acumed®

Acu-Loc® 2 Wrist Plating System

Surgical Technique

a Colson Medical | Marmon | Berkshire Hathaway Company

Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods, and approaches that improve patient care.

Acumed® Acu-Loc® 2 Wrist Plating System

The Acu-Loc 2 Wrist Plating System offers various plate families and screw technologies to treat multiple fracture patterns of the distal radius and distal ulna regions. Included are the Volar Distal Ulna Plates and the Volar, Dorsal, and Fragment Specific Distal Radius Plates.

Acumed has introduced the Acu-Loc 2 Volar Distal Radius (VDR) Plating System as the next generation in plating fixation. The system presents several new plate options, a unique two-piece locking compression screw, innovative instrumentation for fracture management, and new plate placement tools.

Some products shown and/or described may not be available in your distribution area. Please contact your local authorized Acumed distributor for any further information.

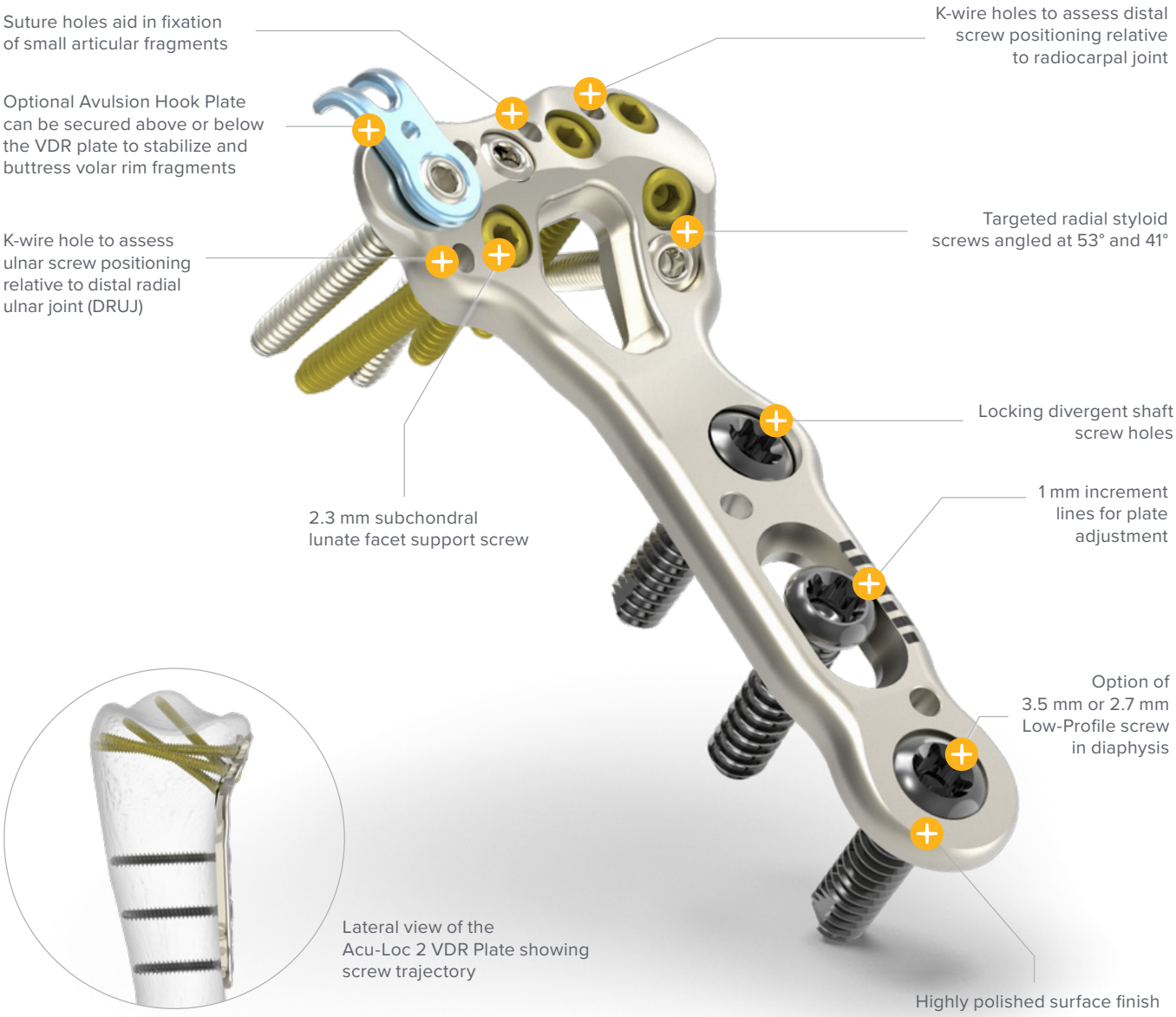
	Definition
Warning	Indicates critical information about a potential serious outcome to the patient or the user.
Caution	Indicates instructions that must be followed in order to ensure the proper use of the device.
Note	Indicates information requiring special attention.

Table of Contents

System Features

Acu-Loc 2 Volar Distal Radius (VDR) Plates

The standard Acu-Loc 2 Plate is designed to closely replicate the anatomical contours of the distal radius and may assist in restoring the original geometry. The 2.3 mm Locking Variable Angle Screws can be used in the distal styloid hole only for all silver-colored Acu-Loc 2 VDR Plates. Please see the 2.3 mm Locking Variable Angle Screw section for additional information.



Lateral view of the Acu-Loc 2 VDR Plate showing screw trajectory

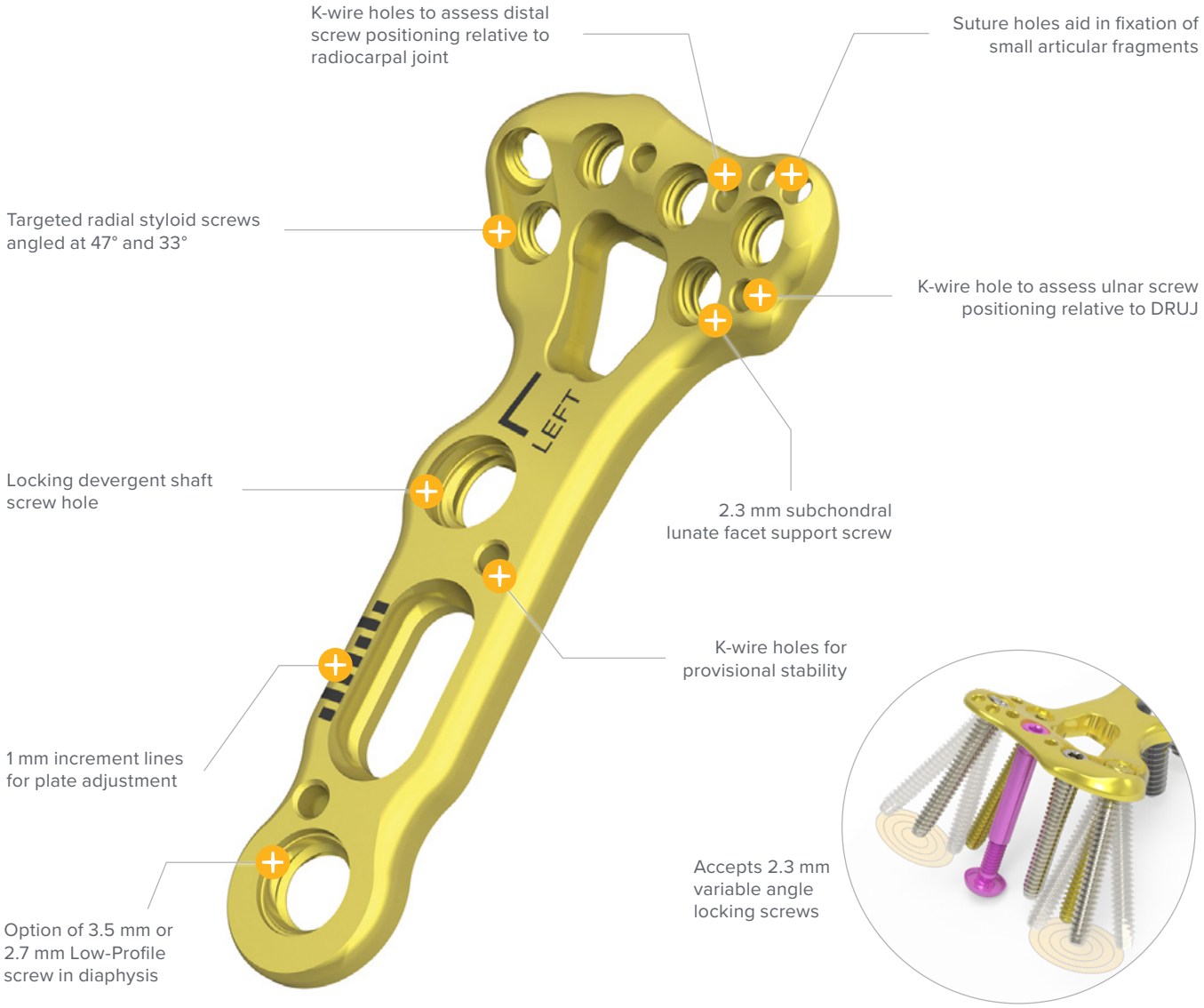
Acu-Loc 2 VDR Plate Options

Standard Left and Right Specific | **Narrow Left and Right Specific** | **Wide, Left and Right Specific** | **Standard Long, Left and Right Specific** | **Narrow Long, Left and Right Specific**

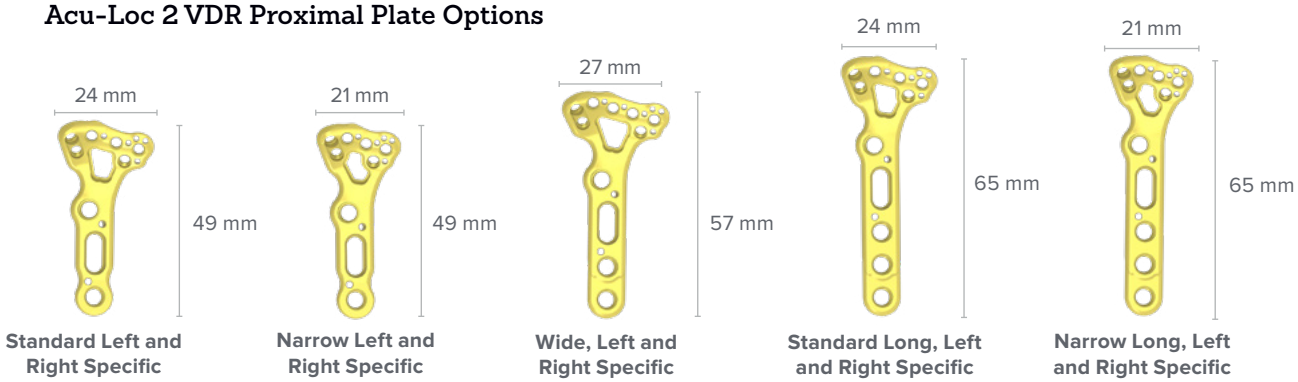
System Features [continued]

Acu-Loc 2 Volar Distal Radius (VDR) Proximal Plates

VDR Proximal Plates are designed to sit approximately 2 mm more proximal than the VDR Standard Plates. All 2.3 mm screws in the system, including the locking variable angle screws, may be used in any 2.3 mm screw hole of the Acu-Loc 2 VDR Proximal Plates. Please see the 2.3 mm Locking Variable Angle Screw section for additional information.



Acu-Loc 2 VDR Proximal Plate Options



System Features [continued]

Acu-Loc 2 VDR Extension Plates

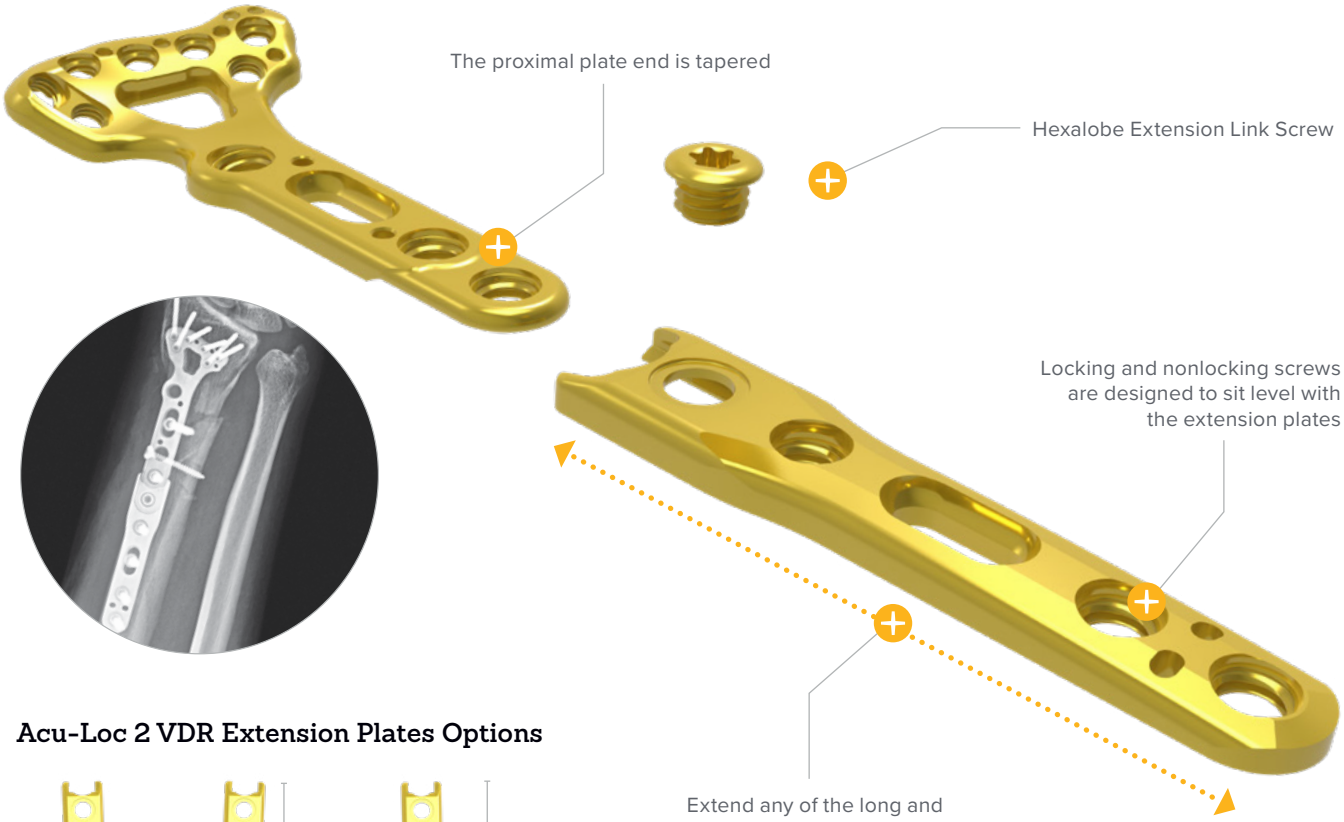
The Acu-Loc 2 VDR Plating System includes the ability to extend the Acu-Loc 2 VDR Proximal Plates. The Acu-Loc 2 VDR Extension Plates are rigidly locked with a Acu-Loc 2 VDR Plate (hex) Extension Link Screw (30-0093) or Acu-Loc 2 VDR Hexalobe Extension Link Screw (30-0100) to the following Acu-Loc 2 VDR Proximal Plates:

- Acu-Loc 2 VDR Proximal Standard Long Plates
- Acu-Loc 2 VDR Proximal Narrow Long Plates
- Acu-Loc 2 VDR Proximal Wide Plates

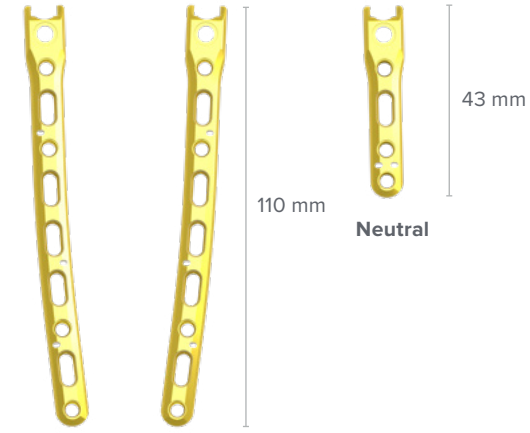
Long Extension Plates

Modular plate attachments allow surgeons to extend any of the long and wide proximal plates by an additional 110 mm. This option has both left and right plates to accommodate the radial bow. Plates are connected by a hex or hexalobe link screw.

Warning: The 2.7 mm Low-Profile Hexalobe Screw is not designed to be used with the Acu-Loc 2 Extension Plate (70-0364, 70-0365, 70-0366).



Acu-Loc 2 VDR Extension Plates Options



Available Plate Length Combinations

Plate Lengths with Extension	Wide	Narrow Long	Standard Long
Neutral Extension	100 mm	108 mm	108 mm
Long Extension	167 mm	176 mm	176 mm

System Features [continued]

Distal Radius Fragment Specific (DRFS) Plates

The Distal Radius Fragment Specific (DRFS) Plates are designed to independently address the inherent challenges of complex fractures. Fragment-specific plating is based on the three-column model that separates the ulnar and radial sides of the distal radius from the distal ulna. The three-column theory corresponds with the most common distal radius fracture patterns and enables anatomic reconstruction of intra-articular fracture fragments.

Volar Lunate Suture Plate

The Volar Lunate Suture Plate (70-0334) supports the volar ulnar corner of the radius. Sutures may be placed through the volar capsule and suture holes in the plate for fixation of these very small, but clinically important, bone fragments.

Divergent Radial Styloid Plate

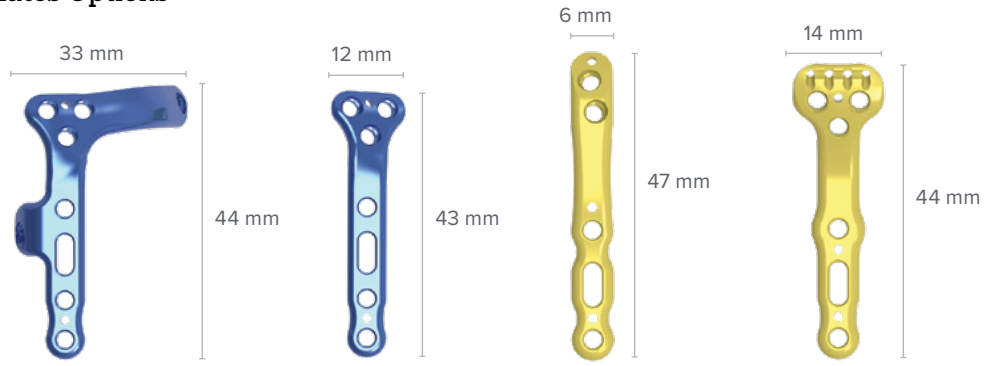
The Divergent Radial Styloid Plate (70-0331) buttresses the radial column. Two unicortical distal screws diverge to provide subchondral bone support, with one screw targeting the dorsal rim of the sigmoid notch and the other targeting the volar rim.

Dorsal Lunate and Dorsal Rim Buttress Plates

Used for stabilizing fracture patterns that involve the dorsal lunate facet of the distal radius and the sigmoid notch, the Dorsal Lunate Plate (70-0337 or 70-0338) provides support to the lunate facet. The Dorsal Rim Buttress Plate (70-0335 or 70-0336) is positioned on the dorsal ulnar side of the radius and extends radially to support dorsal rim comminution and the radial styloid. A screw can be inserted ulnar-to-radial for further radial styloid support.

Note: If the long ulnar-to-radial styloid screw is desired in the dorsal rim buttress plate, it is recommended to use the 2.0 mm Locking Drill Guide 6–46 mm (80-0592).

Distal Radius Fragment Specific (DRFS) Plates Options



Dorsal Rim Buttress, Left and Right Specific

Dorsal Lunate, Left and Right Specific

Radial Styloid

Volar Lunate Suture

DRFS Plate Reference Chart	
Gold	Neutral
Blue	Left-specific
Green	Right-specific

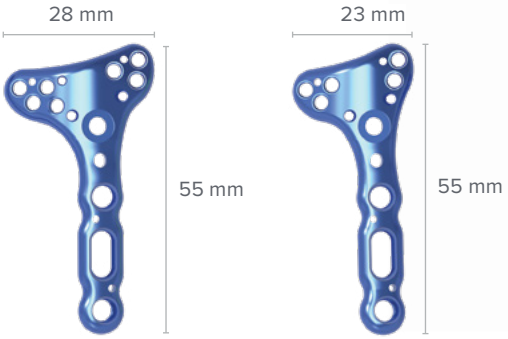
System Features [continued]

Distal Radius Fragment Specific (DRFS) Plates

Acu-Loc Dorsal Plates

The locking Acu-Loc Dorsal Plates offer a solution to treat distal radius fractures that need to be addressed from the dorsal side.

Acu-Loc® Dorsal Plate Options

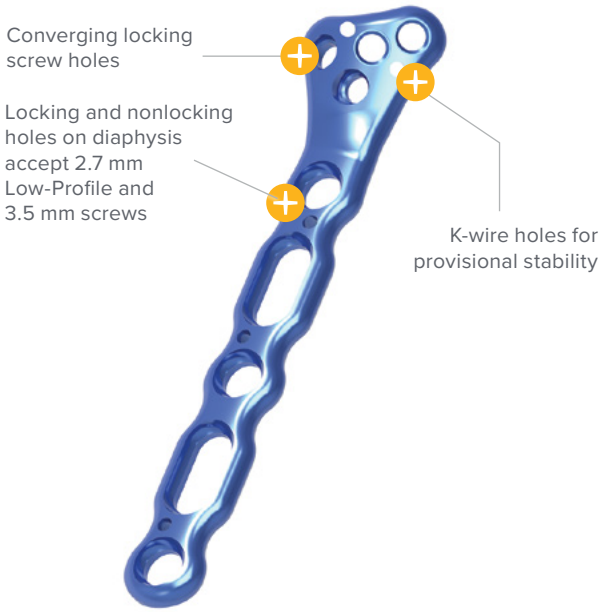


Standard, Left and Right Specific

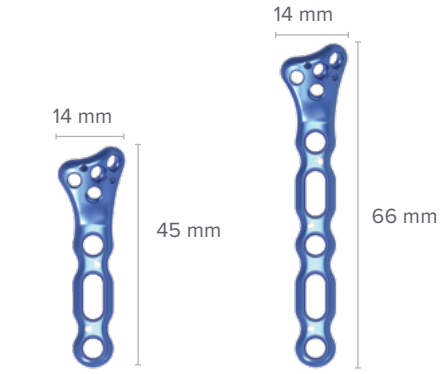
Narrow, Left and Right Specific

Acu-Loc® Volar Distal Ulna (VDU) Plates

The Acu-Loc VDU Plates are designed specifically for periarticular fractures of the distal ulna. The screw positioning and angulation targets distal fragments of the ulnar head and neck.



