

OrthoLine™ Fracture Plates

Straight Plates

42 mm: Increased screw density leads to superior stiffness¹

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

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



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

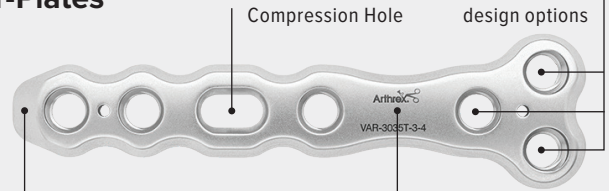
Compression Hole: Allows for interfragmentary compression

≤ 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

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

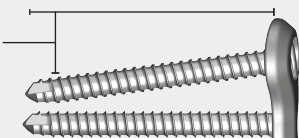
T-Plates



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



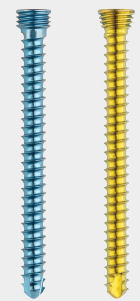
3.0 mm Cortical Screws

- 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

- 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

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

Distal K-Wire Hole:

Maintain placement while securing the plate to bone; follows trajectory of transcondylar screw

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

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

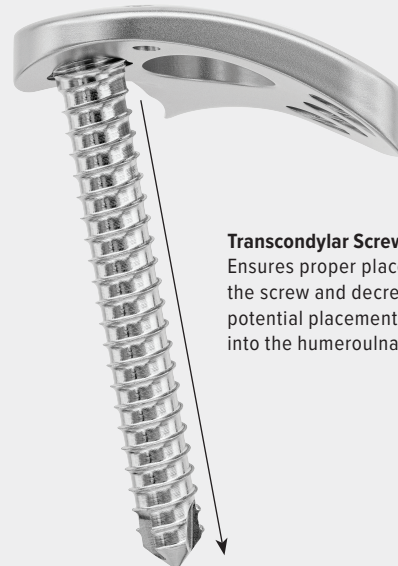
Epicondylar Relief Hole: Allows for more anatomical fit

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



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

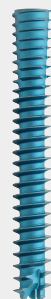
QuickFix™ Cannulated Screws

- Hexalobe drive
- Titanium alloy
- 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

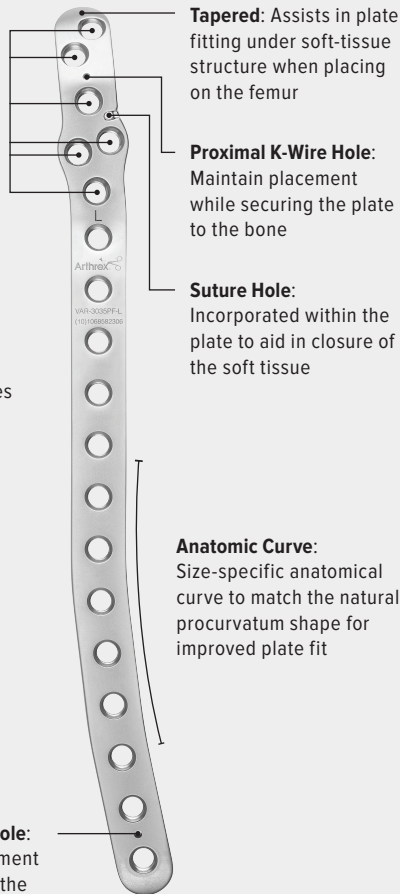


OrthoLine™ Fracture Plates

Proximal Femoral Fracture Plates

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

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

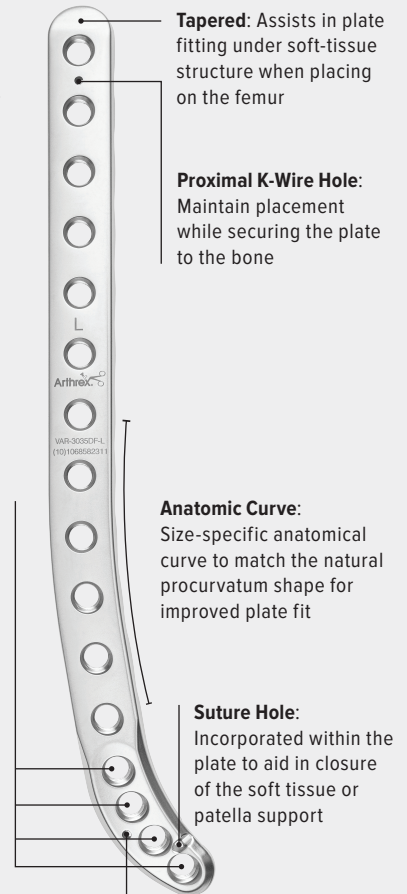


Distal Femoral Fracture Plates

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

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

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

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

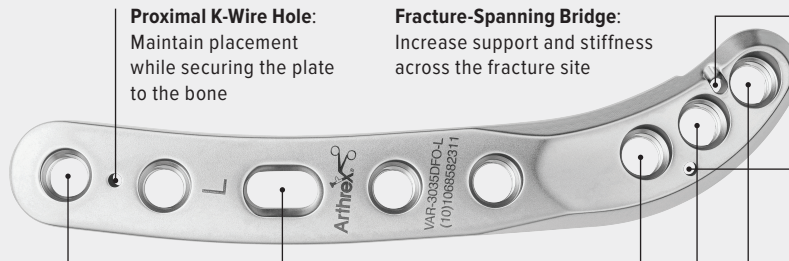
Compression Hole:
Allows for interfragmentary compression

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

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

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



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

OrthoLine™ Fracture Plates

Medial Patella Luxation TPLO Plates

