

INSTALLATION

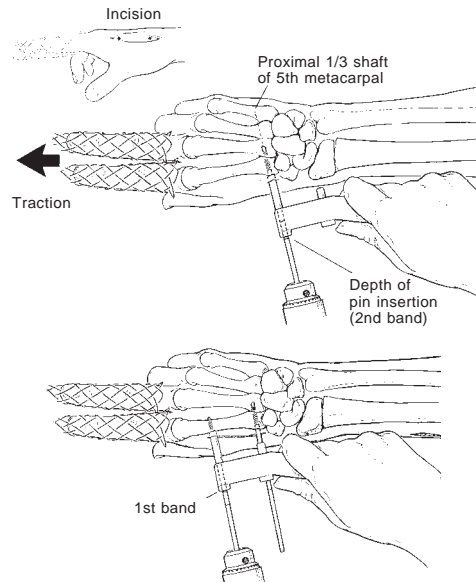
This **WRISTJACK® CONDENSED SURGICAL GUIDE** is meant as a *reminder only*. Prior to use, study Surgeon's Manual to become completely familiar with using the WristJack.

NOTE: Maintenance of gross fracture alignment during pin insertion, with the proximal pair of pins inserted in a plane roughly parallel to the distal pair of pins, assures optimal use of device adjustments.

1

1.1 Proximal Metacarpal Pin

Use long thread pin except in **VERY** small hands. **Make open incision to protect radial nerve.** Insert pin through 2nd metacarpal base to engage 3rd metacarpal. Take care to aim the pin at the proximal 1/3 point of the 5th metacarpal shaft. Stay parallel to the plane of the palm.

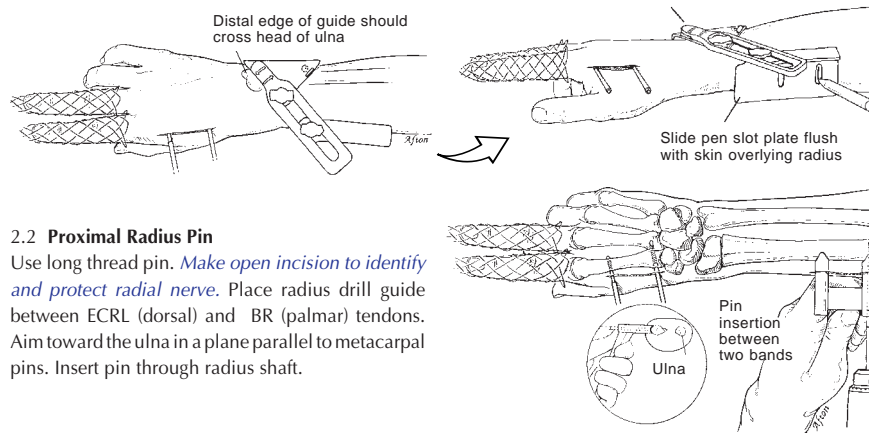


1.2 Distal Metacarpal Pin

Use short thread pin. Reposition drill guide alignment tube over first pin and insert second pin through metacarpal shaft.

2.1 Locate Incision

Locate site for radius pins using pin placement guide.

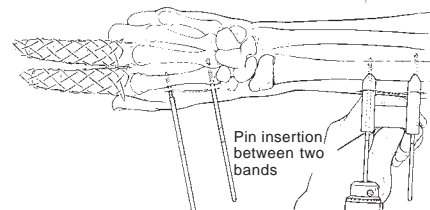


2.2 Proximal Radius Pin

Use long thread pin. **Make open incision to identify and protect radial nerve.** Place radius drill guide between ECRL (dorsal) and BR (palmar) tendons. Aim toward the ulna in a plane parallel to metacarpal pins. Insert pin through radius shaft.

2.3 Distal Radius Pin

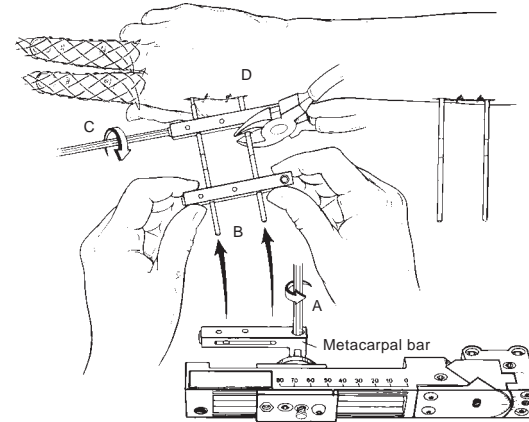
Insert second long thread pin through radius shaft.



