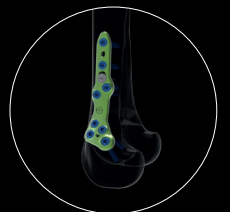
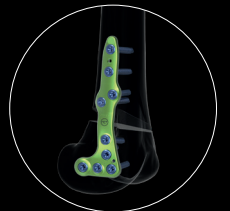
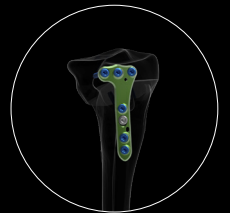
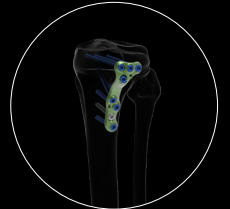
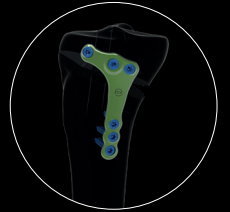
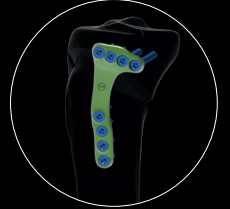
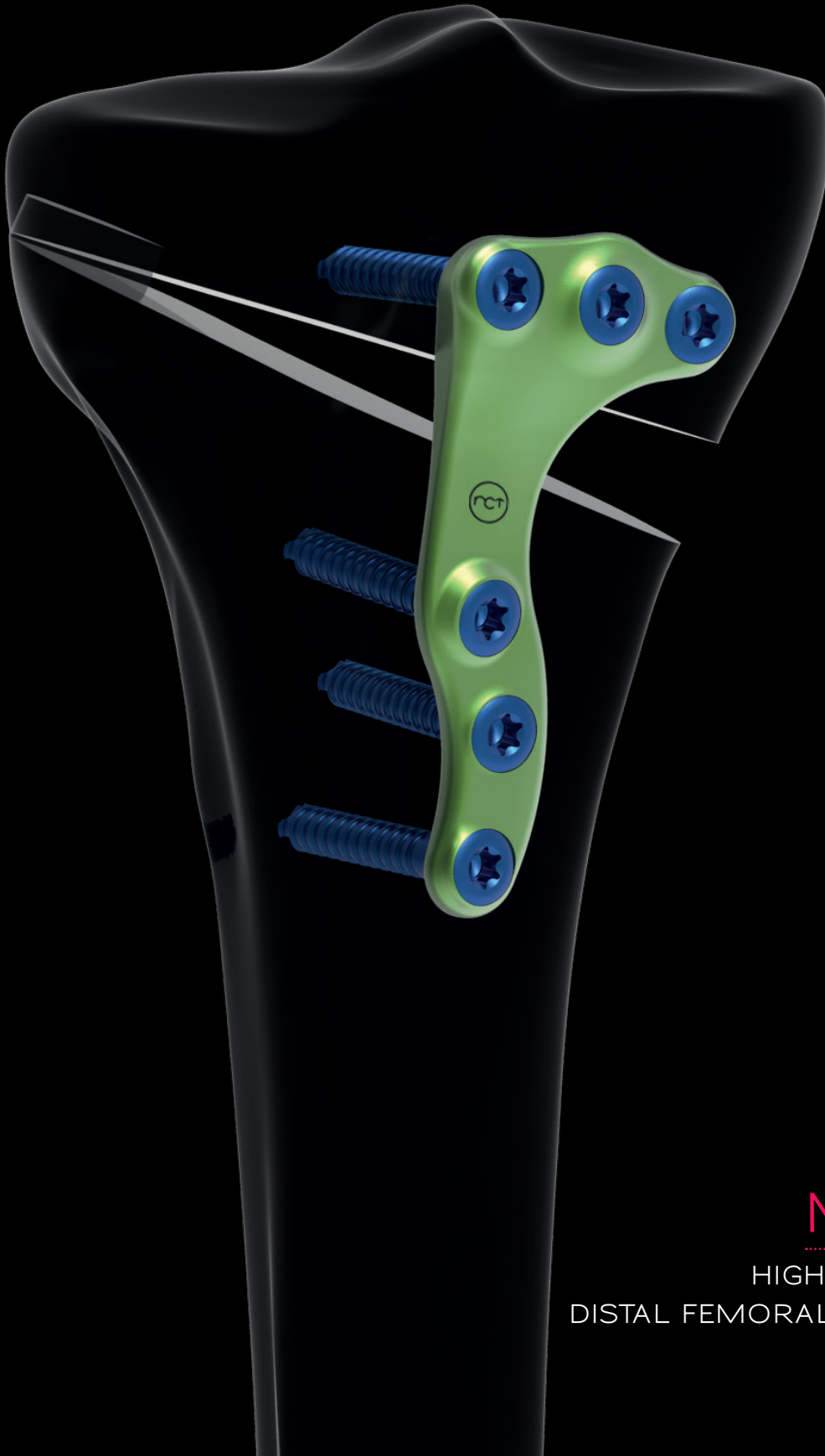




NEWCLIP  
TECHNICS



ACTIV  
MOTION 

HIGH TIBIAL OSTEOTOMY &  
DISTAL FEMORAL OSTEOTOMY PLATES

# ACTIVMOTION S

**Indication:** The Activmotion range is intended for knee osteotomy in adults.

**Contraindications:**

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

## KNEE ALIGNMENT IS OUR PHILOSOPHY

### → A COMPLETE RANGE OF PLATES FOR KNEE OSTEOTOMIES

- Closing and opening tibial and femoral plates.
- Dedicated plates for HTO + ligamentoplasty reconstruction.
- Several sizes because one plate cannot fit all!

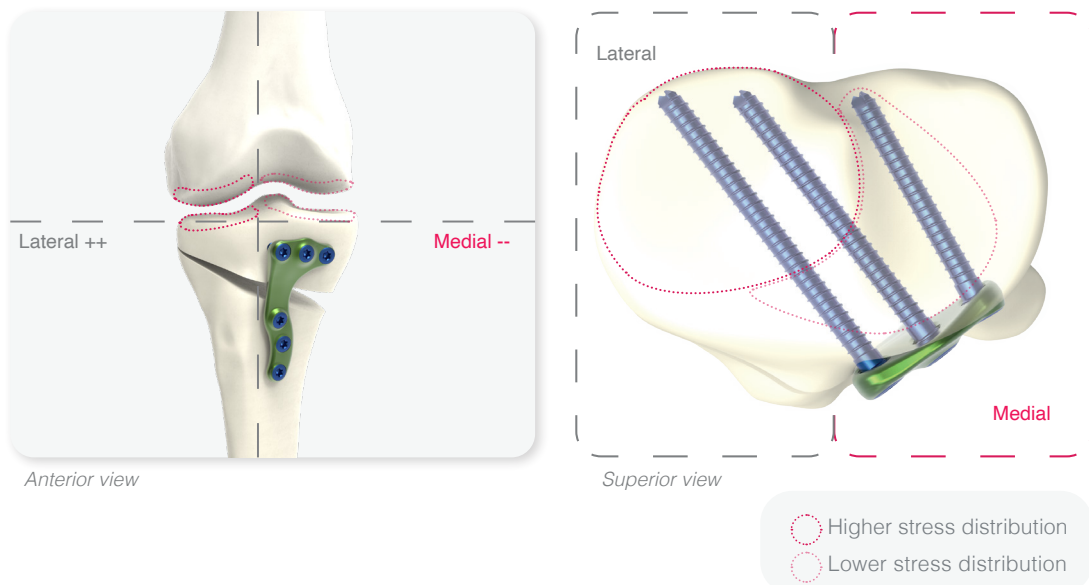
### → ANTEROMEDIAL POSITIONING OF THE HTO PLATES

- Screw position supporting the lateral stress.
- Limiting the tibial internal rotation of the distal fragment and limiting the risk of lateral hinge fracture.
  - Limiting the lever arm of the screws (shorter screws and working in the direction of the knee roll back).

### → SMALL IMPLANTS WITH GREAT STABILITY

- Optimized implants to limit patient discomfort.
- Titanium alloy (TA6V) implants for optimized mechanical resistance.

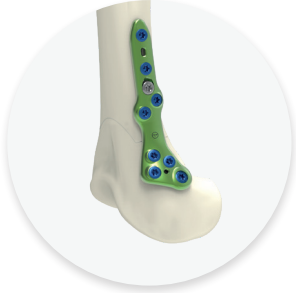
Schematical representation of the stress distribution after knee osteotomy:



# ACTIVMOTION S

GET THE FULL PICTURE

## FEMORAL CLOSING PLATES



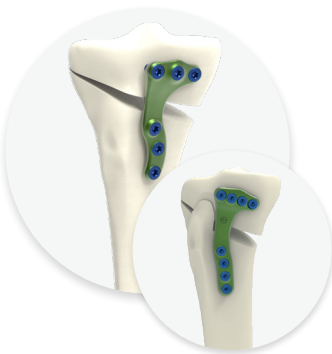
Pages 7 & 20-21

## FEMORAL OPENING PLATES



Pages 7 & 22-23

## TIBIAL OPENING PLATES

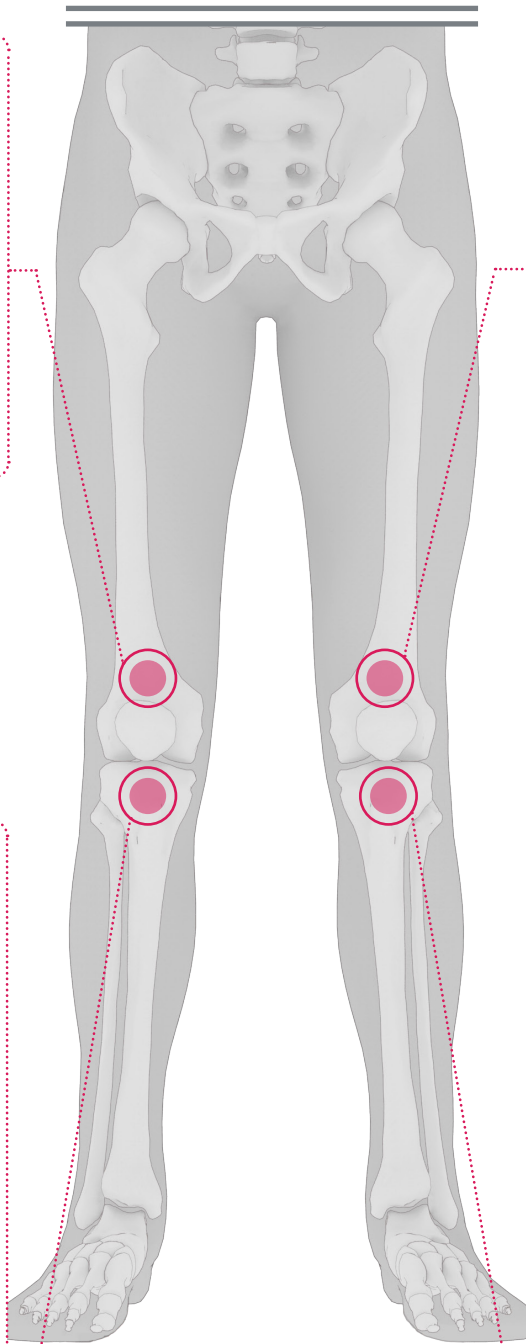


Pages 4-5 & 11-13

## TIBIAL CLOSING PLATES



Pages 6 & 14-19

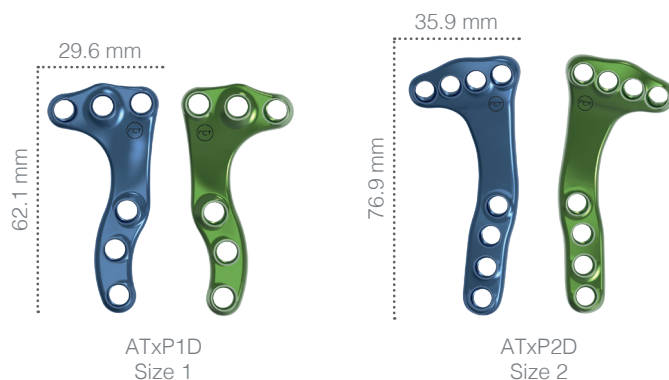


# PLATE FEATURES

## OPENING WEDGE HIGH TIBIAL OSTEOTOMY PLATES

### → TECHNICAL FEATURES

- ▶ **Anatomic asymmetrical implants** (blue anodized for left plates and green anodized for right plates).
- ▶ **Screw position supporting the lateral stress.**
- ▶ The design of the size 2 implants is adapted to large biplanar cuts or large osteotomies.
- ▶ Titanium alloy TA6V implants for optimized mechanical resistance.



