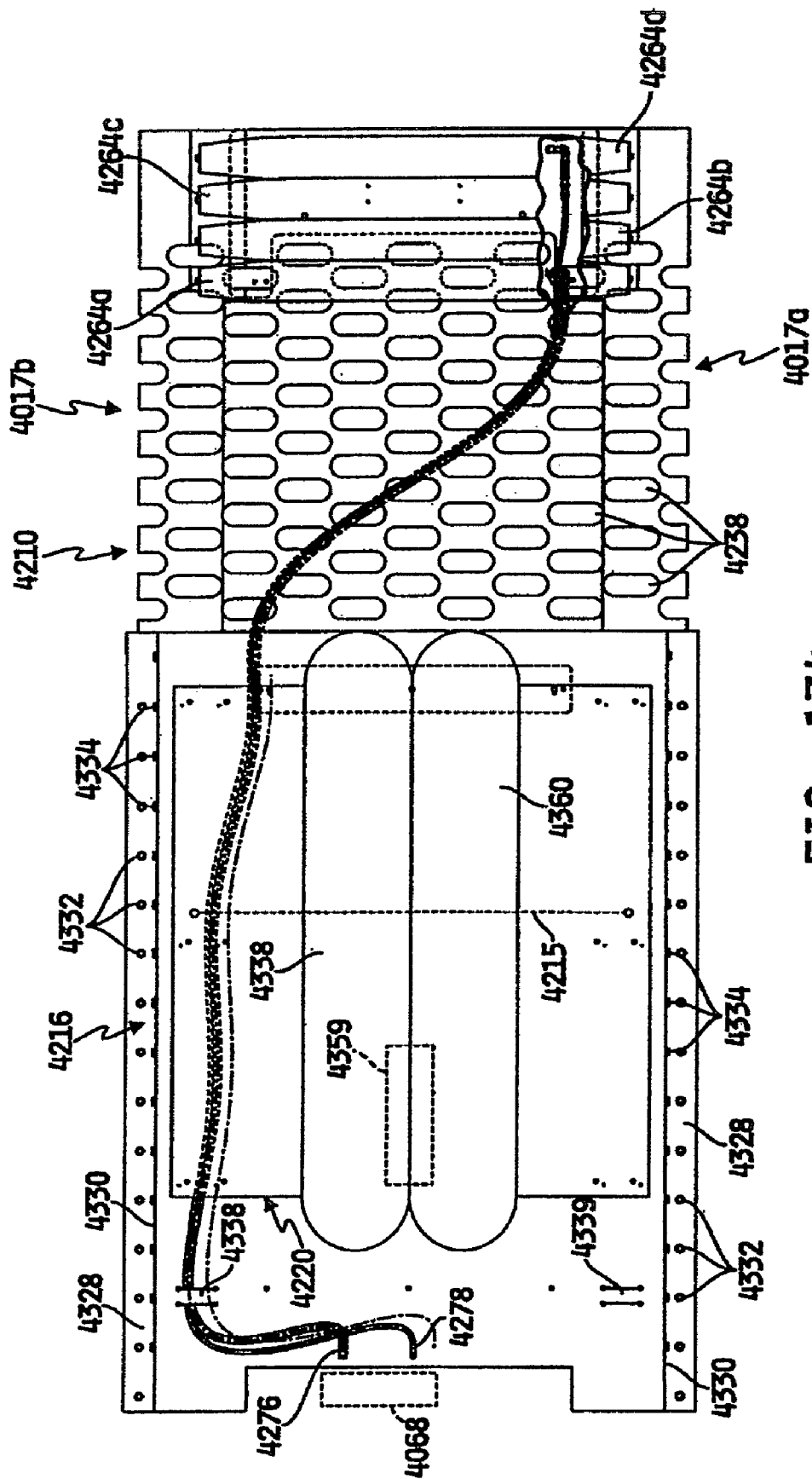
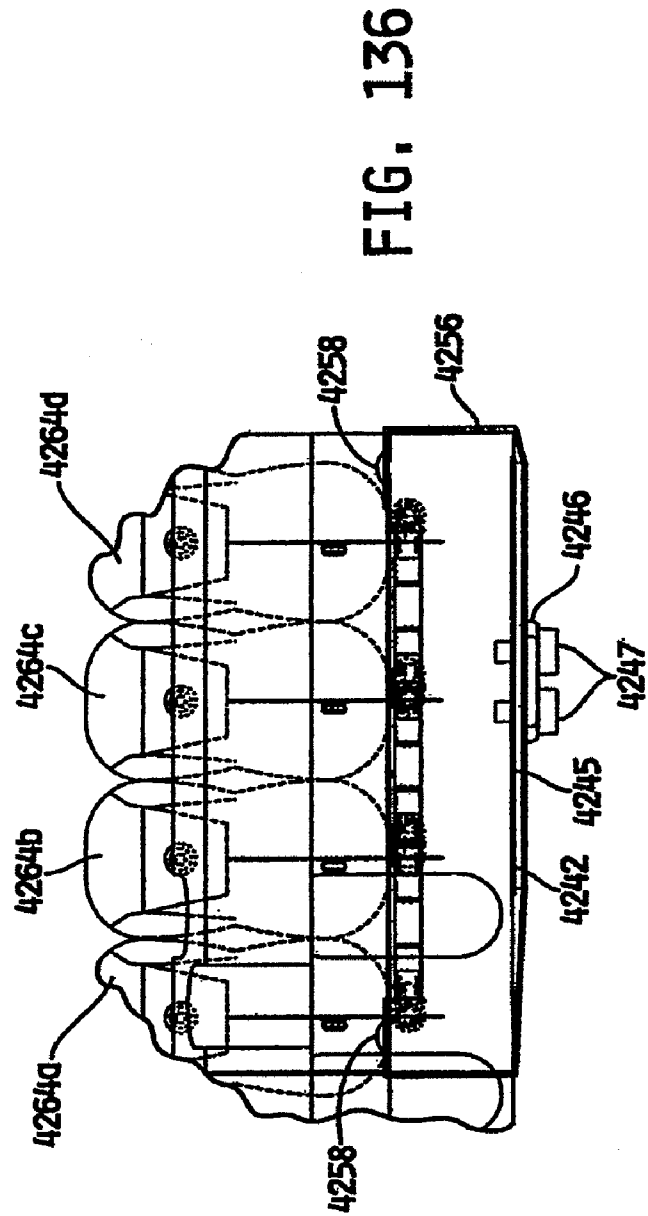
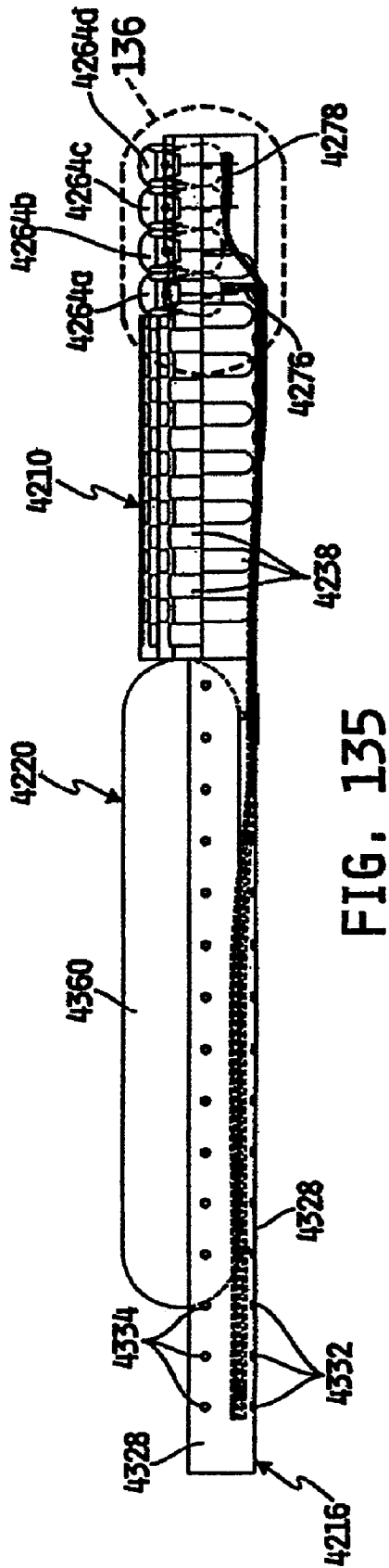
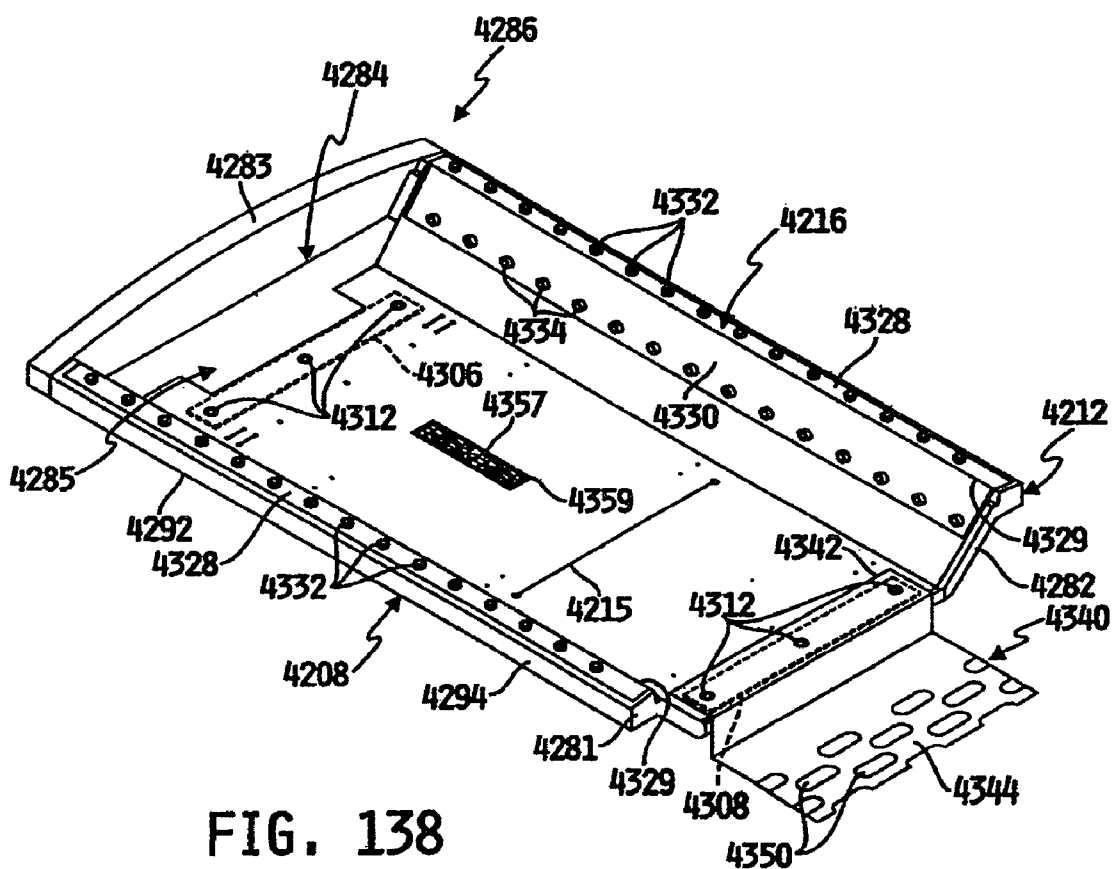
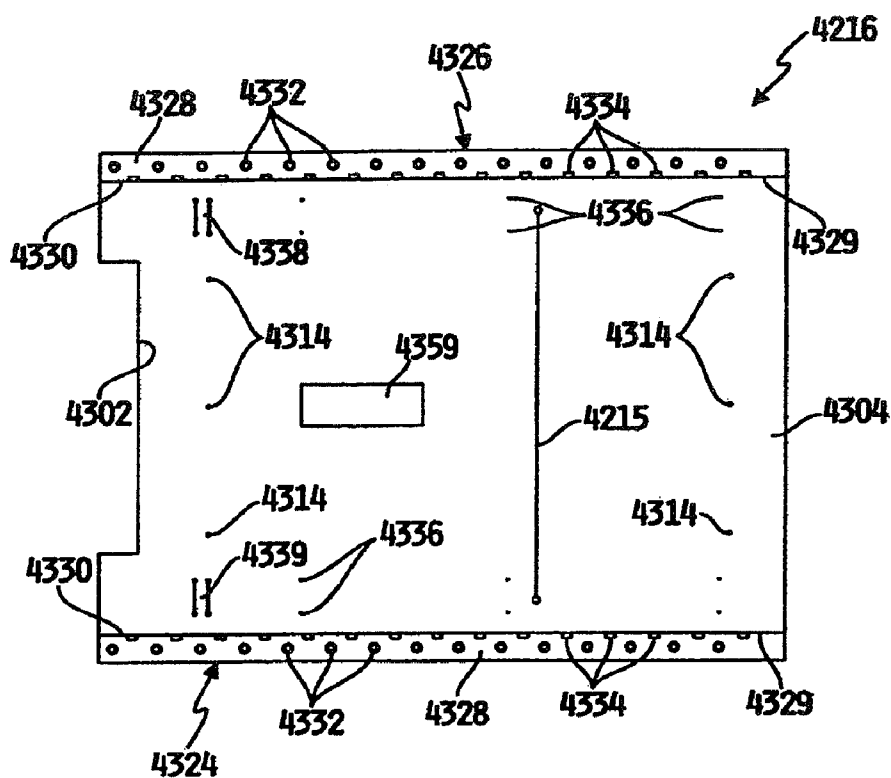


FIG. 134





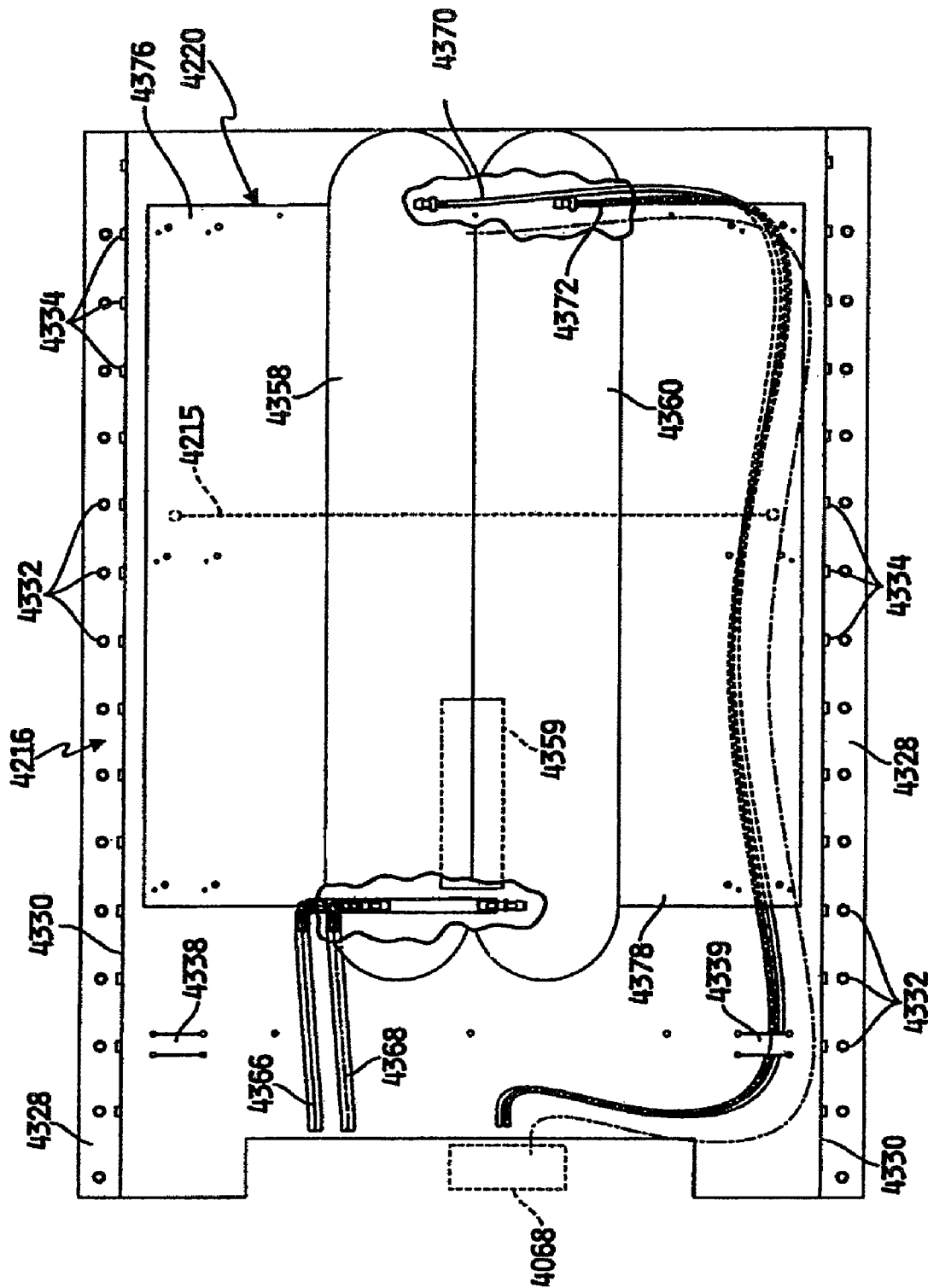


FIG. 139

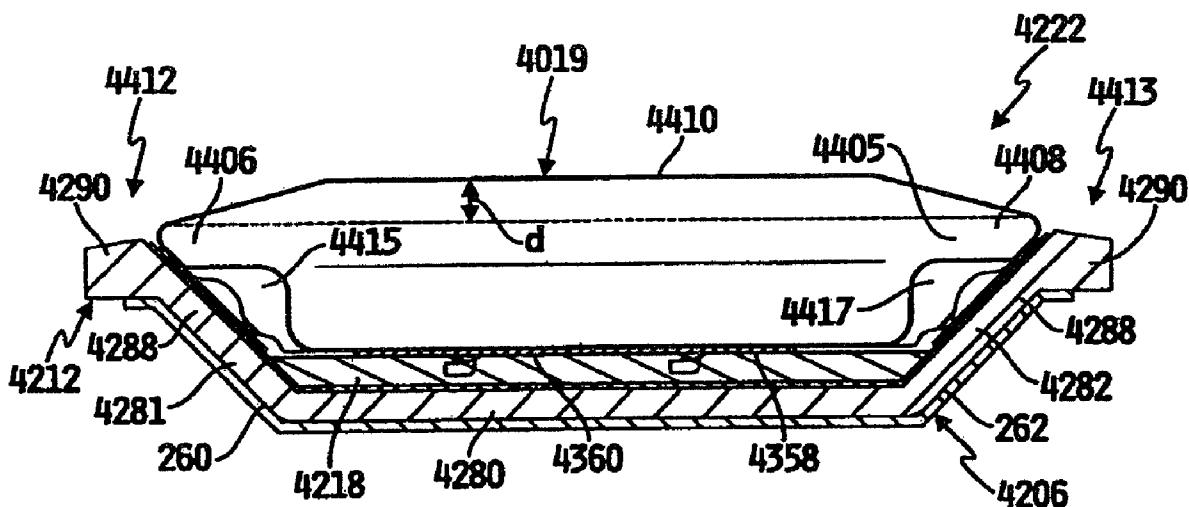


FIG. 140

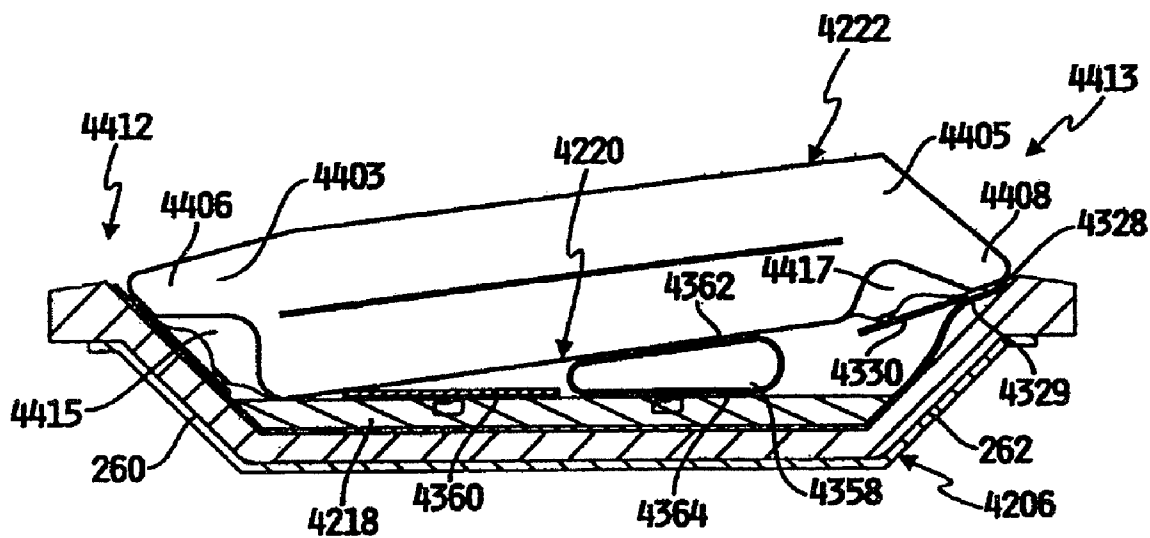


FIG. 141

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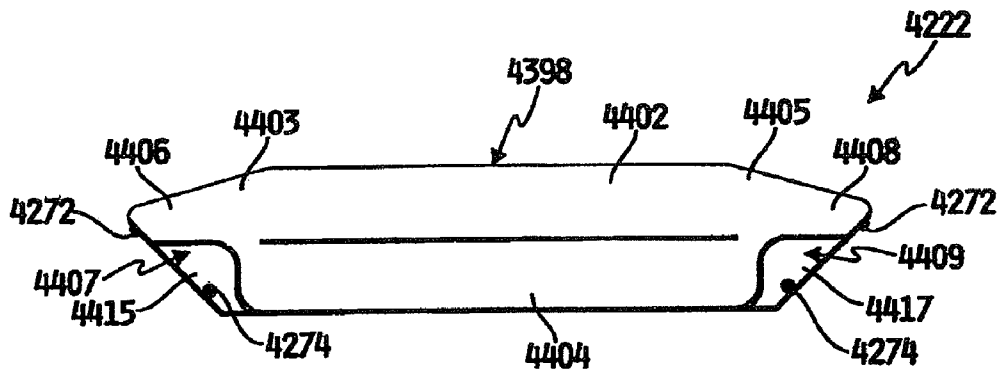


FIG. 142

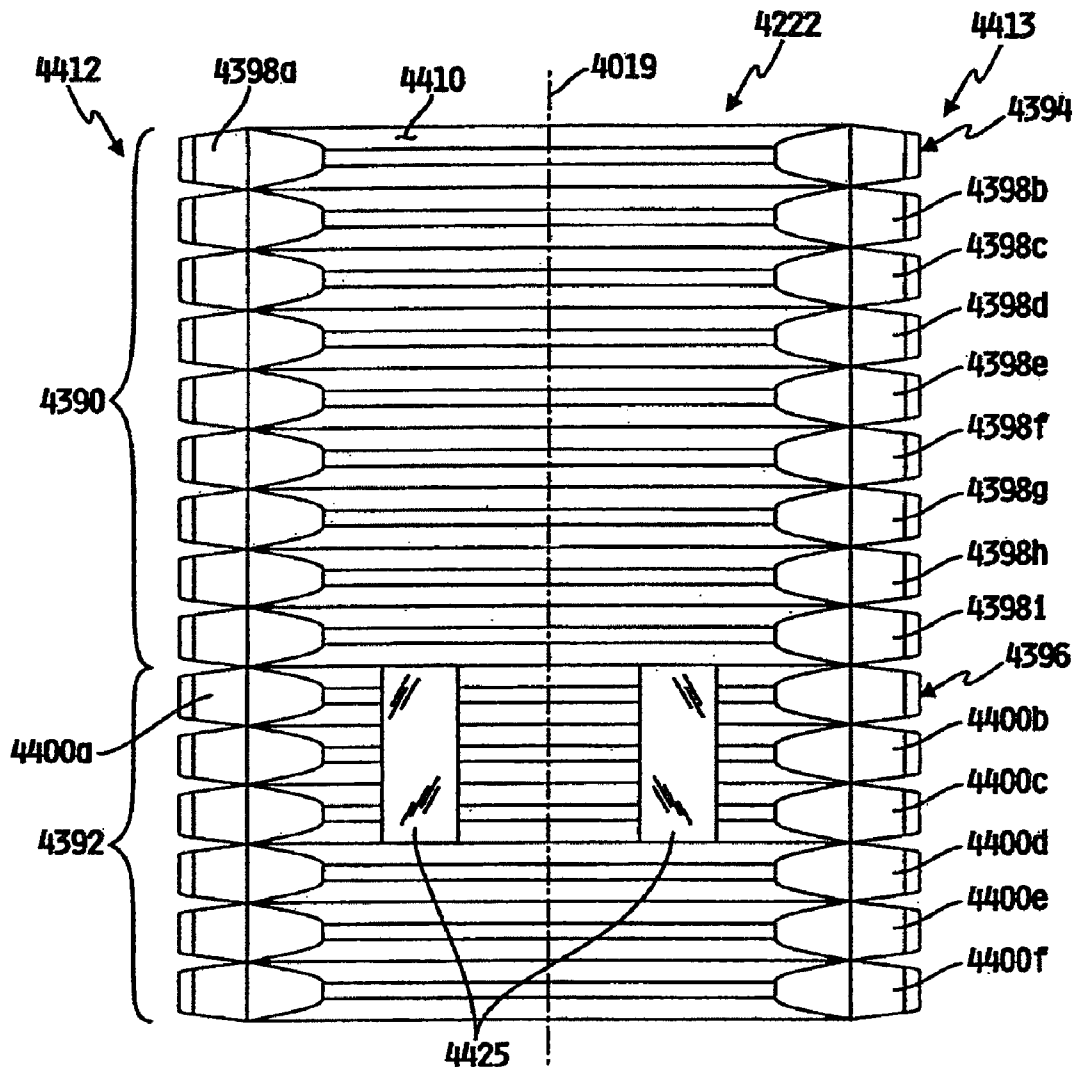


FIG. 143

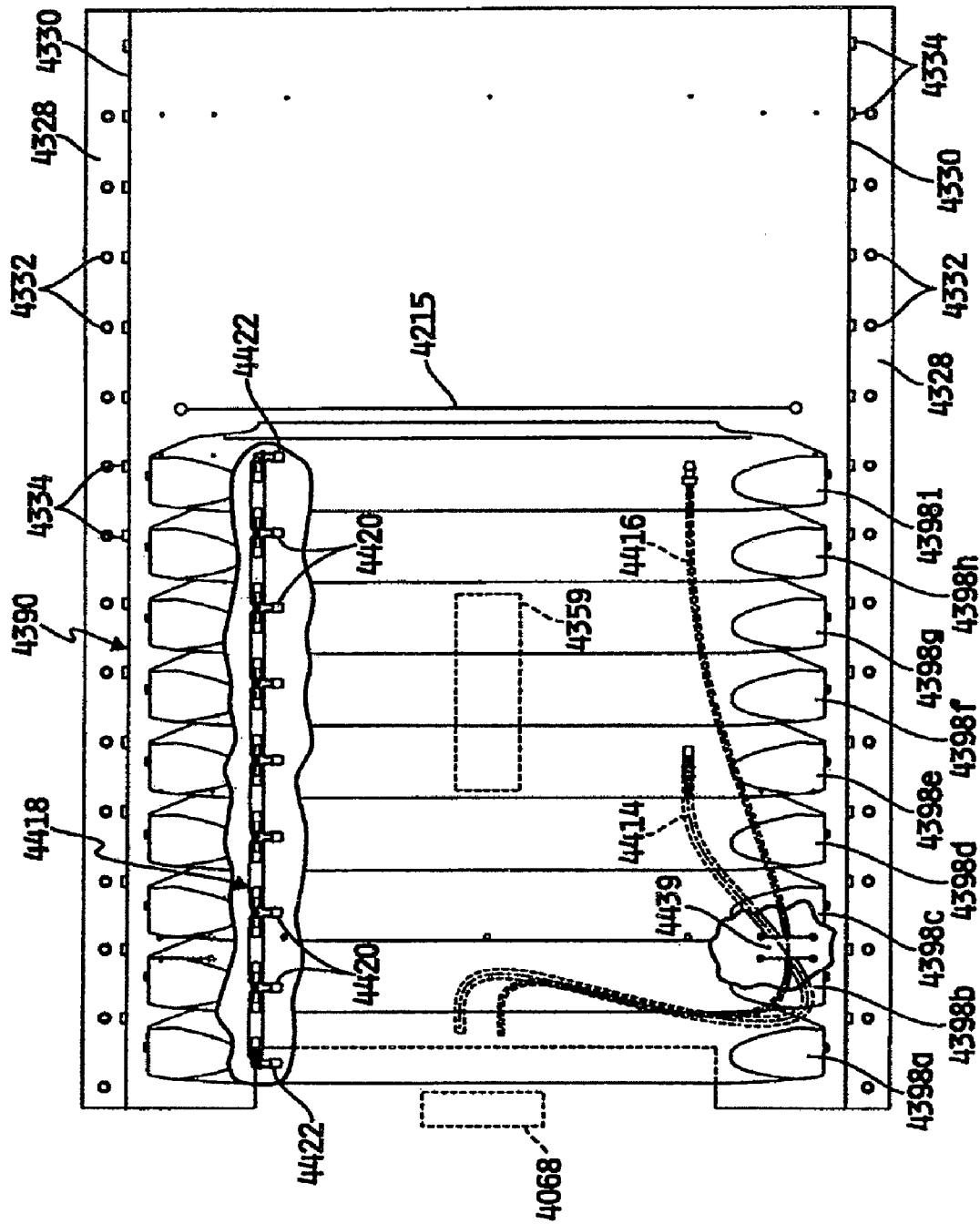


FIG. 144

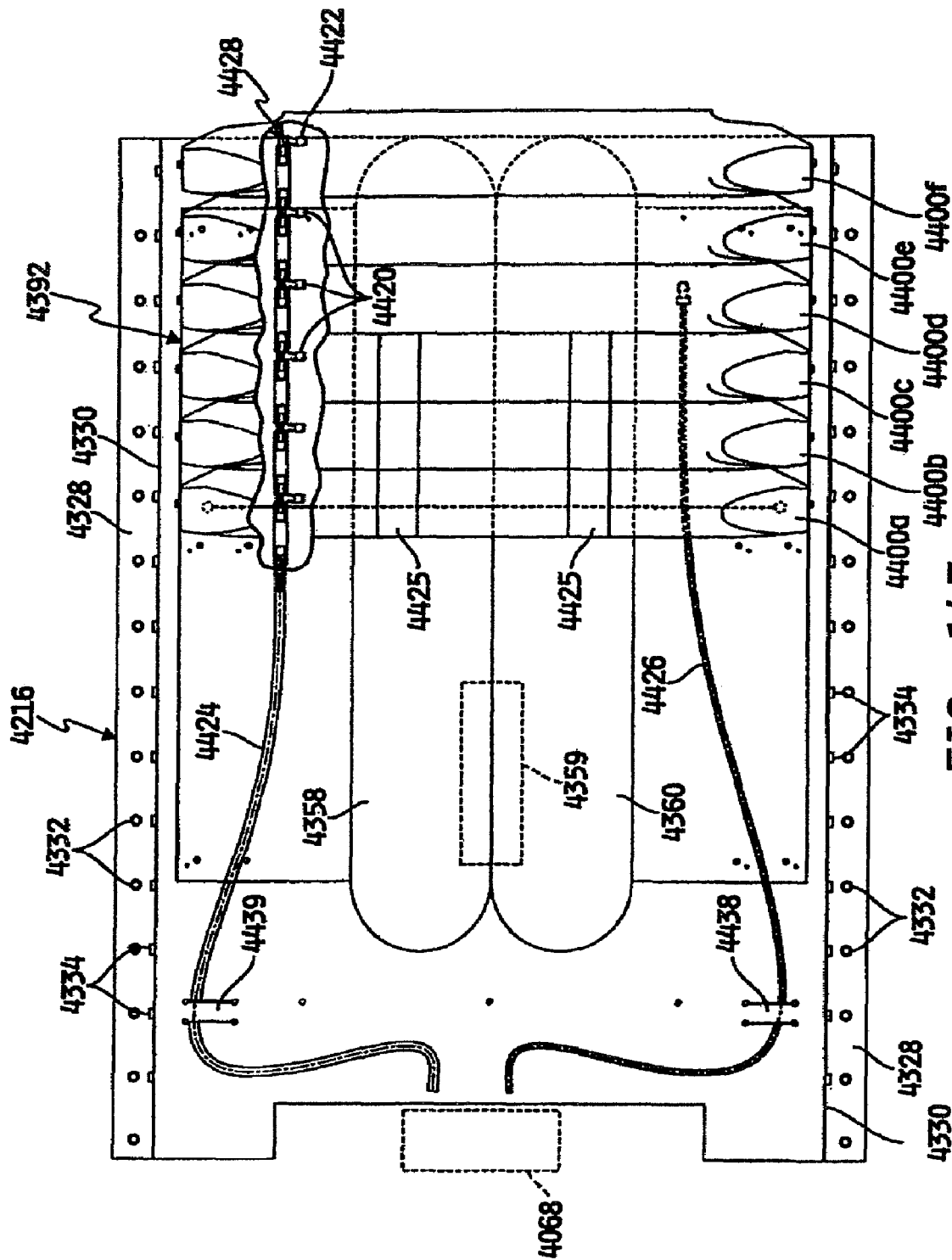
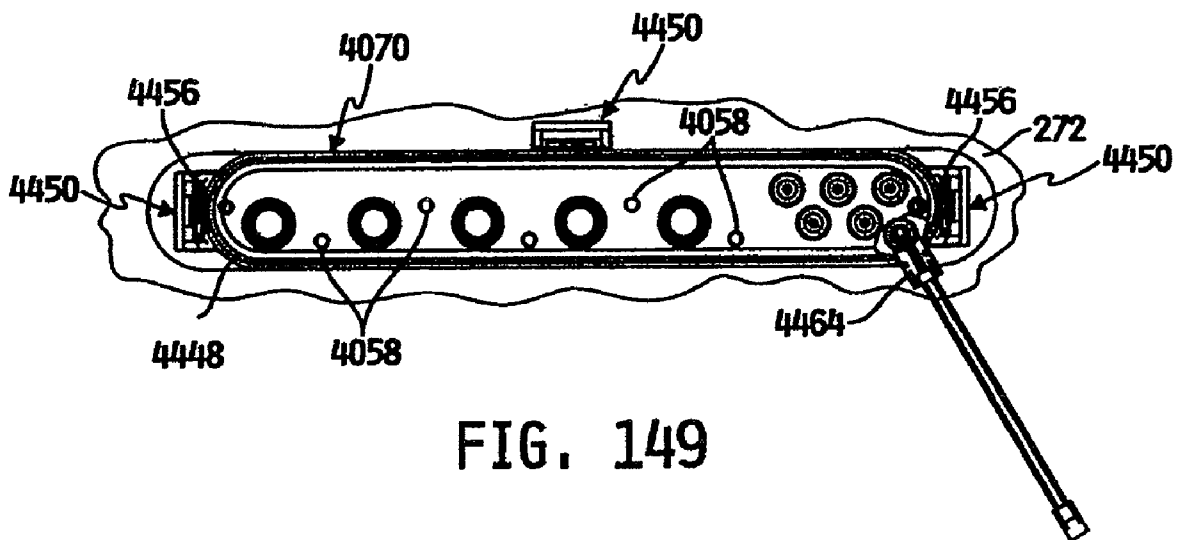
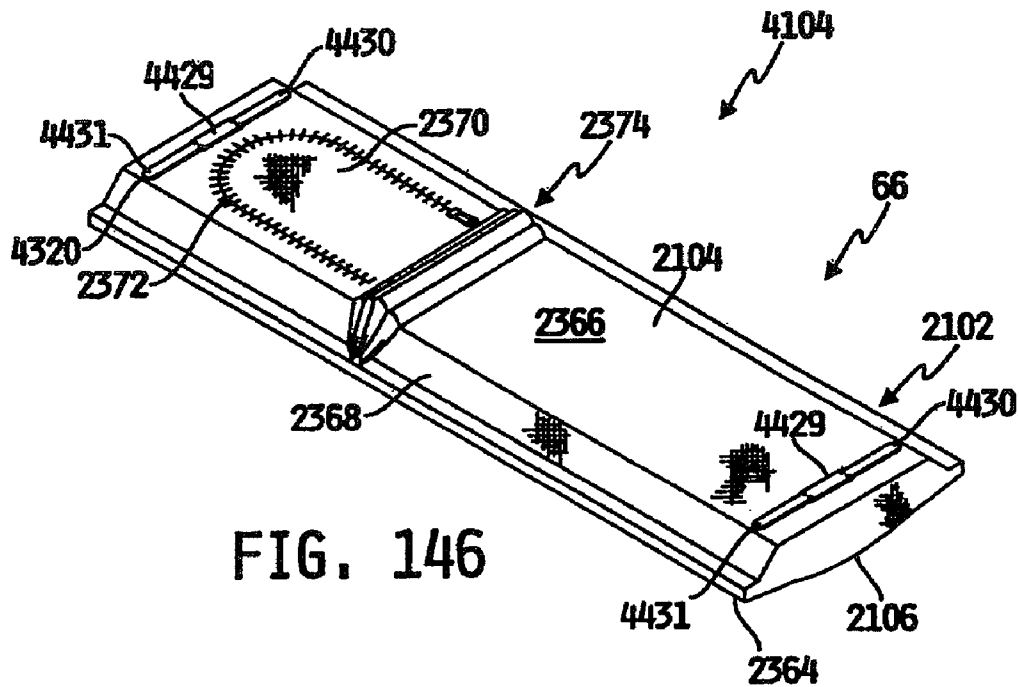


FIG. 145



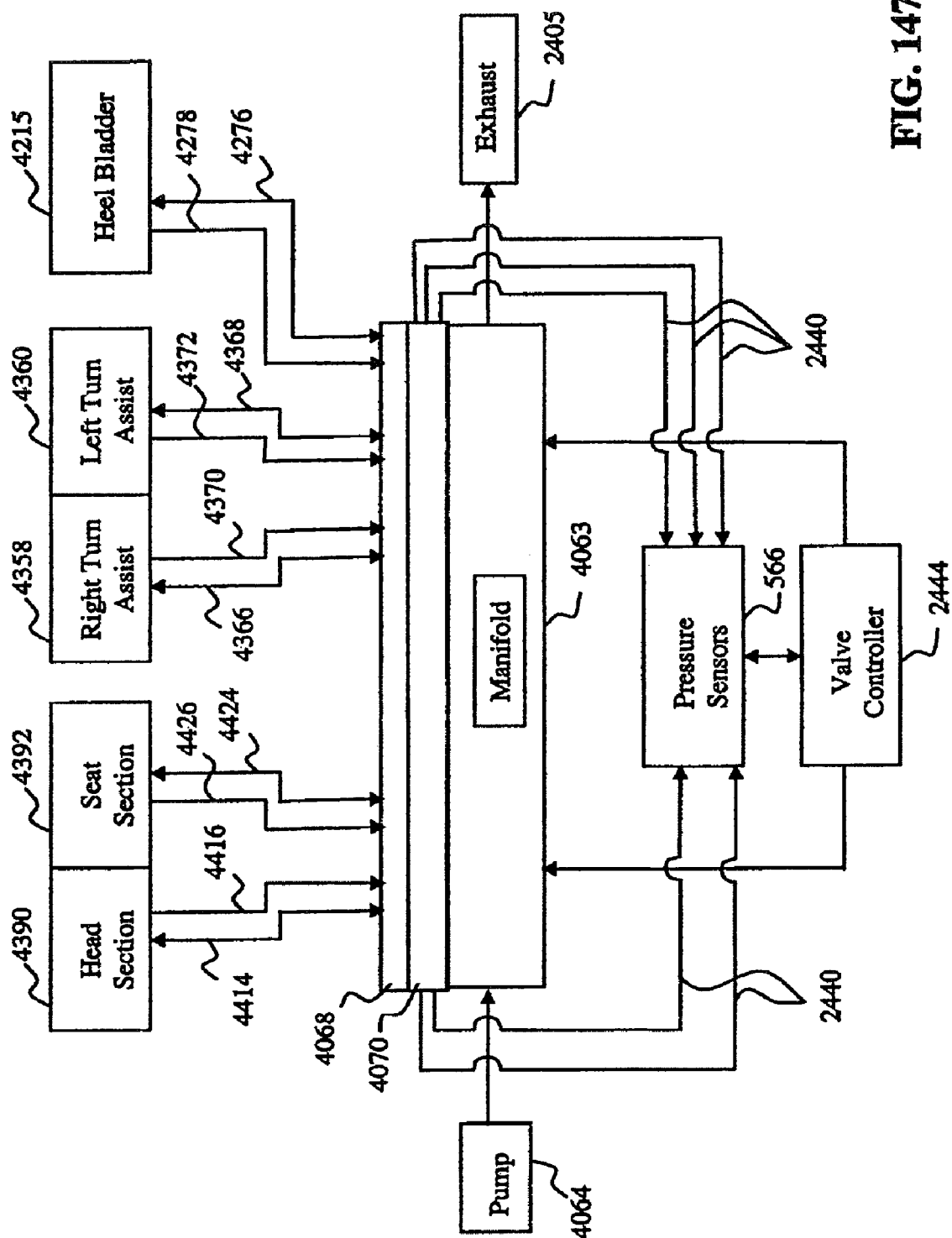


FIG. 147

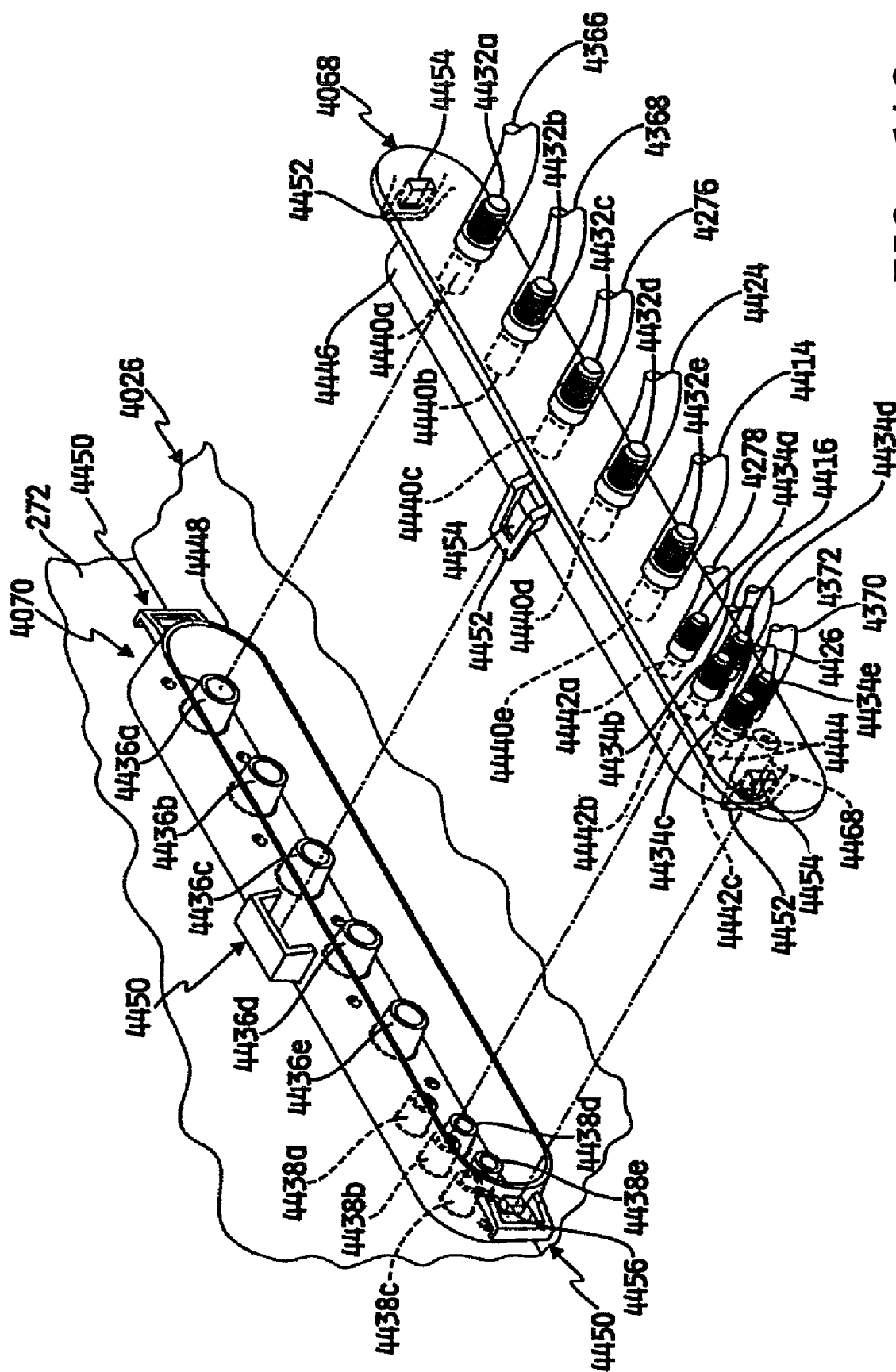
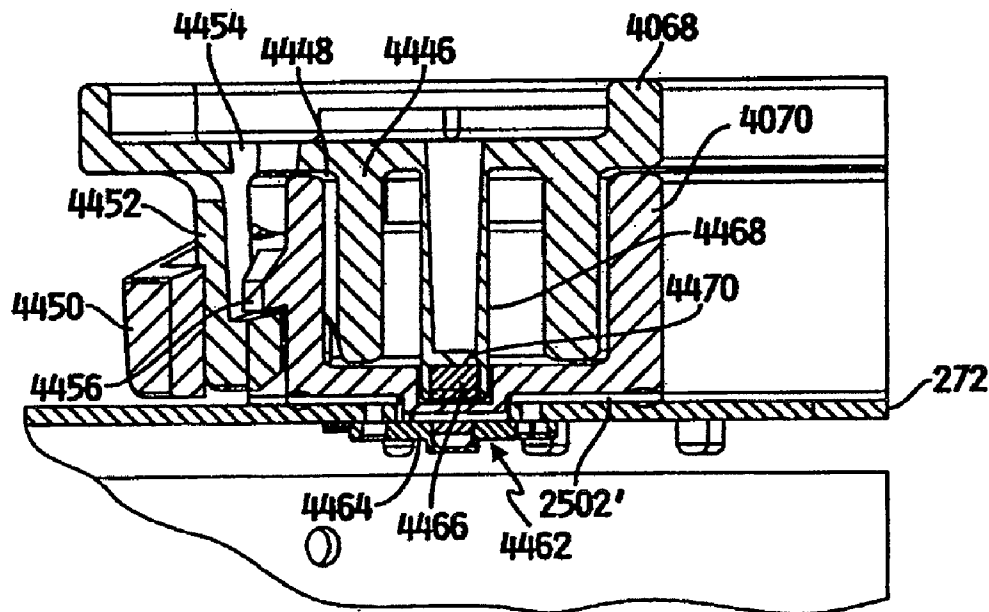
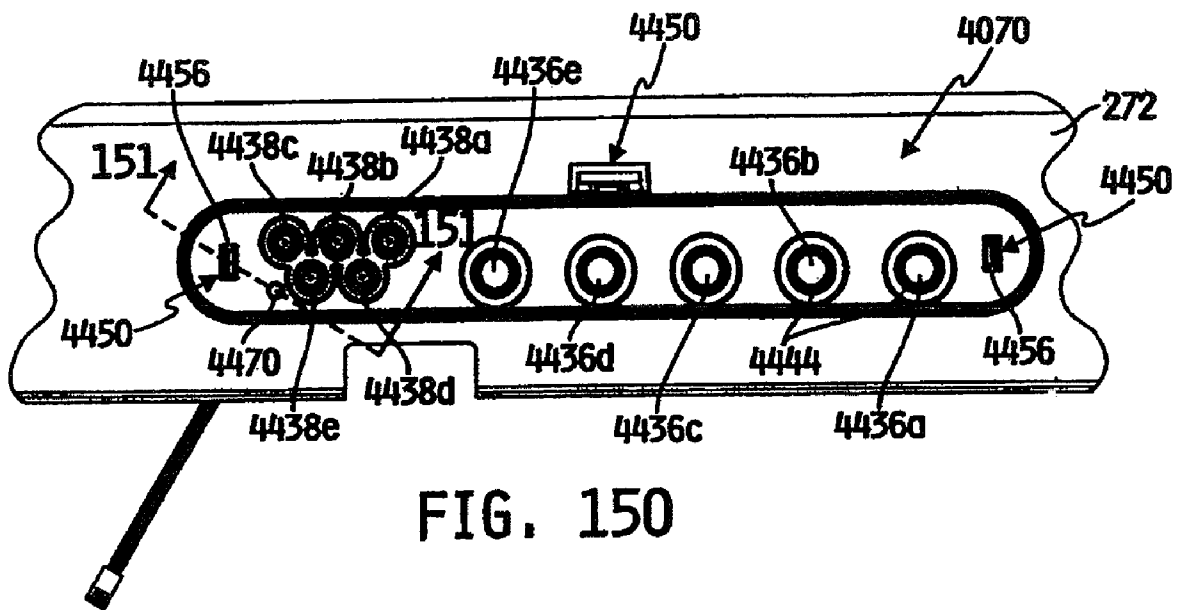


FIG. 148



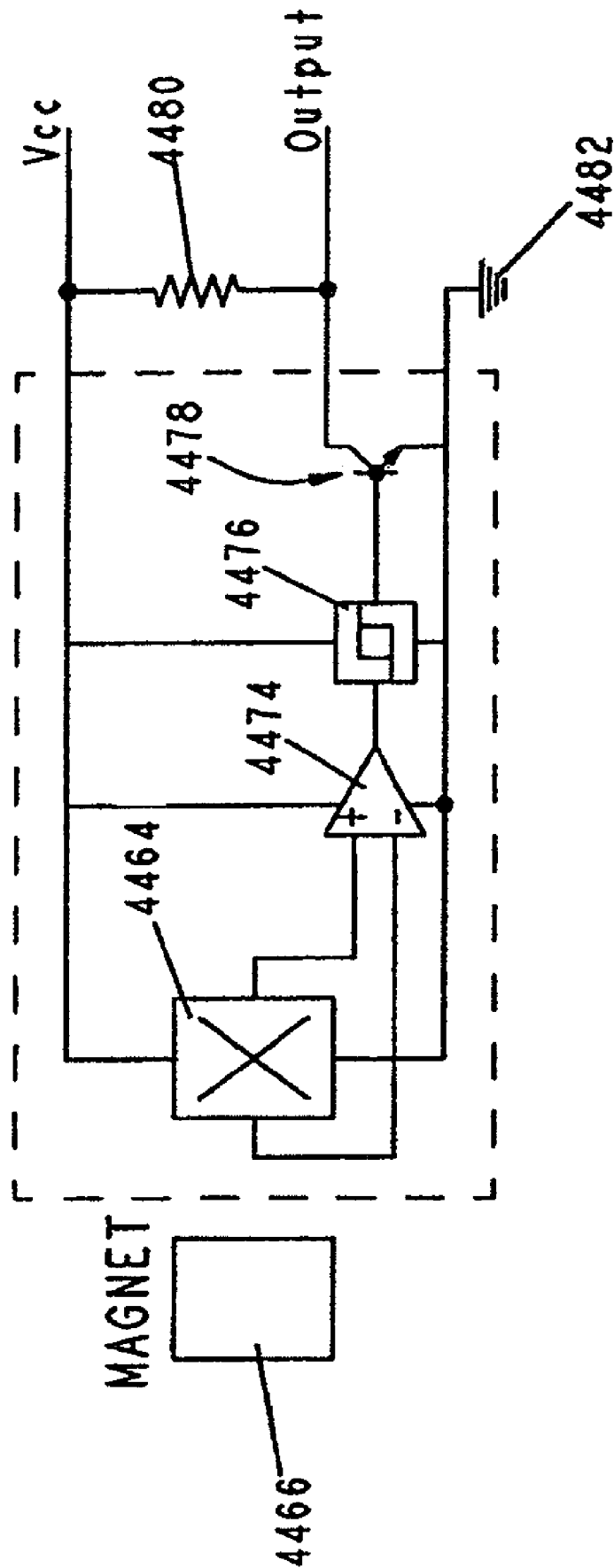


FIG. 152

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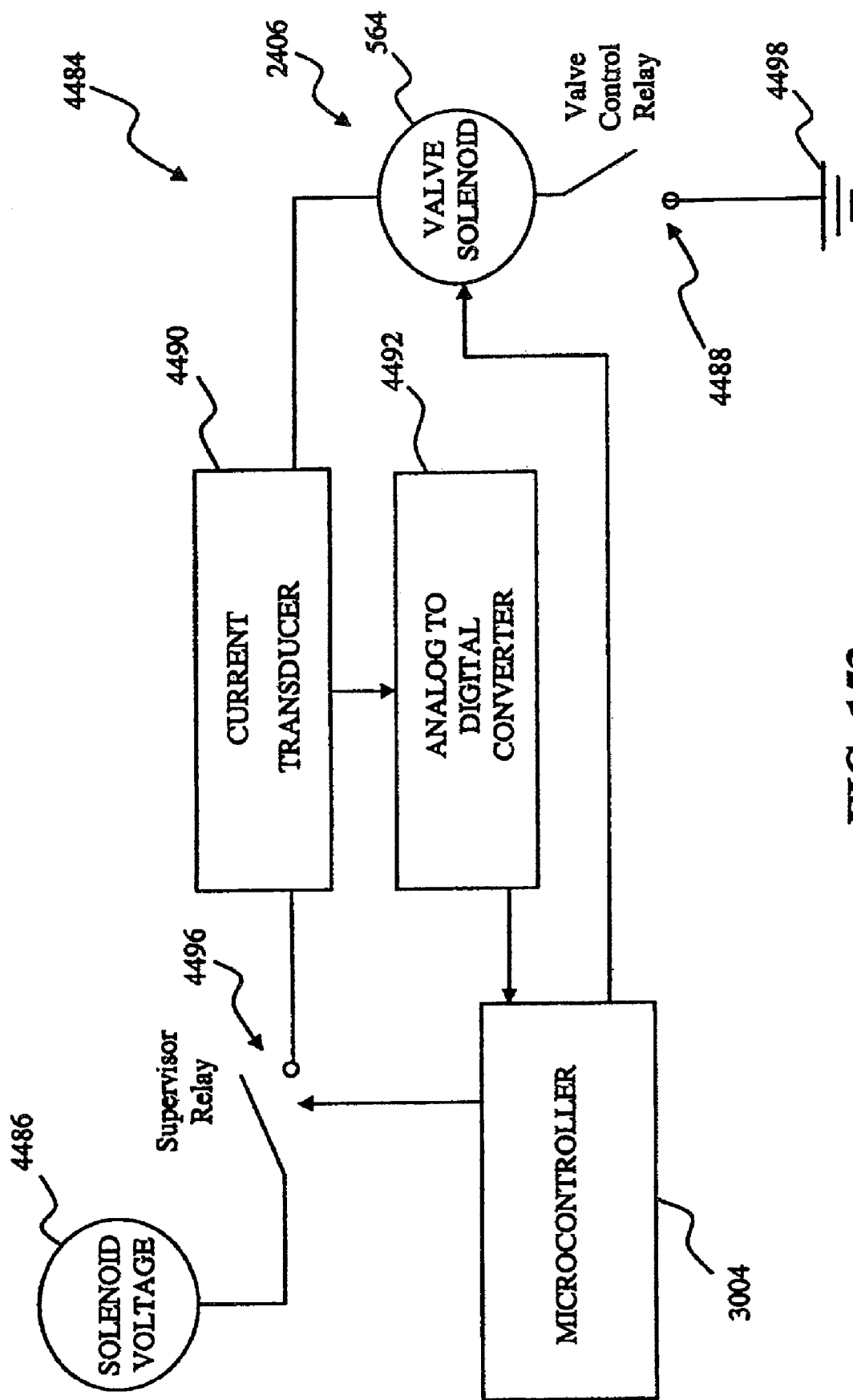


