

ACTIVMOTION S DTO.



DISTAL TIBIAL
OSTEOTOMY PLATES





Activmotion S DTO.

DISTAL TIBIAL OSTEOTOMIES

Intended purpose:

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.

Contra-indications:

- Pregnancy.
- Acute or chronic local or systemic infections.
- Allergy to one of the materials used or sensitivity to foreign bodies.

Why perform a supramalleolar osteotomy ?

- In recent years, supramalleolar osteotomy (SMO) — also known as distal tibial osteotomy (DTO) — has attracted growing interest as a promising joint-preserving strategy for managing asymmetric ankle osteoarthritis, particularly in younger and active patients. Several publications have highlighted the benefits of this approach when **malalignment plays a key role in cartilage degeneration**^{1,2,3,4}.

By realigning the distal tibia, SMO **redistributes mechanical loads**⁴, alleviates pain¹, and can **prevent the progression of osteoarthritis**^{2,3}. Clinical studies have reported significant improvements in functional outcomes, with AOFAS scores increasing from 52.6 to 78.1 on average¹, and mid-term survival rates (i.e., no need for fusion or replacement) reaching 88% at five years². This kind of osteotomy achieves **consistent results**, however, requires precise preoperative planning, accurate deformity correction, and stable fixation — especially in cases involving multiplanar alignment issues.

To support surgeons in performing this technically demanding procedure, the Activmotion S DTO has been developed: **a comprehensive set of anatomically contoured implants, designed to suit different types of supramalleolar osteotomies and adapt to various clinical situations.**

On request, these plates can be used in association with the ONE solution, our patient-matched cutting guides. This solution is intended to **assist surgeons in 3D planning before and during the surgery from simple to complex osteotomies.**

- Butler JJ et al., Supramalleolar osteotomy for the treatment of ankle osteoarthritis leads to favourable outcomes and low complication rates at mid-term follow-up: a systematic review. *Knee Surg Sports Traumatol Arthrosc.* 2023 Feb;31(2):701-715
- Krähenbühl N et al., Mid- to Long-term Results of Supramalleolar Osteotomy. *Foot Ankle Int.* 2017 Feb;38(2):124-132.
- Lacorda et al., Supramalleolar Osteotomy for Medial Ankle Osteoarthritis Clinics in Orthopedic Surgery • Vol. 12, No. 3, 2020
- Ahn J et al., Clinical Outcomes of Supramalleolar Osteotomy in Intermediate Stage of Varus Ankle Osteoarthritis in Joint Preservation. *J Foot Ankle Surg.* 2022 Nov-Dec;61(6):1280-1286.

Ankle osteoarthritis continuum of care.

JOINT PRESERVATION



Deformity With Moderate Arthritis
 Ankle Correction with Distal Tibial Osteotomy (DTO)

JOINT REPLACEMENT/ FUSION



Ankle Fusion

PATIENT JOURNEY

+++

Bone preservation / maintain current activity (sport)

Technical features.

ANATOMICAL PLATES

- **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, except the anterior hinge ones, 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 allow opening and closing without compromising mechanical resistance.



FIXATION & SCREW FEATURES

DUAL-ANGLE LOCKING FIXATION: POLYAXIAL & MONOAXIAL SOLUTION

- Unique screw diameter (Ø3.5 mm).
- Hexalobular screw head design.
- 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).

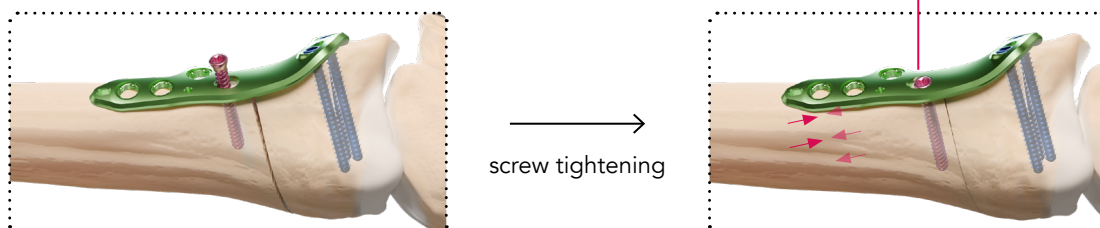
Warning: When using the polyaxial drill guide, make sure that the guide is locked in the axis of the hole to avoid over angulation of the drilling, resulting in a failure of the locking mechanism.



- Rounded tip screw.
- The plate holes (except the ramp oblong one) 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.

COMPRESSIVE RAMP OBLONG HOLE

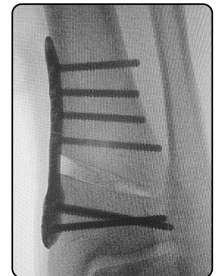
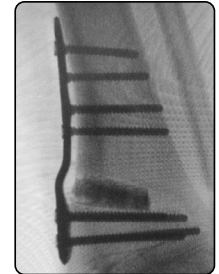
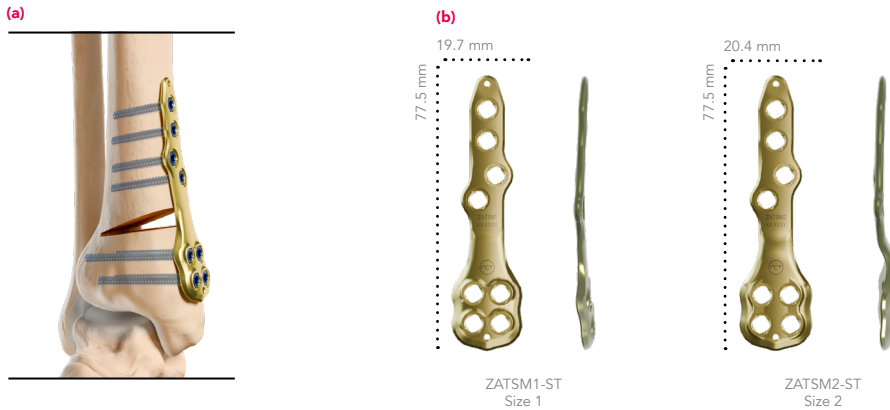
- Ramp oblong holes allowing a guided axial compression by using the screw/plate interface.



VARUS DEFORMATION

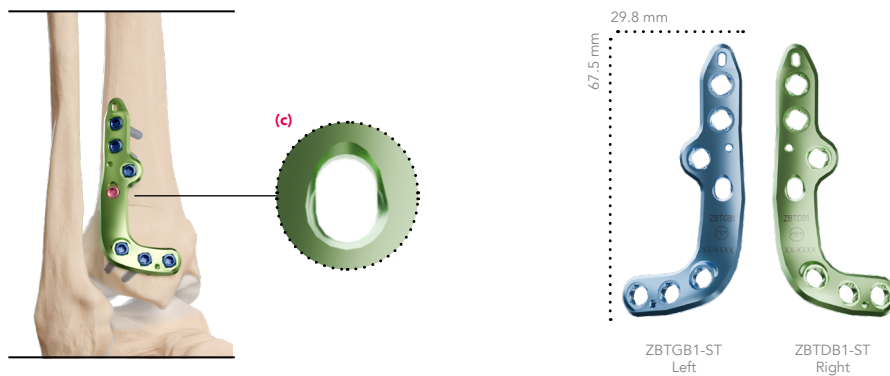
MEDIAL OPENING PLATES

- **Two offset screws** for improving the mechanical features of the assembly ^(a).
- **Step design** to optimize congruency of the plate according to the opening ^(b).



ANTEROLATERAL CLOSING PLATES

- **Anatomic asymmetrical implants** (blue anodized for left plates and green anodized for right plates)
- Ramp oblong holes allowing a guided axial compression for closing ^(c) (see page 4).



ANTEROMEDIAL HEMIDOME PLATES

- Hemidome ankle osteotomy is recognized in the medical literature as a **specialized joint-preserving technique for treating asymmetric varus ankle osteoarthritis**, particularly in cases with multiplanar deformity, severe distal tibial inclination, and incongruent ankle joints (talar tilt $>4^\circ$ and varus $>10^\circ$), where conventional supramalleolar osteotomies may fail to restore joint congruency and alignment¹.

