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Pangea™

A force in plating

Where fit and simplicity **converge as one.**

Powered by the collaboration of diverse and experienced orthopaedic surgeons, **Pangea** is comprehensive and versatile, providing variable-angle plating for a world of needs.

At Stryker, we are committed to innovation.

But in this unquestioned commitment, a question remains:

What's next?

The answer is our **Pangea plating portfolio**. We aren't just introducing a new product, we are advancing Stryker Trauma by delivering a comprehensive portfolio - a new system that will shift the world of Stryker's plating.

Powered by the collaboration of diverse and experienced orthopaedic surgeons, Pangea's anatomical fit brings in a global perspective, providing variable-angle plates for a wide variety of demographics around the world.

20
Anatomic plates

13
Utility plates

1
Platform

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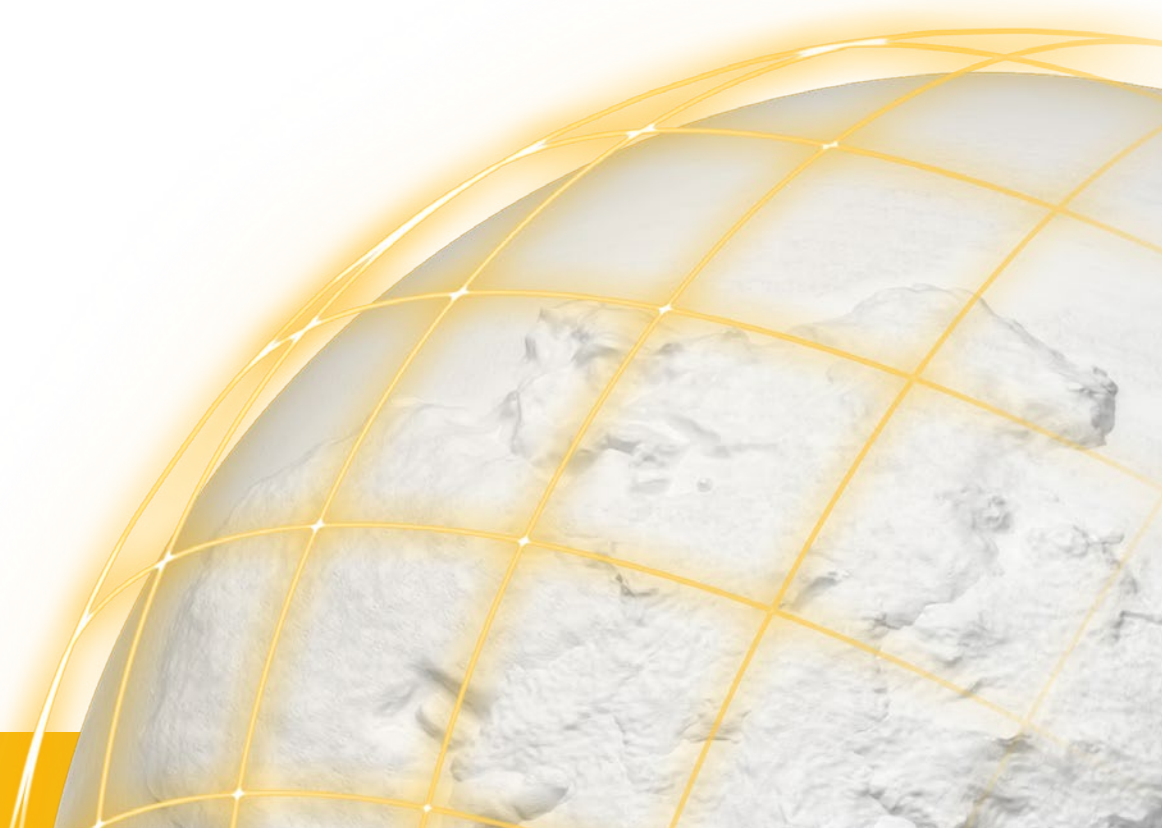
Fit

Simplicity



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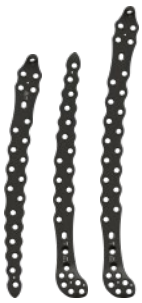
Pangea plating portfolio

20 Anatomic plates

A Humerus

Proximal Humerus
Proximal Humerus Posterior
Extra Articular Distal Humerus

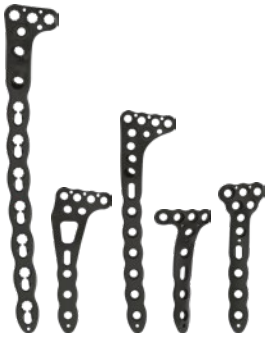


B PeriPRO femur

Proximal Femur
Distal Femur
Interprosthetic Femur

C Distal femur

Distal Lateral Femur
5.0 Distal Medial Femur
3.5 Distal Medial Femur



D Proximal tibia

Extra Articular Proximal Tibia
Partial Articular Proximal Tibia
Proximal Lateral Tibia
Proximal Posteromedial Tibia
Proximal Medial Tibia

E Distal tibia

Distal Anterolateral Tibia
Distal Medial Tibia
Distal Posterior Tibia

F Distal fibula

Distal Lateral Fibula
Distal Posterolateral Fibula
Distal Posterior Fibula

13 Utility plates

Large fragment

5.0 Narrow Straight Plate
5.0 Broad Straight Plate
5.0 Broad Curved Plate

Small fragment

3.5 Narrow Straight Plate
3.5 Broad Straight Plate
3.5 Hook Plate
3.5 T-plate
3.5 Narrow Curved Plate
3.5 1/3 Tubular Plate

Mini fragment

2.7 Narrow Straight Plate
2.7 Broad Straight Plate
2.7 Hook Plate
2.7 T-plate

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Fit

Shaped by the collaborative efforts of 26 world-renowned orthopaedic surgeons and directly informed by **Stryker Orthopaedic Modeling and Analytics (SOMA)**, Pangea is a portfolio of anatomically informed implants; improving fit for a highly diverse patient population.

Stryker Orthopaedics Modeling and Analytics (SOMA)

Stryker Orthopaedic Modeling and Analytics (SOMA)

Features and benefits

Variable angle locking

Material considerations

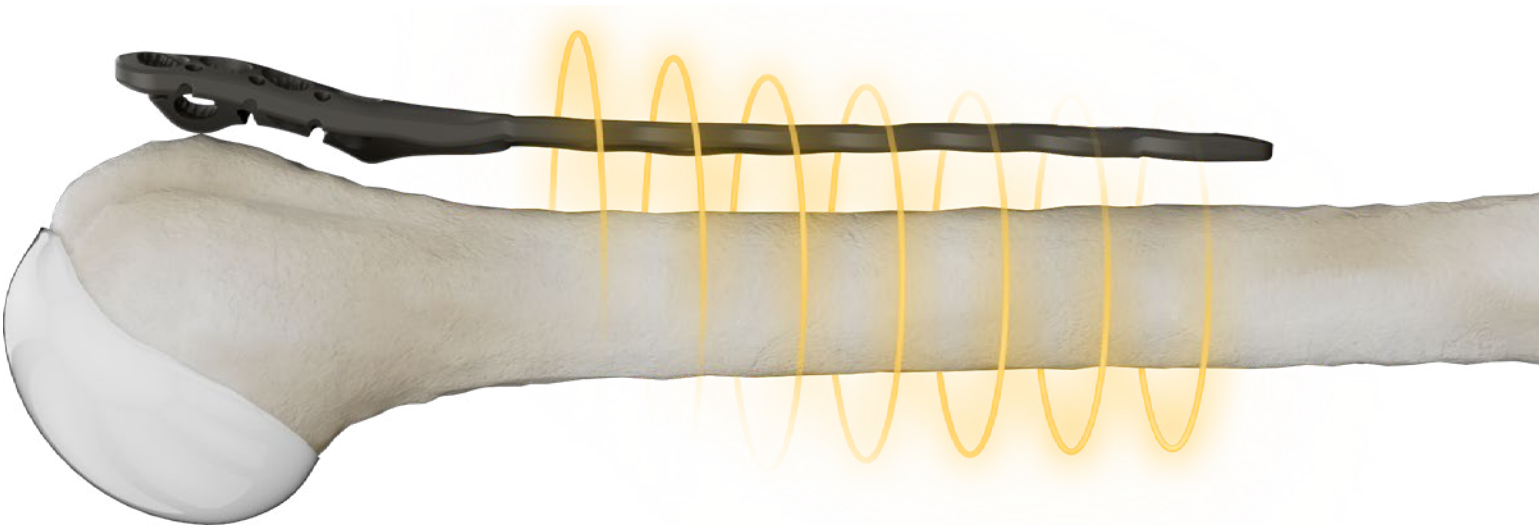
Anatomically informed fit

Why is a well-fitting implant important?

Relying on plate bending for plate fit may cause early mechanical failure in trauma plating procedures.[1]

The Pangea systems were designed with this in mind. Using the Stryker Orthopaedics Modeling and Analytics (SOMA) database, Pangea offers an evidence-based, anatomically informed implant.

Together, the surgeon design panel and engineers designed a plating portfolio centered around anatomic fit and a comprehensive and simplified instrument platform.



