

ACL

SURGICAL
TECHNIQUE



ACL

Anterior Cruciate Ligament
Reconstruction System



ArmorLink™



ShieldLoc™

 **OrthoPediatrics®**
Worldwide Leader in Pediatric Orthopedics

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Refer to the Instructions for Use (package insert) for indications, contraindications, precautions and warnings. For more information, contact OrthoPediatrics at 574-268-6379 or go to www.orthopediatrics.com

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ACL tears in the very young patient population are relatively uncommon due to anatomic and biomechanical factors that predispose skeletally immature knees to bone injury, rather than ACL tears. In recent years, youth sports have increased and involvement in competitive, year round activities is becoming more common. Consequently, the prevalence of ACL tears appears to be increasing, specifically in the pre-adolescent and adolescent patient populations. When ACL tears occur in skeletally immature patients, it can be difficult to treat them effectively.

Management of these injuries presents a unique challenge. Evidence from literature indicates that the outcome of nonoperative treatment of ACL tears in skeletally immature patients is poor. Conversely, surgical intervention may cause iatrogenic physeal injury, which can result in leg length discrepancy or angular deformity.

The central issue in treatment of ACL tears is the patient's skeletal age, which determines the severity of consequence should growth disturbance occur. The consequences may be severe in prepubescent children with a great deal of growth remaining in the distal femoral or proximal tibial physes, and potentially insignificant in teenagers with minimal growth remaining. A complete system designed to safely treat the full spectrum of children and adolescents with open, closing, or closed physes, is a novel and revolutionary approach to treatment of ACL tears.



The OrthoPediatics ACL Reconstruction system was specifically designed to address the issues concerning skeletally immature patients. This system provides new, innovative technology, including low profile implants for graft fixation to anatomically reconstruct the ACL. This system minimizes the risk in growth disturbance and provides an intuitive, reproducible method to stabilize the knee and prevent reinjury.

- Allen Anderson, MD – Nashville, TN

The OrthoPediatrics ACL Reconstruction System is intended for fixation of tendons and ligaments during orthopedic reconstruction procedures such as Anterior Cruciate Ligament (ACL) Reconstruction.