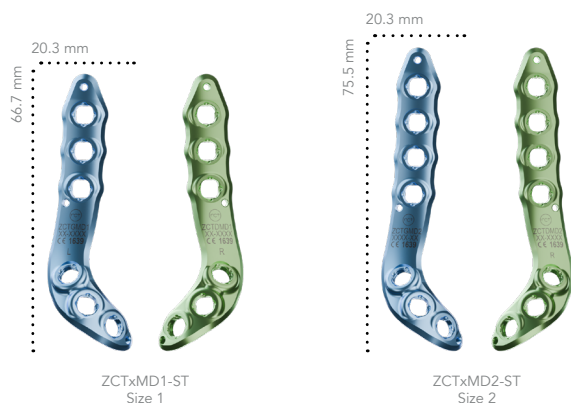
This technique allows **controlled multiplanar correction around the CORA**, while preserving bone length and articular congruency, essential for **physiological joint biomechanics**^{1,2}. The curved cut facilitates closure of the ankle mortise, re-establishing contact between the malleoli and the talus, **thereby restoring load-bearing symmetry**. It also maintains medial cortex continuity, minimizing step-off and reducing soft tissue irritation.

Hemidome osteotomy is particularly indicated when a large angular correction is needed in the coronal and sagittal planes, or when previous trauma or deformity prevents a traditional opening wedge approach^{1,2}. It is also useful in patients with preserved joint space medially, but with a significant tibial plafond inclination (high Tibial Anterior Surface [TAS] angle).

To support these demanding procedures, **specific implants have been designed**.

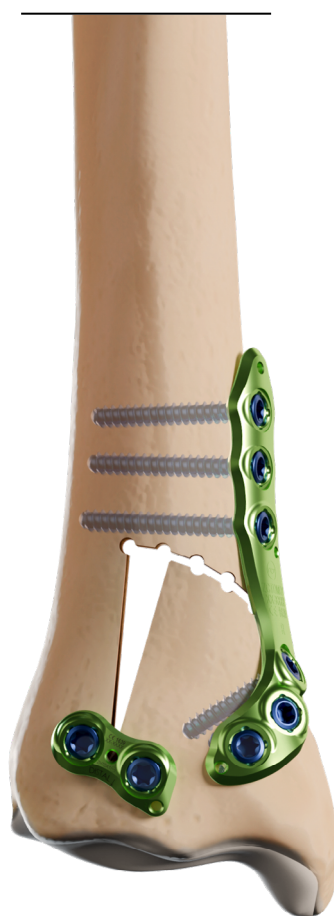
- Choi et al., Surgical Correction of Large Talar Tilt in Varus Ankle Osteoarthritis: Lessons from Clinical Experience and a Review of the Literature, J. Clin. Med. 2025, 14, 2781
- Hintermann B, Ruiz R, Barg A. Novel Double Osteotomy Technique of Distal Tibia for Correction of Asymmetric Varus Osteoarthritic Ankle. Foot & Ankle International. 2017;38(9):970-981

- Anatomic asymmetrical implants** (blue anodized for left plates and green anodized for right plates).
- Specifically designed for hemidome osteotomy.
- Two lengths: 3 or 4 proximal holes.

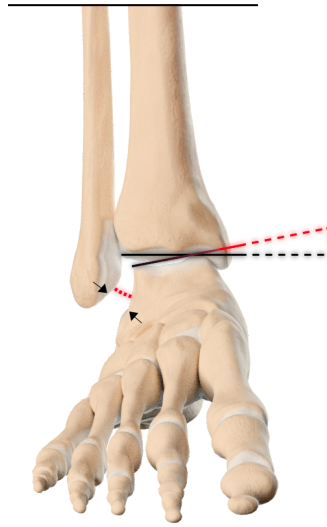


ASSOCIATED ANTERIOR HINGE PLATES

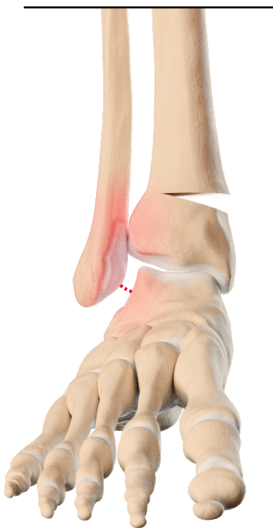
- Anatomic asymmetrical implants** (blue anodized for left plates and green anodized for right plates).
- Stabilize the osteotomy and prevent the risk of hinge breakage during opening.



COMPARISON WITH OTHER TECHNIQUES



- Application: severe asymmetric varus ankle osteoarthritis with joint incongruency and talofibular diastasis.
- Surgery goals:
 - Close the mortise
 - Treat the varus



MEDIAL OPENING OSTEOTOMY

- Risk of persistent talofibular diastasis.



DISTAL TIBIAL OBLIQUE OSTEOTOMY

- Risk of step-off and soft tissue irritation.



HEMIDOME OSTEOTOMY

For more information, please see our explainer video:

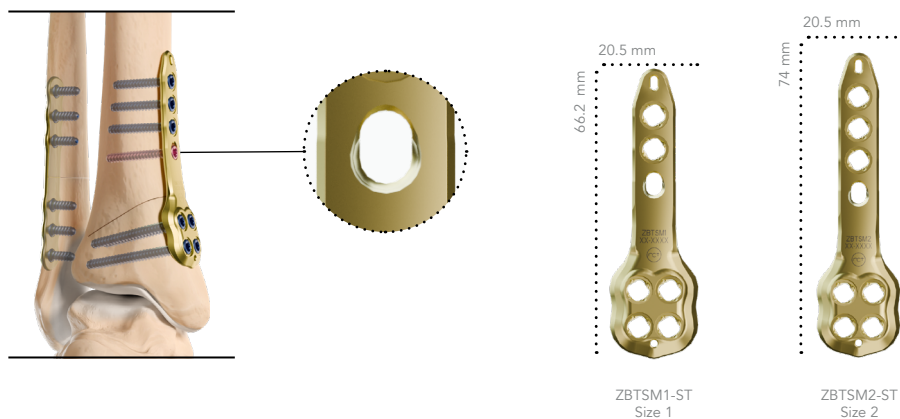


VALGUS DEFORMATION

MEDIAL CLOSING PLATES

- Two lengths: 2 or 3 proximal holes.
- Ramp oblong holes allowing a guided axial compression for closing ^(d) (see page 4).

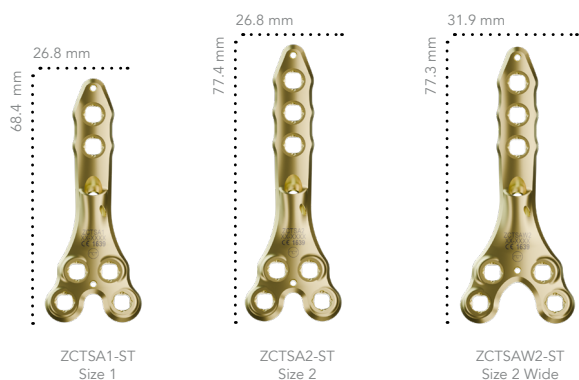
(d)



DEROTATION

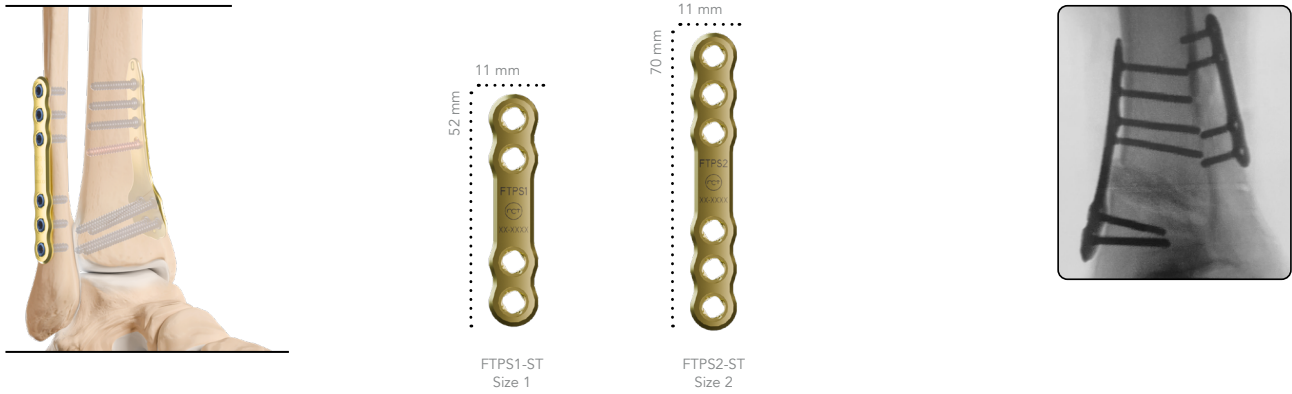
ANTERIOR DOME PLATES

- Anteroposterior screw stabilizes the osteotomy site and avoids any posterior opening.
- Dedicated guide gauge (ANC1775) for compressive transfixation hole.
- Wide size to adapt to large distal tibia.