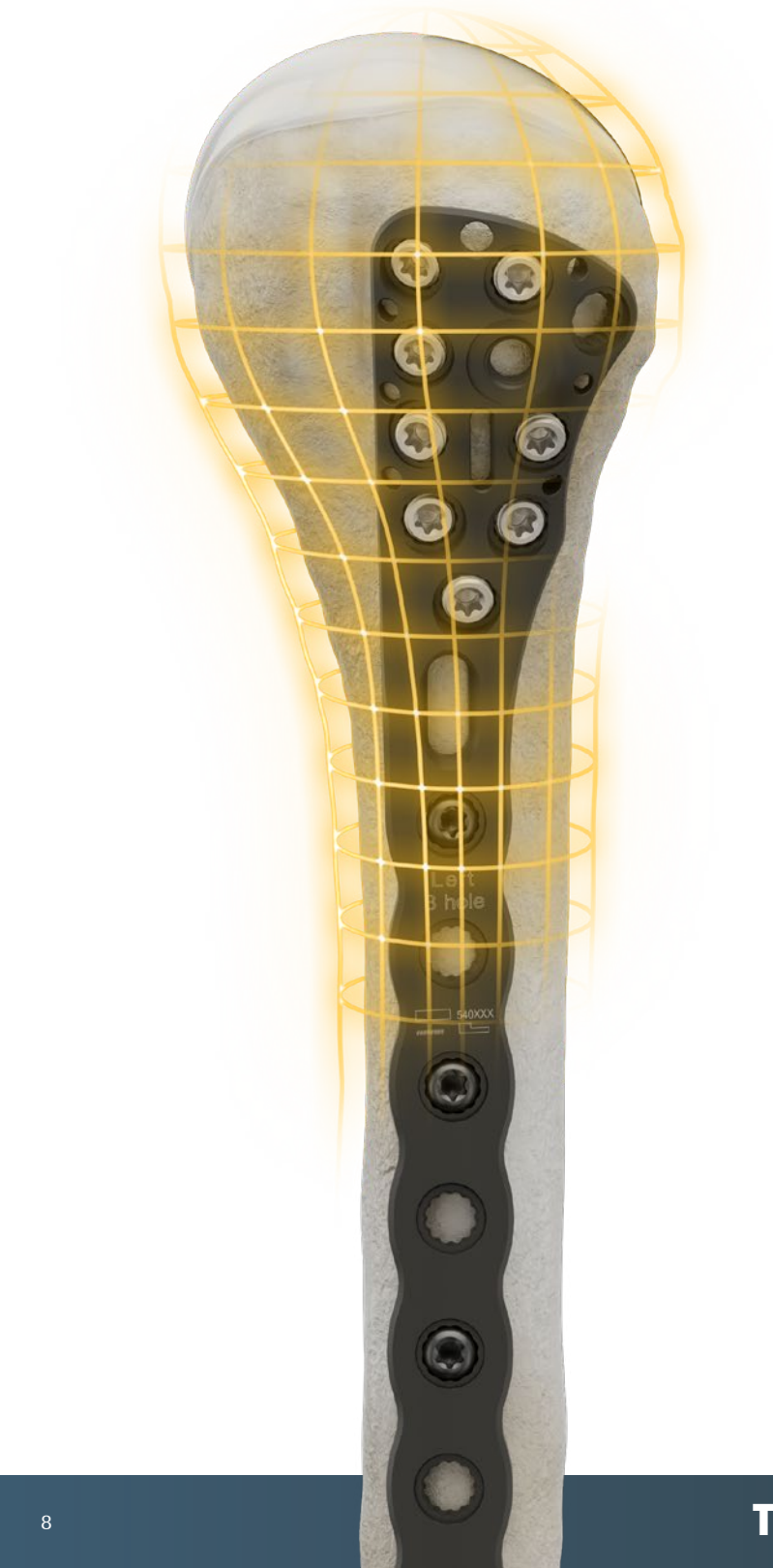
A well fitting plate[2]

- May reduce the need for intraoperative plate bending which will preserve the locking mechanism and may allow for improved OR efficiency[2]
- May result in reducing of soft tissue impingement and might decrease the risk of skin irritations[2]
- May help with fracture alignment[2]

Powered by SOMA

Gamma4 and T2 Alpha were powered by SOMA, and now so is Pangea.

Pangea offers an evidence-based design for anatomically informed implant. Using **Stryker Orthopaedic Modeling and Analytics** (SOMA) and partnering with the expertise of 26 world-renowned orthopedic surgeons, Pangea was designed to focus on plate fit, screw placement, and to elevate the plating market through contoured implants in multiple diverse sub-populations.[3]



What is SOMA?[3]

Stryker collects CT scans from hospitals and institutions from all over the world. These CT scans are segmented in a standardized manner as 3D bone models and stored in a database together with demographical data.[3]

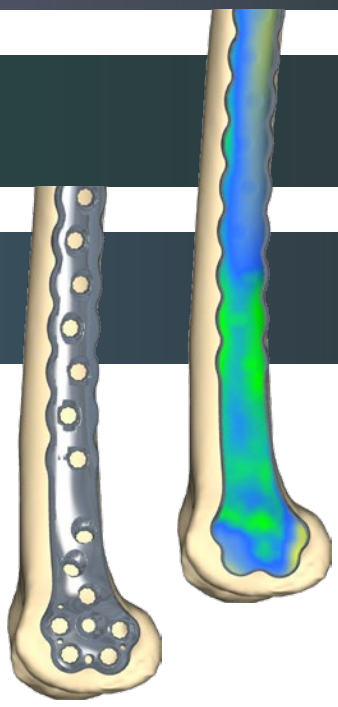
Dedicated applications using state of the art algorithms are employed to mine the database for information (shape variability, bone density, implant fit) Together, the database and the tools make up the digital SOMA platform.[3]

The current version of the SOMA database (SOMA database, version 2021.0.5, Schönkirchen, Germany) contains more than 34,600 bones from almost 5570 patients.[16]

Objective design &
enhanced anatomical compliance

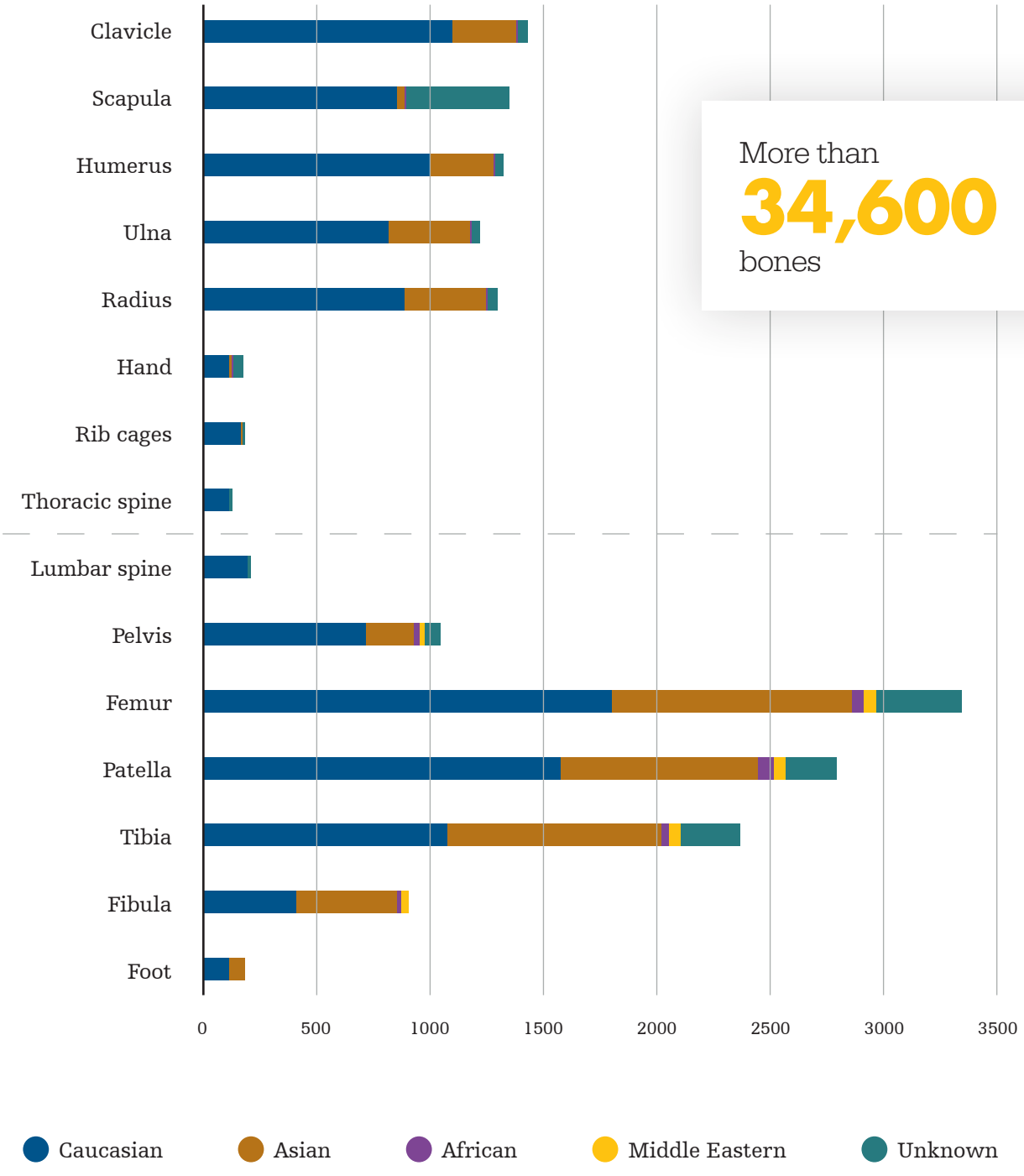
State of the art
digital technology

Covers a broad
anatomic range



The power of patient-focused data.

SOMA foundation: Bone database[3]



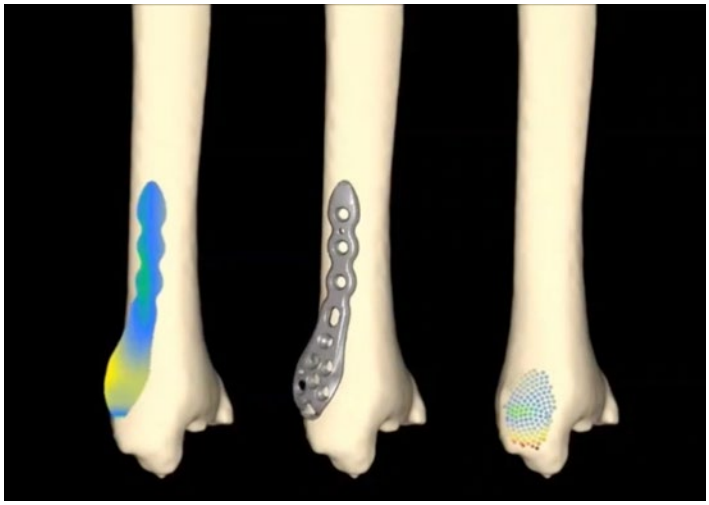
More than
34,600
bones

The power of patient-focused data.

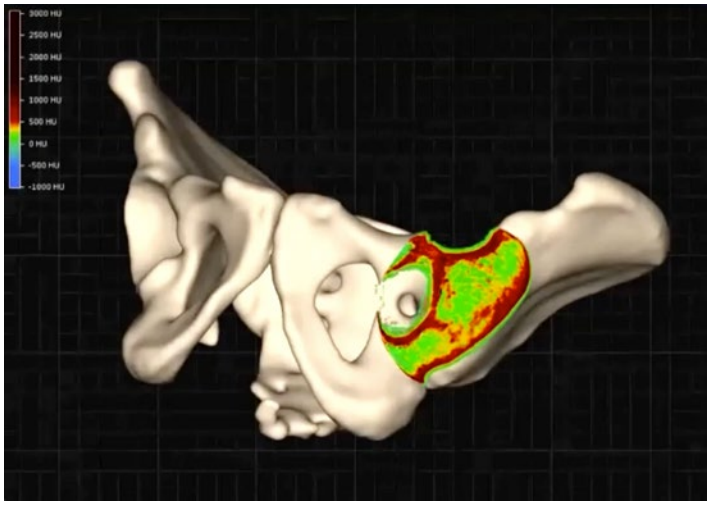
Capabilities[2]

Anatomical measurements

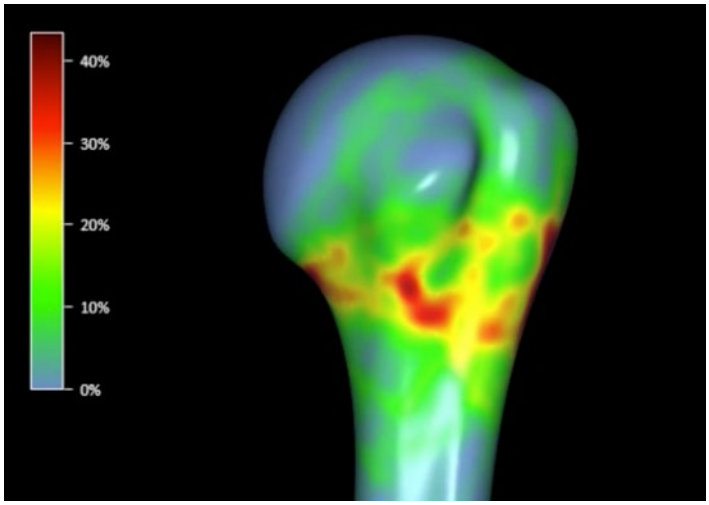
Implant fitting



Density assessment



Fracture heatmaps



Mapping the SOMA landscape[3]

Bone database
The SOMA bone database contains a collection of 5570 and growing clinical CT scans and contains over 34,600 3D bone models.[16]

Software applications and capabilities
In order to mine the bone database with high efficiency, a dedicated set of software tools is used. With ever-evolving Stryker products being developed, the database and the capabilities of the SOMA tools are continuously expanded.

