



ExoCustomTM

Solaris Collection by L&R USA INC.

Custom Flat-knit Daywear Compression Garments



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Customer Service

Customer Service Representatives are available to assist you from 7 AM to 7 PM Central, Monday through Friday.

Tel: (855) 892-4140, (414) 892-4140
Fax: (414) 892-4150
Email: Inquiries@us.LRmed.com

L&R USA INC.
3880 W Wheelhouse Road
Milwaukee, WI 53208 USA



What's New? 

ExoCustom™

Solaris Collection by L&R USA INC.

ExoCustom™ is now a part of the Exo™ product family.

ExoCustom™ is a custom flat-knit daywear compression garment with a superior fit that is made to your patients' exact measurements. For those who love the ready-to-wear ExoStrong™ line, try our new ExoCustom™ – personalized for fit, donning preferences and optional modifications. With ExoCustom™ and TributeNight™, L&R USA INC. now offers you a 24/7 custom compression solution.

Field of Application:

- Therapeutic compression for daytime management of various stages of lymphedema/edema
- Maintain reduced volume and shape of upper and lower extremities

Features Benefits:

- Flat-knit structure/material
- Made to patient's exact measurements
- Made of high quality, durable material
- Manufactured in Milwaukee, WI USA
- Machine wash and dry
- Does not contain natural rubber latex
- Comfortable and breathable
- Superior fit
- Pairs well with ExoStrong™ and ExoSoft™ gloves
- ExoCustom™ and TributeNight™ provides a complete 24/7 custom compression solution

Exo™ Product Family

ExoStrong™

Ready-to-wear flat-knit garments that provides high containment while remaining comfortable. The ExoStrong™ gloves pair well with the ExoStrong™ and ExoCustom™ arm sleeves.



Glove
UE-AC



Gauntlet
UE-BC



Arm
Sleeve
UE-CG



Below
Knee
LE-AD



Thigh
High
LE-AG

Compression Level

20-30 mmHg

ExoSoft™

Circular-knit garments that provide comfortable gradient compression with excellent breathability.



Glove
UE-AC



Gauntlet
UE-BC



Arm
Sleeve
UE-CG



Below
Knee
LE-AD



Thigh
High
LE-AG

Compression Level

15-20 mmHg (LE only)
20-30 mmHg

ExoFusion™

Circular-knit stocking that provides comfortable gradient foot compression with excellent breathability.



Below
Knee
LE-AD

Compression Level

20-30 mmHg
(Over Foot)

ExoSheer

Discreet, sheer fabric offers efficient gradient compression and maximum breathability.



Below
Knee
LE-AD Thigh
High
LE-AG

Compression Level

8-15 mmHg
15-20 mmHg
20-30 mmHg



ExoCustom™

Solaris Collection by L&R USA INC.

Upper Extremity

Styles		Descriptions
UE-CG		Wrist to Axilla

ExoCustom™

is available in all upper extremity styles within wrist to axilla measurements.




Compression Classes




CLASS 1	CLASS 2	CLASS 3
18-21 mmHg	23-32 mmHg	34-46 mmHg

Color Options

Black	Beige
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Modifications for Upper Extremity Garments

Modifications	Options	Available Styles
	Silicone	Width 3.5 cm or 5 cm widths
		Diameter coverage Full or 3/4 (3/4 inside placement only)
		Placement location Inside or Top
	Pocket	Placement location Location customized for troublesome or sensitive areas
	Zipper	Placement location Location customized to assist with donning

Styles		Descriptions
LE-AD		Below Knee
LE-AG		Thigh High
LE-BG		Ankle to Groin

ExoCustom™

is available in all lower extremity styles within toes to groin measurements.




Compression Classes

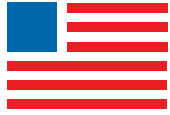
CLASS 1	CLASS 2	CLASS 3
18-21 mmHg	23-32 mmHg	34-46 mmHg

Color Options



Modifications for Lower Extremity Garments

Modifications	Options	Available Styles
 <p>Silicone</p>	Width	3.5 cm or 5 cm widths
	Diameter coverage	Full or 3/4 (3/4 inside placement only)
	Placement location	Inside or Top
 <p>Pocket</p>	Placement location	Location customized for troublesome or sensitive areas
 <p>Zipper</p>	Placement location	Location customized to assist with donning



ExoCustom™ Measuring and Order Forms



ExoCustom™ Lower Extremity Measuring and Order Form



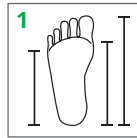
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

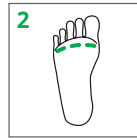
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.

