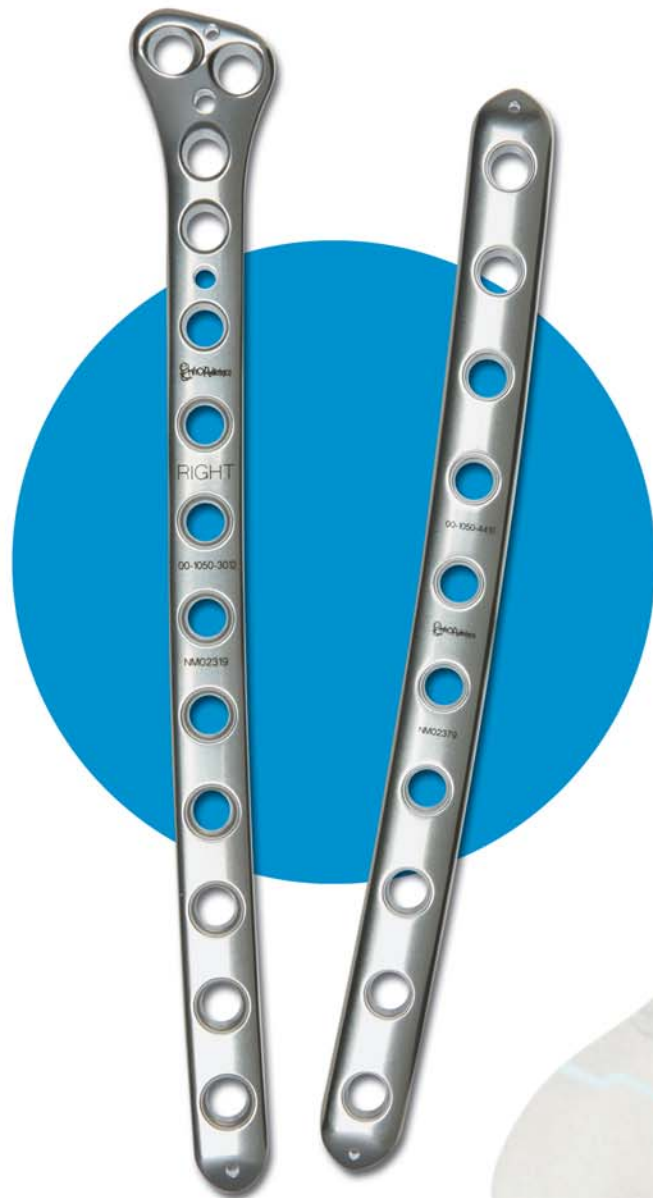


Bridge Plating with the PediLoc® Femur Plate

The only anatomically appropriate
pediatric femoral plating system.



**Finally, a plate designed
for child-sized limbs.**

Clinical Cases

Case 1

Eight year old male with a distal metaphyseal femur fracture. High energy injury. Motor vehicle accident occurred while riding his motorcycle into a tree. Repaired submuscularly using a 10 hole, 3.5mm PediLoc Contour Femur Plate. Distal fixation augmented with k-wire fixation.



Preoperative AP



Preoperative Lateral



Postoperative AP



Postoperative Lateral

Case 2

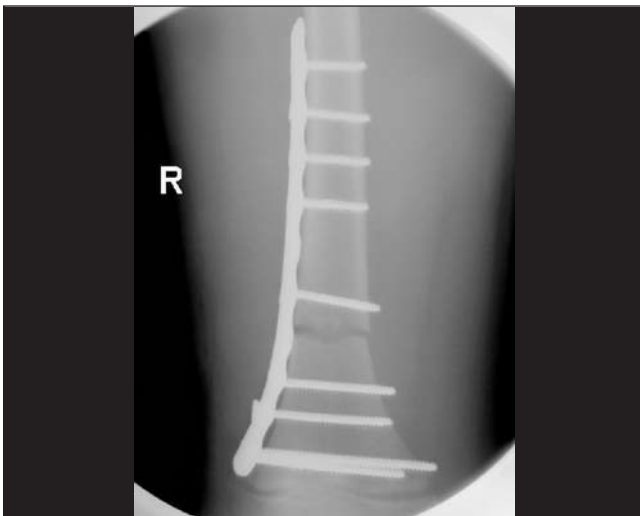
Seven year old female with a distal diaphyseal/metaphyseal femur fracture. Patient fell off playground equipment and sustained this low energy injury. Fracture was repaired with a 10 hole, 3.5mm PediLoc Contour Femur Plate inserted submuscularly.



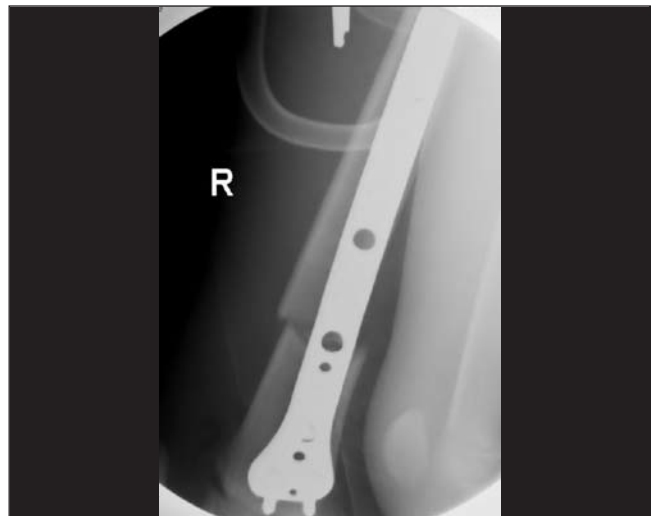
Preoperative AP



Preoperative Lateral



Postoperative AP



Postoperative Lateral

Clinical Cases (continued)

Case 3

Three year old male, spiral femur shaft fracture. Low energy injury. Spiral fracture sustained after falling off his bike. Both parents work full time and patient is toilet trained. Family opted for ORIF rather than spica cast. Fracture repaired using a 10 hole, 3.5mm PediLoc Bowed Femur Plate. Plate was inserted submuscularly from proximal to distal.



Preoperative AP



Preoperative Lateral



Postoperative AP



Postoperative Lateral

FDA Indicated for Pediatric Fracture Fixation

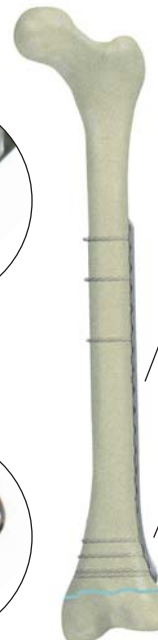
Undersurface Design

- Periosteal sparing



Distal Fixation

- More stable fixation distally
- Growth plate sparing
- Right & left specific



316L Stainless Steel

- Strong
- Biocompatible

AP Bow

- Designed to fit the pediatric femur
- Bicortical fixation on multiple planes

Metaphyseal Flare

- Anatomically appropriate for pediatric anatomy
- Contour prior to hole placement aligns screw position parallel to the growth plate