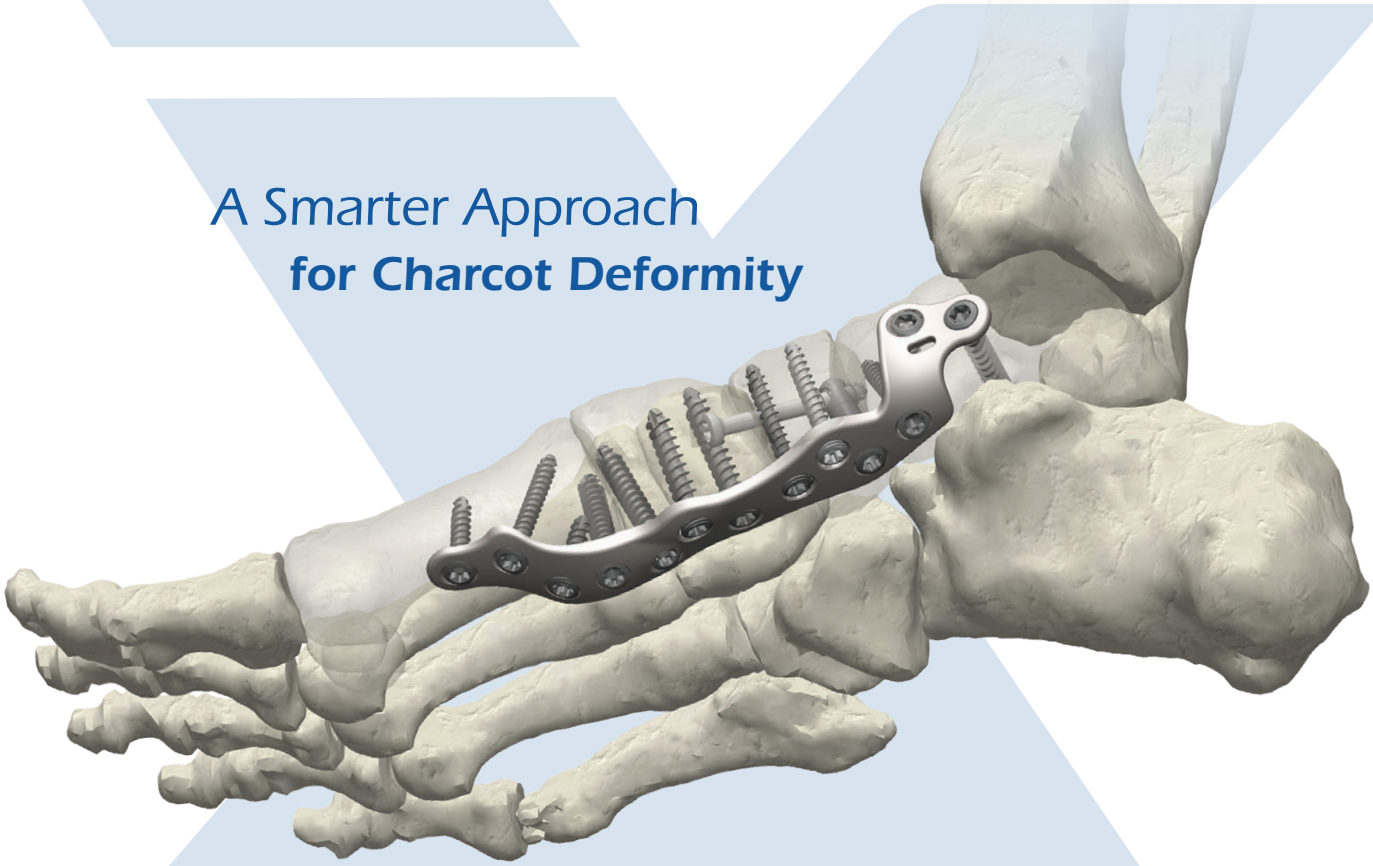
Axis Plate®
Charcot Fixation System

A Smarter Approach
for Charcot Deformity



MAPP Surgical Technique
Medial Approach, Plantar Placement

Smarter Plates X MAPP Technique X Advanced Fixation Technology

EXTREMITY® MEDICAL

Real change *starts* here™

Axis Plate®
Charcot Fixation System

The only FDA cleared fixation platform designed specifically for Charcot that offers tension-side (plantar) plate options.

The AXIS Charcot Plating System is designed to address the unique demands of advanced midfoot reconstruction for neuropathic deformities requiring arthrodesis of the medial column. These patients (e.g. Charcot) require fixation options that go beyond the normal techniques and principles of fixation (Superconstructs*). The AXIS Charcot Plating System is designed as a Superconstruct™ to specifically address the needs of these patients by providing several innovative plating options along with the unique Compression Post technology. This technology option is designed to amplify compression and provide stability in compromised bone.

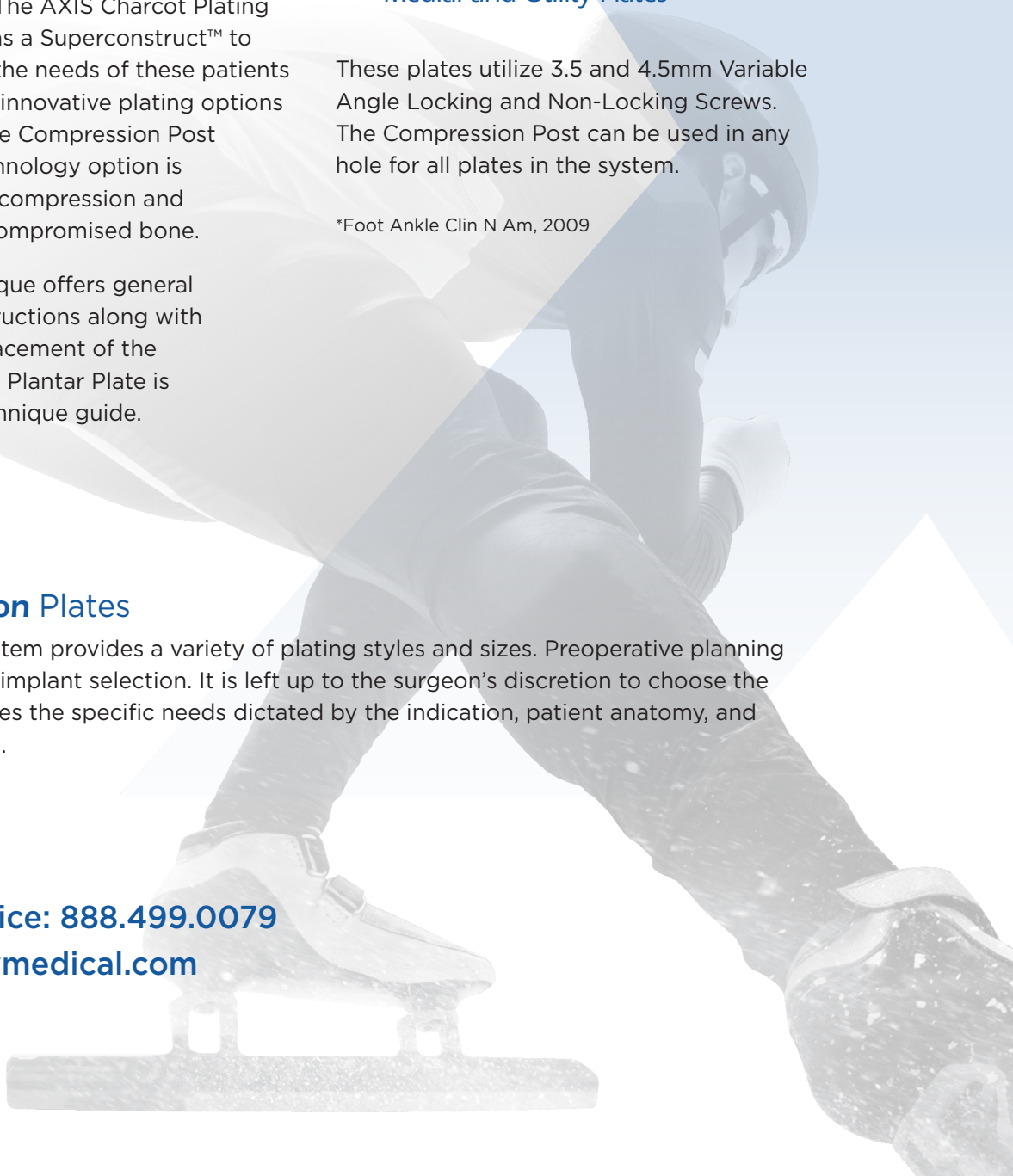
The following technique offers general instrumentation instructions along with guidelines for the placement of the Compression Post. A Plantar Plate is illustrated in this technique guide.

