

# EXACTECH | EXTREMITIES

Operative Technique



**Metatarsophalangeal Arthrodesis**



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## INTRODUCTION

EPIC Extremity foot and ankle reconstruction system allows surgeons the ability to configure trays for their specific needs through a modular implant and instrument tray design. The connect and disconnect modules easily allow surgeons to mix and match screws and plates based on implant preferences and surgical needs. The system consists of multiple plate families of different anatomical sizes and shapes, 2.7mm and 3.5mm locking and non-locking screws that mate into the plates and various instruments. All implants are made from titanium alloy (Ti6Al4V) conforming to ASTM F136.

Similarly, the EPIC Extremity ankle fracture module consists of various anatomic plate families, 4.0mm non-locking screws, as well as various instruments to assist in implanting the system. The system is also designed to accept the 2.7mm/3.5mm locking and non-locking screws and various instruments from the EPIC Extremity foot and ankle reconstruction system. All implants are made from titanium alloy (Ti6Al4V) conforming to ASTM F136.

In this specific technique, we outline how to perform an MTP Fusion using a plate and lag screw construct, however the basic technique described can be used for all plates for different applications.

The EPIC Extremity foot and ankle reconstruction system is designed in conjunction with:

- **Stephen Conti, MD** – University of Pittsburgh Medical Center
- **Gerard Cush, MD** - Geisinger Musculoskeletal Institute
- **Robert Santrock, MD** - West Virginia University School of Medicine

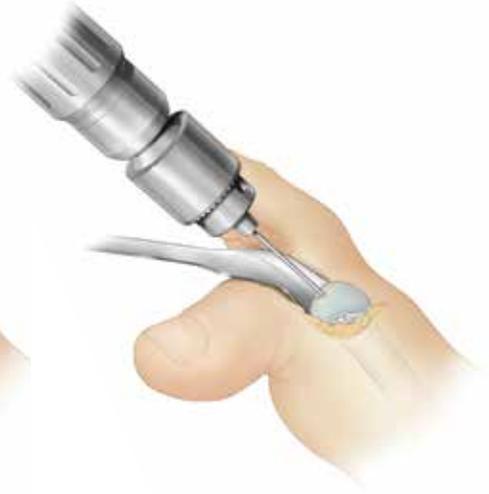
# OPERATIVE TECHNIQUE OVERVIEW



**Figure A**  
Make an Incision  
Using a Dorsal Approach



**Figure B**  
Remove Osteophytes



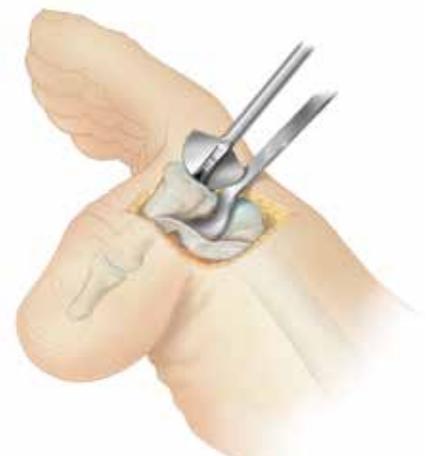
**Figure C**  
Place the 1.6mm Guidewire  
Into the Metatarsal Head



