When You Treat Hand and Wrist...
...Think Arthrex

Arthrex®

Hand and Wrist Anchors

Innovation in Strength, Suture, and Knotless Technology[1]

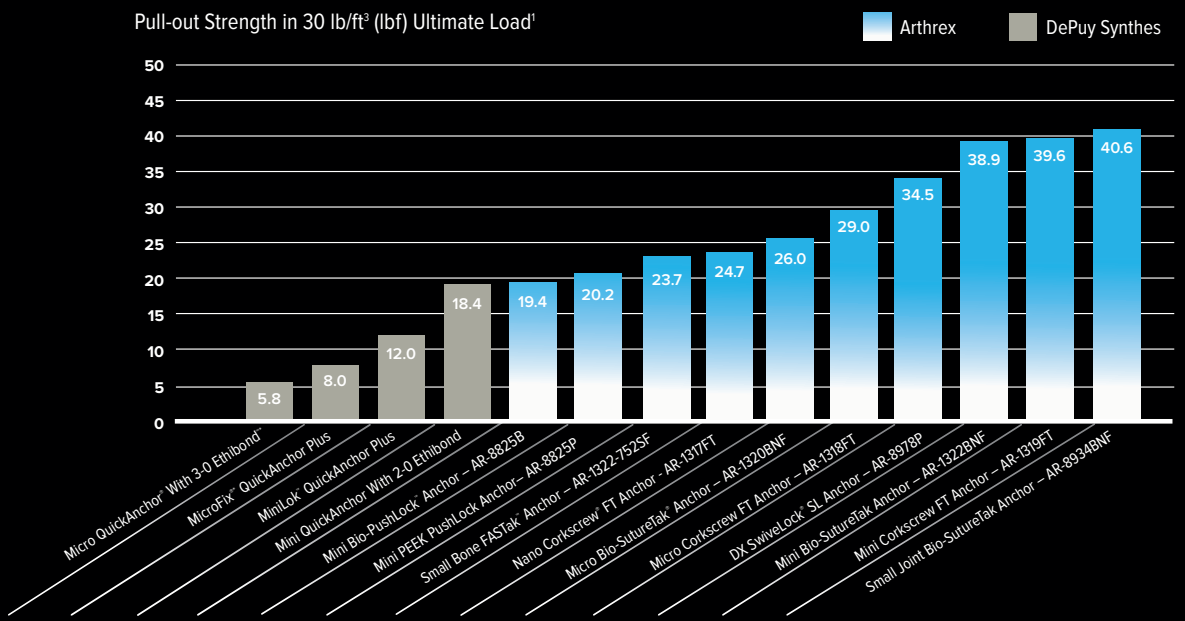
- Higher pull-out strength compared to competitors[1]
- Corkscrew® and SutureTak® anchors are preloaded with 4-0, 3-0, and 2-0 FiberWire® suture
- PushLock® and SwiveLock® suture anchors can be used in conjunction with FiberWire or SutureTape suture
- Knotless repair with the Mini PushLock or DX SwiveLock SL anchors
- Titanium, PEEK, or biocomposite material

■ AR-1317FT Nano Corkscrew FT Anchor (a)	1.7 mm x 5 mm
■ AR-1318FT-40 Micro Corkscrew FT Anchor (b)	2.2 mm x 4 mm
■ AR-1322-752SF Small Bone FASTak® Anchor (c)	2.4 mm x 7.5 mm
■ AR-8825BC Mini BioComposite PushLock Anchor (d)	2.5 mm x 8 mm
■ AR-8825P Mini PEEK PushLock Anchor (e)	2.5 mm x 8 mm
■ AR-8978P DX SwiveLock SL Anchor (f)	3.5 mm x 8.5 mm

Actual Size

Pull-Out Strength

FiberWire® Suture Anchors



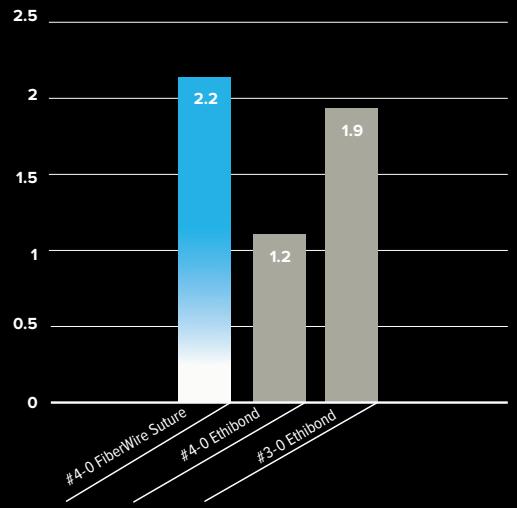
* QuickAnchor, Ethibond, MicroFix, and MiniLok are trademarks and registered trademarks of Johnson & Johnson Corp.