This system provides several novel plate styles to accommodate the specific needs of each patient's unique anatomy:

- Plantar Plates
- Plantar-medial Plates
- Medial and Utility Plates

These plates utilize 3.5 and 4.5mm Variable Angle Locking and Non-Locking Screws. The Compression Post can be used in any hole for all plates in the system.

*Foot Ankle Clin N Am, 2009



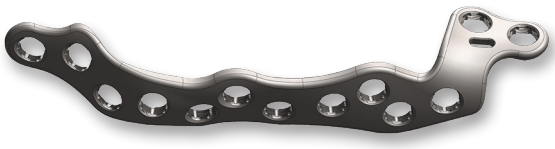
Implant Selection Plates

The AXIS Plating System provides a variety of plating styles and sizes. Preoperative planning is recommended for implant selection. It is left up to the surgeon's discretion to choose the implant that addresses the specific needs dictated by the indication, patient anatomy, and overall surgical goals.

Customer Service: 888.499.0079
www.extremitymedical.com

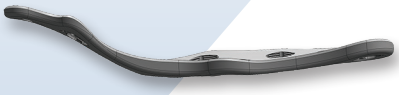
Plantar Plate (Metatarsal to Talus)

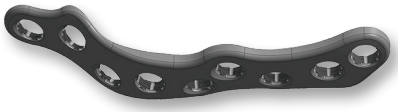
Available in short, medium, and long lengths. Plates are left/right specific



Plantar Plate-Distal Medial Column (Metatarsal to Navicular)

Plates are left/right specific





Plantar-medial Plates with Talar Wrap

Available in short, medium, and long lengths. Plates are left/right specific

Medial Plates - Slim (15 hole)

Standard (17 hole)

Utility Plate (9 Hole)

Screws

Variable angle Locking Screws have a 30° cone of angulation

3.5mm Non-Locking Screw

4.5mm Non-Locking Screw

3.5mm Locking Screw

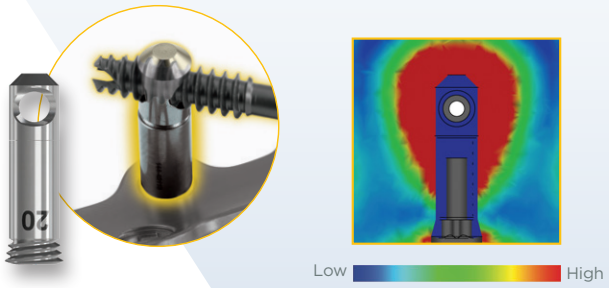
4.5mm Locking Screw

4.0mm Cannulated Compression Screw

Real change ***starts*** here™

AXIS Plate Compression Post Technology

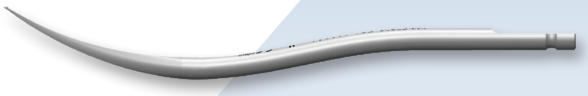
The Compression Post can be used in all locking holes for any of the Axis Plates. This patent pending technology allows the surgeon to target and send a 4.0mm compression screw through the distal hole of the Compression Post. This Post acts as a metal cortex for the lag screw and ensures consistent compression across the joint. Posts are available in lengths of 15, 20, and 25mm.



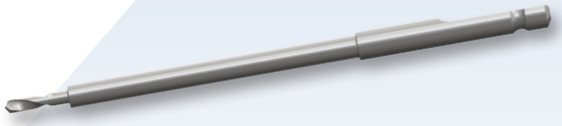
Compression Post acts as Metal Cortex

Joint Preparation Instruments

Hintermann Distractor



Joint Prep Rasp



Fenestrating Drill

General Instruments

1.6mm Guidewire

Cannulated Depth Gauge

Hook-style Depth Gauge

Non-Locking Drill Guide (3.5 & 4.5 Screws)

Locking Drill Guide (3.5 & 4.5 Screws)

Olive Wires

3.0mm Cannulated Drill

2.7mm Solid Drill

2.3mm Solid Drill

Headed Screw Countersink

Post Instruments

Post Drill Guide

Targeting Guide

Post Drill

Post Adjuster

Cannulated Drill Sleeve

Cannulated Screw Wire Guide

3.0mm Drill with stop

Drill stop

MAPP Surgical Technique

The following guide details the MAPP technique- a medial approach with plantar plate placement. It also offers general instrumentation and Compression Post technique guidance.

Note that while this guide illustrates plantar placement of the plantar plates, the system's plate offering allows for a variety of placement options, including plantar-medial, medial, and dorsal.

Positioning, Incision, and Areas of Caution

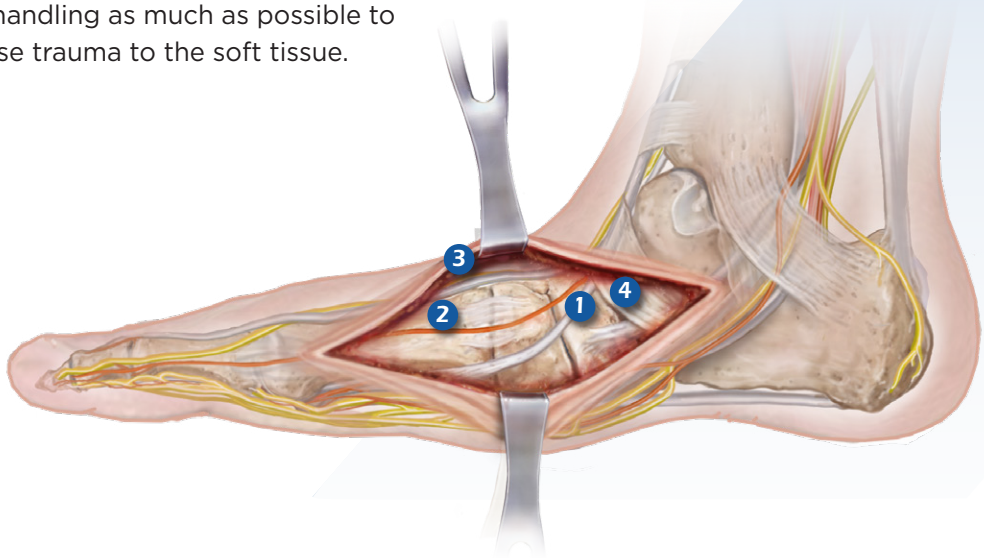
The patient should be positioned supine with the operative extremity prepared and draped to expose the entire tibial region.

The initial approach will be along the medial region of the foot just plantar to the navicular tuberosity. If a rocker bottom deformity is present, the incision line should be planned to allow for the resultant correction of the medial column.

The incision is made full thickness with sharp dissection. Minimize layered dissection and tissue handling as much as possible to decrease trauma to the soft tissue.

Areas of Caution:

1. The insertion of the tibialis anterior must not be disrupted at this time nor should the tendon be cut.
2. There is an arterial branch of the dorsalis pedis that often crosses over the medial side of the foot just proximal to the tibialis anterior insertion point which should be avoided if possible.
3. The saphenous nerve as it comes in line with the first metatarsal is right about the level of the incision and should be identified, avoided and retracted during dissection.
4. The inferior extensor retinaculum must be cut and preserved for later closure. Tagging the structure on both sides with suture is recommended.



The information provided in this document is intended solely for the use of healthcare professionals.
Proper surgical procedures and techniques are the responsibility of the medical professional. The purpose of the Axis Plate System Surgical Technique is to illustrate the functionality and modularity of the system using a medial surgical approach. Although variations in surgical approach, and placement and use of the Axis Plate System can be performed, the technique illustrated in this document were developed to demonstrate the functionality of the system with input from designing foot and ankle surgeons. Each surgeon must evaluate the appropriateness of the procedure based on his or her personal medical training, experience, and patient condition. Prior to use of the system, the surgeon should refer to the product package insert for additional warnings, precautions, indications, contraindications and adverse effects. Package inserts are also available by contacting the manufacturer.

Dissection, Osteotomy and Joint Preparation

At the level of the navicular, begin subperiosteal dissection to expose the medial aspect of the planned fusion levels. This will likely span from the 1st MT base to the talar neck. Once you have exposed the medial aspect to satisfaction, begin the plantar dissection.

Next dissection is carried out bluntly and the tendon of tibialis anterior and tibialis posterior at their insertion are identified on the first cuneiform.

Depending on the patient's anatomy, type of deformity correction, and surgeon's preference, these tendon insertion points can be either preserved, or detached and sutured back later in the procedure. If it is desired to preserve these insertion points, resect ~ 4mm thick piece off the cuneiform including the tibialis posterior and tibialis anterior insertion points. This bony resection can then be retracted proximally to be used to reinsert these two tendons after the corrective osteotomy is performed and reduced. This is usually prior to the plate's insertion.