FIG. 153

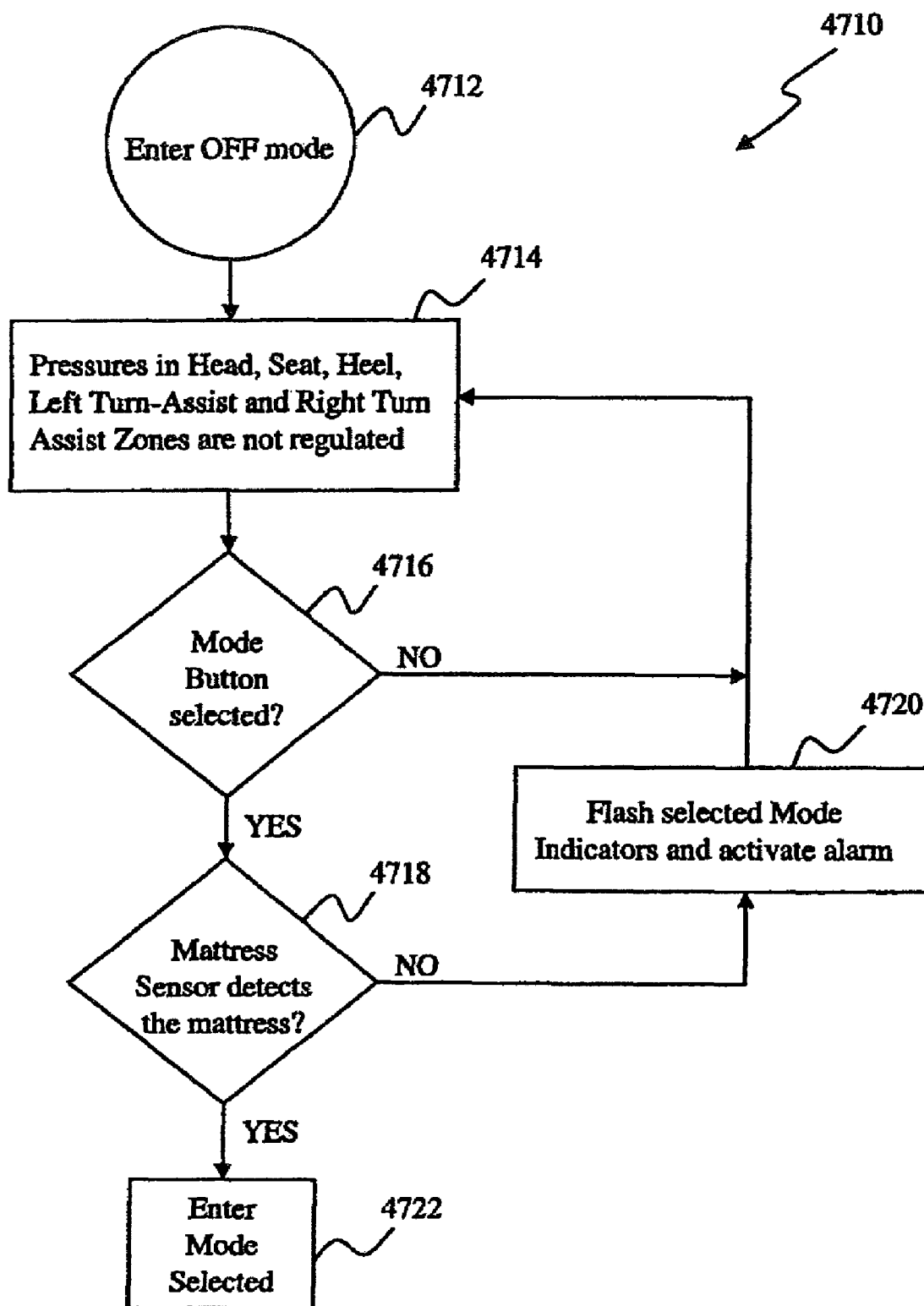


FIG. 154

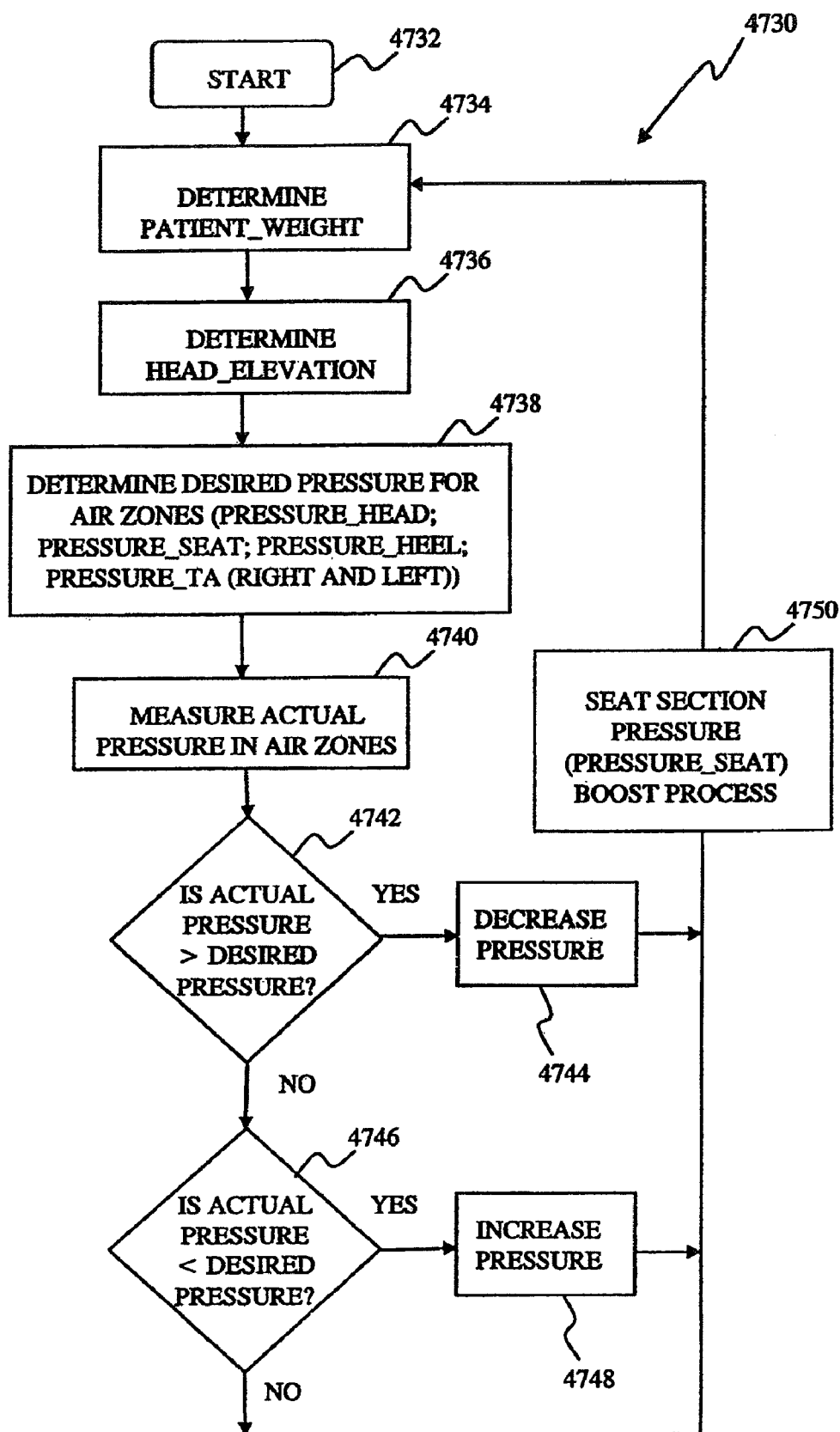


FIG. 155

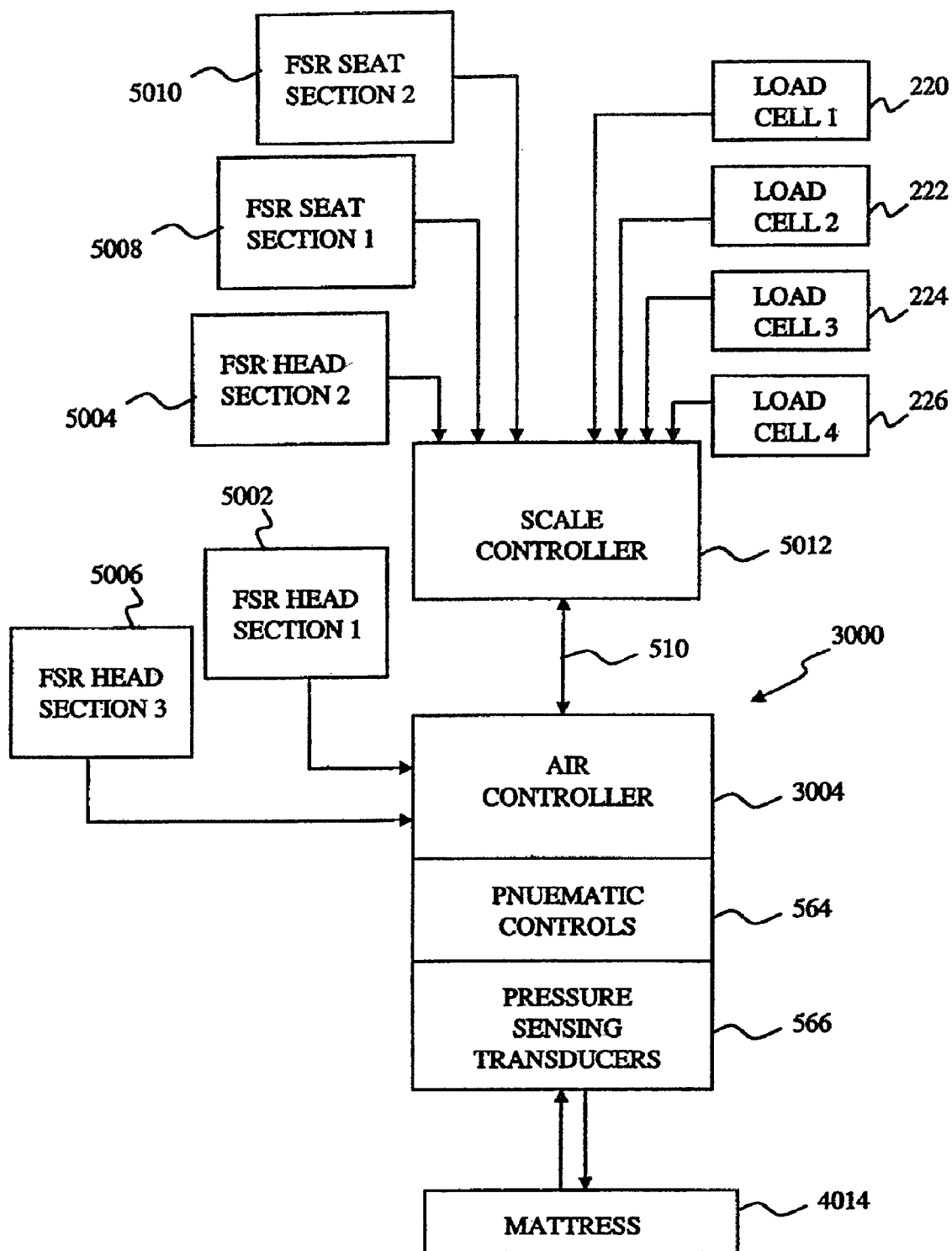


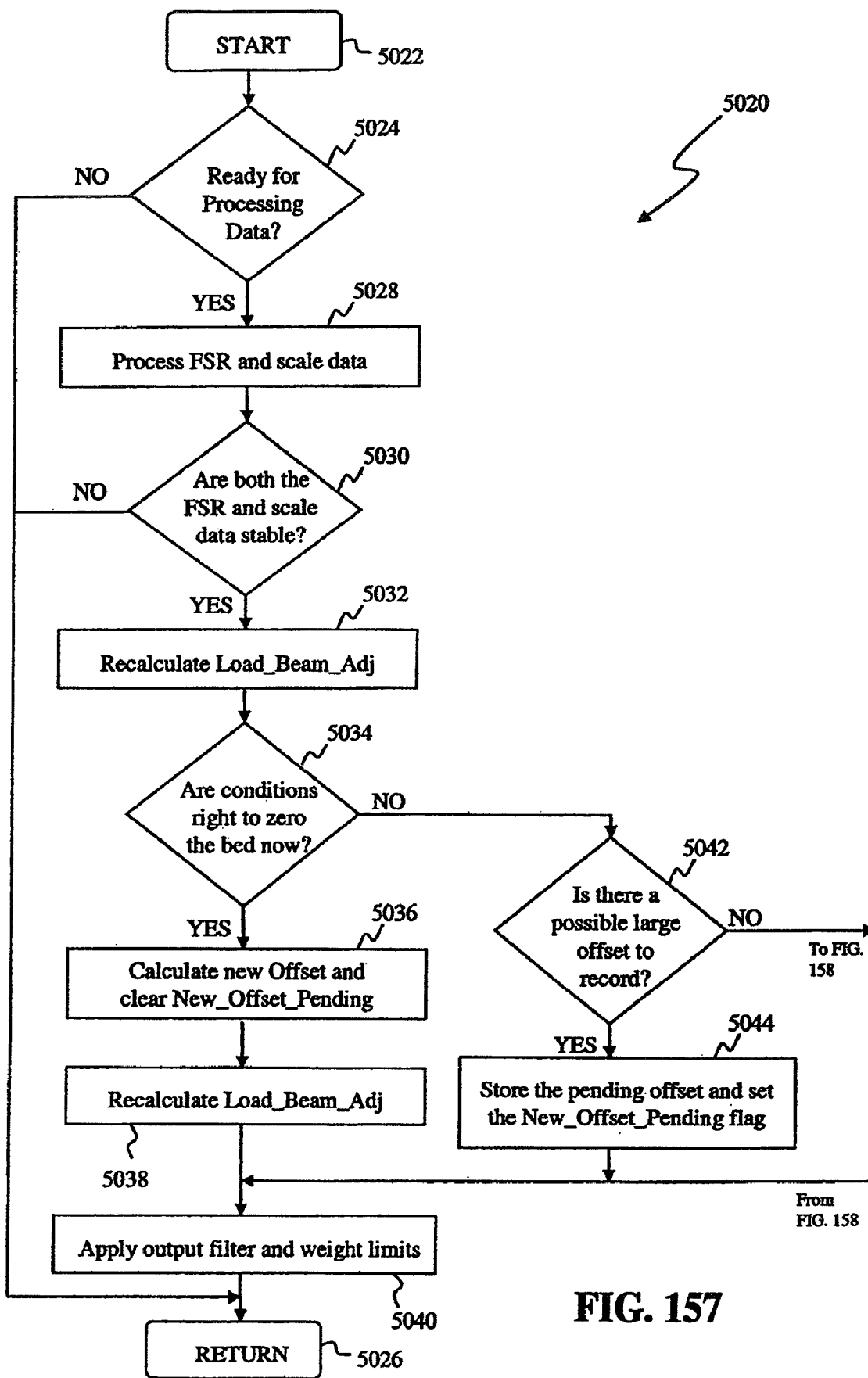
FIG. 156

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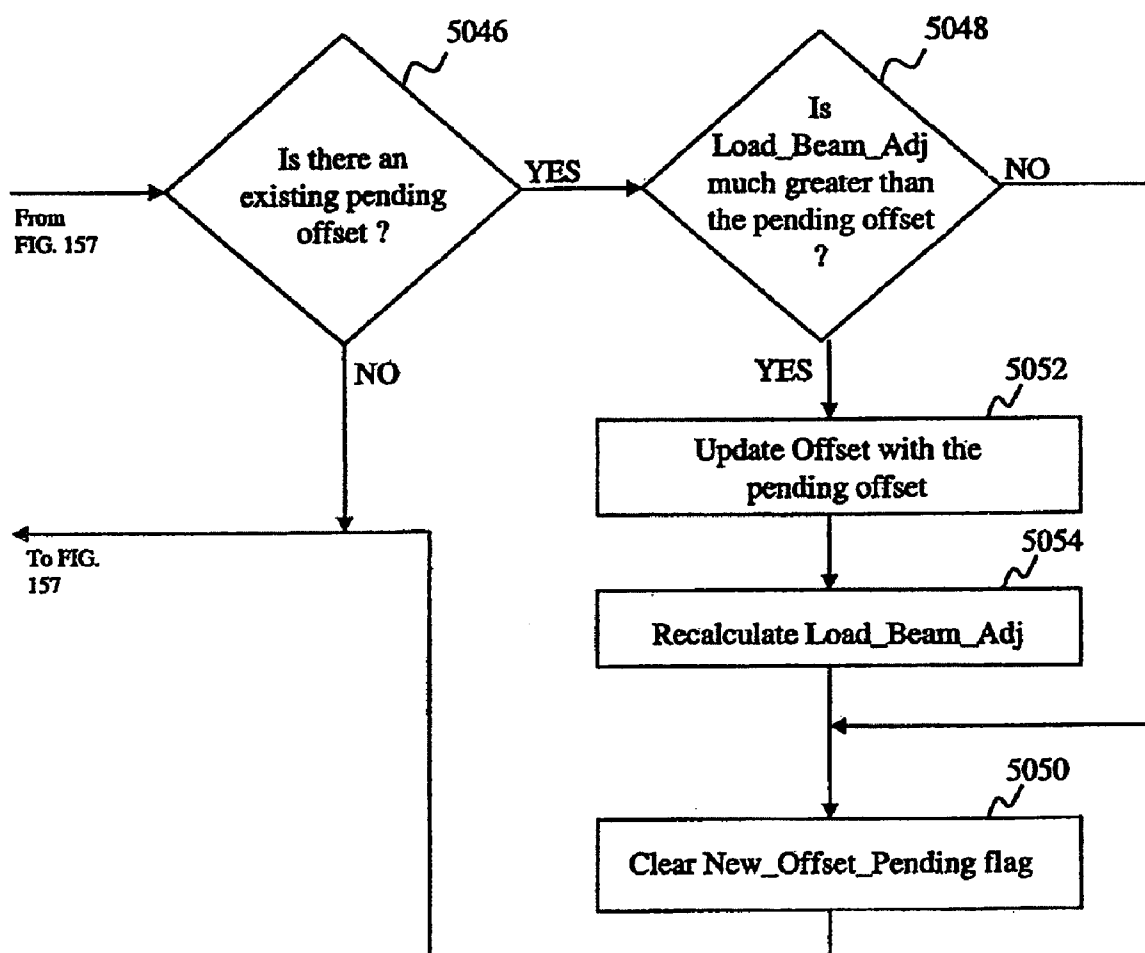


FIG. 158

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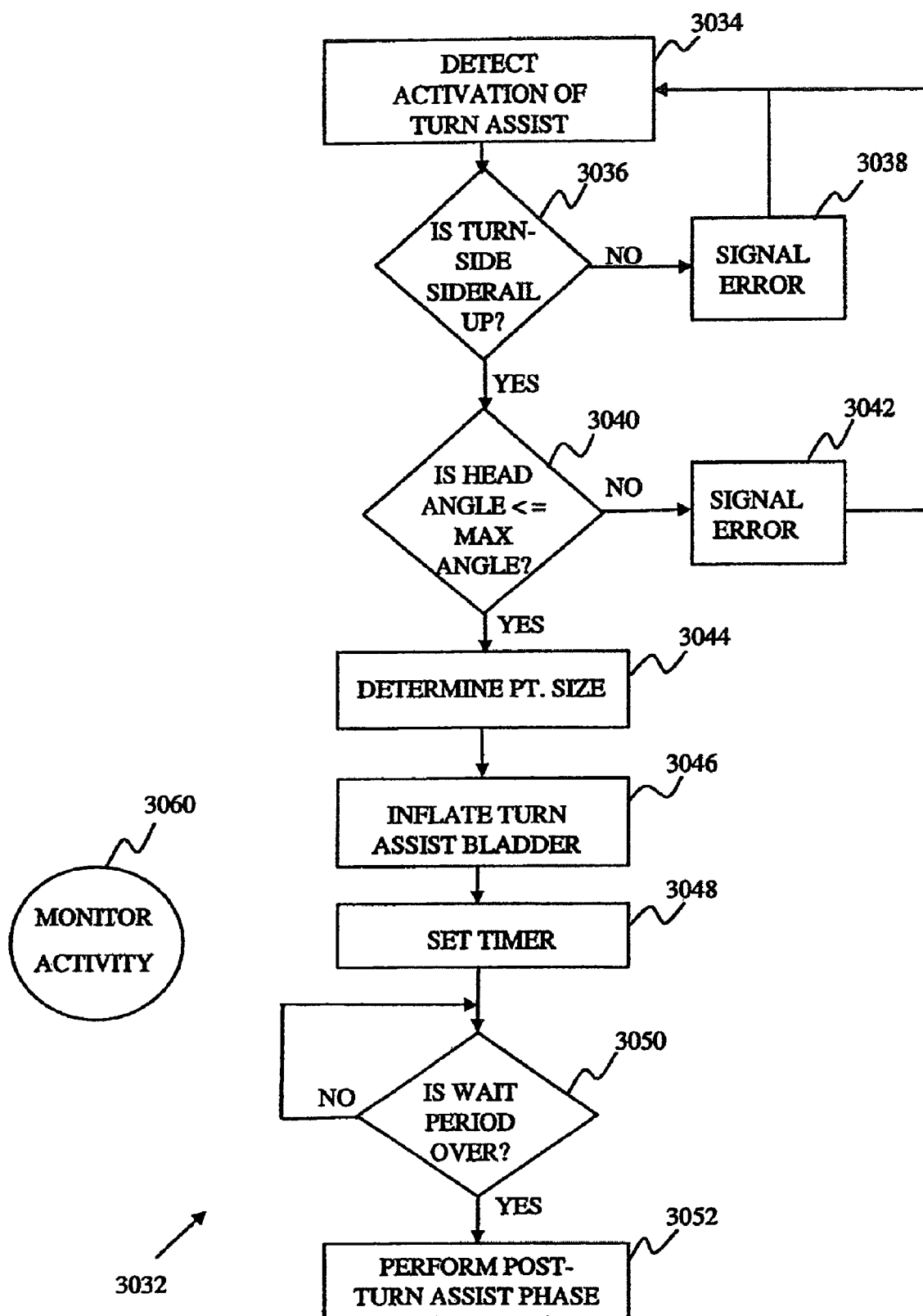


FIG. 159

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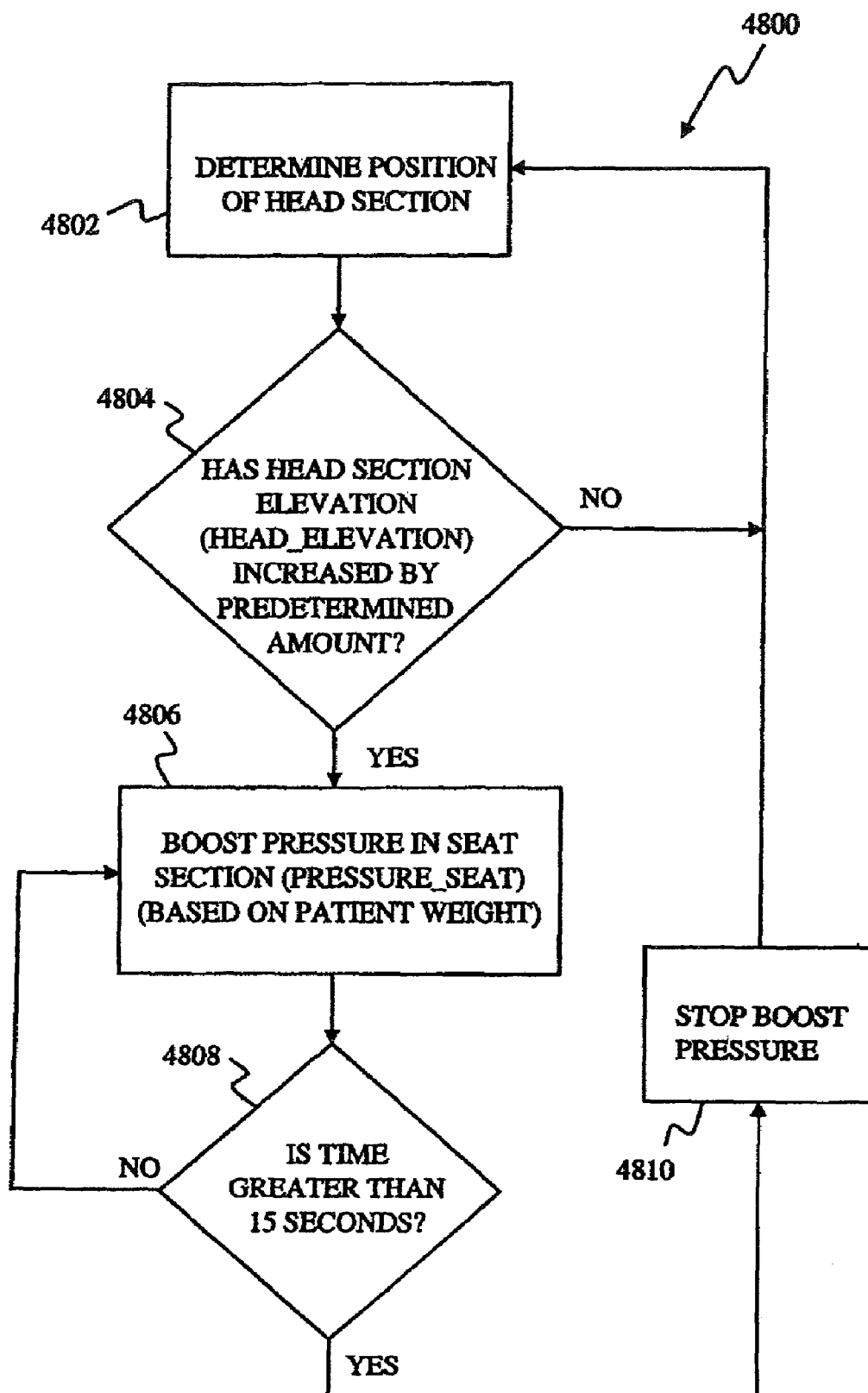


FIG. 160

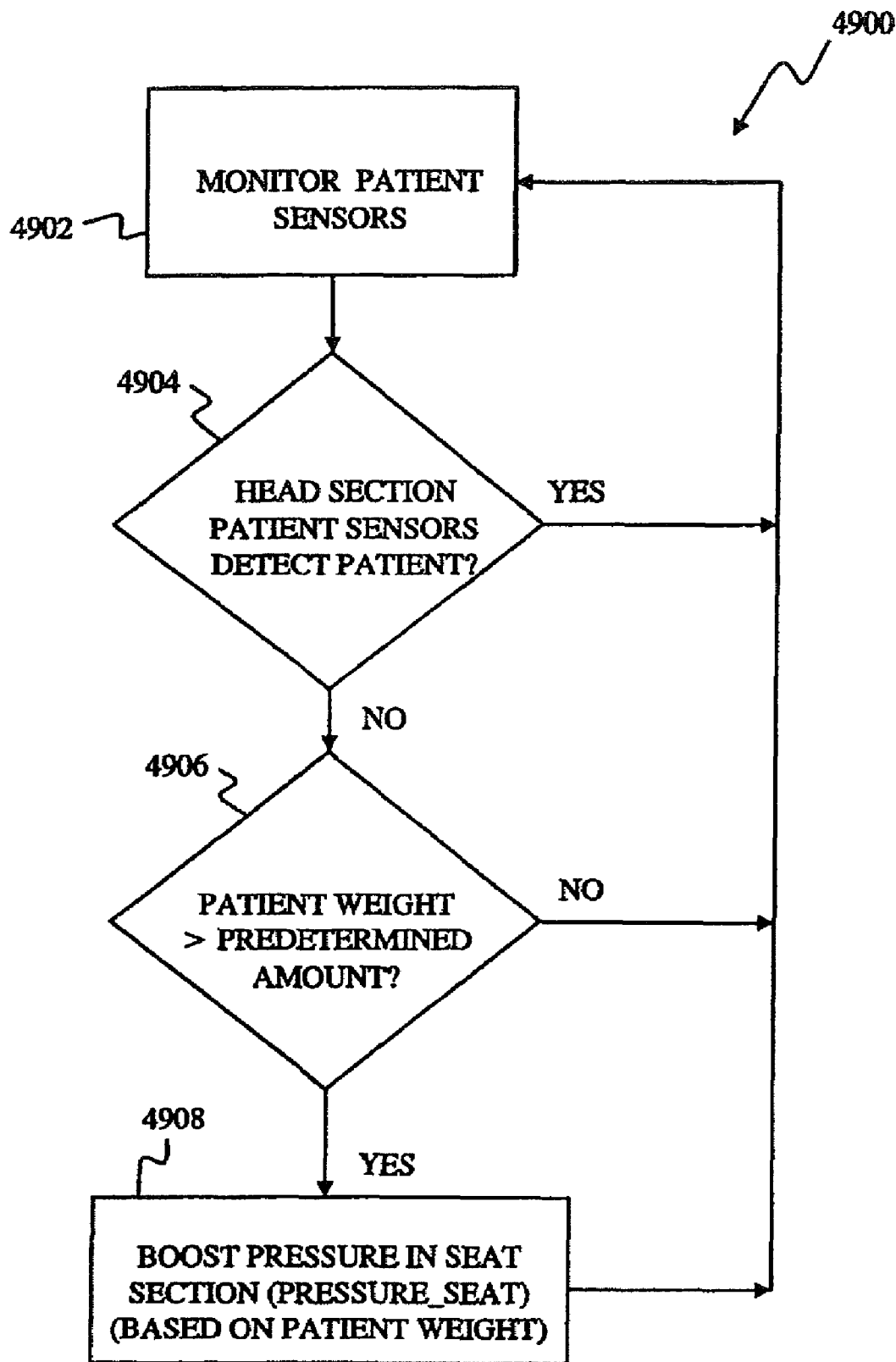


FIG. 161

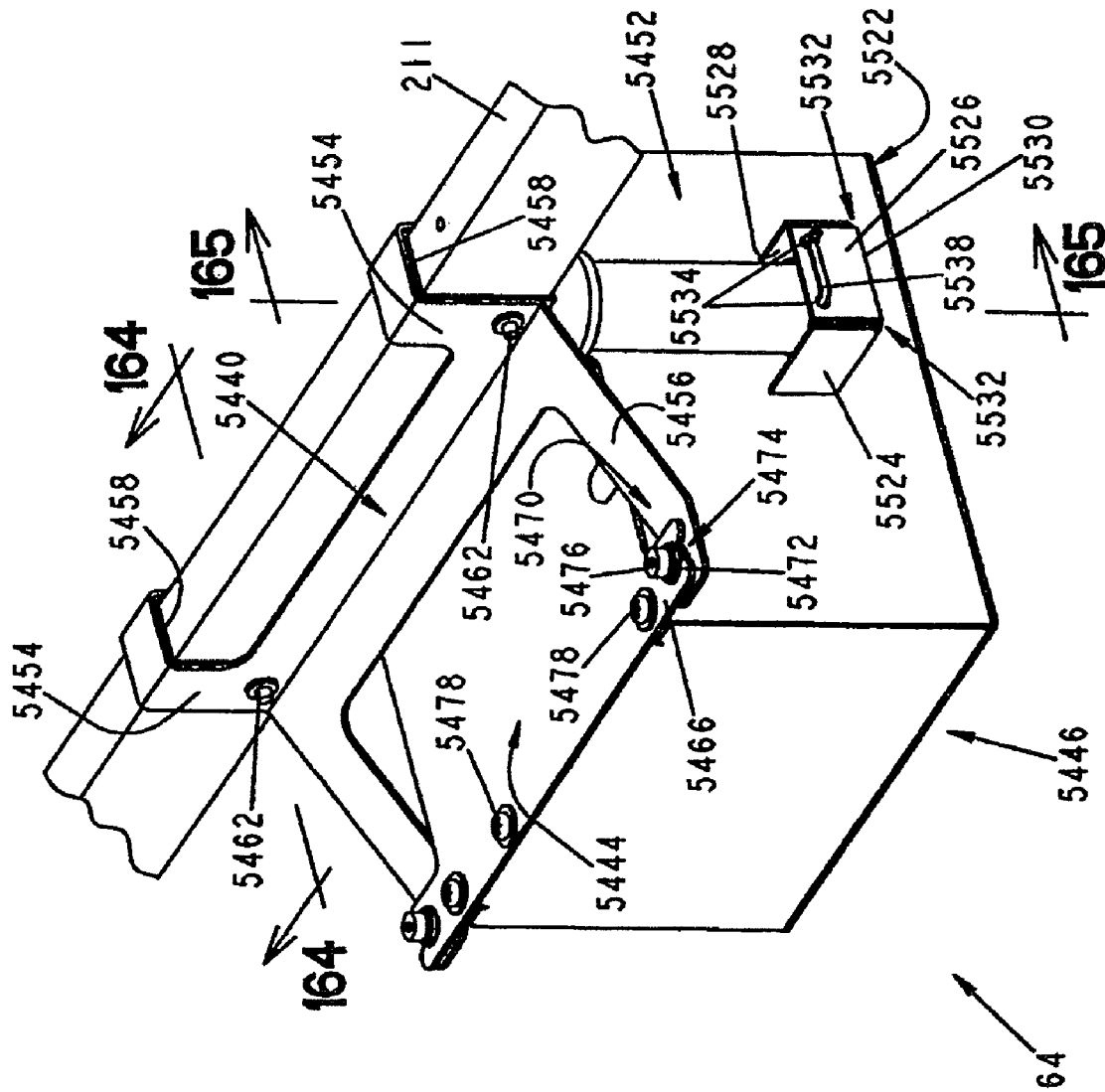
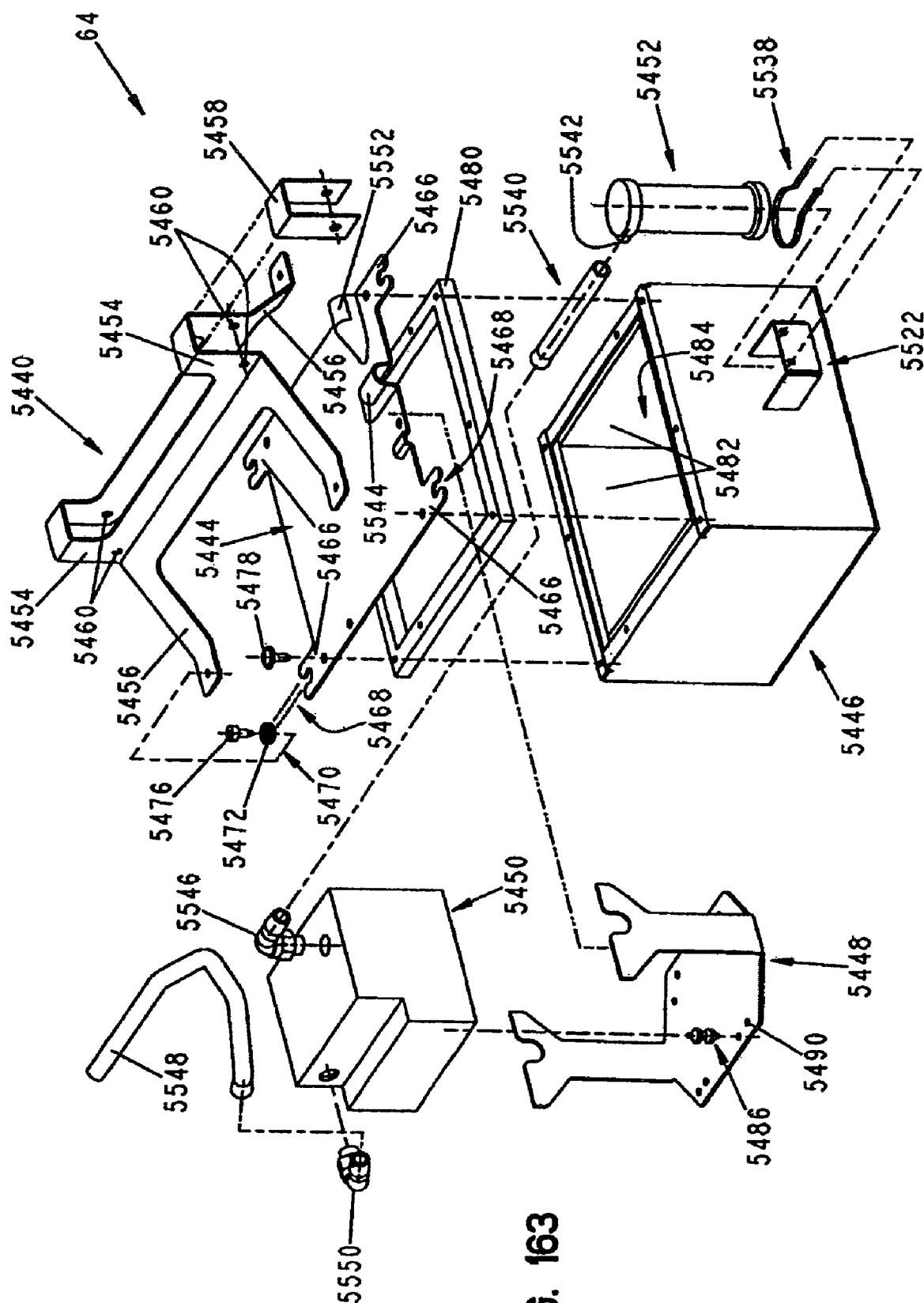


FIG. 162



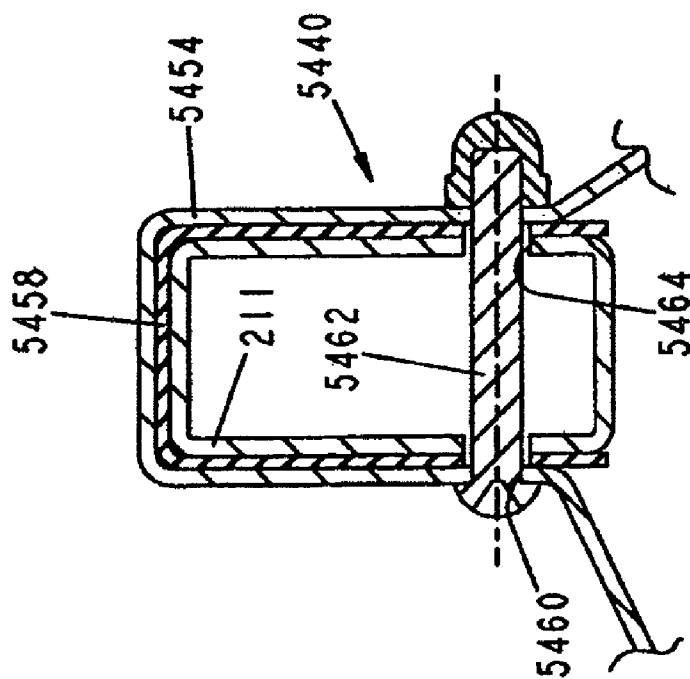


FIG. 164

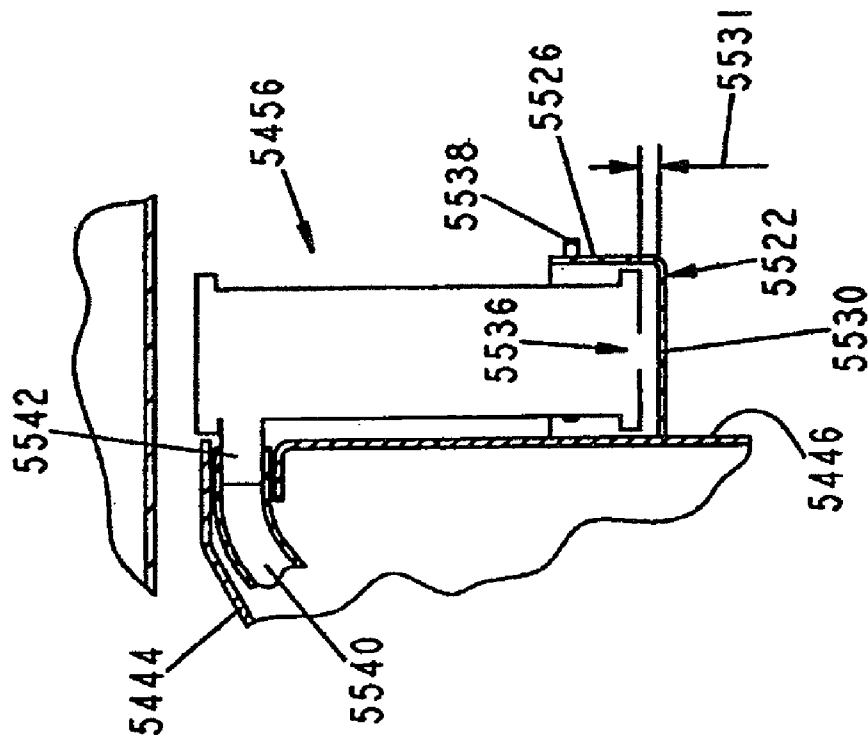
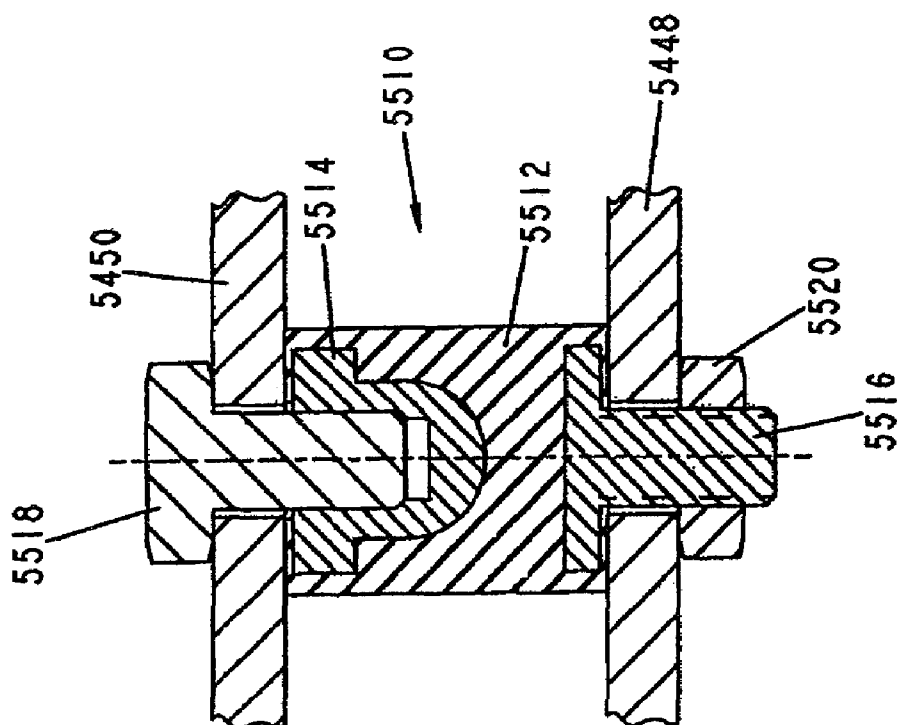
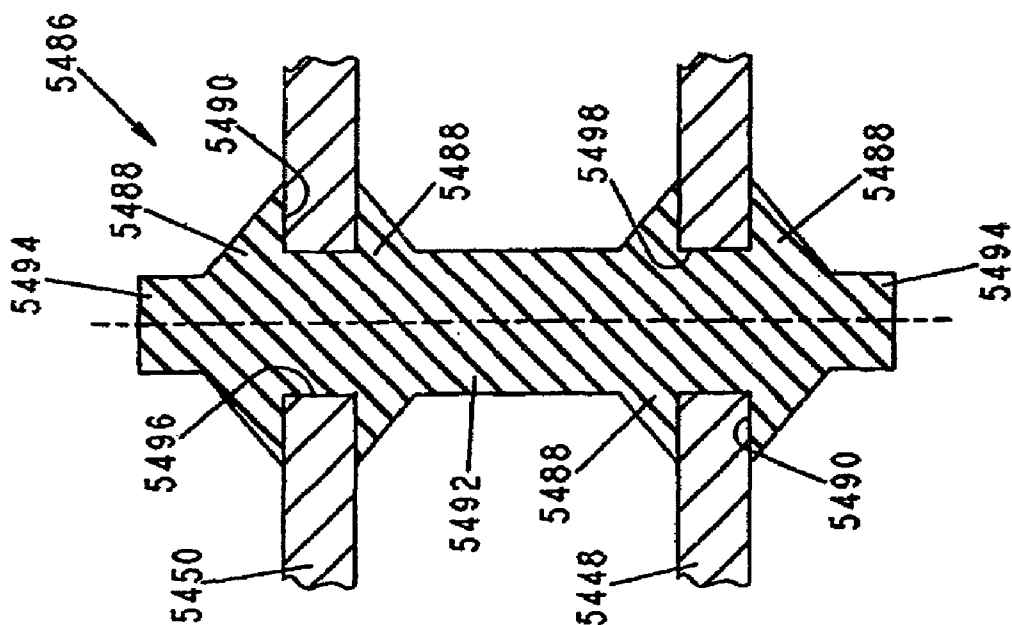


FIG. 165



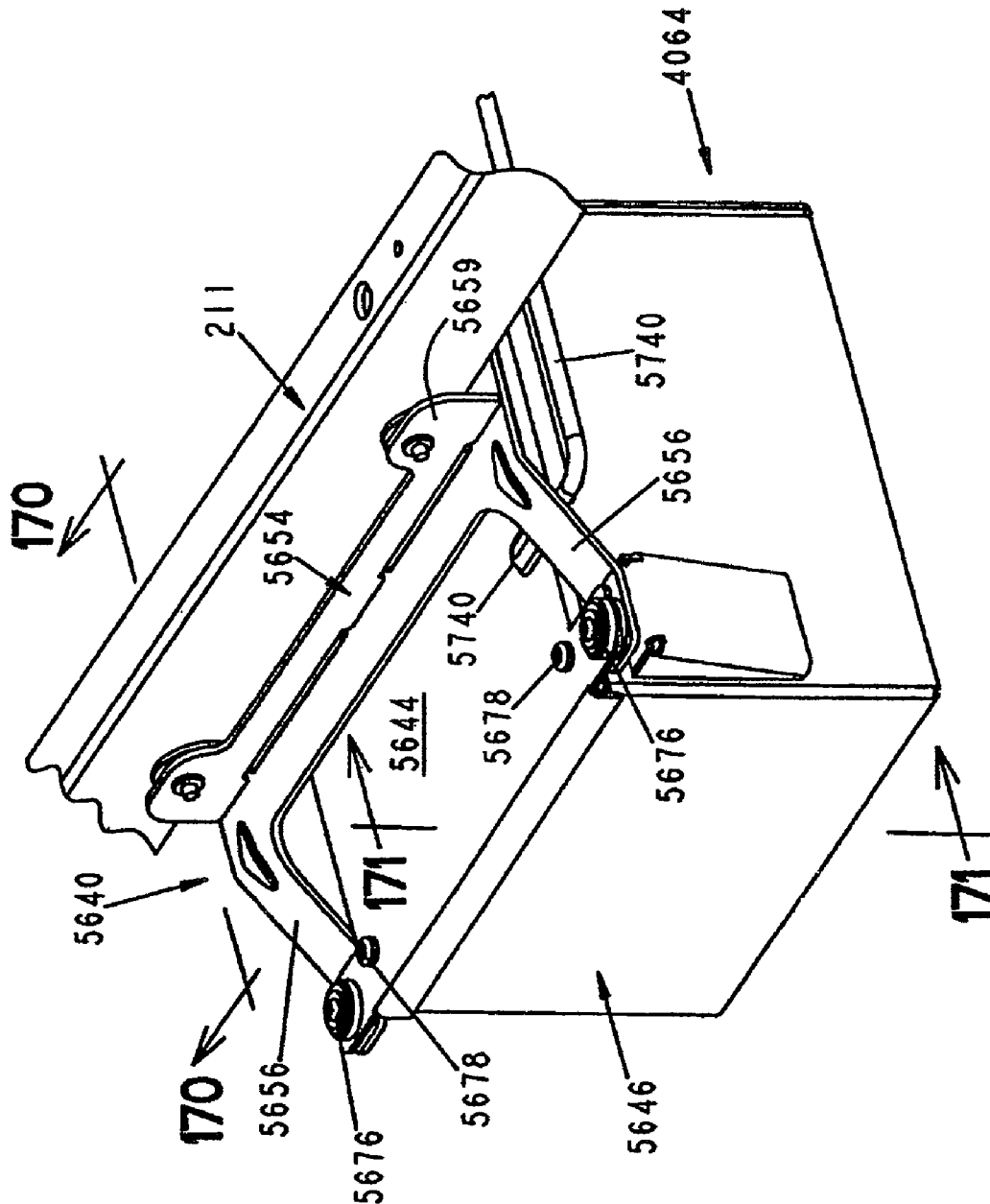


FIG. 168

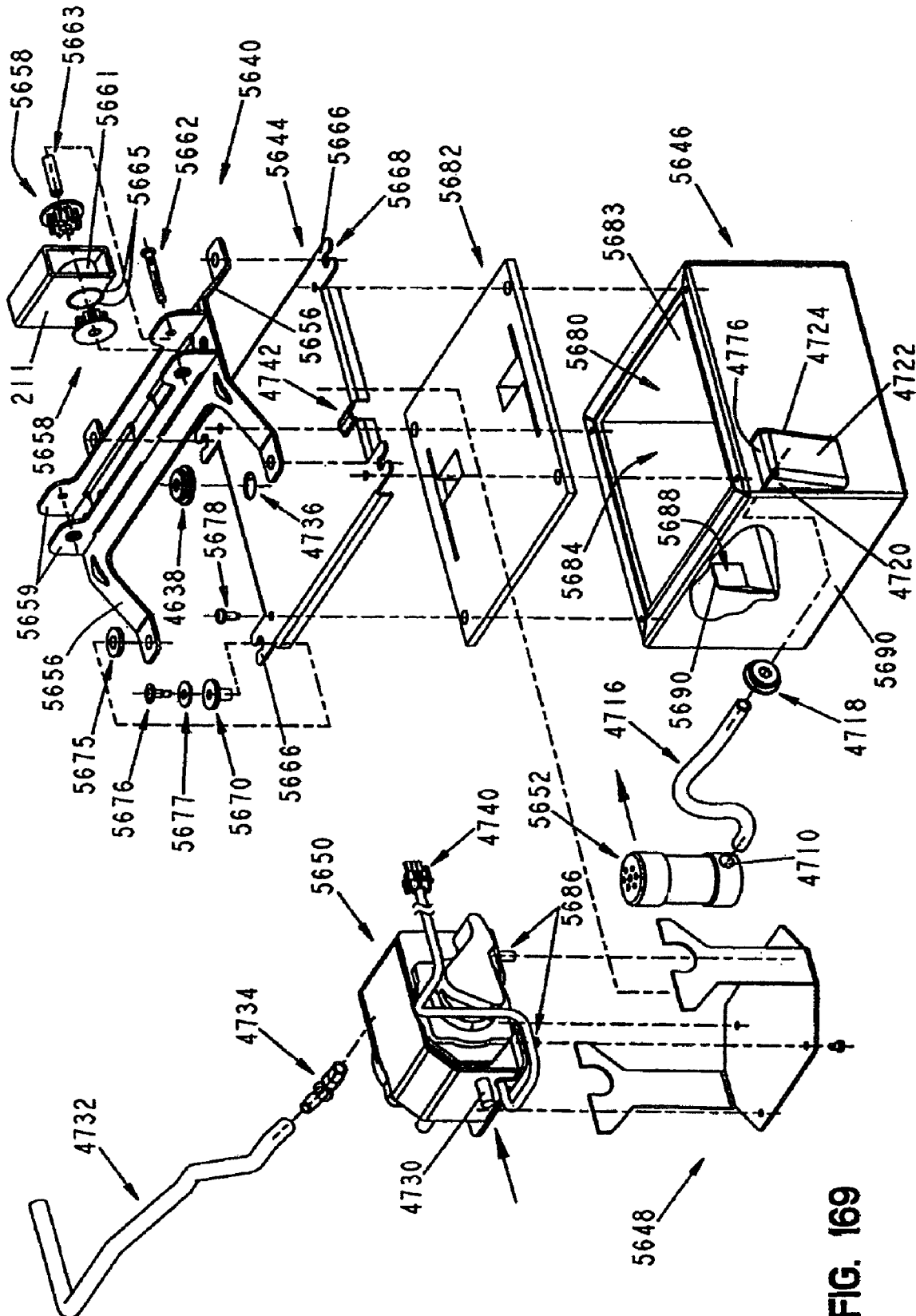


FIG. 169

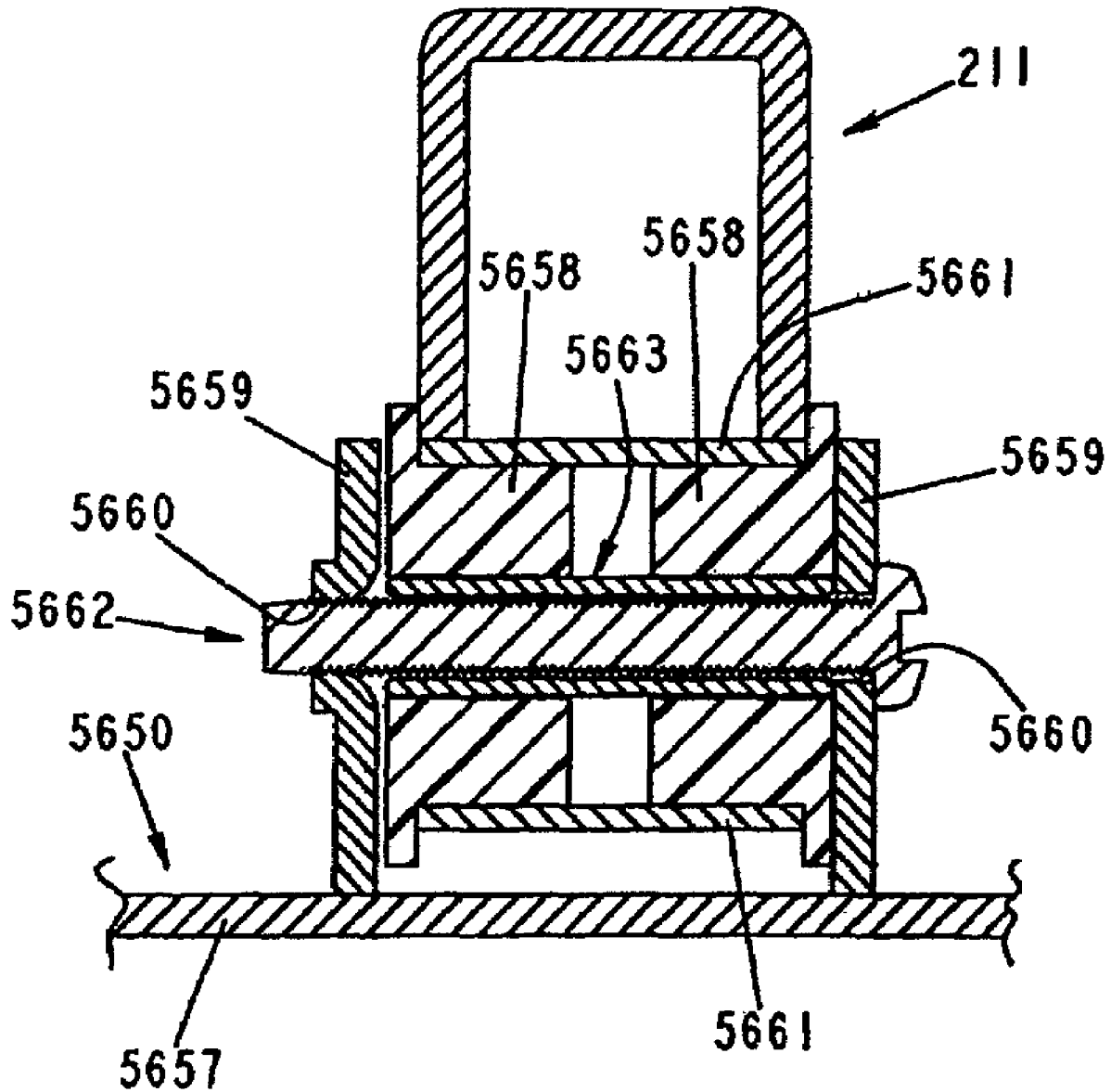


FIG. 170

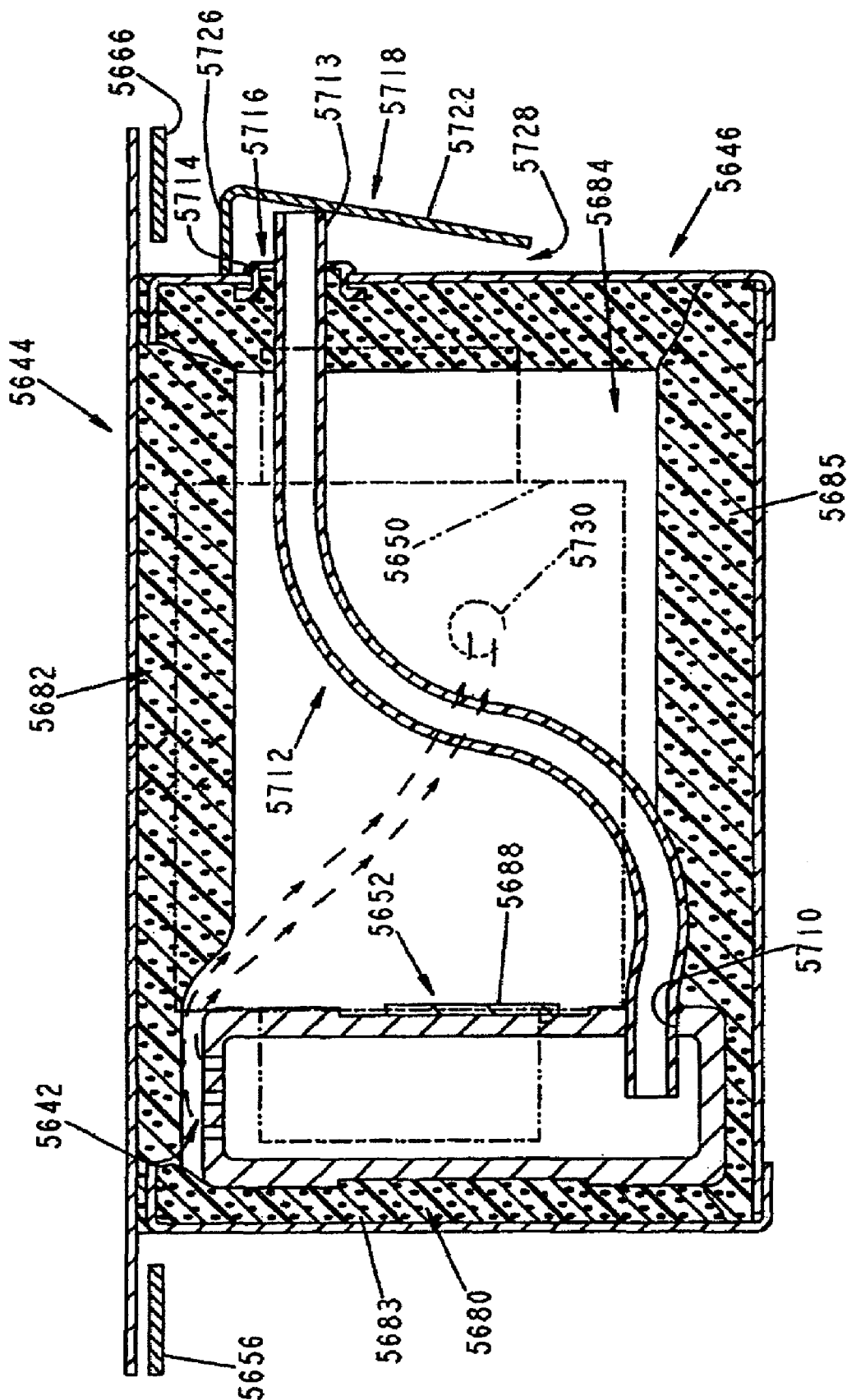


FIG. 171

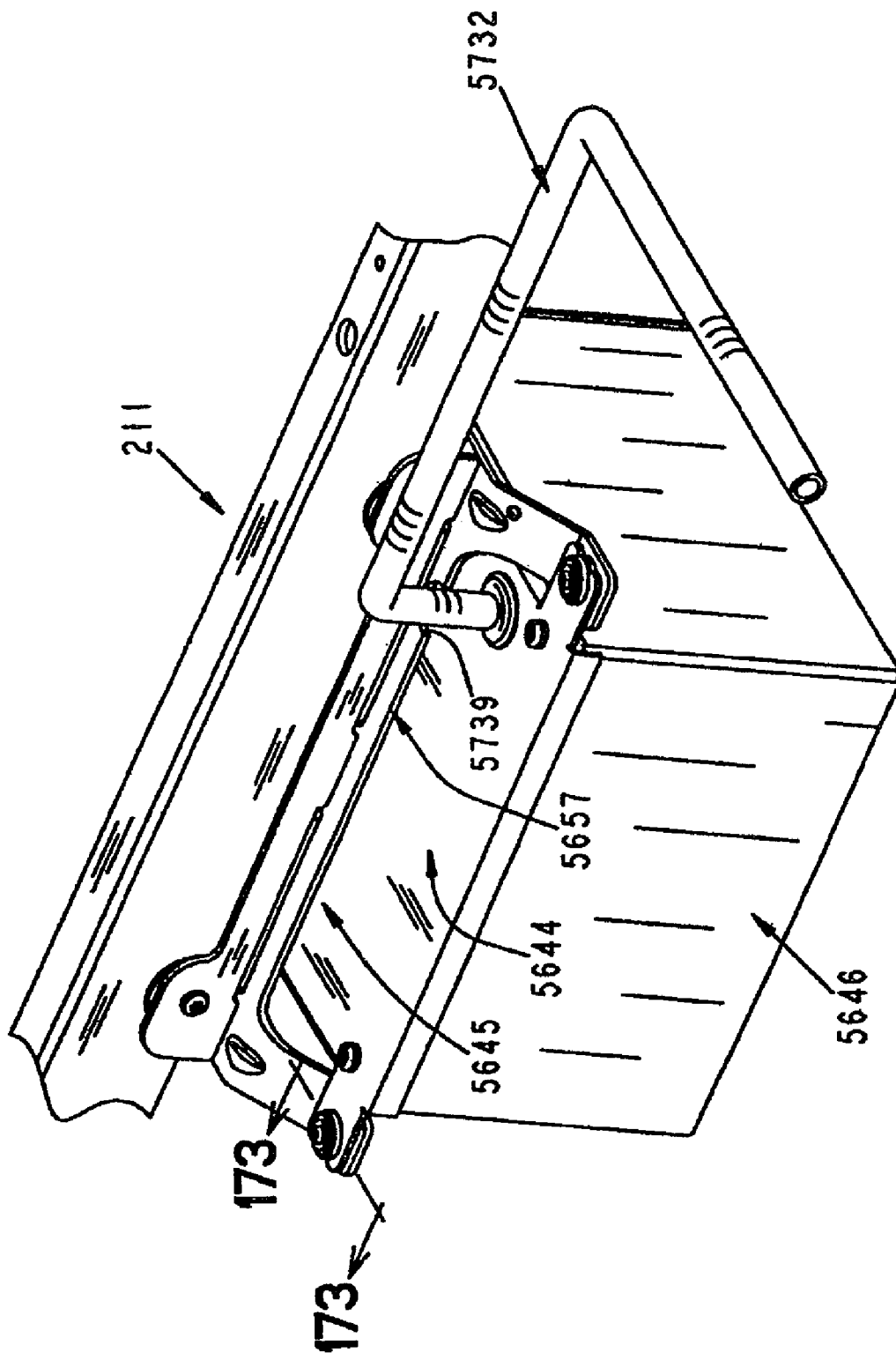


FIG. 172

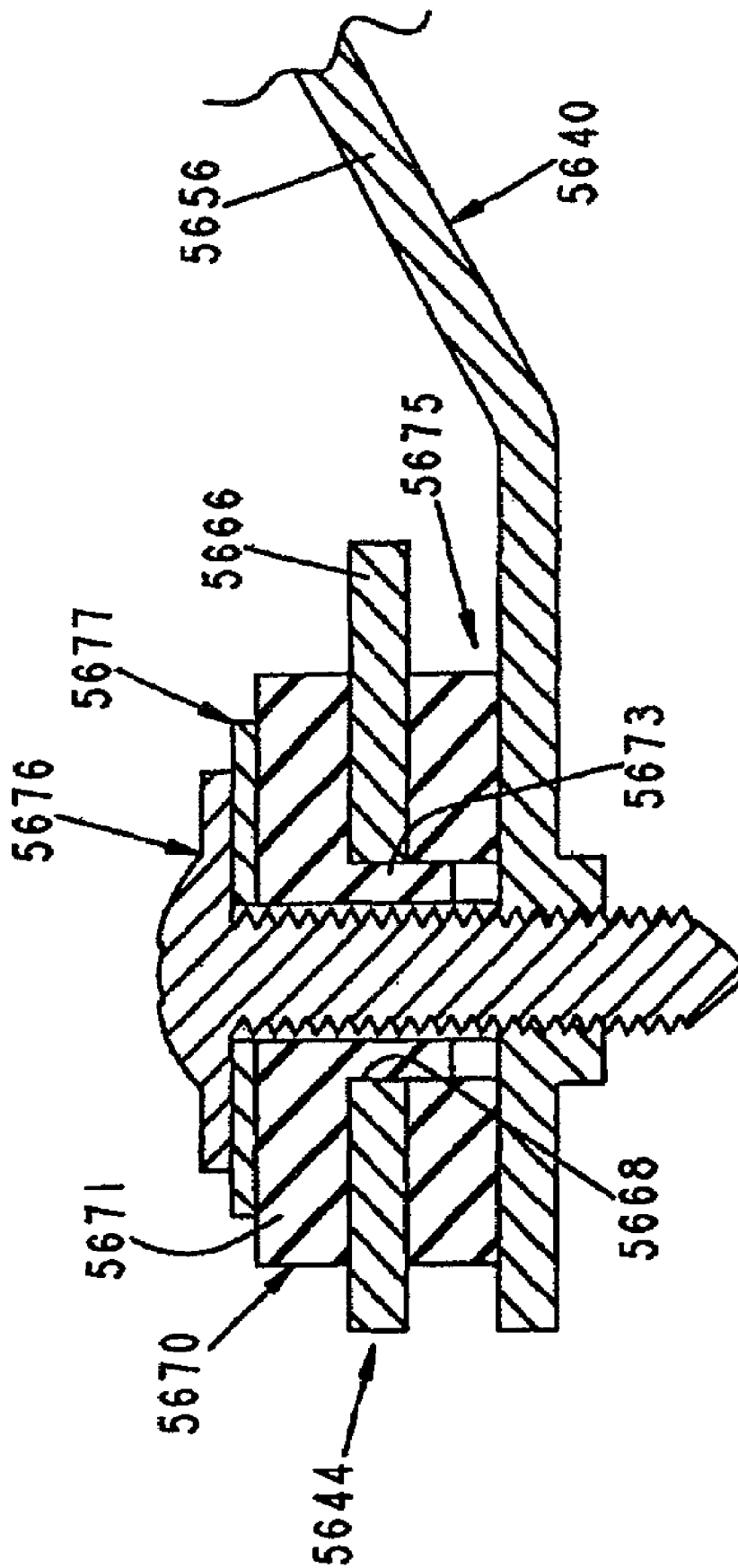


FIG. 173

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PATIENT SUPPORT APPARATUS HAVING CONTROLLER AREA NETWORK

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. application Ser. No. 10/657,696, filed Sep. 8, 2003, which claimed the benefit of U.S. Provisional Patent Application Ser. No. 60/408,698, filed Sep. 6, 2002, titled Hospital Bed; U.S. Provisional Patent Application Ser. No. 60/409,748, filed Sep. 11, 2002, titled Bed Siderail; U.S. Provisional Patent Application Ser. No. 60/489,171, filed Jul. 22, 2003, titled Hospital Bed; and U.S. Provisional Patent Application Ser. No. 60/490,467, filed Jul. 28, 2003, titled Hospital Bed, the disclosures of which are all hereby expressly incorporated by reference herein.

