ORDERING INFORMATION

**BioComposite RetroScrew**
- BioComposite RetroScrew, 6 mm x 20 mm
  - AR-1586RC-06
- BioComposite RetroScrew, 7 mm x 20 mm
  - AR-1586RC-07
- BioComposite RetroScrew, 8 mm x 20 mm
  - AR-1586RC-08
- BioComposite RetroScrew, 9 mm x 20 mm
  - AR-1586RC-09
- BioComposite RetroScrew, 10 mm x 20 mm
  - AR-1586RC-10

**BioComposite RetroScrew (amorphous PLLA)**
- RetroScrew, 6 mm x 20 mm
  - AR-1586 RH-06
- RetroScrew, 7 mm x 20 mm
  - AR-1586 RH-07
- RetroScrew, 8 mm x 20 mm
  - AR-1586 RH-08
- RetroScrew, 9 mm x 20 mm
  - AR-1586 RH-09
- RetroScrew, 10 mm x 20 mm
  - AR-1586 RH-10

**BioComposite RetroScrew Reverse Thread (amorphous PLLA)**
- RetroScrew Reverse Thread, 8 mm x 20 mm
  - AR-1586 LB-08
- RetroScrew Reverse Thread, 9 mm x 20 mm
  - AR-1586 LB-09
- RetroScrew Reverse Thread, 10 mm x 20 mm
  - AR-1586 LB-10

**BioComposite RetroScrew (titanium)**
- Titanium RetroScrew, 6 mm x 20 mm
  - AR-1586 RT-06
- Titanium RetroScrew, 7 mm x 20 mm
  - AR-1586 RT-07
- Titanium RetroScrew, 8 mm x 20 mm
  - AR-1586 RT-08
- Titanium RetroScrew, 9 mm x 20 mm
  - AR-1586 RT-09
- Titanium RetroScrew, 10 mm x 20 mm
  - AR-1586 RT-10

**Bio Cortical Interference Screw (amorphous PLLA)**
- Bio Cortical Interference Screw, 6 mm x 17 mm, 50° angle
  - AR-1586 IAB
- Bio Cortical Interference Screw, 7 mm x 17 mm, 50° angle
  - AR-1586 IAB-01
- Bio Cortical Interference Screw, 8 mm x 17 mm, 50° angle
  - AR-1586 IAB-02
- Bio Cortical Interference Screw, 9 mm x 17 mm, 50° angle
  - AR-1586 IAB-03
- Bio Cortical Interference Screw, 10 mm x 17 mm, 50° angle
  - AR-1586 IAB-04

**Accessories**
- RetroScrew Driver, straight
  - AR-1586 D
- RetroScrew Tamp, straight
  - AR-1586 ST
- RetroScrew Tamp, 90°
  - AR-1586 ST-90
- FiberStick, #2 FiberWire, 50 inches (blue)
  - AR-7209
- Shoehorn Cannula, 6 mm I.D. x 9 cm, qty. 5
  - AR-6565
- Cannulated Screwdriver for Bio-Interference Screw
  - AR-1386

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use his or her professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product’s directions for use.

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U.S. PATENT NOS. 6,461,373; 6,716,234; 7,063,717; 7,147,651 and PATENT PENDING
Grasp the FiberStick suture at the tip of the screw and remove the FiberStick out the anteromedial portal.

While tensioning the graft in the femoral socket, insert the Femoral RetroScrew anterior to the graft and parallel to the tunnel in 90° of knee flexion. The driver is maintained in the tibial tunnel after femoral screw insertion.

The Tibial RetroScrew is mounted onto the screwdriver tip by pulling on the FiberStick suture. Remove soft tissue from the screw/driver interface prior to seating of the screw. The screw is fully inserted on the driver when the laser line is flush with the tip of the screw. The FiberStick is wrapped around the driver handle’s posts to secure the screw for retrograde insertion.

While fully tensioning the graft in approximately 20° of knee flexion, the Tibial RetroScrew is inserted counterclockwise, anterior to the graft under full visual control. Insertion is completed when the round head of the screw is flush with the tibial tunnel orifice.

The Femoral RetroScrew is snapped into the end of the Shoehorn Cannula. The cannula is inserted into the anteromedial portal and the cannula obturator used to push the screw into the joint. The FiberStick is pulled, mounting the Femoral RetroScrew on the driver tip. Care should be taken to remove soft tissue from the driver/screw interface prior to seating of the screw. The RetroScrew is fully inserted onto the driver when the laser line is flush with the head of the screw.