### → SIZE CHOICE

#### ▶ SIZE 1

**For monoplanar osteotomies**

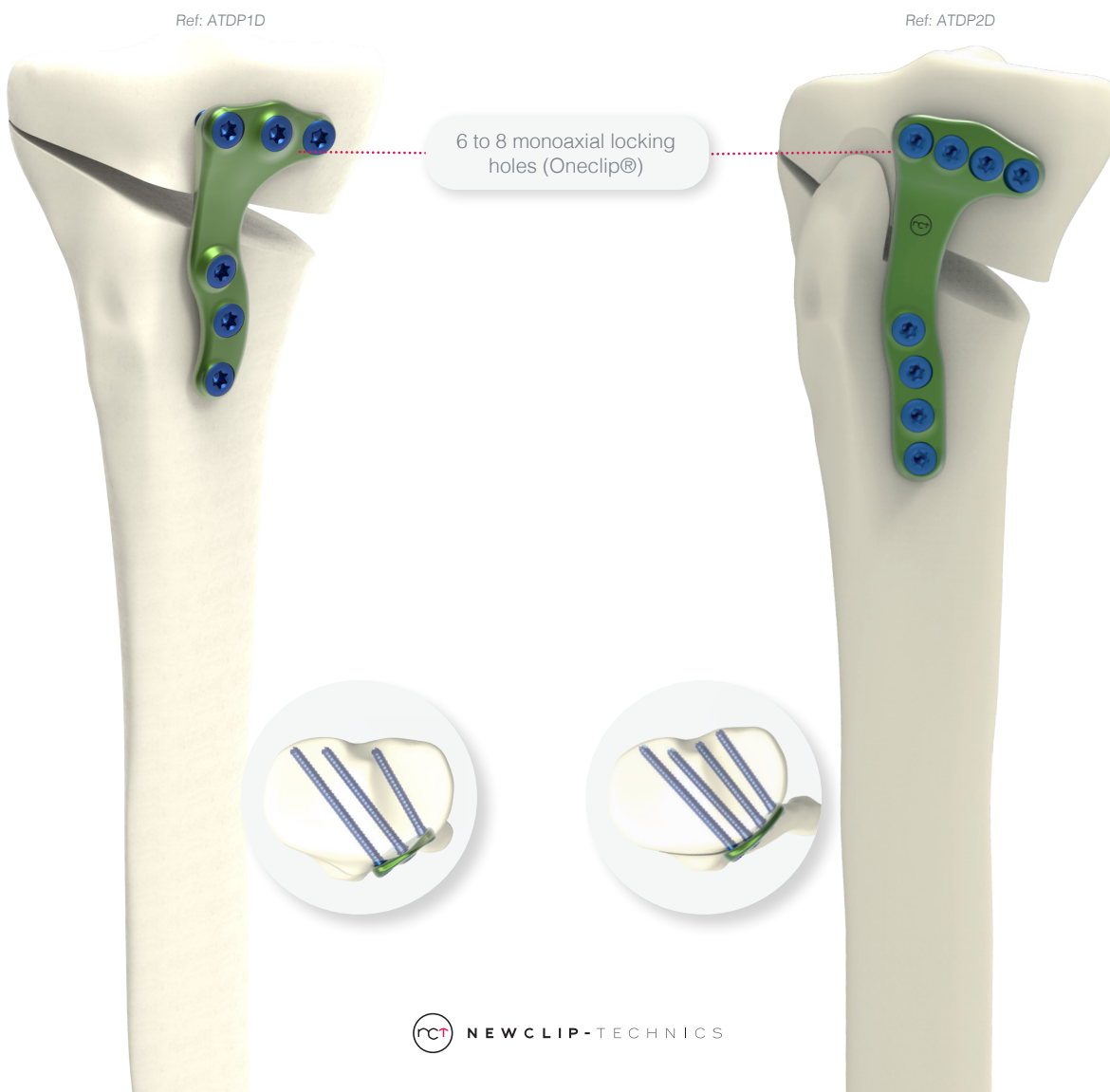
- Up to 12 mm of correction

#### ▶ SIZE 2

**For biplanar osteotomies**

- Ascendant osteotomies

⚠ It is not recommended to use the plate size 1 with a biplanar osteotomy to avoid the distalisation of the plate and the screw ending into the osteotomy gap.

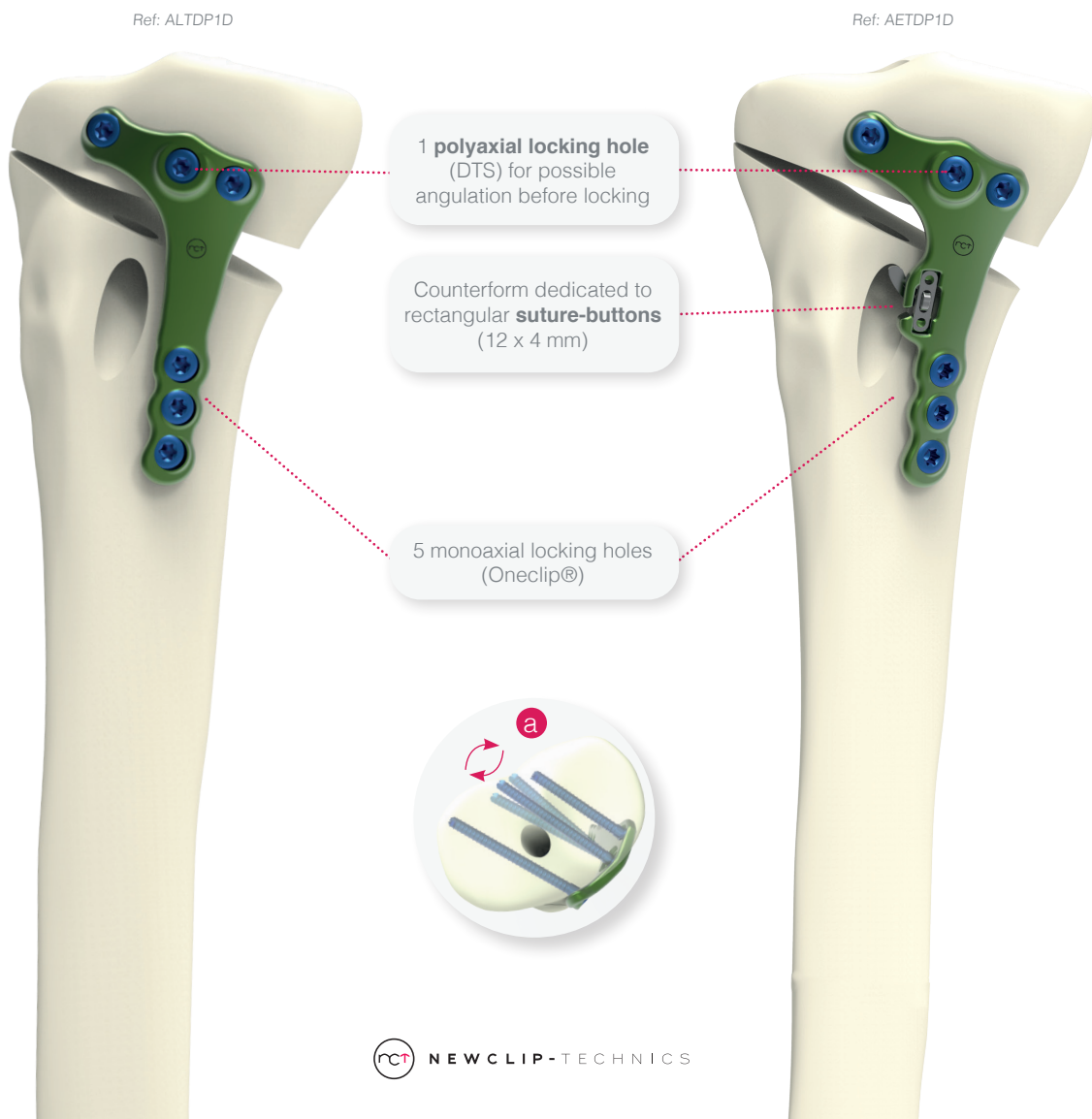
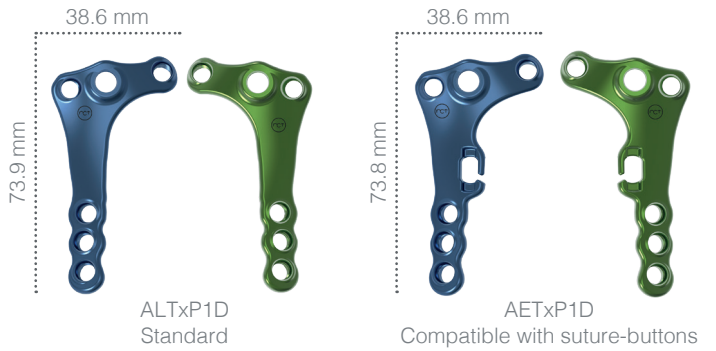


# PLATE FEATURES

## OPENING WEDGE HIGH TIBIAL OSTEOTOMY WITH ACL REPLACEMENT PLATES

### → TECHNICAL FEATURES

- **Anatomic asymmetrical implants** (blue anodized for left plates and green anodized for right plates).
- To limit the risk of damaging the tunnel, the plate's upper part and the screw positioning are optimized for ACL reconstruction (a).
- 1 polyaxial locking hole located in the proximal part of the ACL tunnel to avoid damaging the graft.
- One design compatible with the placement of a PEEK or titanium suture-button.



# PLATE FEATURES

## CLOSING WEDGE HIGH TIBIAL OSTEOTOMY PLATES

### → TECHNICAL FEATURES

- **Lateral and medial closing plates.**
- **Precontoured implants:** the design of these plates is the result of a proprietary state-of-the-art mapping technology to establish the maximum congruence between the plate and the bone.
- **Compression oblong ramp hole** to optimize the osteotomy compression (a) (see page 8)..
- **Titanium alloy TA6V** implants for optimized mechanical resistance.
- **Medial plate:** antero-medial positioning for an easier positioning of the plate avoiding the medial step due to the osteotomy.