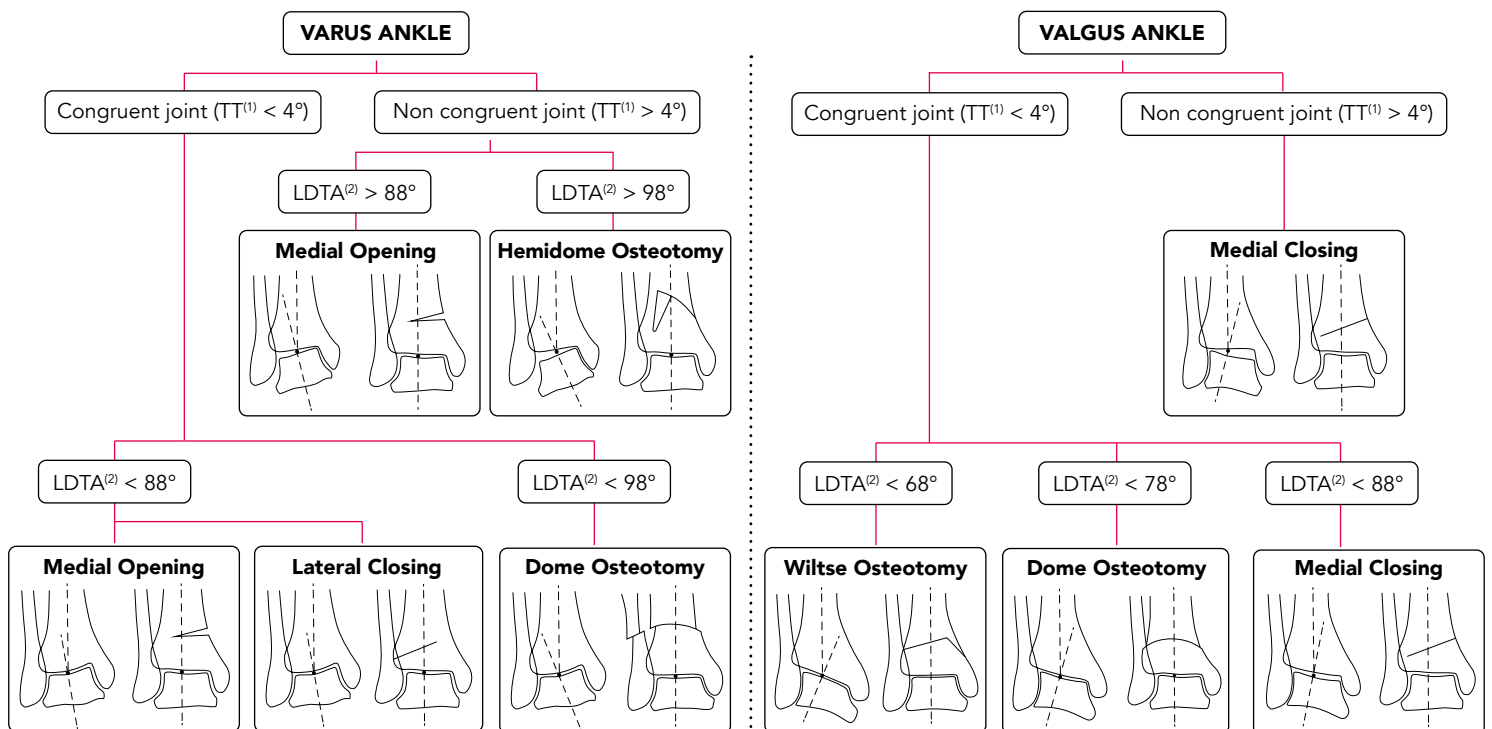


ASSOCIATED FIBULA OSTEOTOMY

- Two lengths to adapt to the osteotomy type.

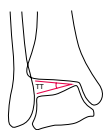


FINAL TREATMENT ALGORITHM

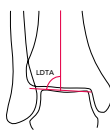


Definitions:

⁽¹⁾**TT:** Talar Tilt
Normal Value
Inferior to 4°

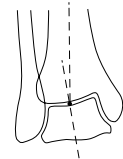


⁽²⁾**LDTA:** Lateral Distal Tibial Angle
Normal Value for Caucasian population: 87° to 89°



Assumptions:

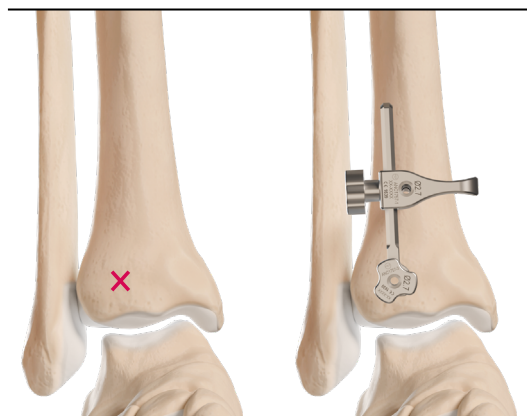
CORA is in the TT joint
No consideration of the fibula
Frontal plane deformity only
Exclusion of the flatfeet
Rigid subtalar joint



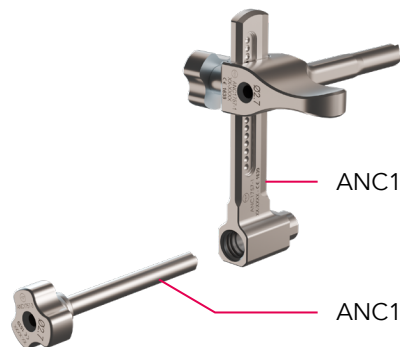
INSTRUMENTATION

- Dedicated hybrid cutting guide for hemidome and dome osteotomies.

SPECIFIC CONFIGURATION FOR HEMIDOME OSTEOTOMY



ACA positioning

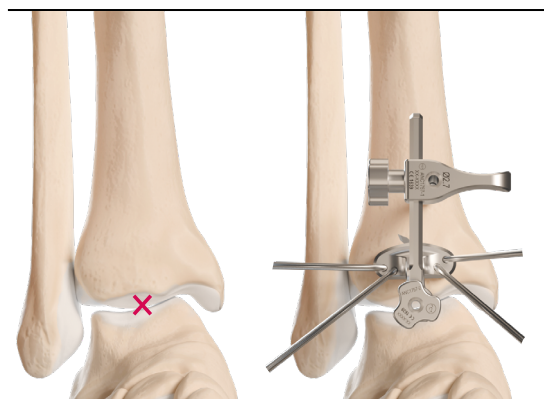


ANC1757-1

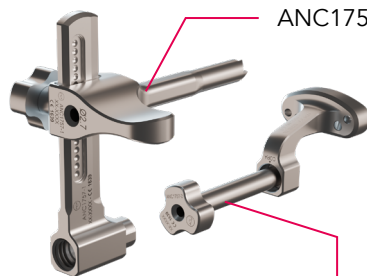
ANC1757-3

Hemidome cutting guide
Assembly of ANC1757-1 and ANC1757-3

SPECIFIC CONFIGURATION FOR DOME OSTEOTOMY



CORA positioning

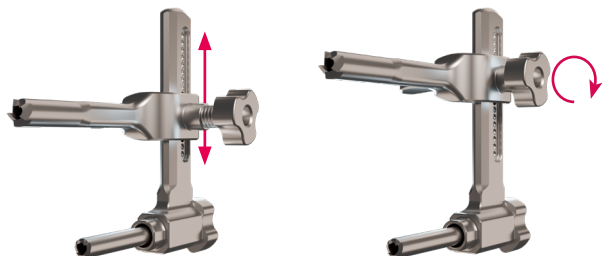


ANC1757-1

ANC1757-2

Dome cutting guide
Assembly of ANC1757-1 and ANC1757-2

- For each configuration, set & lock the device with the right length:

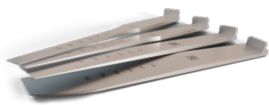


Discover the surgical technique video for more information:



NB: Please disassemble the device for sterilization.