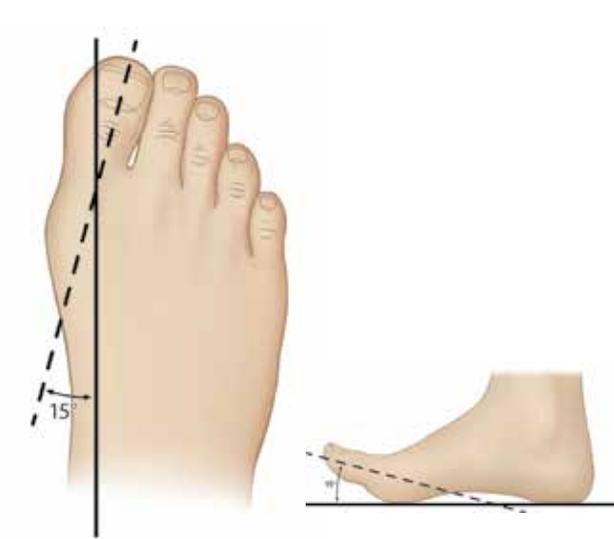
**Figure D**  
Prepare the Metatarsal



**Figure E**  
Place the 1.6mm Guidewire Into  
the Phalanx



**Figure F**  
Prepare the Phalanx



**Figure G**  
Verify Joint Articulation



**Figure H**  
Place the 1.1mm K-wire  
Across the Joint



**Figure I**  
Place the Cannulated  
Depth Guide



**Figure J**  
Drill Four Cortices



**Figure K**  
Countersink the  
Proximal Cortex

# OPERATIVE TECHNIQUE OVERVIEW



**Figure L**  
Insert the Lag Screw



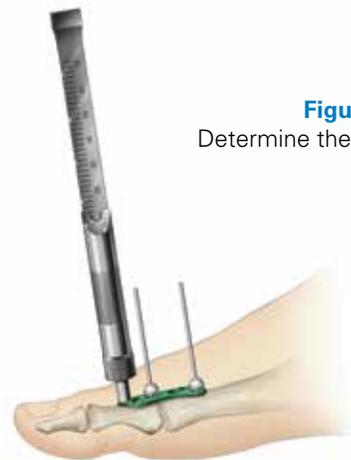
**Figure M**  
Smooth the Dorsal Bone  
with Oscillating Saw



**Figure N**  
Place a Great Toe  
Arthritis Plate



**Figure O**  
Place the Olive Pins



**Figure Q**  
Determine the Screw Length



**Figure P**  
Drill the Screw Hole



**Figure R**  
Insert All Screws



**Figure 1**

Make an Incision Using a Dorsal Approach



**Figure 2**

Remove Osteophytes

**Use a Dorsal Approach**

Using a dorsal approach, a 5-7cm incision is made longitudinally through the skin and subcutaneous layer 3mm medially to the extensor hallucis longus tendon (EHL) (*Figure 1*).

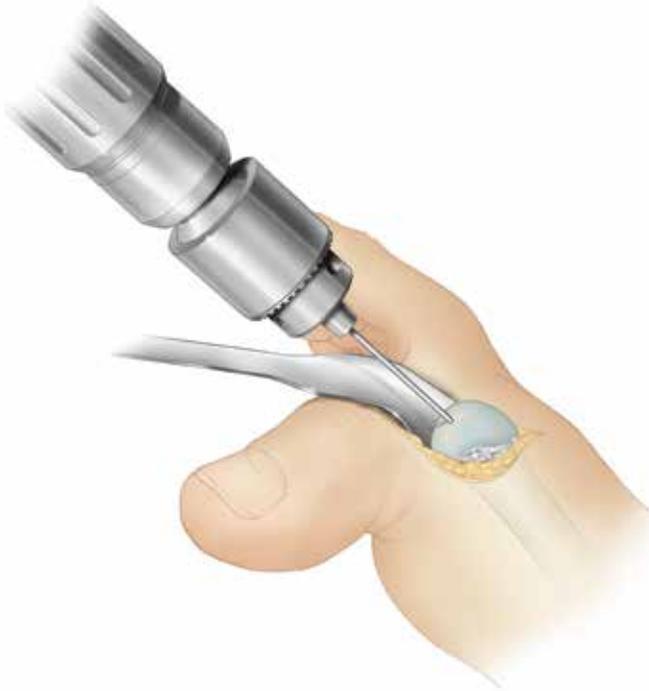
The bony anatomy is exposed by incising the capsule in line with the longitudinal incision, retracting the EHL laterally. Dissection is carried medially and laterally to release the collateral ligaments. Plantarflex the phalanx to ensure dissection gives sufficient exposure to both sides of the joint. If needed, extend dissection further medially and laterally.