This application relates to U.S. patent application Ser. No. 09/750,741, filed Dec. 29, 2000, titled Hospital Bed, which claims the benefit of U.S. Provisional Patent Application Ser. No. 60/173,428, filed Dec. 29, 1999, titled Hospital Bed; U.S. patent application Ser. No. 09/751,031, filed Dec. 29, 2000, titled Foot Controls for a Bed, which claims the benefit of U.S. Provisional Patent Application Ser. No. 60/173,428, filed Dec. 29, 1999, titled Hospital Bed; U.S. patent application Ser. No. 09/750,859, filed Dec. 29, 2000, titled Mattress Having a Retractable Foot Section, which claims the benefit of U.S. Provisional Patent Application Ser. No. 60/173,428, filed Dec. 29, 1999, titled Hospital Bed; and U.S. patent application Ser. No. 10/225,780, filed Aug. 22, 2002, titled Apparatus and Method for Closing Hospital Bed Gaps, which claims the benefit of U.S. Provisional Patent Application Ser. No. 60/397,342, filed Jul. 19, 2002, titled Apparatus and Method for Closing Hospital Bed Gaps and U.S. Provisional Patent Application Ser. No. 60/314,276, filed Aug. 22, 2001, titled Apparatus and Method for Closing Hospital Bed Gaps. This application further relates to PCT Patent Application No. PCT/US00/35656, filed Dec. 29, 2000, titled Hospital Bed. The disclosures of all the above-mentioned patent applications are expressly incorporated by reference herein.

BACKGROUND AND SUMMARY OF THE INVENTION

The present invention relates to a hospital bed. More particularly, the present invention relates to a hospital bed illustratively having siderails, an articulating deck, and a mattress.

Hospital bed and other patient supports are known. Typically, such patient supports are used to provide a support surface for patients or other individuals for treatment, recuperation, or rest. Many such patient supports include a frame, a deck supported by the frame, a mattress, siderails configured to block egress of a patient from the mattress, and a controller configured to control one or more features of the bed.

BRIEF DESCRIPTION OF THE DRAWINGS

The detailed description particularly refers to the accompanying figures in which:

FIG. 1 is a perspective view of a patient support showing the patient support including a deck support, a deck having a plurality of sections coupled to and positioned above the deck support, a mattress supported by the deck, a headboard coupled to the deck support, a first pair of siderails coupled to the deck, a second pair of siderails coupled to the deck support, and foot pedal controls coupled to the deck support;

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FIG. 2 is a perspective view of the patient support of FIG. 1 with the deck, mattress, first pair of siderails and second pair of siderails removed and the headboard spaced apart from the deck support, the deck support being in a raised position and comprising a base frame, an intermediate frame spaced apart from the base frame, a first pair of lifting arms configured to raise and lower a head end of the intermediate frame, and a second pair of lifting arms configured to raise and lower a foot end of the intermediate frame;

FIG. 3 is a side elevation view of the patient support of FIG. 1, showing the deck support in an upper position and the deck sections in a linear relationship or bed configuration;

FIG. 4 is a side elevation view of the patient support of FIG. 1, showing the deck support in the upper position of FIG. 3 and a head section of the deck elevated by a head section actuator and a seat section of the deck elevated by a seat section actuator;

FIG. 5 is a side elevation view of the patient support of FIG. 1, showing a first chair-like configuration of the patient support with the deck support, the head section of the deck and the seat section of the deck in generally the same positions as shown in FIG. 4 and a retractable leg section of the deck in the extended position and lowered by a leg section actuator;

FIG. 6 is a side elevation view generally similar to FIG. 5, showing the leg section of the deck in an extended position and the leg section being lowered by the leg actuator, the leg section not being fully lowered due to contact with an obstruction and the leg section and the obstruction prevented from damage by the leg section actuator traveling up an elongated slot provided in a coupling bracket between the leg section and the leg actuator;

FIG. 7 is a partial perspective view of the patient support of FIG. 2, showing the deck support in a lowered position wherein the intermediate frame nests within the base frame;

FIG. 8 is a top plan view of the patient support of FIG. 7, showing the nesting of the intermediate frame within the base frame;

FIG. 9 is a side elevation view of the patient support of FIG. 1, showing the deck support in a Trendelenburg position and the deck in a linear relationship;

FIG. 10 is a side elevation view of the patient support of FIG. 1, showing the patient support in a second chair-like position with the deck support in a Reverse Trendelenburg position, the head section raised by the head actuator, the seat section elevated by the seat actuator, the leg section lowered by the leg actuator and the leg section optionally shown in the extended position;

FIG. 11 is a side elevation view generally similar to FIG. 10, showing the leg section of the deck is in an extended position and the leg section being lowered by the leg actuator, the leg section not being fully lowered due to contact with an obstruction, the floor, by a roller coupled to the leg section and the leg section and the obstruction prevented from damage by the roller translating the leg section along the floor, the leg section rotating relative to the seat section and by the leg section actuator traveling up the elongated slot provided in the coupling bracket between the leg section and the leg actuator;

FIG. 12 is a side elevation view of the patient support of FIG. 1, showing the deck support in a Reverse Trendelenburg position, the head and seat sections of the deck in a generally linear relationship with the leg section in an extended position and slightly angled relative to the head and seat sections due to contact with an obstruction by the roller coupled to the leg section and the leg section and the obstruction prevented from damage by the roller translating the leg section relative to the obstruction, the leg section rotating relative to the seat section

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and by the leg section actuator traveling up the elongated slot provided in the coupling bracket between the leg section and the leg actuator;

FIG. 13 is a perspective view of the deck and weigh frame of the patient support of FIG. 1 with the leg section removed and showing the head section elevated;

FIG. 14 is a side view of one of the load cells which couple together the intermediate frame and the weigh frame taken along lines 14-14 in FIG. 13;

FIG. 15 is a cross sectional view taken along lines 15-15 in FIG. 3, showing the coupling of the intermediate frame and the weigh frame with a load cell;

FIG. 16 is an upper perspective view of the deck and weigh frame of the patient support of FIG. 1, showing the foot section in an extended position, the head section elevated relative to the seat section and a partition of the head section showing the manifold assembly on a first side of the partition and first and second manifold receiving connectors on a second side of the partition;

FIG. 17 is a perspective view of the roller coupled to the end of the foot section shown in FIG. 16;

FIG. 18 is a lower perspective view of the deck and the weigh frame of the patient support of FIG. 1, showing the foot section in a retracted position, the seat section upwardly angled and the head section upwardly angled;

FIG. 19 is a cross sectional view taken along lines 19-19 in FIG. 3, showing the gap between the deck and one of the foot end siderails;

FIG. 20 is generally similar to FIG. 18 showing the foot section of the patient support in an extended position;

FIG. 21 is a perspective view of the leg section and a portion of the seat section of the deck and the mattress of FIG. 1, the leg section including a transverse recess positioned below retaining arms and the seat section including a pair of transverse recesses, the mattress being shown spaced apart from the deck and configured to be coupled to the retaining arms of the leg section with a leg section anchor and to the recesses of the seat section with seat section anchors;

FIG. 22 is a side view of the deck and the weigh frame of the patient support of FIG. 1, showing the head, seat and leg sections of the deck in a linear relationship or bed configuration;

FIG. 23 is a detail view of a portion of the head section of the deck of the patient support of FIG. 1 showing a portion of a CPR system comprising a handle and handle bracket rotatably coupled to the deck and further coupled to a cable which is coupled to the actuator assembly of FIGS. 27 and 28;

FIG. 24 is a bottom view of the deck and the weigh frame of FIG. 22;

FIG. 25 is a side view of the deck and the weigh frame of the patient support of FIG. 1, showing the head section elevated, the seat section elevated and the leg section elevated and generally horizontal;

FIG. 26 is detail view generally similar to FIG. 23 with the fasteners which couple the handle bracket to the deck not shown;

FIG. 27 is a perspective view of an actuator assembly of the CPR system of the patient support showing a housing coupled to the cylinder rod of the actuator, a first embodiment of a slide bracket slidably coupled to the housing and coupled to the cable which is further coupled to the handle of FIG. 23 and a release pin of the actuator, and a switch located on the housing;

FIG. 28 is a perspective view of the actuator assembly of FIG. 27 showing a second embodiment of the slide bracket, the slide bracket having detents positively couple the ends of the cable;

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FIG. 29 is a cross sectional view of the coupling of the second embodiment of the slide bracket and the ends of the cable taken along lines 29-29 of FIG. 28;

FIG. 30 is a perspective view of the caster braking system of the patient support of FIG. 1 showing four caster devices, a first pair of caster devices being interconnected by a first transverse rod, a second pair of caster devices being interconnected by a second transverse rod and the first and second pairs of caster devices being interconnected by a pair of longitudinal brake links;

FIG. 31 is a perspective view of a portion of the deck support of FIG. 2 showing a first pair of caster devices, a battery housing, a battery enable switch coupled to the battery housing and a communication link coupled to the battery housing;

FIG. 32 is a perspective view of the base frame of the deck support of FIG. 2, showing a pedal and hexagonal rod of the caster braking system spaced apart from the corresponding caster device and showing first and second brake links which interconnect a first pair of caster devices and a second pair of caster devices, the first and second brake links being received within an interior of first and second longitudinal members of the base frame;

FIG. 33 is a perspective view of one of the caster devices of FIG. 32 coupled to a first transverse rod and the first longitudinal brake link;

FIG. 34 is an end view of one of the caster devices shown in FIG. 32 and showing the interconnection between the caster device, a hexagonal rod, a bracket configured to couple the hexagonal rod to the first brake link and a transverse rod coupled to the hexagonal rod;

FIG. 35 is a block diagram illustrating the interconnection of various modules of an illustrative embodiment control system of a patient support of the present invention;

FIG. 35A is a block diagram detailing a portion of the control system of FIG. 35 by illustrating the interconnection between various control components and the scale/ppm module, the dynamic surface module, the left caregiver control module, and the right caregiver control module;

FIG. 35B is a block diagram detailing a portion of the control system of FIG. 35 by illustrating the interconnection between various control components and the logic module;

FIG. 35C is a block diagram detailing a portion of the control system of FIG. 35 by illustrating the interconnection between various control components and the sidecomm module;

FIG. 35D is a block diagram detailing a portion of the control system of FIG. 35 by illustrating the interconnection between various control components and the power supply module;

FIG. 36 is a schematic diagram illustrating a plurality of object dictionary entries of a Process Data Objects (PDO) protocol for use in connection with a controller area network (CAN) of an illustrative embodiment patient support of the present invention;

FIG. 37 is a waveform diagram of a message frame according to a communications protocol for use in connection with a controller area network (CAN) of an illustrative embodiment patient support of the present invention;

FIG. 38 is block diagram of an illustrative embodiment drive control system in accordance with the present invention;

FIG. 39 is a side elevational view, in partial schematic, of an illustrative embodiment end of travel control system in accordance with the present invention;

FIG. 40 is a flow diagram of an illustrative embodiment process for monitoring end of travel in accordance with the present invention;

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FIG. 41 is a flow diagram of an illustrative embodiment duty cycle protection process in accordance with the present invention;

FIG. 42 is a flow diagram of an illustrative embodiment thermal protection process in accordance with the present invention;

FIG. 43 is a block diagram of an illustrative embodiment battery enable switch apparatus in accordance with the present invention;

FIG. 44 is a flow diagram of a battery enable process.

FIG. 45 is a perspective view of the weigh frame and portions of the deck of the patient support of FIG. 1, showing the illustrative head and foot end siderails in raised positions;

FIG. 46 is a side elevational view of the weigh frame and portions of the deck of FIG. 45, showing the head and foot end siderails in the raised positions;

FIG. 47 is a view similar to FIG. 46, showing the head and foot end siderail in lowered positions;

FIG. 48 is an exploded perspective view of the illustrative embodiment head end siderail of the patient support of FIG. 1;

FIG. 49 is an exploded perspective view of a link of the head end siderail and a retainer or latch;

FIG. 50 is a perspective view of the link of FIG. 49, with the cover removed, illustrating a cord extending therethrough;

FIG. 51 is an exploded perspective view of the illustrative embodiment foot end siderail of the patient support of FIG. 1;

FIG. 52 is a top plan view of the latch in a latched position;

FIG. 53 is a view similar to FIG. 52, showing the latch in an unlatched position;

FIG. 54 is a perspective view of the link of FIG. 49, showing pins of the latch extending out from the link;

FIG. 55 is a view similar to FIG. 54, showing the pins withdrawn into the link;

FIG. 56 is an exploded perspective similar to FIG. 49, illustrating an alternative embodiment latch;

FIG. 57 is a perspective view similar to FIG. 1, illustrating an alternative embodiment patient support including alternative embodiments of headboard, head end siderails, and foot pedal controls coupled to the deck support;

FIG. 58 is a cross-sectional view taken along lines 58-58 in FIG. 57 showing a gap defined between the deck and one of the foot end siderails and the foot end siderail including a bump to narrow the gap;

FIG. 59 is an enlarged view of a portion of FIG. 57 showing the headboard and one of the head end siderails cooperating to define a gap therebetween and the headboard including a bump to narrow the gap near the top portion of the head end siderail;

FIG. 60 is an exploded perspective view of an illustrative embodiment rail member of the head end siderail;

FIG. 61 is a cross sectional view taken along line 61-61 of FIG. 46;

FIG. 62 is an enlarged view of a portion of FIG. 61, showing an O-ring seal positioned between a main body of head end siderail and a cover of head end siderail;

FIG. 63 is a partial side elevational view of an inner side of a cover of the rail member of the head end siderail of FIG. 60, showing a circuit board coupled to the cover and a cord extending from a controller to the circuit board;

FIG. 64 is a side elevational view of an inner side of a main body of the rail member of the head end siderail of FIG. 60, showing the link of FIG. 49 positioned adjacent the head end siderail and showing a cord extending through the link and head end siderail;

FIG. 65 is an exploded perspective view of a rail member of the foot end siderail;

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FIG. 66 is a cross sectional view taken along taken along line 66-66 of FIG. 46;

FIG. 67 is an enlarged view of a portion of FIG. 66, showing an O-ring seal positioned between a main body of foot end siderail and a cover of foot end siderail;

FIG. 68 is a cross-sectional view taken along line 68-68 of FIG. 45, showing a controller coupled to the head end siderail;

FIG. 69 is an exploded perspective view of the controller of FIG. 68;

FIG. 70 is an exploded perspective view of a retainer or latch of the controller of FIG. 68;

FIG. 71 is exploded perspective view of an alternative embodiment retainer or latch for the controller of FIG. 68;

FIG. 72 is a perspective view of a shell of the controller of FIG. 68, showing a cord extending into the shell;

FIG. 73 is a side elevational view of a first interface panel;

FIG. 74 is a side elevational view of a second interface panel;

FIG. 75 is a side elevational view of a third interface panel;

FIG. 76 is a side elevational view of an illustrative embodiment foot pedal control of the present invention, showing the foot of a caregiver (in phantom) positioned to step on the foot pedal control;

FIG. 77 is a cross sectional view taken along line 77-77 of FIG. 80, showing the foot pedal control in a raised position;

FIG. 78 is a view similar to FIG. 77, showing the foot pedal control in a lowered position;

FIG. 79 is an exploded perspective view of the foot pedal control of FIG. 76;

FIG. 80 is a perspective view of the foot pedal control of FIG. 76;

FIG. 81 is an electrical schematic diagram of a sensor and associated circuitry for the foot pedal control of FIG. 76;

FIG. 82 is a perspective view of an alternative embodiment foot pedal control of the present invention;

FIG. 83 is a partial perspective view of a further alternative embodiment foot pedal control of the present invention;

FIG. 84 is a cross-sectional view taken along line 84-84 of FIG. 83, showing the foot pedal of FIG. 83 in a raised position;

FIG. 85 is a view similar to FIG. 84, showing the foot pedal of FIG. 83 in a lowered position;

FIG. 86 is a perspective view of another alternative embodiment foot pedal control of the present invention;

FIG. 87 is a cross-sectional view taken along line 87-87 of FIG. 86, showing the foot pedal of FIG. 86 in a raised position;

FIG. 88 is a view similar to FIG. 87, showing the foot pedal of FIG. 86 in a lowered position;

FIG. 89 is a perspective view of another alternative embodiment foot pedal control of the present invention;

FIG. 90 is a cross-sectional view taken along line 90-90 of FIG. 89, showing the foot pedal of FIG. 89 in a raised position;

FIG. 91 is a view similar to FIG. 90, showing the foot pedal of FIG. 89 in a lowered position;

FIG. 92 is an exploded perspective view of an illustrative embodiment of the modular mattress assembly of the present invention;

FIG. 93 is a perspective view of a foot section of the mattress of FIG. 92, illustrating a heel pressure relief sleeve received within a heel zone cavity, and with the outer cover, the shear liner, and the fire barrier removed for clarity;

FIG. 94 is a perspective view of the heel pressure relief sleeve of the present invention;

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FIG. 95 is a perspective view of an alternative embodiment heel pressure relief sleeve of the present invention;

FIG. 96 is a cross-sectional view taken along line 96-96 of FIG. 93 illustrating the foot section in an extended position;

FIG. 97 is a cross-sectional view similar to that of FIG. 96 illustrating the foot section in a retracted position;

FIG. 98 is a perspective view of the receiving base of the mattress assembly of FIG. 92;

FIG. 99 is a top plan view of the mounting substrate of the mattress assembly of FIG. 92;

FIG. 100 is a perspective view similar to that of FIG. 98, illustrating the mounting substrate and the foot section securing substrate coupled the receiving base;

FIG. 101 is a cross-sectional view taken along line 101-101 of FIG. 100 illustrating the mounting substrate and the foot section securing substrate coupled to the base, and further illustrating a portion of the foot section;

FIG. 102 is an end elevational view of the foam core of the mattress assembly of FIG. 92;

FIG. 103 is a perspective view of the turn assist bladder assembly of the mattress assembly of FIG. 92, illustrating the bladders in an inactive, deflated mode of operation;

FIG. 104 is a perspective view similar to that of FIG. 103 illustrating the left turn assist bladder in an active, inflated mode of operation, and the right turn assist bladder in an inactive, deflated mode of operation;

FIG. 105 is an end elevation view of the upper bladder assembly of the mattress assembly of FIG. 92;

FIG. 106 is a top plan view of the upper bladder assembly of FIG. 105;

FIG. 107 is a side elevational view of the upper bladder assembly of FIG. 105;

FIG. 108 is a perspective view of the mattress assembly of FIG. 92 with the outer cover, the sheer liner, and the fire barrier removed for clarity;

FIG. 109 is a cross-sectional view taken along line 109-109 of FIG. 108;

FIG. 110 is a detail perspective of the sheer liner applied to the head end of the mattress assembly of FIG. 92;

FIG. 111 is a bottom perspective view of the mattress assembly of FIG. 92, illustrating the mattress anchors and the access port;

FIG. 112 is a side cross-sectional view, in partial schematic, illustrating the body section of the receiving base in a substantially planar position;

FIG. 113 is a side cross-sectional view similar to FIG. 112, illustrating the body section of the receiving base with the base section elevated relative to the seat section;

FIG. 114 is an end elevational view illustrating the upper bladder assembly in an active, inflated mode of operation;

FIG. 115 is an end elevational view similar to that of FIG. 114, illustrating the right turn assist bladder inflated for assisting in the turning of a patient supported on the mattress assembly;

FIG. 116 is a block diagram illustrating various pneumatic connections between the mattress and the air control system of the present invention;

FIG. 117 is a front elevational view of a manifold assembly of the present invention configured to supply a fluid to the air mattress assembly of FIG. 92 and supported by the articulating deck of the patient support of FIG. 1;

FIG. 118 is a bottom elevational view of the manifold assembly of FIG. 117;

FIG. 119 is a cross-sectional view taken along line 119-119 of FIG. 117, illustrating a normally-closed spring biased valve and a normally-open spring biased valve;

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FIG. 120 is a detailed perspective view illustrating the manifold receiving fluid connector and the mating mattress fluid connector of the present invention;

FIG. 121 is a front elevational view of the mattress fluid connector of FIG. 120;

FIG. 122 is a perspective view of a sealing gasket of the present invention for use with the manifold receiving fluid connector of FIG. 120;

FIG. 123 is a cross-sectional view illustrating the sealing gasket of FIG. 122 coupled intermediate the partition and the manifold receiving connector;

FIG. 124 is a block diagram of an illustrative embodiment pressure control system for controlling inflation of air bladders in accordance with the present invention;

FIG. 125 is a flow diagram of an illustrative embodiment process for controlling inflation of air bladders in accordance with the present invention;

FIG. 126 is a flow diagram of an illustrative embodiment process for controlling operation of turn assist bladders in accordance with the present invention;

FIG. 127 is a flow diagram of an illustrative embodiment process for monitoring activity during the operation of turn assist bladders in accordance with the present invention;

FIG. 128 is a flow diagram of an illustrative embodiment process for controlling inflation of air bladders in accordance with the present invention;

FIG. 129 is an upper perspective view of the deck and weigh frame of the alternative embodiment patient support of FIG. 57 showing the foot section in an extended position, the head section elevated relative to the seat section, a partition of the head section with portions cutaway showing a manifold assembly on a first side of the partition and a manifold connector on a second side of the partition, and patient sensors supported by the head section and the seat section;

FIG. 130 is an exploded perspective view of an illustrative embodiment of the modular mattress assembly of the present invention, with the top cover removed for clarity;

FIG. 131 is a perspective view of the modular mattress assembly of FIG. 130, with the outer cover, the sheer liner, and the fire barrier removed for clarity;

FIG. 132 is a partially exploded perspective view of a foot section of the mattress assembly of FIG. 130, illustrating a heel pressure relief bladder assembly received within a heel zone cavity, and with the outer cover, the sheer liner, and the fire barrier removed for clarity;

FIG. 133 is an end elevational view of the foot section of FIG. 132;

FIG. 134 is a top plan view of the foot section, the turn assist bladder assembly, and the mounting substrate of the mattress assembly of FIG. 130, illustrating the routing of the fill tube and the sensor tube from proximate a head end of the mattress assembly to the air bladders of the heel pressure relief bladder assembly;

FIG. 135 is a side elevational view of the partial mattress assembly of FIG. 134;

FIG. 136 is a fragmentary view of the partial mattress assembly shown in FIG. 135;

FIG. 137 is a top plan view of the mounting substrate of the mattress assembly of FIG. 130;

FIG. 138 is a perspective view of the mounting substrate and the foot section securing substrate coupled the receiving base of the mattress assembly of FIG. 130;

FIG. 139 is a top plan view of the turn assist bladder assembly and the mounting substrate of the mattress assembly of FIG. 130, illustrating the routing of the fill tubes and the

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sensor tubes from proximate a head end of the mattress assembly to the air bladders of the turn assist bladder assembly;

FIG. 140 is a cross-sectional view taken along line 140-140 of FIG. 131, illustrating the left turn assist bladder and the right turn assist bladder in inactive, deflated modes of operation;

FIG. 141 is a cross-sectional view similar to that of FIG. 140 illustrating the right turn assist bladder in an active, inflated mode of operation, and the left turn assist bladder in an inactive, deflated mode of operation;

FIG. 142 is an end elevation view of an air bladder of the upper bladder assembly of the mattress assembly of FIG. 130;

FIG. 143 is a top plan view of the upper bladder assembly of the mattress assembly of FIG. 130;

FIG. 144 is a top plan view of the head zone of the upper bladder assembly and the mounting substrate of the mattress assembly of FIG. 130, illustrating the routing of the fill tube and the sensor tube from proximate a head end of the mattress assembly to the air bladders of the head zone, with the mounting substrate disconnected from the air bladders for illustrative purposes;

FIG. 145 is a top plan view of the seat zone of the upper bladder assembly and the mounting substrate of the mattress assembly of FIG. 130, illustrating the routing of the fill tube and the sensor tube from proximate a head end of the mattress assembly to the air bladders of the seat zone, with the mounting substrate disconnected from the air bladders for illustrative purposes;

FIG. 146 is a bottom perspective view of the mattress assembly of FIG. 130, illustrating the mattress anchors and the access port;

FIG. 147 is a block diagram illustrating various pneumatic connections between the mattress air zones and the air control system of the present invention;

FIG. 148 is a detailed perspective view of illustrative embodiment manifold fluid connector and mattress fluid connector of the present invention;

FIG. 149 is a rear elevational view of the manifold fluid connector of FIG. 148, with the manifold and portions of the partition removed for clarity, illustrating a mattress sensor of the present invention;

FIG. 150 is a front elevational view of the manifold fluid connector of FIG. 149;

FIG. 151 is a cross-sectional view taken along line 151-151 of FIG. 150, illustrating the connection between the manifold fluid connector and the mattress fluid connector of the present invention;

FIG. 152 is an electrical diagram of the mattress sensor and associated circuitry for the manifold fluid connector of FIG. 148;

FIG. 153 is a block diagram of an illustrative embodiment valve sensor configured to detect the type of valve for controlling inflation of air zones of the mattress assembly of FIG. 130;

FIG. 154 is a flow diagram of an illustrative embodiment process for operating the mattress sensor of FIG. 149;

FIG. 155 is a flow diagram of an illustrative embodiment process for controlling inflation of air zones of the mattress assembly of FIG. 130;

FIG. 156 is a block diagram of an illustrative embodiment system for determining the weight of a patient supported by the deck of the patient support of FIG. 57;

FIG. 157 is a flow diagram of an illustrative process for determining the weight of a patient supported by the deck of the patient support of FIG. 57;

FIG. 158 is a continuation of the flow diagram of FIG. 157;

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FIG. 159 is a flow diagram of an illustrative embodiment process for controlling operation of turn assist bladders of the mattress assembly of FIG. 130;

FIG. 160 is a flow diagram of an illustrative embodiment process for boosting pressure of seat air zone in response to elevation of the head air zone of the air mattress;

FIG. 161 is a flow diagram of an illustrative embodiment process for boosting pressure of seat air zone in response to a patient sitting up;

FIG. 162 is a perspective view of an illustrative pump of the patient support of FIG. 1, showing the pump supported by a strut of the intermediate frame;

FIG. 163 is an exploded perspective view of the pump of FIG. 162;

FIG. 164 is a cross-sectional view taken along line 164-164 of FIG. 162, showing the pump coupled to the strut;

FIG. 165 is a cross-sectional view taken along line 165-165 of FIG. 162, showing a filter and muffler unit of the pump;

FIG. 166 is a cross-sectional view of a resilient foot of the pump of FIG. 162;

FIG. 167 is a view similar to FIG. 166, showing an alternative embodiment resilient foot;

FIG. 168 is a perspective view of an alternative embodiment air pump, showing the air pump supported by the strut of the weigh frame;

FIG. 169 is an exploded perspective view of the air pump of FIG. 168;

FIG. 170 is a cross-sectional view taken along line 170-170 of FIG. 168 showing the air pump coupled to the strut;

FIG. 171 is a cross-sectional view taken along line 171-171 of FIG. 168 showing a filter and muffler unit of the air pump;

FIG. 172 is another perspective view of the air pump of FIG. 168; and

FIG. 173 is a cross-sectional view taken along line 173-173 of FIG. 172.

DETAILED DESCRIPTION OF THE DRAWINGS

A patient support 10 according to the present disclosure is shown in FIG. 1. Patient support 10 includes a frame 12, a mattress 14 supported by frame 12, a headboard 16, a footboard 18, a pair of head end siderails 20, and a pair of foot end siderails 22. Frame 12 includes a deck support 24 and a deck 26 supporting mattress 14 and extending between opposing head and foot ends 25 and 27. Deck support 24 includes a base frame 28 supported on the floor 29 by a plurality of caster wheels 30, an intermediate frame 32, a pair of lift arms 34 configured to raise and lower intermediate frame 32 relative to base frame 28, and a weigh frame 36 supported by intermediate frame 32. Deck 26 is supported by weigh frame 36 and is configured to articulate between a plurality of positions. As illustrated in FIGS. 1 and 3-7, deck 26 includes a head section 38 pivotably coupled to weigh frame 32, a seat section 40 pivotably coupled to weigh frame 32, and an adjustable length leg or foot section 42 pivotably coupled to seat section 40.

Head end siderails 20 are coupled to head section 38 and may be moved between raised and lowered positions. Foot end siderails 22 are coupled to weigh frame 32 and may also be moved between raised and lowered positions.

A control system 44 is provided to control various functions of patient support 10. Control system 44 and the remainder of patient support 10 are powered by an AC plug connection 45 to a building outlet or a battery 46 supported by frame 12.

Control system 44 operates and monitors a plurality of linear actuators 48 provided to extend and retract adjustable

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length leg section 42, to move intermediate frame 32 relative to base frame 28, to move head section 38 relative to weigh frame 32, to move seat section 40 relative to weigh frame 32, and to move leg section 42 relative to seat section 40.

Control system 44 includes a plurality of input devices including a detachable siderail controller 50 configured to removably couple to any of head and foot end siderails 20, 22, a first pair of permanent siderail controllers 52 coupled to head end siderails 20, a second pair of permanent siderail controllers 54 pivotably coupled to head end siderails 20, and a pair of foot pedal controls 56 coupled to base frame 28.

Control system 44 also includes an obstacle detection device 58 illustratively coupled to base frame 28 to detect possible clearance issues between intermediate frame 32 and base frame 28. Control system 44 further includes a plurality of actuator position detectors or motor sensor (as discussed below) provided with each of the plurality of actuators 48. A plurality of load cells (discussed below) are also provided between weigh frame 36 and intermediate frame 32 to provide signals that indicate of the weight supported by intermediate frame 32. Control system 44 uses these signals to determine the weight of a patient positioned on mattress 14. Additionally, control system 44 includes a plurality of siderail position detectors or sensors 60 configured to provide signals indicative of the position of siderails 20, 22.

Control system 44 is configured to control a pump 64 in fluid communication with a manifold 62 supported on head section 38 of deck 26. Manifold 62 is in fluid communication with mattress 14 to regulate the flow of air to and from mattress 14. Mattress 14 includes an outer cover 66 and a first pair of connectors 68 coupled to outer cover 66. A second pair of connectors 70 is provided on head section 38 of deck 26 that align and couple with first pair of connectors 68.

Deck Support

As previously mentioned and as shown in FIG. 1, deck support 24 includes a base frame 28 supported on the floor 29 by a plurality of caster wheels or caster devices 30, an intermediate frame 32, a pair of lift arms 34 configured to raise and lower intermediate frame 32 relative to base frame 28, and a weigh frame 36 supported by intermediate frame 32. Linear actuators 48a and 48b, shown in FIG. 2, provide power to actuate lift arms 34 and in turn to raise and lower intermediate frame 32 relative to base frame 28.

As explained in more detail below, lift arms 34 and linear actuators 48a and 48b, commonly referred to as a hi/low mechanism, are configured to position deck support 24 in at least the following positions: a raised or upper position wherein intermediate frame 32 and weigh frame 36 are above base frame 28 (FIGS. 1-6); a first lowered position wherein at least a portion of intermediate frame 32 and/or weigh frame 36 is nested within base frame 28 (FIG. 7); a Trendelenburg position wherein a head end 102 of intermediate frame 32 is lower than a foot end 104 of intermediate frame 32 (FIG. 8); and a Reverse Trendelenburg position wherein foot end 104 of intermediate frame 32 is lower than head end 102 of intermediate frame 32 (FIGS. 9, 10 and 11). One skilled in the art will appreciate that the positions shown in FIGS. 1-11 are exemplary positions and that intermediate frame 32 is positionable in a wide variety of positions relative to base frame 28.

Lift Arms

Referring to FIG. 2, lift arms 34 include a pair of head links 106 pivotably coupled to head end 102 of intermediate frame 32 and slidably and pivotably coupled to base frame 28, a pair of foot links 108 pivotably coupled to foot end 104 of intermediate frame 32 and slidably and pivotably coupled to base

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frame 28, and a pair of guide links 110 pivotably coupled to respective foot links 108 and pivotably coupled to base frame 28 at a fixed pivot point. Alternatively, the guide links 110 are pivotably coupled to the respective foot links 108, and the intermediate frame 32, or pivotably coupled to the respective head links 106 and the base frame 28, or pivotably coupled to the respective head links 106 and the intermediate frame 32. In further alternative embodiments, two sets of guide links 110 are provided, one set pivotably coupled to the foot links 108 and either the base frame 28 or the intermediate frame 32 and one set coupled to the head links 106 and either the base frame 28 or the intermediate frame 32.

Each head link 106 is slidably coupled to base frame 28 and pivotably coupled to intermediate frame 32. Alternatively, each of the head links 106 is slidably coupled to either the base frame 28 or the intermediate frame 32. As illustratively shown in FIG. 2, each head link 106 is slidably and pivotably coupled to base frame 28 at pivot 113 by a slide block 111. Slide block 111 is pivotably coupled to a lower portion 112 of head link 106 and slidably received in a guide 114 coupled to base frame 28. In one embodiment, the material used for the slide blocks 111 and the guides 114 and the surface characteristics of the slide blocks 111 and the guides 114 are chosen to reduce the coefficient of friction between the slide blocks 111 and the guides 114.

Guide 114 includes an upper channel 116 and a lower channel 118 which define two directions of travel 120 and 121 for slide block 111. Upper channel 116 and lower channel 118 are further configured to restrict the movement of slide block 111 in any direction other than directions of travel 120 and 121. Slide blocks 111 are preferred because they are capable of spreading the load of intermediate frame 32, deck 26 and other patient support components over a larger surface area than other types of couplers. Alternative methods of coupling the head links 106 to the base frame 28 can be used provided that the lower portion of the head links 106 can pivot relative to the base frame 28 and can move along the directions of travel 120, 121. Examples include a roller, a plurality of rollers, or interlocking members.

Illustratively, an upper end 122 of each head link 106 is pivotably coupled to intermediate frame 32 through a cross link 124. Alternatively, the head links 106 are directly pivotably coupled to the intermediate frame 32. In a further alternative, the head links 106 are pivotably coupled to the base frame 28 and slidably and pivotably coupled to the intermediate frame 32.

Cross link 124 extends between each head link 106 and is rigidly coupled to each head link 106. As such, cross link 124 coordinates the simultaneous movement of head links 106. Cross link 124 is received through openings (not shown) formed in intermediate frame 32 and is pivotable relative to intermediate frame 32. In one embodiment, a bearing or other means is used to increase the ease by which cross link 124 pivots relative to intermediate frame 32.

Each foot link 108, is slidably and pivotably coupled to base frame 28. Illustratively each foot link 108 is coupled to base frame 28 at pivot 126 by slide block 128 which is pivotably coupled to a lower portion 130 of foot link 108 and slidably received in a guide 132 coupled to base frame 28. Guide 132 and slide block 128 are generally identical to guide 114 and slide block 111 discussed in conjunction with head links 106. As such, guide 132 is configured to restrict the movement of slide block 128 in any direction other than directions of travel 120 and 121. Alternative methods of coupling the foot links 108 to the base frame 28 can be used provided that the lower portion of the foot links 108 can pivot relative to the base frame 28 and can move along the direc-

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tions of travel **120**, **121**. Examples include a roller, a plurality of rollers, or interlocking members.

An upper end **134** of each foot link **108** is pivotably coupled to intermediate frame **32** through a cross link **136**. Alternatively, the foot links **108** are directly pivotably coupled to the intermediate frame **32**. Cross link **136** is generally identical to cross link **124** and cooperates with intermediate frame **32** and foot links **108** in the same manner as cross link **124** with intermediate frame **32** and head links **106**. Alternatively, the upper end **134** of each foot link **108** is slidably and pivotably coupled to the intermediate frame **32** and pivotably coupled to the base frame **28**.

Guide links **110** restrict the motion of foot links **108** such that the pivot point **138** between foot links **108** and intermediate frame **32** is restrained to move vertically without moving horizontally. This restriction prevents horizontal movement of intermediate frame **32** relative to base frame **28** during the raising and lowering of intermediate frame **32**. This restrained movement prevents intermediate frame **32** from moving through an arc while moving between the upper position of FIG. 2 and the lower position of FIG. 7 so that intermediate frame **32** can be raised and lowered without requiring additional hospital room for clearance.

It will be appreciated that, in order for guide links **110** to perform the restriction function, the distance between pivots **140** (pivot between guide link **110** and foot link **108**) and **142** (pivot between guide links **110** and base frame **28**) of guide links **110** is one half the distance between pivot **126** (pivot between slide blocks **128** and base frame **28**) and pivot **138** (pivot between upper ends **134** of foot links **108** and intermediate frame **32**). Further, each guide link **110** is pivotably coupled to the respective foot link **108** at pivot **140** that is one half the distance between pivot **126** of the associated slide block **128** and pivot **138** of the upper end of the respective foot link **108**. Thus, the distance between upper pivot **140** of each guide link **110** and the lower pivot **142** of each guide link **110** is equal to the distance between upper pivot **140** of each guide link **110** and upper pivot **138** of each foot link **108**. As a result of this link geometry, upper pivots **138** of foot links **108** are maintained in vertical alignment with lower pivot **142** of guide links **110** during the raising and lowering of intermediate frame **32** relative to base frame **28**.

Linear Actuators

As stated earlier, linear actuators **48a** and **48b** provide power to actuate lift arms **34** and in turn to raise and lower intermediate frame **32** relative to base frame **28**. Linear actuator **48a** is coupled to and actuates head links **106** and linear actuator **48b** is coupled to and actuates foot links **108**. As such, foot end **104** and head end **102** of intermediate frame **32** can be raised and lowered independent of one another. Alternatively, head links **106** and foot links **108** of the decking system are coupled together such that a single actuator raises and lowers the head end **102** and the foot end **104** of the intermediate frame **32** at the same time.

Illustratively, a first end **146** of linear actuator **48a** is coupled to head links **106** through an extension link **148** that is rigidly coupled to cross link **124** which, in turn, is rigidly coupled to head links **106**. As shown in FIG. 2, first end **146** is pivotably coupled to extension link **148** through a fastener or pivot pin **150**. A second end **152** of linear actuator **48a** is coupled to a first bracket **154** which is rigidly coupled to intermediate frame **32**. As shown in FIG. 2, second end **152** is pivotably coupled to first bracket **154** through a fastener or pivot pin **156**.

Similarly, a first end **158** of linear actuator **48b** is coupled to foot links **108** through an extension link **160** that is rigidly

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coupled to cross link **136** which, in turn, is rigidly coupled to foot links **108**. As shown in FIG. 2, first end **158** is pivotably coupled to extension link **160** through a fastener or pivot pin **162**. A second end **164** of linear actuator **48b** is coupled to a second bracket **166** which is rigidly coupled to intermediate frame **32**. Second end **164** is pivotably coupled to second bracket **166** through a fastener or pivot pin **168**.

Each actuator **48a** and **48b** is preferably an electric linear actuator having respective cylinder bodies **170**, cylinder rods **172**, and motors **604** that operate to extend and retract cylinder rods **172** relative to cylinder bodies **170**. As such, actuators **48a** and **48b** have variable lengths and therefore adjust the distance between pivot pins **150** and **156** and pivot pins **162** and **168**, respectively. In one illustrative embodiment, actuators **48a** and **48b** are Linak actuators, Model No. LA34, available from LINAK U.S. Inc. located at 2200 Stanley Gault Parkway, Louisville Ky. 40223. Further, actuators **48c**, **48d**, **48e** and **48f** are also illustratively electric linear actuators, and in one embodiment are also Linak actuators. More particularly, actuator **48c** is illustratively a Linak actuator, Model No. LA34 and actuators **48d-48f** are illustratively Linak actuators, Model No. LA31. In alternative embodiments, all of the actuators **48** or any one or more of the actuators are other types of electric actuators, pneumatic actuators, hydraulic actuators, mechanical actuators, link systems or other components known to those of ordinary skill in the art for coordinating movement of components relative to one another.

The actuation of either actuator **48a** or **48b** alone causes either the respective head end **102** of intermediate frame **32** or the respective foot end **104** of intermediate frame **32** to be raised or lowered relative to base frame **28**. Referring to FIG. 2, head end **102** of intermediate frame **32** is lowered relative to base frame by the retraction of cylinder rod **172a** of actuator **48a**. As cylinder rod **172a** of actuator **48a** is retracted, the distance between pivot pins **150** and **156** is reduced. This reduction in pivot spacing causes extension link **148** to move toward first bracket **154** which in turn causes cross link **124** and head links **106** to rotate in direction **176** about pivot **126**. Since lower portions **112** of head links **106** are restrained to move only in directions of travel **120** and **121** of guide **114**, the rotation of head links **106** in direction **176** causes lower portions **112** of head links **106** to travel in direction **120**. As a result upper ends **122** of head links **106** are lowered relative to base frame **28** and therefore head end **102** of intermediate frame **32** is lowered relative to base frame **28**.

Head end **102** of intermediate frame **32** is raised relative to base frame **28** by the extension of cylinder rod **172** of actuator **48a**. As cylinder rod **172** of actuator **48a** is extended the distance between pivot pins **150** and **156** is increased. This increase in pivot spacing causes extension link **148** to move away from first bracket **154** which, in turn, causes cross link **124** and head links **106** to rotate in a direction **178** counter to direction **176** about pivot **126**. The rotation of head links **106** in direction **178** counter to direction **176** causes lower portions **112** of head links **106** to travel in direction **121**. As a result, upper ends **122** of head links **106** are raised relative to base frame **28** and therefore, head end **102** of intermediate frame **32** is raised relative to base frame **28**.

Foot end **104** of intermediate frame **32** is lowered relative to base frame **28** by the retraction of cylinder rod **172b** of actuator **48b**. As cylinder rod **172b** of actuator **48b** is retracted the distance between pivot pins **162** and **168** is reduced. This reduction in pivot spacing causes extension link **160** to move toward second bracket **166** which, in turn, causes cross link **136** and foot links **108** to rotate in direction **180** about pivot **138**. Since lower portions **130** of foot links **108** are restrained

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to move only in directions of travel **120** and **121** of guide **132**, the rotation of foot links **108** in direction **180** causes lower portions **130** of foot links **108** to travel in direction **121**. As a result, upper ends **134** of foot links **108** are lowered relative to base frame **28** and therefore, foot end **104** of intermediate frame **32** is lowered relative to base frame **28**.

Foot end **104** of intermediate frame **32** is raised relative to base frame **28** by the extension of cylinder rod **172b** of actuator **48b**. As cylinder rod **172b** of actuator **48b** is extended, the distance between pivots **162** and **168** is increased. This increase in pivot spacing causes extension link **160** to move away from second bracket **166** which, in turn, causes cross link **136** and foot links **108** to rotate in a direction **182** counter to direction **180** about pivot **138**. The rotation of foot links **108** in direction **182** counter to direction **180** causes lower portions **130** of foot links **108** to travel in direction **120**. As a result, upper ends **134** of foot links **108** are raised relative to base frame **28** and therefore, foot end **104** of intermediate frame **32** is raised relative to base frame **28**.

The simultaneous actuation of actuators **48a** and **48b** causes both head end **102** and foot end **104** of intermediate frame **32** to raise or lower relative to base frame **28**. As shown in FIG. 2, the simultaneous extension of both actuators **48a** and **48b** causes both head end **102** and foot end **104** of intermediate frame **32** to raise relative to base frame **28** and intermediate frame **32** to be spaced apart from base frame **28**. The simultaneous retraction of both actuators **48a** and **48b** causes both head end **102** and foot end **104** of intermediate frame **32** to lower relative to base frame **28**. It should be appreciated that actuator **48a** can be extended while actuator **48b** is retracted, resulting in head end **102** being raised while foot end **104** is lowered, or that actuator **48a** can be retracted while actuator **48b** is extended, resulting in head end **102** being lowered while foot end **104** is raised.

Further, in an alternative embodiment the direction of one of the actuators **48a**, **48b** is reversed such that to raise the intermediate frame **32** relative to the base frame **28** a first of the two actuators **48a**, **48b** is extended and the second actuator **48b**, **48a** is retracted. Further, to lower the intermediate frame **32** relative to the base frame **28** the second actuator **48b**, **48a** is extended and the first actuator **48a**, **48b** is retracted.

Referring further to FIG. 2, deck support **24** is in an upper position when actuators **48a** and **48b** are both extended. Deck support **24** is moved from the upper position of FIG. 2 to the Trendelenburg position of FIG. 8 by retracting actuator **48a** and thus lowering head end **102** of intermediate frame **32**. Deck support **24** is returned to the upper position of FIG. 2 by extending actuator **48a** back to its prior length. Deck support **24** is moved from the upper position of FIG. 2 to the Reverse Trendelenburg position of FIGS. 9 and 10 by retracting actuator **48b** and thus lowering foot end **104**. Deck support **24** is returned to the upper position of FIG. 2 by extending actuator **48b** back to its prior length.

Deck support **24** is moved from the upper position of FIG. 2 to the lowered position of FIG. 7 by simultaneously retracting actuators **48a** and **48b** and thus lowering both head end **102** and foot end **104** of intermediate frame **32**. Deck support **24** is moved back to the upper position of FIG. 2 from the lowered position of FIG. 7 by simultaneously extending actuators **48a** and **48b**. It should be appreciated that actuators **48a** and **48b** can place the patient support **10** in a variety of positions from any starting position and that the upper position shown in FIG. 2 is simply a reference starting position used to explain the operation of the deck support.

Since actuators **48a** and **48b** retract and extend at substantially the same rates, the simultaneous retraction of actuators **48a** and **48b** causes intermediate frame **32** to be maintained in

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a generally horizontal position as it is vertically transitioned from the upper position of FIG. 2 to the lowered position of FIG. 7 and then raised back again to the upper position of FIG. 2. Further, control system **44** is configured to control each actuator **48a-f** and therefore can independently control the speed of each actuator **48a-f**. Also, as discussed above, guide links **110** are configured to generally maintain the vertical alignment of intermediate frame **32** and base frame **28** such that intermediate frame **32** does not "swing" outwardly or inwardly relative to base frame **28** as intermediate frame **32** is transitioned between various positions.

One of the purposes of intermediate frame **32** being configured to raise and lower relative to base frame **28** is to aid in the ingress of a patient to and egress of a patient from patient support **10**. To allow intermediate frame **32** to lower further and thus provide additional assistance in the ingress to and egress of the patient from patient support **10**, patient support **10** is configured to provide a lowered position, as shown in FIG. 7, wherein portions of deck support **24** nest within other portions of deck support **24**. Thus, an overall height **183** of deck support **24** and, in turn, an overall height of mattress **14** is reduced. Further, by placing patient support **10** in the lowered position of FIG. 7, the possibility of patient injury due to accidental egress from patient support **10** is reduced due to the fact that the patient is closer to the floor **29** than in conventional patient supports.

Nesting Frames

As shown in FIGS. 7 and 8, portions of intermediate frame **32** are configured to nest within base frame **28** and/or extend below base frame **28** when intermediate frame **32** is in the lowered position. Alternatively, the base frame **28** can be configured to nest within the intermediate frame **32** when the intermediate frame **32** is in the lowered position. As shown in FIGS. 2, 7 and 8, longitudinally-extending members **184**, **186** of intermediate frame **32** define a first outer width **188** of intermediate frame **32** that is less than an inner width **190** defined by longitudinally extending members **192**, **194** of base frame **28** and lifting arms **34**. Further, an outer length **195** of intermediate frame **32** is less than an inner length **197** of base frame **28** and lifting arms **34**, illustratively shown as the separation between cross link **185**, shown in FIGS. 2 and 8, of head links **106** and cross link **187** of foot links **108**. As such, as intermediate frame **32** is lowered to the lowered position, portions of intermediate frame **32** are received within an interior region **196** defined by base frame **28** and lifting arms **34**, thereby reducing overall height **183** of deck support **24**.

It should be noted that when deck support **24** is in the lowered position, head links **106**, foot links **108** and guide links **110** are rotated beyond horizontal, such that pivots **126**, **138**, **140** are generally lower than pivots **142**, **143**, **144**. In one embodiment, head links **106**, foot links **108** and guide links **110** are generally rotated from approximately 80° degree, above horizontal in the upper position of FIG. 2 to approximately 100° below horizontal in the lowered position of FIG. 7. As shown in FIG. 2, intermediate frame **32** includes a plurality of gussets **208** which each include a stop surface **210**. Stop surface **210** is configured to contact and rest upon foot links **104** and head links **106**, respectively, when intermediate frame **32** is fully lowered. Stop surfaces **210** are configured to prevent other portions of patient support **10**, such as siderails **20**, **22**, from contacting base frame **28**. Alternatively, the stop surface **210** is configured to contact and rest upon the base frame **28**.

It is further contemplated that portions of weigh frame **36** are configured to nest within base frame **28** when intermediate frame **32** is in the lowered position. Longitudinally

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extending members **198, 200**, shown in FIGS. **3, 4** and **13**, of weigh frame **36** define an outer width **202** of weigh frame **36** that may be less than inner width **190** of base frame **28** and lifting arms **34** (FIG. **7**). Further, an outer length **204** of weigh frame **36** may be less than inner length **197** of base frame **28** and lifting arms **34**. As such, as intermediate frame **32** is lowered to the lowered position, portions of weigh frame **36** as well as intermediate frame **32** may nest within or extend below base frame **28** thereby further reducing overall height **183** of deck support **24**.

Weigh Frame

As noted above, intermediate frame **32** is coupled to weigh frame **36**. As shown in FIGS. **13** and **14**, weigh frame **36** includes longitudinally extending members **198, 200** and transversely extending members **211, 213**. Load cells **220, 222, 224, 226** are coupled to a respective end of longitudinally extending members **198, 200**.

Referring further to FIG. **14**, load cell **226** is shown. The description below of load cell **226** is descriptive of all of load cells **220, 222, 224, 226** unless specifically noted otherwise. Load cell **226** includes a load member, load beam, or cell block (hereinafter "cell block **221**") that is mounted at one of the four corners of the weigh frame **36**. Conventional strain gages (not shown) are included in load cell **226** and are coupled to cell block **221**. The strain gages operate in a conventional manner to provide an indication of the load supported by load cell **226**. That is, a known input voltage is applied to input leads (not shown) coupled to the strain gages and, as cell blocks **221** deflect due to the application of a load, the resistance of the strain gages changes resulting in a change in an output signal generated on output leads (not shown) coupled to the strain gages. In the illustrative embodiment, the input and output leads are bundled together in a cable (not shown) that is routed between load cell **226** and conventional signal conditioning circuitry (not shown).

Block **221** is coupled to a mounting bar **223** of weigh frame **36** by suitable fasteners, such as bolts (not shown). Mounting bar **223** and block **221** are received in the interior region of weigh frame members **198, 200** as shown best in FIG. **14**. A stud **225** is coupled to block **221** and includes a socket portion **227** and a ball portion **228**. Socket portion **227** is configured to capture ball portion **228** and to allow ball portion **228** to rotate relative to socket portion **227**.

Load cells **220, 222, 224, 226** are further configured to be coupled to transversely extending members **215, 217** of intermediate frame **32**, shown in FIG. **2**. As such weigh frame **36** is coupled to intermediate frame **32** and supported by load cells **220, 222, 224, 226**. Referring to FIGS. **2, 3** and **15**, a stud **229** is fastened to each opposing end of transversely extending members **215** and **217** of intermediate frame **32** and is configured to be received by ball portion **228** respective of load cells **220, 222, 224, 226**. As such, studs **229** and ball portions **228** couple weigh frame **36** to intermediate frame **32**.

The weight of weigh frame **36** and anything supported by weigh frame **36**, such as deck **26**, mattress **14**, and a patient, is transmitted to load cells **220, 222, 224, 226**. This weight deflects or otherwise changes a characteristic of load cells **220, 222, 224, 226** that is detected to determine the total weight supported thereby. By subtracting a known weight of weigh frame **36**, deck **26**, mattress **14** and any other bed components supported on weigh frame **36**, the weight of the patient positioned on patient support **10** can be determined. Additional description of illustrative load cells and methods for determining a patient's weight, position in the bed, and other indications provided by load cells is provided in U.S. patent application Ser. No. 09/669,707, filed Sep. 26, 2000,

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titled Load Cell Apparatus, to Mobley et al., the disclosure of which is expressly incorporated by reference herein. According to alternative illustrative embodiments of the present disclosure, other configurations and methods of using load cells or other devices to determine a patient's weight or other information related to the patient known to those of ordinary skill in the art are provided herein.

Mattress Deck

As shown in FIGS. **3-5** and as previously mentioned, deck **26** is coupled to weigh frame **36** and includes several sections **38, 40, 42** that are configured to articulate between a plurality of positions. Head section **38** is positioned adjacent head-board **16** (FIG. **1**) and is pivotably coupled to weigh frame **36**. In the illustrated embodiment as shown in FIGS. **16** and **18**, a first end **231** of head section **38** is pivotably coupled to upwardly extending flanges **230** of weigh frame **36** such that head section **38** is rotatable about a pivot **232**. Head section **38** is further coupled to actuator **48c**. In the illustrated embodiment actuator **48c** is pivotably coupled to a downwardly extending bracket **233** of head section **38** and to a bracket **234** of weigh frame **36**. Actuator **48c** is configured to raise a second end **235** of head section **38**. As such, second end **235** of head section **38** can be raised or lowered relative to first end **231**, by the extension or retraction of the length of cylinder **172c** of actuator **48c**.

Seat section **40** is positioned adjacent head section **38** and is pivotably coupled to weigh frame **36**. In the illustrated embodiment as shown in FIGS. **16** and **18**, a first end **236** of seat section **40** is pivotably coupled to flanges **230** of weigh frame **36** such that seat section **40** is rotatable about a pivot **237**. Seat section **40** is further coupled to actuator **48d**. In the illustrated embodiment, actuator **48d** is pivotably coupled to a downwardly extending bracket **238** of seat section **40** and to bracket **234** of weigh frame **36**. Actuator **48d** is configured to raise a second end **256** of seat section **40**. As such, second end **239** of seat section **40** may be raised or lowered relative to first end **236**, by the extension or retraction of the length of cylinder **172d** of actuator **48d**.

Leg or foot section **42** is positioned adjacent seat section **40** and is pivotably coupled to seat section **40**. In the illustrated embodiment as shown in FIGS. **16** and **18**, second end **239** of seat section **40** is pivotably coupled to a first end **244** of leg section **42** such that leg section **42** is rotatable about a pivot **241**. Leg section **42** is further coupled to actuator **48e**. In the illustrated embodiment, actuator **48e** is slidably coupled to a bracket **246** of leg section **42** and is pivotably coupled to a bracket **248** of weigh frame **36**. Actuator **48e** is configured to raise a second end **250** of leg section **42**. As such, second end **250** of leg section **42** can be raised or lowered relative to first end **244**, by the extension or retraction of the length of cylinder **172e** of actuator **48e**.

Deck **26** is configured to support mattress **14**. As shown in FIG. **16**, head section **38** and seat section **40** each includes angled side walls **260a, 260b** and **262a, 262b**, respectively. Further, head section **38** and seat section **40** each includes substantially flat lower deck portions, floors or walls **264** and **266** connected to side walls **260a, 260b** and **262a, 262b**, respectively. Angled side walls **260a, 260b** and floor **264** and angled side walls **262a, 262b** and floor **266** each cooperate to define a support surface for a portion of mattress **14**. As shown in FIG. **16**, the angled walls **260a, 260b** and **262a, 262b** are oriented to form obtuse angles with their respective floors **264** and **266**. In one illustrative embodiment, the angle formed is approximately 135 degrees. According to alternative embodiments of the present disclosure, the obtuse angles between the side walls and the floor may range from slightly more than 90

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degrees to slightly less than 180 degrees. According to other alternative embodiments of the present disclosure, the angles are right angles or acute angles.

The lowered central portion, generally corresponding to floors **264** and **266** of head section **38** and seat section **40**, respectively, provides ample space for mattress **14** to be positioned. By having a lowered central portion, the pivot of a patient's hip when the patient is positioned on mattress **14** is more in line with pivots **232**, **237** of head section **38** and seat section **40** and provides ample space to provide a mattress **14** that provides adequate support for the patient. In one illustrative embodiment, the position of the pivot of the hip of the patient is about two inches above the pivots **232**, **237** of the head and seat sections **38** and **40** of the deck **26**. In another illustrative embodiment, the position of the pivot of the hip of the patient is generally in line with the pivots **232**, **237** of the head and seat sections **38** and **40** of the deck **26**. By minimizing the distance between the pivot of the patient's hip and the pivots **232**, **237** of the head and seat sections **38** and **40**, the amount of shear exerted against the patient is reduced as either the head or seat **38**, **40** section is raised or lowered. By reducing the amount of shear exerted against the patient, the possibility of the patient experiencing skin breakdown is reduced.

As further shown in FIG. **16**, head section **38** and seat section **40** further have tapered adjacent end portions **268**, **269** providing clearance therebetween during titling of head section **38** or during tilting of seat section **40**.

In one illustrative embodiment, as previously described, the distance between the pivot of a patient's hip and pivots **232**, **237** is about two inches. Referring to FIG. **19**, this translates into about a two inch thick section **270** of mattress **14** at the edge of the deck **26**. The thickness of the mattress **14** at the edge of the deck **26**, illustratively about two inches, provides needed support for the lateral transfer of the patient into and out of patient support **10**. Further, the thickness of the mattress **14** at the edge of the deck **26** provides a grip **271** for the patient to grasp to aid in the egress from patient support **10**. In one embodiment the thickness of grip **271** is about two inches.