- Dedicated instruments to prepare, create and maintain the appropriate angular correction during osteosynthesis:
 - Chisels (to be used to prepare the opening);
 - Six metallic wedges (4 mm to 14 mm; 2 mm increment);
 - Meary pliers (controlled opening thanks to the markings - 3 to 19 mm (2 mm increment));
 - Closing cutting guide.



Chisels



Metallic wedges

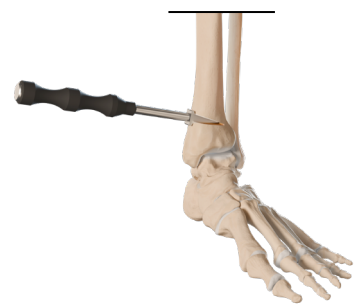
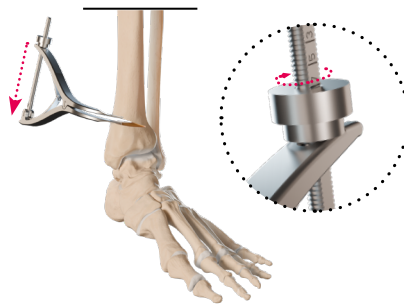
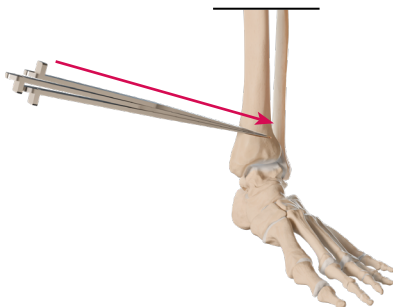


Meary pliers



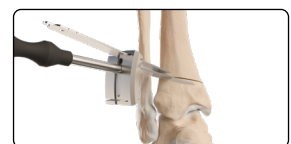
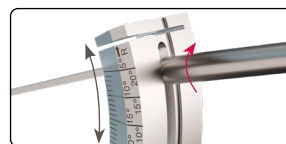
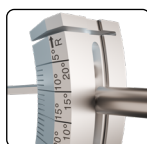
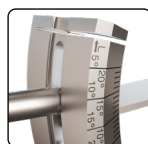
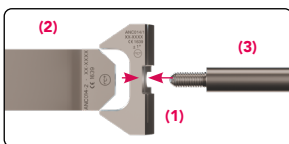
Cutting Guide

DIFFERENT METHODS OF OPENING OSTEOTOMIES



- **Prepare the opening** by inserting progressively the chisels with a hammer. The metallic wedges or the meary pliers can be used to open the osteotomy.
- Insert the meary pliers and once in place, turn the knob at the top of the instrument to increase the opening.
- Insert increasing size wedges until finding the appropriate one. Six different wedges are available from 4 to 14 mm.

HOW TO USE THE CLOSING CUTTING GUIDE



1. Place the cutting guide - part 1 (ANC014-1) ⁽¹⁾ into the cutting guide - part 2 (ANC014-2) ⁽²⁾, and screw the construct onto the handle (ANC024) ⁽³⁾.
2. Choose the correct side: **R** for right and **L** for left.
3. Choose the correct angle by sliding the handle in a vertical movement; once in the correct position, turn the handle to fix in place.
4. The blade can then be inserted into the top slot of the cutting guide to perform the cut.

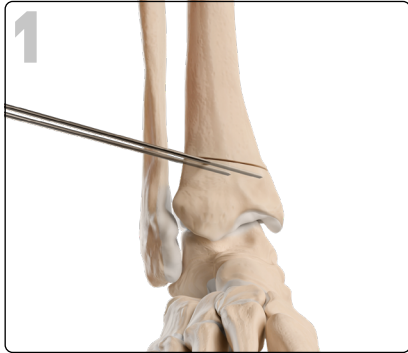


Surgical technique.

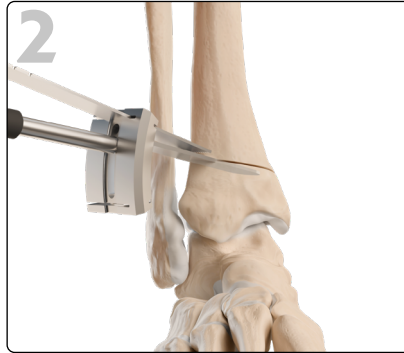
CLOSING OSTEOTOMY APPROACH (PAGE1/2)

Example using anterolateral plate (ZBTDB1-ST).

Remark: the surgical technique is the same for all the closing plates of the range.

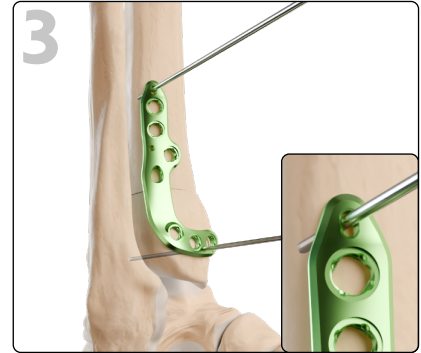


Insert the two pins and perform the first cut.



Perform the second cut and carefully close the osteotomy. The cutting guide (ANC014) can be used to perform the osteotomy (see on page 11 how to use the closing cutting guide).

N.B: the length of the saw must be at least 90 mm.

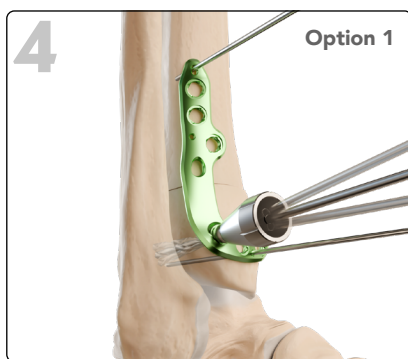


Close the osteotomy and position the plate by inserting two Ø1.6 mm pins (33.0216.150). **The proximal pin must be positioned in the proximal part of the oblong pin hole.**

If necessary, the plate can be bent with the dedicated bending irons (ANC452), **once and in one direction only.**

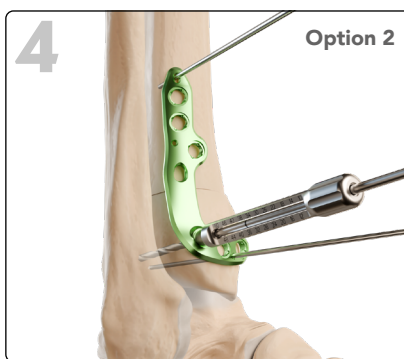
DISTAL SCREW INSERTION

To insert the three distal screws below the osteotomy section, start with the most lateral one, two options are possible.



Polyaxiality

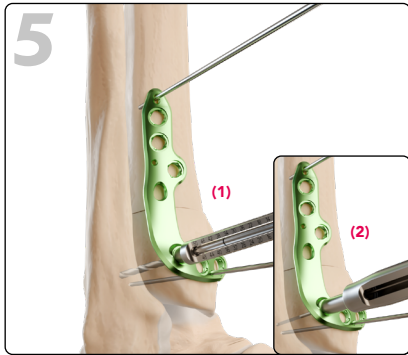
Drill using the Ø2.7 mm drill bit (ANC1099) through the polyaxial drill guide (ANC1067).



