*Internal*Brace™

Ligament Augmentation Repair

Simple, Safe & Reproducible

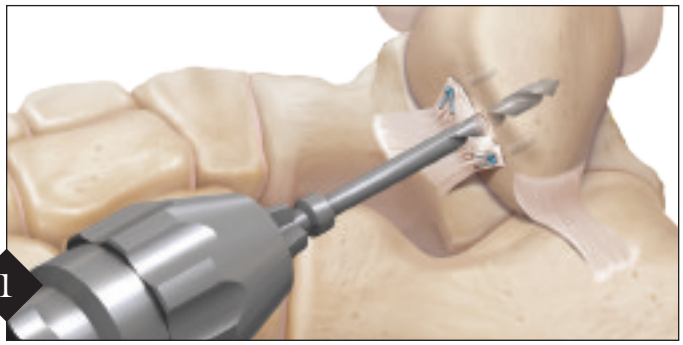
- Can be used as an augmentation to your Brostrom procedure
- Used in acute and chronic ankle sprains

Arthrex®

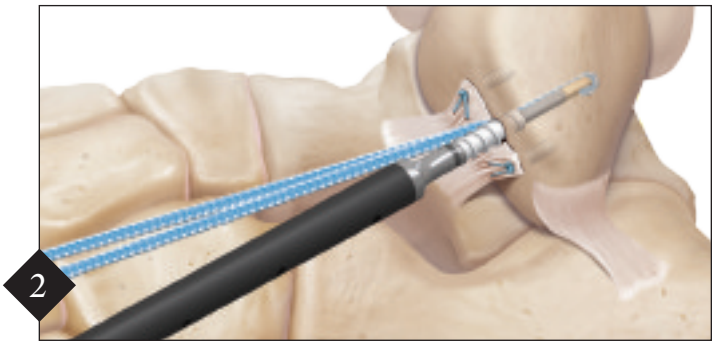
*Internal*Brace Ligament Augmentation Repair

Anterior Talorfibular Ligament - Technique Review

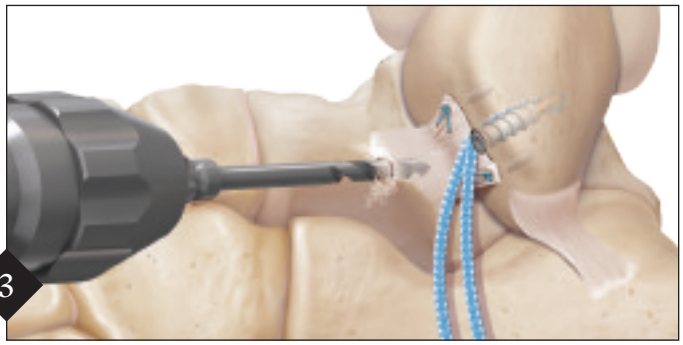
Standard approach to a Brostrom repair to help augment the repair of the native ATFL ligament. With the foot in neutral position with slight eversion, find your landmarks on the distal fibula and the non-articulating ridge of the talus.



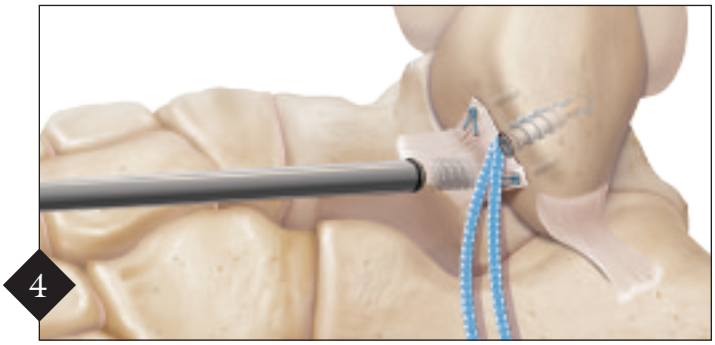
Through your standard Brostrom repair incision, the *Internal*Brace is applied superficially, 1.5 cm proximal from the tip of the distal fibula. Drill a hole with the 2.7 mm drill in the fibula, angled slightly proximally, in line with the lateral border of the foot. Tap the hole with a 3.5 mm tap for at least two turns to breach the fibular cortex.



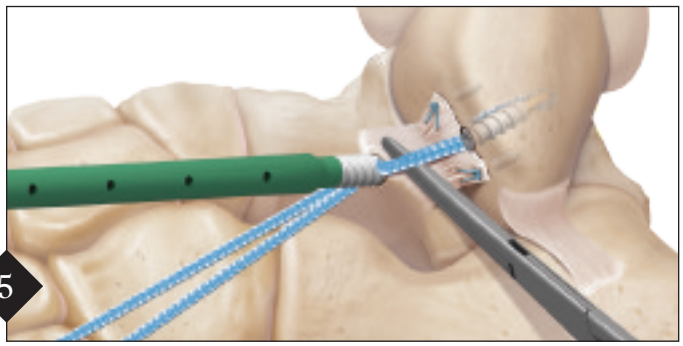
Place the 3.5 mm SwiveLock loaded with FiberTape into the fibular hole. Hold the black paddle on the screwdriver stationary while turning the driver clockwise. Ensure that the black line on the driver is buried into the bone.



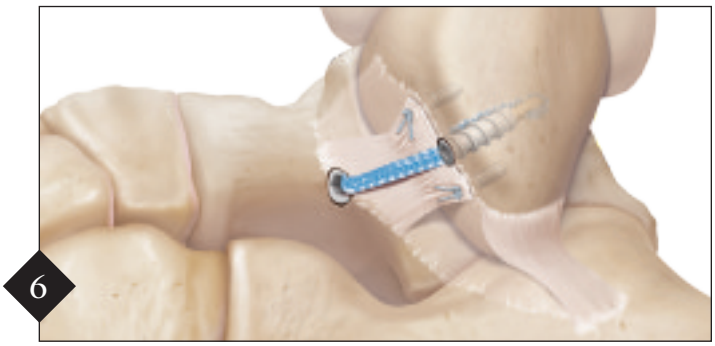
The talar attachment to the ATFL is distal and anterior to the articular surface of the talus in line with the tip of the fibula. Drill with the 3.4 mm drill into the non-articulating surface of the talus in line with the superior ATFL directed 45 degrees posteromedially with respect to the lateral border of the foot.



Tap the talar tunnel down to the laser line on the 4.75 mm SwiveLock Tap found in the reusable instrument set. Incomplete tapping of the talar hole may compromise anchor fixation. Check range of motion before second anchor is inserted.



Pass both limbs of the FiberTape through the eyelet of the 4.75 mm SwiveLock and insert the anchor. Insert SwiveLock into talar tunnel. This step occasionally requires a gentle tap with a mallet. To avoid over-tensioning, place a small curved hemostat between FiberTape and talus while inserting SwiveLock.



After final anchor placement is correctly inserted, cut the remnant FiberTape tails with FiberWire Scissors. Surgeon can now suture inferior extensor retinaculum to fibula or capsule as desired.

***Internal*Brace Kit (AR-1678-CP) includes:**

3.5 mm SwiveLock w/ #2 FiberTape w/ 2 needles
3.5 mm SwiveLock
4.75 mm SwiveLock
#2 FiberTape
Two free needles
Suture passing wire

***Internal*Brace Reusable Instruments Tray (AR-1678S) includes:**

2.7 mm Drill Bit
3.4 mm Drill Bit
3.5 mm & 4.75 mm SwiveLock Taps
Drill Guide
AO Handle

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