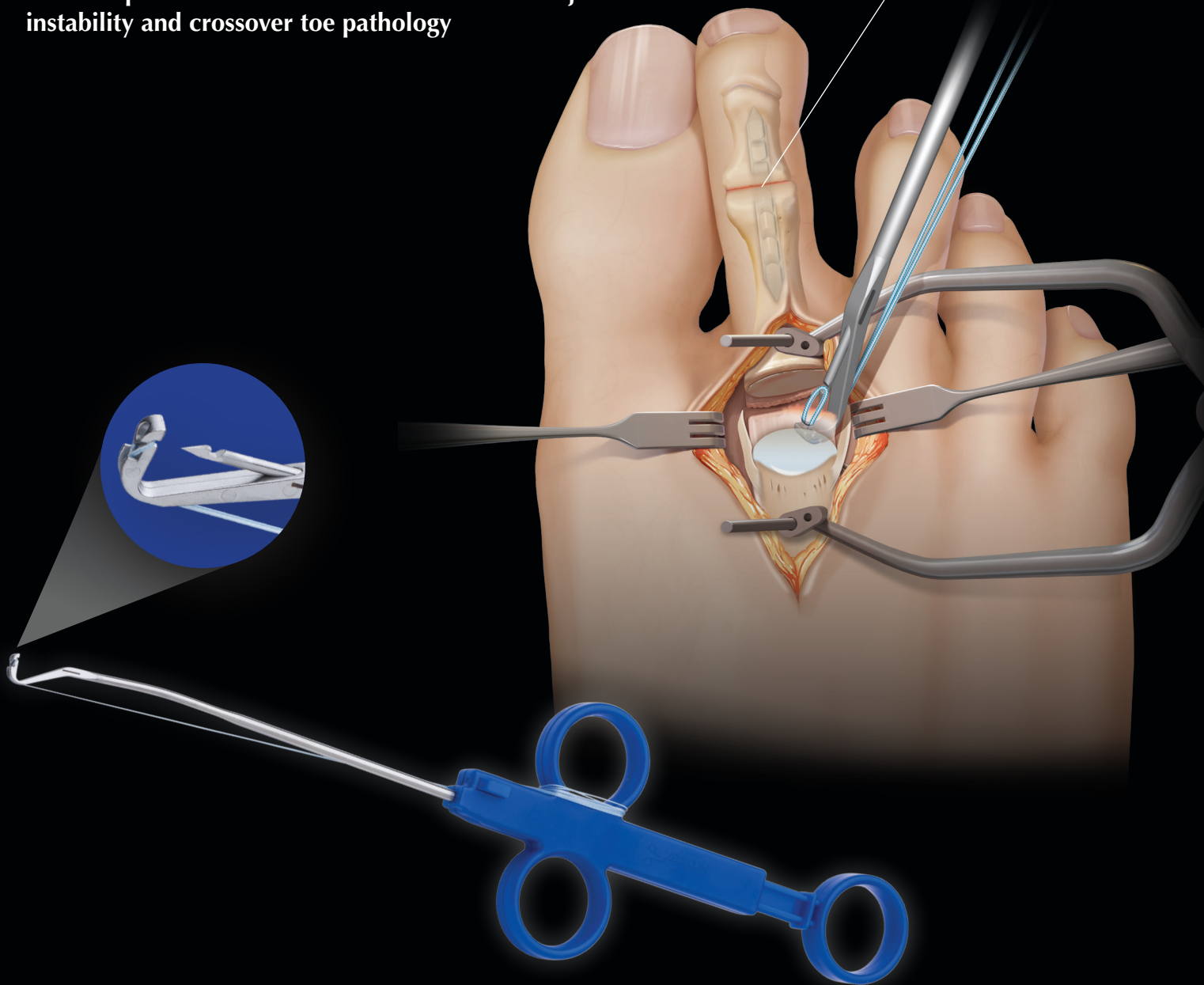


# Weil or Weil Not?

## *Complete Plantar Plate Repair (CPR™) Viper™ Instrument:*

- 25,000+ successful plantar plate repairs completed
- When a shortening osteotomy is not clinically necessary
- Direct repair from a dorsal incision to treat MTP joint instability and crossover toe pathology

New PIP Dart  
Available Now



**Arthrex®**

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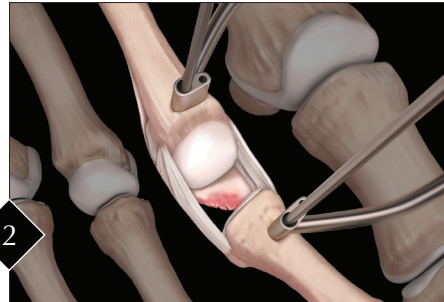
# Complete Plantar Plate Repair (CPR™) Viper™ Instrument

A crossover second toe is a common forefoot condition. A shortening (Weil) osteotomy is indicated for vast majority of lesser toe instability pathologies. A long metatarsal is often the underlying cause of these tears. However, there may be instances where an osteotomy is not necessary or indicated (example revision surgery). Described below is the CPR Viper technique which treats plantar plate pathology with or without the need for shortening osteotomies.