Acu-Loc VDU Plate Options



Standard, Left and Right Specific

Long, Left and Right Specific

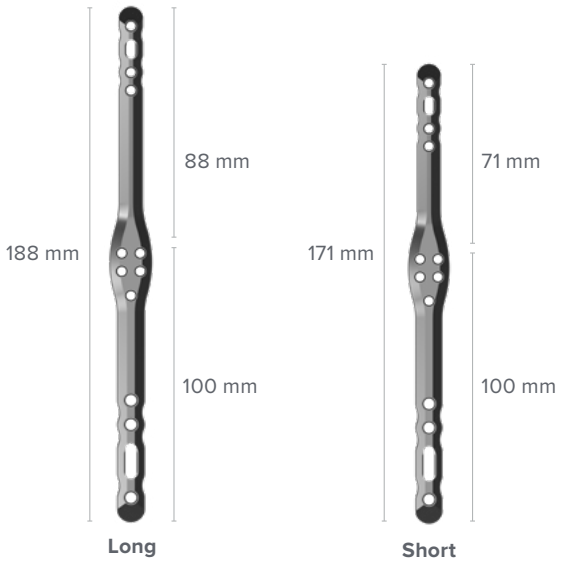
System Features [continued]

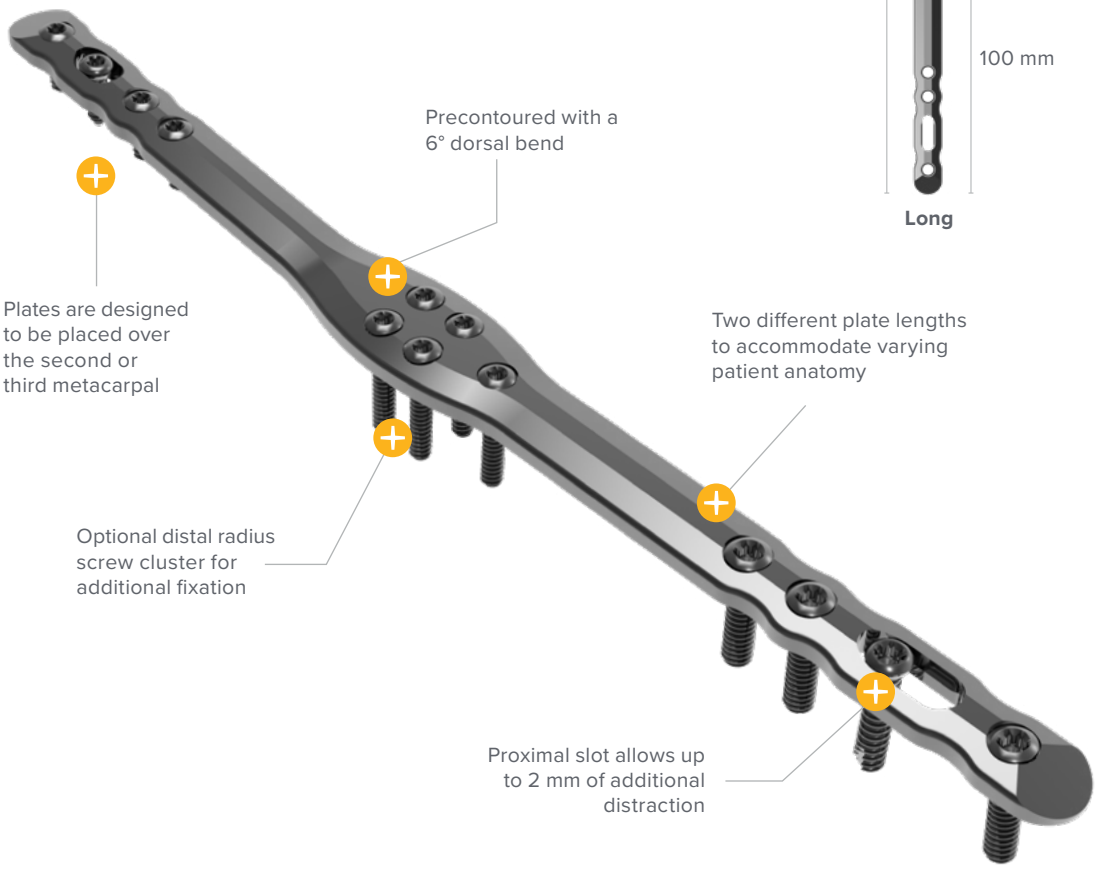
Wrist Spanning Plates

Designed to address complex distal radius fractures, these temporary fixators hold the wrist in distraction and provide ligamentotaxis while the distal radius heals.

For additional information on Acu-Loc Wrist Spanning Plates see HNW10-05.

Acu-Loc Wrist Spanning Plate Options





Note: The Acumed Acu-Loc Wrist Spanning Plate is designed to be used with 2.7 mm and 3.5 mm locking and nonlocking screws.

The Wrist Spanning Plate and 2.7 mm Locking and Nonlocking Hexalobe Screws come sterile-packed. 2.7 mm instrumentation may be placed in the Acu-Loc 2 Wrist Plating System utility bin.

The 3.5 mm Locking and Nonlocking Hexalobe Screws and instrumentation are included in the Acu-Loc 2 Wrist Plating System.

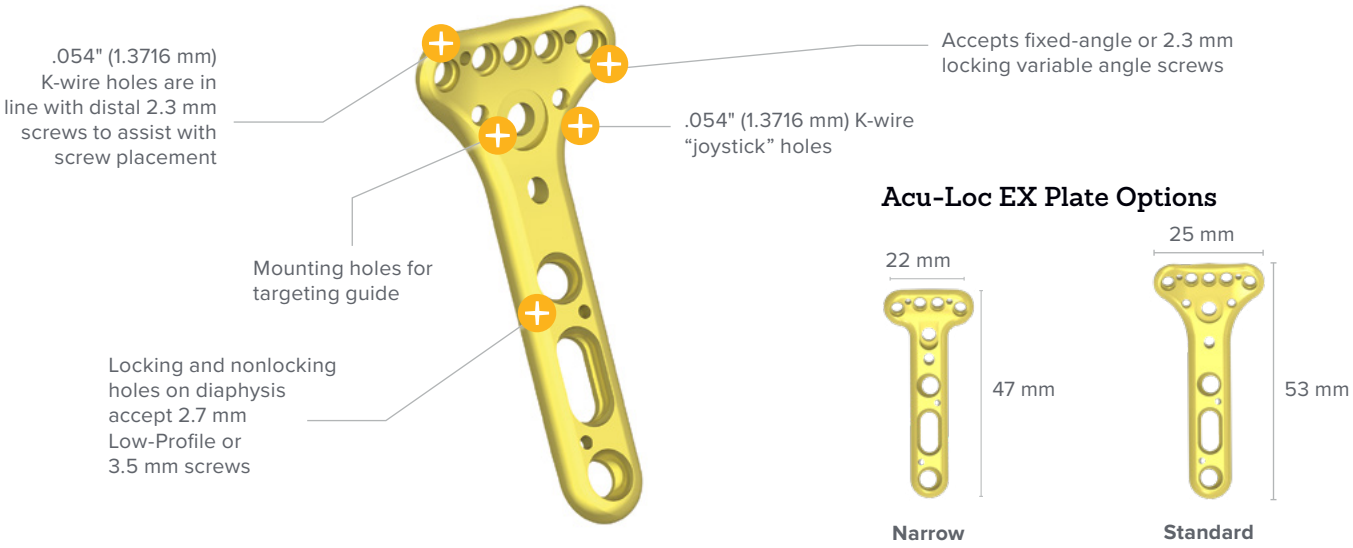
2.7 mm and 3.5 mm Locking and Nonlocking Hexalobe CoCr Screws are also offered as an option for use with the Acu-Loc Wrist Spanning Plate.

Caution: The Wrist Spanning 2.7 mm screws are different from the 2.7 Low-Profile Hexalobe screws.

System Features [continued]

Acu-Loc Extra-articular (EX) Plates

All of the 2.3 mm screws in the system, including the locking variable angle screws, may be used in the distal row of the Acu-Loc EX Plates. Please see the 2.3 mm Locking Variable Angle Screw section for additional information.



2.3 mm Screw Head Geometry

Reduced head geometry is designed to be level with the thinner plate design of the Acu-Loc 2 Volar Distal Radius Plates.

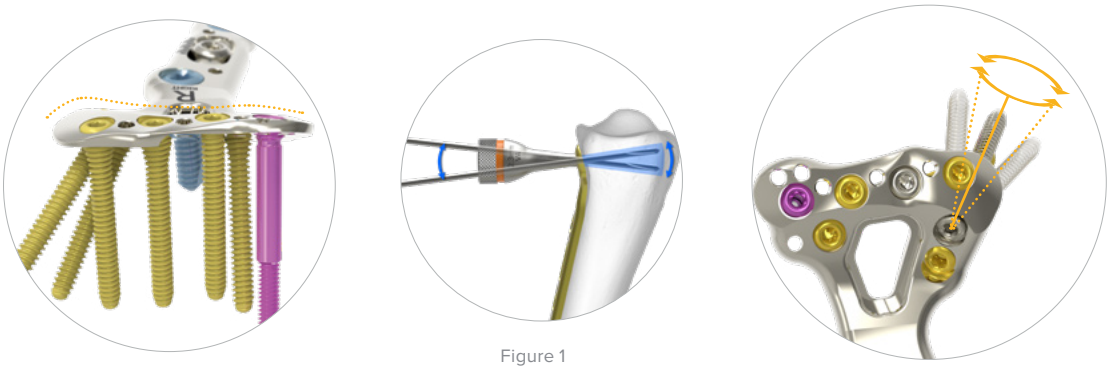


Figure 1

2.3 mm Locking Variable Angle Screw

The Acumed 2.3 mm Locking Variable Angle Screws (30-23XX) can be used in any distal hole of any of the gold-colored Acu-Loc 2 VDR Proximal Plates and Acu-Loc EX Plates. The 2.3 mm locking variable angle screws should only be used in the distal styloid hole in the silver-colored Acu-Loc 2 VDR Plates and not in any of the other distal holes in the plate, except when being used to attach an Avulsion Hook Plate. The 2.3 mm locking variable angle screw size options are 14–28 mm in 2 mm increments. The locking variable angle screws allow for a total variance of 15°. Locking variable angle screws are designed to aid in the capture of specific fragments or to accommodate variations in patient anatomy.

Note: The locking variable angle screw technology should not be used to compensate for suboptimal plate positioning and fracture reduction.

A conical 2.3 mm Variable Angle Drill Guide (80-0762) enables the surgeon to drill within the suggested 15° boundary (Figure 1). Fixed-angle radiolucent targeting guides come standard.

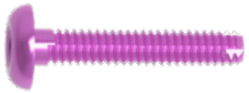
The locking variable angle screw instrumentation is color-coded orange to allow for quick identification of the proper drill, drill guide, and driver handle in the system.

Caution:
The 2.3 mm locking variable angle screws should only be used in the distal styloid hole in the silver-colored Acu-Loc 2 VDR Plates and not in any of the other distal holes in the plate.

System Features [continued]

Frag-Loc® Compression Screw

0.8 mm Avulsion Hook Plate
(7005-08001-S)



Frag-Loc Compression Screw
(30-0371)

Frag-Loc Compression Sleeve
(30-0370)

Frag-Loc Compression Screw, Long
(30-0372)

The Frag-Loc Compression Screw is a two-part cannulated compression screw designed to reduce dorsal fragments to the Acu-Loc 2 VDR Plates, Distal Radius Fragment Specific (DRFS) Plates, Volar Lunate Suture Plate, Acu-Loc VDR Plates, and Acu-Loc EX Plates.

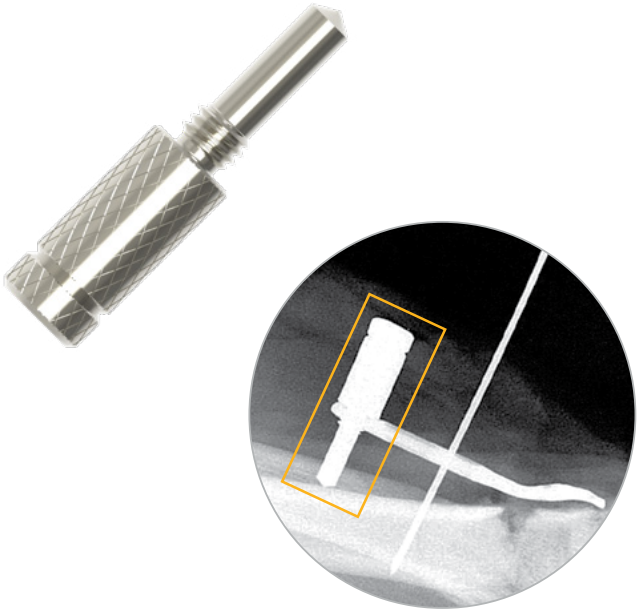
The Frag-Loc Compression Screw may only be used for screw lengths of 16–24 mm and the long Frag-Loc Compression Screw, may be used for lengths of 20–28 mm.

We recommend that a second 2.3 mm screw be placed in an adjacent screw hole to prevent rotation of the dorsal bone fragment.

The optional 0.8 mm Avulsion Hook Plate may be used in conjunction with Frag-Loc to further stabilize dorsal rim fragments.

System Features [continued]

Key Instruments



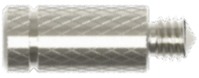
Acu-Loc 2 KickStand Posts

With the introduction of the next generation of distal radius fixation, the Acu-Loc 2 System offers a variety of innovative instrumentation. The KickStand Posts (80-07XX) are threaded plate posts designed to assist with distal radius volar tilt correction by lifting the proximal end of the plate away from the radial shaft to form a stable platform with which to achieve distal screw fixation.

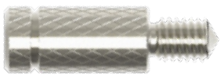
Six different KickStand post angles are offered to assist with corrective osteotomies and dorsally displaced fractures. Five of the KickStand posts are offered in fixed increments of 5°, 10°, 15°, 20°, and 25° osteotomy angles. A fully threaded option for fractures allows for volar tilt correction between 5 and 30 degrees.

During an osteotomy, the desired angular correction of the volar aspect of the distal radius determines which KickStand post is selected. A 10° KickStand post will lift the plate approximately 7.5 mm. The chosen KickStand post is threaded into the locking hole just proximal of the adjustment slot of the Acu-Loc 2 VDR Plate prior to plate placement.

KickStand Post 5°
(80-0718)



KickStand Post 10°
(80-0719)



KickStand Post 15°
(80-0720)

KickStand Post 20°
(80-0721)

KickStand Post 25°
(80-0722)

KickStand Post 5–30°
(80-0731)

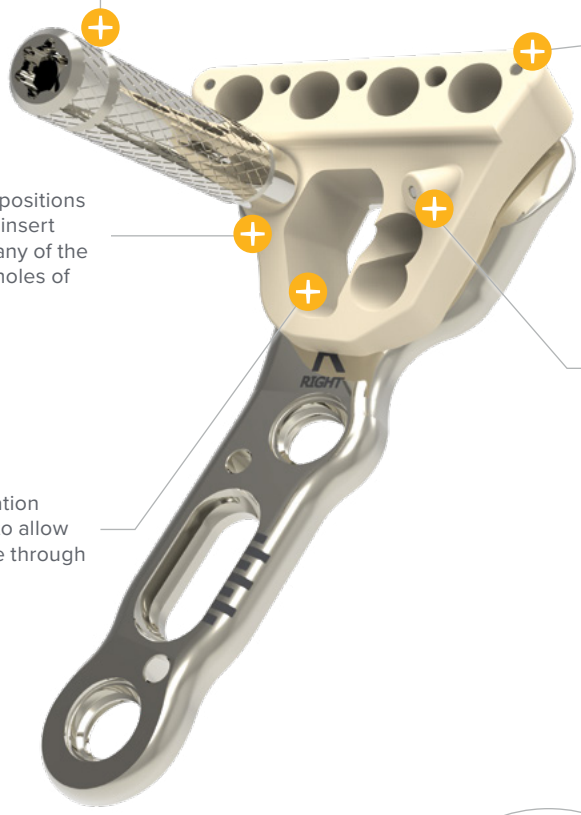
System Features [continued]

Key Instruments

Targeting Guide with Radiopaque Markers

The cannulated locking bolt accepts the 2.0 mm Quick Release Drill, which is available across multiple Acumed product lines. Also available: a 50 mm-long optional cannulated locking bolt

Radiopaque Positioning Posts (Distal Row) are designed to allow visualization of the distal row screws' trajectory without K-wire placement



Multiple locking bolt positions provide the ability to insert the locking bolt into any of the distal 2.3 mm screw holes of the plate

Radiopaque Positioning Post (Radial Styloid) is designed to assist with positioning of the plate prior to K-wire and screw fixation. Under fluoroscopy, it shows the trajectory of the distal radial styloid screw prior to plate placement without drilling or K-wire placement

The fracture visualization window is designed to allow access to the fracture through the targeting guide

A styloid guide wire guide allows insertion of a K-wire into the radial styloid to check plate positioning before final radial styloid screw placement

Plate Placement Instrumentation

Acu-Loc® 2 Volar Distal Radius (VDR) Targeting Guides

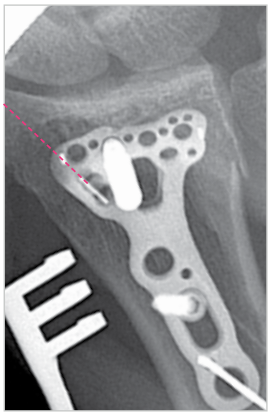


Figure 1A

Figure 1B

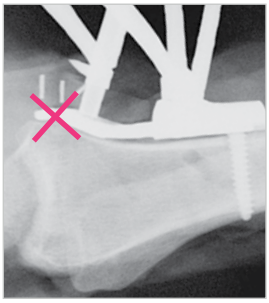


Figure 2A
Incorrect Placement

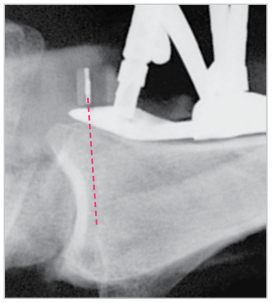


Figure 2B
Correct Placement

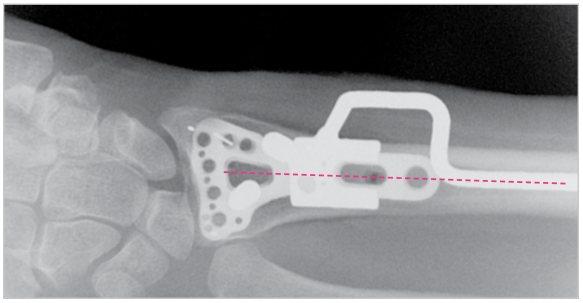


Figure 3

The low-profile radiolucent targeting guides allow the surgeon to target and insert all distal screws. Radiopaque positioning posts have been integrated into the targeting guides to assist with plate placement under fluoroscopy.

Styloid Positioning Post (Figures 1A and 1B):
To verify plate placement, a radiopaque styloid post is utilized in an anteroposterior (A/P) view to project the trajectory of the most distal styloid screw. To align styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.

Note: The .054" x 6" K-wire (WS-1406ST) can also be used to verify styloid screw trajectory by inserting the .054" K-wire into the .054" K-wire Guide (80-0688) through the targeting guide screw holes.

Distal Screw Placement (Figures 2A and 2B):
To verify plate placement from a lateral view, line up the two parallel radiopaque posts. A single plane is created by the goal posts beneath the subchondral bone, showing trajectory of the distal screw row. If the posts do not target into the joint, then the distal screw row will not either. The correct trajectory can be achieved by lifting the hand in neutral rotation so that the forearm is 20 degrees to the surgical table.

The distal K-wire holes in the targeting guides and Acu-Loc 2 VDR plates allow placement of K-wires to also verify plate placement. The K-wire holes are in line with the distal screws of all Acu-Loc 2 VDR plates, allowing the surgeon to verify screw placement.

The plate's position can then be secured proximally with a .054" x 6" K-wire or Plate Tack (PL-PTACK) and distally with a .054" x 6" K-wire.

VDR Plate Positioning Handle

The VDR Plate Positioning Handle (80-0729) (Figure 3) assists with Acu-Loc 2 VDR plate placement while keeping the surgeon's hands out of the fluoroscopy beam. Under fluoroscopy, the handle should line up with the center of the plate and radial shaft to show a true A/P view. This is used to help accurately place the proximal shaft of the plate in alignment with the center axis of the radial diaphysis.

Note: The design of the Acu-Loc 2 Plate Positioning Handle maintains access to the K-wire holes and 3.5 mm screw slot on the proximal end of the Acu-Loc 2 VDR plate.

VDR Plate Positioning Handle Assembly

- The Locking Bolt 10–32 (80-0738) is threaded into the left side of the keyhole of the plate positioning handle base.
- Once engaged, the locking bolt toggles to fit left and right plates.
- Thread the locking bolt into the most distal 3.5 mm locking hole on the shaft of any Acu-Loc 2 VDR plate.

