Anatomically and medically engineered to accommodate First Responder treatment with:

1. A fast, easy, fail-safe compact traction device.
2. An Adaptor (for treatment of most fracture types and)
3. A comprehensive Cravat System, as well as the multiversatile SAM Splints.
The Complete Fracture Response System

The SX405 Sager Emergency Fracture Response System has been anatomically and medically engineered to accommodate First Responder treatment with 1, a fast, easy, fail-safe compact traction device, 2, a SX405 Adaptor™ (for treatment of most fracture types), 3, a comprehensive Cravat System, as well as the multi-versatile SAM Splints. Combined, these three items set the stage for today’s extreme rescue environments.

Exceptional value, safety, performance, traction and immobilization.

Exact documentation of traction force applied and required.

Extreme environment capabilities: Designed for use in extreme military environments, as well as rugged, harsh, mountain rescue and urban environments.

Features and Benefits of the SX405 Emergency Traction Splint

- Indicated for treatment in proximal third and mid-shaft femoral fractures. As such, has a much broader range of application and use than other traction devices.
- From field to hospital: The SX405 when applied, is radio lucent to all areas of a femoral fracture. Radio lucent design enables X-rays, and CATSCANS to be taken without removing the splint.
- Compact, robust and light weight – easily stored or carried in most backpacks. Folds into a 14” x 11” x 5” carry case.
- Universal: fits adult or child (5th to 99th percentile of patients). One splint has the capacity to treat four different patient types.
- Treats unilateral or bilateral fractures.
- Rapid assembly. The SX405 unfolds and is ready to apply in under 15 seconds.
- Rapid one-person application (can be applied in under 2.5 minutes). Frees other attendants for other patients or procedures.
- Reduces further trauma and pain.
- Promotes rapid recovery with fewer complications.
- Applied in any position (patient can be nursed in any position).
- Straight in-line traction. Alignment, traction and counter-traction is the same as that provided to patients in operating room theatres undergoing orthopedic surgical reductions and splinting. As with surgical procedures, Sagers’ application of traction avoids point pressure on the sciatic nerve and related vascular structures – in the critical proximal third of femoral fractures. By design, Sager splints do not have a half-ring posteriorly; this eliminates any pressure on the sciatic nerve and most importantly eliminates the angulation of the fracture site, which may occur with ischial pad splints.
- Can be applied under or over Shock Trousers.
- Stays within the body silhouette. Does not extend beyond the feet of an adult. Eliminates transport complications in helicopters, fixed wing, and van type ambulances. If the patient fits in a stokes basket – the Sager fits!
- Super durable composite plastic construction – years of use – practically indestructible.
Quantifiable, Dynamic Traction™

- Sager Emergency Traction Splints are the only traction splint available on the world market today that continuously shows the exact amount of traction being applied. The quantifiable feature (Sagers' traction handle/scale) enables First Responders to set and document the traction force applied. Traction is measurable in both pounds and kilograms. Besides being Quantifiable, the traction is Dynamic. The dynamic function permits the traction to decrease as the spasm releases.
- No fear of over-traction and the complications associated with excess traction.
- You always have the correct amount of safe traction.

Features and Benefits of the SX405 Fracture Response System

- Super durable composite plastic construction — radio lucent design enables X-rays to be taken without removing the splint.
- Universal; will treat any fracture. You always have the right equipment for any type of fracture, any size of patient.
- Enables splinting in position found — no movement of fractures means less injury and pain.
- Rapid assembly, rapid application — assembles in under 15 seconds, application on fracture in less than 2 minutes. Fast rescue, less pain.
- Splints within the body silhouette — no protruberances outside of silhouette. Makes extraction from confined space of wreckage easier, less time consuming and with fewer complications.
- Engineered for comfort and safety — splint padding consists of closed cell foam — does not absorb fluids, easily cleaned and decontaminated.
- Comprehensive Tensor Cravat System — 3 widths, 16 lengths — ensures universal fit. Can be used to immobilize and compress, treat sprains, strains, contusions, flail chests, clavicle fractures, provide slings, control sucking chest wounds as well as temporarily immobilize and compress pelvic fractures.
- Superior Performance — removable shoulder strap does double duty — can be used and applied as a sling for upper limb injuries or used as a convenient shoulder strap to carry compact case.
- Secure cravat packaging allows instant size identification and application in wind and rain, saving time and confusion when selecting appropriate cravats for various applications.
- Includes (Optional) Security Cravats: for use on small subset of patients who may be agitated, struggling, or uncooperative due to drug use or brain injury.
- Floats! All components of SEFRS — with the exception of the SX405 Adaptor™ float – (the Adaptor™ floats when used in conjunction with main components).