Plantar dissection involves continuing to subperiosteal dissection along your exposure. At this time the deformity may begin to limit your exposure. If needed, this is the time to take down any non-viable bone and begin joint preparation. This is especially helpful with the rocker bottom deformity often seen.

Lisfranc:

First, dissection is carried out with a key elevator above the osseous structures of the metatarsal cuneiform joints.

An appropriate size wedge of bone will need to be taken with the apex medial and inferior and the base laterally and superior through the first three metatarsal cuneiform joints. The size of this wedge can usually be predetermined with radiographic analysis preoperatively.

It is helpful to place guide wires at the angle of the desired osteotomy as these wires can be used to confirm the wedge angle prior to making the cut and can also act as a cutting guide for the saw blade. The starting point for the first guidewire is at the dorsal medial base of the 1st metatarsal. Advance the wire towards the 5th metatarsal to ~ 1cm distal from the metatarsal-cuboid joint. The second guidewire for the wedge should be placed from the 1st cuneiform (proximal to the joint) and advanced towards the same location of the 5th metatarsal as the first guidewire.

Dissection, Osteotomy and Joint Preparation

Once the determined angle has been confirmed, use a saw blade (~90mm by 13mm) under direct supervision with a C-arm to ensure that laterally the blade passes through the fourth metatarsal base and ends in the fifth metatarsal base about 1 to 2cm distal to the proximal most portion of its tuberosity.

Advance the saw blade with great care ensuring to avoid perforating the lateral cortex of the fifth metatarsal leaving it as a living hinge for when this wedge is closed.

Important Note: This technique requires controlling the blade by pointing it inferiorly toward the fifth metatarsal as you go across the second and third metatarsal cuneiform joints to avoid cutting the deep peroneal nerve and dorsalis pedis artery. The perforating branch of the deep peroneal nerve and dorsalis pedis artery should be quite distal to where you are cutting.

Following this resection, the wedge is removed using two osteotomes: one placed within the distal cut and one placed within the proximal cut. These are then used to pry the wedge of bone out until free.

If possible, it is recommended to preserve the Peroneus longus tendon. At this point, the base of the first metatarsal has a triangle cut out laterally to preserve the insertion point of the Peroneus longus tendon. Prior to fully removing this wedge of the metatarsal, detach the tendon at its insertion and protect it for later reconstruction.

Now using power equipment, close the osteotomy while feathering the lateral fifth metatarsal cortex down with the saw blade- without fracturing it. Advance the blade until the osteotomy can close completely taking care not to perforate the lateral cortex.

Take the insertion point of the Peroneus longus tendon that has been preserved along with the bone at the base of the first metatarsal and insert it between the remaining first metatarsal and first cuneiform. This allows for the preservation of the functional integrity of the Peroneus longus tendon when the osteotomy heals.

Midtarsus:

If the cuneiform navicular joint is deformed, prepare the joint's surfaces. This will facilitate the plantar flexion of the cuneiform on the navicular in most cases.

Chopart's:

Evaluate the talonavicular joint- if it is deformed, prepare the surfaces of the navicular and talus. This will allow for the correction of the deformity by plantar flexing the navicular on the talus.

After removing non-viable bone and preparing the joint, it may be helpful to temporarily align the foot with k-wires. This will take tension off the plantar tissue and allow for easier dissection. It is also helpful to limit any dorsal retraction to allow the plantar tissues to fall away.

Caution: As you continue to dissect laterally along the plantar subperiosteal area, a small venous plexus will be encountered usually under the navicular region between the posterior tibial tendon and the intrinsic muscles of the foot. Maintain close contact with the bone to help with visualization and limit bleeding. As you progress laterally on the plantar aspect of the foot you will encounter the FDL and FHL tendons eventually crossing at the knot of Henry.

If you had previously decided to preserve the insertion points of the tibialis anterior, and tibialis posterior by resecting ~ a 4mm thick piece off the cuneiform including the tibialis posterior and tibialis anterior insertion points, the final step prior to plate insertion is preparation of the medial surface of the first cuneiform at the inferior most portion. This is performed by removing a portion of the cuneiform surface with a small sagittal saw the same length and width as the wedge now containing the tendon insertions of the tibialis anterior and tibialis posterior. This will allow us to insert the wedge of bone we took out of the cuneiform containing the insertions of the tibialis anterior and the tibialis posterior tendons and attach it to the plantar medial aspect of the remaining 1st cuneiform. This is performed by attaching it with one or two 4.0mm cancellous screws.

Once adequate exposure has been completed and joint preparation completed, provisional fixation can be considered.

Placement of Plate Screws General Technique:

Screw Placement

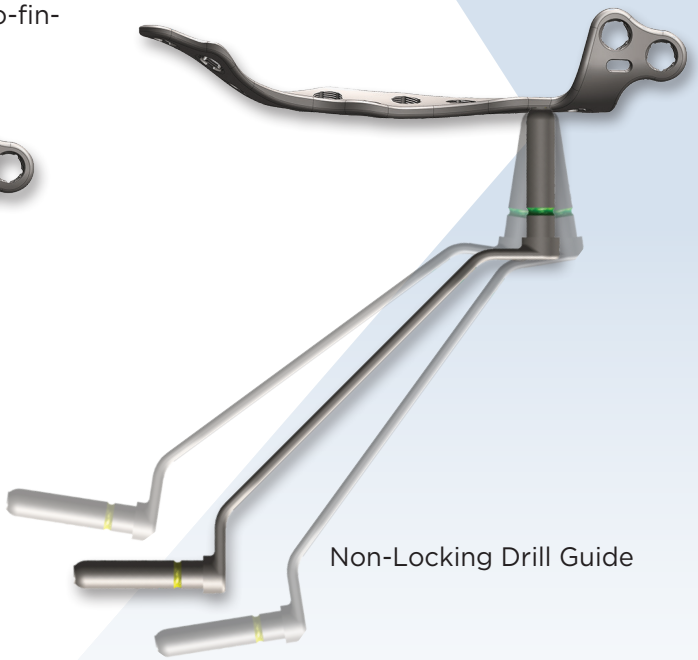
The Axis System plate holes allow for the variable-angle placement of Locking and Non-Locking Screws within a 30° cone of angulation. Both the Locking and Non-Locking Drill Guides can be utilized to place the screws options at this 30° cone of angulation.

Choice of drill guide type is left up to the surgeon's preference. Drill for the screw with the appropriate size solid drill through the dedicated Drill Guide. Measure for screw length with the Hook-style Depth Gauge. Place the selected plate screw with the T-20 Driver.

Locking Drill Guide: Thread the Locking Drill Guide into the hole as desired within the 30° cone of angulation. Note: For Locking-Screws, ensure not to over-tighten by using a two-finger tightening technique once the screw head comes in contact with the plate.

Locking Drill Guide

Non-Locking Drill Guide: Drill at the desired angle within the 30° cone of angulation through the Non-Locking Drill Guide.



Non-Locking Drill Guide

Compression Slot Screw Placement

For plates that offer a compression slot, utilize the Non-Locking Drill Guide and Non-Locking Screws only. Drill for the screw with the appropriate size solid drill through the dedicated Drill Guide in the most eccentric position of the slot. Measure for screw length with the Hook-style Depth Gauge. Place the selected plate screw with the T-20 Driver.

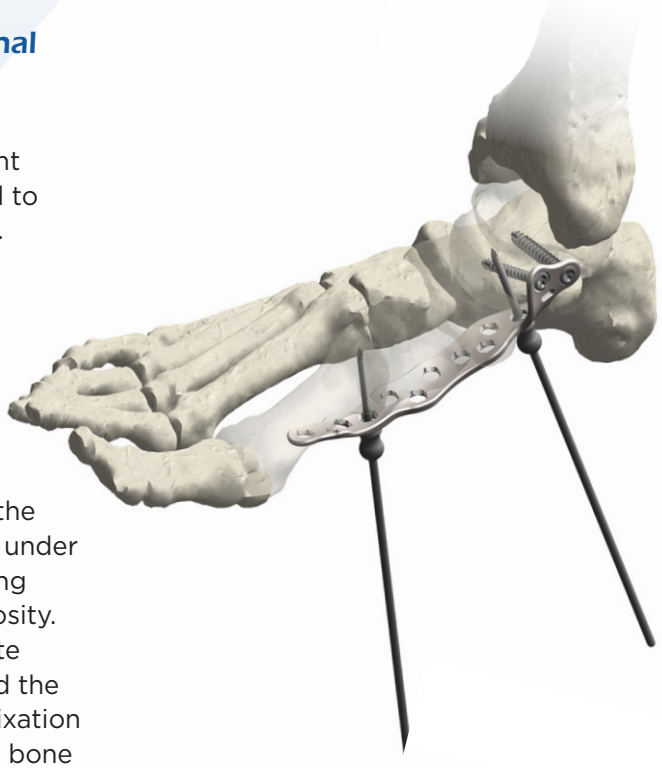
Screw Size	Drill Size	Locking Drill and Colors	Driver Size
3.5mm (Locking/Non-Locking)	2.3mm (Solid)	Yellow	T20 Cannulated
4.5mm (Locking/Non-Locking)	2.7mm (Solid)	Green	T20 Cannulated
4.0mm Compression Screw	3.0mm (Cannulated)	Silver	T20 Cannulated

Technique Guidelines for Post and Compression Screw Placement

Step 1. Joint Preparation, Provisional Fixation and Plate Placement

The AXIS Plating System offers a joint Compression and Distraction device, Joint Preparation Rasps, and Fenestrating Drill to assist in this process of joint preparation.