Head Section

Referring again to FIG. **16**, head section **38** further includes a partition **272** located proximate to second end **235**. A generally vertical wall **274** and a generally horizontal wall **275** form partition **272**. In alternative embodiments, vertical wall **274** may be contoured or sloped at any angle relative to horizontal wall **275**. On a mattress side of partition **272**, first and second manifold receiving connectors **70** are coupled to wall **272**.

On the side opposite the mattress side, or manifold side of partition **272**, manifold **62** is coupled to partition **272**. Referring to FIGS. **16** and **18**, a cover **282** is provided to enclose the manifold side of partition **272**. Cover **282** is coupled to the remainder of head section **38** by fasteners, such as snaps, screws, hook and loop fasteners, hinges, magnets, or other suitable fasteners. In one embodiment, a noise barrier (not shown) is positioned between the cover **282** and the remainder of the deck **26**. An illustrative noise barrier is formed from conventional foam.

As explained in more detail herein, first and second manifold receiving connectors **70** are configured to be coupled to mattress connectors **68**, which are in fluid communication with mattress **14**. Manifold **62** is configured to be in fluid communication with pump **64**. As such, mattress **14** may be easily assembled to patient support **10** by simply coupling first and second manifold receiving connectors **70** with con-

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nectors **68**. In alternate embodiments, a single or three or more manifold receiving connectors are coupled to the partition.

In one embodiment, at least vertical wall **274** of partition **272** is removably coupled to head section **38**. Vertical wall **274** is assembled with manifold **62** and first and second manifold receiving connectors **70** to form a sub-assembly. The sub-assembly is then coupled to head section **38** by any suitable fastening means including screws, bolts, snaps, clasps, latches, or other suitable fastening means. As such, the sub-assembly may be configured for a variety of mattress configurations and assembled into the remainder of patient support **10**.

Foot Section

Referring further to FIG. **16**, leg or foot section **42** is transversely contoured similar to head section **38** and seat section **40**. However, leg section **42** further includes a first leg section member **290** and a second leg section member **292** which are movable relative to each other and thereby allow leg section **42** to be positioned in a retracted position, shown best in FIG. **18**, and in an extended position shown best in FIG. **20**. In alternative embodiments, one or more of the head section **38**, seat section **40** and leg section **42** are comprised of multiple section members that are movable relative to each other to allow the respective section to lengthen or retract.

Referring to FIGS. **16** and **21**, first leg section member **290** includes a generally flat floor or wall **294** and angled side walls **291a**, **291b**. Second leg section member **292** includes a generally flat floor or wall **298** and angled side walls **300a**, **300b**. Floor **298** and side walls **300a**, **300b** of second leg section member **292** are configured to overlay floor **294** and side walls **291a**, **291b** of first leg section member **290**. As such, second leg section member **292** is configured to slide over first leg section member **290** as leg section **42** is translated between an extended position (FIG. **20**) and a retracted position (FIG. **18**), or between a retracted position (FIG. **18**) and an extended position (FIG. **20**). Alternatively, the first leg section member **290** is configured to slide over the second leg section member **292** as the leg section **42** is translated between an extended position and a retracted position, or between a retracted position and an extended position.

Referring further to FIGS. **18** and **20**, second leg section member **292** is translated relative to first leg section member **290** by actuator **48f**. A first end **302** of actuator **48f** is coupled to first leg section member **290** and a second end **304** of actuator **48f** is coupled to second leg section member **292**. In the illustrated embodiment, first end **302** of actuator **48f** is coupled to a bracket **303** of first leg section member **290**. Similarly, second end **304** of actuator **48f** is coupled to a bracket **305** of second leg section member **292**. To extend second leg section member **292** relative to first leg section member **290**, cylinder rod **172f** of actuator **48f** is extended. To retract second leg section member **292** relative to first leg section member **290**, cylinder rod **172f** of actuator **48f** is retracted. In the preferred embodiment, actuator **48f** is an electric actuator, such as a Linak actuator, and is controlled by control system **44** as described herein. In alternative embodiments the actuator **48f** is a mechanical actuator, a pneumatic actuator, a hydraulic actuator, a link system or other suitable means to move the second leg section member **292** relative to the first leg section member **290**.

First leg section member **290** and second leg section member **292** are maintained in longitudinal alignment at least in part by guide members **306a**, **306b**. Illustratively, guide member **306a**, **306b** are telescoping tubes that extend and retract in a linear fashion as the first and second leg section members

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290 and 292 move relative to each other. As shown in FIG. 20, a first end 308 of guide members 306 are coupled to first leg section member 290 and a second end 310 of guide members 306 are coupled to second leg section member 292. As such as actuator 48f extends or retracts, guide members 306 are configured to extend or retract opposite sides of second leg section member 292 at the same rate, thereby preventing the second leg section 292 and the first leg section 290 from binding. In alternative embodiments, the guide members may comprise slide blocks and guide channels, interlocking members, rollers and associated races, or other suitable guiding means.

Referring to FIGS. 16 and 21, second leg section member 292 is further guided relative to first leg section member 290 by operably coupled interlocking portions 312a and 314a of angled walls 291 and 300a, respectively, and by operably coupled interlocking portions 312b and 314b of angled walls 293 and 300b, respectively.

Referring further to FIGS. 16 and 21, floor 294 of first leg section member 290 and floor 298 of second leg section member 292 are separated by a separator 316. Separator 316 is made of a material, such as plastic, that assists in the movement of second leg section member 292 relative to first leg section member 290. In the illustrated embodiment, separator 316 includes a plurality of flexible finger members 318 which are coupled to second leg section member 292 and contact first leg section member 290. Fingers 318 are connected to second leg section member 292 to maintain the position of fingers 318 at the interface between first leg section member 290 and second leg section member 292. In alternative embodiments, separator 316 may comprise a strip attached to the end of the second leg section member 292, a series of rollers, or other means to facilitate the sliding of the second leg section member 292 relative to the first leg section member 290.

In alternative embodiments other suitable extendable foot sections 42 may be used. Illustrative suitable foot sections include the patient supports and corresponding foot sections described in U.S. Pat. No. 6,212,714 issued Apr. 10, 2001 to Allen et al., the disclosure of which is expressly incorporated by reference herein, and U.S. Pat. No. 6,163,903 issued Dec. 26, 2000 to Weismiller et al., the disclosure of which is expressly incorporated by reference herein.

As previously mentioned, leg section 42 of deck 26 is adjustable in length so that it can be moved from a retracted position to an extended position. Preferably, the length of leg section 42 is adjusted depending upon the height of the patient positioned on mattress 14 so that the patient's foot is positioned adjacent to footboard 18, shown in FIG. 1. For example, leg section 42 is extended to position the heels of a tall patient adjacent to footboard 18. Leg section 42 is retracted to position the heels of a shorter patient adjacent to footboard 18.

Also illustratively, mattress 14 is configured to be extended and retracted with leg section 42 as discussed in more detail herein. As such, the heel of the patient may be maintained over a given section of mattress 14, such as heel pressure relief member 2154 (FIGS. 93-95) which is configured to provide heel-pressure relief.

According one embodiment of the present disclosure, the length of leg section 42 corresponds to the position of head section 38. For example, if head section 38 is raised to the titled position as shown in FIG. 21, leg section 42 of deck 26 is controlled by control system 44 to automatically extend by a given distance. If head section 38 is lowered, leg section 42 is controlled by control system 44 to automatically retract to its pre-extended position. More particularly, control system

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44 coordinates movement of head section 38 and leg section 42 by simultaneously controlling actuators 48c and 48f. By corresponding the extension and retraction of leg section 42 with the movement of head section 38, the patient's foot is maintained above heel pressure relief member 2154 of mattress 14. Furthermore, if footboard 18 is used as a foot prop, the patient's foot is maintained at a steady distance relative to footboard 18 during raising and lowering of head section 38.

Preferably, the degree of automatic extension of leg section 42 is a function of the angle of head section 38. The further up head section 38 is raised from a generally linear relationship with seat section 40, the more leg section 42 is extended so that heel pressure relief member 2154 is continuously positioned under the patient's heel throughout the range of motion of head section 38.

Mattress Deck Articulation

As stated previously, patient support 10 is positionable in a plurality of positions. Referring to FIGS. 1 and 3 and 22, head section 38, seat section 40 and leg section 42 are in a linear relationship relative to each other. In one illustrative embodiment, head section 38, seat section 40 and leg section 42 are placed in the linear relationship by control system 44 in response to a single button being depressed on one of controllers 50, 52, 54.

Referring to FIG. 4, head section 38 is rotated about pivot 232 such that second end 235 is raised relative to first end 231. Second end 235 is raised by control system 44 controlling actuator 48c to further extend cylinder 172 of actuator 48c. In one illustrative embodiment, head section 38 is raised by control system 44 in response a first button being depressed on one of controllers 50, 52, 54 and lowered by control system 44 in response to a second button being depressed on same controller 50, 52, 54.

Also, shown in FIG. 4, seat section 40 is rotated about pivot 237 such that second end 239 is raised relative to first end. Second end 239 is raised by control system 44 controlling actuator 48d to further extend cylinder 172d of actuator 48d. Leg section 42, in FIG. 4, is raised due to the rotation of seat section 40 and the coupling of leg section 42 to seat section 40, but leg section 42 remains in a generally horizontal position due to the rotation of actuator 48e. In one illustrative embodiment, seat section 40 is raised by control system 44 in response to a first button being depressed on same and lowered by control system 44 in response to a second button being depressed on the same controller 50, 52, 54.

Referring to FIG. 5, head section 38 and seat section 40 are in generally the same position as in FIG. 4. However, second end 250 of leg section 42 has been lowered such that second end 250 is lower relative to first end 244. Second end 250 is lowered relative to first end 244 by control system 44 controlling actuator 48e to further retract cylinder 172e of actuator 48e. In one illustrative embodiment, head section 38, seat section 40 and leg section 42 are placed in the configuration shown in FIG. 5 by control system 44 in response to a chair button on one of controllers 50, 52, 54 being depressed. In an alternate embodiment, the leg section 42 is raised by control system 44 in response to a leg section up button being depressed on one of the controllers 50, 52, 54, and lowered by control system 44 in response to a leg section down button being depressed on the same controller 50, 52, 54.

Referring further to FIGS. 4, 5, 18 and 20, the weight of actuator 48e and leg section 42 maintains a first end 320 of actuator 48e adjacent a first end 322 of slot 324 in bracket 246 as cylinder 172e of actuator 48e is retracted, as opposed to first end 320 of actuator 48e traveling towards a second end

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326 of slot 324. The configuration of deck in FIG. 5 is an illustrative first chair-like position.

Further, leg section actuator 48e is lengthened by control system 44 when seat section 40 is lowered from the elevated position shown in FIG. 5. Leg section actuator 48e is lengthened to prevent any interference between leg section 42 and seat section 40.

FIG. 6 illustrates leg section 42 not being movable between the position of leg section 42 in FIG. 4 and the position of leg section in FIG. 5, due to an obstruction 330 impeding the movement of leg section 42. Example obstructions include a cart, a wheelchair, a table, a trashcan or any other item. As shown in FIG. 6, when leg section 42 encounters obstruction 330 first end 320 of actuator 48e travels along elongated slot 324 in the direction of arrow 325 toward second end 326 of slot 324. As such, slot 324 serves as a safety device to avoid crushing obstruction 330 and to avoid destruction of actuator 48e and damage to patient support 10.

The length of slot 324 is selected to allow actuator 48e to move from a fully extended position to a fully retracted position while first end 320 of actuator 48e travels in slot 324. As such, actuator 48e will encounter the end of its range of motion or travel (fully retracted) before or coincident with first end 320 of actuator 48e reaching second end 326 of slot 324. Therefore, leg section 42 will not crush or otherwise damage obstruction 330 due to the continued pressure applied by actuator 48e, actuator 48e will not be damaged due to a larger than expected load being placed on actuator 48e, and patient support 10 will not be damaged.

Alternative methods may be used to keep the leg section 42 from damaging the obstruction and to keep from damaging the actuator 48e. A first example is to monitor the load placed on the actuator 48e with the control system 44 and to disengage or reverse the motion of the actuator 48e in response to a larger than expected load for retracting the actuator 48e. A second example is to place a pressure sensor along the bottom of the leg section 42 and to disengage the actuator 48e when a higher than expected pressure is detected. An illustrative sensor may be the obstacle detection system of the present invention disclosed herein. Other known safety systems may also be used.

In alternative embodiments, the elongated slot 324 is located on the bracket 248 attached to the weigh frame 36 and the actuator 48e is pivotably coupled to the leg section 42 and slidably and pivotably coupled to the weigh frame 36. In a further alternative embodiment, the elongated slot 324 is located on the joint between the leg section 42 and the seat section 40 such that the leg section 42 and the seat section 40 are pivotably and slidably coupled, the leg section 42 and the actuator 48e are pivotably coupled and the actuator 48e and the weigh frame 36 are pivotably coupled. In still further alternative embodiments, the elongated slot 324 feature is incorporated into the configuration for the head section 38, is incorporated into the configuration for the seat section 40, or is incorporated into the lifting arms 34 configuration.

Referring to FIG. 10, a second chair-like configuration of patient support 10 is shown. Head section 38, seat section 40 and leg section 42 of deck 26 are generally oriented relative to intermediate frame 32 as shown in FIG. 5. However, deck support 24 is positioned generally in a Reverse Trendelenburg position, wherein foot end 104 of intermediate frame 32 is lower than head end 102 of intermediate frame 32. Deck support 24 is placed in the second chair-like position by retracting actuator 48b, shown in FIG. 2, and thus lowering foot links 108. In one illustrative embodiment, patient support 10 is placed in the configuration shown in FIG. 10 by control system 44 in response to a first button being depressed on one

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of controllers 50, 52, 54 and in response to a second button being depressed on one of controllers 50, 52, 54. In an alternative embodiment, the patient support is placed in the configuration shown in FIG. 10 in response to a button being depressed on the controllers. In a further alternate embodiment, the patient support 10 is placed in the configuration of FIG. 5 in response to a first chair button on one of controllers 50, 52, 54 being depressed and is placed in the configuration of FIG. 10 in response to a second chair button on the same controller 50, 52, 54 being depressed.

A further safety device 340 is shown in FIG. 17 and is coupled to leg section 42. Safety device 340 includes bracket 305 rigidly coupled to leg section 42 and a roller 344 rotatably coupled to bracket 305. Safety device 340 similar to slot 324 protects patient support 10 from damage and also protects an obstruction, such as obstruction 330 or the floor 29 (FIG. 6), from damage. Alternatively, the roller 344 of the safety device 340 is directly coupled to or integrated with the leg section 42, thereby eliminating the bracket 305.

In FIG. 11, patient support 10 is transitioned to the second chair like configuration, however either due to the fact that leg section 42 is extended, discussed in more detail herein, or that deck support 24 is somewhat lowered, second end 250 of leg section 42 contacts the floor and could potentially be damaged prior to patient support 10 fully transitioning to the second chair like position. As shown in FIG. 11, safety device 340 is configured to translate second end 250 of leg section 42 in a direction 341 while leg section 42 rotates in a direction 343 to avoid damage to leg section 42.

As second end 250 of leg section 42 is translated in direction 341 and leg section 42 is rotated in direction 343 relative to seat section, first end 320 of actuator 48e is traveling within slot 324. As discussed earlier in connection with FIG. 6, slot 324 allows the actuator 48e to continue to retract without further lowering leg section 42. However, in the current case, wherein patient support 10 is transitioning from the first chair-like configuration of FIG. 5 to the second chair-like configuration of FIG. 10, actuator 48e is not retracting. In the current case of FIGS. 10 and 11, first end 320 of actuator 48e, a fixed link (since not retracting or extending), travels within slot 324 and thus leg section 42 rotates to avoid crushing the obstruction or causing damage to the patient support 10. As such, safety device 340 functions in concert with slot 324. It should be appreciated that roller 344 reduces the friction between the floor 29 and leg section 42, thereby allowing leg section 42 to more easily rotate and translate.

A further instance wherein safety device 340 protects both leg section 42 and an obstruction from damage is when deck 26 is in a linear configuration with leg section 42 in an extended position and the patient support 10 is moved to a Reverse Trendelenburg position from a low position. As shown in FIG. 12, patient support 10 is transitioning from a low position, wherein both actuators 48a and 48b, shown in FIG. 2, are generally retracted, to a Reverse Trendelenburg position, wherein actuator 48b remains generally retracted and actuator 48a is generally extended to raise head end 102 of intermediate frame 32 relative to foot end 104. In such a configuration, the second end 250 of leg section 42 could either contact the floor 29 or an obstruction 348, such as a foot. In either case, safety device 340 and safety device 324 cooperate to rotate leg section 42 relative to seat section 40 and thereby reduce the likelihood of damage to both leg section 42 and the obstruction 348.

CPR Configuration

Often it is required to configure patient support 10 in a CPR configuration which is tailored to assist a caregiver in provid-

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ing CPR to the patient supported on patient support 10. In one illustrative example, a CPR configuration is defined by placing the head, seat and leg sections 38, 40, 42 in a generally linear relationship and to inflate an upper bladder assembly 2122 to an elevated or a maximum pressure in the manner further described herein. In a further illustrative CPR configuration, the head, seat and leg sections 38, 40, 42 are placed in a generally linear relationship, the upper bladder assembly 2122 is inflated to an elevated or a maximum pressure and decking support 24 is oriented such that head end 102 is lower relative to foot end 104, generally a Trendelenburg position as shown in FIG. 9.

Patient support 10 may be placed in the preferred CPR configuration by providing an indication to control system 44 which in turn controls actuators 48c, 48d, 48e to place head, seat, and leg sections 38, 40, 42 in a generally linear relationship, controls pump 64 to inflate upper bladder assembly 2122 to the desired pressure, and controls actuators 48a and 48b of deck support 24 to lower head end 102 relative to foot end 104. The details of control system 44 and how control system 44 controls actuators 48a-f and pump 64 are further described herein.

Illustratively, patient support 10 is placed in the preferred CPR configuration by manually lowering head section 38 to a lowered position and providing an indication to control system 44 which, in turn, controls actuators 48d and 48e to place head, seat and leg sections 38, 40, 42 in a linear relationship, controls pump 64 to inflate upper bladder assembly 2122 to the desired pressure, and controls actuators 48a and 48b of deck support 24 to lower head end 102 relative to foot end 104. Referring to FIG. 18, both the manual lowering of head section 38 and the providing of an indication to control system 44 are initiated by the actuation of a first or user input 350 from a first state corresponding to an off or inactive condition to a second state corresponding to an on or active condition and are continued as long as first input 350 remains in the on or active condition.

Referring to FIGS. 13, 16, 18, 23 and 24, first input 350 includes a handle 352 positioned adjacent a longitudinal side of head section 38. As shown in FIG. 24, a pair of first inputs 350 are provided, each first input member 350 being supported adjacent opposing right or left longitudinal sides of the head section 38. In the following description, the first inputs 350 and related components adjacent the left and right sides will be specifically identified by the respective reference number followed by reference letter "a" or "b". It should be appreciated that both first inputs 350a and 350b have identical components and are mirror images of each other. Further, each first input 350a and 350b is configured to function independently of the other first input 350a and 350b. Each handle 352 is coupled to a handle bracket 354 which is rotatably coupled to a bracket 356 which is rigidly coupled to head section 38. Handle bracket 354 is rotatably coupled to bracket 356 by a first fastener 358. The degree of rotation of handle bracket 354 relative to bracket 356 is limited by a stop, illustratively fastener 360 (FIG. 23), which is received in an elongated slot 362 in handle bracket 354.

In one illustrative embodiment, handle 352 includes an indicia 353, shown in FIG. 16, that indicates that the handle corresponds to a CPR condition. Illustrative indicia includes wording such as "CPR" or other text, color-coding, embossed characters or combinations thereof. In alternative embodiments, the indicia is a part of a pedal, a button, a switch, a lever arm, or other suitable actuatable members. Referring further to FIG. 23, each handle bracket 354 includes a flange 364 that is configured to couple a first end 366 of a cable 368. Bracket 356 includes a flange 370 configured to couple a first end 372

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of a cable housing 374. Cable 368 is free to translate or move within cable housing 374. As such, as handle bracket 354 is rotated in direction 376 relative to bracket 356, cable 368 is extended from cable housing 374 generally in direction 378. As explained later, cable 368 biases in direction 380, in the absence of an external force applied to handle 352, thereby causing handle bracket 354 and handle 352 to rotate in direction 381, opposite direction 376.

Referring to FIGS. 24-28, a second end 382 of each cable 368 and a second end 384 of each cable housing 374 are coupled to an actuator assembly 386 which, in turn, is coupled to actuator 48c. Actuator assembly 386 includes a housing 388 coupled to cylinder rod 172 of actuator 48c by retainers 390, shown in FIGS. 24 and 25. Flange 392 extends from a top portion 394 of housing 388 and is configured to couple to second end 384 of each cable housing 374. A slide bracket 396 is slidably coupled to top portion 394 of housing 388. Slide bracket 396 receives second end 382 of each cable 368 in one of the plurality of slots 400 defined by a plurality of upwardly extending flanges 402 of slide bracket 396. A further flange 404 of slide bracket 396 is coupled to a release pin 406 of actuator 48c. As known in the art, release pin 406 of actuator 48c is configured to allow cylinder rod 172c of actuator 48c to freely move relative to cylinder body 170c, such that rod 172c can be freely extended from or retracted within cylinder body 170c.

Slide bracket 396 is coupled to each handle bracket 354 through cables 368. As such, the rotation of either handle 352a, 352b by a caregiver rotates respective handle bracket 354a, 354b which, in turn, translates first end 366a, 366b of cable 368a, 368b away from first end 372a, 372b of cable housing 374a, 374b, which translates second end 382a, 382b of cable 368a, 368b toward second end 384a, 384b of cable housing 374a, 374b in a direction 408 (FIG. 26). The translation of either cable 368a, 368b in direction 408 translates both slide bracket 396 and release pin 406 in direction 408. As such, while the caregiver keeps either handle 352a, 352b in its rotated position, cylinder rod 172c of actuator 48c is freely moveable relative to cylinder body 170c of actuator 48c and head section 38 may be manually lowered or raised.

As known in the art, release pin 406 is biased in direction 410 counter to direction 408. As release pin 406 moves in direction 410, cylinder rod 172c of actuator 48c is no longer freely movable relative to cylinder body 170 of actuator 48c. Therefore, when the caregiver releases both handles 352a, 352b release pin 406 due to its bias translates slide bracket 396 in direction 410 which in turn through respective cables 368a, 368b rotates handle bracket 354a, 354b and handle 352a, 352b in direction 381 (FIG. 23). As such, actuator 48c is once again actuatable by control system 44 instead of manually.

Referring to FIG. 25, as the caregiver manually lowers head section 38, a damper 430 is provided to reduce the rate at which head section 38 is lowered thereby ensuring that head section 38 does not abruptly move to the lowered position. Illustratively, damper 430 is a gas spring 432 which is pivotally coupled to weigh frame 36 and slidably and pivotably coupled to head section 38. A first end 434 of gas spring 432 is received in an elongated slot 436 of a bracket 438 which is rigidly coupled to head section 38. As head section 38 is lowered from the elevated position to an intermediate position, first end 434 of damper 430 travels from a first end 440 of slot 436, generally corresponding to the elevated position, towards a second end 442 of slot 436, generally corresponding to the intermediate position. In an illustrative embodiment, the intermediate position corresponds to a posi-

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tion approximately two-thirds of the travel distance from the elevated position to the lowered position.

Gas spring 432 has an uncompressed state generally corresponding to head section 38 being positioned between the intermediate position and the elevated position and a compressed state generally corresponding to head section 38 being positioned between the intermediate position and the lowered position. As head section 38 moves from the intermediate position to the lowered position, first end 434 of gas spring 432 stays proximate to second end 442 of slot 436 and a rod 444 of gas spring 432 is forced to slidably move into a housing 446 of gas spring 432 against the biasing force exerted by gas spring 432. In general, gas spring 432 prefers to be in the uncompressed state and resists movement to the compressed state. As such, gas spring 432 resists the movement of head section 38 from the intermediate position to the lowered position and thereby slows the rate of travel of head section 38 to the lowered position.

Gas spring 432 is of conventional design. In alternative embodiments, other types of dampers may be used. Example dampers include compressible foam, air bladders, compressible springs, and other suitable damping means.

Referring to FIG. 26, housing 388 further includes a second input or control 448 that is connected to control system 44. Illustratively, second input/CPR release 448 is a switch which is engaged by slide bracket 396. When switch 448 is closed, control system 44 receives an indication that switch 448 has been closed. Control system 44 proceeds to place the other portions of patient support 10 in the preferred CPR configuration. First, control system 44, if needed, actuates actuators 48d and 48e to place seat section 40 and leg section 42 in a linear relationship with head section 38 corresponding to head section 38 being in a lowered position. Second, control system 44, if needed, inflates upper bladder assembly 2122 to the desired pressure. Third, control system 44, if needed, actuates actuators 48a and 48b to lower head end 102 of decking support 24 relative to foot end 104 of decking support 24. If switch 448 remains closed, control system 44 preferably lowers head end 102 about 12° degree. to about 15° degree. relative to foot end 104.

If switch 448 is opened as a result of the caregiver releasing handle 352 before control system 44 completes the aforementioned tasks, control system 44 aborts the uncompleted tasks. For example, if the caregiver could release handle 352 when head end 102 is approximately 5° degree. lower than foot end 104. It is understood that switch 448 may be located in a variety of locations and activated in a variety of ways. For instance, switch 448 may be placed on handle 352 or handle bracket 354. In alternate embodiments, the handle 352 is replaced by a foot pedal, a button, a switch, a lever arm or other suitable actuatable members.

Referring to FIG. 28, a second embodiment slide bracket 420 is shown. Slide bracket 420 is made from a plastic material and generally functions similar to slide bracket 396. Slide bracket 420 is slidably coupled to housing 388, is coupled to release pin 406, and is configured to engage switch 448. Slide bracket 420 is further coupled to second ends 3822, 382b of cable 368a, 368b.

Referring to FIG. 30, second end 382 of each cable 368 includes a retainer 421 which is received within a recess 422 on slide bracket 420. Illustratively, the retainer 421 may comprise a spherical member or a disk crimped on the second end 382 of cable 368. In order to enter recess 422, retainer 421 on second end 382 must pass by detent 424 which is configured to retain second end 382 in recess 422.

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Caster Braking System

Referring to FIGS. 29-33, patient support 10 further includes a caster braking system 450. The caster braking system 450 interconnects each caster device 30a, 30b, 30c, 30d to provide simultaneous braking of casters devices 30a, 30b, 30c, 30d. Each caster device 30a, 30b, 30c, 30d is associated with a foot brake pedal 452a, 452b, 452c, 452d. To simultaneously brake all caster devices 30a, 30b, 30c, 30d, the caregiver steps on one of foot brake pedals 452 and caster braking system 450 locks all four caster devices 30a, 30b, 30c, 30d against rolling. In alternative embodiments the caster devices 30 are brake/steer caster devices opposed to simply brake caster devices.

Each caster device 30 includes a braking mechanism (not shown) that is coupled to a caster-brake link, illustratively a faceted shaft such as hexagonal shaft 453, such that rotation of hexagonal shaft 453 engages the braking mechanism. As shown in FIG. 32, each hexagonal shaft 453 is received within a sleeve 454 of caster device 30 wherein shaft 453 is coupled to the braking mechanism. Additional description of a caster braking system similar to the caster braking system 450 of the present disclosure including the illustrative braking mechanism is provided in U.S. patent application Ser. No. 09/263, 039, filed Mar. 5, 1999, to Mobley et al., entitled Caster and Braking System, and issued as U.S. Pat. No. 6,321,878 on Nov. 27, 2001, the disclosure of which is expressly incorporated by reference herein. According to alternative embodiments of the present disclosure other configurations of caster braking and/or steering systems with or without simultaneous locking functions are provided for use with the foot brake pedal 452 and caster-brake link of the present disclosure.

As shown in FIGS. 29 and 31, a first end 455 of hexagonal shaft 453 is coupled to foot pedal 452. A second end 456 of hexagonal shaft 453 is coupled to a rod 457. Rods 457a, 457b interconnect transversely spaced caster pairs 30a, 30b and 30c, 30d, respectively. Rod 457a is coupled to hexagonal shafts 453a and 453b and rod 457 is coupled to hexagonal shafts 453c and 453d. As such, the braking of either caster device 30a or caster device 30b results in the braking of the other caster device of caster device 30a and caster device 30b. Similarly, the braking of either caster device 30c or caster device 30d results in the braking of the other caster device 30c or caster device 30d.

Further, transversely spaced caster device pairs 30a, 30b and 30c, 30d are interconnected by a longitudinally extending brake links 458a, 458b, respectively. Brake links 458a, 458b are configured to interact with the caster device pairs 30a, 30b, 30c, 30d such that the braking of any one caster device 30a, 30b, 30c, 30d simultaneously brakes the remaining caster devices 30a, 30b, 30c, 30d.

As shown in FIGS. 29 and 32, a first end 460 of brake link 458a is pivotably coupled to a bracket 462a by a fastener 464. Illustratively bracket 462 is a U-shaped bracket having a first leg 466 and a second leg 468. The lower portions of legs 466, 468 are configured to pivotably couple to brake link 458. Bracket 462 further includes a generally hexagonal opening for coupling bracket 462 to hexagonal shaft 453.

In operation, a caregiver depresses one of the foot pedals 452, such as foot pedal 452a, to simultaneously brake all four caster devices 30a, 30b, 30c, 30d. Illustratively, foot pedals 452 are shown on a first side of each caster device 30. Alternatively, the foot pedals 452 may be located on the other side of the caster devices 30 or each caster device 30 could have more than a single foot pedal 452 associated with the caster device 30. The depressed foot pedal 452a causes the rotation of hexagonal shaft 453a in direction 470 as illustrated in FIG. 29.

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The rotating of hexagonal shaft **453a** in turn engages the braking mechanism (not shown) of caster device **30a**, rotates rod **457a** in direction **470** and rotates bracket **462a** in direction **470**. The rotation of rod **457a** further rotates hexagonal shaft **453a** in direction **470** thereby engaging the brake mechanism of caster device **30b**. The rotation of bracket **462a** translates brake link **458a** in a direction **472**. The translation of brake link **458a** in direction **472** results in the rotation of bracket **462c** in direction **470** which, in turn, rotates hexagonal shaft **453c** in direction **470**, thereby engaging the brake mechanism of caster device **30c**. The braking mechanism of caster device **30d** is engaged by the rotation of hexagonal shaft **453d** either through the translation of brake link **458b** similar to the translation of brake link **458a** and/or through the rotation of rod **457b** similar to the rotation of rod **457a**. In alternative embodiments, the caster braking system **450** includes only two transverse rods **457** and a single brake link **458** or two brake links **458** and a single transverse rod **457**.

In order to unlock the caster braking system **450** of the present invention, one of the four pedals **452**, such as pedal **452a** is rotated in a direction **473** counter to the direction **470**, thereby disengaging the braking mechanism of caster device **30a**. The braking devices of casters **30b**, **30c**, **30d** are disengaged in a manner similar to how they are engaged through rods **457a**, **457b** and brake links **458a**, **458b**.

As stated previously, it is advantageous to lower intermediate frame **32** as low as possible to the floor to aid egress from and ingress to patient support **10** and to prevent injury in case of accidental fall from patient support **10**. The configuration of caster braking system **450** has a low profile which provides additional clearance for deck **26**, siderails **20**, **22** and other patient support components as deck support **24** is lowered. As such, intermediate frame **32** can be further lowered. As shown in FIG. **31**, brake links **458a**, **458b** of caster brake system **450** extends through longitudinal frame member **192** and brake link **458b** extends through longitudinal frame member **194**. As shown in FIG. **33**, brake links **458** are positioned lower than hexagonal rods **453** such that a top surface **474**, **476** of longitudinal frame members **192**, **194** can be lower to the floor **29**. Therefore, greater clearance is provided and intermediate frame **32** can be further lowered relative to base frame **28**.

Control System

Referring now to FIG. **35**, control system **44** includes various controls, interfaces, sensors, and actuators that communicate via a plurality of control modules (described below) connected together by a network **510**. A control system having certain characteristics in common with control system **44** is described in U.S. Pat. No. 5,771,511 (hereinafter "the '511 patent"), which is hereby expressly incorporated herein by reference. Unlike the peer-to-peer network described in the '511 patent, network **510** is a controller area network (CAN) having a serial bus connecting the modules, each of which includes a controller, a transceiver and associated electronics. In one embodiment, the bus includes a twisted pair of wire conductors. In general, each module is capable of transmitting data on the bus (when the bus is idle), and multiple modules can simultaneously access the bus. Information transmissions (or messages) are not addressed for receipt by a specific module. Instead, as will be further described below, each message is broadcast on the bus to all modules, and includes an identifier that each module uses to determine whether to process the message. If the message is relevant to a particular module, it is processed. Otherwise, it is ignored.

As shown in FIG. **35**, seven modules are connected to network **510** for controlling the operation of patient support

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10. The modules include a logic module **512**, a power supply module **514**, a scale/ppm module **516**, a dynamic surface module **518**, a left caregiver module **520**, a right caregiver module **522**, and a sidecomm module **524**. With reference to FIG. **35B**, logic module **512** is electrically coupled to detachable siderail controller **50** (or patient pendant(s)), CPR release switch **448**, DC motors **604** of linear actuators **48**, and a plurality of sensors including side rail position sensors **60**, a head up sensor **534**, a head down sensor **536**, a foot sensor **538**, a foot safety detect sensor **540**, a knee contour sensor **542**, a bed-not-down sensor **544**, and motor sensors **546**.

As illustrated in FIG. **35D**, power supply module **514** is electrically coupled to obstacle detection device **58**, a night light **548**, foot pedal controls **56**, battery **46**, a battery charger **552**, pneumatic pump **64**, and power conditioning circuitry **556**. Power supply module **514** further includes a connector (not shown) for receiving a test device **558** for performing various diagnostic and test functions. Power conditioning circuitry **556** is connected to a conventional AC plug **45**. With reference to FIG. **35A**, scale/ppm module **516** is electrically coupled to the load cells **220**, **222**, **224**, **226** connected to weigh frame **36**, and to a bed exit sensor **562**.

With reference to FIG. **35A**, dynamic surface module **518** is electrically coupled to a plurality of solenoids **564** for controlling characteristics of mattress **14**, and a plurality of pressure transducers **566** associated with mattress **14** for sensing air pressures of various components of mattress **14**. Left caregiver control module **520** is electrically coupled to first pair of permanent siderail controllers **52** mounted to left head end siderail **20**. Right caregiver control module **522** is similarly electrically coupled to first pair of permanent siderail controllers **54** mounted to right head end siderail **20**. The configuration and operation of first and second pair of permanent siderail controllers **52**, **54** are further described elsewhere herein. Finally, with reference to FIG. **35C**, sidecomm module **524** is electrically coupled to room lighting controls **568**, a nurse call control **570**, a remote network interface **572**, entertainment equipment **574** (e.g., radio and television), and a brake-not-set sensor **576**.

It should be understood that the configuration of network **510** permits addition of new modules and subtraction of existing modules without requiring manual reconfiguration of the existing modules. When a new module is added, network **510** recognizes the module and facilitates communications between the added module and the existing modules automatically. Additionally, it should be noted that network **510** is implemented to operate as a masterless system, wherein each module **512**, **514**, **516**, **518**, **520**, **522**, **524** operates substantially autonomously. One feature of network **510** is the periodic transmission of each module **512**, **514**, **516**, **518**, **520**, **522**, **524** of a "heartbeat" message or status message to the bus for receipt by each of the remaining modules. In this manner, control system **44** periodically verifies the functionality of each module **512**, **514**, **516**, **518**, **520**, **522**, **524** in system **44**, and is able to identify a non-operational module by the absence of the module's "heartbeat" message. As further described herein, communications by and among modules **512**, **514**, **516**, **518**, **520**, **522**, **524** are initiated by the individual modules on an event-driven basis.

Power for control system **44** is supplied through power supply module **514**. More specifically, AC plug **45** of a power cord (not shown) secured to frame **12** is inserted into a conventional wall outlet supplying 100 VAC, 120 VAC, or 230 VAC power. Power conditioning circuitry **556** converts the AC input power to DC levels for use by the various electronic components of control system **44**. Power supply module **514** further facilitates limited functionality of patient support **10**

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via battery 46 when AC plug 45 is not connected to a wall outlet. Battery 46 is automatically charged by battery charger 552, which provides a status signal to power supply module 514 to indicate the condition of the charge of battery 46. In one embodiment, battery charger 552 permits use of battery 46 as a back-up power source that allows logic module 512 to perform (for 24 hours after AC power has been disconnected) a single operation of high-low up/down, head up/down, tilt/reverse tilt, foot retract/extend, Trendelenburg, and chair out. When AC power is applied to patient support 10, a light emitting diode (LED) 737 (FIG. 31) indicates the status of battery 46. For example, the LED remains lit when battery 46 has sufficient power, blinks when battery 46 power is low, or is off when battery 46 has lost all power or is disconnected. As indicated, power supply module 514 controls the operation of pneumatic pump 64 (or a blower or other type of inflating means), which supplies air to mattress 14 (as described in greater detail below).

Power supply module 514 also receives the signal provided by obstacle detection device 58 as described herein. Power supply module outputs a message on network 510 when obstacle detection device 58 outputs a signal indicating the presence of an obstacle so that appropriate action can be taken to prevent injury or damage.

Power supply module 514 also controls night light 548. Specifically, night light 548, which illustratively is mounted to patient support 10 at a location to illuminate the ingress/egress area of patient support 10, is always active or on when AC power is provided to power supply module 514. Night light 548 may be disabled or shut off during battery powered operation. As further described herein, the illumination element (not shown) of night light 548 is enclosed by a housing, which also includes circuitry (not shown) to prevent flicker.

As further described herein, each foot pedal 1724, 1726, 1728, 1730 of foot pedal controls 56 provides a signal when depressed. Power supply module 514 uses these signals to generate messages for transmission on network 510 indicating the status of pedals 1724, 1726, 1728, 1730. Logic module 512 processes such messages to determine whether foot pedal controls 56 are enabled, and to control the operation of DC motors 604 of linear actuators 48, as further described herein. Of course, operation of DC motors 604 is conditioned upon the actual positions of the various components of patient support 10, and upon the status of various lockout signals generated by a caregiver using siderail controllers 52, 54.

Finally, power supply module 514 functions as an input location via a connector (not shown) for test device 558. Test device 558 is configured to operate as an additional module on network 510 for performing diagnostic operations on the various functions of patient support 10 as is further described herein.

Scale/ppm module 516 converts the signals from load cells 220, 222, 224, 226, described above, into actual weight measured on weigh frame 32. This information is outputted for display on a scale display (not shown) and possible transmission to a hospital information network via sidecomm module 524 and remote network interface 572. Scale/ppm module 516 further receives input from bed exit sensor 562, which determines, based on the weight measured on weigh frame 32, whether a patient has exited patient support 10.

Dynamic surface module 518 controls the dynamic air surface or mattress 14. It processes messages initiated by either of siderail controllers 52, 54 to operate solenoids 564 (part of valve assemblies 2406), which in turn adjust the level of inflation of mattress 14 during, for example, a turn assist procedure as further described herein. Additionally, dynamic surface module 518 receives feedback from pressure trans-

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ducers 566 in the form of electrical signals that indicate pressure measurements of the various bladders of mattress 14. Dynamic surface module 518 operates solenoids 564 in response to the feedback signals from pressure transducers 566 to achieve the desired adjustments to mattress 14.

Sidecomm module 524 functions essentially as an environmental and communications interface. The nurse call, lighting, and entertainment functions are controlled by sidecomm module 524 based on inputs from siderail controllers 50, 52, 54. Sidecomm module 524 outputs signals to control these functions, and communicates with the facility's communication systems via remote network interface 572. Patient support 10 includes a connector 575 (FIG. 30) that is configured to interface with the facility's communication system and entertainment system. Another connector (not shown) is provided to interface with the nurse call control 570 and lighting controls 568. As such, sidecomm module 524 controls room lights, reading lights, television, radio, and communicates with the facility's nurse call network in response to activation of a nurse call switch or button mounted to patient support 10. Through remote network interface 572, sidecomm module 524 can provide information to the facility's information network regarding the operation of patient support 10. For example, hours of use may be reported for billing or maintenance purposes. Moreover, sidecomm module 524 can function as an interactive data link between a remote location and patient support 10. For example, the facility information network may request weight information on the patient occupying patient support 10. Sidecomm module 524 can send a message on the bus identified as a weight request. The message may be processed by scale/ppm module 516, which provides a message containing the requested weight information. Sidecomm module 524 processes the message and provides the weight information to the facility's information network via remote network interface 572. Additionally, brake-not-set sensor 576 provides an input to sidecomm module 524 to indicate that the brake preventing movement of patient support 10 is not in a set position.

Logic module 512 controls movement of patient support 10 and is the entry point for nearly all of the position sensors for the various components of patient support 10. As shown, logic module 512 controls the plurality of motors 604 of linear actuators 48 connected to the moveable components (e.g., the articulating deck sections 38, 40, 42, etc.) of patient support 10, as is described in detail herein. When a DC drive motor 604 is activated, a motor sensor 546 associated with the drive motor 604 provides a feedback signal to logic module from which logic module 512 can determine when to deactivate the drive motor 604. When logic module 512 processes a message requesting movement of a particular component of patient support 10, logic module 512 first reads the position of the component (via the appropriate sensor 546). If movement of the component is necessary, then logic module 512 determines whether a lockout signal has been generated from either of the first or second pair of permanent siderail controllers 52, 54. If no lockout is set, logic module 512 controls the appropriate DC drive motor 604, while monitoring the appropriate motor sensor 546, to move the component to the desired position.

Controller Area Network

In one illustrative embodiment, CAN specification 2.0B as specified in ISO 11898 is used for network 510. Network 510 involves three of the seven network layers defined in the ISO model: the physical layer, the data link layer and the application layer. The physical layer includes the actual cabling or wires connecting modules 512, 514, 516, 518, 520, 522, 524.

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The physical layer further includes the hardware present on each of modules **512, 514, 516, 518, 520, 522, 524** for enabling operation according to the CAN specifications. As indicated above, the hardware includes a transceiver for communicating with the bus and a microcontroller with a built-in CAN controller. A suitable transceiver is a TJA1054 CAN transceiver manufactured by Philips Electronics. A suitable microcontroller is a T89C51CC01 microcontroller manufactured by Amtel. The microcontroller is connected to a crystal oscillator, such as a 20 MHz crystal.

The data layer generates and receives the messages used for communications between modules **512, 514, 516, 518, 520, 522, 524** via the CAN protocol (described below).

The application layer complies with the CANopen specification as further described below. CANopen is an open standard based on a model including communication interface and protocol software, an object dictionary, and an application program interface. The communication interface and protocol software provides a means by which a CANopen device can transmit and receive messages over network **510**. The object dictionary is a collection of all of the system variable information communicated over network **510**. Finally, the application program interface controls how the application software interacts with the various network parameters.

The communication interface and protocol software includes a variety of services and protocols. One protocol that handles real-time transfer of data between modules is the Process Data Objects (PDO) protocol. Two PDO services are provided: receive (RPDO) and transmit (TPDO). RPDOs are used to obtain updated information for the object dictionary entries of a module **512, 514, 516, 518, 520, 522, 524**. TPDOs, on the other hand, are used to transmit updated information to object dictionary entries of another module **512, 514, 516, 518, 520, 522, 524**. According to one embodiment of the invention, eight PDOs can be used for each module **512, 514, 516, 518, 520, 522, 524** (four configured as RPDOs and four configured as TPDOs). Each PDO can transfer up to eight bytes of information. While both PDO services share the same basic structure, TPDOs are essentially broadcast messages (any module **512, 514, 516, 518, 520, 522, 524** could receive a TPDO), and RPDOs must be unique for each module **512, 514, 516, 518, 520, 522, 524** that transmits. For example, power supply module **514** may send battery status information to all other modules **512, 516, 518, 520, 522, 524** using a single TPDO. Each module **512, 516, 518, 520, 522, 524** that needs to use the information must have a corresponding RPDO to receive the information from power supply module **514**. Moreover, each module **512, 514, 516, 518, 520, 522, 524** that needs information from any other module **512, 514, 516, 518, 520, 522, 524** must have a separate RPDO for the other module **512, 514, 516, 518, 520, 522, 524**. In other words, RPDOs can only receive a message from a single module.

PDOs are constructed from object dictionary entries in the manner depicted in FIG. 35. As shown, PDO **578** is capable of including eight bytes **580** of information. In this example, PDO **578** includes only five bytes **580** of information. The eight bytes **580** of information can come from any of a variety of different object dictionary entries (such as object dictionary entries **582** and **584**) associated with different modules, and the entire data type for the object dictionary entry does not have to be used. Where the entire data type is not used, then the number of bits specified (starting with the LSB) are used as shown in FIG. 35.

PDOs of control system **44** are event driven. When an object dictionary entry changes, for example, because a sys-

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tem variable changed, the corresponding PDO is automatically transmitted, and the object dictionary entry is automatically updated when a message is received. As explained herein, modules **512, 514, 516, 518, 520, 522, 524** determine which messages to process by analyzing an identifier included in the message. The identifier includes three digits in the form of x8y where x is the TPDO of the transmitting module **512, 514, 516, 518, 520, 522, 524** and y is the module ID of the transmitting module **512, 514, 516, 518, 520, 522, 524**. Thus, if a module **512, 514, 516, 518, 520, 522, 524** maps one of its RPDOs with the CAN identifier **584**, it correlates to TPDO2 from module **4**.

Another protocol is the Service Data Objects (SDO) protocol, which is administered only by a master module. As indicated herein, control system **44** includes a master only when test device **558** is coupled to power supply module **514**. In that case, SDOs allow test device **558** access to any object dictionary entry present in the other modules **512, 514, 516, 518, 520, 522, 524**.

The object dictionary defines data types, communication objects, and application objects used on network **510**. The object dictionary is essentially a group of objects that are accessible via network **510** in a predefined, ordered fashion, using either SDOs or PDOs. All entries in a object dictionary use a "wxyz" format where w is 2 if used by a PDO, 3 if used by an SDO, x is the module identifier for the transmitting module **512, 514, 516, 518, 520, 522, 524**, y is 0 if the entry includes error information, 1 if it includes status information, and 8 if it includes control information, and z is a unique value for multiple wxy entries. For example, an object dictionary entry of 2110 indicates that the information is communicated between modules **512, 514, 516, 518, 520, 522, 524** during normal operation (i.e., using a PDO as opposed to an SDO used only during testing and diagnostics), that module number 1 is the transmitter of the information (e.g., scale/ppm module **516**), and that it includes status information. The 0 indicates the unique value for multiple wxy entries.

Although in a typical CANopen implementation nodes only have object dictionary entries to information generated or received by the node, in control system **44**, all PDO object dictionary entries (2xyz) are implemented in every module **512, 514, 516, 518, 520, 522, 524** to minimize the variance in software among modules **512, 514, 516, 518, 520, 522, 524**. SDO entries (3xyz), however, are unique for each module **512, 514, 516, 518, 520, 522, 524** as a result of the application specific nature of built in self test (BIST) data objects.

Messages of the type mentioned above are transmitted and received using message frames, such as the message frame **586** shown in FIG. 37. The structure of the message frames is a function of software executed by each module and configured for operation with various 8-bit **8051** family microprocessors. As already indicated, in one embodiment the software conforms to CANopen protocol for the application layer of network **510**. As shown in FIG. 36, frame **586** includes seven different bit fields including start of frame (SOF) field **588**, arbitration field **590**, control field **592**, data field **594**, CRC field **596**, acknowledge field **597**, and end of frame (EOF) field **598**. SOF field **588** indicates the beginning of message frame **586**. Arbitration field **590** includes an 11-bit base identifier, and an 18-bit identifier extension. Together, these identifiers provide the message identifier introduced above. The identifier also determines the priority of the message for use in resolving bus access competition between or among modules **512, 514, 516, 518, 520, 522, 524** according to a non-destructive, contention-based arbitration scheme. This scheme, as is well-known in the art, ensures that messages are sent in order of priority, and that the content of each

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message is preserved. Arbitration field **590** further includes a substitute remote request bit that is transmitted as a recessive bit and used to resolve priority conflicts between different frame formats. Control field **592** includes six bits: two reserved bits (**r0** and **r1**) and a four bit data length code (DLC) indicating the number of bytes in data field **594** that follows. Data field **594** may contain up to eight bytes of data. CRC field **596** includes a 15-bit cyclical redundancy check code and a recessive delimiter bit. Acknowledge field **597** includes two bits: a slot bit which is transmitted as recessive but is subsequently over written by dominant bits transmitted from any module **512**, **514**, **516**, **518**, **520**, **522**, **524** that receives the transmitted message, and a recessive delimiter bit. Finally, EOF field **598** consists of seven recessive bits. After each message frame **586**, an intermission field **599** is provided that includes three recessive bits. Thereafter, the bus is considered idle.

Linear actuators driven by DC brush motors are commonly used to perform raising and lowering movements (e.g., head, foot, hi/lo, knee, leg) of deck sections on hospital beds. For example, see U.S. Pat. Nos. 5,918,505; 5,939,803; and 6,158,295, all of which are assigned to Linak A/S of Denmark. In the hospital room environment, product safety is an important concern. DC motors used in hospital beds are configured to operate safely in the medical environment.

As discussed above, control system **44** includes logic module **512**. In addition to other functions, logic module **512** includes a drive control system **601** which controls the DC motors **604** of linear actuators **48** used to articulate deck sections **38**, **40**, **42** of patient support **10**.

Drive Control System

FIG. **38** illustrates an embodiment of drive control system **601**. As illustrated, each actuator **48** includes a drive motor **604** and a position detector **606**. Actuator **48** is electronically coupled to a power source **612**, such as a primary power source coupled to AC plug connection **45** or backup power source or battery **46**, and a microcontroller **614**.

Microcontroller **614** includes memory **616**, timer **618**, analog-to-digital converter **620** and central processing unit (CPU) **622**. Illustratively, timer **618** may include a single system clock **624** coupled to the CPU **622** and/or a plurality of application timers **625a**, **625b**, . . . , **625n**, as needed to execute the various features of drive control system **601**. In general, application timers **625a**, . . . , **625n** are incremented at a rate which is a function of the system clock **624** of CPU **622**, as is well known.

The above-mentioned components of drive control system **601**, e.g., actuators **48**, power source **612**, and microcontroller **614** are well-known and one of ordinary skill in the art would readily be able to select the appropriate models and/or types of such components as needed to operate the articulation functions of patient support **10**. For example, memory **616** includes volatile (e.g., flash memory, RAM) and non-volatile (e.g., on-chip EEPROM) memory for storing computer programming code and data required by control system **601**. In the illustrated embodiment, on-chip EEPROM memory is used for long term data storage while flash based memory is used for storage of computer programming code and RAM memory is used for short term data storage, however, it is understood that other suitable memory configurations would work equally as well.

Embodiments of drive control system **601** include one or more of the features described below.

End of Travel Control System In an illustrative embodiment, linear actuators **48** including DC drive motors **604** are used to drive the movement of head, seat, and leg sections **38**,

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40, **42** of patient support surface **10**. In general, actuators **48** are activated by activation by a caregiver or patient of one or more of the control buttons illustratively located on controllers **50**, **52**, **54** (e.g., buttons **1520**, **1522** on detachable siderail controller **50**; buttons **1550**, **1551**, **1564**, **1566**, **1574** on first siderail controllers **52**; buttons **1628**, **1624**, **1626** on controllers **54**) or one or more of the pedals of the foot pedal controls **56**. As common with most linear actuators, failure of any of actuators **48** may occur if a drive or rod reaches its mechanical end of travel, for example, due to a heavy load on the actuator.

It is known to provide an actuator with an electrical end of travel that is defined to occur earlier than the mechanical end of travel to prevent the actuator from reaching its mechanical end of travel. Using the electrical end of travel, a loss of current occurs when the driving component, such as a piston rod moves past the electrical end of travel. Many existing drives operate until the electrical end of travel is reached. However, in patient support surfaces such as hospital beds, reaching even the electrical end of travel may cause the drive to bounce back and forth due to hysteresis of the drive mechanism. Such oscillatory motion or bouncing may present a safety concern, particularly in drives used to raise and lower the head section of the patient support surface and in drives that power the hi/lo mechanism.

To prevent the above-described oscillatory motion or bouncing in patient support **10**, some or all of linear actuators **48** are coupled to a closed loop end of travel control system **626**, which establishes a new end of travel setting and thus prevents the actuator from reaching either the electrical or mechanical end of travel during articulation of a section of patient support **10**. In the illustrated embodiment, at least head section actuator **48c** and deck actuators **48a**, **48b** are coupled to control system **626**.

Another application of end of travel control system **626** relates to the CPR function of the illustrative embodiment patient support **10**. As described above, when CPR handle **352** is activated by a caregiver or operator of patient support **10**, head section **38** is mechanically lowered. Also, the actuator **48d** for seat section **40** is automatically activated as needed to lower seat section **40** and the actuator **48e** for leg section **42** is automatically activated as needed to raise leg section **42**, to put patient support **10** into the horizontal position shown in FIG. **3**. End of travel control system **626** operates to detect when head section **38**, seat section **40** and leg section **42** have reached their respective bottom or zero positions, shown in FIG. **3**. Upon detection of the bottom position of head, seat and leg sections **38**, **40**, **42**, a timer is started. If the caregiver/operator continues to keep CPR handle **352** activated for a predefined period of time, patient support **10** is automatically moved into the emergency Trendelenburg position shown in FIG. **9**. If CPR handle **352** is released before the predefined wait period expires, patient support **10** does not continue into the emergency Trendelenburg position. In this way, a "single action" CPR handle for moving patient support **10** into the CPR and emergency Trendelenburg positions is provided.

Closed loop end of travel control system **626** of the illustrative embodiment is provided in addition to any other electrical and mechanical end of travel systems. However, it is understood that in other embodiments, closed loop end of travel control system **626** may be provided in lieu of traditional end of travel systems.

Linear actuators **48a**, **48b**, **48c**, **48d**, **48e**, **48f** are shown, for example, in FIGS. **7** and **18**. Each actuator **48** includes DC drive motor **604** that powers linear movement of respective piston rod **172**, as is well known in the art. In FIG. **38**, it is shown that as drive motor **604** moves piston rod **172** including load connector **628** in the direction of arrow **629**, it

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approaches a mechanical end of travel. The closed loop end of travel control system 626 includes a built-in feedback mechanism that continuously monitors the actual position 630 of piston rod 172 and compares the actual position 630 to a new predetermined end of travel limit 632. The new end of travel limit 632 is set to occur earlier than either the electrical end of travel 634 or the mechanical end of travel 636 of the actuator 48, so that it will be reached before either the electrical or mechanical end of travel 634, 636. Movement of the rod 172 is limited to the predetermined end of travel limit setting 632 to prevent oscillating or bouncing and to prevent rod 172 from reaching mechanical end of travel 636.

In the illustrated embodiment, position detector 606 is a potentiometer located inside the housing of drive motor 604, however, it is understood that other means for detecting position, such as a tachometer, may be used. For actuators 48 that are provided with end of travel control system 626, potentiometer 606 has a predetermined setting approximately equal to new end of travel limit 632. Calculation of new end of travel limit 632 is discussed below. Position detector 606 measures the current position 630 of rod 172 and compares it to new end of travel limit 632. If the actual position 630 reaches new end of travel limit 632, an error message or message indicating that the limit has been reached is sent to microcontroller 614, and subsequent actions are taken as described below.

In certain embodiments of end of travel control system 626, timer 618 includes an application timer 625a that is programmed by software to time the operation of drive motor 604, e.g., to track the time of occurrence of each measured position 630, as described below. Each time drive motor 604 starts, whether to perform an up or down/forward or backward motion, timer 625a is started. When drive motor 604 stops, timer 625a stops. Position information 630, 632, 634, 636 and time of occurrence information are stored in memory 616.

FIG. 40 shows steps performed in the method of operation of end of travel control system 626 when a drive motor 604 is operating. Beginning at step 646, a current position 630 of the drive rod 172 during its operation is determined. For each actuator 48, the process associated with control system 626 identifies a known "initial" position of the drive rod 172. In the illustrated embodiment, the initial position of the drive rod 172 is the unextended position, but it is understood that any drive position could be designated as the initial position. The initial position may be different for each drive actuator 48. The initial position for each actuator 48 is obtained by measuring the voltage across potentiometer 606 in a voltage divider circuit and converting the measured value to digital form using A/D converter 620. The potentiometer 606 reading is representative of the movement of the drive shaft or rod 172 of drive motor 604.

Based on the potentiometer 606 reading at the initial position of each drive rod 172 and the total stroke length of the drive rod 172 (typically provided by the drive manufacturer), a correlation can be made between the potentiometer 606 reading and the stroke length (e.g., with stroke length illustratively measured in millimeters). In this way, current position 630 of drive rod 172 during its travel is determined by comparing the current potentiometer 606 reading to a table of known potentiometer readings and the corresponding stroke length for drive rod 172.

Typically, actual position 630 is measured on a recurring basis over predefined time intervals, such as every 20 milliseconds, as counted by timer 625a. In other embodiments, the time that position 630 is measured is also captured. In the illustrative embodiment, if rod 172 is traveling upward, the last position captured before current position 630 is kept in

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memory and used as detailed below. It is understood that the last position could be tracked during upward, downward, forward, and/or backward movement as needed. The last position, and current position 630, along with sample times associated with each of the last position and current position 630, are converted to digital form by A/D converter 620 and stored in memory 616.

At step 648, new end of travel limit 632 is determined in the manner described above, e.g., based on the potentiometer 606 value when the rod 172 is in the extended position. For example, in one embodiment, a look-up table stored in memory 616 is used. In another embodiment, limit 632 is calculated based on the anticipated amount of hysteresis of actuator 48. The anticipated amount of hysteresis can be estimated as a percentage of the total stroke length of drive rod 172. In the illustrative embodiment, the amount of hysteresis is estimated as about 1% or less of the total stroke length, however, it is understood that other suitable methods for calculating anticipated hysteresis may be used, depending on the particular type or model of drive actuator 48 being used and/or its particular application. New limit 632 is determined, for example, by adjusting electrical end of travel limit 634 by the anticipated amount of hysteresis, so that new limit 632 occurs earlier than electrical limit 634. New limit 632 may also be based on the height of patient support 10 and/or the angle of head section 38 and/or system level noise. For example, in the illustrated embodiment, new limit 632 is calculated assuming a bed height of approximately 36 centimeters and 65-75 degrees of head angle. It is understood that the values obtained for limits 632 and 634, stroke length, and estimated amount of hysteresis are stored in memory 616 as needed to perform the above-described calculations.

At step 650, the change in position of rod 172 is analyzed. Current position 630 is compared to limit 632 using computer programming logic. In additional embodiments, a rate of change of position of rod 172, is determined by comparing the time of measurement of current position 630 to the previously measured current position and its time of measurement.

It is understood by those skilled in the art that the rate of change of position of rod 172 is determined based on the position readings of potentiometer 606 and is also affected by the drive's spindle pitch. Speed and pitch data for the drive are generally provided by the manufacturer.

The rate of change of position is monitored, for example, to determine whether the drive is overloaded or whether something is interfering with the portion of the bed being moved by the drive. For instance, if a patient is attempting to raise the head end of the bed, but does not realize that the frame is caught on something, such as a window sill, the rate of change of position analysis will indicate that though the drive is running, the position has not changed as normal. As a result, an error code is generated and the motor shuts down to avoid further damage to the system or harm to the patient.

At decision step 652, actual position 630 is compared to limit 632. Additionally, the rate of change of position is compared to a predetermined rate of change position limit 653 stored in memory 616. If the actual position 630 of rod 172 has not reached limit 632, or if the actual rate of change of position has not reached the rate of change of position limit 653, then the process returns to step 646.

The illustrated embodiments are particularly concerned with monitoring upper position and rate of change of position limits, however, it is understood that in alternative or addition, lower limits may also be defined and controlled in similar fashion.

If actual position 630 has reached or exceeded limit 632, or if the actual rate of change of position has reached or

exceeded the rate of change of position limit **653**, then at step **664** potentiometer **606** sends a fault condition or “limit reached” signal to microcontroller **614**.

At step **656**, microcontroller **614** handles the fault or limit reached condition. In certain embodiments, if position limit **632** is reached or exceeded, or if the rate of change of position limit **661** is reached or exceeded, microcontroller **614** recovers from the error condition by initiating application code, e.g., via a software process or internal or external reset, which resets position **632** to a zero or home position and requests actuator **48** to begin motion in the opposite direction. For instance, if limit **632** is reached during downward travel, position **632** is reset to zero and a signal to begin travel in the upward direction is issued. The process would occur in reverse, if the actuator **48** was moving in the opposite direction.

