

Ankle Fusion Plating System

Surgical Technique



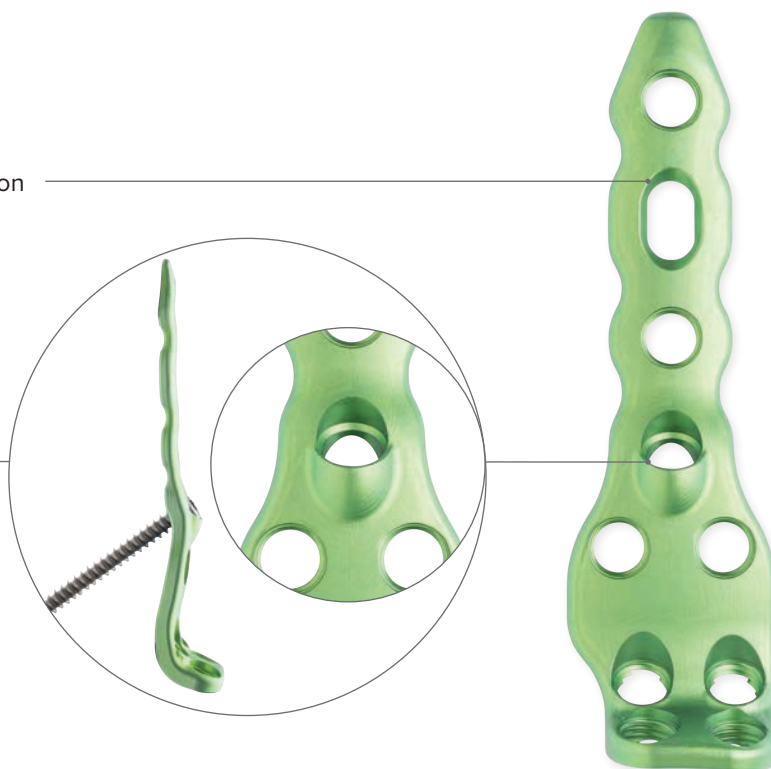
Arthrex[®] 

When Compression Counts...

Confidence with four modes of compression in one fusion system

1. Oblong Compression Hole

For eccentric screw placement and compression



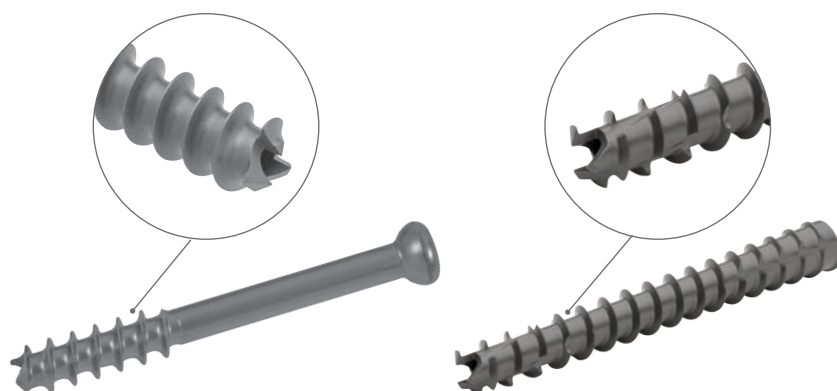
2. Anatomic Compression Hole

Allows lag compression through the center of the arthrodesis site for maximal compression



3. External Compression Screws

The Ankle Fusion Plating System can be configured with 6.7 mm cannulated lag screws or 7.0 mm XL Compression FT screws, from 40 mm to 100 mm in length, for additional joint compression and stability external to the plate



4. Mini Joint Compressor/Distractor

Adaptable for distraction or compression of arthrodesis sites, this device facilitates joint preparation and allows for excellent compression prior to definitive fixation

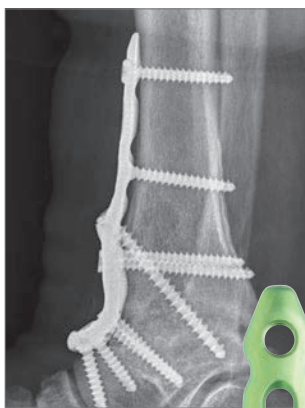
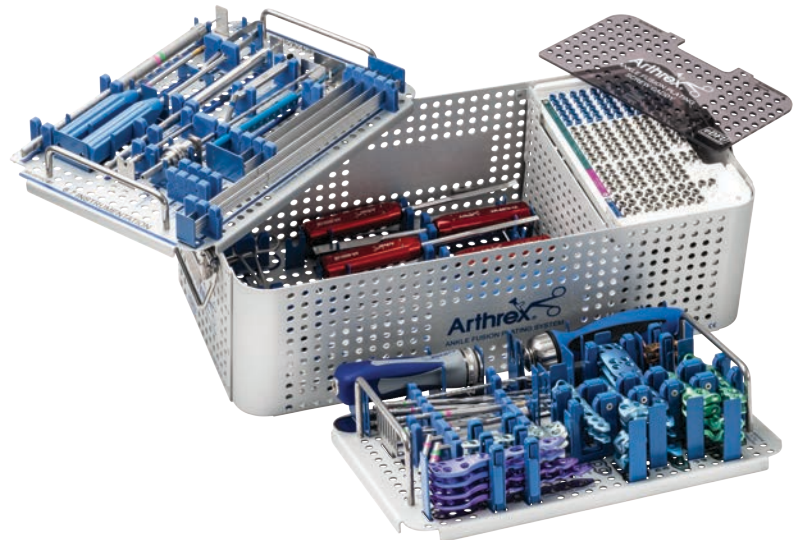


Arthrex Ankle Fusion Plating System

The titanium Ankle Fusion Plating System provides a complete solution for ankle fusion management with a comprehensive offering of anatomy-specific plates available for either tibiotalar or tibiotalocalcaneal arthrodesis. A variety of screw options, including locking, nonlocking, cortical, cancellous, and hybrid designs, are provided to address all fixation needs. Specific instrumentation designed to help gain access to and prepare the fusion sites is included in the set for completeness. The ankle fusion system was designed to provide the solution to your ankle fusion fixation needs.

System Features

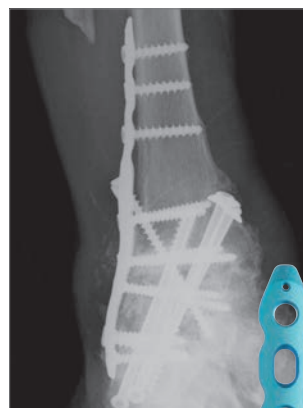
- Anatomically designed for use with three surgical approaches: anterior, lateral, posterior
- Four compression modes available in system
 - Anatomic compression hole
 - Oblong compression hole
 - Mini joint compressor/distractor
 - 6.7 mm cannulated lag screws or 7.0 mm XL Compression FT screws
- Comprehensive instrumentation for joint preparation, distraction, and compression and assistance with optimal fixation
- Maximum fixation points within each plate



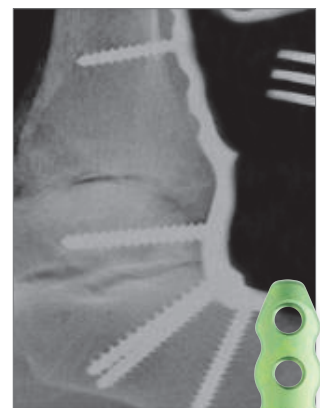
Anterior Tibiotalar Plate
AR-8970AR



Lateral Tibiotalar Plate
AR-8970TT



Lateral Tibiotalocalcaneal
Plate – AR-8970TTC



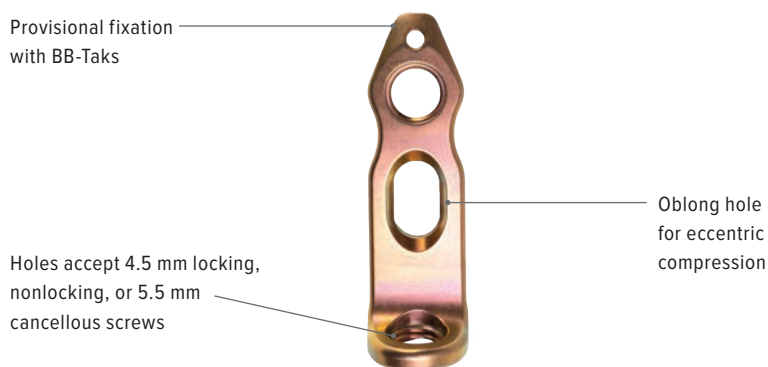
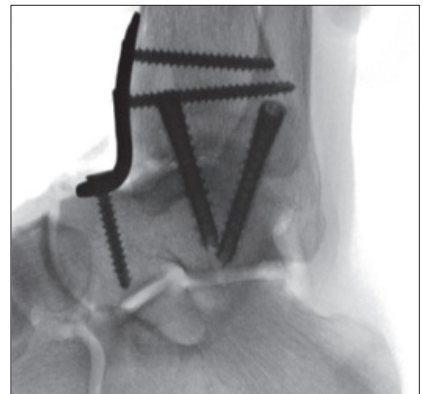
Posterior Tibiotalocalcaneal
Plate – AR-8970PR



Minimally Invasive Anterior Tibiotalar Fusion Plate (TT)

The anterior minimally invasive ankle fusion plates are designed for use in conjunction with cannulated compression screws for a “mini open” approach to anterior tibiotalar arthrodesis. Compared to the standard 3-screw fusion construct, the addition of an anterior plate increases construct rigidity and decreases micromotion at the ankle fusion interface.¹

- "Mini-open" approach to anterior tibiotalar arthrodesis
- Plate acts as a tension band to resist plantar flexion moments
- Increased construct rigidity compared to a 3-screw fusion



Joint Preparation



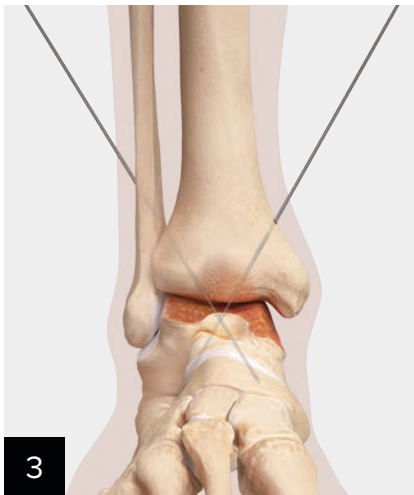
1 Create an anterior medial, mini open, incision to allow access to the ankle joint for joint preparation.



2 If there are arthritic changes of the ankle, a small portion of the anterior tibia may need to be removed for plate placement.

- A.** Optional: Use the Arthrex mini joint distractor/compressor device in compression mode to maximize compression at the arthrodesis site prior to plate placement.
- B.** Insert AlloSync™* demineralized bone sponges hydrated with concentrated bone marrow aspirate to augment an ankle arthrodesis procedure.