### VALGISATION PLATES



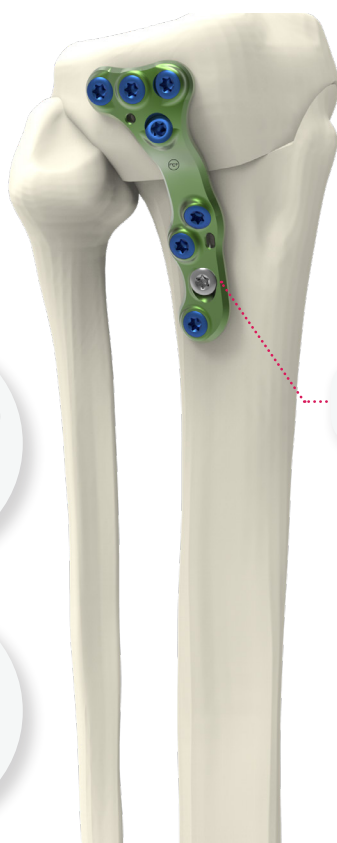
BTxBD2D (size 2)  
Lateral plates

### VARISATION PLATES

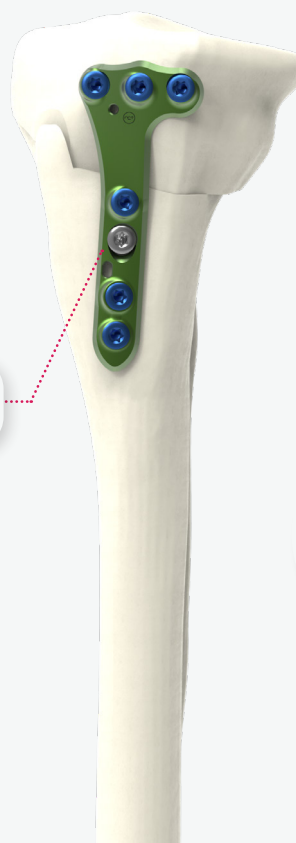


BTxMD2D (size 2)  
Medial plates

Ref: BTDBD2D



Ref: BTMD2D



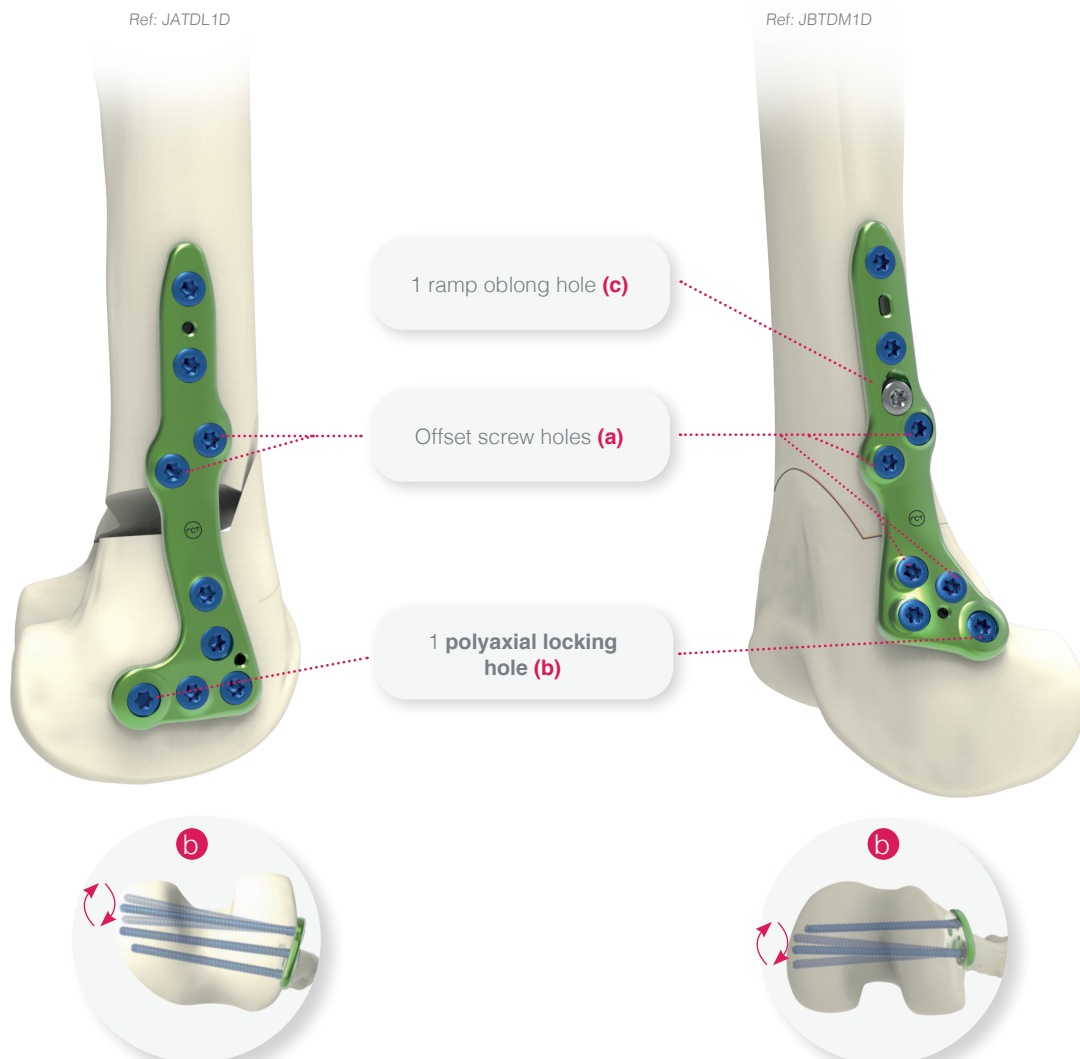
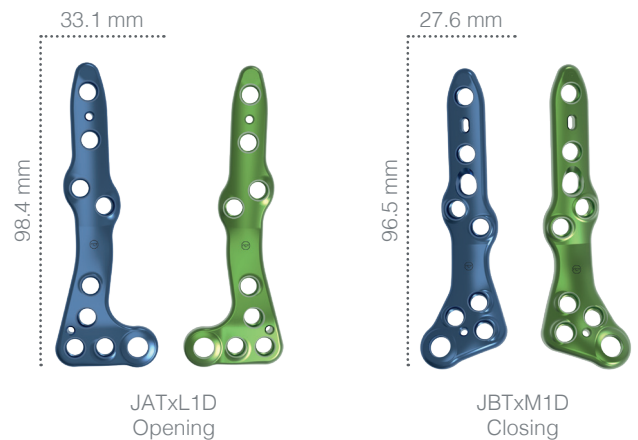
1 ramp oblong hole (a)

# PLATE FEATURES

## DISTAL FEMORAL OSTEOTOMY PLATES

### → TECHNICAL FEATURES

- **Medial closing and lateral opening plates.**
- **Anatomic asymmetrical implants** (green anodized for right plates and blue anodized for left plates).
- 2 offset screw holes improving the mechanical features of the assembly and preventing loss of angular correction (a):
  - On both sides of the osteotomy site for closing;
  - Above the osteotomy site for opening.
- Monoaxial locking screws (Oneclip®):
  - 7 screws for the closing plate;
  - 8 screws for the opening plate.
- 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.
- 1 ramp oblong hole allowing a simple and controlled compression (c) for closing (see page 8).

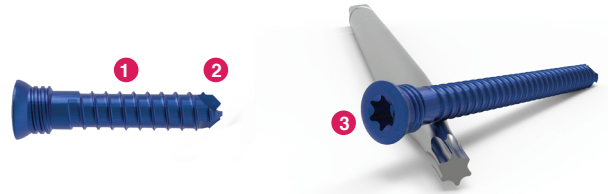


# TECHNICAL FEATURES

## FIXATION FEATURES

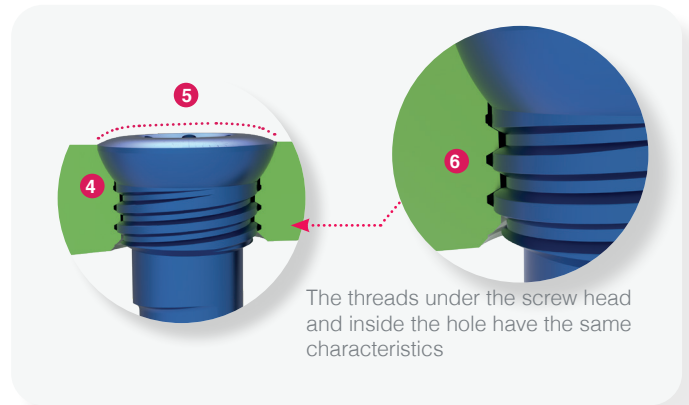
### → SCREW TECHNICAL FEATURES

- Ø4.5 mm reinforced core screws for optimized mechanical stability (1).
- Self-tapping systems to help for insertion (2).
- Hexalobular T20 (3).



### → LOCKING SYSTEM FEATURE

- **Low profile construct:**
  - The screw is stopped in the hole by its cap, insuring the locking (4).
  - The screw head is buried in the plate (5) to minimize the risk of soft tissue irritation.
  - Coaptation of both profiles when locking (6).
  - Plate and screws made from the same material: titanium alloy.



- **Monoaxial locking fixation**

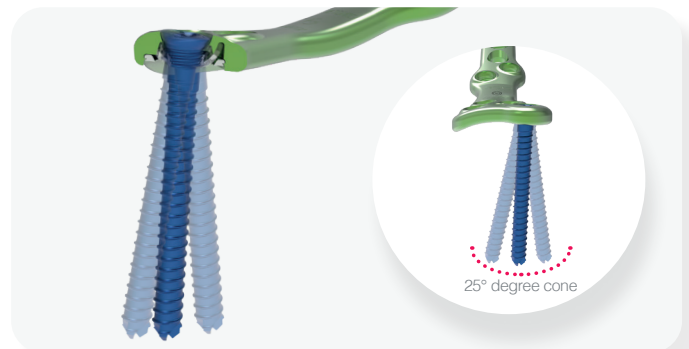
Oneclip®: patented design.

- **Polyaxial locking fixation**

The DTS system (patented design) allows the screw to lock into the plate while permitting an angulation of the screw.

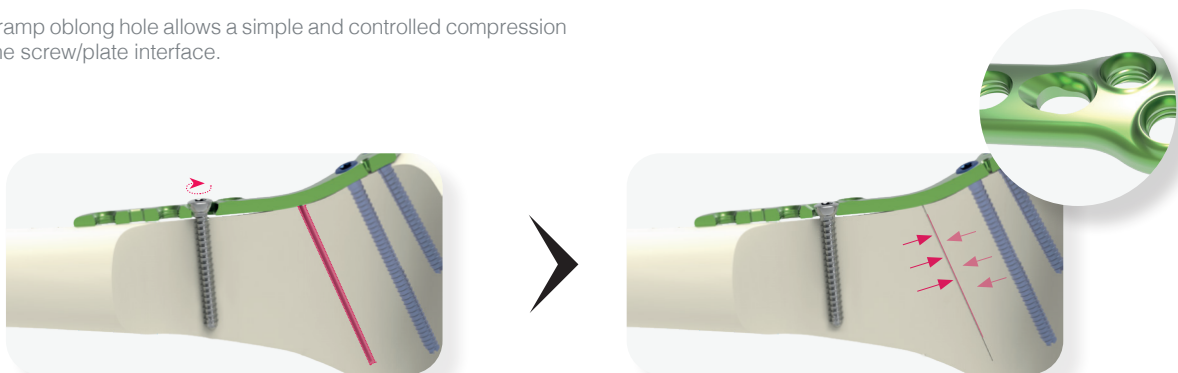
Newclip Technics plates combine both polyaxial and locking technologies to create a fixed-angle construct.

Possible angulation of the screw before locking (25° locking range) thanks to the DTS® System to avoid the joint.



### → COMPRESSIVE RAMP OBLONG HOLE

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





# TECHNICAL FEATURES

## INSTRUMENTATION

➤ Dedicated instruments to prepare, create and maintain the appropriate angular correction during osteosynthesis:

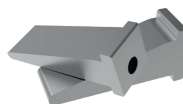
- Chisels (to be used to prepare the opening);
- 8 metallic wedges (4 mm to 18 mm; 2 mm increment);
- Meary pliers (controlled opening thanks to the markings: 3 to 19 mm (2 mm increment));
- Cutting guide for closing osteotomies.



Chisels



Meary pliers

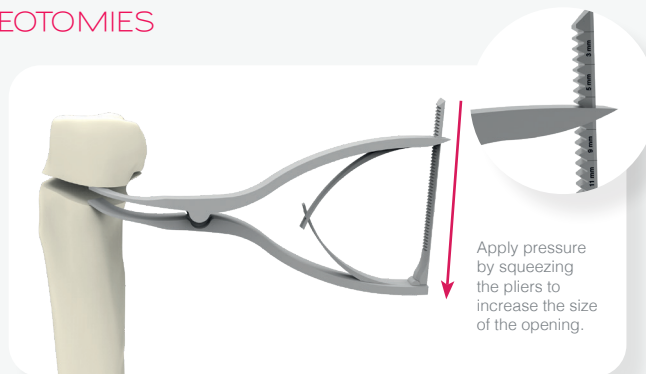
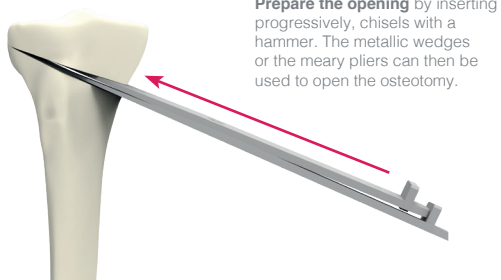


Metallic wedges

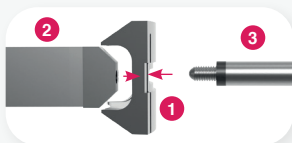


Cutting Guide

### → DIFFERENT METHODS OF OPENING OSTEOTOMIES



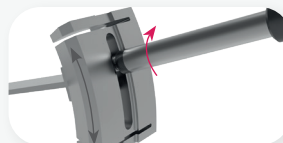
### → HOW TO USE THE CUTTING GUIDE



1. Place the NCT cutting guide - piece 1 (ANC014-1) (1) into the NCT cutting guide - piece 2 (ANC014-2) (2), and screw the handle onto the construct (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.

# TECHNICAL FEATURES

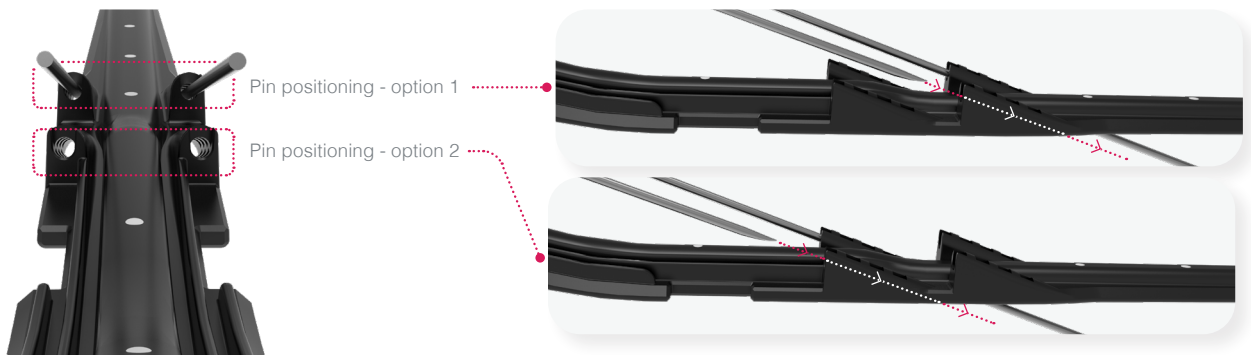
CARE + (FOR VASCULAR PROTECTION)



## → TECHNICAL FEATURES

### ▶ Protects the vascular structures during the cutting phase:

- The retractor is secured in position on the bone using two pins through the pin sleeves.
- Two options of pins positioning to adapt to the bone size.