SAM Splints

- Universal — ensures wide range of splinting on wide range of patients and injuries. Treats fractured fingers, neck injuries, upper limb, lower limb, and ankles. Can be used separately or in conjunction with the SX405 Sager Emergency Fracture Response System — ensuring the optimum in treatment standards.
- SAM Splints are made from malleable aluminum with closed cell foam padding. These splints do not absorb fluids, or stick to wounds. Radio-lucent design enables X-rays.

See parts and accessories at the end of this brochure
Step 1 - Position

Position the Sager SX405 between the patient’s legs, resting the ischial perineal cushion (the saddle) against the ischial tuberosity, with the shortest end of the articulating base towards the ground. In the case of a unilateral fracture, the splint should be placed in the perineum on the side of the injury. In bilateral fractures, excluding pelvic trauma, the side with the greatest degree of injury should be the side of placement. Apply the abductor bridle (thigh strap) around the upper thigh of the fractured limb. Push the ischial perineal cushion gently down while at the same time pulling the thigh strap laterally under the patient’s thigh. This will seat the lower end of the cushion comfortably against the ischial tuberosity. Tighten the thigh strap lightly. Lift the spring clip to extend the inner shaft on the SX405 until the crossbar rests adjacent to the patient’s heels.
Step 2 ★ Set
Note the absence or presence of distal pulses, check for sensation. Position the malleolar harness (ankle harness) beneath the heel(s) and just above the ankle(s). Fold down the number of comfort cushions needed to engage the ankle above the medial and lateral malleoli. Using the attached hook and loop straps wrap the ankle harness around the ankle to secure snugly. Pull control tabs to engage the ankle harness tightly against the crossbar. Apply Quantifiable Dynamic Traction™. Grasp the padded shaft of the SX405 with one hand and the red traction handle with the other; gently extend the inner shaft until the desired amount of traction is recorded on the traction scale. It is suggested to use 10% of the patient’s body weight per fractured femur up to 7kg (15 pounds) for each leg. If bilateral fractures are present – the maximum amount would be 14kg (30 pounds). At the hollow of the knees, gently slide the large tensor cravat through and sizer it upwards to the thigh, repeating with the smaller cravats to minimize lower and mid-limb movement.

Step 3 ★ Secure
Adjust the abductor bridle (thigh strap) at the upper thigh making sure it is not too tight, but snug and secure, then firmly secure the tensor cravats. Apply the pedal pinion (figure 8 strap) around the feet to prevent rotation. Note the absence or presence of distal pulses, check for sensation. Patient is now ready for transport.

Warning: All Operators should receive full and proper initial/refresher instruction sessions from a qualified person on detailed use of this equipment and regarding the particular situations in which it should be used.

Multiple Fractures
If a patient has multiple fractures, femur as well as tibia-fibula fractures, use of the Sager is recommended. In the case of ankle fractures along with a femur fracture, an air splint should be placed over the ankle with the Sager malleolar harness (ankle harness) applied over the air splint. This method was developed by innovative Paramedics to provide traction with alignment and immobilization of all fractures1.

1 Please defer to federal, state, and/or local protocol for definitive analysis and guidelines.
The SX405 has been designed for rapid one person assembly and application when used as a traction splint. The splint can be assembled and applied in under 2.5 minutes. To assemble the splint, simply unfold and secure into place. The SX405’s unique semi-attached design ensures that no major parts will be lost or incorrectly assembled.

1 Remove and unfold the outer shaft assembly.

Position:

a. Position the Sager SX405 between the patient’s legs, resting the ischial perineal cushion (the saddle) against the ischial tuberosity, with the shortest end of the articulating base towards the ground.

