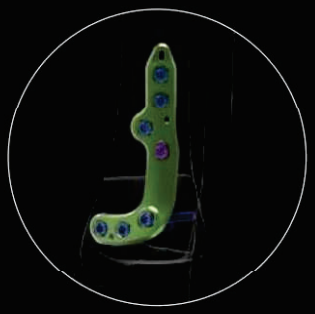
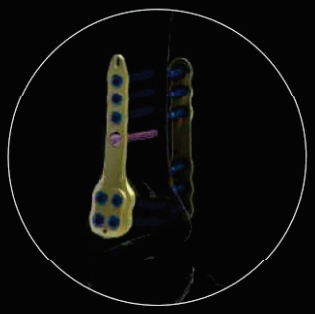
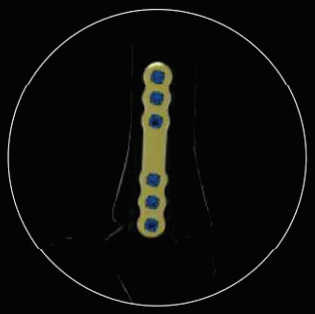
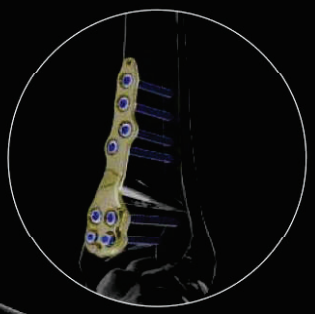
NEWCLIP TECHNICS









ACTIV MOTION S DTO

DISTAL TIBIAL OSTEOTOMY

IMPLANT REFERENCES

→ PLATES

MEDIAL CLOSING PLATES		
Ref.	Description	
ZBTSM1-ST	Medial closing wedge DTO plate - Symmetrical - Size 1 - STERILE	1.1. poz.
ZBTSM2-ST	Medial closing wedge DTO plate - Symmetrical - Size 2 - STERILE	3.1. poz.

ZBTSM1-ST
1.1. poz.

ZBTSM2-ST
3.1. poz.

ANTEROLATERAL CLOSING PLATES	
Ref.	Description
ZBTGB1-ST	Anterolateral closing wedge DTO plate - Left - Size 1 - STERILE
ZBTDB1-ST	Anterolateral closing wedge DTO plate - Right - Size 1 - STERILE

ZBTGB1-ST

ZBTDB1-ST

MEDIAL OPENING PLATES		
Ref.	Description	
ZATSM1-ST	Medial opening wedge DTO plate - Symmetrical - Size 1 - STERILE	
ZATSM2-ST	Medial opening wedge DTO plate - Symmetrical - Size 2 - STERILE	2.1. poz.

ZATSM1-ST

ZATSM2-ST
2.1. poz.

FIBULA PLATES	
Ref.	Description
FTPS1-ST	Straight plate for diaphyseal fibula - Symmetrical - Size 1 - STERILE
FTPS2-ST	Straight plate for diaphyseal fibula - Symmetrical - Size 2 - STERILE

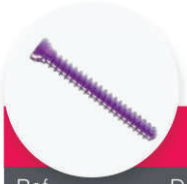
FTPS1-ST

FTPS2-ST

→ SCREWS

LOCKING SCREWS*	
Ref.	Description
SAT3.5Lxx-ST	Locking screw with conical head Ø3.5 mm - L12 to 50 mm - STERILE (2 mm increments)

* Blue anodized



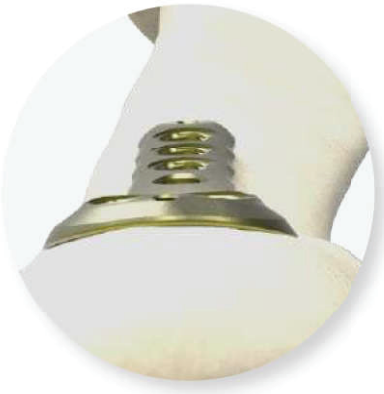
STANDARD SCREWS*	
Ref.	Description
CAT3.5LxxD-ST	Standard cortical screw - Ø3.5 mm - L12 to 50 mm - STERILE (2 mm increments)

* Fuchsia anodized

TECHNICAL FEATURES

ANATOMICAL PLATES

1.1., 2.1., 3.1. poz. Anatomiškai adaptuotos, lankstomos plokštelės



- **Precontoured implants**

  The design of these implants is the result of a proprietary state-of-the-art mapping technology to establish the maximum congruence between the plate and the bone.

