

ACUMED®

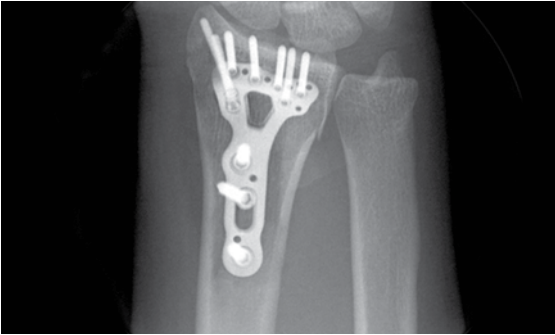


ACU-LOC® 2
Volar Distal Radius
Plating System
Surgical Technique

Acu-Loc® 2 Volar Distal Radius Plating System

Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods and approaches that improve patient care.



Acu-Loc® 2 Surgeon Design Team

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The original Acu-Loc® Volar Distal Radius Plate has been a market leader in fracture fixation since its introduction in 2004. Acumed® offered an innovative solution for repairing intra-articular fractures, malunions and nonunions of the distal radius by designing the first anatomic volar plate.

Developed in conjunction with our accomplished surgeon design team, Acumed® introduces the Acu-Loc® 2 Volar Distal Radius (VDR) Plating System as the next generation in plating fixation. The system presents several new plate options, a unique two piece locking compression screw, innovative instrumentation for fracture management and new plate placement tools.

Indication-Specific Plate Designs Include:



Acu-Loc® 2 Variable Angle Plating System: Comprised of 12 plates, the Variable Angle Locking Screws allow for a variance of 5 mm dorsally.

Acu-Loc® 2 VDR Plate Features

The standard Acu-Loc® 2 Plate is designed to closely replicate the anatomical contours of the distal radius and assists in restoring the original geometry. (Frag-Loc® Compression Screw shown with Acu-Loc® 2 VDR Plate below)

K-wire holes to assess distal screw positioning relative to radio-carpal joint

Suture holes

Enhanced ulnar buttress

Reduced distal profile

Targeted radial styloid screws angled at 53° and 41°

Window for fracture visualization and articular reconstruction

K-wire hole to assess ulnar screw positioning relative to DRUJ

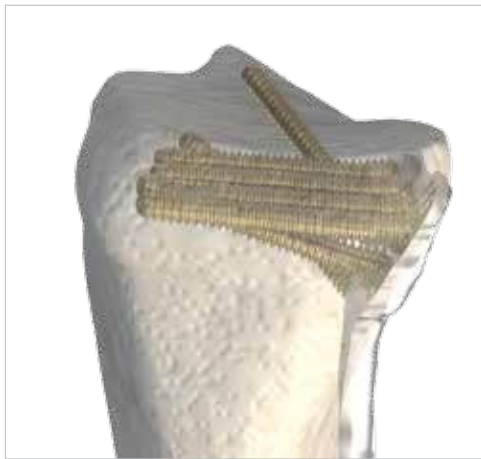
2.3 mm subchondral lunate facet support screw

Highly polished surface finish

Locking divergent shaft screw holes

1 mm increment lines for plate adjustment

K-wire holes for provisional stability



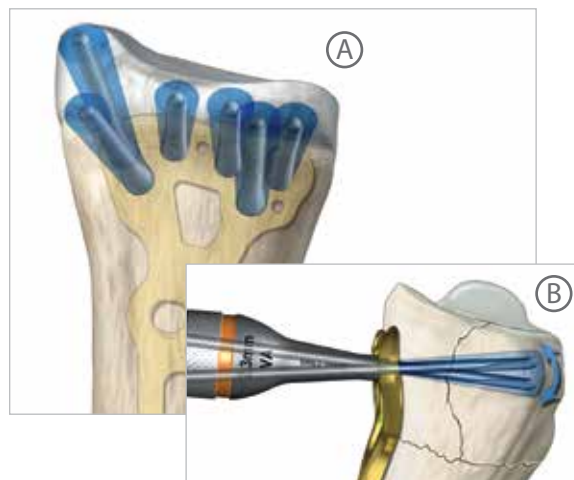
Lateral view of the Acu-Loc® 2 VDR Plate showing screw trajectory

Acu-Loc® 2 Variable Angle Distal Radius Plating System

Acu-Loc® 2 Variable Angle Distal Radius Plating System

The Acumed 2.3 mm Locking Variable Angle Screws can be used in any distal hole of any of the gold colored Acu-Loc® 2 VDR Proximal Plates and Acu-Loc® EX Plates. The Variable Angle Screws allow for a total variance of 5 mm or 15° (Image A). Locking Variable Angle screws are provided to aid in the capture of specific fragments or to accommodate variations in patient anatomy.

A conical drill guide enables the surgeon to drill within the suggested 15° boundary (Image B). Fixed angle radiolucent targeting guides come standard.



Acu-Loc® 2 Proximal VDR Plates



Plate Placement Instrumentation

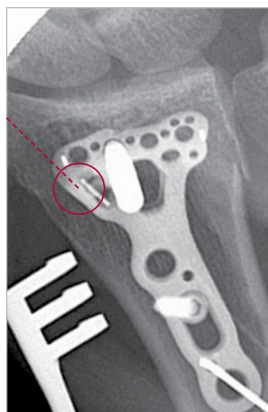


Image A1



Image A2



Image B1
Incorrect

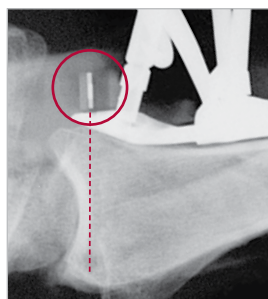


Image B2
Correct Alignment

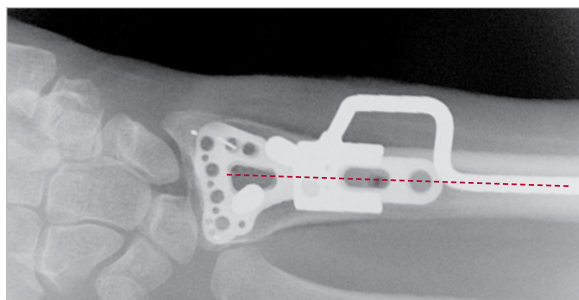
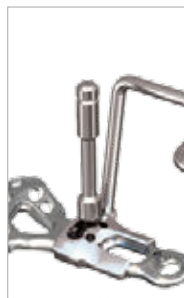
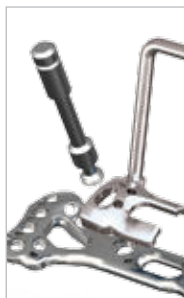


Image C



Acu-Loc® 2 VDR Targeting Guides

The low-profile radiolucent targeting guides allow the surgeon to target and insert all distal screws. Radiopaque positioning posts have been integrated into the targeting guides to assist with plate placement under fluoroscopy.