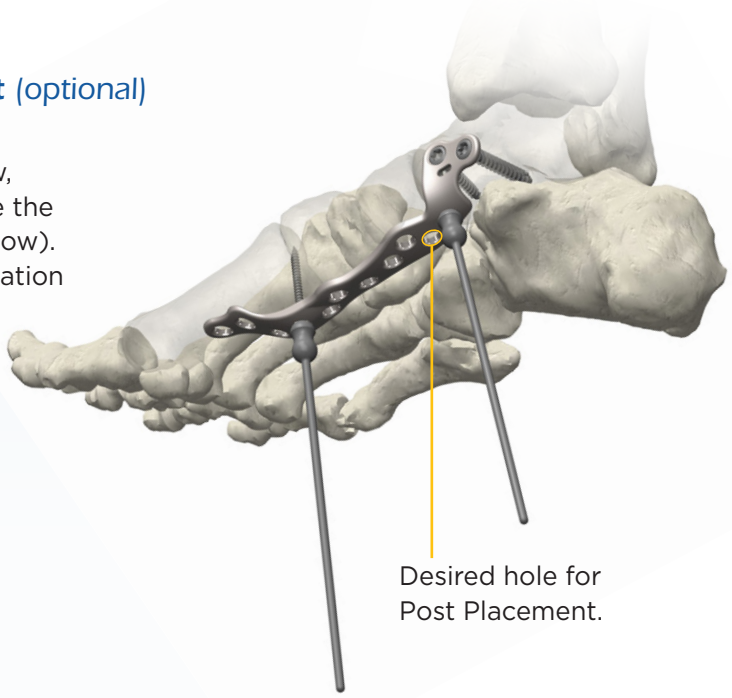
Once the joint has been prepared, align and provisionally pin the joint with a 1.6mm Guidewire to maintain reduction. Place the desired AXIS plate in the desired position and provisionally pin the plate to bone with Olive Wires.



Place the plate on the plantar aspect of the first metatarsal's inferior surface coming under the cuneiform on its interior surface, going below the navicular inferior to the tuberosity. The AXIS Plantar and Plantar-medial plate options offer a feature that wraps around the talus, allowing for up to three points of fixation in the talus. Provisionally pin the plate to bone with olive wires.

Step 2. Compression Post Placement (optional)

To generate compression with the Compression Post and Compression Screw, first decide which locking hole of the plate the Post will be placed (highlighted yellow below). Once you have established the desired location for the Post, anchor the plate to the bone by placing screw fixation in the holes of the plate on the same side of the joint as the desired Post location. This secures the plate to bone and allows for the full effect of the compression when the Post/Compression Screw is applied.

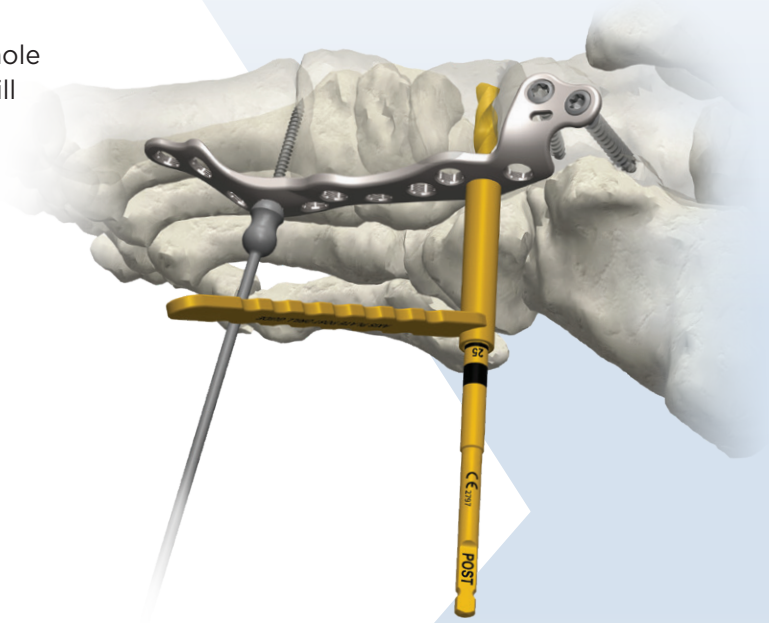


Desired hole for Post Placement.

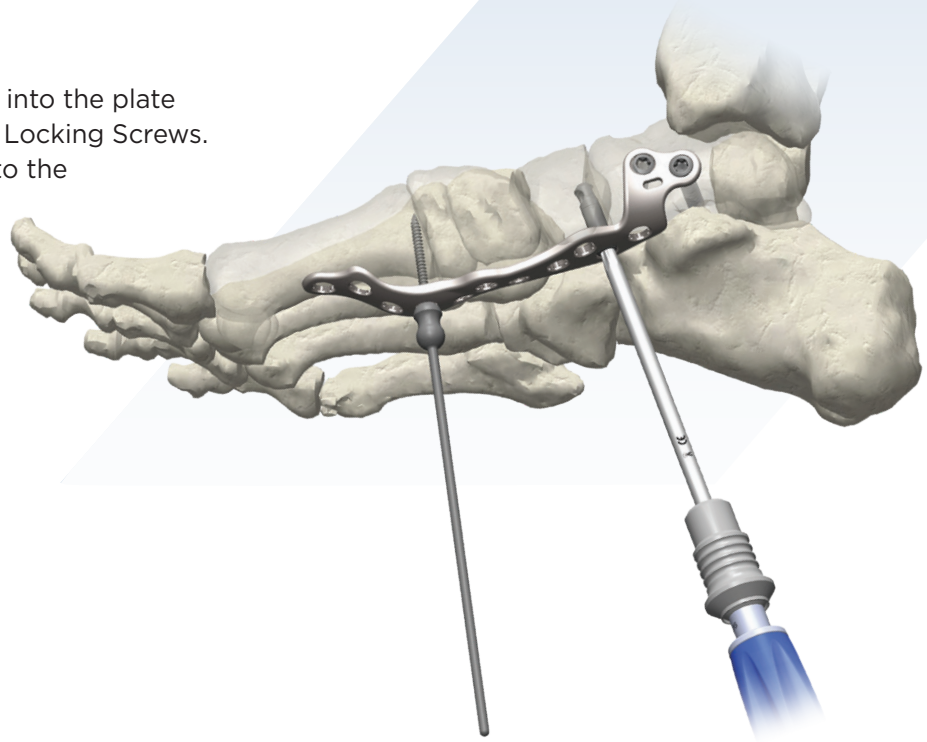
Post and Compression Screw Placement Guidelines

Place the Post Drill Guide in the desired hole for Post placement. Drill with the Post Drill to the desired depth. Determine the Post length off of the laser marked calibration on the Post Drill in relation to the top of the Post Drill Guide.

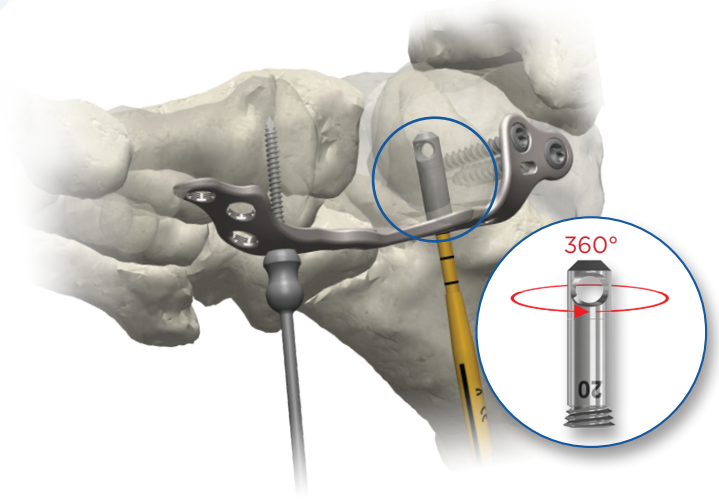
The AXIS Posts are available in 15, 20, and 25mm lengths.



