


## Acumed distal radius technique guide

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Thank you for using our services. We are a non-profit group that manages this document-sharing service. We need your help to maintain and improve this site. To keep our site running, we need your help to cover our server costs (about \$500/m), a small donation will help us a lot. Please help us share our service with your friends. A two-room shackled compression screw for the dorsal comminution, which gives surgeons the opportunity for persistent spinal compression through a small dorsal incision. Optimized design to accurately reproduce the anatomical contours of the distal radius and assist in restoring its natural geometry. Optimized design to accurately reproduce the anatomical contours of the distal radius. Acumed Acu-Loc 2 Plating System is a new generation solution in coating fixing that focuses on complete implant options and orderly surgical process. This comprehensive system includes several families of plates to give surgeons the freedom to choose between distal or proximal sit-up plates, three different plate extension options and a fragment of specific coating options. The system also includes devices for placing plates and managing fractures. This collection of published literature is a clinical data that, along with innovation, education and quality, form the foundations of Acumed's best practices. In addition to quoting existing scientific papers, we conduct ongoing clinical research and use this information to test and continuously improve to deliver the greatest value to our customers. Fixing the dorsal plate using a dorsal approach gives the benefits of direct imaging and reducing spino-ular fragment. However, hardware associated with extensor tendon irritation, weak strength fixing of the spinal screw, and technical difficulties are the main limitations of the dorsal plate fixation. Recently, Frag-Loc compression screw (Acumed, Hillsboro, OR, USA) has become available. This screw system was designed to immobilize the dorsal bone fragment of the distor fracture radius using a palm lockable plate. In this case, we evaluate the radiographic and clinical outcomes of the operation using the Frag-Loc compression screw with palm fixation to fix the distal radius of fractures, which include a displaced fragment of the spino-ular. PurposeThe purpose of this study is to evaluate the radiographic and clinical outcomes of the frag-loc compression screw with palm plate fixation on the distal radius fractures that include a displaced spinal fragment. Patients and MethodsThis retrospective comparative study received 48 which had an unstable fracture of the dist radius and dorso-ular fragment, which was more than 2 mm displaced and which involved more than a quarter of the surface of the joints. Twenty-six of the 48 patients were treated with palm-blocking plates without Frag-Loc compression screw (group 1) and 22 patients were treated with a palm locking plate with a Frag-Loc compression screw to correct a fragment of spino-ular (group 2). First, we looked at all pre-surgical computerized tomographic (CT) scans. Secondly, we used the gap distance between the spino-ular and the palm fragment, as seen on the postoperative axes and sagittal CT to determine the result. The distance of the gap was measured at the maximum distance perpendicular to the plane of the main line of fracture. Clinical outcomes were assessed based on the patient-grade wrist rating (PRWE); Disability of the arm, shoulder and arm score; Wrist active range of motion; and a clutch of power. There were no statistically significant differences in clinical outcomes between the two groups. However, there are statistically significant differences in the distance of the postoperative gap. The average postoperative gap distances for group 1 were 1.3 mm (range 0.2-3.8 mm) per CT and 1.4 mm (range 0.5-2.4 mm) on the sagatal scan, while the average postoperative gap distances for group 2 were 0.7 mm (0.7-1.6 mm) and 0.7 mm (range 0.3-1.1 mm). Conclusion This study shows that frag-loc compression screw can reduce the gap in distance between the dorsal fragment and the distal radius, according to the evaluation of postoperative axial and sagittal CT. This result suggests that the Frag-Loc compression screw is an effective and simple treatment option for immobilizing a fragment of spino-ular associated with a fractured distal radius. Lee J, Cho J, Lee S. Effect of the frag-lock compression screw on the distal fracture radius with a displaced spino-ular fragment. Arch Orthopedic Injury Surg. 2015;135(9):1315-1321. Download the key PDF publication Nathan Edwin Leslie, MD uses the Acumed Acu-Loc 2 Wrist Plating System to treat a 63-year-old woman who presented with a chronic malunion distal radius from fracture treatment inoperable five years ago. The distal excision of the ulnar liner was previously performed for the rai-carpal impact... View all case studies involving the Acu-Loc 2 Standard, Variable Angle Lock, Fragment