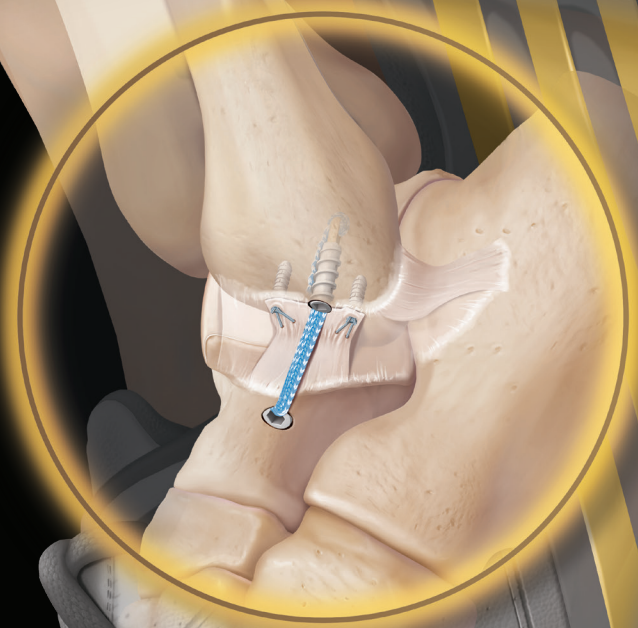
*Internal*Brace™
Ligament Augmentation Repair

Build in Stability, Strength and Protection to Your Brostrom Repairs

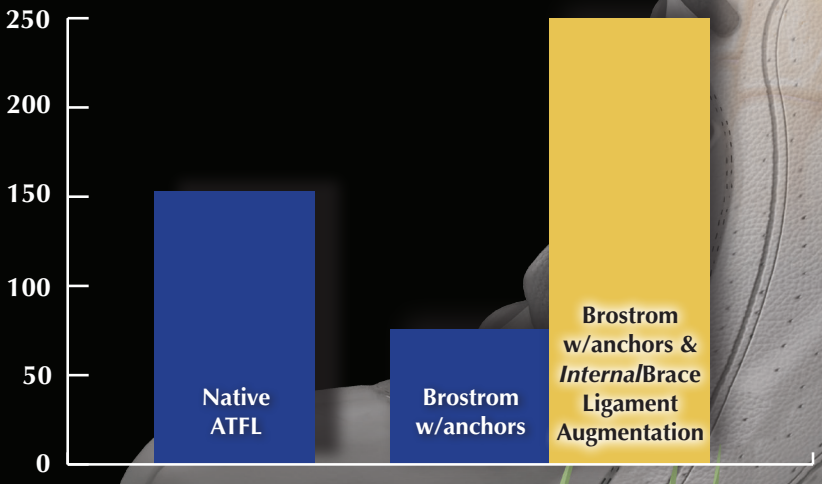
Knotless repair with SwiveLock® anchors and FiberTape® sutures technology

1,000,000+ FiberTape sutures implanted since 2004

25,000+ successful InternalBrace ligament augmentations performed since 2013



Ultimate Failure (Newtons)*



*reference:
Viens NA, Wijdicks CA, Campbell KJ, Laprade RF, Clanton TO. Anterior talofibular ligament ruptures, part 1: biomechanical comparison of augmented brostrom repair techniques with the intact anterior talofibular ligament. *Am J Sports Med.* 2014;42(2):405 – 411.

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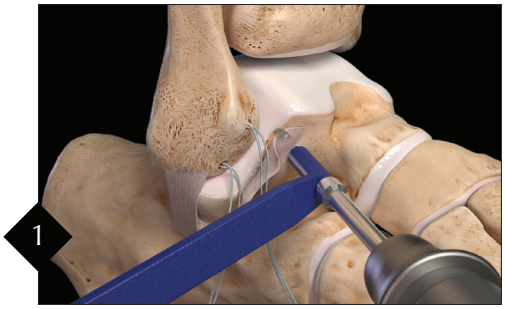
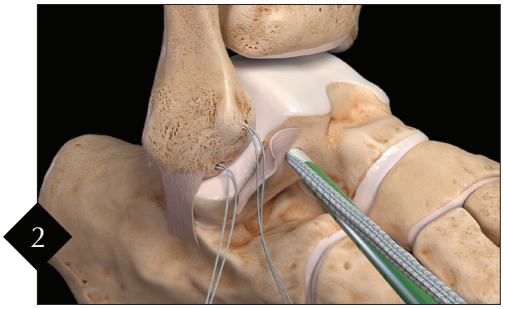
*Internal*Brace™ Ligament Augmentation Repair
Anterior Talofibular Ligament - Technique Review (Talus to Fibula)

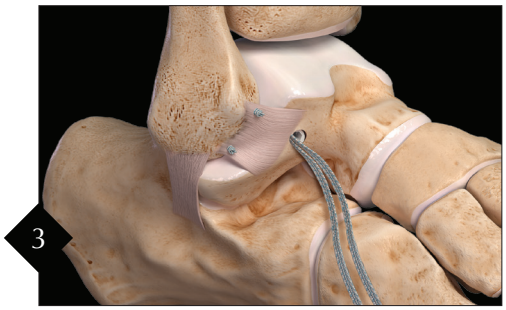
Standard approach to a Brostrom repair to augment the repair of the native ATFL ligament.