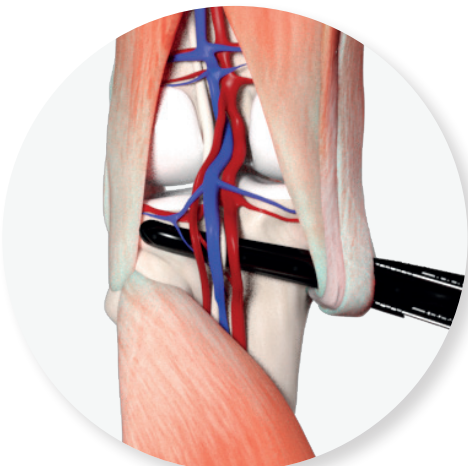


### ▶ Metallic groove inserted in the instrument:

- Optimized to position the instrument and preview the cut.
- Protects the instrument from the saw blade and avoids plastic debris.



### ▶ Optimized to help for instrument positioning



# OPTIONS

## INITIAL K - HINGE SCREW\*

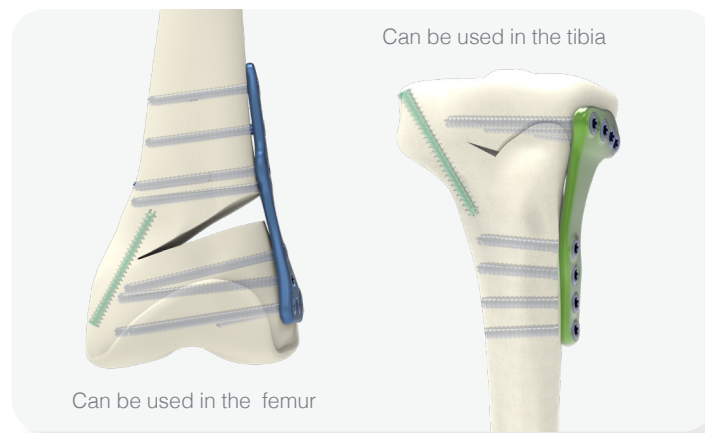
This option (instrument kit (Initial K - Hinge Screw) and screws) is not provided in the ACTIVMOTION S set, it must be ordered separately. The screw must always be used in association with an osteotomy plate.



### → TECHNICAL FEATURES

➤ A 4.5 mm cannulated headless compressive screw into the hinge to :

- Reinforce the bone hinge <sup>(1)</sup>.
- Compress the hinge in case of a Takeuchi fracture (type I, II or III).



### → A SINGLE USE SET OF INSTRUMENTS

- **Ready when you are:** already sterile.
- Includes all the instruments needed to insert the screw.



For more information about the Initial K Hinge Screw please refer to the brochure.



\* These products are under development

# SURGICAL TECHNIQUE

## HIGH TIBIAL OSTEOTOMY APPROACH

The technique presented below is one of the surgical techniques possibilities. The choice is made according to surgeon's preferences. Use an antero-medial approach to expose the proximal tibia metaphysis.



1. The patient is positioned in a supine position on the operating table. The procedure is performed under pneumatic tourniquet and a small pillow is placed under the buttock of the operated side in order to maintain the limb in neutral position.
2. An 8 cm slightly oblique vertical incision is made along the antero-medial surface, running over the joint space down to under the tibial tuberosity.



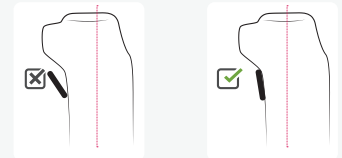
3. A single-plane incision is made through the periosteum; then the hamstring and the medial collateral ligament (MCL) are retracted posteriorly thanks to the Care + retractor.
- The wider the angular correction is, the more the hamstring and MCL should be released distally.

**CAUTION:** if the release is adequate, the opening of the osteotomy and the insertion of the bone graft can be performed with no risk of tearing the lateral cortical hinge. If it is not, forcing the graft in may tear the hinge, thus seriously jeopardizing complete bone healing. ie: pseudarthrosis.

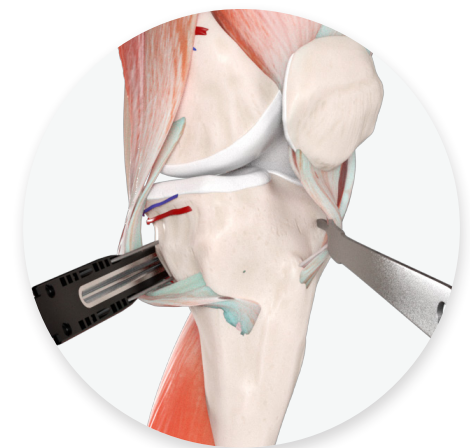
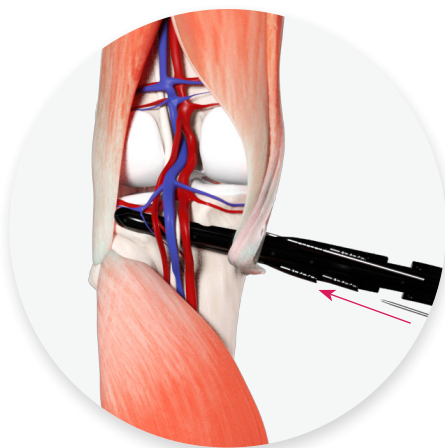


4. Position the Care+ retractor at the level of the wanted osteotomy cut in order to protect the vascular structures from the saw blade.
- Optional:** If the Care+ is positioned between the hamstring and the MCL, use a smaller retractor to pull back the MCL.

**CAUTION:** the groove must be positioned parallel to the front plane.



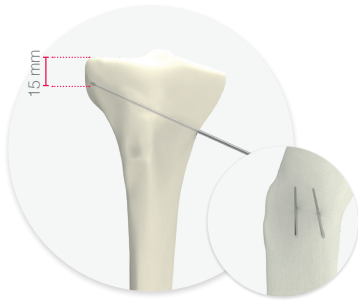
5. When its position is validated under X-ray, secure the Care+ with two divergent 2.2 mm pins.



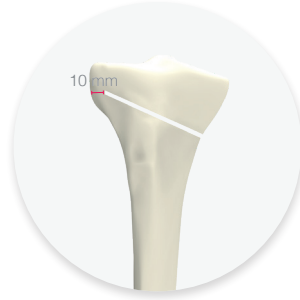
6. Clear the deepest part of the patellar tendon down to its attachment onto the tibial tuberosity, and protect it using a retractor during the osteotomy.

# SURGICAL TECHNIQUE

## OPENING WEDGE HIGH TIBIAL OSTEOTOMY - MONOPLANAR CUT



1. To perform the osteotomy cut, insert:
- **The first pin** from the insertion of the hamstring until reaching the lateral cortex, 15 mm below the tibial plateau ridge.
  - **The second pin** parallel to the first one with a 20 mm distance between both of the pins, to maintain the tibial slope.



2. Incise upwards towards the head of the fibula and stop the cut 10 mm before the lateral cortical area. Then, remove the pins.



3. Insert wedges of increasing sizes until finding the appropriate one (4 - 18 mm) while maintaining the lateral surface of the tibia. Once the appropriate wedge is inserted, the angular correction is maintained during osteosynthesis.

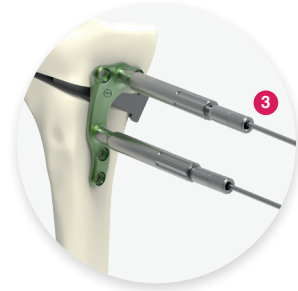
Alternatively, chisels or the meary pliers can be used to increase the size of the opening (see page 9 for more information).



4. Position the plate onto the antero-medial side so that:
- the proximal part of the plate runs parallel to the osteotomy cut, or
  - the distal part of the plate runs parallel to the tibial tuberosity.



or



- 5a. Lock the first Ø4.0 mm guide (ANC998) using the screwdriver (ANC975) in the hole under the osteotomy cut, then start drilling using a Ø4.0 mm drill (ANC211) (1). Then, above the osteotomy cut, insert a Ø4.0 mm guide into the central hole (2) and drill.

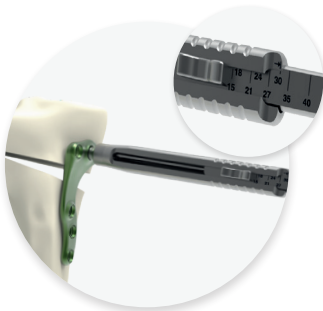
To help with stability, the two drills guides can be kept in position and a third one can be used to insert the first screw.

Or alternatively, before drilling, the plate can be temporarily maintained in position with Ø2.2 mm pins (33.0222.200) inserted through the reducers of the drill guides (ANC1009) (3).

**N.B.** to help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).



ANC975



- 5b. The screw length can be directly read on the drill at the rear of the drill guide (see image 5a) or thanks to the length gauge (ANC210). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

**N.B.** to ease the insertion of the screws, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink and insert the screw again.



### FINAL RESULT

The construct is complete when the metallic wedge is removed

6. Insert and lock the two Ø4.5 mm screws (ST4.5LxxD-ST) using the screwdriver (ANC975). Final tightening of the screws must be performed by hand. Proceed similarly for the other four monoaxial locking holes.



ANC975



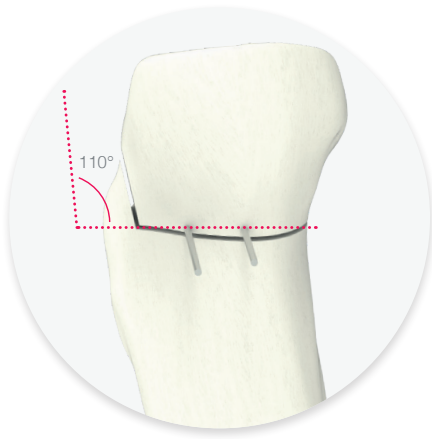
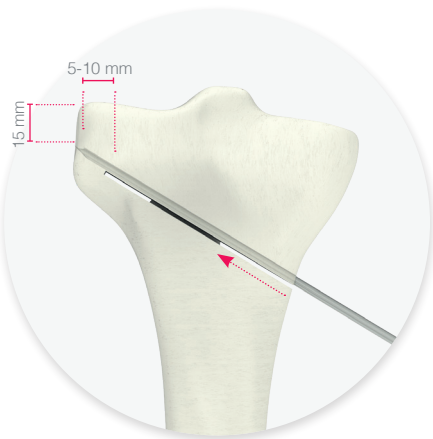
ANC120-US

ANC975

# SURGICAL TECHNIQUE

## OPENING WEDGE HIGH TIBIAL OSTEOTOMY - BIPLANAR CUT\*

\* A biplanar cut must be performed with an Activmotion S plate size 2



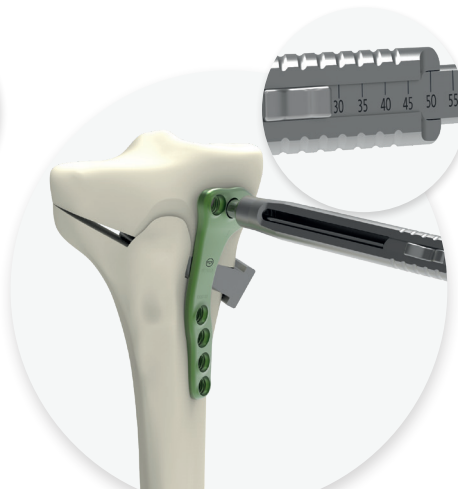
### The osteotomy cut is performed in two steps:

- 1. Ascending osteotomy cut:** the cut is performed by oscillating saw, alongside and below the two pins. Stop the incision 5-10 mm from the lateral cortex area.
- 2. Transverse osteotomy cut:** perform the anterior transverse osteotomy cut behind the tibial tuberosity at a resulting angle of around 110° to ascending cut.

- 3. Insert wedges of increasing sizes until finding the appropriate one (4-18 mm) while maintaining the lateral surface of the tibia. Once the appropriate wedge is inserted, the angular correction is maintained during osteosynthesis.**

Position the plate onto the antero-medial side so that the distal part of the plate runs parallel to the tibial tuberosity.

Alternatively, chisels or the meary pliers can be used to increase the size of the opening (see page 9 for more information on these techniques).



- 4. Lock the first Ø4.0 mm guide (ANC998) in the hole under the osteotomy cut, then start drilling using a Ø4.0 mm drill (ANC211) (1).**

Above the osteotomy cut, insert a Ø4.0 mm guide into the central hole (2) and drill.

To help with stability, the two drills guides can be kept in position and a third one can be used to insert the first screw.

Alternatively, before drilling, the plate can be temporarily maintained in position with Ø2.2 mm pins (33.0222.200) inserted through the reducers of the drill guides (ANC1009) (3).

**N.B.** to help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).

- 5. The screw length can be directly read on the drill at the rear of the drill guide (see image step 4) or thanks to the length gauge (ANC210). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read**

Remove the drill guides. Insert and lock two Ø4.5 mm screws (ST4.5LxxD-ST). The final tightening of the screws must be performed by hand. Proceed similarly for the remaining locking holes.