In other embodiments, at step **656**, if position limit **632** is reached or exceeded, or if the rate of change of position limit **663** is reached or exceeded, microcontroller **614** places patient support **10** in a safe/error state that minimizes hazards to patients, caregivers, associated individuals, equipment, and/or data. For instance, microcontroller **614** may initiate a reset or signal power source **612** to interrupt, disengage, or reduce current supplied to actuator **48**.

At step **656**, microcontroller **614** may also set a flag to indicate to an operator that service is necessary on the affected actuator **48** or on the entire drive system. Such indication may be communicated to an operator by illuminating, blinking or flashing one or more LEDs located on one of controllers **50**, **52**, **54**, or other suitable location on patient support **10**. Different colored LEDs may be used to signal different types of errors. In the illustrated embodiment, red, green, and amber colored LEDs are used. For example, if the position **630** of actuator **48c** of head section **38** has exceeded limit **634**, red and green LEDs may be set to blinking while an amber LED remains off. However, it is understood that any suitable combination of colors and LED activity may be used to indicate the various possible error types. Further, other conventional alarm devices may be utilized such as audible buzzers or bells.

As discussed above, the rate of change of position is monitored to detect whether the drive actuator **48** is overloaded or when an interference condition exists, for example, if drive motor **604** is powered on to raise a deck section **38**, **40**, **42**, but something, such as a window sill, piece of equipment, or utility cart, interferes with its movement or there is excessive weight on the deck section. The rate of change of position is determined using a potentiometer **660** or by other suitable means known in the art. In the illustrated embodiment, potentiometer **606** is used to determine the rate of change of position by measuring the rate of change of the position of drive rod **172** over time. If the rate of position change is too high or too low, an overload or interference condition is detected. In the illustrated embodiment, “too high” or “too low” means that the rate of position change is at least approximately 200% above or below the normal operating rate of change of position of drive **48** when actuated by a user (i.e., the normal rate when an “up” or “down” button is pressed to raise or lower a bed section). If an overload or interference condition is detected, based on comparison of rate of change of position to rate of change of position limit **653**, an error code will be generated at step **654** and the error condition will be handled at step **656** as described above.

Duty Cycle Protection

For safety and warranty reasons, linear actuator drive manufacturers typically set a maximum run time for their

actuators. Typically, the maximum run time is specified in terms of minutes per hour, e.g., 6 minutes per hour. In view of the safety concerns of the medical environment, a reliable mechanism is needed to detect in a preventative way when an actuator’s run time is approaching the predefined run time limit to prevent thermal overload of the actuators, protect against overuse of the actuators, and prolong the life of the actuators. Thus, in certain illustrative embodiments of the present invention, logic module **512** of control system **44** includes a closed loop control circuit **660** that monitors both current and drive run time. Duty cycle protection circuit **660** measures the actual run time of an actuator **48** and then prevents drive operation if a maximum run time **662** is exceeded, as described below. Circuit **660** is designed to prevent thermal protection circuit **670** (described below) from experiencing a fault condition.

FIG. **40** shows an illustrative embodiment method of operation of duty cycle protection circuit **660**. At step **688**, system **660** detects whether one or more actuator motors **604** are running, e.g., by detecting a signal from a motor sensor **546** or detecting that a signal to start one or more of actuators **48** has been received. In the illustrated embodiment, this occurs when any of the articulation control buttons (e.g., head up buttons **1551**, **1520**, head down buttons **1550**, **1522**, tilt button **1564**, reverse tilt button **1566**, etc.) of controllers **50**, **52**, **54** are activated (i.e., pressed by a patient or caregiver). Also, in the illustrated embodiment, articulation of a bed section will typically occur in response to activation of a control button for as long as the control button remains activated (until the travel limit is reached). If the patient or caregiver releases pressure from the control button, articulation will stop until the same button is pressed again, or another articulation button is activated. In alternative embodiments, a single press of an articulation button activates the articulation function, and a second press deactivates the articulation function.

If an articulation signal has been received, process **660** proceeds to step **690**. At step **690**, microcontroller **614** determines which actuators **48a**, **48b**, **48c**, **48d**, **48e**, **48f** have been activated, e.g., by reference to the correspondingly activated control button and the associated articulation function. For example, if head up button **1551** is activated, then head section actuator **48c** is actuated. The maximum run time **662** is determined for the activated actuators **48** and stored in memory **616**. The maximum run time may **662** vary depending on the particular actuator model used and/or its particular application. As mentioned above, the maximum run time **662** is typically defined by the manufacturer of the actuator. For example, for linear actuator model LA28, made by Linak A/S, the maximum run time is currently stated as 10% or 6 minutes per hour at continuous use. In the illustrative embodiment, the duty cycles of actuators **48** range from 20% to 80%, however, it is understood that the duty cycle for a suitable actuator may fall outside this range. Further, it is understood that other methods of determining maximum run time may be used, for example, depending upon the particular function to which actuator **48** is assigned.

At step **692**, an application timer **625b** for circuit **660** is started, in order to keep track of how long motor(s) **604** of activated actuator(s) **48** are running. At step **694**, the actual current **668** is measured using an ammeter or other suitable means known in the art. Run time **666** is tracked by timer **625b**.

At step **696**, measured current **668** and run time **666** are analyzed by microcontroller **614**. In the illustrated embodiment, run time **666** is evaluated by using an analysis of the rate of heat transfer in drive motor **604**. It is known that as current

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increases, temperature increases, and that the rate of heat transfer is a function of conductivity and temperature gradient. Thus, the rate of heat transfer can be assessed based on the change in current **668** over time.

Before drive motor **604** has started running, e.g., when patient support **10** is first plugged in, run time **666** (e.g., the count of timer **625b**) is initialized or set to zero. While drive motor **604** is running, timer **625b** is incremented by a predefined amount which is based on the measured current **668**. If current **668** is high, timer **625b** will be incremented by a greater amount, and if current **668** is low, timer **625b** will be incremented by a lesser amount. In the illustrated embodiment, different time increments are specified for four different ranges of current, e.g., timer **625b** is incremented by 12, 14, 16 or 18 counts based on the amount of current **668** being drawn by drive motor **604**.

If drive motor **604** stops running, timer **625b** is decremented by a value "L" representative of the rate of heat transfer based on the known thermodynamics equation, $q = -K \cdot \Delta T$, where q is the rate of heat transfer per unit area, ΔT is the temperature gradient, and K is conductivity. The higher the level of the value of timer **625b**, the greater the value "L" will be. In the illustrated embodiment, L is 1, 2, or 4 depending on how high timer **625b** has been incremented.

If drive motor **604** is disconnected from power source **612**, run time **666** (e.g., the count of timer **625b**) is stored in memory **616**. In this way, system **660** accounts for the fact that drive motor **604** may not have been disconnected from power for a significant time.

At decision step **698**, if the drive run time **666** reaches or exceeds the predetermined run time threshold **662**, the process proceeds to step **702**. In the illustrated embodiment, this is determined by comparing the count of timer **625b** (i.e., run time **666**) to maximum run time **662**.

At step **702**, a fault condition is signaled and, at step **704**, the current motor function (e.g., chair head up, head down, etc.) is deactivated or turned off. Also at step **702**, logic may be used to allow certain emergency functions, such as CPR, to be activated prior to turning off the current motor function. For example, in the illustrated embodiment, CPR mode can still be activated at least one time after system **660** detects a duty cycle overrun. In response to a fault condition, microcontroller **614** may place patient support **10** in a "safe state" that minimizes hazards to patients, caregivers, associated individuals, equipment, and data, e.g., by signaling power source **612** to interrupt, disengage, or reduce current supplied to drive motor **604** of the activated actuator **48**. Microcontroller **614** may also activate an audible or visual indicator to alert an operator that service is necessary on the affected drive or on the entire system. Such indication may be communicated to an operator by, for example, illuminating, blinking or flashing one or more LEDs located on one of controllers **50**, **52**, **54**, or other suitable location on patient support **10**.

At step **708**, a timer **625c** is started, which counts off a predefined wait period after which it is safe to restart the previously operating motor function. The wait period may be determined based on the value of run time **666** or maximum run time **662**, or other criteria. For example, the wait period may be set equal to the maximum run time **662**. In the illustrated embodiment, the wait period is set equal to half of the maximum run time **662**.

At decision step **710**, microcontroller **614** determines whether the wait period has expired. Step **710** is repeated until the wait period has expired. In the illustrated embodiment, when the wait period has expired, the motor function is restarted at step **712**. However, it is understood that in other

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illustrative embodiments, it may not be necessary or desirable to restart the motor function and thus step **712** may be eliminated in those embodiments.

Returning to step **698**, if run time **666** has not reached or exceeded maximum run time **662**, the process proceeds to decision step **700**. At step **700**, system **660** determines whether drive motor **604** of the activated actuator **48** is still operating, e.g., by detecting a signal from a motor sensor **546** or by checking to see if one of the corresponding control buttons is activated. If the activated actuator **48** is still running, the process returns to step **694** to measure current **668** and run time **666**. If actuator **48** is not still running, the process ends at step **706**.

Thermal Protection

To protect DC drive motors **604** from thermal overload during use in a hospital room environment, a method **720** for detecting thermal failure of the drive motors **604** is provided. A thermal overload condition can occur if, for example, failure of the current overload, interference/obstruction detection, or duty cycle protection mechanisms described above occurs. The presently described method **720** is adapted to the specific safety risks of a medical environment. An embodiment of the method is shown in FIG. **42**.

At step **722**, a maximum temperature **723** is determined for a drive motor **604** of a selected actuator **48**. Maximum temperature **723** is typically determined by reference to the manufacturer's specifications for the particular actuator **48**. However, it is understood that other means for determining maximum temperature **723**, including experimentation, for example, under particular environmental conditions, may be used. Maximum temperature **723** is stored in memory **616**.

Typically, activation of a selected actuator **48** occurs when a patient or caregiver selects the corresponding actuator control button on controller **50**, **52**, or **54**, as described above. During operation of the selected actuator **48**, a current temperature **724** of the drive **604** is measured inside the housing of drive motor **604**, at step **726**. Any suitable thermal sensing element, such as a conventional thermocouple, may be used to measure temperature **724**. An application timer **625d** is used to periodically sample temperature **724** during operation of actuator **48** as long as the drive is in operation and maximum temperature **723** has not been exceeded. Temperature **724** is converted to digital form by A/D converter **620** and is stored in memory **616**.

At step **728**, the temperature of drive motor **604** is analyzed. Current temperature **724** is compared to maximum temperature **723**. At decision step **730**, microcontroller **614** determines whether operation of actuator **48** should continue in view of current temperature **724**. If current temperature **724** reaches or exceeds maximum temperature **723**, the process **720** continues to step **732**, where an error signal is generated. If current temperature **724** is less than maximum temperature **723**, the process **720** returns to step **726**.

At step **732**, a fault condition is signaled and, at step **734**, microcontroller **614** places patient support **10** in a safe state that minimizes hazards to patients, caregivers, associated individuals, equipment, and data, e.g., by signaling power source **612** to interrupt, disengage, or reduce current supplied to drive motor **604** of the activated actuator **48**. Microcontroller **614** may also set a flag to indicate to an operator that service is necessary on the affected drive or on the entire system. Such indication may be communicated to an operator by illuminating, blinking or flashing one or more LEDs located on one of controllers **50**, **52**, **54**, or other suitable location on patient support **10**. In the illustrated embodiment, if measured temperature **724** exceeds maximum temperature

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723, thermal failure is assumed and the drive 604 is automatically shut down. Typically, a bimetallic thermal switch located inside the motor housing opens to interrupt the current supply to drive 604.

Patient support surfaces, such as hospital beds, often include many features that are electrically powered. Such features include bed articulation controls that allow the various deck sections of the bed to be raised or lowered so that the bed can support patients in a number of different positions. There is a need for at least some of these bed controls to remain available when the bed's primary source of power is lost, i.e., due to a power outage, or while a patient is being transported from one hospital room to another.

Battery Backup System

As a result of government regulations that, for example, require hospital beds to be able to assume the emergency Trendelenburg position whether or not AC power is available, and for other reasons, existing hospital beds may include a battery backup system that powers the bed functions when AC power is not available. However, because hospital beds often require a substantial amount of power to operate the various features, a method to conserve battery power while maintaining compliance with existing regulations is desired.

As best shown in FIG. 31, frame 12 supports a battery enable switch 736. Battery enable switch 736 is a normally open contact, momentary function switch. In the illustrated embodiment, battery enable switch 736 is located on the portion of base frame 28 that is substantially underneath head section 38 of deck 26, however, it is understood that battery enable switch 706 could be located anywhere on base frame 28 or other area of patient support 10 as necessary or convenient. Battery enable switch 736 is electrically coupled to a battery 46, shown in FIGS. 2 and 31.

Battery enable switch 736 allows a person, such as a health care provider, to operate electrically-controlled bed functions (such as bed articulation functions) of patient support 10 using a backup power source (in the illustrated embodiment, battery system 46) when the primary power source 738 (e.g., AC power coupled to bed 10 by plug connection 45) is not available. Such instances may occur, for example, when a power outage occurs or when a bed 10 is being moved from one area of a hospital to another.

As shown in FIG. 31, battery enable switch 736 is a momentary switch, such as a push button. Switch 736 includes a light-emitting diode (LED) 737 or other suitable illuminating means known in the art, enclosed in or covered by a translucent or transparent housing made of plastic or other suitable material. The LED 737 is illuminated when either primary power source 738 is coupled to bed 10 through plug connection 45, or backup power or battery 46 is charged and supplying power to bed functions of patient support 10. When patient support 10 is disconnected from primary power source 738, or if backup power source 46 is discharged, the LED 737 is not illuminated. If primary power source 738 is disconnected and backup power source 46 is in need of power or is recharging, the LED 737 blinks or flashes intermittently on and off.

Circuitry for controlling the activation of backup power source 46 is included in control system 44. As illustrated in FIG. 43, primary power source 738 is connected to switching regulator 740 through diode 742 and connection 744. Backup power source 46 is connected to switching regulator 740 via connection 746, contact 748 of relay 750, diode 752 and connection 744. Switching regulator 740 provides power to at

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least the electrically-controlled bed functions that are required or desired to operate under backup power, such as bed articulation functions.

Relay 750 includes contact 748 and coil 754. When primary power source 738 is operating, voltage is applied to switching regulator 740 through connection 744 and to microprocessor 756 through connection 758. When voltage is not present on connection 758, microprocessor 756 senses the lack of primary power and closes contact 748 of relay 750 by energizing coil 754. Closing relay contact 748 provides sufficient backup power to the bed for a predetermined amount of time to allow an orderly shutdown of the bed functions. After the predetermined period of time expires, microprocessor 756 opens relay contact 748 to remove logic power from the bed functions and put patient support 10 into sleep mode.

When patient support 10 is in sleep mode, activation of battery enable switch 736, e.g., by momentarily pressing switch 736, causes patient support 10 to switch out of sleep mode. Activating switch 736 while primary power source 738 is operating has no effect.

In the illustrated embodiment, battery enable switch 736 is activated by the application of pressure on the housing, i.e., by depressing switch 736 with one's finger. In other embodiments, activating any one of the bed function control buttons located on controllers 50, 52, 54 while patient support 736 is in sleep mode will also switch it out of sleep mode.

When switch 736 is activated, sufficient power is provided from backup power source 46 so that at least certain required electrically operational functions of patient support 10, such as articulation of patient support 10, can be performed. In the illustrated embodiment, activation of switch 736 selectively powers certain bed functions, including the bed articulation functions, while other features, such as scale/ppm module 516 and dynamic surface module 518, are not powered by backup power source 46 in order to conserve power. Also, power is always provided to nurse call control 570, even when backup source 46 is in sleep mode. It is understood however, that control system 44 may be configured so that any particular combination of electrically-controlled features of patient support surface 10 (including scale/ppm module 516 and/or dynamic surface module 518) may be powered by backup power source 46.

When microprocessor 756 detects that no power is being supplied by primary power source 738, pressing switch 736 causes microprocessor 714 to apply voltage from backup power source 46 to energize relay coil 754 and close relay contact 748. Closing relay contact 748 again provides logic power to bed functions via switching regulator 740 and Vcc power to microprocessor 756. When microprocessor 756 receives power Vcc, it activates a transistor 760 through connection 762. Microprocessor 756 includes a timer and holds transistor 760 in an on or activated state for a predetermined period of time, as further explained below. When the predetermined period of time expires, microprocessor 756 turns off or deactivates transistor 760. Turning off transistor 760 shuts off logic power to the bed electronics, thus saving battery power.

FIG. 44 shows a flow diagram of an embodiment of the logic process encoded in microprocessor 756. At decision step 770, microprocessor 756 determines whether primary power source 738 is available. If primary power source 738 is operating, then normal power continues to be provided to the bed functions via primary power source 738, at step 771. Also, while primary power source 738 is operating, backup power source 46 is continuously charging as necessary.

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If microprocessor 756 senses that primary power source 738 is not operating, electrically-controlled functions of patient support 10 are put into sleep mode as described above, at step 772.

At step 774, microprocessor 756 monitors the system to detect whether a bed function is activated or whether battery enable switch 736 is activated, e.g., by pressing a control button, key or switch. If no such function has been activated, microprocessor 756 returns to step 770, checks to see if primary power source 738 is available yet, and thereafter continues to either step 771 or 772 as described above.

If a key has been pressed, microprocessor 756 determines if backup power source 46 is sufficiently charged to provide power to the bed functions, at step 776. If backup power source 46 is in need of recharging, the LED 737 of battery enable switch 736 will begin flashing as described above, at step 778. If backup power source 46 is sufficiently charged, relay 750 is closed so that bed functions can be activated using backup power source 46, as described above, at step 780.

As mentioned above, microprocessor 756 includes a timer. At step 782, when backup power 46 is activated, microprocessor 756 sets the timer to count until one of the following occurs: a bed function control button is depressed, battery enable switch 736 is depressed, or a predetermined amount of time (e.g., 5 minutes) elapses. It is understood that in different embodiments, less than all of these conditions may be tested. For example, in one embodiment, pressing battery enable switch 736 may not interrupt the timer.

At step 784, microprocessor 756 determines whether the preset amount of time has elapsed. If the predefined time period has elapsed, the process returns to step 772, where the bed functions are put into sleep mode. If the time period has not elapsed, microprocessor 756 checks to see if another key (e.g., a bed function-activating key or the battery enable switch) has been pressed, at step 786. If no key has been pressed, the timer continues counting until the predetermined time period expires, at step 784.

If another key has been pressed, as determined at step 786, then the timer is reset at step 788. The process then returns to step 780 and backup power source 46 is reactivated or awakened out of sleep mode.

In this manner, backup power is conserved and, in embodiments where a battery 46 is used to support backup power system, a smaller battery can be used. At the same time, battery enable switch 736 permits patient support 10 to meet the above-mentioned regulatory requirements by enabling at least a portion of the bed's articulation features to be operable on backup power when needed.

Siderails and Headboard

Head and foot end siderails 20, 22 are configured to move between upper positions, as shown in FIGS. 1, 45, and 46, and lower positions, as shown in FIG. 47, to permit entry and egress of patients into and out of patient support 10. Head end siderails 20 are coupled to head section 38 and may be moved between raised and lowered positions. Foot end siderails 22 are coupled to weigh frame 36 and may also be moved between raised and lowered positions.

As head section 38 of deck 26 rotates relative to weigh frame 36, head end siderail 20 also rotates relative to weigh frame 36. However, regardless of the movement of sections 38, 40, 42, foot end siderails 22 do not move relative to weigh frame 36.

Siderails 20 include rail members 1110 and linkage assemblies 1114 coupled between rail members 1110 and head section 38 of deck 26 that permits rail members 1110 to be moved between upper and lower positions. Siderails 22

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include rail members 1112 and linkage assemblies 1116 coupled between respective rail members 1112 and weigh frame 36 that permits rail members 1112 to be moved between upper and lower positions.

As shown in FIGS. 45 and 48, linkage assembly 1114 of head end siderail 20 includes a first link 1118 rigidly coupled to head section 38, a pair of curved second links 1120 pivotably coupled to first link 1118, a third link 1122 pivotably coupled to second links 1120, and a curved fourth link 1124 pivotably coupled to third and first links 1122 and 1118. First link 1118 includes a pair of first flanges 1126 welded to head section 38 and a pair of second flanges 1130 welded to head section 38. Each second link 1120 includes a looped first end 1132 pivotably coupled to flanges 1126, 1130 by a rod 1134 and a looped second end 1136 pivotably coupled to third link 1122 by a rod 1138, as shown in FIG. 48.

Third link 1122 includes a base plate 1140, a first pair of inwardly extending flanges 1142 coupled to base plate 1140, and a second pair of inwardly extending flanges 1144 also coupled to base plate 1140, as shown in FIG. 48. Rod 1138 extends between flanges 1142 and through second ends 1136 of second link 1120 to provide the pivotable connection therebetween.

Referring to FIG. 49, fourth link 1124 includes a base 1146 and a cover 1148 that together define a latch-receiving void 1150. A first end 1152 of base 1146 is pivotably coupled to second pair of flanges 1144 of third link 1122 by a rod 1154. Similarly, a second end 1156 of base 1146 is pivotably coupled to the lower ends of flanges 1130 of first link 1118 by a rod 1158. Axial movement of each rod 1134, 1138, 1154, and 1158 is prevented by a C-shaped or open retaining ring 1133 of the type known in the art. Thus, linkage assembly 1114 provides a four bar linkage permitting head end siderail 20 to swing between the upper and lower positions.

A biasing device 1125, illustratively a conventional gas spring, may extend intermediate the first link 1118 and the fourth link 1124 in order to assist in the raising and lowering of the siderail 20. A first end 1127 of the biasing device 1125 is pivotably coupled to the rod 1134, while a second end 1129 of the biasing device 1125 is pivotably coupled to a connector 1131. The connector 1131 is illustratively coupled to the first end 1152 of the base 1146 of the fourth link 1124. The biasing device 1125 illustratively provides an upwardly acting force to control the rate of descent of the siderail 20 and to assist the caregiver 56 in raising the siderail 20.

Cover 1148 includes a pocket 1149 sized to receive a rectangular magnet 1151 therein. Magnet 1151 is coupled to cover 1148 and rotates with fourth link 1124 during raising and lowering of head end side rail 20. Hall effect sensor 60 is coupled to flanges 1130 of first link 1118 and rod 1134 to detect the position of magnet 1151. Based on this position, control system 44 knows when head end rail 20 is in the raised position and the lowered position.

With reference to FIGS. 48-50, an electrical communication cord 1153 extends into latch-receiving void 1150 under rod 1154 and is coupled to third link 1122 by a cable tie 1155. Cover 1148 includes slits 1157 configured to receive cord 1153 which extends into void 1150. A portion 1159 of cord 1153 extends down into a pocket portion 1161 of void 1150 to provide clearance for tabs 1163 of cover 1148 that snap into apertures 1165 of base 1146.

As shown in FIGS. 49-50, cover 1148 includes a pin-receiving portion 1167 positioned between pin-receiving portions 1169 of base 1146. Pin-receiving portion 1167 includes a notch or slit 1171 through which cord 1153 extends from void 1150. As shown in FIGS. 49 and 50, base 1146 further includes a plurality of notches 1173 having a width slightly

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smaller than the diameter of cord 1153. Cord 1153 is positioned in these notches 1173 to limit movement of cord 1153 in void 1150.

Cord 1153 includes a portion or loop 1175 extending from notch 1171 to cable tie 1155. Portion 1175 is about three times as long as a distance 1177 from cable tie 1155 to notch 1171. This additional length provides stress relief by reducing the amount of tension on cord 1153 and chaffing of cord 1153 during raising and lowering of siderail 20.

Referring to FIGS. 45 and 51, linkage assembly 1116 of foot end siderail 22 is substantially similar to linkage assembly 1114 of head end siderail 20. Linkage assembly 1116 includes a first link 1160 rigidly coupled to weigh frame 36, pair of curved second links 1120 pivotably coupled to first link 1160, third link 1122 pivotably coupled to second links 1120, and curved fourth link 1124 pivotably coupled to third and first links 1122, 1160 as shown in FIG. 51.

First link 1160 includes a base 1162 coupled to weigh frame 36 by fasteners 1128 and having outer and inner pairs of upwardly extending flanges 1164a, 1164b rigidly coupled to base 1162. Each second link 1120 has its looped first end 1132 pivotably coupled to flanges 1164a, 1164b of first link 1162 by rod 1134 and has its looped second end 1136 pivotably coupled to flanges 1142 of third link 1122 by rod 1138. First end 1152 of base 1146 of fourth link 1124 is pivotably coupled to flanges 1144 of third link 1122 by rod 1154. Second end 1156 of base 1146 is pivotably coupled to the lower ends of inner flanges 1164b of first link 1160 by rod 1158. The base plate 1140 of the third link 1122 is coupled to the body of the rail member 1112. Axial movement of each rod 1134, 1138, 1154 and 1158 is prevented by a C-shaped or open retaining ring 1133 of the type known in the art. Thus, linkage assembly 1116 provides a four bar linkage permitting foot end siderail 22 to swing between the upper and lower positions.

Each siderail 20, 22 further includes a retainer 1166 configured to "bind" the four bar linkage to prevent siderails 20, 22 from moving from the upper position to the lower position. As shown in FIG. 49, retainer 1166 includes a slide or handle member 1168 positioned in void 1150 to slide relative to base 1146 and cover 1148 of fourth link 1124 to move between a latched position, as shown in FIG. 52, and an unlatched position, as shown in FIG. 53, a pair of L-shaped rocker arms or members 1170 pivotably coupled to base 1146, and a pair of latch members or pins 1172 pivotably coupled to respective rocker arms 1170. Pins 1172 extend through apertures 1174 in base 1146 into apertures 1176 in respective flanges 1130, 1164 of respective first links 1118, 1160. Pins 1172 include body members 1179 and head members 1181 inserted into body members 1179.

Handle member 1168 includes a first end 1178 pivotably coupled to rocker arms 1170 and a second end or handle portion 1180 accessible from an handle opening 1183 in base 1146 as shown in FIGS. 54 and 55. First end 1178 includes a boss or lug 1182 positioned in slots 1184 defined in rocker arms 1170. A shoulder screw 1186 is provided to retain rocker arms 1170 on boss 1182. First end 1178 further includes a spring seat or mount 1188.

A spring 1190 is positioned in a spring-receiving channel 1192 defined by base 1146. Spring 1190 is positioned between spring seat 1188 and a wall 1194 of base 1146 to bias handle member 1168 downwardly in direction 1196 (FIGS. 52 and 54). Because slide member 1168 is biased in direction 1196, pins 1172 are biased outwardly into apertures 1176 in respective flanges 1130, 1164 of respective first links 1118, 1160. When pins 1172 are positioned in apertures 1176 of respective first links 1118, 1160, respective fourth links 1124

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are coupled together at two axially spaced apart locations. This prevents rotation of respective linkage assemblies 1114, 1116 to prevent siderails 20, 22 from swinging to the lower position.

To unbind linkage respective assemblies 1114, 1116 and permit respective siderails 20, 22 to swing to the down position, pins 1172 must be moved from the latched position (FIGS. 52 and 54) to the unlatched position (FIGS. 53 and 55). A caregiver can unlatch pins 1172 by pulling upwardly on handle portion 1180 of slide member 1168 in direction 1198. This movement causes rocker arms 1170 to rotate about boss 1182 and pulls pins 1172 inwardly out of apertures 1176 of respective first links 1118, 1160 of linkage assemblies 1114, 1116 so that pins 1172 no longer binds respective first links 1118, 1160 and respective fourth links 1124.

Because respective first links 1118, 1160 and respective fourth links 1124 are free to pivot relative to one another, respective linkage assemblies 1114, 1116 are also unbound and free to permit siderails 20, 22 to swing between the upper and lower positions. According to alternative embodiments of the present disclosure, other retainers are provided to hold the siderails in the upper position such as clasps, catches, locks, other latches, clamps, pins, bolts, bars, hasp, hooks, or other retainers known to those of ordinary skill in the art.

An alternative embodiment slide or handle member 1201 is shown in FIG. 56. Handle member 1201 includes a bar member 1202 pivotably coupled to rocker arms 1170 and a second end or handle portion 1203 coupled to bar member 1202 and accessible from handle opening 1183 in base 1146. Shoulder screw 1186 is positioned in slots 1184 defined in rocker arms 1170 and is coupled to bar member 1202.

As shown in FIG. 1, when siderails 20, 22 are in upper position, rail members 1110, 1112 block a patient's egress from patient support 10. As shown in FIG. 19, siderail 22 and a lip or upper deck portion 263 of deck 26 cooperate to define a gap 1185 therebetween. According to an illustrative embodiment, gap 1185 is defined to be less than 60 millimeters. Similarly, the gap between siderail 22 and deck 26 is defined to be less than 60 millimeters.

FIG. 57 illustrates a patient support 10' including alternative embodiment siderails 20', 22' which are configured to move between upper positions and lower positions to permit entry and egress of patients into and out of patient support 10' in a manner similar to siderails 20, 22. As such, siderails 20', 22' are substantially similar to siderails 20, 22 and like reference numbers are used to identify like components.

Head end siderails 20' are coupled to head section 38' and may be moved between raised and lowered positions. Head board 16' extends between head end siderails 20'. Foot end siderails 22' are coupled to weigh frame 36 and may also be moved between raised and lowered positions.

Siderails 20' include rail members 1110' and linkage assemblies 1114' coupled between rail members 1110' and head section 38' of deck 26' that permits rail members 1110' to be moved between upper and lower positions. Siderails 22' include rail members 1112' and linkage assemblies 1116' coupled between respective rail members 1112' and weigh frame 36 that permits rail members 1112' to be moved between upper and lower positions.

As shown in FIG. 57, when siderails 20', 22' are in upper position, rail members 1110', 1112' block a patient's egress from patient support 10'. As shown in FIG. 58, foot end rail 22' includes a ridge or bump 1204 coupled to rail member 1112'. Bump 1204 and a lip or upper deck portion 263 of first leg section member 290 of leg section 42 of deck 26' cooperate to define a gap 1183' therebetween. Bump 1204 reduces the width of gap 1183'. According to the present disclosure, gap

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1183' is less than 60 millimeters. Without bump 1204, gap 1183' between first leg section member 290 and rail 1112' would be wider than the gap between second leg section member 292 and rail 1112' because first leg section member 290 is not as wide as second leg section member 292 as shown in FIG. 21. The gap between rail 1112' and second leg section member 292 is also less than 60 millimeters. The gap between rail 1110' and deck 26' is also less than 60 millimeter.

As shown in FIG. 59, headboard 16' includes a main body 1205 and a shelf or bump 1206 on each end of main body 1205. Headboard 16' and head end siderail 20' cooperate to define a gap 1207 therebetween at each end of main body 1205. Each shelf 1206 narrow gaps 1207 near the top of head end siderails 20' when siderails 20' are positioned adjacent headboard 16'. According to an alternative embodiment of the present disclosure, a bump is provided on the footboard 18. According to another alternative embodiment of the present disclosure, no bump is provided on the headboard 16'.

Returning now to the illustrative embodiment siderails 20, 22 of FIGS. 45-55, rail member 1110 of head end siderail 20 includes a main body 1210, a cover 1212, and a brace 1214 (FIGS. 48 and 60). An O-ring seal 1216 is provided between main body 1210 and cover 1212 to prevent liquids from entering an interior region 1218 defined between main body 1210 and cover 1212 as shown in FIGS. 60-62. Head end siderail 20 further includes a water-proof speaker 1220 coupled to main body 1210 that transmits sound through a plurality of slots 1222 defined in main body 1210.

Controllers

As discussed above, control system 44 is coupled to a first pair of controllers or control panel 52 rigidly coupled to main body 1210, a second controller or control panel 54 pivotably coupled to main body 1210, and third detachable controller 50 that is removably received by head and foot end siderails 20, 22 so that it can be removed from one of foot end siderails 22 and coupled to the other foot end siderail 22 or head end siderails 20 to control various functions of patient support 10. As described below, controllers 52, 54, 50 control various functions of patient support 10 and are also configured to receive information from a caregiver related to a patient and to send and receive patient or bed-related data to a central computer for storage, tracking, and analysis.

Additional details of suitable electronics and other features of controllers are provided in U.S. Pat. No. 5,715,548, titled "Chair Bed," filed Aug. 4, 1995; U.S. Pat. No. 6,008,598, titled "Hand-Held Controller For Bed and Mattress Assembly," filed Apr. 22, 1998; U.S. Pat. No. 6,131,868, titled "Hospital Bed Communication and Control Device," filed Jan. 1, 1997; and U.S. Provisional Application Ser. No. 60/202,284, titled "Remote Control for a Hospital Bed," filed May 5, 2000, the disclosures of which are expressly incorporated by reference herein.

Cover 1212 includes a plurality of apertures 1230 that match with control buttons or switches 1232 of a circuit board 1233 of first controller 52 that is coupled to cover 1212. The functions controlled by switches 1232 will be described in greater detail below.

Second controller 54 includes a housing 1236 and a circuit board 1238 including a plurality of control buttons or switches 1240 and an LED display 1242. Cover 1212 includes a pocket 1244 configured to receive controller 54 as shown in FIGS. 60 and 61. According to alternative embodiments of the present disclosure, the display is an LCD, plasma, or other display known to those of ordinary skill in the art. The functions of switches 1240 will be described in greater detail below.

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Housing 1236 includes first and second housing shells 1246, 1248 that cooperate to define an interior region 1250 sized to receive circuit board 1238. Shells 1246, 1248 cooperate to define a boss or post 1252 that is pivotably received in an aperture 1254 defined in cover 1212. Shells 1246, 1248 also cooperate to define an aperture 1256 sized to receive a torsion spring 1258, a bushing 1260, and a pin 1262. To couple second controller 54 to cover 1212, post 1252 is inserted into aperture 1254, and aperture 1256 is aligned with a corresponding aperture 1261 in cover 1212. Pin 1262 is then inserted into aperture 1261 and aperture 1256 to pivotably couple second controller 54 to cover 1212. When coupled, spring 1258 biases second controller 54 into pocket 1244.

This coupling allows the tilting of a lower edge 1264 of housing 1236 upward thereby permitting a user to better see control buttons 1240. According to alternative embodiments of the present disclosure, other configurations of couplers between the housing and the controller mount are provided. For example, hooks, hook-and-loop type fasteners, snaps, a detachable hinge, or other devices known to those of ordinary skill in the art are provided to pivotably or otherwise couple the controller to the siderail.

An electrical communication cord 1265 of controller 54 is coupled to circuit board 1238 and extends from interior region 1250 defined by shells 1246, 1248 as shown in FIGS. 61 and 63. Post 1252 includes a channel or aperture 1253 through which cord 1265 extends. The channel is centered on an axis of rotation 1263 of controller 54. During rotation of controller 54, a first end 1267 of cord 1265 rotates with controller 54. However, a second end 1273 of cord 1265 coupled to circuit board 1238 does not rotate. A portion 1277 of cord 1275 between first and second ends 1267, 1273 twists during rotation of controller 54 to compensate for second end 1273 not twisting. Because cord 1265 extends through post 1252, no portion of cord 1265 is positioned outside of the interior regions 1218, 1250 of rail member 1110 and housing 1236.

Portion 1277 of cord 1265 extends from post 1252 to circuit board 1233 and has a length that is about three times as long as a distance 1281 from post 1252 to where it coupled to circuit board 1238. This additional length reduces the amount of tension on cord 1265 and chaffing of cord 1265 during the pivoting of controller 54 about axis of rotation 1263.

According to an alternative embodiment of the present disclosure, a rubber grommet is provided in the channel 1253 to provide a liquid proof seal between cord 1265 and housing 1236. According to another alternative embodiment, a rubber grommet is provided between post 1252 and cover 1212 to provide a liquid proof seal therebetween.

Referring now to FIG. 64, cord 1153 passes through fourth link 1124 to third link 1122 in the manner detailed above. From behind third link 1122, cord 1153 extends to and is coupled to circuit board 1233 of controller 52. A cord 1271 extends from speaker 1220 of head end siderail 20 and is also coupled to circuit board 1233 of controller 52.

Fluid Sealing

As described above, main body 1210 and cover 1212 of head end siderail 20 are sealed together to prevent fluids from entering an interior region 1218 defined between main body 1210 and cover 1212. Main body 1210 and cover 1212 include sealing edges 1268 and 1270, respectively that face each other when cover 1212 is coupled to main body 1210 (FIG. 62).

With reference to FIGS. 60 and 64, sealing edge 1268 includes a first portion 1272 that extends longitudinally and faces outwardly, a second portion 1274 that extends laterally

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and faces toward a head end of patient support 10, a third portion 1276 that extends longitudinally and faces outwardly, a fourth portion 1278 that extends laterally and faces toward a foot end of patient support 10, a fifth portion 1279 that substantially vertically following a curved profile of a head end 1280 of main body 1210 and faces outwardly, a sixth portion 1282 that extends over a top end 1284 of main body 1210, a seventh portion 1286 that extends longitudinally and faces inwardly, an eighth portion 1288 that extends back over top end 1284 of main body 1210, a ninth portion 1290 that follows a curved profile of a handle aperture 1292 defined in main body 1210 and faces outwardly, a tenth portion 1294 that extends substantially vertically following a curved profile of a foot end 1296 of main body 1210 and faces outwardly, and an eleventh portion 1298 that extends longitudinally and faces outwardly. Similarly, with reference to FIGS. 60 and 63, sealing edge 1270 includes a first portion 1310 that extends longitudinally and faces inwardly, a second portion 1312 that extends laterally and faces toward a foot end of patient support 10, a third portion 1314 that extends longitudinally and faces inwardly, a fourth portion 1316 that extends laterally and faces toward a head end of patient support 10, a fifth portion 1317 that extends substantially vertically following the curved profile of head end 1280 of main body 1210 and faces inwardly, a sixth portion 1318 that extends under a hooked or channel portion 1320 of cover 1212, a seventh portion 1322 that extends longitudinally and faces outwardly, an eighth portion 1324 that extends back under hooked portion 1320 of cover 1212, a ninth portion 1326 that follows the curved profile of handle aperture 1292 and faces inwardly, a tenth portion 1328 that extends substantially vertically following a curved profile of foot end 1296 of main body 1210 and faces inwardly, and an eleventh portion 1330 that extends longitudinally and faces inwardly. The respective portions 1272, 1274, 1276, 1278, 1279, 1282, 1286, 1288, 1290, 1294, 1298 of sealing edge 1268 of main body 1210 face the respective portions 1310, 1312, 1314, 1316, 1317, 1318, 1322, 1324, 1326, 1328, 1330 of sealing edge 1270 of cover 1212.

Sealing edge 1268 includes a channel 1332 that extends along portions 1272, 1274, 1276, 1278, 1279, 1282, 1286, 1290, 1294, 1296 of main body 1210. See, for example, FIGS. 61 and 62, showing third portion 1276 and sixth portion 1286 having channel 1332 extending therethrough. O-ring seal 1216, made of rubber or other suitable material, is positioned in channel 1332. When cover 1212 is positioned over main body 1210 of head end siderail 20, sealing edge 1270 presses against seal 1216 to provide a seal between sealing edges 1268 and 1270 of main body 1210 and cover 1212.

According to an alternative embodiment of the present disclosure, the sealing edges disclosed herein that press against the O-ring, such as sealing edge 1270, are provided with a ridge that "bites" into the O-ring, such as O-ring 1216, along the length of the O-ring to increase the compression of the O-ring and the contact pressure between the sealing surface and the O-ring. According to an alternative embodiment of the present disclosure, sealing edges and an O-ring are provided around the opening in main body 1210 that receives third link 1122 of linkages 1114 to seal around this opening. Similar sealing edges and O-ring may also be provided for foot end rail 22. According to another embodiment, these additional sealing edges extend down to the existing sealing edges.

Shells 1246, 1248 of housing 1236 of second controller 54 are sealed together to prevent fluids from entering interior region 1250 defined between shells 1246, 1248 as shown in FIG. 61. Similar to main body 1210 and cover 1212 of head end siderail 20, shells 1246, 1248 include sealing edges 1336,

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1338 that face each other when shells 1246, 1248 are coupled together. Similar to sealing edge 1268 of main body 1210, sealing edge 1338 of shell 1248 includes a channel 1340 extending from one side of post 1252, around the perimeter of shell 1248, to the opposite side of post 1252. An O-ring seal 1342 made of rubber or other suitable material is positioned in channel 1340. When shell 1246 is positioned on shell 1248, sealing edge 1336 presses against seal 1342 to provide a seal between sealing edges 1336 and 1338 of shells 1246 and 1248, respectively.

Similar to rail member 1110 of head end siderail 20, rail member 1112 of foot end siderail 22 includes a main body 1211 and a cover 1213 as shown in FIG. 65. An O-ring seal 1217 is provided between main body 1211 and cover 1213 to prevent liquids from an interior region 1219 defined between main body 1211 and cover 1213 as shown in FIGS. 66 and 67. Main body 1211 and cover 1213 include sealing edges 1269, 1271 that face each other when cover 1213 is coupled to main body 1211.

Sealing edge 1269 includes a channel 1333 as shown in FIGS. 66 and 67. O-ring seal 1217, made of rubber or other suitable material, is positioned in channel 1333. When cover 1213 is positioned on main body 1211 of foot end siderail 22, sealing edge 1271 presses against seal 1217 to provide a seal between sealing edges 1269, 1271 of main body 1211 and cover 1213.

Detachable Siderail Controller

As shown in FIG. 45 control system 44 is further coupled to detachable siderail controller 50 that may be a corded pendant configured to removably and slidably couple to head and foot end siderails 20, 22. As shown in FIG. 68 controller 50 includes a housing 1344, a circuit board 1346 including a plurality of control buttons or switches 1348, and a cord 1350 coupled to circuit board 1346 and extending from housing 1344 as shown in FIG. 69. The functions controlled by switches 1348 will be described in greater detail below.

Controller 50 is configured to slide in either handle opening 1292 of head end siderails 20 or handle opening 1352 of foot end siderails 22 between an infinite number of positions (FIG. 45). Because patients vary in size, one patient may find it more convenient to position controller 50 in one of the many available positions on either head or foot end siderails 20, 22 than another patient. Thus, various patients can position controller 50 in any of the infinite number of positions on any of head or foot end siderails 20, 22 depending on the preference of particular patient positioned on patient support 10. Furthermore, a patient may decide to adjust the position of controller 50 if the configuration of deck 26 is changed. For example, if head section 38 of deck 26 is raised, a patient may desire to reposition controller 50 along the particular siderail 20, 22 or remove controller 50 and place it on another siderail 20, 22.

As shown in FIGS. 45 and 68, housing 1344 of controller 50 includes an upper or first concave surface 1354 and a lower or second concave surface 1356 that complement convex surfaces 1358 and 1360, respectively, of rail member 1110 of head end siderail 20. Also as shown in FIG. 45, rail member 1112 of foot end siderail 22 includes convex surfaces 1362 and 1364 that are complemented by concave surfaces 1354 and 1356, respectively. As shown in FIG. 68, a substantial portion of controller 50 is positioned within rail member 1110 so that controller 50 maintains a relatively low profile compared to an inner surface 1366 of rail member 1110 when positioned in rail member 1110 to avoid interference with other components of patient support 10 or other pieces of medical equipment. According to alternative embodiments of

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the present disclosure, the controller **50** is positioned further in the opening formed in the rail member **1110**, so that little or none of the controller extends beyond an inner surface of the rail member.

The respective pairs of convex surfaces **1358**, **1360**, **1362**, **1364** of siderails **20**, **22** cooperate to define a top rail and a bottom rail that define a guide **1367** operably coupled to the controller **50**. Concave surfaces **1354** and **1356** and a retainer **1368** coupled to housing **1344** cooperate to define a complementary formation configured to ride along the top and bottom rails/guide. According to alternative embodiments of the present disclosure, other configurations of rails and guides and complementary formations are provided such as raised rails, channels, slots, or other configurations of guides and complementary formations known to those of ordinary skill in the art.

Retainer **1368** is configured to retain controller **50** in either opening **1292**, **1352** to permit sliding of controller **50** along siderails **20**, **22** and to permit removal of controller **50** from openings **1292**, **1352**, respectively. When controller **50** is positioned in opening **1352** of foot end siderail **22**, retainer **1368** is positioned adjacent to concave surface **1356** of housing **1344**.

As illustrated in FIG. **68**, retainer **1368** includes a spring-biased retainer or latch member **1370**. When a patient pulls on controller **50** in direction **1374**, retainer member **1370** is pushed inwardly in direction **1375** so that a curved distal end **1376** of retainer member **1370** rides over the inner most portion of convex surface **1360**, **1364**. As such, retainer **1368** no longer retains controller **50** in the respective siderail **20**, **22**.

To reposition controller **50** back in one of siderails **20**, **22**, the patient positions second concave surface **1354** adjacent to convex surface **1358**, **1362** of rail member **1110**, **1112** of siderail **20**, **22**, respectively so that a peaked tip **1378** of housing **1344** captures rail member **1110**, **1112**. The lower end of controller **50** is pushed in direction **1380** so that retainer member **1370** rides back over respective convex surface **1360**, **1364**. Peaked tip **1378** and retainer member **1370** then define a width **1382** that is greater than a width **1384** of opening **1292**, **1352** so that controller **50** is retained in respective siderail **20**, **22**. Identical procedures are followed for placing and removing controller **50** from opening **1352** in foot end siderails **22** and for placing and removing controller **50** from opening **1292** in head end siderails **20**. Furthermore, controller **50** may also be coupled to rail members **1110**, **1112** through the opposite side of respective opening **1292**, **1352**. According to an alternative embodiment of the present disclosure, the openings in the head and foot end siderails do not extend completely through the siderails.

As shown in FIG. **68**, housing **1344** includes inner and outer shells **1386** and **1388** that cooperate to define an interior region **1390** configured to receive circuit board **1346**. Outer shell **1388** defines a retainer-receiving void **1394** sized to receive portions of retainer **1368**. Housing **1344** further includes a retainer cover **1396** that cooperates with outer shell **1388** to define void **1394**. Retainer **1368** further includes a biasing member or spring **1398** positioned in void **1394** between outer shell **1388** and retainer member **1370**. Spring **1398** biases retainer member **1370** in direction **1410** toward convex surface **1360** as shown in FIG. **68**. According to alternative embodiments of the present disclosure, other biasing members are provided, such as torsion springs, the retainer member being cantilevered and flexible, or other configurations of biasing members known to those of ordinary skill in the art.

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As shown in FIGS. **69** and **70**, retainer member **1370** includes a latch portion **1412**, a pair of ribs **1414**, a pair of locking tabs **1416**, and a notched rib **1418**. Latch portion **1412** includes a downwardly facing surface **1420** that matches the contour of upwardly facing surface **1360**, **1364** of siderails **20**, **22**, respectively as shown in FIGS. **45** and **68**. Latch portion **1412** further includes a spring-receiving aperture **1422** sized to receive an end of spring **1398**.

Ribs **1414** slide in channel portions **1424** of void **1394** so that retainer member **1370** can move up and down. Housing **1344** includes a pair of lips **1426** on which locking tabs **1416** are caught preventing removal of retainer member **1370** from void **1394** after retainer member **1370** is slidably moved up and locking tabs **1416** snap into place over lips **1426**.

Retainer **1368** further includes a lock or blocker **1430** configured to slide on retainer cover **1396** and block or permit movement of retainer member **1370**. As shown in FIGS. **68-70**, lock **1430** includes a slider button **1432** and a blocker or lug **1434** coupled to button **1432** by a screw **1436** so that retainer cover **1396** is positioned between lug **1434** and button **1432**. Retainer cover **1396** with slider button **1432** and blocker **1434** coupled thereto, is coupled to housing **1344** so that blocker **1434** is positioned above notched rib **1418** as shown in FIG. **68**. A portion of slider button **1432** passes through a lock guide or opening **1428** configured to guide lock **1430** in movement.

Depending on the position of button **1432** and blocker **1434** relative to lock guide **1428**, blocker **1434** will prevent or permit movement of retainer member **1370** relative to housing **1344**. If button **1432** is centered over a middle or lower portion **1438** of notched rib **1418**, clearance exists between lower portion **1438** and blocker **1434** and retainer member **1370** is permitted to move further up in direction **1375** into void **1394** (FIG. **68**). As mentioned above, this movement permits removal of controller **50** from respective head and foot end siderails **20**, **22**. However, if button **1432** is slidably moved so that blocker **1434** is positioned over a raised portion **1440** of notched rib **1418**, there is little or no clearance between raised portion **1440** and blocker **1434** and retainer member **1370** is blocked from sliding further up in direction **1375** into void **1394** (FIG. **68**). Cover **1396** includes a pair of ridges **1395** that restrain a ridge **1397** on button **1432** to resist movement of button **1432** between the locked position and the unlocked position.

An alternative embodiment retainer **1442** and retainer cover **1444** similar to retainer **1368** and retainer cover **1396** are shown in FIG. **71**. Retainer cover **1444** cooperates with outer shell **1388** to define a void sized to receive portions of retainer **1442**. Retainer **1442** includes a retainer member **1446** and spring **1398** positioned in the void between outer shell **1388** and retainer member **1446**. Spring **1398** biases retainer member **1446** in direction **1448** toward convex surface **1360**, **1364** of respective siderail **20**, **22**.

Retainer member **1446** includes a latch portion **1450**, a pair of ribs **1452**, a pair of locking tabs **1454**, and a notched rib **1456**. Latch portion **1450** includes a downwardly facing surface **1458** that matches the contour of upwardly facing surface **1360**, **1364** of siderails **20**, **22**, respectively. Latch portion **1450** further includes a spring-receiving aperture **1460** sized to receive an end of spring **1398**.

Ribs **1452** slide in channel portions **1424** of void **1394** so that retainer member **1446** can move up and down. Locking tabs **1454** are caught on lips **1426** of housing **1344** to prevent removal of retainer member **1446** from void **1394** after retainer member **1446** is slidably moved up and locking tabs **1454** snap into place over lips **1426**.

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Retainer **1442** further includes a lock or blocker **1464** configured to slide on retainer cover **1444** and block or permit movement of retainer member **1446**. Lock **1464** includes slider button **1432** and a blocker or lug **1466** coupled integrally with button **1432**. Lock **1464** includes a plurality of fingers **1468** that snap into an opening **1470** in cover **1444** so that lug **1466** extends through opening **1470**. Cover **1444** with lock **1464** coupled thereto, is coupled to housing **1344** so that blocker **1466** is positioned above notched rib **1456**.

Depending on the position of button **1432** and blocker **1466** relative to cover **1444**, blocker **1466** will prevent or permit movement of retainer member **1446** relative to housing **1344**. If button **1432** is centered over a middle or lower portion **1472** of notched rib **1456**, clearance exists between lower portion **1438** and blocker **1466** and retainer member **1446** is permitted to move further up into void **1394**. This movement permits removal of the controller **50** from respective head and foot end siderails **20**, **22**. However, if button **1432** is slidably moved so that blocker **1466** is positioned over a raised portion **1474** of notched rib **1456**, there is little or no clearance between raised portion **1474** and blocker **1466** and retainer member **1446** is blocked from sliding further up into the void.

According to other alternative embodiments of the disclosure, other retainers known to those of ordinary skill in the art are provided to retain the controller in the siderails such as tabs, clasps, catches, locks, other latches, clamps, pins, bolts, bars, hasp, hooks, or other retainers known to those of ordinary skill in the art.

As shown in FIG. **72**, cord **1350** communicates electric signals to and from controller **50**. Cord **1350** includes a connector (not shown) that couples to either of two connectors **1478** shown in FIG. **45** on weigh frame **36**. According to the illustrative embodiment of the disclosure, one of connectors **1478** is coupled to a first side of patient support **10** and the other connector **1478** is coupled to an opposite second side of patient support **10**. A plurality of wires (not shown) are coupled to each connector **1478**, and are configured to communicate with the various electrically controlled devices of patient support **10**.

Because two connectors **1478** are provided on opposite sides of patient support **10**, controller **50** may be plugged into either side of patient support **10**. Thus, if a patient or caregiver finds it more convenient to position controller **50** on the pair of head and foot end siderails **20**, **22** on the first side of patient support **10**, controller **50** can be plugged into connector **1478** without cord **1350** having to be strung over the mattress **14**. Similarly, if a patient or caregiver finds it more convenient to position controller **50** on the pair of head and foot end siderails **20**, **22** on the second side of patient support **10**, controller **50** can be plugged into connector without cord **1350** having to be strung over the mattress **14**. Thus, a corded controller **50** is provided that can be removably coupled to either side of the patient support **10** without having to string the cord **1350** of the controller **50** over the mattress **14** of the patient support **10**.

Controller **50** further includes a rubber grommet **1480** that is positioned in an aperture **1482** in outer shell **1386** as shown in FIGS. **69** and **72**. Cord **1350** extends through grommet **1480**. Grommet **1480** provide a water-tight seal between shell **1388** and cord **1350**.

Outer shell **1388** further includes a pair of symmetric ribs or ramps **1482** that define a tapered channel **1484** configured to receive cord **1350**. A stop **1486** is coupled to cord **1350**. Stop **1486** is larger than a narrow opening **1488** defined between ramps **1482** so that cord **1350** cannot be pulled axially out of outer shell **1386**. This prevents wires **1490** of cord **1350** and connector **1492** that couples to circuit board

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1346 from being stressed if force is applied to cord **1350**. Because channel **1484** is tapered, an assembler can initially place cord **1350** in the wider portion of channel **1484** and then press down to position cord **1350** in opening **1488**. When cord **1350** is pressed down on, ramps **1482** guide cord **1350** toward narrow opening **1488** so that the assembler does not have to be as accurate with the initial placement of cord **1350** in channel **1484**. According to the presently preferred embodiment, the stop **1486** is a cable tie that has had any extra length removed.

According to alternative embodiments of the present disclosure, other stops are provided. For example, according to one alternative embodiment, a staple or other clip is provided.

As shown in FIG. **68**, inner and outer shells **1386**, **1388** includes perimeter channels **1494**, **1496**. During the manufacture of inner shell **1394**, a seal **1498** is formed in channel **1494**. Preferably, shells **1386**, **1388** are made of rigid plastic materials and seal **1498** is made of a rubber-like material that forms a liquid-proof seal between outer shells **1386**, **1388**.

Controller Interface Panels Controllers **50**, **52**, **54** each include respective interface panels **1510**, **1512**, **1514**, illustrated in FIGS. **73-75**. Preferably, each panel **1510**, **1512**, **1514** is made of a flexible membrane. Panel **1510** couples to inner shell **1386** of controller **50** to provide a liquid-proof seal therebetween. Similarly, panel **1512** couples to cover **1212** of head end siderail **20** to provide a water-proof seal therebetween, and panel **1512** couples to outer housing **1248** of controller **54** to provide a water-proof seal therebetween.

Each interface panel **1510**, **1512**, **1514** includes a plurality status indicators and raised button covers having indicia. When a user presses on the button covers, they also press on one of respective switches or buttons **1348**, **1232**, **1240** positioned behind the button cover and initiate a function of patient support **10**.

As shown in FIG. **73** interface panel **1510** includes a plurality of membrane input control buttons or raised button covers **1516** and a plurality of status indicators **1518** which are electrically coupled to circuit board **1346** of controller **50**, allowing controller **50** to be used by persons in or out of patient support **10** to control the operation of various features of patient support **10**, including articulation of deck **26**, sending a nurse call signal, controlling entertainment devices, such as television, radio, or the like. In a preferred embodiment, status indicators **1518** are light emitting diodes (LEDs) electrically coupled to circuit board **1346**. According to alternative embodiments of the present disclosure, other functions of the patient support **10** or remote equipment are controlled by the controller **50**.

Head up button **1520** and head down button **1522** are provided to control adjustment of the position of head section **38** of deck **26** between the raised and lowered positions. Knee up button **1524** and knee down button **1526** are provided to control adjustment of the position of leg and seat sections **42** and **40**.

When a nurse call button **1528** is pressed, a signal is sent to a nurse station or directly to predetermined caregivers that indicates that the patient needs attention. Speak indicator **1529** and listen indicator **1530** are provided to indicate the direction of communication between a patient in patient support **10** and nurse or other caregiver located at a nurse call station or other location. The caregiver at the nurse call station or elsewhere controls which way the communication travels. If neither indicator **1529**, **1530** is illuminated, the communication lines are closed. When speak indicator **1529** is illuminated, the patient may speak to the caregiver. The patient speaks into a microphone (not shown) coupled to head end siderail **20**. When listen indicator **1530** is illuminated, the caregiver may speak to the patient in patient support **10** from

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speakers **1220**. A graphic of a listening ear is positioned adjacent to speak indicator **1529** to indicate that a nurse or other caregiver is listening to the patient when lit. A graphic of a speaking person is positioned adjacent to listen indicator **1530** to indicate the patient is to listen to a nurse or other caregiver when illuminated.

Controller **50** is also configured to control functions of other devices located within a patient's room such as a TV or lighting of a room (not shown) as further described above with reference to FIG. **35**. TV button **1532** controls turning on and off a TV (not shown) located in a room. When TV button **1532** is pressed, the TV is turned on. When TV button **1532** is pressed again, the TV is turned off. To change the channel of the TV, channel up and channel down buttons **1534**, **1536** are pressed. To change the TV volume up or down, volume up and volume down buttons **1538**, **1540** are pressed. To turn closed captioning of the TV on and off, a closed caption button **1542** is pressed. Radio button **1544** controls turning on and off a radio (not shown) broadcasting from speakers **1220** or elsewhere in the patient's room. When only the radio is on, channel up and down buttons **1534**, **1536** and volume up and down buttons **1538**, **1540** operate the channels and volume of the radio. If both the radio and TV are on, channel up and down buttons **1534**, **1536** and volume up and down buttons **1538**, **1540** operate the TV only.

To turn on the direct lighting in a room, such a ceiling light or other lighting that shines down, a direct light button **1546** is provided that is pressed to turn the light(s) on and off. Similarly, to turn on indirect lighting, such as a light on a headwall unit that shines up on the ceiling or down on the floor from a low level, an indirect light button **1548** is provided that is pressed to turn the light(s) on and off.

As shown in FIG. **74** interface panel **1512** includes a plurality of membrane input control buttons or raised button covers **1516** and a plurality of status indicators **1518** which are electrically coupled to circuit board **1233** of controller **52**, allowing controller **52** to be used by persons out of patient support **10** to control the operation of various features of patient support **10**, including extension, tilting, and articulation of deck **26**, sending a nurse call signal, and enablement of the other functions of patient support **10**. In a preferred embodiment, status indicators **1518** are LED's electrically coupled to circuit board **1233**. According to alternative embodiments of the present disclosure, other functions of the patient support or remote equipment are controlled by the controller.

Head up button **1550** and head down button **1551** are provided to control adjustment of the position of head section **38** of deck **26** between the raised and lowered positions. Knee up button **1552** and knee down button **1554** are provided to control adjustment of the position of leg and seat sections **42** and **40**. High button **1556** and low button **1558** are provided to control raising and lowering intermediate frame **32** relative to base frame **28**.

Foot extend button **1560** and foot retract button **1562** cause leg section **42** to extend and retract which permits the position of footboard **18** of patient support **10** to be adjusted relative to the position of the patient's foot. To extend leg section **42**, extend button **1560** is pressed until the desired position of footboard **18** is reached. To retract foot section **42**, retract button **1562** is pressed until the desired position is reached.

Chair bed button **1564** and flat bed button **1566** are provided to control adjustment of the position of deck **26** between the chair and bed positions. To move patient support **10** toward the chair position, chair button **1564** is pressed until the degree of the chair position is achieved or until patient support **10** reaches the full chair position. To move patient

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support **10** toward the bed position, flat bed button **1566** is pressed until the desired degree of the chair position is removed or until patient support **10** reaches the flat bed position.

Tilt (Reverse Trendelenburg) button **1568** and reverse tilt (Trendelenburg) button **1570** are provided to control adjustment of the position of deck **26** between head raised (Reverse Trendelenburg) and head lowered (Trendelenburg) positions. To move patient support **10** to the head raised position, tilt button **1568** is pressed until the degree of the incline of intermediate frame **32** is achieved. To move patient support **10** toward the head lowered position, reverse tilt button **1570** is pressed until the desired degree of incline of intermediate frame **32** is achieved. When a nurse call button **1572** is pressed, a signal is sent to a nurse station or directly to predetermined caregivers that indicates that the patient needs attention.

According to the illustrative embodiment of the present disclosure, most of the buttons are only operable after a key or enable button **1584** is first pressed. This helps prevent the accidental activation and deactivation of certain functions of patient support **10**. According to the preferred embodiment of the present disclosure, enable button **1584** must first be pressed before the functions controlled by the other buttons on panels **1512** and **1514** will initiate. However, the nurse call feature controlled by nurse call button **1572** will initiate without the need to first press enable button **1584**.