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique

William B. Geissler, MD
David S. Ruch, MD
Mr. Daniel J. Brown, FRCS

Acu-Loc 2 Plate Reference Chart

Silver-Colored	VDR Plates offer more distal coverage and subchondral support
Gold-Colored	VDR Proximal Plates are designed to sit approximately 2 mm more proximal than the Standard Plates

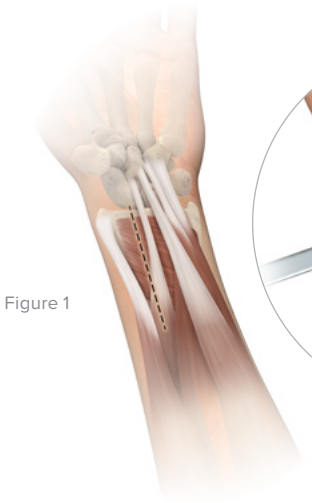


Figure 1

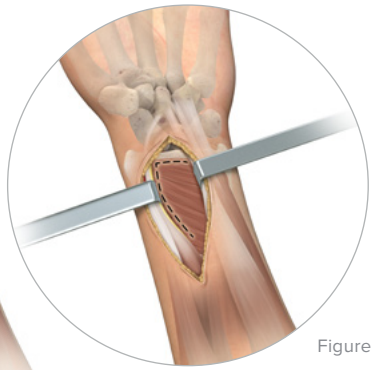


Figure 2

Figure 3

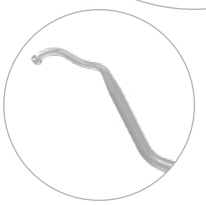


Figure 4

Figure 5

Note: During bone screw insertion, the surgeon should avoid using excessive force that may result in stripping/damaging screws or driver tip. Proper observation of bone quality, patient size, and screw size can help determine the appropriate insertion torque during screw advancement and final tightening.

1 Exposure

Supinate the patient's forearm to expose the surgical site. To maximize exposure, place a towel under the wrist, supporting it in extension. Make a longitudinal incision approximately 6 cm in length just radial to the flexor carpi radialis (FCR) tendon to protect against injury to the palmar cutaneous branch of the median nerve (Figure 1).

Open the sheath and retract the FCR tendon radially to protect the radial artery. Identify the flexor pollicis longus (FPL) muscle by passive flexion / extension of the thumb interphalangeal joint and retract ulnarly to protect the median nerve (Figure 2). Next, identify the pronator quadratus by its transverse fibers and release radially to ulnarly to expose the fracture site.

2 Fracture Reduction

The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization of the fracture. Reduce the fracture using manual techniques. Provisional stability can be achieved with K-wires and evaluated under fluoroscopy.

Fragment Reduction Tool (80-0725):
Use this tool for articular reconstruction (Figure 3). A broad mallet (Figure 4) and narrow thin tip (Figure 5) provide some ability to lift and position articular fracture fragments through the plate window.

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

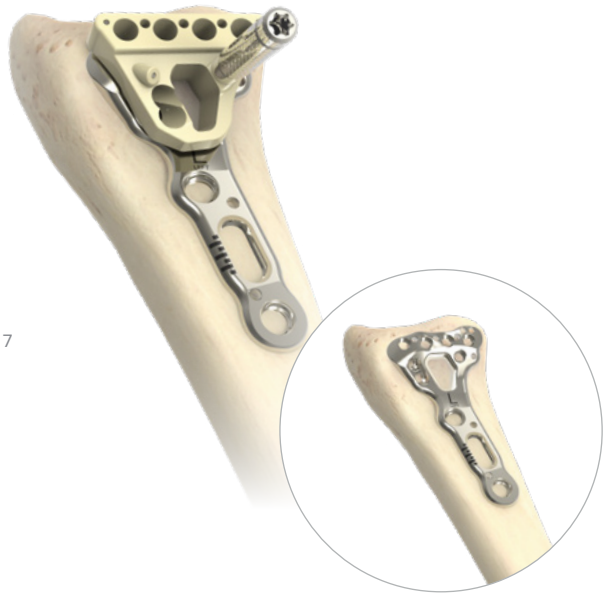


Figure 7

Figure 6

Available Plate-Length Combinations

Plate Lengths with Extension	Wide	Narrow Long	Standard Long
Neutral Extension	100 mm	108 mm	108 mm
Long Extension	167 mm	176 mm	176 mm

Note: The VDR Plate Positioning Handle (80-0729) can be used at this time for plate placement. Refer to Plate Placement Instrumentation on page 12 for assembly and technique.

3 Plate Selection and Placement

The Acu-Loc 2 VDR Plate (70-03XX) is made to sit along the distal aspect of the radius to support articular fracture fragments (Figure 6). There are two volar plate families to select from: the Acu-Loc 2 VDR Standard Plates and the Acu-Loc 2 VDR Proximal Plates, which are designed to sit 2 mm more proximal than the standard plates. If a longer plate is needed, choose the appropriate Acu-Loc 2 VDR Extension Plate (70-0364, 70-0365, 70-0366) and assemble as described below. The Acu-Loc 2 VDR Extension Plates (70-0364, 70-0365, 70-0366) should be implanted using 3.5 mm Hex or Hexalobe Screws (30-02XX or CO-31XX).

Once the appropriate-size plate is selected, attach the corresponding Acu-Loc 2 VDR Targeting Guide (80-06XX or 80-07XX) using the Acu-Loc 2 VDR Targeting Guide Locking Bolt (80-0682) or the optional Targeting Guide Locking Bolt, Long (80-1071) (Figure 7). Thread the cannulated locking bolt into the proximal ulnar 2.3 mm screw hole. The plate should be placed parallel to the radial shaft.

For styloid and distal screw placement using the patented markers in the targeting guides, refer to Plate Placement Instrumentation on page 12.

Extension Plate Assembly Steps

Slide the desired Acu-Loc 2 Extension Plate (70-0364, 70-0365, 70-0366) onto the shaft of the Acu-Loc 2 Proximal Plate.

Using a 2.5 mm Quick Release Hex Driver (HPC-0025) or a T15 Stick Fit Hexalobe Driver (80-0760), insert and tighten the Hex or Hexalobe Acu-Loc 2 VDR Extension Link Screw (30-0XXX) into the distal hole of the extension plate, and lock into both plates.

Assembly can be done prior to plate placement or intraoperatively.

Warning: The 2.7 mm Low-Profile Hexalobe Screw is not designed to be used with the Acu-Loc 2 Extension Plate (70-0364, 70-0365, 70-0366).

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

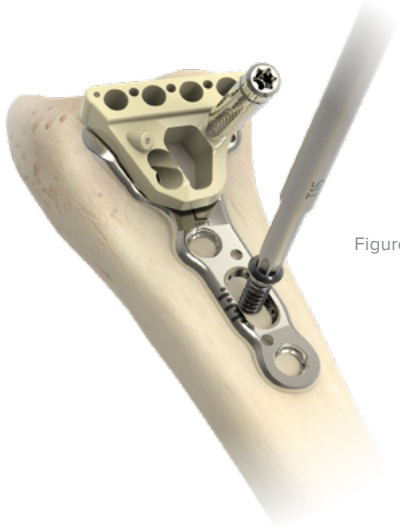


Figure 8

4 Proximal Screw Placement

The first screw to be placed is a 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX or CO-31XX) through the slot in the plate. Using the 2.8 mm Quick Release Drill (80-0387) and the 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex. Then measure the drill depth with the Depth Gauge 6–65 mm (80-0623). Insert a 3.5 mm nonlocking hex or hexalobe screw (Figure 8). The screw may need to be downsized after the plate has been reduced down to the bone.

Note: An optional 3.5 mm Locking Screw Bone Tap (80-2126) may be necessary if encountering hard cortical bone.

Optional: A 2.7 mm Nonlocking Low-Profile Hexalobe Screw (3041-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318).

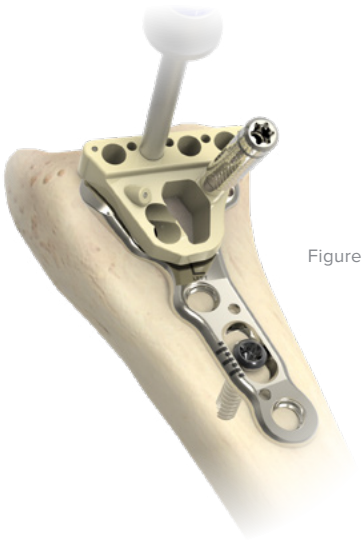


Figure 9

5 Distal Screw Holes

Utilizing the radiopaque positioning posts in the targeting guide, the position of the plate relative to the radiocarpal articular surface can be fine-tuned by sliding the plate proximally or distally, under fluoroscopy. If the radiopaque posts don't target the joint, the distal K-wires and 2.3 mm screws will not either. To further assess the position of the distal 2.3 mm screws relative to the radio-carpal articular surface, place a .054" x 6" K-wire (WS-1406ST) through one of the K-wire holes in the targeting guide closest to the joint and assess its location under fluoroscopy.

Upon satisfactory reduction and anatomic fit, insert the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) into one of the distal screw holes and drill using the 2.0 mm Quick Release Drill (80-0318) (Figure 9). Measure screw length by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the drill guide.

Note: Screw insertion into the proximal ulnar 2.3 mm hole should be performed after all other distal 2.3 mm screws are placed. Drilling can be performed through the Acu-Loc 2 VDR Targeting Guide Locking Bolt (80-0682). To measure screw length, remove the locking bolt and use the drill guide and depth probe, or the orange-and-blue-banded 2.3 mm Screw Depth Gauge 6–46 mm (80-1356).

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

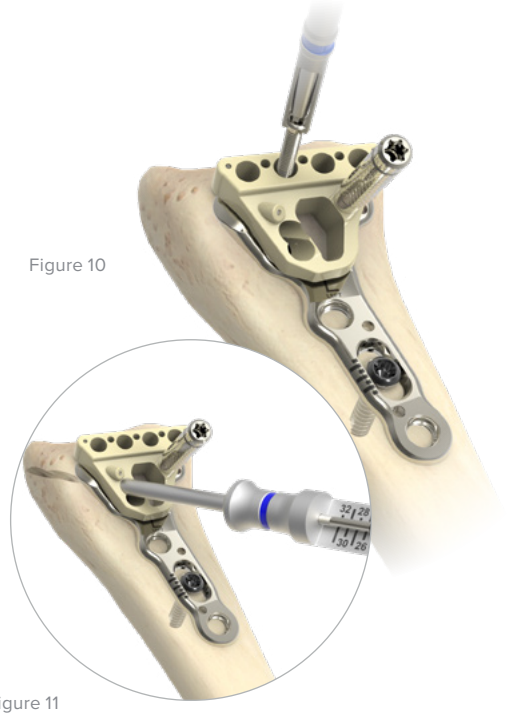


Figure 10

Figure 11

Distal Screw Options: The four options of 2.3 mm screws that can be used distally are fully threaded Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), Nontoggling Cortical Screws (silver) (CO-N23XX), and the Frag-Loc® Compression Screw (30-037X). All 2.3 mm screws are inserted using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

Caution: The orange Torque Limiting Driver (TLD) is only validated for use when inserting the 2.3 mm Variable Angle Locking Screws. Do not use the TLD when inserting fixed angle screws as the exerted torque can accelerate the fatigue of the 1.5 mm driver tips.

Variable Angle Screw: 2.3 mm Locking Variable Angle Screws (30-23XX) may be used with the VDR Proximal Plates only. Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 45.

Styloid Screw Placement: The radial styloid screws are designed to specifically target and support the radial styloid. Insert the drill guide into either styloid hole located in the dual slot on the radial side of the targeting guide and continue the same screw measurement and placement process for both styloid screws (Figure 10).

Note: It is recommended that the entire distal row and the two radial styloid holes be filled with screws.

Note: An individual 2.0 mm Locking Drill Guide 4–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or Screw Depth Gauge 6–46 mm (80-1356).

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

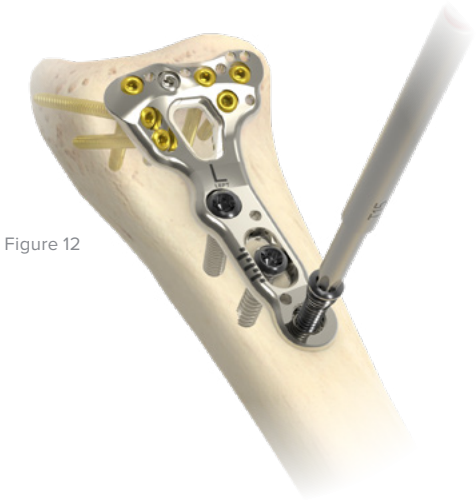


Figure 12

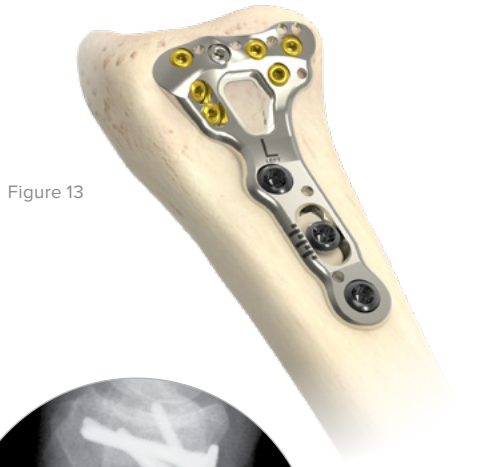


Figure 13

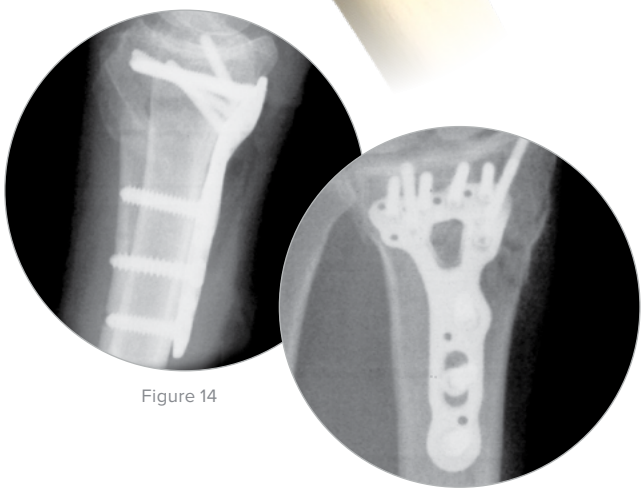


Figure 14

Figure 15

6 Proximal Screw Placement

Insert the threaded 2.8 mm Locking Drill Guide (80-0384 or 80-0668) into the screw hole distal to the slot, drill with the 2.8 mm Quick Release Drill (80-0387), and measure with the Depth Gauge 6–65 mm (80-0623). Insert the proper-length 3.5 mm Locking Hex or Locking Hexalobe Screw (30-023X or COL-3XXX) (Figure 11). Take care that the screw does not exit the bone dorsally. Using the same process, drill and place the final locking screw (Figure 12).

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes. Depending on the bone quality of the patient and at the surgeon's discretion, 3.5 mm nonlocking hex or hexalobe screws may be preferred for use in the round locking holes.

An optional 3.5 mm Locking Screw Bone Tap (80-2126) may be necessary if encountering hard cortical bone.

Optional: A 2.7 mm Locking Low-Profile Hexalobe Screw (3040-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318) and the 2.0 mm Hexalobe Locking Drill Guide (80-4029).

7 Closing and Postoperative Protocol

Perform a thorough radiographic evaluation, checking fragment reduction, alignment, and screw placement. Verify that there is no gap between the bone and the plate in the lateral view and that the distal screws have not penetrated the radiocarpal joint (Figures 13 and 14). Close the wound and support the wrist according to bone quality and stability.

Allow for early functional use of the hand and start immediate finger range of motion and forearm rotation postoperatively.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions

To extract an Acu-Loc 2 VDR Plate, use the 2.5 mm Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the T8 Stick Fit Hexalobe Driver (80-0759) and Medium Ratcheting Driver Handle (80-0663) to remove any 2.7 mm screws. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with the Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

If there is resistance or a risk of breakage, reference the Screw Removal Brochure (SPF10-00) and additional removal tools 80-0598 and 80-0600; Easyout, Quick Release.

Distal Radius Fragment Specific (DRFS) Surgical Technique

William B. Geissler, MD

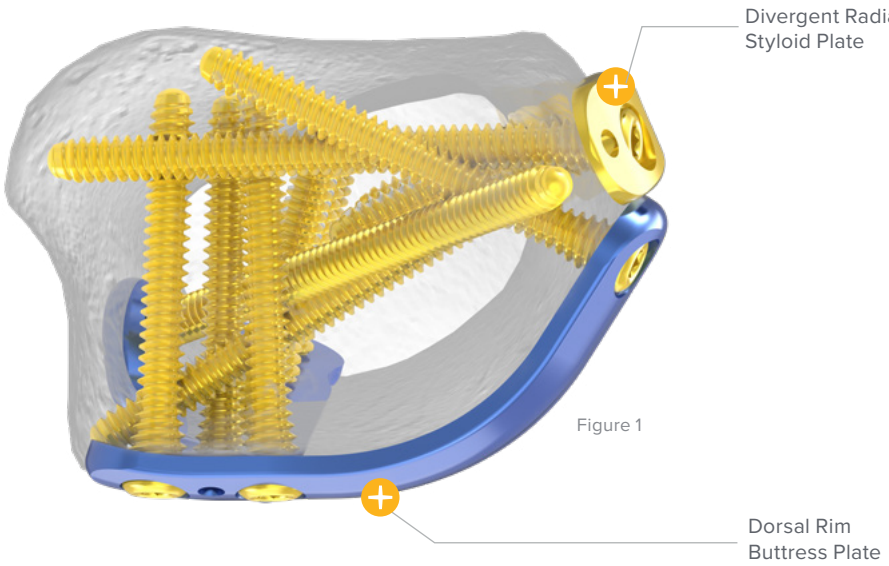


Figure 1

General Technique

Once a DRFS plate is positioned, an initial 2.3 mm Nontoggling Cortical Screw (CO-N23XX) is placed into the slot on the proximal end of the plate utilizing a 2.0 mm Quick Release Drill (80-0318) and 1.5 mm Hex Driver Tip, Locking Groove (80-0728). Screw length is determined for the plate slot by utilizing the 2.3 mm Screw Depth Gauge 6–46 mm (80-1356). The plate position is evaluated under fluoroscopy.

There are three types of 2.3 mm screws that can be used in any of the threaded screw holes of the DRFS plates (see page 23 under Distal Screw Options). Screw length can be measured by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the locking drill guide, or 2.3 mm screw depth gauge.

Due to the multi-plate approach, screws from one DRFS plate may collide with screws from another DRFS plate. Use the longest screw possible where appropriate.

Distal Radius Fragment Specific (DRFS) Surgical Technique [continued]

Figure 2

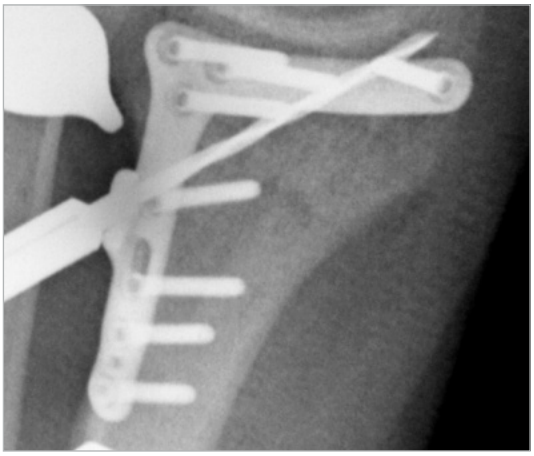


Figure 3

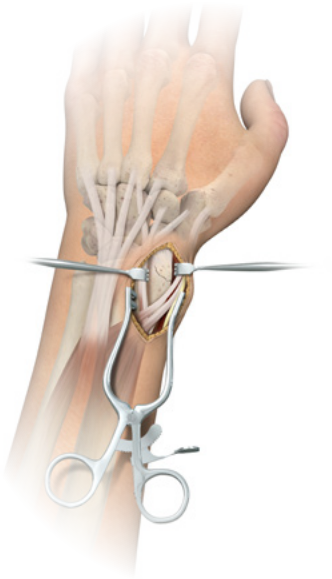
Note:

1. The 2.3 mm Bone Tap (80-0362) should be used on the proximal holes of the DRFS plates where more cortical bone is present, making screw insertion difficult and increasing the risk of screw breakage. This is especially important in younger patients who may have thicker cortical bone in this region.
2. The 2.0 mm Locking Drill Guide 4–32 mm (80-0249) from the 2.3 mm screw caddy can be used for all locking holes on the plates EXCEPT for the ulnar-to-radial styloid screw on the dorsal rim buttress plate, which may require screws greater than 32 mm in length (see Dorsal Rim Buttress Plate Placement for drill guide information, page 28).

Radial Styloid Plate Surgical Technique

William B. Geissler, MD

Figure 1



1 Incision and Dissection

The Divergent Radial Styloid Plate (70-0331) may be inserted by one of two approaches. The plate may be placed on the dorsal radial aspect of the radial styloid, utilizing the standard dorsal approach.

Alternatively, the plate may be inserted through an incision between the first and second extensor compartments.

Perform blunt dissection to protect the terminal branches of the dorsal sensory branch of the radial nerve. After the branch is identified and protected, open the interval between the first and second compartments and elevate the tendons (Figure 1).

Figure 2

Figure 3

2 Plate Placement

The plate is designed to sit under the first dorsal compartment tendons (Figure 2).

Note: To find the screw angles more easily, place the 2.0 mm Locking Drill Guide 4–32 mm (80-0249) in line with the laser band next to the hole (Figure 3).

Volar Lunate Suture Plate Surgical Technique

William B. Geissler, MD

Figure 1

1 Incision and Dissection

The Volar Lunate Suture Plate (70-0334) may be inserted through a standard volar flexor carpi radialis approach (refer to Acu-Loc 2 VDR Surgical Technique on page 13) (Figure 1).