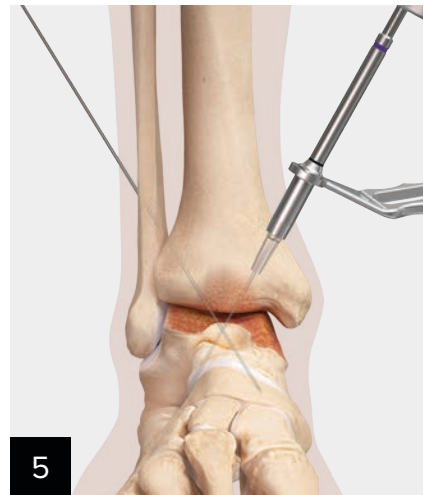
Minimally Invasive Anterior Tibiotalar Fusion Plate (TT) Surgical Technique



Provisionally fix the ankle joint in the neutral dorsiflexion position with 5 to 10 degrees of external rotation with two 2.4 mm K-wires through percutaneous incisions.



Measure the initial K-wire length using the depth device. It may be necessary to subtract from this length if the desired screw placement is to be countersunk and to account for compression achieved.



Use the 7 mm profile drill over the K-wire to break the cortical bone layer. Drill to the laser line for flush screw head placement. To countersink the screw 2 mm, drill to the hard stop.



Use the 5.0 mm straight, cannulated drill bit for the 7.0 mm XL Compression FT screws. Insert the correctly sized screws with the T25 hexalobe driver to obtain the initial compression across the arthrodesis site.



Place the minimally invasive anterior TT plate through the incision; temporarily fix the plate in position with a BB-Tak in the distal tibia.

The BB-Tak will need to be angled medial or lateral to avoid the threaded drill guide when drilling for the talus fixation.

Minimally Invasive Anterior Tibiotalar Fusion Plate (TT) Surgical Technique



Secure the plate distally in the talus using a 4.5 mm locking or nonlocking screw drilling with the 3 mm drill bit.



Obtain additional compression across the arthrodesis site and secure the tibial portion of the plate to the bone by placing a nonlocking screw eccentrically in the oblong compression hole.

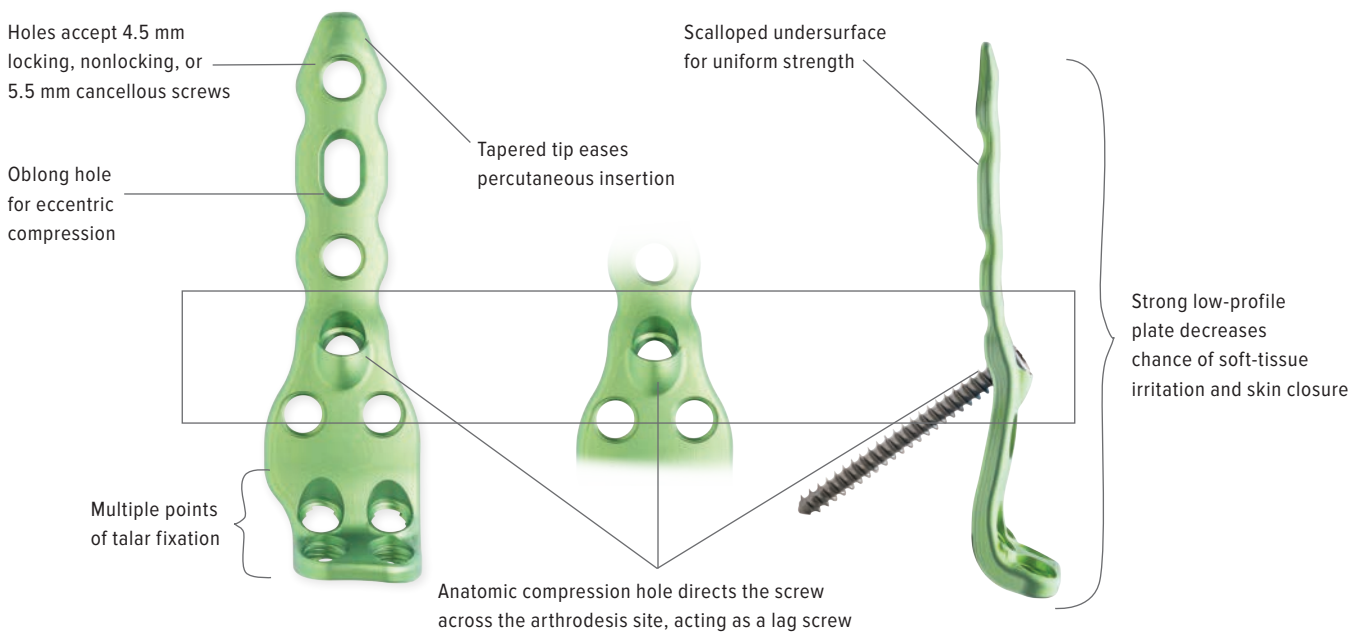


Secure the proximal end of the plate with either locking or nonlocking screws.



Anterior Tibiotalar Fusion Plate (TT)

The anterior ankle fusion plate is designed for use in anterior tibiotalar arthrodesis. The distal portion of the plate is anatomically contoured and side-specific to provide the largest footprint and maximal number of fixation points in the talus of any fusion plate available. Holes in the distal end diverge slightly to provide improved pull-out resistance and can accept 4.5 mm locking, nonlocking, or 5.5 mm cancellous screw options. The oblong compression hole obtains compression by eccentric screw placement within the hole after distal fixation on the plate has been achieved in the talus (see diagram). The second mode of compression is achieved using fixed-direction drill guides to place a lag screw through the anatomic compression hole and across the arthrodesis site (see diagram).

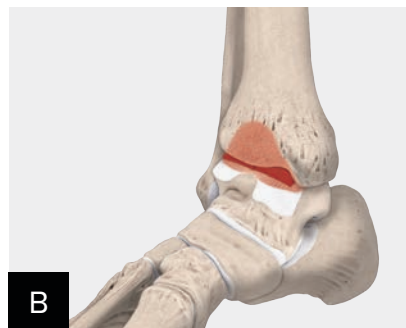


Joint Preparation

Surgical Approach: Use a standard anterior midline incision to expose the ankle joint. Prepare the joint surfaces.



Due to arthritic changes of the ankle, a small portion of the anterior tibia may need to be removed for plate placement.

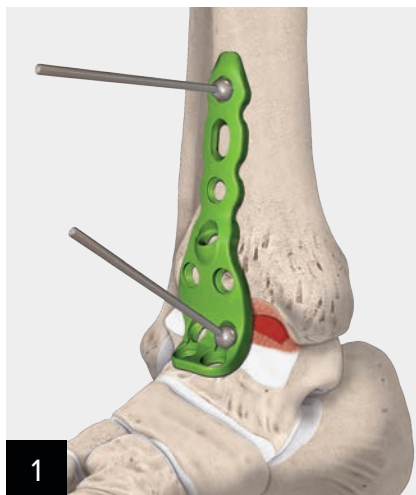


Insert AlloSync™ demineralized bone graft hydrated with concentrated bone marrow aspirate to augment an ankle arthrodesis procedure.

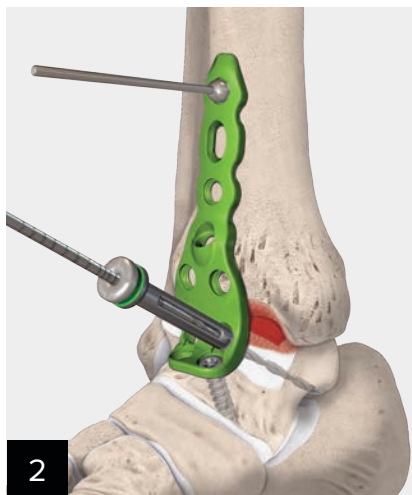
A. Optional: Use the Arthrex mini joint distractor/compressor device in compression mode to maximize compression at the arthrodesis site prior to plate placement.

B. Optional: Use an Arthrex 6.7 mm partially threaded cannulated screw or a 7.0 mm XL Compression FT screw to obtain compression across the arthrodesis site prior to plate fixation and compression.

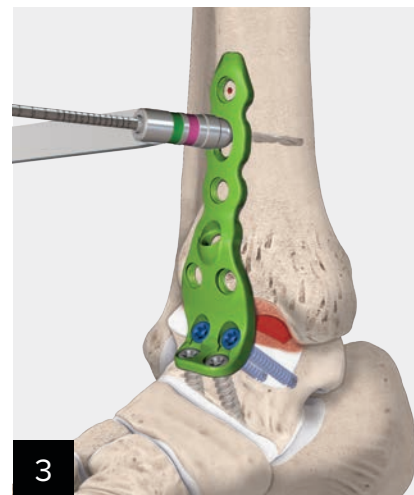
Anterior Tibiotalar Fusion Plate (TT) Surgical Technique



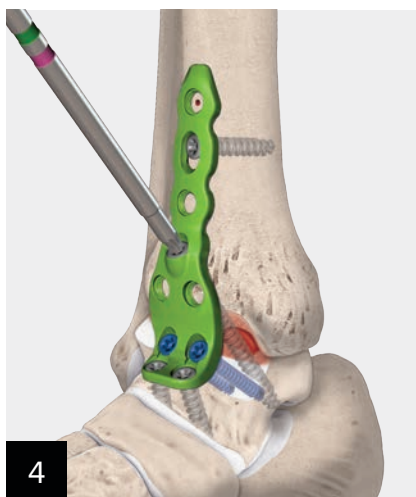
1
Fixate the proper anterior plate across the ankle joint and temporarily fix in position using one BB-Tak in the talus and the other in the tibia.



2
Secure the plate distally in the talus using a 4.5 mm locking or nonlocking screw by drilling with the 3 mm drill. Remove the talar BB-Tak and continue filling the talar holes until proper fixation is achieved. It is recommended that distal fixation is achieved prior to proximal fixation of the oblong compression hole in the tibia.



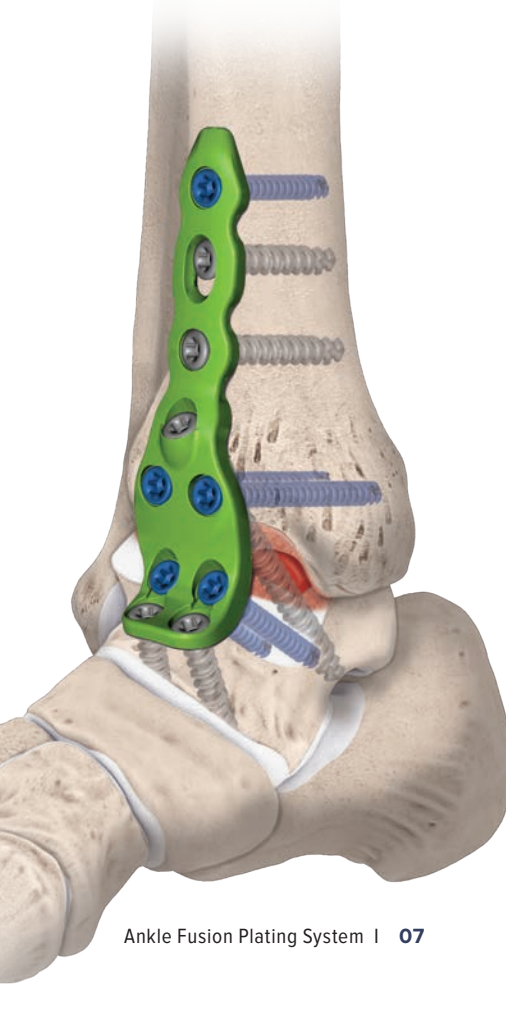
3
Obtain initial compression across the arthrodesis site and secure the tibial portion of the plate to the bone by placing a nonlocking screw eccentrically in the oblong compression hole.