Specific and Enhanced Plates address various fracture models. The distal screw range is designed for subchondrial support, while two stilo- screws are aimed at the radial column. The elbow angle of the plate offers seam holes to address small volar fragments. The patented two-phase shackled compression screw is designed to compress the dorsal fragments. Innovative devices include a radio package-labeled targeting guide that allows you to visualize expected screw trajectories. Kickstand posts are offered for the distic first reduction and correction of osteotomy procedures. Offer surgeons the opportunity any of the long and wide Volar Distal Radius Proximal slabs up to 176 mm. (mobile users click to show/animate) Review of the animated version of Acumed's Acumed's surgical method of implantation of Aku-Lok 2 Volar distal radial plate, designed to fix the fracture and osteotomy of the distal radius. Watch more videos featuring Acu-Loc 2 Acumed Distal Radius Fragment Specific (DRFS) plates designed to independently address fractures of intermediate and radial columns. Modular nature plates, which include the Dorsal Rim Buttress Plate, the Dorsal Lunate Plate, the Volar Lunate suture plate, and the divergent radial stilloid plate, allows the compression of fracture fragments from several directions. Divergent radial stilloid slab of the support of the radial column. The targeted placement of the distive screw is designed to provide subchondrial bone support, with one screw targeting the dorsal edge of the sigmoid noting and the other targeting the volar rim. In addition, fixed-angle propeller trajectories are designed to avoid a sigmoid pit by minimizing the penetration of a distalar radioulnar joint. The Dorsal Lunate plate is designed to support fracture patterns that include the dorsal sleepwalking aspect of the dist radius and sigmoid noting. The Lunate dorsal plate can be inserted through a smaller incision than the standard dorsal approach. For added stability, the three plate screws are designed to target the subchondrial bone and support the sleepwalk aspect. The Dorsal Rim Buttress Plate, designed for distable radius fractures, is located on the dorsal ulnar side of the radius. The plate expands radially to support the dorsal lip comminution and support of the dorsal fragments. The three screws are designed to target the subchondrial bone and support the sleepwalking aspect, while the screw can be inserted by the ulnar to the radial for further radial stenoid support. Volar Lunate's seamstow plate supports the volar with an ulnar angle of the dual radius. Built-in seam holes allow you to use seams with a plate to capture small fragments of joints. The distal placement of the plate can maximize the volar of the ulnar lip support, while the three screws target the subchondrial bone to support the sleepwalking aspect. Nathan Edwin Leslie, MD uses Acumed Acu-Loc 2 Wrist Plating System to treat a 63-year-old woman who presented with a chronic distal radius defect from a fracture treatment inoperable five years ago. The distal excision of the ulnar liner was previously performed for the rai-carpal impact... View all the case studies involving Acu-Loc 2 Acumed Acu-Loc 2 Standard Volar Distal Radius plates have an optimized design to closely reproduce the anatomical contours of the distal radius and help in restoring its natural geometry. Other optimized features include a lower profile, polished finish, which can help minimize soft tissue irritation, and elbow screws, extra seam holes, and added K-wire holes for pre-fixation. Acumed Acu-Loc 2 Proximal Volar Distal Radius (VDR) Plates are designed for distal fracture radius and osteotomy, as well as diaphysical fractures. Customizable plate length and width variants allow the size of different patient anatomy. In addition, converging ulnar screws, seam holes, and K-wire holes were included to support the volar ulnar lip and sleepwalk aspect. 2.3 mm variable angle screws can also be used with this family plate. Acumed Acu-Loc 2 Expansion plate is designed to lock Acu-Loc 2 Proximal VDR plates to provide tight fixation of segmental fractures of the dist radius that extend to the diaphysical area. The proximal end of the plate narrows and the subsurface is designed for limited contact with the bone. The Frag-Loc compression screw is a two-part cannula compression screw for the dorsal comminution, giving surgeons the opportunity for persistent spinal compression through a small dorsal incision. In addition, the subsurface geometry of the screw head allows you to adjust the purchase in the dorsal fragment, while designed to minimize hardware notoriety. Acumed variable angle lock screws can help in capturing specific fragments or placing changes in the patient's anatomy. They can be used in any distal hole of any of the golden color Acu-Loc 2 Proximal VDR plates or Acu-Loc Extra joint plates. The screws allow a total variance of 5 mm or 15 degrees. Find the nearest acumed Rep

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