GRAPHIC DESIGN

Portfolio

CAITLIN WIERSMA • 2018 - 2026

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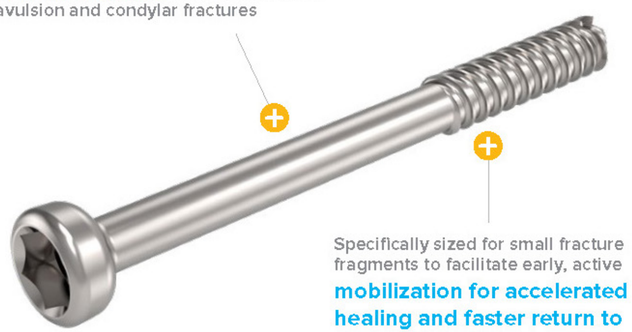
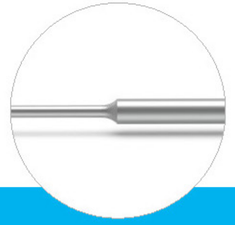
NanoPhix™ Cannulated Lag Screw

Cannulated, 1.5 mm diameter design
allows simple and precise fixation of small fracture fragments such as avulsion and condylar fractures

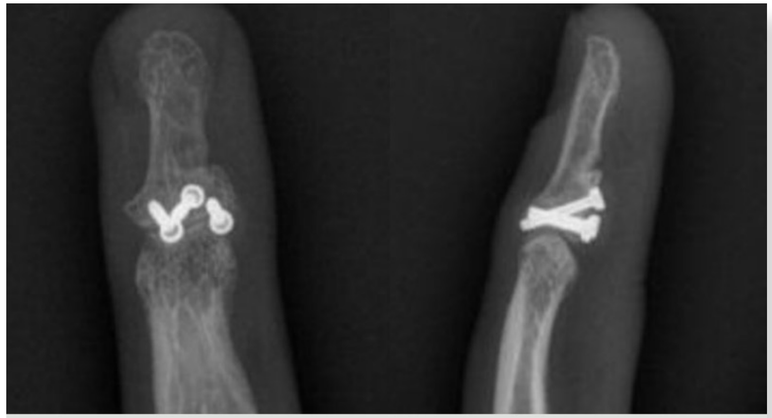


Specifically sized for small fracture fragments to facilitate early, active **mobilization for accelerated healing and faster return to daily activities**

Innovative dual-diameter guide wire eliminates the need for drilling, simplifying a more precise implant placement



A New Standard for Fracture Fragment Fixation



View More X-rays
go.acumed.net/NanoPhix-Xrays

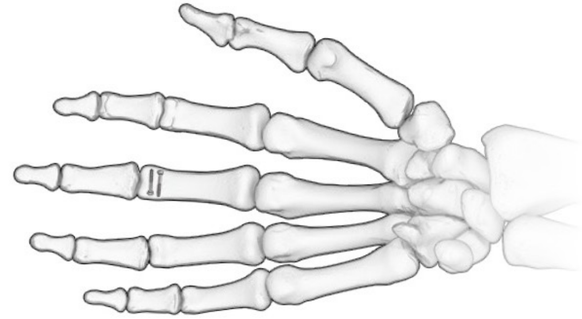
System Features

Depth gauge features a countersink tip to minimize screw head prominence.

Specifically sized for small fracture fragments to facilitate early, active mobilization for accelerated healing and faster return to daily activities

Cannulated, 1.5 mm diameter design allows simple and precise fixation of small fracture fragments such as avulsion and condylar fractures

Innovative dual-diameter guide wire eliminates the need for drilling, simplifying a more precise implant placement



Visit: go.acumed.net/NanoPhix
to Explore NanoPhix and CPT Codes

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SPF10-28-A | Effective: 2024/11 |

https://www.acumed.net/wp-content/uploads/2024/12/Acumed-Brochure-EN-NanoPhix-SPF10-28-A.pdf

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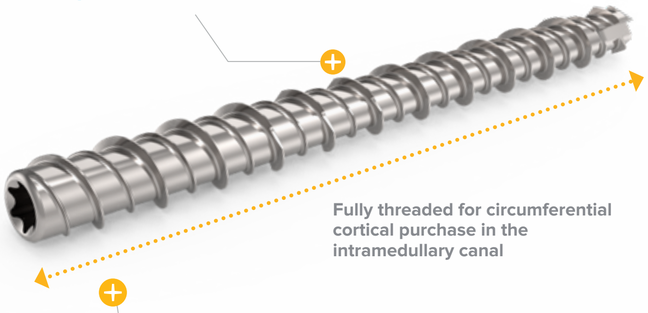
INnate™

Intramedullary Threaded Nail System

Dual diameter design facilitates passage through metacarpal isthmus, **providing optimal canal fill for stable fixation**



Fully threaded for circumferential cortical purchase in the intramedullary canal

Non-compressive design **avoids shortening in oblique or comminuted fractures**

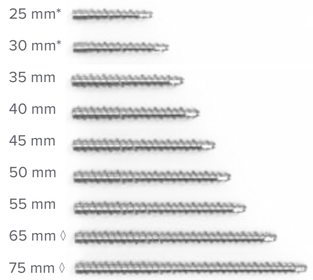
A New Standard For Metacarpal Fracture Fixation

INnate™ Intramedullary Threaded Nail

INnate is an intramedullary threaded nail designed specifically for metacarpal fractures to provide surgeons with a reliable solution through a simple, minimally invasive approach. The robust length offering with a differential diameter design is intended to accurately fit the intramedullary canal and to create stable fixation and precise reduction for all types of metacarpal fractures.

The INnate Intramedullary Threaded Nail System is intended for fixation of intra-articular and extra-articular fractures and nonunions of small bones and small bone fragments; arthrodesis of small joints; bunionectomies and osteotomies, including scaphoid and other carpal bones, metacarpals, tarsals, metatarsals, patella, ulnar styloid, capitellum, radial head, and radial styloid.