4
In the anatomic lag screw hole use the compression drill sleeve (K-wire for cannulated drill bit is available) and the 3 mm drill bit. Overdrill with the 5.5 mm drill. Use the depth device to measure and place a 5.5 mm screw.



5
Continue to use either locking or nonlocking screws through the remaining proximal plate holes until desired fixation is achieved.



Additional Anterior Approaches

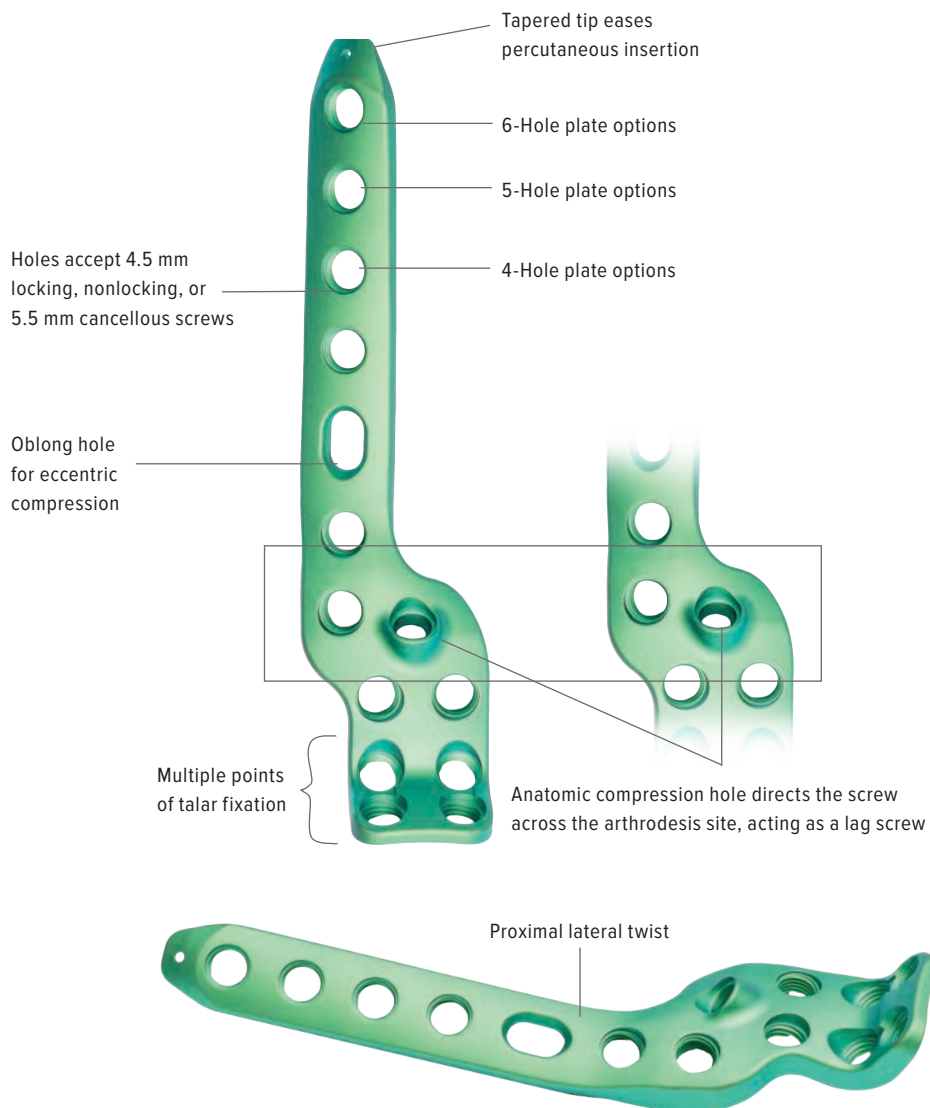


Anterolateral Tibiotalar Fusion Plate (TT)

The anterolateral fusion plates are designed to fit the natural anatomy of the ankle joint and the distal tibia while providing longer plate lengths for difficult revision cases. The anterolateral approach allows the proximal end of the plate to sit lateral to the crest of the tibia to reduce soft-tissue irritation. The distal portion of the plate is anatomically contoured and side-specific to provide the largest footprint and maximal number of fixation points in the talus of any fusion plate available. Holes in the distal end diverge slightly to provide improved pull-out resistance and can accept 4.5 mm locking, nonlocking, or 5.5 mm cancellous screw options.

AR-8970AL-04, 05, 06

AR-8970AR-04, 05, 06

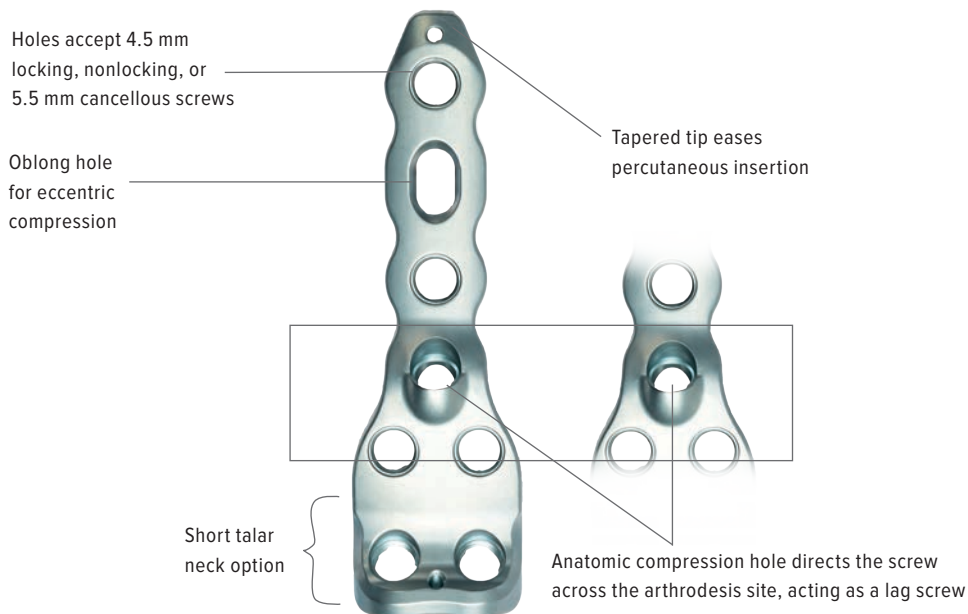




Short Talar Neck Anterior Fusion Plate (TT)

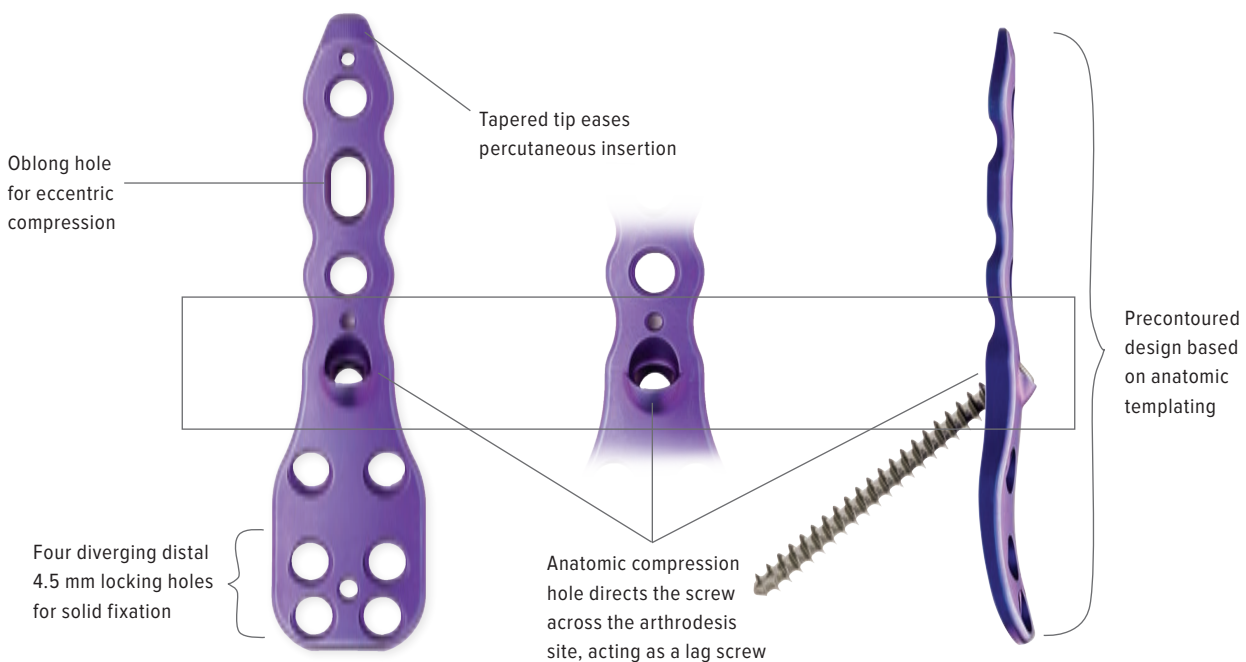
The anterior short talar neck fusion plate is designed to fit centrally on the talar body to reduce the likelihood of impinging the TN joint. The distal portion of the plate is contoured to provide a universal design that requires less distal tibia resection while still offering 3 points of fixation in the talus when using the anatomic compression screw hole. The talar screw fixation diverges slightly to provide improved pull-out resistance and can accept 4.5 mm locking, nonlocking, or 5.5 mm cancellous screw options.

AR-8970AS-03



Lateral Tibiotalar Fusion Plate (TT)

The lateral plates are designed for use in tibiotalar arthrodesis procedures through a lateral approach. The distal portion of the plate is contoured to match the curvature of the lateral talus with a large footprint allowing 4 points of fixation distally. Holes in the distal end of the plate diverge slightly to provide improved pull-out resistance and can accept 4.5 mm locking, nonlocking or 5.5 mm cancellous screw options. The shaft of the plate offers 2 compression options. The oblong hole obtains compression by eccentric screw placement within the hole after distal fixation on the plate has been achieved in the talus (see diagram). The second mode of compression uses an anatomically placed hole within the plate with fixed direction drill guides, giving the ability to place a lag screw across the arthrodesis site through the plate (see diagram).



Joint Preparation

Surgical Approach: Use a standard lateral transfibular approach to expose the ankle joint. Prepare the joint surfaces. The fibula bone shavings may be morselized for graft if desired.



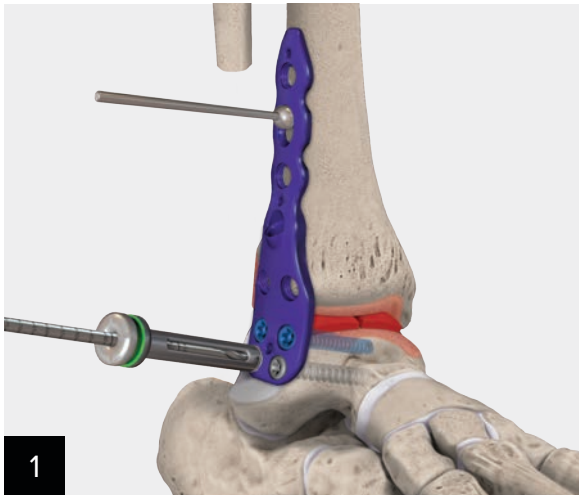
After removing the fibula, a rongeur or saw may be used to remove the bone prominence of the lateral tibia that may interfere with plate fit.