Pre-angled direction

If a neutral angulation is needed, drill using the Ø2.7 mm drill bit (ANC1099) through the threaded guide gauge (ANC1094).

CLOSING OSTEOTOMY APPROACH (PAGE2/2)

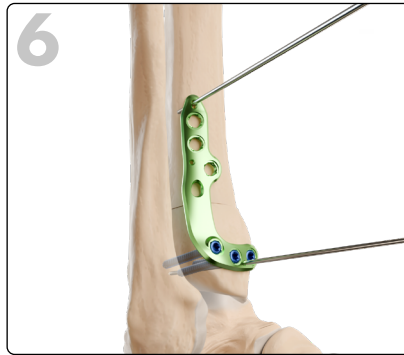


Depending on the type of drilling used (see step 4), determine the screw length directly on the guide gauge (ANC1094) ⁽¹⁾ or using the length gauge (ANC1095) ⁽²⁾.

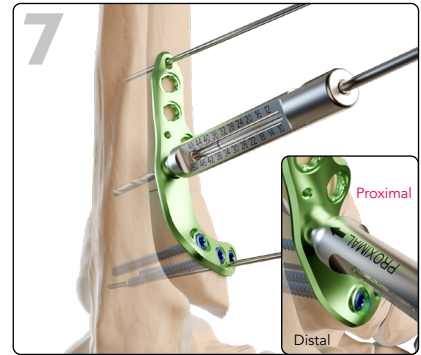
Then, insert a Ø3.5 mm locking screw (SAT3.5Lxx-ST) using the T15 screwdriver (ANC1027).



ANC1027



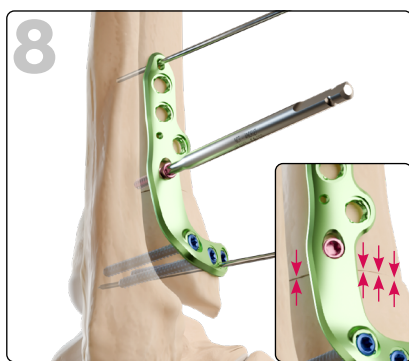
Repeat the same procedure as steps 4 and 5 for the two other distal locking holes.



Drill in the proximal part of the ramp oblong hole, using the Ø2.7 mm drill bit (ANC1099), through the non threaded guide gauge (ANC1127). **The orientation of the drill guide must be taken into account to allow compression.** Determine the screw length directly on the drill guide or using the length gauge (ANC1095).



ANC1095



Insert a Ø3.5 mm non-locking screw (CAT3.5LxxD-ST) and perform the compression with the screwdriver (ANC1027).

Finalize the assembly by inserting the remaining Ø3.5 mm locking screws.

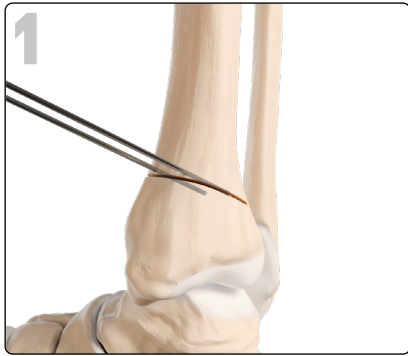
Warning: Final tightening of the screws must be performed by hand.

FINAL RESULT.

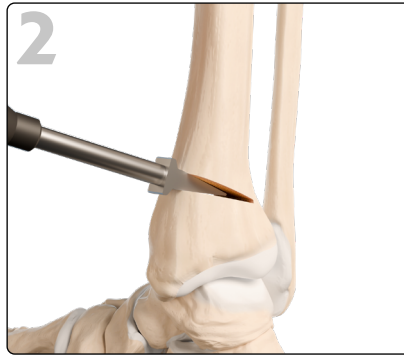


OPENING OSTEOTOMY APPROACH

Example using medial opening plate (ZATSM1-ST). Final tightening of the screws must be performed by hand.
Remark: the surgical technique is the same for all the opening plates of the range.



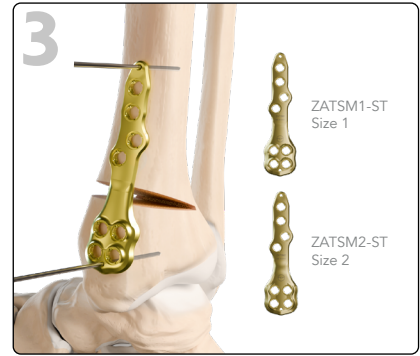
Perform the cut and gradually open the osteotomy site until the desired opening is reached.



Insert wedges of increasing sizes until finding the appropriate one (4-14 mm) while maintaining the lateral surface of the tibia.

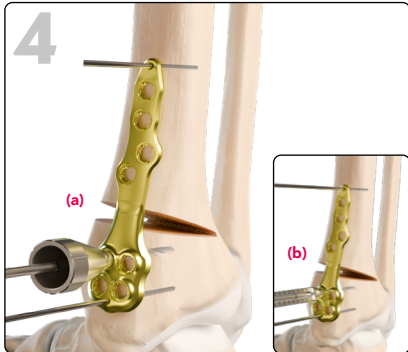
Once the appropriate wedge is inserted, the angular correction is maintained during osteosynthesis.

Alternatively, the meary pliers can be used to increase the size of the opening (see page 11 for more information).



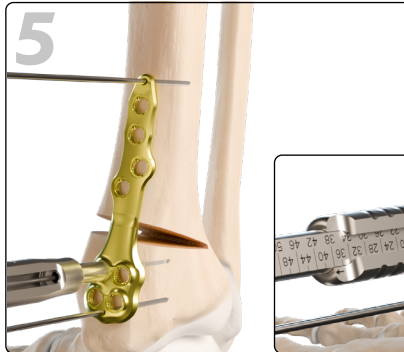
Select the most appropriate plate shape to fit the bone by using the plate templates (ANC1246 or ANC1247). Once chosen, position the plate by inserting two Ø1.6 mm pins (33.0216.150).

If needed, the plate can be bent with the appropriate bending irons (ANC452) **once and in one direction only.**

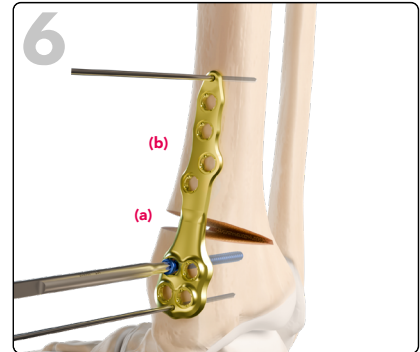


Drill using the Ø2.7 mm drill bit (ANC1099) through the polyaxial drill guide (ANC1067) **(a)**.

If a normoaxial hole is desired, drill using the Ø2.7 mm drill bit (ANC1099) through the threaded guide gauge (ANC1094). The screw length can be determined directly on the guide gauge **(b)**.



Depending on the type of drilling used (see steps 4a and 4b), determine the drilling depth directly on the threaded guide gauge (ANC1094) or with the length gauge (ANC1095).



Insert a Ø3.5 mm locking screw (SAT3.5Lxx-ST) **(a)** using the T15 screwdriver (ANC1027).

Do the same for the screw **(b)** just above the osteotomy.

Finalize the procedure by inserting the remaining Ø3.5 mm locking screws.

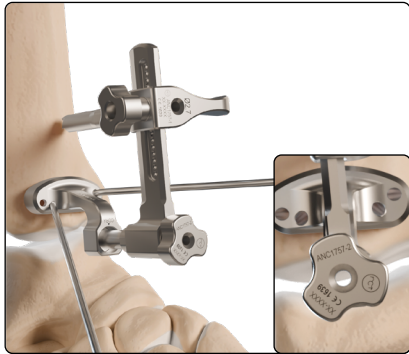
Warning: Final tightening of the screws must be performed by hand.