Styloid Positioning Post: (Image A) To verify plate placement, a radiopaque styloid post is utilized in an A/P view to project the trajectory of the most distal styloid screw. To align styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.

Distal Screw Placement: (Image B) To verify plate placement from a lateral view, line up the two parallel radiopaque posts. A single plane is created by the goal posts beneath the subchondral bone, showing trajectory of the distal screw row. If the posts do not target into the joint, then the distal screw row will not either. This can be achieved by lifting the hand in neutral rotation so that the forearm is 20° to the surgical table.

The distal K-wire holes in the targeting guides and Acu-Loc® 2 VDR plates allow placement of K-wires to also verify plate placement. The K-wire holes are in line with the distal screws of all Acu-Loc® 2 distal radius plates, allowing the surgeon to verify screw placement.

Plate Positioning Handle

The Plate Positioning Handle (Image C) assists with plate placement while keeping the surgeon's hands out of the fluoroscopy beam. Under fluoroscopy, the handle should line up with the center of the plate and radial shaft to show a true A/P view. This is used to accurately place the proximal shaft of the plate in alignment with the center axis of the radial diaphysis.

Note: The design of the Acu-Loc® 2 Plate Positioning Handle maintains access to the K-wire holes and 3.5 mm screw slot on the proximal end of the plate.

Plate Positioning Handle Assembly:

- The Locking Bolt is threaded into the left side of the keyhole of the Plate Positioning Handle base.
- Once engaged, the Locking Bolt toggles to fit left and right plates.
- Thread the Locking Bolt into the most distal 3.5 mm locking hole on the shaft of any Acu-Loc® 2 Plate.

Acu-Loc® 2 Extension Plates

A unique feature of the Acu-Loc® 2 VDR Plating System is the ability to extend the lengths of the Acu-Loc® 2 Proximal Plates. The Acu-Loc® 2 Extension Plates are rigidly locked with a LinkScrew to the following Acu-Loc® 2 Proximal VDR Plates:

- Acu-Loc® 2 Proximal VDR Standard Long Plates
- Acu-Loc® 2 Proximal VDR Narrow Long Plates
- Acu-Loc® 2 Proximal VDR Wide Plates

Locking and nonlocking screws sit flush with the extension plates. The proximal plate end is tapered and the undersurface is designed for limited-contact with the bone.

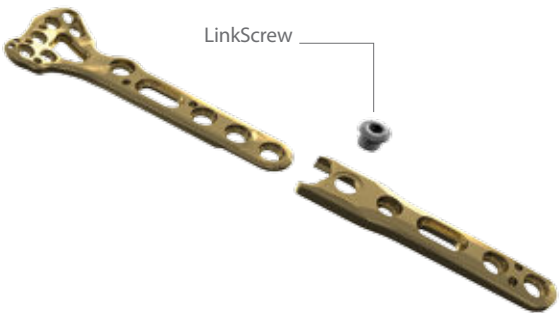


Assembly Steps:

Slide the Acu-Loc® 2 Extension Plate onto the shaft of the Acu-Loc® 2 Proximal Plate.

Using a 2.5 mm hex driver, insert and tighten the LinkScrew into the distal hole of the Extension Plate and lock into both plates.

Assembly can be done prior to plate placement or intraoperatively.



Neutral Extension Plate Shown

Available Plate Length Combinations

Plate Lengths with Extension	Wide	Narrow Long	Standard Long
Neutral Extension	100 mm	108 mm	108 mm
Long Extension	167 mm	176 mm	176 mm



Screw and Peg Options

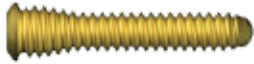
There are four types of 2.3 mm screws that can be used in any of the distal plate screw holes including the Frag-Loc® Compression Screw (see page 11 for information).



2.3 mm bronze smooth locking pegs
Size options: 8 mm - 28 mm



3.5 mm proximal locking screws
Size options: 8 mm - 18 mm



2.3 mm gold fully threaded locking screws
Size options: 8 mm - 46 mm



3.5 mm nonlocking screws
Size options: 10 mm-18 mm



2.3 mm silver non-toggling screws
Size options: 8 mm - 46 mm



Optional 3.5 mm nonlocking hexalobe screws



2.3 mm locking variable angle screws
Size options: 14 mm - 28 mm



Optional 3.5 mm locking hexalobe screws

2.3 mm Locking Variable Angle Screw Instrument Reference Chart



The Acumed® 2.3 mm Locking Variable Angle Screw can be used in any distal hole of the Acu-Loc® 2 VDR Proximal Plates and Acu-Loc® EX Plates. The screw allows a variance of 2.5 mm in any direction dorsally off of the fixed angle axis (at a 20 mm length).

The Locking Variable Angle Screw instrumentation is color-coded orange to allow for quick identification of the proper drill, drill guide and driver handle in the system.

IMPORTANT: The use of Locking Variable Angle Screw Technology should not be used to compensate for sub-optimal plate positioning and fracture reduction.

2.3 mm Locking Variable Angle Screw size options are: 14 mm - 28 mm in 2 mm increments.

