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Smart Bathrooms Market To be at Forefront By 2022-2031 - 1 min ago Connected TV Market Global Forecast Over 2020-2030 - 1 min ago Fitness Tracker Market To Register a Stout Growth By 2021-2031 - 1 min ago Workable Strategic Report on Warehouse Racking Market 2022, Size, Share, and Development, Company Records, Advancements, Market Drivers, Possibilities, Challenges, and Risk Factors, and Key Discoveries Operating Income & Sales and Forecast 2030 - 20 mins ago OH Marketing Group Highlights Why Clients Should Choose Them - 21 mins ago The Acumed Ankle Plating System 3 is designed to provide a variety of fixation options for fractures of the distal tibia and fibula. Designed in conjunction with Anish Kadakia, M.D. and Bruce Ziran, M.D., the system is composed of seven plate families designed specifically for the treatment of ankle fractures. The indication-specific plates address fracture patterns of the medial, lateral, and posterior malleoli. Specialized plate features and unique instrumentation address disruption of the syndesmosis. 4.0 mm cannulated screws in lengths of 36 mm, 42 mm, and 48 mm are also included in the tray for the treatment of medial malleolar fractures. The Ankle Plating System 3 is used in combination with the Acumed Small Fragment Base Set. The Small Fragment Base Set includes One-Third Tubular Plates, as well as cut-to-length and bend-to-fit 2.7 mm L-shaped, T-shaped, and straight Fragment Plates that can also be used to address ankle fractures. The 2.7 mm and 3.5 mm locking, nonlocking, and variable angle hexalobe screws, 4.0 mm fully threaded and partially threaded cancellous hexalobe screws, and universal instrumentation are all housed in the Small Fragment Base Set. A selection of Tension Band Pins and AcuTwist Compression Screws are also included in the tray. "Our data demonstrates that the rate of syndesmosis instability was reduced in trimalleolar and trimalleolar equivalent fractures when prone positioning and direct fixation of the posterior malleolus were first performed." Background We sought to define the rate of syndesmosis instability after anatomic reduction of the posterior malleolus when posterior stabilization of a trimalleolar or trimalleolar equivalent ankle fracture was chosen vs when a supine position and initially conservative management of the posterior elements was chosen. Methods The types of syndesmosis and posterior malleolar fixation used to treat adult patients with ankle fractures involving the posterior malleolus at our level I trauma center were retrospectively assessed (N = 198). Specifically, both bimalleolar and trimalleolar fractures were included. Exclusion criteria included pilon fractures, trimalleolar fractures with Chaput fragments, and neurologic injury. Demographics, fracture classification, initial operative position, medial clear space, and posterior malleolar fragment size were recorded for each fracture. Results In total, 151 patients (76.3%) were initially positioned supine, 27.2% of whom had syndesmosis instability requiring operative stabilization. Almost 25% of supine patients also underwent posterior malleolar stabilization for posterior instability. Overall, 73 (48.3%) patients who were initially treated in the supine position needed some form of additional stabilization. Forty-seven patients (23.7%) were initially positioned prone. Syndesmosis stability was restored in 97.9% of these patients. This 2.1% rate of instability vastly differs from the 13-fold higher syndesmosis instability rate observed in the supine group (P < .001). Conclusion Our data demonstrate that the rate of syndesmosis instability was reduced in trimalleolar and trimalleolar equivalent fractures when prone positioning and direct fixation of the posterior malleolus were first performed. Using traditional preoperative estimates of posterior stability to determine the need for posterior malleolar fixation may be inadequate since almost a quarter of patients treated supine received posterior stabilization. Level of Evidence Level III, retrospective comparative series. Miller MA, McDonald TC, Graves ML, et al. Stability of the syndesmosis after posterior malleolar fracture fixation. Foot Ankle Int. 2018; 39(1):99-104. "Patients with trimalleolar ankle fractures in whom the posterior malleolus was treated with posterolateral buttress plating had superior clinical outcomes at follow-up compared with those treated with AP screws." Objective To compare radiographic and clinical midterm outcomes of posterior malleolar fractures treated with posterior buttress plating versus anterior to posterior lag screw fixation. Methods Design: Retrospective case series. Setting: Level I trauma center. Patients/Participants: Between January 2002 and December 2010, patients with posterior malleolar fractures were identified by Current Procedural Terminology code and their charts reviewed for eligibility. Intervention: Posterior malleolar fixation using either anterior to posterior (AP) lag screws or posterior buttress plating. Main Outcome Measurements: Demographic data, length of follow-up, range of motion, and postoperative Short Musculoskeletal Function Assessment (SMFA) scores were the main outcome measurements. Immediate postoperative radiographs for residual gap/step-off and final follow-up radiographs for the degree