**Prepare the Metatarsal**

Remove metatarsal and phalangeal osteophytes with a rongeur. Use the **MTPJ Retractor** to retract the proximal phalanx inferiorly (*Figure 2*).

## DETAILED OPERATIVE TECHNIQUE

### SURGICAL APPROACH



**Figure 3**

Place the 1.6mm Guidewire Into the Metatarsal Head



**Figure 4**

Prepare the Metatarsal

Place a **1.6mm Guidewire** down the center of the distal metatarsal with a slight dorsal and medial inclination to a depth of approximately half the length of the metatarsal (*Figure 3*).

 **Take fluoroscopic images to confirm the guidewire position through the center of the metatarsal.**

Estimate the reamer size using the Cone Reamer compared to the metatarsal head. The correctly-sized Cone Reamer will be the smallest size that is able to fit all the way around the metatarsal head.

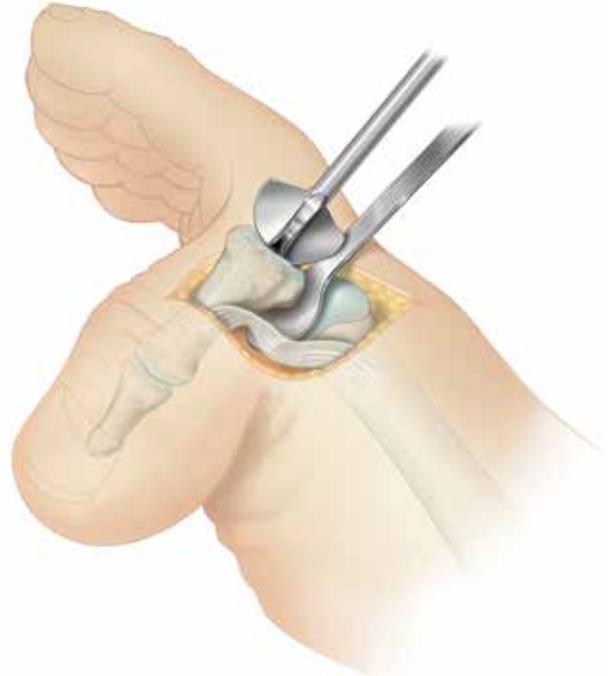
Place the appropriately-sized Cone Reamer over the guidewire and ream using power until all the cartilage is removed, and the bleeding subchondral bone is visible. Be sure to start the reamer prior to contacting the bone and to protect the skin with general operating room retractors (*Figure 4*).

Be sure to remove the ridge formed around the metatarsal head after reaming. Remove as little bone as possible while still achieving a smooth surface, to reduce excessive shortening of the hallux.

A guidewire can be used to perforate the metatarsal head.



**Figure 5**  
Place the 1.6mm Guidewire Into the Phalanx



**Figure 6**  
Prepare the Phalanx

### Prepare the Phalanx

Plantarflex the phalanx and sharply release the plantar soft tissue attachments, then place the smaller end of the **Spoon Retractor** under the phalanx. Place a **1.6mm Guidewire** down the center of the proximal phalanx, following the shaft of the bone to a depth of approximately half the length of the phalanx (*Figure 5*).

**Note:** The guidewire position is not necessarily perpendicular to the articular surface.



Take fluoroscopic images to confirm guidewire position through the center of the phalanx.

Place the **Cup Reamer** of the same size as the previously used **Cone Reamer** over the guidewire and ream using power until all the cartilage is removed, and the bleeding subchondral bone is visible. Be sure to start the reamer prior to contacting the bone. Care should be taken to remove as little bone as possible while still achieving a smooth surface (*Figure 6*).

A guidewire may be used to perforate the base of the phalanx. Bone graft can be used based on surgeon preference.