Insert AlloSync™ demineralized bone graft hydrated with concentrated bone marrow aspirate to augment an ankle arthrodesis procedure.

- A.** Optional: Use the Arthrex mini joint distractor/compressor device in compression mode to maximize compression at the arthrodesis site prior to plate placement.
- B.** Optional: Use an Arthrex 6.7 mm partially threaded cannulated screw or a 7.0 mm XL Compression FT screw to obtain compression across the arthrodesis site prior to plate fixation and compression.

Lateral Tibiotalar Fusion Plate (TT)



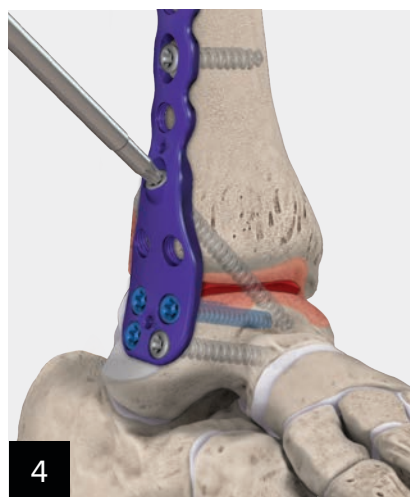
Secure the plate distally using a 4.5 mm locking or nonlocking screw in the talar portion of the plate by drilling with the 3 mm drill. Remove the talar BB-Tak and continue filling the talar holes until proper fixation is achieved. It is recommended that distal fixation is achieved prior to placement of the oblong compression screw hole in the tibia.



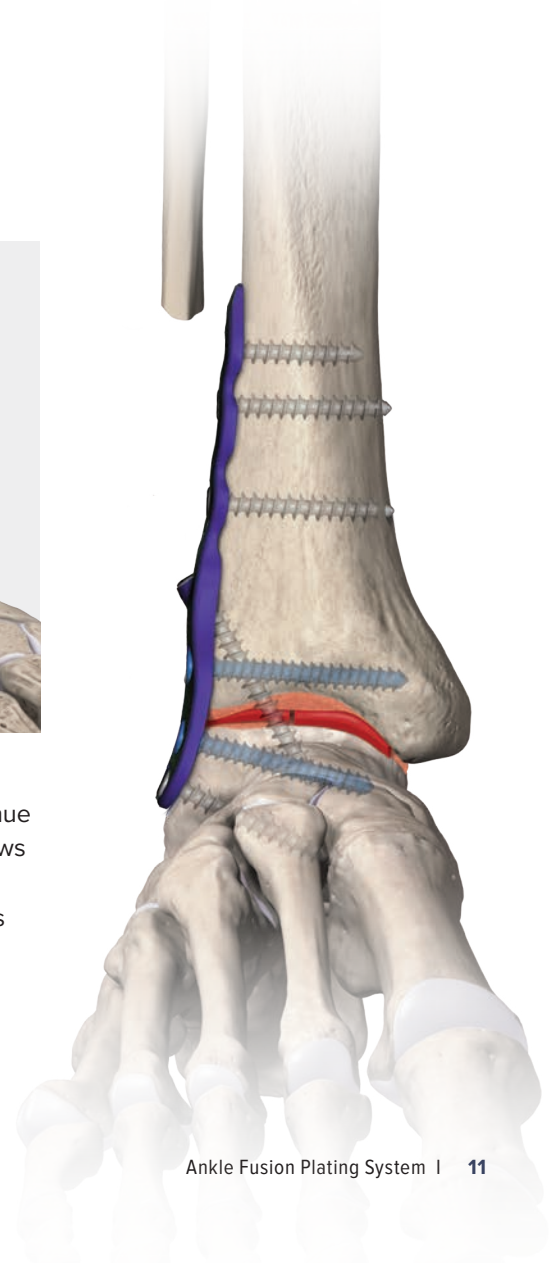
Obtain initial compression across the arthrodesis site and secure the tibial portion of the plate to the bone by placing a nonlocking screw eccentrically in the oblong compression hole.



In the anatomic lag screw hole use the compression drill sleeve (K-wire for cannulated drill bits is available) and the 3 mm drill bit. Overdrill with the 5.5 mm drill.

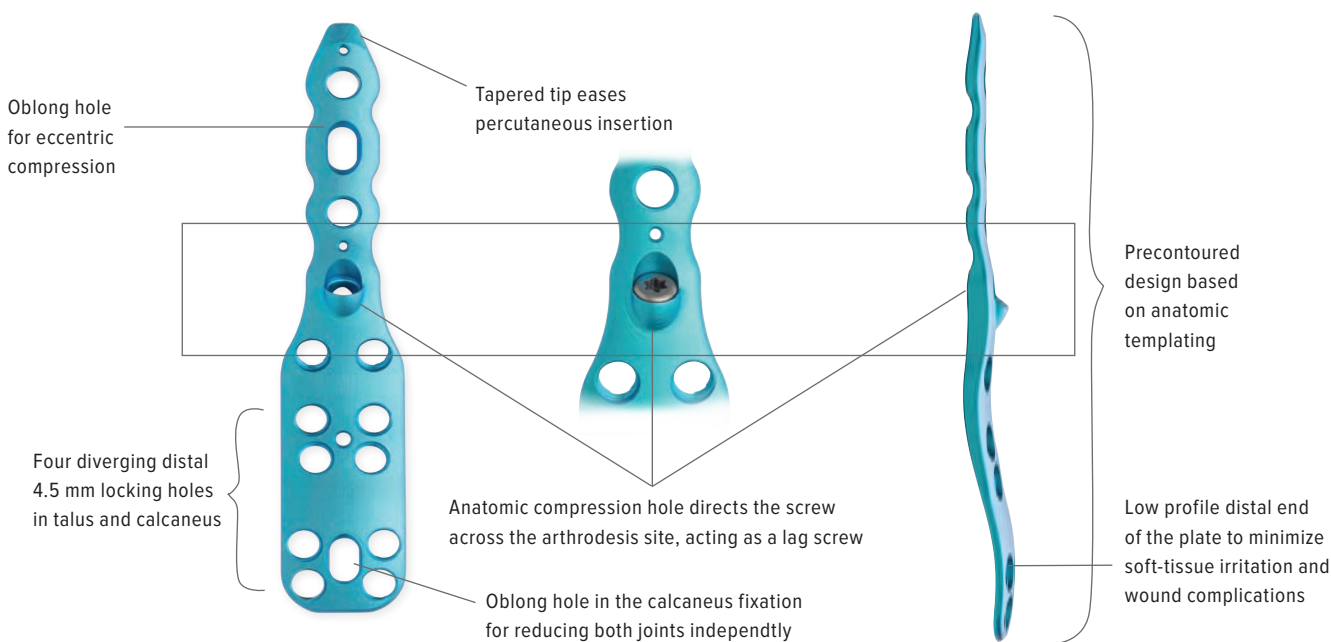


Use the depth device to measure and place a 5.5 mm screw. Continue to use locking or nonlocking screws through the remaining proximal plate holes until desired fixation is achieved.



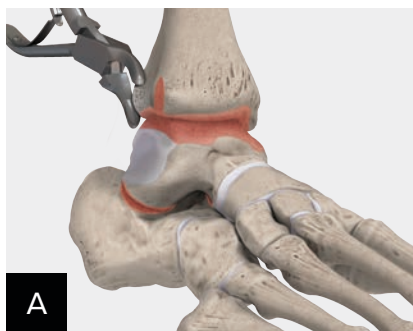
Lateral Tibiototalcalcaneal Fusion Plate (TTC)

The lateral plates are designed for use in tibiocalcaneal arthrodesis using a lateral approach. The distal portion of the plate is contoured to the anatomic curvature of the talus and calcaneus while maintaining a low profile distally to minimize lateral soft-tissue irritation and wound complications. Holes in the distal end diverge slightly to increase the strength of fixation of the plate to bone² and can accept 4.5 mm locking, nonlocking, or 5.5 mm cancellous screw options. The shaft of the plate offers 2 compression options. The oblong compression hole obtains compression by eccentric screw placement within the hole after distal fixation on the plate has been achieved in the talus (see diagram). The second mode of compression is achieved using fixed-direction drill guides to place a lag screw through the anatomic compression hole and across the arthrodesis site (see diagram).



Joint Preparation

Surgical Approach: Use a standard lateral transfibular approach to expose the ankle and subtalar joints. Prepare the joint surfaces. The fibula bone shavings may be morselized for graft if desired.



A After removing the fibula, a rongeur or saw may be used to remove the bone prominence of the lateral tibia that may interfere with plate fit.



B Insert AlloSync™ demineralized bone graft hydrated with concentrated bone marrow aspirate to augment ankle and subtalar arthrodesis procedures.

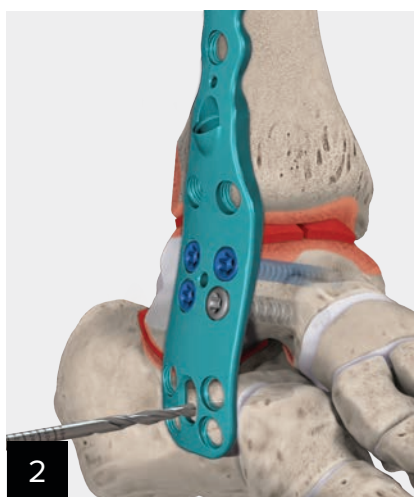
A. Optional: Use the Arthrex mini joint distractor/compressor device in compression mode to maximize compression at the arthrodesis site prior to plate placement.

B. Optional: Use an Arthrex 6.7 mm partially threaded cannulated screw or a 7.0 mm XL Compression FT screw to obtain compression across the arthrodesis site prior to plate fixation and compression.

Lateral Tibiototalcaneal Fusion Plate (TTC)



1 Place the lateral plate in the proper anatomic position across the ankle joint and use a BB-Tak to fixate the plate to the bone. It is recommended to place one BB-Tak in the calcaneus and one in the distal tibia. Secure the plate to the bone using a nonlocking 4.5 mm screw in the talus by drilling with the 3 mm drill bit.



2 It is recommend to place talar screws prior to obtaining compression across the joints. To achieve compression with the plate, drill eccentricly in the oblong compression hole in the calcaneus and place a 4.5 mm nonlocking screw.



3 Continue placing 4.5 mm locking or nonlocking screws in the calcaneus until desired fixation is achieved.



4 Obtain compression across the ankle joint by drilling eccentrically in the proximal oblong compression hole and placing a 4.5 mm nonlocking screw.