Suture Strength and Elongation

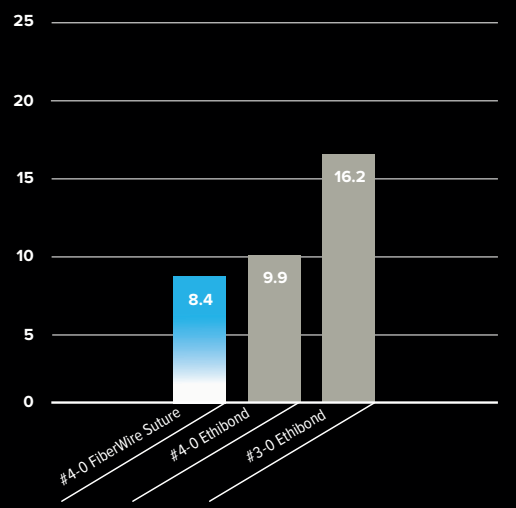
When comparing 4-0 FiberWire® suture to 4-0 and 3-0 Ethibond, FiberWire suture had significantly higher knot pull strength.

When comparing 4-0 FiberWire suture to 4-0 and 3-0 Ethibond, FiberWire suture had a significantly lower percentage of elongation at yield load.

Knot Strength (kgf)[2]



Percent Elongation at Yield Load[2]

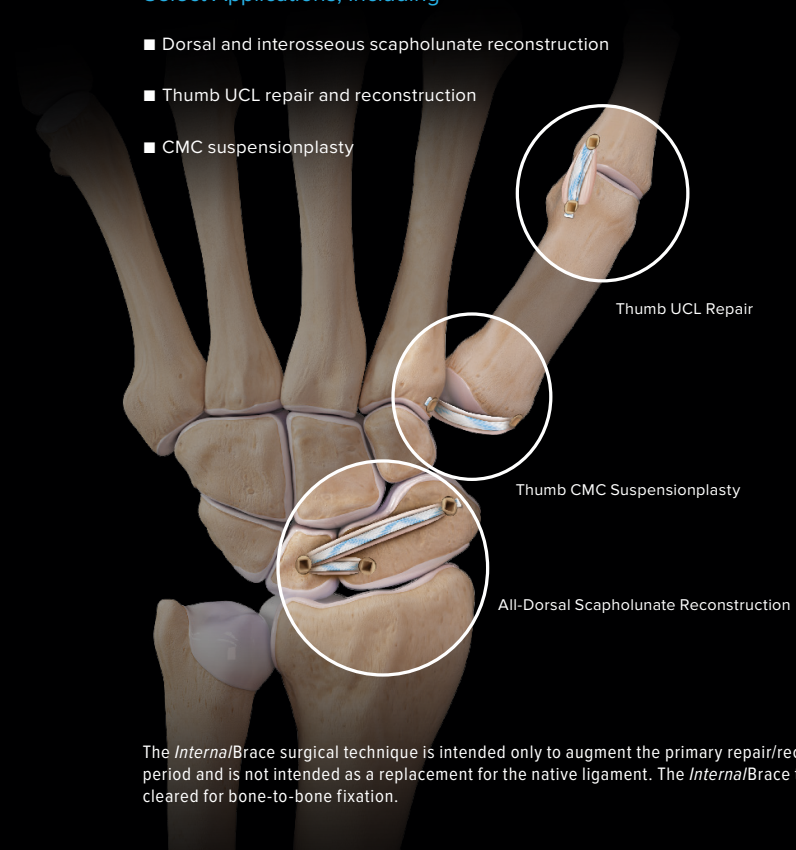


DX SwiveLock® SL

*Interna*lBrace™ Ligament Augmentation for Soft-Tissue Repairs and Reconstructions