The head of the Post locks into the plate in the same manner as the Locking Screws. Insert and lock the Post into the plate with the T20 Driver.



The hole on the bottom of the Post rotates 360° to allow for flexible screw placement. In order to rotate the hole of the Post into position for the Targeting Guide, place the Post Adjuster into the head of the Post. Verify that the laser line on the Post Adjuster is in-line with the top of the post. Once that is confirmed, rotate the Post Adjuster until the black laser line is oriented towards the desired trajectory for the 4.0mm Cannulated Compression Screw.

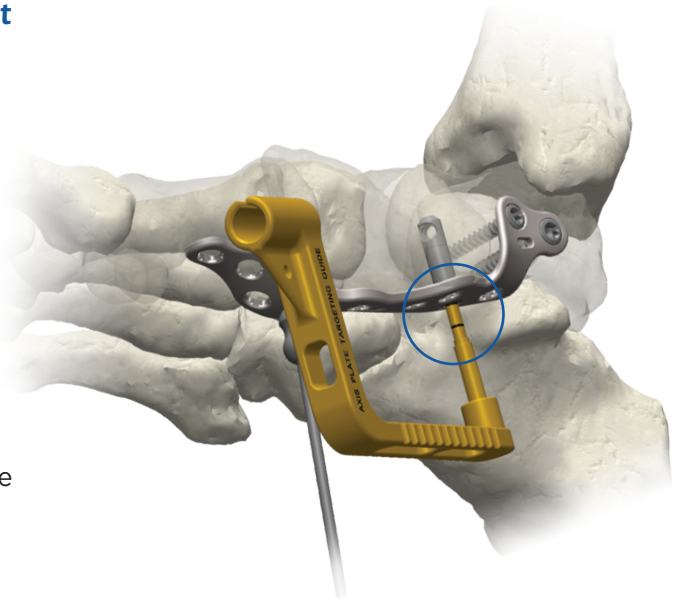


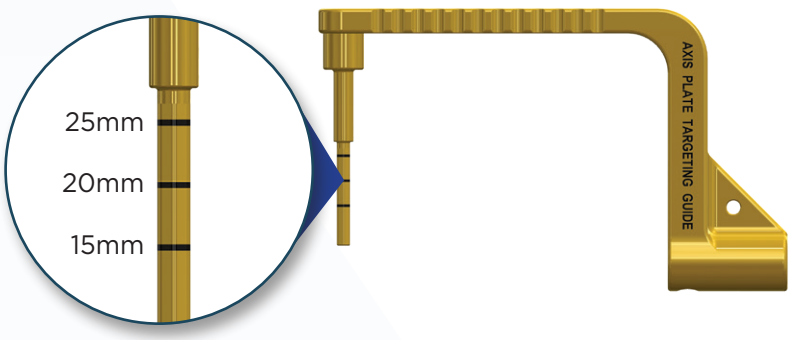
Step 3. Targeting the Compression Post

The Targeting Guide is keyed to the hole of the Compression Post. Place the Targeting Guide into the Post ensuring that one of the laser marks on the Targeting Guide is in-line with the top of the Post:

- Top line = 25mm Post
- Middle line =20mm Post
- Bottom line = 15mm Post

Rotate the Guide to the desired position for the Compression Screw placement. The image at right shows the keyed placement of the Targeting Guide for a 20mm length Post (middle line).



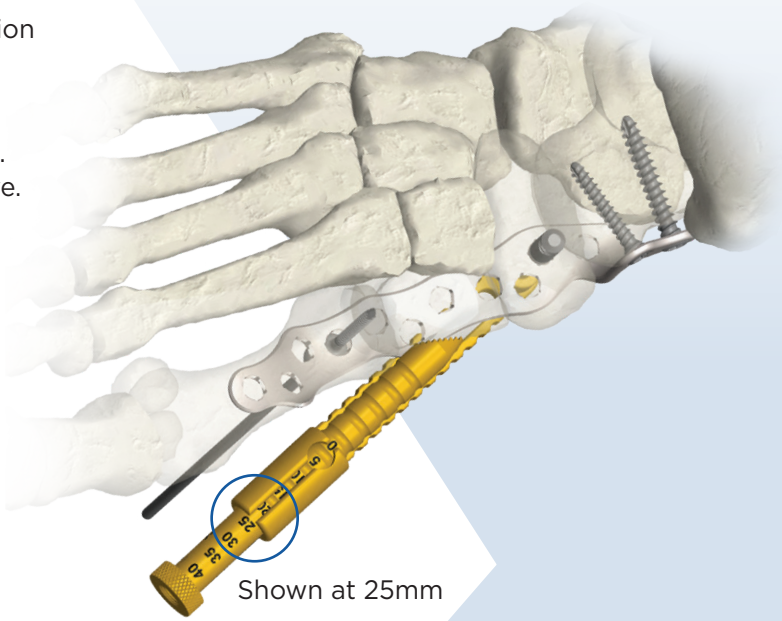


Targeting the Post: Drill First

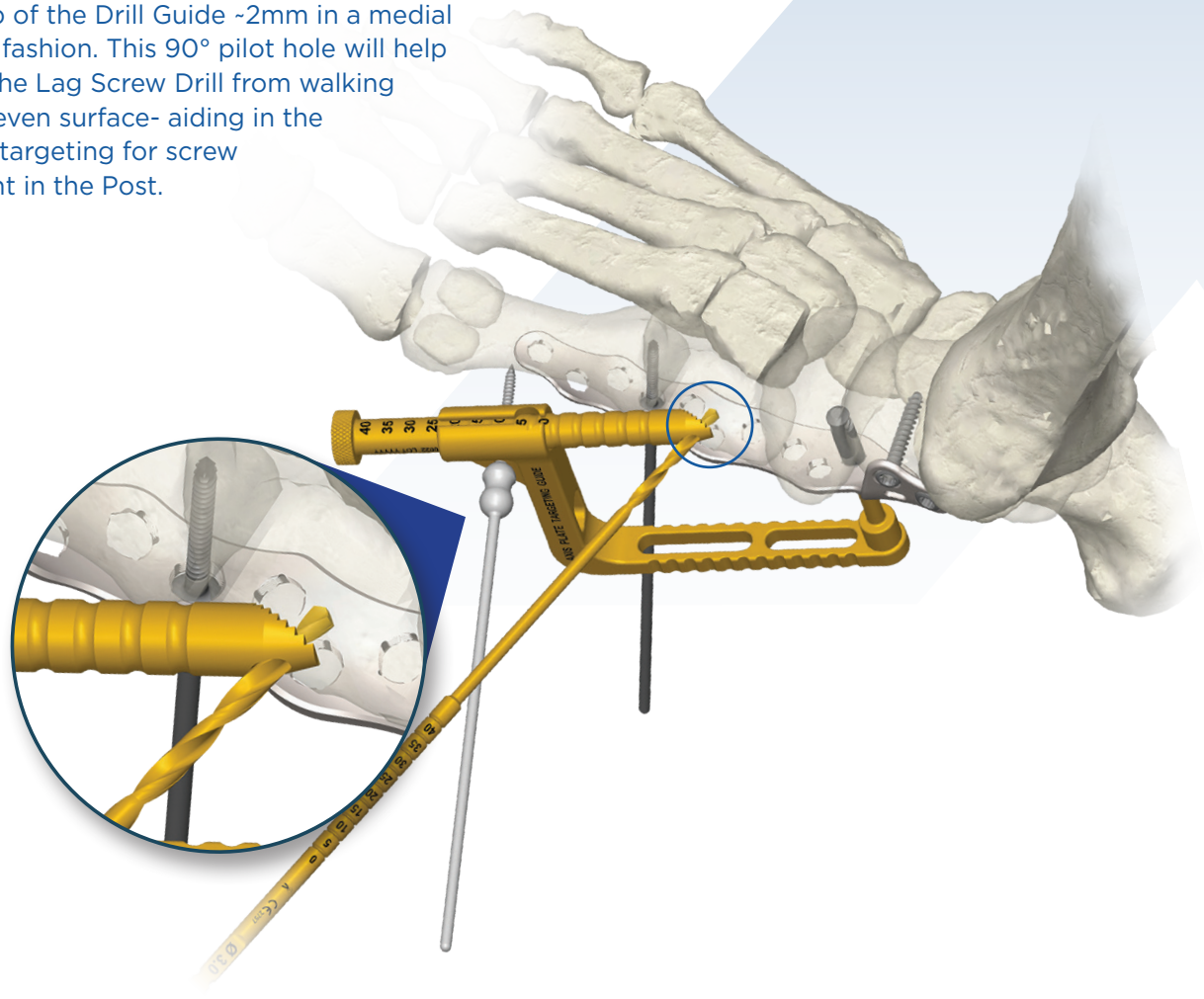
The next step requires drilling to create the desired trajectory for the 4.0mm Compression Screw.

