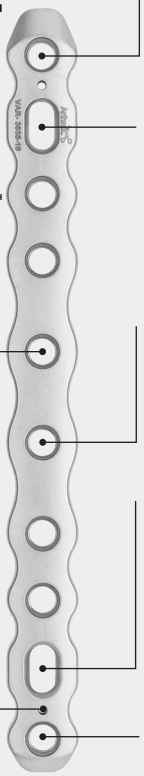
OrthoLine™ Fracture Plates

Straight Plates



Universal Hole: Allows for the placement of the cortical, standard locking, or variable-angle locking screws (VAL screws are Ti only)

42 mm: Increased screw density leads to superior stiffness[1]

Compression Hole: Allows for interfragmentary compression

≥ 9 Holes: Lower screw density over the central plate allows for a hybrid design, which increases stiffness and strength

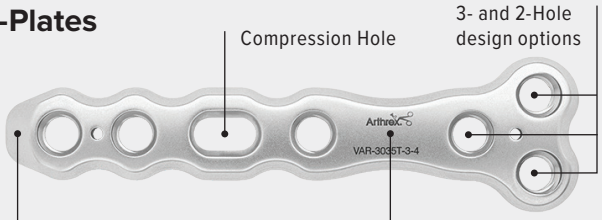
≤ 8 Holes: Central bridge for fracture spanning, which is ideal for a transverse or oblique fracture

Slide Hole: First screw placed; allows slight adjustments to plate placement before securing the plate down and the ability to create minor compression

K-Wire Hole: Independent K-wire hole for fixation

Temporary Fixation: Screw hole that allows bending plug with K-wire or BB-Tak to fix plate location

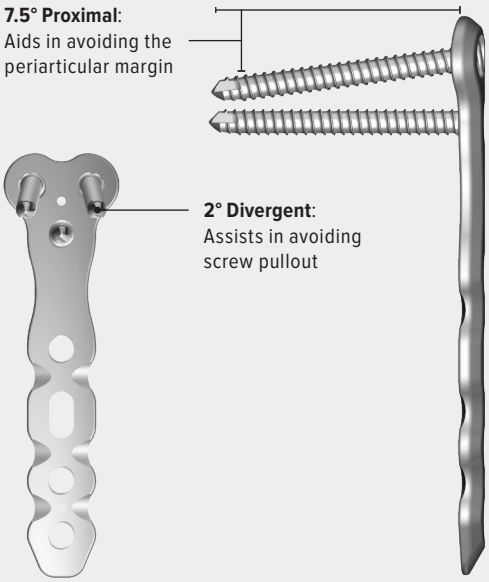
T-Plates



Low Contact: Decreased plate profile on bottom of plate to decrease cortical contact and preserve periosteal blood flow

Bridge design for juxta-articular fractures, ideal for a transverse or an oblique fracture

7.5° Proximal: Aids in avoiding the periarticular margin



2° Divergent: Assists in avoiding screw pullout

4.0 mm Locking Screws

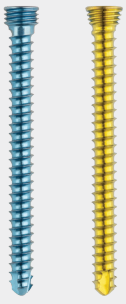
- Fit the 3.5 mm plates, including TPLO

3.0 mm Cortical Screws

- Fit the 2.4 mm plates

1.6 mm and 2.0 mm Screws

- Fit both 1.6 mm and 2.0 mm plates



Reference

1. Stoffel K, Dieter U, Stachowiak G, Gächter A, Kuster MS. Biomechanical testing of the LCP—how can stability in locked internal fixators be controlled? *Injury*. 2003;34 Suppl 2:B11-B19. doi:10.1016/j.injury.2003.09.021

OrthoLine™ Fracture Plates

Distal Humeral Fracture Plates

Anatomic Curve: Size-specific anatomical curve to match the humeral shaft shape for improve plate fitting

Tapered: Assists in plate fitting under soft-tissue structure when placing on the humerus

Proximal K-Wire Hole: Maintain placement while securing the plate to the bone

Placement: Ideal for distal humeral T, Y, supracondylar, or medial fractures; application to the medial aspect of the bone

3 Distal Screws: Increased screw density to provide increased fracture fixation; the screw is matching material and the size is a step down from plate size

Fracture-Spanning Bridge: Increase support and stiffness across the fracture site

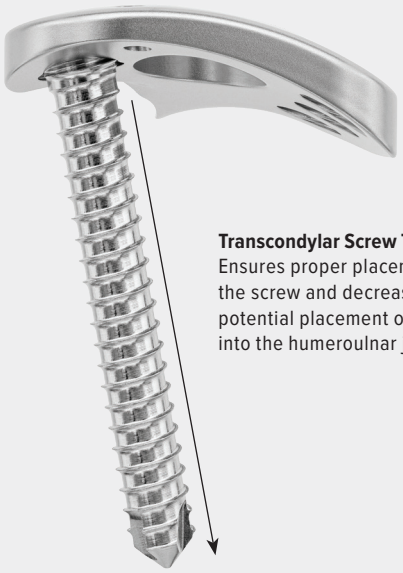
Epicondylar Relief Hole: Allows for more anatomical fit

Transcondylar Screw Hole: Incorporated within the plate to ensure ideal screw trajectory

Distal K-Wire Hole: Maintain placement while securing the plate to bone; follows trajectory of transcondylar screw

Transcondylar Screw

Incorporated within the plate to ensure ideal screw trajectory.