**N.B.** to ease the insertion of the screws, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw again.

### FINAL RESULT

The construct is complete when the metallic wedge is removed



ANC975



ANC120-US

# SURGICAL TECHNIQUE

## HIGH TIBIAL OSTEOTOMY PLATE WITH ACL REPLACEMENT



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



2. Perform the osteotomy cut, by inserting wedges of increasing sizes until finding the appropriate one (4-18 mm) while maintaining the lateral surface of the tibia. Once the appropriate wedge is inserted, the angular correction is maintained during osteosynthesis.

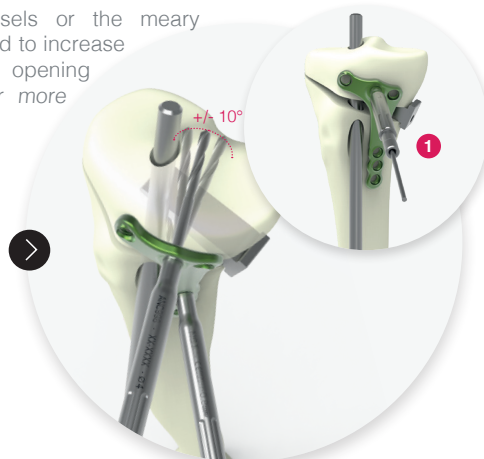


3. Insert the spacer (Ø8 mm: ANC649 or Ø10 mm: ANC601) in order to preserve the tunnel during the insertion of the proximal screws (see steps 5 and 6).

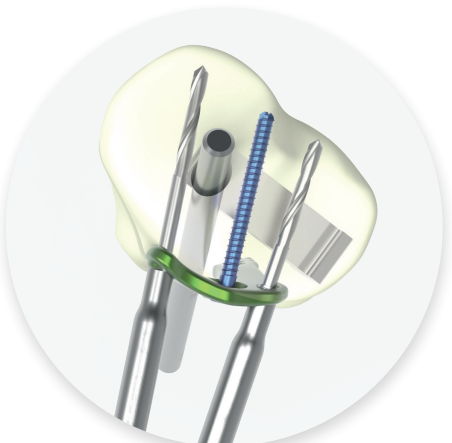


4. Position the plate: the diaphyseal part of the implant should run alongside the anterior tibial tuberosity, the anterior holes are positioned on either sides of the tunnel.

Alternatively, chisels or the meary pliers can be used to increase the size of the opening (see page 9 for more information).



5. Insert the Ø4.5 mm screws (ST4.5LxD-ST) located on both sides of the osteotomy site. Drill with a Ø4.0 mm drill bit (ANC211) using the drill guide (ANC998). To avoid drilling through the tunnel, use the polyaxiality for the placement of the screw into the proximal central hole. Before drilling, a Ø2.2 mm pin (33.0222.200) can be inserted through the reductor of the drill guide (ANC1009) (1).

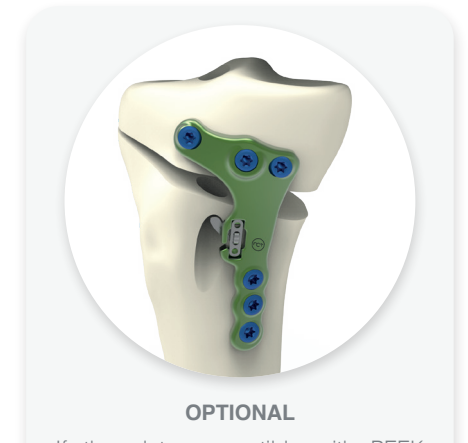


6. Once the first two screws have been inserted, repeat the procedure with the other two proximal Ø4.5 mm screws. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw again. Final tightening of the screws must be performed by hand.



**FINAL RESULT**

Complete the procedure by inserting the last two distal screws and removing the metallic wedge and the spacer. The ligamentoplasty can then be performed.



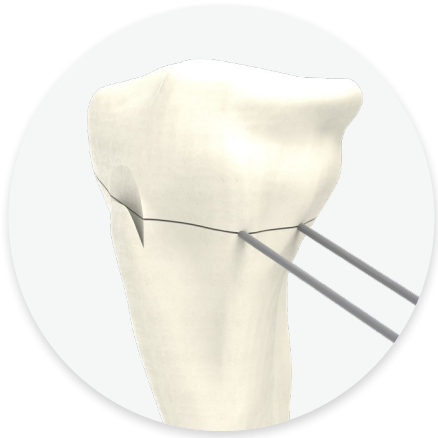
**OPTIONAL**

If the plate compatible with PEEK or titanium suture-buttons is used, the suture-button (12 x 4 mm) is inserted into the dedicated counter-forme.

# SURGICAL TECHNIQUE

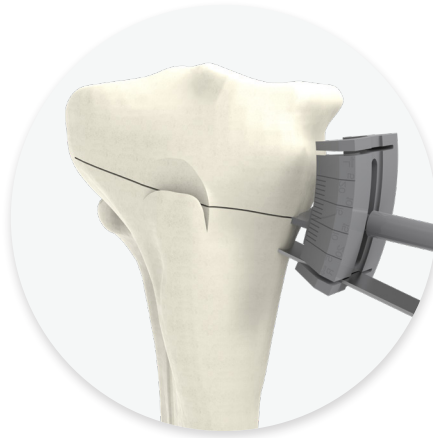
## MEDIAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY (PAGE 1 / 2)

Example of the surgical technique for the medial closing plate size 2 (BTDMD2D).



### 1. Perform the first cut.

Insert two pins approximately 40-50 mm below the medial articular surface and run oblique towards the tip of the fibula. Perform the cut stopping at 6 mm from the lateral cortex. The biplanar tuberosity cut is then performed.



2. Perform the distal 2<sup>nd</sup> cut using the cutting guide (see page 9 on how to use the guide):
  - Set the chosen correction angle on the cutting guide (ANC014-1 / ANC014-2).
  - Insert the blade of the cutting guide into the first cut.
  - Perform the second osteotomy in the cutting slot with an oscillating saw.

Remove the bone wedge and make sure that every residual bone fragment has 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 proximal tibia. It is important to ensure that the zone between the distal and proximal screws is located on the osteotomy site and that the proximal screws do not penetrate the joint.

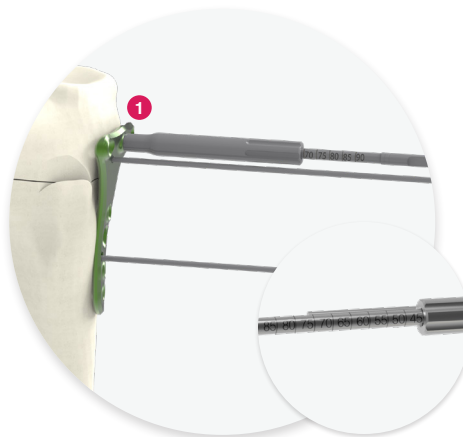
The plate can be temporarily held in position with two Ø2.2 mm pins (33.0222.200).

**The distal pin must be positioned in the distal part of the oblong pin hole.**



4. Lock the Ø4.0 mm drill guide (ANC998) into one of the holes situated above the osteotomy cut. Then, drill using the Ø4.0 mm drill bit (ANC211).

**N.B.** To help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).



5. Determine the screw length directly at the rear of the Ø4.0 mm drill guide (ANC998) (1), or with the length gauge (ANC210) (2). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

Then, insert a Ø4.5 mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975). Final tightening of the screws must be performed by hand.

**N.B.** To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw again.



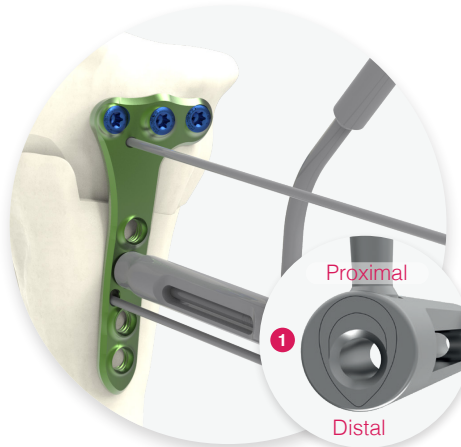


# SURGICAL TECHNIQUE

## MEDIAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY (PAGE 2/2)



6. Repeat the same procedure as steps 4 and 5 for the remaining holes above the osteotomy cut.



7. Drill into the **distal part of the oblong hole** using the dedicated drill guide (ANC1064) and the **Ø3.5 mm drill bit** (ANC1075). The orientation of the drill guide must be taken into account to allow compression **(1)**.

Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210).



ANC210



8. Insert a Ø4.5 mm standard cortical screw (CT4.5LxxD-ST) and perform the compression using the screwdriver (ANC975).



9. Repeat the same procedure as the steps 4 and 5 to insert the remaining Ø4.5 mm locking screws (ST4.5LxxD-ST) in the holes situated under the osteotomy cut. The pins can then be removed.



## FINAL RESULT

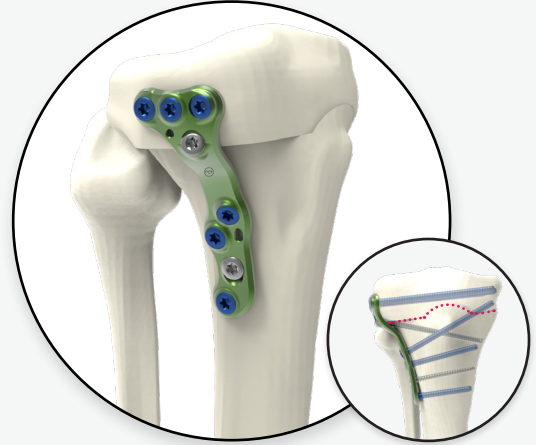
# SURGICAL TECHNIQUE

## LATERAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY SIZE 2 (PAGE 1 / 4)

For the size 2 lateral closing wedge high tibial plate (BTxBD2D-ST), two cutting options can be performed, there are certain steps which can change. Please find the different options below and their surgical technique:

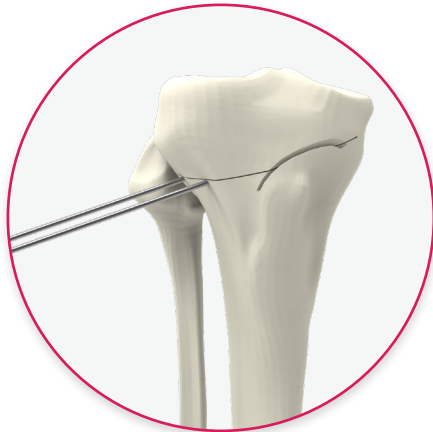


→ OPTION 1: OBLIQUE CUT  
(FOR THIS OPTION THE SURGICAL TECHNIQUE IS IN PINK)



→ OPTION 2: HORIZONTAL CUT  
(FOR THIS OPTION THE SURGICAL TECHNIQUE IS IN BLACK)

### STEP 1

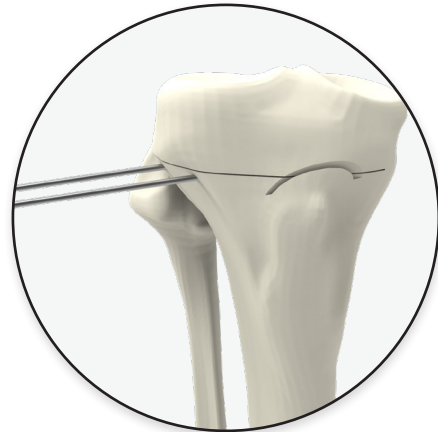


#### 1. Perform the first cut.

Insert two pins approximately 40-50 mm below the lateral articular surface and run oblique until reaching the medial cortex 15 mm below the tibial plateau.

Protect the posterior aspect of the tibia and perform the cut stopping at 6 mm from the medial cortex. The biplanar tuberosity cut is then performed.

An additional fibular osteotomy or release of the proximal tibiofibular joint must be performed.



#### 1. Perform the first cut.

Insert two pins approximately 30-40 mm below and parallel to the lateral articular surface.

