



WARRIOR® BOXER LACER

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|----------------|---|
| | SINGLE PATIENT USE |
| | NON-STERILE |
| | NOT MADE WITH NATURAL RUBBER LATEX |
| RX ONLY | FEDERAL U.S.A. LAW RESTRICTS THIS DEVICE TO SALE OR USE BY OR ON THE ORDER OF A PHYSICIAN OR PROPERLY LICENSED PRACTITIONER. |

IMPORTANT INFORMATION

Please read all instructions, warnings and precautions before use. Correct application is essential for proper functioning of the product. Use only on the person it was provided to by a healthcare professional and only for the use it was intended.

INTENDED USE

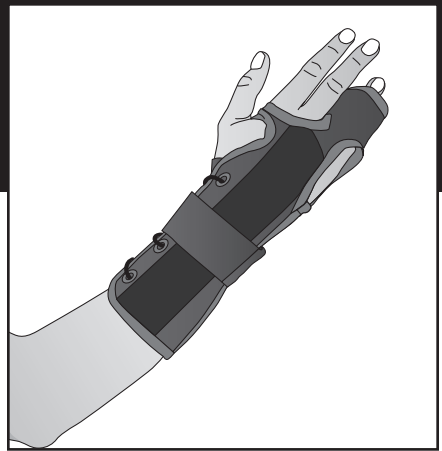
The DeRoyal® Warrior® Boxer Lacer brace is intended to provide support and alignment to the fourth and fifth digits, the fourth and fifth metacarpals and the wrist.

INDICATIONS

Boxer's Fracture; Metacarpal Fracture; Proximal Phalanx Fracture; Middle Phalanx Fracture

CAUTIONS

- This product is to be fitted initially by a physician or properly licensed practitioner who is familiar with the purpose for which it is intended. The physician or practitioner is responsible for providing wearing instructions and precautions to other healthcare practitioners or healthcare providers involved in the patient's care as well as the patient.
- Consult your physician or properly licensed practitioner immediately if you experience sensation changes, unusual reactions, swelling or increased pain while using this product.
- Discontinue use if pressure ulcers develop.
- Follow the instructions of your physician or properly licensed practitioner for duration of use. These instructions do not supersede hospital protocol and/or direct orders of patient's physician.
- Discontinue use of the device and consult physician or properly licensed practitioner if



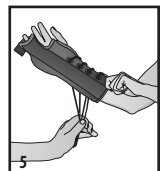
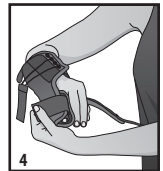
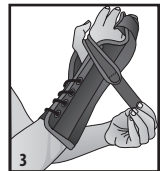
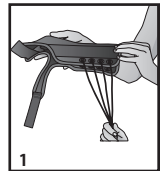
it becomes damaged in any way, limiting its ability to perform as intended.

- Inspect brace for damaged or missing components prior to patient application.
- Inspect the fit of the brace on the patient to ensure fit is proper. **DO NOT OVERTIGHTEN.**

INSTRUCTIONS FOR USE

FOR 4TH AND 5TH DIGIT FIT:

1. Open all hook and loop closures and slide the hand into the sleeve of the brace. The 4th and 5th digits should rest inside the finger support area on top of the enclosed palmar stay.
2. Bend the palmar stay to the desired angle of support for healing.
3. Once the palmar stay is set to the desired angle, secure the hand closure between the thumb and index finger, ensuring that the palmar stay remains centered on the palm and the dorsal stay remains centered over the top of the wrist. Dorsal stay may be bent as necessary.
4. Secure the finger closure to the desired level of comfort.
5. Pull the wrist hook tab away from the brace to fully tighten the laces then wrap around the wrist and secure with hook and loop. **DO NOT OVERTIGHTEN.**



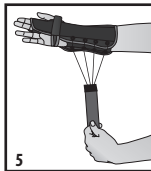
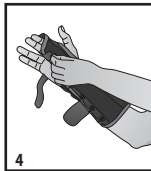
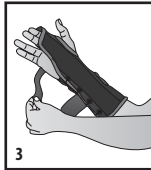
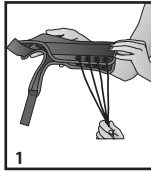
NOTE: The brace should fit snug but remain comfortable.



FOR 2ND AND 3RD DIGIT FIT:

NOTE: The default fit of this brace is for a 4th and 5th digit injury. However, the brace can also be used on the opposite hand for a 2nd and 3rd digit injury. To support a right hand injury of a 2nd and 3rd digit use a left handed brace. To support a left handed injury of 2nd and 3rd digit use a right handed brace.

1. Open all hook and loop closures and slide the hand into the sleeve of the brace. The 2nd and 3rd digits should rest inside the finger support area on top of the enclosed palmar stay. The thumb should be inserted in the thumb hole.
2. Bend the palmar stay to the desired angle of support for healing.
3. Once the palmar stay is set to the desired angle, secure the hand closure around the side of the palm and secure to the palm area, ensuring that the palmar stay remains centered on the palm and the dorsal stay remains centered over the top of the wrist. Dorsal stay may be bent as necessary.
4. Secure the finger closure to the desired level of comfort.
5. Pull the wrist hook tab away from the brace to fully tighten the laces then wrap around the wrist and secure with hook and loop. **DO NOT OVERTIGHTEN.**



NOTE: The brace should fit snug, but remain comfortable.

CLEANING INSTRUCTIONS

Hand wash with mild detergent in lukewarm water. Air dry completely prior to reapplication.

STORAGE AND TRANSPORT CONDITIONS

| | |
|--|-------------------------|
| | KEEP DRY |
| | KEEP AWAY FROM SUNLIGHT |

In addition to the competent authority in the country where the patient resides, serious incidents must be reported to DeRoyal Industries, Inc.

WARRANTY

DeRoyal® products are warranted for ninety (90) days from the date of shipment from deroyal as to product quality and workmanship. **DEROYAL'S WRITTEN WARRANTIES ARE GIVEN IN LIEU OF ANY IMPLIED WARRANTIES, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.**



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PART#0-1944 | REVISED 1/2023

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