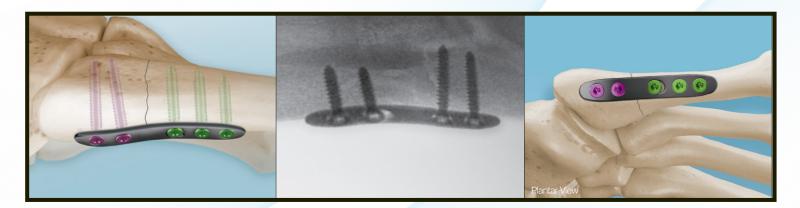
ANATOMICALLY CONTOURED 4 & 5 HOLE PLATES

5MS Plantar Plates

Plantar-lateral Tension Side Plate¹













Anatomically Contoured Plantar-lateral Tension Side Plate

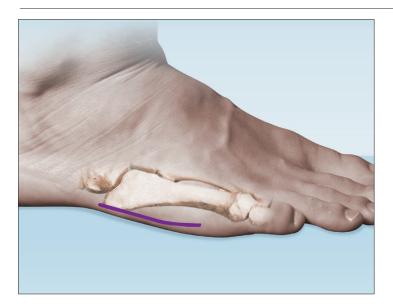
Designed for Improved Resistance to Torsion and Plantar Gapping

Applying a Compression Plate to the Tension Side of the Jones Fractures Can Help Facilitate Fracture Union, Improve Healing and Reduce Risk of Refracture.¹



5MS Plantar Plates





Incision/Exposure

• Extend a plantar-lateral incision from approximately the base of the proximal 5th metatarsal tuberosity to midshaft of the 5th metatarsal. Take care not to disrupt tendon and nerve structures. The Abductor Digiti Minimi muscle is reflected in a plantar direction. Dissect to the bone to expose the fracture.

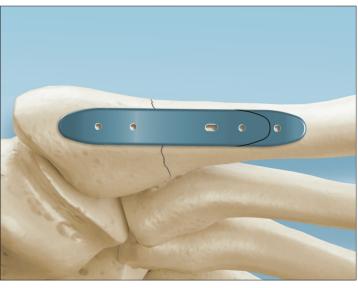


Plate and Sterile Instrument Kit Selection

- Use the Plantar Plate Trial to determine if a 4 hole or 5 hole Plantar Plate will be used. This Plate Trial has a laser mark reference for the 4 hole Plantar Plate length. The fracture should be positioned behind the solid center area of the Plate Trial.
- Determine if the regular Plantar Plate (2.4/2.7mm screws) or the large Plantar Plate (3.0/3.5mm screws) should be used.
- With appropriate plate size chosen, select the corresponding Sterile Packaged Instrument Kit for the 2.4 and 2.7mm plate screws or the 3.0 and 3.5mm plate screws.



Site Preparation

- If required, apply bone graft or demineralized bone matrix prior to compressing the fracture with the provided clamp.
- The provided 5MS Reduction Forceps can maintain alignment and compression of the fracture during provisional fixation. The barbed end should be inserted into the midshaft of the bone to the distal side of the fracture. For hard bone, use the 0.062" guide wire to puncture the lateral cortex for purchase of the barbed end of the Forceps. Spike the curved end into the proximal tuberosity and reduce the fracture.

Surgical Technique

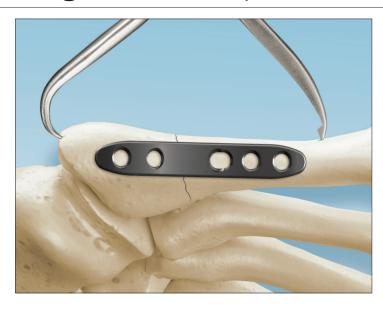
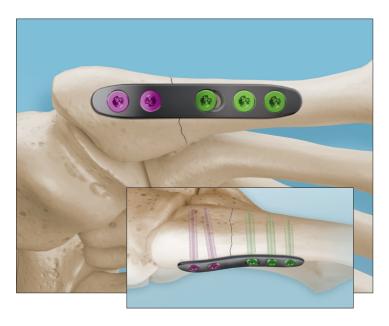


Plate Positioning

- Select and open the chosen sterile Plantar Plate.
- Place the plate on the bone with the solid section over the fracture and the compression slot to the distal side. If additional contouring is needed, use the supplied Plate Benders to anatomically form the plate. Take care not to bend across a plate hole.
- Place an Olive Wire through the most distal hole, with a second Olive Wire through the 2nd most proximal





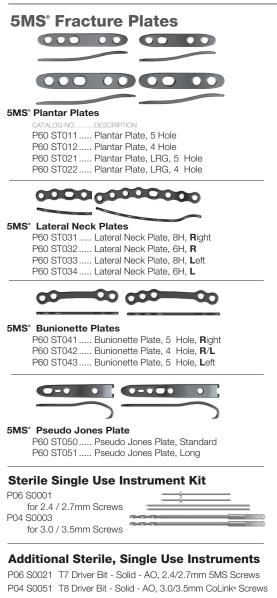
Screw Placement

- Insert the first screw into the most proximal hole (recommended non-locking to reduce the chance of plate step-off.) Using the laser marked corresponding Non-Locking Drill Guide, drill the most proximal hole aiming generally toward the 5th tarsometatarsal joint taking care to not violate the joint space.
 - Note: For the large Plantar Plate, use the 2.3mm drill (Green) for the 3.0mm screw and the 2.8 mm drill (Maroon) for the 3.5 mm screw. Depth markings on the drill can be used to estimate screw length against the top surface of the Drill Guide.
- Use the Depth Gauge for a more precise depth measurement. Size the screw short of the joint space.
- Load the screw onto correctly sized driver tip (T7 = 2.4/2.7, T8 = 3.0/3.5 Screws) and insert the screw through the Plate. Use fluoroscopy to ensure the screw has not violated the joint space. Remove the proximal Olive Wire.
- The second screw should be inserted into the compression slot. Using the Non-Locking Drill Guide (or optional Compression Drill Guide with arrow pointing proximal), drill concentric to the beveled side of the slot. Use Depth Gauge to measure for screw length. Start the Non-Locking Screw in the compression slot (approximately 1mm of compression) and remove the distal Olive Wire. Once the Olive Wire is removed continue to seat the screw. If no compression is desired, position Drill Guide into the counterbore and drill to desired depth.