Set:

b. Fold down the number of comfort cushions needed to engage the ankle above the medial and lateral malleoli.

Secure:

e. Adjust the abductor bridle (thigh strap) at the upper thigh making sure it is not too tight, but snug and secure, then firmly secure the tensor cravats.
c. Using the attached hook and loop straps wrap the ankle harness around the ankle to secure snugly.

d. Pull control tabs to engage the ankle harness tightly against the crossbar. Apply Quantifiable, Dynamic Traction™. Grasp the padded shaft of the SX405 with one hand and the red traction handle with the other; gently extend the inner shaft until the desired amount of traction is recorded on the traction scale.

f. Apply the pedal pinion (figure 8 strap) around the feet to prevent rotation. Note the absence or presence of distal pulses, check for sensation. Patient is now ready for transport.
How much traction should I apply?

Apply the amount of traction recommended by your medical consultant, or that required by protocol. For adults, the American Academy of Orthopedic Surgeons recommends gentle traction to a maximum of 7kg (15 pounds) per fractured femur (14kg (30 pounds for a bilateral fracture)). A general rule of thumb is 10% of the patient’s body weight per fractured femur. For example; if a patient weighing 45kg (100 pounds) has a single fracture, the appropriate amount of traction would be 4 ½kg (10 pounds). If that same person has a bilateral fracture, 9kg (20 pounds) would be estimated. The SX405 Sager Splint is designed to register a maximum of 14kg (30 pounds) of traction. There are rare circumstances, such as patients who have highly developed muscles, where the initial traction of more than the maximum of 14kg (30 pounds) is required. This is easily accomplished by temporarily extending the splint shaft beyond the 14kg (30 pound) stop, increasing the traction beyond the maximum registered. As the spasm releases the traction force decreases and can be recorded.

Indications and contraindications for the use of traction splints on femoral fractures.

Sager splints are indicated for use on proximal third and mid-shaft femoral fractures.

All traction splints of any kind are contraindicated in the case of fractured pelvises unless the Medical Consultant indicates otherwise, or a MAST Trouser has been applied – in which case a Sager Splint can be applied over the MAST Trousers. Supracondylar fractures of the knee and ankles fractures are also contraindicated. The contraindications listed above are only intended as a basic reference tool. Please defer to federal, state, and/or local protocol for definitive analysis and guidelines.

important: To fold Traction Assembly, grasp Traction Tube with thumb against Hinged Tab. Push Hinged Tab, as you would to turn on a flashlight, while gently pulling the solid bar. When solid bar stops, then fold, keeping the bar and tube in alignment.
Articulating Base and Cushion

Articulating Base and Cushion (the saddle) bends laterally for seating and exacting conformance to the ischial tuberosity. With a **SX405**, most perineal examinations and procedures can be performed with the splint in place – without compromising the comfort and safety of the patient. The **SX405**'s well-padded shaft cushion provides additional comfort and stability.

Shock Trousers

If shock trousers are used in cases of multiple trauma, Sager Splints may be used either over or under the shock garment to rapidly provide traction and alignment. The optimum in treatment is to apply the Sager Splint prior to the application of the trousers. In the case where trousers have already been applied, the splint may also be placed over the trousers with good results. If the splint is applied first, the patients’ fractured femur is stabilized and it becomes simple to clothe the patient in shock trousers. The shaft of the splint is closely applied to the medial side of the thigh and the ischial perineal cushion is located so that it lies in the perineal opening of the garment. In addition, since the splint is applied closely to the leg, there is excellent contouring of the pressure bladder of the trouser around the shaft of the splint and over the leg. The possibility of tenting between the shock trouser and the splint shaft is so small that it becomes negligible.

Comfort

How comfortable are Sager Splints against male and female genitalia? The ischial perineal cushion of the splint rests against the ischial tuberosity and with natural genital mobility the male genitalia can be checked and moved to ensure it is not under any pressure. During actual accident situations the clothing should be opened, cut and/or removed during the general assessment procedures. In practice trials, loose clothing should be worn to enable genital mobility. (Note: the structures used and pressed on are the same as sitting on a bicycle seat).
The SX405 Adaptor™ has been designed for rapid assembly and rapid application. The unit can be assembled and applied in under 60 seconds. To assemble the unit, simply follow the easy steps illustrated on the following pages. The SX405 has been designed to treat any fracture in the position found without patient movement or pain.