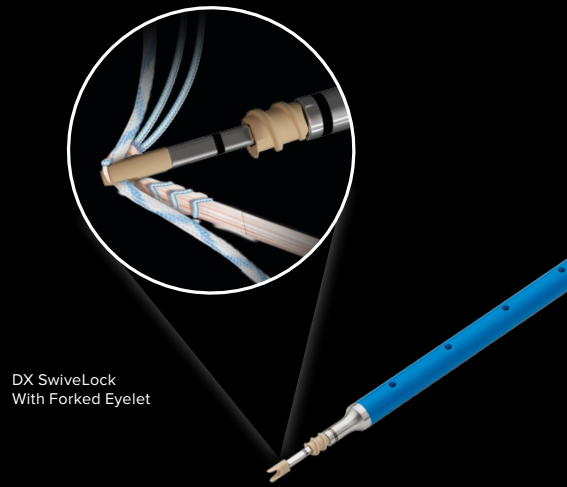
Select Applications, Including

- Dorsal and interosseous scapholunate reconstruction
- Thumb UCL repair and reconstruction
- CMC suspensionplasty



Knotless SwiveLock® Technology Coupled With SutureTape and FiberWire® Suture

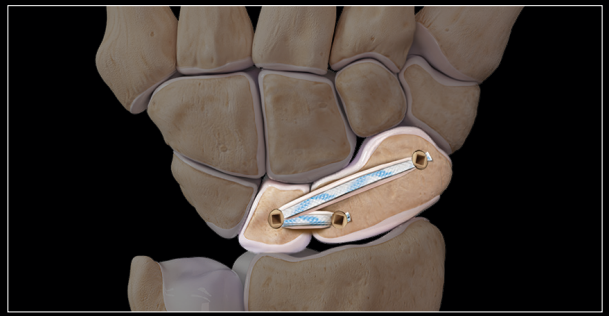
- Strong, knotless fixation
- Forked eyelet facilitates graft insertion into blind tunnel



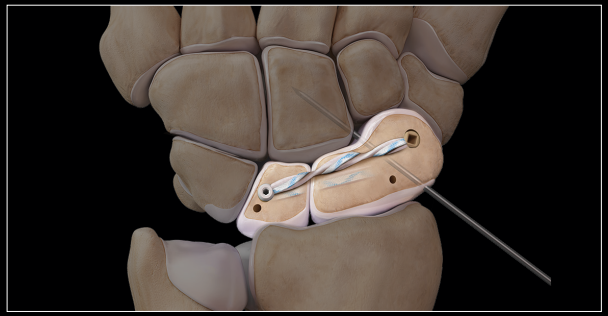
The *Interna*lBrace surgical technique is intended only to augment the primary repair/reconstruction by expanding the area of tissue approximation during the healing period and is not intended as a replacement for the native ligament. The *Interna*lBrace technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.

Select Applications

*Internal*Brace™ Augmentation Techniques

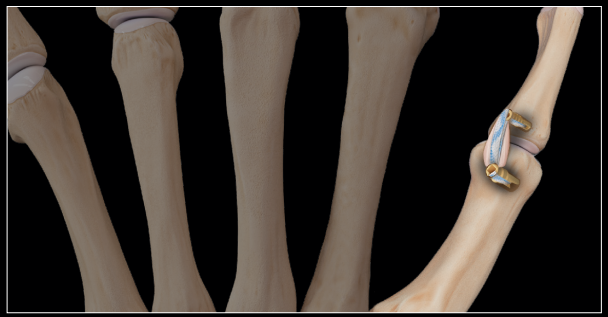


All-Dorsal Scapholunate Reconstruction With *Internal*Brace Ligament Augmentation



Interosseous Scapholunate Reconstruction With *Internal*Brace Ligament Augmentation

