

ACUMED®

Innovative Solutions



ACU-LOC® 2

Volar Distal Radius Plating System

Acu-Loc® 2 Volar Distal Radius Plating System

Acumed is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to pioneering products, service methods and approaches that improve patient care.

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Acu-Loc® 2 Surgeon Design Team

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The original Acu-Loc® Volar Distal Radius Plate has been a market leader in fracture fixation since its introduction in 2004. Acumed offered an innovative solution for repairing intra-articular fractures, malunions and nonunions of the distal radius by designing the first truly anatomic volar plate.

Developed in conjunction with our accomplished surgeon design team, Acumed introduces the Acu-Loc® 2 Volar Distal Radius (VDR) Plating System as the next generation in plating fixation. The system presents several new plate options, a unique two piece locking compression screw, innovative instrumentation for fracture management and improved plate placement tools.

Indication-specific Plate Designs Include:

Acu-Loc® 2 VDR Plates: Comprised of ten plates, these distally fitting silver plates offer maximum coverage for complex intra-articular fractures.



Acu-Loc® 2 Proximal VDR Plates: This gold plate family includes ten plates and is designed for surgeons who prefer a more proximal plate placement.



Acu-Loc® 2 Extension Plates: three different Extension Plate options offer the ability to rigidly extend the longest of the Acu-Loc® 2 Proximal VDR Plates to address fractures extending into the diaphyseal region.



Two Plate Families give the surgeon the ability to choose between distally or proximally fitting plates. The anatomically designed Acu-Loc® 2 VDR Plate Families assist in restoring the original geometry of the patient's anatomy. Our goal was to design a plate system that closely replicates the anatomical contours of the distal radius in order to maximize support and accurately reduce the fracture. The Acu-Loc® 2 Proximal VDR Plate Family was designed to provide maximum support for the articular surface from a more proximal placement.



Optimized Plate Design allows for ideal support of the radial and intermediate distal radius columns. Converging ulnar screws, new suture and additional K-wire holes were added to all plates for improved support of the volar ulnar lip and lunate facet. The plate window offers fracture visualization as well as access to metaphyseal comminution, utilizing the Fragment Reduction Tool for articular reconstruction.



Advanced Instrumentation helps with plate placement and fracture reduction. New tools such as the plate positioning handle and radiolucent targeting guides with embedded radiopaque positioning posts help guide the surgeon during plate placement. For support with corrective osteotomies, KickStand Posts aids in plate angulation relative to the dorsally displaced distal radius.



Two-Piece Compression Screw Technology is designed to reduce difficult dorsal fragments, the Frag-Loc™ is a revolutionary two-piece locking fixation device that provides compression between dorsal and volar fracture fragments through a small dorsal incision.



Acu-Loc® 2 Plate Features



Plate Placement Options

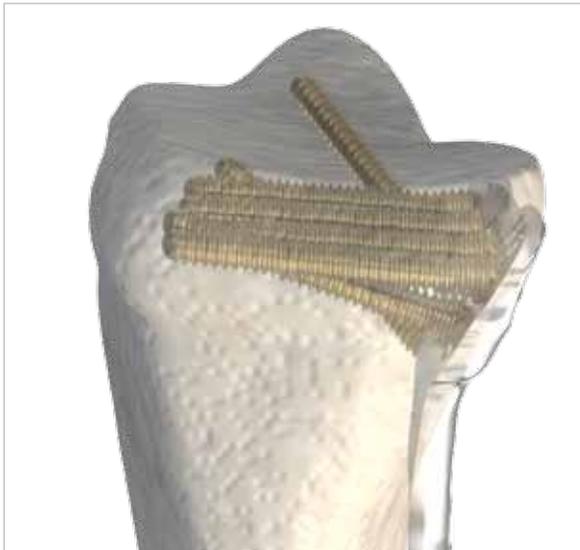
The Acu-Loc® 2 System offers two plating options for volar plate placement. The standard Acu-Loc® 2 Plate is designed to closely replicate the anatomical contours of the distal radius and assists in restoring the original geometry. The Acu-Loc® 2 Proximal Plate is designed to sit more proximally than the standard Acu-Loc® 2 Plates.