Alternatively, the volar ulnar corner of the distal radius may be approached through an incision placed between the flexor tendons and the ulnar neurovascular bundle. Make an incision in line with the ring finger starting at the distal volar crease and extending proximally. Dissect down to the level of the fascia that is open in line with the incision. Identify the ulnar neurovascular bundle along the ulnar aspect of the approach and retract ulnarly. Retract the flexor tendons radially to expose the volar ulnar corner.

Figure 2

2 Plate Placement

Align the Volar Lunate Suture Plate with the medial border of the radial shaft (Figures 2 and 3).

If suture is needed to address small distal fragments, pass a suture through the capsule supporting the small articular fragments and through the distal suture holes in the plate. If necessary, a .054" x 6" K-wire (WS-1406ST) can be used to drill through the bone in order to pass the suture through the articular fragment.

Figure 3

Dorsal Lunate Plate and Dorsal Rim Buttress Plate Surgical Technique

William B. Geissler, MD

Figure 1

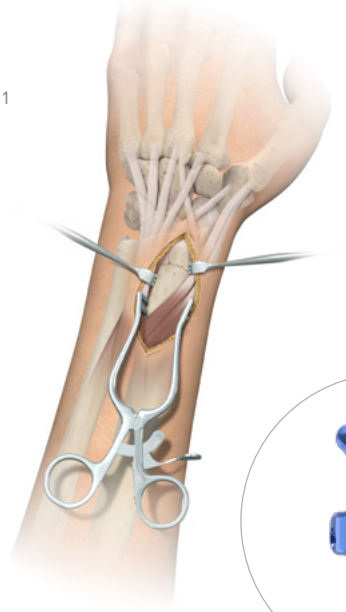


Figure 2

1 Incision and Dissection

Make a 6 cm incision in line with the middle finger starting just distal to Lister's tubercle and extending proximally. Carry down blunt dissection to protect the dorsal sensory branch of the radial nerve. Identify the extensor pollicis longus tendon distal in the wound and release through the third dorsal compartment. The tendon may be retracted radially or ulnarly depending on the fracture pattern.

Then subperiosteally elevate the second and fourth dorsal compartments to expose the dorsum. Ulnarly elevate the fourth dorsal compartment to the border of the distal radial ulnar joint (Figure 1).

Additional dissection is needed proximal to the distal radial ulnar joint (DRUJ) to accommodate the Dorsal Rim Buttress Plate (70-0335 or 70-0336) (Figure 2) ulnar-to-radial styloid screw which extends from just proximal to the DRUJ to the radial styloid.

Elevate the second dorsal compartment from the ulnar to radial to the level of the brachioradialis.

Figure 3

Figure 4

2 Dorsal Rim Buttress Plate Placement

If it is determined that the long ulnar-to-radial styloid screw is needed, the 2.0 mm Locking Drill Guide 6 mm–46 mm (80-0592) should be threaded into the plate prior to plate placement on bone (Figure 3). The ulnar-to-radial styloid screw hole is located on the angled plate tab next to the slot on the plate shaft.

Initially position the plate on the dorsal ulnar side of the radius. The buttress portion of the plate should be parallel to the radial inclination (Figure 4).

Dorsal Lunate Plate and Dorsal Rim Buttress Plate Surgical Technique [continued]

Figure 5

3 Minimally Invasive Technique

Alternatively, the Dorsal Lunate Plate (70-0337 or 70-0338) (Figure 5) may be inserted through a small incision directly over the fifth compartment. Make an incision in line with the ring finger centered over the distal radius.

The interval between the fourth and fifth dorsal compartment is then elevated to expose the dorsal ulnar corner of the radius.

Note: Keep in mind that the distal holes on the dorsal plates that support the lunate facet are not perpendicular to the plate, but are angled toward the volar ulnar corner of the distal radius.

Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique

William B. Geissler, MD

Acu-Loc VDU Plate Reference Chart	
Blue	Left-specific
Green	Right-specific

Figure 1

1 Incision and Dissection

The Volar Distal Ulna Plate (70-004X) was designed for fractures involving the ulnar head, ulnar neck, and fractures of the distal ulna. Usually, these injuries are associated with fractures of the distal radius. Make the incision along the distal ulnar border of the forearm between the flexor carpi ulnaris and extensor carpi ulnaris (Figure 1). Carry down blunt dissection to protect the dorsal sensory branch of the ulnar nerve, which may be seen on the volar distal portion of the incision. Retract the flexor carpi ulnaris radially and dissect the pronator quadratus off the anterior distal surface of the ulna. Identify the fracture site and clear fracture debris; then provisionally reduce.

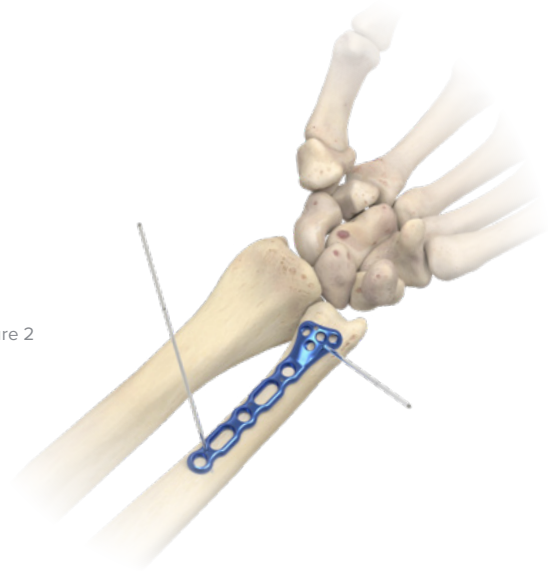


Figure 2

2 Provisional Fixation and Plate Placement

Place the VDU plate on the volar surface of the distal ulna so that the four distal locking screws will be positioned to go into the ulnar head (Figure 2).

Caution: It is vital that the plate is placed just proximal to the lesser sigmoid notch of the distal radial ulnar joint. In this manner, the plate should not impinge with pronation and supination of the forearm.

Place a .054" x 6" K-wire (WS-1406ST) in the proximal portion of the plate. Place a second K-wire in the distal portion of the plate to provisionally hold the plate to the bone.

Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique [continued]

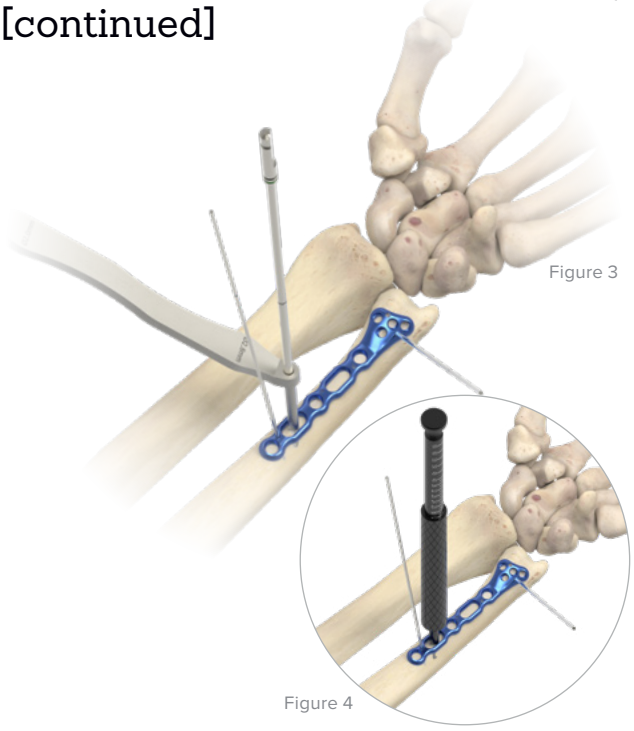


Figure 3

Figure 4

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX) in the center of the proximal slot in the plate.

The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally. Using the 2.8 mm Quick Release Drill (80-0387) and 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex (Figure 3). Drill depth is measured with the Depth Gauge 6–65 mm (80-0623) (Figure 4). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length.

Optional: A 2.7 mm Nonlocking Low-Profile Hexalobe Screw (3041-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318).

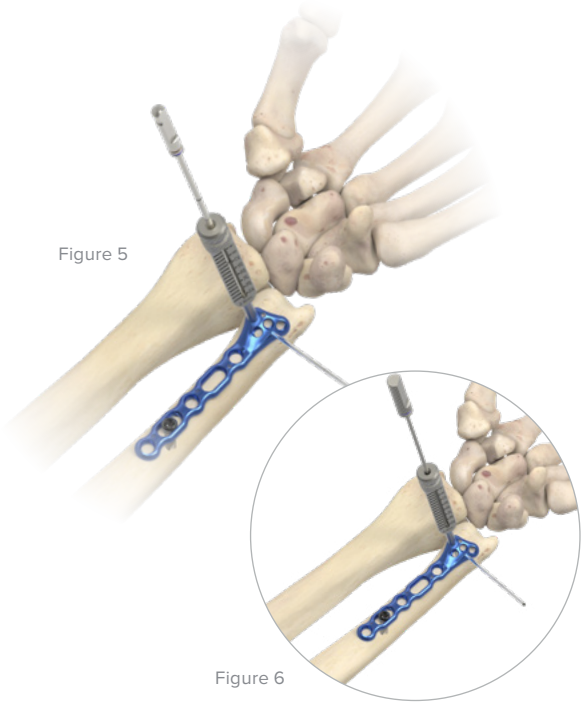


Figure 5

Figure 6

4 Drill Distal Screw Holes

Place the individual 2.0 mm Locking Drill Guide 4–32 mm (80-0249) in the most distal ulnar hole in the plate (Figure 5). Drill using the 2.0 mm Quick Release Drill (80-0318), then measure screw length by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the drill guide (Figure 6).

Note: The locking drill guide may also be attached to the selected plate on the back table prior to insertion.

Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique [continued]

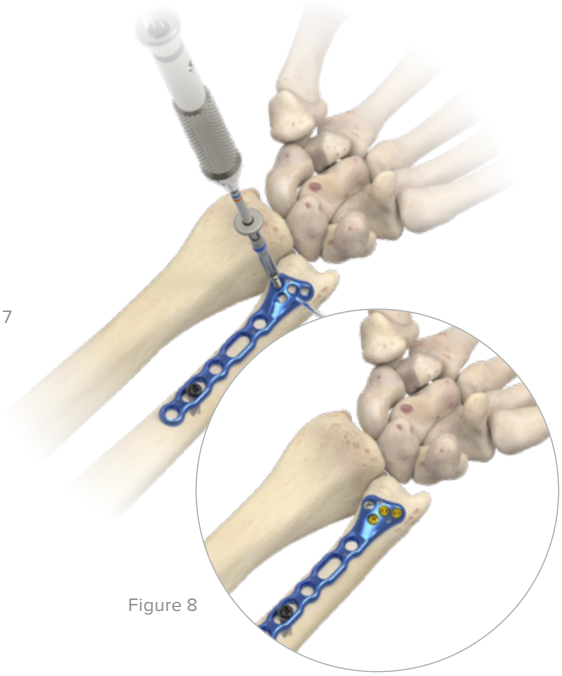


Figure 7

Figure 8

5 Distal Screw Placement

Three types of 2.3 mm screws can be used in any of the four distal holes: Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). All 2.3 mm screws are inserted using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210) (Figures 7 and 8).

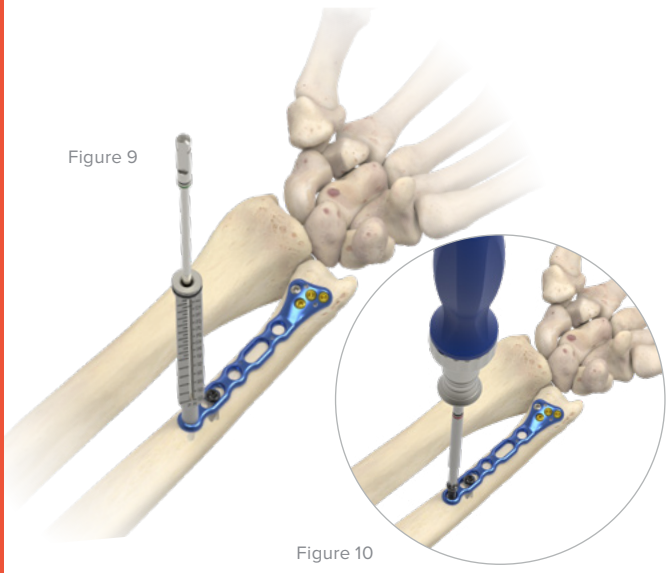


Figure 9

Figure 10

6 Proximal Screw Placement

Thread the threaded 2.8 mm Locking Drill Guide 6–65 mm (80-0384) or 2.8 mm Hexalobe Locking Drill Guide 6–65 mm (80-0668) in the hole just proximal to the slotted hole in the shaft of the plate. Drill with the 2.8 mm Quick Release Drill (80-0387) and measure with the Depth Gauge 6–65 mm (80-0623) (Figure 9). Insert the proper-length 3.5 mm Locking Hex or Locking Hexalobe Screw (30-023X or COL-3XXX) using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663) (Figure 10), taking care that the screw does not exit the bone dorsally.

Using the same process, drill and place the final locking screw in the remaining locking hole. Remove the proximal K-wire.

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.

Optional: A 2.7 mm Locking Low-Profile Hexalobe Screw (3040-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318) and the 2.0 mm Hexalobe Locking Drill Guide (80-4029).

Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique [continued]

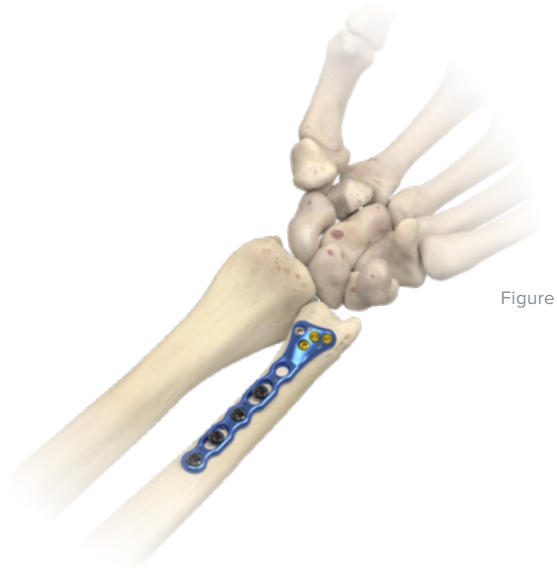


Figure 11

7 Closure and Postoperative Protocol

Following thorough radiographic evaluation, check alignment and rotation, then close (Figure 11). Start immediate finger range of motion and forearm rotation postoperatively. Allow early functional use of the hand for light activities of daily living (ADL). Support the wrist according to bone quality and stability.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions

To extract an Acu-Loc Volar Distal Ulna Plate, use the 2.5 mm Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the T8 Stick Fit Hexalobe Driver (80-0759) and Medium Ratcheting Driver Handle (80-0663) to remove any 2.7 mm screws. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with the Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

If there is resistance or a risk of breakage, reference the Screw Removal Brochure (SPF10-00) and additional removal tools 80-0598 and 80-0600; Easyout, Quick Release.

Acu-Loc Dorsal Plate Surgical Technique

William B. Geissler, MD

Acu-Loc Dorsal Plate Reference Chart	
Blue	Left-specific
Green	Right-specific

Figure 1

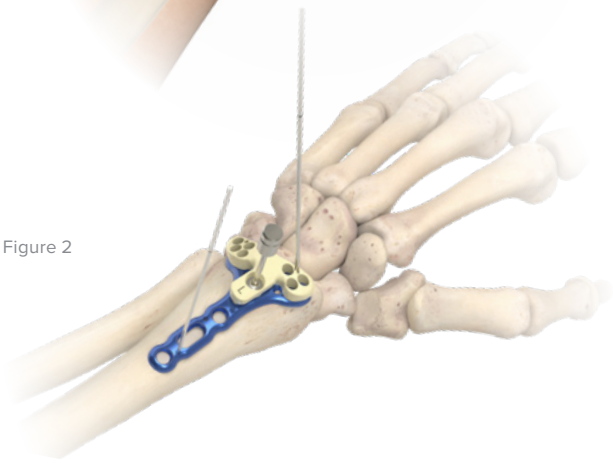


Figure 2

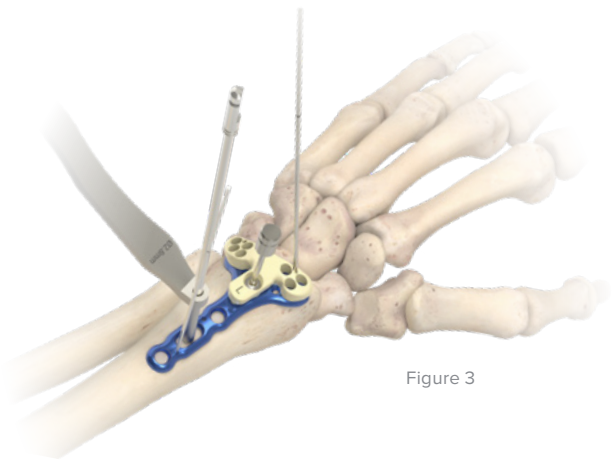


Figure 3

1 Incision and Dissection

Make the dorsal approach incision in line with Lister's tubercle and the radial border of the long finger (Figure 1). Carry down blunt dissection to protect the dorsal cutaneous nerve branches. Distally identify the extensor pollicis longus tendon in the wound and release through the third dorsal compartment. Then subperiosteally elevate the second and fourth compartments. Use caution when elevating the second and fourth dorsal compartments as bone fragments may have adhered to their undersurface.

A neurectomy of the posterior interosseous nerve may then be performed at the surgeon's discretion. Identify the posterior interosseous nerve on the radial aspect of the fourth compartment as it is elevated. A neurectomy is recommended on the proximal aspect of the incision to decrease neuroma pain.

2 Plate Placement and Provisional Fixation

Anatomically reduce the fracture with traction and volar translation. The Acu-Loc Dorsal Plate (70-005X) can be used as a buttress to help push and volarly reduce the dorsal displaced fracture fragments. The reduction of the fracture and correct plate position are verified under fluoroscopy and the plate is provisionally stabilized with K-wires. Place the proximal shaft of the plate just radial to the most convex position of the radial shaft. The appropriate right or left Acu-Loc 2 Dorsal Targeting Guide (80-015X) may be attached to the appropriate plate using the Acu-Loc Radiolucent Targeting Guide (80-0038) on the back table prior to insertion and then placed on the bone (Figure 2).

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX or CO-31XX) in the center of the proximal slot in the plate. The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally under fluoroscopy. Using the 2.8 mm Quick Release Drill (80-0387) and 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex (Figure 3). Measure drill depth with the Depth Gauge 6–65 mm (80-0623). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length. The screw reduces the plate down to the bone and the length of the screw should be assessed under fluoroscopy following the insertion of the remaining screws. The screw may need to be downsized after the plate has been reduced down to the bone.

Optional: A 2.7 mm Nonlocking Low-Profile Hexalobe Screw (3041-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318).

Acu-Loc Dorsal Plate Surgical Technique [continued]

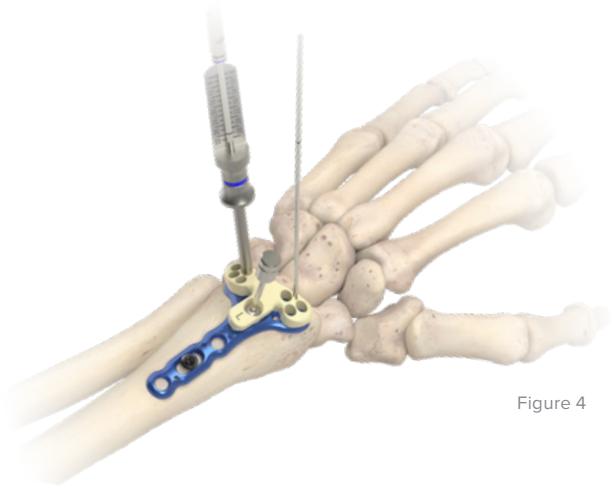


Figure 4

4 Drill Distal Screw Holes

To assess the position of the distal screws relative to the articular surface and the dorsum of the radius, a .054" x 6" K-wire (WS-1406ST) may be placed through the distal K-wire holes on the targeting guide and plate. The fracture reduction, plate position, and location of the K-wire relative to the joint are assessed under fluoroscopy. If the distal K-wires do not penetrate the joint, the distal 2.3 mm screws will not, either. Care should be taken not to angle the distal K-wires.

Select one of the four distal screw holes closest to the joint to drill first. Insert the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) into the selected hole, followed by the 2.0 mm Quick Release Drill (80-0318) (Figure 4). Measure the depth of the screw using the laser mark on the drill shaft and scale on the drill guide. As an alternative, the Distal Radius Probe (MS-DRPB) may be used by hooking the far cortex and measuring with the laser mark on the probe.

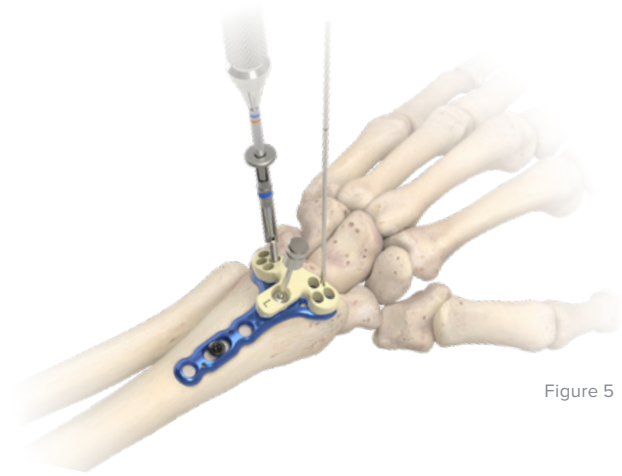


Figure 5

5 Distal Screw Placement

The three types of 2.3 mm screws that can be used in any of the eight distal holes are Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). Insert all 2.3 mm screws using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210) (Figures 5 and 6).

Note: A 2.0 mm Locking Drill Guide 4–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or 2.3 mm Screw Depth Gauge 6–46 mm (80-1356).

Acu-Loc Dorsal Plate Surgical Technique [continued]

Figure 6

6 Proximal Screw Placement

In the second proximal locking hole, thread in the 2.8 mm Locking Drill Guide (80-0384) or the 2.8 mm Hexalobe Locking Drill Guide (80-0668). Drill using the 2.8 mm Quick Release Drill (80-0387) and measure with the Depth Gauge 6–65 mm (80-0623) (Figure 7). Insert the proper-length 3.5 mm Locking Hex or Locking Hexalobe Screw (30-023X or COL-3XXX) using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663) (Figure 8). Place the final locking screw using the same process.

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.

Optional: A 2.7 mm Locking Low-Profile Hexalobe Screw (3040-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318) and the 2.0 mm Hexalobe Locking Drill Guide (80-4029).

Figure 7

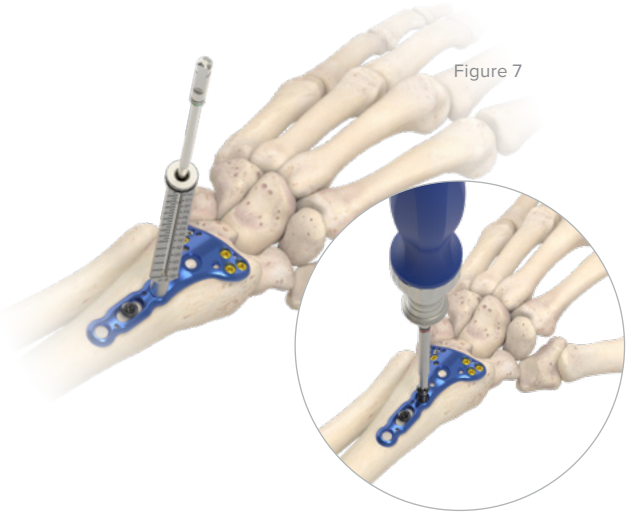


Figure 8

7 Closure and Postoperative Protocol

Following thorough radiographic evaluation, the wound is closed in layers (Figure 9). The retinacula of the second and fourth dorsal compartments are repaired. The retinaculum for the third dorsal compartment may be repaired, or the extensor pollicis longus tendon may be left out of its compartment depending on the surgeon's discretion. Immediate finger range of motion is initiated postoperatively. Forearm rotation and wrist range of motion are progressed at the surgeon's discretion according to the bone quality, fracture stability, and associated soft-tissue injuries.

Closing and postoperative protocol are at the discretion of the surgeon.

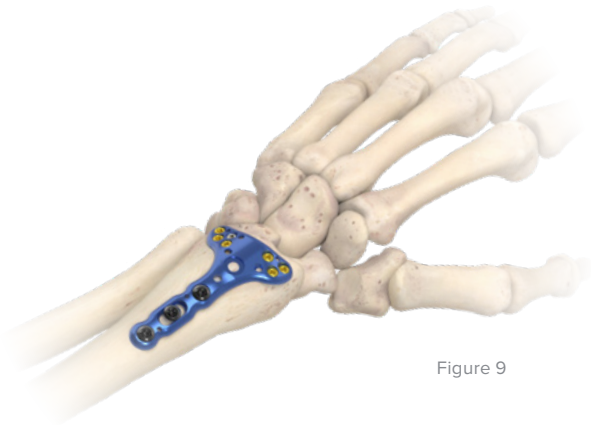


Figure 9

8 Optional: Implant Removal Instructions

To extract an Acu-Loc Dorsal Plate, use the 2.5 mm Quick Release Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the T8 Stick Fit Hexalobe Driver (80-0759) and Medium Ratcheting Driver Handle (80-0663) to remove any 2.7 mm screws. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.

Acu-Loc Extra-Articular (EX) Plate Surgical Technique

William B. Geissler, MD

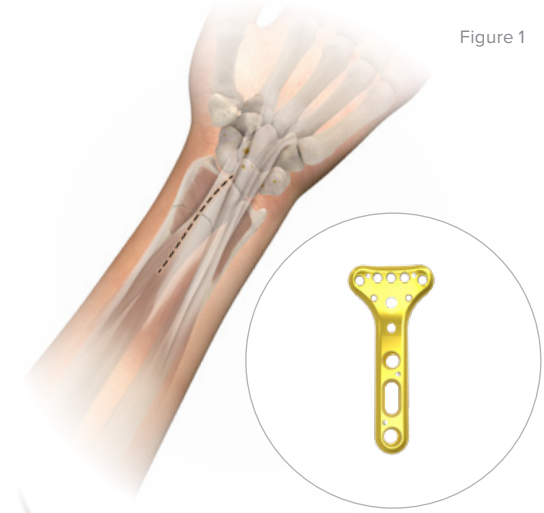


Figure 1

1 Incision and Dissection

Supinate the patient's forearm to expose the surgical site. To maximize exposure, place a towel under the wrist, placing it in extension. Make a longitudinal incision approximately 6 cm in length just radial to the flexor carpi radialis (FCR) tendon to protect against potential injury to the palmar cutaneous branch of the median nerve (Figure 1).

Open the tendon sheath and radially retract the tendon to protect the radial artery. Identify the flexor pollicis longus by passive flexion / extension of the thumb interphalangeal joint and retract ulnarly to protect the median nerve. Next identify the pronator quadratus by its transverse fibers and release radial to the ulnar to expose the fracture site.

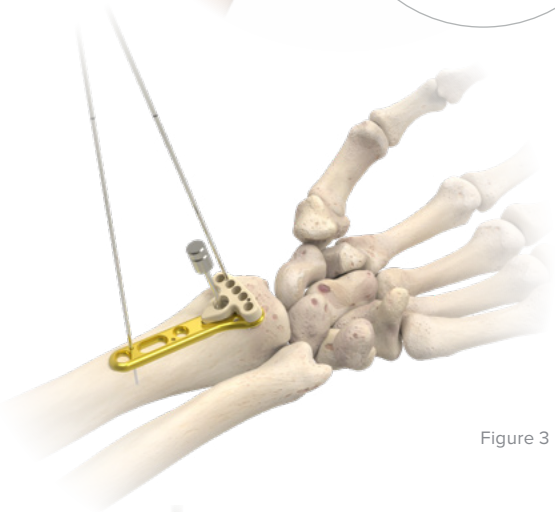


Figure 2

2 Provisional Fixation and Plate Placement

Reduce the fracture and evaluate under fluoroscopy. The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization.

Make the Acu-Loc EX Standard or Narrow Plate (70-006X) sit along the flat metaphysial portion of the distal radius (Figure 2). The appropriate Acu-Loc EX Targeting Guide (80-0166 or 80-0274) may be attached to the selected plate using the Locking Screw, Acu-Loc Radiolucent Targeting Guide (80-0038). This may be done on the back table prior to insertion. Secure the plate's position proximally and distally with a .054" x 6" K-wire (WS-1406ST). If the guide is not already attached to the plate, slide the guide over the distal K-wire and into position (Figure 3).

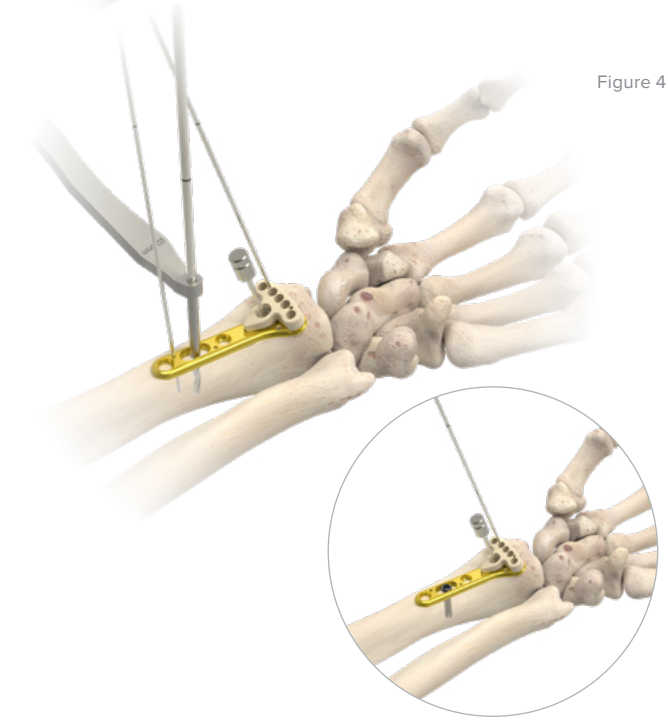


Figure 3

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX) in the center of the proximal slot in the plate.

The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally under fluoroscopy. Using the 2.8 mm Quick Release Drill (80-0387) and the 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex (Figure 4). Measure drill depth with the Depth Gauge 6–65 mm (80-0623). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length. The screw reduces the plate down to the bone and the length of the screw should be assessed under fluoroscopy following the insertion of the remaining screws. The screw may need to be downsized after the plate has been reduced down to the bone.

Optional: A 2.7 mm Nonlocking Low-Profile Hexalobe Screw (3041-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318).

Figure 4

Figure 5

Acu-Loc Extra-Articular (EX) Plate Surgical Technique [continued]

Figure 6

Figure 7

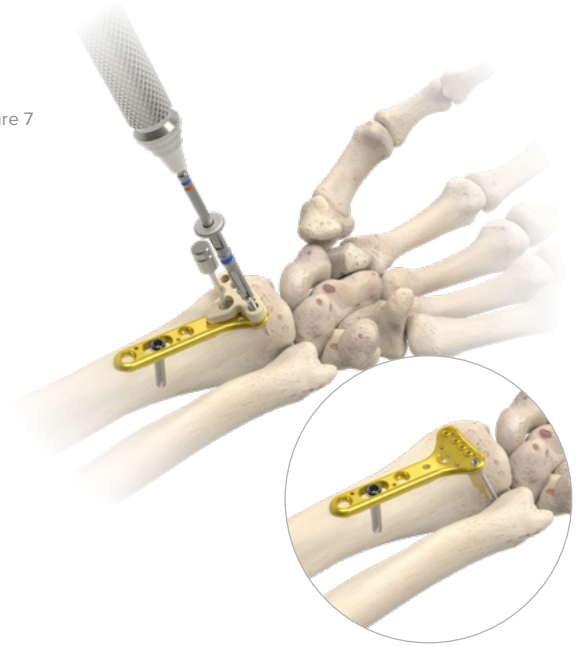


Figure 8

4 Drill Distal Screw Holes

To assess the position of the distal locking screws relative to the articular surface and the dorsum of the radius, a .054" x 6" K-wire (WS-1406ST) may be placed through the distal K-wire holes on the targeting guide and plate (Figure 5). Under fluoroscopy, assess the fracture reduction, the plate position, and the location of the K-wire relative to the joint.

If the distal K-wires do not penetrate the joint, the distal 2.3 mm screws will not either. Insert the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) into one of the five distal holes, followed by the 2.0 mm Quick Release Drill (80-0318) (Figure 6). The depth of the screw is measured using the laser mark on the drill shaft and scale on the drill guide. As an alternative, the Distal Radius Probe (MS-DRPB) may be used by hooking the far cortex and measuring with the laser mark on the probe.

Note: Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 37.

5 Distal Screw Placement

The three types of 2.3 mm screws that can be used in any of the five distal holes are Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). Insert all 2.3 mm screws using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210) (Figures 7 and 8).

Variable Angle Screw: 2.3 mm Locking Variable Angle Screws (30-23XX) may be used with the Acu-Loc EX Plates. Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 37.

Note: An individual 2.0 mm Locking Drill Guide 4–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or 2.3 mm Screw Depth Gauge, 6–46 mm (80-1356).

Acu-Loc Extra-Articular (EX) Plate Surgical Technique [continued]

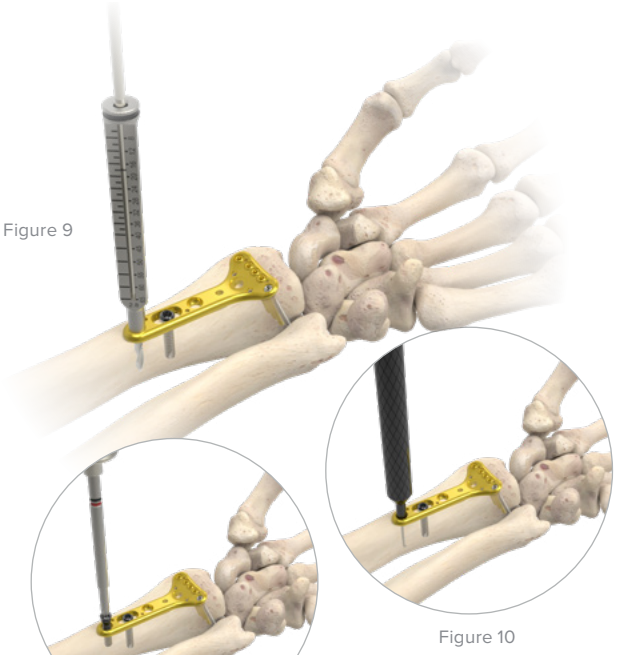


Figure 9

Figure 10

Figure 11

6 Proximal Screw Placement

Select one of the two remaining proximal holes and insert the threaded 2.8 mm Locking or Hexalobe Locking Drill Guide (80-0384 or 80-0668). Drill with the 2.8 mm Quick Release Drill (80-0387) and measure with the depth gauge. Insert the proper-length 3.5 mm Locking Hex or Locking Hexalobe Screw (30-023X or COL-3XXX) using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663).

Using the same process, drill and place the final locking screw (Figures 9–11).

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.

Optional: A 2.7 mm Locking Low-Profile Hexalobe Screw (3040-230XX) can be used in place of the 3.5 mm screw using the 2.0 mm Quick Release Drill (80-0318) and the 2.0 mm Hexalobe Locking Drill Guide (80-4029).

Caution: Take care to ensure that the screw does not exit the bone dorsally.

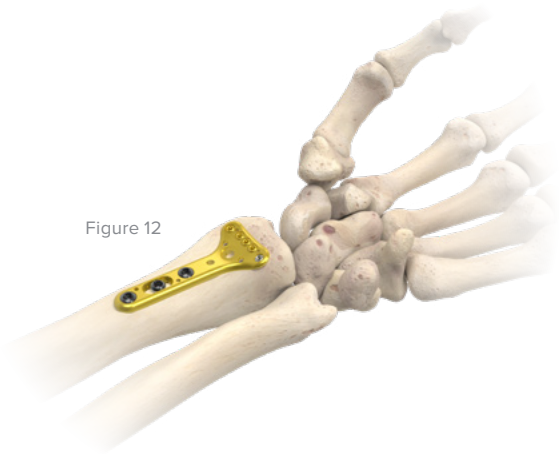


Figure 12

7 Closure and Postoperative Protocol

Following thorough radiographic evaluation, check alignment and rotation, then close (Figure 12). Start immediate finger range of motion and forearm rotation postoperatively. Allow early functional use of the hand for light activities of daily living (ADL). Support the wrist according to bone quality and stability.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions

To extract an Acu-Loc EX Plate, use the 2.5 mm Hex Driver Tip (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the T8 Stick Fit Hexalobe Driver (80-0759) and Medium Ratcheting Driver Handle (80-0663) to remove any 2.7 mm screws. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

If there is resistance or a risk of breakage, reference the Screw Removal Brochure (SPF10-00) and additional removal tools 80-0598 and 80-0600; Easyout, Quick Release.

Frag-Loc® Compression Screw Surgical Technique

Figure 1

Figure 2

1 Drilling Bicortically

With the targeting guide attached, drill bicortically, using the 2.0 mm Quick Release Drill (80-0318) through the 2.0 mm Locking Drill Guide 4–32 mm (80-0249) or the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) (Figures 1 and 2).

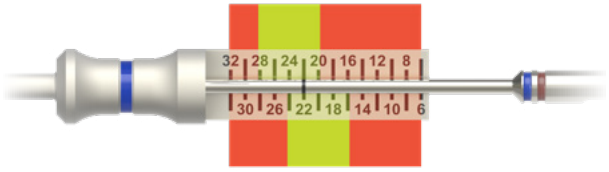


Figure 3

2 Measuring to Determine Screw Type

Measure screw length using the Distal Radius Probe (MS-DRPB) (Figure 3).

Probe Guidelines:

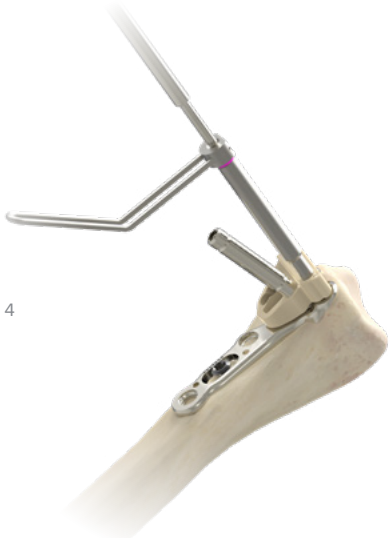
16–24 mm acceptable to use with the Frag-Loc Compression Sleeve (30-0370) and the Frag-Loc Compression Screw (30-0371).

20–28 mm acceptable to use with the Frag-Loc Compression Sleeve (30-0370) and the Frag-Loc Compression Screw, Long (30-0372).

Caution:

- Do not use the Frag-Loc Compression Screw outside of 16–24 mm range.
- Do not use the Frag-Loc Compression Screw, Long outside of 20–28 mm range.

Figure 4



3 Drilling Unicortically

Drill using the Frag-Loc 2.5 mm Drill (80-0724) and Frag-Loc 2.5 mm Drill Guide (80-0730) (Figure 4). The shoulder of the drill must stop against the top of the drill guide.

Frag-Loc® Compression Screw Surgical Technique [continued]

Figure 5

4 Frag-Loc Sleeve Insertion

Insert the Frag-Loc Compression Sleeve (30-0370) into the plate using the silver Cruciform Driver Handle (MS-2210) with the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) (Figures 5 and 6).

Figure 6

Figure 7

5 K-wire Insertion

Insert the .035" x 5.75" K-wire (WS-0906ST) through the Frag-Loc Compression Sleeve and dorsal skin (Figure 7).

Frag-Loc® Compression Screw Surgical Technique [continued]

Figure 8

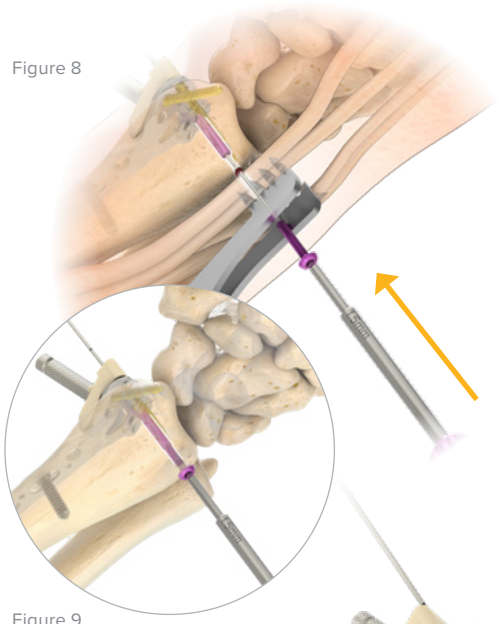


Figure 9

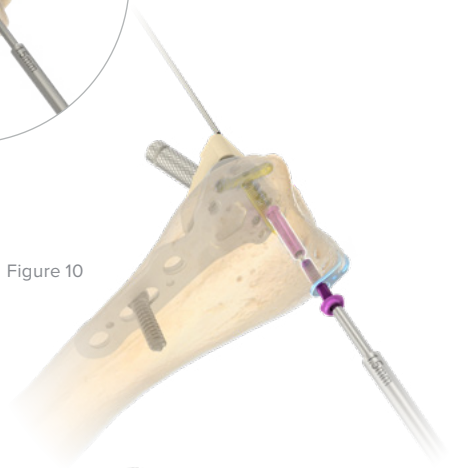


Figure 10

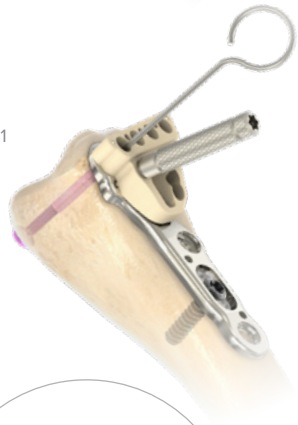


Figure 11

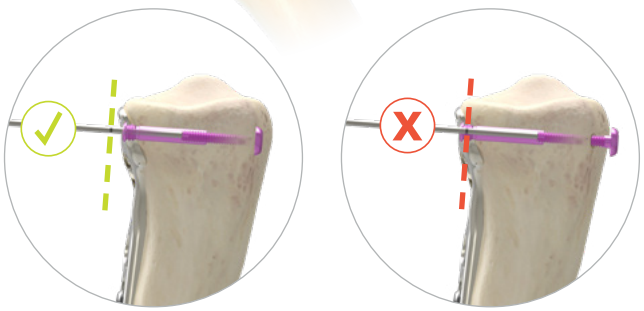


Figure 12

Figure 13

6 Frag-Loc Wire Insertion

Make a small incision dorsally over the K-wire and use the Heiss Retractor (80-0756) to maintain clearance of soft-tissue and tendons.

Drive the Frag-Loc Compression Screw (30-0371) or the Frag-Loc Compression Screw, Long (30-0372) over the .035" x 5.75" K-wire (WS-0906ST) using the Frag-Loc 1.5 mm Cannulated Driver (80-0758) (Figure 8).

Tighten the Frag-Loc Compression Screw into the Frag-Loc Compression Sleeve (30-0370) until the desired compression is achieved (Figure 9).

Ensure the Frag-Loc Compression Screw head is fully seated on the bone and that the tendons are clear of the screw head.

Optional: If using the Avulsion Hook Plate (7005-08001-S) with Frag-Loc to buttress a dorsal rim fragment, slide the correct Frag-Loc Compression Screw through the screw hole of the hook plate prior to implantation. Drive the Frag-Loc Compression Screw with the hook plate attached below the screw head until desired compression is achieved and the dorsal fragment is adequately buttressed.

If necessary, insert an additional .035" x 5.75" K-wire (WS-0906ST) through the hook plate k-wire hole or a .054" x 6" K-wire (WS-1406ST) through the hook plate tines to stabilize the fragment and plate as the Frag-Loc Compression Screw is tightened. One may also use a small bone tamp to seat the tines of the hook plate prior to final tightening of the Frag-Loc Compression Screw.

7 Final Confirmation

Remove the targeting guide.

Check Frag-Loc thread engagement using the Frag-Loc Depth Gauge (80-0726). The depth gauge ensures that the minimum number of threads are engaged into the Frag-Loc Compression Sleeve (30-0370) (Figure 10).

Note: A visible laser band on the depth gauge ensures acceptable Frag-Loc thread engagement (Figure 11).

If the depth gauge laser band is not visible, tighten the Frag-Loc Compression Screw one revolution and recheck (Figure 12). Repeat until the laser band is visible.

8 Optional: Implant Removal Instructions

To extract the Frag-Loc Compression Screw, use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with the Cruciform Driver Handle (MS-2210).

If there is resistance or a risk of breakage, reference the Screw Removal Brochure (SPF10-00) and additional removal tools 80-0598 and 80-0600; Easyout, Quick Release.

2.3 mm Locking Variable Angle Screw Surgical Technique

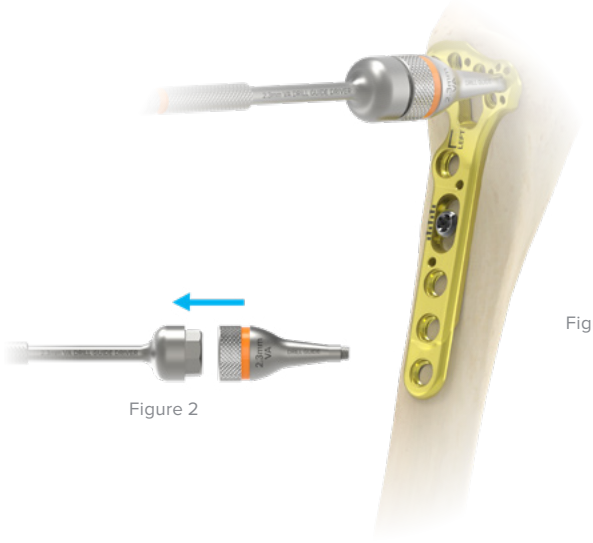


Figure 1

Figure 2

1 Conical Drill Guide Placement

If it is determined that a 2.3 mm Locking Variable Angle Screw (30-23XX) is needed, remove the radiolucent targeting guide from the plate and insert the conical 2.3 mm Variable Angle Drill Guide (80-0762), utilizing the 2.3 mm Variable Angle Drill Guide Driver (80-0763) (Figure 1).

Disconnect the drill guide driver once the drill guide is fully engaged into the plate (Figure 2).

Note: The drill guide driver allows for ease of insertion of the conical drill guide. It is not needed to remove the conical drill guide.

The Acumed 2.3 mm locking variable angle screws can be used in any distal hole of any of the gold-colored Acu-Loc 2 VDR Proximal Plates (70-0XXX) and Acu-Loc EX Plates (70-006X). The Acumed 2.3 mm locking variable angle screws can also be used in the silver-colored Acu-Loc 2 VDR Plates, but only in the distal styloid hole.

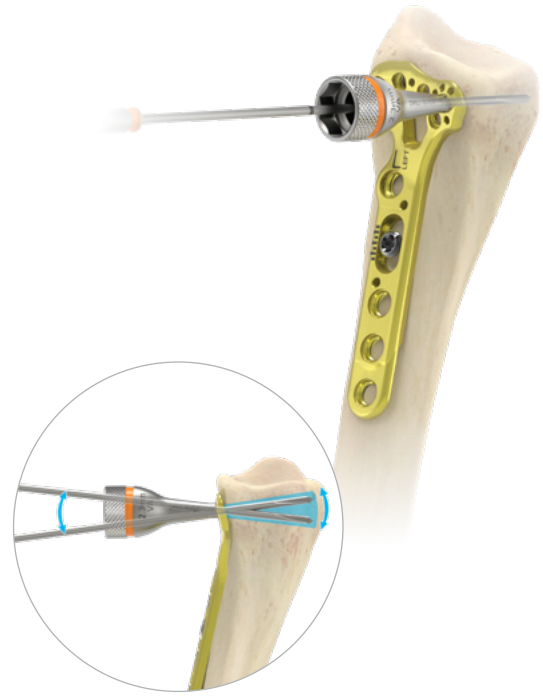


Figure 3

Figure 4

2 Drilling Distal Screws

Drill using the orange-banded 1.7 mm Quick Coupler Semi-Fluted Drill (80-0868) in the desired trajectory within the conical drill guide. Remove the conical drill guide (Figure 3 and 4).

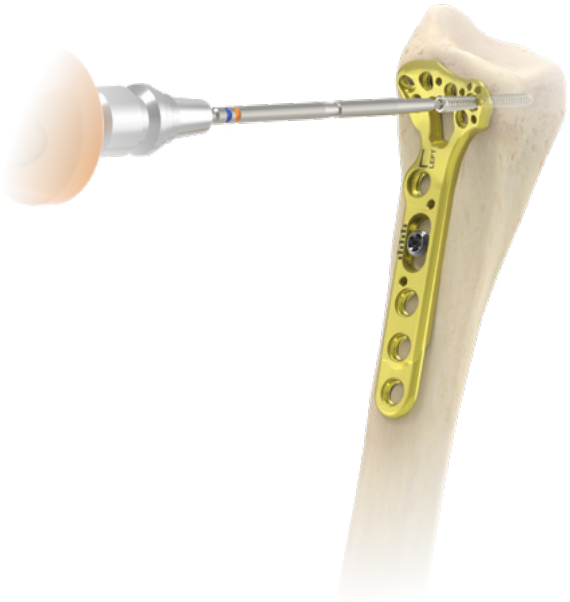
2.3 mm Locking Variable Angle Screw Surgical Technique [continued]

Figure 5

3 Measuring Distal Screws

Determine the screw length with the 2.3 mm Screw Depth Gauge 6–46 mm (80-1356) (Figure 5).

Figure 6



4 Distal Screw Insertion

Select and insert the corresponding 2.3 mm Locking Variable Angle Screw (30-23XX) using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), and the orange Mini-AO Torque Limiting Driver, 10 in-lb (80-1008) (Figure 6). Insert the screw until the torque limiting driver clicks once, indicating that the optimum insertion torque has been achieved.

Caution: Once the locking variable angle screw is fully inserted, inspect for and clear any debris from the perimeter of the screw head.

Caution: Locking variable angle screws are **one-time use only.**

Once the screw is engaged into the plate, it cannot be removed and reinserted into its original hole or any other hole of the Acu-Loc 2 VDR Proximal Plate or Acu-Loc EX Plate. If this screw is removed, it must be discarded to prevent reuse. A 2.3 mm Nontoggling Cortical Screw (CO-N23XX) must be used to replace a locking variable angle screw.

Caution: The Torque Limiting Driver must only be used in the clockwise direction. Do not use counter-clockwise, as this may inadvertently disassemble the driver.

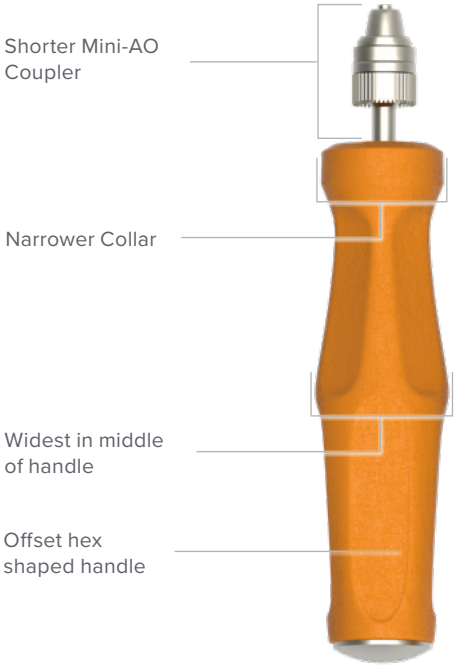
Caution: Torque Limiting Driver (TLD) usage information

There are two models of TLD (80-1008). The first generation may not maintain calibration past six months of normal use. Using the TLD when not calibrated may cause the screw to not seat fully (when inserted within the conical drill guide boundaries) or cause the threads to strip or the driver tip to break. Replace the first generation TLD after six months of normal use. See page 51 for additional details.

2.3 mm Locking Variable Angle Screw Surgical Technique [continued]

Additionally, please note difference in handle shape in order to distinguish the two Mini-AO Torque Limiting Drivers. The images in this document demonstrate the differences between the existing Driver and the updated Driver.

Updated
Mini-AO Torque Limiting Driver (TLD)



First Generation
Mini-AO Torque Limiting Driver (TLD)

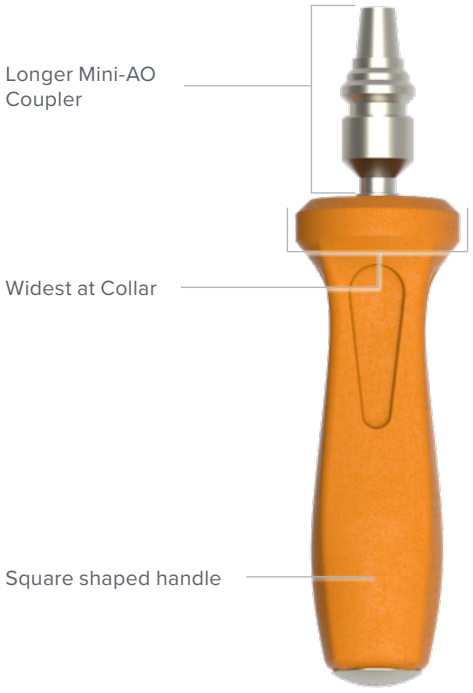


Figure 7

5 Optional: Implant Removal Instructions

To extract the Variable Angle Screw, use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with the Cruciform Driver Handle (MS-2210) (Figure 7).

If there is resistance or a risk of breakage, reference the Screw Removal Brochure (SPF10-00) and additional removal tools 80-0598 and 80-0600; Easyout, Quick Release.

Volar Ulnar Corner Fixation

Figure 1

Figure 2

Fixating Small Volar Ulnar Corner Fragments

This technique uses the DRFS Volar Lunate Suture Plate (70-0334) (Figure 1) or Acu-Loc 2 VDR Plate (70-03XX) (Figure 2). The volar ulnar fragment is typically rotated with its capsular attachment and de-rotated under direct visualization. Multiple sutures are placed in the capsule, rotating the fragment back anatomically.

Once the fragment is de-rotated, the sutures are passed through the suture holes in the volar ulnar corner of the plate. A plate-specific nonlocking screw is placed through the oblong slot in the plate. The plate is positioned onto the distal radius, with the preferred placement confirmed using fluoroscopy. The sutures are tied, securing the volar ulnar fragment with the plate, and the remaining screws are placed.[1,2]

Volar Ulnar Corner Fixation [continued]

Figure 1

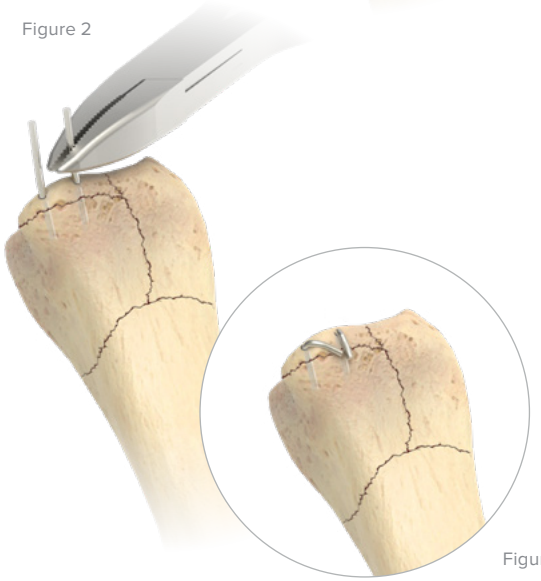


Figure 2

Figure 3

Figure 4

K-wire Technique for Fixing Small Volar Ulnar Corner Fragments

An alternative technique using the Acu-Loc 2 VDR Plate (70-03XX) is the insertion of K-wires for fragment-specific fixation of the lunate and scaphoid facets. Directly reduce the lunate and/or scaphoid facet fragments using the Sharp Hook (PL-CL06) or the Fragment Reduction Tool (80-0725) (Figure 1).

- Insert a K-wire of appropriate size from volar to dorsal into the fragment. Repeat this step as needed for additional fragment stability.
- Cut the K-wire down and bend proximally to contour to the volar aspect of the distal radius. Leave enough wire exposed so that the fragment is secure and able to be fully covered by the Acu-Loc 2 VDR Plate (Figures 2 and 3).
- Select the appropriate Acu-loc 2 VDR Plate (70-03XX) that adequately covers the K-wires and addresses the remaining distal radius fracture (Figure 4).

Avulsion Hook Plate Technique for Fixing Small Volar Rim Fragments

The 0.8 mm Avulsion Hook Plate (7005-08001-S) may be connected to the most ulnar or most radial distal screw holes of the Acu-Loc 2 VDR Plate (silver) to extend fixation to distal volar fragments.

This technique describes two different configurations: the Avulsion Hook Plate below the Acu-Loc 2 VDR Plate and the Avulsion Hook Plate on top of the Acu-Loc 2 VDR Plate. In both configurations, either the 2.3 mm Locking Variable Angle Screws (30-23XX) or the 2.3 mm Nontoggling Cortical Screws (CO-N23XX) can be used to fix the plates together and to the radius.

Warning: When using a 2.3 mm Variable Angle Screw to secure a hook plate in the distal row of the Acu-Loc 2 VDR Plate, it may only be used as a fixed angle screw due to the risk of entering the articular surface. Thus, the 2.0 mm Locking Drill Guide 4–32 mm (80-0249) or Drill Guide/Depth Gauge for 2.0 mm Drill (MS-DG23) with the Acu-Loc 2 VDR Targeting Guide (80-06XX) must be used to direct the fixed trajectory of the Variable Angle Screw.

Tip: The plate can be introduced into the wound using small clamps or the 2.0 mm Locking Drill Guide 4–32 mm (80-0249).

Avulsion Hook Plate Technique for Fixing Small Volar Rim Fragments [continued]

Figure 1

Figure 2

Figure 3

Avulsion Hook Plate Technique – Over Distal VDR Plate

1 Once the fracture is reduced, the Acu-Loc 2 VDR Plate is positioned on the distal radius and placement is confirmed using fluoroscopy. The plate should not be attached at this point. After drilling, the plate is placed.

2 Insert either the 2.0mm Locking Drill Guide 4–32 mm (80-0249) or Drill Guide/Depth Gauge for 2.0 mm Drill (MS-DG23) with the Acu-Loc 2 VDR Targeting Guide (80-06XX) into the ulnar or radial distal screw hole of the VDR plate, and drill using the 2.0 mm Quick Release Drill (80-0318).

3 Remove drill guide and targeting guide, if using. Position the hook plate on top of the VDR plate such that the screw holes are aligned and measure the screw length with the 2.3 mm Screw Depth Gauge 6–46 mm (80-1356).

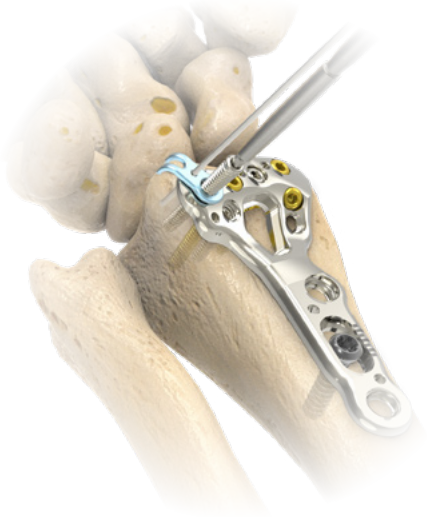
Note: In order to stabilize the plate, a .035" x 5.75" K-wire (WS-0906ST) may be inserted through both the hook plate K-wire hole and one of the VDR Plate ulnar suture holes. Additionally, a .054" x 6" K-wire (WS-1406ST) may be inserted through the tines of the hook plate.

Warning: Placement of the Avulsion Hook Plate is limited to the most ulnar or most radial distal hole of the Acu-Loc 2 VDR plate, to minimize risk of tendon irritation.

Warning: Reduce the gap between hook plate and VDR plate during plate placement and provisional fixation to ensure the VA screw can lock into both plates. Check resulting rotational stability after inserting the screw through both plates.

Avulsion Hook Plate Technique for Fixing Small Volar Rim Fragments [continued]

Figure 4



5 If using a 2.3 mm Locking Variable Angle screw, insert through both plates using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), and the optional orange Torque Limiting Driver (80-1008).

6 If using a 2.3 mm Nontoggling Cortical Screw, insert through both plates using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

Figure 5

7 Check the interface between the plates for rotational stability. If the stability is inadequate consider transitioning to the suture or k-wire methods (see Pages 40-41).

Tip: The use of a small bone tamp may be helpful to gently tap and push the tines of the hook plate onto the fracture fragment.

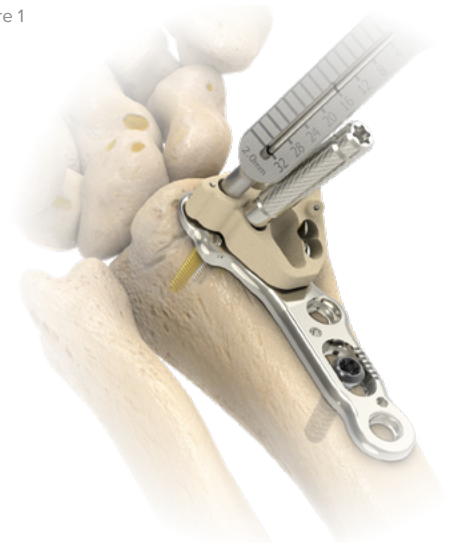
Note: Once the hook plate has been secured in the distal row of the VDR Plate, the targeting guide cannot be fixed to the VDR Plate to guide the trajectory of the other distal screws. Instead, use the 2.0 mm Locking Drill Guide 4–32 mm (80-0249) if the hook plate has already been fixed to the VDR Plate.

Tip: The plate can be introduced into the wound using small clamps or the 2.0 mm Locking Drill Guide 4–32 mm (80-0249).

8 All other distal and proximal screw holes are filled per the standard Acu-Loc 2 VDR technique.

Avulsion Hook Plate Technique for Fixing Small Volar Rim Fragments [continued]

Figure 1



Avulsion Hook Plate Technique - Under VDR Distal Plate

1 Prior to applying the Acu-Loc 2 VDR Plate to the distal radius, place the 0.8 mm Avulsion Hook Plate (7005-08001-S) such that the hooks effectively buttress the volar fragment.

Tip: To guide the placement of the hook plate on the fragment, a .054" x 6" K-wire (WS-1406ST) may be inserted into the fragment, and the hook plate slid such that the k-wire fits between the hook plate tines. In order to further stabilize the plate, a .035" x 5.75" K-wire (WS-0906ST) may be inserted through the hook plate k-wire hole.

2 Place the Acu-Loc 2 VDR Standard Plate over the hook plate such that the intended screw holes align. The hook plate may be aligned with either the most ulnar or most radial hole of the VDR Plate.

Warning: Placement of the Avulsion Hook Plate is limited to the most ulnar or most radial distal hole of the Acu-Loc 2 VDR plate, to minimize risk of tendon irritation.

Figure 2

3 If a .035" k-wire was inserted through the k-wire hole in the hook plate during provisional fixation, it may be fed through one of the two distal ulnar suture holes on the Acu-Loc 2 VDR Plate to ensure alignment between the screw holes of both plates.

Avulsion Hook Plate Technique for Fixing Small Volar Rim Fragments [continued]

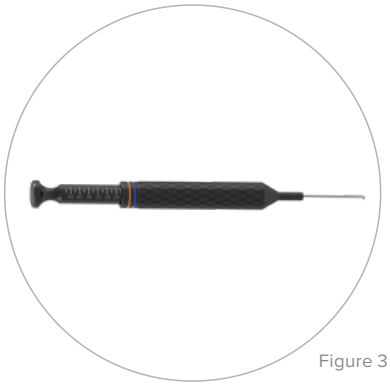


Figure 3

4 To fix the VDR Plate and the hook plate, drill through the overlapping screw holes using the 2.0 mm Quick Release Drill (80-0318) with the 2.0 mm Locking Drill Guide 4–32 mm and Screw Depth Gauge 6–46 mm (80-1356).

Warning: Reduce the gap between hook plate and VDR plate during plate placement and provisional fixation to ensure VA screw can lock into both plates. Check resulting rotational stability after inserting the screw through both plates.

Figure 4

5 If using a Locking Variable Angle Screw, insert through both plates using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) and the orange Torque Limiting Driver (80-1008).

6 If using a Nontoggling Cortical Screw, insert through both plates using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, optional Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

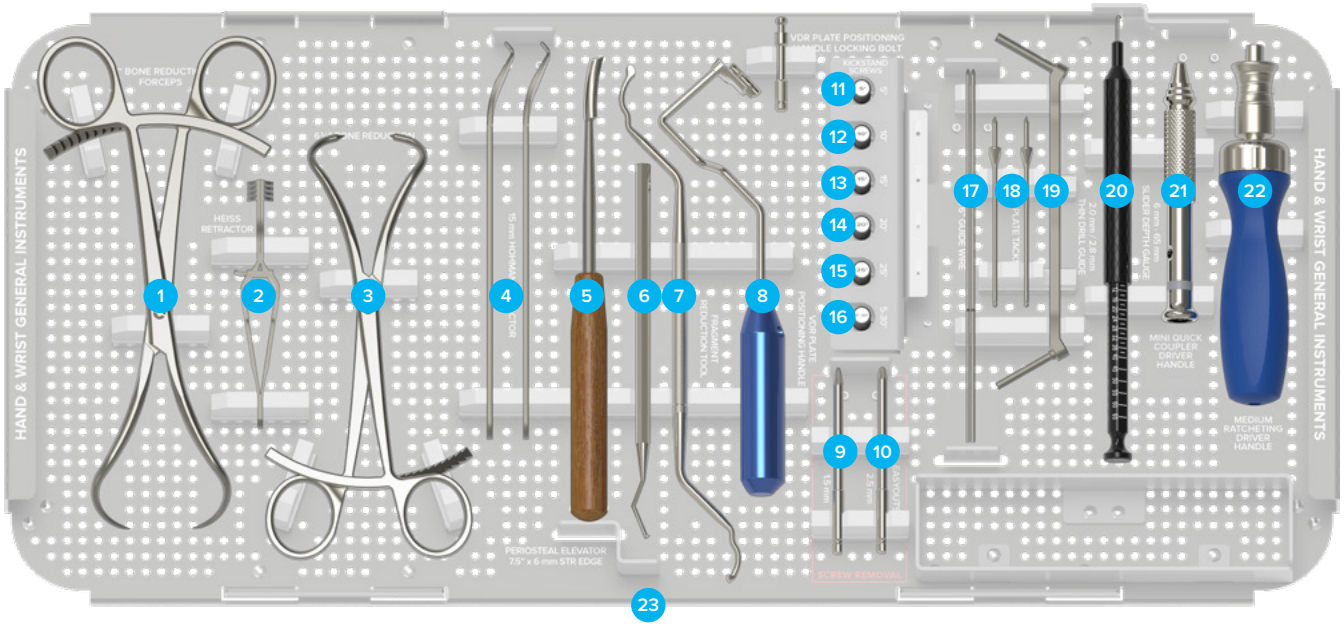
Figure 5

7 Check the interface between the plates for rotational stability. If the stability is inadequate consider transitioning to the suture or k-wire methods (see Pages 40-41).

8 All other distal and proximal screw holes are filled per the standard Acu-Loc 2 VDR technique.

Tip: The use of a small bone tamp may be helpful to gently tap and push the tines of the hook plate onto the fracture fragment.

Ordering Information



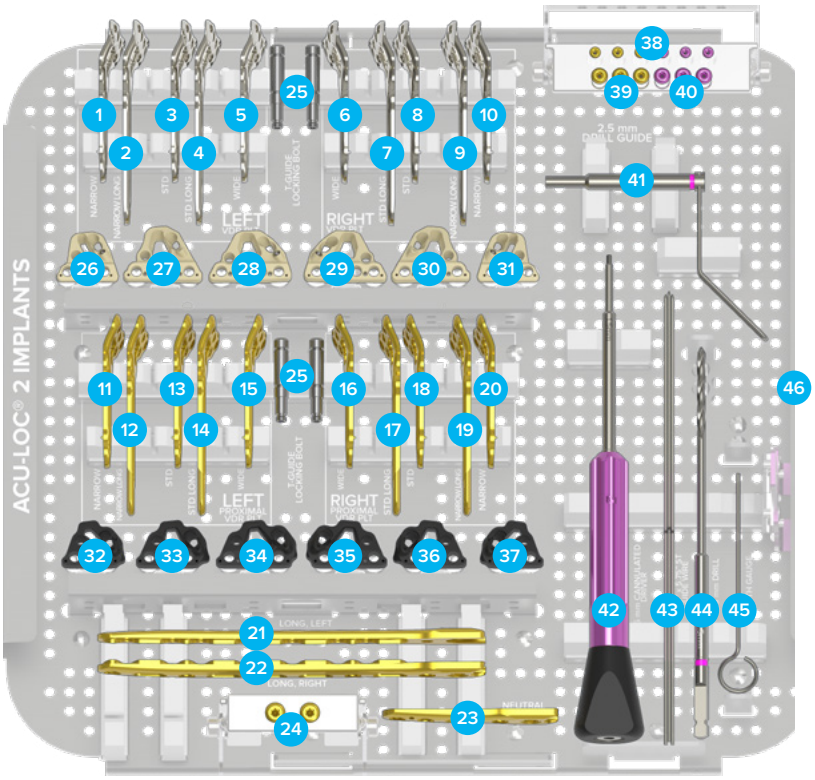
Tray Components

Instrumentation

1	8" Bone Reduction Forceps	MS-1280
2	Heiss Retractor	80-0756
3	Bone Reduction Forceps 6 ¾"	80-0723
4	15 mm Hohmann Retractor	MS-46827
5	Periostal Elevator 7.5" x 6 mm Straight Edge	80-0693
6	Sharp Hook	PL-CL06
7	Fragment Reduction Tool	80-0725
8	VDR Plate Positioning Handle Assembly	80-0729
9	1.5 mm Easyout, Quick Release	80-0598
10	2.5 mm Easyout, Quick Release	80-0600
11	KickStand Post 5°	80-0718
12	KickStand Post 10°	80-0719
13	KickStand Post 15°	80-0720
14	KickStand Post 20°	80-0721
15	KickStand Post 25°	80-0722
16	KickStand Post 5–30°	80-0731
17	.054" x 6" Guide Wire (K-wire)	WS-1406ST
18	Plate Tack	PL-PTACK
19	2.0 mm / 2.8 mm Thin Drill Guide	PL-2118
20	Depth Gauge 6–65 mm	80-0623
21	Cruciform Driver Handle	MS-2210
22	Medium Ratcheting Driver Handle	80-0663
23	Hand & Wrist General Instrument Platter	80-0754

For information about the Acu-Loc® Wrist Spanning Plate, please contact your local authorized Acumed distributor, call 888.627.9957, or visit acumed.net.

Ordering Information [continued]



Tray Components

Acu-Loc 2 Volar Distal Radius (VDR) Plates

1	Acu-Loc 2 VDR Plate Narrow, Left	70-0358
2	Acu-Loc 2 VDR Plate Narrow Long, Left	70-0370
3	Acu-Loc 2 VDR Plate Standard, Left	70-0356
4	Acu-Loc 2 VDR Plate Standard Long, Left	70-0368
5	Acu-Loc 2 VDR Plate Wide, Left	70-0360
6	Acu-Loc 2 VDR Plate Wide, Right	70-0361
7	Acu-Loc 2 VDR Plate Standard Long, Right	70-0369
8	Acu-Loc 2 VDR Plate Standard, Right	70-0357
9	Acu-Loc 2 VDR Plate Narrow Long, Right	70-0371
10	Acu-Loc 2 VDR Plate Narrow, Right	70-0359

Acu-Loc 2 Volar Distal Radius (VDR) Proximal Plates

11	Acu-Loc 2 VDR Proximal Plate Narrow, Left	70-0352
12	Acu-Loc 2 VDR Proximal Plate Narrow Long, Left	70-0382
13	Acu-Loc 2 VDR Proximal Plate Standard, Left	70-0350
14	Acu-Loc 2 VDR Proximal Plate Standard Long, Left	70-0372
15	Acu-Loc 2 VDR Proximal Plate Wide, Left	70-0354
16	Acu-Loc 2 VDR Proximal Plate Wide, Right	70-0355
17	Acu-Loc 2 VDR Proximal Plate Standard Long, Right	70-0373
18	Acu-Loc 2 VDR Proximal Plate Standard, Right	70-0351
19	Acu-Loc 2 VDR Proximal Plate Narrow Long, Right	70-0383
20	Acu-Loc 2 VDR Proximal Plate Narrow, Right	70-0353

Tray Components [continued]

Extension Plates

21	Acu-Loc 2 VDR Extension Plate Long, Left	70-0365
22	Acu-Loc 2 VDR Extension Plate Long, Right	70-0366
23	Acu-Loc 2 VDR Extension Plate, Neutral	70-0364
24	Acu-Loc 2 VDR Hexalobe Extension Link Screw	30-0100

Instrumentation

25	Acu-Loc 2 VDR Targeting Guide Locking Bolt	80-0682
26	Acu-Loc 2 VDR Targeting Guide Narrow, Left	80-0697
27	Acu-Loc 2 VDR Targeting Guide Standard, Left	80-0695
28	Acu-Loc 2 VDR Targeting Guide Wide, Left	80-0699
29	Acu-Loc 2 VDR Targeting Guide Wide, Right	80-0698
30	Acu-Loc 2 VDR Targeting Guide Standard, Right	80-0694
31	Acu-Loc 2 VDR Targeting Guide Narrow, Right	80-0696
32	Acu-Loc 2 VDR Proximal Targeting Guide Narrow, Left	80-0703
33	Acu-Loc 2 VDR Proximal Targeting Guide Standard, Left	80-0701
34	Acu-Loc 2 VDR Proximal Targeting Guide Wide, Left	80-0705
35	Acu-Loc 2 VDR Proximal Targeting Guide Wide, Right	80-0704
36	Acu-Loc 2 VDR Proximal Targeting Guide Standard, Right	80-0700
37	Acu-Loc 2 VDR Proximal Targeting Guide Narrow, Right	80-0702

Frag-Loc® Screws

38	Frag-Loc Compression Sleeve	30-0370
39	Frag-Loc Compression Screw, Long	30-0372
40	Frag-Loc Compression Screw	30-0371

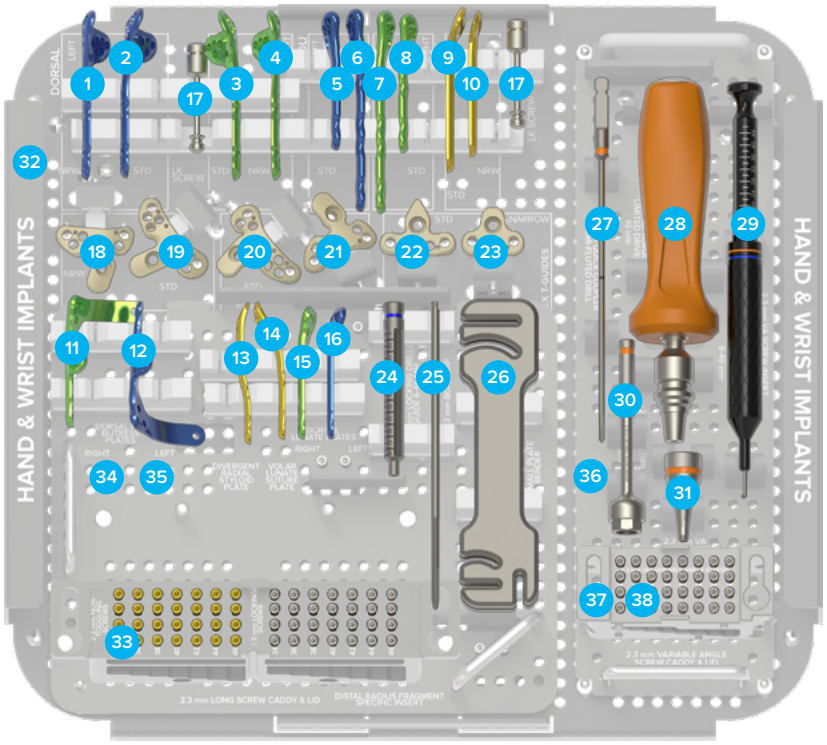
Frag-Loc® Instrumentation

41	Frag-Loc 2.5 mm Drill Guide	80-0730
42	Frag-Loc 1.5 mm Cannulated Driver Assembly	80-0758
43	.035" X 5.75" ST Guide Wire (K-wire)	WS-0906ST
44	Frag-Loc 2.5 mm Drill	80-0724
45	Frag-Loc Depth Gauge	80-0726
46	Acu-Loc 2 Implant Platter	80-0752

Optional Instrument

Acu-Loc 2 VDR Targeting Guide Locking Bolt, Long	80-1071
Locking Bolt 10-32	80-0738

Ordering Information [continued]



Tray Components

Acu-Loc Plates

1	Acu-Loc Dorsal Plate, Narrow, Left	70-0057
2	Acu-Loc Dorsal Plate, Standard, Left	70-0055
3	Acu-Loc Dorsal Plate, Standard, Right	70-0056
4	Acu-Loc Dorsal Plate, Narrow, Right	70-0058
5	Acu-Loc VDU Plate, Standard, Left	70-0045
6	Acu-Loc VDU Plate, Long, Left	70-0047
7	Acu-Loc VDU Plate, Long, Right	70-0048
8	Acu-Loc VDU Plate, Standard, Right	70-0046
9	Acu-Loc EX Standard	70-0063
10	Acu-Loc EX Narrow	70-0064

Distal Radius Fragment Specific (DRFS) Plates

11	Dorsal Rim Buttress Plate, Right	70-0335
12	Dorsal Rim Buttress Plate, Left	70-0336
13	Divergent Radial Styloid Plate	70-0331
14	Volar Lunate Suture Plate	70-0334
15	Dorsal Lunate Plate, Right	70-0337
16	Dorsal Lunate Plate, Left	70-0338

Ordering Information [continued]

Tray Components [continued]

Instrumentation

17	Locking Screw, Acu-Loc Radiolucent Targeting Guide	80-0038
18	Acu-Loc Dorsal Plate Targeting Guide Narrow, Left	80-0154
19	Acu-Loc Dorsal Plate Targeting Guide Standard, Left	80-0150
20	Acu-Loc Dorsal Targeting Guide Standard, Right	80-0151
21	Acu-Loc Dorsal Targeting Guide Narrow, Right	80-0155
22	Acu-Loc EX Targeting Guide Standard	80-0166
23	Acu-Loc EX Targeting Guide Narrow	80-0274
24	2.0 mm Locking Drill Guide 6–46 mm	80-0592
25	2.3 mm Bone Tap	80-0362
26	Small Plate Bender	80-0363

Variable Angle Instrumentation

27	1.7 mm Quick Coupler Semi-fluted Drill	80-0868
28	Mini-AO Torque Limiting Driver, 10 in-lb	80-1008
29	2.3 mm Screw Depth Gauge 6–46 mm	80-1356
30	2.3 mm Variable Angle Drill Guide Driver	80-0763
31	2.3 mm Variable Angle Drill Guide	80-0762

Trays & Inserts

32	Hand & Wrist Implant Platter	80-0787

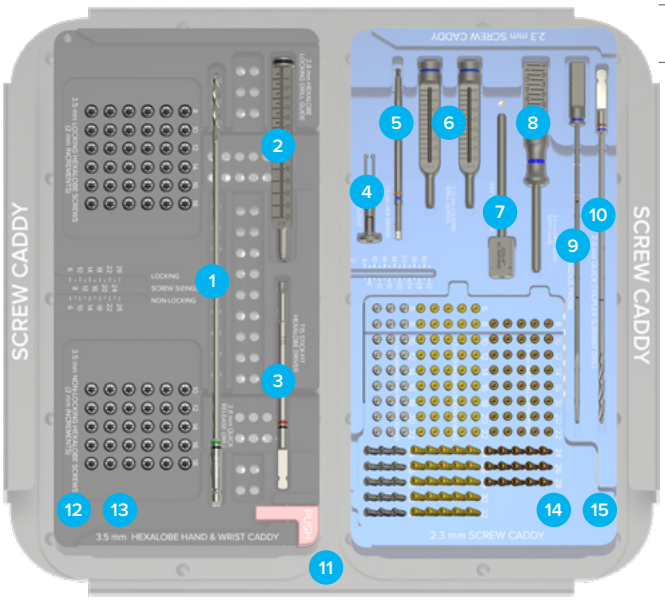
Distal Radius Fragment Specific Inserts

33	Distal Radius Fragment Specific Insert	80-0822
34	2.3 mm Long Screw Caddy Base	80-0825
35	2.3 mm Long Screw Caddy Lid	80-0762

Variable Angle Screw Inserts

36	2.3 mm Variable Angle Screw Insert	80-1009
37	2.3 mm Variable Screw Caddy Lid	80-1010
37	2.3 mm Variable Screw Caddy Base	80-0751

Ordering Information [continued]



Tray Components

3.5 mm Instrumentation

1	2.8 mm Quick Release Drill	80-0387
2	2.8 mm Hexalobe Locking Drill Guide 6–65 mm	80-0668
3	T15 Stick Fit Hexalobe Driver	80-0760

2.3 mm Instrumentation

4	2.3 mm Screw Sleeve, Locking Tab	80-0727
5	1.5 mm Hex Driver Tip, Locking Groove	80-0728
6	2.0 mm Locking Drill Guide 4–32 mm	80-0249
7	.054" K-wire Guide	80-0688
8	Drill Guide / Depth Gauge for 2.0 mm Drill	MS-DG23
9	Distal Radius Probe	MS-DRPB
10	2.0 mm Quick Release Drill	80-0318

Trays & Inserts

11	Universal Tray Screw Insert Base	80-0346

3.5 mm

12	3.5 mm Hexalobe Hand & Wrist Caddy	80-1500
13	3.5 mm Hexalobe Hand & Wrist Caddy Lid	80-1502*

2.3 mm

14	2.3 mm Screw Caddy	80-0748
15	2.3 mm / 3.5 mm Screw Caddy Lid	80-0790*

Optional

3.5 mm Screw Instrumentation

2.8 mm x 5" Quick Release Drill	80-2008
2.8 mm Locking Drill Guide 6–26 mm	80-2006
3.5 mm Locking Screw Bone Tap	80-2126

*Items not shown

Ordering Information [continued]

2.3 mm Screws

2.3 mm Nontoggling Cortical Screws

2.3 mm x 8 mm Nontoggling Cortical Screw	CO-N2308
2.3 mm x 10 mm Nontoggling Cortical Screw	CO-N2310
2.3 mm x 12 mm Nontoggling Cortical Screw	CO-N2312
2.3 mm x 14 mm Nontoggling Cortical Screw	CO-N2314
2.3 mm x 16 mm Nontoggling Cortical Screw	CO-N2316
2.3 mm x 18 mm Nontoggling Cortical Screw	CO-N2318
2.3 mm x 20 mm Nontoggling Cortical Screw	CO-N2320
2.3 mm x 22 mm Nontoggling Cortical Screw	CO-N2322
2.3 mm x 24 mm Nontoggling Cortical Screw	CO-N2324
2.3 mm x 26 mm Nontoggling Cortical Screw	CO-N2326
2.3 mm x 28 mm Nontoggling Cortical Screw	CO-N2328
2.3 mm x 30 mm Nontoggling Cortical Screw	CO-N2330
2.3 mm x 32 mm Nontoggling Cortical Screw	CO-N2332
2.3 mm x 34 mm Nontoggling Cortical Screw	CO-N2334
2.3 mm x 36 mm Nontoggling Cortical Screw	CO-N2336
2.3 mm x 38 mm Nontoggling Cortical Screw	CO-N2338
2.3 mm x 40 mm Nontoggling Cortical Screw	CO-N2340
2.3 mm x 42 mm Nontoggling Cortical Screw	CO-N2342
2.3 mm x 44 mm Nontoggling Cortical Screw	CO-N2344
2.3 mm x 46 mm Nontoggling Cortical Screw	CO-N2346

2.3 mm Locking Variable Angle Screws

2.3 mm x 14 mm Locking Variable Angle Screw	30-2314
2.3 mm x 16 mm Locking Variable Angle Screw	30-2316
2.3 mm x 18 mm Locking Variable Angle Screw	30-2318
2.3 mm x 20 mm Locking Variable Angle Screw	30-2320
2.3 mm x 22 mm Locking Variable Angle Screw	30-2322
2.3 mm x 24 mm Locking Variable Angle Screw	30-2324
2.3 mm x 26 mm Locking Variable Angle Screw	30-2326
2.3 mm x 28 mm Locking Variable Angle Screw	30-2328

Ordering Information [continued]

2.3 mm Screws

2.3 mm Locking Cortical Pegs

2.3 mm x 8 mm Locking Cortical Peg	CO-S2308
2.3 mm x 10 mm Locking Cortical Peg	CO-S2310
2.3 mm x 12 mm Locking Cortical Peg	CO-S2312
2.3 mm x 14 mm Locking Cortical Peg	CO-S2314
2.3 mm x 16 mm Locking Cortical Peg	CO-S2316
2.3 mm x 18 mm Locking Cortical Peg	CO-S2318
2.3 mm x 20 mm Locking Cortical Peg	CO-S2320
2.3 mm x 22 mm Locking Cortical Peg	CO-S2322
2.3 mm x 24 mm Locking Cortical Peg	CO-S2324
2.3 mm x 26 mm Locking Cortical Peg	CO-S2326
2.3 mm x 28 mm Locking Cortical Peg	CO-S2328

2.3 mm Locking Cortical Screws

2.3 mm x 8 mm Locking Cortical Screw	CO-T2308
2.3 mm x 10 mm Locking Cortical Screw	CO-T2310
2.3 mm x 12 mm Locking Cortical Screw	CO-T2312
2.3 mm x 14 mm Locking Cortical Screw	CO-T2314
2.3 mm x 16 mm Locking Cortical Screw	CO-T2316
2.3 mm x 18 mm Locking Cortical Screw	CO-T2318
2.3 mm x 20 mm Locking Cortical Screw	CO-T2320
2.3 mm x 22 mm Locking Cortical Screw	CO-T2322
2.3 mm x 24 mm Locking Cortical Screw	CO-T2324
2.3 mm x 26 mm Locking Cortical Screw	CO-T2326
2.3 mm x 28 mm Locking Cortical Screw	CO-T2328
2.3 mm x 30 mm Locking Cortical Screw	CO-T2330
2.3 mm x 32 mm Locking Cortical Screw	CO-T2332
2.3 mm x 34 mm Locking Cortical Screw	CO-T2334
2.3 mm x 36 mm Locking Cortical Screw	CO-T2336
2.3 mm x 38 mm Locking Cortical Screw	CO-T2338
2.3 mm x 40 mm Locking Cortical Screw	CO-T2340
2.3 mm x 42 mm Locking Cortical Screw	CO-T2342
2.3 mm x 44 mm Locking Cortical Screw	CO-T2344
2.3 mm x 46 mm Locking Cortical Screw	CO-T2346

Ordering Information [continued]