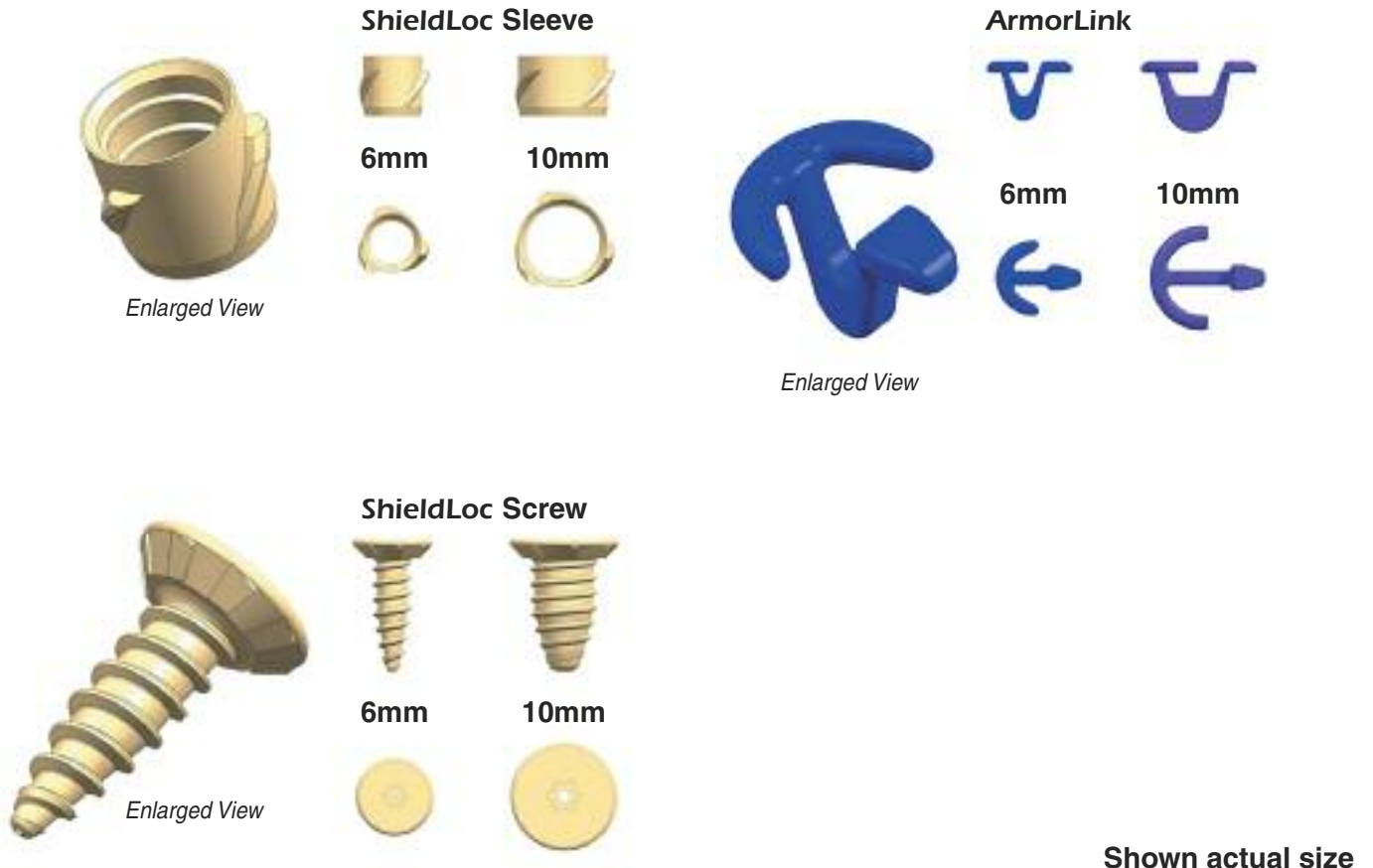
System Features

The OrthoPediatrics ACL Reconstruction System includes instruments and implants used to perform an Anterior Cruciate Ligament (ACL) reconstruction.

The OrthoPediatrics ACL Reconstruction System is a two part fixation system for anchoring soft tissue grafts in ACL deficient patients. It is available in diameters of 6mm, 6.5mm, 7mm, 7.5mm, 8mm, 8.5mm, 9mm, & 10mm in order to accommodate differing anatomic requirements.

The first system, **ShieldLoc™**, is a screw designed to work in conjunction with a sleeve that has been fitted into the graft tunnel within the bone. Both screw and sleeve components are made entirely of PEEK Optima.

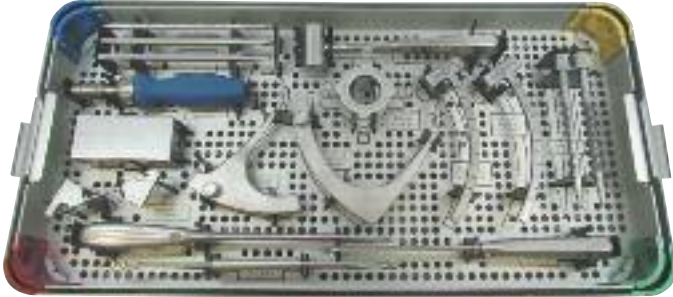
The second system, **ArmorLink™**, consists of a titanium alloy implant intended to hook onto the looped portion of the soft tissue graft and then rest onto the cortex at the end of the graft tunnel.



Instrument Set – External Case



Instrument Set – Top Tray



Instrument Set – Bottom Tray



ACL Disposable Kit

Note: ALL SINGLE USE items used in this procedure are located in the ACL Disposable Kit 11-1008-5000



Arthroscopy

The arthroscope is inserted in the anterolateral portal. The working portal should be medial to the patellar tendon. One way to ensure a good position is to insert a spinal needle under direct arthroscopic vision. With this needle one should be able to easily reach the posterior cortical border of the notch.

ACL Removal / Notch Plasty

The arthroscope is inserted through the anterolateral portal. All remnants of the ACL are removed through the anteromedial portal. The femoral, as well as the tibial attachments, of the old ACL should be cleaned of all soft-tissues.

A notch plasty is usually not required, but may be performed for better visualization or to relieve graft impingement.