## DETAILED OPERATIVE TECHNIQUE

### SURGICAL APPROACH



**Figure 7**  
Position the Toe

#### **Insert the Lag Screw**

Check to ensure that the joint articulates freely, indicating that the surfaces are smooth and will be in proper contact when the joint is reduced. Place the plantar face of the foot against a flat surface to position the joint. Position the phalanx in a dorsiflexed and valgus position relative to the flat surface to assist with gait. Our design team recommends approximately 10-15 degrees dorsiflexion and 10-15 degrees valgus (*Figure 7*). Once proper joint position is achieved, place a provisional **1.6mm Guidewire** across the joint.

**Decision Point:** Depending on bone shape and bone stock, a **3.0mm Lag Screw** may be placed from proximal to distal or distal to proximal.



**Figure 8**  
Place 1.1mm K-wire Across the Joint



**Figure 9**  
Place the Cannulated Depth Guide

After determining which method will be used, place the **1.1mm Guidewire** either from the metatarsal head-neck junction into the plantar-lateral proximal phalanx or from the medial aspect of the phalangeal base-shaft junction to the plantar-lateral metatarsal (*Figure 8*).

Once the desired joint and guidewire position is achieved, the **Cannulated Depth Guide** can be placed over the guidewire and placed down to the bone (*Figure 9*).

The position of the proximal end of the guidewire within the Cannulated Depth Guide will indicate the length of screw needed.

**Note:** Care should be taken to make sure that the screw is placed long enough so that the threads cross the fusion site.

## DETAILED OPERATIVE TECHNIQUE

### SURGICAL APPROACH



**Figure 10**  
Drill Four Cortices



**Figure 11**  
Countersink the Proximal Cortex

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Place the **2.2mm Drill Bit** over the guidewire and drill across all four cortices (*Figure 10*).

#### **Countersink the Proximal Cortex**

Place the **3.0/3.5 Headed Countersink** over the guidewire, and countersink the proximal cortex by hand, as needed, to reduce screw head prominence (*Figure 11*).



**Figure 12**  
Insert the Lag Screw



**Figure 13**  
Smooth the Bone with Oscillating Saw

### Insert the Lag Screw

Place a 3.0mm Headed Screw of the determined length over the guidewire (*Figure 12*). Advance into the bone, tightening by hand with the screwdriver, so that the surgeon can assess the bone quality and compression achieved by fully seating the screw head against the cortical bone.

**Note:** The cannulated screws and drill bits have corresponding colors to indicate compatibility.

Remove the 1.6mm Guidewire.



Using multiplanar fluoroscopic images, assess the screw position. Ensure the threads are all in the metatarsal for a distal-to-proximal screw or in the phalanx for a proximal-to-distal screw.

To prepare the bone for the **Dorsal Plate**, carefully smooth the dorsal face of the metatarsal and phalanx with a micro-oscillating saw (*Figure 13*).

## DETAILED OPERATIVE TECHNIQUE

### SURGICAL APPROACH



**Figure 14**

Place a Great Toe Arthritis Plate



**Figure 15**

Place the Olive Pins

#### **Place a Great Toe Arthritis Plate**

Select a **Great Toe Arthritis Plate** based on patient anatomy and surgeon preference. The recommended technique is to use a plate with a compression slot. The plate bending tool may be used to more accurately match plate contour to patient anatomy (*Figure 14*).

**Note:** The Great Toe Arthritis Plates are designed with a curvature, accounting for valgus positioning of the phalanx when the plate is placed with the laser etched dot on the lateral side.

**Note:** A 2.7mm and 3.5mm Locking and Non-Locking Screws can be used with any of the plates. It is recommended to use 2.7mm screws, except in the case of poor bone quality or large patients.

Once the compression slot plate is in the desired position with the joint line between the compression slots, place the **Olive Pins** in the compression slot of the phalanx and the proximal threaded hole on the metatarsal to provisionally place the plate (*Figure 15*).