Adjust the Drill Guide down to bone, then read the measurement outside of the barrel. Read the measurement off of the Drill Sleeve. Use this measurement to set the length of the self-stop button on the 3.0 Solid Drill (gold) prior to drilling.

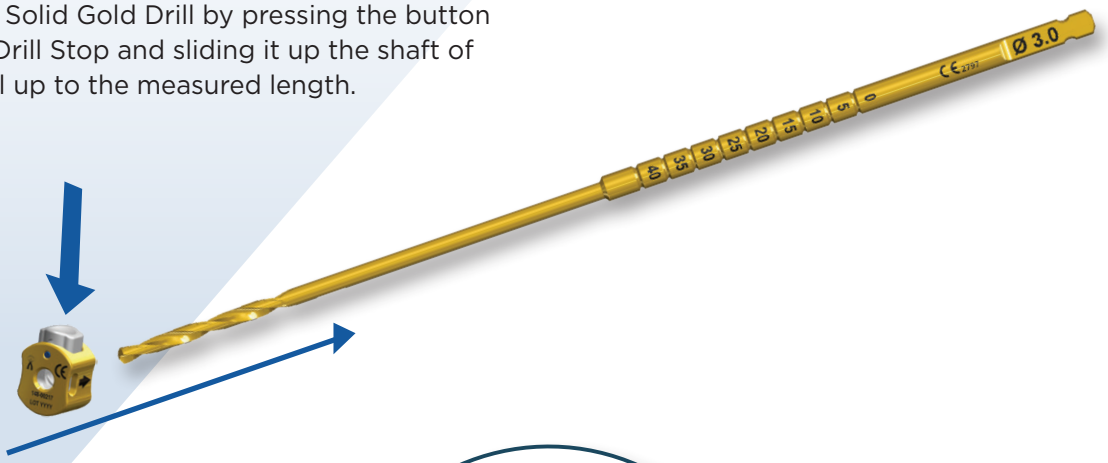
Note: To limit the possibility of having the 3.0mm drill skive on an uneven bony surface while drilling for the trajectory of the Lag Screw, one may create a 90° pilot hole perpendicular to the point of entry of the drill. To do this, hold the Targeting Guide in place by hand, or provisionally pin the handle of the Targeting Guide to bone with an Olive Wire. Now advance the 3.0mm Drill through the hole on the tip of the Drill Guide ~2mm in a medial to lateral fashion. This 90° pilot hole will help prevent the Lag Screw Drill from walking on an uneven surface- aiding in the accurate targeting for screw placement in the Post.

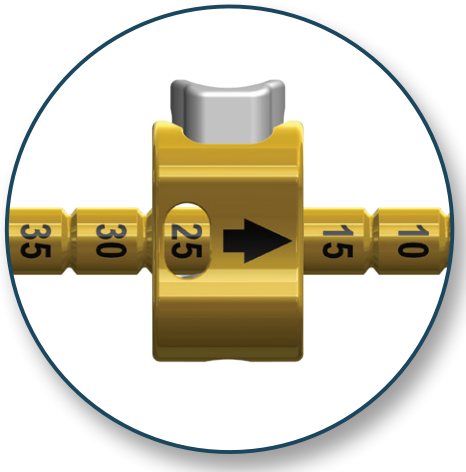


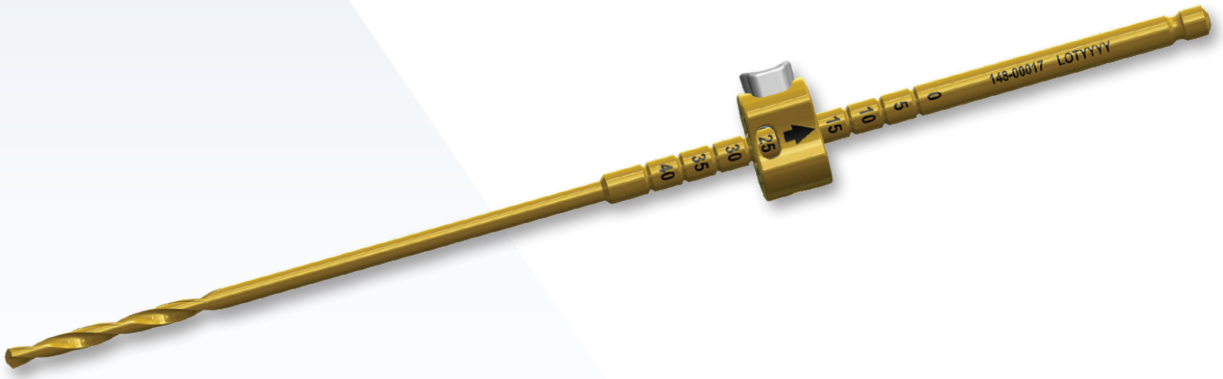
Shown at 25mm



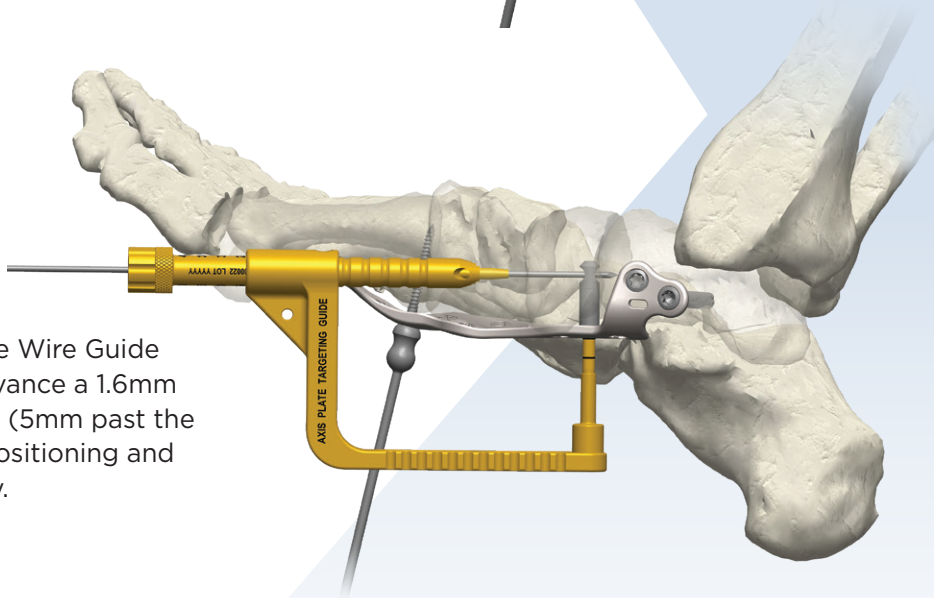
Prior to drilling, attach the Drill Stop to the 3.0mm Solid Gold Drill by pressing the button of the Drill Stop and sliding it up the shaft of the drill up to the measured length.



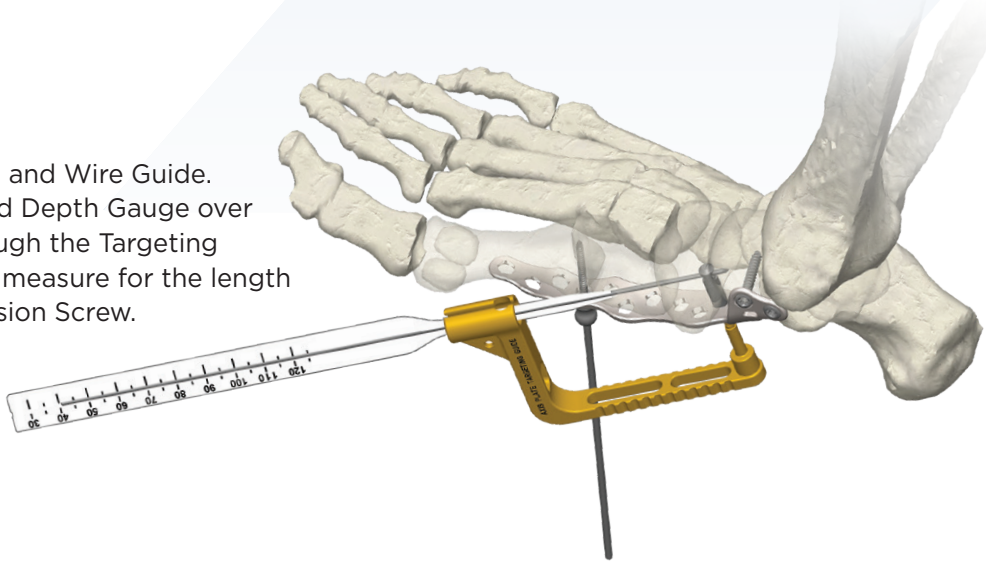




Advance the 3.0mm Solid Drill until the depth stop on the drill reaches the Drill Guide's barrel.



