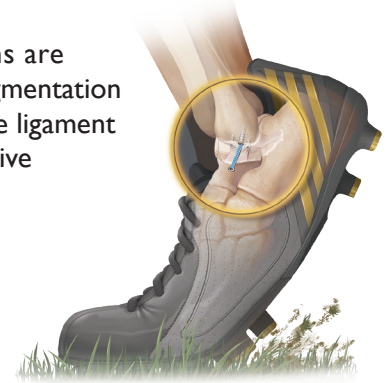


InternalBrace™ Ligament Augmentation Procedure (Ankle Instability) Surgeon Success



“DO YOUR LATERAL ANKLE PROCEDURES ALL DO WELL?” Publications are now highlighting that the Brostrom repair can be improved and the InternalBrace ligament augmentation procedure offers time zero strength at the ATFL of ~250N (native ~150N).¹ The InternalBrace ligament augmentation procedure has been used successfully in both high-level athletes and normal active patients for 5+ years.



Chris Coetzee, MD - Minneapolis, MN

- *“This is the most exciting product I have seen in the last 10 years and I know it will change the way we treat athletic injuries; it will prove to be one of the big innovations of our time.”*
- *“The InternalBrace protects the repair and allows it to mature without stretching out.”*



Troy Watson, MD - Las Vegas, NV

- *“Results that I am seeing with the use of the InternalBrace are unparalleled. Immediate weightbearing makes the recovery so much easier for all patients, not just the high-level athlete.”*
- *“This product innovation has changed my practice drastically over the last 4+ years.”*



Nicholas Gates, MD - Edgewood, KY

- *“It was a new technique that actually solved a problem I was encountering.”*
- *“The InternalBrace ligament augmentation is now my standard for all primary lateral ankle instability cases and even some of the revisions I see.”*
- *“The results have been great. I have seven lateral ankle InternalBrace cases this Wednesday. Keep innovating at Arthrex. The InternalBrace is truly helping surgeons treat their patients better!”*
- *“My surgery schedule now routinely shows ‘Lateral Ligament Recon with InternalBrace’, and no longer shows ‘Modified Brostrom-Gould.’*
- *“I would remind surgeons that one of the first modifications of the Brostrom was actually an “augmentation” using the extensor retinaculum. Someone saw the need for augmentation then, as I still see it today. The InternalBrace represents the next step in that evolution, rather than a brand new procedure.”*



Luke Cicchinelli, DPM - Galicia & Asturias, Spain

- *“As the ASJM article reports not all patients are back to doing what they would like based on the Brostrom alone.”*
- *“It isn’t necessarily enough that patients get back to some activity; they would like to resume what they previously enjoyed.”*
- *“The InternalBrace recreates the true anatomic foot print of the natural anatomy.”*
- *“The difference is in the security of repair at time zero, leaving the OR, that allows confidence in advancing the rehab.”*

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Thomas Clanton, MD - Vail, CO

- *“We performed biomechanical testing that confirmed the improved strength of the InternalBrace ligament augmentation. This was published in the February 2014 issue of The American Journal of SportsMedicine.”*



Gordon Mackay, MD - Stirling, Scotland

- *“It’s easy and minimally invasive, and I sleep easy.”*
- *“I have 5+ years’ experience and I am delighted at how it has changed my practice. Patients are impressed by their recovery.”*



Justin Fleming, DPM - Philadelphia, PA

- *“I never had a great sense of security on the table with the Brostrom.”*
- *“The InternalBrace ligament augmentation not only strengthens the initial repair, but protects the soft tissues until they reach the necessary maturity.”*



Mark Hardy, DPM - Cleveland, OH

- *“It provides me the assurance of knowing my primary Brostrom repair is protected.”*
- *“I first started using it in spring ligament repairs/augmentation and quickly saw its utility in framing around other soft tissue repairs.”*
- *“As surgeons, we are always looking to evolve and provide our patients with the best technology. The implants and the technology are not new – just the technique and application.”*



Naohiro Shibuya, DPM - San Antonio, TX

- *“If you want to keep your patients active, this phenomenon is important to recognize. InternalBrace allows bone-to-bone anchoring to achieve stability independent of soft tissue integrity.”*
- *“The InternalBrace technique is simple and reproducible. The benefit simply outweighs the risk.”*

Reference

I.Viens NA, Wijdicks CA, Campbell KJ, Laprade RF, Clanton TO. Anterior talofibular ligament ruptures, part I: biomechanical comparison of augmented Broström repair techniques with the intact anterior talofibular ligament. Am J Sports Med. 2014;42(2):405-411. doi:10.1177/0363546513510141