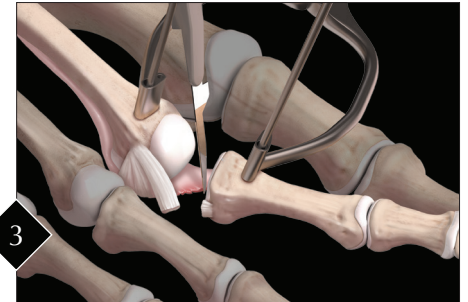
## Surgical Technique Using CPR Viper



**1** Dorsal incision centered over the 2nd MTP Joint. A McGlamry Elevator can be used to aid mobilization of the plantar plate.

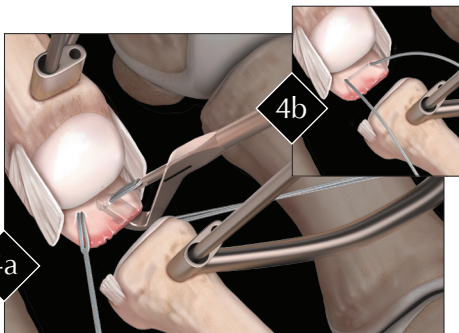


**2** The Arthrex® Small Joint Distractor is used to gain access to the plantar plate. 1.1 mm or 1.6 mm K-wires can be used.



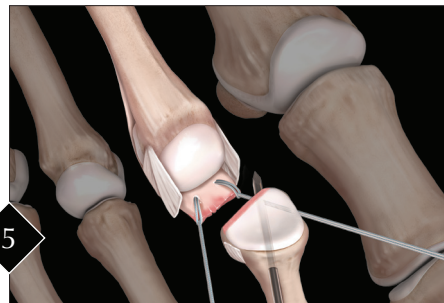
**3** Release the medial and lateral collateral ligaments off of the phalanx. Release the plantar plate from the base of the proximal phalanx.

**Note:** Use a rasp or rongeur to make a bleeding bed of bone for plate attachment.

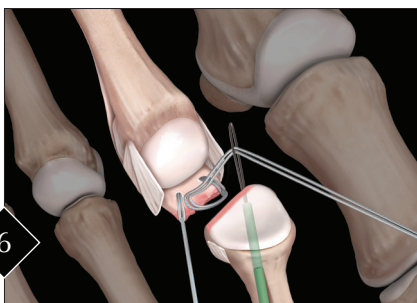


**4a** Use the pre-loaded Viper to pass a cinch stitch in the lateral plantar plate. Reload the Viper with 0 FiberWire® and pass a second cinch stitch in the medial plantar plate.

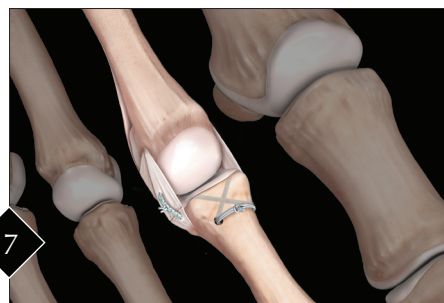
**4b.** Surgeon can reload the 0 FiberWire passed with the Viper to create an inverted mattress stitch if desired.



**5** The distractor and K-wire's are removed. Plantar-flex the phalanx when drilling crossing 1.6 mm drill tunnels in the phalanx. It is critical to see the K-wire exit just below plantar cartilage.



**6** Use PEEK funnel and flexible suture passers to shuttle the sutures from plantar to dorsal through the tunnels. Have an assistant hold the phalanx in 10 – 15 degrees of plantar translation and tie five surgeon knots with the 0 FiberWire to secure plantar plate to the base of the proximal phalanx.



**7** Reef the collateral ligaments with 0 FiberWire with Needle. Final fixation is achieved.

**Note:** Optional placement of a micro (bio or metal) suture anchor in the proximal phalanx on the deficient side to assist with capsular and/or collateral ligament reefing.

## Ordering Information

### CPR Viper Kit (AR-8692DS) includes

Viper, with 0 FiberWire  
 0 FiberWire, blue, qty. 2  
 0 FiberWire, white, qty. 2  
 0 FiberWire w/Needle, 38", blue  
 Suture Retriever, 1.5" Funnel, qty. 2  
 Suture Retriever, Plantar Plate, qty. 2  
 Suture Retriever, Plantar Plate  
 6" Ruler

### Mini Scorpion™ DX CPR Instrument Set (AR-8690S) includes

Mini Scorpion DX	AR-8999
Small Joint Distractor	AR-8690SJD
McGlamry Metatarsal Elevator, 11 mm	AR-8930M
QuickFix™ Clamp	AR-8930MC
Small Handle with AO Connection	AR-2001AOT
Driver Shaft for QuickFix Screw, 2 mm	AR-8930D
QuickFix Screw Cutter, 2 mm	AR-8930R
Metatarsal Head Pusher	AR-8690P
Mini Scorpion™ Instrument Case	AR-8690C

### Accessories

Mini Scorpion DX	AR-8999
Mini Scorpion Curved	AR-8999C
Small Joint Distractor	AR-8690SJD
QuickFix Clamp for Weil Osteotomies	AR-8930MC
O FiberWire	AR-7254
SutureLasso™, Pigtail, Left Curved	AR-8690SLL
SutureLasso, Pigtail, Right Curved	AR-8690SLR

### Disposables

Guidewire w/ Trocar Tip, .062" (1.6 mm)	AR-8941K
Guidewire w/ Trocar Tip, threaded, .062" (1.6 mm)	AR-8941KT
Guidewire w/ Trocar Tip, .078" (2 mm)	AR-8945K
Guidewire w/ Trocar Tip, threaded, .078" (2 mm)	AR-8945KT