

EXTREMITY[®]
MEDICAL

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UNION[™]
Get in the zone

Jones **UNION** System™

Extremity Medical Jones **UNION** System™

Engineered to provide a robust solution for treating Jones fractures

Every aspect of the Jones UNION System has one goal in mind—solid bony union of fractures in this unique anatomy.

Large-shank solid titanium screws feature a unique headless design to provide optimal anti-fatigue strength and minimize both tissue discomfort and the need for hardware removal. The novel screw thread design matches the anatomy of the 5th metatarsal for optimum purchase.

Specialized instrumentation establishes an autologous bony bed around the area of injury for enhanced healing of the fracture, and offers surgeons confidence in determining appropriate screw size and length, which may reduce the risk of fracture dislocation¹.

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Ream Jones UNION System drill guide ensures alignment for establishing the primary bore using a standard guide wire cannulated technique. Reaming prepares the intramedullary canal for the placement of the screw, while also localizing bony debris from the medullary cavity to establish autogenous graft to promote bone healing.

3 uniquely sized intramedullary reamers provide confirmation of screw diameter size.



Reamer cutting head establishes bony debris for local autogenous graft material to enhance healing.



An Elite System for Elite Performers

Size & Tap Advanced calibrated taps allow the surgeon to determine the optimal screw diameter and length. This ensures the placement of the shortest screw length—minimizing the risk for lateral gapping and fracture dislocation.



3 precision guided taps ensure optimal screw length selection and placement.



Implant The unique robust shank and headless titanium alloy solid screw design offers superior fatigue strength. Two unique thread pitches ensure optimal engagement in the intramedullary canal to maintain optimum pressure to repair the fracture.

Headless screw design allows for minimal soft tissue irritation; **2mm single lead cancellous thread pitch** ensures optimum pressure across the fracture joint.



1.5mm double lead cortical thread pitch provides optimal intramedullary purchase in the medullary canal.



¹ Bridget Desandism BA, Conor Murphy, MD Andrew Rosenbaum, MD, Matthew Levitsky, BA, Quinn O'Malley, Gabriell Konin, MD and Mark Drakos, MD 2016 Multiplaner CT Analysis of Fifth Metatarsal Morphology: Implications for Operative Management of Zone II Fractures. Foot & Ankle International, Vol 37(5) 585-536



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Get in the zone, with Extremity Medical's Jones UNION System

The Jones UNION Fracture Screw is intended for reduction and internal fixation of fractures and nonunions of the small bones and joints of the foot. This system has been specifically designed to address the special anatomic needs of the Jones fracture.

Headless design minimizes soft tissue irritation, and decreases the need for hardware removal.

1.5mm double lead cortical thread pitch optimizes engagement in intramedullary canal.



2mm single lead cancellous thread pitch, with reverse buttress thread shape, optimizes engagement on the metatarsal base.

Thread pitch differential generates optimal compression at the fracture.

Large shank, solid titanium alloy to optimize implant strength.

Jones UNION Sizing Specifications

Implant Summary

Diameter	Length
4.5 mm	35-60 mm
5.5 mm	35-60 mm
6.5 mm	35-60 mm

Reamers and taps are sized for each screw diameter



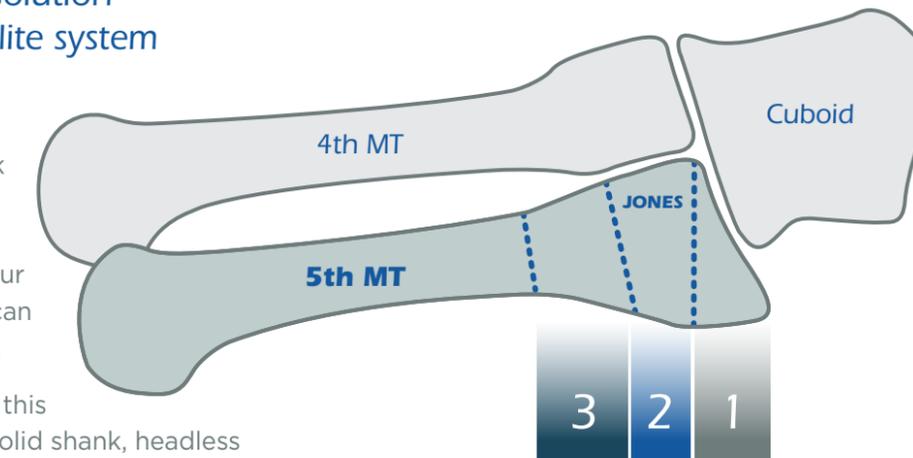
Jones UNION System™

Engineered to provide a robust solution for treating Jones fracture...an elite system for elite performers

This fracture occurs when there is a break between the base and shaft of the fifth metatarsal bone of the foot. This is the most severe type of fracture that can occur in this bone and, if not properly treated, can restrict a person's work or active lifestyle.

The Jones UNION System seeks to repair this bone as quickly as possible. The robust, solid shank, headless titanium alloy screws deliver superior fatigue strength compared to standard screws. Two unique thread pitches ensure optimal engagement in the intramedullary canal and compression across the fracture.

A straightforward surgical technique with three basic steps gives surgeons the options they need to repair the fracture, allowing weekend warriors, elite athletes and those on their feet all day to get back to their daily activities.



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