INnate Sizes



3.6 mm Diameter

25–55 mm
5 mm increments

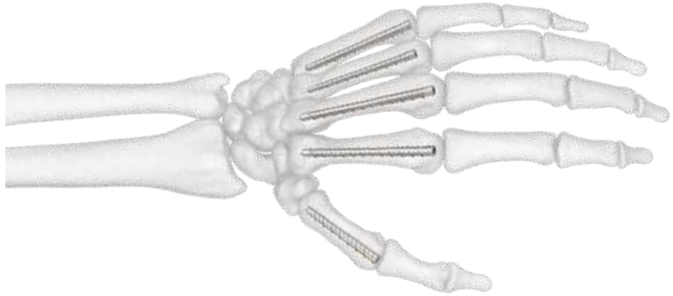
4.5 mm Diameter

35–55 mm
65 & 75 mm
5 mm increments

* 25 mm and 30 mm lengths only available in 3.6 mm diameter
◊ 65 mm and 75 mm lengths only available in 4.5 mm diameter

Both Implant and instrument kits are sterile

Contact Your Local Sales Rep for More Information



Designed to revolutionize hand surgery

Learn More About INnate

go.acumed.net/INnate

HNW00-18-B | Effective: 2023/12 |

https://www.acumed.net/wp-content/uploads/2023/06/Acumed-Brochure-EN-INnate-HNW00-18-B.pdf

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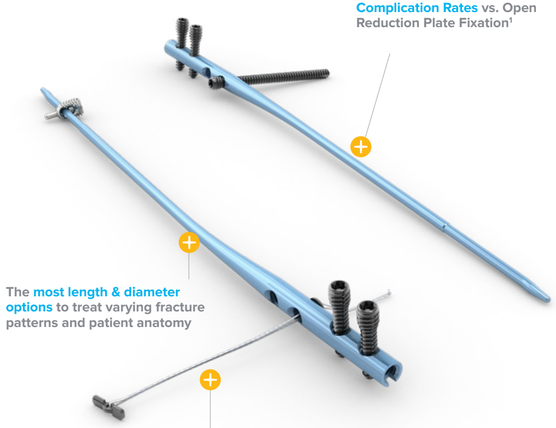
Fibula Nail 2 System

With Optional Tip-Loc™ Technology



Superior Functional **Outcomes and Lower Complication Rates** vs. Open Reduction Plate Fixation[1]

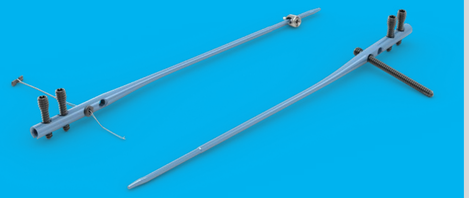
The **most length & diameter options** to treat varying fracture patterns and patient anatomy

Treat syndesmotic disruptions with either screws or flexible fixation **featuring Acu-Sinch® Knotless**

Minimally Invasive, Maximum Stability

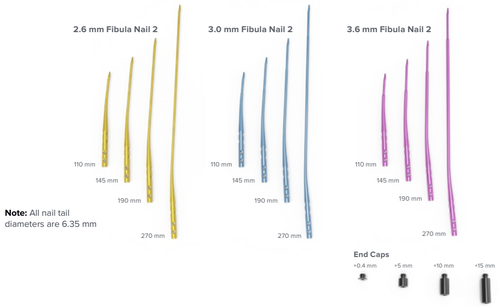
Fibula Nail 2 System

Designed in conjunction with Roy Sanders, MD, the Acumed Fibula Nail 2 is designed to address simple, transverse, and short oblique fractures as well as osteotomies of the fibula. The system includes three nail diameters and four length options, power reamers and carbon fiber radiolucent targeting guides to streamline the procedure, threaded holes within the nail, headless hexalobe screws to help minimize soft-tissue irritation, and the option to lock the nail proximally, providing additional fixation within the canal.



Smallest Diameter, Longest Lengths on the Market

The Acumed Fibula Nail 2 includes 12 nails offered in 3 diameters and 4 lengths, 3.5 mm headless and nonlocking hexalobe screws, and the option to lock the nail proximally.



Note: All nail tail diameters are 6.35 mm

The Fibula Nail 2 featuring Acu-Sinch Knotless for syndesmotic fixation

5° bend in the nail accommodates the shape of the intramedullary canal

System Features

Zero Profile Implant: Screw Options
The Fibula Nail 2 implants accept both 3.5mm Headless Hexalobe Screws, which allow for a fully zero-profile implant, and 3.5mm Nonlocking Hexalobe Screws.

Optional Proximal Fixation: There If You Need It
The Tip-Loc™ Bushing and Set Screw offers the option to lock the nail proximally, providing rotational stability to the fracture

Stronger Construct: Threaded Nail Holes
Threaded nail holes allow the screws to engage the nail, providing enhanced fixation and greater construct stability.

Streamlined Technique
The radiolucent carbon fiber targeting guide can only be assembled in one orientation and aids in the correct placement of A/P screws, L/M screws, and syndesmotic stabilization.

Contact Your Local Sales Rep for More Information

View the Fibula Nail 2 System

With More Sizes Than Any Competitor

go.acumed.net/Fib2

1. Samuel Z, Hong IS, Deliso M, et al. Intramedullary Fixation Versus Plate Fixation of Distal Fibular Fractures: A Systematic Review. *J Am Acad Orthop Surg Glob Res Rev.* 2024;8(7):e24.00119. Published 2024 Jul 10. doi:10.5435/JAAOSGlobal-D-24-00119

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FNA00-04-C | Effective: 2025/04 |

https://www.acumed.net/wp-content/uploads/2021/05/Acumed-Brochure-EN-4-Page-Fibula-Nail-2-FNA00-04-C.pdf

