



SURGICAL  
TECHNIQUE



MEDSHAPE®

# DYNANAIL MINI®

ACTIVE, ADAPTIVE HEALING FOR SUBTALAR FUSION

NAIL SYSTEM





**THE ULTIMATE  
DYNAMIC  
COMPRESSION  
SOLUTION FOR  
HINDFOOT FUSION**

INTRODUCTION .....	3
INDICATIONS AND CONTRAINDICATIONS .....	4
TECHNICAL SPECIFICATIONS .....	5
ACCESSORY INSTRUMENTATION .....	6
DESIGN FEATURES .....	7
INSTRUMENT TRAY .....	8
QUICK REFERENCE GUIDE .....	10
SURGICAL TECHNIQUE .....	11
ORDERING INFORMATION .....	29

DJO® is a manufacturer of orthopedic implants and does not practice medicine. This surgical technique was prepared in conjunction with licensed health care professionals. The treating surgeon is responsible for determining the appropriate treatment, technique(s), and product(s) for each individual patient.

See package insert for complete list of potential adverse effects, contraindications, warnings and precautions.

A workshop training is recommended prior to performing your first surgery. All non-sterile devices must be cleaned and sterilized before use.

Multi-component instruments must be disassembled for cleaning. Please refer to the corresponding assembly/disassembly instructions, if applicable. Please remember that the compatibility of different product systems has not been tested unless specified otherwise in the product labeling.

The surgeon must discuss all relevant risks including the finite lifetime of the device with the patient.

## WHY DYNANAIL MINI® FOR SUBTALAR FUSION?

Subtalar fusion surgery is performed to relieve pain and correct severe foot deformity by achieving solid bony union. According to the Association for the Study of Internal Fixation principles, compression across a fusion site is important for promoting bone healing. Compression also provides stability by maximizing bone-to-bone contact and limiting micro-motion. The clinical results for tibiotalocalcaneal (TTC) fusion support the biomechanical basis for applied compression at the joint site as both external and internal fixation devices have evolved over time to better meet this need.<sup>1</sup>

The DynaNail Mini® Fusion System features DJO's patented and proven superelastic Internal NiTiNOL Compressive Element technology miniaturized for use in subtalar fusion.<sup>2-4</sup> Unlike traditional screws that lose compression within 1 mm of bone resorption, the DynaNail Mini is the only internal fixation device for subtalar fusion that maintains active compression post-surgery in response to bone resorption or settling. Fixating the Nail Implant with two Transverse Headless Screws in the talus and calcaneus allows for increased rotational stability and superior fixation strength in comparison to competitive screw devices, thereby decreasing the risk of migration while providing better overall joint stability.

The DynaNail Mini Fusion System is offered in different lengths to accommodate varying patient anatomies, with the amount of available NiTiNOL compression

increasing with implant length. The Compressive Element is housed inside a rigid outer titanium body and provided pre-stretched and pre-loaded on a disposable Nail Guide. The system also features a rigid, radiolucent carbon fiber-filled polyether ether ketone (PEEK) Targeting Frame that is used to precisely position the Nail Implant across the joints and accurately drill and place the Screws. Housed in a single sterilization tray, the Targeting Frame and accompanying instrumentation provides the surgeon with a simple, reliable surgical approach.

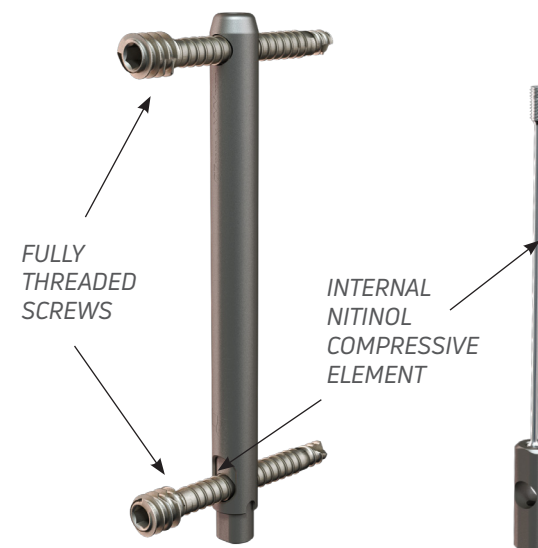
The streamlined surgical technique involves first Nail Implant placement, insertion of the talar Headless Screw, then application of manual compression, insertion of the calcaneal Headless Screw, and finally the release of the Nail Implant from the Targeting Frame with the addition of the Endcap.