Grasp the FiberStick Mulberry knot and pull the FiberStick out the anteromedial portal. Secondary backup fixation of the graft or FiberWire graft passing sutures at the distal tibial tunnel orifice with a 17 mm long, 50° angled Bio-Cortical Interference Screw may be performed if desired. Bi-cortical fixation of the graft in the tibial tunnel provides maximum graft fixation strength, creates a blood-rich healing environment in the tunnel and reduces post-op soft tissue hematoma.

A second FiberStick is advanced up the screwdriver cannulation and into the joint. The proximal end is retrieved and pulled out the anteromedial portal. The FiberStick end is passed through the tip of a Tibial RetroScrew equal to or 1 mm larger than the tibial tunnel diameter and a Mulberry knot is tied behind the round head of the screw. The Tibial RetroScrew is snapped into the end of the Shoehorn Cannula and the cannula inserted into the anteromedial portal. The cannula obturator is used to push the screw into the joint.

RetroScrew for Femoral and Tibial Fixation in Transtibial ACL Reconstruction

Femoral RetroScrew Advantages:
- Essential, minimally invasive screw fixation provides maximum fixation in proximal cortical bone
- FiberStick is inserted in the same direction as graft passing
- Round screw head at joint line prevents graft apposition
- Full thread diameter fixation at tunnel orifice minimizes graft shift
- Available in reverse thread design to control graft positioning
- Ideal for “all-inside” ACL reconstruction

Femoral RetroScrew Advantages:
- In-line insertion ensures parallel placement to the graft and femoral tunnel
- Transtibial transtrocal screwdriver used for femoral and tibial screw from the same position
- FiberStick suture facilitates one step intraarticular screwdriver insertion
- Available in amorphous PLLA or titanium

Joint line fixation facilitates additional graft options:
- Looping free or fine stranded semitendinosus tendon graft instrumentation used to harvest gracilis tendon
- BT percutaneous graft without portal or drill substantially reduces incision morbidity

RetroScrew insertion preparation:
- Femoral and tibial tunnels are prepared in standard transtibial fashion and reamed at both joint lines, leaving a 7 mm canal
- Before the graft is passed, a #2 FiberStick is inserted up the tibial tunnel into the joint and the end is retrieved out the anteromedial portal.

Secondary backup fixation of the graft or FiberWire graft passing sutures at the distal tibial tunnel orifice with a 17 mm long, 50° angled Bio-Cortical Interference Screw may be performed if desired. RetroScrew insertion begins when the round head of the screw is flush with the tibial tunnel orifice.
Grasp the FiberStick suture at the tip of the screw and remove the FiberStick out the anteromedial portal.

While tensioning the graft in the femoral socket, insert the Femoral RetroScrew anterior to the graft and parallel to the tunnel in 90° of knee flexion. The driver is maintained in the tibial tunnel after femoral screw insertion.

The Tibial RetroScrew is mounted onto the screwdriver tip by pulling on the FiberStick suture. Remove soft tissue from the screw/driver interface prior to seating of the screw. The screw is fully inserted on the driver when the laser line is flush with the tip of the screw. The FiberStick is wrapped around the driver handle’s posts to secure the screw for retrograde insertion.

While fully tensioning the graft in approximately 20° of knee flexion, the Tibial RetroScrew is inserted counterclockwise, anterior to the graft under full visual control. Insertion is completed when the round head of the screw is flush with the tibial tunnel orifice.

The Femoral RetroScrew is snapped into the end of the Shoehorn Cannula. The cannula is inserted into the anteromedial portal and the cannula obturator used to push the screw into the joint. The FiberStick is pulled, mounting the Femoral RetroScrew on the driver tip. Care should be taken to remove soft tissue from the driver/screw interface prior to seating of the screw. The RetroScrew is fully inserted onto the driver when the laser line is flush with the head of the screw.