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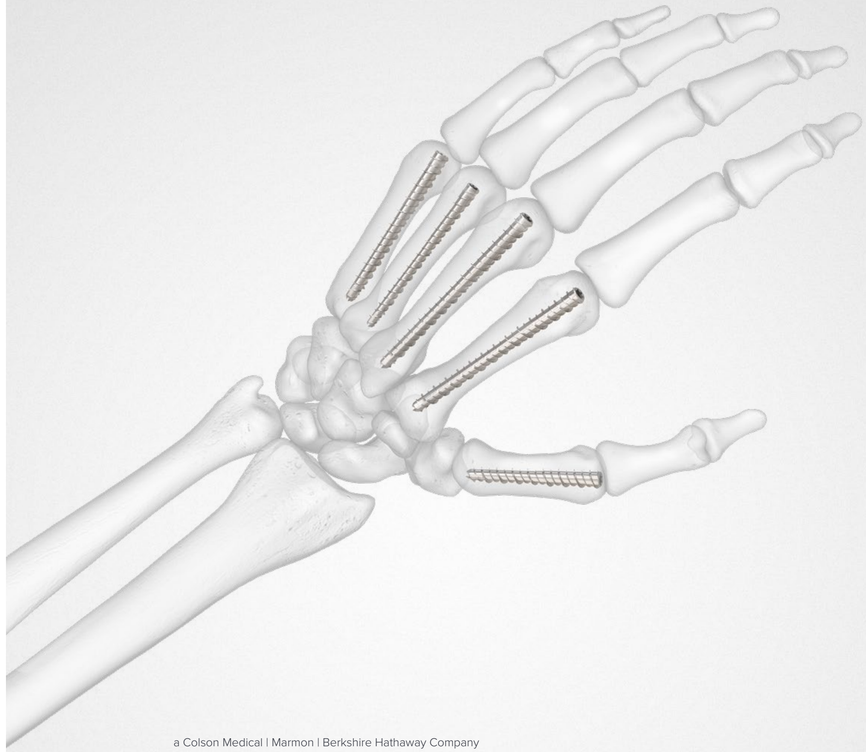
INnate™ Intramedullary Threaded Nail System

Surgical Technique



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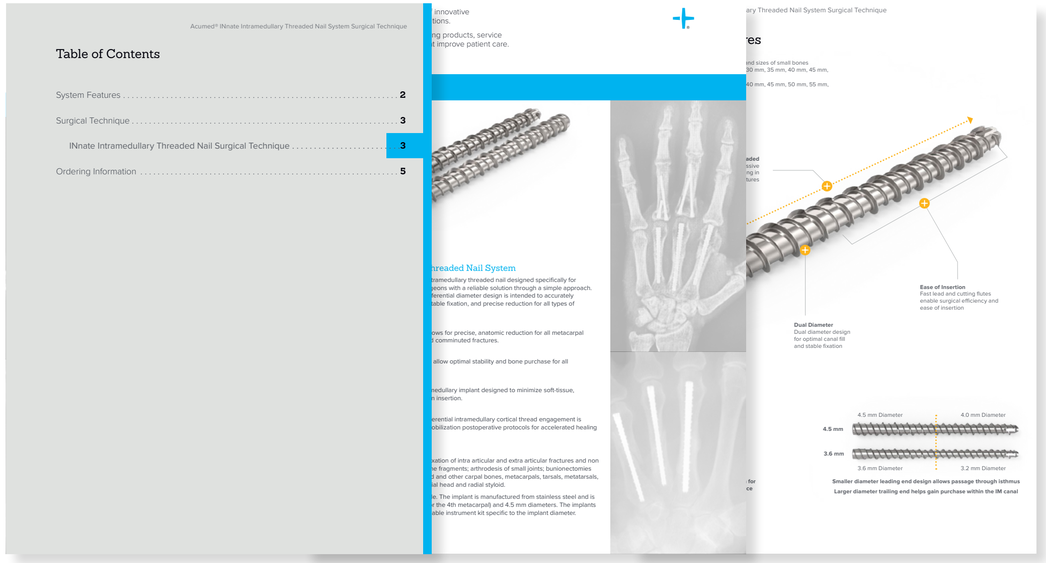

Acumed® INnate Intramedullary Threaded Nail System Surgical Technique

Table of Contents

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hreaded Nail System

ramedullary threaded nail designed specifically for
eons with a reliable solution through a simple approach.
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ows for precise, anatomic reduction for all metacarpal
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allow optimal stability and bone purchase for all

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e fragments; arthrodesis of small joints; bunionectomies
l and other carpal bones, metacarpals, tarsals, metatarsals,
al head and radial styloid.

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ary Threaded Nail System Surgical Technique

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30 mm, 35 mm, 40 mm, 45 mm,
40 mm, 45 mm, 50 mm, 55 mm,

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Ease of Insertion
Fast lead and cutting flutes enable surgical efficiency and ease of insertion

Dual Diameter
Dual diameter design for optimal canal fill and stable fixation

4.5 mm Diameter | 4.0 mm Diameter
4.5 mm
3.6 mm
3.6 mm Diameter | 3.2 mm Diameter

Smaller diameter leading end design allows passage through isthmus
Larger diameter trailing end helps gain purchase within the IM canal

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Acumed® INnate Intramedullary Threaded Nail System Surgical Technique

INnate Intramedullary Threaded Nail Surgical Technique

Figure 1

Figure 2

Figure 3

Figure 4

1 Insert Guide Wire

Anatomically reduce the fracture fragments.

Insert guide wire percutaneously in a retrograde fashion until the tip of the guide wire is at the proximal cortex.

Note: The guide wire entry point should be in the dorsal third of the metacarpal head.

Tip: Once the guide wire is in place, make a stab incision at the point of guide wire insertion.

This will facilitate the free movement of the drill.