Tibial Preparation

1

Incision Location

-
- A. If a hamstring autograft (semi-tendinosis and gracilis) is used, either a vertical or longitudinal incision is made just above the insertion of the tendons in the medial aspect of the tibia.
 - B. For an allograft, make a 2 to 3 cm vertical incision directly medial to the patella tendon at the level of the proximal tibia.
 - C. Incision is used for the passage of the grafts as well as the creation of the tibial tunnel.

2

Proper Graft Sizing

Instrument

Graft Sizing Block01-1008-0002

- 1 *Note: Inspect the graft sizing block to ensure suture slots are equivalent in width. This shows the block has not been damaged due to dropping or mis-use.*

- A. Whip stitch the last 12mm maximum of the graft.

CAUTION: Over whip stitching may compromise fixation strength.

- B. Take the Graft Sizing Block and pull looped grafts through the block.

- 2 *Note: If graft bulges out of the suture slot, it is recommended that the next size up be used for measurement. As an alternate option, the graft may be cut down in order to fit the graft to size of tunnel required.*

Tibial Preparation

3

Drill Guide Assembly

Instrument

Drill Guide Frame.....	03-1008-0001
Drill Guide Angle Arm.....	03-1008-0002
Guide Tube.....	03-1008-0003
Offset Drill Guide.....	01-1008-0006
Extended Drill Guide Frame.....	03-1008-0013
Extended Drill Guide Angle Arm.....	03-1008-0014
2.5mm Drill Tip Guide Pin (SINGLE USE from ACL Disposable Kit)	

- A. Assemble the drill guide by placing the Drill Guide Angle Arm (03-1008-0002) into the Drill Guide Frame (03-1008-0001) and tightening the thumbscrew.
- B. Place the Guide Tube (03-1008-0003) into the Drill Guide Angle Arm. The ratcheting teeth on the Guide Tube engage with the tab on the Drill Guide Angle Arm to prevent slippage but may be rotated one-half turn in order to slide freely.



4

Tibial Tunnel Preparation

- A. Place the Drill Guide Frame tip through the medial portal incision.
- B. With the knee bent to approximately 90°, place the Drill Guide Frame tip on the Tibial plateau at the desired location of the ACL footprint.
 - 1 *Note: Ensure the target tip is centered in the location of the anticipated tunnel for the new graft bundle.*
 - 2 *Note: Due to the shallow tunnel angle, the hole in the tibial plateau will be slightly oval (anterior to posterior).*
- C. Advance the Guide Tube slowly to the bone through the medial incision with the ratchet teeth engaged on the Guide Tube. Visualize the position of the guide with the medial-lateral fluoroscopy.
- D. Under fluoroscopic visualization, begin advancing the 2.5mm Drill Tip Guide Pin from the OrthoPediatrics ACL Disposable Kit. Advance the 2.5mm Drill Tip Guide Pin until it enters the joint. Confirm correct tunnel placement using arthroscopic visualization.



ACL Reconstruction System

- E. Disengage the Guide Tube twisting one-half turn and sliding backwards off of the 2.5mm Drill Tip Guide Pin.
- F. Leave the 2.5mm Drill Tip Guide Pin in place and remove the Drill Guide Frame from the Guide Pin and joint space.

Optional Step (Guide Wire Placement)

- A. If the guide pin is not in the proper location after the guide has been removed, the following steps may be used to correct the position of the guide pin.
- B. Slide the Offset Drill Guide over the previously placed guide pin to provide 3 or 5mm offset. Pivot the Offset Guide to the desired location.
- C. Insert a second 2.5mm Drill Tip Guide Pin into the Offset Drill Guide.
- D. Under fluoroscopic visualization, begin advancing the 2.5mm Drill Tip Guide Pin into the bone. Advance the Guide Pin until it enters the joint.
- E. Carefully, remove the first guide pin.



