Step One: A linear incision centering over the sinus tarsi is made into Relaxed Skin Tension Line (RSTL), approximately 2cm in length. The intermediate dorsal cutaneous nerve is identified, carefully retracted and preserved. A linear incision is made into the retinaculum to expose the sinus tarsi.

Step Two: The incision is evaluated and sequential sized dilators are placed over the guide wire until desired restricted subtalar joint motion and clinical correction is achieved. This can be assessed interoppositely by moving and palpating the calcaneus and at the same time looking the lateral column. Approximatley 4-6 cm of inversion of the calcaneus should be noted. The dilator is removed and the guide wire is maintained. At this time the graduated markings on the sizer should be noted.

Step Three: Utilizing the K-wire holder, a guide wire is placed into the sinus and canals tarsi repeating the same direction and technique as mentioned above. Appropriately sized trial implant can be used according to the sized dilator. The graduated markings on the guide wire can be appreciated. The appropriate sized implant can be used according to the sized dilator. This can be assessed interoppositely by moving and palpating the calcaneus and at the same time looking the lateral column. Approximatley 4-6 cm of inversion of the calcaneus should be noted. The dilator is removed and the guide wire is maintained. At this time the graduated markings on the sizer should be noted.

Step Four: The appropriately sized trial implant can be used according to the sized dilator. The graduated markings on the guide wire can be appreciated. The appropriate sized implant can be used according to the sized dilator. This can be assessed interoppositely by moving and palpating the calcaneus and at the same time looking the lateral column. Approximatley 4-6 cm of inversion of the calcaneus should be noted. The dilator is removed and the guide wire is maintained. At this time the graduated markings on the sizer should be noted.

Step Five: The appropriately sized implant is chosen according to the sized dilators and is placed over the guide wire and screwed into position. Again, subtalar joint motion is evaluated and clinical correction is appreciated. At this time the placement of the implant can be appreciated (surgeon's discretion) with the C-arm on anterior to posterior ankle view. The graduated markings on the implant can be used to approximate the position of the implant. Important: the sizer markings should be noted on the implant and recorded with the C-arm on anterior to posterior ankle view. Once the appropriate sized trial implant has been identified it is removed and replaced with the appropriate sized implant as noted in step four. Important: The medial or leading edge of the implant should be 1-2mm past the longitudinal bisection of the talus. The position of the implant can be appreciated with the C-arm on anterior to posterior ankle view. The view should be achieved copiously with normal sterile saline.

Step Six: A probe is used to slightly enlarge the sinus as well as the canals tarsi and to establish the subtalar joint axis. The leading edge of the probe should be palpated at the medial aspect of the subtalar joint with slight tenting of the skin. This should be appreciated just inferior to the posterior talonavicular joint and slightly inferior and anterior to the medial malleolus. Care is taken to preserve the interosseous talocalcaneal ligament. The probe is removed.

Optional Step Between Three and Four

The appropriately sized trial implant can be used according to the sized dilator. The graduated markings on the guide wire can be appreciated. The appropriate sized implant can be used according to the sized dilator. This can be assessed interoppositely by moving and palpating the calcaneus and at the same time looking the lateral column. Approximatley 4-6 cm of inversion of the calcaneus should be noted. The dilator is removed and the guide wire is maintained. At this time the graduated markings on the sizer should be noted.

Step Seven: After the appropriate sized trial implant has been identified it is removed and replaced with the appropriate sized implant as noted in step four. Important: The medial or leading edge of the implant should be 1-2mm past the longitudinal bisection of the talus. The position of the implant can be appreciated with the C-arm on anterior to posterior ankle view. The view should be achieved copiously with normal sterile saline.

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BioPro Hybrid Subtalar Implant

Sterile

Contraindications:

1. Flat foot treatment in children and adolescents
2. Congenital flat foot
3. Unsuccessful long term orthopedic treatment (orthotics)
4. Tarsal coalition
5. Partially flat foot
6. Supra deltoid in posterior tibial tendon dysfunction
7. Partially flat foot
8. Subtalar instability

Contact Information:

BioPro Hybrid Subtalar Implant

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