of arthritis that developed were evaluated. Results Thirty-seven patients were eligible for the study, and 27 chose to participate. Sixteen patients underwent posterior buttress plating, and 11 underwent AP screw fixation with mean follow-up times of 54.9 and 32 months, respectively. Demographic data were similar between groups. The posterolateral plating group demonstrated superior postoperative SMFA scores compared with the AP screw group with statistically significant differences in the SMFA bother index (26.7 vs. 9.2, P = 0.03) and trends toward improvement in the mobility (28.3 vs. 12.9, P = 0.08) and functional indices (20.2 vs. 9.4, P = 0.08). There were no significant differences in the range of motion or the development of ankle arthritis over time. Conclusions Patients with trimalleolar ankle fractures in whom the posterior malleolus was treated with posterolateral buttress plating had superior clinical outcomes at follow-up compared with those treated with AP screws. O'Connor T, Mueller B, Ly TV, et al. "A to p" screw versus posterolateral plate for posterior malleolus fixation in trimalleolar ankle fractures. J Orthop Trauma. 2015; 29(4):e151-6. "The accurate reduction and fixation of the avulsed fragment is important for restoration of the stable distal tibiofibular joint and to prevent the chronic ankle joint pain caused by impingement of the avulsed fragment." Objective The purpose of this study was to determine the incidence, relationship with the ankle diastasis, and effect of treatment of the anterior tibiofibular ligament avulsion fracture (Wagstaffe fracture) combined with the Weber type B lateral malleolar fracture. Methods This study reviewed 94 cases of ankle fractures treated with operative methods. Results There were 52 cases of Weber type B lateral malleolar fractures and 13 cases of Wagstaffe fractures combined with them (25%). Ankle diastases were diagnosed in 20 cases (38.5%) in all Weber type B fractures and 11 (84.6%) of the 13 Wagstaffe fractures. Conclusion The Wagstaffe fracture can be a good diagnostic clue of ankle diastasis in Weber type B lateral malleolar fracture. The accurate reduction and fixation of the avulsed fragment is important for restoration of the stable distal tibiofibular joint and to prevent the chronic ankle joint pain caused by impingement of the avulsed fragment. Park JW, et al. Anterior tibiofibular ligament avulsion fracture in weber type B lateral malleolar fracture. J Trauma Acute Care Surg. 2002;52(4):655-9. Download Key Publications PDF Trimalleolar fractures involve the lateral malleolus, the medial malleolus, and the posterior malleolus. See how Acumed Foot and Ankle products provide solutions to treat these often challenging cases. Watch video, see clinical and biomechanical evidence, and explore case studies. Explore Acumed Trimal Fracture SolutionsThe Ankle Syndesmosis Repair System with Acu-Sinch Knotless is intended to provide fixation during the healing process following a syndesmosis trauma, such as fixation of syndesmosis disruption in connection with Weber B and C ankle fractures. The Acu-Sinch Knotless device consists of a lateral Round Button and medial Flip Button connected by self-locking suture loop. The Titanium Flip Button is designed to pass through a 3.5 mm bone tunnel, plates, or intramedullary nails with a nonlocking 3.5 mm hole, while the low-profile titanium Round Button is compatible with a variety of titanium fibula plates and nails with 3.5 mm nonlocking screw holes, including the Lateral Fibula Plate and Posterolateral Fibula Plate in the Acumed Ankle Plating System 3.Acumed offers over 7 validated Ankle Plating System 3 configurations to best support diverse market needs. The most comprehensive, full configuration is available along with our most streamlined, essential configuration. Additional options are available. Contact us to find out which configuration may be right for you>Contact your nearest Acumed sales rep for more informationWith 67% of posterior malleolus fractures involving the lateral corner,8 Acumed offers fragment-specific plates anatomically contoured to fit each side of the posterior malleolus and to capture comminution at the articular surface.Designed to minimize soft tissue irritation, these plates are thinner both distally and proximally than DePuy Synthes, Arthrex, and Zimmer Biomet Lateral Fibula Plates.9These plates can be placed on either the lateral or medial malleolus. The Locking Peg Hook Plate includes a 2.3 mm Locking Cortical Peg across the fracture side for added support, and the fracture can be compressed and held in place with the Hook Plate Reduction Handle.A single incision is possible for both the Posterolateral Fibula and Posterolateral Distal Tibia plates to address a trimalleolar ankle fracture.