Instrument

Straight Flute Reamer (6mm)	01-1008-0060
Straight Flute Reamer (6.5mm)	01-1008-0065
Straight Flute Reamer (7mm)	01-1008-0070
Straight Flute Reamer (7.5mm)	01-1008-0075
Straight Flute Reamer (8mm)	01-1008-0080
Straight Flute Reamer (8.5mm)	01-1008-0085
Straight Flute Reamer (9mm)	01-1008-0090
Straight Flute Reamer (10mm)	01-1008-0100
Tunnel Plug (SINGLE USE from ACL Disposable Kit)	

ACL Reconstruction System

Optional Step (Guide Pin Placement) continued

- F.** Select the Straight Flute Reamer which corresponds to the graft diameter determined above. Remove soft tissue immediately around the guide pin to allow the reamer a clear path to the bone.
 - G.** Place the reamer over the guide pin and advance up to the surface of the bone prior to powering the drill.
 - H.** Visualize the position of the reamer with medial to lateral fluoroscopy.... and begin reaming by slowly advancing the reamer into the joint.
- 1** *Note: Tunnel placement may be verified using M-L fluoroscopy.*
- I.** Remove the reamer and guide pin.
 - J.** Insert the Tunnel Plug from the ACL Disposable Kit to minimize fluid loss through the tunnel.



Femoral Preparation

1

Incision Location

A. Make a 2 to 3 cm skin incision on the lateral side of the femur and anterior to the origin of the lateral collateral ligament. This incision is used for the passage of the grafts as well as the creation of the femoral tunnel.

CAUTION: The entry point of the femoral tunnel should be distal to the metaphyseal flare and parallel to the physis to avoid creating an acute angle of the graft as it enters the femoral hole that may place excessive bending stresses on the graft. The handle of the drill guide should also be elevated 30 degrees to avoid damage to the attachment of the fibular collateral ligament and popliteus tendon on the lateral femoral condyle.

2

Guide Pin Placement

Instrument

Drill Guide Frame	03-1008-0001
Drill Guide Angle Arm.....	03-1008-0002
Guide Tube	03-1008-0003
Offset Drill Guide.....	01-1008-0006
Extended Drill Guide Frame	01-1008-0013
Extended Drill Guide Angle Arm	03-1008-0014
2.5mm Drill Tip Guide Pin (SINGLE USE from ACL Disposable Kit)	

- A.** With arthroscopic visualization through the medial portal, place the tip of the Drill Guide through the lateral portal.
- B.** With the knee bent approximately 60°, place the tip of the Drill Guide Frame in the footprint of the native ACL.
- C.** Advance the Guide Tube to the bone through a 2-3 cm incision with the ratchet teeth engaged on the Drill Guide Tube. Visualize the position of the Drill Guide Tube in relation to the physis with the anterior-posterior fluoroscopy.

1 *Note: Once contact to the bone is made, ensure that damage to the articular cartilage and/or soft tissue is not going to occur based upon the size of graft to be implanted, plus 2mm for the tunnel counter bore. For best assurance, use anterior-posterior fluoroscopy to view the placement.*



Femoral Preparation

- H. Verify placement using A-P fluoroscopy prior to advancing the guide pin into the bone.
- I. Advance the 2.5mm Drill Tip Guide Pin until it enters the joint. Confirm Guide Pin placement using arthroscopic visualization.
- J. Disengage the Guide Tube twisting one-half turn and sliding backwards off of the guide pin.
- K. Leave the guide pin in place and remove the Drill Guide Frame from the guide pin and joint space.
- L. Placement may be adjusted utilizing the Offset Drill Guide as described above.

Instrument

Straight Flute Reamer (6mm)	01-1008-0060
Straight Flute Reamer (6.5mm)	01-1008-0065
Straight Flute Reamer (7mm)	01-1008-0070
Straight Flute Reamer (7.5mm)	01-1008-0075
Straight Flute Reamer (8mm)	01-1008-0080
Straight Flute Reamer (8.5mm)	01-1008-0085
Straight Flute Reamer (9mm)	01-1008-0090
Straight Flute Reamer (10mm)	01-1008-0100
Counter Boring Reamer (6mm)	01-1008-1060
Counter Boring Reamer (6.5mm)	01-1008-1065
Counter Boring Reamer (7mm)	01-1008-1070
Counter Boring Reamer (7.5mm)	01-1008-1075
Counter Boring Reamer (8mm)	01-1008-1080
Counter Boring Reamer (8.5mm)	01-1008-1085
Counter Boring Reamer (9mm)	01-1008-1090
Counter Boring Reamer (10mm)	01-1008-1100
Tunnel Plug (SINGLE USE from ACL Disposable Kit)	