APL Suspensionplasty With *Internal*Brace Ligament Augmentation



Thumb UCL Repair With *Interna*/Brace Ligament Augmentation

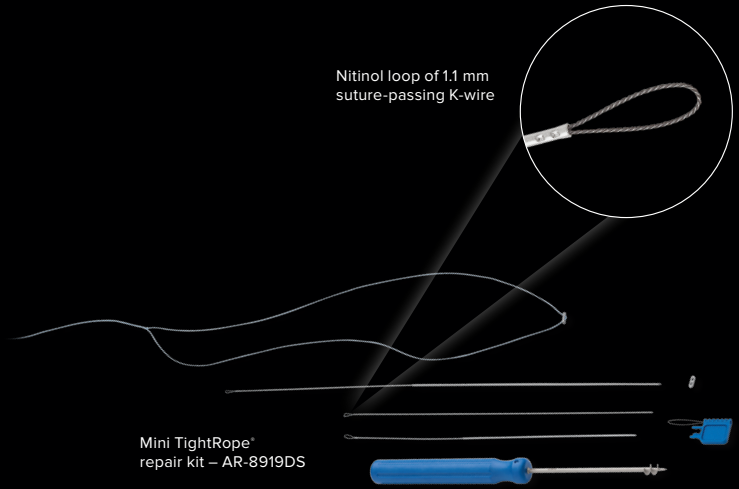
CMC Mini TightRope® Implant

Thumb CMC Suspensionplasty

- May allow earlier rehabilitation[3]
- Maintains trapezial space
- Solid and stable suspensionplasty
- Allows flexible suture-based fixation

Post-op Protocol

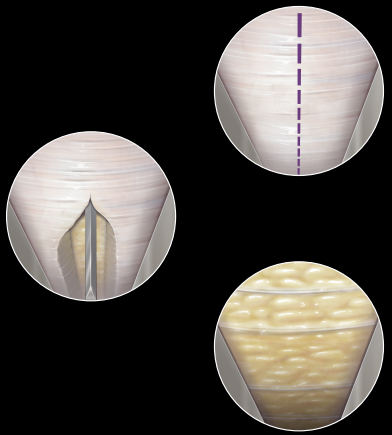
Follow up with hand therapy at 10 to 14 days. Provide a thermoplastic, hand-based thumb spica splint to be worn for lifting >5 lb and for sleep. Otherwise allow partial mobilization of up to 50% of grip power between 2 and 6 weeks. Increase mobilization steadily and advance to strengthening as tolerated until week 12.[3]



Centerline™

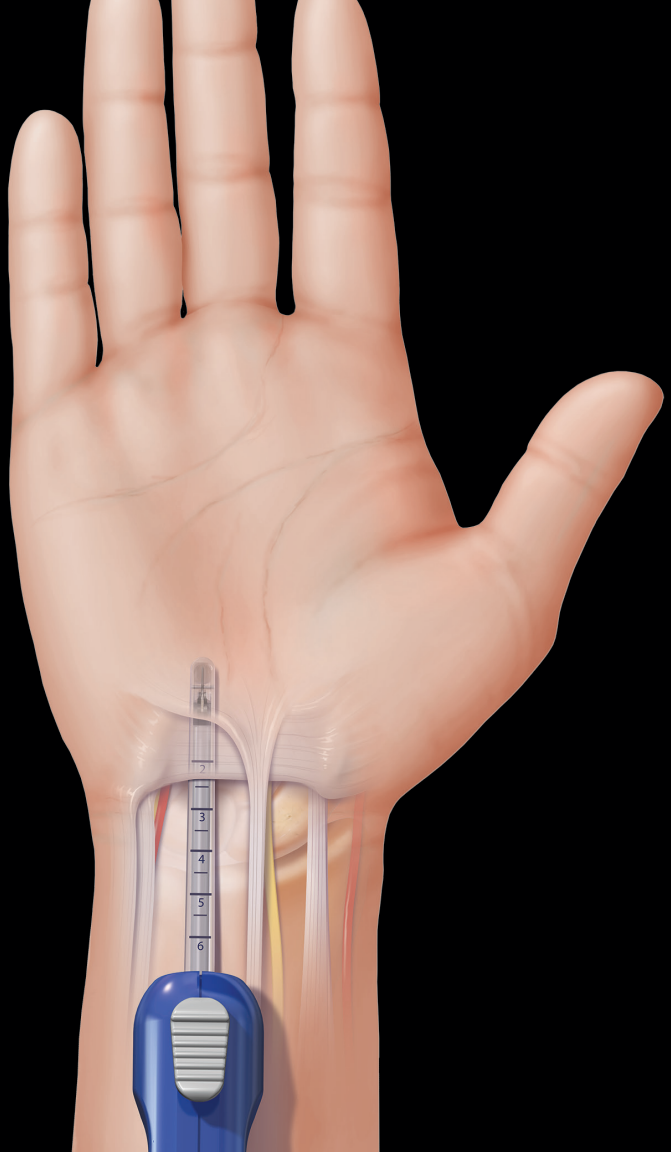
Endoscopic Carpal Tunnel Release System

- Simple handling – minimally invasive
- Good view of anatomical structures
- Faster rehabilitation[4]
- More ergonomic for a controlled release



Post-op Protocol

Clinical data supports an earlier return to normal activities of up to 50% over open procedures for carpal tunnel release.