Remove the drill. Thread the Wire Guide into the Drill Sleeve and advance a 1.6mm Guidewire through the Post (5mm past the Post). Confirm Guidewire positioning and placement with fluoroscopy.

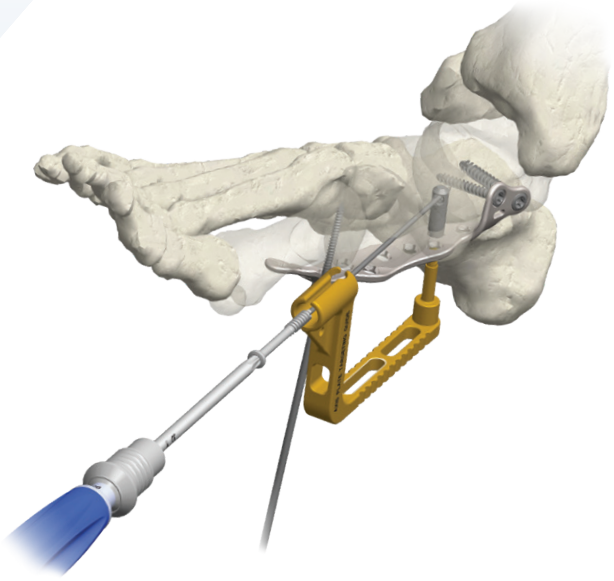


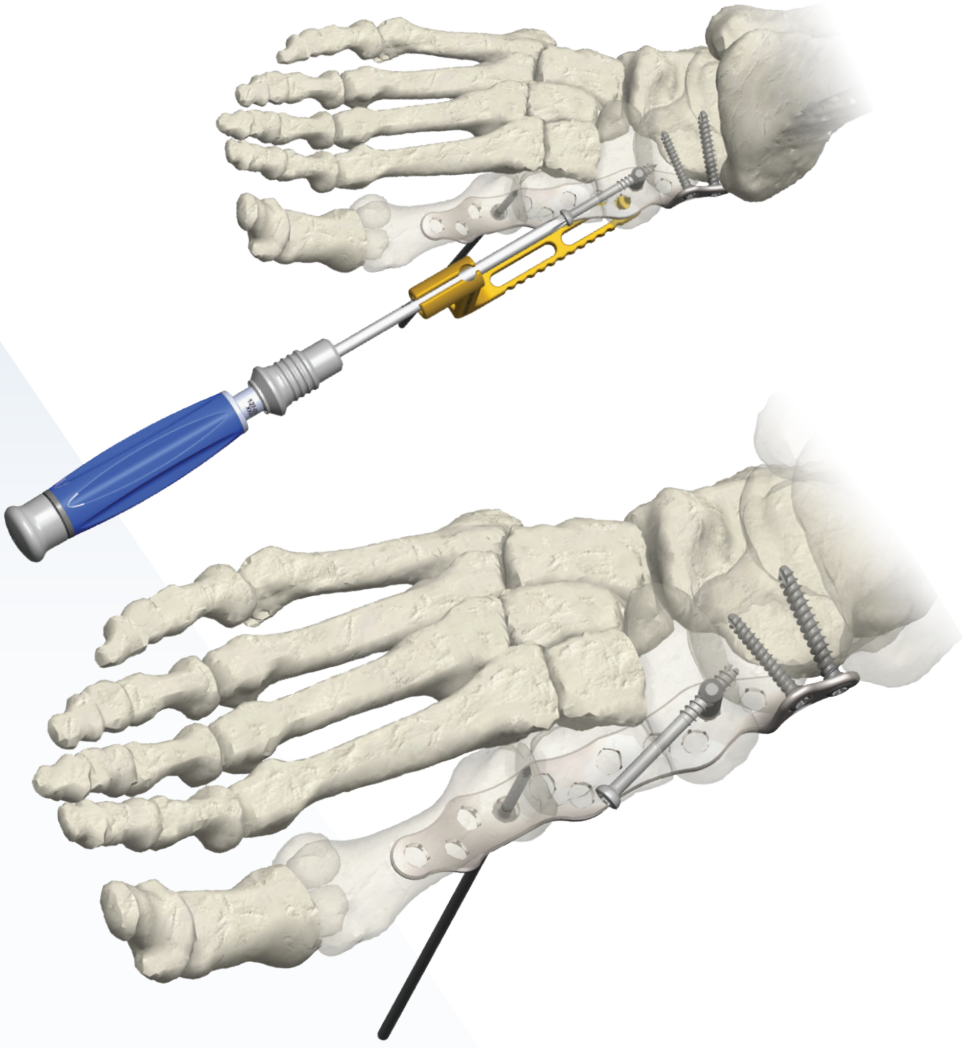
Remove the Drill Sleeve and Wire Guide. Advance the Cannulated Depth Gauge over the Guidewire and through the Targeting Guide down to bone to measure for the length of the 4.0mm Compression Screw.

Insert the Compression Screw over the Guidewire advancing it through the Post until desired compression is achieved. The screw can be placed through the Targeting Guide as depicted, or the Targeting Guide can be removed during this process.

NOTE: A countersink for the Compression Screw is provided in the system. Countersinking is left up to the surgeon's discretion.

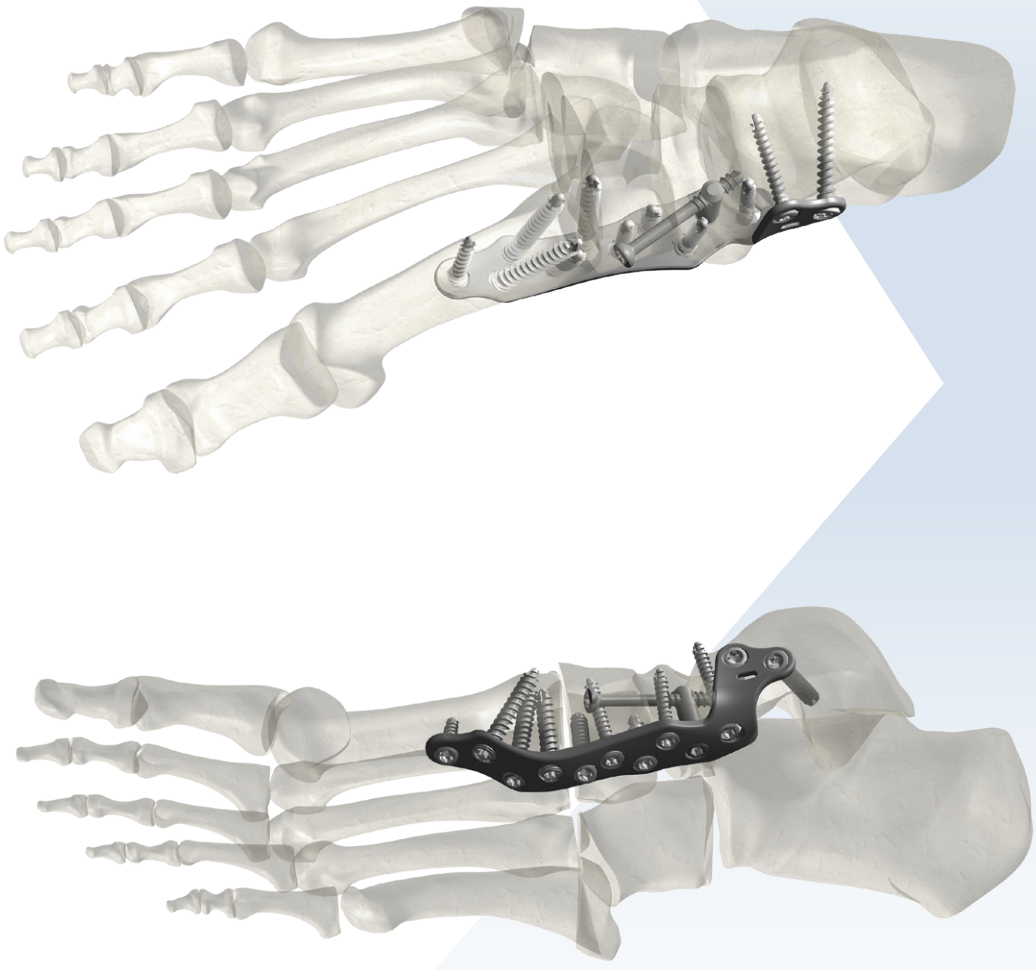
Note: A washer is available for use with the compression screw. If the washer is being used, the Targeting Guide must be removed for insertion of the screw/washer.





Screw Placement

Insert 3.5mm or 4.5mm Screws (Locking or Non-Locking) as desired in the balance of the plate holes.