Femoral Preparation

- M.** Retract the iliotibial band to allow the Reamer a clear path to the bone.
- N.** Place the reamer over the guide pin and advance up to the surface of the bone prior to powering the drill.
- O.** Under fluoroscopic visualization, begin reaming the bone by slowly advancing the reamer towards the joint. Confirm tunnel placement using arthroscopic visualization.
- P.** Remove the reamer and guide pin
- Q.** Select the Counter Boring Reamer which directly corresponds to both the graft size as well as the previously reamed femoral tunnel.
- R.** Place the tip of the Counter Boring Reamer into the tunnel before advancing the Counter Boring Reamer forward and engaging the drill.
- S.** Advance the Counter Boring Reamer into the tunnel until it bottoms out on the lateral femoral cortex. During this step, the counter bore removes a depth of 8mm and increases the diameter 2mm. This small amount of bone removal occurs rapidly. Carefully remove the soft tissue immediately around the hole to allow for clear placement of the ShieldLoc.



Start Femoral Fixation

1

Sleeve Insertion

Instrument

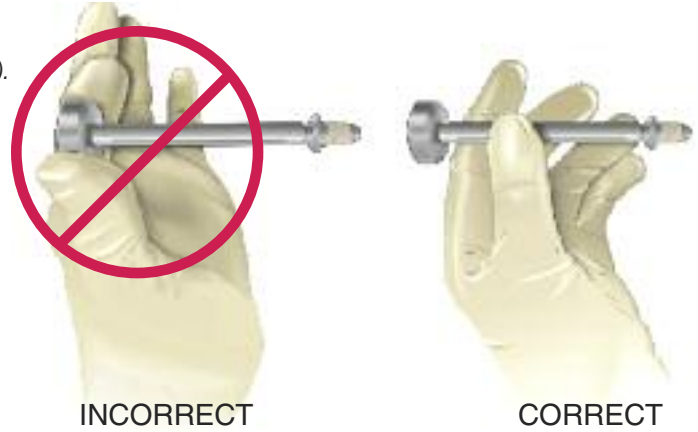
7 oz Mallet	gS59.7615
Double Ended Rasp	01-1008-0014
Sleeve Installation Tool (6mm).....	01-1008-0040
Sleeve Installation Tool (6.5mm).....	01-1008-0041
Sleeve Installation Tool (7mm).....	01-1008-0042
Sleeve Installation Tool (7.5mm).....	01-1008-0043
Sleeve Installation Tool (8mm).....	01-1008-0044
Sleeve Installation Tool (8.5mm).....	01-1008-0045
Sleeve Installation Tool (9mm).....	01-1008-0046
Sleeve Installation Tool (10mm).....	01-1008-0047
ShieldLoc Sleeve (6mm)	From 10-1008-4060
ShieldLoc Sleeve (6.5mm)	From 10-1008-4065
ShieldLoc Sleeve (7mm)	From 10-1008-4070
ShieldLoc Sleeve (7.5mm)	From 10-1008-4075
ShieldLoc Sleeve (8mm)	From 10-1008-4080
ShieldLoc Sleeve (8.5mm)	From 10-1008-4085
ShieldLoc Sleeve (9mm)	From 10-1008-4090
ShieldLoc Sleeve (10mm)	From 10-1008-4100

ACL Reconstruction System

A. Install the appropriate sized Shieldloc Sleeve onto the end of the corresponding Sleeve Installation Tool. Refer to Figure X for proper installation. The tapered edges of the sleeve should be directed towards the distal end of the installation tool.

1 Note: Ensure the sleeve is fully seated on the inserter (Figure X).

CAUTION: Improper positioning of the sleeve on the installation tool may cause the sleeve to be improperly implanted into the bone tunnel.



B. Using the Sleeve Installation Tool and Mallet, gently tap the ShieldLoc sleeve into the tunnel while holding the sleeve of the inserter.

C. Tap the knob of the installation tool until it makes contact with the cortex.

2 Note: Do not hold the insertion tool knob while driving the sleeve into the tunnel, the sleeve will turn itself into the tunnel while being driven into place.

