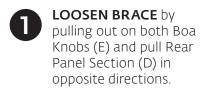


Application of Brace:





APPLY BRACE by inserting hand into the Donning Mitt pocket (Al) and wrapping the Belt Wings (A) around the waist.



Panel (B) on back. The Exos logo on the Front Panel (C) should be facing upright and away. The point of the Tall Rear Panel should be facing up.



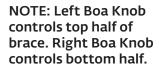


For more information including application videos, please visit

DJOGlobal.com/products/exos/exos-form-ii-back-brace or call 888.405.3251

TIGHTEN BRACE by pushing in both Boa Knobs and turn knobs

clockwise.





OPTIMAL COMPRESSION: When sitting down, prior to sitting, release compression by pulling-out on Boa Knobs. Once seated, tighten compression by pushing in on Boa Knobs. When standing up, tighten compression if necessary.

BRACE REMOVAL: Loosen brace compression by pulling-out on Boa Knobs. Detach hook and loop connection on Belt Wings and remove brace.

USE AND CARE (CLEANING & STORAGE INSTRUCTIONS): Hand wash in cold water, less than 86°F (30°C), using mild soap. Air dry. NOTE: If not rinsed thoroughly, residual soap may cause irritation and deteriorate material. Do NOT iron. Do NOT expose to heat over 120°F (49°C). Do NOT tumble dry. Do NOT bleach.

MATERIAL CONTENTS: Nylon, Polyethylene, Polyester, Antimicrobial, Polyurethane, Stainless Steel, Polycarbonate, Thermoplastic Elastomer, Polyoxymethylene, Carbon Steel, Acrylic Adhesive. FOR SINGLE PATIENT USE ONLY. NOT MADE WITH NATURAL RUBBER LATEX.

CONTRAINDICATIONS: Pregnancy and circulation, pulmonary, cardiovascular or skeletal conditions which have risk to be made worse as a result of compression and/or pressure.

For product assistance, please contact Product Support at 1.888.405.3251 or email product.specialist@djoglobal.com

WARRANTY: DJO, LLC will repair or replace all or part of the unit and its accessories for material or workmanship defects for a period of six months from the date of sale. To the extent the terms of this warranty are inconsistent with local regulations, the provisions of such local regulations will apply.

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Next Appointment:
Date:
Time:



