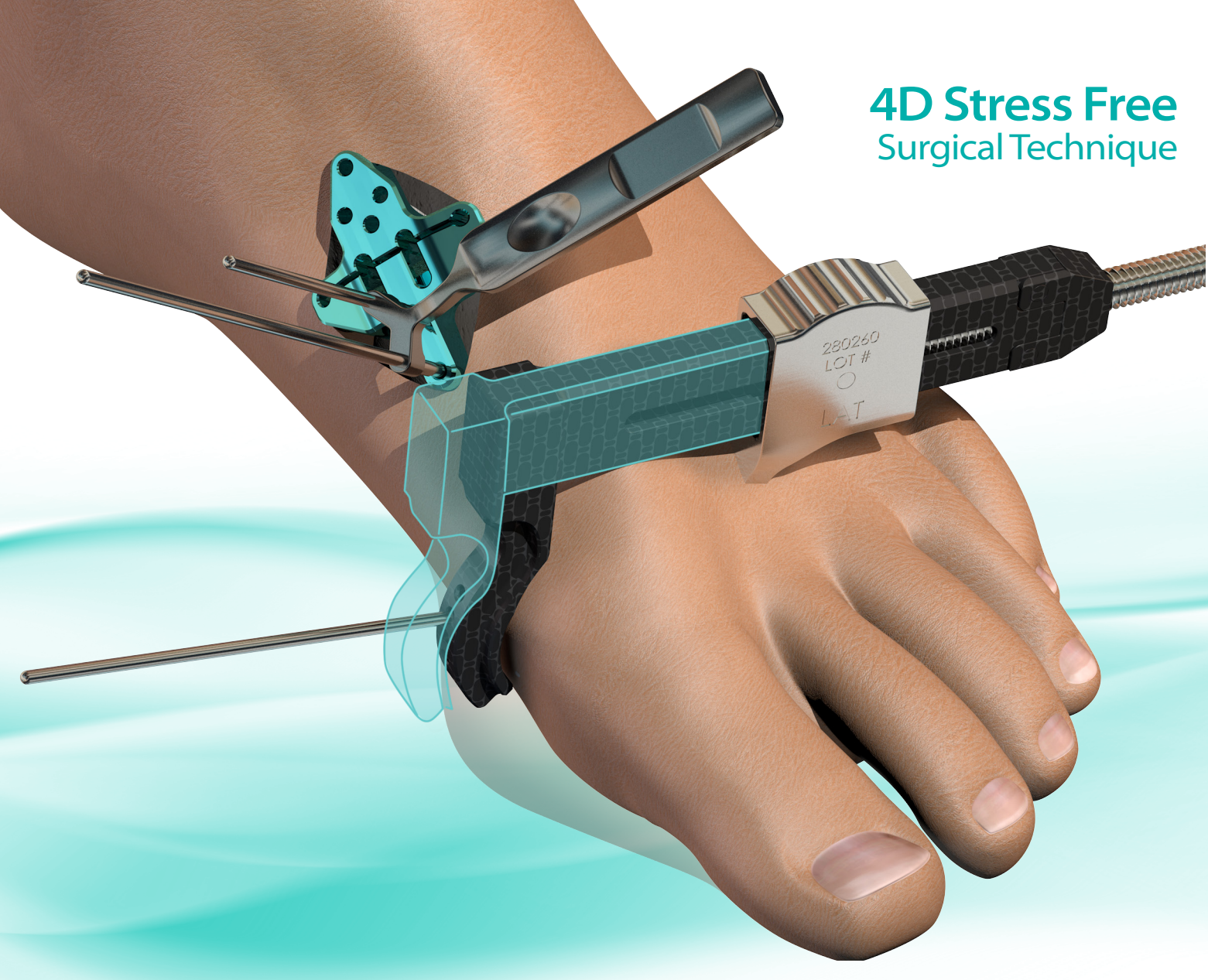
4D Stress Free
Surgical Technique



dynaBunion® 4D
4D Minimal-Incision Bunion System

FEATURING PERSPECTIVES FROM:

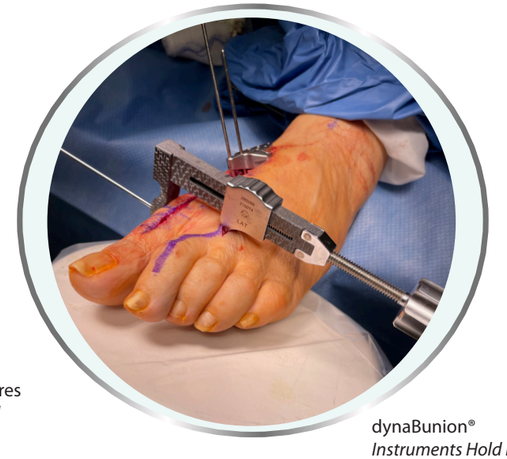
Craig Breslauer, DPM
Murray Butler, DPM
David Oji, MD
Patrick Briggs, DPM
Michael Campbell, MD
Scott Shawen, MD

CrossRoads® Extremity Systems
Breakthroughs for Faster Healing™

Lapidus Should Be
.....4D Stress Free™

Instead of manually holding the bones in multiple plane alignment, dynaBunion® instrumentation secures each plane individually. This allows for fine-tuning of alignment in each plane and a less-stressful surgery.

Traditional Procedures
Multiple Hands Used



dynaBunion®
Instruments Hold Position

"The 4th Dimension"
Compression That Doesn't Quit

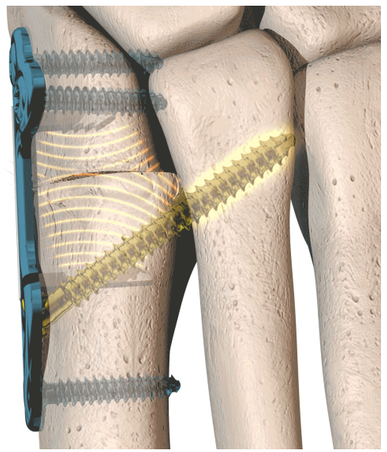
Compression is addressed by utilizing a unique RAC (re-alignment and compression) block and DynaForce® Staple Compression Plate™ (SCP). SCPs™ have a patented design that utilizes a powerful nitinol staple to provide compression.

This provides these primary advantages:

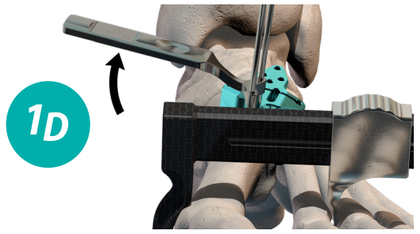
Gap Recovery
Continuous staple compression overcomes space between the fusing bones (i.e. gapping) caused by natural osteoclast resorption or patient non-compliance.

Apposition
Staple compression allows for increased bony apposition and surface area to optimize fusion compared to a transarticular lag screw.

Speed
Staple insertion is fast and simple compared to conventional independent lag screw techniques.



The 4 Dimensions

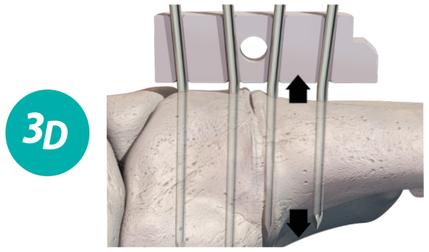


Rotation

The dynaBunion® Frontal Plane Joystick allows two-point control proximally at the joint which generates strong leverage to correct rotation. A wire can be placed into the distal reducer to secure rotation.

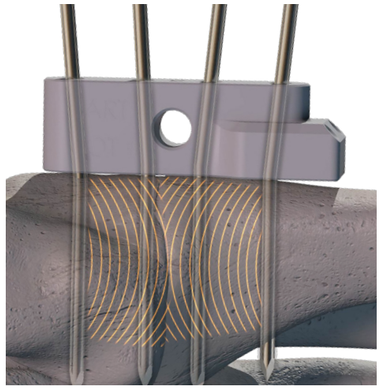
Reduction

The dynaBunion® reducer provides distal IMA reduction directly at the metatarsal head. Unlike competitive reducers, the medial arm of the dynaBunion® reducer can be placed directly over the skin. Once tightened, it will hold the IM reduction in place.



Alignment

The radiolucent dynaBunion® RAC Block finalizes and secures the correction. In addition, the RAC block provides a platform to optimize sagittal alignment and avoid transfer metatarsalgia.



4D

Compression

dynaBunion® addresses compression, a critical but commonly forgotten dimension of Lapidus. The RAC block features convergent holes to help generate strong initial compression and bony apposition. The joint can then be fixated with Staple Compression Plate™ technology.

DynaBunion™ Lapidus System

Key Instrumentation

Joystick

*Reducer (Assembly Required)**

RAC Block 0

RAC Block 1

Universal Handle

2.0mm Short Wires

2.0mm Long Wires

Anti-Drift Wire Guide /Depth Gauge

Anti-Drift Depth Wire

Anti-Drift Cannulated Reamer

Hintermann Distractor

DynaBunion™ OsteoPrecise™ Cut Guide

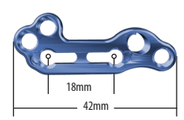
RAC Block 2

RAC Block 3

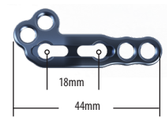
DynaBunion ReCut Guide

GraterBlade™

DynaForce® Staple Compression Plate™ Options



dynaBunion® SCP™

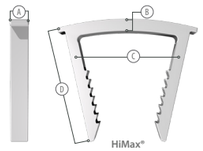


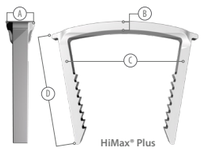
LC SCP™

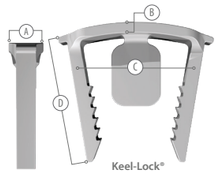
LZ SCP™

TYPE	Right	Left	Alpha	Beta	Alpha	Beta
PART NUMBER	7100-LP18-R	7100-LP18-L	7100-LC18-A	7100-LC18-B	7100-LZ18-A	7100-LZ18-B
SLOT LENGTH/STAPLE SIZE	18mm	18mm	18mm	18mm	18mm	18mm
OVERALL LENGTH	42mm	42mm	44mm	44mm	32mm	32mm
THICKNESS	1.7mm	1.7mm	1.7mm	1.7mm	1.7mm	1.7mm
PLATE CURVATURE (DISTAL/PROXIMAL)	0 Degrees	0 Degrees	10 Degrees	10 Degrees	10 Degrees	10 Degrees
COMPATIBLE STAPLE	HiMax®	HiMax®	HiMax®-C	HiMax®-C	HiMax®-C	HiMax®-C
ANTI-DRIFT BOLT™ COMPATIBLE	YES	YES	NO	NO	NO	NO

Nitinol Options







		For use with dynaBunion® Plate			For use with LC™ and LZ™ Plate				
		HiMax® Implant (18x18x18mm)	HiMax® Implant (18x14x14mm)	HiMax® Implant (18x18x14mm)	HiMax® C Implant (18x18x18mm)	HiMax® C Implant (18x14x14mm)	HiMax® C Implant (18x18x14mm)	HiMax® Plus Implant	Keel-Lock® Implant
PART NUMBER		7118-1818	7118-1414	7118-1814	7118-1818-C	7118-1414-C	7118-1814-C	7415-1515 thru 7425-2222	7318-1818 , 7320-2020
BRIDGE WIDTH	A	2.7mm	2.7mm	2.7mm	2.7mm	2.7mm	2.7mm	5mm	5mm
BRIDGE THICKNESS	B	1.8mm	1.8mm	1.8mm	1.8mm	1.8mm	1.8mm	1.3-1.6mm	1.3-1.6mm
INTERAXIS LENGTH	C	18mm	18mm	18mm	18mm	18mm	18mm	15,18, 20, 25mm	18 or 20mm
LEG LENGTH	D	18mm	14mm	18x14mm	18mm	18mm	18x14mm	15,18, 20,22 mm	18 or 20mm
REAMER SIZE		3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm
COMPRESSION		27lbs.	27lbs.	27lbs.	27lbs.	27lbs.	27lbs.	28lbs.	28lbs.
CURVATURE WHEN LEGS ARE STRAIGHT		0°	0°	0°	10°	10°	10°	10°	10°

Anti-Drift Bolt®

(For use with dynaBunion® Plate only)

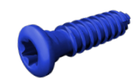
3.5mm, Non-Locking, Solid
Partially Threaded, 14mm
28-46mm Lengths, 2mm Increments

Plate Screws

3.0mm POLYAXIAL LOCKING

3.5mm POLYAXIAL LOCKING

3.0mm NON-LOCKING

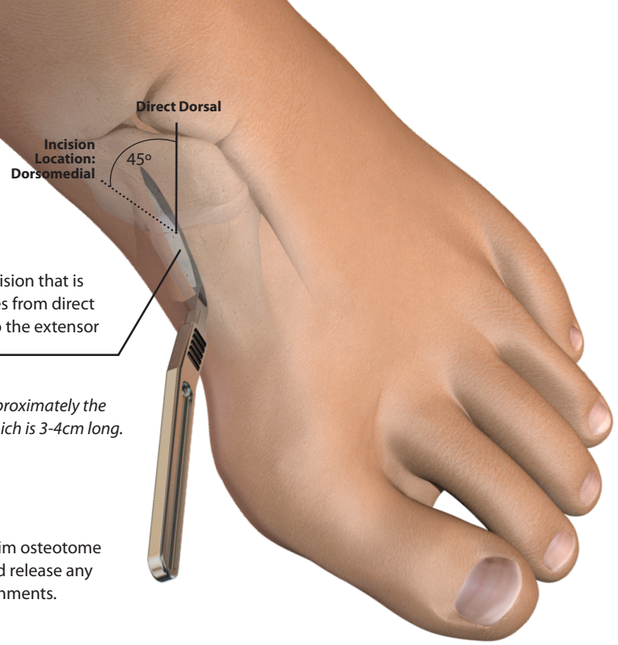


3.5mm NON-LOCKING

	3.0mm POLYAXIAL LOCKING	3.5mm POLYAXIAL LOCKING	3.0mm NON-LOCKING	3.5mm NON-LOCKING
PART NUMBER	15PL-3010 thru 15PL-3030	15PL-3510 thru 15PL-3530	15NL-3010 thru 15NL-3030	1500-3510 thru 1500-3550
SIZE RANGE*	10mm-30mm	10mm-30mm	10mm-30mm	10mm-50mm
DRIVER	H10 (Hexalobe)	H10 (Hexalobe)	H10 (Hexalobe)	H10 (Hexalobe)
DRILL SIZE	2.0mm	2.5mm	2.0mm	2.5mm

**2mm increments*

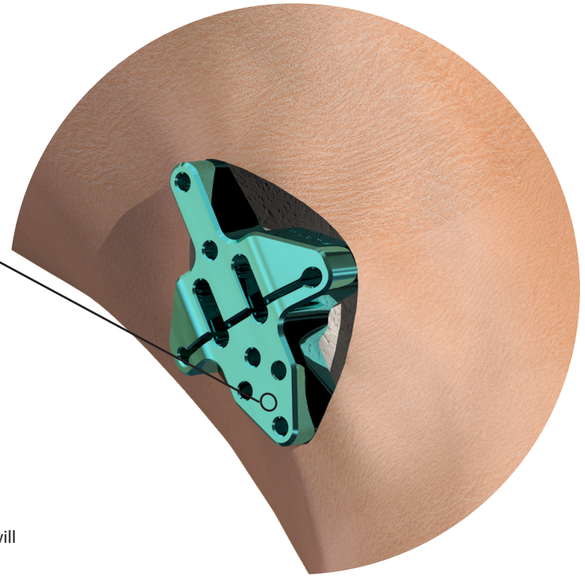
Cut Metatarsal



1 Create a dorsomedial incision that is approximately 45 degrees from direct dorsal and well medial to the extensor hallucis longus.

The incision should be approximately the length of the cut guide which is 3-4cm long.

2 It is critical to utilize a slim osteotome to mobilize the joint and release any plantar soft tissue attachments.

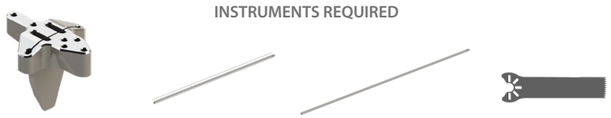


3 Place the paddle of the cut guide into the joint with the cutting side (marked with a circle) facing the metatarsal. Firmly press down on the center of cut guide to seat it closely to bone with the keel parallel to the proximal joint surface of the metatarsal.

Do NOT apply pressure to the distal end of the cut guide. It is NOT critical that the distal end of the cut guide is touching bone.

4 The cut guide should be oriented approximately at 45 degrees relative to the direct dorsal and aligned directly in between true dorsal and true medial. For a more severe bunion, the cut guide will be positioned slightly closer to medial than to true dorsal.

INSTRUMENTS REQUIRED



Cut Guide *2.0 Short Wire* *2.0 Long Wire* *40mm Saw Blade*

Cut Metatarsal

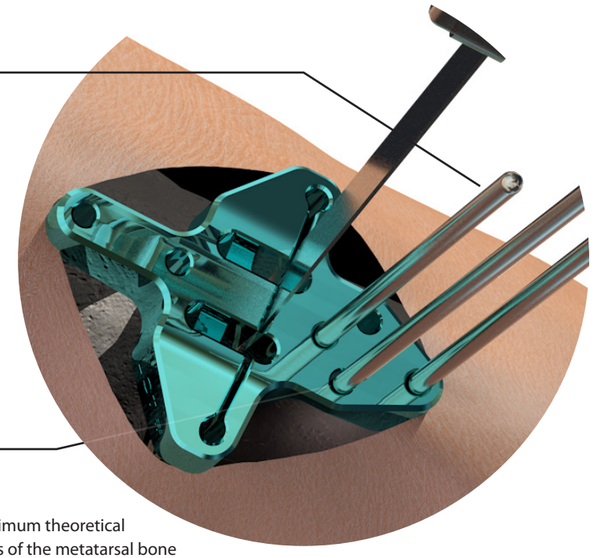
5 Ensuring the cut guide paddle is flush with the metatarsal joint surface, place the short 2.0mm wire into the second most distal hole. Place a long 2.0mm wire into the most distal hole.

Ensure both wires are bicortical but not into the 2nd metatarsal.

6 Utilize one of the provided extra long 40mm saw blades to complete the metatarsal cut.

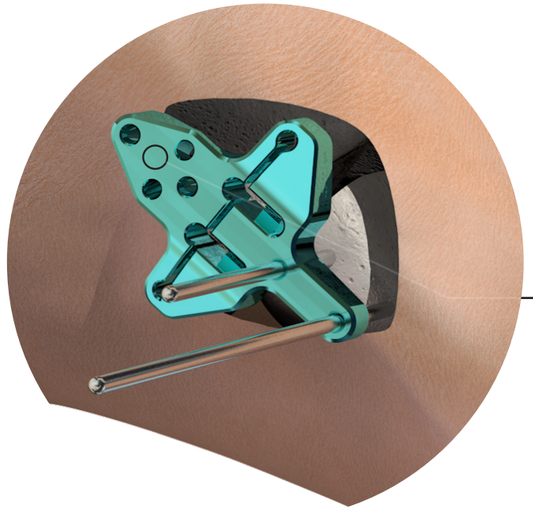
There are two blade options for different power systems. Listed on pages 21 and 23.

7a To prevent the cut guide from being displaced during resection, a 2.0mm wire can be placed into one of the two convergent distal holes to hold the guide in place.



Care should be taken not to cut into the second metatarsal base. Ensure surrounding tissue and the extensor hallucis longus (EHL) are retracted away from the cut guide prior to the resection.

The maximum theoretical thickness of the metatarsal bone sliver is 1.6mm.



8 Once the metatarsal cut is complete, remove the cut guide from the two k-wires in order to remove the bone sliver.

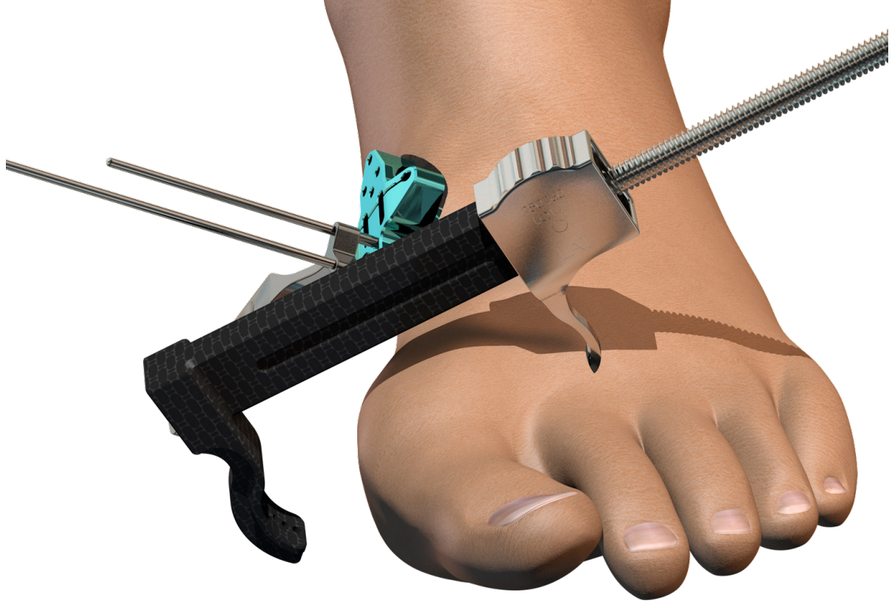
9 Flip the cut guide 180 degrees and place it back into the joint and over the existing wires. The cutting slot and circle should now be facing the medial cuneiform.

WHY IS THE DYNABUNION INCISION DORSOMEDIAL?
IS THERE ANY SPECIFIC ANATOMY TO BE WARY OF DUE TO THE DORSOMEDIAL INCISION?

Surgeon Perspective from Michael Campbell, MD

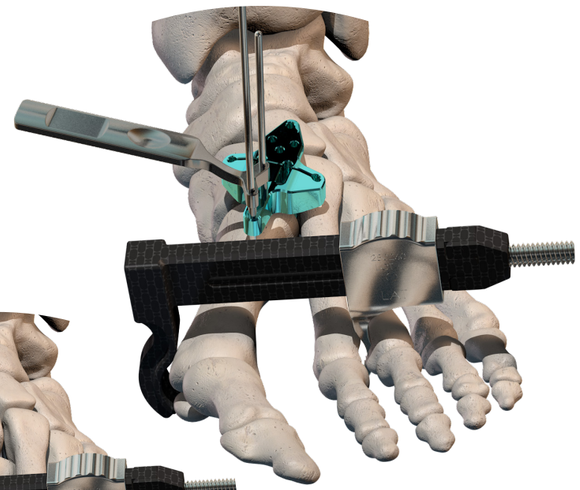
The dorsomedial incision for DynaBunion was chosen to allow for excellent access to the entire first tarsometatarsal joint in addition to the interspace between the bases of the first and second metatarsals and distal portion of the medial intercuneiform joint. This incision allows for work to be done in the interval between the tibialis anterior tendon insertion and the extensor hallicus longus tendon. A common structure encountered with this exposure is the terminal sensory branch to the great toe and often a traversing vein branch - both easily mobilized or, in the case of the vein, ligated or coagulated.

CrossRoads Staple Compression Plates are designed with the biomechanical goal of achieving a tension band type construct away from the plate. By design, the DynaBunion medial plate placement creates a dynamic construct which not only resists plantar gapping, but also resists widening of the intermetatarsal angle, with an intent of providing the ideal Lapidus construct.



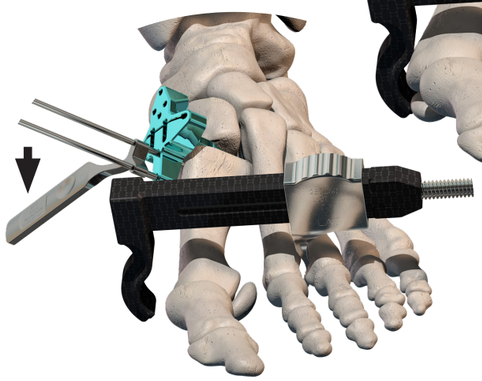
Utilize the frontal plane joystick to attempt rotation of the metatarsal. If complete rotation and ideal sesamoid position cannot be achieved, then a lateral soft-tissue release may be performed at this time.

1. Perform a small stab incision for placement of the lateral reducer hook. The stab incision should be located between the 2nd and 3rd metatarsal necks or may be created slightly more medial to be also used for a lateral release if needed. Place the lateral hook of the reducer between the 2nd and 3rd metatarsal necks. Place the medial hook over the skin onto the head of the 1st metatarsal.



2. Place the frontal plane joystick over the two distal wires with the handle facing in either direction.

3. While holding the reducer in place, tighten the reducer knob clockwise until it is snug but do not close down all of the intermetatarsal (IM) angle.

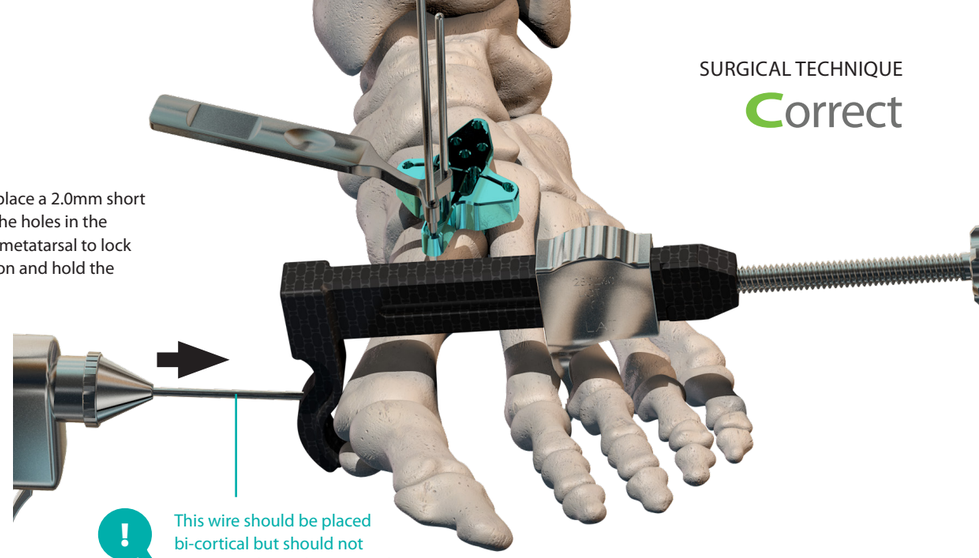


4. With one hand, utilize the joystick to generate frontal plane correction by rotating the sesamoids into proper placement directly under the head of the metatarsal

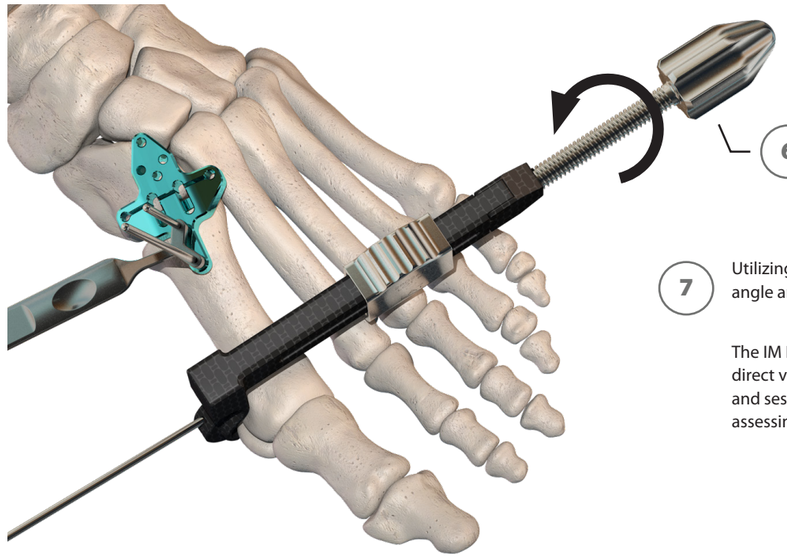
INSTRUMENTS REQUIRED

Radiolucent Reducer *Joystick* *2.0 Short Wire*

5. With a second hand, place a 2.0mm short wire through one of the holes in the medial hook into the metatarsal to lock frontal plane correction and hold the reducer in place.



This wire should be placed bi-cortical but should not penetrate the 2nd metatarsal.



6. Dial-in the IM angle by turning the reducer knob clockwise until desired reduction is achieved.

7. Utilizing AP fluoroscopy, confirm the desired IM angle and sesamoid position is achieved.

The IM Reducer is radiolucent which allows direct visualizations of the metatarsal head and sesamoids. These structures are critical in assessing proper frontal plane rotation correction.

WHEN SHOULD I PERFORM A LATERAL RELEASE?

Surgeon Perspective From David Oji, MD

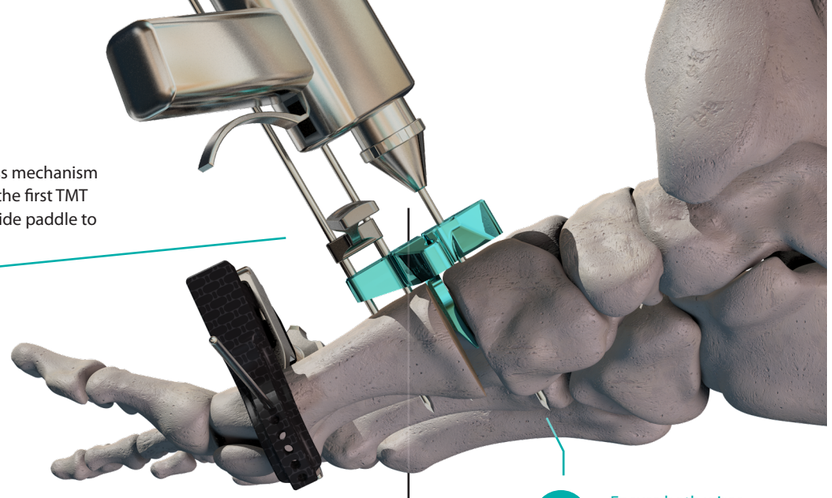
My main consideration on whether to do open or percutaneous lateral release is the flexibility of the patient's great toe MTP joint. In older patients with hallux rigidus, the bunion deformity is typically more rigid, and a lateral release may be needed to make the joint congruent. In those patients, I may also consider an akin osteotomy to provide a better clinical result. Regardless of age and/or arthritis, or reduced ROM, I perform the DynaBunion Lapidus arthrodesis to get 4D correction.

In 60% of patients, I do not have to do a lateral release. DynaBunion's unique ability to fully correct the IMA and frontal plane deformity, minimize shortening, and compress in a simplified step wise approach reduces the need for lateral soft tissue release, modified McBride, or Akin osteotomies.
In the 40% of patients that need a lateral release, I notice that the great toe is still in valgus after correction of the IMA and frontal plane even though the distal 1st MT is directly over the sesamoids. These patients tend to be older (>50 years old), long standing moderate to severe hallux valgus deformity, there's evidence of hallux rigidus, and tend to have reduced flexibility to varus.

I typically start with a percutaneous release rather than an open release. If the joint is still rigid and tight, then I do an open release and release the adductor hallucis off the lateral sesamoid. I find that in 30% of patients, the great toe needs additional correction and I have a very low threshold to include an akin osteotomy. Finally, if a last bit of correction is needed, then I do an excision of the medial eminence and plication of the medial capsule. I find that with the ability to have such a precise correction system like DynaBunion where all deformities can be corrected to a normal position/value, there is less of a need to do a McBride.

Cut Cuneiform

1 Dorsiflex the hallux to engage the windlass mechanism of the plantar fascia, which will compress the first TMT joint and provide apposition of the cut guide paddle to the medial cuneiform joint surface.

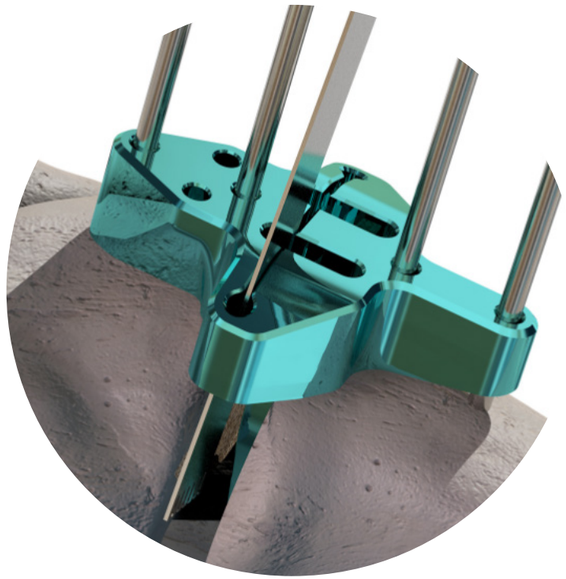


! Be careful to not lose any frontal plane correction, while dorsiflexing the hallux and engaging the windlass mechanism. TIP: Have an assistant hold the frontal plane joystick to help ensure sesamoid position is maintained while performing this portion of the procedure.

! Ensure both wires are bicortical.

2 While still performing windlass, place a short 2.0mm wire into the 2nd most proximal hole. Place the long 2.0mm wire into the most proximal hole.

3 Utilize one of the provided 40mm saw blades to complete the cuneiform cut. Making sure that the surrounding soft tissue has been retracted from under the cut guide.



INSTRUMENTS REQUIRED

2.0 Short Wire *2.0 Long Wire* *40mm Saw Blade*

Cut Cuneiform

4 Once the cut is complete, remove the cut guide while leaving only the four wires and distal reducer in place.

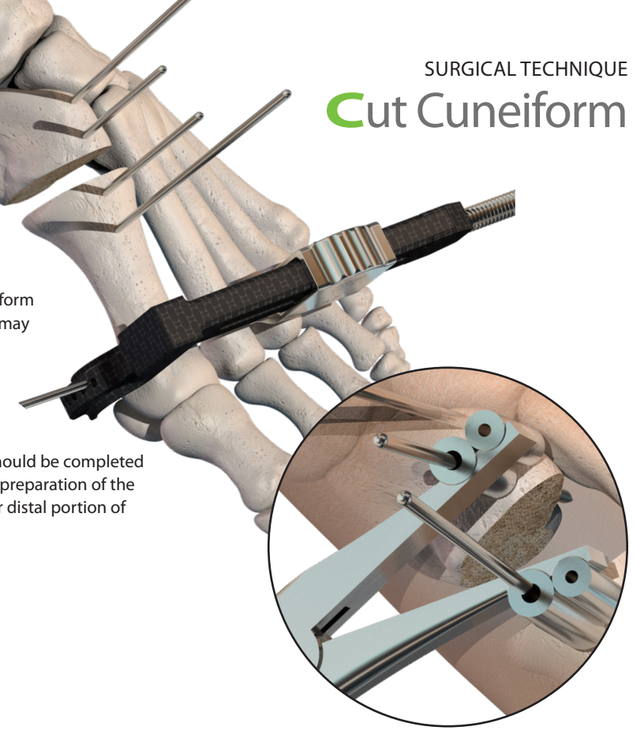
5 Remove the cuneiform resection. If needed, utilize an osteotome or rongeur to remove any remaining plantar bone.

i The maximum theoretical thickness of the cuneiform bone sliver is 1.6mm. The cuneiform bone sliver may be thicker on the lateral side.

! If an additional cut is needed, see the optional ReCut technique below.

6 Preparation of the metatarsal and cuneiform joint surfaces should be completed at this time per the surgeon's preferred technique. If desired, preparation of the articulation between the proximal 1st and 2nd metatarsals or distal portion of the intercuneiform joint can be completed.

! A hintermann distractor is provided and can be placed over the two inner wires to distract the joint in order to access the joint surfaces.



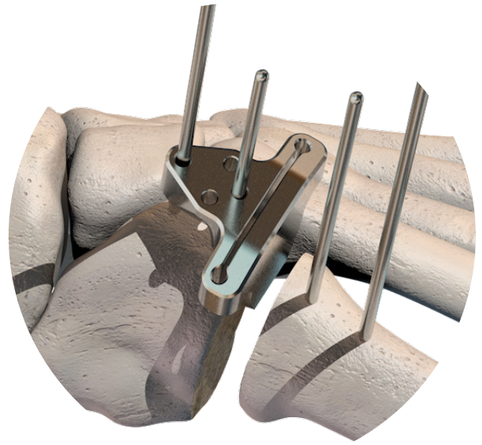
Optional: Recut

! Before the Re-Cut guide is used, ensure both metatarsal and cuneiform cuts have been made using the standard cut guide. A re-cut prior to making both cuts will cause misalignment of the wire pattern for proper instrument placement.

7 The ReCut Guide should be placed over the existing two wires until in contact with the bony surface.

8 Next, the cut can be taken with the provided blades.

i The maximum theoretical thickness of each re-cut bone sliver is 1.1mm.



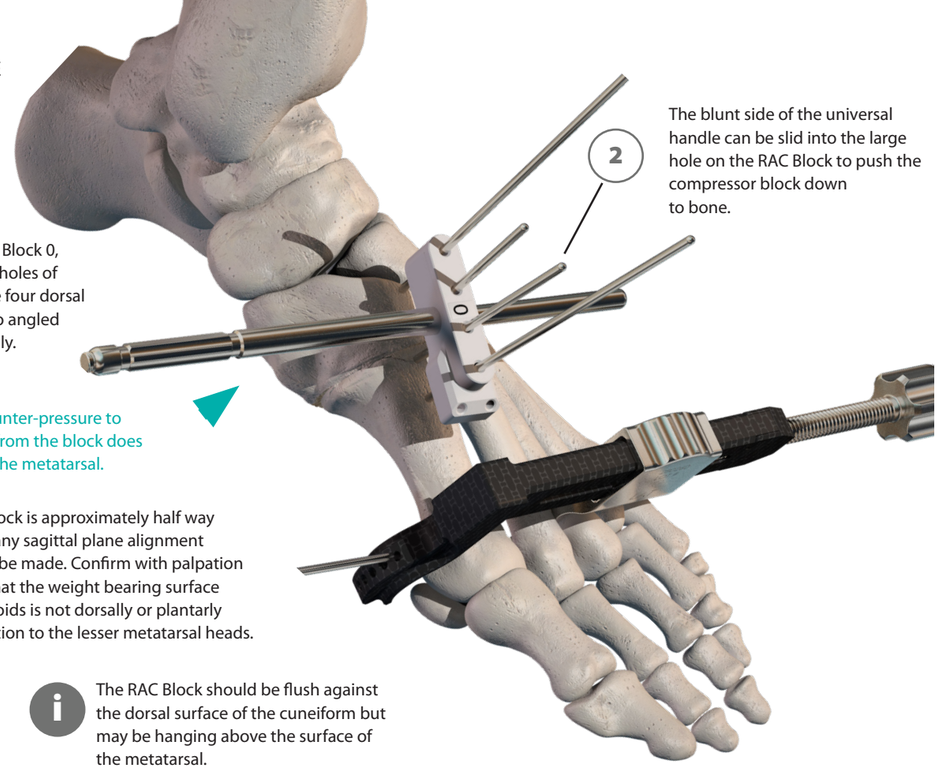
INSTRUMENTS REQUIRED

RAC Compressor Block 2 and 3 *ReCut Guide* *Hintermann Distractor*

WHEN IS A "RECUT" TYPICALLY REQUIRED?

Surgeon Perspective From Michael Campbell, MD

A re-cut is often necessary in cases with significantly convex/concave joint surfaces or for a significantly atavistic cuneiform. Typically, only one joint surface would require a re-cut and minimizing bony resection will maximize the maintenance of metatarsal length. There may be a small amount of cartilage on the medial side of the cuneiform that did not get removed from the initial cut. It is not necessary to re-cut that portion of the joint surface as it should not be part of the fusion surface.



1 Starting with RAC Block 0, align the 4 dorsal holes of the block over the four dorsal wires with the two angled holes facing distally.

2 The blunt side of the universal handle can be slid into the large hole on the RAC Block to push the compressor block down to bone.

! Apply plantar counter-pressure to ensure the force from the block does not plantar shift the metatarsal.

3 When the RAC block is approximately half way down the wires, any sagittal plane alignment adjustments can be made. Confirm with palpation and fluroscopy that the weight bearing surface under the sesamoids is not dorsally or plantarly translated in relation to the lesser metatarsal heads.

i The RAC Block should be flush against the dorsal surface of the cuneiform but may be hanging above the surface of the metatarsal.

4 Visually confirm bony apposition of the first TMT joint and confirm under lateral fluoroscopy if desired. The RAC Block is PEEK and radiolucent to aid in visualization of the correction and bony apposition.

i If additional bony apposition is needed, remove RAC Block 0 and place one of the additionally provided blocks. Increasing number corresponds with increased compression.

INSTRUMENTS REQUIRED

RAC Compressor Block | *2.0 Long Wire* | *Universal Handle* | *GraterBlade*

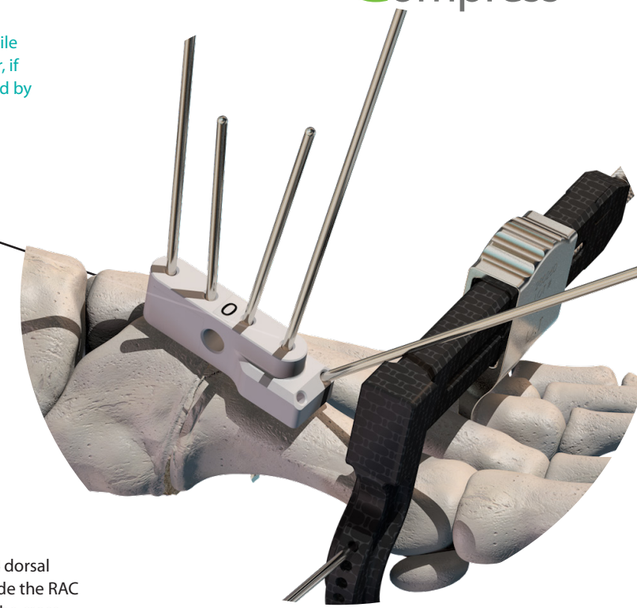
Optional: Removal of RAC Block

! Due to it's final dorsal position, he RAC Block can be left in place while placing the DynaBunion medial Staple Compression Plate. However, if the block is in the way of desired plate placement, it can be removed by following the steps listed below.

5 Place a cross-joint wire by driving a long 2.0mm wire through one of the holes of the RAC Block.

i The lateral hole is recommended to avoid the plate.

! If the user is not confident in the bone quality or bony purchase, a second wire can be placed in the remaining hole or freehand to ensure correction and apposition will be maintained.

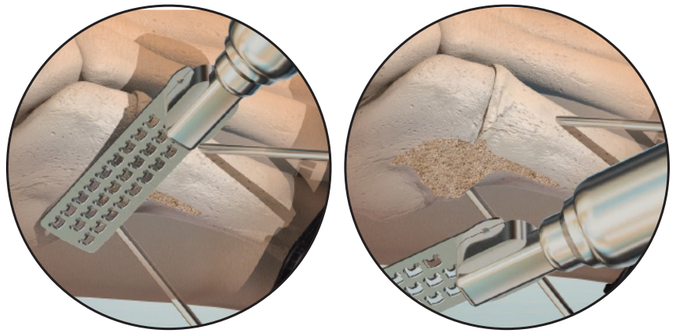


6 Using AP and lateral fluoroscopy, confirm the cross joint wire(s) has purchase in the metatarsal and cuneiform.

7 Remove all 4 dorsal wires and slide the RAC block off of the cross-joint wire.

Optional: GraterBlade™ Preparation

Any medial flare of the metatarsal present can be shaved down with the GraterBlade to ensure there is a flat surface present for plate placement.



The GraterBlade can be oriented in a dorsal-to-plantar trajectory and moved distal-to-proximal to precisely shave the bone.

The GraterBlade is dull on all edges and has only one cutting side to ensure safety of surrounding sensitive anatomy. The cutting side is noted with the text "Cut Side" and other symbols.

IF THERE IS A LATERAL FLARE OF THE METATARSAL BASE, SHOULD I BEND MY PLATE OR SHAVE THE BONE?
Surgeon Perspective From Michael Campbell, MD

When performing the Lapidus procedure, especially one with significant metatarsal rotational correction, the plantar-medial flare of the first metatarsal often becomes very prominent. Personally, I'm a major proponent shaving this medial surface of the proximal first metatarsal and if necessary medial aspect of the cuneiform to become flat surface. This, in my experience, not only decreases prominence and improves cosmesis, but has completely obviated the need for hardware removal. Additionally, it allows for the plate to be applied without any contouring. By avoiding the need to contour the plate , staple and screw interaction with the plate is optimized. It is also far easier and quicker to make the bone fit the plate then make the plate fit the bone. The GraterBlade is the most optimal instrument for safely feathering the bone to create a flat surface.

WHAT IS THE MOST SECURE FREEHAND WIRE TRAJECTORY?
Surgeon Perspective From Patrick Briggs, DPM

If a second wire is needed to cross the 1st TMT to stabilize prior to fusion, the easiest and most reproducible throw is from plantar/distal to dorsal proximal. This allows the surgeon to take advantage of plantar curvature of the 1st metatarsal and can facilitate direct aiming into the medial cuneiform. This temporary fixation also has the advantage with being on the tension side of the joint and will prevent any gapping plantarly while counterbalancing the 1st point of fixation through the RAC block. This technique also prevents any temporary fixation to be well out of the way of the permanent fixation.

Staple Compression Plate™ Placement

CrossRoads fixation options such as Staple Compression Plates (SCP)™ or staples can be utilized to fixate the 1st TMT joint. If using a SCP™, select between the DynaBunion, LC, or LZ plate. See page 5 for details on plate options.

1 If additional plate contour is required, utilize the 2nd most curved slot in the plate bender to add contour. DO NOT REVERSE BEND THE PLATE.

2 Align the plate by centering the staple slot over the joint and positioning the plate medial (DynaBunion) or dorsomedial (LC/LZ).

3 Place two olive wires into the most proximal and distal holes of the plate.

4 Align the 18mm drill guide to the center slot of the plate and use the 3.2mm reamer to drill for one of the staple legs. Place a temporary fixation pin in the prepared hole. Use the 3.2mm reamer to drill for the second staple leg.

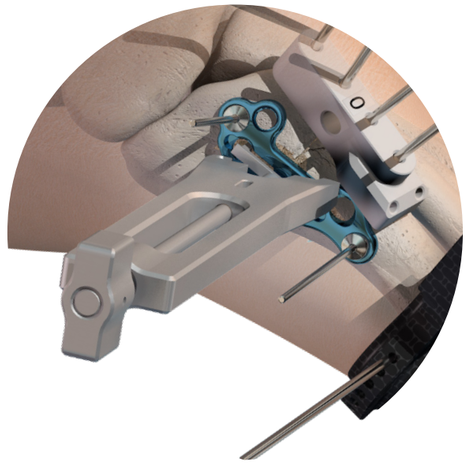
5 Remove the temporary fixation pin.

i During reaming, ensure each hole depth matches the desired staple leg length by reading the depth markings on the 3.2mm reamer.

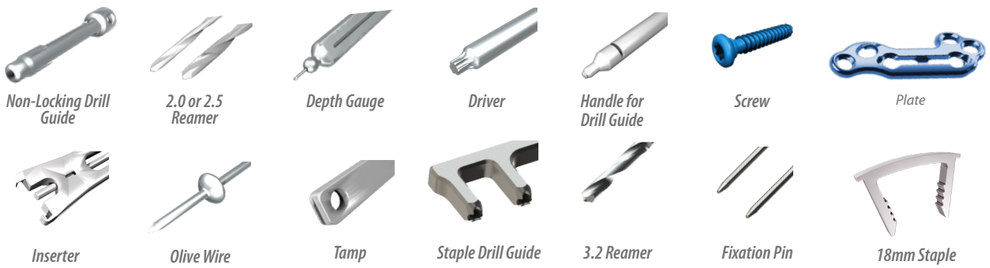
! **Reminder:** The DynaBunion plate should be used with the standard HiMax® staple. The standard Lapidus plates (LZ/LC) should be used with the HiMax®-C staple. If a notable bend is added to the DynaBunion plate, a HiMax®-C staple can be used. See page 5 for staple options.

6 Ensuring the legs are parallel, utilize the inserter to implant the HiMax® staple through the plate until the staple is almost flush with the plate surface. The 18x18x14 staple is recommended with the 14mm leg being placed into the cuneiform.

7 Rotate the inserter knob counter-clockwise until pressure is released, then rotate the inserter counter-clockwise until the staple releases.



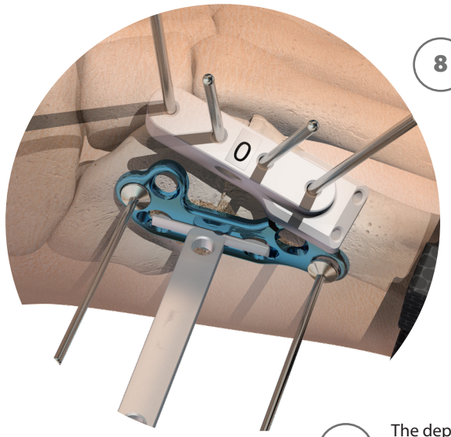
INSTRUMENTS REQUIRED



Non-Locking Drill Guide · *2.0 or 2.5 Reamer* · *Depth Gauge* · *Driver* · *Handle for Drill Guide* · *Screw* · *Plate*

Inserter · *Olive Wire* · *Tamp* · *Staple Drill Guide* · *3.2 Reamer* · *Fixation Pin* · *18mm Staple*

Staple Compression Plate™ Placement



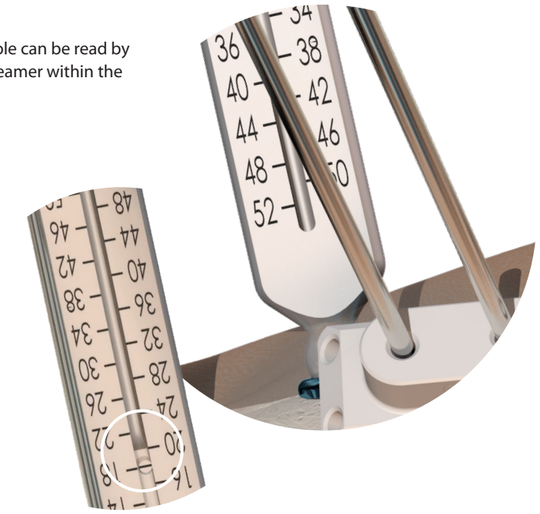
8 If needed, a tamp can be used to ensure the staple is flush to plate. The end of the tamp features a cut out that fits the staple bridge.

i Determine if locking or non-locking or locking screws will be utilized. The use of non-locking screws is recommended to allow maximum continuous compression for gap recovery.

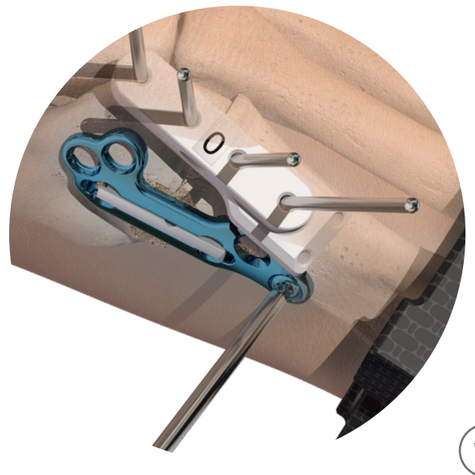
9 Place the drill guide onto the most distal hole first. Use the appropriate reamer to prepare a hole for the screw.

3.0mm Screw	► 2.0mm Reamer
3.5mm Screw	► 2.5mm Reamer

10 The depth of the reamed hole can be read by examining the line on the reamer within the window of the drill guide.



11 Additionally, if desired, the provided depth gauge can be inserted into the reamed hole to determine screw length.



12 Attach the provided H10 self retaining driver to the handle. Load the selected screw onto the self-retaining driver and insert into hole.

! Once the screw is placed, it is critical to toggle the driver side to side to remove it from the placed screw. DO NOT PULL THE DRIVER STRAIGHT OFF THE SCREW WITHOUT TOGGLING.

13 Repeat the previously described screw preparation and placement steps for the two proximal screw holes.

WHY AND WHEN SHOULD I USE THE 18x18x14 STAPLE?

Surgeon Perspective From Michael Campbell, MD

The 18 by 18 x 14 staple is a fantastic option for the average size patient. Unless the patient has a relatively large or small foot, the size option fits the base of the metatarsal and the cuneiform nicely. The 18 mm leg provides stable fixation over the vast majority of the metatarsal base without crossing through the lateral cortex or impeding close down of the intermetatarsal angle. The 14 mm leg which is typically placed in the cuneiform provides excellent coverage across the cuneiform typically without crossing into the intercuneiform joint.

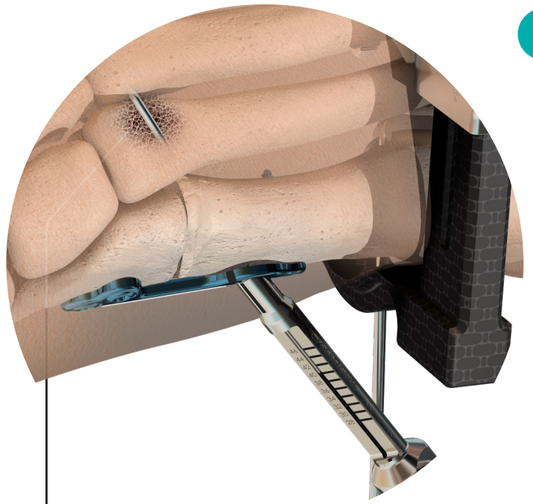
IF I WANT TO PLACE SOME LOCKING SCREWS, WHICH SIDE SHOULD THEY BE PLACED?

Surgeon Perspective From Murray Butler, DPM

If I ever have a need to use locking screws, I use them on the proximal holes of the plate into the medial cuneiform. The non-locking distal screw is always bicortical and provides good apposition of the plate to the metatarsal. The proximal screws are often only in the medial cuneiform and are unicortical so, in patients with compromised bone density, locking screws can be placed unicortically with confidence.

Anti-Drift Bolt® Placement

THE FOLLOWING STEPS ARE FOR DYNABUNION PLATES ONLY.



! At this time, The RAC Block and/or any crossjoint wires can be removed.

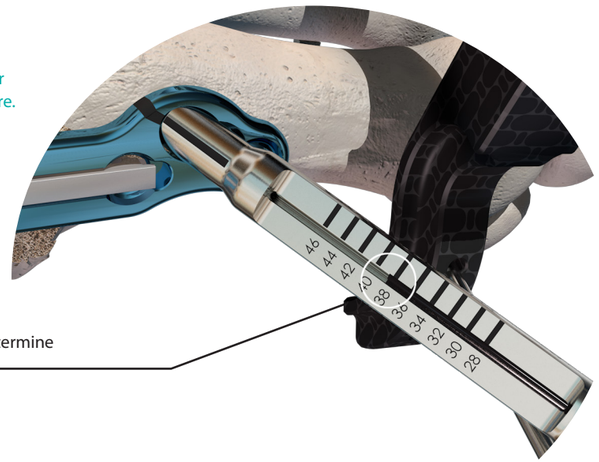
i If the Anti-Drift Bolt® (ADB®) will NOT be used, a 3.5mm non-locking screw may be placed into that hole. **A locking screw is not able to be placed into this hole.**

1 Dock the Anti-Drift Bolt® wire guide into the plate and ensure the laser mark line on both parts is aligned. If desired attach the universal handle to the anti-drift wire guide by threading the handle tip into the top of the guide.

2 Under fluoroscopy, place the Anti-Drift Bolt® depth wire through the guide until the tip of wire is in the base of the second metatarsal and thorugh the lateral cortex.

! Be careful to not penetrate the 1st or 2nd TMT joints when placing this wire. It is critical the bolt placement is through the lateral cortex.

i If a more distal trajectory is desired, the handle can be rocked proximally to aim the guide more distally.



3 Examine the window of the wire guide to determine which bolt size will be needed.

INSTRUMENTS REQUIRED

Anti-Drift Bolt | *Anti-Drift Depth Wire* | *Anti-Drift Wire Guide* | *Universal Handle* | *Anti-Drift Cannulated Reamer*

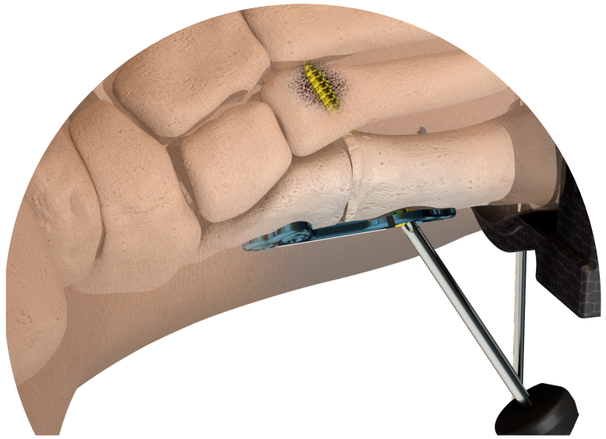
Anti-Drift Bolt® Placement

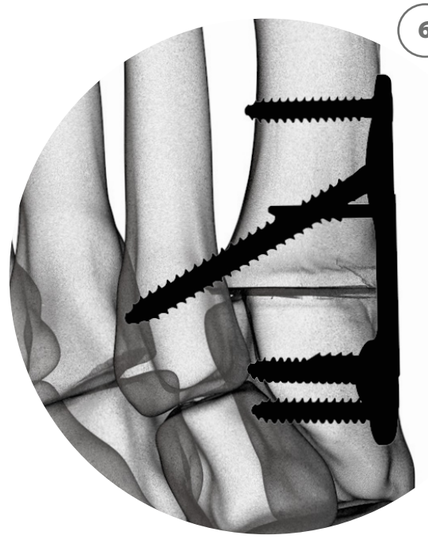
4 Use the Anti-Drift Bolt® cannulated reamer to drill over the wire. At a minimum, ensure the medial cortex of the 2nd metatarsal is penetrated.

5 Remove the depth wire and attach the selected ADB® to the provided H10 driver and place it through the plate and into the prepared hole.

i The most common lengths of the ADB® are 34-40mm.

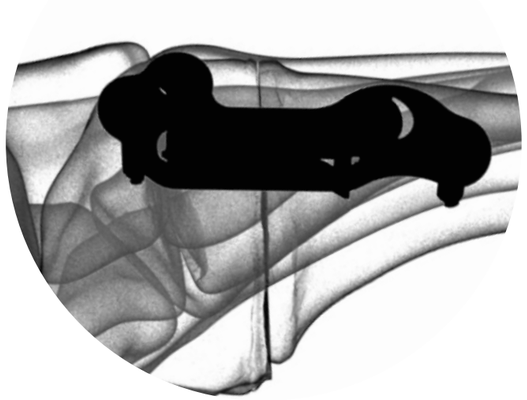
! An internal oblique c-arm image visualizing the interspace between the proximal 2nd and 3rd metatarsals, parallel to the 2nd TMT joint, is critical to accurately determine wire position and appropriate screw length.





6 Verify the final construct placement with both AP and ML imaging; confirming both anatomic correction as well as proper screw trajectory of ADB®

! DO NOT OVERTIGHTEN THE ADB. THE ADB IS A POSITIONAL SCREW AND NOT INTENDED TO BE USED FOR REDUCTION OR COMPRESSION.



WHAT ARE THE BENEFITS OF USING AN ANTI-DRIFT BOLT?
Surgeon Perspective From Patrick Briggs, DPM

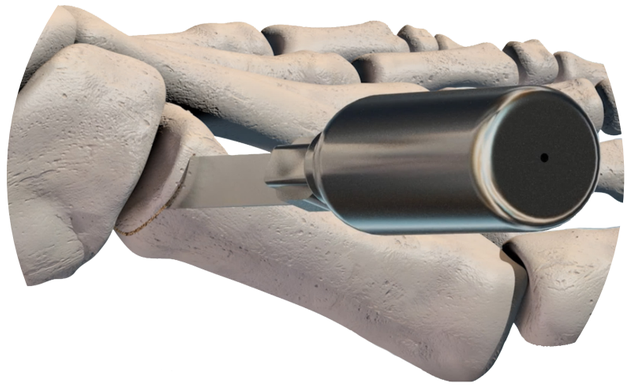
We know from the literature that upwards of 30% of Lapidus can reoccur. Aligning the 1st ray parallel to the second ray with arthrodesis at the 1st TMT, does not guarantee prevention of medial deviation of the 1st ray even if the surgeon elects to "wedge" the medial cuneiform on the lateral side. As we have seen with our "Anti-Drift Bolt®, the intercuneiform and intermetarsal gapping or "diastasis" is eliminated. Prior to throwing our Anti-Drift Bolt®, we can demonstrate this on fluoroscopy by applying pressure in the first intermetarsal space (after our fixation is in place at the 1st TMT). This most often leads to medial deviation of the entire 1st ray. From anecdotal evidence, the most stable and tolerated direction is from mid shaft (from dorsal to plantar on metatarsal) aiming toward the base of the second. I have found placing the Anti-Drift Bolt® into the intermediate cuneiform will not always prevent diastasis occurring between the intermetatarsals. Furthermore, if you angle the bolt perpendicular to the 1st and 2nd metatarsals, this at times will not be tolerated by the patient and will require removal.

WHAT PATIENTS ARE A CANIDATE FOR AN ANTI-DRIFT BOLT?
Surgeon Perspective From Scott Shawen, MD

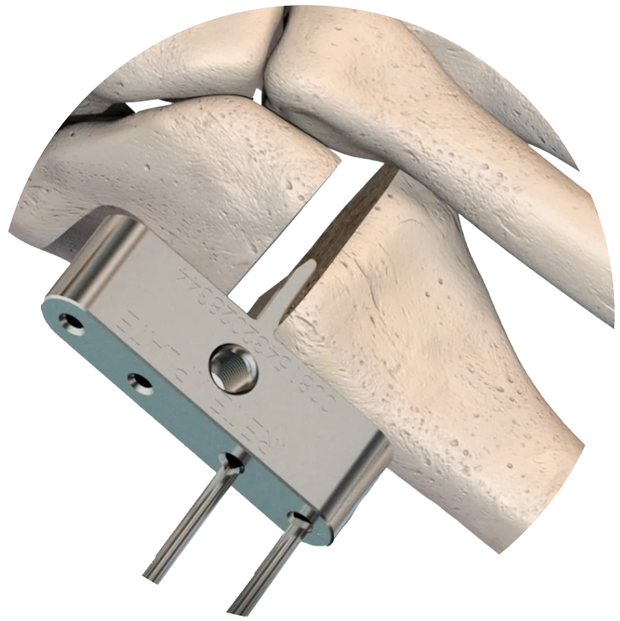
The Anti-Drift Bolt®, in my opinion, provides increased stability to the construct, which clinically increases the chance for a successful arthrodesis, but also decreases the possibility of late deformity recurrence. I think that all patients undergoing a Lapidus or first tarsometatarsal fusion procedure are candidates for the Anti-Drift Bolt®. It provides increased stability to the fusion construct which cannot be ignored.

Freehand / Curettage Technique

This portion of the technique is only for users who use a curettage technique or wish to complete their cuts freehand without a cut guide.



1 Complete the metatarsal and cuneiform cuts freehand or perform the curettage technique.

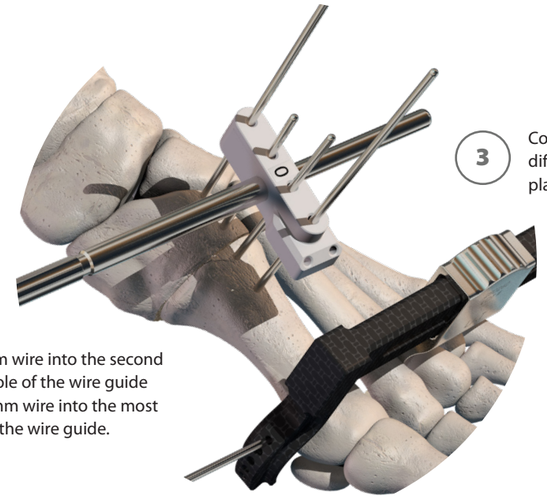


2 Place the freehand wire guide into the joint at a dorsomedial position. While ensuring the paddle is flush with the metatarsal surface, pin a short 2.0mm wire into the second most distal hole of the wire guide. Place a long 2.0mm wire into the most distal hole of the wire guide.

INSTRUMENTS REQUIRED

Freehand Wire Guide

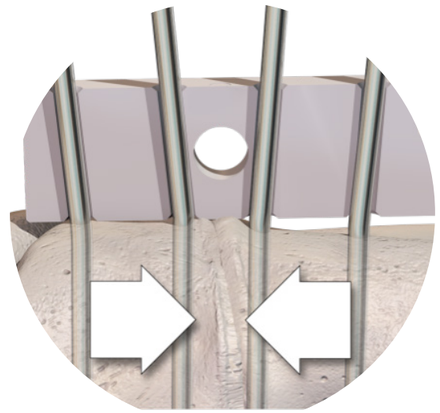
Freehand / Curettage Technique



3 Complete Step : "CORRECT" with the only difference being the wire guide is used in place of the cut guide.

4 Pin a short 2.0mm wire into the second most proximal hole of the wire guide Place a long 2.0mm wire into the most proximal hole of the wire guide.

5 Perform the remaining steps as previously described in the standard technique:
Starting with Step "COMPRESS".
Perform Step "Staple Compression Plate™ Placement"



WHEN WOULD A FREEHAND TECHNIQUE BE NECESSARY?

Surgeon Perspective From Craig Breslauer, DPM

The freehand technique can be utilized at the surgeon's discretion and personal preferences. Prior to the DynaBunion, I greatly favored a freehand joint resection on all of my Lapidus bunionectomies. There are still some occasions when freehand joint resection might be chosen.The first indication for the freehand technique involves the presence of an atavistic medial cuneiform. In this scenario, joint resection can require a significant wedge resection of the distal cuneiform in order to create two parallel surfaces for fusion. I prefer to approach the medial cuneiform from a dorsal approach to allow proper visualization of the intended wedge to be removed. A minimum sliver of cartilage is taken medially with the base of the wedge laterally. One caveat to keep in mind. Caution should be used to not take too much bone laterally as this can create unnecessary shortening. Instead, I prefer to fish scale the lateral aspect of the cueniform with a 1/4" curved osteotome as this allows compression of the cancellous bone and additional correction.

Another situation where the freehand technique may be utilized involves a surgeon who prefers this method over the others. This boils down to what the individual physician is the most comfortable with. When performing this type of joint preparation, one can use a Hintermann type distractor to access and visualize the joint more readily. The same distal pin hole from the distractor may then be used to apply the freehand pin guide from the DynaBunion set. At this point, the wires in the distal holes of the pin guide can used used to distract the 1st metatarsal distally while resecting the medial cuneiform.

A final circumstance that can lead one to use the freehand technique is in the case of an atypicalo0 small foot. Here, the cut guide might be too large to sit inside the 1st TMTJ. Although this is infrequent, surgeons should be prepared to abandon the cut guide and move on to the freehand approach when encountered.

EcoSmart® Surgery

All Instrument and Implants Sterile Packaged

What sets do I need to bring to the case?

