

ACTIVMOTION

MEDIAL CLOSING WEDGE

DISTAL FEMORAL OSTEOTOMY



NEWCLIP-TECHNICS

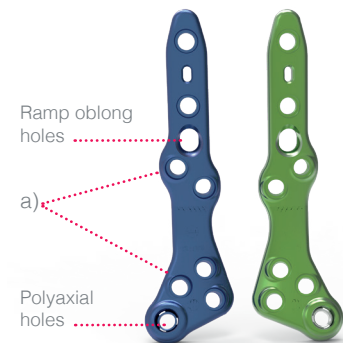
► **Indications:** The implants of the Activmotion range are intended for knee osteotomy in adults.

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 behavioral 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.

TECHNICAL FEATURES

- **Anatomic asymmetrical implant** (green anodized for right plate and blue anodized for left plate).
- **2 offset screw** holes on both sides of the osteotomy site improving the mechanical features of the assembly and preventing loss of angular correction (a),
- **1 ramp oblong hole** allowing for a simple and controlled compression
- **7 monoaxial locking screws** (Oneclip®),
- **1 polyaxial locking screw** (DTS®) allowing to avoid the intercondylar notch, if necessary (b),
Possible angulation of the screw before locking (25° locking range) thanks to the DTS® system.



REFERENCES

ACTIVMOTION INSTRUMENTS

Ref.	Description	Qty
ANC014-1	NCT Cutting guide – pièce 1	1
ANC014-2	NCT Cutting guide – pièce 2	1
ANC024	Handle for metallic wedge and cutting guide	2
ANC119-SK	3.0 mm quick coupling hexagonal non prehensor screwdriver	2
ANC120-US	Ø4.2 mm countersink with US quick coupling system	1
ANC210	Length gauge for Ø4.5 mm screws	1
ANC211	Ø4.0 mm quick coupling drill bit	2
ANC212	Ø4.0 mm DTS Trauma drill guide	2
ANC235	HTO Meary pliers	1
ANC240	Pliers for bending ACTIV plates	2
ANC312	3.0 mm quick coupling hexagonal screwdriver	1
ANC352	Ø6 mm US quick coupling handle	2
33.0222.150	Pin Ø2.2 L150 mm	3

MEDIAL CLOSING WEDGE DFO PLATE

Ref.	Description
JBTDM1	Medial closing wedge DFO plate - Right - Size 1
JBTGM1	Medial closing wedge DFO plate - Left - Size 1
JBTDM1-ST	Medial closing wedge DFO plate - Right - Size 1 - STERILE
JBTGM1-ST	Medial closing wedge DFO plate - Left - Size 1 - STERILE

Ø 4.5 MM SCREWS

Ref.	Description
ST4.5Lxx-ST	DTS® self-tapping screw - Ø4.5 mm - STERILE From L30 mm to L90 mm (5 mm increments)
SDT4.5Lxx	DTS® self-tapping screw - Ø4.5 mm From L30 mm to L90 mm (5 mm increments)
CT4.5Lxx-ST	Standard cortical screw - Ø4.5 mm - STERILE From L 24 mm to 60 mm (2 mm increments)
CT4.5Lxx	Standard cortical screw - Ø4.5 mm From L 24 mm to 60 mm (2 mm increments)

REMOVAL SET

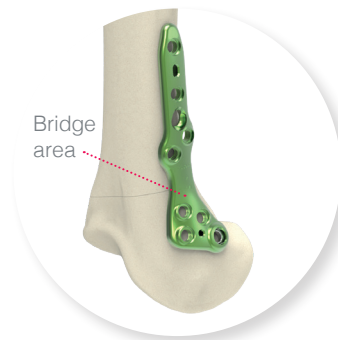
If you have to remove ACTIVMOTION implants, make sure to order the **Newclip Technics removal set** which includes the following instruments:

- ANC119-SK: 3.0 mm quick coupling hexagonal non prehensor screwdriver,
- ANC312: 3.0 mm quick coupling hexagonal screwdriver,
- ANC352: Ø6 mm US quick coupling handle.



SURGICAL TECHNIQUE

Example with a JBTD1 plate



1. Perform the osteotomy:
Start the first cut approximately at 5 mm above the patella groove. The cut should end around 10 mm from the lateral cortical bone. Then perform the proximal 2nd cut at the chosen correction angle in the medial supracondylar region with the cutting guide (ANC014-1 / ANC014-2). Set the chosen correction angle. Insert the blade of the cutting guide into the first cut and perform the second osteotomy in the cutting slot with an oscillating saw.

2. Remove the wedge and make sure that any residual bone fragments have been removed from the osteotomy. Then, carefully close the osteotomy by applying continuous pressure to the lateral lower limb while stabilizing the knee joint region.

3. Position the plate onto the medial surface of the distal femur. The polyaxial hole must be positioned around 1cm above the insertion of the medial collateral ligament. **It is important to ensure that the bridge area of the plate is located onto the osteotomy site and that the distal screws do not penetrate the joint.**

4. Lock the first Ø4.0 mm drill guide (ANC212) into the hole situated below the osteotomy cut, drill using the Ø4.0 mm drill bit (ANC211). Determine the screw length directly on the drill, at the rear of the Ø4.0 mm drill guide (ANC212).

To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. Then, insert the Ø4.5 mm locking screw using the screwdriver (ANC119-SK). Repeat this procedure with the 2 other distal monoaxial holes.



5. Insert a Ø2.2 mm pin (33.0222.150) into the proximal part of the oblong hole for pin. Drill into the proximal part of the ramp oblong hole using the drill bit (ANC211) and determine the screw length with the length gauge (ANC210).

6. Proceed similarly to step 4 for the insertion of the Ø4.5 mm locking screws into the 2 holes situated above the osteotomy cut.

7. Lock the Ø4.0 mm drill guide (ANC212) into the polyaxial hole. If necessary, adjust the drilling direction in order to avoid the intercondylar notch. Start drilling using the Ø4.0 mm drill bit (ANC211). Determine the screw length directly on the drill, at the rear of the Ø4.0 mm drill guide (ANC212).

To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. Then, insert the Ø4.5 mm locking screw using the screwdriver (ANC119-SK).

FINAL RESULT

8. Repeat the previous steps to insert the remaining Ø4.5 mm locking screws situated on the proximal part of the plate.

Insert a standard cortical screw (CT4.5Lxx) and perform compression using the screwdriver (ANC119-SK). Then remove the Ø2.2 mm pin.

