



# P.R.C.T II

Fixation Plate for Articular Fracture of  
the Proximal Humerus

SURGICAL TECHNIQUE



P.R.C.T II



---

## TABLE OF CONTENTS

---

<b>DEVICE DESCRIPTION</b>	3
Indications, Precautions, Rehabilitation	4
Patient Positioning	5
<b>P.R.C.T II SURGICAL TECHNIQUES</b>	6
<b>DIAPHYSEAL PLATE</b>	7
<b>IMPLANT REMOVAL</b>	8
<b>INSTRUMENTATION</b>	9

# DEVICE DESCRIPTION

## P.R.C.T II

P.R.C.T II is a new generation of humeral plates designed for numerous shoulder fractures. The technical characteristics of this implant have been designed from workshops in anatomical labs to fit as much as possible to the anatomy, correlated to results previously published in medical journals.

**Blue Plate = Left Side**

**Green Plate = Right Side**

**Sizes:**

**3-Hole**

**5-Hole**

**7-Hole**



P.R.C.T II

## 4.5MM NON-LOCKING (COMPRESSION) AND LOCKING SCREWS

Sizes 15-50mm in 2mm increments



4.5MM LOCKING SCREW



4.5MM NON-LOCKING SCREW

## Indications

- 2- or 3-part articular fracture
- Displaced surgical neck fracture
- Nonunion
- Pseudoarthritis
- Comminuted Fracture

## Rehabilitation

### (RECOMMENDATION ONLY)

Short-term immobilization (according to the surgeon's assessment) in the neutral position to promote recovery of external rotation. Promote pool therapy and specialist rehabilitation, without counter resistance work, for six weeks (depending on the age and objectives noted in the "patient contract").

## Warnings

### CONTRAINDICATIONS

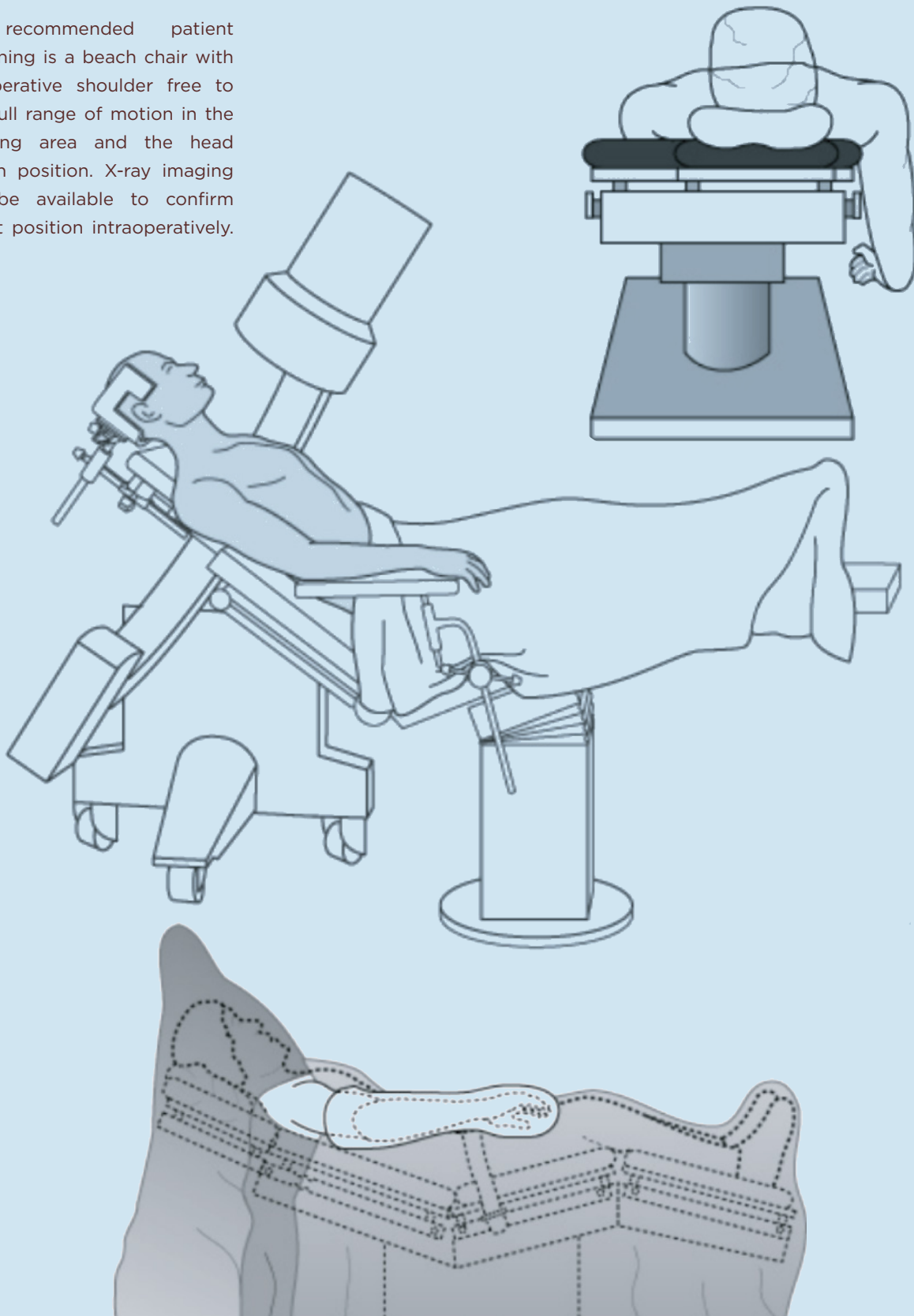
- Non-displaced or slightly displaced fractures
- Dislocation fractures in elderly subjects
- Acute, chronic, local, or systemic infections
- Severe muscular, neurological or vascular impairment affecting the joint in question
- Bone destruction or poor bone quality that could compromise the stability of the joint
- Excessive alcohol consumption or other dependency disorders
- Allergy to the materials of the prosthesis
- Any concomitant illness that could compromise the function of the device