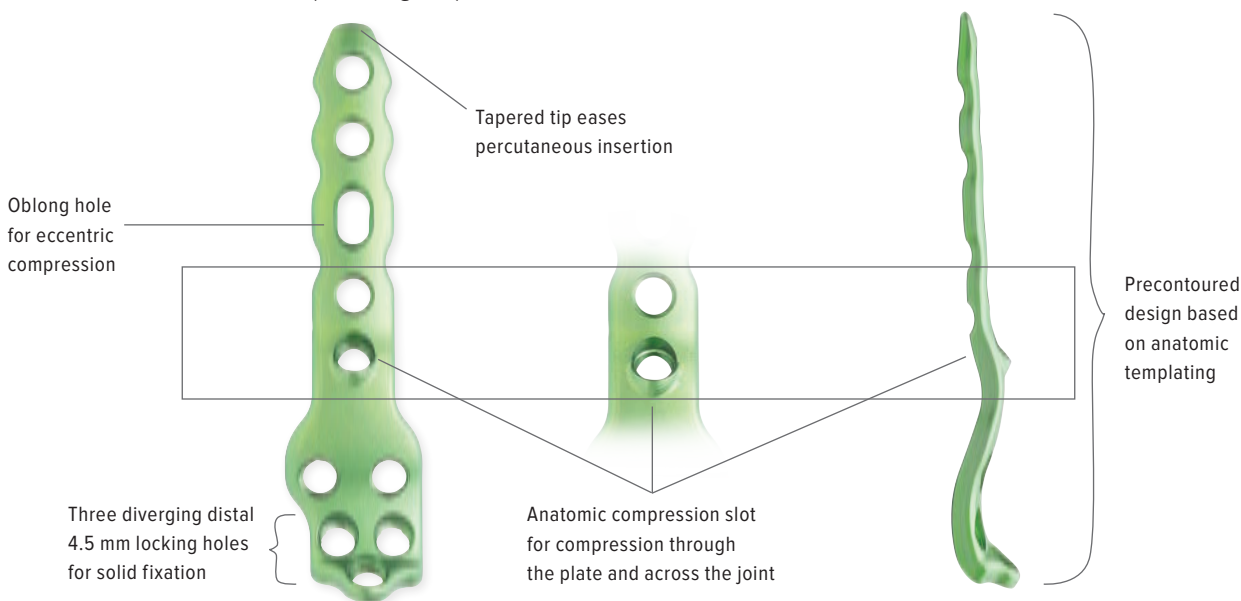


5 In the anatomic lag screw hole use the compression drill sleeve (K-wire for cannulated drill bit is available) and the 3 mm drill bit. Overdrill with the 5.5 mm drill. Use the depth device to measure and place a 5.5 mm screw. Continue to use locking or nonlocking screws through the remaining proximal plate holes until desired fixation is achieved.



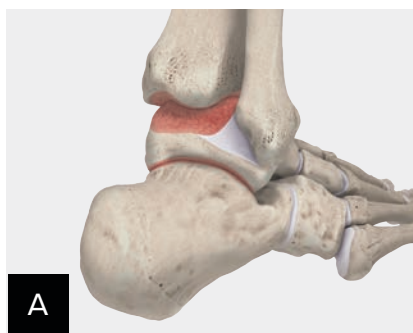
Posterior Tibiototalcalcaneal Fusion Plate (TTC)

The posterior plates are designed for use in ankle fusions where it is best to use a posterior approach because of soft-tissue or bone-quality concerns. The distal portion of the plate is anatomically contoured to the posterior talus and calcaneus allowing for 2 points of fixation in the talus and 3 points of fixation in the calcaneus. Holes in the distal end diverge slightly to increase the strength of fixation of the plate to bone² and can accept 4.5 mm locking, nonlocking, or 5.5 mm cancellous screw options. The shaft of the plate offers 2 compression options. The oblong hole obtains compression by eccentric screw placement within the hole after distal fixation on the plate has been achieved in the talus (see diagram). The second mode of compression is achieved using fixed-direction drill guides to place a lag screw through the anatomic compression hole and across the arthrodesis site (see diagram).

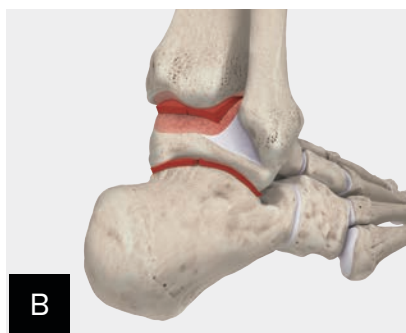


Joint Preparation

Surgical Approach: Use a standard midline posterior approach and split the Achilles longitudinally to expose the ankle joint. Use caution to avoid injury to the posterior tibial nerve and posterior tibial artery by staying lateral to the flexor hallucis longus. Prepare the joint surfaces.



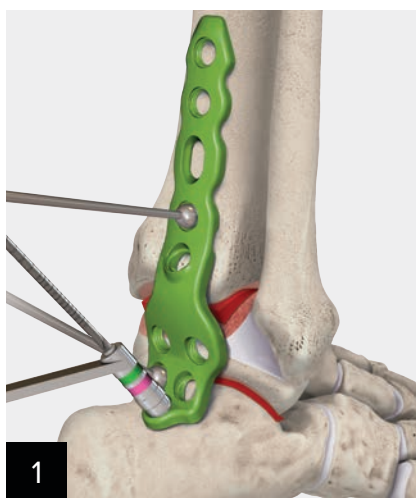
The posterior plates are designed to fit the natural anatomy of the ankle joint; however, in some situations optional removal of the posterior flare of the tibia may be necessary.



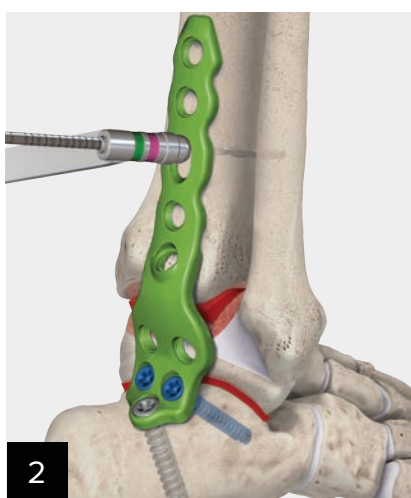
Insert AlloSync™ demineralized bone graft hydrated with concentrated bone marrow aspirate to augment ankle and subtalar arthrodesis procedures.

- A.** Optional: Use the Arthrex mini joint distractor/compressor device in compression mode to maximize compression at the arthrodesis site prior to plate placement.
- B.** Optional: Use an Arthrex 6.7 mm partially threaded cannulated screw or a 7.0 mm XL Compression FT screw to obtain compression across the arthrodesis site prior to plate fixation and compression.

Posterior Tibiotalocalcaneal Fusion Plate (TTC)



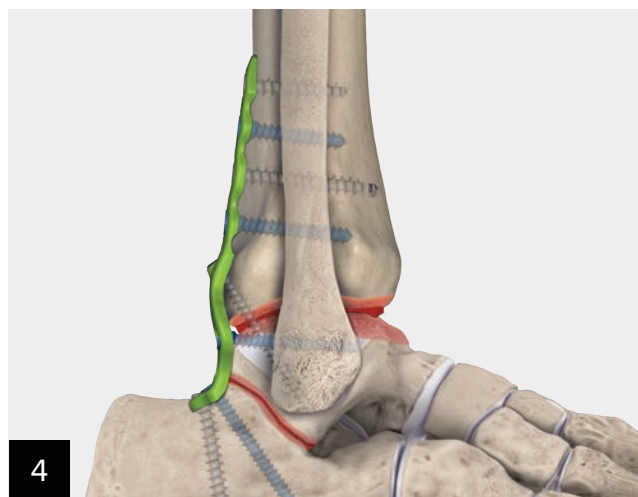
Place the plate in the proper anatomic position across the tibia, talus, and calcaneus and place a BB-Tak in the tibia and another in the calcaneus. With the plate temporarily fixated across the joint, place the first locking or nonlocking screw into one of the calcaneal holes. Remove the distal BB-Tak and install the remaining calcaneal screws.



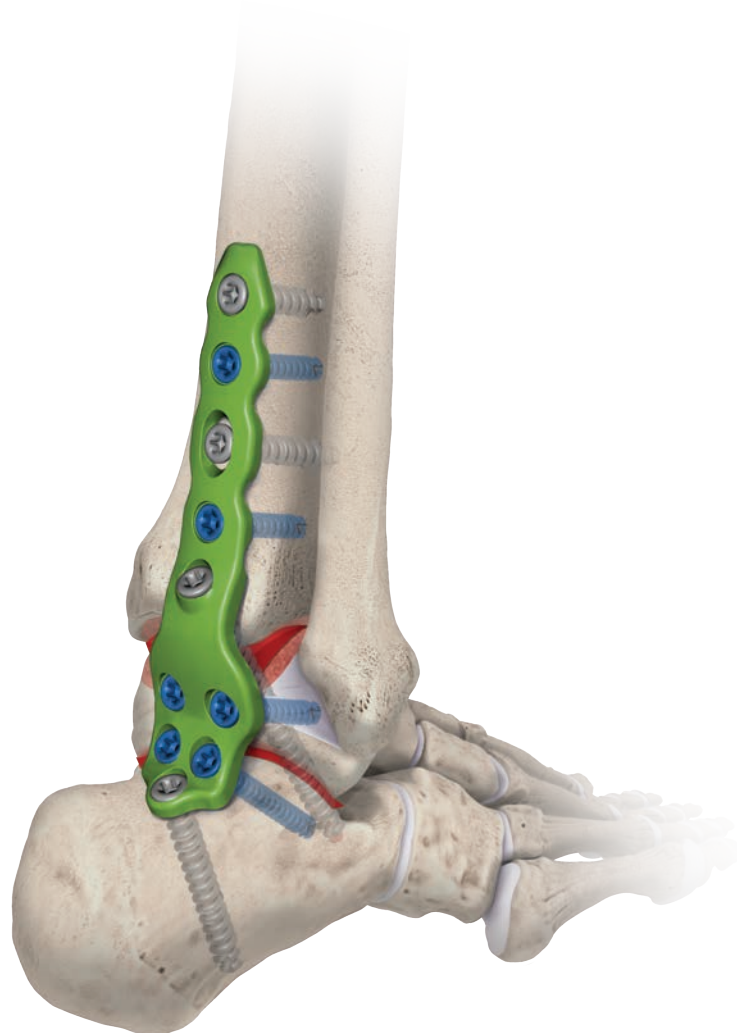
Obtain initial compression across the tibiotalar and subtalar arthrodesis sites and secure the tibial portion of the plate to the bone by placing a nonlocking screw eccentrically in the oblong compression hole.



Obtain additional compression using the lag screw hole. In the anatomic lag screw hole use the compression drill sleeve (K-wire for cannulated drill bits is available) and 3 mm drill bit. Overdrill with the 5.5 mm drill. Use the depth device to measure and place a 5.5 mm screw.



Fill the remaining holes in the talus and tibia until desired fixation is achieved.



Supporting Products

Cannulated Screws

The versatility of the Ankle Fusion System provides a complete solution for treating ankle arthritis in one comprehensive instrument case. The instrument set can be configured to house either 6.7 mm cannulated lag screws or 7.0 mm XL Compression FT screws for percutaneous compression across the arthrodesis site.