(mobile users tap to show/animate)See an overview of the Ankle Plating System 3, a comprehensive system designed to provide a variety of fixation options for fractures of the distal tibia and fibula. Special features include fragment-specific plating for the posterior malleolus, two styles of Hook Plates for avulsion fragments, and a syndesmosis targeting guide. Used in conjunction with the Acumed Small Fragment Base Set, together the systems offer precontoured plates, customizable L-shaped, T-shaped, and straight fragment plates, and one-third tubular plates.See all videos featuring this productThe Syndesmosis Targeting Guide, uniquely developed by Acumed, attaches to the Posterolateral Fibula Plates and allows the surgeon to target the desired angle for syndesmosis screw fixation.Published literature has shown that the target location for syndesmosis screw fixation should be at the center of the tibia, through the fibula, 1 to 3 centimeters above the tibial plafond.1,3,4The Ankle Plating System 3 is used in combination with the Acumed Small Fragment Base Set, a comprehensive system for small fragment trauma surgeries of the upper and lower extremities. The set is designed as both a stand-alone system with traditional plating as well as a complement to Acumed's precontoured, anatomic-specific plating systems such as the Ankle Plating System 3.Screws in the system include 2.7 and 3.5 mm locking, nonlocking, and variable angle hexalobe screws, as well as 4.0 mm fully and partially threaded cancellous hexalobe screws. The system also features straightforward instrumentation including fragment plate benders, fragment plate cutters, and a variety of drills and drill guides.Published literature suggests that ankle fractures with involvement of the posterior malleolus are both underestimated and underdiagnosed.5 Fractures involving the posterior malleolus lead to poorer outcomes even when the fragment is small,6 with outcomes that may be worse with larger fragments.7The Ankle Plating System 3 incorporates 4.0 mm cannulated and cancellous screws, one-third tubular plates, fragment plates, and unique plating options for both the posteromedial and posterolateral distal tibia to specifically address these difficult fracture patterns.The seven plate families in the Ankle Plating System 3 address fracture patterns of the medial, lateral, and posterior malleoli:Lateral Fibula Plate (7 lengths, left and right specific)Posterolateral Fibula Plate (5 lengths, left and right specific)Posterolateral Distal Tibia Plate (2 lengths, left and right specific)Posteromedial Distal Tibia Plate (1 length, left and right specific)Medial Anti-Glide Plate (1 length)Hook Plate (2 lengths)Locking Hook Plate (2 lengths)The Lateral Fibula Plates include two plate holes labeled with an "S" which have a fixed 30 degree anterior angle to target the center of the tibia to help optimize syndesmosis screw positioning.1,2The Posterolateral Fibula Plates sit under the peroneal tendons and contain three scallops labeled with an "S" that allow for syndesmosis screw fixation adjacent to the plate, targeted between 1 cm and 3 cm above the tibial plafond. The scallops may be targeted freehand or with the adjustable Syndesmosis Targeting Guide included in the set.The Posterolateral Distal Tibia Plates incorporate a unique contour designed to act as a template and to aid in anatomic fracture reduction. The plates also include a distal cluster of 2.7 mm hexalobe screws that are angled approximately 15 degree superior to the joint space.The Posteromedial Distal Tibia Plate sits beneath the posterior tibial tendon and is designed with a low plate and screw profile. The distal end of the plate is contoured and is designed to act as a buttress to distal fragments. The two distal 2.7 mm hexalobe screws are angled with the intention to avoid the joint space.The Medial Anti-Glide Plate is designed to address vertical shear fractures of the medial malleolus. This plate functions similarly to a one-third tubular plate but is more contoured and includes a distal cluster of 2.7 mm hexalobe screws to capture fragments in cases with distal comminution.The two prongs at the distal end of the Hook Plate are designed to support an avulsion fragment when the fragment may be too small for a lag screw. The Hook Plates may be placed on either the lateral or medial malleolus.The Locking Peg Hook Plates are designed to support an avulsion fragment that may require additional stability and include a 2.3 mm Cortical Peg through the distal end of the plate for additional support. The Locking Peg Hook Plates may be placed on either the lateral or medial malleolus.4.0 mm cannulated screws are included in the Ankle Plating System 3 tray in lengths of 36 mm, 42 mm, and 48 mm. Additional lengths of 4.0 mm cannulated screws are approved for use with the Ankle Plating System 3 and are housed in standalone 4.0 mm Cannulated Screw Caddies. All 4.0 mm screws use the instruments within the Ankle Plating System 3. Short Thread (1/3 threaded) · 14-60 mm in 2 mm increments · 60-72 mm in 4 mm increments Long Thread (1/2 threaded) · 16-60 mm in 2 mm increments · 60-72 mm in 4 mm increments Potential Applications - Medial malleolar fractures - Posterior malleolar fractures Accommodating Guide Wire 1.3 mm (.05") x 150 mm non-threaded (80-2039) Drill Size 2.7 mm Cannulated Drill, QC The 2.7 mm and 3.5 mm locking, nonlocking, and variable angle hexalobe screws, 4.0 mm fully threaded and partially threaded cancellous hexalobe screws, and universal instrumentation are all housed in the Small Fragment Base Set. A selection of Tension Band Pins and AcuTwist Compression Screws are also included in the tray. Locate Your Nearest Acumed Rep1. Needleman, RL. Accurate reduction of an ankle syndesmosis with the "glide path" technique. Foot Ankle Int. 2013;34:1308-1311.2. Van den Bekerom M, Hogervorst M, Bolhuis CN. 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