2 Measure and Select Implant Length & Diameter

1. To determine the length of the implant, hold the depth gauge against the dorsum of the hand with the measurement edge aligned with the guide wire.
2. Under fluoroscopy use the marked square notches (e.g. the 9th (last) square notch will be for a length of 75 mm) along the edge of the depth gauge to select the desired implant length (it may be appropriate to subtract up to 5 mm from the depth gauge reading to ensure subflush placement of the implant head).
3. The 4.5 mm diameter INnate nail is commonly used for most metacarpal fractures, while the 3.6 mm diameter INnate implant was purpose built and specifically designed for the narrower isthmus most commonly encountered in the 4th metacarpal. To ensure proper size selection, we recommend measurement with the INnate measurement device enclosed in all instrument kits. To measure, hold the depth gauge against the dorsum of the hand with the edges of the annotated measurement markings aligned with the narrowest part of the intramedullary canal. See example below in Figure 4, where a 3.6 mm diameter implant (highlighted in blue) should be selected over a 4.5 mm diameter implant.

Note: The edge of the INnate depth gauge may be used to measure the length of metacarpal directly for determining implant length.

4. Insert the depth gauge via the stab incision and, under fluoroscopy, confirm the tip of the depth gauge is against the metacarpal head.
5. Measure the exposed length of the guide wire against the markings to select the appropriate implant length, ensuring that the selected length extends well past the fracture site (e.g. the image to the left will be for a length of 75 mm).
6. Since the guide wire has been driven to the proximal cortex of the metacarpal, this measurement indicates the length of the metacarpal and not necessarily the desired length of implant. (Please select implant based on fracture location and note that it may be appropriate to subtract up to 5 mm from the depth gauge reading to account for any tissue between the depth gauge and bone, ensuring subflush placement of the implant head).

3

edullary Threaded Nail System Surgical Technique

chnique [continued]

3 Drill

Drill by passing the cannulated drill over the guide wire to the desired depth. Depth markings on the drill can be used to monitor drill depth.

Tip: Pre-drill the entire length of intended implantation.

Remove the drill carefully while maintaining the guide wire position. Do not remove the guide wire.

Tip: Prior to drilling, advance the guide wire into the base of the metacarpal to reduce the chances of dislodging the guide wire when the drill is removed.

lated T-10 Driver

4 Insert Implant and Confirm Placement

Insert selected implant over the guide wire.

Advance the implant into the bone to the desired depth. Manually hold reduction as the implant traverses the fracture site and engages the far fragment to prevent gapping at the fracture site.

Tip: Should excessive resistance be encountered, utilize the self-tapping features of the implant by backing out 1/2 turn and advancing. Repeat as necessary to avoid excessive force upon the driver and implant.

Verify placement and proper reduction with radiographic imaging. The head of the implant should be buried below the articular surface.

Remove the driver and guide wire.

cumed® INnate Intramedullary Threaded Nail System Surgical Technique

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KNN913600

KNN914500

Cannulated Driver, T-10
Cannulated Reamer
Single Trocar Guide Wire, 0.045" x 6"
Double Trocar Guide Wire, 0.045" x 6"
Depth Gauge

5

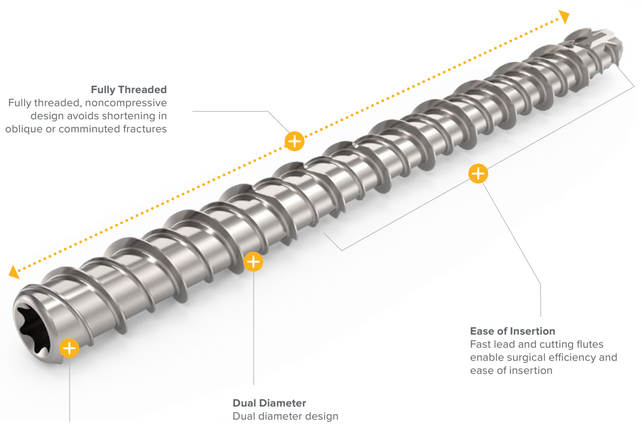
LAYOUT DESIGN. **SURGICAL TECHNIQUE GUIDE**

https://www.acumed.net/wp-content/uploads/2023/06/Acumed-ExsoMed-Surgical-Technique-Guide-EN-INnate-HNW10-15-B.pdf

System Features

Multiple Lengths
For treatment of various shapes and sizes of small bones

- **3.6 mm Diameter:** 25 mm, 30 mm, 35 mm, 40 mm, 45 mm, 50 mm, 55 mm Lengths
- **4.5 mm Diameter:** 35 mm, 40 mm, 45 mm, 50 mm, 55 mm, 65 mm, 75 mm Lengths



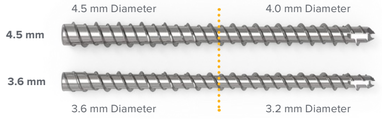
Fully Threaded
Fully threaded, noncompressive design avoids shortening in oblique or comminuted fractures

Ease of Insertion
Fast lead and cutting flutes enable surgical efficiency and ease of insertion

Dual Diameter
Dual diameter design for optimal canal fill and stable fixation

Cannulated
Cannulated for accurate placement

T-10 Hexalobe design for high torque resistance



Smaller diameter leading end design allows passage through isthmus

Larger diameter trailing end helps gain purchase within the IM canal

INnate Intramedullary Threaded Nail Surgical Technique

Figure 1

Figure 2

Figure 3

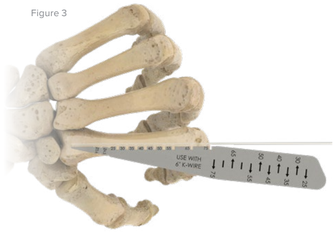


Figure 4

1 Insert Guide Wire

Anatomically reduce the fracture fragments.

Insert guide wire percutaneously in a retrograde fashion until the tip of the guide wire is at the proximal cortex.

Note: The guide wire entry point should be in the dorsal third of the metacarpal head.

Tip: Once the guide wire is in place, make a stab incision at the point of guide wire insertion.

This will facilitate the free movement of the drill.