Optional 2.7 mm Low-Profile Screws

2.7 mm Low-Profile Hexalobe Nonlocking Screws

2.7 x 9 mm Low-Profile Hexalobe – Nonlocking	3041-23009
2.7 x 10 mm Low-Profile Hexalobe – Nonlocking	3041-23010
2.7 x 11 mm Low-Profile Hexalobe – Nonlocking	3041-23011
2.7 x 12 mm Low-Profile Hexalobe – Nonlocking	3041-23012
2.7 x 13 mm Low-Profile Hexalobe – Nonlocking	3041-23013
2.7 x 14 mm Low-Profile Hexalobe – Nonlocking	3041-23014
2.7 x 15 mm Low-Profile Hexalobe – Nonlocking	3041-23015
2.7 x 16 mm Low-Profile Hexalobe – Nonlocking	3041-23016
2.7 x 17 mm Low-Profile Hexalobe – Nonlocking	3041-23017
2.7 x 18 mm Low-Profile Hexalobe – Nonlocking	3041-23018
2.7 x 19 mm Low-Profile Hexalobe – Nonlocking	3041-23019

2.7 mm Low-Profile Hexalobe Locking Screws

2.7 x 8 mm Low-Profile Hexalobe – Locking	3040-23008
2.7 x 9 mm Low-Profile Hexalobe – Locking	3040-23009
2.7 x 10 mm Low-Profile Hexalobe – Locking	3040-23010
2.7 x 11 mm Low-Profile Hexalobe – Locking	3040-23011
2.7 x 12 mm Low-Profile Hexalobe – Locking	3040-23012
2.7 x 13 mm Low-Profile Hexalobe – Locking	3040-23013
2.7 x 14 mm Low-Profile Hexalobe – Locking	3040-23014
2.7 x 15 mm Low-Profile Hexalobe – Locking	3040-23015
2.7 x 16 mm Low-Profile Hexalobe – Locking	3040-23016
2.7 x 17 mm Low-Profile Hexalobe – Locking	3040-23017
2.7 x 18 mm Low-Profile Hexalobe – Locking	3040-23018
2.7 x 19 mm Low-Profile Hexalobe – Locking	3040-23019

Ordering Information [continued]

Optional Sterile 2.7 mm Low-Profile Screws

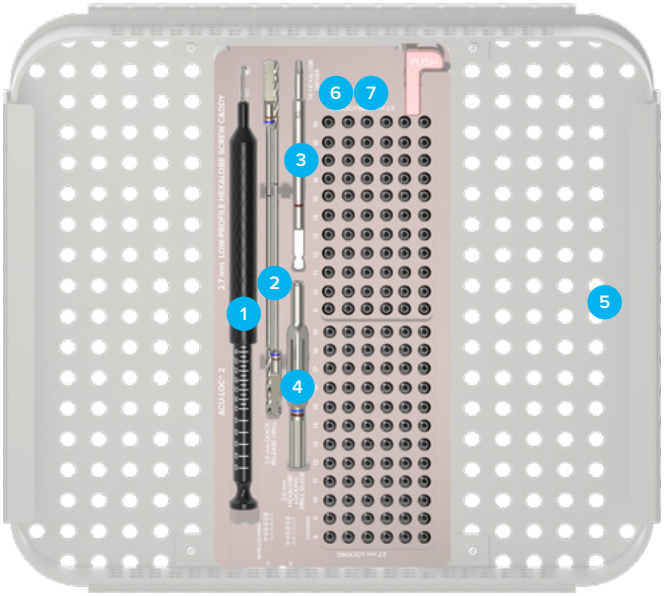
2.7 mm Low-Profile Hexalobe Nonlocking

2.7 x 9 mm Low-Profile Hexalobe – Nonlocking	3041-23009-S
2.7 x 10 mm Low-Profile Hexalobe – Nonlocking	3041-23010-S
2.7 x 11 mm Low-Profile Hexalobe – Nonlocking	3041-23011-S
2.7 x 12 mm Low-Profile Hexalobe – Nonlocking	3041-23012-S
2.7 x 13 mm Low-Profile Hexalobe – Nonlocking	3041-23013-S
2.7 x 14 mm Low-Profile Hexalobe – Nonlocking	3041-23014-S
2.7 x 15 mm Low-Profile Hexalobe – Nonlocking	3041-23015-S
2.7 x 16 mm Low-Profile Hexalobe – Nonlocking	3041-23016-S
2.7 x 17 mm Low-Profile Hexalobe – Nonlocking	3041-23017-S
2.7 x 18 mm Low-Profile Hexalobe – Nonlocking	3041-23018-S
2.7 x 19 mm Low-Profile Hexalobe – Nonlocking	3041-23019-S

2.7 mm Low-Profile Hexalobe Locking

2.7 x 8 mm Low-Profile Hexalobe – Locking	3040-23008-S
2.7 x 9 mm Low-Profile Hexalobe – Locking	3040-23009-S
2.7 x 10 mm Low-Profile Hexalobe – Locking	3040-23010-S
2.7 x 11 mm Low-Profile Hexalobe – Locking	3040-23011-S
2.7 x 12 mm Low-Profile Hexalobe – Locking	3040-23012-S
2.7 x 13 mm Low-Profile Hexalobe – Locking	3040-23013-S
2.7 x 14 mm Low-Profile Hexalobe – Locking	3040-23014-S
2.7 x 15 mm Low-Profile Hexalobe – Locking	3040-23015-S
2.7 x 16 mm Low-Profile Hexalobe – Locking	3040-23016-S
2.7 x 17 mm Low-Profile Hexalobe – Locking	3040-23017-S
2.7 x 18 mm Low-Profile Hexalobe – Locking	3040-23018-S
2.7 x 19 mm Low-Profile Hexalobe – Locking	3040-23019-S

Ordering Information [continued]



Tray Components

2.7 mm Low-Profile Screw Instrumentation

1	Depth Gauge 6–65 mm	80-0623*
2	2.0 mm Quick Release Drill	80-0318*
3	T8 Stick Fit Hexalobe Driver	80-0759
4	2.0 mm Hexalobe Locking Drill Guide 6–26 mm	80-4029**
5	Universal Tray Utility Insert	80-0347
6	Acu-Loc 2 2.7 mm Low-Profile Screw Caddy	80-3926
7	2.7 mm Low-Profile Screw Caddy Lid	80-3927

* Depth Gauge 6–65 mm 80-0623 and 2.0 mm Quick Release Drill 80-0318 already comes standard with the 2.3 mm screws

**Items not shown

Ordering Information [continued]

Sterile Tray Components

Acu-Loc 2 Volar Distal Radius (VDR) Plates

Acu-Loc 2 VDR Plate Narrow, Left	70-0358-S
Acu-Loc 2 VDR Plate Narrow Long, Left	70-0370-S
Acu-Loc 2 VDR Plate Standard, Left	70-0356-S
Acu-Loc 2 VDR Plate Standard Long, Left	70-0368-S
Acu-Loc 2 VDR Plate Wide, Left	70-0360-S
Acu-Loc 2 VDR Plate Wide, Right	70-0361-S
Acu-Loc 2 VDR Plate Standard Long, Right	70-0369-S
Acu-Loc 2 VDR Plate Standard, Right	70-0357-S
Acu-Loc 2 VDR Plate Narrow Long, Right	70-0371-S
Acu-Loc 2 VDR Plate Narrow, Right	70-0359-S

Acu-Loc 2 Volar Distal Radius (VDR) Proximal Plates

Acu-Loc 2 VDR Proximal Plate Narrow, Left	70-0352-S
Acu-Loc 2 VDR Proximal Plate Narrow Long, Left	70-0382-S
Acu-Loc 2 VDR Proximal Plate Standard, Left	70-0350-S
Acu-Loc 2 VDR Proximal Plate Standard Long, Left	70-0372-S
Acu-Loc 2 VDR Proximal Plate Wide, Left	70-0354-S
Acu-Loc 2 VDR Proximal Plate Wide, Right	70-0355-S
Acu-Loc 2 VDR Proximal Plate Standard Long, Right	70-0373-S
Acu-Loc 2 VDR Proximal Plate Standard, Right	70-0351-S
Acu-Loc 2 VDR Proximal Plate Narrow Long, Right	70-0383-S
Acu-Loc 2 VDR Proximal Plate Narrow, Right	70-0353-S

Extension Plates

Acu-Loc 2 VDR Extension Plate Long, Left	70-0365-S
Acu-Loc 2 VDR Extension Plate Long, Right	70-0366-S
Acu-Loc 2 VDR Extension Plate, Neutral	70-0364-S
Acu-Loc 2 VDR Hexalobe Extension Link Screw	30-0100-S

Frag-Loc® Screws

Frag-Loc Compression Sleeve	30-0370-S
Frag-Loc Compression Screw, Long	30-0372-S
Frag-Loc Compression Screw	30-0371-S

Frag-Loc® Instrumentation

Frag-Loc 2.5 mm Drill	80-0724-S

Acu-Loc Plates

Acu-Loc Dorsal Plate, Narrow, Left	70-0057-S
Acu-Loc Dorsal Plate, Standard, Left	70-0055-S
Acu-Loc Dorsal Plate, Standard, Right	70-0056-S
Acu-Loc Dorsal Plate, Narrow, Right	70-0058-S
Acu-Loc VDU Plate, Standard, Left	70-0045-S
Acu-Loc VDU Plate, Long, Left	70-0047-S
Acu-Loc VDU Plate, Long, Right	70-0048-S
Acu-Loc VDU Plate, Standard, Right	70-0046-S
Acu-Loc EX Standard	70-0063-S
Acu-Loc EX Narrow	70-0064-S

Distal Radius Fragment Specific (DRFS) Plates

Dorsal Rim Buttress Plate, Right	70-0335-S
Dorsal Rim Buttress Plate, Left	70-0336-S
Divergent Radial Styloid Plate	70-0331-S
Volar Lunate Suture Plate	70-0334-S
Dorsal Lunate Plate, Right	70-0337-S
Dorsal Lunate Plate, Left	70-0338-S

Ordering Information [continued]

Sterile Tray Components

Instrumentation

1.5 mm Easyout, Quick Release	80-0598-S
2.5 mm Easyout, Quick Release	80-0600-S
Plate Tack	PL-PTACK-S

3.5 mm Instrumentation

2.8 mm Quick Release Drill	80-0387-S

2.3 mm Instrumentation

2.0 mm Quick Release Drill	80-0318-S

Sterile 2.3 mm Screws

2.3 mm Locking Cortical Pegs

2.3 mm x 8 mm Locking Cortical Peg	CO-S2308-S
2.3 mm x 10 mm Locking Cortical Peg	CO-S2310-S
2.3 mm x 12 mm Locking Cortical Peg	CO-S2312-S
2.3 mm x 14 mm Locking Cortical Peg	CO-S2314-S
2.3 mm x 16 mm Locking Cortical Peg	CO-S2316-S
2.3 mm x 18 mm Locking Cortical Peg	CO-S2318-S
2.3 mm x 20 mm Locking Cortical Peg	CO-S2320-S
2.3 mm x 22 mm Locking Cortical Peg	CO-S2322-S
2.3 mm x 24 mm Locking Cortical Peg	CO-S2324-S
2.3 mm x 26 mm Locking Cortical Peg	CO-S2326-S
2.3 mm x 28 mm Locking Cortical Peg	CO-S2328-S

2.3 mm Locking Cortical Screws

2.3 mm x 8 mm Locking Cortical Screw	CO-T2308-S
2.3 mm x 10 mm Locking Cortical Screw	CO-T2310-S
2.3 mm x 12 mm Locking Cortical Screw	CO-T2312-S
2.3 mm x 14 mm Locking Cortical Screw	CO-T2314-S
2.3 mm x 16 mm Locking Cortical Screw	CO-T2316-S
2.3 mm x 18 mm Locking Cortical Screw	CO-T2318-S
2.3 mm x 20 mm Locking Cortical Screw	CO-T2320-S
2.3 mm x 22 mm Locking Cortical Screw	CO-T2322-S
2.3 mm x 24 mm Locking Cortical Screw	CO-T2324-S
2.3 mm x 26 mm Locking Cortical Screw	CO-T2326-S
2.3 mm x 28 mm Locking Cortical Screw	CO-T2328-S
2.3 mm x 30 mm Locking Cortical Screw	CO-T2330-S
2.3 mm x 32 mm Locking Cortical Screw	CO-T2332-S
2.3 mm x 34 mm Locking Cortical Screw	CO-T2334-S
2.3 mm x 36 mm Locking Cortical Screw	CO-T2336-S
2.3 mm x 38 mm Locking Cortical Screw	CO-T2338-S
2.3 mm x 40 mm Locking Cortical Screw	CO-T2340-S
2.3 mm x 42 mm Locking Cortical Screw	CO-T2342-S
2.3 mm x 44 mm Locking Cortical Screw	CO-T2344-S
2.3 mm x 46 mm Locking Cortical Screw	CO-T2346-S

Ordering Information [continued]

3.5 mm Screws

3.5 mm Locking Hexalobe Screws

3.5 mm x 8 mm Locking Hexalobe Screw	30-0232
3.5 mm x 10 mm Locking Hexalobe Screw	30-0233
3.5 mm x 12 mm Locking Hexalobe Screw	30-0234
3.5 mm x 14 mm Locking Hexalobe Screw	30-0235
3.5 mm x 16 mm Locking Hexalobe Screw	30-0236
3.5 mm x 18 mm Locking Hexalobe Screw	30-0237

3.5 mm Nonlocking Hexalobe Screws

3.5 mm x 10 mm Nonlocking Hexalobe Screw	30-0256
3.5 mm x 12 mm Nonlocking Hexalobe Screw	30-0257
3.5 mm x 14 mm Nonlocking Hexalobe Screw	30-0258
3.5 mm x 16 mm Nonlocking Hexalobe Screw	30-0259
3.5 mm x 18 mm Nonlocking Hexalobe Screw	30-0260

Sterile 3.5 mm Screws

3.5 mm Locking Hexalobe Screws

3.5 mm x 8 mm Locking Hexalobe Screw	30-0232-S
3.5 mm x 9 mm Locking Hexalobe Screw	30-0218-S
3.5 mm x 10 mm Locking Hexalobe Screw	30-0233-S
3.5 mm x 11 mm Locking Hexalobe Screw	30-0219-S
3.5 mm x 12 mm Locking Hexalobe Screw	30-0234-S
3.5 mm x 13 mm Locking Hexalobe Screw	30-0220-S
3.5 mm x 14 mm Locking Hexalobe Screw	30-0235-S
3.5 mm x 15 mm Locking Hexalobe Screw	30-0221-S
3.5 mm x 16 mm Locking Hexalobe Screw	30-0236-S
3.5 mm x 17 mm Locking Hexalobe Screw	30-0222-S
3.5 mm x 18 mm Locking Hexalobe Screw	30-0237-S
3.5 mm x 19 mm Locking Hexalobe Screw	30-0223-S

3.5 mm Nonlocking Hexalobe Screws

3.5 mm x 9 mm Nonlocking Hexalobe Screw	30-0224-S
3.5 mm x 10 mm Nonlocking Hexalobe Screw	30-0256-S
3.5 mm x 11 mm Nonlocking Hexalobe Screw	30-0225-S
3.5 mm x 12 mm Nonlocking Hexalobe Screw	30-0257-S
3.5 mm x 13 mm Nonlocking Hexalobe Screw	30-0226-S
3.5 mm x 14 mm Nonlocking Hexalobe Screw	30-0258-S
3.5 mm x 15 mm Nonlocking Hexalobe Screw	30-0227-S
3.5 mm x 16 mm Nonlocking Hexalobe Screw	30-0259-S
3.5 mm x 17 mm Nonlocking Hexalobe Screw	30-0228-S
3.5 mm x 18 mm Nonlocking Hexalobe Screw	30-0260-S
3.5 mm x 19 mm Nonlocking Hexalobe Screw	30-0229-S

Ordering Information [continued]

Optional

3.5 mm Locking Cortical Screws

3.5 mm x 8 mm Locking Cortical Screw	COL-3080
3.5 mm x 10 mm Locking Cortical Screw	COL-3100
3.5 mm x 12 mm Locking Cortical Screw	COL-3120
3.5 mm x 14 mm Locking Cortical Screw	COL-3140
3.5 mm x 16 mm Locking Cortical Screw	COL-3160
3.5 mm x 18 mm Locking Cortical Screw	COL-3180

Instrumentation

2.5 mm Quick Release Hex Driver	HPC-0025
3.5 mm Screw Driver Sleeve	MS-SS35
2.8 mm Locking Drill Guide 6–65 mm	80-0384

3.5 mm Cortical Screws

3.5 mm x 10 mm Cortical Screw	CO-3100
3.5 mm x 12 mm Cortical Screw	CO-3120
3.5 mm x 14 mm Cortical Screw	CO-3140
3.5 mm x 16 mm Cortical Screw	CO-3160
3.5 mm x 18 mm Cortical Screw	CO-3180

Acu-Loc 2 VDR Extension Plate Screws

Acu-Loc 2 VDR Plate Extension Link Screw	30-0093

Optional Plates

0.8 mm Avulsion Hook Plate	7005-08001-S

Optional Sterile Screws

3.5 mm Locking Cortical Screws

3.5 mm x 8 mm Locking Cortical Screw	COL-3080-S
3.5 mm x 10 mm Locking Cortical Screw	COL-3100-S
3.5 mm x 12 mm Locking Cortical Screw	COL-3120-S
3.5 mm x 14 mm Locking Cortical Screw	COL-3140-S
3.5 mm x 16 mm Locking Cortical Screw	COL-3160-S
3.5 mm x 18 mm Locking Cortical Screw	COL-3180-S

3.5 mm Cortical Screws

3.5 mm x 10 mm Cortical Screw	CO-3100-S
3.5 mm x 12 mm Cortical Screw	CO-3120-S
3.5 mm x 14 mm Cortical Screw	CO-3140-S
3.5 mm x 16 mm Cortical Screw	CO-3160-S
3.5 mm x 18 mm Cortical Screw	CO-3180-S

Acu-Loc 2 VDR Extension Plate Screws

Acu-Loc 2 VDR Plate Extension Link Screw	30-0093-S

Additional Components

Instruments

Acu-Loc Dorsal Add-On X-Ray Template	90-0007
Acu-Loc VDU Add-On X-Ray Template	90-0014
Acu-Loc EX Add-On X-Ray Template	90-0015
Acu-Loc 2 VDR Plate X-Ray Template	90-0030
Acu-Loc 2 VDR Proximal Plate X-Ray Template	90-0031
Acu-Loc 2 Extension Plate X-Ray Template	90-0032
Acu-Loc 2 Frag-Loc® X-Ray Template	90-0033

Trays

Acu-Loc 2 System Case Lid	80-0673
Acu-Loc 2 System Case Base	80-0674
2.3 mm Long Screw Caddy Lid	80-0826

Ordering Information [continued]

Trial Plates

Trial Acu-Loc 2 Volar Distal Radius (VDR) Plates

Trial Acu-Loc 2 VDR Plate Standard, Left	71-0356
Trial Acu-Loc 2 VDR Plate Standard, Right	71-0357
Trial Acu-Loc 2 VDR Plate Narrow, Left	71-0358
Trial Acu-Loc 2 VDR Plate Narrow, Right	71-0359
Trial Acu-Loc 2 VDR Plate Wide, Left	71-0360
Trial Acu-Loc 2 VDR Plate Wide, Right	71-0361
Trial Acu-Loc 2 VDR Plate Standard Long, Left	71-0368
Trial Acu-Loc 2 VDR Plate Standard Long, Right	71-0369
Trial Acu-Loc 2 VDR Plate Narrow Long, Left	71-0370
Trial Acu-Loc 2 VDR Plate Narrow Long, Right	71-0371

Trial Acu-Loc 2 Volar Distal Radius (VDR) Proximal Plates

Trial Acu-Loc 2 VDR Proximal Plate Standard Long, Left	71-0372
Trial Acu-Loc 2 VDR Proximal Plate Standard Long, Right	71-0373
Trial Acu-Loc 2 VDR Proximal Plate Narrow Long, Left	71-0382
Trial Acu-Loc 2 VDR Proximal Plate Narrow Long, Right	71-0383
Trial Acu-Loc 2 VDR Proximal Plate Standard, Left	71-0350
Trial Acu-Loc 2 VDR Proximal Plate Standard, Right	71-0351
Trial Acu-Loc 2 VDR Proximal Plate Narrow, Left	71-0352
Trial Acu-Loc 2 VDR Proximal Plate Narrow, Right	71-0353
Trial Acu-Loc 2 VDR Proximal Plate Wide, Left	71-0354
Trial Acu-Loc 2 VDR Proximal Plate Wide, Right	71-0355

Trial Acu-Loc Plates

Trial Acu-Loc Dorsal Plate Standard, Left	75-0055
Trial Acu-Loc Dorsal Plate Standard, Right	75-0056
Trial Acu-Loc Dorsal Plate Narrow, Left	75-0057
Trial Acu-Loc Dorsal Plate Narrow, Right	75-0058
Trial Acu-Loc EX Standard	75-0063
Trial Acu-Loc EX Narrow	75-0064
Trial Acu-Loc VDU Plate Standard, Left	75-0045
Trial Acu-Loc VDU Plate Standard, Right	75-0046
Trial Acu-Loc VDU Plate Long, Left	75-0047
Trial Acu-Loc VDU Plate Long, Right	75-0048

Trial Distal Radius Fragment Specific (DRFS) Plates

Trial Divergent Radial Styloid Plate	71-0331
Trial Volar Lunate Suture Plate	71-0334
Trial Dorsal Rim Buttress Plate, Right	71-0335
Trial Dorsal Rim Buttress Plate, Left	71-0336
Trial Dorsal Lunate Plate, Right	71-0337
Trial Dorsal Lunate Plate, Left	71-0338

Trial Extension Plates

Trial Acu-Loc 2 VDR Extension Plate, Neutral	71-0364
Trial Acu-Loc 2 VDR Extension Plate Long, Left	71-0365
Trial Acu-Loc 2 VDR Extension Plate Long, Right	71-0366

References

1. Geissler WB, Clark SM. Fragment-specific fixation for fractures of the distal radius. *J Wrist Surg*. 2016;5(1):22–30.
2. Shapiro L, Kamal, R. Distal radius fragment-specific fixation. *J Orthop Trauma*. 2019.

Notes:

Notes:

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HNW00-06-AD | Effective: 2024/05 |