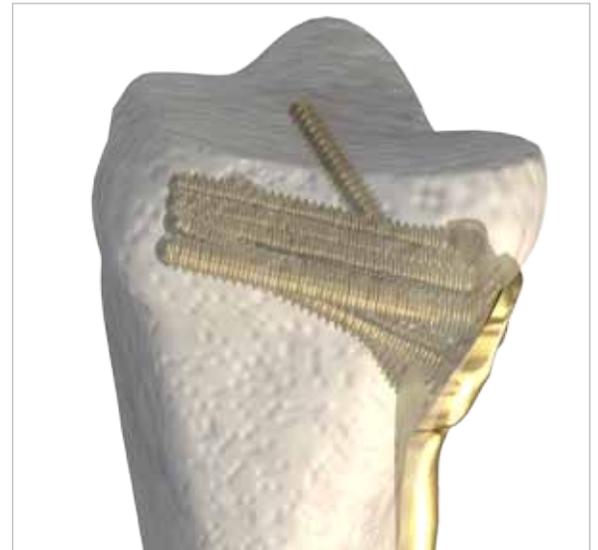
Acu-Loc® 2 VDR Plate



Acu-Loc® 2 Proximal VDR Plate



Lateral view of the Acu-Loc® 2 VDR Plate showing screw trajectory



Lateral view of the Acu-Loc® 2 Proximal VDR Plate showing screw trajectory

Acu-Loc® 2 VDR Plate Options

Acu-Loc® 2 VDR Plates



Acu-Loc® 2 Proximal VDR Plates



Screw and Peg Options

There are four types of 2.3mm screws that can be used in any of the distal plate screw holes including the Frag-Loc™ Compression Screw (*see page 9 for information*). The smooth screw heads are designed to sit at the plate's surface and minimize soft tissue and tendon irritation.



- 2.3mm bronze smooth locking pegs.
- Sizes options: 8mm -28mm



- 2.3mm gold fully threaded locking screws.
- Sizes options: 8mm -28mm



- 2.3mm silver nonlocking screws.
- Sizes options: 8mm -32mm



- 3.5mm blue proximal locking screws.
- Size options: 8mm-18mm



- 3.5mm silver nonlocking cortical screws.
- Size options: 10mm – 18mm

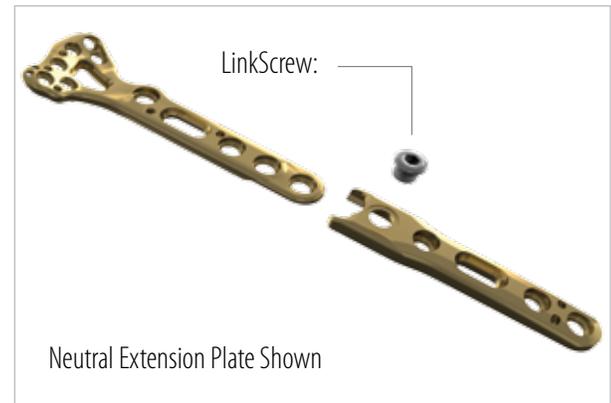
A unique feature of the Acu-Loc® 2 Plating System is the ability to extend the lengths of the Acu-Loc® 2 Proximal Plates and provide rigid fixation of segmental fractures in the diaphyseal region of the radius. The Acu-Loc® 2 Extension Plates are rigidly locked with a LinkScrew to the following Acu-Loc® 2 Proximal VDR Plates:

- Acu-Loc® 2 Proximal VDR Standard Long Plates
- Acu-Loc® 2 Proximal VDR Narrow Long Plates
- Acu-Loc® 2 Proximal VDR Wide Plates

The low-profile plate design minimizes postoperative soft tissue irritation and patient discomfort. Locking and nonlocking screws sit flush with the plate. The proximal plate end is tapered to reduce the risk of secondary bone fracture due to excess stress concentrations. The plate's limited bone contact undersurface reduces constriction of the blood supply to the periosteum.

Assembly Steps:

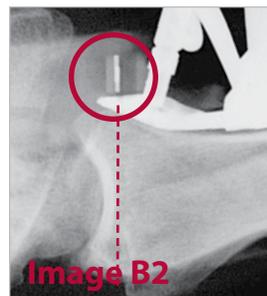
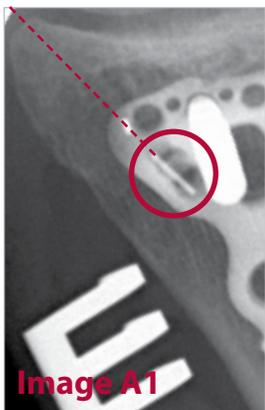
- Slide the Acu-Loc® 2 Extension Plate onto the shaft of the Acu-Loc® 2 Proximal Plate.
- Using a 2.5mm hex driver, insert and tighten the LinkScrew into the distal hole of the Extension Plate and lock into both plates.
- Assembly can be done prior to plate placement or intraoperatively.