DynaBunion™
Sterile Surgical Set – FULL

Part Number	Name	Quantity
1500-4800	DynaBunion Sterile Kit	1
1500-48RC	DynaBunion Recut Kit	1
1500-4700	Plate Instrument Kit	1
7000-BEND	Universal Plate Benders	1
7100-1800	18MM Staple Prep Kit	2
1500-4850	Anti-Drift Instrument Kit	2
PC5023.140 STE or 7001-40SB	40MM Saw Blade - Conmed/Hall	2
7000-40SB	40MM Saw Blade - Stryker	2
7100-LP18-L	DynaBunion Plate Left	2
7100-LP18-R	DynaBunion Plate Right	2
7100-LZ18-A	Lapidus LZ Alpha	1
7100-LZ18-B	Lapidus LZ Beta	1
7100-LC18-A	Lapidus LC Alpha	1
7100-LC18-B	Lapidus LC Beta	1
7118-1414	18x14 HiMax	2
7118-1818	18x18 HiMax	2
7118-1814	18x18x14 HiMax	1
7118-1414-C	18x14 HiMax-C	1
7118-1818-C	18x18 HiMax-C	1
7118-1814-C	18x18x14 HiMax-C	1
15LP-3528	Anti-Drift Bolt® Fully Threaded 3.5x28	1
15LP-3530	Anti-Drift Bolt® Fully Threaded 3.5x30	2
15LP-3532	Anti-Drift Bolt® Fully Threaded 3.5x32	2
15LP-3534	Anti-Drift Bolt® Fully Threaded 3.5x34	2
15LP-3536	Anti-Drift Bolt® Fully Threaded 3.5x36	2
15LP-3538	Anti-Drift Bolt® Fully Threaded 3.5x38	2
15LP-3540	Anti-Drift Bolt® Fully Threaded 3.5x40	2
15LP-3542	Anti-Drift Bolt® Fully Threaded 3.5x42	1
15LP-3544	Anti-Drift Bolt® Fully Threaded 3.5x44	1
15LP-3546	Anti-Drift Bolt® Fully Threaded 3.5x46	1
7000-20K4	2.0 Short Wire 4 Pack	1
7000-20K6	2.0 Long Wire 4 Pack	1
7000-ADK6	Anti-Drift Depth Wire Single Pack	1
7000-LVWR	Olive Wire	1
7000-0032	3.2 Reamer	1
1500-5025	2.5 Reamer	1
1500-5050	H10 Driver	1
7001-40GB	GraterBlade - Conmed/Hall	1
7000-40GB	40MM GraterBlade - Stryker	1

Universal Plate Screw Set

Existing screw set inventory should be utilized in conjunction with the DynaBunion Set. Screw loaner sets are available by request.

Part Number	Name	Quantity
15PL-3010	Polyaxial Locking Screw 3.0 x 10mm	2
15PL-3012	Polyaxial Locking Screw 3.0 x 12mm	3
15PL-3014	Polyaxial Locking Screw 3.0 x 14mm	3
15PL-3016	Polyaxial Locking Screw 3.0 x 16mm	4
15PL-3018	Polyaxial Locking Screw 3.0 x 18mm	4
15PL-3020	Polyaxial Locking Screw 3.0 x 20mm	4
15PL-3022	Polyaxial Locking Screw 3.0 x 22mm	4
15PL-3024	Polyaxial Locking Screw 3.0 x 24mm	3
15PL-3026	Polyaxial Locking Screw 3.0 x 26mm	3
15PL-3028	Polyaxial Locking Screw 3.0 x 28mm	2
15PL-3030	Polyaxial Locking Screw 3.0 x 30mm	2
15PL-3510	Polyaxial Locking Screw 3.5 x 10mm	2
15PL-3512	Polyaxial Locking Screw 3.5 x 12mm	3
15PL-3514	Polyaxial Locking Screw 3.5 x 14mm	3
15PL-3516	Polyaxial Locking Screw 3.5 x 16mm	4
15PL-3518	Polyaxial Locking Screw 3.5 x 18mm	4
15PL-3520	Polyaxial Locking Screw 3.5 x 20mm	4
15PL-3522	Polyaxial Locking Screw 3.5 x 22mm	4
15PL-3524	Polyaxial Locking Screw 3.5 x 24mm	3
15PL-3526	Polyaxial Locking Screw 3.5 x 26mm	3
15PL-3528	Polyaxial Locking Screw 3.5 x 28mm	2
15PL-3530	Polyaxial Locking Screw 3.5 x 30mm	2
15NL-3010	Non-Locking Screw 3.0 x 10mm	2
15NL-3012	Non-Locking Screw 3.0 x 12mm	3
15NL-3014	Non-Locking Screw 3.0 x 14mm	3
15NL-3016	Non-Locking Screw 3.0 x 16mm	4
15NL-3018	Non-Locking Screw 3.0 x 18mm	4
15NL-3020	Non-Locking Screw 3.0 x 20mm	4
15NL-3022	Non-Locking Screw 3.0 x 22mm	4
15NL-3024	Non-Locking Screw 3.0 x 24mm	3
15NL-3026	Non-Locking Screw 3.0 x 26mm	3
15NL-3028	Non-Locking Screw 3.0 x 28mm	2
15NL-3030	Non-Locking Screw 3.0 x 30mm	2
1500-3510	Non-Locking Screw 3.5 x 10mm	2
1500-3512	Non-Locking Screw 3.5 x 12mm	3
1500-3514	Non-Locking Screw 3.5 x 14mm	3
1500-3516	Non-Locking Screw 3.5 x 16mm	4
1500-3518	Non-Locking Screw 3.5 x 18mm	4
1500-3520	Non-Locking Screw 3.5 x 20mm	4
1500-3522	Non-Locking Screw 3.5 x 22mm	4
1500-3524	Non-Locking Screw 3.5 x 24mm	3
1500-3526	Non-Locking Screw 3.5 x 26mm	3
1500-3528	Non-Locking Screw 3.5 x 28mm	2
1500-3530	Non-Locking Screw 3.5 x 30mm	2
1500-3532	Non-Locking Screw 3.5 x 32mm	2
1500-3534	Non-Locking Screw 3.5 x 34mm	2
1500-3536	Non-Locking Screw 3.5 x 36mm	2
1500-3538	Non-Locking Screw 3.5 x 38mm	2
1500-3540	Non-Locking Screw 3.5 x 40mm	2
1500-3545	Non-Locking Screw 3.5 x 45mm	2
1500-3550	Non-Locking Screw 3.5 x 50mm	2
1500-5025	DynaForce Ø2.5 Reamer, Long - Sterile	2

EcoSmart® Surgery

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What do I need to open?

REQUIRED

DynaBunion™ Kit
1500-4800

- OsteoPrecise™ Cut Guide
- IM Reducer
- Frontal Plane Joystick
- RAC Block 0
- RAC Block 1
- Freehand Wire Template
- Short 2.0mm Wire x 4
- Long 2.0mm Wire x 4
- Universal Handle

Plate Instrument Kit
1500-4700

- AO Handle
- Olive Wire x 2
- H10 Driver
- Locking Drill Guide
- Non-Locking Drill Guide
- Depth Gauge
- 2.5 Reamer
- 2.0 Reamer

18mm Staple Prep Kit
(implant not included)
7100-1800

- 18mm Staple Drill Guide
- 18mm Staple Inserter
- Tamp
- Fixation Pins x 2
- 3.2 Reamer

40mm Saw Blade

TWO OPTIONS
For Stryker/MicroAir Connection Use:
7000-40SB

For Conmed/Hall Connection Use:
PC5023.140 STE or 7001-40SB

Kit Back-Ups

We know things don't always go as planned, so we provide backups of all key instruments and sharps to ensure you are covered!

7000-20K4	2.0 Short Wire 4 Pack 1
7000-20K6	2.0 Long Wire 4 Pack 1
7000-ADK6	Anti-Drift Depth Wire Single Pack 1
7000-LVWR	Olive Wire 1
7000-0032	3.2 Reamer 1
1500-5025	2.5 Reamer 1
1500-5050	H10 Driver 1

Sterile ratchet handles are available by request.

OPTIONAL

Using An Anti-Drift Bolt? Open This:

Anti-Drift Instrument Kit
1500-4850

- Anti-Drift Wire Guide
- 2.5 Cannulated Reamer
- Anti-Drift Depth Wire

Need To Re-Cut? Open This:

DynaBunion™ ReCut Kit
1500-48RC

- ReCut Guide
- RAC Block 2
- RAC Block 3

Need To Bend A Plate? Open This:

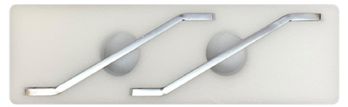


Plate Bender Kit
7000-BEND

- Plate Bender x 2

GraterBlade™

TWO OPTIONS
For Stryker/MicroAir Connection Use:7000-40GB
For Conmed/Hall Connection Use:
PC5023.140 STE o 7001-40GB

Sterile Packed Implants

DynaBunion™ Plate

LC SCP™

LZ SCP™

18mm Staple
HiMax ® for DynaBunion Plate
HiMax® C for LC & LZ Plate
18x18,14x14, or 18x14
Leg Lengths Available

Anti-Drift Bolt™
For Use With DynaBunion Plate Only

2- 4 Screws
3.0 or 3.5 NL or PAL

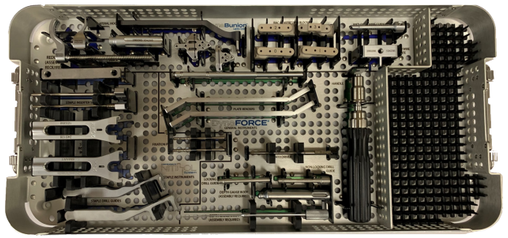
NON-EcoSmart® Surgery

ONLY Sharps and Implants Are Sterile Packaged

What sets do I need to bring to the case?

DynaBunion™
Sterile Surgical Set – PARTIAL

Part Number	Name	Quantity
1500-5060	DynaBunion Sharps Kit	1
1500-4850	Anti-Drift Instrument Kit	2
PC5023.140 STE or 7001-40SB	40MM Saw Blade - Conmed/Hall	2
7000-40SB	40MM Saw Blade - Stryker	3
7100-LP18-L	DynaBunion Plate Left	2
7100-LP18-R	DynaBunion Plate Right	2
7100-LZ18-A	Lapidus LZ Alpha	1
7100-LZ18-B	Lapidus LZ Beta	1
7100-LC18-A	Lapidus LC Alpha	1
7100-LC18-B	Lapidus LC Beta	1
7118-1414	18x14 HiMax	2
7118-1818	18x18 HiMax	2
7118-1814	18x18x14 HiMax	2
7118-1414-C	18x14 HiMax-C	1
7118-1818-C	18x18 HiMax-C	1
7118-1814-C	18x18x14 HiMax-C	2
15LP-3528	Anti-Drift Bolt® Fully Threaded 3.5x28	1
15LP-3530	Anti-Drift Bolt® Fully Threaded 3.5x30	2
15LP-3532	Anti-Drift Bolt® Fully Threaded 3.5x32	2
15LP-3534	Anti-Drift Bolt® Fully Threaded 3.5x34	2
15LP-3536	Anti-Drift Bolt® Fully Threaded 3.5x36	2
15LP-3538	Anti-Drift Bolt® Fully Threaded 3.5x38	2
15LP-3540	Anti-Drift Bolt® Fully Threaded 3.5x40	2
15LP-3542	Anti-Drift Bolt® Fully Threaded 3.5x42	1
15LP-3544	Anti-Drift Bolt® Fully Threaded 3.5x44	1
15LP-3546	Anti-Drift Bolt® Fully Threaded 3.5x46	1
7000-20K4	2.0 Short Wire 4 Pack	1
7000-20K6	2.0 Long Wire 4 Pack	1
7000-ADK6	Anti-Drift Wire	1
7000-LVWR	Olive Wire	1
7000-0032	3.2 Reamer	1
1500-5025	2.5 Reamer	1
1500-5050	H10 Driver	1
7001-40GB	GraterBlade - Conmed/Hall	1
7000-40GB	40MM GraterBlade - Stryker	1



DynaBunion™ Non-Sterile Surgical Tray

Universal Plate Screw Set

Existing screw set inventory should be utilized in conjunction with the DynaBunion Set. Screw loaner sets are available by request.