**Packing sequence:**

Note easy visualization of the various sized cravats which are firmly secured to both sides of the hinged panel. Lift the hinged panel to access compact Sager, Sam Splints and Extender Shafts.
SEFRS unique design ensures virtually pain-free application. The SEFRS Adaptor™ is lightly placed and centered over the fracture site and the arms aligned with each side of the fracture. Make sure that the arms of the Adaptor™ are parallel to the bone – not the muscle silhouette of the limb. The Adaptor™ is locked to retain the fracture configuration, then removed and attached to the padded splint shafts. SEFRS is an excellent device for extrication. When the splint is in place it remains within the silhouette of the injured limb; no extraneous parts to hang-up or impede when extricating patient.

For fractured femurs follow the existing SX405 application procedure of position, set and secure (see previous pages).

Initial steps and index of parts:

1. Press button latch and remove the Ischial Perineal Cushion. Store the Ischial Perineal Cushion in the SEFRS case.

- Variable range SEFRS Adaptor™ rotatable from 30 to 330 degrees
- With extenders in place and Adaptor™. The lengths noted will splint the 95th percentile of patients
- Soft closed cell foam pad on outer shaft, will not absorb fluids
- Colour coded extender with foam pad

“Study principles rather than methods. A mind that grasps principles will devise its own methods.”

A. Bruce Gill, MD.

Sourcebook of Orthopedics, Editor: Edward M. Bick, Williams & Wilkins Co., Baltimore, MD, 1948, Chapter 10, Fractures/General Principles, pg: 279
Treatment of all other fractures without traction. Fractures can be splinted in the position found.

1. Turn each of the red Adaptor™ Knobs counter-clockwise to unlock each of the rotatable arms.
2. Unlock this knob. Range of vertical motion; 30° to 330°.
3. Unlock this knob. Range of lateral motion; 30° to 330°.
   - note: One (1) full 360° rotation/turn of the knob is sufficient to make any adjustment you need.
4. Place the loose and malleable Adaptor™ on the fracture as shown. Make sure the arms of the device lay parallel, centered and in-line with the arms of the proximal and distal parts of the fractured limb. Lock the Adaptor™ arms by turning the knobs clockwise. Make sure teeth are aligned, then tighten.
5. Separate the two halves of the outer shaft as shown.
6. Insert the long arm of the Adaptor™ into the large hole in the outer shaft as shown.
7 Always insert the yellow marked short arm of the Adaptor™ into the colour coded yellow marked outer shaft.

8 Hook the bungy cords over the knobs to move them out of the way.

9 Splint is now ready to apply to the fracture.

10 Depending on patient size, add Extender Shafts to extend the length of the splint: red to red, black to black, then place prepared splint on fractured limb.

11 Apply tensor cravats as shown. Patient is now ready for extrication and transport.
Straight Leg Knee Injury
1 When splinting with Sager Emergency Response Fracture System (SEFRS) create a 6–10 degree valgus and lock into place on the distal half of the Splint.
2 This Tensor Cravat should be added.
- Distal to the head of the Fibula
- Normal 6-degrees valgus of the tibia/fibula at the knee joint

Extraction Procedure
1 After clearing obstruction with Jaws of Life; position of splint in preparation for extraction splinting of limb in position found.
2 If ankle is unstable, SAM SPLINTS can be used to immobilize with figure-of-eight strap.
Bent Knee Injury

1 Anterior position of Splint for bent knee injuries.

2 Place Tensor Cravats as shown. Knee immobilized.

A Traction splint is contraindicated in any knee injury. Proper leg splinting: Injuries at the knee should be splinted in position found. Attempt to straighten a bent knee is only indicated if pulses are absent and leg straightening is done without pain or resistance to movement.

SAM SPLINTS:

A (The C-Curve): Curve the Sam® Splint length-wise to create a longitudinal bend which gives the splint strength.