1. Dupont KM, Shibuya N, Bariteau JT. Tibiotalocalcaneal Arthrodesis with Intramedullary Nails – Mechanobiological Background and Evolution of Compressive Technology. *Global J Orthopedic Research*, 2019. 1(5).

2. Yakacki CM, Gall K, Dirschl DR, Pacaccio DJ. Pseudoelastic intramedullary nailing for tibio-talo-calcaneal arthrodesis. *Expert Rev Med Devices*, 2011; 8(2): 159-66.

3. Ford SE, Kwon JY, Ellington K. Tibiotalocalcaneal Arthrodesis Utilizing a Titanium Intramedullary Nail With an Internal Pseudoelastic Nitinol Compression Element: A Retrospective Case Series of 33 Patients. *J Foot Ankle Surg*, 2019. 58(2):266-272.

4. Steele JA, Parekh SG, Adams SA, et al. Comparison of Tibiotalocalcaneal Arthrodeses Using a Sustained Dynamic Compression Nail Versus a Nondynamized Nail



## INDICATIONS

### DYNANAIL MINI® FUSION SYSTEM

The DynaNail Mini® Fusion System is indicated for:

- Fracture fixation.
- Osteotomies.
- Reconstruction procedures.
- Non-unions.
- Fusions of large bones in the foot and ankle.

## CONTRAINDICATIONS

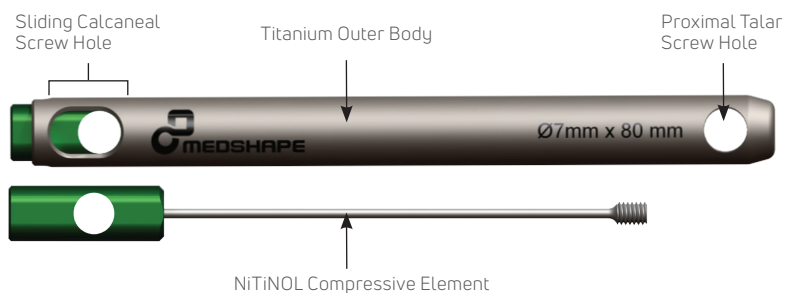
### DYNANAIL MINI FUSION SYSTEM

The DynaNail Mini Fusion System is contraindicated for:

- Patients with an active local or systemic infection.
- Patients with an active soft tissue infection or osteomyelitis of foot and ankle.
- Patients with severe peripheral vascular disease.
- Patients with an obliterated medullary canal or other conditions that tend to retard healing, such as blood supply limitations or previous infections.
- Skeletally immature patients where the implant would cross open epiphyseal plates.
- Patients with a dysvascular limb.
- Patients with an insufficient quantity or quality of bone to permit fusion of the joints or stabilization of the arthrodesis.
- Patients with conditions that restrict their ability or willingness to follow post-operative instructions during the healing process.
- Patients with suspected foreign body sensitivity, or documented metal allergy or intolerance. Where material sensitivity is suspected, appropriate tests should be conducted and sensitivity ruled out prior to implantation.

## NAIL IMPLANT

Available in 7 mm diameter and 60 - 100 mm lengths in 10 mm increments.



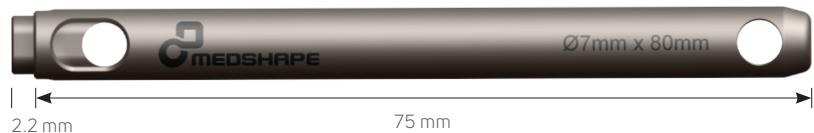
7 X 60 MM



7 X 70 MM



7 X 80 MM



7 X 90 MM



7 X 100 MM



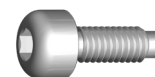
## HEADLESS SCREW

- 3 mm Hex Drive
- Available in 22 - 40 mm lengths in increments of 2 mm



## END CAP

- 2 mm Hex Drive
- Available in +3 and +6 mm Head heights



## AMOUNT OF POST-OPERATIVE COMPRESSION BY IMPLANT LENGTH

NAIL LENGTH	COMPRESSION
60 MM	1.8 MM
70 MM	2.2 MM
80 MM	2.8 MM
90 MM	3.4 MM
100 MM	4.0 MM

## ACCESSORY INSTRUMENTATION

The DynaNail Mini® Targeting Frame is made of high-strength, rigid carbon fiber PEEK to provide accurate drill targeting and placement of screws along with excellent visibility of the surgical site under fluoroscopy.