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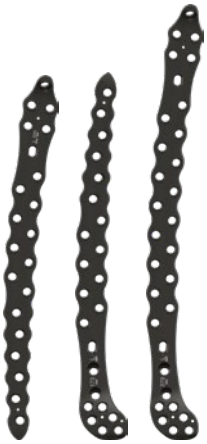
Features and benefits

Anatomic plates

A Humerus

Proximal Humerus
Proximal Humerus Posterior
Extra Articular Distal Humerus

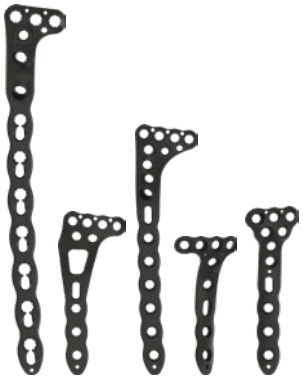


B PeriPRO femur

Proximal Femur
Distal Femur
Interprosthetic Femur

C Distal femur

Distal Lateral Femur
3.5 Distal Medial Femur
5.0 Distal Medial Femur



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Proximal Medial Tibia

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Distal Anterolateral Tibia
Distal Medial Tibia
Distal Posterior Tibia

F Distal fibula

Distal Lateral Fibula
Distal Posterolateral Fibula
Distal Posterior Fibula

Humerus plates

Proximal screw row incorporates cross-diverging screw trajectories

Monoaxial hole

Straight anterior plate contour

Helps to ensure reduction with the bicipital groove

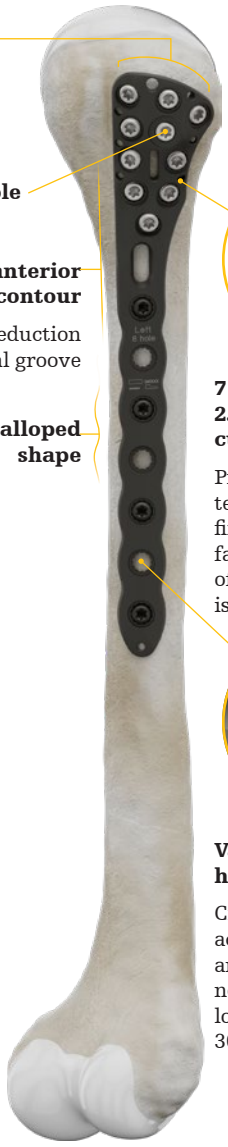
Waisted scalloped shape

7 beveled and angled 2.0mm suture hole cutouts

Provides flexibility in tendon and tuberosity fixation and to facilitate easier passage of suture after the plate is placed on bone

Variable-angle screw holes

Circular holes that accommodate screws are universal, accepting non-locking screws and locking screws within a 30° cone



9mm K-wire slot

Assists with proximal / distal plate positioning

3 variable angle calcar screw holes

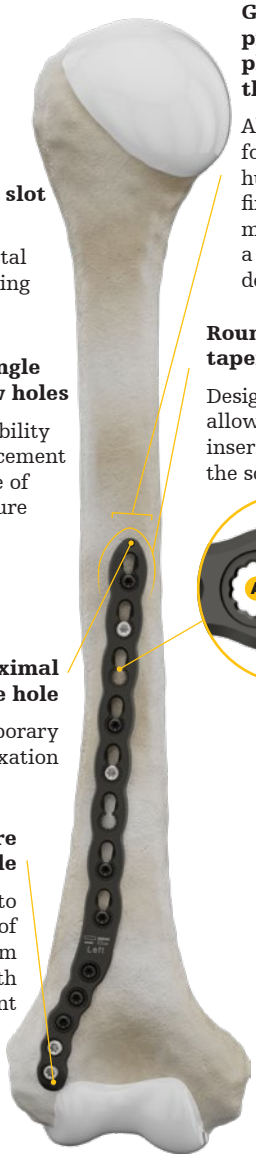
Provides flexibility for screw placement in calcar bone of varying fracture patterns

2.0mm proximal K-wire hole

To provide temporary fixation

2.0mm K-wire hole

Designed to aim at center of capitulum to help with placement



Graduated proximal plate thickness

Allows for robust humeral shaft fixation while maintaining a low-profile design distally

Rounded and tapered end

Designed to allow for smooth insertion under the soft tissue

Hybrid LC Holes

Allows up to 2mm of compression per hole or can be used for a variable angle locking screw

A: Universal: For locking or non-locking screws

B: Compression: For non-locking screws only

Proximal Humerus

- Designed with proximal, cross diverging screw trajectories and 3 calcar screw holes

Proximal Humerus Posterior

- Extensions are designed to increase fixation by providing an option for perpendicular screw placement in the setting of comminuted tuberosity fractures

Extra Articular Distal Humerus

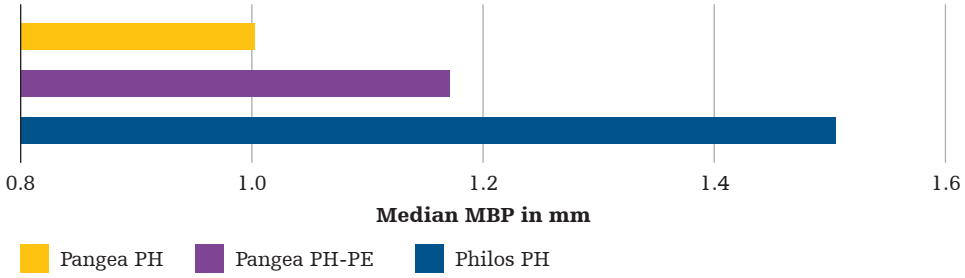
- Designed for spiral, distal third shaft fractures with closer anatomic fit to LCP Extra Articular Distal Humerus[4]
- Hybrid compression and locking holes for up to 2mm of compression if needed

Humerus plates: fit matters[4]

Pangea's anatomic plates **fit.**

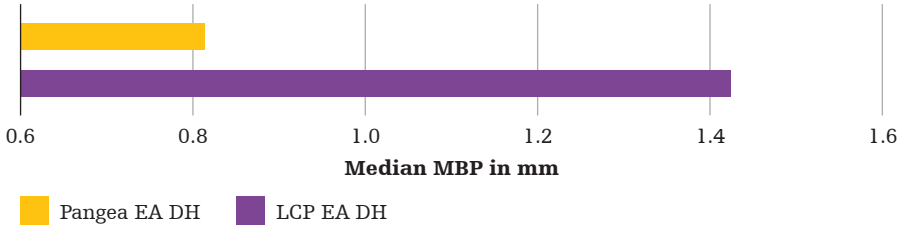
MBP distance is the mean distance between plate and bone. This is the metric to compare the fit of two different plates. A lower median MBP distance equates to a better fit because it means the plate fits closer to bone.

Proximal Humerus



Comparison of Proximal Humerus plates

Distal Humerus



Comparison of Distal Humerus plates

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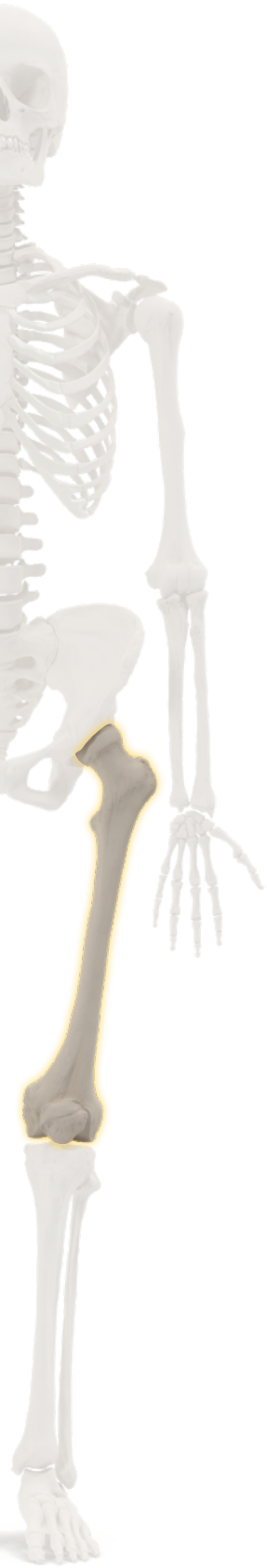
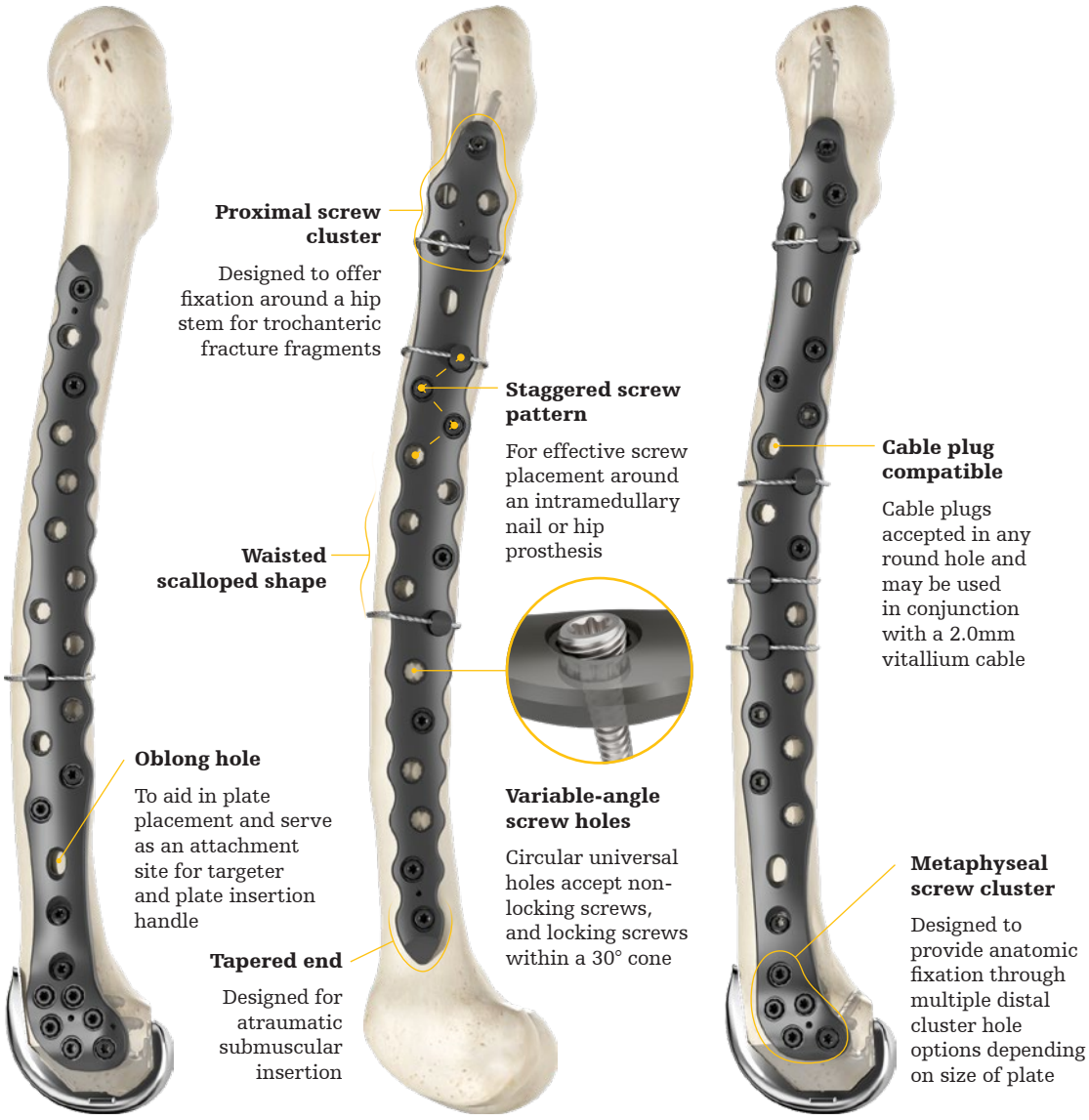
PeriPRO femur plates