2

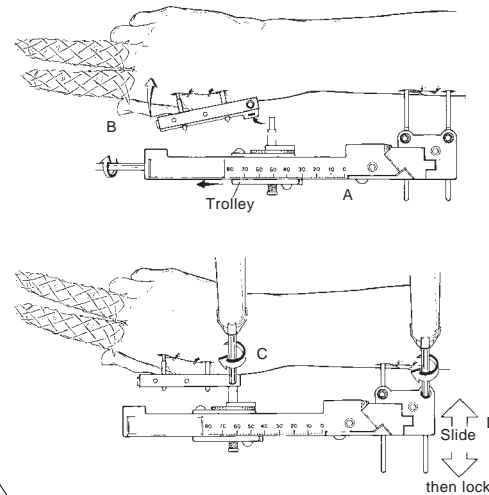
3.1 Install Metacarpal Bar

(A) Remove metacarpal bar from WristJack. Loosen PIN lock screw. (B) Slide bar onto pins. (C) Tighten PIN lock screw allowing 1 cm between bar and base of thumb. (D) Cut off pins.



3.2 Install WristJack

(A) Slide WristJack onto radius pins as shown. **Do not cut off pins.** (B) Adjust trolley using the RED adjustment to align metacarpal bar with square shaft. (C) Lock bar onto square shaft. (D) Slide WristJack in radial/ulnar direction on radius pins to the point of least resistance and with hand centered on forearm. Tighten radius pin lock screws using *light torque*.



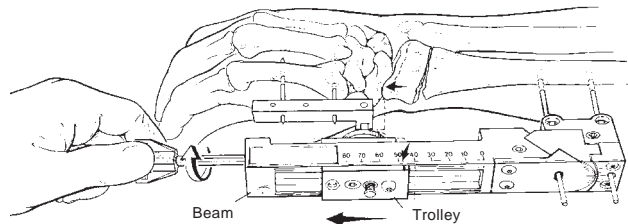
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ADJUSTMENTS

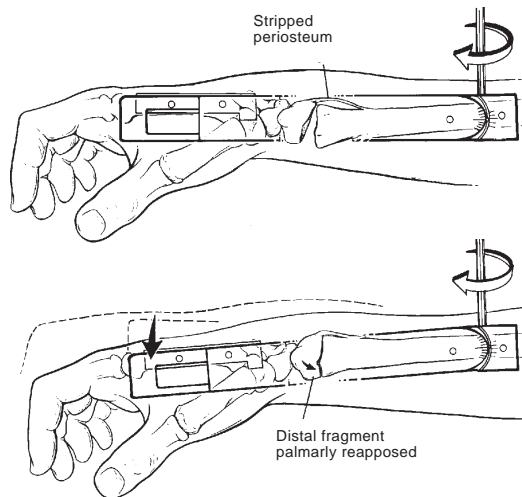
NOTE: Fracture reduction can be tracked with fluoroscopy. X-ray films may be delayed until fracture reduction is complete.

4. **RADIUS LENGTH** is restored using the RED adjustment. Length restoration usually occurs simultaneously with the first sign of index MCP joint extension.

Avoid overdistraction – be sure patient's index finger tip can be passively flexed to the distal palm with ease.



5. **PALMAR TILT** is controlled with the GREEN adjustment. To restore palmar tilt, follow labels on dorsal side of WristJack to translate the hand and wrist in a palmar direction.

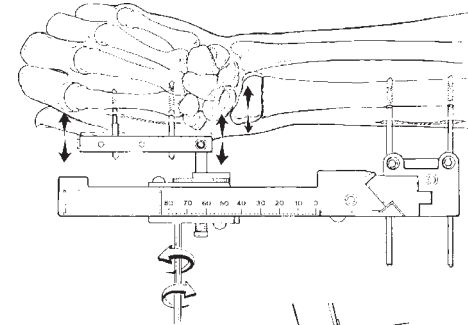


CAUTION

Follow up X-rays must be taken in the first week post-op to reassess fracture reduction, including traction and palmar translation forces. Maintenance of excessive force may lead to complications such as delayed union or non-union of the fracture, distal R-U joint subluxation, or hand stiffness. Refer to Surgeons' Manual for details.

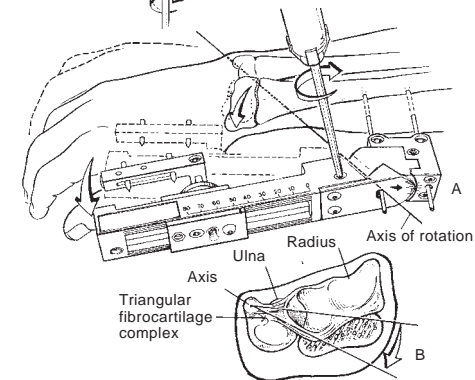
AS NECESSARY

6. The **BLUE RADIAL/ULNAR** adjustment affects appositional alignment and/or tilt of the fragment(s). The adjustment will affect each patient differently depending upon fracture anatomy. Follow labels on device to translate fragment(s) in ulnar or radial direction with respect to the radius shaft.



AS NECESSARY

7. The **YELLOW ROTATION** adjustment is used if a deficit of passive forearm rotation or x-ray evidence of malrotation is present. Follow labels on dorsal side of device to rotate distal fragment into pronation or supination.



8. **WRIST POSITION** is controlled with the **PURPLE** wrist lock. Loosen the wrist lock 1/4 turn, select wrist position and re-tighten to lock wrist in a functional position. *A neutral to slightly extended wrist position helps avoid finger stiffness and carpal tunnel syndrome.*

Radius pins may be cut off. Take final x-rays.