Compression FT Screws and Headless Compression PT Screws

Compression FT Screws

- Variable-stepped thread pitch – Gradually compresses the fragments as the screw is advanced
- Headless – Minimal risk of impingement or soft-tissue irritation
- Cannulated – Assists in accurate placement for both percutaneous and open indications
- Improved torque transmission – Hexalobe recess in 3.5 and 4.0 Compression FT Screws

Headless Compression PT Screws

- Titanium
- Cannulated
- Hexalobe drivers
- Self-drilling and self-tapping
- Color-coded instruments

Wrist Plating System

Volar Distal Radius Plate

Two dedicated radial styloid screws

Graft window for fragment manipulation and bone grafting

Extended slotted hole for plate positioning

Contoured for tendon safety

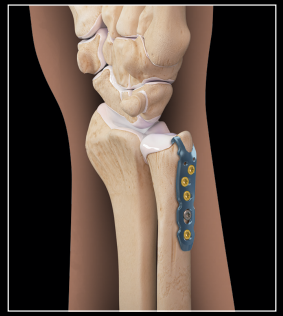
K-wires mimic screw trajectory to assess position relative to the joint

Multiple fixed and variable angle screw options are available

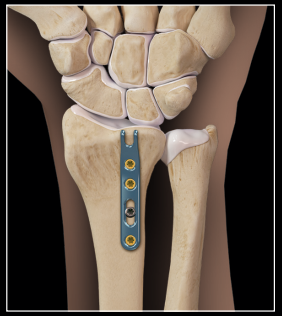
Dedicated ulnar fragment support

Locking and nonlocking options in shaft

Fragment-Specific Plates

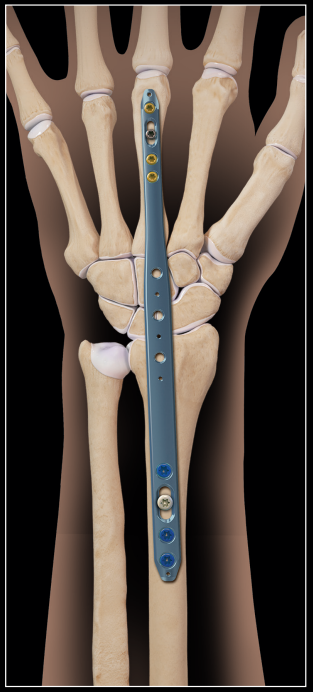