3 Note: Ensure no soft tissue is captured while inserting the sleeve into the tunnel.

4 Note: Rasp the interior edge of the femoral hole to facilitate graft passage and prevent abrasion by the sharp bone at the femoral aperture.

D. Remove the installation tool from the installed sleeve by turning the knob of the installation tool counter clockwise.



Graft Passage & Tibial Fixation

Instrument

ArmorLink (6mm).....	10-1008-1060
ArmorLink (6.5mm).....	10-1008-1065
ArmorLink (7mm).....	10-1008-1070
ArmorLink (7.5mm).....	10-1008-1075
ArmorLink (8mm).....	10-1008-1080
ArmorLink (8.5mm).....	10-1008-1085
ArmorLink (9mm).....	10-1008-1090
ArmorLink (10mm).....	10-1008-1100
Graft Passer (SINGLE USE, from ACL Disposable Kit)	

A. Place the Graft Passer from the OrthoPediatrics ACL Disposable Kit through the femoral tunnel and with an arthroscopic grasper; pull the graft passer loop out of the tibial tunnel.

B. Place one end of each graft strand through the graft passer loop and make sure that the graft strand ends are even with each other.

Pull the tibial end of the graft passer bringing the graft through the femoral tunnel into the tibial tunnel (may be viewed through arthroscopic visualization). Stop pulling the graft once the graft loop has exited the anterior tibial cortex.

1 *Note: If graft is difficult to pull through the tunnel, check tunnel for blockages.*

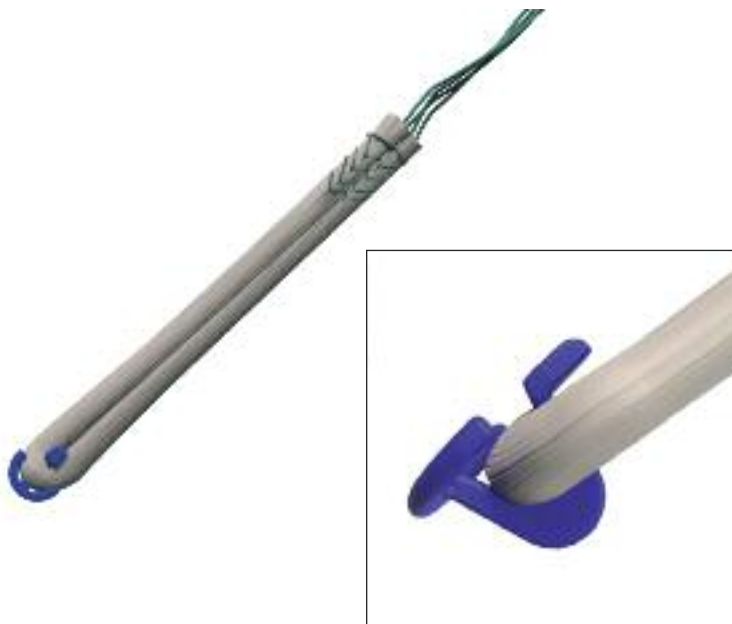
C. Gently pull 1-2 cm of graft loop outside of the anterior tibial cortex to allow installation of the ArmorLink implant.

1 *Note: Try not to pull the free ends of the graft completely through the ShieldLoc. Ensure the free ends of the graft remain outside of the femoral tunnel and are not pulled into the tunnel, as this can cause the graft to become lodged in the tunnel. The implant size corresponds directly to the tunnel and graft size.*



Graft Passage & Tibial Fixation

- D.** Grasp the ArmorLink implant using a hemostat or a needle driver immediately underneath the flange of the implant.
- Alternately, the hemostat may also be passed underneath the graft loop and the ArmorLink implant may be pulled into place by grasping the hook.
- E.** Pass the ArmorLink implant “hook” through the graft loop ensuring to capture both strands of the graft entirely within the saddle or mid-section of the implant. See image below.
- F.** Pull on the free strands of the graft coming out of the femoral tunnel in order to properly position the graft and seat the ArmorLink on the tibial cortex. Remove the hemostat or needle driver from the loop fixation.
- ArmorLink may be positioned in any orientation in order to minimize extra cortical profile.
- 1** *Note: Observe the ShieldLoc when pulling the free strands of the graft to make sure the ShieldLoc is not becoming displaced. If it moves, then stabilize the ShieldLoc with a hemostat to prevent displacement.*