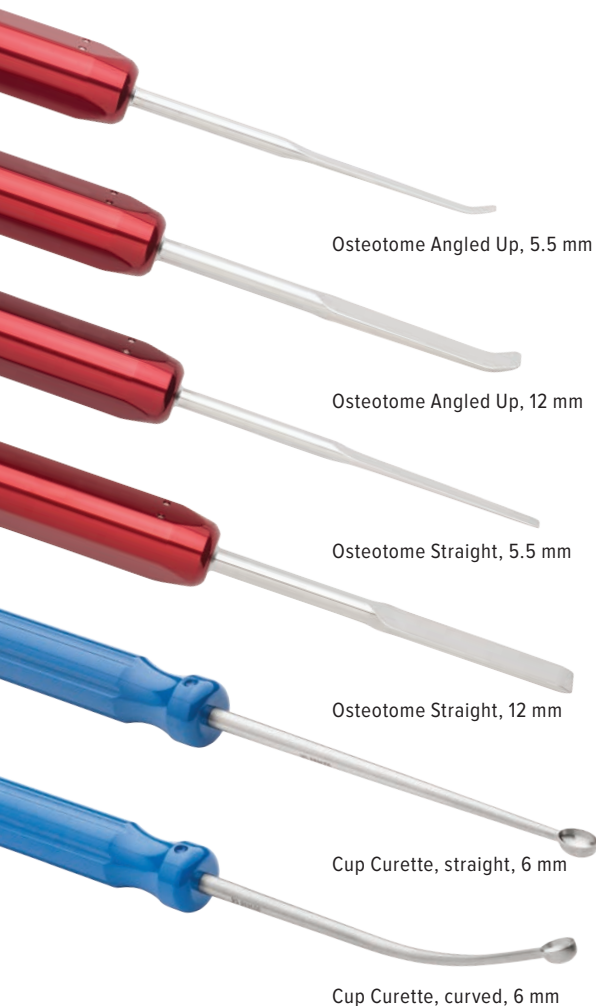
6.7 mm LPS Screw (18 mm thread)



7.0 mm XL Compression FT Screw

- **Low profile head** – 1 mm shorter than a traditional 6.5 mm AO screw, while still using a 3.5 mm hex driver.
- **Increased pull-out** – 30% better than a standard 6.5 mm AO screw.³
- **Deeper threads** – Using a 2.4 mm guide pin allows the threads to be deeper than a standard AO screw.
- **Self-drilling/tapping** – Speeds up the insertion process.

- **Headless design** – Minimal risk of impingement or soft-tissue irritation.
- **Fully threaded compression** – Variable-stepped thread pitch and tapered proximal profile work together to compress bone fragments with the purchase of a fully threaded screw.
- **Self-drilling/tapping** – Helical relief flutes assist in bone removal to reduce insertion torque.



Osteotome Angled Up, 5.5 mm

Osteotome Angled Up, 12 mm

Osteotome Straight, 5.5 mm

Osteotome Straight, 12 mm

Cup Curette, straight, 6 mm

Cup Curette, curved, 6 mm

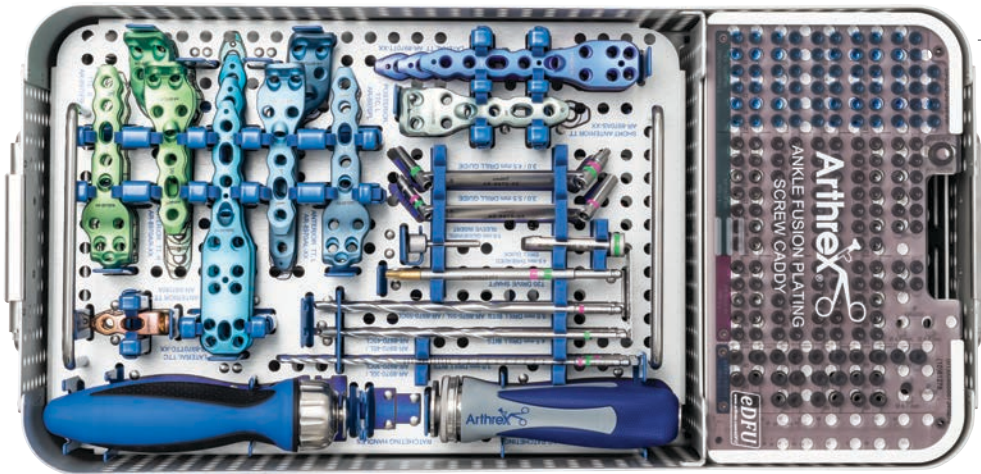
Joint Preparation

Straight and curved curettes and osteotomes have been added to the ankle fusion tray to help with the removal of cartilage from the ankle and subtalar joints. These instruments are appropriately designed for the ankle and come standard in each ankle fusion tray, simplifying joint preparation in the OR setting.

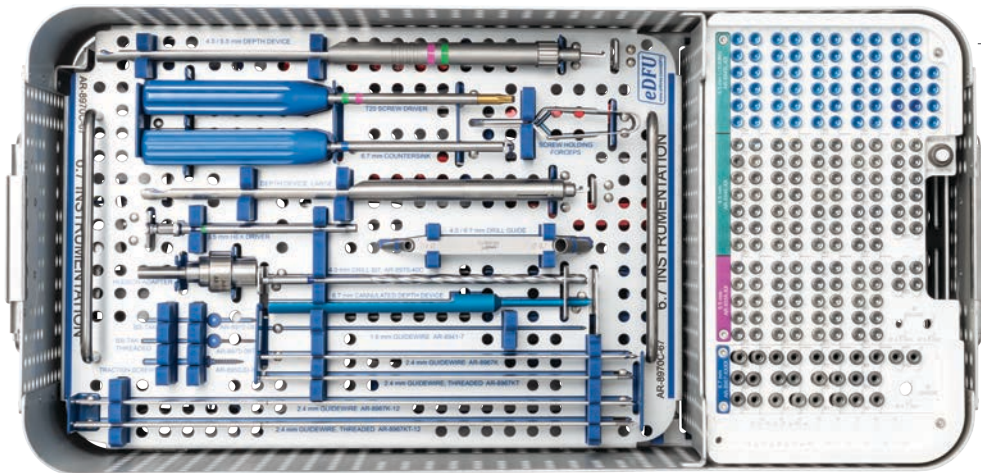
Mini Joint Compressor/Distractor

Adaptable for distraction and compression of arthrodesis sites, this unique device facilitates joint preparation and allows for excellent compression prior to definitive fixation. The device uses 1.6 mm or 2.4 mm guidewires, or 3 mm traction screws, which are included in the system.

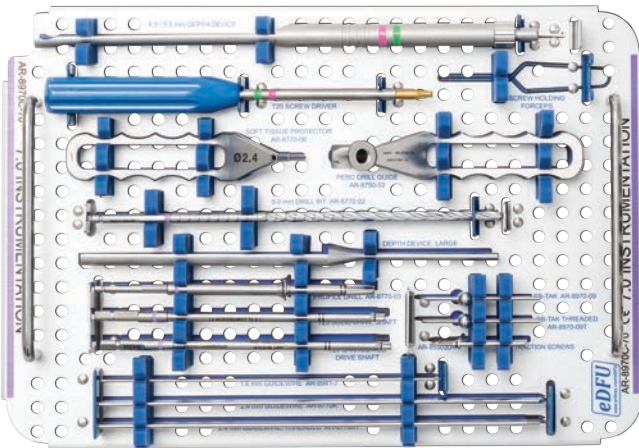




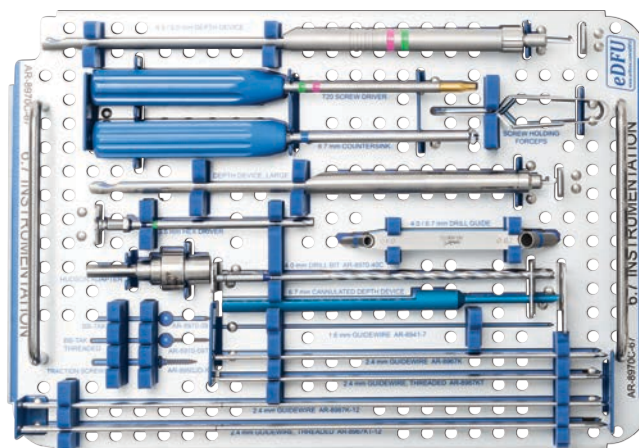
Level 1
Instrument Case
Implant Tray and
Instruments
AR-8970C-01



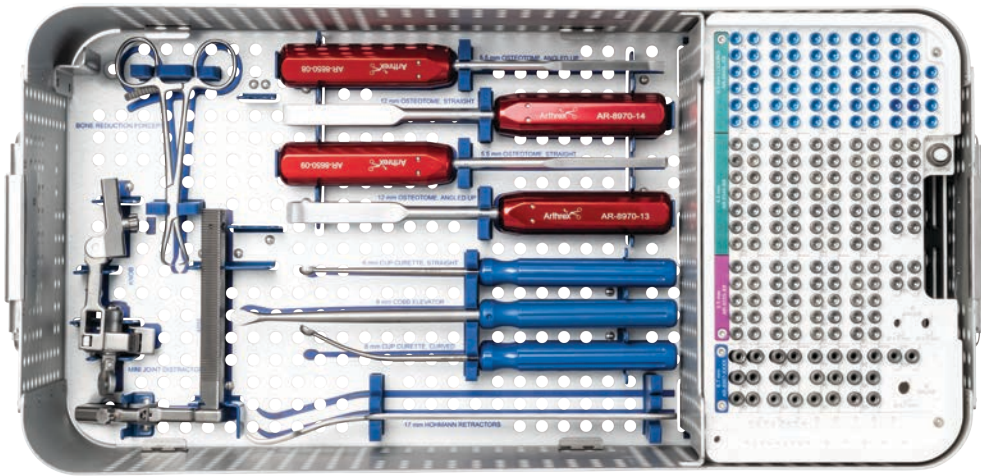
Level 2
Interchangeable
Cannulated Screw
Instrument Tray



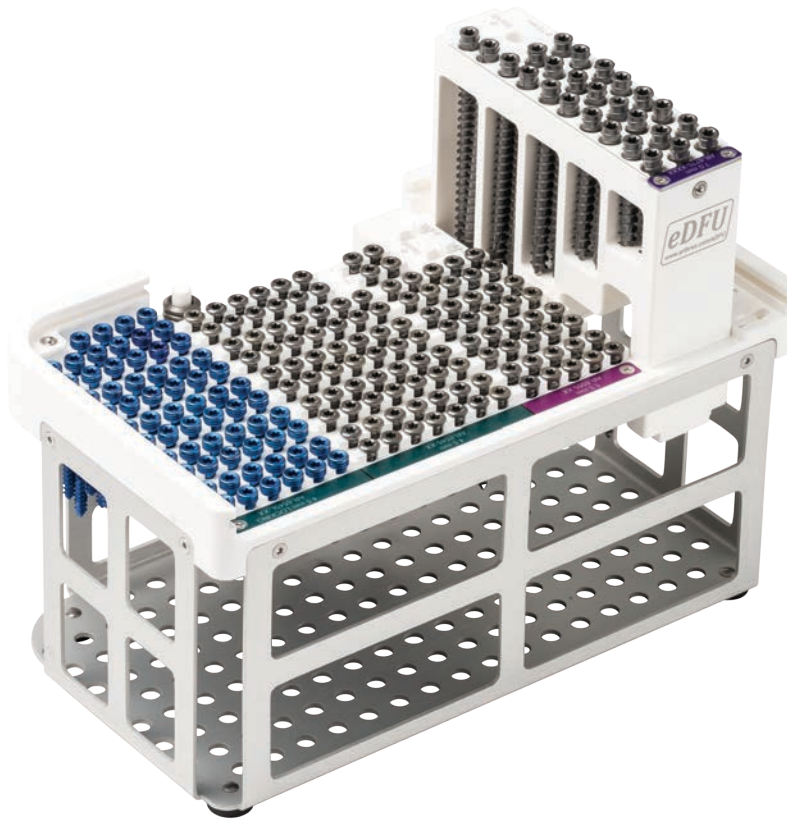
Level 2
7.0 mm Screw Instrumentation
■ AR-8970C-70 – 7.0 mm Tray
■ AR-8970C-SC-70 – 7.0 mm
Screw Caddy Insert