DOME OSTEOTOMY APPROACH

Example using anterior plate (ZCTSA1-ST).

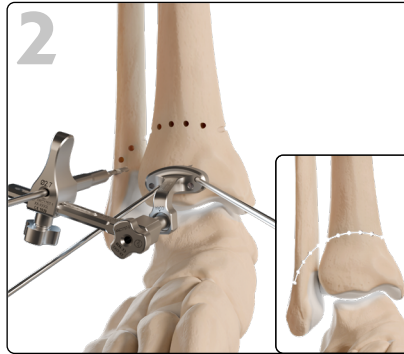
Remark: the surgical technique is the same for all the anterior dome plates of the range.



Assemble the hybrid cutting guide for dome osteotomy ANC1757-1 and ANC1757-2 (following instructions page 10). Then, position the guide on the distal tibia and fix it with **Ø2.2 mm pins** (33.0222.200).

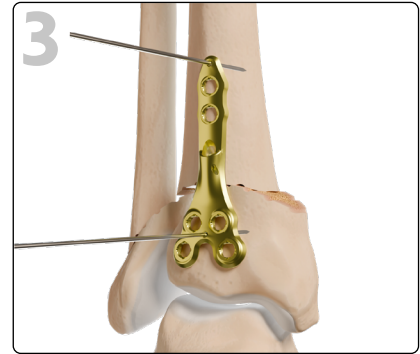
Warning: Please make sure to use a **Ø2.2 mm pin at this step to ensure proper positioning of the instrument.** Note that Ø1.6 mm pins are also available in the container, but must not be used here.

NB: the correct positioning can be checked through fluoroscopy by centering the central cannula **(a)** with the joint.



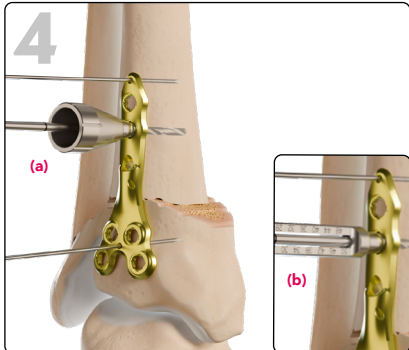
Choose the radius of the dome osteotomy and lock the screw. With the use of the **Ø2.7 mm drill bit** (ANC1099), perform the drilling through the bone between medial and lateral cortices.

Remove the pins and cutting guide and finalize the cut with a chisel.



Realize the derotation and maintain the correction with **Ø2.2 mm pins** (33.0222.200). Select the most appropriate plate shape to fit the bone by using the plate templates (ANC1726 or ANC1795). Once chosen, position the plate by inserting two **Ø1.6 mm pins** (33.0216.150).

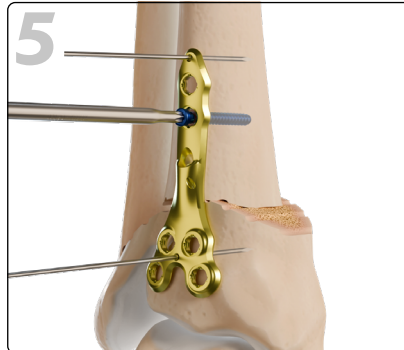
If needed, the plate can be bent with the bending irons (ANC452) **once and in one direction only.**



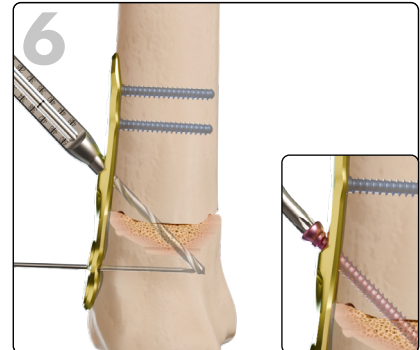
In the proximal holes:

Drill using the **Ø2.7 mm drill bit** (ANC1099) through the polyaxial drill guide (ANC1067). Then, determine the drilling depth with the length gauge (ANC1095) **(a)**.

If a monoaxial hole is desired, drill using the **Ø2.7 mm drill bit** (ANC1099) through the threaded guide gauge (ANC1094). The screw length can be determined directly on the guide gauge **(b)**.



Insert **Ø3.5 mm locking screws** (SAT3.5Lxx-ST) using the T15 screwdriver (ANC1027) in the proximal holes.



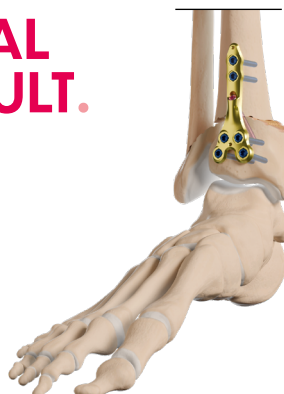
In the transfixation hole, insert the **Ø2.7 mm non threaded guide gauge** (ANC1775) and drill using the **Ø2.7 mm drill bit** (ANC1099). Read the drilling depth directly on the non threaded guide gauge (ANC1775) or with the length gauge (ANC1095).

Remove the distal pin (33.0216.150). Then, insert a **Ø3.5 mm non-locking screw** (CAT3.5LxxD-ST) using the T15 screwdriver (ANC1027).

Finalize the procedure by inserting the remaining **Ø3.5 mm locking screws** in the distal holes following steps 4 and 5.

Warning: Final tightening of the screws must be performed by hand.

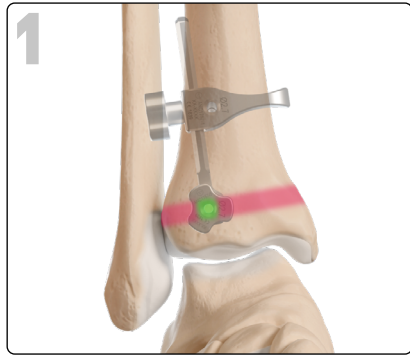
FINAL RESULT.



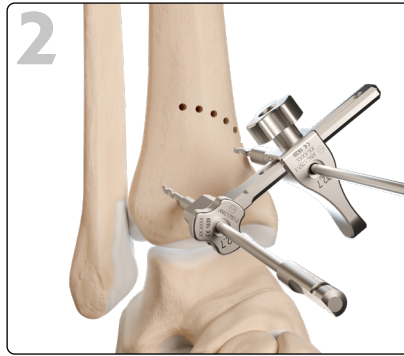
HEMIDOME OSTEOTOMY APPROACH

Example using anteromedial plate (ZCTDMD1-ST) and associated anterior hinge plate (ZHTDA1-ST).

Remark: the surgical technique is the same for all the anteromedial hemidome plates of the range.

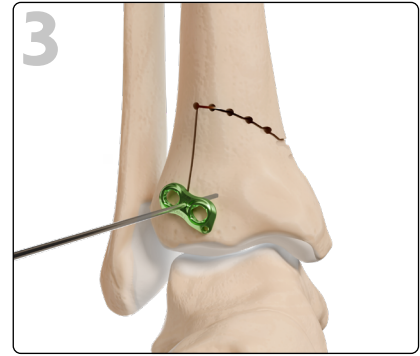


Assemble the hybrid cutting guide for hemidome osteotomy ANC1757-1 and ANC1757-3 (following instructions page 10). Then, position the guide on the distal tibia to have the rotation point located at 1/3 of the lateral cortex and fix it with a Ø2.7 mm drill bit (ANC1099).



Choose the radius of the hemidome osteotomy in order to keep the medial cortex tangency and lock the screw. With the use of the Ø2.7 mm drill bit (ANC1099), perform the drilling through the bone from medial cortex to 1/3 lateral cortex.

Remove the drill bit and cutting guide.



Use a sawblade to connect the two lateral drillings. Finalize the hemidome cut with a chisel.

Position the anterior hinge plate (ZHTDA1-ST) to have the pin hole centered with the drill bit hole and insert Ø1.6 mm pins (33.0216.150).

NB: marking on the anterior hinge plate indicates the DISTAL part.



Drill using the Ø2.7 mm drill bit (ANC1099) through the threaded guide gauge (ANC1094). The screw length can be determined directly on the guide gauge.