Finishing the Femoral Fixation

Instrument

ShieldLoc Screw (6mm)	From 10-1008-4060
ShieldLoc Screw (6.5mm)	From 10-1008-4065
ShieldLoc Screw (7mm)	From 10-1008-4070
ShieldLoc Screw (7.5mm)	From 10-1008-4075
ShieldLoc Screw (8mm)	From 10-1008-4080
ShieldLoc Screw (8.5mm)	From 10-1008-4085
ShieldLoc Screw (9mm)	From 10-1008-4090
ShieldLoc Screw (10mm)	From 10-1008-4100
.5mm Guide Wire (SINGLE USE, from ACL Disposable Kit)	
Graft Spreader/Tensioner	01-1008-0007
Cannulated Driver (T15)	01-1008-0010
Cannulated Driver (T20)	01-1008-0011
Cannulated Driver (T25)	01-1008-0012

A. Using the Graft Spreader/Tensioner, take a suture from each graft strand and wrap individually around the grooves in tensioner arm. Alternatively, tie the sutures from one limb of the semitendinosus to the sutures of the other limb of the semitendinosus, creating a loop. Repeat the same with the gracilis. Then, holding the graft tensioner on the bias, drape each loop around two arms of the graft tensioner. Ensure that the tensioner is within approximately 4 inches (100mm) from the lateral femoral cortex of the knee.

- 1** *Note: If suture slips, ensure sutures are tied securely around arms of tensioner or inspect for damage to the graft tensioner.*
- 2** *Tip: Use the width of a hand as an approximate distance from the lateral femoral cortex to tie the knots and position the graft tensioner.*

B. Place a .5mm Guide Wire into the center of the graft bundle (center of strands coming out of femoral tunnel). This guide wire will be used to aid the insertion the screw.

- 3** *Note: Advance the guide wire slowly to prevent bending of the wire.*

Finishing the Femoral Fixation

C. With the knee in approximately 10° – 30° of flexion (in accordance with surgeon preference), apply the necessary tension on the graft to ensure proper joint laxity.

3 Note: Use the T15 driver for 6 & 6.5mm screws. T20 for 7mm screw, and T25 for 7.5, 8, 8.5, 9, 10mm screws.

CAUTION: Ensure that the driver is installed to full depth within the screw so that screw is fully seated.

D. Insert the ShieldLoc screw until the head is seated firmly against the lateral cortex.

CAUTION: Over-tightening of the screw may cause stripping of the drive feature.

E. Assess for joint laxity and check for intercondyle notch impingement on the graft.

CAUTION: Removing and re-inserting screw may reduce strength of construct by weakening the graft.

F. Trim and remove excess graft immediately after the head of the screw.



Extraction of Implants

Using general surgical instruments in conjunction with the ACL instrumentation follow these steps to remove the implants.

ArmorLink Implants

- A. Using a scapel cut the tendon looped over the implant
- B. Grasp implant with graspers and remove

ShieldLoc Screw

- A. Using the appropriate sized T15, T20, or T25 driver remove the screw

ShieldLoc Sleeve

- A. Once the ShieldLoc screw is removed, use a pair of graspers to extract the sleeve

Product and Set Information

Implants

ShieldLoc Screw

6mm	From 10-1008-4060
6.5mm	From 10-1008-4065
7mm	From 10-1008-4070
7.5mm	From 10-1008-4075
8mm	From 10-1008-4080
8.5mm	From 10-1008-4085
9mm	From 10-1008-4090
10mm	From 10-1008-4100



ShieldLoc Sleeve

6mm	From 00-1008-4060
6.5mm	From 00-1008-4065
7mm	From 00-1008-4070
7.5mm	From 00-1008-4075
8mm	From 00-1008-4080
8.5mm	From 00-1008-4085
9mm	From 00-1008-4090
10mm	From 00-1008-4100