Ordering Information

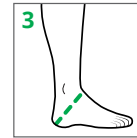
Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	



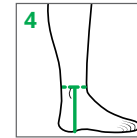
1
Foot Lengths



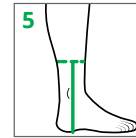
2
A_c
Circumference at MTP



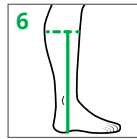
3
Y_c
Circumference at Instep / Heel



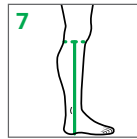
4
B
Floor to Narrowest Point of Ankle



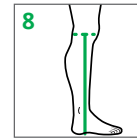
5
B¹
Floor to Narrowest Point of Calf
Calf transition



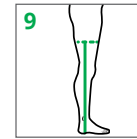
6
C
Floor to Widest Point of Calf



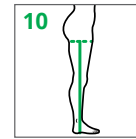
7
D
Floor to Base of Patella



8
E
Floor to Mid-Patella



9
F
Floor to Mid-Thigh

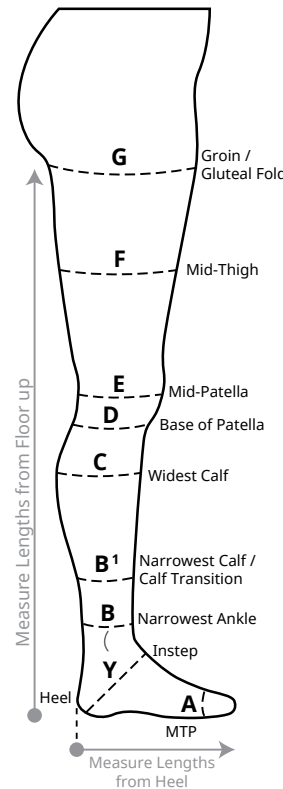


10
G
Floor to Gluteal Fold

LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	Gℓ <input type="text"/>
F _c <input type="text"/>	Fℓ <input type="text"/>
E _c <input type="text"/>	Eℓ <input type="text"/>
D _c <input type="text"/>	Dℓ <input type="text"/>
C _c <input type="text"/>	Cℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ ℓ <input type="text"/>
B _c <input type="text"/>	Bℓ <input type="text"/>
Y _c <input type="text"/>	Yℓ <input type="text"/>
A _c <input type="text"/>	Aℓ <input type="text"/>

Please measure in centimeters

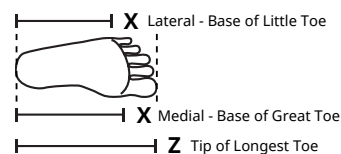


RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	Gℓ <input type="text"/>
F _c <input type="text"/>	Fℓ <input type="text"/>
E _c <input type="text"/>	Eℓ <input type="text"/>
D _c <input type="text"/>	Dℓ <input type="text"/>
C _c <input type="text"/>	Cℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ ℓ <input type="text"/>
B _c <input type="text"/>	Bℓ <input type="text"/>
Y _c <input type="text"/>	Yℓ <input type="text"/>
A _c <input type="text"/>	Aℓ <input type="text"/>

FOOT LENGTH MEASUREMENTS

LEFT	
Lateral Xℓ <input type="text"/>	Base of Little Toe
Medial Xℓ <input type="text"/>	Base of Great Toe
Closed Toe Zℓ <input type="text"/>	Tip of Longest Toe



Foot tracings are always appreciated

RIGHT	
Lateral Xℓ <input type="text"/>	Base of Little Toe
Medial Xℓ <input type="text"/>	Base of Great Toe
Closed Toe Zℓ <input type="text"/>	Tip of Longest Toe

Email forms to: customerservice@us.LRmed.com

Fax forms to: (414) 892-4150

REV 08/16

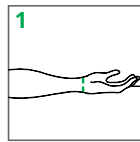
ExoCustom™ Upper Extremity Measuring and Order Form



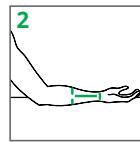
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

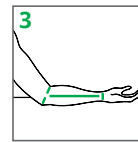
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



