Design allowing two surgical procedures to be done at the same time

Design and positioning adapted to the knee biomechanics
ACTIVMOTION LIGAMENT FIXATION

2 polyaxial locking holes (DTS®) are located in the proximal part on either side of the ACL tunnel to avoid damaging the graft.

PLATE FOR OPENING WEDGE HIGH TIBIAL OSTEOTOMY

TECHNICAL FEATURES
- Anatomic asymmetrical implant (green anodized for right side, blue anodized for left side).
- To prevent any risk of damaging the tunnel, the plate’s upper part is optimized for ACL reconstruction.
- 6 locking screws, including 2 polyaxial screws to avoid conflicts with the ACL tunnel.
- Material: Titanium alloy (TA6V).

FIXATION

TECHNICAL FEATURES
- Ø4.5 mm reinforced core screws for optimized mechanical stability.
- Buried screws are used to minimize risks of soft tissue irritation.

SELF-LOCKING SYSTEM
- Features:
  - The threaded sections under the screw head and inside the hole have the same characteristics (1):
    - Cylindrical internal thread profile,
    - Cylindrical external thread profile,
  - Screw head cap(2),
  - Plate and screws made from the same material: titanium alloy.

Results:
- Low profile construct:
  - The screw head reaches a mechanical stop in the slot, insuring the locking (3),
  - The screw head is buried in the plate,
- Coaptation of both profiles when locking (4).

INSTRUMENTATION
- A single instrument set for the whole ACTIVMOTION range,
- One type of screw (Ø4.5 mm) and one drill bit diameter (Ø4.0 mm) for simple and safe implant fitting,
- Metallic osteotomy wedges for progressive accurate and safe opening of the osteotomy site.

Indications:
The ACTIVMOTION range is indicated 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.
- 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

Material:
- Titanium alloy (TA6V).
Surgical Technique

1. Perform the ACL tunnel following the surgeon’s surgical technique.

2. Perform the osteotomy cut. Insert wedges of increasing sizes until finding the appropriate one (6 - 16 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.

3. Insert the spacer (Ø8 mm - ANC649 or Ø10 mm - ANC601) in order to preserve the tunnel during the insertion of the proximal polyaxial screws (see steps 5 and 6).

4. Position the plate: the diaphyseal part of the implant should run alongside the anterior tibial tuberosity, the anterior and medial proximal polyaxial holes are positioned on either side of the tunnel.

5. Insert the screws located on both sides of the osteotomy site. Drill with a Ø4.0 mm drill bit (ANC211) using the drill guide (ANC212). To avoid drilling through the tunnel, use the polyaxiality for the placement of the screw into the proximal medial hole.

6. Once the first two Ø4.5 mm screws (ST4.5Lxx-ST) have been inserted, repeat the procedure with the other two proximal screws. To avoid drilling through the tunnel, use the polyaxiality for the placement of the screw into the proximal anterior hole. The final tightening of the screws must be performed by hand.

Complete the procedure by inserting the last two distal screws and removing the metallic wedge and the spacer.

Bending the Plate

1. Bending should only be performed on the metaphysseal part of the plate between:
   - the medial polyaxial hole (a.)
   - the first diaphyseal hole (b.)

   The positioning of the bending pliers must be as accurate as possible so that the ergonomic qualities of the plate are not altered.

   2. Each bendable area should be bent only once and in one direction.

   3. Bending should not be excessive.

   4. The holes must be protected so as to avoid damaging the fixation. The oval-shaped distortion of the holes when bending the plate into shape is a particular risk.

Final Result
### INSTRUMENTS REFERENCES

#### INSTRUMENTS

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<td>ANC120-US</td>
<td>Ø4.2 mm countersink with US quick coupling system</td>
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<td>ANC352</td>
<td>Ø6 mm US quick coupling handle</td>
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#### REMOVAL KIT

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

The information presented in this brochure is intended to demonstrate a NEWCLIP TECHNICS product. Always refer to the package insert, product label and/or user instructions before using any NEWCLIP TECHNICS product. Surgeons must always rely on their own clinical judgment when deciding which products and techniques to use with their patients. Products may not be available in all markets. 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.

### OPTITIONAL INSTRUMENTS

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**Plates**

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<td>ALTDP1-ST</td>
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