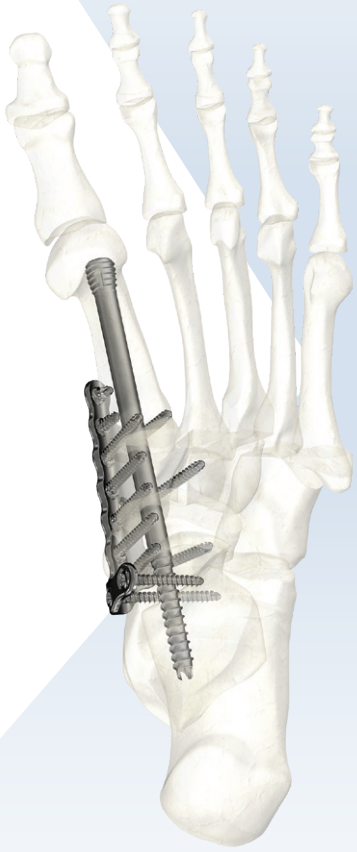


Plantar-medial Plate Placement Options

The Axis Plantar-medial Plates have been designed to allow for flexible placement options.

Caging the Beam

Each of the Axis Plates have been designed to allow for the option to be placed around an Axis Charcot Beam. The plate screws allow for a 30° cone of angulation. Take care to place plate screws away from the already placed Axis Beam. Ensure proper utilization of the Drill Guides in conjunction with fluoroscopy to avoid screw collision.



Removal Instructions

- Clear tissue in-growth from the screws
- Insert the T20 Driver into the screw head and remove the screw from the plate by turning the Driver counter-clockwise
- Remove all screws and then the plate
- If the Compression Post and 4.0mm Compression Screw are present, remove the 4.0mm Cannulated Compression Screw and then the subsequent Compression Post from the plate with the T20 Cannulated Driver prior to removing the screws in the plate

AXIS Plating System Implants and Instruments

AXIS Plates

Part #	Description
148-10010	Medial Slim Plate (15 Hole)
148-10020	Medial Standard Plate (17 Hole)
148-20001	Plantarmedial Plate w/ Talar Wrap, Left
148-20002	Plantarmedial Plate, w/ Talar Wrap, Right
148-20011	Plantarmedial Plate w/ Talar Wrap, Short, Left
148-20012	Plantarmedial Plate w/ Talar Wrap, Short, Right
148-30009	Utility Plate (9 Hole)
148-40001	Plantar Plate, Long, Left
148-40002	Plantar Plate, Long, Right
148-40011	Plantar Plate, Short, Left
148-40012	Plantar Plate, Short, Right
148-40021	Plantar Plate, Medium, Left
148-40022	Plantar Plate, Medium, Right
148-40311	Plantar Plate- Distal Medial Column, Left
148-40312	Plantar Plate- Distal Medial Column, Right

Plate Screws-3.5mm Solid

Part #	Description
148-35012	Non-Locking Screw - 3.5mm x 12
148-35014	Non-Locking Screw - 3.5mm x 14
148-35016	Non-Locking Screw - 3.5mm x 16
148-35018	Non-Locking Screw - 3.5mm x 18
148-35020	Non-Locking Screw - 3.5mm x 20
148-35022	Non-Locking Screw - 3.5mm x 22
148-35024	Non-Locking Screw - 3.5mm x 24
148-35026	Non-Locking Screw - 3.5mm x 26
148-35028	Non-Locking Screw - 3.5mm x 28
148-35030	Non-Locking Screw - 3.5mm x 30
148-35035	Non-Locking Screw - 3.5mm x 35
148-35040	Non-Locking Screw - 3.5mm x 40
148-35045	Non-Locking Screw - 3.5mm x 45
148-35050	Non-Locking Screw - 3.5mm x 50
148-35055	Non-Locking Screw - 3.5mm x 55
148-35060	Non-Locking Screw - 3.5mm x 60
148-35112	Locking Screw - 3.5mm x 12
148-35114	Locking Screw - 3.5mm x 14
148-35116	Locking Screw - 3.5mm x 16
148-35118	Locking Screw - 3.5mm x 18
148-35120	Locking Screw - 3.5mm x 20
148-35122	Locking Screw - 3.5mm x 22
148-35124	Locking Screw - 3.5mm x 24
148-35126	Locking Screw - 3.5mm x 26
148-35128	Locking Screw - 3.5mm x 28
148-35130	Locking Screw - 3.5mm x 30
148-35135	Locking Screw - 3.5mm x 35
148-35140	Locking Screw - 3.5mm x 40
148-35145	Locking Screw - 3.5mm x 45
148-35150	Locking Screw - 3.5mm x 50
148-35155	Locking Screw - 3.5mm x 55
148-35160	Locking Screw - 3.5mm x 60

AXIS Plating System Implants and Instruments

Plate Screws - 4.5mm Solid

Part #	Description
148-45012	Non-Locking Screw - 4.5mm x 12
148-45014	Non-Locking Screw - 4.5mm x 14
148-45016	Non-Locking Screw - 4.5mm x 16
148-45018	Non-Locking Screw - 4.5mm x 18
148-45020	Non-Locking Screw - 4.5mm x 20
148-45022	Non-Locking Screw - 4.5mm x 22
148-45024	Non-Locking Screw - 4.5mm x 24
148-45026	Non-Locking Screw - 4.5mm x 26
148-45028	Non-Locking Screw - 4.5mm x 28
148-45030	Non-Locking Screw - 4.5mm x 30
148-45035	Non-Locking Screw - 4.5mm x 35
148-45040	Non-Locking Screw - 4.5mm x 40
148-45045	Non-Locking Screw - 4.5mm x 45
148-45050	Non-Locking Screw - 4.5mm x 50
148-45055	Non-Locking Screw - 4.5mm x 55
148-45060	Non-Locking Screw - 4.5mm x 60
148-45112	Locking Screw - 4.5mm x 12
148-45114	Locking Screw - 4.5mm x 14
148-45116	Locking Screw - 4.5mm x 16
148-45118	Locking Screw - 4.5mm x 18
148-45120	Locking Screw - 4.5mm x 20
148-45122	Locking Screw - 4.5mm x 22
148-45124	Locking Screw - 4.5mm x 24
148-45126	Locking Screw - 4.5mm x 26
148-45128	Locking Screw - 4.5mm x 28
148-45130	Locking Screw - 4.5mm x 30
148-45135	Locking Screw - 4.5mm x 35
148-45140	Locking Screw - 4.5mm x 40
148-45145	Locking Screw - 4.5mm x 45
148-45150	Locking Screw - 4.5mm x 50
148-45155	Locking Screw - 4.5mm x 55
148-45160	Locking Screw - 4.5mm x 60

Washers

Part #	Description
148-35451	Screw Washer
148-35450	Plate Washer

Compression Posts

Part #	Description
148-52115	AXIS Plate Compression Post - 15mm
148-52120	AXIS Plate Compression Post - 20mm
148-52125	AXIS Plate Compression Post - 25mm

Cannulated Compression Screws

Part #	Description
148-40120	Cannulated Screw - 4.0mm x 20
148-40125	Cannulated Screw - 4.0mm x 25
148-40130	Cannulated Screw - 4.0mm x 30
148-40135	Cannulated Screw - 4.0mm x 35
148-40140	Cannulated Screw - 4.0mm x 40
148-40145	Cannulated Screw - 4.0mm x 45
148-40150	Cannulated Screw - 4.0mm x 50

Disposable Instruments

Instrument	Description
148-00003	2.3mm Drill
148-00004	2.7mm Drill
148-00012	Headed Screw Countersink
102-00033	Guidewire - 1.6mm (9”)
148-00017	3.0mm Solid Drill with Stop
148-00018	Post Drill
118-02030	3.0mm Cannulated Drill
144-00030	Joint Preparation Rasp
144-00032	Fenestrating Drill
148-00200	Smooth Olive Wire - 2.0mm
136-00025	Threaded Olive Wire - 2.5mm

Reusable Instruments

Instrument	Description
144-00002	Grasping Forceps
144-00006	AO Depth Gauge
148-00307	Non-Locking Drill Guide for 3.5/4.5 Screws
148-00010	T20 Driver, Cannulated
142-00016	Depth Gauge, Cannulated
148-00020	Targeting Guide
148-00021	Post Adjuster
148-00022	Cannulated Screw Drill Guide (3.0)
148-00023	Post Drill Guide
136-00015	Slotted Bending Iron
148-00031	Hintermann Compressor Distractor
148-00019	AXIS Threaded Wire Guide
148-00217	Drill Stop
148-03535	3.5 Locking Drill Guide
148-04545	4.5 Locking Drill Guide
148-02039	AO Ratcheting Handle, Mini

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For indications for use and safety information, please refer to the Axis Plate System Package Insert (LBL-148-99102)

1 Foot Ankle Clin. 2009;14(3):393–407

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