

A close-up photograph of a person's right foot wearing a bright blue athletic sneaker with black accents on the heel and sole. The shoe is positioned on a lush green lawn. The background is slightly blurred, focusing attention on the shoe and the ankle area.

ATTENTION:
Sports Medicine Surgeons!

*If you treat ankle sprains
every Monday morning...*

...please open.

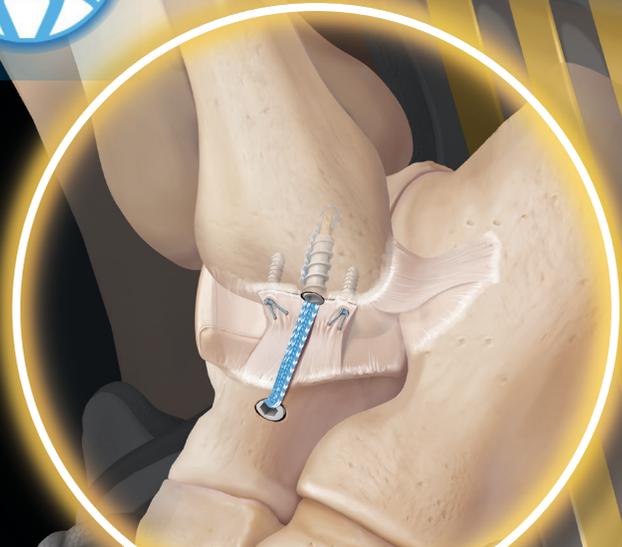
*You already treat rotator
cuffs with...*



*SwiveLock[®] anchors and
FiberTape[®] suture.*

Why not consider protecting your Brostrom repairs with the same?

The *InternalBrace*™ ligament augmentation repair acts like an internal seat belt to help protect the ankle ligaments.



You may think your Brostrom
repair has you protected...
Think again.

InternalBrace™ Ligament Augmentation Repair

Ultimate Failure (Newtons)¹



Reference:

1. Viens NA, Wijdicks CA, Campbell KJ, Laprade RF, Clanton TO. Anterior talofibular ligament ruptures, part 1: biomechanical comparison of augmented Brostrom repair techniques with the intact anterior talofibular ligament. *Am J Sports Med.* 2014;42(2):405-411. doi:10.1177/0363546513510141.

***InternalBrace*[™] ligament augmentation...get your patients back in the game**

J. Chris Coetzee, MD - Minnesota Vikings Team Physician

"This is the most exciting product I have seen in the last ten years and I know it will change the way we treat athletic injuries; it will prove to be one of the big innovations of our time."

Professor Gordon Mackay, MD - Scottish Premier League Soccer Team Physician (multiple clubs)

"*InternalBrace*[™] for peace of mind! A repair without protection can be like driving without a seat belt. Protect your patients! Immobilization can produce a poor outcome – the *InternalBrace* protects during early mobilization."

Jim Bradley, MD - Pittsburgh Steelers Team Physician

"There are very few significant paradigm shifts in orthopedics – I believe the *InternalBrace* concept is one of them. Following an ankle ligament repair augmented with an *InternalBrace*, athletes of all levels may benefit from early motion to expedite rehabilitation."

Brostrom rehab protocols vary greatly in literature. The prevailing protocol describes 6 weeks non weight bearing and casting followed by 6 weeks weight bearing in boot and formal therapy not being initiated until 3 months with goals of return to sport at 4 to 6 months. Other protocols that report of "early" rehab (Petryra et al, AJSM April 2014; and others) which allow for immediate weight bearing/ early initiation of rehabilitation within weeks for surgery and goals of early return to sport and activity within months of surgery. Certainly, the current trend is to be more aggressive as we understand that early motion and use of any joint, including ankle, should allow ligament healing to occur earlier. There is also enough literature and overall comfort in the orthopedic foot and ankle community to support more aggressive rehab protocols for ligament reconstruction procedures (Miyamoto et al, AJSM, April 2014).

Get your patients back in the game!

Ordering Information

InternalBrace™ Ligament Augmentation Repair Kit

AR-1688-CP



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