2.3 mm Variable Angle Drill Guide Driver
80-0763



2.3 mm Variable Angle Drill Guide
80-0762



2.3 mm Screw Depth Gauge 6-46 mm
80-1356



1.7 mm Quick Release Semi-fluted Drill
80-0868



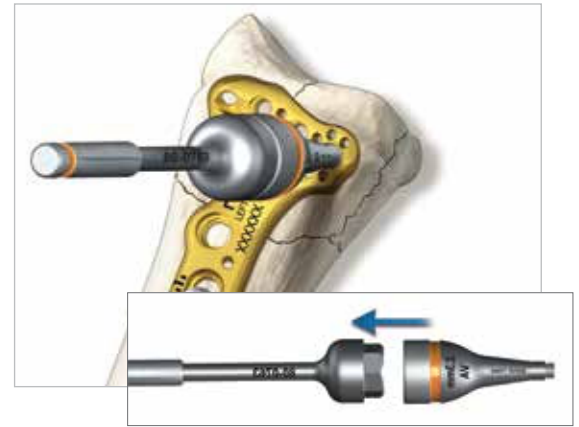
Mini-AO Torque Limiting Driver, 10 inlb
80-1008



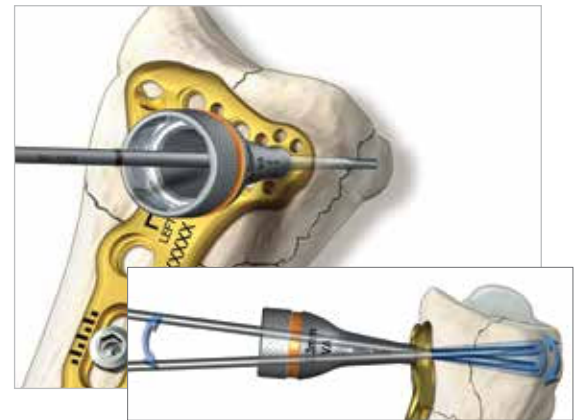
2.3 mm Locking Variable Angle Screw Surgical Technique

1 If it is determined that a Locking Variable Angle Screw is needed, remove the radiolucent targeting guide from the plate and insert the conical variable angle drill guide utilizing the drill guide driver. Disconnect the drill guide driver once the drill guide is fully engaged into the plate.

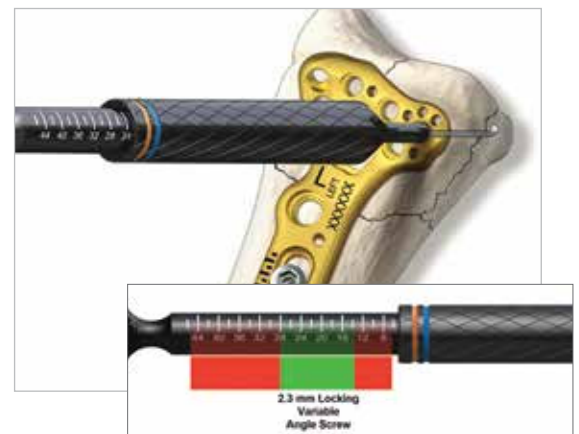
NOTE: The drill guide driver allows for ease of insertion of the conical drill guide. It is not needed to remove the conical drill guide.



2 Drill using the orange banded 1.7 mm semi-fluted drill in the desired trajectory within the conical drill guide. Remove the conical drill guide.



3 Determine screw length with the 2.3 mm screw depth gauge.



4 Select and insert the corresponding Locking Variable Angle Screw using the 1.5 mm hex driver tip and the orange torque limiting driver. Insert the screw until the torque limiting driver clicks once, indicating that the optimum insertion torque has been achieved.

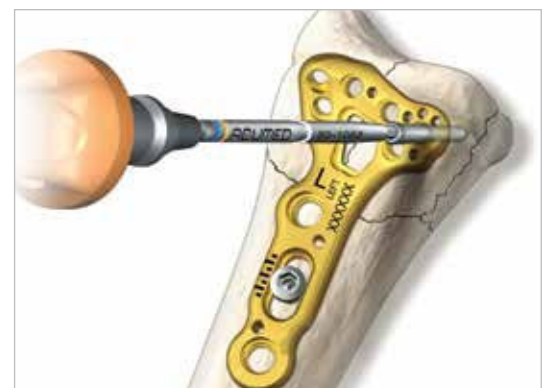
IMPORTANT: Once the Locking Variable Angle Screw is fully inserted, inspect for and clear any debris from the perimeter of the screw head.

LOCKING VARIABLE ANGLE SCREWS ARE ONE TIME USE ONLY.

Once the screw is engaged into the plate, it cannot be removed and reinserted into its original or any other hole of the Acu-Loc® 2 VDR Proximal Plate or Acu-Loc® EX Plate. A non-toggling screw must be used to replace a Locking Variable Angle Screw.

IMPORTANT TORQUE LIMITING DRIVER (TLD) USAGE INFORMATION:

Use beyond 6 months may lead to TLD failures that may cause the screw to not seat fully (when inserted within the conical drill guide boundaries) or cause the threads to strip.



Acu-Loc® 2 KickStand Posts



With the introduction of the next generation of distal radius fixation, the Acu-Loc® 2 System offers a variety of innovative instrumentation. The KickStand Posts are threaded plate posts designed to assist with distal radius volar tilt correction by lifting the proximal end of the plate away from the radial shaft to form a stable platform with which to achieve distal screw fixation.

Six different KickStand Post angles are offered to assist with corrective osteotomies and dorsally displaced fractures. Five of the KickStand Posts are offered in finite increments of 5, 10, 15, 20 and 25° osteotomy angles. A fully threaded option for fractures allows for volar tilt correction between 5 and 30°.

During an osteotomy, the desired angular correction of the volar aspect of the distal radius determines which KickStand Post is selected. A 10° KickStand Post will place the proximal portion of the plate 10° off of the radial shaft (and will allow for a total volar tilt adjustment of 10°). The chosen KickStand Post is threaded into the locking hole just proximal of the adjustment slot of the Acu-Loc® 2 Plate prior to plate placement.