Insert Ø3.5 mm locking screws (SAT3.5Lxx-ST) using the T15 screwdriver (ANC1027).



Gradually open the osteotomy site using Meary pliers and maintain the correction with Ø2.2 mm pins (33.0222.200). Select the plate by using the plate templates (ANC1727 or ANC1728). Once chosen, position the plate by inserting two Ø1.6 mm pins (33.0216.150).

If needed, the plate can be bent with the bending irons (ANC452) once and in one direction only.

Finalize the procedure by inserting the Ø3.5 mm locking screws in the anteromedial plate holes with a distal/proximal alternance following steps 4 and 5.

Warning: Final tightening of the screws must be performed by hand.

FINAL RESULT.



Implants references.

Implants material : Titanium Ti6Al4V (screws) and Ti Gr4 (plates).

Medial opening plates

Ref.	Description	Length
ZATSM1-ST	Medial opening DTO plate - Symmetrical - Size 1 - STERILE	L77.5 mm
ZATSM2-ST	Medial opening DTO plate - Symmetrical - Size 2 - STERILE	L77.5 mm



ZATSM1-ST

ZATSM2-ST

Anterolateral closing plates

Ref.	Description	Length
ZBTGB1-ST	Anterolateral closing DTO plate - Left - Size 1 - STERILE	L65.7 mm
ZBTDB1-ST	Anterolateral closing DTO plate - Right - Size 1 - STERILE	L65.7 mm



ZBTGB1-ST

ZBTDB1-ST

Medial closing plates

Ref.	Description	Length
ZBTSM1-ST	Medial closing DTO plate - Symmetrical - Size 1 - STERILE	L66.2 mm
ZBTSM2-ST	Medial closing DTO plate - Symmetrical - Size 2 - STERILE	L74 mm



ZBTSM1-ST

ZBTSM2-ST

Anterior dome plates

Ref.	Description	Length
ZCTSA1-ST	Anterior DTO plate - Symmetrical - Size 1 - STERILE	L68.4 mm
ZCTSA2-ST	Anterior DTO plate - Symmetrical - Size 2 - STERILE	L77.4 mm
ZCTSAW2-ST	Anterior DTO plate - Wide - Symmetrical - Size 2 - STERILE	L77.3 mm



ZCTSA1-ST

ZCTSA2-ST

ZCTSAW2-ST

Anteromedial hemidome plates

Ref.	Description	Length
ZCTGMD1-ST	Anteromedial DTO plate - Left - Size 1 - STERILE	L66.7 mm
ZCTDMD1-ST	Anteromedial DTO plate - Right - Size 1 - STERILE	L66.7 mm
ZCTGMD2-ST	Anteromedial DTO plate - Left - Size 2 - STERILE	L75.5 mm
ZCTDMD2-ST	Anteromedial DTO plate - Right - Size 2 - STERILE	L 75.5mm



ZCTGMD1-ST

ZCTDMD1-ST

ZCTGMD2-ST

ZCTDMD2-ST

Anterior hinge plates

Ref.	Description	Length
ZHTGA1-ST	Anterior DTO hinge plate - Left - Size 1 - STERILE	L20.6 mm
ZHTDA1-ST	Anterior DTO hinge plate - Right - Size 1 - STERILE	L20.6 mm



ZHTGA1-ST



ZHTDA1-ST

Fibula plates

Ref.	Description	Length
FTPS1-ST	Straight plate - Diaphyseal fibula - Symmetrical - Size 1 - STERILE	L52 mm
FTPS2-ST	Straight plate - Diaphyseal fibula - Symmetrical - Size 2 - STERILE	L70 mm



FTPS1-ST



FTPS2-ST

Locking screws*

Ref.	Description
SAT3.5Lxx-ST	Ø3.5 mm locking screw - L12 to 50 mm - STERILE (2 mm increments)

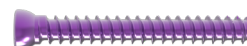
*Blue anodized



Non-locking screws*

Ref.	Description
CAT3.5LxxD-ST	Ø3.5 mm non-locking screw - L12 to 50 mm - STERILE (2 mm increments)

*Fuchsia anodized



REMOVAL KIT

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

- ANC974: T15 screwdriver with AO quick coupling system
- ANC351: Ø4.5 mm AO quick coupling handle - Size 2
- ANC042: Mini set - Base

An **extraction set** can also be ordered separately.

To remove any of the Activmotion S DTO plates, first loosen all the screws without completely removing them (this prevents rotation of the plate when removing the last screw). Finally, completely remove all screws and the plate.

This information is intended to demonstrate the Newclip Technics portfolio of medical devices. Always refer to the package insert, product label and/or user instructions including cleaning and sterilization before using any Newclip Technics product. These products must be handled and/or implanted by trained and qualified staff who have read the instructions before use. A surgeon must always rely on her or his own professional clinical judgement when deciding whether to use a particular product when treating a particular patient. Product availability is subject to the regulatory or medical practices that govern individual markets. Please contact your Newclip Technics representative if you have questions about the availability of Newclip Technics products in your area.

Manufacturer: Newclip Technics - Brochure EN - Activmotion S DTO - Ed.7 - 10/2025 - Medical devices: class IIb - CE1639 SGS BE. Read labelling and instructions before the use of Newclip Technics medical devices. These products must be handled and/or implanted by trained and qualified staff who have read the instructions before use. Non-contractual pictures.
Newclip Technics - 45 rue des Garottières - 44115 Haute Goulaine, France. Our subsidiaries: Newclip USA - Newclip Australia - Newclip Germany - Newclip Japan - Newclip Iberia - Newclip Belgium - Newclip Italia.

Instruments references.

Instruments

#	Ref.	Description	Qty
01	ANC014-1	Osteotomy cutting guide - Part 1	1
02	ANC014-2	Osteotomy cutting guide - Part 2	1
03	ANC024	Handle for wedges and osteotomy cutting guide	2
04	ANC214*	Soft tissues protector	1
05	ANC351	Ø4.5 mm AO quick coupling handle - size 2	2
06	ANC452	Bending iron	2
07	ANC621	Chisel Pauwels - 10*240 mm	1
08	ANC622	Chisel Pauwels - 25*240 mm	1
08	ANC628	Chisel Pauwels - 15*240 mm	1
10	ANC629	Chisel Pauwels - 20*240 mm	1
11	ANC990	Osteotomy Meary pliers	1
12	ANC1027	T15 AO quick coupling prehensor screwdriver	2
13	ANC1066**	Osteotomy Meary pliers	1
14	ANC1067	Ø2.7 mm polyaxial drill guide - SAT3.5 hole	2
15	ANC1088	Metallic wedge for osteotomy - Narrow - 4 mm high	1
16	ANC1089	Metallic wedge for osteotomy - Narrow - 6 mm high	1
17	ANC1090	Metallic wedge for osteotomy - Narrow - 8 mm high	1
18	ANC1091	Metallic wedge for osteotomy - Narrow - 10 mm high	1
19	ANC1092	Metallic wedge for osteotomy - Narrow - 12 mm high	1
20	ANC1093	Metallic wedge for osteotomy - Narrow - 14 mm high	1
21	ANC1094	Ø2.7 mm threaded guide gauge - SAT3.5 hole	2
22	ANC1095	Length gauge for Ø2.8 and Ø3.5 mm screws	1
23	ANC1099	Ø2.7 mm quick coupling drill bit - L180 mm	2
24	ANC1127	Ø2.7 mm non threaded bent guide gauge for ramp oblong hole	1

*Optional

**Optional as a replacement for ANC990.

Optional bone substitutes

Ref.	Description	Qty
0106C01	Rounded wedge 06 mm	1
0108C01	Rounded wedge 08 mm	1
0110C01	Rounded wedge 10 mm	1
0112C01	Rounded wedge 12 mm	1
1414C01	Rounded wedge 14 mm	1

Manufacturer: BIOMATLANTE (FRANCE)