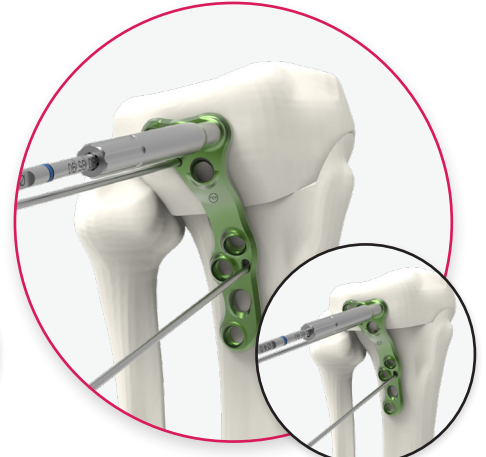
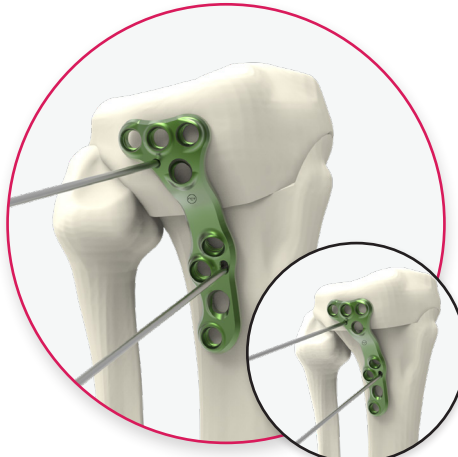
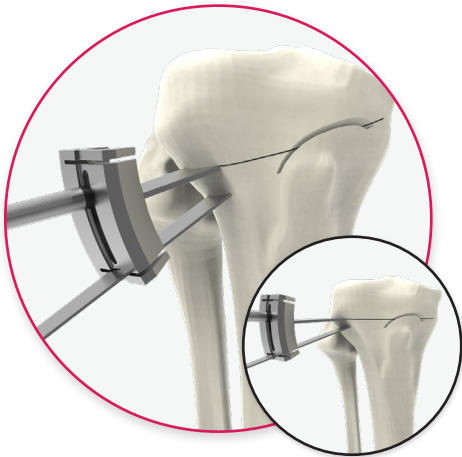
Protect the posterior aspect of the tibia and perform the cut stopping at 6 mm from the medial cortex. The biplanar tuberosity cut is then performed.

An additional fibular osteotomy or release of the proximal tibiofibular joint must be performed.

# SURGICAL TECHNIQUE

## LATERAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY SIZE 2 (PAGE 2 / 4)

THE FOLLOWING STEPS APPLY TO THE **OPTION 1, OBLIQUE CUT** AND THE **OPTION 2, HORIZONTAL CUT**



2. Perform the distal 2<sup>nd</sup> cut by using the cutting guide (see page 9 on how to use the guide):
- Set the chosen correction angle on the cutting guide (ANC014-1 / ANC014-2).
  - Insert the blade of the cutting guide into the first cut until reaching the hinge.
  - Perform the second cut with an oscillating saw inserted in the slot of the guide.

Remove the bone wedge and make sure that every residual bone fragment has been removed from the osteotomy.

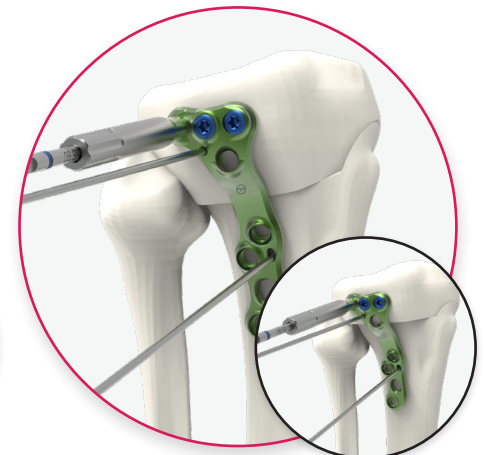
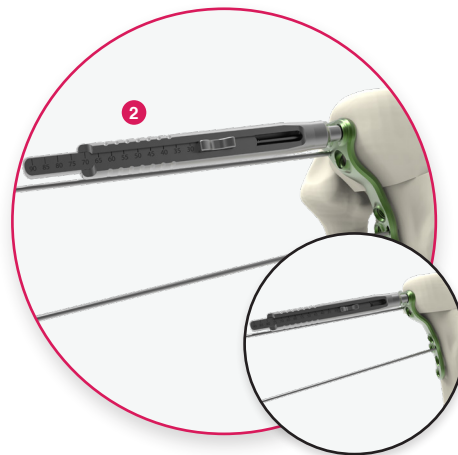
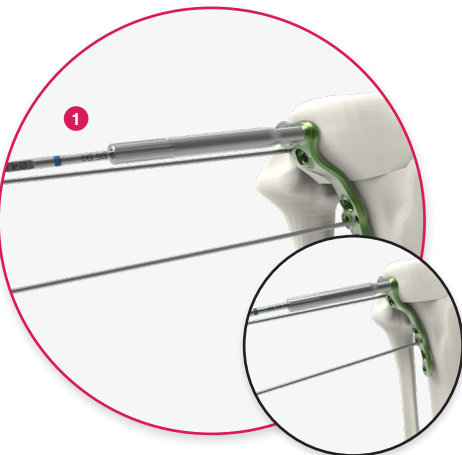
Then, carefully close the osteotomy by applying continuous pressure to the medial lower limb while stabilizing the knee joint region.

3. Position the plate onto the lateral surface of the proximal tibia. It is important to ensure that the zone between the distal and proximal screws is located on the osteotomy site and that the proximal screws do not penetrate the joint.

The plate can be temporarily held in position with two Ø2.2 mm pins (33.0222.200). **The distal pin must be positioned in the distal part of the oblong pin hole.**

4. Lock the Ø4.0 mm drill guide (ANC998) into one of the three most proximal holes. Then, drill using the Ø4.0 mm drill bit (ANC211).

**N.B.** to help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).



5. Determine the screw length directly at the rear of the Ø4.0 mm drill guide (ANC998) (1), or with the length gauge (ANC210) (2). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

Then, insert a Ø4.5 mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975). Final tightening of the screws must be performed by hand.



ANC975

**N.B.** To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw.

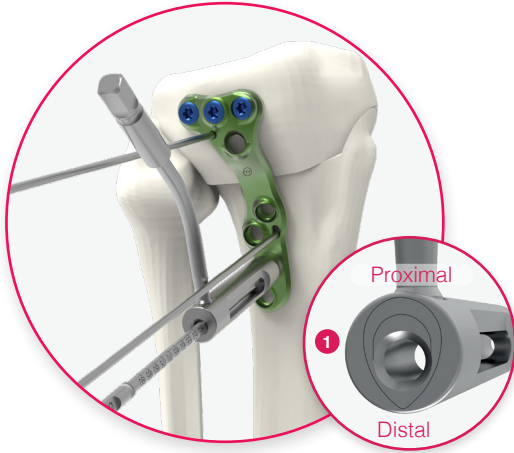


ANC120-US

# SURGICAL TECHNIQUE

## LATERAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY SIZE 2 (PAGE 3/4)

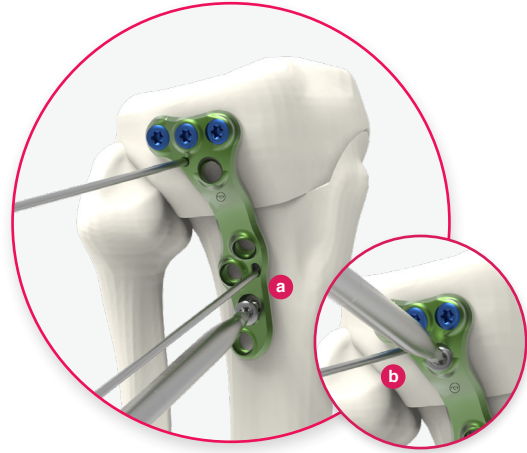
### → OPTION 1: OBLIQUE CUT



7. Drill into the **distal part of the oblong hole** using the dedicated drill guide (ANC1064) and the **Ø3.5 mm drill bit** (ANC1075). The orientation of the drill guide must be taken into account to allow compression (1). Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210).

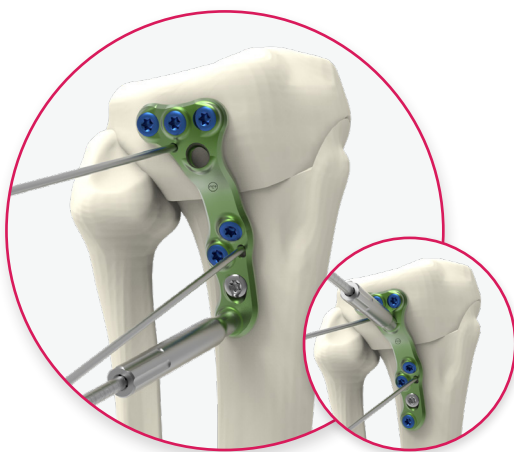


ANC210



### 8. **Compression of the osteotomy**

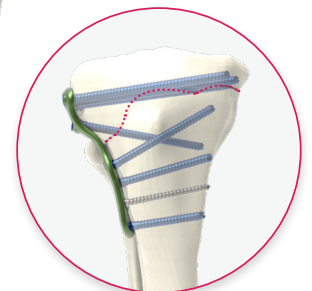
- a. Insert a **Ø4.5 mm standard cortical screw** (CT4.5LxxD-ST) using the screwdriver (ANC975) and perform the compression through the ramp oblong hole.
- b. Alternatively, a standard cortical screw can be inserted in the angulated hole to close and compress the osteotomy.



9. Repeat the same procedure as steps 4 and 5 for the remaining **Ø4.5 mm locking screws** (ST4.5LxxD-ST) in the distal holes. Do the same for the the insertion of the **Ø4.5 mm locking screw** (ST4.5LxxD-ST) in the remaining proximal hole situated above the osteotomy cut. The pins can then be removed.



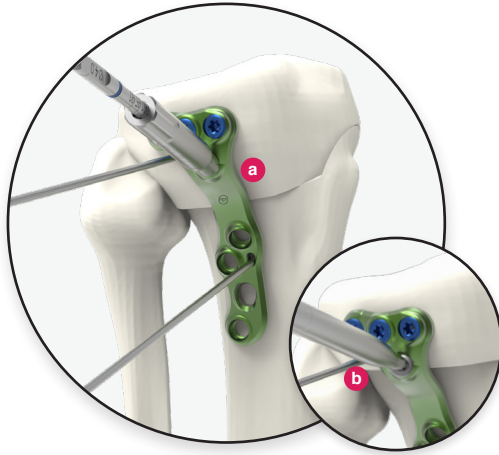
### FINAL RESULT



# SURGICAL TECHNIQUE

## LATERAL CLOSING WEDGE HIGH TIBIAL OSTEOTOMY SIZE 2 (PAGE 4 / 4)

### → OPTION 2: HORIZONTAL CUT



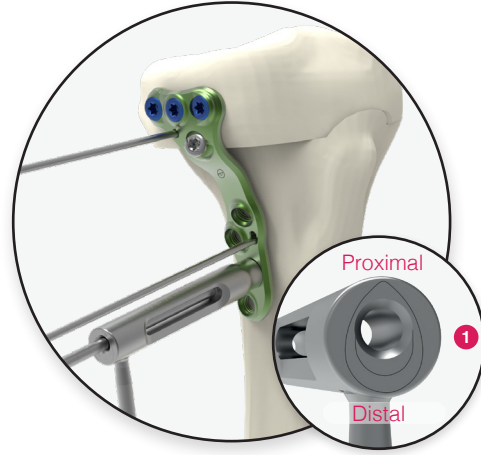
#### 7. **Compression of the osteotomy**

a. Lock the Ø4.0 mm drill guide (ANC998) into the proximal hole situated above the osteotomy cut. Then, drill using the Ø3.5 mm drill bit (ANC1075).

b. Then, insert a Ø4.5 mm cortical screw (CT4.5LxD-ST) and perform the compression using the screwdriver (ANC975).



ANC975



8. Drill into the **proximal part of the oblong hole** using the dedicated drill guide (ANC1064) and the Ø3.5 mm drill bit (ANC1075). The orientation of the drill guide must be taken into account as the compression of the oblong hole is not used (1).

Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210).

Insert a Ø4.5 mm standard cortical screw (CT4.5LxD-ST) using the screwdriver (ANC975).



ANC975



#### 9. **Improvement of the stability at the hinge with the oblique screw**

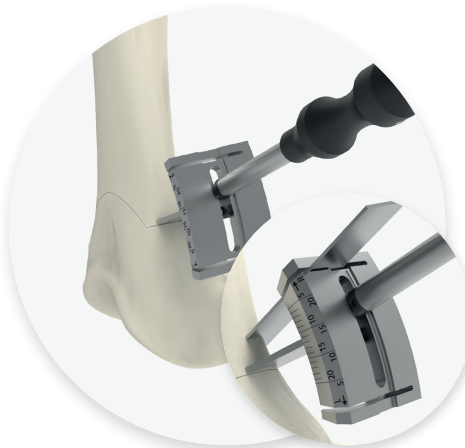
Repeat the same procedure as steps 4 and 5 for (page 19) the Ø4.5 mm locking screws (ST4.5LxD-ST) in the remaining the distal holes. The pin can be removed during this step.



### FINAL RESULT

# SURGICAL TECHNIQUE

## MEDIAL CLOSING WEDGE DISTAL FEMORAL OSTEOTOMY PLATE (PAGE 1/2)



### 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.

### 2. Perform the proximal 2<sup>nd</sup> cut by using the cutting guide (see page 9 on how to use the guide):

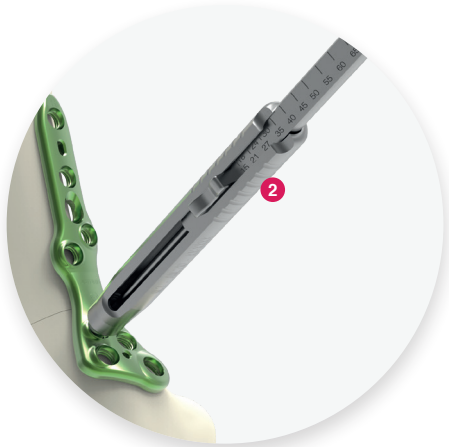
- Set the chosen correction angle on the cutting guide (ANC014-1 / ANC014-2).
- Insert the blade of the cutting guide into the first cut.
- Perform the second osteotomy in the cutting slot with an oscillating saw.