KickStand Post 5° 80-0718



KickStand Post 10° 80-0719



KickStand Post 15° 80-0720



KickStand Post 20° 80-0721



KickStand Post 25° 80-0722



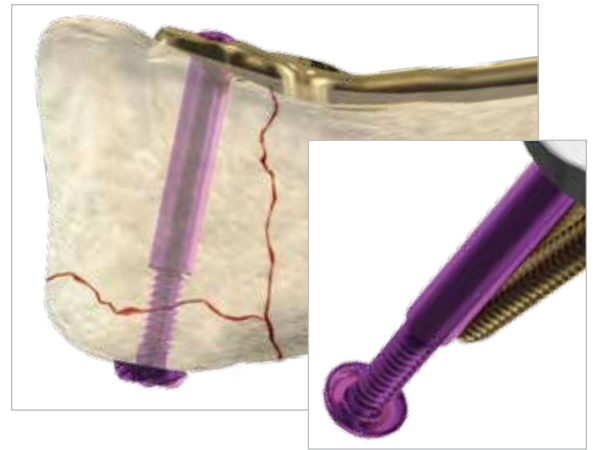
KickStand Post 5-30° 80-0731



Frag-Loc® Compression Screw Instrument Reference Chart

The Frag-Loc® Compression Screw is a unique two part cannulated compression screw designed to reduce dorsal fragments to the Acu-Loc® 2 VDR Plates, DRFS Volar Lunate Suture Plate, Acu-Loc® VDR Plates, and Acu-Loc® EX Plates. The undersurface geometry of the screw head allows for subosseous purchase into the dorsal fragment.

The Frag-Loc® Compression Screw may only be used for measured screw lengths of **16-24 mm** and the Frag-Loc® Compression Screw, Long may be used for lengths **20-28 mm**. It is recommended that a second 2.3 mm screw be placed in an adjacent screw hole to prevent rotation of the dorsal bone fragment.



Frag-Loc® 2.5 mm Drill Guide
80-0730



.035" Guide Wire
WS-0906ST



Frag-Loc® 2.5 mm Drill
80-0724



Frag-Loc® Depth Gauge
80-0726



Frag-Loc® 1.5 mm
Cannulated Driver
80-0758



Frag-Loc® Compression Sleeve
30-0370



Frag-Loc® Compression Screw
30-0371



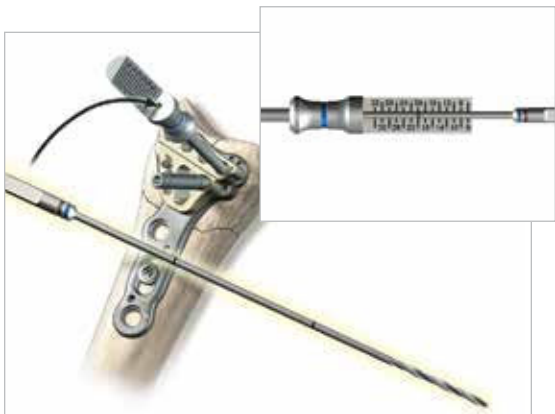
Frag-Loc® Compression
Screw, Long
30-0372



Heiss Retractor
80-0756

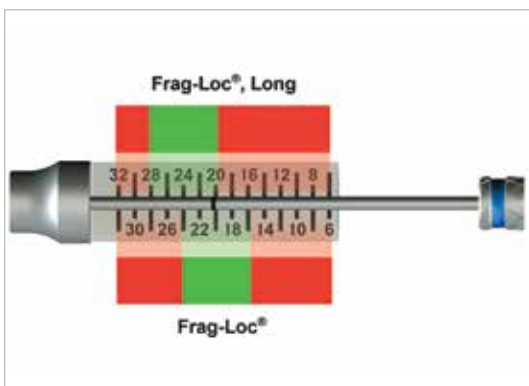


Frag-Loc® Surgical Technique



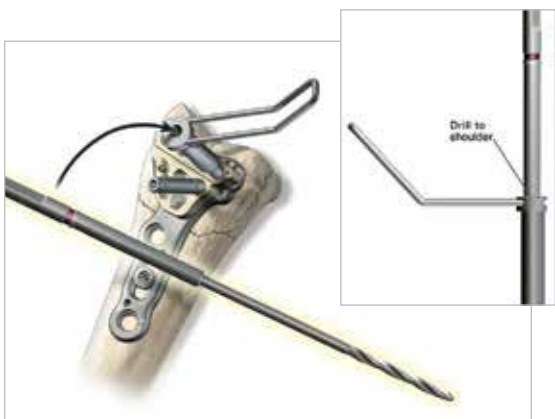
1

- With the targeting guide attached, drill bicortically, using 2.0 mm drill through the drill guide.



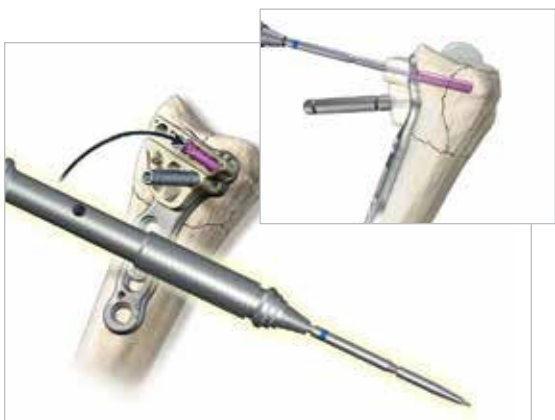
2

- Measure screw length using Depth Probe.
- **16-24 mm OK to use Frag-Loc®**
- **20-28 mm OK to use Frag-Loc®, Long**
- CAUTION: Do not use Frag-Loc® outside of 16-24 mm range.
- CAUTION: Do not use Frag-Loc®, Long outside of 20-28 mm range.



3

- Drill using 2.5 mm Frag-Loc® step drill.
- Shoulder of drill must stop against top of drill guide.