B (The Reverse C-Curve): Curve the outside edges in the opposite direction to make it even stronger.

C (The T-Curve): Double the SAM Splint or create a T-Bend for extra strength.
Fracture dislocation of the knee


2. Place Tensor Cravats as shown. Knee immobilized.

Alternate splint placement
Ankle Injury

1 Splint position for ankle injury.

2 Place Tensor Cravats as shown. Ankle immobilized.

A Traction splint is contraindicated in any knee injury.
Proper leg splinting: Injuries at the knee should be splinted in position found. Attempt to straighten a bent knee is only indicated if pulses are absent and leg straightening is done without pain or resistance to movement.
Dislocated Shoulder
1 Dislocation of shoulder splinted in position found.
2 Arm is immobilized.

Forearm Injury
1 Anterior view forearm injury.
2 Splinted forearm.
Fractured Elbow
- Distal pad can be rotated to fit in palm of the hand.

1 Splint position for fractured elbow.
2 Immobilized fractured elbow.

Elbow Injury
1 Elbow injury in position found and splinted.

Fractured Wrist or Forearm
1 Immobilized wrist or forearm.
The **SX405 SEFRS Sager Emergency Response System** comes complete with all accessories required for use:

1. One **SX405** Sager Extreme Compact Bilateral Emergency Traction Splint
2. One Ischial Perineal Cushion (saddle)
3. One Abductor Bridle (thigh strap)
4. One Carry Case
5. One Pedal Pinion (figure eight strap)
6. Two Malleolar Harnesses (ankle harnesses)
7. One **SX405 SEFRS Adaptor™**
8. Two colour coded **SX405** Extender Shafts
9. Two 2”x8” Tensor Cravat
   - Two 2”x10” Tensor Cravat
   - Two 2”x18” Tensor Cravat
   - Two 2”x24” Tensor Cravat
10. Two 4”x18” Tensor Cravat
    - Two 4”x24” Tensor Cravat
11. Two 6”x18” Tensor Cravat
    - One 6”x24” Tensor Cravat
    - One 6”x32” Tensor Cravat

*Combine cravats to increase length if needed (e.g. use a 24” and 32” for full body wrap).

12. Red and Black End Caps
13. Shoulder Strap/Sling
14. Six Security Cravats
15. Complimentary Biohazard Caps

**SAM SPLINT**

16. One 36” C-Curve Sam Splints
17. Two Sam Finger Splints

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**Caution:** This product contains Natural Rubber Latex, which may cause allergic reactions.
Cleaning Instructions

Software Goods, Stainless Steel and Adaptor™: “Manu-Klenz”¹ (i.e.: Sodium Dodecylbenzene Sulfonate and Coconut Diethylthanolamide). Effective manual washing of heavily soiled washable surfaces, medical instruments, counters, glass and plastic surfaces.

Directions: 1 ounce Manu-Klenz to 1 gallon water.

Stainless Steel: 70% Alcohol solution or above instructions.

Foam Rubber, Shaft and Extender Pad: “Precise”² Hospital Foam Cleanser/Disinfectant. (1, 2 or other comparable product).

Adaptor™: DO NOT DISASSEMBLE ADAPTOR TO CLEAN! Immerse in cleaning solution. Blow dry with high pressure.

Guarantee:

Each SX405 Sager Emergency Fracture Response System (SEFRS) has been tested and is guaranteed by Minto Research & Development, Inc. to be free of defects for a period of five years under normal usage.

Security Cravats: NOTICE TO ALL SEFRS USERS. There is a small subset of patients who may be agitated or struggling and uncooperative due to drug use or brain injury. These cravats can be used in special circumstances for tactical medical rescue situations.

In the normal course of splinting a patient, first apply the regular stretchable cravats to secure the limb. If there is a need to totally prevent any incidental movement due to extrication from a wreckage or struggling by the patient, apply the (non-stretchable) Security Cravats over the regular cravats to completely immobilize the patient. NOTE: It is vitally important to monitor patient circulation and sensation when Security Cravats are in place. There is a danger that these cravats can create a tourniquet effect and should be removed as early as possible or be loosened and tightened consistent with good blood circulation if there is a continuing need.
The complete fracture response system

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