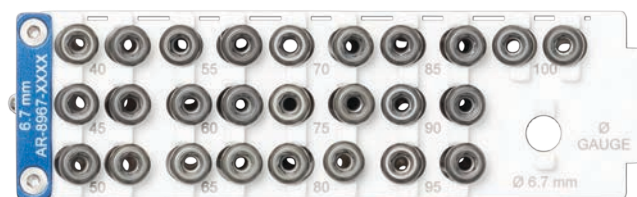
Level 2
6.7 mm Screw Instrumentation
■ AR-8970C-67 – 6.7 mm Tray
■ AR-8970C-SC-67 – 6.7 mm
Screw Caddy Insert



Level 3
 Auxiliary
 Instruments and
 Screw Caddy



Screw Caddy
 Interchangeable
 Cannulated Screws



Screw Caddy Inserts

- AR-8970C-SC-70
- AR-8970C-SC-67

Biologic Options

Angel® Concentrated Platelet-Rich Plasma (cPRP) System

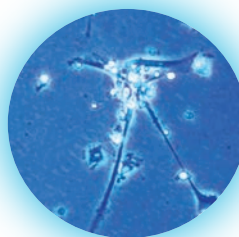
Technology is what sets the Angel system apart from the competition. The Angel system is the only one to provide PRP concentrate from BMA with adjustable cellular levels. Bone marrow is a rich source of platelets and nucleated and progenitor cells. Customization of cellular levels is necessary to reduce the number of neutrophils in bone marrow concentrate (BMC), which can be detrimental to bone healing.

Features and Benefits:

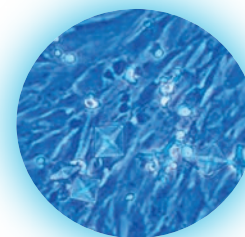
- Proprietary platelet sensor system
- Adjustable platelet concentrations
- Adjustable WBC concentrations
- Flexible processing volume 40 mL to 180 mL
- Each processing kit can process 3 cycles up to 180 mL, on the same patient
- Programmable – can store up to 30 custom processing protocols
- Closed system, delivers PRP, PPP, and RBCs into separate, sterile compartments



In vitro culture expansion of progenitor cells



48 hours

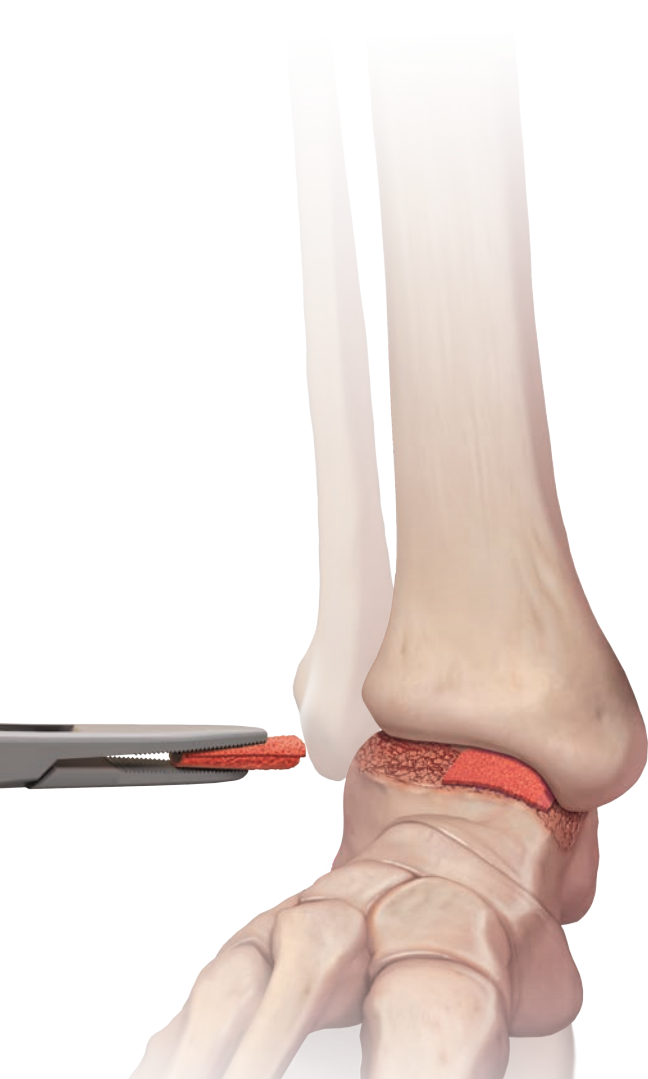


96 hours

Angel cPRP System	Platelet Concentration (K/mL)	Nucleated Cell Concentration (K/mL)	Hematopoietic Cell Concentration (K/mL)	Total Neutrophils ($\times 10^6$)
BMA	87.7 \pm 6.4	24.5 \pm 15.6	0.002 \pm 0.001	612.1
BMC	787.0 \pm 317.6	240.5 \pm 186.6	0.081 \pm 0.056	132.9
Increase Above Baseline	-9 \times	-10 \times	-33 \times	80%

AlloSync™ Bone Products

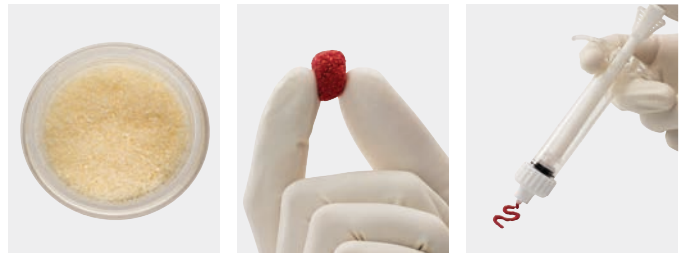
Demineralized cancellous sponges and cortical fibers are optimal for combination with autologous biologically active products such as concentrated bone marrow aspirate. When combined with osteogenic autologous bone marrow concentrate, AlloSync demineralized bone provides the necessary components for bone formation. AlloSync sponges, chips, and cortical fibers provide a grafting material with excellent handling characteristics when hydrated with concentrated bone marrow aspirate. Hydrated demineralized bone matrix provides a scaffold that is rich in growth factors, progenitor cells, and natural architecture.



Biologic Options (Cont.)

AlloSync™ Pure Demineralized Bone Matrix

AlloSync Pure dehydrated osteoinductive demineralized bone matrix is derived from 100% human allograft bone with no extrinsic carriers. AlloSync Pure bone matrix resists irrigation and can be used in a fluid environment. The clinician can control the handling properties of AlloSync Pure bone matrix, which includes decreasing the viscosity for injectable applications or increasing the viscosity to add autograft and/or allograft. The proprietary rice-shape fiber technology used to process AlloSync Pure bone matrix increases the osteoinduction and osteoconductive surface area to accelerate cellular ingrowth.



Ordering Information

Arthrex Angel® System

Product Description	Item Number
Arthrex Angel System	ABS-10060
Angel Bone Marrow Processing Kit	ABS-10062
Angel Blood Access Kit	ABS-10067

AlloSync Cancellous Sponges

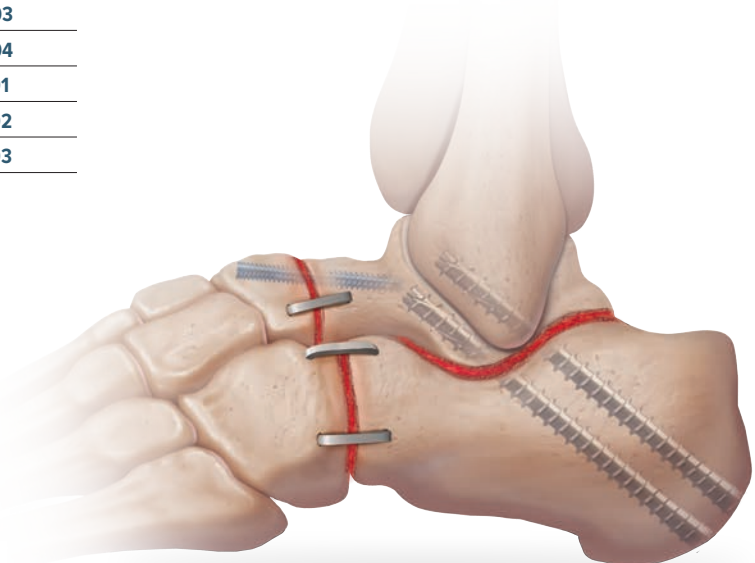
Product Description	Item Number
Cube, 8 mm × 8 mm × 8 mm	ABS-2005-01
Cube, 10 mm × 10 mm × 10 mm	ABS-2005-02
Cube, 12 mm × 12 mm × 12 mm	ABS-2005-03
Strip, 10 mm × 10 mm × 3 mm	ABS-2006-01
Strip, 15 mm × 40 mm × 3 mm	ABS-2006-02
Strip, 26 mm × 19 mm × 7 mm	ABS-2006-03
Strip, 10 mm × 20 mm × 7 mm	ABS-2006-04
Chips (1 - 4 mm), 1.0 cc	ABS-2007-01
Chips (1 - 4 mm), 2.5 cc	ABS-2007-02
Chips (1 - 4 mm), 5 cc	ABS-2007-03

AlloSync Cortical Fibers

Product Description	Item Number
Fibers, 1.0 cc	ABS-2008-01
Fibers, 2.5 cc	ABS-2008-02
Fibers, 5 cc	ABS-2008-03
Fibers, 10 cc	ABS-2008-04

AlloSync Pure

Product Description	Item Number
Pure, 1.0 cc	ABS-2010-01
Pure, 2.5 cc	ABS-2010-02
Pure, 5 cc	ABS-2010-05
Pure, 10 cc	ABS-2010-10



References

1. Tarkin IS, Mormino MA, Clare MP, Haider H, Walling AK, Sanders RW. Anterior plate supplementation increases ankle arthrodesis construct rigidity. *Foot Ankle Int.* 2007;28(2):219-223.
2. Arthrex, Inc. Data on file (APT 2312). Naples, FL; 2013.
3. Robert KQ, Chandler R, Baratta RV, et. al. The effect of divergent screw placement on the initial strength of plate-to-one fixation. *J Trauma.* 2003;55(6):1139-1144. doi:10.1097/01.TA.0000031103.15337.CA.