### WARNINGS AND PRECAUTIONS

Unless otherwise indicated, instrument sets are provided non-sterile and must be completely cleaned and sterilized before use. Instruments must not undergo accelerated autoclave sterilization inside the instrument box. Accelerated autoclave sterilization of the instruments has not been validated by the manufacturer. Please consult the instrument package insert for validated sterilization instructions and the implant package insert of a complete list of warnings, precautions, contraindications and adverse events.

# Patient Positioning

The recommended patient positioning is a beach chair with the operative shoulder free to allow full range of motion in the operating area and the head fixed in position. X-ray imaging must be available to confirm implant position intraoperatively.



# SURGICAL TECHNIQUE

## STEP 1: SURGICAL APPROACH AND REDUCTION

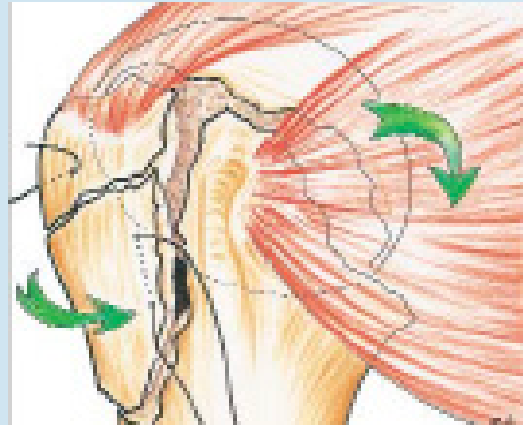
(FIGURE 1)

### Anterolateral Approach:

Longitudinal incision from the anterolateral corner of the acromion and extending 8-10cm distally (except for the smallest plate). The axillary nerve can be palpated and protected. This approach allows direct visualization of:

- The fracture for plate placement and locking screws
- Reduction of tuberosity fragments

Figure 1



## STEP 2: PLATE POSITIONING

(FIGURE 2)

The plate should be positioned about 15mm below the top of the greater tuberosity, lateral to the biceps groove. Choose the size the plate that fits the patient best.

**Blue Plate = Left Side**

**Green Plate = Right Side**

With the selected plate trial, drill the k-wire to position the trial to the proximal humerus. There are two k-wires holes. Once drilled, remove the trial, leaving the k-wire.