### Frame Operational Features

- 1. Retention Knob:** Turn clockwise to secure the Nail Implant onto the Targeting Frame.
- 2. Targeting Frame:** Used to insert the Nail Implant and provide accurate placement of transverse Headless Screws.
- 3. Manual Compression Wheel:** Rotate clockwise to apply external compression.
- 4. Bone Apposition Sleeve:** Use laser marks to determine amount of manual compression applied.
- 5. Step Numbers:** Indicate order of steps involving the Targeting Frame.



The DynaNail Mini® Fusion System maintains active compression across the subtalar joint using its proprietary internal NiTiNOL Compressive Element that automatically responds to changes in loading due to bone resorption or settling. The unloading of the Compressive Element can be visualized on fluoroscopy via translation of the screw holes in the Sliding Element through the slot in the Outer Body. This is best visualized on A-P radiographs.

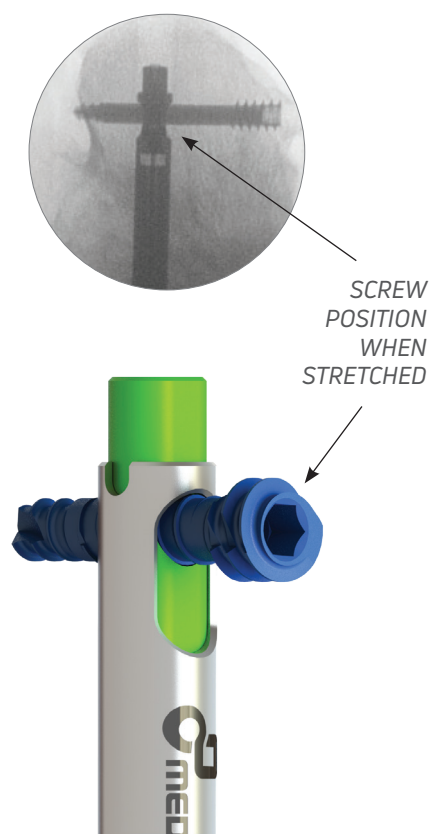
## OUT OF THE PACKAGE

The DynaNail Mini is provided with the NiTiNOL Compressive Element pre-stretched and pre-loaded on the disposable Nail Guide.