2 Measure and Select Implant Length & Diameter

1. To determine the length of the implant, hold the depth gauge against the dorsum of the hand with the measurement edge aligned with the guide wire.
2. Under fluoroscopy use the marked square notches (e.g. the 9th [last] square notch will be for a length of 75 mm) along the edge of the depth gauge to select the desired implant length (it may be appropriate to subtract up to 5 mm from the depth gauge reading to ensure subflush placement of the implant head).
3. The 4.5 mm diameter INnate nail is commonly used for most metacarpal fractures, while the 3.6 mm diameter INnate implant was purpose built and specifically designed for the narrower isthmus most commonly encountered in the 4th metacarpal. To ensure proper size selection, we recommend measurement with the INnate measurement device enclosed in all instrument kits. To measure, hold the depth gauge against the dorsum of the hand with the edges of the annotated measurement markings aligned with the narrowest part of the intramedullary canal. See example below in Figure 4, where a 3.6 mm diameter implant (highlighted in blue) should be selected over a 4.5 mm diameter implant.

Note: The edge of the INnate depth gauge may be used to measure the length of metacarpal directly for determining implant length.

4. Insert the depth gauge via the stab incision and, under fluoroscopy, confirm the tip of the depth gauge is against the metacarpal head.
5. Measure the exposed length of the guide wire against the markings to select the appropriate implant length, ensuring that the selected length extends well past the fracture site (e.g. the image to the left will be for a length of 75 mm).
6. Since the guide wire has been driven to the proximal cortex of the metacarpal, this measurement indicates the length of the metacarpal and not necessarily the desired length of implant. (Please select implant based on fracture location and note that it may be appropriate to subtract up to 5 mm from the depth gauge reading to account for any tissue between the depth gauge and bone, ensuring subflush placement of the implant head).

Surgical Technique [continued]

Figure 5

3 Drill

Drill by passing the cannulated drill over the guide wire to the desired depth. Depth markings on the drill can be used to monitor drill depth.

Tip: Pre-drill the entire length of intended implantation.

Remove the drill carefully while maintaining the guide wire position. Do not remove the guide wire.

Tip: Prior to drilling, advance the guide wire into the base of the metacarpal to reduce the chances of dislodging the guide wire when the drill is removed.

Figure 6

Cannulated T-10 Driver

Figure 7

Figure 8

4 Insert Implant and Confirm Placement

Insert selected implant over the guide wire.

Advance the implant into the bone to the desired depth. Manually hold reduction as the implant traverses the fracture site and engages the far fragment to prevent gapping at the fracture site.

Tip: Should excessive resistance be encountered, utilize the self-tapping features of the implant by backing out 1/2 turn and advancing. Repeat as necessary to avoid excessive force upon the driver and implant.

Verify placement and proper reduction with radiographic imaging. The head of the implant should be buried below the articular surface.

Remove the driver and guide wire.

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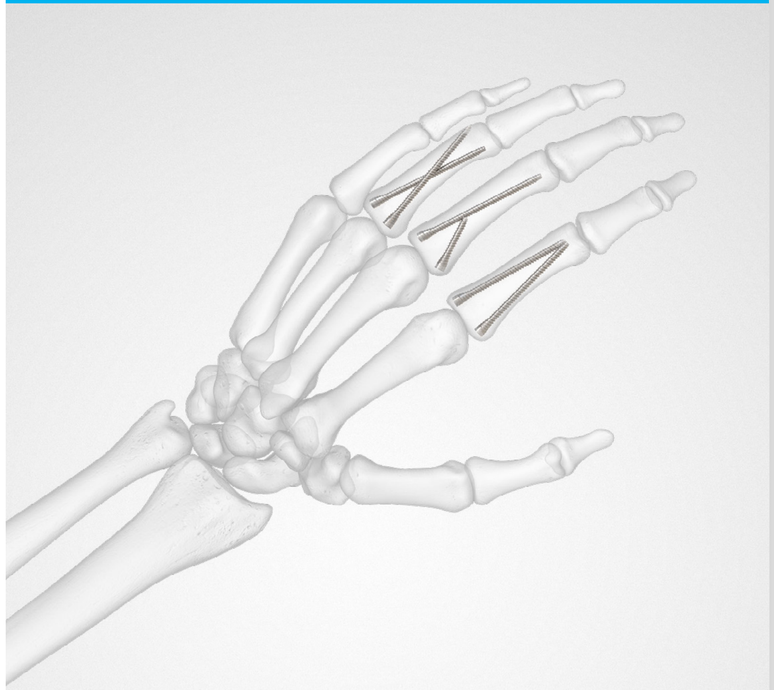
InFrame™ Intramedullary Threaded Micro Nail System

Surgical Technique



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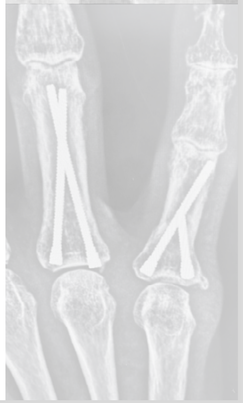
Acumed® is a global leader of innovative orthopaedic and medical solutions.

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



InFrame™ Intramedullary Threaded Micro Nail System

The InFrame Intramedullary Threaded Micro Nail System features a 2.0 mm diameter, stainless steel micro nail with a non-compressive design to achieve various implantation constructs for phalangeal fractures, providing superior rotational and bending stability and intramedullary fixation. The innovative delivery mechanism via the dual diameter guide wire eliminates the need for a dedicated reamer, simplifying a more precise implant placement.

Indications for Use

The ExsoMed InFrame cannulated micro nail is intended for fixation of intra-articular and extra-articular fractures and non-unions of small bones and small bone fragments; arthrodesis of small joints; bunionectomies and osteotomies, including scaphoid and other carpal bones, metacarpals, tarsals, metatarsals, patella, ulnar styloid, capitellum, radial head, and radial styloid.