Class: III

Notified body: TUV - CE 0123



Container references

#	Ref.	Description	Qty
41	ANC1121/I	Activmotion S DTO set - Insert	1
42	ANC1121/M	Activmotion S DTO set - Module	1
43	ANC1121/B	Activmotion S DTO set - Base	1
44	ANC1121/C	Activmotion S DTO set - Lid	1

Instruments

#	Ref.	Description	Qty
25	ANC1246	Template for medial opening DTO plate - Symmetrical - Size 1 (ZATSM1)	1
26	ANC1247	Template for medial opening DTO plate - Symmetrical - Size 2 (ZATSM2)	1
27	ANC1248	Template for medial closing DTO plate - Symmetrical - Sizes 1-2 (ZBTSM1-2)	1
28	ANC1249	Template for anterolateral closing DTO plate - Left - Size 1 (ZBTGB1)	1
29	ANC1250	Template for anterolateral closing DTO plate - Right - Size 1 (ZBTDB1)	1
30	ANC1255	Template for straight plate - Diaphyseal fibula - Symmetrical - Sizes 1-2 (FTPS1-2)	1
31	ANC1726	Template for anterior DTO plates - Symmetrical - Sizes 1-2 (ZCTSA1-2)	1
32	ANC1727	Template for anteromedial DTO plates - Left - Sizes 1-2 (ZCTGMD1-2)	1
33	ANC1728	Template for anteromedial DTO plates - Right - Sizes 1-2 (ZCTDMD1-2)	1
34	ANC1795	Template for anterior DTO plate - Wide - Symmetrical - Size 2 (ZCTSAW2)	1
35	ANC1757-1	Drill guide for distal tibia osteotomy - Part 1	1
36	ANC1757-2	Drill guide for distal tibia osteotomy - Part 2 - Targeting arm for Dome osteotomy	1
37	ANC1757-3	Drill guide for distal tibia osteotomy - Part 3 - Guide for Watanabe osteotomy	1
38	ANC1775	Ø2.7 mm non threaded guide gauge for compressive hole	1
39	33.0216.150	Pin Ø1.6 L150 mm	6
40	33.0222.200	Pin Ø2.2 L200 mm	10

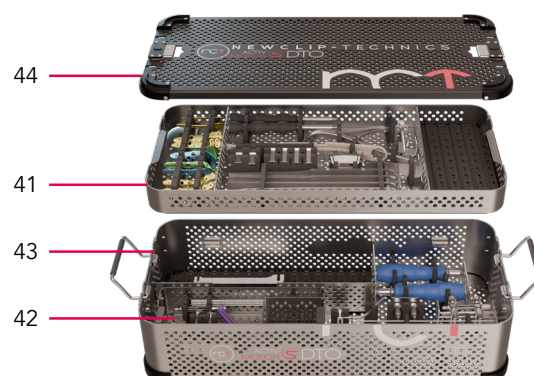
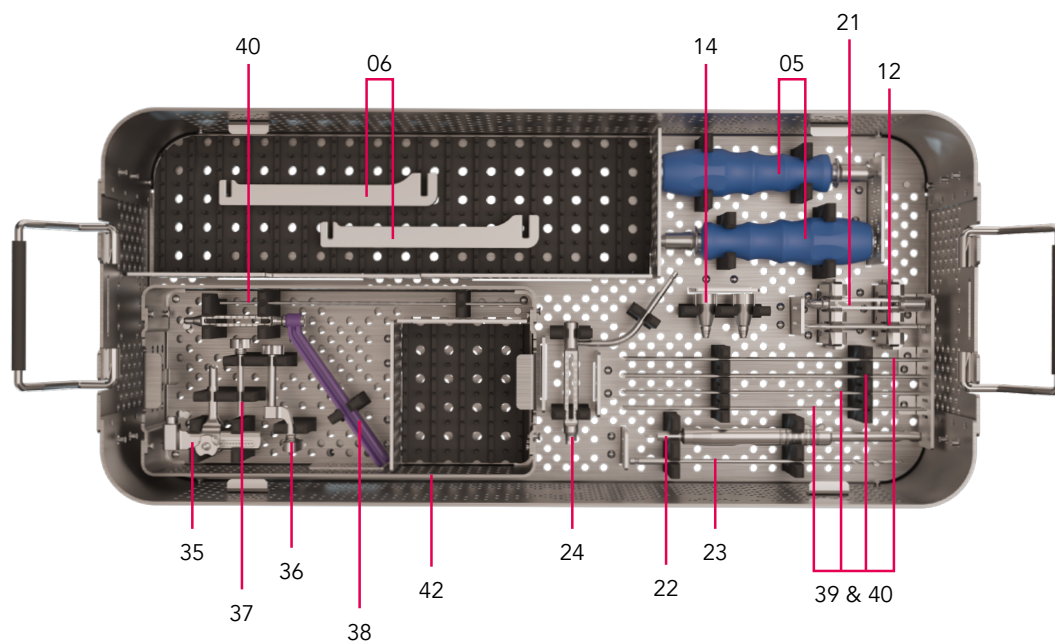
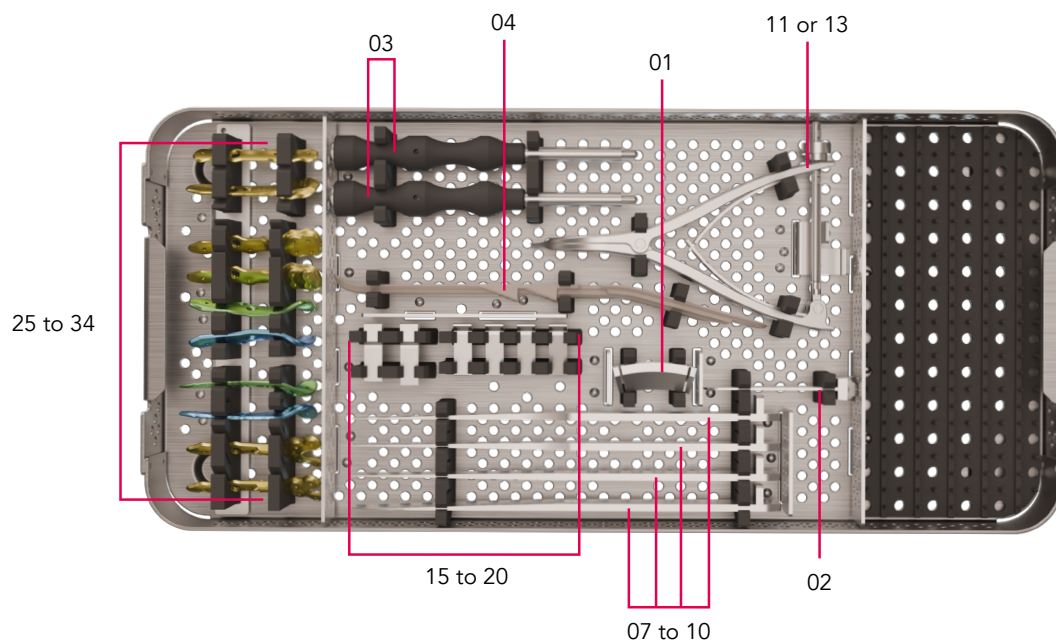


COMPATIBLE WITH PATIENT SPECIFIC INSTRUMENTATION (PSI)

Please contact your NEWCLIP TECHNICS representative if you have questions about the availability of NEWCLIP TECHNICS products in your area.

PSI Options

Ref.	Description	Qty
ANC042	Mini-set - Base	1
ANC590	Ø2.0 mm quick coupling drill bit - L125 mm	1
ANC714	Patient specific cutting guide for distal tibia osteotomy	1
ANC956	Patient specific wedge	1
ANC1134	Patient specific cutting guide for iliac graft	1
ANC1135	Patient specific cutting guide for synthetic graft	1
ANC1184	Patient specific cutting guide for femoral head	1
ANC1218	Ø2.6 mm pin for cutting guide - L45 mm	4
ANC1219	Ø2.6 mm pin for cutting guide - L30 mm	4
ANC1350	Ø2.2 mm - L10 mm holding plot	4
33.0222.200	Pin Ø2.2 - L200 mm	4



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