- **Bendable plates**

  However, in the case of difficult bone anatomy, all the Activmotion S DTO plates can be bent with the appropriate bending irons (ANC452). The bending of these plates must be performed **once and in one direction only**. Please refer to the IFU for bending precautions.

- **Smooth implant edges**

  Especially on the medial plates to limit soft tissue irritation.

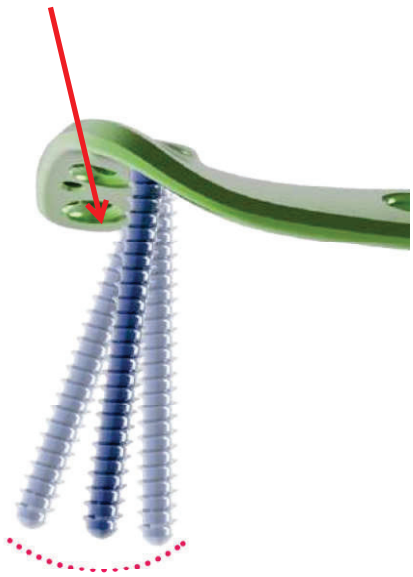
FIXATION & SCREW FEATURES

→ POLYAXIAL AND MONOAXIAL LOCKING FIXATION

1.5., 2.5., 3.5 poz. - kintamo ir fiksuoto kampo užrakinimas

- Unique screw diameter (Ø3.5 mm).
- Hexalobular screw head design (improved torque transmission – optimized pick and stick).
- Optimized screw head protuberance limiting soft tissues irritation.
- New patented polyaxial locking platform (+/-10°) with a dedicated polyaxial drilling guide (ANC1067). If the pre-angled positioning is preferred a dedicated monoaxial drilling guide can be used (ANC1094).

⚠ When using the polyaxial drill guide, make sure that the guide is locked in the axis of the hole to avoid over angulation of the drilling, resulting in a failure of the locking mechanism.

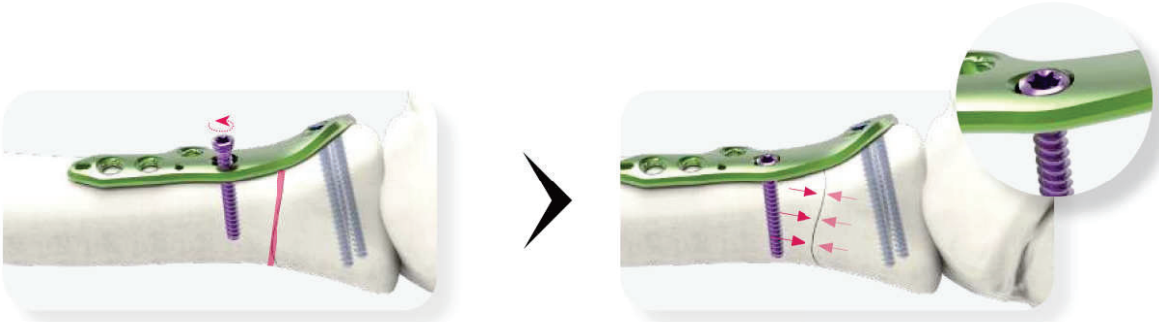


- Atraumatic tip preventing soft tissue irritation.
- The plate holes are compatible with locking (SAT3.5Lxx) and non-locking (CAT3.5LxxD) screws. However, it is recommended to use locking screws for a better mounting stability.

1.7., 1.8, 2.4. 2.8., 3.7., 3.8 poz. - fiksavimas 3,5 mm užrakinamais ir neužrakinamais sraigtais

→ COMPRESSIVE RAMP OBLONG HOLE

- The ramp oblong hole allows a simple and controlled compression by the screw/plate interface.