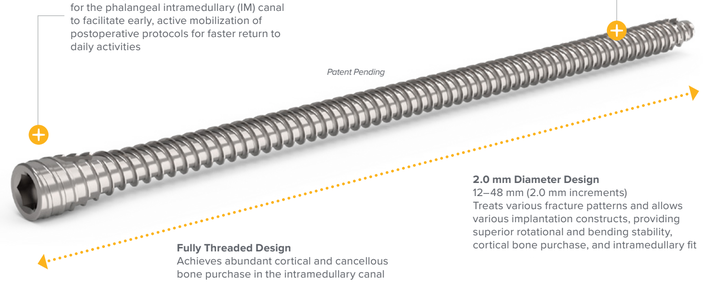
The implant is manufactured from stainless steel and is offered in a 2.0 mm diameter. They are provided sterile packaged while a separate sterile packaged instrument kit provides the tools for implantation.

System Features

Noncompressive Design
Avoids shortening in oblique or comminuted fractures

Specifically Sized
for the phalangeal intramedullary (IM) canal to facilitate early, active mobilization of postoperative protocols for faster return to daily activities

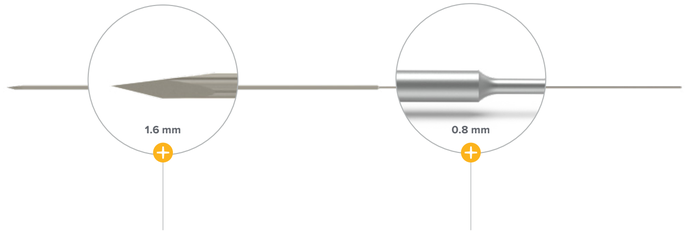
Fast lead and cutting flutes enable surgical efficiency and ease of insertion



2.0 mm Diameter Design
12–48 mm (2.0 mm increments)
Treats various fracture patterns and allows various implantation constructs, providing superior rotational and bending stability, cortical bone purchase, and intramedullary fit

Fully Threaded Design
Achieves abundant cortical and cancellous bone purchase in the intramedullary canal

Dual Diameter Guide Wire
Innovative delivery mechanism eliminates the need for a dedicated reamer, simplifying a more precise implant placement



Aggressively angled trocar tip for trajectory maintenance through cortical bone

Unique dual diameter guide wire removes the need for a dedicated reamer and simplifies a more precise placement

LAYOUT DESIGN. **SURGICAL TECHNIQUE GUIDE**

https://www.acumed.net/wp-content/uploads/2023/06/Acumed-ExsoMed-Surgical-Technique-Guide-EN-InFrame-HNW10-16-B.pdf

Case Study

Use of the INnate™ Intramedullary Threaded Nail for Displaced Fractures of the Third and Fourth Metacarpal Shafts

Joseph Styron, MD, PhD

Cleveland Clinic
Cleveland, OH

Dr. Styron completed his residency at the Cleveland Clinic and the pursued two fellowships to hone his subspecialty training in hand and upper extremity at the University of Pittsburgh Medical Center and at Shriner's Hospital in pediatric and congenital hand surgery. Dr Styron's specialty interests include surgery of the hand, wrist, elbow and shoulder. He has specialized training in nerve and tendon transfers in infants and children unable to move their hands.

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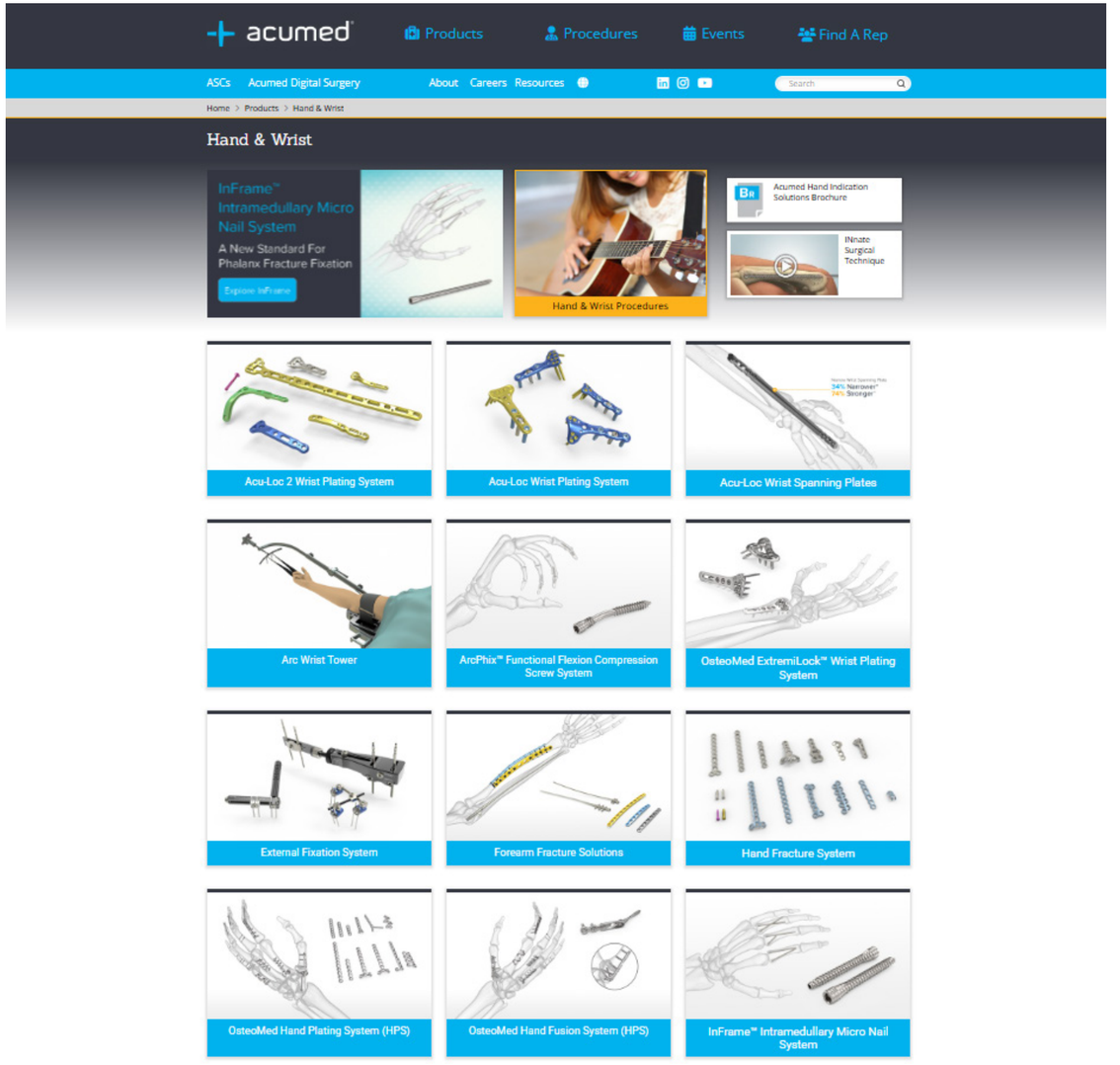