Available Plate Length Combinations

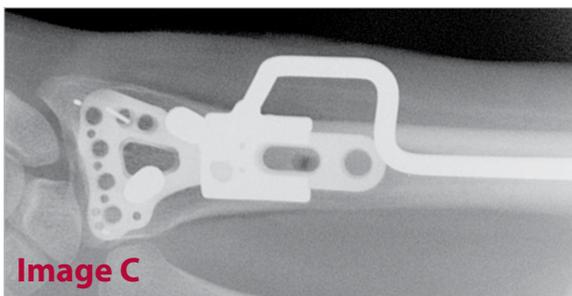
Plate Lengths with Extension	Wide	Narrow Long	Standard Long
Neutral Extension	100mm	108mm	108mm
Long Extension	168mm	176mm	176mm

Plate Placement Instrumentation



Incorrect

Correct Alignment



Acu-Loc® 2 VDR Targeting Guides

The low-profile radiolucent targeting guides have several features that allow the surgeon to accurately target and insert all distal screws. Radiopaque positioning posts have been integrated into the targeting guides to assist with plate placement under fluoroscopy.

Styloid Positioning Post: (Image A) To verify plate placement, a radiopaque styloid post is utilized in an A/P view to project the trajectory of the most distal styloid screw. To align styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.

Distal Screw Placement: (Image B) To verify plate placement from a lateral view, line up the two parallel radiopaque posts. A single plane is created by the goal posts beneath the subchondral bone, showing trajectory of the distal screw row. If the posts do not target into the joint, then the distal screw row will not either. This can be achieved by lifting the hand in neutral rotation so that the forearm is 20 degrees to the OR table.

The distal K-wire holes in the targeting guides and Acu-Loc® 2 VDR plates allow placement of K-wires to also verify plate placement. The K-wire holes are in line with the distal screws of all Acu-Loc® 2 distal radius plates, allowing the surgeon to verify screw placement.

Plate Positioning Handle

The Plate Positioning Handle (**Image C**) assists with precise plate placement while minimizing radiation exposure to the surgeon's hands. Under fluoroscopy, the handle should line up with the center of the plate and radial shaft to show a true A/P view. This is used to accurately place the proximal shaft of the plate in alignment with the center axis of the radial diaphysis.

Note: The design of the Acu-Loc® 2 Plate Positioning Handle also allows access to the K-wire holes and 3.5mm screw slot on the proximal end of the plate.

Plate Positioning Handle Assembly:

- The Locking Bolt is threaded into the left side of the keyhole of the Plate Positioning Handle base.
- Once engaged, the Locking Bolt toggles to fit left and right plates.
- Thread the Locking Bolt into the most distal 3.5mm locking hole on the shaft of any Acu-Loc® 2 Plate.

Frag-Log™ Compression Screw Instrument Reference Chart

The Frag-Log™ Compression Screw is a unique two part cannulated compression screw designed to reduce dorsal fragments to the Acu-Loc® VDR, Acu-Loc® EX and Acu-Loc® 2 VDR Plates.

The Frag-Log™ Compression Screw may only be used for measured screw lengths of 16-24mm. It is recommended that a second 2.3mm screw be placed in an adjacent screw hole to prevent rotation of the dorsal bone fragment.