Remove the bone wedge and make sure that every residual bone fragment has 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 1 cm 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 (ANC998) 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 (1), at the rear of the drill guide or with the length gauge (ANC210) (2). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

### 5. Insert the Ø4.5 mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975). Final tightening of the screws must be performed by hand.

Repeat this procedure with the 2 other distal monoaxial holes.

**N.B.** To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert again the screw.

**N.B.** to help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).



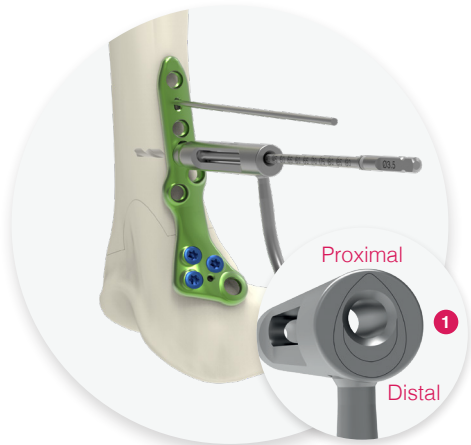
ANC975



ANC120-US

# SURGICAL TECHNIQUE

## MEDIAL CLOSING WEDGE DISTAL FEMORAL OSTEOTOMY PLATE (PAGE 2 / 2)



6. Insert a  $\varnothing 2.2$  mm pin (33.0222.200) into the **proximal part of the oblong hole for pin**. Drill into the **proximal part of the ramp oblong hole** using the dedicated drill guide (ANC1064) and the  $\varnothing 3.5$  mm drill bit (ANC1075). The orientation of the drill guide must be taken into account to allow compression (1).

Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210).



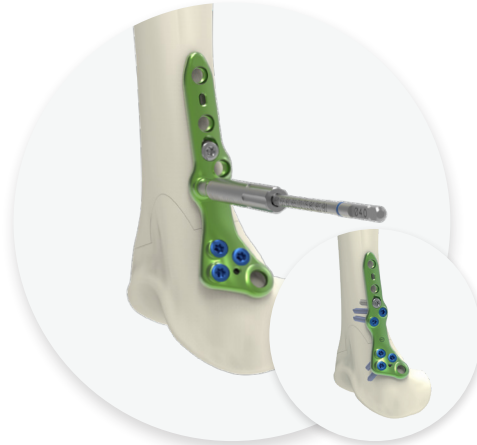
ANC210

Insert a  $\varnothing 4.5$  mm standard cortical screw (CT4.5LxxD-ST) and perform the compression using the screwdriver (ANC975).



ANC975

Then remove the  $\varnothing 2.2$  mm pin.



7. Proceed similarly to step 4 for the insertion of the  $\varnothing 4.5$  mm locking screws (ST4.5LxxD-ST) into the 2 holes situated above the osteotomy cut.



8. Lock the  $\varnothing 4.0$  mm drill guide (ANC998) into the polyaxial hole. If necessary, adjust the drilling direction in order to avoid the intercondylar notch. Before drilling, a pin can be inserted through the reductor of the drill guide (ANC1009) (1).

Start drilling using the  $\varnothing 4.0$  mm drill bit (ANC211). Determine the screw length directly on the drill, at the rear of the drill guide or with the length gauge (ANC210). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

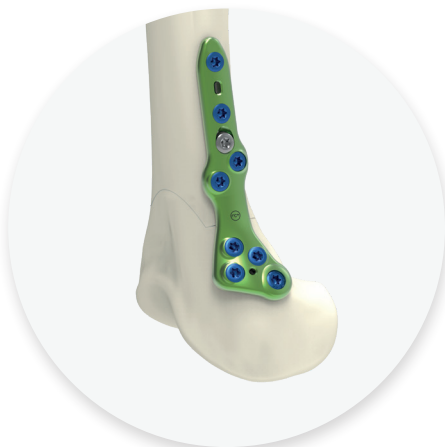


ANC210

Then, insert the  $\varnothing 4.5$  mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975).



ANC975

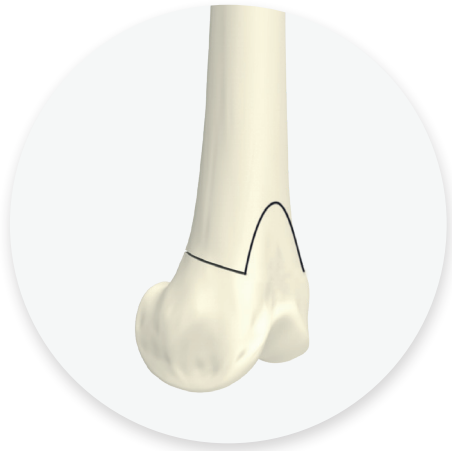


## FINAL RESULT

Repeat the previous steps to insert the remaining  $\varnothing 4.5$  mm locking screws situated on the proximal part of the plate.

# SURGICAL TECHNIQUE

## LATERAL OPENING WEDGE DISTAL FEMORAL OSTEOTOMY PLATE (PAGE 1/2)

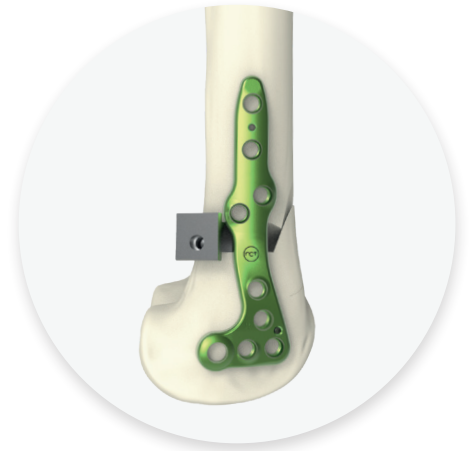


1. Perform the osteotomy using an oscillating saw: the cut starts 30 mm from the insertion of the lateral ligament and ends at around 10 mm from the medial cortex.

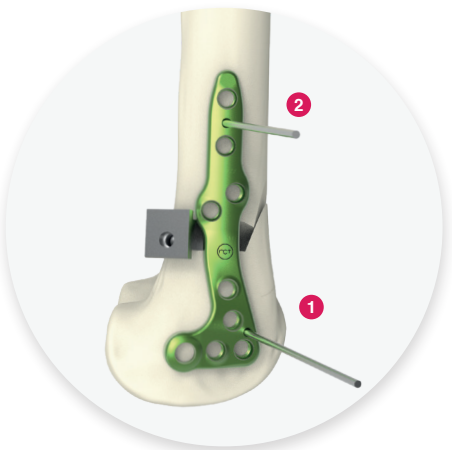


2. Insert wedges of increasing sizes until finding the appropriate one (4 - 18 mm) while maintaining the medial surface of the femur. Once the appropriate wedge has been inserted, the angular correction is maintained during osteosynthesis.

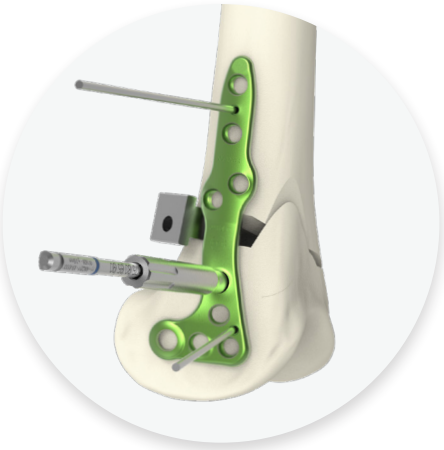
Alternatively, chisels or the meary pliers can be used to increase the size of the opening (see page 9 for more information).



3. Position the plate onto the lateral surface of the distal femur. The polyaxial hole must be positioned at the level of the insertion of the lateral collateral ligament.



4. Stabilize the plate using the pins (33.0222.200). Insert the first pin on the distal part (1). Then, insert the second pin on the proximal part (2) so that the plate is stabilized alongside the femoral diaphysis.

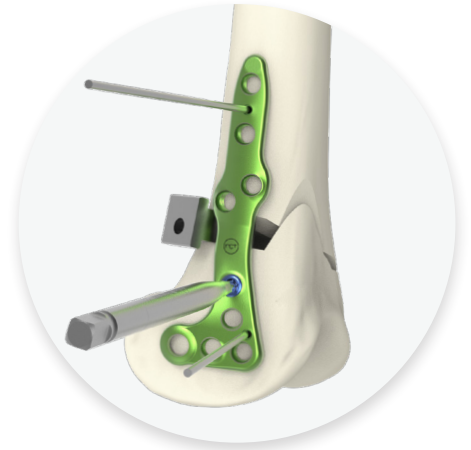


5. Lock the first Ø4.0 mm drill guide (ANC998) in the hole under the osteotomy cut, then start drilling using the Ø4.0 mm drill bit (ANC211).

**N.B.** to help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).



ANC975



6. Remove the drill guide and then insert and lock the Ø4.5 mm screw (ST4.5LxxD-ST) the screw using the screwdriver (ANC975). Final tightening of the screws must be performed by hand.

**N.B.** to ease the insertion of the screws, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw again.



ANC120-US

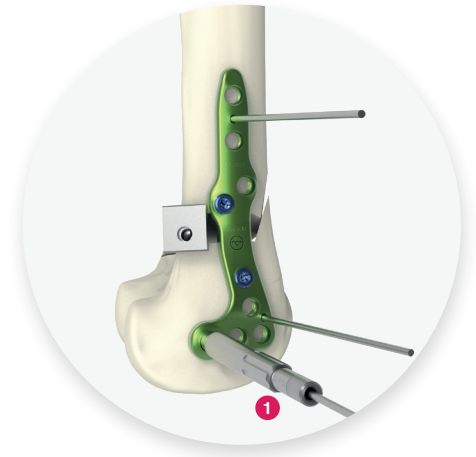


# SURGICAL TECHNIQUE

## LATERAL OPENING WEDGE DISTAL FEMORAL OSTEOTOMY PLATE (PAGE 2/2)



7. Proceed similarly for the insertion of the screw into the hole situated above the osteotomy cut. Then, remove the two pins.



8. Lock the  $\text{\O}4.0$  mm drill guide (ANC998) into the polyaxial hole. If necessary, adjust the drilling direction in order to avoid the intercondylar notch. Before drilling, a pin can be inserted through the reducer of the drill guide (ANC1009) (1). Start drilling using the  $\text{\O}4.0$  mm drill bit (ANC211). Determine the screw length directly on the drill, at the rear of the drill guide or with the length gauge (ANC210). When reading the screw length on the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.



ANC210

Then, insert the  $\text{\O}4.5$  mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975).



ANC975



## FINAL RESULT

Repeat previous steps to insert the remaining  $\text{\O}4.5$  mm locking screws. The construct is complete when the metallic wedge is removed.