Distal Femur

- Tapered end designed for atraumatic submuscular insertion
- Metaphyseal screw cluster provides anatomic fixation through size adapted options

Proximal Femur

- Proximal screw cluster designed to offer fixation around a hip stem for trochanteric fracture fragments
- Tapered end designed for atraumatic submuscular insertion

Interprosthetic Femur

- Dedicated interprosthetic plate designed to span from the femoral condyle to the greater trochanter to maximize plate working length
- Changes in radius of curvature, width of the proximal cluster, and amount of holes in the distal cluster are all determined by SOMA[5]

PeriPRO radius of curvature[5]

PeriPRO Distal Femur Plates

Length	173mm	241mm	280mm	318mm	355mm	396mm
Radius of curvature	1274mm					1509mm

PeriPRO Proximal Femur Plates

Length	257mm	292mm	320mm	3971mm
Radius of curvature	1274mm			1509mm

PeriPRO Interprosthetic Femur Plates

Length	320mm	334mm	358mm	379mm	402mm	420mm
Radius of curvature	Radius of curvature varies from proximal to distal					

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Distal femur plates

Tapered end

Designed for atraumatic submuscular insertion

Staggered screw pattern

Designed to enable surgeon to choose point of fixation is and allows for the placement of screws around an implant in the intramedullary canal

2 metaphyseal kickstand screw holes

Designed to improve construct stability in distal segment and reduce the potential for varus settling

Oblique K-wire hole

Accommodates surgical approach when temporary distal plate fixation is desired

Converging and diverging screws

Variable-angle screw holes

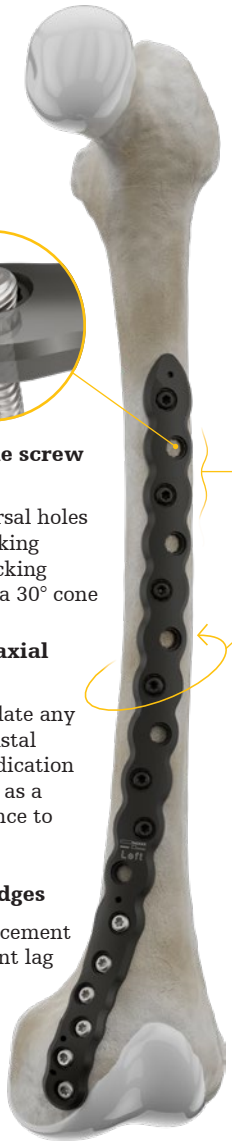
Circular universal holes accept non-locking screws, and locking screws within a 30° cone

5.0mm monoaxial screw hole

Can accommodate any screw in the distal femur plate indication and may serve as a parallel reference to the joint line

Scalloped edges

Allow for placement of independent lag screws



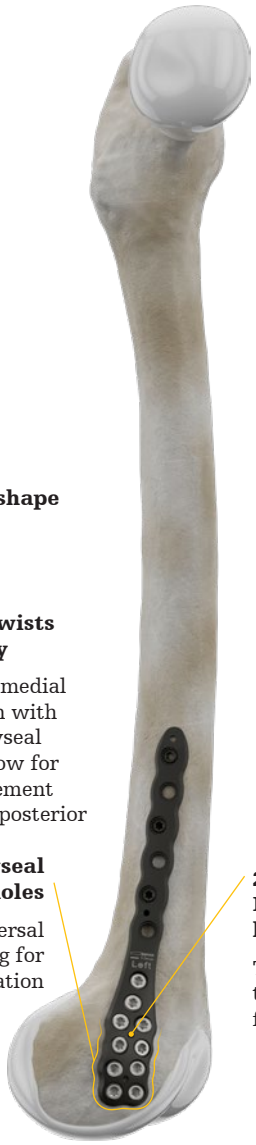
Waisted scalloped shape

5.0 plate twists proximally

Innovative medial plate design with metadiaphyseal twist to allow for screw placement anterior to posterior

Metaphyseal screw holes

10 universal holes allowing for fracture fixation



2.0mm K-wire holes

To provide temporary fixation

Distal Lateral Femur

- Sits anteriorly to aid in freedom for potentially more fixation
- Nominal screw trajectories designed to avoid the intercondylar notch and reduce the use of unicondylar screws

5.0mm Distal Medial Femur

- Innovative medial plate which proximally twists to lie on the anterior femur providing safer access to shaft screw insertion
- May be used as medial based fixation for meta-diaphyseal fractures or as a supplement to lateral plate fixation when dual plate fixation is desired

3.5mm Distal Medial Femur

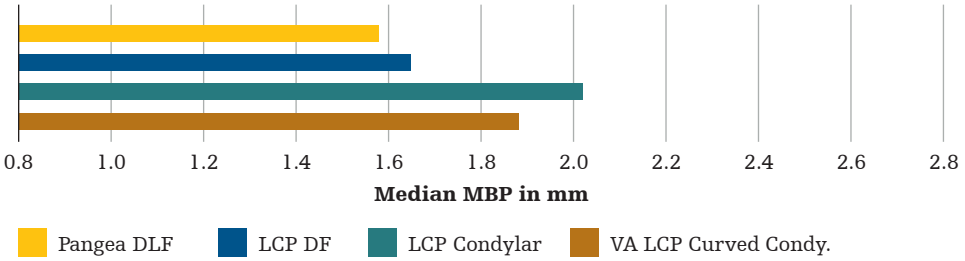
- May be used for isolated medial condylar fractures or as a supplement to lateral plate fixation
- Designed to be used for buttressing, as well as when dual plate fixation is desired
- Distal footprint designed to reduce the potential for disruption of MCL origin

Distal femur plates: fit matters[4]

Pangea's anatomic plates fit.

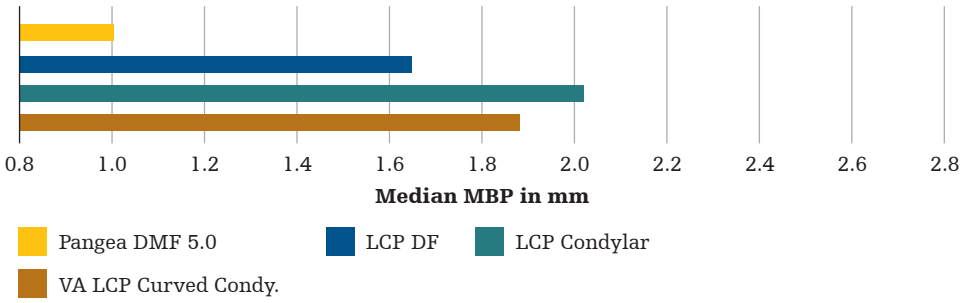
MBP distance is the mean distance between plate and bone. This is the metric to compare the fit of two different plates. A lower median MBP distance equates to a better fit because it means the plate fits closer to bone.