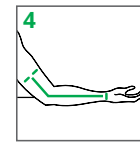
1
C Distal Wrist Crease



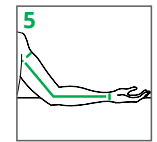
2
D Distal Wrist Crease to Mid-Forearm



3
E Distal Wrist Crease to Elbow Crease



4
F Distal Wrist Crease to Mid-Biceps
Follow bend of arm



5
G Distal Wrist Crease to Axilla
Follow bend of arm

Ordering Information

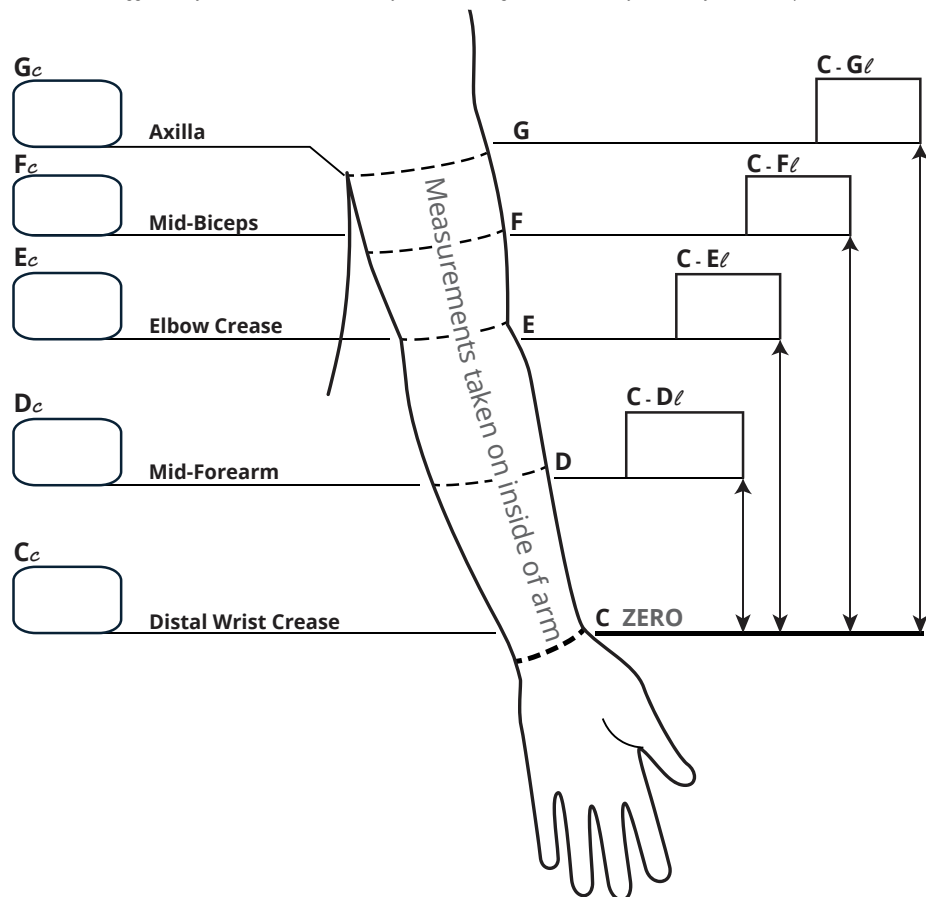
Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Modifications	
Qty	Pocket - Elbow
	Silicone (select Width and Place options)
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	

CIRCUMFERENCE c

Please measure in centimeters

LENGTH ℓ

We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.



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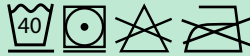
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REV 08/16

Questions? Call (855) 892-4140



Care Instructions



Washing

- Machine wash with mild detergent in warm water
- Don't use bleach or fabric softeners

Drying

- Machine dry on permanent press
- Do not iron

Indications

- Various stages of lymphedema
- Edema

Contraindications

- Arterial insufficiency or degeneration / ABPI < 0.8
- Moderate to severe peripheral arterial disease
- Untreated congestive heart failure
- Untreated infection (i.e. cellulitis)
- Allergies or sensitivities to materials
- Absent or severe peripheral neuropathy (impaired sensation)
- Precautions
 - Severe cognitive impairment
 - Absent or severe peripheral neuropathy (impaired sensation)

Materials

Material content for all ExoCustom™ products: Nylon, LYCRA®, Lyocell

How to Order

L&R USA INC. places a high importance on providing products exclusively through medical professionals. For a complete list of retail locations in your area, visit solarismed.com/where-to-buy.

If your facility provides durable medical equipment, call (855) 892-4140 or email inquiries@us.LRmed.com to begin the account process.

L&R USA INC. representatives are available to assist you from 7 AM until 7 PM Central, Monday through Friday at (414) 892-4140.

Warranties

Sure-FitSM Guarantee

Every client deserves a great fitting garment. L&R USA INC. is proud to provide customers with an exclusive Sure-FitSM Guarantee. If the ExoCustomTM garment does not fit as desired within two weeks of shipment, L&R USA INC. will alter or remake the garment free of charge.

Six-Month Warranty

Each ExoCustomTM garment is backed by a six-month warranty. Garments are guaranteed to be free of manufacturing or material defect for six months from the manufacturer's ship date. If the garment is found to be defective, L&R USA INC. will provide the necessary adjustments at no cost.

General

ExoCustomTM garments are made in Wisconsin. Typically, customers receive their garment within 7-10 business days after an order is placed.

Returning Garments

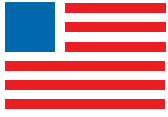
It is important that a garment with a suspected problem be returned to L&R USA INC. as soon as possible. If needed, please call our customer service team to receive a return authorization at (414) 892-4140. Without the return of the garment it is difficult to determine the exact nature of the issue and find an appropriate solution.

Custom product return authorizations (RA's) are valid for the time permitted under the original warranty. After that time the RA will become void.

All garments returned to L&R USA INC. must be laundered and in clean, sanitary condition. Any garment returned unlaundered will be returned to the customer without inspection due to biohazard potential.

Returns and Cancellations

Since ExoCustomTM products are custom made, they cannot be returned nor refunded.



What are people saying about ExoCustom™?



“ The overall fit, comfort and quality of my ExoCustom is excellent. I highly recommend ExoCustom to anyone living with edema.

-Darryl T. ”

“ I’m able to get a better grip on ExoCustom’s sturdy material, which makes it easier for me to fold and don my garment.

-Shelly F. ”

“ My ExoCustom fits well, controls my swelling and doesn’t slide down like some other garments I’ve tried in the past.

-Winford C. ”

L&R USA INC.

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Web: www.Lohmann-Rauscher.us