To enable the other buttons, enable button **1584** must be pressed for at least or about 0.5 seconds. By requiring that the button be depressed for a predetermined amount of time, an accidental momentary depression of enable button **1584**, such as when panel **1512** is wiped during cleaning, will not enable the other buttons.

Once enabled, the user has about a twenty second window to press the other buttons to initiate a function. Once the twenty second window passes without one of the other buttons being pressed, the other buttons are disabled and enable button **1584** must be pressed again to operate the functions. However, if one of the other buttons is pressed during the initial twenty second window, the window is reset so that the user has another twenty second window to press another button. Once twenty seconds passes without any button being pressed, the twenty second window expires and enable button **1584** must be pressed again.

According to alternative embodiments of the present disclosure, other times required to press the enable button are provided. For example, according to one embodiment, one second is required. According to another embodiment, no time is required so that the other buttons are enabled whenever the enable button is pressed. According to other alternative embodiments of the present disclosure, other windows of time are provided during which the other buttons are enabled. For example, according to some embodiments, the window is 5, 10, 15, 25, 30 or more seconds. According to another alternative embodiment, no enable button **1584** is provided.

Patient control **52** also enables and disables (locks out) specific features of patient support **10**. By pressing head lock-out button **1586**, the function of head up buttons **1520**, **1551** and head down buttons **1522**, **1550** of respective controllers **50**, **52** are disabled so that head section **38** of deck **26** cannot be raised or lowered. When disabled, an indicator **1588** on button **1586** lights up. When head lock-out button **1586** is pressed again, head section **38** may be raised and lowered again and indicator **1588** goes off. A similar knee lock-out button **1590** and indicator **1592** are provided to

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enable and disable the function of knee up buttons **1524**, **1552** and knee down buttons **1526**, **1554** of respective controllers **50**, **52**.

A similar all actuator lock-out button **1594** and indicator **1596** are provided that disable the function or initiate movement of linear actuators **48** operated by controllers **50**, **52**. When pressed, all functions controlled by controllers **50**, **52** that change the configuration of deck **26** or raise, lower, or tilt intermediate frame **32** are disabled and indicator **1596** lights up. When pressed again, the functions are enabled and indicator **1596** turns off. By disabling certain functions of controllers **50**, **52**, a caregiver can prevent accidentally articulation or other movement of patient support **10** when such articulation may be undesirable. According to alternative embodiments of the present disclosure, the other functions of controllers **50**, **52**, **54** are also disabled and enabled by one or more lock-out buttons.

Other indicators which relate to various patient support status functions are also included on interface panel **1512**. A bed position indicator **1598** is illuminated when intermediate frame **32** is not in the lowermost position. When intermediate frame **32** is in the lowermost position, this indicator **1598** is off. A service indicator **1610** is lit when patient support **10** detects that a component needs serviced. If patient support **10** does not detect that a component needs serviced, this indicator **1610** is off.

With reference to FIG. **75**, interface panel **1514** includes a plurality of membrane input control buttons or raised button covers **1516** and a plurality of status indicators **1518** which are electrically coupled to circuit board **1238** of controller **54**, allowing controller **54** to be used by persons out of patient support **10** to control the operation of various features of patient support **10**, including detecting the position of a patient, the patient's weight, and operation of mattress **14**. In a preferred embodiment, status indicators **1518** are LED's electrically coupled to circuit board **1238**. According to alternative embodiments of the present disclosure, other functions of the patient support or remote equipment are controlled by the controller.

As shown in FIG. **75**, patient position monitor buttons **1612**, **1614**, **1616** are provided to control activation of a patient position monitoring system, which notifies a caregiver when the patient changes position relative to patient support **10**. When one of buttons **1612**, **1614**, **1616** is selected, the other respective buttons **1612**, **1614**, **1616** are automatically deselected. Status indicators **1518** are provided with each button **1612**, **1614**, **1616** indicating which of the monitoring modes is on. Patient position sensors **5004**, **5008**, **5010** are positioned on deck **26** underneath mattress **14**. Details of suitable patient position detection systems are provided in U.S. Pat. No. 6,208,250, to Dixon et al.; U.S. Pat. No. 6,067,019, to Scott; and U.S. Pat. No. 5,808,552, to Wiley et al., the disclosures of which are expressly incorporated by reference herein.

Button **1616** controls activation of the position monitoring system to detect an "exit" condition when the patient has exited patient support **10**. When button **1616** is pressed to activate monitoring of the exit condition, the respective indicator **1518** on button **1616** lights up. Otherwise the respective indicator **1518** on button **1616** is off. If the exit condition is detected by bed exit sensor **562**, visual and audible alarms will activate notifying the caregiver that the patient has exited patient support **10**.

Button **1614** controls activation of the position monitoring system to detect a "pre-exit" condition when the patient is bearing weight primarily on an edge of patient support **10**, such as when the patient is sitting on the edge of patient

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support **10**. When button **1614** is pressed to activate monitoring of the pre-exit condition, the respective indicator **1518** on button **1614** lights up. Otherwise the respective indicator **1518** on button **1614** is off. If the pre-exit condition is detected, the visual and audible alarms will activate notifying the caregiver that the patient has moved to the edge of patient support **10**. Furthermore, the alarms will also activate if the exit condition is detected.

Button **1612** controls activation of the position monitoring system to detect a "patient up" condition when the patient's torso moves beyond a predetermined position relative to deck **26**. When button **1612** is pressed to activate monitoring of the patient up condition, the respective indicator **1518** on button **1612** lights up. Otherwise the respective indicator **1518** on button **1612** is off. If the patient up condition is detected, the visual and audible alarms will activate notifying the caregiver that the patient has moved to the up position.

Alarm control button **1618** and volume indicator **1620** are provided to a caregiver to control the volume of the audible alarm that sounds when the patient monitoring system detects one of the above-mentioned conditions. Alarm button **1618** controls the volume of the alarm. Volume indicator **1620** comprises a plurality of LED's that are lit according to the selected volume level, i.e., the higher the volume selected, the more LED's that are lit. If a user wants to turn the volume up, alarm button **1618** is pressed repeatedly until the desired volume is reached. To lower the volume, alarm button **1618** is pressed repeatedly until the peak volume is reached. After the peak volume is reached, continued pressing on alarm button **1618** will gradually reduce the volume of the alarm until the lowest volume is reached. After the lowest volume is reached, continued pressing on alarm button **1618** will gradually increase the volume. If no LED's are lit, the alarm is deactivated.

Inflation system buttons **1622**, **1624**, **1626**, **1628** are provided that control the function of the air pressure inflation system of mattress **14**. Maximum inflation button **1622** inflates the mattress zones to a predefined air pressure level and may be used to facilitate administration of CPR. A corresponding indicator **1518** on button **1622** lights up when the maximum inflation function is activated. When pressed again, the mattress zones return to normal operating pressure and the corresponding indicator **1518** turns off.

First turn assist button **1624** controls the turning of a patient toward one side of patient support **10**. Second turn assist button **1626** controls the turning of the patient toward the other side of patient support **10**. When either of these buttons **1624**, **1626** are pressed, they begin the turn assist function and the associated indicator **1518** lights up. When the respective turn assist function is complete, the associated indicators **1518** turn off. A rail down indicator **1627** is illuminated when any of siderails **20**, **22** are not in the raised position. Patient size button **1628** button permits a caregiver to set the size of the patient positioned on mattress **14**. Three graphics representing different sized patients are positioned next to corresponding indicators **1518**. When patient size button **1628** is pressed, a different sized patient is selected and the corresponding indicator **1518** lights up. In an illustrative embodiment, depending on which size patient is selected, different air pressures are provided to mattress **14**.

Interface panel **1514** further includes a plurality of buttons and LED display **1242** which permit a caregiver to weigh the patient using the patient weighing function. A unit selection button **1630** enables the caregiver to choose between pounds and kilograms as the unit of weight measurement. LED display **1242** displays the patient's weight and selected unit of measurement.

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Calibration button **1632**, change item button **1634**, add item button **1636**, and subtract item button **1638** are provided to the caregiver to calibrate the system for weighing a patient. For example, before a patient is placed on patient support **10**, calibration button **1632** is pressed to set the weight reading to 000.0 lbs/kg so that the initial weight of mattress **14**, deck **26**, and any other patient support component or piece of medical equipment is negated from the weight reading. Thus, only the weight of the patient is indicated when the patient is on patient support **10**.

If a patient support component or piece of medical equipment is added to or removed from patient support **10** that may affect the weight reading, change item button **1634**, add item button **1636**, and subtract item button **1638** are illustratively used to take the additional or subtracted weight into account. For example, if a piece of medical equipment, such as an IV pole, is added to patient support **10**, change item button **1634** and add item button **1636** are pressed while the piece of medical equipment is added and the additional weight detected by the weigh system is subtracted from the measured weight so that the additional weight of the IV pole is negated from the weight displayed on display **1242**. Similarly, if a piece of medical equipment is removed from patient support **10**, change item button **1634** and subtract item button **1638** are pressed while the piece of medical equipment is removed and the removed weight detected by the weigh system is added to the measured weight so that the loss of weight of the removed piece of medical equipment is negated from the weight displayed on display **1242**.

Foot Pedal Controls and Nightlight

As shown in FIG. **1**, foot pedal controls **56** are coupled to base frame **28**. Foot pedal controls **56** are provided to control raising and lowering of deck **26** relative to base frame **28** and to control raising and lowering head section **38** of deck **26** relative to weigh frame **36**.

Each foot pedal control **56** is associated with one of the above-mentioned functions and includes a pedal or control member **1660** appropriately labeled for the respective function. By stepping on any of pedals **1660** with the tip of one's foot as shown in FIG. **76**, one of these functions of patient support **10** is activated. When pedals **1660** are released, they are automatically biased back to the neutral position and the function terminates.

With reference to FIGS. **76-79**, pedals **1660** are pivotably coupled to a pedal housing **1662** that is fixedly coupled to base frame **28** in a spaced-apart relationship with the floor **29**. Pedal housing **1662** includes an L-shaped body portion **1664** that couples to base frame **28** and a housing portion **1666** that defines an enclosed space **1668**.

Because housing portion **1666** is centrally located and raised relative to foot pedals **1660**, it acts as a locator for pedals **1660**. For example, a caregiver who is familiar with patient support **10** will be able to sweep their foot over pedals **1660** until striking either side of housing portion **1666**. Because of their familiarity with patient support **10**, they will recognize which pedal **1660** is located beneath their foot. If this pedal **1660** performs the desired function, the need only step down without looking down at the respective pedal **1660** for an decal or indicator that indicates the specific function of that respective pedal **1660**. If the desired pedal **1660** is not the one located under their foot, they will recognize that they need to back away from housing portion **1666** to the next adjacent foot pedal **1660** that does perform the desired function. Preferably, the caregiver will initially sweep toward the correct side of housing portion **1666** on which the desired foot pedal **1660** is located.

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As shown in FIGS. **77** and **78**, each pedal **1660** is pivotable between a first or up position and a second or down position. Each pedal **1660** has a stepped profile and includes a pedal portion **1670**, a pivot portion **1672**, and a sensor portion **1674**. Pedal portion **1670** extends beyond pedal housing **1662** to permit a caregiver to press down on pedal portion **1670** as shown in FIG. **76**. When in the first raised position, a top surface **1676** of pedal portion **1670** is about 6 inches above the floor **29** so that 5.5 inches of clearance **1677** exists under pedal portion **1670**. Furthermore, this spacing permits a caregiver or other person to operate pedals **1660** while his or her heel **1680** rests on floor **29**. Because the caregiver's heel **1680** is on the ground **29** during the movement of patient support **10**, his or her foot is further away from the moving components of the patient support. Preferably, decals or indicators (not shown) are provided on inward portions **1682** of top surface **1676** that is at an angle of 45 degrees from horizontal to help a caregiver's line of sight in viewing the decal or indicator that indicates what function of patient support **10** is controlled by the particular pedal **1660**.

As shown in FIG. **79**, a pin **1684** is provided that extends through pivot flanges **1686** and to define a pivot axis **1688** about which pedals **1660** pivot on housing **1662**. Each foot pedal control **1660** includes a biaser or spring **1690** through which pin **1684** extends that biases pedal **1660** up toward the first raised position.

The position of each pedal **1660** is detected by a sensor **538**. If sensor **538** detects that any one of pedals **1660** is moved and held in the second lowered position for about one second and then returned to the first raised position, pedals **1660** are enabled to operate the respective functions of patient support **10** for twenty seconds. To activate any of these functions, a respective pedal **1660** must be moved to the second lowered position within the twenty second enabled window.

If a pedal **1660** is not moved back down to the second lowered position within the twenty second enabled window, pedals **1660** are disabled and must be enabled again as described above by holding one of pedals **1660** in the second lowered position for about one second. If any of pedals **1660** are lowered within the twenty second window, the function is performed and the window is reset for another twenty seconds. If twenty seconds go by without any of the pedals **1660** being moved back down to the second lowered position, pedals **1660** are again disabled. If two pedals **1660** are simultaneously moved to the second lowered position, neither function is performed. Preferably, pedals **1660** travel through an angle of 50 degrees from the first raised position to the second lowered position.

Each of the four sensors **538** is preferably mounted to one of a pair of mounting strips **1694** as shown in FIGS. **79** and **80** (only one is shown in FIG. **79**) mounted to housing **1662**. A cable **1696** is coupled to each sensor **538** (only one is shown in FIG. **79**) to send signals indicative of the position of pedal **1660** detected by sensor **538**. Cables **1696** extend into enclosed space **1668**. Each cable **1696** is coupled to a circuit board **1698** positioned in enclosed space **1668** and a single cable is coupled to control system **44** to control respective linear actuators **48**. A cover **1699** is also provided that encloses interior space **1668**.

According to the preferred embodiment of the present disclosure, sensor **538** is a Hall effect field sensor that detects change in the characteristics of a magnetic field generated by pedal **1660**. A magnet **1710** is positioned on sensor portion **1674** of each pedal **1660** in a position spaced apart from sensor **538**. Sensor **538** detects the change in position of magnet **1710** during movement of the respective pedal **1660** by detecting the change in magnetic field. Based on this

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change in magnetic field, sensor 538 sends a signal indicative of the first raised and second lowered positions of the respective pedal 1660 to the control system 44. Control system 44 then initiates the application of power to actuators 48 to control and power the function of the respective components of patient support 10.

An illustrative circuitry associated with sensor 538 is shown in FIG. 81. The circuitry includes an op-amp 1714 coupled to sensor 538, an open collector 1716, a transistor 1718, and a resistor 1720. Sensor 538, op-amp 1714, open collector 1716, and transistor 1718 are coupled to ground 1722. Sensor 538, op-amp 1714, open collector 1716, and resistor 1720 are coupled to a 5 volt source. Transistor 1718 and resistor 1720 are coupled to the output of the circuit. Illustratively, resistor 1720 is 470 ohms and sensor 538 is a Cherry MP1013 snap fit proximity sensor sold by The Cherry Corporation, 3600 Sunset Avenue, Waukegan, Ill. that detects magnetic fields.

As shown in FIG. 80, four pedals 1660 are provided to control various functions of patient support 10 when pushed down. For example, a first pedal 1724 is provided that when pivoted down, raises head section 38 of deck 26. A second pedal 1726 is provided for lowering head section 38 relative to weigh frame 36 when pivoted down. Series of pedals 1660 also includes a third pedal 1728 for raising intermediate frame 32 relative to base frame 28 when pivoted down, and a fourth pedal 1730 is provided for lowering intermediate frame 32 when pivoted down. According to an alternative embodiment, the plurality of pedals 1660 also includes a pedal for extending and retracting leg section 42 of the patient support 10 or for activating any other feature of the patient support 10.

As shown in FIGS. 79 and 80, a light 1732 is provided on cover 1699. Light 1732 illustratively includes four LED's (not shown) and is coupled to circuit board 1698. Preferably, light 1732 shines on floor 1678 so that a silhouette of pedals 1660 is provided in a semi-dark or dark room. Therefore, enough light is provided that a caregiver can locate foot pedals 1660 without producing enough light that would disturb a resting patient.

An alternative embodiment foot pedal control 56' is illustrated in FIG. 82. Foot pedal control 56' is substantially similar to foot pedal control 56, such that like reference numbers are used to identify like components.

As shown in FIGS. 57 and 82, foot control pedal 56' includes light 1732' which is provided on pedal housing 1662'. Light 1732' includes four LED's (not shown) and is coupled to circuit board 1698. According to the illustrative embodiment of FIG. 57, light 1732' is positioned at the end of pedal housing 1662' positioned nearest the longitudinal center of patient support 10'.

According to alternative embodiments of the present disclosure, light 1732 is placed elsewhere on the patient support 10 to shine directly on foot pedals 1660. For example, according to one alternative embodiment, light 1732 is provided on the sides of housing portion 1666 (see FIGS. 1 and 58) of pedal housing 1662 so that light 1732 shines directly on pedals 1660. According to another alternative embodiment, a light 1732 is provided above pedals 1660. For example, according to one embodiment, light 1732 is mounted on the outwardly facing surface of the body portion 1664 of pedal housing 1662. In other alternative embodiments, light 1732 is mounted on the bed frame or other components of patient support 10, such as siderails 20, 22 or deck 26, to shine directly down on pedals 1660. As shown in FIG. 8, a set of foot pedal controls 56 are supported on base frame 28 on the

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opposite side of patient support 10. Pedal controls 56 on opposite sides of patient support 10 are mirror images of each other.

According to alternative embodiments of the present disclosure, other sensors are provided to detect the position of the pedals 1660 and to control the respective functions of the patient support 10, such as other proximity switches, a three-position mechanical switch, other mechanical switches, other electrical switches, other field sensors that detect changes in an electric field due to changes in capacitance or inductance, other field sensors known to those of ordinary skill in the art, or any other sensor known to those of ordinary skill in the art.

One such alternative embodiment sensor 1734 is shown in FIGS. 83-85. Sensor 1734 is preferably a tape sensor embedded in a resilient material 1736, such as potting material, that provides a water proof cover to sensor 1734. Pedals 1660' are provided with a rubber plunger 1738 that presses down on resilient material 1736 and moves contact strips 1740 of sensor 1734 to close a circuit. When the circuit is closed, control system 44 detects that the respective pedal 1660 is in the second lowered position. When the respective pedal 1660' is released, contact strips 1740 separate and the circuit is open. Control system 44 detects the open circuit and recognizes that the respective pedal 1660' has moved away from the second lowered position. Additional detail of a tape switch are provided in U.S. Pat. No. 4,539,560, to Fleck et al, the disclosure of which is expressly incorporated by reference herein.

Another such alternative embodiment sensor 1742 is shown in FIGS. 86-88. Sensor 1742 is preferably a dome switch sensor embedded in a resilient material 1736, such as potting material, that provides a water proof cover to sensor 1742. Pedals 1660' are provided with rubber plunger 1738 that presses down on resilient material 1736 and moves dome 1744 of sensor 1734 that is mounted to a circuit board 1746 to close a circuit. An alternative plunger or actuator 1748 is shown in FIG. 86 that has a diameter of 0.118 inches. When the circuit is closed, control system 44 detects that the respective pedal 1660' is in the second lowered position. When the respective pedal 1660' is released, dome 1744 returns to its normal position and the circuit is open. Control system 44 detects the open circuit and recognizes that the respective pedal 1660' has moved away from the second lowered position. The preferred embodiment dome switch sensor is a Cannon SD 350 Dome Switch that requires 2.25 N operating forces and is sold by Cannon, ITT Industries.

Another such alternative embodiment sensor 1750 is shown in FIGS. 89-91. Sensor 1750 is preferably a force sensing resistor having its contacts with a cable 1752 embedded in a resilient material 1754, such as potting material, that provides a water proof cover to the contact. Pedals 1660' are provided with rubber plunger 1738 that presses down on sensor 1750 and creates force on sensor 1750. When force is applied to sensor 1750, the overall electrical resistance of sensor 1750 changes. This change in resistance is monitored by the control system 44. When the resistance reaches a predetermined value, control system 44 detects that the respective pedal 1660' is in the second lowered position. When the respective pedal 1660' is released, the resistance returns to its normal value and control system 44 recognizes that the respective pedal 1660' has moved away from the second lowered position. Preferably, enough force is required that accidental lowering of the respective foot pedal 1660' will not change the resistance to the predetermined value. Furthermore, this force will preferably be greater than what a typical child can generate to avoid activation by children. According to an alternative embodiment, once the predeter-

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mined resistance is reached, the speed at which the function operates is controlled by the amount of force applied to the pedal **1660'** which controls the amount of resistance of the sensor **1750** above the predetermined value. For example, if the force applied creates a resistance just above or at the predetermined value, the function, such as lowering the patient support **10**, will occur slowly. However, if more force is applied and the resistance is increased above the predetermined value, the speed of the patient support lowering will increase proportionally with the amount of force applied to the pedal **1660'**. Thus, if a smaller force is applied, the patient support **10** will lower slowly. If a greater force is applied, the patient support **10** will lower faster. If an even greater force is applied, the patient support **10** will lower even faster. Preferably, the function will have a maximum speed that cannot be exceeded regardless of the amount of force applied.

Obstacle Detection Device

Referring now to FIGS. **1**, **2**, and **57**, the obstacle or interference detection device **58** is shown as coupled to the base frame **28** of the patient support **10**. The obstacle detection device **58** illustratively includes first and second sensors **1802** and **1804** which are coupled to top surfaces **474** and **476** of the longitudinally extending first and second side members **192** and **194** of the base frame **28**, respectively. While in the following description, first and second sensors **1802** and **1804** are illustrated as being associated with the side members **192** and **194** of the patient support **10**, it should be appreciated that additional sensors could be positioned adjacent the head end **25** and the foot end **27** of the patient support **10**.

Each sensor **1802** and **1804** is configured to provide an obstacle detection signal to control system **44** in the event that it detects an obstacle or determines that a fault condition exists. More particularly, each sensor **1802** and **1804** is configured to provide the obstacle detection signal to control system **44** upon detecting that an object, such as an individual's foot, is supported on one of the upper surfaces **474** and **476** of the base frame **28**.

In response to the obstacle detection signal from either of sensors **1802** or **1804**, control system **44** will prevent the lowering of the intermediate frame **32** relative to the base frame **28**. Moreover, the obstacle detection signal indicates that either an obstacle is supported on the base frame **28** or that at least one of the sensors **1802** or **1804** is not operating properly and is in a fault condition. As such, in order to avoid potential damaging impact with the detected obstacle, control system **44** prevents actuators **48a** and **48b** from operating to lower the intermediate frame **32**. In an illustrative embodiment, control system **44** permits continued operation of the actuators **48a** and **48b** to raise the intermediate frame **32**. Further, upon receiving the obstacle detection signal, control system **44** may instruct the actuators **48a** and **48b** to raise the intermediate frame **32** for a predetermined time period, illustratively 2 seconds, while preventing operation of the actuators **48a** and **48b** to lower the intermediate frame **32**. Raising the intermediate frame **32** for a time period after an obstacle has been detected, provides for the immediate and automatic movement of the frame **32** in a direction away from the detected obstacle.

While the sensors **1802** and **1804** of the obstacle detection device **58** are illustratively positioned on the base frame **28**, it should be appreciated that the sensors **1802** and **1804** could likewise be positioned on a lower surface of the intermediate frame **32**. Further, the obstacle detection device **58** may be utilized to detect obstacles between any two portions of a patient support **10** which move relative to each other. For example, the obstacle detection device **58** may be used

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between the head end and foot end siderails **20** and **22**, between the head end siderails **20** and the headboard **16**, and between the foot end siderails **22** and the footboard **18**.

Additional details of suitable obstacle detection devices are provided in U.S. Provisional Patent Application Ser. No. 60/373,819, title "Hospital Bed Obstacle Detection Device and Method", filed Apr. 19, 2002, and PCT International Patent Application No. PCT/US03/12166, titled "Hospital Bed Obstacle Detection Device and Method", filed Apr. 21, 2003, the disclosures of which are expressly incorporated by reference herein.

FIRST ILLUSTRATIVE EMBODIMENT MATTRESS ASSEMBLY

Referring now to the FIG. **92**, the modular mattress **14** according to an illustrative embodiment of the present invention includes an outer cover **2102** having a bottom cover portion **2104** and a top cover portion **2106** configured to encapsulate a plurality of internal components including a foam receiving base **2108**. The receiving base **2108** includes a foot section **2110** and a body section **2112** coupled to the foot section **2110** by a foot section securing substrate **2114**. A component mounting substrate **2116** is coupled to the body section **2112** of the base **2108**. A foam crowning core **2118** is supported above the mounting substrate **2116** and is received within the base **2108**. A turn assist bladder assembly **2120** is received above the foam core **2118** and is coupled to the mounting substrate **2116**. An upper bladder assembly **2122** is received above the turn assist bladder assembly **2120** and is likewise coupled to the mounting substrate **2116**. A fire sock or barrier **2124** is configured to surround the receiving base **2108**, including the foot section **2110** and the body section **2112**, the mounting substrate **2116**, the foam core **2118**, the turn assist bladder assembly **2120**, and the upper bladder assembly **2122**. A shear cover **2125** is configured to be received over the fire barrier **2124**. The top cover portion **2106** provides a patient rest surface and is configured to be coupled to the bottom cover portion **2104** to define the outer cover **2102** and receive the other mattress components. Connectors **68** include a pair of mattress fluid connectors **2126** and **2127** coupled to the bottom cover portion **2104** and provide fluid communication between the manifold assembly **62**, which is coupled to the pump **64**, and the mattress **14**.

Mattress Foot Section Assembly

As detailed above, the leg section **42** of the deck **26** is extendable and retractable. FIGS. **93**, **96**, and **97** further illustrate the foot section **2110** of the mattress **14** which is configured to extend and retract with the movement of the adjustable length leg section **42** of the articulating deck **26**. The foot section **2110** includes a base portion **2128** and a pair of opposing flange portions **2130** and **2132** supported above the base portion **2128**. The base portion **2128** includes angled side walls **2134** and **2136** which are configured to conform to the angled side walls **291a**, **300a** and **291b**, **300b** of the deck **26**. The flange portions **2130** and **2132** are configured to extend out beyond the angled side walls **291a**, **300a** and **291b**, **300b** of the deck **42**. Illustratively, the foot section **2110** is made of a resilient polyurethane foam.

The foot section **2110** is perforated to facilitate its longitudinal extension and retraction. More particularly, the foot section **2110** is formed to include a plurality of apertures, illustratively transversely extending slots **2138** extending in a generally vertical direction through the base and flange portions **2130** and **2132**, to facilitate compressibility of the foot section **2110** in response to the retraction of the leg section **42**

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of the deck 26. More particularly, the plurality of slots 2138 are arranged in a plurality of laterally extending rows 2140 wherein the individual slots 2138 of each row are laterally offset from those slots 2138 of longitudinally adjacent rows 2140. FIG. 96 illustrates the foot section 2110 when the leg section 42 of the deck 26 is in an extended position, wherein each slot 2138 widens to accommodate the extension. As illustrated in FIG. 97, as the leg section 42 of the deck 26 is retracted in the direction of arrow 2141, the foot section 2110 likewise retracts and the slots 2138 narrow.

While in the illustrative embodiment, a plurality of discrete laterally and longitudinally spaced transverse slots 2138 are illustrated to facilitate retraction and extension of the foot section 2110, it should be appreciated that other structures may be readily substituted therefor. More particularly, the foot section 2110 may be formed to include serpentine channels or other forms of openings, such as a plurality of slots extending substantially the full width of the foot section 2110 between opposing side edges of the flange portions 2130 and 2132.

A foot section mounting plate 2142 is secured to a lower surface 2144 of the foot section 2110, illustratively through an adhesive bond. As described in greater detail below, the foot section mounting plate 2142 provides a securing platform for a foot section anchor 2146 which couples the foot section to the leg section 42 of the deck 26 to facilitate movement in cooperation therewith.

Heel Pressure Relief Member

The foot section 2110 includes a receiving recess 2148 extending downwardly from an upper surface 2150 of the base portion 2128 at a foot end 2152 thereof. A heel pressure relief member 2154 is configured to be received within the recess 2148. As illustrated in FIGS. 94-97, the heel pressure relief member 2154 includes a sleeve or case 2156 and a fiber fill 2158 received within the sleeve 2156. With further reference to FIG. 94, the sleeve 2156 includes a closed first end 2160 and an opposing releasably closable second end 2162. More particularly, a releasable fastener 2164, such as a hook and loop fastener, may be utilized to secure the second end 2162 of the sleeve 2156. Illustratively, the sleeve 2156 is formed from a substantially air impermeable material, such as a urethane coated twill. The fiber fill 2158 illustratively comprises a material having high loft properties, such as a layered polyfill material. In operation, air enters the sleeve 2156 through the hook and loop fastener 2164, thereby supplying the sleeve 2156 with air and providing air pressure for supporting the heels of a patient. The air pressure within the pressure relief member 2154 is self-regulating as changes in force applied by the patient's heels will cause air to enter or exit the sleeve 2156 through the releasable fastener 2164.

An alternative embodiment heel pressure relief member 2154' is illustrated in FIG. 95. In the alternative embodiment, a check valve 2166 and a bleed orifice 2168 are received within the sleeve 2156. The remainder of the member 2154' is substantially air impermeable. Rapid inflation of the sleeve 2156 is provided by air passing through the check valve 2166. However, the check valve 2166 prevents the passage of air therethrough from inside the sleeve 2156 to atmosphere. The bleed orifice 2168 permits for the slow passage of air from within the sleeve 2156 to atmosphere, such that pressure within the pressure relief member 2154' may be optimized and self-regulated for each individual patient.

The heel pressure relief member 2154 is configured to reduce the level of raised pressure between the patient's foot and the mattress. More particularly, the pressure relief member 2154 provides for a region of reduced pressure below the

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patient's heels. The foot section 2110 includes a calf portion 2170 (FIG. 93) which supports the portion of the patient's weight that would otherwise be supported by the patient's heel and thus reduces the overall interface pressure between the patient's heel and the mattress 14. It is envisioned that the calf portion 2170 of the mattress 14 may include a transition zone where the material stiffness of the foot section 2110 decreases in a longitudinal direction extending from a head end 2172 to the foot end 2152.

Mattress Body Section Assembly

The body section 2112 of the receiving base 2108 is further illustrated in FIG. 98 as including a bottom layer 2174 secured to longitudinally extending first and second sidewalls or bolsters 2176 and 2178. Likewise, an end wall or bolster 2180 is coupled to the first and second sidewalls 2176 and 2178. As such, the body section 2112 defines a longitudinally extending channel or bucket 2182 configured to receive various components of the mattress 14. As described in greater detail below, a fluid connector recess 2184 is formed near the head end 2186 of the body section 2112 and is configured to receive the mattress fluid connectors 2126 and 2127.

The sidewalls 2176 and 2178 each include an angled or inclined portion 2188 coupled to a flange portion 2190. The angled portions 2188 are configured to conform to the angled sidewalls 260 and 262 of the deck 26, while the flange portions 2190 are configured to extend above and out beyond the sidewalls 260 and 262 of the deck 26. The body section 2112 of the receiving base 2108 includes a head portion 2192 and a seat portion 2194 separated by a laterally extending slit 2196. Opposing ends of the slit 2196 include stress relief apertures 2198 formed within the sidewalls 2176 and 2178. As described in greater detail below, the slit 2196 facilitates relative movement of the head and seat portions 2192 and 2194 of the body section 2112 during articulation of the head and seat sections 38 and 40 of the deck 26.

Mattress Mounting Substrate

Turning now to FIGS. 99-101, the mounting substrate 2116 is received within channel 2182 defined by the body section 2112 of the receiving base 2108. Opposing first and second end portions 2202 and 2204 of the mounting substrate 2116 are secured to first and second lower mounting plates 2206 and 2208 (FIG. 98). The lower mounting plates 2206 and 2208 are secured to a lower surface 2210 of the receiving base 2108. More particularly, a plurality of fasteners, illustratively buttons 2212 are secured to the lower mounting plates 2206 and 2208. The buttons 2212 are releasably received within a plurality of substrate securing apertures 2214 formed within the mounting substrate 2116, thereby connecting the mounting substrate 2116 to the receiving base 2108 through the lower mounting plates 2206 and 2208. As detailed below, the lower mounting plate 2208 further provides a coupling platform for seat section anchors 2219 which secure the seat portion 2194 of the receiving base 2108 to the seat section 40 of the deck 26.

A plurality of turn assist bladder securing slots or apertures 2216 are formed proximate opposing longitudinally extending side edges 2222 and 2224 of the mounting substrate 2116. As detailed below, the apertures 2216 are configured to receive fasteners, such as buttons 2225 for securing the turn assist bladder assembly 2120 to the mounting substrate 2116 (FIGS. 103, 114, and 115). Likewise, a plurality of upper bladder assembly securing slots or apertures 2226 are formed within the mounting substrate 2116 and are laterally spaced outside of the apertures 2216. Again, as detailed below, the apertures 2226 are configured to receive fasteners, such as

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buttons **2227** for securing the upper bladder assembly **2122** to the mounting substrate **2116** (FIGS. **103**, **114**, and **115**).

Foot Section Securing Substrate With reference now to FIGS. **100** and **101**, the foot section securing substrate **2114** includes a first portion **2228** secured to the seat portion **2194** of the receiving base **2108** above the upper surface **2229** of the mounting substrate **2116**, and a second portion **2230** secured to the lower surface **2144** of the foot section **2110**. More particularly, the first portion **2228** of the foot section securing substrate **2114** includes a plurality of mounting apertures **2232** configured to receive fasteners, such as buttons **2234**. The buttons **2234** are secured to an upper mounting plate **2236** which is coupled to the upper surface **2237** of the receiving base **2108**, illustratively through an adhesive. The second portion **2230** of the securing substrate **2114** is directly coupled to the lower surface **2144** of the foot section **2110**, illustratively through an adhesive. The second portion **2230** includes a plurality of transverse slots **2238** configured to be received in parallel disposition with the transverse slots **2138** formed within the foot section **2110**.

Illustratively, the foot section securing substrate **2114** is formed from a flexible sheet material, such as pack cloth or urethane coated twill. As a flexible sheet material, the foot section securing substrate **2114** may follow a serpentine path generally from a horizontal first plane of the upper surface **2229** of the mounting substrate **2116**, vertically down around a foot end edge **2240** of the receiving base **2108**, and back along a horizontal plane of the lower surface **2144** of the foot section **2110**.

Foam Crowning Core

The foam crowning core **2118** is received within the channel **2182** defined by the sidewalls **2176** and **2178** of the body section of the receiving base **2108**. As shown in FIG. **102**, the core **2118** may be composed of a plurality of substantially planar layers **2244**, **2246**, **2248**, **2250** of foam which are affixed together using conventional means, such as an adhesive. Similarly, an upper crown layer **2251** is affixed to the upper surface of layer **2250**. Illustratively, the core **2118** is made of polyurethane foam having an indentation force deflection (IFD) of between approximately 23 to approximately 29. The crowning core **2118** defines a crowned upper surface **2252** as illustrated in FIG. **102**. Illustratively, a center portion **2254** of the upper surface **2252** proximate the longitudinal center axis **2255** of the core **2118** is positioned vertically above the side portions **2256** and **2258** of the crowned surface **2252** proximate opposing side walls **2260** and **2261** of the core **2118**. More particularly, the vertical distance of the crowned surface **2252** between the center axis **2255** and the side walls **2260** and **2261** is represented by the reference letter A as shown in FIG. **102**. Illustratively, the distance A is defined to be approximately 2 inches. In an alternative embodiment the distance A is defined to be approximately 3 inches. The upper surface **2252** is arcuate as it extends from the side walls **2260** and **2261** toward the longitudinal center axis **2255**. The side walls **2260** and **2261** are angled to conform with the angled walls **2176** and **2178** of the receiving base **2108**.

The crowned surface **2252** is configured to facilitate lateral patient transfer from the bed **10** to another patient support device positioned adjacent to the bed **10** by creating an inclined surface which provides a slight amount of gravity assistance when the caregiver is moving the patient toward the side of the mattress **14**. Additionally, since the surface **2252** at the side walls **2260** and **2261** is lower than the center portion **2254** of the mattress **14**, the siderails **20** and **22** may have a lower profile and still fulfill minimum height require-

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ments. More particularly, the distance from the top cover portion **2106** of the mattress **14** above the side walls **2260** and **2261** of the crowning core **2118** to the top of the siderails **20** and **22** is configured to be at least approximately 9 inches.

Turn Assist Bladder Assembly

With reference to FIGS. **92**, **103**, and **104**, the turn assist bladder assembly **2120** is positioned above the crowning foam core **2118** and includes partially overlapping first, or right and second, or left inflatable turn assist bladders **2262** and **2264**. As described in greater detail herein, each of the right and left turn assist bladders **2262** and **2264** are selectively and individually inflatable to assist in the turning of a patient supported on the mattress **14**. FIG. **103** illustrates both the right and left turn assist bladders **2262** and **2264** in deflated positions, while FIG. **104** illustrates the right turn assist bladder **2262** in a deflated position and the left turn assist bladder **2264** in an inflated position.

Each of the turn assist bladders **2262** and **2264** include an upper layer **2266** and a lower layer **2268** coupled to the upper layer **2266**. Inlet tubes **2270** and **2272** are coupled to the manifold assembly **62** which, in turn, is coupled to the pump **64** that provides pressurized air to inflate the chamber defined between the upper and lower layers **2266** and **2268**. Sensing ports **2274** and **2276** are also provided in fluid communication with the chamber defined between the upper and lower layers **2266** and **2268** of the turn assist bladders **2262** and **2264**. The sensing ports **2274** and **2276** are likewise in fluid communication with the manifold assembly **62** which, in turn, is in fluid communication with a pressure sensor or transducer **566** for detecting the pressure of air within the bladders **2262** and **2264**. The fill tubes **2270** and **2272** extend in a longitudinal direction toward the head end **2186** of the receiving base **2108**. Mounting tabs **2277** and **2279** are coupled to the fill tubes **2270** and **2272** and extend through the end wall **2180** of the receiving base **2108**. Conventional fill ports or connectors **2281** are provided in fluid communication with the fill tubes **2270** and **2272**. As illustrated in FIG. **103**, the fill tubes **2270**, **2272** and the sensing ports **2274**, **2276** are positioned at opposing ends of the bladders **2262**, **2264** in order for the pressure sensor **566** to receive a pressure reading from a location remote from the fill tubes **2270**, **2272**, thereby facilitating adequate pressure throughout the bladders **2262**, **2264**.

As illustrated in FIG. **103**, each turn assist bladder **2262** and **2264** includes opposing longitudinally extending first, or right and second, or left side edges **2280** and **2282**. The side edges **2280** and **2282** define a point where the upper layer **2266** is coupled to the respective lower layer **2268**. The right side edge **2280** of the left bladder **2264** overlaps the left side edge **2282** of the right bladder **2262**. In other words, each of the bladders **2262** and **2264** have a portion extending over the longitudinal center axis **2284** of the turn assist bladder assembly **2120**.

Right and left mounting flanges **2286** and **2288** are coupled to opposing edges of the right and left turn assist bladders **2262** and **2264**, respectively. Illustratively the mounting flanges **2286** and **2288** are secured to the lower layers **2268** of the bladders **2262** and **2264** through radio frequency (RF) welding. The mounting flanges **2286** and **2288** include a plurality of mounting apertures **2290** proximate their outside side edges **2294** and **2296**. Releasable fasteners, such as the buttons **2225** identified above, are received within the apertures **2290** of the mounting flanges **2286** and **2288**, and likewise are received within the apertures **2216** of the mounting substrate **2116**. As such, the turn assist bladder assembly

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2120 is secured to the mounting substrate 2116. The turn assist bladder assembly 2120 may be made from a polyurethane film.

Upper Bladder Assembly

With reference to FIGS. 92 and 105-108, the upper bladder assembly 2122 is positioned above the turn assist bladder assembly 2120, such that the turn assist bladder assembly 2120 is sandwiched between the foam crowning core 2118 and the upper bladder assembly 2122 (FIG. 115). The upper bladder assembly 2122 includes a head section or air zone 2302 and a seat section or air zone 2304, wherein each zone 2302 and 2304 includes a plurality of laterally extending bladders 2306. A plurality of baffles or walls 2308 separate the individual bladders 2306 in each zone 2302 and 2304. Fluid passageways or ports 2310 are provided within the walls 2308 to provide for fluid communication between the bladders 2306 within each zone 2302 and 2304. A solid wall or divider 2312 seals the bladders 2306 of the head zone 2302 from the bladders 2306 of the seat zone 2304.

The upper bladder assembly 2122 includes a longitudinally extending center portion 2314 positioned intermediate longitudinally extending first and second side portions 2316 and 2318. First and second longitudinally extending hinges 2320 and 2322 connect the center portion 2314 to the first and second side portions 2316 and 2318, respectively. The hinges 2320 and 2322 provide increased flexibility to the inflated upper bladder assembly 2122, thereby allowing the individual bladders 2306 to generally follow the arcuate contour of the crowning core 2118. Further, the hinges 2320 and 2322 allow the inflated upper assembly 2122 to conform to the general contour defined by the turn assist bladder assembly 2120 when it is inflated (FIGS. 114 and 115).

The upper bladder assembly 2122 further includes a peripheral mounting flange 2324 including a plurality of securing apertures 2326 for receiving fasteners, such as buttons 2227. More particularly, the buttons 2227 pass through the apertures 2218 formed in the mounting substrate 2116 and through the apertures 2326 formed in the mounting flange 2324, thereby securing the upper bladder assembly 2122 to the mounting substrate 2116 (FIGS. 108 and 115). A pair of securing straps 2330 and 2332 secure the head end of the upper bladder assembly 2122 to the end wall 2180 of the receiving base 2108. More particularly, as shown in FIG. 109, a first end 2334 of each strap 2330 and 2332 is coupled to the head end of the mounting flange 2324 through conventional fasteners, such as buttons 2336. A second end 2338 of each strap 2230 and 2232 is coupled to one of the mounting tabs 2277 and 2279 of the fill tubes 2270 and 2272 of the turn assist bladder assembly 2120, again through conventional fasteners, such as buttons 2340.

The upper bladder assembly 2122 may be formed by an upper sheet 2342 and a lower sheet 2344 coupled together at various locations by seals, such as RF welds. More particularly, the welds may define the walls 2308 of the bladders 2306, the wall 2312 separating the head zone 2302 and the foot zone 2304, and the mounting flange 2324.

The head zone 2302 is in fluid communication with a supply tube 2346 that delivers pressurized air to the bladders 2306 and alternatively exhausts pressurized air from the bladders 2306. A sensing line 2348 is also provided in fluid communication with the head zone 2302 and provides pressurized air to the pressure sensor 566 as detailed herein. Likewise, the seat zone 2304 is in fluid communication with a supply tube 2350 that delivers pressurized air to the bladders 2306 and alternatively exhausts pressurized air from the bladders 2306. A sensing line 2352 is also provided in fluid

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communication with the seat zone 2304 and provides pressurized air to the pressure sensor 566.

Fire Barrier

Referring further to FIG. 92, the fire barrier 2124 receives the receiving base 2108, the mounting substrate 2116, the crowning core 2118, the turn assist bladder assembly 2120, and the upper bladder assembly 2122. The fire barrier 2124 includes an open end 2356 configured to permit the fire barrier 2124 to slide over the other mattress components. Upon assembly, the open end 2356 of the fire barrier 2124 is closed utilizing conventional means, such as fasteners. The fire barrier 2124 may be made from a conventional fire-resistant mesh material, such as a fiberglass knit.

Shear Cover

With reference to FIGS. 92 and 110, the shear cover 2125 is configured to fit over the above-identified mattress components as received within the fire barrier 2124. The shear cover 2125 is substantially planar, but folded during assembly to form a top surface 2360, a sidewall 2362, and bottom inwardly extending flaps 2364. RF welded seams are utilized to form the four corners of the shear cover 2125 about the mattress components. A belly band (not shown) may be wrapped laterally around the outer surface of the shear cover 2125 to assist in securing a mid-portion thereof. The shear cover 2125 is configured to be located between the internal components and the top cover portion 2106 to permit the top cover portion 2106 to slide easily over the mattress components and reduce shear forces between the patient's body and the mattress 14 and reduce the likelihood of sacral breakdown.

The shear cover 2125 is formed from a material having a low coefficient of friction so that the mattress outer cover 2102 can slide relative to the other mattress components. As the mattress 14 is articulated or as the patient moves, the shear cover 2125 minimizes shear forces acting between the mattress top cover portion 2106 and the patient's body. The shear cover 2125 may be made from a woven nylon or parachute material. Illustratively, the shear cover 2125 is made from a polyurethane material such as Deerfield urethane PT6110S having a thickness of approximately 0.002 inches. The polyurethane material provides an inexpensive shear material which reduces shear forces applied to the patient's body situated on the mattress 14.

Outer Cover

Referring now to FIGS. 92 and 111, the top cover portion 2106 of the outer cover 2102 includes a top wall 2363 and a sidewall 2365. The top cover portion 2106 is illustratively formed from a ticking material, such as a stretchable polyurethane material which is resistant to fluids and chemical stains.

The bottom cover portion 2104 includes a bottom wall 2366 and a sidewall 2368. The sidewall 2368 is illustratively formed from a ticking material similar to the sidewall 2365 of the top cover portion 2106. The sidewall 2368 of the bottom cover portion 2104 is coupled to the sidewall 2365 of the top cover portion 2106, illustratively through RF welding. Illustratively, the bottom wall 2366 of the bottom cover portion 2104 is formed from a polyurethane coated twill material for enhanced wear resistance and to protect other components of the mattress 14 from contamination. The bottom wall 2366 includes an access panel 2370 defined by a zipper 2372. The access panel 2370 is utilized during assembly of the mattress 14 and further facilitates removal of the replacement of the modular components of the mattress 14. Illustratively, the zipper 2372 is RF welded to the bottom wall 2366. In an

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alternative embodiment of the invention, the zipper 2372 may be utilized to couple the sidewall 2368 of the bottom cover portion 2104 to the sidewall 2365 of the top cover portion 2106.

With further reference to FIGS. 111-113, the bottom cover portion 2104 includes a stress relief zone 2374 of extra material, which is illustratively pleated, to accommodate movement of the head section 38 of the deck 26 relative to the seat section 40 of the deck 26. More particularly, as the head section 38 is elevated relative to the seat section 40, the head portion 2192 of the receiving base 2108 moves relative to the seat portion 2194 of the receiving base 2108. The slit 2196 and stress relief apertures 2198 and 2200 reduce the stress applied to the receiving base 2108 during this movement. Likewise, the stress relief zone 2374 of the bottom cover portion 2104 reduces stress within the outer cover 2102 of the mattress 14. As the mattress 14 bends to follow the contour of the deck 26, the extra material within the stress relief zone 2374 accounts for the increased distance between the head portion 2192 and the seat portion 2194 proximate the bottom cover portion 2104 as illustrated in FIGS. 112 and 113.

Mattress Anchors

Referring now to FIGS. 98 and 111, the seat section anchors 2219 are positioned below the bottom cover portion 2104 of the mattress 14 and are coupled to the mounting plate 2208 fixed to the receiving base 2108. Illustratively, the anchors 2219 comprise laterally extending magnets received within recesses 2376 formed in the seat section 40 of the deck 26. As such, the anchors 2219 are attracted to the metal deck 26 and essentially "stick" thereto. Each anchor 2219 includes a plurality of mounting apertures 2378 for receiving conventional fasteners, such as screws 2379, which are threadably received within mounting apertures 2380 formed in the mounting plate 2208. The mounting apertures 2380 are illustratively concentrically formed within locating protuberances or cones 2382 (FIG. 96). The locating cones 2382 facilitate proper placement of the anchors 2219 during assembly.

With reference to FIGS. 93 and 111, the foot section anchor 2146 is secured to the foot section 2110 of the mattress 14 below the bottom cover portion 2104 through conventional fasteners, such as screws 2383. The foot section anchor 2146 illustratively comprises a resilient tab having opposing ends 2384 and 2386 which may be flexed away from the mattress 14 and placed under retaining arms 2387 formed within the leg section 42 of the deck 26.

Manifold Assembly and Mattress Connectors

The pair of mattress fluid connectors 2126 and 2127 are secured to the bottom cover portion 2104 and are received within the connector recess 2184 formed within the receiving base 2108. Each connector 2126 and 2127 includes a plurality of barbed fittings 2388 which are sealingly received within flexible tubing 2390 illustratively connected to one of the right turn assist bladder 2262, the left turn assist bladder 2264, the head zone 2302 of the upper bladder assembly 2122, and the seat zone 2304 of the upper bladder assembly 2122. Additional details regarding the mattress fluid connectors 2126 and 2127 are provided below in connection with the manifold assembly 62.

FIGS. 114 and 115 illustrate operation of the mattress 14 including the upper bladder assembly 2122 and the turn assist bladder assembly 2120. More particularly, FIG. 114 illustrates a normal mode of operation with the head zone 2302 of the upper bladder assembly 2122 inflated, and the turn assist bladders 2262 and 2264 deflated. FIG. 115 illustrates a left turn assist mode of operation wherein the left turn assist bladder 2264 is inflated. Since the left turn assist bladder 2264

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is laterally offset from the longitudinal center axis 2284 of the mattress 14, inflation of the bladder 2264 causes one side of the upper bladder assembly 2122 to raise above the other side. The hinges 2320 and 2322 between the side portions 2316 and 2318 and the center portion 2314 of the bladders 2306 of the upper bladder assembly 2122 permit the mattress 14 to substantially conform to the shape resulting from the inflation of the left turn assist bladder 2264. In an illustrative embodiment, upon inflation of one of the turn assist bladders 2262 and 2264, a patient supported on the mattress 14 is rotated by an angle .alpha. of approximately 20 degrees from horizontal. Upon completion of the turn assist, the control system 44 causes the inflated turn assist bladder 2262, 2264 to vent to atmosphere. Simultaneously, the upper bladder assembly 2122 is instructed by the central system 44 to inflate to a maximum pressure. Since the turn assist bladder assembly 2120 is sandwiched intermediate the upper bladder assembly 2122 and the crowning core 2218, inflation of the upper bladder assembly 2122 facilitates the rapid venting of air within the turn assist bladders 2262 and 2264 to atmosphere.

Referring now to FIGS. 116-119, an illustrative embodiment manifold assembly 62 for use in connection with the mattress 14 is shown. The manifold assembly 62 is configured to provide fluid communication between the pump 64 and the air mattress 14. The manifold assembly 62 includes first and second manifolds 2402 and 2404 configured to control the supply of air to and the exhaust of air from the controlled air zones of the mattress 14. Air is supplied to the manifolds 2402 and 2404 by the pump 64, while air is exhausted to atmosphere 2405 through the manifolds 2402 and 2404. More particularly, the manifolds control air pressure within the right turn assist bladder 2262, the left turn assist bladder 2264, the head zone 2302 of the upper bladder assembly 2122, and the seat zone 2304 of the upper bladder assembly 2122. While in FIGS. 116-119, first and second manifolds 2402 and 2404 are positioned in spaced relation, it should be appreciated that in other embodiments, such as described herein, a single manifold may be utilized.

With further reference to FIGS. 116 and 117, a separate valve assembly 2406, comprising first and second solenoid actuated pilot valves 2408 and 2410, are provided for each controlled air zone 2262, 2264, 2302, and 2304 of the mattress 14. The valve assembly 2406a for controlling the head zone 2302 of the upper bladder assembly 2122 is coupled to the first manifold 2402 and includes a normally closed pilot valve 2408a for controlling the air intake and a normally closed pilot valve 2410a for controlling the air exhaust. The valve assembly 2406b for controlling the seat zone 2304 of the upper bladder assembly 2122 is likewise coupled to the first manifold 2402 and includes a normally closed pilot valve 2408b for controlling the air intake and a normally closed pilot valve 2410b for controlling the air exhaust.

The valve assembly 2406c for controlling the right turn assist bladder 2262 is coupled to the second manifold 2404 and includes a normally closed pilot valve 2408c for controlling air intake and a normally open pilot valve 2410c for controlling the air exhaust. Likewise, the valve assembly 2406d for controlling the left turn assist bladder 2264 is coupled to the second manifold 2404 and includes a normally closed pilot valve 2408d for controlling air intake and a normally open pilot valve 2410d for controlling the air exhaust. An optional valve assembly 2406e is illustrated as coupled to the first manifold 2402 and may include pilot valves 2408e and 2410e, as desired, to control optional additional air zones within the mattress 14.

In an illustrative embodiment, the normally closed pilot valves comprise SY series piloted valves, Model No. SY114-

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5GZ available from SMC Corporation of Indianapolis, Ind. Likewise, in an illustrative embodiment of the invention, the normally open pilot valves comprise SY Series piloted valves, Model No. SY124-5GZ available from SMC Corporation of Indianapolis, Ind.

With further reference now to FIGS. 116-119, air supplied from the pump 64 passes through a conventional fluid T-connector 2412 which separates the air flow to the first and second manifolds 2402 and 2404 through first and second supply tubes 2414 and 2416. Once entering each manifold 2402 and 2404, the supplied air is routed through to the various valve assemblies 2406.

Details of the valve assembly 2406c for controlling air pressure within the right turn assist bladder 2262 is illustrated in FIG. 119. It should be appreciated that the valve assembly 2406d for use with the left turn assist bladder 2264 is identical. Further, the valve assemblies 2406a and 2406b for use with the head zone 2302 and the seat zone 2304 of the upper bladder assembly 2122 are substantially the same except for the substitution of a second normally closed pilot valve for the normally open pilot valve 2410c of the valve assembly 2406c.

With reference to FIG. 119, air is supplied to the valve assembly 2406c by a fill port 2418 which is in communication with the pump 64. The fill port 2418 is in fluid communication with an accumulator port 2420 through a check valve (not shown). The check valve provides for air flow from the fill port 2418 to the accumulator port 2420 but prevents air flow in the reverse direction. The check valve therefore helps maintain pressure within the accumulator port 2420 should pressure be lost in the fill port 2418, for example, if the pump 64 would stop operating. The accumulator port 2420, in turn, is in fluid communication with the upper pilot pressure chamber 2422 of the first pilot valve 2408c.

Each pilot valve 2408c and 2410c includes a conventional solenoid (not shown) received within a body portion 2424 and configured to move a pin 2426. The first pilot valve 2408c is normally closed, such that a diaphragm 2428 coupled to the pin 2426 sealingly engages a valve seat 2430. The normally closed valve 2408c includes a spring 2432 concentrically disposed around the pin 2426 and biasing the diaphragm 2428 downwardly into sealing engagement with the valve seat 2430. As such, air from the fill port 2418 may not pass to a supply port 2434 connected to the right turn assist bladder 2262 of the mattress 14. However, upon activation, the solenoid is energized such that the pin 2426 is pulled upwardly and the diaphragm 2428 moves away from the valve seat 2430. As such, a passageway represented by arrow 2436 is defined such that air may pass through the fill port 2418 over the valve seat 2430 and through the supply port 2434 to the right turn assist bladder 2262.

At the same time that the normally closed valve 2408c is activated, the normally open valve 2410c is likewise activated such that the solenoid is energized to push its pin 2426 downwardly thereby causing the diaphragm 2418 to sealingly engage the valve seat 2430. As such, the supply port 2434 is sealed off from an exhaust port 2438 in fluid communication with atmosphere. In the normally open valve 2410, the spring 2432 is concentrically received within a portion of the supply port 2434 and is configured to bias against the diaphragm 2428 to push the diaphragm 2428 away from the valve seat 2430 such that the supply port 2434 is in fluid communication with the exhaust port 2438.

The sensing ports or lines 2274, 2276, 2348, and 2352 from the controlled air zones 2262, 2264, 2302, and 2304 of the mattress 14 are coupled in fluid communication with the first and second manifolds 2402 and 2404 as shown in FIG. 116. Each sensing line 2274, 2276, 2348, and 2352 supplies air

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which illustratively passes through fluid sensing ports 2439 formed within the first and second manifolds 2402 and 2404 and then exits through pressure sensing tubes 2440. Each tube 2440 is coupled to a pressure sensor or transducer 566 supported on a valve controller circuit board 2444. The circuit board 2444 is illustratively positioned intermediate the first and second manifolds 2402 and 2404. The circuit board 2444 is in communication with the control system 44 and, as such, provides signals to the control system 44 indicative of pressure within the various controlled air zones 2262, 2264, 2302, and 2304 of the mattress 14. Additional details regarding the control of the valve assemblies 2406 in response to pressure within the various controlled air zones of the mattress 14 is provided herein.

With reference to FIGS. 16, 118, 120, and 121, connectors 70 include first and second manifold or receiving connectors 2450 and 2452 coupled to the first and second manifolds 2402 and 2404. The partition wall 274 coupled to the deck 26 is positioned intermediate the manifold connectors 2450 and 2452 and the manifolds 2402 and 2404. The manifold connectors 2450 and 2452 are configured to sealingly mate with the mattress connectors 2126 and 2127, respectively. Each manifold connector 2450 and 2452 includes a plurality of outlets 2454 and 2456 configured to sealingly receive plugs 2458 and 2460, respectively, of the mating mattress connector 2126 and 2127. While FIG. 120 illustrates manifold connector 2450 and mattress connector 2126, it should be noted that manifold connector 2452 and mattress connector 2127 are substantially identical to manifold connector 2450 and mattress connector 2126.

The outlets 2454 are in fluid communication with the supply ports 2434 of the valve assemblies 2406, while the plugs 2458 are in fluid communication with the intake ports 2270, 2272, 2346, and 2350 of the various controlled air zones 2262, 2264, 2302 and 2304 of the mattress 14 in the manner detailed herein. The outlets 2456 are in fluid communication with the pressure sensing tubes 2440 through the manifolds 2402 and 2404, while the plugs 2460 are in fluid communication with the sensing lines 2274, 2276, 2348, and 2352 of the controlled air zones of the mattress 14. In an alternative embodiment of the invention, the sensing lines 2274, 2276, 2348, and 2352 may bypass the manifolds 2402 and 2404 and be directly connected to the pressure sensors 2442.

Each of the plugs 2458 and 2460 illustratively includes an O-ring gasket 2462 and 2463 to promote sealing with a mating outlet 2454 and 2456, respectively. The mattress connectors 2126 and 2127 each include a peripheral inner flange 2464 which is configured to be received within a peripheral outer flange 2466 of a respective manifold receiving connector 2450 and 2452. A fastener, illustratively a u-shaped staple 2468 locks the peripheral flanges 2464 and 2466 together. More particularly, the inner flange 2464 includes apertures 2470 and the outer flange 2466 includes apertures 2472 which are coaxially aligned with the apertures 2470 when the mattress connector 2126, 2127 is properly seated within the mating manifold receiving connector 2450, 2452. The staple 2468 includes a pair of legs 2474 which are received within the aligned apertures 2470 and 2472 to lock the connectors. While a staple 2468 is illustrated, it should be appreciated that other fasteners, such as latches, may be readily substituted therefor.

As described above, the manifold receiving connectors 2450 and 2452 are coupled to the manifolds 2402 and 2404, respectively, through the partition wall 272. Conventional fasteners, such as screws 2476, may be utilized to secure the manifold receiving connectors 2450 and 2452 and the first and second manifolds 2402 and 2404 relative to the partition

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wall 272. In one illustrative embodiment, cylindrical gaskets may be positioned intermediate each outlet 2454 of the receiving connectors 2450 and 2452 and the manifold 2402 and 2404 in order to effect sealing therebetween.

In a further illustrative embodiment, a gasket 2502 such as that shown in FIGS. 122 and 123 may be positioned intermediate the manifold connectors 2450 and 2452 and the vertical wall 274 of partition 272. The gasket 2502 includes a rigid substrate 2504 supporting a perimeter seal 2506. Likewise, the substrate 2504 supports a plurality of outlet seals 2508. The outlet seals 2508 extend outwardly from a first surface 2510 of the substrate 2504. Illustratively, the substrate 2504 is molded as a single piece of vulcanized fiber paper. Further illustratively, the perimeter seal 2506 and the outlet seals 2508 are formed from a neoprene material of approximately 25 durometer.

The outlet seals 2508 pass through apertures formed within the vertical wall 274 of partition 272 and are compressed between the manifold connectors 2450 and 2452 and the manifolds 2402 and 2404. Each outlet seal 2508 includes first and second pairs of annular sealing rings 2512 and 2514 which extend in opposite directions (FIG. 123). More particularly, the first pair of sealing rings 2512 is configured to be compressed against the respective manifold connector 2450 and 2452, while the second pair of sealing rings 2514 is configured to be compressed against the respective manifold 2402 and 2404. FIG. 123 illustrates an outlet seal 2508 in an uncompressed state in order to illustrate the expected amount of compression by the manifold 2402 and the manifold connector 2450.