Distal Lateral Femur



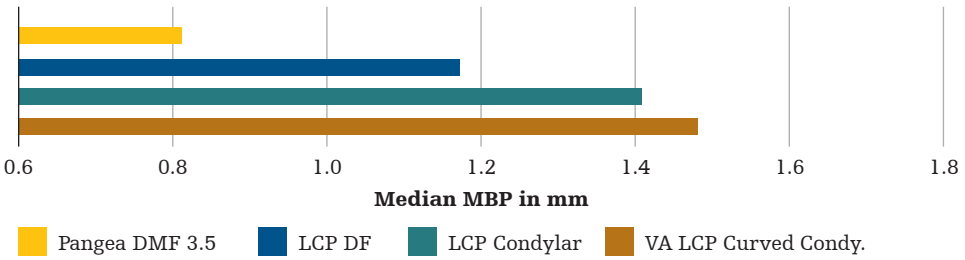
Comparison of Distal Lateral Femur plates

5.0mm Distal Medial Femur



Comparison of Distal Medial Femur 5.0mm plates

3.5mm Distal Medial Femur



Comparison of Distal Lateral Femur and Distal Medial Femur 3.5mm plates

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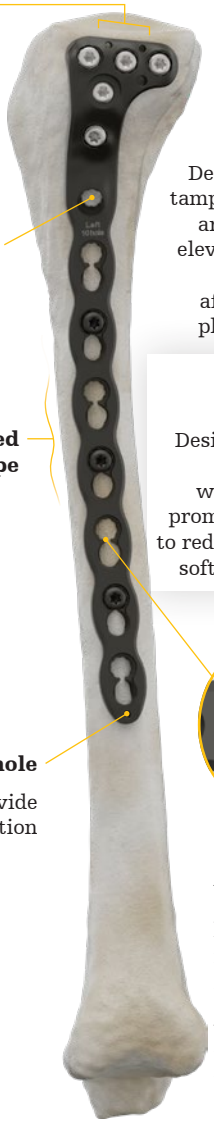
Proximal tibia plates



2.0mm Proximal Suture holes with undercuts

Allows for suture threading after plate placement and K-wire placement

Kickstand screw

Designed to provide support for the medial tibia plateau and joint

Waisted scalloped shape

2.0mm K-wire hole

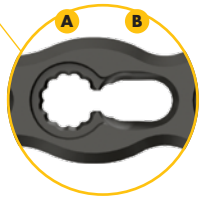
To provide temporary fixation

Window

Designed to allow tamp placement for articular surface elevation and bone graft insertion after provisional plate application

2.2mm plate thickness

Designed to increase patient comfort with a lower plate prominence designed to reduce potential for soft tissue irritation



Hybrid LC Holes

Allows up to 2mm of compression per hole or can be used for a variable angle locking screw

A: Universal: For locking or non-locking screws

B: Compression: For non-locking screws only

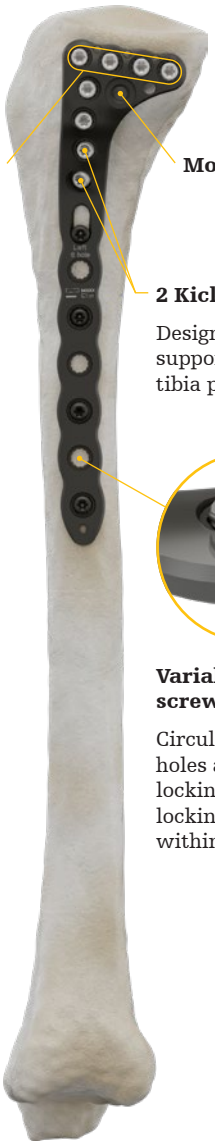
Proximal row of rafting screws

Designed to follow the angle of the tibial plateau to support the articular surface

Locking or non-locking screws can be used to raft articular depression

Oblong hole

To aid in plate placement



Monoaxial hole

2 Kickstand screws

Designed to provide support for the medial tibia plateau

Variable-angle screw holes

Circular universal holes accept non-locking screws and locking screws within a 30° cone

Proximal Extra Articular Tibia

- Robust plate, which is thicker than the other Pangea Proximal Tibia Plates and utilizes the large fragment screw platform for plating of proximal tibia fractures involving the metaphysis and meta diaphysis
- Utilized when increased construct rigidity is required
- Hybrid compression and locking holes for up to 2mm of compression if needed

Proximal Partial Articular Tibia

- Low profile, malleable plate designed for lateral plateau fracture variants
- Designed as a buttress plate to aide with split or split/depressed lateral plateau cases
- A central window allows packing of graft after application of the plate

Proximal Lateral Tibia

- Designed to aide with lateral split, depression, or split-depression, and bicondylar tibial plateaus
- Utilized with variable angle locking technology, the plate may be utilized for single implant treatment of select bicondylar tibial plateau fractures

Proximal tibia plates: fit matters[4]

Pangea's anatomic plates fit.

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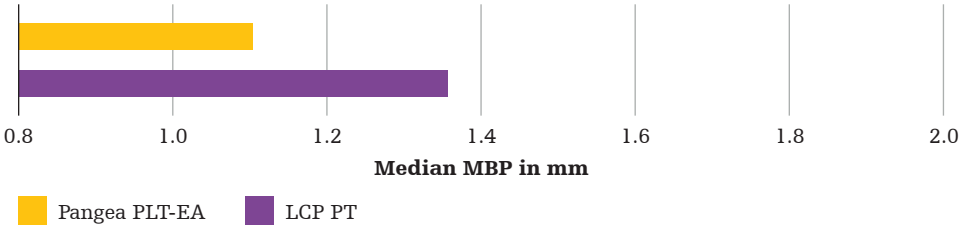
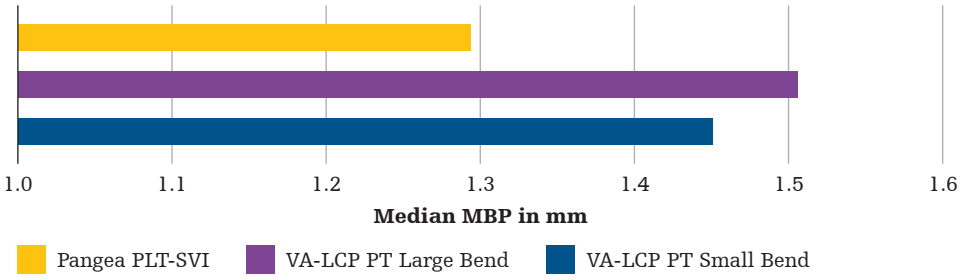
Proximal Extra Articular Tibia



Comparison of proximal lateral extra articular tibia plates

Proximal Lateral Tibia



Comparison of proximal lateral tibia plates

stryker

Proximal medial tibia plates

Triangular head shape

Proximal surface allows for buttress surface and screws for proximal screw fixation

2.0mm K-wire hole

To provide temporary fixation

Variable-angle screw holes

Circular universal holes accept non-locking screws and locking screws within a 30° cone

Posterior extension hole

Allows buttress effect with lateral support of bone fragment with plate extension

Posteromedial extension

Asymmetric plate shape designed to support posterior buttressing by extending the plate more laterally

Proximal rafting screws

Designed with variable angle locking technology which allows placement in conjuction with lateral based implants

Oblong hole

To aid in plate placement

Proximal Medial Tibia

- Direct medial placement
- Designed for a proximal tibial fracture where fixation is needed on the medial side, for a fracture that spans into the diaphysis

Proximal Posteromedial Tibia

- Designed to help with posteromedial fracture fragments often associated with bicondylar tibial plateau fractures
- Unique proximal plate design facilitating lateral capture of the posteromedial fragment
- Offers alternative to traditional medial tibia plate

Proximal tibia plates: fit matters[4]

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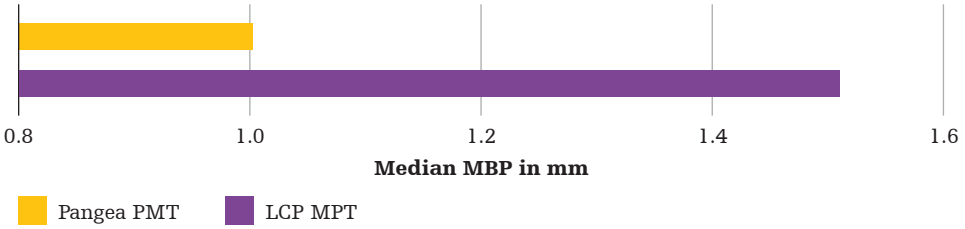
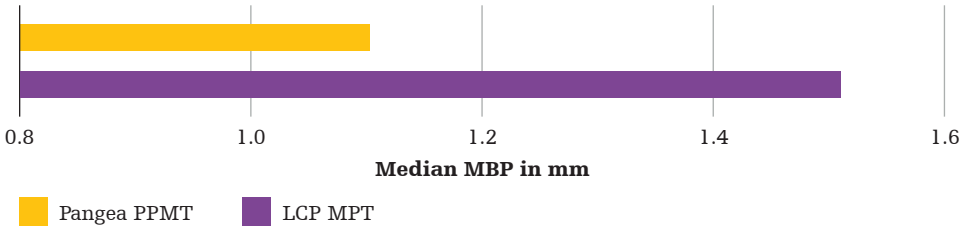
Proximal Medial Tibia



Comparison of Proximal Medial Tibia plates

Proximal Posteromedial Tibia



Comparison of Proximal Posteromedial Tibia plates

Distal tibia plates

Distal Anterolateral Tibia

- Shaft anatomically curved proximal to the joint line for support distally

Distal Medial Tibia

- Designed to act as a buttress for the medial malleolus or medial fixation of pilon fractures
- Contour allows placement immediately proximal to the joint line for support while reducing the potential for soft tissue irritation

Distal Posterior Tibia

- Plate rotation allows centered placement of the distal screw cluster

Distal tibia plates: fit matters[4]

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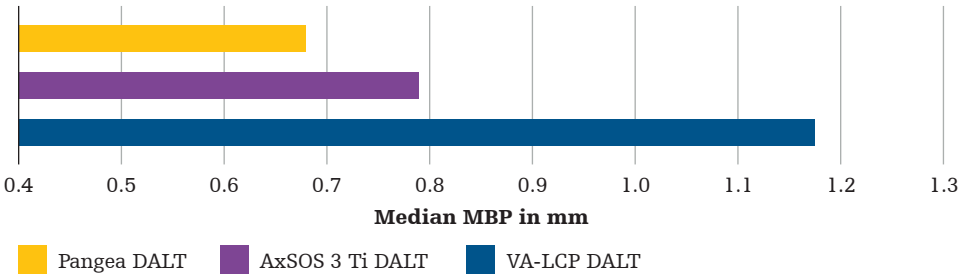
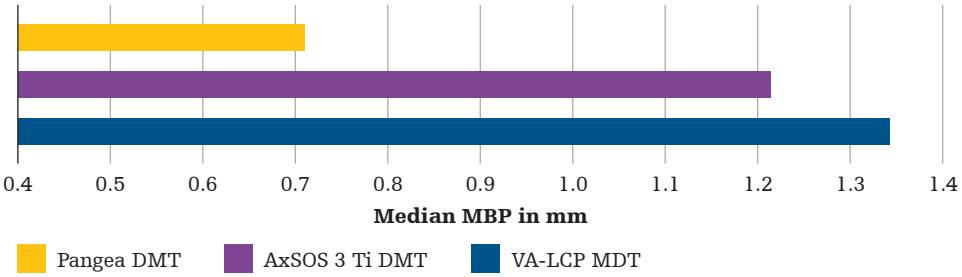
MBP distance is the mean distance between plate and bone. This is the metric to compare the fit of two different plates. A lower median MBP distance equates to a better fit because it means the plate fits closer to bone.