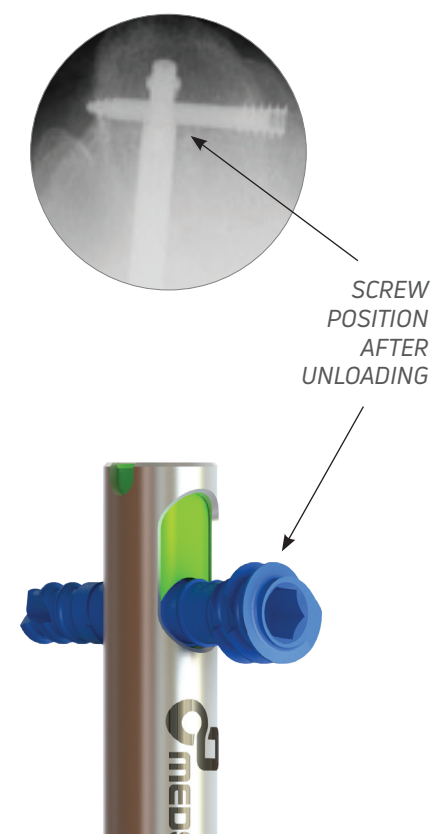
## IMMEDIATE POST-SURGERY

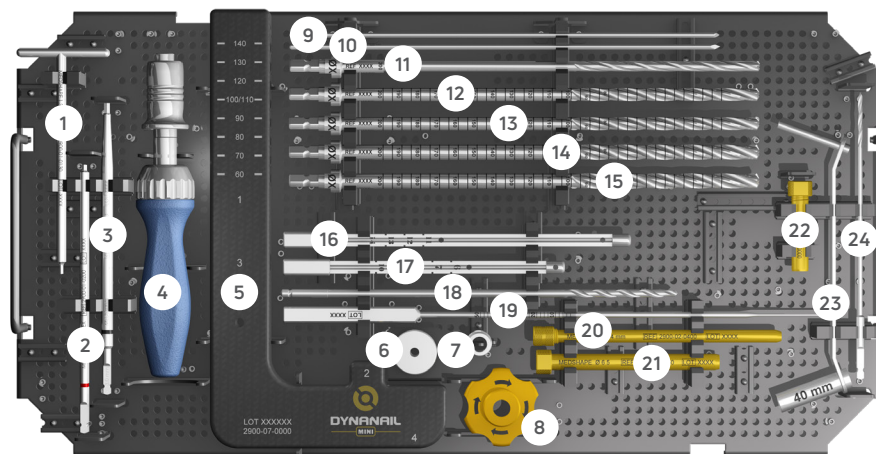
Once the Targeting Frame is removed, the Compressive Element is now in its stretched, activated position with the calcaneal screw oriented in the distal end of the slot and the Sliding Element extending plantarly from the Nail Body.



## WEEKS TO MONTHS POST-SURGERY

As the Compressive Element unloads (i.e. recovers its stretched length) in response to bone resorption or settling, the calcaneal screw will progressively shift proximally. The Compressive Element has completely unloaded when the calcaneal screw is at the proximal end of the slot and the transparent region is no longer visible.



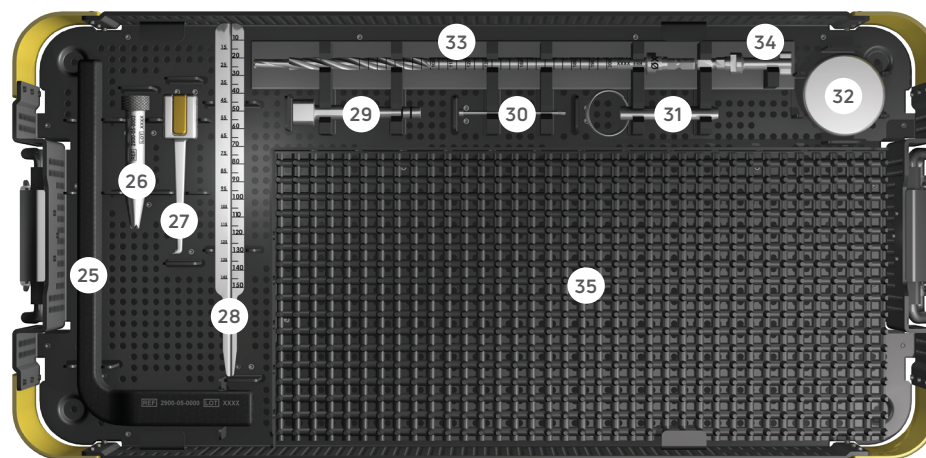


INSTRUMENT CASE, TOP TRAY

#	DESCRIPTION	PART #	QTY
1	2.0 MM ENDCAP T-HANDLE DRIVER	2900-01-0201	2
2	2.0 MM HEX DRIVER	2900-01-0200	2
3	3.0 MM HEX DRIVER	2900-01-0300	2
4	BLUE-HANDLE RATCHET DRIVER	2900-12-0001	1
5	TARGETING FRAME	2900-07-0000	1
6	RETENTION KNOB	2900-10-0000	1
7	BONE APPPOSITION SLEEVE	2900-22-0078	1
8	COMPRESSION KNOB	2900-23-0000	1
9	2.0 MM STEINMANN PIN	2200-19-0020	4
10	GUIDEWIRE, 2.4 X 229 MM	2900-04-0229	3
11	5.0 MM CANNULATED DRILL	2900-16-050	1
12	7.0 MM CANNULATED REAMER	2900-16-070	1