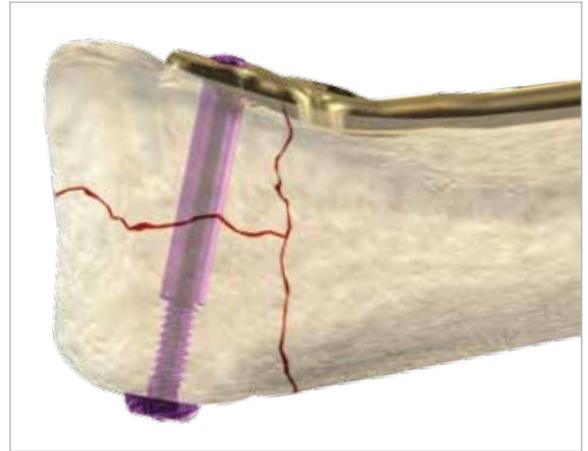
.035" Guide Wire
WS-09065T



Frag-Log™ 2.5mm Drill
80-0724



Frag-Log™ 2.5mm Drill Guide
80-0730



Frag-Log™ 1.5mm
Cannulated Driver
80-0758



Frag-Log™ Compression Sleeve
30-0370



Frag-Log™ Compression Screw
30-0371



Frag-Log™ Depth Gauge
80-0726



Heiss Retractor
80-0756

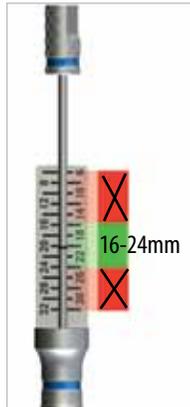


Frag-Loc™ Surgical Technique



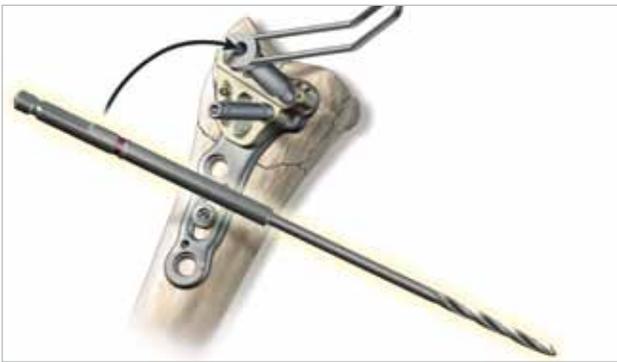
1

- Drill bicortically, using 2.0 mm drill.



2

- Measure screw length using Depth Probe.
- **16-24mm OK to use Frag-Loc™**
- **CAUTION: Do not use Frag-Loc™ outside of 16-24mm range.**



3

- Drill using 2.5mm Frag-Loc™ step drill.
- Shoulder of drill must stop against top of drill guide.



4

- Insert Frag-Loc™ Sleeve into plate using silver handle with 1.5mm driver tip.

5 • Insert .035" guide wire through Frag-Loc™ Sleeve and dorsal skin.



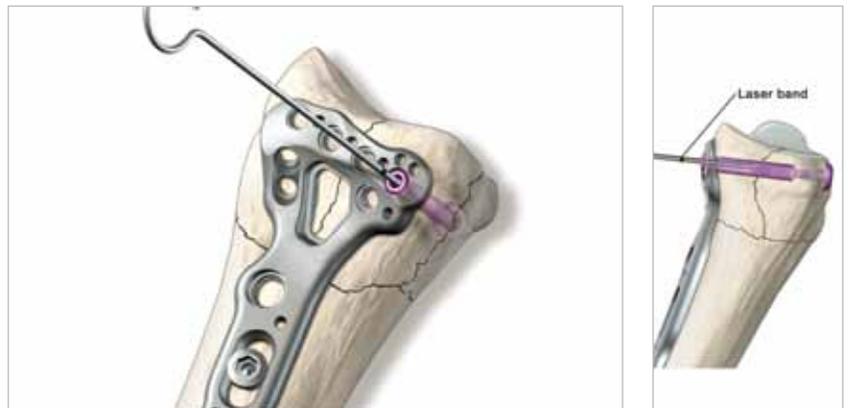
6 • Make a small incision dorsally over the guide wire and use Heiss Retractor to maintain clearance of soft tissue and tendons.

- Drive compression screw over .035" guide wire using 1.5mm fuschia cannulated driver
- Tighten screw into sleeve until desired compression is achieved.
- Ensure screw head is seated flush with bone and that tendons are clear of screw head.



7 • Remove targeting guide
• Check Frag-Loc™ thread engagement using Frag-Loc™ Depth Gauge. The depth gauge ensures that the minimum amount of threads are engaged into the sleeve.

- A visible laser band ensures acceptable thread engagement
- If laser band is not visible, tighten compression screw one revolution and recheck. Repeat until laser band is visible.



Acu-Loc® 2 Instrument Reference Chart



2.0mm Drill
80-0318



Silver Driver Handle
MS-2210



2.8mm Drill
80-0387



Ratcheting Driver Handle
80-0663



Depth Gauge
80-0623



2.5mm Hex Driver Tip
HPC-0025



.054" Guide Wire
WS-1406ST



Drill Guide for 2.0mm Drill
MS-DG23



1.5mm Hex Driver Tip
80-0728



2.8mm Drill Guide
80-0384



Targeting Guide Locking Bolt
80-0682



Targeting Guide



2.0mm/2.8mm Drill Guide
PL-2118



Optional Instruments

Optional Instruments not pictured:

- 2.3mm Screw Sleeve 80-0727
- 3.5mm Screw Sleeve MS-SS35
- Periosteal Elevator 6mm Flat Edge 80-0693
- Bone Reduction Forceps 6 3/4" 80-0723
- Heiss Retractor 80-0756
- 8" Bone Reduction Forceps MS-1280
- 15mm Hohman Retractor (baby bennett) MS-46827
- Sharp Hook PL-CL06