4

- Insert the Frag-Loc® Compression Sleeve into plate using silver driver handle with 1.5 mm driver tip.

5

- Insert .035" guide wire through Frag-Loc® Compression Sleeve and dorsal skin.



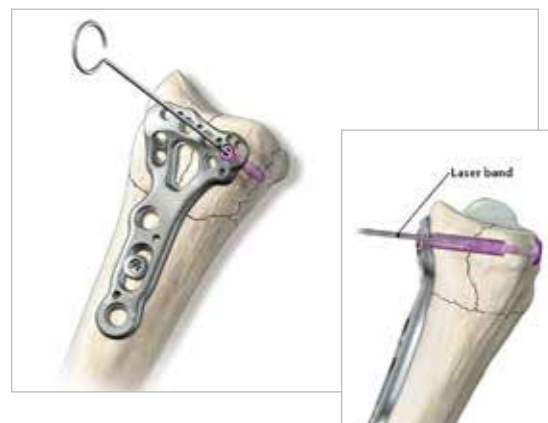
6

- Make a small incision dorsally over the guide wire and use Heiss Retractor to maintain clearance of soft tissue and tendons.
- Drive the Frag-Loc® Compression Screw over .035" guide wire using 1.5 mm fuschia cannulated driver.
- Tighten the Frag-Loc® Compression Screw into Frag-Loc® Compression Sleeve until desired compression is achieved.
- Ensure Frag-Loc® Compression Screw head is seated flush with bone and that tendons are clear of screw head.

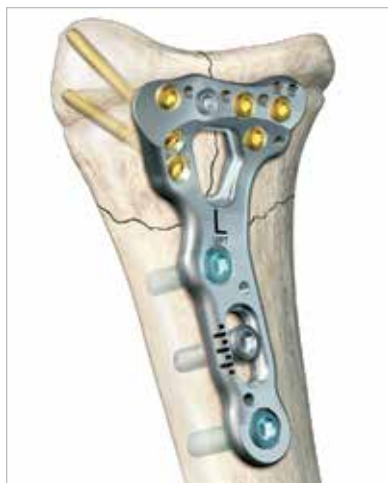


7

- Remove targeting guide.
- **Check Frag-Loc® thread engagement using Frag-Loc® Depth Gauge.** The depth gauge ensures that the minimum amount of threads are engaged into the Frag-Loc® Compression Sleeve.
- A visible laser band on the depth gauge ensures acceptable Frag-Loc® thread engagement.
- If depth gauge laser band is not visible, tighten Frag-Loc® Compression Screw one revolution and recheck. Repeat until laser band is visible.



Acu-Loc® 2 Instrument Reference Chart



Depth Gauge
80-0623



Silver Driver Handle
MS-2210



Ratcheting Driver Handle
80-0663



Targeting Guide
Locking Bolt
80-0682



2.0 mm Drill
80-0318



2.8 mm Drill
80-0387



.054" Guide Wire
WS-1406ST



Targeting Guide



2.5 mm Hex Driver Tip
HPC-0025



1.5 mm Hex Driver Tip
80-0728



Drill Guide for 2.0 mm Drill
MS-DG23



2.8 mm Drill Guide
80-0384



2.0 mm/2.8 mm Drill Guide
PL-2118



Acu-Loc® 2 Instrument Reference Chart

OPTIONAL INSTRUMENTS

Depth Probe
MS-DRPB



Acu-Loc® 2 VDRT-Guide
Locking Bolt, Long
80-1071



Fragment
Reduction Tool
80-0725



OPTIONAL INSTRUMENTS NOT PICTURED:

2.3 mm Screw Sleeve 80-0727

3.5 mm Screw Sleeve MS-SS35

Periosteal Elevator 6 mm Flat Edge
80-0693

Bone Reduction Forceps 6 3/4" 80-0723

8" Bone Reduction Forceps MS-1280

15 mm Hohman Retractor
(Baby Bennett) MS-46827

Sharp Hook PL-CL06

T15 Stick-Fit Hexalobe Driver 80-0760

2.8 mm Hexalobe Locking Drill Guide
80-0668

KickStand Post
80-0731



Positioning Handle
Locking Bolt
80-0738



Plate Positioning
Handle
80-0729



Plate Tack
PL-PTACK



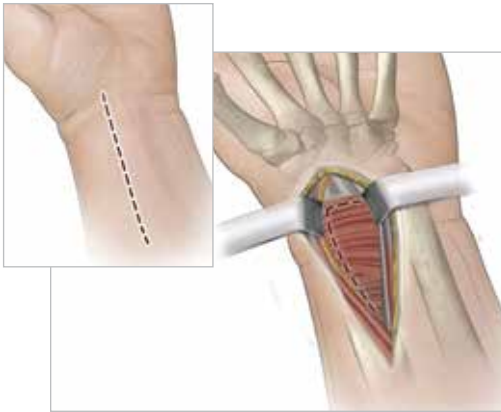
.054" K-wire
Guide
80-0688



2.0 mm Drill Guide
80-0249



Acu-Loc® 2 Surgical Technique



1 EXPOSURE

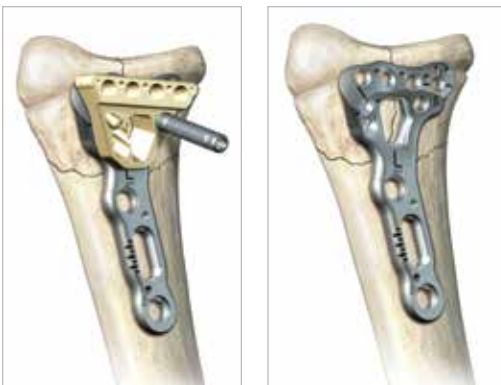
The patient's forearm is supinated to expose the surgical site. To maximize exposure, a towel is placed under the wrist, supporting it in extension. Make a longitudinal incision approximately 6 cm in length just radial to the FCR tendon to protect against injury to the palmar cutaneous branch of the median nerve. The sheath is opened and the FCR tendon is retracted radially to protect the radial artery. The FPL is identified by passive flexion/extension of the thumb interphalangeal joint and is retracted ulnarly to protect the median nerve. Next, the pronator quadratus is identified by its transverse fibers and is released radial to ulnar to expose the fracture site.