Distal Anterolateral Tibia



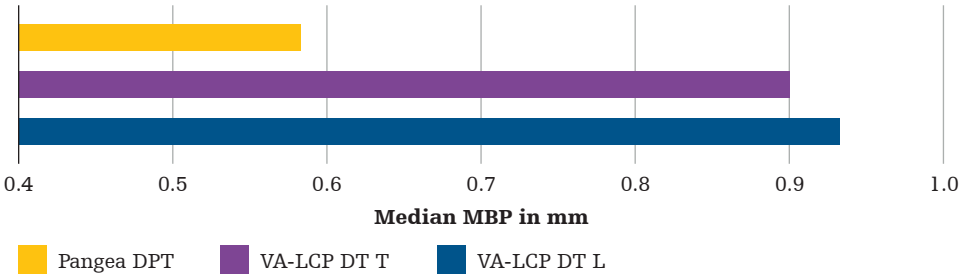
Comparison of Distal Posterior Tibia plates

Distal Medial Tibia



Comparison of Distal Medial Tibia plates

Distal Posterior Tibia



Comparison of Distal Posterior Tibia plates

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Distal fibula plates

1.6mm K-wire hole

To provide temporary fixation

Dedicated syndesmotic holes

Recessed holes to accomodate screws or flexible fixation implants for the syndesmosis

2 distal K-wire holes

Designed for distal placement

Distal 2.7mm cluster

Allows for fixation options

Variable-angle screw holes

Circular universal holes accept non-locking screws, and locking screws within a 30° cone

Distal 2.7mm cluster

High screw hole density

Allows buttressing and matching the thinner coronal width of the fibular shaft

6 metaphyseal 2.7mm distal cluster

Low profile metaphyseal cluster to reduce the potential for peroneal tendon irritation

Distal Lateral Fibula

- 3.5mm screws in the shaft for robust fixation, and low profile distal cluster with 2.7mm screw options
- Designed to allow for centered placement of the distal cluster over the lateral malleolus with shaft placement on the posterolateral face of the shaft

Distal Posterolateral Fibula

- 3.5mm screws in the shaft for robust fixation, and low profile distal cluster with 2.7mm screw options
- Plate rotation designed to allow for placement along the posterolateral shaft of the fibula while fascilitating the buttressing of oblique or external rotations in ankle fractures

Distal Posterior Fibula

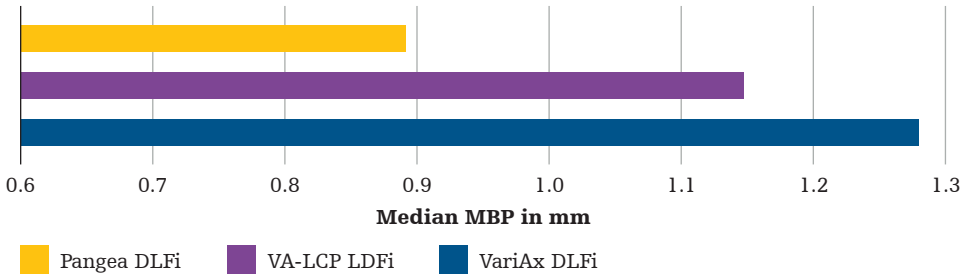
- Utilizes only 2.7mm screws, allowing plates to be thin enough to be malleable
- Designed for placement through the posterolateral approach

Distal fibula plates: fit matters[4]

Pangea's anatomic plates fit.

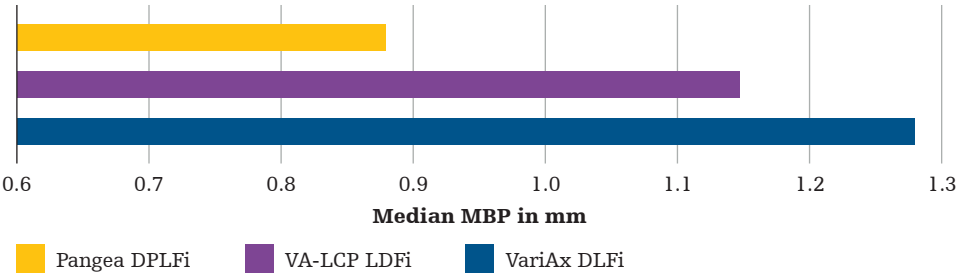
MBP distance is the mean distance between plate and bone. This is the metric to compare the fit of two different plates. A lower median MBP distance equates to a better fit because it means the plate fits closer to bone.

Distal Lateral Fibula



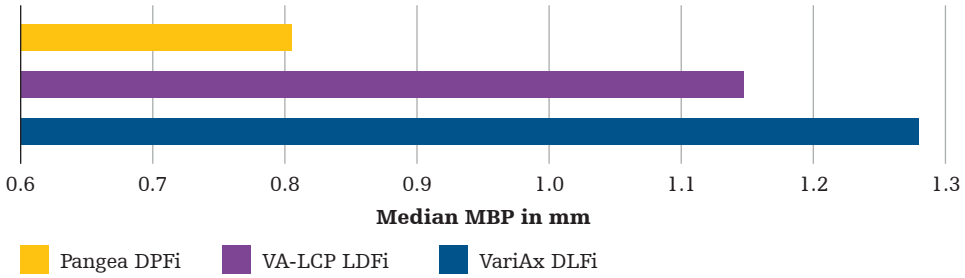
Comparison of Distal Lateral Fibula plates

Distal Posterolateral Fibula



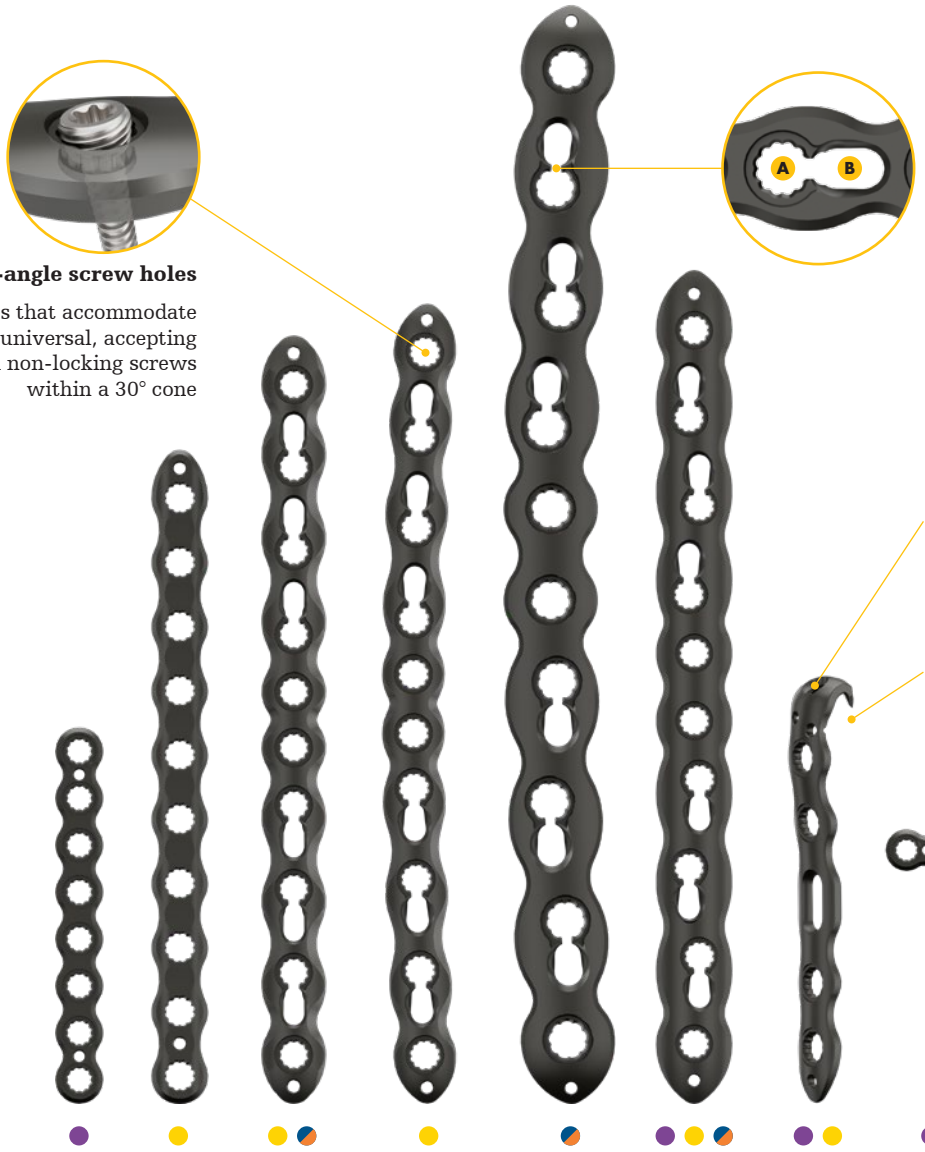
Comparison of Distal Posterolateral Fibula plates

Distal Posterior Fibula



Comparison of Distal Posterior Fibula plates

Utility plates



Variable-angle screw holes

Circular holes that accommodate screws are universal, accepting locking and non-locking screws within a 30° cone

Hybrid LC holes

Allows up to 2mm of compression per hole or can be used for a variable angle locking screw

A: Universal: For locking or non-locking screws

B: Compression: For non-locking screws only

"Home run screw"

A non-locking screw hole between the tines to allow for fracture compression with a lag screw

Dual tines

Hook plates are equipped with 2 tines to aid in bone purchase

Screw compatibility: **Ø 2.7mm** **Ø 3.5/4.0mm** **Ø 4.0/4.5/6.0mm** **Ø 5.0mm**

Highlights

- Universal holes accept locking and non-locking screws within a 30° cone
- Hybrid L/C holes allow for up to 2mm of compression per hole or can be used for a variable angle locking screw
- Hook plates have 2 tines to aid in bone purchase and a non-locking screw hole between the tines to allow for fracture compression with a lag screw i.e., "home run screw"

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Variable angle locking

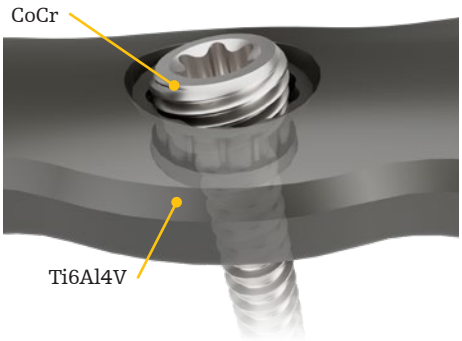
Strength from all angles

With Pangea, confidence comes from within.

Material locking

Pangea's variable angle locking technology uses a cobalt-chrome (CoCr) locking screw with the titanium alloy (Ti6Al4V) plate. It allows for the screwhead's threads to form a definitive plate- screw interface in the plate's locking hole by engaging the softer, titanium alloy.[6]

Based on the mechanical properties of two different types of metals, the cobalt chrome locking screws will not cold weld into titanium plates.

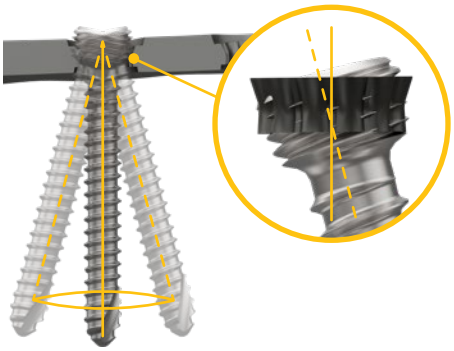


CoCr locking screw and Ti6Al4V plate hole

Variable angle locking technology

Pangea's variable angle locking technology uses a cobalt chrome (CoCr) locking screw, which is harder than the Ti6Al4V plate, allowing for the screwhead's threads to form a definitive plate-screw interface in the plate's locking hole by engaging the softer, Ti6Al4V material.