Plate Positioning Handle
80-0729



Fragment
Reduction Tool
80-0725



2.0mm Drill Guide
80-0249



KickStand Post
80-0731



.054" K-wire Guide
80-0688



Depth Probe
MS-DRPB



Plate Tack
PL-PTACK



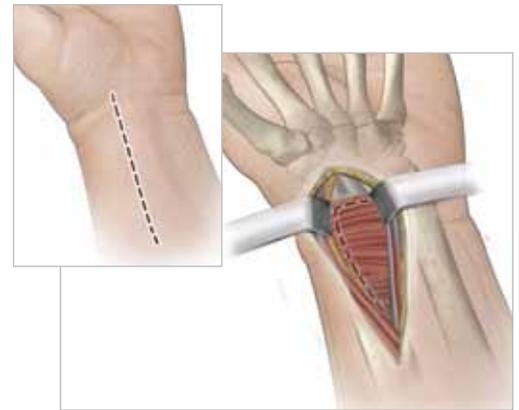
Positioning Handle
Locking Bolt
80-0738



1 Exposure:

The patient's forearm is supinated to expose the surgical site. To maximize exposure, a towel is placed under the wrist, supporting it in extension. Make a longitudinal incision approximately six centimeters in length just radial to the FCR tendon to protect against injury to the palmar cutaneous branch of the median nerve.

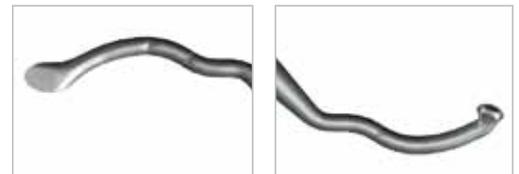
The sheath is opened and the FCR tendon is retracted radially to protect the radial artery. The FPL is identified by passive flexion/extension of the thumb interphalangeal joint and is retracted ulnarly to protect the median nerve. Next, the pronator quadratus is identified by its transverse fibers and is released radial to ulnar to expose the fracture site.



2 Fracture Reduction:

The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization of the fracture. Reduce the fracture using manual techniques; provisional stability can be achieved with K-wires and evaluated under fluoroscopy.

Fragment Reduction Tool: A unique tool designed specifically for distal radius surgery can be used for articular reconstruction. A broad mallet and narrow thin tip provide the ability to lift and position articular fracture fragments through the plate window when possible.

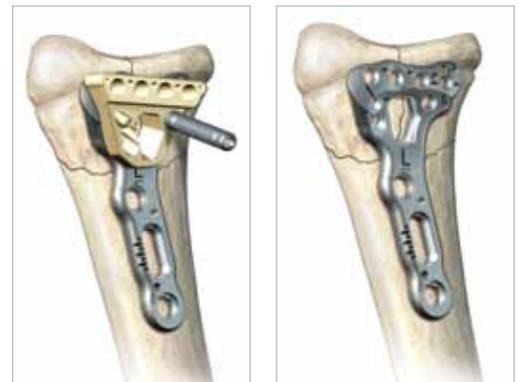


3 Plate Placement:

The plate is made to sit along the distal aspect of the radius to support articular fracture fragments. Once the appropriately sized plate is selected, attach the corresponding targeting guide using the locking bolt. The cannulated locking bolt is threaded into the proximal ulnar 2.3mm screw hole.

The plate should be placed parallel to the radial shaft.

Note: The Plate Positioning Handle can be utilized at this time for plate placement. Please refer to Page 8 for assembly and technique.



Distal Radius Fractures

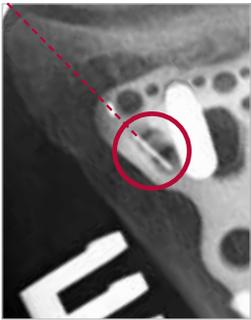


Image A1



Image A2

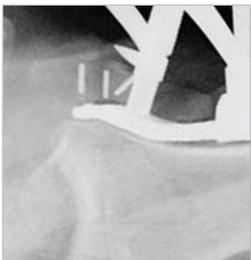


Image B1

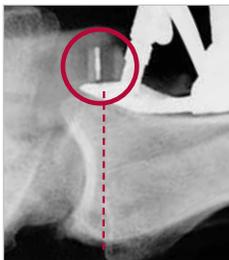
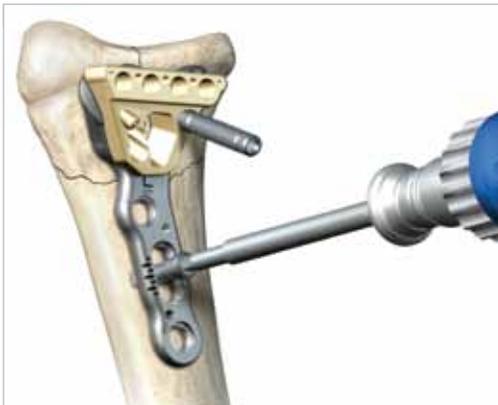


Image B2



Styloid Positioning Post: To confirm M/L plate placement, a radiopaque positioning post is utilized in an A/P view to project the trajectory of the most distal styloid screw. To evaluate styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.
Note: The K-wire can also be used to verify screw trajectory by inserting it into any of the screw holes in the targeting guide.