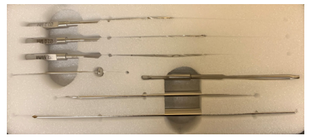
Part Number	Name	Quantity
15PL-3010	Polyaxial Locking Screw 3.0 x 10mm	2
15PL-3012	Polyaxial Locking Screw 3.0 x 12mm	3
15PL-3014	Polyaxial Locking Screw 3.0 x 14mm	3
15PL-3016	Polyaxial Locking Screw 3.0 x 16mm	4
15PL-3018	Polyaxial Locking Screw 3.0 x 18mm	4
15PL-3020	Polyaxial Locking Screw 3.0 x 20mm	4
15PL-3022	Polyaxial Locking Screw 3.0 x 22mm	4
15PL-3024	Polyaxial Locking Screw 3.0 x 24mm	3
15PL-3026	Polyaxial Locking Screw 3.0 x 26mm	3
15PL-3028	Polyaxial Locking Screw 3.0 x 28mm	2
15PL-3030	Polyaxial Locking Screw 3.0 x 30mm	2
15PL-3510	Polyaxial Locking Screw 3.5 x 10mm	2
15PL-3512	Polyaxial Locking Screw 3.5 x 12mm	3
15PL-3514	Polyaxial Locking Screw 3.5 x 14mm	3
15PL-3516	Polyaxial Locking Screw 3.5 x 16mm	4
15PL-3518	Polyaxial Locking Screw 3.5 x 18mm	4
15PL-3520	Polyaxial Locking Screw 3.5 x 20mm	4
15PL-3522	Polyaxial Locking Screw 3.5 x 22mm	4
15PL-3524	Polyaxial Locking Screw 3.5 x 24mm	3
15PL-3526	Polyaxial Locking Screw 3.5 x 26mm	3
15PL-3528	Polyaxial Locking Screw 3.5 x 28mm	2
15PL-3530	Polyaxial Locking Screw 3.5 x 30mm	2
15NL-3010	Non-Locking Screw 3.0 x 10mm	2
15NL-3012	Non-Locking Screw 3.0 x 12mm	3
15NL-3014	Non-Locking Screw 3.0 x 14mm	3
15NL-3016	Non-Locking Screw 3.0 x 16mm	4
15NL-3018	Non-Locking Screw 3.0 x 18mm	4
15NL-3020	Non-Locking Screw 3.0 x 20mm	4
15NL-3022	Non-Locking Screw 3.0 x 22mm	4
15NL-3024	Non-Locking Screw 3.0 x 24mm	3
15NL-3026	Non-Locking Screw 3.0 x 26mm	3
15NL-3028	Non-Locking Screw 3.0 x 28mm	2
15NL-3030	Non-Locking Screw 3.0 x 30mm	2
1500-3510	Non-Locking Screw 3.5 x 10mm	2
1500-3512	Non-Locking Screw 3.5 x 12mm	3
1500-3514	Non-Locking Screw 3.5 x 14mm	3
1500-3516	Non-Locking Screw 3.5 x 16mm	4
1500-3518	Non-Locking Screw 3.5 x 18mm	4
1500-3520	Non-Locking Screw 3.5 x 20mm	4
1500-3522	Non-Locking Screw 3.5 x 22mm	4
1500-3524	Non-Locking Screw 3.5 x 24mm	3
1500-3526	Non-Locking Screw 3.5 x 26mm	3
1500-3528	Non-Locking Screw 3.5 x 28mm	2
1500-3530	Non-Locking Screw 3.5 x 30mm	2
1500-3532	Non-Locking Screw 3.5 x 32mm	2
1500-3534	Non-Locking Screw 3.5 x 34mm	2
1500-3536	Non-Locking Screw 3.5 x 36mm	2
1500-3538	Non-Locking Screw 3.5 x 38mm	2
1500-3540	Non-Locking Screw 3.5 x 40mm	2
1500-3545	Non-Locking Screw 3.5 x 45mm	2
1500-3550	Non-Locking Screw 3.5 x 50mm	2
1500-5025	DynaForce Ø2.5 Reamer, Long - Sterile	2

NON-EcoSmart® Surgery

ONLY Sharps and Implants Are Sterile Packaged

What do I need to open?

REQUIRED



DynaBunion™ Sharps Kit
1500-5060

- Short 2.0 Wire x 4
- Long 2.0 Wire x 4
- Olive Wire x 2
- H10 Driver
- 2.0 Reamer
- 2.5 Reamer
- 3.2 Reamer

40mm Saw Blade

TWO OPTIONS
For Stryker/MicroAir Connection Use: 7000-40SB

For Conmed/Hall Connection Use: PC5023.140 STE or 7001-40SB

OPTIONAL

Using An Anti-Drift Bolt? Open This:

Anti-Drift Instrument Kit
1500-4850

- Anti-Drift Wire Guide
- 2.5 Cannulated Reamer
- Anti-Drift Depth Wire

GraterBlade™

TWO OPTIONS
For Stryker/MicroAir Connection Use:7000-40GB
For Conmed/Hall Connection Use: PC5023.140 STE o 7001-40GB

Kit Back-Ups

We know things don't always go as planned, so we provide backups of all key instruments and sharps to ensure you have your case covered!

7000-20K4	2.0 Short Wire 4 Pack 1
7000-20K6	2.0 Long Wire 4 Pack 1
7000-ADK6	Anti-Drift Depth Wire Single Pack 1
7000-LVWR	Olive Wire 1
7000-0032	3.2 Reamer 1
1500-5025	2.5 Reamer 1
1500-5050	H10 Driver 1

Sterile ratchet handles are available by request.

Sterile Packed Implants

DynaBunion™ Plate

LC SCP™

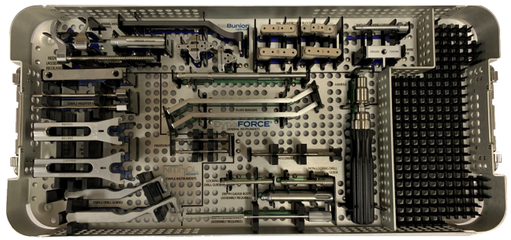
LZ SCP™

18mm Staple
HiMax ® for DynaBunion Plate
HiMax® C for LC & LZ Plate
18x18,14x14, or 18x14 Leg Lengths Available

Anti-Drift Bolt™
For Use With DynaBunion Plate Only

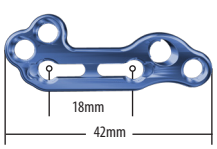
2- 4 Screws
3.0 or 3.5 NL or PAL

DynaBunion™ Non-Sterile Surgical Tray

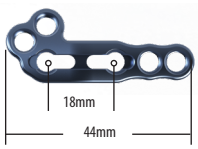


Name	Quantity	Name	Quantity
Radiolucent Reducer	1	Anti-Drift Bolt Wire Guide	1
OsteoPrecise™ Cut Guide	1	18mm Staple Inserter	1
ReCut Guide	1	18mm Staple Drill Guide	1
Frontal Plane Joystick	1	Tamp	1
RAC Block 0	1	Fixation Pins	2
RAC Block 1	1	H10 Driver	1
RAC Block 2	1	New Plate Bender	2
RAC Block 3	1	Depth Gauge	1
Freehand Wire Template	1	Non-Locking Drill Guide	1
Universal Handle	1	Ratchet Handle	1
Hintermann Distractor	1		

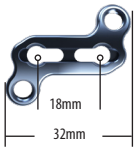
DynaForce® Staple Compression Plate™ Options



dynaBunion® SCP™



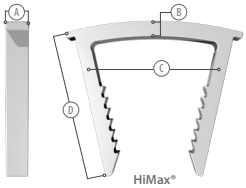
LC SCP™



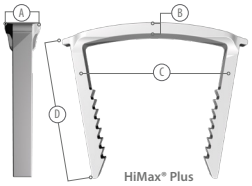
LZ SCP™

TYPE	Right	Left	Alpha	Beta	Alpha	Beta
PART NUMBER	7100-LP18-R	7100-LP18-L	7100-LC18-A	7100-LC18-B	7100-LZ18-A	7100-LZ18-B
SLOT LENGTH/STAPLE SIZE	18mm	18mm	18mm	18mm	18mm	18mm
OVERALL LENGTH	42mm	42mm	44mm	44mm	32mm	32mm
THICKNESS	1.7mm	1.7mm	1.7mm	1.7mm	1.7mm	1.7mm
PLATE CURVATURE (DISTAL/PROXIMAL)	0 Degrees	0 Degrees	10 Degrees	10 Degrees	10 Degrees	10 Degrees
COMPATIBLE STAPLE	HiMax®	HiMax®	HiMax®-C	HiMax®-C	HiMax®-C	HiMax®-C
ANTI-DRIFT BOLT™ COMPATIBLE	YES	YES	NO	NO	NO	NO

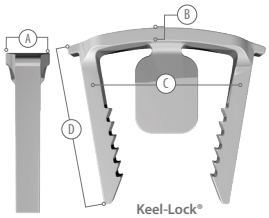
Nitinol Options



HiMax®



HiMax® Plus



Keel-Lock®

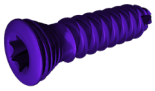
		For use with dynaBunion® Plate			For use with LC™ and LZ™ Plate				
		HiMax® Implant (18x18x18mm)	HiMax® Implant (18x14x14mm)	HiMax® Implant (18x18x14mm)	HiMax® C Implant (18x18x18mm)	HiMax® C Implant (18x14x14mm)	HiMax® C Implant (18x18x14mm)	HiMax® Plus Implant	Keel-Lock® Implant
PART NUMBER		7118-1818	7118-1414	7118-1814	7118-1818-C	7118-1414-C	7118-1814-C	7415-1515 thru 7425-2222	7318-1818 , 7320-2020
BRIDGE WIDTH	A	2.7mm	2.7mm	2.7mm	2.7mm	2.7mm	2.7mm	5mm	5mm
BRIDGE THICKNESS	B	1.8mm	1.8mm	1.8mm	1.8mm	1.8mm	1.8mm	1.3-1.6mm	1.3-1.6mm
INTERAXIS LENGTH	C	18mm	18mm	18mm	18mm	18mm	18mm	15,18, 20, 25mm	18 or 20mm
LEG LENGTH	D	18mm	14mm	18x14mm	18mm	18mm	18x14mm	15,18, 20,22 mm	18 or 20mm
REAMER SIZE		3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm	3.2mm
COMPRESSION		27lbs.	27lbs.	27lbs.	27lbs.	27lbs.	27lbs.	28lbs.	28lbs.
CURVATURE WHEN LEGS ARE STRAIGHT		0°	0°	0°	10°	10°	10°	10°	10°

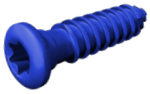
Anti-Drift Bolt

(For use with dynaBunion® Plate only)

3.5mm, Non-Locking, Solid
Fully Threaded
28-46mm Lengths, 2mm Increments

Plate Screws





	3.0mm POLYAXIAL LOCKING	3.5mm POLYAXIAL LOCKING	3.0mm NON-LOCKING	3.5mm NON-LOCKING
PART NUMBER	15PL-3010 thru 15PL-3030	15PL-3510 thru 15PL-3530	15NL-3010 thru 15NL-3030	1500-3510 thru 1500-3550
SIZE RANGE*	10mm-30mm	10mm-30mm	10mm-30mm	10mm-50mm
DRIVER	H10 (Hexalobe)	H10 (Hexalobe)	H10 (Hexalobe)	H10 (Hexalobe)
DRILL SIZE	2.0mm	2.5mm	2.0mm	2.5mm

2mm increments

Indications & Risks

The MotoBAND® CP Implant System is indicated for stabilization and fixation of fresh fractures, revision procedures, joint fusion and reconstruction of small bones of the hand, feet, wrist, ankles, fingers and toes. When used for these indications, the MotoBAND® CP Implant System with the exception of the 2-hole plate may be used with the MotoCLIP®/HiMAX® Implant System. There are potential risks associated with the use of these devices some of which include: allergic reaction to the implant material, fracture of the implant, soft-tissue complication (e.g., infection at the implant site, prolonged healing), and revision surgery. Refer to IFU for all contraindications, warnings, and risks.

US Patents: D870,284 & 10,492,841

Data on File for All Information & Data Listed

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