This technology allows the user to aim and lock the screw into the plate within a true 30° cone revolving the predetermined hole trajectory. The variable angle drill guide provided with the system offers guidance with respect to the limit of this 30° cone. The locking mechanism remains functional for up to two locking screw reinsertion.

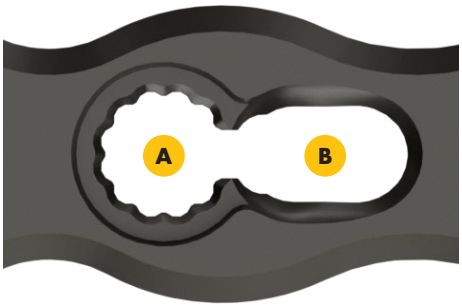


Universal holes offer 30° cone of angulation

Hybrid LC holes (locking/compression)

Hybrid LC holes allow for either active compression with the use of a non-locking screw in the compression section of the hole or variable angle locking with the use of a locking screw in the universal section of the hole. If locking is not desired, the universal section of the hole also accepts non-locking screws. Each Hybrid LC hole is designed to provide up to 2mm of compression.

Note: Hybrid LC holes are not available with every plate type.



A: Universal: For locking or non-locking screws

B: Compression: For non-locking screws only

Hybrid LC hole

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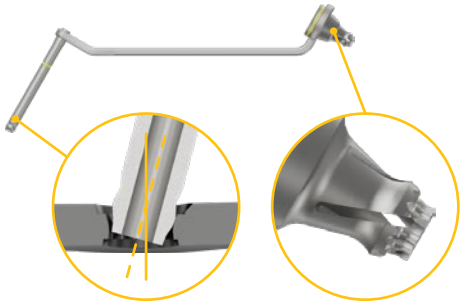
Strength from all angles

With Pangea, confidence comes from within.

Variable angle drill guide

The ball and cone variable angle drill guides are used in combination with respective drills to determine screw trajectory, if variable angle locking is what is needed.

The guide restricts the degree of screw angulation to 15° in any direction resulting in a true 30° cone. To ensure a precise 15° angulation, use the cone end of the variable angle drill guide by engaging the cone end of the guide into the plate hole.

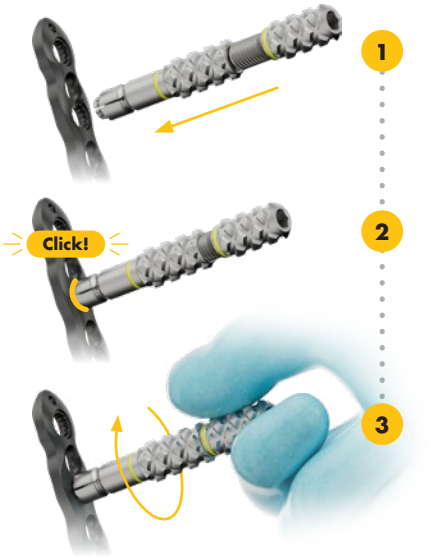


Variable angle drill guide

Fixed angle drill sleeve

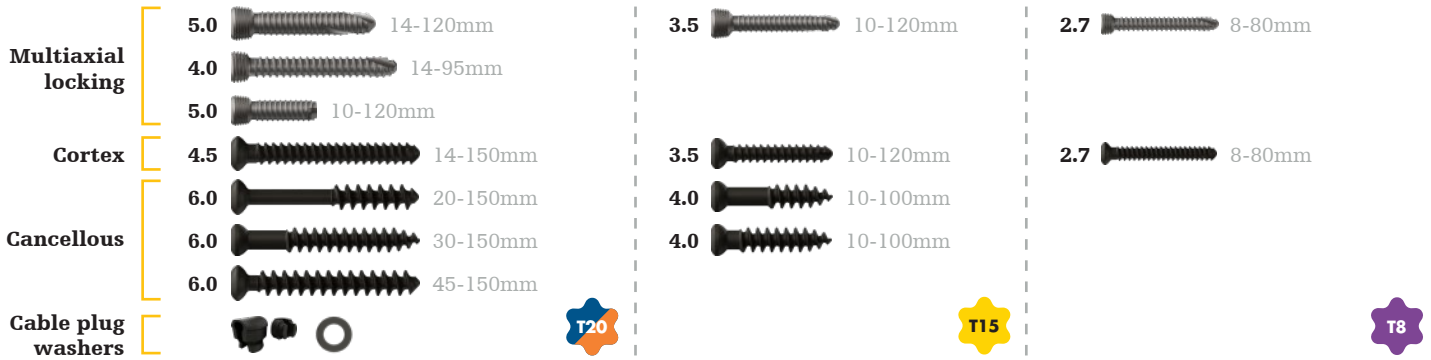
The appropriate drill sleeve insert is loosely inserted into the fixed angle sleeve, if a monoaxial screw trajectory is needed.

- The assembly is inserted into the desired plate hole, which can be confirmed for proper placement with tactile feedback upon insertion
- The drill sleeve is threaded and inserted through the fixed angle sleeve and the knob is twisted, which fastens the assembly securely to the plate



Fixed angle drill sleeve and insert assembly

Screw platform

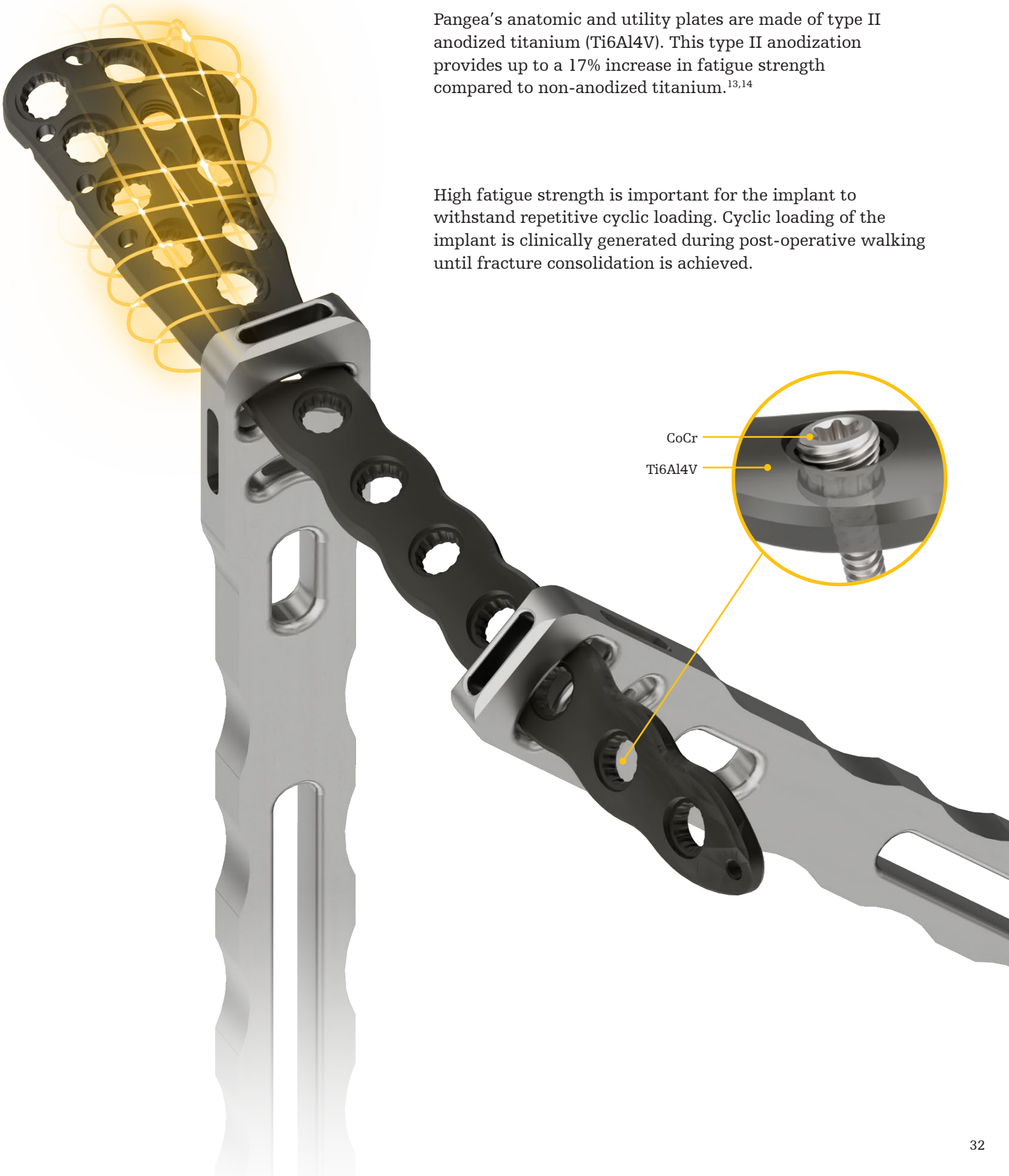


Material considerations

Fatigue strength

Pangea's anatomic and utility plates are made of type II anodized titanium (Ti6Al4V). This type II anodization provides up to a 17% increase in fatigue strength compared to non-anodized titanium.[13,14]

High fatigue strength is important for the implant to withstand repetitive cyclic loading. Cyclic loading of the implant is clinically generated during post-operative walking until fracture consolidation is achieved.



Modulus of elasticity

Stryker's titanium alloy has a low modulus of elasticity that allows for interfragmentary movement, which is known to influence callus formation - an important step in bone healing.[7,8] Titanium's modulus of elasticity is closer to that of bone than stainless steel.[9,10,11]

- Commercially pure titanium (CP-Ti) grade 2 and Ti6Al4V have a modulus of elasticity of 100-110 GPa and 100-130 GPa respectively.
- 316L stainless steel has a Young's modulus of 200 GPa.
- The greater elasticity of titanium allows for more implant flexibility which directly affects callus formation.
- Interfragmentary motion in the millimeter range is proven to induce bone healing that does not occur with less motion.[10]
- In comminuted fractures treated with bridge plating, the fracture must heal with external callus formation.[11]

Significant Independent Risk Factors of Nonunion

Clinically, a retrospective multicenter case-control study concluded that the use of stainless steel plates can be identified as an independent predictor of nonunion risk.[15]

- Rodriguez et al. identified 28 nonunions (13.3%) in a series of 283 supracondylar fractures across three level 1 trauma centers.[15]
- Besides the use of stainless steel plates, obesity (BMI > 30), open fractures, and infection were identified as significant independent risk factors ($P < 0.01$).[15]

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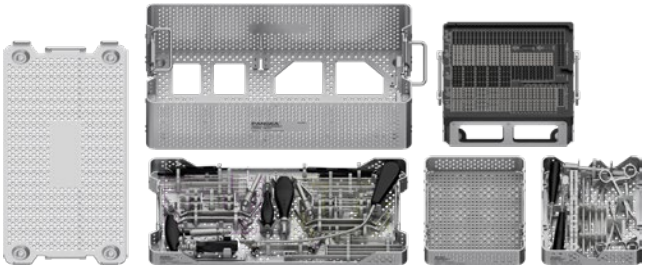
Simplicity

You deserve the confidence that comes from a simple, innovative, and comprehensive system. The orthopedic surgeons behind Pangea knew this from experience, so that's what we created. Embrace the simplicity of a global platform, providing **everything you need and nothing you don't**.