Distal Screw Row Positioning Posts: To confirm P/D plate placement, and K-wire placement, line up the two parallel radiopaque posts in an M/L view. A single plane is created by the goal posts beneath the subchondral bone, showing the trajectory of the distal screw row. If the aligned goal posts do not target into the joint, then the distal screw row will not either. This M/L fluoroscopic view can be achieved by lifting the hand in neutral rotation so that the forearm is 20 degrees to the OR table. The K-wire holes are also in line with the posts and distal screws of all Acu-Loc® 2 distal radius plates, allowing the surgeon to verify screw placement. The plate's position is then secured proximally with a .054" K-wire or plate tack and distally with a .054" K-wire.

4 Proximal Screw Placement:

The first screw to be placed is a 3.5mm nonlocking cortical screw through the slot in the plate. Using the 2.8mm drill and the drill guide, drill to the far cortex. Drill depth is then measured with the depth gauge. Insert a silver 3.5mm nonlocking screw. The screw may need to be downsized after the plate has been reduced down to the bone.

5 Distal Screw Holes:

Utilizing the radiopaque positioning posts in the targeting guide, the position of the plate relative to the radio-carpal articular surface can be fine tuned by sliding the plate proximally or distally under fluoroscopy. If the radiopaque posts don't target the joint, the distal K-wire's and 2.3mm screws will not either. To further assess the position of the distal 2.3mm screws relative to the radio-carpal articular surface, place a .054" K-wire through the one of the K-wire holes in the targeting guide closest to the joint and assess its location under fluoroscopy.

Upon satisfactory reduction and anatomical fit, insert the drill guide into one of the distal screw holes and drill using the 2.0mm drill. Measure screw length by using the laser mark on the drill or depth probe against the scale on the drill guide.

Note: Screw insertion of the proximal ulnar 2.3mm hole should be performed after all other distal 2.3mm screws are placed. Drilling can be performed through the locking bolt. Remove the locking bolt and utilize the drill guide and depth probe to get screw measurement.

Distal Screw Options: There are three screw options of 2.3mm screws that can be used distally: Fully-Threaded Locking Screws (gold), Smooth Locking Pegs (bronze) and Non-Toggling Screws (silver). All 2.3mm screws are inserted using the 1.5mm driver tip, sleeve and silver driver handle.

Note: An individual Locking Drill Guide is available in the system as an alternative for drilling the distal holes. Screw length can be read using the depth probe.

Styloid Screw Placement: The radial styloid screws are designed to specifically target and support the radial styloid. Insert the drill guide into either styloid hole located in the dual slot on the back of the targeting guide and continue the same screw measurement and placement process for both styloid screws.

Note: It is recommended that the distal row and the two radial styloid holes be filled with screws.

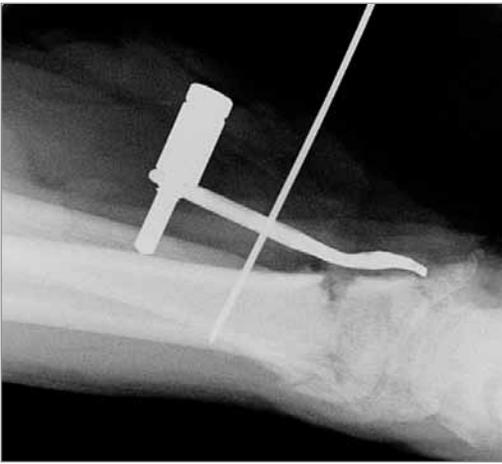
6 Proximal Screw Placement: Insert the threaded drill guide into the screw hole distal to the slot, drill with the 2.8mm drill and measure with the depth gauge. Insert the proper length 3.5mm blue locking screw using the 2.5mm driver tip, sleeve and blue driver handle. Take care that the screw does not exit the bone dorsally. Using the same process, drill and place the final locking screw.

7 Closing and Post-op Protocol Perform a thorough radiographic evaluation checking fragment reduction, alignment and screw placement. Verify that there is not a gap between the bone and the plate in the lateral view and that the distal screws have not penetrated the radiocarpal joint. Close the wound and support the wrist according to bone quality and stability.