**Figure 16**  
Drill the Screw Hole



**Figure 17**  
Determine the Screw Length

Use a solid drill and drill guide to drill a screw hole across two cortices, under power, through one of the threaded holes on the phalangeal side (Figure 16).

**Note:** The **Locking Drill Guide** screws into the plate and facilitates a straight hole, whereas using the **Double-Ended Drill Guide**, a screw can be placed within a 25° degree cone to avoid hardware. The **2.0 Drill** is used for the **2.7mm screws**, and the **2.7mm Drill Bit** is used for the **3.5mm screws**. The **Double-Ended Drill Guide** is labeled to identify which side is used with each drill.

**Note:** The **Locking** and **Non-Locking Screws** and drill bits have corresponding colors to indicate compatibility.

Use the **Solid Depth Guide** to determine the length of the screw, by extending the tip beyond the second cortex and pulling it back until it catches against the cortex. The screw length is indicated based on the closest graduation to the proximal end of the depth guide body (Figure 17).

## DETAILED OPERATIVE TECHNIQUE

### SURGICAL APPROACH



**Figure 18**  
Insert Non-Locking Screws



**Figure 19**  
Insert All Screws

#### Insert Screws

Insert a Non-Locking Screw by hand using the **Solid T15 Screwdriver** and the **Ratchet Handle**. When using a plate with a compression slot, the hole in the slot used for compression should be drilled through the side of the slot farther from the joint. It is recommended to use the compression slot on the metatarsal side (*Figure 18*).

Drill a hole eccentrically in the compression slot using the **Double-Ended Drill Guide**. The distance of the drilled hole from the distal end of the slot will dictate the amount of compression provided.

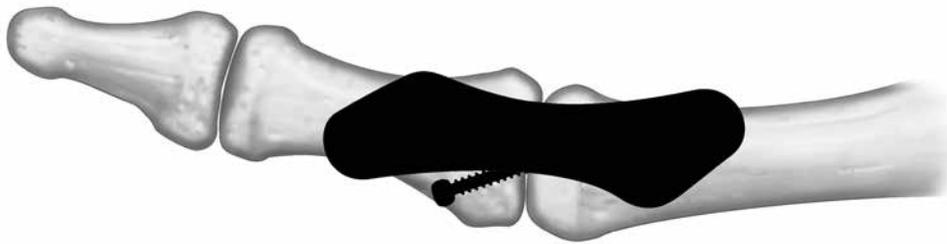
Measure the depth of the screw hole.

Place a Non-Locking Screw by hand using the Solid T15 Screwdriver and the Ratchet Handle. The plate will slide proximally upon tightening of the screw.

Remove the Olive Pins.

Repeat the process of drilling, measuring, and placing a Non-Locking Screw on the compression slot. Ensure the Non-Locking Screw is placed toward the proximal end of the phalangeal compression slot.

Repeat the process of drilling, measuring, and placing locking screws on all the remaining threaded holes (*Figure 19*).



**Figure 20**

Take a Fluoroscopic Image

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**Take Final Fluoroscopic Image**



Take a final fluoroscopic image to confirm correct implant placement (*Figure 20*).

**Close the Incision**

Close the incision with sutures based on surgeon's preferred technique.