Tibial RetroScrew Advantages:
- Inverted, retrograde screw insertion provides maximum fixation in proximal cortical bone
- RetroScrew is inserted in the same direction as graft tensioning
- Round screw head at joint line protects graft against abrasion
- RetroScrew can be accurately placed anterior to the graft
- Full thread diameter fixation at tunnel orifice maximizes graft stiffness
- Inhibits synovial fluid leaching into tunnel, reducing tunnel widening
- FiberStick™ tether facilitates one step intraarticular screwdriver mounting
- Available in amorphous PLLA or titanium

Joint line fixation facilitates additional graft options:
- Loop end of or four stranded semitendinosus tendon graft insertion used to harvest patellar tendon
- FT patellar tendon graft without patellar from block substantially increases footprint stability

Femoral RetroScrew Advantages:
- In-line insertion assures parallel placement to the graft and femoral tunnel
- Transtibial transtibial screwdriver used for femoral and tibial screw from the same position
- FiberStick® fiber facilitates intraarticular screwdriver insertion
- RetroScrew allows accurate placement of Femoral RetroScrew fluoroscopy or anteromedial portal
- Available in amorphous PLLA or titanium

Joint line fixation facilitates additional graft options:
- Loop end of or four stranded semitendinosus tendon graft insertion used to harvest patellar tendon
- FT patellar tendon graft without patellar from block substantially increases footprint stability

RetroScrew insertion preparation
- Femoral and tibial tunnels are prepared in standard transtibial fashion and reamed at both joint line inserts using a Retro Tunnel Notcher.
- Before the graft is passed, a #2 FiberStick is inserted up the tibial tunnel into the joint and the end is retrieved out the anteromedial portal. The FiberStick is advanced through the contralateral tunnel orifice and the driver shaft is advanced over the FiberStick suture to the femoral tunnel orifice and to the level that the FiberStick will be inserted into the Femoral RetroScrew. The Femoral RetroScrew is inserted into the Femoral Retractor and the FiberStick is advanced into the Femoral Retractor.
- A #2 FiberStick is advanced up the screwdriver cannulation and into the joint. The proximal end is retrieved and pulled out the anteromedial portal.
- The Femoral RetroScrew is advanced into the Femoral Retractor and the FiberStick is advanced into the Femoral Retractor. The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.
- The Tibial RetroScrew is advanced into the Femoral Retractor and the FiberStick is advanced into the Femoral Retractor. The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.

Secondary backing sutures of the graft or FiberWire graft passing sutures at the tibial tunnel orifice with a 17 mm long, 50° angled Bio-Cortical Interference Screw may be performed if desired. Retracted tensioner of the graft in the tibial tunnel provides maximum graft fixation strength, creates a blood-rich healing environment in the tunnel and reduces post-op soft tissue hematomas.

Surgical Technique
RetroScrew for Femoral and Tibial Fixation in Transtibial ACL Reconstruction

Tibial RetroScrew insertion:
- The Femoral RetroScrew is inserted into the Femoral Retractor. The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The Femoral Retractor is maintained in the tibial tunnel after femoral screw insertion.
- The Tibial RetroScrew is advanced into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.
- The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.

Femoral RetroScrew insertion:
- The Femoral RetroScrew is inserted into the Femoral Retractor. The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The Femoral Retractor is maintained in the tibial tunnel after femoral screw insertion.
- The Tibial RetroScrew is advanced into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.
- The Femoral Retractor is inserted into the Femoral Retractor, anterior to the graft and parallel to the tibial tunnel orifice. The driver is maintained in the tibial tunnel after femoral screw insertion.

Secondary backing sutures of the graft or FiberWire graft passing sutures at the tibial tunnel orifice with a 17 mm long, 50° angled Bio-Cortical Interference Screw may be performed if desired. Retracted tensioner of the graft in the tibial tunnel provides maximum graft fixation strength, creates a blood-rich healing environment in the tunnel and reduces post-op soft tissue hematomas.
Grasp the FiberStick suture at the tip of the screw and remove the FiberStick out the anteromedial portal.

While tensioning the graft in the femoral socket, insert the Femoral RetroScrew anterior to the graft and parallel to the tunnel in 90° of knee flexion. The driver is maintained in the tibial tunnel after femoral screw insertion.

The Tibial RetroScrew is mounted onto the retrofitter tip by pulling on the FiberStick suture. Remove soft tissue from the screw/driver interface prior to seating of the screw. The retrofitter is wrapped around the driver handle's posts to secure the screw for retrograde insertion.

While fully tensioning the graft in approximately 20° of knee flexion, the Tibial RetroScrew is inserted counterclockwise, anterior to the graft under full visual control. Insertion is completed when the round head of the screw is flush with the tibial tunnel orifice.