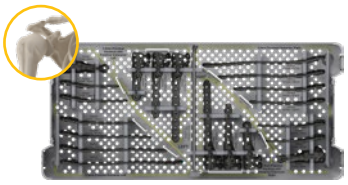
One comprehensive portfolio

Pangea is a new force in plating—for hospitals, surgeons and staff

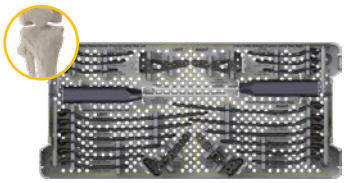
T8 T15 Pangea Small Fragment Core Tray



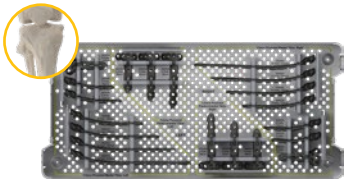
Additional plate tray options:



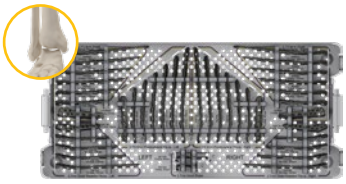
Proximal humerus tray



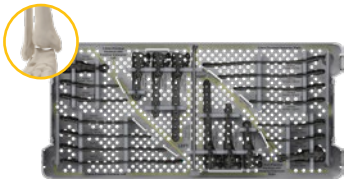
Proximal lateral tibia tray



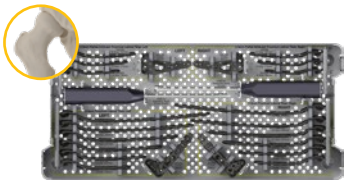
Proximal medial tibia tray



Distal fibula tray



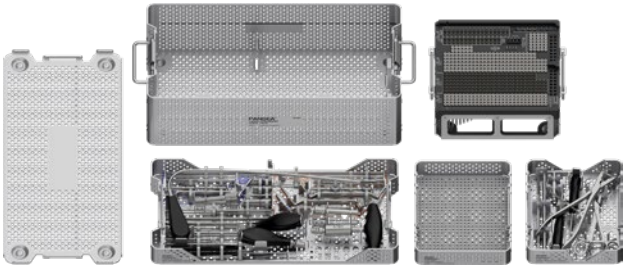
Distal tibia tray



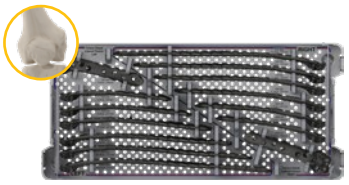
Distal medial femur tray

Small Frag Utility tray

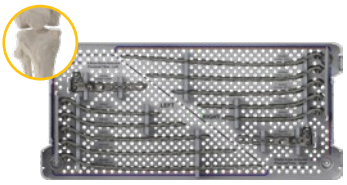
T20 Pangea Large Fragment Core Tray



Additional plate tray options:

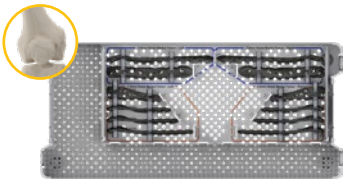


Distal lateral femur tray



Extra articular proximal tibia tray

PeriPRO femur tray



Distal medial femur tray

Large Frag Utility tray

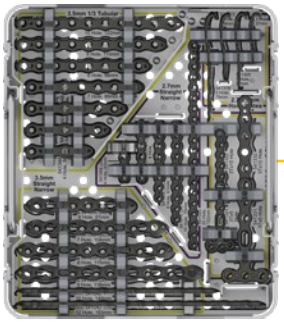
Personalization and standardization

The Pangea small and large fragment core trays are designed to offer users modularity in their set configurations. Each core tray's standard configuration includes an auxiliary tray with a silicone mat for storage of miscellaneous instrumentation.

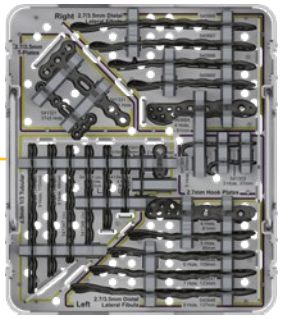
	Auxiliary insert with silicone mat	Small fragment reduction insert	Large fragment reduction insert	Small fragment standard plate insert	Small fragment ankle plate insert	Asnis III 4.0mm cannulated screw insert
Small fragment core tray	✓	✓		✓	✓	✓
Large fragment core tray	✓		✓			✓

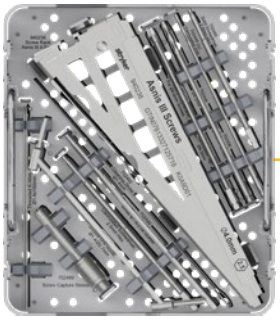
Optional insert configurations

Small fragment utility plate insert

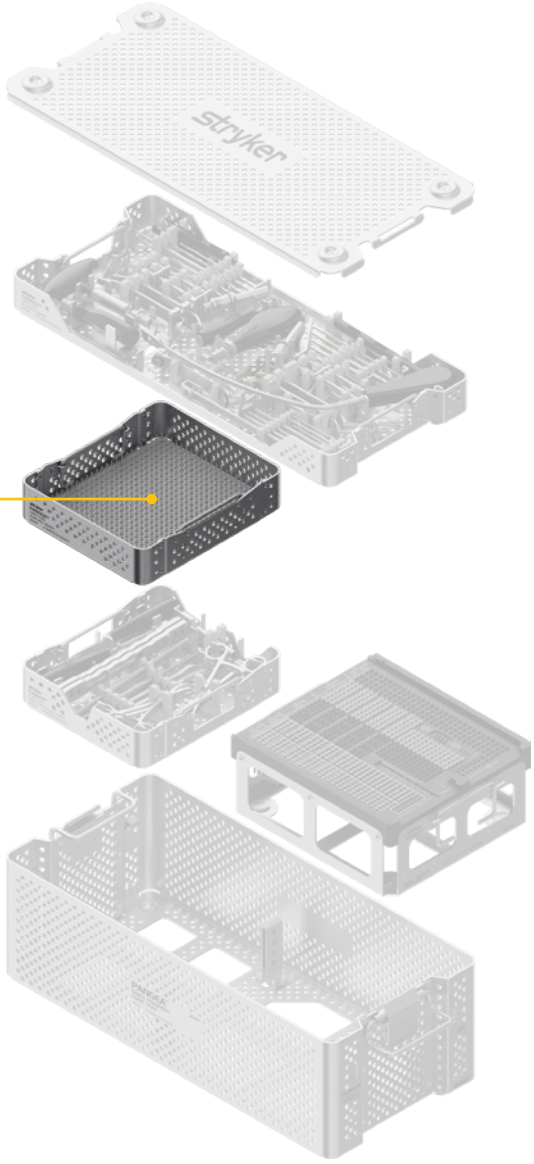


Small fragment ankle plate insert





Asnis III 4.0mm cannulated screw insert



Simplicity

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Color coded instrumentation

Despite various new plate options, all indication trays operate from the small fragment and large fragment core trays. Color coding helps to easily identify proper instrumentation for a particular plate and quickly differentiate screw sizes.

Small fragment

Ø 2.7mm Ø 3.5/4.0mm

Small fragment core tray
Proximal humerus tray
Proximal lateral tibia tray
Proximal medial tibia tray
Distal medial femur tray
Distal tibia tray
Fibula tray
Small fragment utility tray

Large fragment

Ø 4.0/4.5/6.0mm Ø 5.0mm

Large fragment core tray
Distal lateral femur tray
Distal medial femur tray
Extra articular proximal tibia tray
Large fragment utility tray

References

1. Harith H, Schmutz B, et al. Can we safely deform a plate to fit every bone? Population-based fit assessment and finite element deformation of a distal tibial plate. Med Eng Phys. 2016;38(3):280-285. doi:10.1016/j.medengphy.2015.11.012
2. Petersik A, Homeier A, et al. A numeric approach for anatomic plate design. Injury. 2018;49 Suppl 1:S96-S101. doi:10.1016/ S0020-1383(18)30312-7
3. Schmidt, W et al. "Stryker Orthopaedic Modeling and Analytics (SOMA): A Review." Surgical Technology International, vol. 32 (2018): 315-324.
4. Internal Report № D0000262573, Rev AA, Selzach, Switzerland
5. Internal Report № D0000064652. Rev AA, Selzach, Switzerland
6. Fink, Jochen, 'Introduction to Stryker's SmartLock Technology BML & SOMA WebEx Sessions', content ID # VAX-EM-10_Rev-1 Feb 18th 2014
7. Baumann, A., Zander, N.; Ti6AI4V with Anodization Type II; Biological Behavior and BioMechanical Effects, March 2005.
8. Von Oldenburg G, Speitling A. Anodization of Titanium Implants – A Literature Summary. 2000, Monograph, Stryker Trauma AG
9. White Paper, AxSOS 3 Titanium Proximal Lateral Tibia Plate Stiffness and Strength, AxSOS-WP-1, Rev 1
10. Beltran, M. J., Collinge, C. A., & Gardner, M. J. (2016). Stress modulation of fracture fixation implants. Journal of the American Academy of Orthopaedic Surgeons, 24(10), 711-719.
11. Henderson CE, Herzog MA, et al. 2010 mid-America Orthopaedic Association Physician in Training Award: healing complications are common after locked plating for distal femur fractures. Clin Orthop Relat Res. 2011:469(6):1757-65. doi: 10.1007/s11999-011-1870-6.
12. Pohler O. Unalloyed titanium for implants in bone surgery. Injury. 2000:31(Suppl 4):7-13. doi: 10.1016/s0020-1383(00)80016-9.
13. Internal Report № 040607CB1, 2007, Schönkirchen, Germany
14. Internal Report № 300709CB1, 2010, Schönkirchen, Germany
15. Rodriguez EK, Boulton C, et al. Predictive factors of distal femoral fracture nonunion after lateral locked plating: a retrospective multicenter case-control study of 283 fractures. Injury. 2014;45(3):554-559. doi:10.1016/j.injury.2013.10.042
16. Internal report № D0000124129, Rev AC, Schönkirchen, Germany

Notes

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The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use, including the instructions for cleaning and sterilization (if applicable), before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

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