The gasket assembly 2502 provides for a rigid substrate 2504 which does not compress during assembly and thereby provides for a definite torque specification or tightening of the receiving connectors 2450 and 2452 against the respective manifolds 2402 and 2404. Likewise, the rigid substrate 2504 provides for a positive seal and accounts for variations or discrepancy in material dimensions. The individual cylindrical outlet seals 2508 provide for zone controlled sealing and prevent cross-communication between the various outlets 2454. Finally, the perimeter seal 2506 provides secondary sealing and prevents contamination within the receiving connectors 2450 and 2452 by dirt or other contaminants.

Pressure Control System

As mentioned elsewhere in this disclosure, control system 44 includes dynamic surface module 518. In addition to other functions, dynamic surface module 518 includes a pressure control system 3000. As shown in FIG. 124, pressure control system 3000 includes a plurality valve solenoids 564, a plurality of pressure sensors or transducers 566, an analog to digital converter 3002, a microcontroller 3004, a power supply 3006 and pump 64. Microcontroller 3004 includes memory 3010 and central processing unit 3012.

Pressure sensors, illustratively transducers 566, periodically sense the pressure in one or more of controlled air zones 2262, 2264, 2302, 2304 of mattress 14 and output a voltage proportional to the amount of pressure that is sensed. Analog-to-digital converter 3002 converts the voltage to digital form and feeds the digital value to microcontroller 3004. Microcontroller 3004 analyzes the current pressure and determines whether the current pressure in controlled air zones 2262, 2264, 2302, 2304 is correct, too high, or too low in comparison to a desired pressure. Memory 3010 stores data, e.g. in the form of look-up tables, which is used in this analysis. For example, the desired pressure of an air zone 2262, 2264, 2302, 2304 may depend upon the particular operating mode of the system 3000 (e.g., pressure relief, max-inflate, CPR,

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right turn assist, or left turn assist), whether head section 38 is elevated and the degree of elevation, and/or the size of the patient. Tables 1, 2, and 3 show examples of desired pressures for controlled air zones 2262, 2264, 2302, 2304 based on the air system operating mode, patient size, and, for seat section 42, head section elevation.

TABLE 1

MODE	HEAD SECTION (Pressure measured in inches H ₂ O)		
	PT. SIZE		
	SM	MED	LG
Pressure Relief*	5-7	7-9	11-13
Max Inflate		26.5-27.5	
CPR		20-30	
Right-Left Turn Assist*	5-7	7-9	11-13
Post-Turn Assist		20-22	

*May vary according to head angle.

TABLE 2

MODE	SEAT SECTION** (Pressure measured in inches H ₂ O)		
	PT. SIZE		
	SM	MED	LG
Pressure Relief	7-21	9-25	13-31
Max Inflate		25-29	
CPR		20-30	
Right-Left Turn Assist	7-21	9-25	13-31
Post-Turn Assist		20-22	
Seat Boost	23-25	27-29	33-35

**Pressure also varies with head elevation - see Table 4.

TABLE 3

MODE	TURN ASSIST BLADDERS (Pressure measured in inches H ₂ O)		
	PT. SIZE		
	SM	MED	LG
Pressure Relief	—	—	—
Max Inflate	—	—	—
CPR	—	—	—
Right-Left Turn Assist	18-24	22-28	27-33

If the pressure of an air zone 2262, 2264, 2302, 2304 is too high, microcontroller 3004 actuates the appropriate valve assembly 2406 to allow air to escape from the air zone 2262, 2264, 2302, 2304. If the pressure is too low, microcontroller 3004 sends a message over network 510 to power supply module 514 of patient support 10 (parts of which are generally depicted in FIG. 124 as power supply 3006), and power supply 3006 activates pump 64. When microcontroller 3004 detects that pump 64 is turned on, it actuates the appropriate valve assembly 2406 to allow air to enter the appropriate controlled air zone 2262, 2264, 2302, 2304.

Among other things, embodiments of pressure control system 3000 illustratively include one or more of the following features: a process 3030 for controlling the inflation of controlled air zones 2262, 2264, 2302, 2304 according to the size of a patient, a process 3032 for controlling inflation of turn

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assist bladders **2262**, **2264**, and/or a process **3070** for controlling inflation of seat section **40** in response to elevation of head section **38**.

Mattress Pressure Determination

In certain embodiments of pressure control system **3000** of dynamic surface module **518**, a process **3030** for controlling the inflation of controlled air zones **2262**, **2264**, **2302**, **2304** according to the size of a patient disposed on patient support **10** is provided. One embodiment of process **3030** is shown in FIG. **125** and described below.

Process **3030** begins at step **3014** of FIG. **125**, where the microcontroller **3004** detects whether it has been activated to determine patient size. In one illustrative embodiment, patient size button **1628** of siderail controllers **52**, **54** is optional. In other embodiments, button **1628** is not optional and the operator or caregiver is required to select an appropriate patient size. In still other illustrative embodiments, button **1628** automatically selects a default setting, e.g., the "medium" size, if a patient size is not selected by the operator or caregiver.

In the illustrative embodiment of FIG. **125**, there are three possible patient sizes that can be selected by using button **1628**: "small," "medium," and "large." In general, the determination of whether a patient is of small, medium, or large size is made by the caregiver. However, it is understood that there are any number of different ways to indicate a patient's size. For example, in lieu of button **1628**, pressure control system **3000** may provide the ability to automatically determine the patient's size based on the patient's weight, which may be determined by weigh frame **36** and/or by a force sensor located in seat section **40** in the manner detailed herein. Another alternative is to provide a user interface on siderail controllers **52**, **54** whereby the caregiver may enter the patient's height, and system **3000** determines the patient's size based on the entered height value and the patient's weight.

At step **3016**, the controlled air zone(s) **2262**, **2264**, **2302**, **2304** being monitored is determined. All of head section air zone **2302**, seat section air zone **2304**, and turn assist bladders **2262**, **2264** may be inflated to varying pressures based on patient size. However, it is understood that in alternative embodiments not all of air zones **2262**, **2264**, **2302**, **2304** may be inflated based on patient size.

At step **3018**, process **3030** determines the desired inflation pressure for the respective air zone(s) **2262**, **2264**, **2302**, **2304** being monitored based on the patient size. In the illustrated embodiment, microcontroller **3004** obtains the desired pressure for the air zone(s) **2262**, **2264**, **2302**, **2304** from at least one look-up table stored in memory **3010**. The desired pressure may be a discrete value or a range of permissible values. Also, the desired pressure may be different for each air zone **2262**, **2264**, **2302**, **2304**. Further, various other factors, including environmental factors such as temperature and/or altitude, may affect the desired pressure values and be reflected in data in the look-up table. As an example, in one embodiment, under normal hospital room conditions, for a patient considered "small," the appropriate pressure is about 4-7 inches in water for head section air zone **2302**, about 7 to 21 inches in water for seat section air zone **2304**, and about 18-24 inches in water for turn assist bladders **2262**, **2264**. Tables 1, 2, and 3 show examples of desired pressure values based upon patient size.

As indicated by decision step **3020**, in the illustrative embodiment of FIG. **125**, the appropriate pressure for seat section air zone **2304** also depends on the elevation of head section **38**. If process **3030** causes inflation of seat section air

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zone **2304**, then at step **3022** the pressure of seat section air zone **2304** is adjusted based on the angle of head section **38**. This adjustment is discussed in connection with FIG. **128** below. Thus, for seat section air zone **2304**, the appropriate pressure is determined by reference to both patient size and head angle. However, adjusting the pressure of seat section air zone **2304** based on only one of these criteria is also within the scope of the present invention.

At decision step **3024**, microcontroller **3004** measures the current pressure as described above and determines whether the current pressure is less than, equal to, or greater than the desired pressure determined as described above. If the current pressure is less than the desired pressure at step **3026**, microcontroller **3004** commands power supply **3006** to activate pump **64** to inflate air zone **2304** to the desired pressure as described above. If the current pressure is greater than the desired pressure, then at step **3028**, air zone **2304** are deflated as described above.

Patient Turn Assist

In addition to other functions discussed above and elsewhere in this disclosure, pressure control system **3000** of dynamic surface module **518** controls the operation of turn assist bladders **2262**, **2264**. Turn assist bladders **2262**, **2264** illustratively are bladders of mattress **14** that selectively inflate to assist a caregiver in turning or rotating a patient, e.g., for therapy or treatment reasons. One embodiment of a process **3032** for controlling operation of turn assist bladders **2262**, **2264** is shown in FIGS. **126** and **127** as described below. Process **3032** is implemented using application software stored in memory **3010** of microcontroller **3004**. The structure of illustrative turn assist bladders **2262**, **2264** is described above.

Process **3032** begins at step **3034** of FIG. **126**, where microcontroller **3004** detects whether a request has been received to activate one of turn assist bladders **2262**, **2264**. In the illustrated embodiment, such a request is initiated by an operator or caregiver activating one of turn assist buttons **1624**, **1626** located on siderail controllers **52**, **54**. However, it is understood that other means for activating the turn assist may be used. For example, control system **44** may be programmed to automatically activate one or more of turn assist buttons **1624**, **1626** at scheduled times during the day or night.

At decision step **3036**, prior to initiating the turn assist function, process **3032** checks to make sure that the siderail(s) **20**, **22** toward which the patient is being turned is in the up or raised position, based on signals provided by siderail position detector(s) **60**. If one or more of siderails **20**, **22** toward which the patient is being turned is not in the up position (i.e. in down or lowered position), an error signal is generated at step **3038** and process **3032** returns to step **3034** without activating the turn assist bladders **2262**, **2264**. In the illustrative embodiment, an audible or visual signal is generated for a brief period or until the siderail or siderails **20**, **22** are brought to the up position. Thus, in the illustrative embodiment, the siderails **20**, **22** toward which the patient is being turned must be in the up position in order for the turn assist process to initiate. It is possible, however, that in other embodiments, a caregiver or operator may override this restriction, or that this restriction may be made optional, for example, depending on the circumstances of a particular patient.

At decision step **3040**, microcontroller **3004** checks to see if the angle of head section **38** (head angle) is less than, equal to, or greater than a predetermined maximum angle. In the illustrated embodiment, the maximum head angle is about 40° degree. The head angle determination is made by logic module **512** and is discussed in connection with FIG. **128**

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below. Logic module **512** reports the head angle to dynamic surface module **518** for use in process **3032**, via network **510**. If the head angle is less than or equal to 40° degree., then the turn assist process continues to step **3044**. However, if the head angle is greater than about 40° degree., an error signal is generated at step **3042**, and the turn assist process returns to block **3034** without activating the turn assist bladders **2262**, **2264**.

At step **3044**, the size of the patient being supported by patient support **10** (e.g., small-medium-large) is determined as described above so that a desired pressure based on patient size is applied to the selected turn assist bladder **2262**, **2264**.

At step **3046**, if first turn assist button **1624** is activated, first turn assist bladder **2262** inflates to rotate a person in patient support **10** upwardly in a counter-clockwise from the perspective of a person standing behind head section **38**. If second turn assist button **1626** is activated, second turn assist bladder **2264** inflates to rotate the person upwardly in the opposite direction as rotated in response to activation of first turn assist button **1624**. Inflation of the selected turn assist bladder **2262**, **2264** raises one side of the patient to a predetermined angle. In the illustrated embodiment, the selected turn assist bladder **2262**, **2264** inflates to rotate the patient onto his or her side at about a 20° degree angle with respect to mattress **14**, in approximately 20-50 seconds, depending on the size of the patient. It is understood that the predetermined angle and speed of inflation may be changed or modified as needed based on a variety of factors, including the purpose for rotating the patient.

A timer, illustratively part of the central processing unit **3012**, is set at step **3048** when the selected turn assist bladder **2262**, **2264** is inflated. The selected turn assist bladder **2262**, **2264** remains inflated for a predetermined period of time, for example 5-30 seconds. In the illustrated embodiment, the duration of turn assist inflation is about 5 seconds. At step **3050** the timer counts out this wait period. After the wait period is complete (e.g., after 5 seconds), an audible or visual signal is generated to indicate to the patient and caregiver that the selected turn assist bladder is about to enter a "post-turn assist" phase. Process **3032** then begins deflating the selected turn assist bladder **2262**, **2264** at step **3052**. In the illustrated embodiment, deflation is expedited by quickly "hyperinflating" bladders **2302**, **2304** to a firm, "post-turn assist" inflation pressure (see, e.g., Table 1 and Table 2). Inflation of bladders **2302**, **2304** exerts pressure on turn assist bladders **2262**, **2264**, causing turn assist bladders **2262**, **2264** to expel air more rapidly. Alternatively, a vacuum mechanism may be coupled to turn assist bladders **2262**, **2264** to accelerate deflation.

The post-turn assist inflation and deflation processes may be interrupted under certain circumstances. For example, when a patient's bed **10** needs a linen change, it may be desirable for first and second turn assist bladders **2262**, **2264** to be activated in more rapid succession than would be possible if the full post-turn assist process were performed. In such instances, if one of turn assist buttons **1624**, **1626** is activated, and then the other turn assist button **1624**, **1626** is activated before the previous turn assist process is complete, the previous process is interrupted and, as long as the turned-to-side siderails **20**, **22** are in the up position as described above, and head section **38** is positioned at an angle less than or equal to 40° degree., the new turn assist mode is started.

For example, assume a caregiver presses first turn assist button **1624**. If the caregiver then presses second turn assist button **1626** while first turn assist bladder **2262** is inflating, then process **3032** will interrupt the inflation, bypass the post-turn assist phase (i.e., head and seat bladders **2302**, **2304** will not be inflated), and begin inflating second turn assist

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bladder **2264** as long as siderails **20**, **22** are up on the side of the bed the patient is being turned to, and the head angle is less than or equal to the maximum head angle. If the caregiver presses second turn assist button **1626** while first turn assist bladder **2262** is in post-turn assist mode, post-turn assist mode is interrupted and second turn assist bladder **2264** begins inflating as discussed above.

Monitor activity step **3060** is a step that is periodically executed during the turn assist operation. The monitor activity process **3060** is shown in more detail in FIG. **127**. This process **3060** detects whether a patient or caregiver attempts to utilize other bed features while either turn assist bladder **2262**, **2264** is in operation. For example, at step **3062**, process **3032** checks to see if siderail **20**, **22** on the side to which the patient is being turned is raised or lowered. In the illustrated embodiment, if siderails **20**, **22** are in the raised position at the beginning of turn assist, but one or more of them are lowered during turn assist, an audible signal or alarm is generated for a brief period at step **3064**, or until the siderail **20**, **22** is returned to the raised position, but the turn assist process **3032** is not interrupted. In alternative embodiments, however, upon detecting a lowering of siderail **20**, **22**, the turn assist process **3032** may be suspended for a brief period or stopped until or unless the lowered siderail **20**, **22** is returned to the raised position.

At step **3066**, process **3060** detects whether a patient or caregiver has selected another mode, e.g., turn assist for the other side of the patient, max inflate, or pressure relief. During the turn assist operation, the selection of another mode causes process **3060** to begin exiting the turn assist mode at block **3067**. If the other turn assist mode is selected, the current turn assist bladder **2262**, **2264** is deflated and the other turn assist mode is entered substantially immediately. If the pressure relief mode or the max-inflate mode is selected, process **3060** immediately enters the post-turn assist operation and enters the newly selected mode upon completion of the post-turn assist phase. However, if the CPR function is activated, process **3060** immediately deflates turn assist bladder **2262**, **2264** and enters the CPR mode substantially immediately. If no mode is selected during turn assist, process **3060** will exit as described previously and enter the pressure relief mode upon completion of the post-turn assist phase.

At step **3068**, process **3060** detects whether the angle of head section **38** has been increased above the maximum head angle as described above. If the head angle increases above the maximum head angle, an error message, e.g., in the form of an audible or visual signal, is generated at step **3069**. In the illustrated embodiment, the turn assist process **3032** is interrupted if the head angle exceeds the maximum angle. In alternative embodiments, the turn assist process **3032** is not interrupted.

Head Section Elevation

In addition to other functions discussed above and elsewhere in this disclosure, pressure control system **3000** may include another process **3070** for controlling the inflation of seat section air zone **2304** according to the position of head section **38**. One embodiment of such method is shown in FIG. **128** and described below.

When head section **38** is elevated, a portion of the patient's weight naturally shifts from head section **38** to seat section **40**. To anticipate this weight shift and prevent "bottoming out," the inflation pressure of seat section air zone **2304** is adjusted in response to changes in the position of head section **38**. Table 4 below shows pressure ranges for seat section air zone **2304** depending on both patient size and angle of elevation of head section **38**.

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TABLE 4

SEAT SECTION PRESSURE RANGES BY HEAD ANGLE			
HEAD	PT. SIZE		
ANGLE (°)	SM	MED	LG
0-10	7-9	9-11	13-15
6-20	9-11	11-13	15-17
16-30	11-13	13-15	17-19
26-40	13-15	15-17	19-21
36-50	15-17	17-19	21-23
46-60	17-19	19-21	25-27
56-65+	19-21	23-25	29-31

At step 3072 of FIG. 128, the position of head section 38, or head angle, is determined by position detector 606. In the illustrative embodiment, a potentiometer reading corresponding to the head angle is determined by logic module 512 and reported to dynamic surface module 518 via network 510 for use in process 3070. In the illustrated embodiment the potentiometer reading is a value ranging from 0 to 255. A change of 10 counts has been determined to indicate a change of approximately 3 degrees of head angle in the illustrated embodiment. The potentiometer 624 in the motor housing of actuator 48c, which operates to raise and lower head section 38 varies proportionally with movement of the motor drive shaft 172c while actuator 48c is operating. The logic module 512 measures a change in voltage across potentiometer 624 in a voltage divider circuit and converts it to a digital value using A/D converter 620. The corresponding head angle is determined in process 3070 by reference to a look-up table stored in memory 3010. Table 5 below shows examples of the head angle values and their corresponding potentiometer readings. While a potentiometer 624 is used in the illustrated embodiment, it is understood that a tachometer or other means for determining head angle are equally suitable.

TABLE 5

HEAD ANGLE VALUES		
REGION	POT. VALUE	HEAD ANGLE°
0	0-51	0-10
1	41-76	6-20
2	60-100	16-30
3	90-122	26-40
4	112-142	36-50
5	132-157	46-60
6	147-255	56-65+

At decision step 3074, process 3070 evaluates the input received from logic module 512 and determines whether head section 38 has experienced at least a 3 degree change in position by comparing the current head angle to the previous head angle. If the head angle has changed at least approximately 3 degrees, the process 3070 continues to step 3076. If no change or less than approximately 3 degrees change in either direction has occurred, process 3070 returns to step 3072. It is understood that 3 degrees is an exemplary value and that a change in the head angle may be indicated by a greater or lesser value as appropriate. Of course, during this time, pressure control system 3000 continues to periodically measure the pressure of seat section air zone 2304 to make sure that it is within the desired ranges.

At decision step 3076, it is determined whether the change in position of head section 38 occurred in the upward or

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downward direction. This determination is derived from the comparison of the current head angle to the previous head angle. As shown in Table 5, the ranges of values indicating a change in head elevation overlap, in order to take into consideration hysteresis in the head angle evaluation.

For example, head section 38 will be considered to have moved from region zero to region 1 if a potentiometer value of about 52 is received by process 3070 (corresponding to a head angle of 1-10 degrees). However, once head section 38 is in region 1, it will not be considered to have moved back to region zero unless a potentiometer reading outside the specified range for region 1, e.g., approximately 40 or less, is received.

If a change in position occurs in the downward direction, i.e., head section 38 is lowered, then at step 3078 the inflation pressure of seat section air zone 2304 is decreased according to the size of the patient and the current head angle. The desired pressure range is determined by reference to a look-up table stored in memory 3010. Table 4 above is an example of such a table.

If a change in position occurs in the upward direction, i.e., head section 38 is elevated, then at step 3080 the inflation pressure of seat section air zone 2304 is increased. First, a "seat boost" is applied to seat section air zone 2304, meaning that seat section air zone 2304 is initially over-inflated for a brief period of time to compensate for the above-mentioned weight shift. Examples of the initial "seat boost" pressures are shown in Table 2 above. In the illustrated embodiment, the period of time for the seat boost is about 15 seconds. After the seat boost period expires, process 3070 adjusts the pressure of seat section bladders 2304 to the desired level based on patient size and head angle, as determined by the look-up table mentioned above.

SECOND ILLUSTRATIVE EMBODIMENT MATTRESS ASSEMBLY

A second illustrative embodiment modular mattress assembly 4014 of the present invention is configured to be supported by deck 26', as shown in FIG. 129, of the illustrative patient support 10' of FIG. 57. Referring now to FIGS. 130 and 131, the mattress assembly 4014 includes first and second sides 4017a and 4017b extending substantially parallel to a longitudinal center axis 4019 between head and foot ends 4018a and 4018b. The modular mattress assembly 4014 includes an outer cover 2102 having a bottom cover portion 2104 and a top cover portion 2106 (FIG. 146) configured to encapsulate a plurality of internal components including a foam receiving base 4208. The receiving base 4208 includes a foam foot section 4210 and a foam body section 4212 coupled to the foot section 4210 illustratively by a foot section securing substrate 4340 (FIG. 138). Component mounting substrates 4214, 4216 are coupled to the foot section 4210 and the body section 4212, respectively, of the base 4208. A foot or heel bladder assembly 4215 is coupled to the mounting substrate 4214. A foam filler or panel 4218 is supported above the mounting substrate 4216 and is received within the base 4208. A turn assist bladder assembly 4220 is received above the foam filler 4218 and is coupled to the mounting substrate 4216. An upper bladder assembly 4222 is received above the turn assist bladder assembly 4220 and is likewise coupled to the mounting substrate 4216. A fire sock or barrier 2124 is configured to surround the receiving base 4208, including the foot section 4210 and the body section 4212, the mounting substrates 4214 and 4216, the heel bladder assembly 4215, the foam filler 4218, the turn assist bladder assembly 4220, and the upper bladder assembly 4222. A shear cover 2125 is

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configured to be received over the fire barrier **2124**. The top cover portion **2106** is configured to be coupled to the bottom cover portion **2104** to receive the other mattress components and to define the outer cover **2102**. A mattress fluid connector **4068** is coupled to the bottom cover portion **2104** and is configured to provide fluid communication between a manifold **4063**, which is coupled to a pump **4064**, and the mattress **4014**.

Mattress Foot Section Assembly

As detailed above with respect to leg section **42** of deck **26**, the leg section **42'** of the deck **26'** is likewise extendable and retractable. FIGS. **132** and **133** further illustrate the foot section **4210** of the mattress **4014** which is configured to extend and retract with the movement of the adjustable leg section **42'** of the articulating deck **26'**. The foot section **4210** includes a base portion **4228** and a pair of opposing flange portions **4230** and **4232** supported above the base portion **4228**. The base portion **4228** includes angled sidewalls **4234** and **4236** which are configured to conform to the angled sidewalls **291**, **300** of the deck **26'**. The flange portions **4230** and **4232** are configured to extend out beyond the angled sidewalls **291**, **300** of the deck **26'**. Illustratively, the foot section **4210** is made of a resilient polyurethane foam.

The foot section **4210** is perforated to facilitate its longitudinal extension and retraction. More particularly, the foot section **4210** is formed to include a plurality of apertures, illustratively transversely extending slots **4238** extending in a generally vertical direction through the base portion **4228** and the flange portions **4230** and **4232**, to facilitate compressibility of the foot section **4210** in response to the retraction of the leg section **42'** of the deck **26'**. More particularly, the plurality of slots **4238** are arranged in a plurality of laterally extending rows **4240** wherein the individual slots **4238** of each row **4240** are laterally offset from those slots **4238** of longitudinally adjacent rows **4240**. It may be readily appreciated, each slot **4238** widens to accommodate the extension of the leg section **42'** and narrows to accommodate the retraction of the leg section **42'** of the deck **26'**.

While in the illustrative embodiment a plurality of discrete laterally and longitudinally spaced transverse slots **4238** are illustrated to facilitate retraction and extension of the foot section **4210**, it should be appreciated that other structures may be readily substituted therefor. More particularly, the foot section **4210** may be formed to include serpentine channels or a plurality of slots extending substantially the full width of the foot section **4210** between opposing side edges of the flange portions **4230** and **4232**.

A foot section mounting plate **4242** is secured to a lower surface **4244** of the foot section **4210**, illustratively through an adhesive tape **4245**. As described in greater detail below, the foot section mounting plate **4242** provides a securing platform for a foot section anchor **4246** which couples the foot section **4210** to the leg section **42'** of the deck **26'** to facilitate movement in cooperation therewith.

The foot section **4210** further includes a receiving recess **4248** extending downwardly from an upper surface **4250** of the base portion **4228** at a foot end **4252** thereof. The heel bladder assembly **4215** defines a heel pressure relief zone **4254** and is coupled to the foot mounting substrate **4214** and is received within the recess **4248**. Opposing first and second ends of the foot mounting substrate **4214** are coupled to a pair of foot attachment straps **4256**. The attachment straps **4256** each have a center mounting aperture **4257** coupled to the foot section mounting member **4242** through a conventional fastener, such as a button **4258**. Similarly, opposing ends of the foot attachment straps **4256** including mounting apertures

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4259 which are secured to the opposing ends of the foot mounting substrate **4214** through conventional fasteners, such as buttons **4258** (FIGS. **133** and **136**).

Heel Bladder Assembly

As noted above, the heel bladder assembly **4215** is supported within the recess **4248** and is coupled to the foot mounting substrate **4214**. As illustrated in FIGS. **132**, **134** and **135**, the heel bladder assembly **4215** includes a total of four laterally extending air bladders **4264**. However, it should be appreciated that any number of bladders **4264** may be provided in the foot section **4210** depending upon the area required for the heel pressure relief zone **4254**. Each bladder **4264** includes a fluid chamber illustratively defined by a sheet **4265** which is generally folded in half to form a tubular member, wherein the open side edges and bottom edges are sealed through conventional means, such as radio-frequency (RF) welding, to form the fluid chamber. The bladders **4264** are illustratively formed of a polymer material, such as a polyolefin. The plurality of air bladders **4264** are fluidly connected. More particularly, the first bladder **4264a** is fluidly connected to the second air bladder **4264b** through a conventional U-shaped fluid connector **4266a**, the second bladder **4264b** is fluidly connected to the third bladder **4264c** through a conventional U-shaped fluid connector **4266b**, and the third bladder **4264c** is fluidly connected to the fourth bladder **4264d** through a conventional U-shaped fluid connector **4266c** (FIGS. **130** and **134**).

Referring further to FIGS. **130** and **133-135**, a plurality of outer and inner fasteners **4268** and **4270**, illustratively snaps, are secured to the foot mounting substrate **4214** proximate opposing side edges thereof. The foot mounting substrate **4214** is formed from a flexible sheet material, such as polyurethane coated twill. Opposing ends of each bladder **4264** include an upper fastener **4272** and a lower fastener **4274**, illustratively snaps, which cooperate with the outer fastener **4268** and the inner fastener **4270** of the foot mounting substrate **4255**.

A foot fill tube **4276** is fluidly connected to the first bladder **4264a** while a foot sensor tube **4278** is fluidly connected to the fourth fluid bladder **4264d**. As illustrated in FIGS. **134** and **135**, the foot fill tube **4276** and the foot sensor tube **4278** extend from the heel bladder assembly **4215** toward the body section **4212** of the receiving base **4208** and from proximate the first side **4017a** of the mattress **4014** to proximate the second side **4017b** of the mattress **4014**. In other words, respective portions of the tubes **4276** and **4278** extend diagonally below the lower surface **4244** of the foot section **4210** of the base **4208** in order to accommodate extension and retraction thereof without kinking or pulling. The tubes **4276** and **4278** next extend toward the head end **4018a** of the mattress **4014** by passing between the mounting substrate **4216** and the body section **4212** of base **4208** proximate second side **4017b** of the mattress **4014**. The tubes **4276** and **4278** pass through a slit **4275** formed in the mounting substrate **4216** and pass between the mounting substrate **4216** and the turn assist bladder assembly **4220** to the mattress connector **4068**.

The tubes **4276** and **4278** may be coupled to the foot section mounting member **4242** through a conventional cable tie (not shown). Further retention of the tubes **4276** and **4278** to the mounting substrate **4216** may be provided by a securing loop **4338** coupled to the mounting substrate **4216**.

The heel bladder assembly **4215** is configured to provide heel pressure relief by reducing the level of raised pressure between the patient's foot and the mattress. More particularly, the heel bladder assembly **4215** provides for a region of reduced pressure below the patient's heels. The foot section

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4210 includes a calf portion **4279** which supports the portion of the patient's weight that would otherwise be supported by the patient's heel and thus reduces the overall interface pressure between the patient's heel and the mattress **4014**. It is envisioned that the calf portion **4279** of the mattress **4014** may include a transition zone where the material stiffness of the foot section **4210** decreases in a longitudinal direction extending generally from head end **4018a** to the foot end **4018b** of mattress **4014**.

Mattress Body Section Assembly

The body section **4212** of the receiving base **4208** is further illustrated in FIGS. **138** and **140** as including a bottom layer **4280** secured to longitudinally extending first and second sidewalls or bolsters **4281** and **4282**. Likewise, an end wall or bolster **4283** is coupled to the first and second sidewalls **4281** and **4282** and the bottom layer **4280**. As such, the body section **4212** defines a longitudinally extending channel or bucket **4284** configured to receive various components of the mattress **4014**. As described in greater detail below, a fluid connector recess **4285** is formed near the head end **4286** of the body section **4212** and is configured to receive the mattress fluid connector **4068**.

The sidewalls **4281** and **4282** each include an angled or inclined portion **4288** coupled to a flange portion **4290**. The angled portions **4288** are configured to conform to the angled sidewalls **260** and **262** of the deck **26'**, while the flange portions **4290** are configured to extend above and out beyond the sidewalls **260** and **262** of the deck **26'**. The body section **4212** of the receiving base **4208** includes a head portion **4292** and a seat portion **4294** separated by a laterally extending slit **4296** (FIG. **130**). Opposing ends of the slit **4296** include stress relief apertures (not shown) formed within the sidewalls **4281** and **4282**. As described in greater detail below, the slit **4296** facilitates relative movement of the head and seat portions **4292** and **4294** of the body section **4212** during articulation of the head and seat sections **4038** and **4040** of the deck **26'**.

Mattress Mounting Substrate

With reference to FIGS. **130**, **137** and **138**, the mounting substrate **4216** is received within channel **4284** defined by the body section **4212** of the receiving base **4208**. Opposing first and second end portions **4302** and **4304** of the mounting substrate **4216** are coupled to first and second upper mounting plates **4306** and **4308**. In turn, the upper mounting plates **4306** and **4308** are secured to an upper surface of the receiving base **4208**, illustratively through double sided adhesive tape **4307** and **4309**, respectively. A plurality of fasteners, illustratively buttons **4312** are secured to the upper mounting plates **4306** and **4308**. The buttons **4312** are releasably received within a plurality of substrate securing apertures **4314** formed within the mounting substrate **4216**, thereby connecting the mounting substrate **4216** to the receiving base **4208** through the upper mounting plates **4306** and **4308**. A head section mounting plate **4316** is secured to a lower surface of the receiving base **4208**, illustratively through means of a double sided adhesive tape **4318**. As detailed below, the head section mounting plate **4316** provides a coupling platform for a head anchor strip **4320** which secures the body section **4212** of the receiving base **4208** to the head section **4038** of the deck **26'**.

The mounting substrate **4216** includes a base portion **4322** and first and second mounting portions **4324** and **4326** extending along opposing longitudinal side edges of the base portion **4322**. Each mounting portion **4324** and **4326** includes a outer mounting member **4328** and an inner mounting member **4330** hingedly connected to the outer mounting member **4328** through a hinge **4329**. The mounting members **4328** and **4330** include a plurality of longitudinally spaced outer and

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inner fasteners **4332** and **4334**, illustratively snaps, configured to couple to corresponding fasteners of the upper bladder assembly **4222** as detailed below. A plurality of turn assist bladder assembly securing apertures **4336** are formed proximate opposing longitudinally extending side edges of the mounting substrate **4216**. As detailed below, the apertures **4336** are configured to receive fasteners, such as buttons **4337** for securing the turn assist bladder assembly **4220** to the mounting substrate **4216**. First and second securing loops **4338** and **4339** are coupled to the base portion **4322** and are configured to receive various fluid tubes for retention therein.

Foot Section Securing Substrate

With further reference to FIG. **138**, the foot section **4210** may be secured to the receiving base **4208** through the use of a foot section securing substrate **4340**. The foot section securing substrate **4340** includes a first portion **4342** secured to the upper mounting plate **4308** of the seat portion of the receiving base **4208** and a second portion **4344** secured to lower surface **4277** of the foot section **4210**. More particularly, the first portion **4342** of the foot section securing substrate **4340** includes a plurality of mounting apertures configured to receive fasteners, such as buttons **4312**. The buttons **4312** are secured to the upper mounting plate **4308**, which is coupled to the upper surface of receiving base **4208** as detailed above. The second portion **4344** of the securing substrate **4340** is directly coupled to a lower surface of the foot section **4210**, illustratively through an adhesive. The second portion **4344** includes a plurality of transverse slots **4350** configured to be received in parallel disposition with the transverse slots **4238** formed within the foot section **4210**.

Illustratively, the foot section securing substrate **4340** is formed from a flexible sheet material, such as pack cloth urethane coated twill. As a flexible sheet material, the foot section securing substrate **4340** may follow a serpentine path from a horizontal first plane of the bottom layer **4280** of the receiving base **4208** and vertically down around a foot end edge **4352** of the receiving base **4208**, and back along a horizontal plane of the lower surface **4277** of the foot section **4210**.

Foam Filler

The foam filler or panel **4218** is received within the channel **4284** defined by the sidewalls **4281** and **4282** of the body section **4212** of the receiving base **4208**. Illustratively, the filler **4218** is made of polyurethane foam having an indentation force deflection (IFD) of between approximately 23 pounds to approximately 29 pounds. IFD is commonly defined in the art as the amount of force necessary to indent an 8 inch disc plate 25 percent into the foam of a 4 inch thick sample 15 inches by 15 inches square. Further illustratively, the filler **4218** includes sidewalls **4354** and **4355** which are angled to conform with the angled walls **4281** and **4282** of the receiving base **4208**. A fastener, illustratively a loop portion **4356** of a conventional hook and loop fastener, is secured to a lower surface of the foam filler **4218** and is configured to couple with a mating hook portion **4357** secured to an upper surface of the receiving base **4208**. A clearance opening **4359** is formed within the mounting substrate **4216** to allow for coupling of the fastener portions **4356** and **4357**.

Turn Assist Bladder Assembly

Referring to FIGS. **130** and **139-141**, the turn assist bladder assembly **4220** is positioned above the foam filler **4218** and includes a first, or right, inflatable turn assist bladder **4358** and a second, or left, inflatable turn assist bladder **4360**. As described in greater detail herein, each of the right and left turn assist bladders **4358** and **4360** are selectively and indi-

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vidually inflatable to assist in the turning of a patient supported on the mattress 4014. FIG. 140 illustrates both the right and left turn assist bladders 4358 and 4360 in deflated positions, while FIG. 141 illustrates the left turn assist bladder 4360 in a deflated position and the right turn assist bladder 4358 in an inflated position.

Each of the turn assist bladders 4358 and 4360 include an upper layer 4362 and a lower layer 4364 coupled to the upper layer 4362. Right and left turn assist fill tubes 4366 and 4368 are configured to be coupled to the manifold assembly 4063 which, in turn, is coupled to the pump 4064 that provides pressurized air to inflate the chamber defined between the upper and lower layers 4362 and 4364 of the turn assist bladders 4358 and 4360, respectively. Right and left turn assist sensor tubes 4370 and 4372 are also provided in fluid communication with the chamber defined between the upper and lower layers 4362 and 4364 of the turn assist bladders 4358 and 4360, respectively. The sensor tubes 4370 and 4372 are likewise configured to be placed in fluid communication with the manifold assembly 4063 which, in turn, is in fluid communication with a pressure sensor 566 for detecting the pressure of air within the bladders 4358 and 4360. The fill tubes 4366 and 4368 extend generally in a longitudinal direction from proximate the head end of the respective bladders 4358 and 4360 to the mattress connector 4068 proximate the head end of the receiving base 4208. The sensor tubes 4370 and 4372 extend from a foot end of the respective bladders 4358 and 4360 laterally to proximate first side 4017a of the mattress 4014 and intermediate the turn assist bladder assembly 4220 and the mounting substrate 4216. The sensor tubes 4370 and 4372 continue through securing loop 4339 and are coupled to mattress connector 4068.

Right and left mounting flanges 4376 and 4378 extend in directions outwardly from opposing edges of the right and left turn assist bladders 4358 and 4360, respectively. Illustratively the mounting flanges 4376 and 4378 are secured to the lower layers 4364 of the bladders 4358 and 4360 through radio frequency (RF) welding. The mounting flanges 4376 and 4378 include a plurality of mounting apertures 4380 proximate their respective side edges 4382 and 4384. Releasable fasteners, such as the buttons 4337, are received within the apertures 4380 of the mounting flanges 4376 and 4378, and likewise are received within the apertures 4336 of the mounting substrate 4216. As such, the turn assist bladder assembly 4220 is secured to the mounting substrate 4216. The turn assist bladder assembly 4220 may be made from polyurethane film.

Upper Bladder Assembly

The upper bladder assembly 4222 is positioned above the turn assist bladder assembly 4220, such that the turn assist bladder assembly 4220 is sandwiched between the foam filler 4218 and the upper bladder assembly 4222 (FIGS. 130, 140 and 141). Referring to FIGS. 142 and 143, the upper bladder assembly 4222 defines a head section or air zone 4390 and a seat section or air zone 4392, wherein each zone 4390 and 4392 includes a respective bladder assembly 4394 and 4396. Both bladder assemblies 4394 and 4396 include a plurality of laterally extending bladders 4398 and 4400, respectively. Each bladder 4398, 4400 is movable independently from every other bladder 4398, 4400 and is separately coupled to the mounting substrate 4216. In the illustrated embodiment, a total of nine (9) bladders 4398a-4398i define the head section 4390, while a total of six (6) bladders 4400a-4400f define the seat section 4392. However, it should be appreciated that any number of bladders 4398, 4400 may be included within the various sections or zones 4390, 4392 of the mattress 4014.

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Each bladder 4398, 4400 is substantially identical to the bladders 4264 of the heel bladder assembly 4215. As such, similar or identical reference numbers are utilized to indicate similar or identical components in bladders 4264, 4398 and 4400. Bladders 4398, 4400 each includes upper and lower inflatable center portions 4402 and 4404 and opposing upper inflatable end portions 4406 and 4408. The upper inflatable center portion 4404 is separated from the end portions 4406 and 4408 by hinge portions 4403 and 4405. The end portions 4406 and 4408 define first and second notches or spaces 4407 and 4409 which are configured to provide clearance for movement of the bladder 4398 about the hinge portions 4403 and 4405. Webs 4415 and 4417 are located in the notches 4407 and 4409 and connect the lower center portion 4404 to the end portions 4406 and 4408, respectively.

The bladders 4398, 4400 each include an upper fastener 4272 and a lower fastener 4274, illustratively snaps, configured to cooperate with the outer and inner fasteners 4332 and 4334 of the mounting substrate 4216. As illustrated in FIGS. 17 and 18, the inner mounting member 4330 is configured to move vertically relative to the outer mounting member 4328 through hinge 4329, thereby facilitating movement of the end portions 4406 and 4408 of the bladders 4398 relative to the center portions 4402 and 4404 of the bladders 4398. More particularly, the inner mounting member 4330 is configured to pivot relative to the outer mounting member 4328 about the hinge 4329. This coupling structure permits the end portions 4406 and 4408 of the bladders 4398 to hinge during operation of the turn assist bladder assembly 4220 and prevent undesirable raising of the end portions 4406 and 4408 or uncoupling from the mounting substrate 4216.

Further, the couplings between the bladders 4398 of the upper bladder assembly 4220 and the mounting substrate 4216 define an upper crowning surface 4410. More particularly, the upper surface 4410 of the bladder assembly 4220 proximate the longitudinal center axis 4019 of the assembly 4220 is positioned vertically above the upper surface 4410 proximate the opposing longitudinal side edges 4412, 4413 of the bladder assembly 4220. Illustratively, the vertical distance of the crowning upper surface 4410 from the center axis 4019 to the respective side edges 4412, 4413, as represented by reference letter "d" in FIG. 140, is approximately 2 inches. The upper surface 4019 is arcuate as it extends from the center axis 4410 to the side edges 4412, 4413.

The crowning surface 4410 is configured to facilitate lateral patient transfer from the bed 4010 to another patient support device positioned adjacent to the bed 4010 by creating an inclined surface which provides a slight amount of gravity assistance when the caregiver is moving the patient toward the side of the mattress 4014. Additionally, since the surface 4410 at the side edges 4412 and 4413 is lower than proximate the center axis 4411, the siderails 4020 and 4022 may have a lower profile and still fulfill minimum height requirements.

FIG. 141 illustrates a right turn assist mode of operation wherein the right turn assist bladder 4358 is inflated. Since the right turn assist bladder 4358 is laterally offset from the longitudinal center axis 4019 of the mattress 4014, inflation of the bladder 4358 causes side edge 4413 of the upper bladder assembly 4222 to raise above the opposing side edge 4412. The hinge portions 4403 and 4405 between the end portions 4406 and 4408 and the center portion 4407 of the bladders 4398, 4400 of the upper bladder assembly 4222 permit the mattress 4014 to substantially conform to the shape resulting from the inflation of either turn assist bladder 4358, 4360. In an illustrative embodiment, upon inflation of one of the turn assist bladders 4358 and 4360, a patient

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supported on the mattress **4014** is rotated by an angle of approximately 20 degrees from horizontal. Upon completion of the turn assist, the control system **44** causes the inflated turn assist bladder **4358**, **4360** to vent to atmosphere. Simultaneously, the upper bladder assembly **4222** is instructed by the central system **44** to inflate to a maximum pressure, also known as a max inflate mode of operation. Since the turn assist bladder assembly **4220** is sandwiched intermediate the upper bladder assembly **4222** and the filler **4218**, inflation of the upper bladder assembly **4222** facilitates the rapid venting of air within the turn assist bladders **4358** and **4360** to atmosphere.

A pair of seat attachment straps **4425** are configured to couple together selected air bladders **4440** of the seat bladder assembly **4396**, illustratively bladders **4400a-4400c**. The straps **4425** illustratively wrap around the bladders **4400a-4440c** and have ends coupled together with conventional fasteners, such as buttons **4427**.

Fluid Tube Routing

A head section fill tube **4414** and a head section sensor tube **4416** are coupled to the head section **4390**. More particularly, the fill tube **4414** is fluidly coupled to the air bladder **4398e** proximate the longitudinal center of the head section **4390**, and the sensor tube **4416** is fluidly coupled to the air bladder **4398i** proximate the seat section **4392**. Both the fill tube **4414** and the sensor tube **4416** travel from respective bladders **4398e** and **4398i** in a generally longitudinal direction, to the mattress connector **4068** at the head end of the receiving base **4208**, intermediate the bladders **4398** and the turn assist bladder assembly **4220**. Both tubes **4414** and **4416** are received within securing loop **4338**. A head section connection assembly **4418** fluidly connects each of the bladders **4398** and illustratively comprises a plurality of conventional T-shaped fluid connectors **4420** and L-shaped fluid connectors **4422**.

A seat section fill tube **4424** and a seat section sensor tube **4426** are coupled to the seat section **4392**. More particularly, the fill tube **4424** is fluidly coupled to a seat section connection assembly **4428** which, in turn, is fluidly coupled to each air bladder **4400** of the seat bladder assembly **4396**. The seat section connection assembly **4428** illustratively comprises a plurality of T-shaped fluid connectors **4420** and an L-shaped fluid connector **4422**. The sensor tube **4426** is fluidly coupled to air bladder **4400d** located proximate the longitudinal center of the seat section **4392**. Both the fill tube **4424** and the sensor tube **4426** travel from the seat bladder assembly **4396** in a generally longitudinal direction to the mattress connector **4068** at the head end of the receiving base **4208**. The fill tube **4424** travels along sidewall **4282** of the receiving base **4208** intermediate the upper bladder assembly **4222** and the turn assist bladder assembly **4220**, and is received within securing loop **4339** of the mounting substrate **4216**. Similarly, the sensor tube **4426** travels along sidewall **4281** of the receiving base **4208** intermediate the upper bladder assembly **4222** and the turn assist bladder assembly **4220**, and is received within securing loop **4338** of the mounting substrate **4216**.

Fire Barrier

Referring again to FIG. **130**, the fire barrier **2124** receives the internal mattress components including the receiving base **4208**, the mounting substrates **4214** and **4216**, the foam filler **4218**, the turn assist bladder assembly **4220**, the upper bladder assembly **4222**, and the heel bladder assembly **4215**. The fire barrier **2124** includes an open end **2356** configured to permit the fire barrier **2124** to slide over the other mattress components. Upon assembly, the open end **2356** of the fire barrier **2124** is closed utilizing conventional means, such as

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fasteners. The fire barrier **2124** may be made from a conventional fire-resistant mesh material, such as a fiberglass knit.

Shear Cover

The shear cover **2125** is configured to fit over the above-identified mattress components as received within the fire barrier **2124**. The shear cover **2125** is configured to be located between the fire barrier **2124** and the outer cover **2102** to permit the top cover portion **2106** to slide easily over the fire barrier **2124** and move relative to the other internal mattress components, thereby reducing shear forces between the patient's body and the mattress **4014** and reducing the likelihood of sacral breakdown.

The shear cover **2125** is formed from a material having a low coefficient of friction so that the mattress outer cover **2102** can slide relative to the other mattress components. As the mattress **4014** is articulated or as the patient moves, the shear cover **2125** minimizes shear forces acting between the mattress top cover portion **2106** and the patient's body. The shear cover **2125** may be made from a woven nylon or parachute material. Illustratively, the shear cover **2125** is made from a polyurethane material such as Deerfield urethane PT6110S having a thickness of approximately 0.002 inches. The polyurethane material provides an inexpensive shear material which reduces shear forces applied to the patient's body situated on the mattress **4014**.

Additional details of the shear cover **2125** and the top cover portion **2106** are described above.

Outer Cover

Referring now to FIGS. **57** and **146**, the bottom cover portion **2104** includes a bottom wall **2366** and a sidewall **2368**. The sidewall **2368** is illustratively formed from a ticking material and is coupled to the sidewall **2364** of the top cover portion **2106**, illustratively through RF welding. Illustratively, the bottom wall **2366** of the bottom cover portion **2104** is formed from a polyurethane coated twill material for enhanced wear resistance and to protect other components of the mattress **4014** from contamination. The bottom wall **2366** includes an access panel **2370** defined by a zipper **2372**. The access panel **2370** is utilized during assembly of the mattress **4014** and further facilitates removal of the replacement of the modular components of the mattress **4014**. Illustratively, the zipper **2372** is RF welded to the bottom wall **2366**. In an alternative embodiment of the invention, the zipper **2372** may be utilized to couple the sidewall **2368** of the bottom cover portion **2104** to the sidewall **2364** of the top cover portion **2106**.

With further reference to FIG. **146**, the bottom cover portion **2104** includes a stress relief zone **2374** of extra material, which is illustratively pleated, to accommodate movement of the head section **4038** of the deck **26'** relative to the seat section **4040** of the deck **26'**. More particularly, as the head section **4038** is elevated relative to the seat section **4040**, the head portion **4292** of the receiving base **4208** moves relative to the seat portion **4294** of the receiving base **4208**. The slit **4296**, and connected stress relief apertures, reduce the stress applied to the receiving base **4208** during this movement. Likewise, the stress relief zone **2374** of the bottom cover portion **2104** reduces stress within the outer cover **2102** of the mattress **4014**. As the mattress **4014** bends to follow the contour of the deck **26'**, the extra material within the stress relief zone **2374** accounts for the increased distance between the head portion **4292** and the seat portion **4294** proximate the bottom cover portion **2104**.

Mattress Anchors

With further reference to FIGS. 130, 132, 133, and 146, the foot section anchor **4246** is coupled to the foot section **4210** of the receiving base **4208** below the bottom cover portion **2104**, illustratively through fasteners **4247** threadably received within the foot section mounting plate **4242**. Likewise, the head section anchor **4320** is secured to the head portion **4292** of the receiving base **4208** below the bottom cover portion **2104**, illustratively through fasteners **4247** threadably received within the head section mounting plate **4316**. The foot section anchor **4246** and the head section anchor **4320**, each illustratively comprises a resilient tab or strip **4429** having opposing first and second ends **4430** and **4431** which may be flexed away from the bottom cover portion **2104** of the mattress **4014**, and placed under the respective retaining brackets **4082** and **4080** formed within the leg section **42'** and the head section **38'** of the deck **26'**, respectively, as illustrated in FIG. 129.

Manifold Assembly and Mattress Connectors

Referring now to FIGS. 130, 138 and 148-150, the mattress fluid connector **4068** is secured to the bottom cover portion **2104** and is received within the connector recess **4285** formed within the receiving base **4208**. The mattress connector **4068** includes a plurality of barbed fittings **4432** and **4434**, each of which is sealingly received within flexible tubing illustratively connected to one of the heel bladder assembly **4215**, the right turn assist bladder **4358**, the left turn assist bladder **4360**, the head section **4390** of the upper bladder assembly **4222**, and the seat section **4392** of the upper bladder assembly **4222**. More particularly, fitting **4432a** is fluidly coupled to right turn assist fill tube **4366**, fitting **4432b** is fluidly coupled to left turn assist fill tube **4368**, fitting **4432c** is fluidly coupled to foot section fill tube **4276**, fitting **4432d** is fluidly coupled to seat section fill tube **4424**, and fitting **4432e** is fluidly coupled to head section fill tube **4414**. In a similar fashion, fitting **4434a** is fluidly coupled to the foot section sensor tube **4278**, fitting **4434b** is fluidly coupled to the head section sensor tube **4416**, fitting **4434c** is fluidly coupled to the seat section sensor tube **4426**, fitting **4434d** is fluidly coupled to the left turn assist sensor tube **4372**, and fitting **4434e** is fluidly coupled to the right turn assist sensor tube **4370**.

The pneumatic connections to the manifold assembly **4063** of the present invention is further illustrated in FIG. 147. The manifold assembly **4063** is configured to provide fluid communication between the pump **4064** and the air mattress **4014**. The manifold assembly **4063** is configured to control the supply of air to and the exhaust of air from the controlled air zones of the mattress **4014**. Air is supplied to the manifold **4063** by the pump **4064**, while air is exhausted to atmosphere **2405** through the manifold **4063**. More particularly, the manifold **4063** controls air pressure within the right turn assist bladder **4358**, the left turn assist bladder **4360**, the head zone of the upper bladder assembly **4222** and the seat zone of the upper bladder assembly **4222**. While in the following description, a single manifold **4063** is utilized, it should be appreciated that in other embodiments multiple manifolds may be substituted therefore.

With further reference now to FIG. 147, air supplied from the pump **4064** passes to the manifold **4063** through a supply tube. Once entering the manifold **4063**, the supplied air is routed through to various valve assemblies in the manner detailed above with respect to valve assemblies **2406**.

The sensing lines **4278**, **4370**, **4372**, **4416**, and **4426** from the controlled air zones of the mattress **4014** are coupled in fluid communication with the manifold **4063**. In the illustrative embodiment, each sensing line **4278**, **4370**, **4372**, **4416**,

and **4426** supplies air to the mattress connector **4068** which, in turn, provides air to the manifold connector **4070**. The air exits the manifold connector **4070** through pressure sensing tubes **2440**. Each tube **2440** is coupled to a pressure sensor **566** supported on a valve controller circuit board **2444**. The circuit board **2444** is in communication with the control system **44** and as such, provides signals to the control system **44** indicative of pressure within the various controlled air zones of the mattress **4014**. In an alternative embodiment, each sensing line **4278**, **4370**, **4372**, **4416**, and **4426** supplies air which passes through fluid sensing ports (not shown) formed within the manifold **4063** and then exits through pressure sensing tubes **2440**.

The mattress connector **4068** is configured to couple to the manifold connector **4070** which is in fluid communication with the manifold **4063**. The partition wall **272** coupled to the deck **26'** is positioned intermediate the manifold connector **4070** and the manifold **4063**. The manifold connector **4070** is configured to sealingly mate with the mattress connector **4068**. The manifold connector **4070** includes a plurality of outlets **4436**, **4438** configured to sealingly receive plugs **4440**, **4442**, respectively, of the mating mattress connector **4068**. The outlets **4436** of the manifold connector **4070** are in fluid communication with the valve assemblies of the manifold **4063**, while the plugs **4440a**, **4440b**, **4440c**, **4440d**, and **4440e** are in fluid communication with the controlled air zones **4358**, **4360**, **4254**, **4392**, and **4390** of the mattress **4014** through respective fittings **4432** and fill tubes **4366**, **4368**, **4276**, **4424**, and **4414** in the manner detailed above. The outlets **4438** of the manifold connector are in fluid communication with the pressure sensors **566** through the manifold **4063**, while the plugs **4442a**, **4442b**, **4442c**, **4442d**, and **4442e** are in fluid communication with the controlled air zones **4358**, **4360**, **4254**, **4392**, and **4390** of the mattress **4014** through fittings **4434** and sensor tubes **4278**, **4416**, **4426**, **4372**, and **4370**. As may be readily appreciated, in alternative embodiments, the sensor tubes may bypass the manifold **4063** and be directly connected to the respective pressure sensors **566**.

Each of the plugs **4440** and **4442** illustratively includes a conventional O-ring gasket **4444** to promote sealing with a mating outlet **4436** and **4438**. The mattress connector **4068** includes a peripheral inner flange **4446** which is configured to be received within a peripheral outer flange **4448** of the manifold connector **4070**. Illustratively, a plurality of fasteners **4450** lock the peripheral flanges **4446** and **4448** together. Illustratively, each fastener **4450** comprises a spring-biased U-shaped tab **4452** extending outwardly from the mattress connector **4068** and including an opening **4454** configured to be received over a locking tab **4456** supported by the manifold connector **4070**. A U-shaped retaining member **4457** is supported by the manifold connector **4070** in spaced relation to the locking tab **4456** such that the tab **4452** of the mattress connector **4068** may be received therebetween. In the illustrative embodiment of FIG. 148, the locking tab **4456** in an upper fastener **4450** is removed to assist in the uncoupling and removal of the connectors **4068** and **4070**. It should be appreciated that other conventional fasteners, such as hook and loop fasteners, clamps or staples may be readily substituted therefor.

As described above, the manifold connector **4070** is coupled to the manifold **4063**, respectively, through the partition wall **272**. Conventional fasteners, such as screws **4058**, may be utilized to secure the manifold connector **4070** and the manifold **4063** relative to the partition wall **272**. In one illustrative embodiment, cylindrical gaskets may be positioned intermediate each outlet **4436**, **4438** of the manifold receiving

connector **4070** and the manifold **4063** in order to effect sealing therebetween. In a further illustrative embodiment, a gasket **2502'** (FIG. **151**) may be positioned intermediate the manifold connector **4070** and the partition **272**. Gasket **2502'** may be of a design substantially similar to gasket **2502** as shown in FIGS. **122** and **123**.

Mattress Sensor

With reference to FIGS. **35A**, **150**, and **151**, the connection between the mattress connector **4068** and the manifold connector **4070** is detected by a mattress sensor **4462**. If the sensor **4462** does not detect that a mattress **4014** has been connected to the control system **44** by the coupling of the mattress connector **4068** to the manifold connector **4070**, then the control system **44** does not permit operation of the air mattress functions.

According to an illustrative embodiment, the sensor **4462** comprises a Hall effect field sensor **4464** that detects the characteristics of a dynamic field generated by the mattress connector **4068**. More particularly, a magnet **4466** is positioned within a receiving boss **4468** of the mattress connector **4068** (FIG. **151**). The manifold connector **4070** includes an opening **4470** configured to receive the boss **4468**, and the magnet **4466** received therein, when the mattress connector **4068** is fluidly coupled with the manifold connector **4070**. As such, the Hall effect sensor **4464** detects the magnetic field generated by the magnet **4466**. Based upon the detection of the predetermined magnetic field, the sensor **4464** sends a signal indicative of the respective mattress **4014** to the control system **44**. The control system **44** then permits operation of the air mattress functions.

An illustrative circuitry associated with the sensor **4464** is shown in FIG. **152**. The circuitry includes an op-amp **4474** coupled to the sensor **4464**, an open collector **4476**, a transistor **4478**, and a resistor **4480**. The sensor **4464**, the op-amp **4474**, the open collector **4476**, and the transistor **4478** are coupled to ground **4482**. The sensor **4464**, the op-amp **4474**, the open collector **4476**, and the resistor **4480** are illustratively coupled to a five volt source. The transistor **4478** and the resistor **4480** are coupled to the output of the circuit. Illustratively, the resistor **4480** has a value of 470 ohms, and the sensor **4464** is a Cherry MP1013 Snap Fit Proximity Sensor that detects magnetic fields and is sold by the Cherry Corporation, 3600 Sunset Avenue, Waukegan, Ill. It should be appreciated that based upon the desired control characteristics, the value of the resistor **4480** and the proximity sensor **4464** may be varied.

Further, the type and functionality of an air mattress **4014** connected to the manifold connector **4070** may be associated with a predetermined sensitivity of Hall effect sensor **4464** or strength of magnet **4466**. Alternatively, multiple magnets **4466** and associated Hall effect sensors **4464** may be used to distinguish between different types of mattresses **4014**. Upon sensing a particular type of mattress **4014**, the control system **44** may deactivate and/or activate selected functions. For example, should the control system **44** receive a signal from the mattress sensor **4462** indicating that the mattress **4014** has no turn assist bladder assembly **4220**, then the left and right turn assist functionality may be deactivated.

In a further illustrative embodiment, the presence of the fluid connector **4068** of the mattress **4014** may be detected by the pressure sensors, illustratively pressure transducers **566**, which are in communication with the control system **44**. More particularly, the control system **44** can initiate a diagnostic routine or process at predetermined intervals by supplying pressure to the outlets **4436** in the manifold connector **4070**. Should no mattress **4014** be connected to the manifold

connector **4070**, then the pressure transducers **566** connected to the sensor outlets **4438** will measure atmospheric pressure (i.e., no back pressure). However, if a mattress **4014** is connected, then the sensor outlets **4438**, upon the application of fluid through the fill outlets **4436**, will measure a certain amount of back pressure. As such, through this diagnostic routine, the control system **44** can determine if a mattress **4014** is connected to the manifold **4063**, and also which outlets **4436** are connected to respective air zones **4254**, **4358**, **4360**, **4390** and **4392**. Again, if the control system **44**, through operation of the pressure sensors **566**, determines that only certain air zones **4254**, **4358**, **4360**, **4390**, and **4392** are coupled to the manifold **4063**, then certain functions may be activated and others deactivated.

It should be further noted that other mattress detection devices or sensors may be readily substituted for those detailed herein. For example, mechanical switches, conducting pins, and other proximity sensors may be readily substituted therefor.

Pressure Control System

As detailed above with respect to FIG. **124**, control system **44** includes dynamic surface module **518**. In addition to other functions, dynamic surface module **518** includes a pressure control system **3000**. As shown in FIG. **124**, pressure control system **3000** includes a plurality of valve solenoids **564**, a plurality of pressure sensors or transducers **566**, an analog to digital converter **3002**, a microcontroller **3004**, a power supply **3006** and pump **4064**. Microcontroller **3004** includes memory **3010** and central processing unit **3012**.

Pressure sensors, illustratively transducers **566**, periodically sense the pressure in one or more of controlled air zones **4254**, **4358**, **4360**, **4390**, and **4392** of mattress **4014** and output a voltage proportional to the amount of pressure that is sensed. Analog-to-digital converter **3002** converts the voltage to digital form and feeds the digital value to microcontroller **3004**. Microcontroller **3004** analyzes the current pressure and determines whether the current pressure in controlled air zones **4254**, **4358**, **4360**, **4390**, and **4392** is correct, too high, or too low in comparison to a desired pressure. Memory **3010** stores data, illustratively in the form of look-up tables or algorithms, which is used in this analysis. For example, the desired pressure of air zones **4254**, **4358**, **4360**, **4390**, and **4392** may depend on the particular operating mode of the system **3000** (e.g., pressure relief, max-inflate, CPR, turn assist, and post-turn assist), whether head section **4038** is elevated and the degree of elevation, and/or the size or weight of the patient. The microcontroller **3004** operates valve solenoids **564** in response to the feedback signals from pressure transducers **566** to achieve the desired adjustments to mattress **4014**. The valve solenoids **564** control the flow of air to and resulting pressure within the mattress **4014**. Additional details regarding the valve solenoids **564** are provided above.