The Femoral RetroScrew is snapped into the end of the Shoehorn Cannula. The cannula is inserted into the anteromedial portal and the cannula obturator used to push the screw into the joint. The FiberStick is pulled, mounting the Femoral RetroScrew on the driver tip. Care should be taken to remove soft tissue from the driver/screw interface prior to seating of the screw. The RetroScrew is fully inserted onto the driver when the laser line is flush with the head of the screw.

Grasp the FiberStick Mulberry knot and pull the FiberStick out the anteromedial portal.

Secondary backup fixation of the graft or FiberWire graft passing sutures at the distal tibial tunnel orifice with a 17 mm long, 50° angled Bio-Cortical Interference Screw may be performed if desired. Bi-cortical fixation of the graft in the tibial tunnel provides maximum graft fixation strength, creates a blood-rich healing environment in the tunnel and reduces post-op soft tissue hematoma.

RetroScrew Advantages:
- Inverted, retrograde screw insertion provides maximum fixation in proximal cortical bone.
- No instrument access through the tibia or femur.
- Easier insertion of the screw into the tunnel.
- Round screw head at joint line protects graft against abrasion.
- No need for bone removal or tunnel widening.
- Full thread diameter fixation at tunnel orifice maximizes graft stiffness.
- Inhibits synovial fluid leaching into tunnel, reducing tunnel widening.
- FiberStick™ tether facilitates one step intraarticular screwdriver mounting.
- Available in amorphous PLLA or titanium.

Joint Line Fixation Facilitates Additional Graft Options:
- Looped lines or four stranded semitendinosus tendon grafts are used to harvest greater lengths.
- BT pedicle grafts are used without using donor site morbidity.

A second FiberStick is advanced up the screwdriver cannulation and into the joint. The proximal end is retrieved and pulled out the anteromedial portal.

The Fibercloth end is passed through the tip of a Tibial RetroScrew equal to or 1 mm larger than the tibial tunnel diameter and a Mulberry knot is tied behind the round head of the screw. The Tibial RetroScrew is snapped into the end of the Shoehorn Cannula and the cannula inserted into the anteromedial portal. The cannula obturator is used to push the screw into the joint.

Bimetallic RetroScrew for Femoral and Tibial Fixation in Transtibial ACL Reconstruction

Surgical Technique

RetroScrew is inserted into the femoral tunnel. The cannula is inserted into the transtibial tunnel and the cannula obturator used to push the screw into the joint.

The Fibercloth end is pulled, mounting the Femoral RetroScrew on the driver tip. Care should be taken to remove soft tissue from the driver/screw interface prior to seating of the screw. The RetroScrew is fully inserted onto the driver when the laser line is flush with the head of the screw.

A second FiberStick is advanced up the screwdriver cannulation and into the joint. The proximal end is retrieved and pulled out the anteromedial portal.

The Fibercloth end is passed through the tip of a Tibial RetroScrew equal to or 1 mm larger than the tibial tunnel diameter and a Mulberry knot is tied. The driver is maintained in the tibial tunnel after femoral screw insertion.

The Fibercloth end is pulled, mounting the Femoral RetroScrew on the driver tip. Care should be taken to remove soft tissue from the driver/screw interface prior to seating of the screw. The RetroScrew is fully inserted onto the driver when the laser line is flush with the head of the screw.

The Tibial RetroScrew is mounted onto the retrofitter tip by pulling on the FiberStick suture. Remove soft tissue from the screw/driver interface prior to seating of the screw. The retrofitter is wrapped around the driver handle's posts to secure the screw for retrograde insertion.
RetroScrew® for Femoral and Tibial Fixation in Transtibial ACL Reconstruction

Surgical Technique

ORDERING INFORMATION

Tibial BioComposite RetroScrew:
- BioComposite RetroScrew, 6 mm x 20 mm: AR-1586RC-06
- BioComposite RetroScrew, 7 mm x 20 mm: AR-1586RC-07
- BioComposite RetroScrew, 8 mm x 20 mm: AR-1586RC-08
- BioComposite RetroScrew, 9 mm x 20 mm: AR-1586RC-09
- BioComposite RetroScrew, 10 mm x 20 mm: AR-1586RC-10

Tibial RetroScrew (amorphous PLLA):
- RetroScrew, 6 mm x 20 mm: AR-1586RH-06
- RetroScrew, 7 mm x 20 mm: AR-1586RH-07
- RetroScrew, 8 mm x 20 mm: AR-1586RH-08
- RetroScrew, 9 mm x 20 mm: AR-1586RH-09
- RetroScrew, 10 mm x 20 mm: AR-1586RH-10