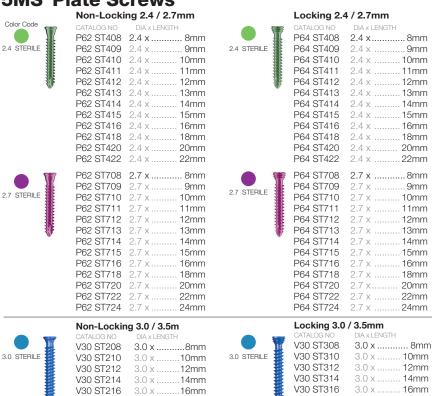
Final Implantation

- Remove the proximal Olive Wire and any provisional fixation. Finish inserting the remaining screws, locking screws are recommended.
- Close by preferred methods.

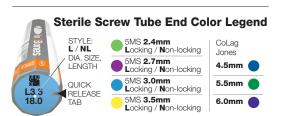
5MS Plantar Plates



5MS° Plate Screws



P06 S0031 T15 Cannulated Driver - AO, 4.5mm Jones Screws P06 S0041 T25 Cannulated Driver - AO, 5.5/6.0mm Jones Screws C01 S0018 CoLink T8 Screw Extractor



5MS° CoLag° Jones Fracture Screws

 $3.0 \times \dots 18mm$

3.0 x22mm

3.5 x8mm

 $3.5\times.....10mm$

3.5 x12mm

3.5 x14mm

3.5 x16mm

 $3.5 \times 18 mm$

3.5 x20mm

 $3.5 \times 22mm$

 $3.5 \times24 mm$

.20mm

3.0 x



P60 ST470..4.5 x 70.0mm

V30 ST218

V30 ST220

V30 ST222

V30 ST224

V35 ST208

V35 ST210

V35 ST212

V35 ST214

V35 ST216

V35 ST218

V35 ST220

V35 ST222

V35 ST224

3.5 STERILE

	3.311111	
	CATALOG NO DIA x LENGTH	
5.5	P60 ST5405.5 x 40.0mm	
	P60 ST542 5.5 x 42.5mm	
	P60 ST545 5.5 x 45.0mm	
	P60 ST547 5.5 x 47.5mm	
	P60 ST550 5.5 x 50.0mm	
	P60 ST552 5.5 x 52.5mm	
	P60 ST555 5.5 x 55.0mm	
	P60 ST557 5.5 x 57.5mm	
	P60 ST560 5.5 x 60.0mm	
	P60 ST565 5.5 x 65.0mm	
	P60 ST570 5.5 x 70.0mm	

6.0mm P60 ST640...6.0 x 40.0mm P60 ST642...6.0 x 42.5mm P60 ST645...6.0 x 45.0mm P60 ST647 ... 6.0 x 47.5mm P60 ST650...6.0 x 50.0mm P60 ST652...6.0 x 52.5mm P60 ST655 ... 6.0 x 55.0mm P60 ST657 ... 6.0 x 57.5mm P60 ST660...6.0 x 60.0mm P60 ST665 ... 6.0 x 65.0mm P60 ST670...6.0 x 70.0mm

3.0 x 18mm

3.0 x 20mm

3.0 x 22mm

 $3.0\times 24mm$

3.5 x 8mm

 $3.5 \times \dots 10mm$

3.5 x 12mm

 $3.5\times\dots\dots14mm$

 $3.5 \times \dots 16mm$

 $3.5 \times \dots 18mm$

3.5 x 20mm

3.5 x 22mm

3.5 x 24mm

V30 ST318

V30 ST320

V30 ST322

V30 ST324

V35 ST308

V35 ST310

V35 ST312

V35 ST314

V35 ST316

V35 ST318

V35 ST320

V35 ST322

V35 ST324

3.5 STERILE

All content contained herein is furnished for informational purposes only. In 2Bones does not recommend a particular surgical product or procedure suitable for all patients. Each surgeon must evaluate the appropriateness of a device and corresponding techniques based on medical training, clinical judgment and surgical experience. The proper surgical technique and/or procedure are the responsibility of the medical professional. Indications, contraindications, warnings, and precautions are listed in the implant package insert and should be reviewed carefully by the physician and operating room personnel prior to any proposed procedure. Availability of these products might vary from a given country or region to another as a result of specific local regulatory approval or clearance requirements for sale in such country or

CAUTION: Federal law (USA) restricts this device to sale and use by, or on the order of a physician.

On the cover: 1. Kevin E. Varner, Joshua D. Harris. The Proximal Fifth Metatarsal Metadiaphyseal Jones Fracture: Intramedullary Screw vs Plantar Plate. Operative Techniques in Sports Medicine, 2017; 25:2: 59-66



Corporate Headquarters

In2Bones Global, Inc. • Memphis, TN • USA **844. 602. 6637** • Info@i**2**b-USA.com

International Office In2Bones SAS • Lyon • France +33 (0)4 72 29 26 26