Valve Sensor

With reference now to FIG. **153**, a valve sensor **4484** is operably coupled to the valve solenoids **564** to determine the type of pneumatic valve **2406** application or technology. More particularly, the valve sensor **4484** determines the presence of either (1) a direct acting solenoid valve or (2) a pilot operated, or pilot assisted, solenoid valve. The operational requirements for these two types of valves differ. The direct acting solenoid valve pulls more current from a solenoid voltage source **4486**, and therefore pulse modulation of the current is employed. The pilot operated solenoid valve requires the application and maintenance of a pilot air pressure.

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The determination of the particular type of valve **2406** is achieved by energizing each connected solenoid **564** individually. When a valve **2406** is actuated by the closing of a valve control relay **4488**, the current pulled by the respective solenoid **564** is measured by a current transducer **4490**. This measurement is supplied to an analog to digital converter **4492** which, in turn, supplies the measurement to a microcontroller, illustratively the microcontroller **3004** of the pressure control system **3000**. Alternatively, the microcontroller may be independent of the microcontroller **3004**. The microcontroller **3004** compares the measurement to known operating current values which are representative of the direct acting solenoid valve and the pilot operated solenoid valve. This comparison is the basis for deciding the type of valve **2406** (i.e. direct acting solenoid valve or pilot operated solenoid valve).

If the microcontroller **3004** determines that the number and types of valves **2406** equal a predetermined configuration, then the valves **2406** are driven by the microcontroller **3004** as appropriate for those types. If the microcontroller **3004** determines that the number and types of valves **2406** does not equal the predetermined configuration, then an error is reported by the microcontroller **3004**. In one illustrative embodiment, the predetermined configuration is defined such that all of the valves **2406** coupled to the manifold **4063** are pilot operated solenoid valves. As such, the microcontroller **3004** queries whether all of the valves **2406** are pilot operated solenoid valves. If so, then the valves **2406** are driven by the microcontroller **3004** as appropriate for pilot operated solenoid valves. If the valves **2406** collectively are determined not to be of the predetermined configuration, in this illustrative embodiment meaning that all of the valves **2406** are not pilot operated solenoid valves, then the microcontroller **3004** reports an error. It should be appreciated that the predetermined configuration may comprise all direct acting solenoid valves, all pilot operated solenoid valves, or any combination thereof.

As further illustrated in FIG. **153**, a supervisor relay **4496** may be positioned intermediate the solenoid voltage source **4486** and the current transducer **4490**. Further, the solenoid **564** is coupled to ground **4498** through the valve control relay **4488**.

The valve sensor **4484** permits the utilization of different predetermined configurations of valves **2406** in different patient supports. More particularly, the configuration of valves **2406** may be varied for different types or model years of patient supports in order to facilitate cost effectiveness and to take advantage of technological developments in valve design. For example, in a first patient support, all pilot operated valves may be utilized and the predetermined configuration stored in the microcontroller **3004** reflects this situation. However, in a later second patient support, all direct acting solenoid valves may be utilized. As such, the microcontroller **3004** may be modified or re-programmed to detect this new predetermined configuration.

Mattress Pressure Determination

As detailed herein, the various modes of operation include a pressure relief mode, which is a standard operating mode of the respective air zones for providing pressure relief to the body of the patient. The max inflate mode of operation is the operating mode for providing maximum inflation of the respective air zones. The CPR mode of operation is the operating mode for providing a firm pressure in the respective air zones for assisting in the delivery of CPR to the patient. The turn assist mode of operation is the operating mode for providing pressure in the respective air zones for assisting in the

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left or right turning or rotation of the patient. Finally, the post-turn assist mode of operation is the operating mode for providing pressure in the respective air zones for assisting in the deflation of the turn assist bladders.

Tables 6-9 illustrating examples of desired pressures of air zones **4254**, **4358**, **4360**, **4390**, and **4392** based on the air system operating mode, patient weight, and, for seat air zone **4392**, head section elevation, are provided as follows:

TABLE 6

HEAD SECTION	
MODE	Head Section Pressure (in H2O) (Pressure-Head range)
Pressure Relief	$\left[\left(\frac{\text{Patient_Weight}}{100} + 1 \right) \times 3 \right] \pm 1$
Max Inflate	25.0-29.0
CPR	20.0-30.0
Turn Assist	$\left[\left(\frac{\text{Patient_Weight}}{100} + 1 \right) \times 3 \right] \pm 1$
Post-Turn Assist	25.0-29.0

* Minimum Calculated: 65 lbs.; Maximum Calculated: 350 lbs.; Weight used for greater than 350 lbs.; 400 lbs.; Default Weight incase of error condition: 200 lbs.

TABLE 7

SEAT SECTION	
MODE	Seat Section Pressure (in H2O) (Pressure-Seat range)
Pressure Relief	$\left[\left(\frac{\text{Patient_Weight}}{50} + 4 \right) \times \left(\frac{\text{Head_Elevation}}{60} + 1 \right) \right] \pm 1$
Max Inflate	25.0-29.0
CPR	20.0-30.0
Turn Assist	$\left[\left(\frac{\text{Patient_Weight}}{50} + 4 \right) \times \left(\frac{\text{Head_Elevation}}{60} + 1 \right) \right] \pm 1$
Post-Turn Assist	25.0-29.0

TABLE 8

TURN ASSIST BLADDER ASSEMBLY	
MODE	Turn Assist Pressure (in H2O) (Pressure-TA range)
Pressure Relief	0-2.0
Max Inflate	0-2.0
CPR	0-2.0
Turn Assist (Inactive Bladder)	0-2.0
Turn Assist (Active Bladder)	$\left(\frac{\text{Patient_Weight}}{25} + 10 \right) \pm 5$
Post-Turn Assist	0-2.0

TABLE 9

HEEL PRESSURE RELIEF MEMBER	
MODE	Heel Pressure (in H ₂ O) (Pressure-Heel range)
Pressure Relief	$\left(\frac{\text{Patient_Weight}}{200} + 1\right) \pm 0.5$
Max Inflate	$\left(\frac{\text{Patient_Weight}}{200} + 1\right) \pm 0.5$
CPR	—
Turn Assist	—
Post Turn Assist	—

With reference now to FIG. 154, an illustrative process 4710 of operation of the dynamic surface module 518 incorporating the mattress sensor 4462 begins at block 4712 with the operator or caregiver depressing appropriate keys or buttons on the one of the controllers 50, 52, 54 to deactivate or turn off the air pressure control system 3000. For example, in one embodiment, the operator simultaneously depresses the “Pressure Relief” button 1628 and the “Max Inflate” button 1622 on the controller 54 for a minimum of five (5) seconds in order to cause the pressure control system 3000 to deactivate or enter into an OFF mode. By deactivating the pressure control system 3000, continuous alarms or error messages for alerting the operator of the absence of an air mattress 4014 coupling are eliminated. In other words, if the pressure control system 3000 is active or in an ON mode when the air mattress 4014 is uncoupled from the control system 44 of the bed 4010, then the mattress sensor 4462 detects the absence of the air mattress 4014 and controller 3004 causes an error code to display on panel 1242 of the controller 54 and causes the activation of an audible alarm for a preset time period.

Next, as indicated at block 4714, the pressures in the head, seat, right turn assist and left turn assist zones 4390, 4392, 4360 and 4362 are not regulated by the pressure control system 3000. Further, all air mode indicators 1518 on the controller 54 are deactivated or off. At block 4716, the controller 3004 queries whether a mode button 1622, 1624, 1626, 1628 for operation of the pressure control system 3000, has been selected on the controller 54. If not, then the process returns to block 4714. If a mode button 1622, 1624, 1626, 1628 has been selected, then the process continues to decision block 4718, where the controller 3004 determines if the mattress sensor 4462 detects a mattress 4014.

If at block 4718, the mattress sensor 4462 does not detect a coupled mattress 4014, then the controller 3004 at block 4720 flashes selected mode indicators 1518 on the controller 54 and also sounds an audible alarm for a selected time period. The process then returns to block 4714. If at block 4718, the mattress sensor 4462 detects a coupled mattress 4014, then the process continues to block 4722 when the pressure controller 3000 enters or initiates the selected mode of operation.

As such, it may be appreciated that the mattress sensor 4462 of the present invention provides the operator with the flexibility of utilizing the bed 10' with a dynamic air mattress 4014 or some other support surface, such as a static foam mattress. If the bed 10' is to be used with a static foam mattress, for example, then the mattress sensor 4462 signals the controller 3004 which, in turn, cannot be activated by the operator. The pressure control system 3000 remains in an inactive or OFF mode, thereby locking out an operator from

activating or turning ON the pressure control system 3000 and attempting to use the system on a foam mattress.

The controller 3004 of pressure control system 3000 regulates pressure within the air mattress 4014. If the pressure of an air zone 4254, 4358, 4360, 4390, and 4392 is too high, controller 3004 actuates the appropriate valve assembly actuator 564 to allow air to escape from the air zone 4254, 4358, 4360, 4390, and 4392. If the pressure is too low, microcontroller 3004 sends a message over network 510 to power supply module 514 of patient support 4010 (parts of which are generally depicted in FIG. 124 as power supply 3006), and power supply 3006 activates pump 4064. When microcontroller 3004 detects that pump 4064 is turned on, it actuates the appropriate valve assembly actuator 564 to allow air to enter the respective air zone 4254, 4358, 4360, 4390, 4392.

Among other things, embodiments of pressure control system 3000 include one or more of the following functionalities: a process 3030 for controlling the inflation of air zones 4254, 4358, 4360, 4390, and 4392 according to the size or weight of a patient, a process 3032 for controlling inflation of turn assist bladders 4358, 4360, a process 3070 for controlling inflation of seat section 4392 of mattress 4014 in response to elevation of the head section 4038 of the deck 26' and/or a process for controlling inflation of seat section 4392 of mattress 4014 in response to the patient sitting up on the bed 4014 with little or no support by the head section 4038 of the deck 26'.

Mattress Pressure Dependency on Patient Weight

In certain illustrative embodiments of pressure control system 3000 of dynamic surface module 518, a process 4730 for controlling the inflation of air zones 4254, 4358, 4360, 4390, and 4392 according to the size or weight of a patient disposed on patient support 4010 is provided. One illustrative embodiment of process 4730 is shown in FIG. 155 and described below.

In certain illustrative embodiments as detailed above, an operator or caregiver is required to select an appropriate patient weight. In still other embodiments, the controller 3004 automatically selects a default setting, e.g., the “medium” size, if a patient weight is not selected by the operator or caregiver.

In yet another illustrative embodiment, pressure control system 3000 automatically determines the patient's weight through measurements by weigh frame 36 and/or by a force sensor supported by seat section 40'. More particularly, and with reference to FIGS. 129 and 156, the patient's weight is derived from an algorithm whose inputs include force sensing resistors (FSRs) 5002, 5004, 5006, 5008, and 5010 supported on the deck 26' below the mattress 4014, and the four load cells 220, 222, 224, and 226 forming a portion of the in-bed scale weighing system. The load cells 220, 222, 224, 226 are coupled to the scale controller 5012, which is configured to perform diagnostic evaluations of the load cells to determine if they are working properly. In the illustrative embodiment, there are a total of five FSRs, including three FSRs 5002, 5004, and 5006 supported by the head section 38' of the bed deck 26', and two FSRs 5008 and 5010 supported by the seat section 40' of the bed deck 26'. The two FSRs 5008 and 5010 in the seat section 40' and one of the FSRs 5004 in the head section 38' are connected to a scale controller 5012. These FSRs 5004, 5008, and 5010 are used for a patient position monitoring (PPM) system operated by the scale controller 5012 and which is configured to notify a caregiver when the patient changes position relative to the patient support 10'. The two additional FSRs 5002 and 5006 in the head section 38' are connected to the air controller 3004. These two addi-

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tional FSRs **5002** and **5006** provide additional detection coverage in the head section **4038**, and also provide a diagnostic function in order to allow the air controller **3004** to determine when these FSRs **5002** and **5006** are disconnected or malfunctioning.

The FSRs are of conventional design and have resistance values which change depending upon the amount of force applied thereto. FSRs generally comprise polymer thick film (PTF) devices which exhibit a decrease in resistance with an increase in the force applied to an active surface. More particularly, the resistance of the FSRs drop below a predetermined value when a certain force is applied. While force sensing resistors (FSRs) are utilized in the illustrated embodiment, it should be appreciated that other sensors for detecting the presence of a patient supported on the head section **4390** and the seat section **4392** of the mattress **4014** may be substituted therefore. Illustratively, the FSRs are available from Interlink Electronics of Camarillo, Calif. as part number 408.

Patient Weight Determination

As noted above, four load cells **220**, **222**, **224**, and **226** are attached to the four corners of the weigh frame **36** of the bed **10'**. The summation of these four load cells **220**, **222**, **224**, and **226**, when their output is converted to a weight, provide the total weight supported by the weigh frame **36**. The weight of weigh frame **36** and anything supported by weigh frame **36**, such as deck **26'**, mattress **4014**, any other bed components supported on weigh frame **36**, and a patient, is transmitted to load cells **220**, **222**, **224**, **226**. This weight deflects or otherwise changes a characteristic of load cells **220**, **222**, **224**, **226** that is detected to determine the total weight supported thereby. By subtracting a known weight of weigh frame **36**, deck **26'**, mattress **4014** and any other bed components supported on weigh frame **36**, the weight of the patient positioned on patient support **10** can be determined. Additional description of load cells and methods for determining a patient's weight, position in the bed, and other indications provided by load cells is provided in U.S. patent application Ser. No. 09/669,707, filed Sep. 26, 2000, titled Load Cell Apparatus, to Mobley et al., and PCT international patent application Ser. No. PCT/US/08189, titled Hospital Bed Control Apparatus, to Dixon et al., the disclosures of which are expressly incorporated by reference herein. In one illustrative embodiment, the load cells are available from HBM, Inc. of Marlborough, Mass. According to alternative embodiments of the present disclosure, other configurations and methods of using load cells or other devices to determine a patient's weight or other information related to the patient known to those of ordinary skill in the art are provided.

Information from the scale controller **5012** is transmitted to the air controller **3004** through the controller area network (CAN) **510**. The information is parsed into seven data sets (four load cells **220**, **222**, **224**, **226**, three FSRs **5004**, **5008**, **5010**) with each transmission being spaced apart by approximately 100 milliseconds. Along with each data set is an error byte that contains diagnostic information pertaining to the load cells **220**, **222**, **224**, **226**.

Referring further to the flow chart of FIG. **155**, the illustrative process begins upon appropriate activation of the controller **3004** and with the initialization of all variables. Next, the process continues at block **4734**, where the scale controller **5012** determines the weight of the patient, as represented by the variable Patient_Weight. In the illustrative process **4730**, the value of Patient_Weight is determined by the subprocess **5020** illustrated in FIGS. **157** and **158**.

Process **5020** begins at block **5022** with the initialization of all variables. As detailed below, the variable Load_

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Beam_Offset is set to equal a value from the most recent operation of the controller **3004**. At decision block **5024**, the controller **3004** queries whether it is ready for processing data. More particularly, the controller **3004** determines whether a complete set of data from the FSRs **5002**, **5004**, **5006**, **5008**, **5010** and load cells **220**, **222**, **224**, **226** is available for utilization. As noted above, a complete set of updated data is received every 700 milliseconds. More particularly, seven packages of data are received from the scale controller **5012** at the rate of one package every 100 milliseconds. Two additional packages of information are received from the first and third head section FSRs **5002** and **5006**, one every 350 milliseconds. If a complete new set of data from the FSRs **5002**, **5004**, **5006**, **5008**, **5010** and the load cells **220**, **222**, **224**, **226** is not available, then the process returns at block **5026** to start block **5022**. If decision block **5024** is answered in the affirmative, then the process continues to decision block **5028** where the controller **3004** processes data from the FSRs **5002** and **5006** and the scale controller **5012**. More particularly, the processor **3004** determines the value of the variable Load_Beam_Total to be equal to the sum of the four inputs from the load cells **220**, **222**, **224**, **226**. The controller **3004** further analyzes the values from the FSRs **5002**, **5004**, **5006**, **5008**, **5010**. If any of the FSRs **5002**, **5004**, **5006**, **5008**, **5010** have a resistance indicating the presence of a patient, then the controller **3004** sets the flag Patient_Present to TRUE.

The process **5020** next continues to block **5030** where the controller **3004** queries whether the data from both the FSRs **5002**, **5004**, **5006**, **5008**, **5010** and the scale controller **5012** are stable. More particularly, the controller **3004** queries whether the patient has been consistently detected as being present or not present for a minimum predetermined amount of time. In the illustrative embodiment, if (1) the patient has been detected for at least approximately 3.5 seconds as indicated by the flag Patient_Present being set to TRUE, or (2) the patient has not been detected for at least approximately 3.5 seconds as indicated by the flag Patient_Present being set to FALSE, then the FSR data is considered stable. Similarly, if the Load_Beam_Total variable has not changed by more than five pounds for at least approximately 3.5 seconds, then the scale data is considered stable. If the controller **3004** determines that the data is not stable at block **5030**, then the process proceeds to block **5026**. If the data is considered stable, then the process **5020** then continues to process block **5032**.

In one illustrative embodiment, the FSRs **5002**, **5004**, **5006**, **5008**, **5010** are grouped into two sets, with the first group comprising all of the FSRs **5002**, **5004**, **5006**, **5008**, **5010**, and the second group comprising the head section FSRs **5002**, **5004**, **5006**. In order for the FSR data to be considered stable by the controller **3004**, then (1) all of the FSRs in either the first group or the second group must not detect a patient for at least approximately 3.5 seconds, or (2) any of the FSRs in either the first group or the second group must detect a patient for at least approximately 3.5 seconds.

At block **5032**, the controller **3004** recalculates the variable Load_Beam_Adj. More particularly, the controller sets Load_Beam_Adj to be equal to the variable Load_Beam_Total minus the variable Load_Beam_Offset. As mentioned above, the variable Load_Beam_Offset is saved from the prior operation of the controller **3004**. The Load_Beam_Offset is defined as the weight measured by the scale controller **5012** prior to a patient getting on the bed **10'** and being supported by the weigh frame **36**, and following the addition of the mattress **4014**, footboard **18** and any other equipment supported by the weigh frame **36**. The Load_Beam_Offset takes into consideration the factory calibration, typically the

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zeroing or initializing of the weight measured by the scale controller 5012 without the mattress 4014, footboard 18, or other equipment supported by the weigh frame 36. In summary, the Load_Beam_Offset is equal to a load applied to the weigh frame 36 in excess of that when the bed 10' is calibrated during manufacture and without the patient supported by the weigh frame 36.

The process 5020 then continues to decision block 5034, where the controller 3004 queries whether the conditions have been satisfied to "zero" the bed 10'. In other words, the controller 3004 determines whether conditions are satisfied for recalculating the offset (Load_Beam_Offset) for the bed 10'. More particularly, the controller 3004 queries whether (1) the variable Load_Beam_Adj is less than zero or (2) the variable Load_Beam_Adj is less than a maximum detected offset value and the flag Patient_Present is FALSE. The first instance, where the Load_Beam_Adj is negative, could occur where equipment has been removed from the weigh frame 36 since the last operation of the controller 3004. As such, the value of the variable Load_Beam_Total could be less than the value of the variable Load_Beam_Offset as saved from the prior operation. The second instance, where the variable Load_Beam_Adj is less than a maximum detected offset value and the Patient_Present flag is FALSE could occur where equipment has been added to the bed 4010 and is supported by the weigh frame 36 since the last operation of the controller 3004, and no patient is detected as being supported by the deck 26'. If at block 5034, the controller 3004 determines that the conditions are right to zero the bed 10' then the process 5020 continues to block 5036. Illustratively, the maximum detected offset value is defined as approximately 50 pounds.

At process block 5036, the controller 3004 calculates a new offset and clears the flag New_Offset_Pending. More particularly, the controller 3004 equates the variable Load_Beam_Offset to the variable Load_Beam Total, and sets the New_Offset_Pending flag to FALSE. As such, the controller 3004 resets the Load_Beam_Offset to be equal to the value of the Load_Beam_Total. The process then continues at block 5038 where the controller 3004 recalculates the variable Load_Beam_Adj. More particularly, the controller 3004 equates the variable Load_Beam_Adj to be equal to the variable Load_Beam_Total minus the variable Load_Beam_Offset.

The process 5020 then continues to block 5040 where the controller 3004 applies output filter and weight limits. More particularly, the controller 3004 updates the variable Patient_Weight only if (1) the variable Load_Beam_Adj is greater than the variable Patient_Weight plus a minimum patient weight change or (2) the variable Load_Beam_Adj is less than the variable Patient_Weight minus the minimum patient weight change. Illustratively, the minimum patient weight change is defined as approximately ten pounds. If the variable Load_Beam_Adj is greater than a maximum patient weight, then the controller 3004 sets Patient_Weight to be equal to a default maximum patient weight. Illustratively, the maximum patient weight is defined as approximately 350 pounds, while the default maximum patient weight is defined as approximately 400 pounds. If the variable Load_Beam_Adj is less than a minimum patient weight, then the variable Patient_Weight is set to be equal to a default minimum patient weight. Illustratively, the minimum patient weight and the default minimum patient weight are both set to be equal to approximately 65 pounds. The process 5020 then continues to return block 5026 and subsequently to decision block 5024.

Referring again to decision block 5034 of FIG. 157, if the conditions are not proper for resetting the bed 4010 as

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detailed above, then the process 5020 continues to decision block 5042. At decision block 5042, the controller 3004 queries whether there is a possible large offset to record. More particularly, the controller 3004 determines whether (1) the variable Load_Beam_Adj is greater than or equal to the maximum detected offset value and (2) the flag Patient_Present is FALSE. In other words, the controller 3004 determines whether a large load has been measured by the weigh frame 36 and no patient is detected on the deck 26'. As noted above, the maximum detected offset value is illustratively defined as approximately 50 pounds. If decision block 5042 is answered in the affirmative, then the process 5020 continues to process block 5044.

At block 5044, the controller 3004 stores the pending offset and sets the New_Offset_Pending flag. More particularly, the variable Pending_Offset is set equal to the Load_Beam_Total and the flag New_Offset_Pending is set to TRUE. The process 5020 then continues to process block 5040 and continues to operate as detailed herein as if a patient is present on the deck 26'.

Referring again to decision block 5042, if there is no possible large offset to record, then the process continues to decision block 5046 (FIG. 158). At decision block 5046, the controller 3004 queries whether there is an existing pending offset. More particularly, the controller 3004 queries whether the flag New_Offset_Pending is set to TRUE. If decision block 5046 is answered in the negative, then the process 5020 continues to process block 5040 (FIG. 34). If decision block 5046 is answered in the affirmative, then the process 5020 continues to decision block 5048.

At decision block 5048 of FIG. 158, the controller 3004 queries whether the variable Load_Beam_Adj is much greater than the pending offset. More particularly, the controller 3004 determines whether the variable Load_Beam_Adj is greater than the variable Pending_Offset plus a minimum new patient weight. Illustratively, the value of the minimum new patient weight is defined as approximately 90 pounds. If decision block 5048 is answered in the negative, then the process 5020 continues to process block 5050 where the New_Offset_Pending flag is cleared or set to FALSE. The process 5020 then continues to process block 5040 (FIG. 157). If the decision block 5048 is answered in the affirmative, then the process continues to block 5052.

At block 5052, the controller 3004 updates the offset with the pending offset. More particularly, the controller 3004 sets a variable Load_Beam_Offset to be equal to the variable Pending_Offset. The situation could occur where a patient is now present on the deck 26' and the prior pending offset value was equipment supported by the weigh frame 36. The process then continues to process block 5054. At process block 5054, the controller 3004 recalculates the variable Load_Beam_Adj. Again, Load_Beam_Adj is equal to the variable Load_Beam_Total minus the variable Load_Beam_Offset. The process 5020 then continues to block 5050 where the New_Offset_Pending flag is cleared or set to FALSE. The process 5020 then continues to process block 5040 (FIG. 157) where the controller 3004 applies output filter and weight limits and updates the patient weight if appropriate. The process 5020 then continues to the return block 5026 and subsequently to decision block 5024.

Once the value of the variable Patient_Weight has been determined, for example by the above detailed process 5020, the process 4730 of FIG. 155 continues at block 4736. At step 4736, the air zone(s) 4254, 4358, 4360, 4390, and 4392 being monitored is determined. The bladders in the heel pressure relief member 4254, the head section 4390, the seat section 4392, and the turn assist bladders 4358, 4360 may be inflated

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to varying pressures based on patient weight, as represented by the variable Patient_Weight. However, it is understood that in alternative embodiments not all of the air zones **4254**, **4358**, **4360**, **4390**, and **4392** may be inflated based on patient weight.

At step **4736**, process **4730** determines the desired inflation pressure for the air zone(s) **4254**, **4358**, **4360**, **4390**, and **4392** being monitored based on the patient weight. In the illustrated embodiment, microcontroller **3004** obtains the desired pressure for the air zone(s) **4254**, **4358**, **4360**, **4390**, and **4392** from data, such as one or more look-up tables, stored in memory **3010**. The desired pressure may be a discrete value, a range of permissible values, or calculated from an equation or algorithm as a function of patient weight. Also, the desired pressure may be different for each air zone **4254**, **4358**, **4360**, **4390**, and **4392**. Further, various other factors, including environmental factors such as temperature and/or altitude, may affect the desired pressure values and be reflected in data in the look-up table.

As detailed in Table 7, in the illustrated embodiment the appropriate pressures for the seat section **4392**, in pressure relief and turn assist modes of operation, also depends on the elevation of head section **38'**, as represented by the variable Head_Elevation. Thus, for seat section **4392**, the appropriate pressure is determined by reference to both patient weight and head angle. However, adjusting the pressure of seat section **4392** based on only one of these criteria, regardless of the mode of operation, is also within the scope of the present invention.

Mattress Seat Section Boost

As may be appreciated, when the head section **38'** is elevated, a portion of the patient's weight naturally shifts from being supported by the head section **4390** of the mattress **4014** to the seat section **4392** of the mattress **4014**. To compensate for this weight shift, the inflation pressure of the seat section **4392** is adjusted in response to changes in the position of the head section **4038**. In the illustrated embodiment, and as shown in Table 7, the pressure in the seat section **4392** is dependent upon the elevation of the head section **4390** only during the pressure relief and turn assist modes of operation. In other words, the pressure in the seat section **4392** is not varied in response to changes in elevation of the head section **4390** in the max inflate, CPR, or post-turn assist modes of operation.

Illustratively, the position of head section **38'**, or head angle, is determined by position detector **606**. In the illustrated embodiment, a potentiometer reading corresponding to the head angle is determined by logic module **512** and reported to dynamic surface module **518** via network **510** for use in process **4730**. Additional details regarding operation of the potentiometer for determining head angle is detailed above.

In determining the pressure for the seat section **4392** at block **4738**, the microcontroller **3004** compares the angle as determined by the position detector **606** to data stored in memory **3010**, such as those values contained in Table 10 below. The ranges of values for adjacent angular regions indicating a change in head elevation in Table 10 overlap, in order to take into consideration hysteresis (dependence of the state of a system on its previous history, generally in the form of a lagging of a physical effect behind its cause) in the head angle evaluation.

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TABLE 10

HEAD ELEVATION ANGLE
Head Elevation Angle Regions

Angular Region	Minimum Angle	Maximum Angle	Tolerance	Angle Used in Calculations for Head Elevation
0	0°	30°	+/-3°	30°
1	26°	40°	+/-3°	40°
2	36°	50°	+/-3°	50°
3	46°	60°	+/-3°	60°
4	56°	65°	+/-3°	65°

For example, head section **38'** will be considered to have moved from region 0 (zero) to region 1 (one) if the position detector **606** measures a head angle of between approximately 30 and 40 degrees. However, once head section **38'** is in region 1 (one), it will not be considered to have moved back to region 0 (zero) unless the position detector **606** measures a head angle below region 1 (one), e.g., approximately 26 degrees or less, is received. Further, as indicated in Table 10, the variable Head_Elevation for use in pressure calculations is set to a predetermined value for each region of measured head elevation. For example, in region 1 (one), the variable Head_Elevation is set to 40 degrees, while in region 2 (two), the variable Head_Elevation is set to 50 degrees.

If a change in position occurs in the downward direction, from one angular region to a different angular region, i.e., head section **4038** is lowered from region 2 (two) to region 1 (one) in Table 10, then at step **4738** the desired pressure of seat section **4392** is decreased according to the weight of the patient, represented by Patient_Weight, and the current head angle set as Head_Elevation. The desired pressure range (Pressure_Seat range) is determined by reference to a look-up table stored in memory **3010**. Table 7 is an example of such a table.

If a change in position occurs in the upward direction, from one angular region to a different angular region, i.e., head section **38'** is elevated from region 0 (zero) to region 1 (one) in Table 10, then at step **4738** the desired pressure of seat section **4392** is increased according to the weight of the patient, represented by the variable Patient_Weight, and the current head angle set as Head_Elevation. In addition, a "seat boost" may be applied to seat section, as detailed below, meaning that seat section **4392** is initially over-inflated for a brief period of time to compensate for the above-mentioned weight shift.

At step **4740**, microcontroller **3004** measures the current pressure as described above and determines whether the current pressure is less than, equal to, or greater than the desired pressure determined as described above. At block **4742**, the microcontroller **3004** queries whether the actual pressure is greater than the desired pressure determined at step **4738** above. If so, then at step **4744**, the zone is deflated to the desired pressure. At block **4746**, the microcontroller **3004** queries whether the current pressure is less than the desired pressure. If so, the microcontroller **3004** commands power supply **3006** to activate pump **4064** to inflate bladders **2304** to the desired pressure as described above, at step **4738**.

After the pressure is decreased or increased at blocks **4744** and **4748**, respectively, the process **4730** continues to block **4750**. At block **4750**, the controller **3004** determines if the seat section **4392** requires a pressure "boost."

In addition to other functions discussed above and elsewhere in this disclosure, pressure control system **3000** may perform additional processes **4800**, **4900** for increasing or

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“boosting” the inflation of seat section according to the elevation of head section 4038. One embodiment of such method is shown in FIG. 160 and described below.

As noted above, when head section 38' is elevated, a portion of the patient's weight naturally shifts from head section 4390 of the mattress 4014 to seat section 4392 of the mattress 4014. A similar weight shift occurs when the patient sits up in the bed 10' such that the patient's weight is supported mostly or entirely by the seat section 4392. To anticipate this weight shift and prevent “bottoming out,” the inflation pressure of seat section 4392 is boosted in response to changes in the position of head section 38'. Table 11 shows boost pressure ranges for seat section depending on ranges of patient weight.

TABLE 11

MODE	SEAT BOOST PRESSURE (in H ₂ O)		
	Patient-Weight		
	>0, ≤140	>140, ≤260	>260
Head Angle Increase*	10.0-20.0	15.0-21.0	19.0-29.0
Sitting-Up	10.0-20.0	15.0-21.0	19.0-29.0

*Duration of Head Angle Increase Boost: 15 seconds ± 5 seconds; Head Angle Change Required for Boost: +3° ± 1.50

Process 4800 begins at block 4802 with the determination of the elevation of the head section (Head_Elevation), in the manner detailed above. At decision step 4804, process 4800 evaluates the input received from logic module 512 and determines whether head section 38' has experienced at least a 3 degree increase in position by comparing the current head angle to the previous head angle. If the head angle has increased by at least approximately 3 degrees, the process 4800 continues to step 4806. If the head section 38' has not been elevated by at least approximately 3 degrees, then process 4800 returns to step 4802. It is understood that 3 degrees is an exemplary value and that a change in the head angle may be indicated by a greater or lesser value as appropriate. Of course, during this time, pressure control system 3000 continues to periodically measure the pressure of the seat section 4392 to make sure that it is within the desired ranges.

It should be appreciated that if a change in position occurs in the downward direction, i.e., head section 38' is lowered, then at step 4804 no pressure increase in the seat section 4392 is triggered. If a change in position occurs in the upward direction by at least 3 degrees, i.e., head section 38' is elevated, then at step 4806 the inflation pressure of seat section is increased. In other words, a “seat boost” is applied to seat section 4392, meaning that seat section 4392 is initially over-inflated for a brief period of time to compensate for the above-mentioned weight shift. At block 4808, a timing decision is executed by the controller 3004 to determine if the pressure boost exceeds a predetermined time, illustratively between 1 second and 30 seconds. In one illustrative embodiment, the predetermined time is set at approximately 15 seconds. If the pressure boost does not exceed the predetermined time, then the pressure boost continues at block 4806. If the predetermined time has passed, then the process 4800 continues to block 4810, where the pressure boost is terminated.

Examples of the initial “seat boost” pressures are shown in Table 11. After the seat boost period expires, process 4800 adjusts the pressure of seat section 4392 to the desired level based on patient weight and head angle, as determined by the look-up Table 7 as detailed above.

Referring now to FIG. 161, process 4900 for providing a sudden elevation or “boost” of pressure in the seat section

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4392 likewise is triggered when the patient Sits up in the bed 10' such that the patient's weight is supported mostly or entirely by the seat section 4392. Process 4900 begins at block 4902 with the controller 3004 monitoring the patient sensors or FSRs 5002, 5004, 5006, 5008, 5010. At decision block 4904, the controller 3004 queries whether the head section patient sensors or FSRs 5002, 5004, 5006 detect the presence of a patient in the head section 38'. If block 4904 is answered in the affirmative, then the process returns to block 4902 and the controller 3004 continues monitoring the FSRs 5002, 5004, 5006, 5008, 5010. If at block 4904 the head section FSRs 5002, 5004, 5006 do not detect a patient, then the process continues to block 4906.

At decision block 4906, the controller 3004 queries whether the patient weight (Patient_Weight) is greater than a predetermined amount. In the illustrative embodiment, the predetermined amount is approximately 100 pounds. If the value of Patient_Weight is not greater than approximately 100 pounds, then the process returns to block 4902. In other words, the no pressure boost will occur in the seat section 4392 if the determined patient weight is not greater than approximately 100 pounds. If the value of Patient_Weight is greater than approximately 100 pounds, then the process 4900 continues to block 4908 where the inflation pressure of seat section 4392 is increased. In other words, a “seat boost” is applied to seat section 4392, meaning that seat section 4392 is initially over-inflated for a brief period of time to compensate for the above-mentioned weight shift. The seat boost continues indefinitely as long as the decision blocks 4904 and 4906 are answered affirmatively. Of course, during this time, pressure control system 3000 continues to periodically measure the pressure of the seat section 4392 to make sure that it is within the desired ranges.

Examples of the initial “seat boost” pressures are shown in Table 11. After the seat boost period expires, process 4900 adjusts the pressure of seat section 4392 to the desired level based on patient weight and head angle, as determined by the look-up Table 7 as detailed above.

Patient Turn Assist

In addition to other functions discussed above and elsewhere in this disclosure, pressure control system 3000 of dynamic surface module 518 controls the operation of turn assist bladder assembly 4220 during the turn assist mode of operation. Turn assist bladders 4358, 4360 are configured to be selectively inflated to assist a caregiver in turning or rotating a patient, e.g., for therapy or treatment reasons. One embodiment of a process 3032 for controlling operation of turn assist bladders 4358, 4360 is shown in FIG. 159 described below. Process 3032 is implemented using application software stored in memory 3010 of microcontroller 3004. The structure of turn assist bladders 4358, 4360 is described elsewhere in this application.

At step 3034 of FIG. 159, process 3032 detects whether a request has been received to activate one of turn assist bladders 2262, 2264. In the illustrated embodiment, such a request is initiated by an operator or caregiver activating one of the turn assist buttons 1624, 1626 (FIG. 75) located on siderail controllers 52, 54. However, it is understood that other means for activating the turn assist may be used. For example, control system 44 may be programmed to automatically activate one or more of the turn assist buttons 1624, 1626 at scheduled times during the day or night.

At decision step 3036, prior to initiating the turn assist function, process 3032 checks to make sure that the siderails 4020, 4022 located on the side of patient support 10' that the patient is being turned toward are in the up position, based on

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signals provided by siderail position detectors **60**. If one or more of siderails **4020**, **4022** on the side of patient support **10'** toward which the patient is being turned is not in the up position, an error signal is generated at step **3038** and process **3032** ends. In the illustrated embodiment, an audible or visual signal is generated for a brief period or until the siderail or siderails **4020**, **4022** are brought to the up position. Thus, in the illustrated embodiment, the siderails **4020**, **4022** toward which the patient is being turned must be in the up position in order for the turn assist process to initiate. It is possible, however, that in other embodiments, a caregiver or operator may override this restriction, or that this restriction may be made optional, for example, depending on the circumstances of a particular patient.

At step **3040**, process **3032** checks to see if the angle of head section **38'** (Head_Elevation) is less than, equal to, or greater than a predetermined maximum angle. In the illustrated embodiment, the maximum head angle is about 25° degree. In one embodiment, signals are provided by the position detector **606** directly to the dynamic surface module **518**, which determines the head angle. Alternatively, the head angle determination is made by logic module **512** which reports the head angle to dynamic surface module **518** for use in process **3032**, via CAN network **510**. If the head angle is less than or equal to 25° degree., then the turn assist process continues to step **3044**. However, if the head angle is greater than about 25° degree., an error signal is generated at step **3042**, and the turn assist process is not permitted to continue.

At step **3044**, the weight of the patient (Patient_Weight) being supported by patient support **10'** is determined as described above so that a desired pressure based on patient weight is applied to the selected turn assist bladder **4358**, **4360**.

At step **3046**, if first turn assist button **1624** is activated, first turn assist bladder **4358** inflates to rotate a person in patient support **10'** upwardly in a counter-clockwise from the perspective of a person standing behind head section **38'**. If second turn assist button **1626** is activated, second turn assist bladder **4360** inflates to rotate the person upwardly in the opposite direction as rotated in response to activation of first turn assist button **1624**. Inflation of the selected turn assist bladder **4358**, **4360** raises one side of the patient to a predetermined angle. In the illustrated embodiment, the selected turn assist bladder **4358**, **4360** inflates to rotate the patient onto his or her side at about a 20 degree angle with respect to mattress **4014**, in approximately 20-50 seconds, depending on the weight or size of the patient. It is understood that the predetermined angle and speed of inflation may be changed or modified as needed based on a variety of factors, including the purpose for rotating the patient.

A timer is set at step **3048** when the selected turn assist bladder **4358**, **4360** is inflated. The selected turn assist bladder **4358**, **4360** remains inflated for a predetermined period of time and is then automatically "reset" or deflated. The predetermined time is empirically determined by the needs and desires of the patient and caregiver in an operating environment and illustratively is a time within a range of approximately 5 seconds to approximately 5 minutes. In the illustrative embodiment, the duration of turn assist inflation is about 10 seconds. At step **3050** the timer counts out this wait period. After the wait period is complete (e.g., after 10 seconds), an audible or visual signal is generated to indicate to the patient and caregiver that the selected turn assist bladder **4358**, **4360** is about to enter a "post-turn assist" mode or phase.

In the post-turn assist mode, process **3032** begins deflating the selected turn assist bladder **4358**, **4360** at step **3052**. In the illustrated embodiment, deflation is expedited by quickly

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"hyperinflating" bladders of the head and seat sections **4390** and **4392** to a firm, "post-turn assist" inflation pressure (see, e.g., Table 6 and Table 7). Inflation of head and seat sections **4390** and **4392** exerts pressure on turn assist bladders **4358**, **4360** causing turn assist bladders **4358**, **4360** to expel air more rapidly. Alternatively, a vacuum mechanism may be coupled to turn assist bladders **4358**, **4360** to accelerate deflation.

Monitor activity step **3060** is a step that is periodically executed during the turn assist operation. This process detects whether a patient or caregiver attempts to utilize other bed features while the turn assist is in operation. Additional details regarding the operation of the dynamic surface module are provided above.

CPR Configuration

Patient support **10'** may be placed in the preferred CPR configuration by providing an indication to control system **44** which in turn controls actuators **48c**, **48d**, **48e** to place head, seat, and leg sections in a generally linear relationship, controls pump **4064**, to inflate upper bladder assembly **4222** to the desired pressures, and controls deck support **24** to lower a head end relative to a foot end. In the illustrative embodiment, the control system **44** inflates the bladder assembly **4394** of the head section **4390** to its desired CPR pressure before it inflates the bladder assembly **4396** of the seat section **4392** to its desired CPR pressure. As such, the head section **4390** reaches its desired firmness prior to the seat section **4392**. This functionality is desirable since CPR procedures typically require pressure to be applied to the upper torso or chest of a patient.

Mattress Air Pump

Pump **64** is configured to provide pressurized air to manifold **62** and the pneumatic devices of mattresses **14**, **4014**. As shown in the illustrative embodiment of FIGS. **162** and **163**, pump **64** includes a support bracket **5440** coupled to a strut **211** of weigh frame **36**, a pump cover support plate or bracket **5444** supported by support bracket **5440**, a pump cover **5446** supported by housing support bracket **5444**, a pump unit support bracket **5448** also supported by housing support bracket **5444**, a pump unit **5450** supported by pump unit support bracket **5448**, and a filter and muffler unit **5452** supported on the outside of pump cover **5446**.

Many pump units, such as pump unit **5450**, create noise and vibration during operation. Several of the components of pump **64** are configured to reduce the transmission of the noise and vibration generated by pump unit **5450**.

As shown in FIGS. **113** and **162-164**, support bracket **5440** includes a pair of saddle-shaped portions **5454** that hook or loop over strut **211** and four arms **5456** that extend down from saddle-shaped portions **5454**. U-shaped rubber or elastic members **5458** (only one is shown in FIG. **163**) are positioned between saddle-shaped portions **5454** and strut **211** as shown in FIG. **164** to reduce the vibration transmitted from pump **64** to strut **211**.

Saddle-shape portions **5454** includes apertures **5460** sized to receive fasteners **5462** that couple bracket **5440** to strut **211**. Similarly, strut **211** includes apertures **5464** sized to receive fasteners **5462**. However apertures **5464** are large enough that strut **211** does not come into contact with fasteners **5462** to avoid a direct, rigid coupling between bracket **5440** and strut **211** (FIG. **164**). Rather coupling occurs through U-shaped rubber members **5458**.

Pump cover support bracket **5444** includes four arms **5466** that include fastener-receiving notches **5468**. Rubber or elastic grommets **5470** (only one is shown in FIG. **163**) are provided that are received in each of notches **5468**. Each grom-

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met **5470** includes two head portions **5472**, an annular groove **5474** defined between head portions **5472**, and a fastener-receiving aperture (not shown) sized to receive fasteners **5476** therethrough.

Grommets **5470** are positioned in notches **5468** so that head portions **5472** overlaps portions of arms **5466** and portions of arms **5466** are positioned in grooves **5474**. As shown in FIG. **162**, lower head portions **5472** of grommets **5470** are positioned on top of arms **5456** of support bracket **5440** so that lower head portions **5472** are positioned between support bracket **5440** and pump cover support bracket **5444**. Fasteners **5476** extends through grommets **5470** so that upper head portions **5472** are positioned between head portions of fasteners **5476** and arms **5466** and a nut (not shown) coupled to lower thread portions of fasteners **5476** abut the undersides of arms **5456**. Because portions of grommets **5470** are positioned between fasteners **5476** and arms **5466**, **5456**, no rigid, direct coupling is provided between pump cover support bracket **5444** and support bracket **5440**.

Pump cover **5446** is coupled to pump cover support bracket **5444** by a plurality of fasteners **5478**. A foam gasket **5480** is compressed between pump cover bracket **5444** and pump cover **5446** to reduce the transmission of noise and vibration. Similarly, a foam lining **5482** is provided on the interior surfaces of pump cover **5446**. According to an alternative embodiment of the present disclosure a foam lining is also provided on the underside of pump cover support bracket **5444**.

Pump unit support bracket **5448** is welded or otherwise rigidly coupled to the underside of pump cover support bracket **5444** so that pump unit support bracket **5448** is suspended within an interior region **5484** defined by foam lining **5482**. Preferably, no portion of pump unit support bracket **5448** or pump unit **5450** touch foam lining **5482**.

Pump unit **5450** is supported on pump unit support bracket **5448** by at least four resilient feet **5486** (only one such foot is shown in FIG. **163**) made of a rubber material. As shown in FIG. **166**, each foot **5486** includes four annular head portions **5488** that define annular grooves **5490** therebetween, a support portion **5492** positioned between head portions **5488**, and two pull portions **5494** positioned at opposite ends. As shown in FIGS. **163** and **166**, pump unit **5450** illustratively includes a plurality of apertures **5496** and pump unit support bracket **5448** includes a plurality of apertures **5498** sized to receive feet **5486**. To install feet **5486**, an assembler inserts pull portions **5494** through respective apertures **5496**, **5498** and pulls on pull portions **5494** until the upper-most and lower most head portions **5488** are pulled through respective apertures **5496**, **5498**. After assembly, portions of pump unit support bracket **5448** and pump unit **5450** are positioned in annular grooves **5490** as shown in FIG. **166**.

An alternative embodiment resilient foot **5510** is shown in FIG. **167** coupled to pump unit **5450** and pump unit support bracket **5448**. Resilient foot **5510** includes a body portion **5512** made of a rubber or elastic material, a nut **5514**, and a threaded stud **5516**. Body portion **5512** is molded around nut **5514** and threaded stud **5516**. To couple foot **5510** to pump unit **5450** and pump unit support bracket **5448**, a bolt **5518** is threaded into nut **5514** and a nut **5520** is threaded onto stud **5516**. Preferably, portions of body portion **5512** are positioned between nut **5514** and pump unit **5450** and between stud **5516** and pump unit support bracket **5448** to provide increased frictional contact therebetween.

As shown in FIG. **162**, a lower end of filter and muffler unit **5452** is positioned in an inverted cover or pan **5522** of pump cover **5446**. Pan **5522** includes three side walls **5524**, **5526**, **5528** and a bottom wall **5530**. Side walls **5524**, **5526**, **5528**

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cooperate to form a pair of slits or inlets **5532** therebetween and side wall **5526** includes a pair of apertures **5534**. As shown in FIG. **165**, lower end of filter and muffler unit **5452** is spaced apart from bottom wall **5530** by a distance **5531** so that a downwardly facing inlet **5536** of filter and muffler unit **5452** is spaced apart and facing bottom wall **5530**. A cable tie **5538** is provided that wraps around filter and muffler unit **5452** and extends through apertures **5534** to couple filter and muffler unit **5452** to side wall **5526**.

If liquid is sprayed into or otherwise enters pan **5522**, it will drain out of slits **5532**. Furthermore, because inlet **5536** is facing and relative close to bottom wall **5530**, liquid cannot be sprayed into inlet **5536** through slits **5532** from outside of pan **5522** because the path between slits **5532** and inlet **5536** is non-linear. Thus, pan **5522** blocks any direct spray path into inlet **5536** so that it is difficult for liquid to enter filter and muffler unit **5452**.

Preferably, filter and muffler unit **5452** is configured to filter out many impurities in the air so that these impurities are not introduced to pump unit **5450**, manifold **62**, or mattress **14**. With further reference to FIGS. **163** and **165**, air from filter and muffler unit **5452** is communicated to pump unit **5450** through tube **5540** coupled to an outlet **5542** of filter and muffler unit **5452**. Tube **5540** extends through a tube-receiving notch **5544** in pump cover support bracket **5444** shown in FIG. **103** and couples to an inlet fitting **5546** of pump unit **5450**.

During operation, pump unit **5450** generates noise that can travel through tube **5540**. Filter and muffler unit **5452** is configured to attenuate this noise so that it is not introduced into the patient environment.

Another tube **5548** is coupled to an outlet fitting **5550** of pump unit **5450** that supplies pressurized air to manifold **62**. Tube **5548** extends through another tube-receiving notch **5552** in pump cover support bracket **5444**. Tube **5548** extends along strut **211** of weight frame **36** as shown in FIG. **18** until it reaches longitudinally extending member **198** of weight frame **36**. As shown in phantom in FIG. **18**, tube **5548** extends toward foot end of patient support **10** along an inner side of longitudinally extending member **198** until it reaches a middle portion thereof. Then, tube **5548** turns inward toward the center of patient support **10**. As shown in FIG. **13**, tube **5548** extends through an aperture **5556** and extends up head section **38** of deck **26** between two strut members **5558** (shown best in FIG. **45**) of head section **38** until it reaches T-connector **2412** of manifold **62** as shown in FIGS. **117** and **118**.

A further illustrative embodiment mattress air pump **4064**, as shown in FIGS. **168** and **170**, includes a support bracket **5640** coupled to strut **211** of weight frame **36**, a pump cover support plate or bracket **5644** supported by support bracket **5640**, a pump cover **5646** supported by housing support bracket **5644**, a pump unit support bracket **5648** also supported by housing support bracket **5644**, a pump unit **5650** supported by pump unit support bracket **5648**, and a filter and muffler unit **5652** supported inside pump cover **5646**. Pump unit **5650** draws air through filter and muffler unit **5652** from outside of pump **4064** and provides the air to manifold **62**.

As shown in FIGS. **169** and **170**, support bracket **5640** includes a saddle member **5654** that hangs from strut **211** and a support member **5657** having four arms **5656** that extend away from saddle member **5654**. A pair of rubber or elastic grommets **5658** are positioned between respective tab sets **5659** of saddle member **5654** and strut **211** as shown in FIG. **170** to reduce the vibration transmitted from pump **4064** to

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strut 211. Steel sleeves 5661 (only one is shown in FIG. 169) are welded in place within strut 211 to receive grommets 5658.

Tab sets 5659 includes apertures 5660 sized to receive fasteners 5662 that couple bracket 5654 to strut 211. Similarly, strut 211 includes apertures 5664 sized to receive steel sleeve 5661. When positioned in apertures 5664, portions of steel sleeves 5661 extend below the bottom of strut 211 as shown in FIG. 170. Steel sleeves 5661 are welded to strut 211 along two lines 5665 (as shown in FIG. 169) defined between the bottom of strut 211 and sleeve 5661.

Steel sleeves 5663 (only one is shown in FIG. 169) are positioned in respective grommets 5658 to receive fasteners 5662. Grommets 5658 are sandwiched or positioned between strut 211 and bracket 5654 and strut 211 and fasteners 5662 to avoid a direct, rigid coupling between bracket 5654 and strut 211. Rather, the coupling occurs through grommets 5658.

Pump cover support bracket 5644 includes four arms 5666 that include fastener-receiving notches 5668. Resilient bushings 5670 and provided that are received in each of notches 5668. Bushings 5670 are positioned in notches 5668 so that upper head portions 5671 of bushings 5670 overlap portions of arms 5666 and a shank portions 5673 are positioned in notches 5668 as shown in FIG. 173. Resilient washers 5675 are positioned on top of arms 5656 of support bracket 5640 so that the lower head portions are positioned between support bracket 5640 and pump cover support bracket 5644. Fasteners 5676, such as machine screws, extend through metal washers 5677 and bushings 5670 so that washers 5677 and upper head portions 5671 of bushings 5670 are positioned between head portions of fasteners 5676 and arms 5666. Fasteners 5676 are screwed into arms 5656. Because portions of bushings 5670 and washers 5675 are positioned between fasteners 5676 and arms 5666, 5656, no rigid, direct coupling is provided between pump cover support bracket 5644 and support bracket 5640.

Bushings 5670 and washers 5675 are preferable made of thermoset, polyether-based, polyurethane material sold under the name SORBOTHANE by Sorbothane, Inc. of Kent, Ohio. SORBOTHANE-brand material is a visco-elastic material. According to alternative embodiments, other resilient or elastic materials such as rubber are used for the bushings and washers.

Pump cover 5646 is coupled to pump cover support bracket 5644 by a plurality of fasteners 5678. As shown in FIG. 171, a foam lining 5680 is provided in an interior region 5684 defined by pump cover 5646 and pump cover support bracket 5644 to reduce the transmission of noise and vibration. Foam lining 5680 includes a foam top 5682 adhered to pump cover support bracket 5644, a foam wall 5683 adhered to the walls of pump cover 5646, and a foam bottom 5685 adhered to the bottom of pump cover 5646. Foam top 5644 provides a seal between pump cover 5646 and pump cover support bracket 5644. Foam lining 5680 is made of acoustic damping material to attenuate noise introduced inside pump cover 5646.

Pump unit support bracket 5648 is welded or otherwise rigidly coupled to the underside of pump cover support bracket 5644 so that pump unit support bracket 5648 is suspended within an interior region 5684 defined by foam lining 5680. As shown in phantom in FIG. 171, pump unit 5650 extends into and compresses portions of foam lining 5680.

Pump unit 5650 is supported on pump unit support bracket 5648 by at least four resilient feet 5686 (only two such feet are shown in FIG. 169) made of a rubber or elastic material. Additional description of suitable resilient feet 5686 is provided above.

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As shown in FIG. 171, filter and muffler unit 5652 is held in interior region 5684 by a flange 5688 welded to a sidewall 5690 of pump cover 5646. Before assembly, flange 5688 toward the center of pump cover 5646. During assembly, filter and muffler unit 5652 is positioned adjacent flange 5688. Flange 5688 is then bent toward sidewall 5690 to the position shown in FIG. 169 to press filter and muffler unit 5652 into foam lining 5680 as shown in FIG. 171.

As shown in FIG. 171, an inlet 5710 of filter and muffler unit 5652 is coupled to a tube or hose 5712 that extends through an aperture or inlet 5714 in pump cover 5646. A grommet 5716 is positioned in aperture 5714 to provide a seal between tube 5712 and pump cover 5646. A tube cover 5718 is welded to pump cover 5646 that cover an end 5713 of tube 5712 extending out of pump cover 5646. Tube cover 5718 includes three sidewalls 5720, 5722, 5724 and a top wall 5726. Sidewalls 5720, 5722, 5724 cooperate with pump cover 5646 to form an aperture or inlet 5728.

If liquid is sprayed into or otherwise enters cover 5646, it will drain out of aperture 5728. Furthermore, because end 5713 of tube 5712 is facing and relative close to wall 5722 of cover 5718, liquid cannot be directly sprayed into inlet end 5713 of tube 5712 through aperture 5728 from outside of pan cover 5718 because the path between aperture 5714 and aperture 5728 is non-linear. Thus, cover 5718 blocks any direct spray path into end 5713 of tube 5712 so that it is difficult for liquid to enter filter and muffler unit 4652.

Interior components (not shown) of filter and muffler unit 5652 filter out many impurities in the air so that these impurities are not introduced to pump unit 5650, manifold 62, or mattress 4014. Air from filter and muffler unit 5652 is communicated to pump unit 5650 through interior region 5684 from an outlet 5642 of filter and muffler unit 5652. During operation of pump unit 5650, air from interior region 5684 is drawn into an inlet 5730 of pump unit 5650 that is spaced apart from filter and muffler unit 5652. This creates negative pressure within interior region 5684. Because of the pressure difference between interior region 5684 and the environment outside of pump 5660, air is drawn into interior region 5684 through filter and muffler unit 5652. This air enters interior region 5684 defined by foam lining 5680 before entering into inlet 5730 of pump unit 5650. Thus, foam lining 5680 defines a portion of the path of travel of the air through pump unit 5650.

Because inlet 5730 of pump unit 5650 is not directly coupled to filter and muffler unit 5652, noise exiting pump unit 5650 is not directly transmitted to filter and muffler unit 5652. This noise exits pump unit 5650 into interior region 5684 and is attenuated by foam lining 5680. Any noise that enters outlet 5642 of filter and muffler unit 5652 from interior region 5684 is attenuated further by filter and muffler unit 5652. Furthermore, because pump unit 5650 is not directly coupled to filter and muffler unit 5652, most vibration generated by pump unit 5650 is not transmitted outside of pump 4064 by tube 5712.

Another tube 5732 is coupled to an outlet fitting 5734 of pump unit 5650 that supplies pressurized air to manifold 62. Tube 5732 extends through an aperture 5736 in pump cover support bracket 5644. A grommet 5738 is positioned in aperture 5736 to provide a seal between tube 5732 and pump cover support bracket 5644. As shown in FIG. 172, support member 5657 includes a notch 5739 that provides clearance for tube 5732 to extend through support member 5657. Pump unit 5650 also includes a power cord 5740 that extends through a cord-receiving notch 5742 in pump cover support bracket 5644 and couples to the power supply.

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Although the invention has been described in detail with reference to certain preferred embodiments, variations and modifications exist within the spirit and scope of the invention as described and defined in the following claims.

The invention claimed is:

1. A patient support apparatus comprising:
a mattress having at least one inflatable bladder;
a pressure control system which is operable to inflate and deflate the at least one inflatable bladder; and
a controller area network (CAN) communicating with the pressure control system, the CAN having a number of modules and a serial bus connecting the modules such that the modules are in communication with each other.

2. The patient support apparatus of claim 1, wherein one of the number of CAN modules includes a caregiver control module.

3. The patient support apparatus of claim 2, wherein the caregiver control module is electrically coupled to a plurality of input devices each configured to allow a user to control operation of various functions of the patient support apparatus.

4. The patient support apparatus of claim 3, further comprising a bed frame configured to support the mattress therein, wherein the input devices include a left siderail controller coupled to a left siderail of the frame and a right siderail controller coupled to a right siderail of the frame.

5. The patient support apparatus of claim 2, wherein one of the number of CAN modules includes a dynamic surface module configured to control inflation and deflation of the mattress.

6. The patient support apparatus of claim 5, wherein the dynamic surface module includes the pressure control system.

7. The patient support apparatus of claim 6, wherein the pressure control system includes a plurality of valve solenoids configured to open and close to adjust the level of inflation of the mattress.

8. The patient support apparatus of claim 6, wherein the pressure control system includes a plurality of pressure transducers configured to sense air pressure within the at least one inflatable bladder.

9. The patient support apparatus of claim 8, wherein the pressure control system includes an A/D converter configured to convert the voltage measurement output from the pressure transducers to a digital value.

10. The patient support apparatus of claim 5, wherein the pressure control system includes a pump configured to inflate the at least one inflatable bladder.

11. The patient support apparatus of claim 5, wherein the dynamic surface module includes a mattress sensor configured to detect whether the mattress has been connected to the CAN.

12. The patient support apparatus of claim 11, wherein the mattress sensor is a Hall effect field sensor.

13. The patient support apparatus of claim 1, further comprising a bed frame configured to support the mattress thereon, wherein one of the number of CAN modules includes a logic module configured control movement of bed frame.

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14. The patient support apparatus of claim 13, wherein the logic module is electrically coupled to an angle sensor configured to measure the angle of a head section of the mattress.

15. The patient support apparatus of claim 14, wherein the angle sensor is a potentiometer.

16. The patient support apparatus of claim 13, wherein the logic module is electrically coupled to a temperature sensor configured to measure the temperature of a linear actuator of the patient support apparatus.

17. The patient support apparatus of claim 16, wherein the logic control module is in electrical communication with at least one of an angle sensor, a motor sensor, and a siderail position sensor.

18. The patient support apparatus of claim 16, wherein the scale module is in electrical communication with a plurality of load cells coupled to the bed frame and a bed exit sensor coupled to the bed frame.

19. The patient support apparatus of claim 16, wherein the dynamic surface module is in electrical communication with a plurality of pressure transducers configured to measure the air pressure within the head section, seat section, and foot section bladders of the mattress.

20. The patient support apparatus of claim 1, wherein the CAN includes an addressing system wherein each module of the CAN is able to broadcast a message on the serial bus to all modules.

21. The patient support of claim 20, wherein the message includes an identifier such that each module is configured to determine whether to process the message depending upon whether the message is relevant to a particular module.

22. A patient support apparatus comprising:

a bed frame;

a mattress supported on the bed frame, the mattress having at least one inflatable bladder; and

a controller area network (CAN) having a plurality of interconnected modules for controlling the operation of the bed frame and the mattress.

23. The patient support apparatus of claim 22, wherein the plurality of interconnected modules includes one or more of a logic module configured to control movement of the bed frame, a power supply module configured to supply power to the CAN, a scale module configured to weigh a patient positioned on the mattress, a dynamic surface module configured to control pressure within the at least one inflatable bladder, a caregiver module configured to process caregiver inputs, and a sidecomm module configured to control at least one of a nurse call function and room lighting.

24. The patient support apparatus of claim 22, wherein each module includes a controller, a transceiver and associated electronics.

25. The patient support apparatus of claim 22, wherein the CAN further includes a serial bus connecting the modules such that each module is configured to transmit data on the serial bus and receive data from the bus.

26. The patient support apparatus of claim 25, wherein multiple modules of the CAN are able to access the serial bus generally simultaneously.

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