Allow for early functional use of the hand and start immediate finger range of motion and forearm rotation postoperatively.



Acu-Loc® 2 KickStand Posts



With the introduction of the next generation of distal radius fixation, the Acu-Loc® 2 System offers a variety of innovative instrumentation. The KickStand Posts are threaded plate posts designed to assist with distal radius volar tilt correction by lifting the proximal end of the plate away from the radial shaft to form a stable platform with which to achieve distal screw fixation.

Six different KickStand Post angles are offered to assist with corrective osteotomies and dorsally displaced fractures. Five of the KickStand Posts are offered in finite increments of 5, 10, 15, 20 and 25 degrees. A fully threaded option for fractures allows for infinite corrections between 5 and 30 degrees.

During an osteotomy, the desired angular correction of the volar aspect of the distal radius determines which KickStand Post is selected. A 10 degree KickStand Post will place the proximal portion of the plate 10 degrees off of the radial shaft (and will allow for a total volar tilt adjustment of 10 degrees). The chosen KickStand Post is threaded into the locking hole just proximal of the adjustment slot of the Acu-Loc® 2 Plate prior to plate placement.



KickStand Post 5° 80-0718



KickStand Post 10° 80-0719



KickStand Post 15° 80-0720



KickStand Post 20° 80-0721



KickStand Post 25° 80-0722



KickStand Post 5-30° 80-0731

Acu-Loc® 2 Standard Volar Plate



Preoperative Images

26 year old male s/p fall on outstretched arm sustaining a comminuted intra-articular unstable fracture of the distal radius.



Intraoperative Images

The patient underwent open reduction internal fixation through a volar approach with the Acu-Loc® 2 distal radius plate



Postoperative Images

Frag-Loc™ Compression Screw with Acu-Loc® Volar Plate



Preoperative Images



Postoperative Images

Ordering Information

Acu-Loc® 2 Plates

Acu-Loc® 2 VDR Plate Standard, Left	70-0356
Acu-Loc® 2 VDR Plate Standard, Right	70-0357
Acu-Loc® 2 VDR Plate Narrow, Left	70-0358
Acu-Loc® 2 VDR Plate Narrow, Right	70-0359
Acu-Loc® 2 VDR Plate Wide, Left	70-0360
Acu-Loc® 2 VDR Plate Wide, Right	70-0361
Acu-Loc® 2 VDR Plate Standard Long, Left	70-0368
Acu-Loc® 2 VDR Plate Standard Long, Right	70-0369
Acu-Loc® 2 VDR Plate Narrow Long, Left	70-0370
Acu-Loc® 2 VDR Plate Narrow Long, Right	70-0371
Acu-Loc® 2 VDR Proximal Plate Standard, Left	70-0350
Acu-Loc® 2 VDR Proximal Plate Standard, Right	70-0351
Acu-Loc® 2 VDR Proximal Plate Narrow, Left	70-0352
Acu-Loc® 2 VDR Proximal Plate Narrow, Right	70-0353
Acu-Loc® 2 VDR Proximal Plate Wide, Left	70-0354
Acu-Loc® 2 VDR Proximal Plate Wide, Right	70-0355
Acu-Loc® 2 VDR Proximal Plate Standard Long, Left	70-0372
Acu-Loc® 2 VDR Proximal Plate Standard Long, Right	70-0373
Acu-Loc® 2 VDR Proximal Plate Narrow Long, Left	70-0382
Acu-Loc® 2 VDR Proximal Plate Narrow Long, Right	70-0383
Acu-Loc® 2 VDR Extension Plate, Neutral	70-0364
Acu-Loc® 2 VDR Extension Plate Long, Left	70-0365
Acu-Loc® 2 VDR Extension Plate Long, Right	70-0366
Acu-Loc® 2 VDR Plate Extension Link Screw	30-0093

2.3mm Screw Instrumentation

1.5mm Hex Driver Tip, Locking Groove	80-0728
2.0mm Quick Coupler Surgibit Drill	80-0318

2.3mm Locking Cortical Pegs

2.3mm x 8mm Locking Cortical Peg	CO-S2308
2.3mm x 10mm Locking Cortical Peg	CO-S2310
2.3mm x 12mm Locking Cortical Peg	CO-S2312
2.3mm x 14mm Locking Cortical Peg	CO-S2314
2.3mm x 16mm Locking Cortical Peg	CO-S2316
2.3mm x 18mm Locking Cortical Peg	CO-S2318
2.3mm x 20mm Locking Cortical Peg	CO-S2320
2.3mm x 22mm Locking Cortical Peg	CO-S2322
2.3mm x 24mm Locking Cortical Peg	CO-S2324
2.3mm x 26mm Locking Cortical Peg	CO-S2326
2.3mm x 28mm Locking Cortical Peg	CO-S2328