ArmorLink

6mm (Blue).....	10-1008-1060
6.5mm (Bronze).....	10-1008-1065
7mm (Green).....	10-1008-1070
7.5mm (Dark Blue).....	10-1008-1075
8mm (Magenta).....	10-1008-1080
8.5mm (Teal).....	10-1008-1085
9mm (Aqua).....	10-1008-1090
10mm (Purple).....	10-1008-1100



Product and Set Information

Instruments

ACL Disposable Kit (SINGLE USE)	11-1008-5000
Graft Passer	
.5mm Guide Wire	00-1008-0050
Tunnel Plug (qty 2)	
2.5mm Drill Tip Guide Pin (qty 2)	00-1008-0051

Drivers

Cannulated Driver (T15).....	01-1008-0010
Cannulated Driver (T20).....	01-1008-0011
Cannulated Driver (T25).....	01-1008-0012

Drill Guides

Drill Guide Frame	03-1008-0001
Drill Guide Angle Arm.....	03-1008-0002
Guide Tube	03-1008-0003
Extended Drill Guide Frame	03-1008-0013
Extended Drill Guide Angle Arm	03-1008-0014
Offset Drill Guide.....	01-1008-0006

Miscellaneous

Graft Sizing Block.....	01-1008-0002
7 oz Mallet.....	gS59.7615
Graft Spreader/Tensioner	01-1008-0007
Straight Cupped Curette.....	gS51.6863
45 degree Awl	01-1008-0054
Double Ended Rasp	01-1008-0014
Curved Menisctome	01-1008-0017
Right Menisctome	01-1008-0018
Left Menisctome	01-1008-0019
8" Curved Clamp	gS22.4380

Inserters

Sleeve Installation Tool (6mm)	01-1008-0040
Sleeve Installation Tool (6.5mm)	01-1008-0041
Sleeve Installation Tool (7mm)	01-1008-0042
Sleeve Installation Tool (7.5mm)	01-1008-0043
Sleeve Installation Tool (8mm)	01-1008-0044
Sleeve Installation Tool (8.5mm)	01-1008-0045
Sleeve Installation Tool (9mm)	01-1008-0046
Sleeve Installation Tool (10mm)	01-1008-0047

Product and Set Information

Reamers

Straight Flute Reamer (6mm).....	01-1008-0060
Straight Flute Reamer (6.5mm).....	01-1008-0065
Straight Flute Reamer (7mm).....	01-1008-0070
Straight Flute Reamer (7.5mm).....	01-1008-0075
Straight Flute Reamer (8mm).....	01-1008-0080
Straight Flute Reamer (8.5mm).....	01-1008-0085
Straight Flute Reamer (9mm).....	01-1008-0090
Straight Flute Reamer (10mm).....	01-1008-0100
OrthoPediatrics Lid.....	01-0999-1000
ACL Reconstruction Tray.....	01-1008-1004
Counter Boring Reamer (6mm).....	01-1008-1060
Counter Boring Reamer (6.5mm).....	01-1008-1065
Counter Boring Reamer (7mm).....	01-1008-1070
Counter Boring Reamer (7.5mm).....	01-1008-1075
Counter Boring Reamer (8mm).....	01-1008-1080
Counter Boring Reamer (8.5mm).....	01-1008-1085
Counter Boring Reamer (9mm).....	01-1008-1090
Counter Boring Reamer (10mm).....	01-1008-1100

CAUTION: Federal law restricts this device to sale by or on the order of a Physician.

CAUTION: Implants and Disposable Kit are supplied Sterile. All other devices are supplied Non-Sterile (clean and sterilize before use according to instructions).

CAUTION: Implant components are single-use. Disposable Kit components are single-use. Do not reuse.

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NOTE: *This technique has been developed in collaboration with our medical advisors only as guidance and it is not intended to limit the methods used by trained and experienced surgeons.*

INDICATIONS: The OrthoPediatrics ACL Reconstruction System is intended for fixation of tendons and ligaments during orthopedic reconstruction procedures such as Anterior Cruciate Ligament (ACL) Reconstruction.



IFU, cleaning instructions, and surgical techniques may be obtained by calling OrthoPediatrics® Customer Service at 574-268-6379. Read and understand indications, warnings, and adverse effects explained in IFU's prior to use.



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