When You Treat Hand and Wrist...

...Think Arthrex
Hand and Wrist Anchors

Innovation in Strength, Suture, and Knotless Technology

- Higher pull-out strength compared to competitors
- 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
Pull-Out Strength
FiberWire® Suture Anchors

Pull-out Strength in 30 lb/ft² (lbf) Ultimate Load¹

* QuickAnchor, Ethibond, MicroFix, and MiniLok are trademarks and registered trademarks of Johnson & Johnson Corp.
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.
DX SwiveLock® SL

*Internal/Brace™* 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 *Internal/Brace* 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 *Internal/Brace* technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.
Select Applications

*InternalBrace™ Augmentation Techniques*

- All-Dorsal Scapholunate Reconstruction With *InternalBrace* Ligament Augmentation
- Interosseous Scapholunate Reconstruction With *InternalBrace* Ligament Augmentation
- APL Suspensionplasty With *InternalBrace* Ligament Augmentation
- Thumb UCL Repair With *InternalBrace* Ligament Augmentation
CMC Mini TightRope® Implant

Thumb CMC Suspensionplasty
- May allow earlier rehabilitation
- 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.

Nitinol loop of 1.1 mm suture-passing K-wire

Mini TightRope® repair kit – AR-8919DS
Centerline™
Endoscopic Carpal Tunnel Release System

- Simple handling – minimally invasive
- Good view of anatomical structures
- Faster rehabilitation
- 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
- Dorsal L-plate
- Spanning 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