## INSTRUMENT & IMPLANT LISTING

### 3.0/3.5 HEADLESS SCREW KIT (KIT-EP\_3035)

#### Implants

Catalog Number	Part Description
1000-3016	Cannulated Screw, 3.0mm x 16mm
1000-3018	Cannulated Screw, 3.0mm x 18mm
1000-3020	Cannulated Screw, 3.0mm x 20mm
1000-3022	Cannulated Screw, 3.0mm x 22mm
1000-3024	Cannulated Screw, 3.0mm x 24mm
1000-3026	Cannulated Screw, 3.0mm x 26mm
1000-3028	Cannulated Screw, 3.0mm x 28mm
1000-3030	Cannulated Screw, 3.0mm x 30mm
1000-3032	Cannulated Screw, 3.0mm x 32mm
1000-3034	Cannulated Screw, 3.0mm x 34mm
1000-3036	Cannulated Screw, 3.0mm x 36mm
1000-3520	Cannulated Screw, 3.5mm x 20mm
1000-3522	Cannulated Screw, 3.5mm x 22mm
1000-3524	Cannulated Screw, 3.5mm x 24mm
1000-3526	Cannulated Screw, 3.5mm x 26mm
1000-3528	Cannulated Screw, 3.5mm x 28mm
1000-3530	Cannulated Screw, 3.5mm x 30mm
1000-3532	Cannulated Screw, 3.5mm x 32mm
1000-3534	Cannulated Screw, 3.5mm x 34mm
1000-3536	Cannulated Screw, 3.5mm x 36mm
1000-3538	Cannulated Screw, 3.5mm x 38mm
1000-3540	Cannulated Screw, 3.5mm x 40mm
1000-0035	Washer, 3.0/3.5



#### Instruments

1100-0110	Non-Threaded Guide Wire, 1.1mm x 150mm
1100-0160	Non Threaded Guide Wire, 1.6mm x 150mm
1100-2200	Cannulated Drill Bit, Quick Connect, 2.2mm x 115mm
1100-2600	Cannulated Drill Bit, Quick Connect, 2.6mm x 115mm
1100-0000	Handle with Quick Connect
1100-0004	Small Ratchet Handle with Quick Connect
1100-0010	Cannulated Screwdriver, Size T10
1100-0001	Cannulated Depth Guide
1100-3035	Cannulated Countersink, 3.0/3.5



**CORE TRAY (KIT-EP\_CORE)**

*Implants*

Catalog Number	Part Description
2000-2710	2.7 Locking Screw x 10mm
2000-2712	2.7 Locking Screw x 12mm
2000-2714	2.7 Locking Screw x 14mm
2000-2716	2.7 Locking Screw x 16mm
2000-2718	2.7 Locking Screw x 18mm
2000-2720	2.7 Locking Screw x 20mm
2000-2722	2.7 Locking Screw x 22mm
2000-2724	2.7 Locking Screw x 24mm
2000-2726	2.7 Locking Screw x 26mm
2000-2728	2.7 Locking Screw x 28mm
2000-2730	2.7 Locking Screw x 30mm
2001-2710-N	2.7 Non-Locking Screw x 10mm
2001-2712-N	2.7 Non-Locking Screw x 12mm
2001-2714-N	2.7 Non-Locking Screw x 14mm
2001-2716-N	2.7 Non-Locking Screw x 16mm
2001-2718-N	2.7 Non-Locking Screw x 18mm
2001-2720-N	2.7 Non-Locking Screw x 20mm
2001-2722-N	2.7 Non-Locking Screw x 22mm
2001-2724-N	2.7 Non-Locking Screw x 24mm
2001-2726-N	2.7 Non-Locking Screw x 26mm
2001-2728-N	2.7 Non-Locking Screw x 28mm
2001-2730-N	2.7 Non-Locking Screw x 30mm
2000-3510	3.5 Locking Screw x 10mm
2000-3512	3.5 Locking Screw x 12mm
2000-3514	3.5 Locking Screw x 14mm
2000-3516	3.5 Locking Screw x 16mm
2000-3518	3.5 Locking Screw x 18mm
2000-3520	3.5 Locking Screw x 20mm
2000-3522	3.5 Locking Screw x 22mm
2000-3524	3.5 Locking Screw x 24mm
2000-3526	3.5 Locking Screw x 26mm
2000-3528	3.5 Locking Screw x 28mm
2000-3530	3.5 Locking Screw x 30mm
2000-3532	3.5 Locking Screw x 32mm
2000-3534	3.5 Locking Screw x 34mm
2000-3536	3.5 Locking Screw x 36mm
2000-3538	3.5 Locking Screw x 38mm
2000-3540	3.5 Locking Screw x 40mm
2000-3545	3.5 Locking Screw x 45mm
2000-3550	3.5 Locking Screw x 50mm