2 FRACTURE REDUCTION

The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization of the fracture. Reduce the fracture using manual techniques; provisional stability can be achieved with K-wires and evaluated under fluoroscopy.

Fragment Reduction Tool: A unique tool designed specifically for distal radius surgery can be used for articular reconstruction. A broad mallet and narrow thin tip provide the ability to lift and position articular fracture fragments through the plate window when possible.



3 PLATE PLACEMENT

The plate is made to sit along the distal aspect of the radius to support articular fracture fragments. Once the appropriately sized plate is selected, attach the corresponding targeting guide using the locking bolt. The cannulated locking bolt is threaded into the proximal ulnar 2.3 mm screw hole.

The plate should be placed parallel to the radial shaft.

Note: The Plate Positioning Handle can be utilized at this time for plate placement. (Please refer to Page 6 for assembly and technique)

Styloid Positioning Post: (Image A) To confirm A/P plate placement, a radiopaque positioning post is utilized in an A/P view to project the trajectory of the most distal styloid screw. To evaluate styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.

Note: The K-wire can also be used to verify screw trajectory by inserting the K-wire guide into the bone through the targeting guide K-wire holes.



Image A1



Image A2

Distal Screw Row Positioning Posts: (Image B) To confirm M/L plate placement, and K-wire placement, line up the two parallel radiopaque posts in an M/L view. A single plane is created by the goal posts beneath the subchondral bone, showing the trajectory of the distal screw row. If the aligned goal posts do not target into the joint, then the distal screw row will not either. This M/L fluoroscopic view can be achieved by lifting the hand in neutral rotation so that the forearm is 20° to the surgical table. The K-wire holes are also in line with the posts and distal screws of all Acu-Loc® 2 distal radius plates, allowing the surgeon to verify screw placement. The plate's position is then secured proximally with a .054" K-wire or plate tack and distally with a .054" K-wire.

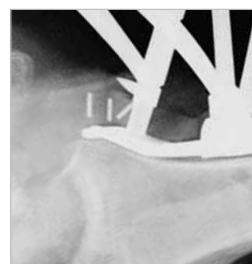


Image B1

Incorrect

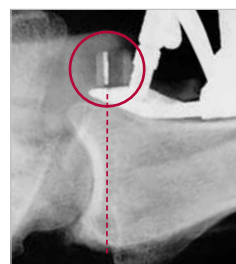


Image B2

Correct Alignment

4 PROXIMAL SCREW PLACEMENT

The first screw to be placed is a 3.5 mm nonlocking cortical screw through the slot in the plate. Using the 2.8 mm drill and the drill guide, drill to the far cortex. Drill depth is then measured with the depth gauge. Insert a 3.5 mm nonlocking screw. The screw may need to be downsized after the plate has been reduced down to the bone.

Note: 3.5 mm nonlocking Hex or Hexalobe screws can be used in the slot.



5 DISTAL SCREW HOLES

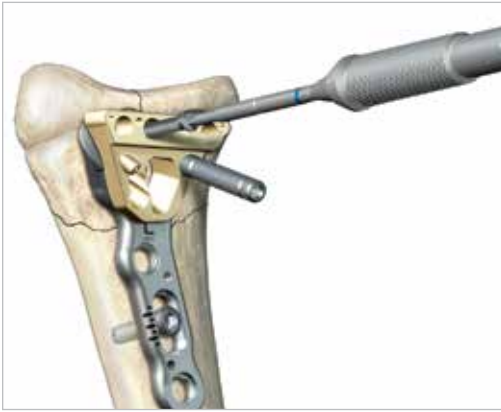
Utilizing the radiopaque positioning posts in the targeting guide, the position of the plate relative to the radio-carpal articular surface can be fine tuned by sliding the plate proximally or distally under fluoroscopy. If the radiopaque posts don't target the joint, the distal K-wires and 2.3 mm screws will not either. To further assess the position of the distal 2.3 mm screws relative to the radio-carpal articular surface, place a .054" K-wire through one of the K-wire holes in the targeting guide closest to the joint and assess its location under fluoroscopy.

Upon satisfactory reduction and anatomic fit, insert the drill guide into one of the distal screw holes and drill using the 2.0 mm drill. Measure screw length by using the laser mark on the drill or depth probe against the scale on the drill guide.

Note: Screw insertion of the proximal ulnar 2.3 mm hole should be performed after all other distal 2.3 mm screws are placed. Drilling can be performed through the locking bolt. Remove the locking bolt and utilize the drill guide and depth probe, or orange and blue banded 2.3 mm screw depth gauge, to measure screw length.



Distal Radius Fractures



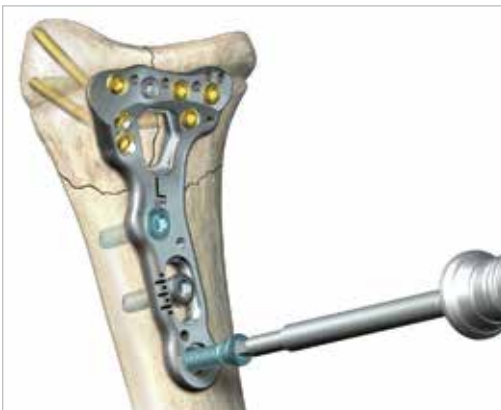
Distal Screw Options: There are four options of 2.3 mm screws that can be used distally: Fully Threaded Locking Screws (gold), Smooth Locking Pegs (bronze), Non-Toggling Screws (silver), and the Frag-Loc® Compression Screw (see page 4 for information). All 2.3 mm screws are inserted using the 1.5 mm driver tip, screw sleeve and silver driver handle.

Note: An individual Locking Drill Guide is available in the system as an alternative for drilling the distal holes. Screw length can be read using the depth probe or 2.3 mm screw depth gauge.