Tibial RetroScrew Reverse Thread (amorphous PLLA):
- RetroScrew Reverse Thread, 6 mm x 20 mm: AR-1586RL-06
- RetroScrew Reverse Thread, 7 mm x 20 mm: AR-1586RL-07
- RetroScrew Reverse Thread, 8 mm x 20 mm: AR-1586RL-08
- RetroScrew Reverse Thread, 9 mm x 20 mm: AR-1586RL-09
- RetroScrew Reverse Thread, 10 mm x 20 mm: AR-1586RL-10

Tibial RetroScrew (titanium):
- Titanium Tibial RetroScrew, 6 mm x 20 mm: AR-1586R-06
- Titanium Tibial RetroScrew, 7 mm x 20 mm: AR-1586R-07
- Titanium Tibial RetroScrew, 8 mm x 20 mm: AR-1586R-08
- Titanium Tibial RetroScrew, 9 mm x 20 mm: AR-1586R-09
- Titanium Tibial RetroScrew, 10 mm x 20 mm: AR-1586R-10

Femoral RetroScrew (amorphous PLLA):
- Femoral RetroScrew, 7 mm x 20 mm: AR-1586FRB-07
- Femoral RetroScrew, 8 mm x 20 mm: AR-1586FRB-08
- Femoral RetroScrew, 9 mm x 20 mm: AR-1586FRB-09
- Femoral RetroScrew, 10 mm x 20 mm: AR-1586FRB-10

Femoral RetroScrew (titanium):
- Titanium Femoral RetroScrew, 7 mm x 20 mm: AR-1586FR-07
- Titanium Femoral RetroScrew, 8 mm x 20 mm: AR-1586FR-08
- Titanium Femoral RetroScrew, 9 mm x 20 mm: AR-1586FR-09
- Titanium Femoral RetroScrew, 10 mm x 20 mm: AR-1586FR-10

Bio-Cortical Interference Screw (amorphous PLLA):
- Bio-Cortical Interference Screw, 8 mm x 17 mm, 50° angle: AR-5080AB
- Bio-Cortical Interference Screw, 9 mm x 17 mm, 50° angle: AR-5090AB
- Bio-Cortical Interference Screw, 10 mm x 17 mm, 50° angle: AR-5010AB
- Bio-Cortical Interference Screw, 11 mm x 17 mm, 50° angle: AR-5011AB

Accessories:
- RetroScrew Driver, thin: AR-1586A
- RetroScrew Driver, T-shaped: AR-1586HT
- Retrotunnel Notcher: AR-1877T
- Retrotunnel Notcher, straight: AR-1586ST
- Retrotunnel Notcher, 90°: AR-1586HT-90
- Shoehorn Cannula, 6 mm I.D. x 9 cm, qty. 5: AR-6565
- FiberStick, #2 FiberWire, 50 inches (blue) one end stiffened, 12 inches, qty. 5: AR-7209
- Cannulated Screwdriver for Bio-Interference Screw: AR-1386

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product’s directions for use.

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U.S. PATENT NOS. 6,461,373; 6,716,234; 7,063,717; 7,147,651 and PATENT PENDING
### Surgical Technique

#### RetroScrew® for Femoral and Tibial Fixation in Transtibial ACL Reconstruction

**Surgical Technique**

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product’s directions for use.

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<td>RetroTunnel Marker</td>
<td></td>
<td>AR-1586HT</td>
</tr>
<tr>
<td>RetroScrew Driver, straight</td>
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</tr>
<tr>
<td>RetroScrew Driver, 90°</td>
<td></td>
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</tr>
<tr>
<td>FiberStick, #2 FiberWire, 50 inches (Blue)</td>
<td></td>
<td>AR-1586HT</td>
</tr>
<tr>
<td>Shoehorn Cannula, 6 mm I.D. x 9 cm, qty. 5</td>
<td></td>
<td>AR-1586HT</td>
</tr>
<tr>
<td>Cannulated Screwdriver for Bio-Interference Screw</td>
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<tr>
<td>Distal locking sleeve, qty. 5</td>
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</tr>
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U.S. PATENT NOS. 6,461,373; 6,716,234; 7,063,737; 7,347,653 and PATENT PENDING