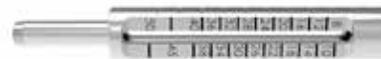
## INSTRUMENT & IMPLANT LISTING

2001-3510-N	3.5 Non-Locking Screw x 10mm
2001-3512-N	3.5 Non-Locking Screw x 12mm
2001-3514-N	3.5 Non-Locking Screw x 14mm
2001-3516-N	3.5 Non-Locking Screw x 16mm
2001-3518-N	3.5 Non-Locking Screw x 18mm
2001-3520-N	3.5 Non-Locking Screw x 20mm
2001-3522-N	3.5 Non-Locking Screw x 22mm
2001-3524-N	3.5 Non-Locking Screw x 24mm
2001-3526-N	3.5 Non-Locking Screw x 26mm
2001-3528-N	3.5 Non-Locking Screw x 28mm
2001-3530-N	3.5 Non-Locking Screw x 30mm
2001-3532-N	3.5 Non-Locking Screw x 32mm
2001-3534-N	3.5 Non-Locking Screw x 34mm
2001-3536-N	3.5 Non-Locking Screw x 36mm
2001-3538-N	3.5 Non-Locking Screw x 38mm
2001-3540-N	3.5 Non-Locking Screw x 40mm
2001-3545-N	3.5 Non-Locking Screw x 45mm
2001-3550-N	3.5 Non-Locking Screw x 50mm



### Instruments

Catalog Number	Part Description
1100-0160	Guidewire, 1.6mm x 150mm
2100-0160	1.6 Olive Pin
1100-0000	Handle with Quick Connect
1100-0004	Ratchet Handle, Small
2100-0001	Solid Depth Guide
2100-0002	Locking Drill Guide
2100-0015	Solid Screwdriver, Size T15
2100-2000	2.0mm Solid Drill Bit
2100-2027	2.0/2.7 Double-Ended Drill Guide
2100-2700	2.7mm Solid Drill Bit



## GREATTOE ARTHRITIS INSERT (KIT-EP\_GT)

### Implants

Catalog Number	Part Description
2000-1000	Small MTPJ Plate
2000-1001	MTPJ Plate
2000-1002	Small Slotted MTPJ Plate
2000-1003	Slotted MTPJ Plate



### Instruments

## INSTRUMENT & IMPLANT LISTING

2100-1016	16mm Cup Reamer
2100-1017	16mm Cone Reamer
2100-1018	18mm Cup Reamer
2100-1019	18mm Cone Reamer
2100-1020	20mm Cup Reamer
2100-1021	20mm Cone Reamer
2100-1022	22mm Cup Reamer
2100-1023	22mm Cone Reamer
2100-1015	Custom MTPJ Retractor



### HALLUX VALGUS (KIT-EP\_HV)

#### Implants

Catalog Number	Part Description
2000-2000	Opening Wedge Plate, 0
2000-2002	Opening Wedge Plate, 2
2000-2003	Opening Wedge Plate, 3
2000-2004	Opening Wedge Plate, 4
2000-2005	Opening Wedge Plate, 5
2000-3000	Butterfly Plate, 0
2000-3002	Butterfly Plate, 2
2000-3003	Butterfly Plate, 3
2000-3004	Butterfly Plate, 4
2000-3005	Butterfly Plate, 5
2000-4000	Lapidus Plate
3000-1010	Akin Staple 10 x 10
4000-0011	2.0 Snap-Off Screw x 11
4000-0012	2.0 Snap-Off Screw x 12
4000-0013	2.0 Snap-Off Screw x 13
4000-0014	2.0 Snap-Off Screw x 14