Styloid Screw Placement: The radial styloid screws are designed to specifically target and support the radial styloid. Insert the drill guide into either styloid hole located in the dual slot on the back of the targeting guide and continue the same screw measurement and placement process for both styloid screws.

Note: It is recommended that the entire distal row and the two radial styloid holes be filled with screws.



6 PROXIMAL SCREW PLACEMENT

Insert the threaded drill guide into the screw hole distal to the slot, drill with the 2.8 mm drill and measure with the depth gauge. Insert the proper length 3.5 mm locking screw. Take care that the screw does not exit the bone dorsally. Using the same process, drill and place the final locking screw.

Note: 3.5 mm locking Hex or Hexalobe screws can be used in the proximal locking holes.



7 CLOSING AND POST-OP PROTOCOL

Perform a thorough radiographic evaluation checking fragment reduction, alignment and screw placement. Verify that there is not a gap between the bone and the plate in the lateral view and that the distal screws have not penetrated the radiocarpal joint. Close the wound and support the wrist according to bone quality and stability.

Allow for early functional use of the hand and start immediate finger range of motion and forearm rotation postoperatively.

Acu-Loc® 2 Plates

Acu-Loc® 2 VDR Plate Standard, Left	70-0356
Acu-Loc® 2 VDR Plate Standard, Right	70-0357
Acu-Loc® 2 VDR Plate Narrow, Left	70-0358
Acu-Loc® 2 VDR Plate Narrow, Right	70-0359
Acu-Loc® 2 VDR Plate Wide, Left	70-0360
Acu-Loc® 2 VDR Plate Wide, Right	70-0361
Acu-Loc® 2 VDR Plate Standard Long, Left	70-0368
Acu-Loc® 2 VDR Plate Standard Long, Right	70-0369
Acu-Loc® 2 VDR Plate Narrow Long, Left	70-0370
Acu-Loc® 2 VDR Plate Narrow Long, Right	70-0371

Variable Angle Plates

Acu-Loc® 2 VDR Proximal Plate Standard, Left	70-0350
Acu-Loc® 2 VDR Proximal Plate Standard, Right	70-0351
Acu-Loc® 2 VDR Proximal Plate Narrow, Left	70-0352
Acu-Loc® 2 VDR Proximal Plate Narrow, Right	70-0353
Acu-Loc® 2 VDR Proximal Plate Wide, Left	70-0354
Acu-Loc® 2 VDR Proximal Plate Wide, Right	70-0355
Acu-Loc® 2 VDR Proximal Plate Standard Long, Left	70-0372
Acu-Loc® 2 VDR Proximal Plate Standard Long, Right	70-0373
Acu-Loc® 2 VDR Proximal Plate Narrow Long, Left	70-0382
Acu-Loc® 2 VDR Proximal Plate Narrow Long, Right	70-0383
Acu-Loc® 2 VDR Extension Plate, Neutral	70-0364
Acu-Loc® 2 VDR Extension Plate Long, Left	70-0365
Acu-Loc® 2 VDR Extension Plate Long, Right	70-0366
Acu-Loc® 2 VDR Plate Extension Link Screw	30-0093
Acu-Loc® EX Standard	70-0063
Acu-Loc® EX Narrow	70-0064

DRFS Plates

Divergent Radial Styloid Plate	70-0331
Volar Lunate Suture Plate	70-0334
Dorsal Rim Buttress Plate, Right	70-0335
Dorsal Rim Buttress Plate, Left	70-0336
Dorsal Lunate Plate, Right	70-0337
Dorsal Lunate Plate, Left	70-0338

2.3 mm Screw Instrumentation

1.5 mm Hex Driver Tip, Locking Groove	80-0728
2 mm Quick Coupler Surgibit Drill	80-0318
2.3 mm Bone Tap	80-0362

2.3 mm Locking Cortical Pegs

2.3 mm x 8 mm Locking Cortical Peg	CO-S2308
2.3 mm x 10 mm Locking Cortical Peg	CO-S2310
2.3 mm x 12 mm Locking Cortical Peg	CO-S2312
2.3 mm x 14 mm Locking Cortical Peg	CO-S2314
2.3 mm x 16 mm Locking Cortical Peg	CO-S2316
2.3 mm x 18 mm Locking Cortical Peg	CO-S2318
2.3 mm x 20 mm Locking Cortical Peg	CO-S2320
2.3 mm x 22 mm Locking Cortical Peg	CO-S2322
2.3 mm x 24 mm Locking Cortical Peg	CO-S2324
2.3 mm x 26 mm Locking Cortical Peg	CO-S2326
2.3 mm x 28 mm Locking Cortical Peg	CO-S2328

2.3 mm Locking Cortical Screws

2.3 mm x 8 mm Locking Cortical Screw	CO-T2308
2.3 mm x 10 mm Locking Cortical Screw	CO-T2310
2.3 mm x 12 mm Locking Cortical Screw	CO-T2312
2.3 mm x 14 mm Locking Cortical Screw	CO-T2314
2.3 mm x 16 mm Locking Cortical Screw	CO-T2316
2.3 mm x 18 mm Locking Cortical Screw	CO-T2318
2.3 mm x 20 mm Locking Cortical Screw	CO-T2320
2.3 mm x 22 mm Locking Cortical Screw	CO-T2322
2.3 mm x 24 mm Locking Cortical Screw	CO-T2324
2.3 mm x 26 mm Locking Cortical Screw	CO-T2326
2.3 mm x 28 mm Locking Cortical Screw	CO-T2328
2.3 mm x 30 mm Locking Cortical Screw	CO-T2330
2.3 mm x 32 mm Locking Cortical Screw	CO-T2332
2.3 mm x 34 mm Locking Cortical Screw	CO-T2334
2.3 mm x 36 mm Locking Cortical Screw	CO-T2336
2.3 mm x 38 mm Locking Cortical Screw	CO-T2338
2.3 mm x 40 mm Locking Cortical Screw	CO-T2340
2.3 mm x 42 mm Locking Cortical Screw	CO-T2342
2.3 mm x 44 mm Locking Cortical Screw	CO-T2344
2.3 mm x 46 mm Locking Cortical Screw	CO-T2346