Ordering Information

Ankle Fusion Plating System, 7.0 mm Set (AR-8970S-70)

Product Description	Item Number
Perc Drill Guide, compression FT	AR-8750-02
Drill Guide, threaded, locking, 4.5 mm, qty. 2	AR-8970-01
Drill Guide, 3 mm/4.5 mm	AR-8970-02
Drill Guide, 3 mm/5.5 mm	AR-8970-05
Depth Measuring Device, long, 4.5 mm/5.5 mm	AR-8970-07L
Depth Device, cannulated screws	AR-8750-01
Drive Shaft, T20 hexalobe, qty. 2	AR-8970-03
Driver, T20 hexalobe, straight	AR-8970-04
Driver, T20 hexalobe, straight, AO, qty.2	AR-8970-08
Driver, T25 hexalobe, ISO, cannulated, qty. 2	AR-8770-01
Driver, T25 hexalobe, ISO, solid	AR-8770-04
Ratcheting Handle, cannulated, large AO handle, QC	AR-8970RH
Mini Joint Distractor/Compressor	AR-8970JD
Axial Handle, trilobe QC, ratcheting	AR-8770RH
Soft Tissue Protector, 2.4 mm	AR-8770-06
Bone Reduction Forceps, qty. 2	AR-8943-07
Hohmann Retractor, 9.5 in, 17 mm pointed, qty. 2	AR-9260-34
Cup Curette, straight shaft, 6 mm	AR-8970-11
Cup Curette, curved shaft, 6 mm	AR-8970-12
Cobb Elevator, 9 mm	AR-8640
Small Joint Osteotome Angled Up, 0.217 in (5.5 mm) w/ handle	AR-8650-08
Small Joint Osteotome Straight, 0.217 in (5.5 mm) w/ handle	AR-8650-09
Small Joint Osteotome Angled Up, 0.472 in (12 mm) w/ handle	AR-8970-13
Small Joint Osteotome Straight, 0.472 in (12 mm) w/ handle	AR-8970-14
Screw Holding Forceps	AR-8941F
Guidewire Sleeve Insert, 1.6 mm	AR-8970-06
Ankle Fusion Plating System Instrument Case	AR-8970C-01
Ankle Fusion Instrument Case, 7.0 mm tray	AR-8970C-70
Ankle Fusion Caddy, 7.0 mm inset	AR-8970C-SC-70

Disposables for AR-8970S-70 (not included in set, order separately)

Product Description	Item Number
Drill Bit, calibrated, long, 3 mm	AR-8970-30L
Drill Bit, cannulated, long, 3 mm	AR-8970-30CL
Drill Bit, cannulated, long, 4.5 mm	AR-8970-45CL
Drill Bit, long, 4.5 mm	AR-8970-45L
Drill Bit, long, 5.5 mm	AR-8970-55L
Drill Bit, cannulated, long, 5.5 mm	AR-8970-55CL
Drill Bit, cannulated, 5.0 mm	AR-8770-02
Profile Drill, X-large, 7.0 mm	AR-8770-03
BB-Tak, large	AR-8970-09
BB-Tak, large, threaded	AR-8970-09T
Traction Screw, 20 mm	AR-8950JD-2

Disposables for AR-8970S-70 (not included in set, order separately)

Product Description	Item Number
Traction Post, threaded, 4.5 mm	AR-8970JD-45S
Guidewire w/ Trocar Tip, .095 in (2.4 mm) × 9.25 in	AR-8770K
Guidewire w/ Trocar Tip, threaded, .094 in (2.4 mm) × 9.25 in	AR-8770KT
Guidewire w/ Trocar Tip, .062 in (1.6 mm) × 7 in	AR-8941-7

Plates for 6.7 mm/7.0 mm Sets (order separately)

Product Description	Item Number
Anterior Plate, 3H, left	AR-8970AL
Anterior Plate, 4H, left	AR-8970AL-04
Anterior Plate, 5H, left	AR-8970AL-05
Anterior Plate, 6H, left	AR-8970AL-06
Anterior Plate, 3H, right	AR-8970AR
Anterior Plate, 4H, right	AR-8970AR-04
Anterior Plate, 5H, right	AR-8970AR-05
Anterior Plate, 6H, right	AR-8970AR-06
Anterior Plate, short	AR-8970AS-03
Anterior Plate, minimally invasive	AR-8970MA
Lateral Tibiotalar Plate, 3H	AR-8970TT
Lateral Tibiotalar Plate, 4H	AR-8970TT-04
Lateral Tibiotalar Plate, 5H	AR-8970TT-05
Lateral Tibiotalar Plate, 6H	AR-8970TT-06
Lateral Tibiotalocalcaneal Plate, 3H	AR-8970TTC
Lateral Tibiotalocalcaneal Plate, 4H	AR-8970TTC-04
Lateral Tibiotalocalcaneal Plate, 5H	AR-8970TTC-05
Lateral Tibiotalocalcaneal Plate, 6H	AR-8970TTC-06
Posterior Tibiotalocalcaneal Plate, left	AR-8970PL
Posterior Tibiotalocalcaneal Plate, right	AR-8970PR

Low Profile Screws, 4.5 mm/5.5 mm Screws

Product Description	Item Number
Low Profile Locking Screws	
4.5 mm x 18 – 50 mm (2 mm increments)	AR-8545L-18 – 50
4.5 mm x 55 mm – 75 mm (5 mm increments)	AR-8545L-55 – 75
Low Profile Screws	
4.5 mm x 18 – 50 mm (2 mm increments)	AR-8545-18 – 50
4.5 mm x 55 mm – 100 mm (5 mm increments)	AR-8545-55 – 100
Low Profile Screws, cancellous	
5.5 mm x 20 mm – 100 mm (5 mm increments)	AR-8555-20 – 100

7-0 XL Compression FT screws

Product Description	Item Number
7-0 XL Compression FT screws, cannulated, Ti, fully threaded, 40 mm-100 mm (5 mm increments)	AR-8770-40H - 100H

Ordering Information (Cont.)

Ankle Fusion Plating System, 6.7 mm Set (AR-8970S-67)

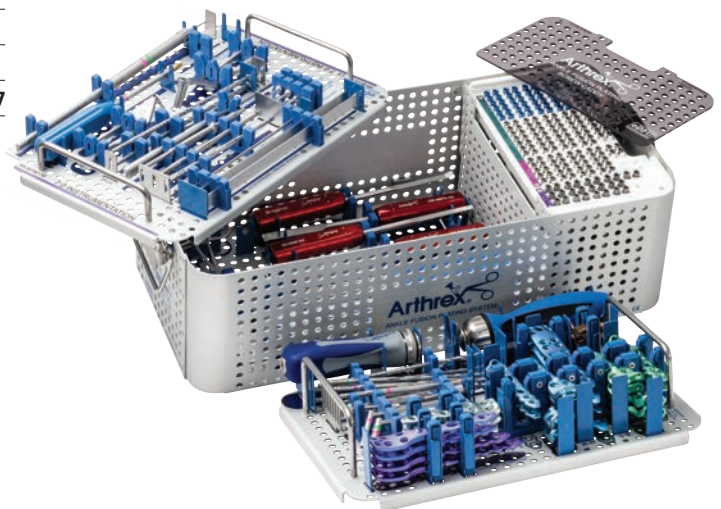
Product Description	Item Number
Drill Guide, threaded, locking, 4.5 mm, qty. 2	AR-8970-01
Drill Guide, 3 mm/4.5 mm	AR-8970-02
Drill Guide, 4 mm/6.7 mm	AR-8967G
Drill Guide, 3 mm/5.5 mm	AR-8970-05
Depth Measuring Device, long, 4.5 mm/5.5 mm	AR-8970-07L
Depth Device, cannulated, for 6.7 mm screws	AR-8967DG
Depth Device, large	AR-4167
Drive Shaft, T20 hexalobe, qty. 2	AR-8970-03
Driver, cannulated, 3.5 mm hex, qty. 2	AR-8967D
Driver, T20 hexalobe, straight	AR-8970-04
Driver, T20 hexalobe, straight, AO, qty.2	AR-8970-08
Ratcheting Handle, cannulated, large AO handle, QC	AR-8970RH
Mini Joint Distractor/Compressor	AR-8970JD
Screwdriver Handle, ratcheting	AR-1999
Bone Reduction Forceps, qty. 2	AR-8943-07
Hohmann Retractor, 9.5 in, 17 mm pointed, qty. 2	AR-9260-34
Hudson Adapter	AR-1416
Cup Curette, straight shaft, 6 mm	AR-8970-11
Cup Curette, curved shaft, 6 mm	AR-8970-12
Cobb Elevator, 9 mm	AR-8640
Screw Holding Forceps	AR-8941F
Countersink, fixed handle, cannulated, 6.7 mm	AR-8967CSF
Guidewire Sleeve Insert, 1.6 mm	AR-8970-06
Small Joint Osteotome Angled Up, 0.217 in (5.5 mm) w/ handle	AR-8650-08
Small Joint Osteotome Straight, 0.217 in (5.5 mm) w/ handle	AR-8650-09
Small Joint Osteotome Angled Up, 0.472 in (12 mm) w/ handle	AR-8970-13
Small Joint Osteotome Straight, 0.472 in (12 mm) w/ handle	AR-8970-14
Ankle Fusion Instrument Case	AR-8970C-01
Ankle Fusion Instrument Case, 6.7 mm tray	AR-8970C-67
Ankle Fusion Caddy, 6.7 mm insert	AR-8970C-SC-67

Disposables for AR-8970S-67 (order separately)

Product Description	Item Number
BB-Tak, large	AR-8970-09
BB-Tak, large, threaded	AR-8970-09T
Guidewire w/ Trocar Tip, nonthreaded, 0.094 in (2.4 mm) × 8 in, qty. 6	AR-8967K
Guidewire w/ Trocar Tip, threaded, 0.094 in (2.4 mm) × 8 in, qty. 6	AR-8967KT
Guidewire w/ Trocar Tip, nonthreaded, 0.094 in (2.4 mm) × 12 in, qty. 6	AR-8967K-12
Guidewire w/ Trocar Tip, threaded, 0.094 in (2.4 mm) × 12 in, qty. 6	AR-8967KT-12
Guidewire w/ Trocar Tip, .062 in (1.6 mm) × 7 in, qty. 6	AR-8941-7
Washer, Ti, 13 mm	AR-8967W
Traction Screw, 20 mm	AR-8950JD-2
Drill Bit, cannulated, 4.0 mm	AR-8970-40C
Drill Bit, calibrated, long, 3 mm	AR-8970-30L
Drill Bit, cannulated, long, 3 mm	AR-8970-30CL
Drill Bit, cannulated, long, 4.5 mm	AR-8970-45CL
Drill Bit, long, 4.5 mm	AR-8970-45L
Drill Bit, long, 5.5 mm	AR-8970-55L
Drill Bit, cannulated, long, 5.5 mm	AR-8970-55CL

Cannulated Lag Screws

Product Description	Item Number
Low Profile Screws, cannulated, partially threaded, 6.7 mm x 40 mm – 100 mm, 18 mm length (5 mm increments)	AR-8967-1840 – 18100



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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