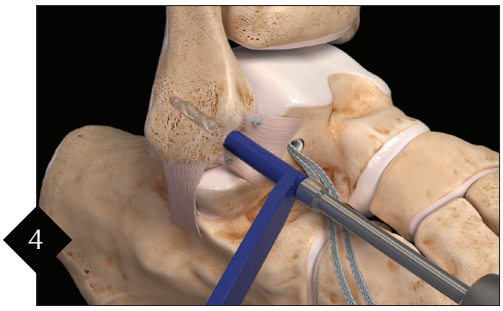
Through a standard Brostrom repair incision, place the 2.4 or 3.0 mm SutureTak® anchors for the primary ATFL repair. Drill with the 3.4 mm Drill Bit into the nonarticulating surface of the talus in line with the superior ATFL directed 40° with respect to the lateral border of the foot into body of the talus. Tap the tunnel to the laser line on the 4.75 mm Tap (green handle).



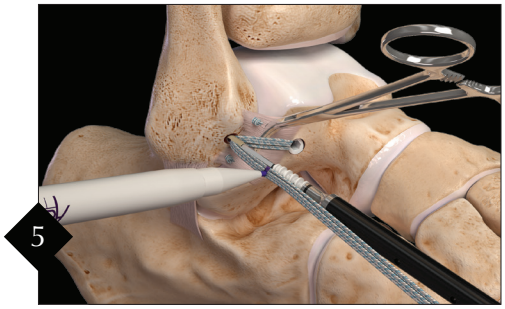
Implant the 4.75 mm SwiveLock® anchor loaded with FiberTape® Suture into the talar hole. Hold the green paddle on the driver stationary while turning the driver clockwise.



With the foot in relaxed plantarflexion and neutral (inversion/eversion) tie the primary ATFL to the fibula. This places the foot so maximum tension will be on ligament repair.

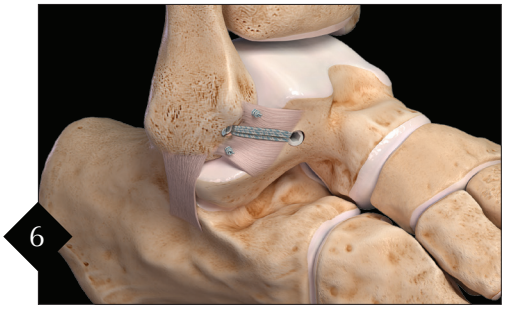


The fibular tunnel is approximately 1.5 cm proximal from the tip of the distal fibula splitting the difference of the SutureTak anchors. Drill with the **3.4 mm Drill Bit** and tap with the 3.5 mm Tap (black handle) to the laser line.



Pass both limbs of the FiberTape suture through the eyelet of the 3.5 mm SwiveLock anchor.

Tensioning: Under tension, place the eyelet at the anterior edge of the drill hole. Using a marker, place a line across the FiberTape suture 10 mm from the tip of the driver at the black laser line. Slide the eyelet to the line and insert into the drilled hole. Prior to final tensioning, insert the tip of a small curved hemostat between the FiberTape suture and ATFL. This prevents overtightening of the FiberTape construct.



After final anchor placement is inserted, cut the remnant FiberTape tails with FiberWire® Scissors. Suture inferior extensor retinaculum to fibula or capsule as desired.

Ordering Information

*Internal*Brace Ligament Augmentation Repair Kit (AR-1678-CP) includes

BioComposite™ SwiveLock anchor w/#2 FiberTape suture, 3.5 mm
BioComposite SwiveLock anchor, 4.75 mm
Guidewire w/ Trocar Tip, 1.35 mm
Drill Bit, cannulated, 2.7 mm
Drill Bit, 2.7 mm
Punch/Tap for 3.5 mm SwiveLock anchor
Drill Bit , 3.4 mm
Punch/Tap for 4.75 mm SwiveLock anchor
Drill Guide
Two Free Needles
Suture Passing Wire

*Internal*Brace Ligament Augmentation Repair Kit w/ Collagen Coated FiberTape suture (AR-1688-CP) includes

BioComposite SwiveLock anchor w/ Collagen Coated FiberTape suture, 3.5 mm
BioComposite SwiveLock anchor, 4.75 mm
Guidewire w/ Trocar Tip, 1.35 mm
Drill Bit, cannulated, 2.7 mm
Drill Bit, 2.7 mm
Punch/Tap for 3.5 mm SwiveLock anchor
Drill Bit , 3.4 mm
Punch/Tap for 4.75 mm SwiveLock anchor
Drill Guide
Two Free Needles
Suture Passing Wire

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