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TO: Healthcare Providers

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RE: Boxer Splint

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I first came up with the idea to develop a versatile lightweight metacarpal fracture brace out of necessity. I had numerous patients that would follow up in my office several weeks after being treated for a "boxer's fracture" with an ulnar gutter splint that was placed in the emergency room. In most cases, these splints were poorly fitted, falling apart or failed to keep the MCP joint at 90° degrees. I found that there was nothing "off-the-shelf" to put them in. The Galveston splints were not trustworthy and incidentally do not have an L-Code, so they cannot be billed. There are several other products that immobilize the 5th metacarpal in extension, but as most surgeons know this can result in a very stiff MCP joint.

The Boxer Splint is a very versatile product and this is the key...it can be utilized in the ER where it can be used to treat acute fractures. The ER physician can save time and the hassle of placing an ulnar gutter splint. I also recommend using it in the office several weeks after splint immobilization for acute fractures. Orthopedic surgeons that evaluate these fractures in the office need a splint to place patients in after the initial immobilization and the Boxer Splint is great for this purpose. The key points that I would stress to orthopedic surgeons are as follows:

1. It saves cast tech time. The Boxer Splint can be applied in 1 minute, as compared to 10 minutes to apply a cast.
2. It eliminates one of the hardest casts to roll.
3. It is customizable and this is important for two reasons. First, if the surgeon wants to start moving the wrist after several weeks, trauma scissors can be used to cut the proximal portion of the splint without compromising fracture immobilization. Secondly, the brace can be customized with a heat gun and potentially billed as a custom orthosis.
4. It is reimbursable under the L-Code of L3807.

Please don't hesitate to e-mail me with any questions at dmgoumas@hotmail.com.

Sincerely,

Douglas Goumas, MD