#### Instruments

2100-2009	Spreader
3100-0000	Akin Staple Instrument
4100-0001	Snap-Off Driver



## INSTRUMENT & IMPLANT LISTING

### MIDFOOT/FLATFOOT (KIT-EP\_MF)

#### Implants

Catalog Number	Part Description	
2000-5000	Straight Plate	
2000-5001	Offset Plate	
2000-5002	Extended Butterfly	
2000-6000	Xplate, 30mm	
2000-6001	Xplate, 33mm	
2000-6002	Xplate, 36mm	
2000-6003	Double Xplate, 60mm	
2000-6004	Double Xplate, 67mm	

### ANKLE FRATURE (KIT-EP\_AFX)

#### Implants

Catalog Number	Part Description	
2000-2710	2.7 Locking Screw x 10mm	
2000-2712	2.7 Locking Screw x 12mm	
2000-2714	2.7 Locking Screw x 14mm	
2000-2716	2.7 Locking Screw x 16mm	
2000-3510	3.5 Locking Screw x 10mm	
2000-3512	3.5 Locking Screw x 12mm	
2000-3514	3.5 Locking Screw x 14mm	
2000-3516	3.5 Locking Screw x 16mm	
2000-7001	Medial Tab Plate	
2000-7002	Medial Hook Plate	
2000-7003	UnivLat Fib Plate - STD	
2000-7004	Univ Lat Fib Plate - Lg	
2000-7005	Univ Lat Fib Plate - XL	
2000-7006	Right Lat Fib Plate - Std	
2000-7007	Right Lat Fib Plate - Long	
2000-7008	Right Lat Fib Plate - XLong	
2000-7009	Left Lat Fib Plate - STD	
2000-7010	Left Lat Fib Plate - Long	
2000-7011	Left Lat Fib Plate - Xlong	
2000-7012	Posterior Plate - Std	
2000-7013	Posterior Plate, Long	

2000-7014	Straight Plate - 6 Hole
2000-7015	Straight Plate - 8 Hole
2000-7016	Straight Plate - 10 Hole
2000-7017	Straight Plate - 12 Hole
2000-7018	Straight Plate -14 Hole
2000-7019	UnivRecon Plate - 9 Hole
2000-7020	UnivRecon Plate - 11 Hole
2000-7021	UnivRecon Plate - 13 Hole
2000-7022	UnivRecon Plate - 15 Hole
2000-7023	UnivRecon Plate - 17 Hole
2000-7024	Straight Plate Contrd - 6 Hole
2000-7025	Straight Plate Contrd - 8 Hole
2000-7026	Straight Plate Contrd - 10 Hole
2000-7027	Straight Plate Contrd - 12 Hole
2000-7028	Straight Plate Contrd - 14 Hole



2000-7029                      Syndesmosis Plate



2001-4045	4.0 No-Lock Screw x 45mm
2001-4050	4.0 No-Lock Screw x 50mm
2001-4055	4.0 No-Lock Screw x 55mm
2001-4060	4.0 No-Lock Screw x 60mm



*Instruments*

2100-7000                      Impactor, Hook Plate



2100-7001                      Hook Plate Drill Guide



## INDICATIONS FOR USE

### INDICATIONS FOR USE

The EPIC Extremity fracture module is indicated for use in stabilization of fresh fractures, revision procedures, joint fusion, and reconstruction of small bones of the hand, feet, wrist, ankles, fingers, and toes. The system can be used in both adult and pediatric patients. The plates/screws are intended for single-use only.

### CONTRAINDICATIONS FOR USE

- Patients where there is an active infection
- Possibility for conservative treatment
- Patients with malignant primary or metastasis tumors which preclude adequate bone support or screw fixations, unless supplemental fixation or stabilization methods are utilized.
- Growing patients with open epiphyses
- Insufficient quantity or quality of bone to permit stabilization of the arthrodesis
- Suspected or documented metal allergy or intolerance

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