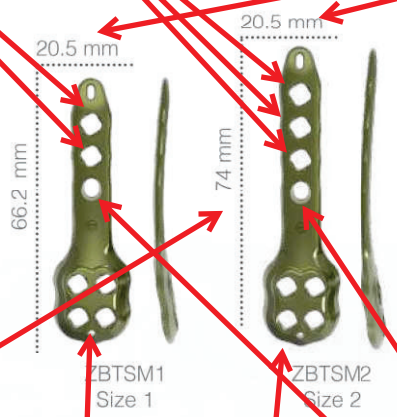
VALGUS DEFORMATION & DEROTATION

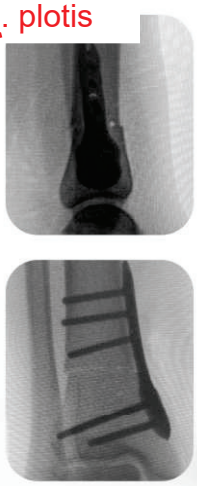
→ MEDIAL CLOSING PLATES

- 2 lengths: 2 or 3 proximal holes.
- One ramp oblong hole allowing for a simple and controlled compression for closing (d) (*see page 4*).

1.3., 3.3. poz. Užrakinamos kiaurymės proksimalinėje dalyje

1.6., 3.6. poz. plotis



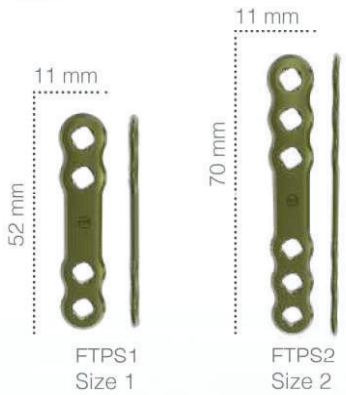


1.6., 3.6. poz. Ilgis

1.3., 3.3. poz. neužrakinama pailga kiaurymė, skirta kompresijai atlikti

→ ASSOCIATED FIBULA OSTEOTOMY

1.4., 3.4. poz. Užrakinamos kiaurymės distalinėje dalyje



ACTIVMOTION S - DTO

Indication: the implants of the Activmotion S DTO range are intended for bone reconstruction of the ankle joint in adults, including fixation of fractures and osteotomies of ankle, distal tibia and fibula.

Contraindications:
- Serious vascular deterioration, bone devitalization.
- Pregnancy.
- Acute or chronic local or systemic infections.
- Lack of musculo-cutaneous cover, severe vascular deficiency affecting the concerned area.
- Insufficient bone quality preventing a good fixation of the implants into the bone.
- Muscular deficit, neurological deficiency or behavioural disorders, which could submit the implant to abnormal mechanical strains.
- Allergy to one of the materials used or sensitivity to foreign bodies.
- Serious problems of non-compliance, mental or neurological disorders, failure to follow post-operative care recommendations.
- Unstable physical and/or mental condition.

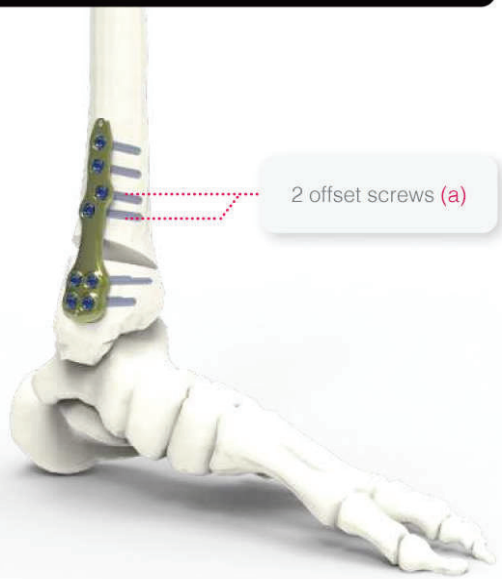
VARUS DEFORMATION

→ MEDIAL OPENING PLATES

- 2 offset screws for improving the mechanical features of the assembly (a).
- Step design ngruency of the plate according to the openi (b).

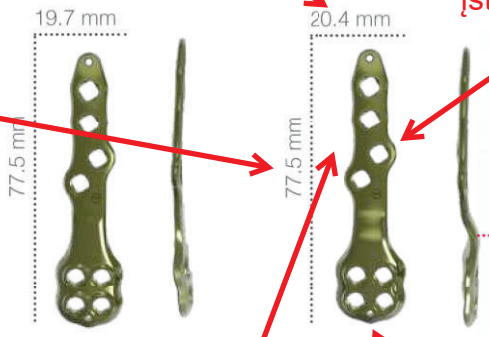
2.7. poz. plotis

2.6. poz. Kiaurymės įstrižoje plokštumoje



Step design (b)