Ordering Information

2.3 mm Non-Toggling Cortical Screws

2.3 mm x 8 mm Non-Toggling Cortical Screw	CO-N2308
2.3 mm x 10 mm Non-Toggling Cortical Screw	CO-N2310
2.3 mm x 12 mm Non-Toggling Cortical Screw	CO-N2312
2.3 mm x 14 mm Non-Toggling Cortical Screw	CO-N2314
2.3 mm x 16 mm Non-Toggling Cortical Screw	CO-N2316
2.3 mm x 18 mm Non-Toggling Cortical Screw	CO-N2318
2.3 mm x 20 mm Non-Toggling Cortical Screw	CO-N2320
2.3 mm x 22 mm Non-Toggling Cortical Screw	CO-N2322
2.3 mm x 24 mm Non-Toggling Cortical Screw	CO-N2324
2.3 mm x 26 mm Non-Toggling Cortical Screw	CO-N2326
2.3 mm x 28 mm Non-Toggling Cortical Screw	CO-N2328
2.3 mm x 30 mm Non-Toggling Cortical Screw	CO-N2330
2.3 mm x 32 mm Non-Toggling Cortical Screw	CO-N2332
2.3 mm x 34 mm Non-Toggling Cortical Screw	CO-N2334
2.3 mm x 36 mm Non-Toggling Cortical Screw	CO-N2336
2.3 mm x 38 mm Non-Toggling Cortical Screw	CO-N2338
2.3 mm x 40 mm Non-Toggling Cortical Screw	CO-N2340
2.3 mm x 42 mm Non-Toggling Cortical Screw	CO-N2342
2.3 mm x 44 mm Non-Toggling Cortical Screw	CO-N2344
2.3 mm x 46 mm Non-Toggling Cortical Screw	CO-N2346

2.3 mm Locking Variable Angle Screws

2.3 mm X 12 mm Lkg Variable Angle Screw	30-2312
2.3 mm X 14 mm Lkg Variable Angle Screw	30-2314
2.3 mm X 16 mm Lkg Variable Angle Screw	30-2316
2.3 mm X 18 mm Lkg Variable Angle Screw	30-2318
2.3 mm X 20 mm Lkg Variable Angle Screw	30-2320
2.3 mm X 22 mm Lkg Variable Angle Screw	30-2322
2.3 mm X 24 mm Lkg Variable Angle Screw	30-2324
2.3 mm X 26 mm Lkg Variable Angle Screw	30-2326
2.3 mm X 28 mm Lkg Variable Angle Screw	30-2328

Locking Variable Angle Screw Instrument

1.7 mm Quick Coupler Semi-fluted Drill	80-0868
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3.5 mm Locking Cortical Screws

3.5 mm x 8 mm Locking Cortical Screw	COL-3080
3.5 mm x 10 mm Locking Cortical Screw	COL-3100
3.5 mm x 12 mm Locking Cortical Screw	COL-3120
3.5 mm x 14 mm Locking Cortical Screw	COL-3140
3.5 mm x 16 mm Locking Cortical Screw	COL-3160
3.5 mm x 18 mm Locking Cortical Screw	COL-3180

3.5 mm Cortical Screws

3.5 mm x 10 mm Cortical Screw	CO-3100
3.5 mm x 12 mm Cortical Screw	CO-3120
3.5 mm x 14 mm Cortical Screw	CO-3140
3.5 mm x 16 mm Cortical Screw	CO-3160
3.5 mm x 18 mm Cortical Screw	CO-3180



Acu-Loc® 2 Radiolucent Targeting Guide



Acu-Loc® 2 Proximal VDR Plate

3.5 mm Locking Hexalobe Screws

3.5 mm x 8 mm Locking Hexalobe Screw	30-0232
3.5 mm x 10 mm Locking Hexalobe Screw	30-0233
3.5 mm x 12 mm Locking Hexalobe Screw	30-0234
3.5 mm x 14 mm Locking Hexalobe Screw	30-0235
3.5 mm x 16 mm Locking Hexalobe Screw	30-0236
3.5 mm x 18 mm Locking Hexalobe Screw	30-0237

3.5 mm Nonlocking Hexalobe Screws

3.5 mm x 10 mm Nonlocking Hexalobe Screw	30-0256
3.5 mm x 12 mm Nonlocking Hexalobe Screw	30-0257
3.5 mm x 14 mm Nonlocking Hexalobe Screw	30-0258
3.5 mm x 16 mm Nonlocking Hexalobe Screw	30-0259
3.5 mm x 18 mm Nonlocking Hexalobe Screw	30-0260

3.5 mm Screw Instrumentation

T15 Stick-Fit Hexalobe Driver	80-0760
2.5 mm Quick Release Hex Driver	HPC-0025
2.8 mm x 7" Quick Release Drill	80-0387

Frag-Loc® Screws

Frag-Loc® Compression Sleeve	30-0370
Frag-Loc® Compression Screw	30-0371
Frag-Loc® Compression Screw, Long	30-0372

Frag-Loc® Instrumentation

Frag-Loc® 2.5 mm Drill	80-0724
.035" x 5.75" ST Guide Wire	WS-0906ST
Frag-Loc® 1.5 mm Cannulated Driver Assembly	80-0758

General Instrumentation

Plate Tack	PL-PTACK
.054" Guide Wire	WS-1406ST
1.5 mm Easyouts	80-0598
2.5 mm Easyouts	80-0600

These implants are available non-sterile or sterile-packed. Add -S to product number for sterile products. To order, contact your local Acumed® Representative.

The Acu-Loc® 2 Wrist Plating System also contains the Acu-Loc® Dorsal Plates, Acu-Loc® VDU Plates and Acu-Loc® EX Plates.

For more information regarding these products, please refer to the Acu-Loc® Wrist Plating System Brochure and Surgical Technique, HNW00-01.

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

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