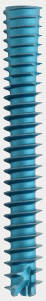


Transcondylar Screw Trajectory: Ensures proper placement of the screw and decreases the potential placement of the screw into the humeroulnar joint space

QuickFix™ Cannulated Screws

- Hexalobe drive
- Titanium allow
- Partially threaded
- Cannulated
- Ability to fit through the transcondylar screw hole of the distal humeral plate, does not lock into the plate

Compression FT Screws



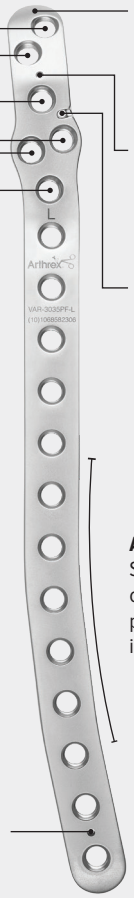
- Thinning thread pitch induces compressive force
- Outward tapered inner diameter places compression on bone

KreuLock™ Locking Compression Screws

- Full threaded
- Variable-stepped pitch and locking head
- Can be incorporated into the transcondylar screw hole of the distal humeral plate

OrthoLine™ Fracture Plates

Proximal Femoral Fracture Plates



6 Proximal Screws: Increased screw density to provide increased fracture fixation; trajectories to align centrally in the bone

Tapered: Assists in plate fitting under soft-tissue structure when placing on the femur

Proximal K-Wire Hole: Maintain placement while securing the plate to the bone

Suture Hole: Incorporated within the plate to aid in closure of the soft tissue

Placement: Ideal for subtrochanteric proximal femoral fractures with a lateral placement

Anatomic Curve: Size-specific anatomical curve to match the natural procurvatum shape for improved plate fit

Distal K-Wire Hole: Maintain placement while securing the plate to bone

Distal Femoral Fracture Plates

Placement: Ideal for distal femoral fractures; using a lateral application, place caudally on the bone and at the line of the fabella

Tapered: Assists in plate fitting under soft-tissue structure when placing on the femur

Proximal K-Wire Hole: Maintain placement while securing the plate to the bone

4 Distal Screws: Increased screw density to provide increased fracture fixation, trajectory is proximal and cranial

Anatomic Curve: Size-specific anatomical curve to match the natural procurvatum shape for improved plate fit

Suture Hole: Incorporated within the plate to aid in closure of the soft tissue or patella support

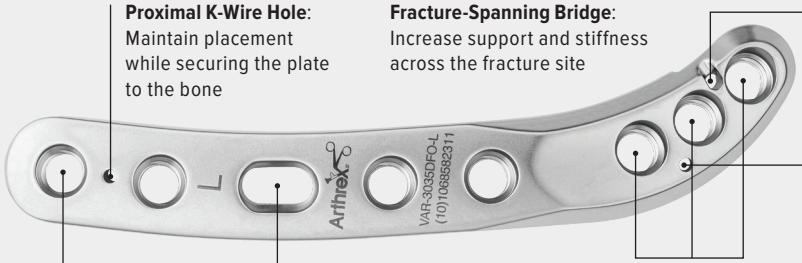
Distal K-Wire Hole: Maintain placement while securing the plate to bone; follows trajectory of distal screws

Distal Femoral Osteotomy Plates

Placement: Ideal for distal femoral fractures; using a lateral or medial application, place caudally on the bone and at the line of the fabella

Proximal K-Wire Hole: Maintain placement while securing the plate to the bone

Fracture-Spanning Bridge: Increase support and stiffness across the fracture site



Suture Hole: Incorporated within the plate to aid in closure of the soft tissue or patella support

Distal K-Wire Hole: Maintain placement while securing the plate to bone; follows trajectory of distal screws

Tapered: Assists in plate fitting under soft-tissue structure when placing on the femur

Compression Hole: Allows for interfragmentary compression

3 Distal Screws: Increased screw density to provide increased fixation; the screw trajectory is proximal and cranial

OrthoLine™ Fracture Plates

Distal Radial Fracture Plates

Anatomic Curve: Size-specific anatomical curve to match the radius for improved plate fitting, avoiding the abductor pollicis longus

Distal K-Wire Hole: Maintain placement while securing the plate to bone; follows trajectory of transcondylar screw

Placement: Ideal for distal radial fractures with a cranial medial application or cranial lateral with the opposite plate

Proximal K-Wire Hole: Maintain placement while securing the plate to the bone

3 Distal Screws: Increased screw density to provide increased fracture fixation; trajectories to align centrally in the bone

Fracture-Spanning Bridge: Increase support and stiffness across the fracture site

Design: Tubular shape supports additional strength

Compression Hole: Allows for interfragmentary compression

Tapered: Assists in plate fitting under soft-tissue structure when placing on the radius

Ilium Fracture Plates

4 Cranial Screws: Divergent screws assist in avoiding screw pullout

Placement: Ideal for ilial fractures, application can be cranial or caudal position based on the fracture pattern

3 Caudal Screw Cluster: Increased screw density to provide increased fracture fixation; trajectories to align centrally in the bone

Cranial K-Wire Hole: Maintain placement while securing the plate to the bone

Suture Hole: Incorporated within the plate to aid in closure of the soft tissue

Caudal K-Wire Hole: Maintain placement while securing the plate to the bone

Tapered: Assists in plate fitting under soft-tissue structure when placing on the ilium

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