Ulnar styloid plate

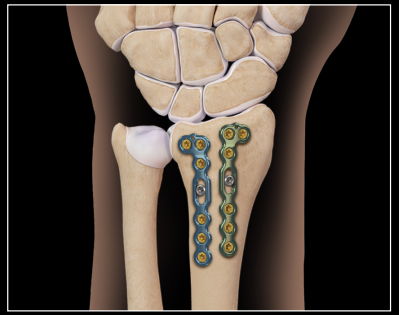


Volar hook plate

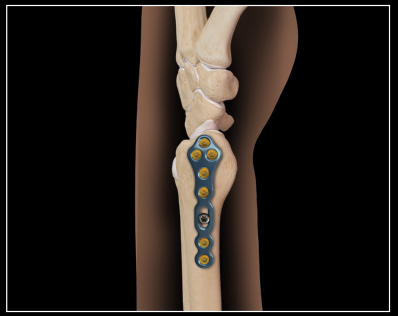
Dorsal distal radius plate



Spanning plate



Dorsal L-plate

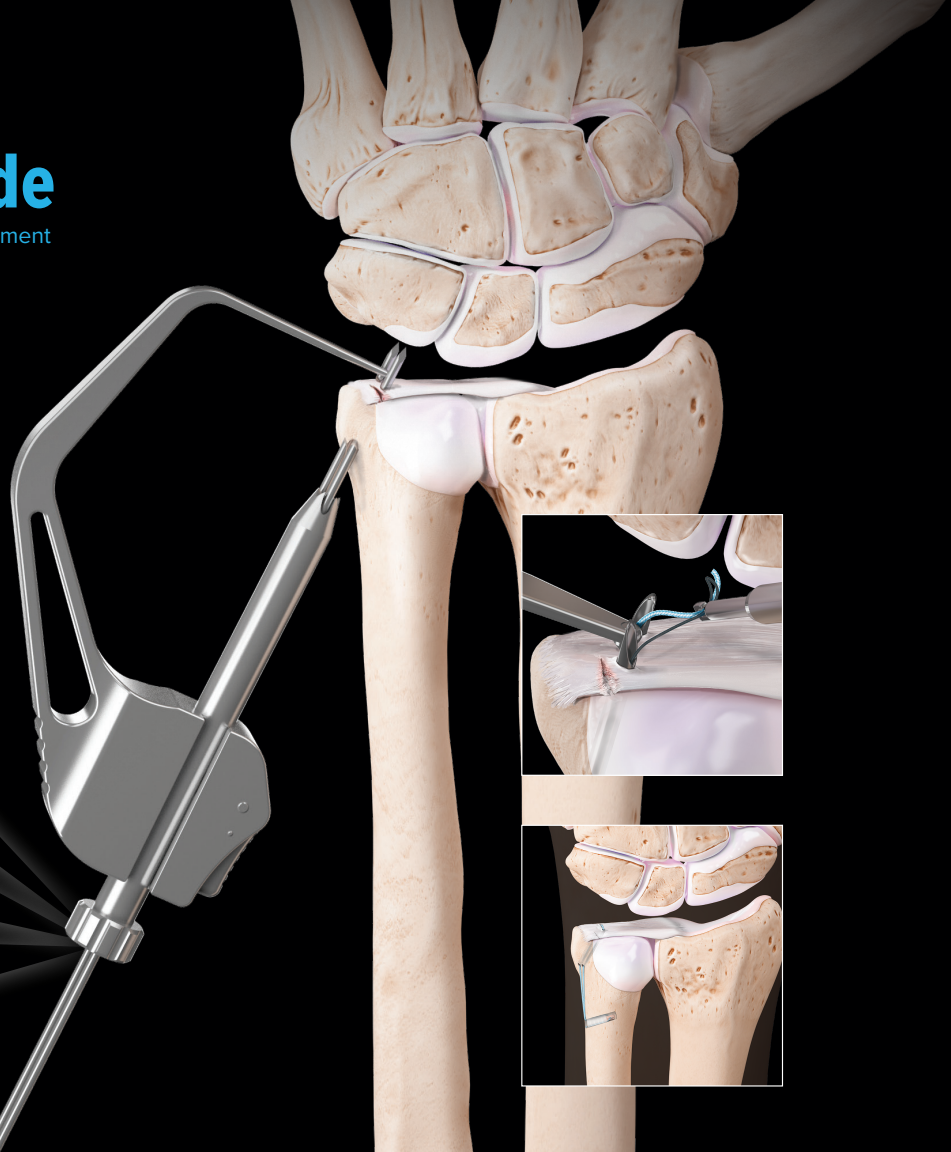


Radial styloid plate

Wrist Drill Guide

for Reliable and Reproducible Wire Placement

- Specifically designed for TFCC foveal repair
- Different drill guides allow a variety of surgical techniques
- Thumb CMC suspensionplasty, SL repair, and cannulated screw placement



References

1. Arthrex, Inc. Data on file (APT 1250, 2277, 1250, 870, 283, 2757, 1611, 1222, 2791A, 682, 1122, 671). Naples, FL; 2004-2017.
2. Arthrex, Inc. Data on file (APT 2696). Naples, FL; 2015.
3. Yao J, Song Y. Suture-button suspensionplasty for thumb carpometacarpal arthritis: a minimum 2-year follow-up [published online May 3, 2013]. *J Hand Surg Am*. 2013;38(6):1161-1165. doi:10.1016/j.jhsa.2013.02.040.
4. Agee JM, et al. Endoscopic release of the carpal tunnel: a randomized prospective multicenter study. *J Hand Surg Am*. 1992;17(6):987-995. doi:10.1016/s0363-5023(09)91044-9

Arthrex®