# IMPLANT REFERENCES

## OPENING WEDGE TIBIAL PLATES

Ref.	Description
ATGP1D-ST	Medial opening HTO plate - Left - Size 1 - STERILE
ATDP1D-ST	Medial opening HTO plate - Right - Size 1 - STERILE
ATGP2D-ST	Medial opening HTO plate - Left - Size 2 - STERILE
ATDP2D-ST	Medial opening HTO plate - Right - Size 2 - STERILE
ALTGP1D-ST	Medial opening HTO + Ligamentoplasty plate - Left - Size 1 - STERILE
ALDTP1D-ST	Medial opening HTO + Ligamentoplasty plate - Right - Size 1 - STERILE
AETGP1D-ST	Medial opening HTO + Ligamentoplasty & button plate - Left - Size 1 - STERILE
AETDP1D-ST	Medial opening HTO + Ligamentoplasty & button plate - Right - Size 1 - STERILE



## CLOSING WEDGE TIBIAL PLATES

Ref.	Description
BTGBD2D-ST	Lateral closing HTO plate- Left - Size 2 - STERILE
BTDBD2D-ST	Lateral closing HTO plate - Right - Size 2 - STERILE
BTGMD2D-ST	Medial closing HTO plate- Left - Size 2 - STERILE
BTDMD2D-ST	Medial closing HTO plate- Right - Size 2 - STERILE

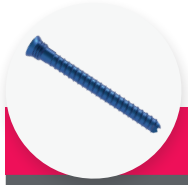


## DISTAL FEMORAL PLATES

Ref.	Description
JATGL1D-ST	Lateral opening DFO plate - Left - Size 1 - STERILE
JATDL1D-ST	Lateral opening DFO plate - Right - Size 1 - STERILE
JBTGM1D-ST	Medial closing DFO plate - Left - Size 1 - STERILE
JBTDM1D-ST	Medial closing DFO plate - Right - Size 1 - STERILE



# SCREW REFERENCES

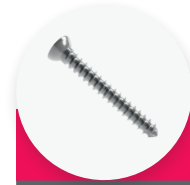


## Ø4.5 MM DTS® SELF TAPPING SCREWS\*

Ref.	Description
ST4.5L15D-ST	DTS self-tapping screw - Ø4.5 mm - L15 mm - STERILE **
ST4.5L18D-ST	DTS self-tapping screw - Ø4.5 mm - L18 mm - STERILE **
ST4.5L21D-ST	DTS self-tapping screw - Ø4.5 mm - L21 mm - STERILE **
ST4.5L24D-ST	DTS self-tapping screw - Ø4.5 mm - L24 mm - STERILE
ST4.5L27D-ST	DTS self-tapping screw - Ø4.5 mm - L27 mm - STERILE
ST4.5L30D-ST	DTS self-tapping screw - Ø4.5 mm - L30 mm - STERILE
ST4.5L35D-ST	DTS self-tapping screw - Ø4.5 mm - L35 mm - STERILE
ST4.5L40D-ST	DTS self-tapping screw - Ø4.5 mm - L40 mm - STERILE
ST4.5L45D-ST	DTS self-tapping screw - Ø4.5 mm - L45 mm - STERILE
ST4.5L50D-ST	DTS self-tapping screw - Ø4.5 mm - L50 mm - STERILE
ST4.5L55D-ST	DTS self-tapping screw - Ø4.5 mm - L55 mm - STERILE
ST4.5L60D-ST	DTS self-tapping screw - Ø4.5 mm - L60 mm - STERILE
ST4.5L65D-ST	DTS self-tapping screw - Ø4.5 mm - L65 mm - STERILE
ST4.5L70D-ST	DTS self-tapping screw - Ø4.5 mm - L70 mm - STERILE
ST4.5L75D-ST	DTS self-tapping screw - Ø4.5 mm - L75 mm - STERILE
ST4.5L80D-ST	DTS self-tapping screw - Ø4.5 mm - L80 mm - STERILE
ST4.5L85D-ST	DTS self-tapping screw - Ø4.5 mm - L85 mm - STERILE
ST4.5L90D-ST	DTS self-tapping screw - Ø4.5 mm - L90 mm - STERILE

\* Blue anodized

\*\* Optional



## Ø4.5 MM CORTICAL SCREWS\*

Ref.	Description
CT4.5L30D-ST	Standard cortical screw - Ø4.5 mm - L30 mm - STERILE
CT4.5L35D-ST	Standard cortical screw - Ø4.5 mm - L35 mm - STERILE
CT4.5L40D-ST	Standard cortical screw - Ø4.5 mm - L40 mm - STERILE
CT4.5L45D-ST	Standard cortical screw - Ø4.5 mm - L45 mm - STERILE
CT4.5L50D-ST	Standard cortical screw - Ø4.5 mm - L50 mm - STERILE
CT4.5L55D-ST	Standard cortical screw - Ø4.5 mm - L55 mm - STERILE
CT4.5L60D-ST	Standard cortical screw - Ø4.5 mm - L60 mm - STERILE

\* Not anodized

# INSTRUMENT REFERENCES

INSTRUMENTS		
Ref.	Description	Qty
ANC014-1	NCT Cutting guide – piece 1	1
ANC014-2	NCT Cutting guide – piece 2	1
ANC019	Metallic wedge for knee osteotomy - 6 mm high	1
ANC020	Metallic wedge for knee osteotomy - 8 mm high	1
ANC021	Metallic wedge for knee osteotomy - 10 mm high	1
ANC022	Metallic wedge for knee osteotomy - 12 mm high	1
ANC023	Metallic wedge for knee osteotomy - 14 mm high	1
ANC024	Handle for metallic wedge and cutting guide	2
ANC025	Metallic wedge for knee osteotomy - 16 mm high	1
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	3
ANC214	Soft tissues protector	1
ANC352	Ø6 mm US quick coupling handle	2
ANC601	Spacer Ø10 mm for HTO with ACL replacement	1
ANC621	Chisel Pauwels - 10*240 mm	1
ANC622	Chisel Pauwels - 25*240 mm	1
ANC628	Chisel Pauwels - 15*240 mm	1
ANC629	Chisel Pauwels - 20*240 mm	1
ANC649	Spacer Ø8 mm for HTO with ACL replacement	1
ANC860	Metallic wedge for knee osteotomy - 18 mm high	1
ANC975	T20 screwdriver with US quick coupling system	2
ANC980	T20 screwdriver with AO quick coupling system	1
ANC990	Activmotion Meary pliers	1
ANC998	Ø4.0 mm threaded guide gauge	3
ANC1009	Reductor of drill guide for Ø2.2 mm pin	2
ANC1064	Ø3.5 mm non threaded bent guide gauge	1
ANC1075	Ø3.5 mm quick coupling drill bit - L195 mm	2
33.0222.200	Pin Ø2.2 L200 mm	6

OPTIONAL INSTRUMENTS		
Ref.	Description	Qty
ANC620	Ø2.2 mm pin guide	1
ANC652	HTO Alignment rod	3
ANC653	Support for HTO alignment rod	1
ANC1063	Ø4 mm mini invasive threaded guide	2
ANC1065	Ø4.0 mm quick coupling drill bit - L 225 mm	2
ANC1066	Activmotion Meary pliers	1
ANC1088	Metallic wedge for osteotomy - Narrow - 4 mm high	1
ANC1089	Metallic wedge for osteotomy - Narrow - 6 mm high	1
ANC1090	Metallic wedge for osteotomy - Narrow - 8 mm high	1
ANC1091	Metallic wedge for osteotomy - Narrow - 10 mm high	1
ANC1092	Metallic wedge for osteotomy - Narrow - 12 mm high	1
ANC1093	Metallic wedge for osteotomy - Narrow - 14 mm high	1
ANC1119	Metallic wedge for osteotomy - Narrow - 16 mm high	1
ANC1120	Metallic wedge for osteotomy - Narrow - 18 mm high	1

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



For more information about the **Initial K Hinge Screw\*** (including the references), please refer to the **Initial K - Hinge Screw brochure**.



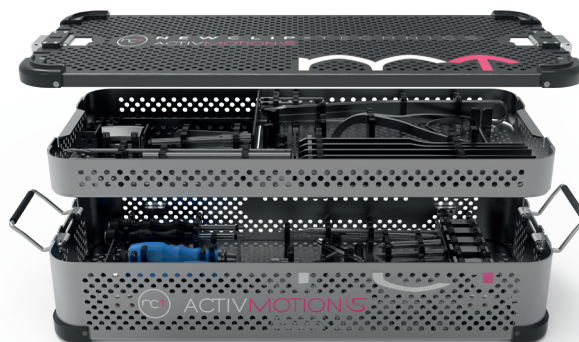
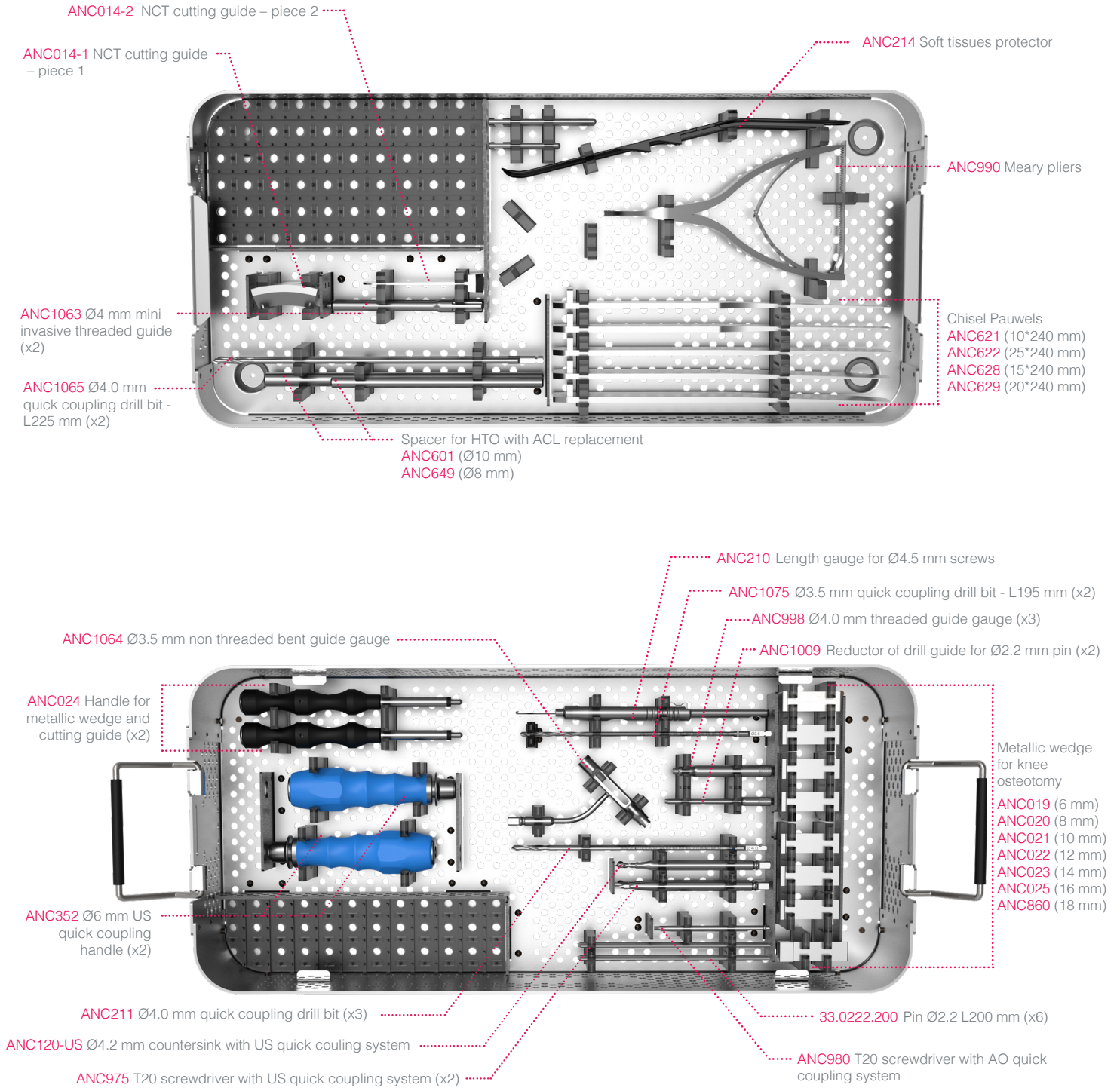
\* These products are under development

## REMOVAL KIT

If you have to remove ACTIVMOTION S implants, make sure to order the **Newclip Technics removal set** which includes the following instruments:  
- ANC975: T20 screwdriver with US quick coupling system  
- ANC352: Ø6 mm US quick coupling handle

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

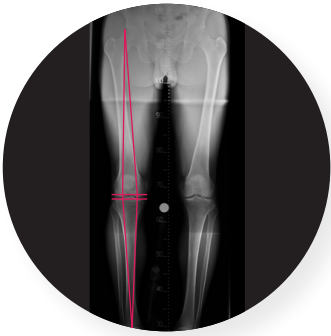
# KIT DESCRIPTION



# CLINICAL CASES

## → CASE 1: MEDIAL TIBIAL OPENING WEDGE SIZE 1

*Patient:* 60 year old man



Preoperative planning

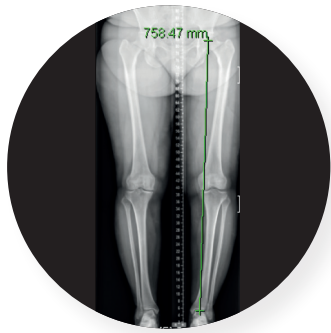


Post op imaging: day 1

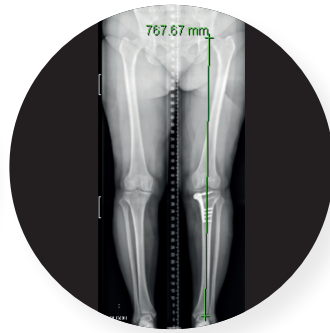


Postoperative : 3 months

## → CASE 2: MEDIAL TIBIAL OPENING WEDGE SIZE 2



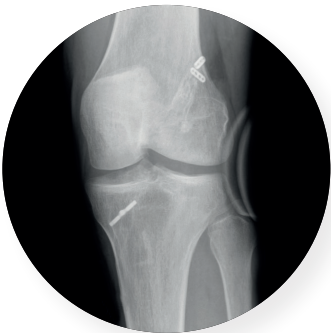
Preoperative xray



Postoperative xray



## → CASE 3: HTO & ACL



Preoperative xray



Postoperative xray



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# BIBLIOGRAPHY

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## (1) Adding a protective screw improves hinge's axial and torsional stability in High Tibial Osteotomy

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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.

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