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TEAM
Ferrari


TEAM
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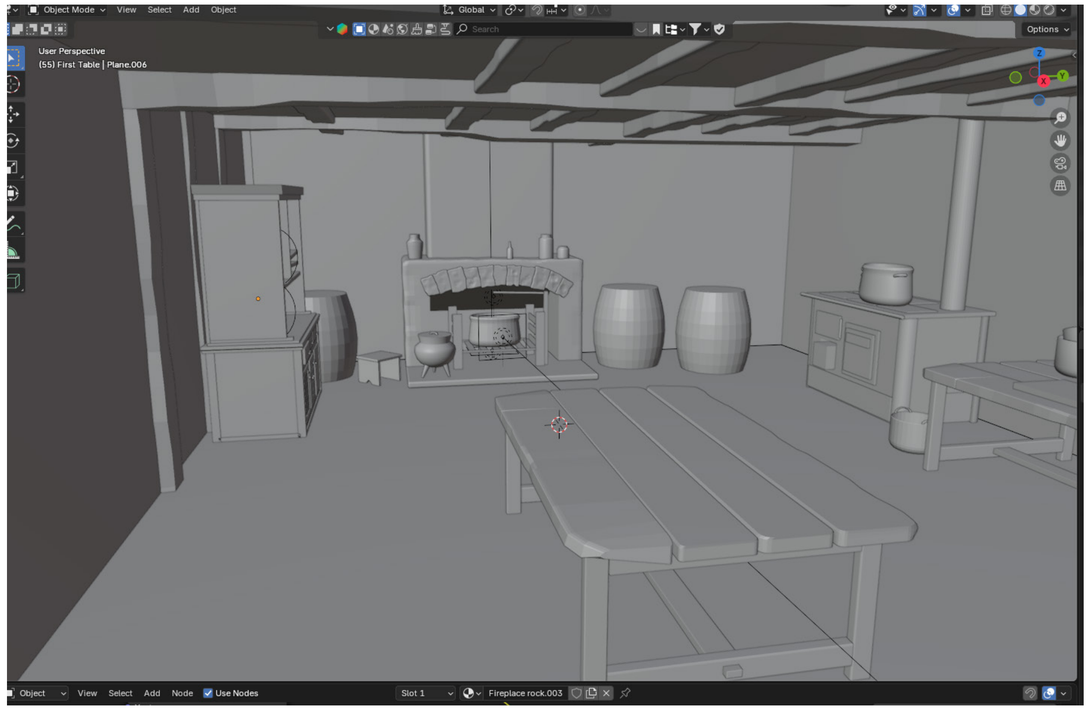
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User Perspective
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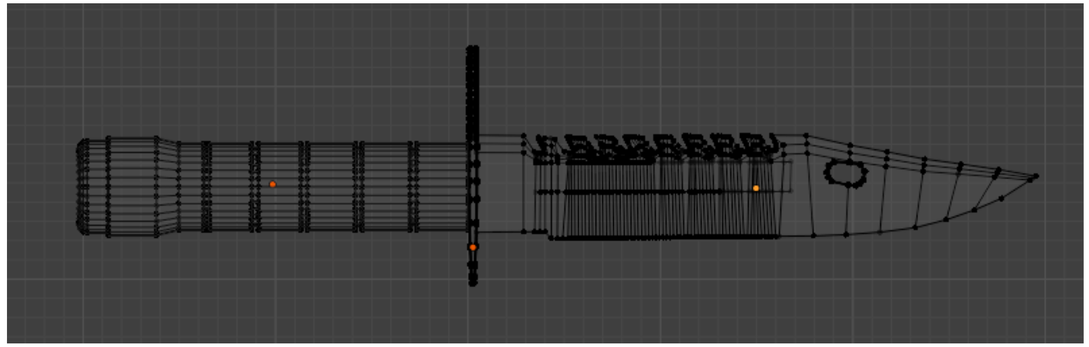
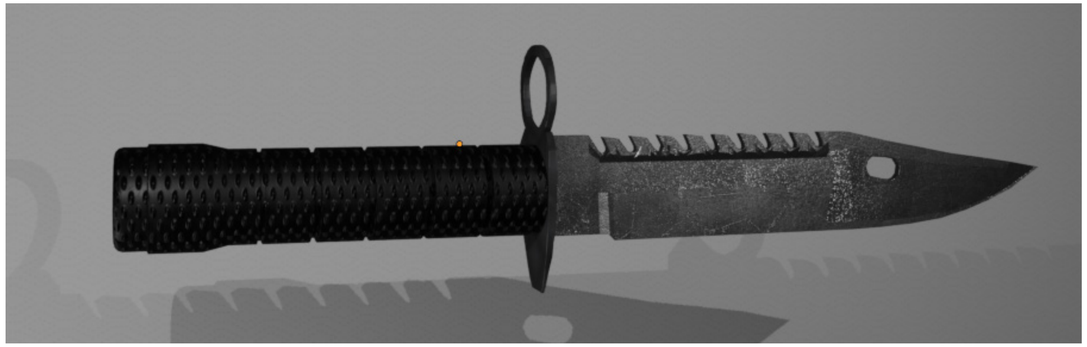
Object View Select Add Node Use Nodes
Slot 1
Fireplace rock.003