2.7. poz. Ilgis



ZATSM1
Size 1

ZATSM2
Size 2

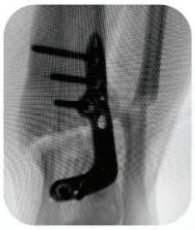
2.3. poz. specialus išlinkimas distaliniame gale

2.4. poz. Užrakinamos "kombi" tipo kiaurymės proksimalinėje ir distalinėje dalyje

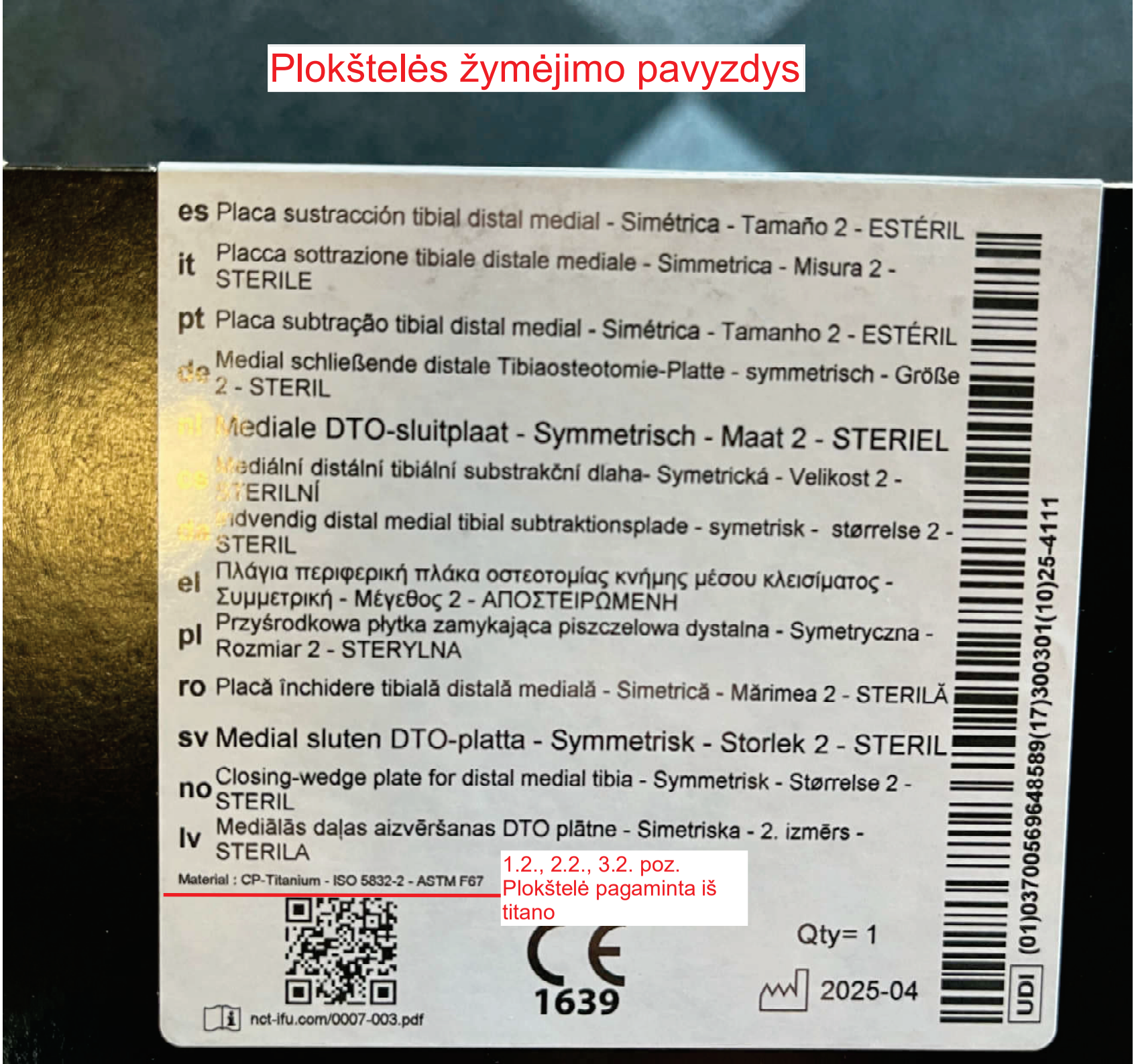
- One ramp oblong hole allowing a simple and controlled compression for closing (c) (*see page 4*).