2.3mm Locking Cortical Screws

2.3mm x 8mm Locking Cortical Screw	CO-T2308
2.3mm x 10mm Locking Cortical Screw	CO-T2310
2.3mm x 12mm Locking Cortical Screw	CO-T2312
2.3mm x 14mm Locking Cortical Screw	CO-T2314
2.3mm x 16mm Locking Cortical Screw	CO-T2316
2.3mm x 18mm Locking Cortical Screw	CO-T2318
2.3mm x 20mm Locking Cortical Screw	CO-T2320
2.3mm x 22mm Locking Cortical Screw	CO-T2322
2.3mm x 24mm Locking Cortical Screw	CO-T2324
2.3mm x 26mm Locking Cortical Screw	CO-T2326
2.3mm x 28mm Locking Cortical Screw	CO-T2328

2.3mm Non-Toggling Cortical Screws

2.3mm x 8mm Non-Toggling Cortical Screw	CO-N2308
2.3mm x 10mm Non-Toggling Cortical Screw	CO-N2310
2.3mm x 12mm Non-Toggling Cortical Screw	CO-N2312
2.3mm x 14mm Non-Toggling Cortical Screw	CO-N2314
2.3mm x 16mm Non-Toggling Cortical Screw	CO-N2316
2.3mm x 18mm Non-Toggling Cortical Screw	CO-N2318
2.3mm x 20mm Non-Toggling Cortical Screw	CO-N2320
2.3mm x 22mm Non-Toggling Cortical Screw	CO-N2322
2.3mm x 24mm Non-Toggling Cortical Screw	CO-N2324
2.3mm x 26mm Non-Toggling Cortical Screw	CO-N2326
2.3mm x 28mm Non-Toggling Cortical Screw	CO-N2328
2.3mm x 30mm Non-Toggling Cortical Screw	CO-N2330
2.3mm x 32mm Non-Toggling Cortical Screw	CO-N2332

3.5mm Cortical Screws

3.5mm x 10.0mm Cortical Screw	CO-3100
3.5mm x 12.0mm Cortical Screw	CO-3120
3.5mm x 14.0mm Cortical Screw	CO-3140
3.5mm x 16.0mm Cortical Screw	CO-3160
3.5mm x 18.0mm Cortical Screw	CO-3180

3.5mm Locking Cortical Screws

3.5mm x 8.0mm Locking Cortical Screw	COL-3080
3.5mm x 10.0mm Locking Cortical Screw	COL-3100
3.5mm x 12.0mm Locking Cortical Screw	COL-3120
3.5mm x 14.0mm Locking Cortical Screw	COL-3140
3.5mm x 16.0mm Locking Cortical Screw	COL-3160
3.5mm x 18.0mm Locking Cortical Screw	COL-3180

3.5mm Screw Instrumentation

2.5mm Quick Release Hex Driver	HPC-0025
2.8mm x 5" Quick Release Drill	80-0387

Frag-Loc™ Screws

Frag-Loc™ Compression Sleeve	30-0370
Frag-Loc™ Compression Screw	30-0371

Frag-Loc™ Instrumentation

Frag-Loc™ 2.5mm Drill	80-0724
.035" X 5.75" ST Guide Wire	WS-0906ST
Frag-Loc™ 1.5mm Cannulated Driver Assy.	80-0758

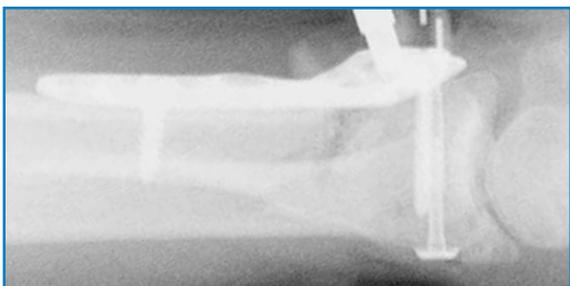
General Instrumentation

Plate Tack	PL-PTACK
.054 K-Wire Guide	80-0688
1.5mm Easyouts	80-0598
2.5mm Easyouts	80-0600

The Acu-Loc® 2 Volar Distal Radius Plating System may also be used in combination with the following Acumed® Products:

- Acu-Loc® Dorsal Plates
- Acu-Loc® VDU Plates
- Acutrak 2®
- Arc Wrist Traction Tower

These implants are available nonsterile or sterile-packed. Add -S to product number for sterile products. To order, contact your local Acumed Representative.



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