TAKE 90
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THAT CONNECTS THE PEOPLE
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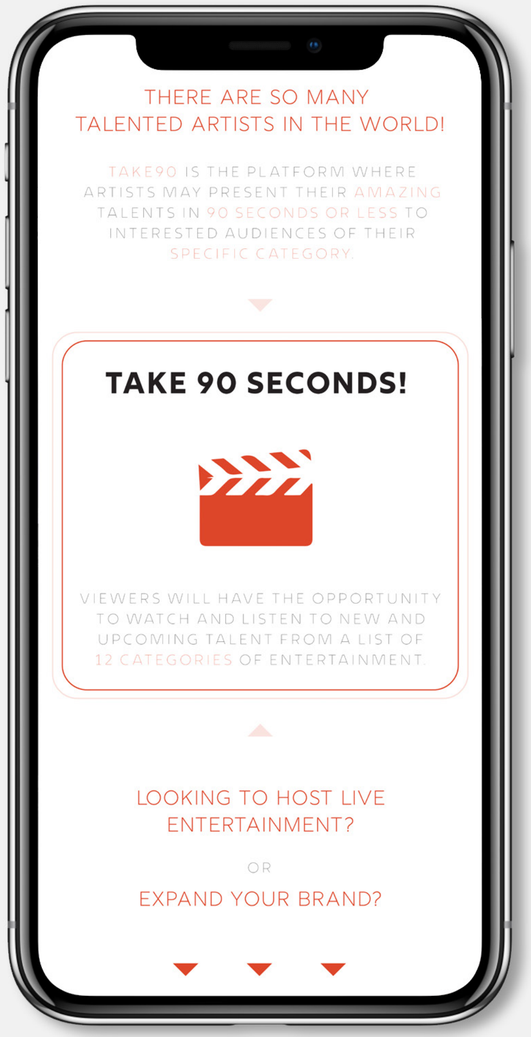
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OR
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LOCAL PROMOTERS CAN EASILY ACCESS
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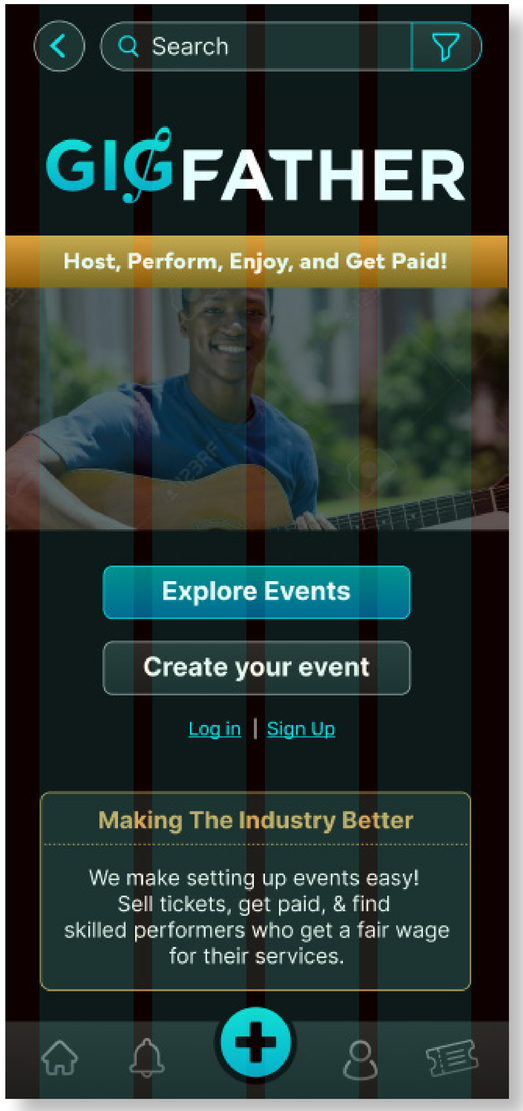
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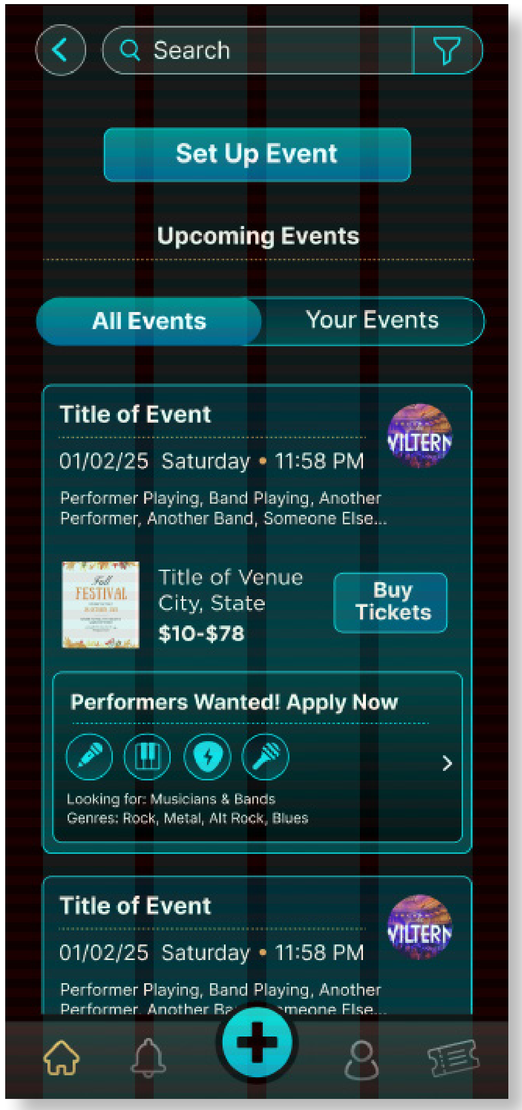
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