ZBTGB1
Left

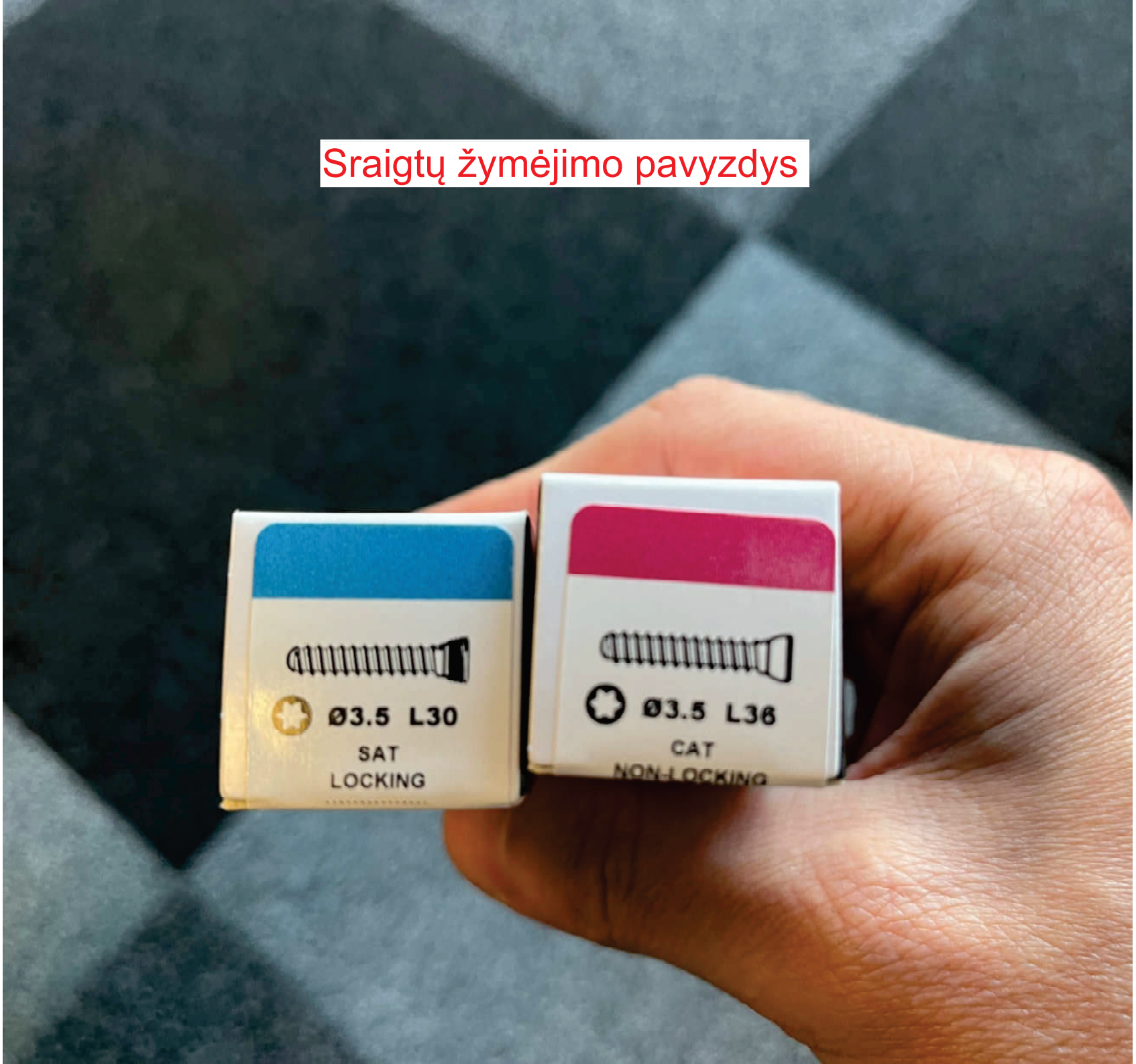
ZBTCB1
Right



Plokštelės žymėjimo pavyzdys



Plokštelės žymėjimo pavyzdys

Sraigtų žymėjimo pavyzdys

Sraigtų žymėjimo pavyzdys