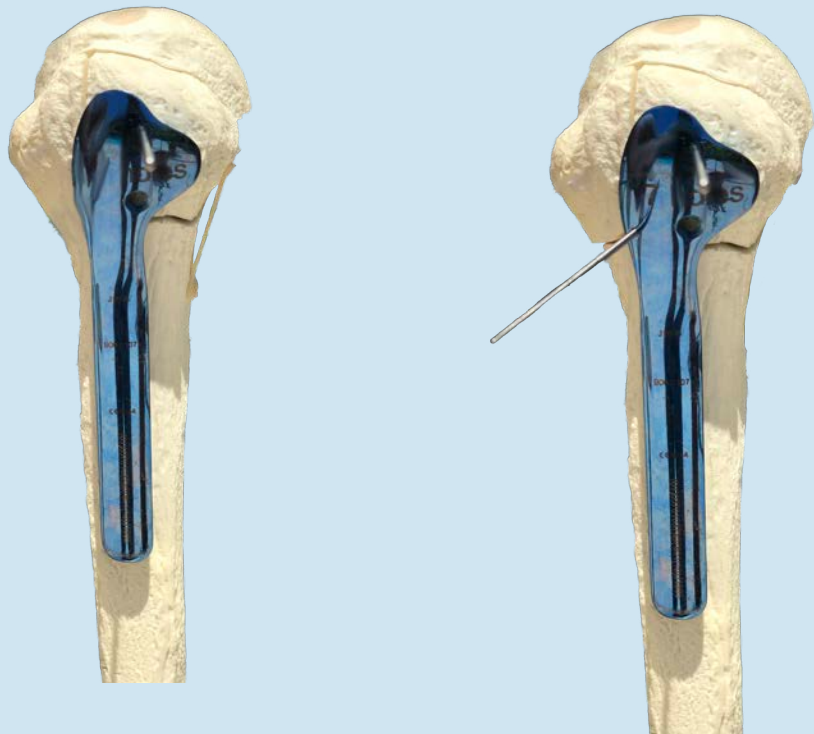
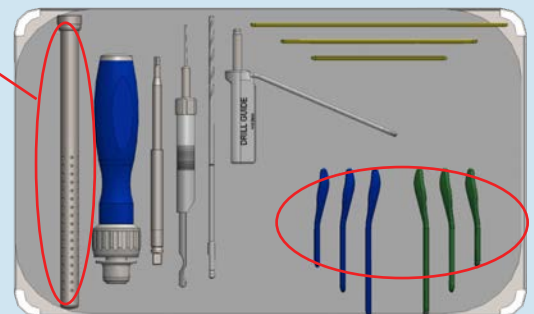


Figure 2



# SURGICAL TECHNIQUE

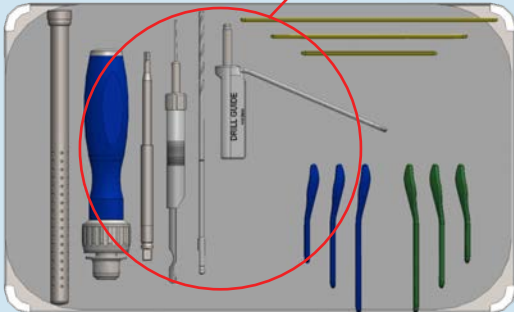
## STEP 3: LOCKING OF THE PROXIMAL PLATE

(FIGURE 3)

Place the definitive implant over the k-wires. Using the drill guide, drill the hole in the direction of the humeral head. Length of the screw is measured by reading from the drill guide.

4.5mm standard (compression) and locking screws can be used to fixate the plate to the fractured proximal humerus. Using the blue handle 3.5mm hexagonal screwdriver, hand tighten each screw as measured from the drill guide. Repeat for each screw.

The screws for the diaphyseal part should be bicortical.



# IMPLANT REMOVAL

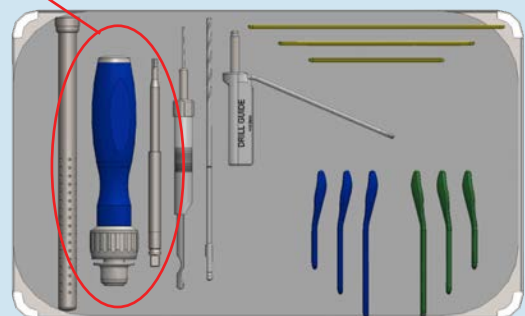
## SCREW REMOVAL

(Figure 4)

Remove screws with the 3.5mm hexagonal screwdriver

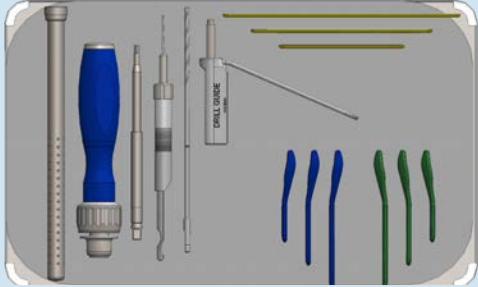


Figure 4





# INSTRUMENTATION

REFERENCE NUMBER	DESCRIPTION	INSTRUMENTATION
605-0002	PRCT II TRAY	





# P.R.C.T II

DISTRIBUTED BY



FX SHOULDER USA, INC.  
13465 MIDWAY ROAD, SUITE 101 | DALLAS, TEXAS 75244  
PHONE: (800) 280-0775 | FAX: (800) 429-8965  
EMAIL: [INFO@FXSHOULDER.COM](mailto:INFO@FXSHOULDER.COM)  
[WWW.FXSHOULDER.COM](http://WWW.FXSHOULDER.COM)



MANUFACTURED BY