#	DESCRIPTION	PART #	QTY
13	7.5 MM CANNULATED REAMER	2900-16-075	1
14	8.0 MM CANNULATED REAMER	2900-16-080	1
15	8.5 MM CANNULATED REAMER	2900-16-085	1
16	IMPLANT TRIAL (110-140 MM)	2900-15-0002	1
17	IMPLANT TRIAL (60-100 MM)	2900-15-0003	1
18	4.0 MM TRANSVERSE SCREW DRILL	2900-03-0400	2
19	SCREW DEPTH GAUGE	2900-17-0000	1
20	4.0 MM GUIDE SLEEVE	2900-02-0400	2
21	6.5 MM DRILL GUIDE	2900-02-0650	2
22	PARALLEL PIN GUIDE	2900-20-0000	1
23	SOFT TISSUE PROTECTOR	2900-13-0000	1
24	2.5 MM FENESTRATION DRILL	2201-09-0025	1





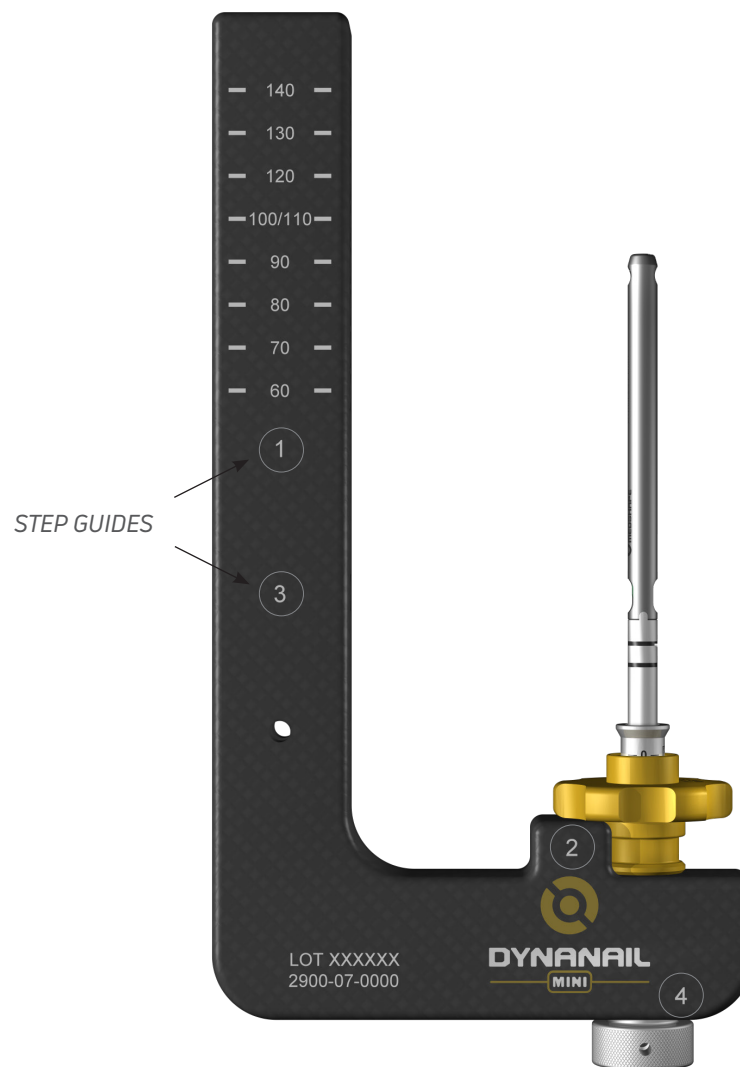
INSTRUMENT CASE, BOTTOM TRAY

#	DESCRIPTION	PART #	QTY
25	GUIDEWIRE GUIDE ARM	2900-05-0000	1
26	GUIDEWIRE GUIDE CANNULA	2900-05-0003	1
27	GUIDEWIRE GUIDE STYLUS	2900-05-0001	1
28	GUIDEWIRE DEPTH GAUGE	2900-17-0001	1
29	REMOVAL ATTACHMENT	2900-18-0000	1
30	REMOVAL CONNECTION SCREW	2900-24-0250	1
31	REMOVAL STRIKE PLATE PIN	2900-21-0001	1
32	REMOVAL STRIKE PLATE	2900-21-0000	1
33	7.5 STEP DRILL, HYBRID	2901-01-0075	1
34	NAIL GUIDE ADAPTOR, HYBRID	2901-00-0078	1
35A	T15 REMOVAL DRIVER, HYBRID	2901-02-0015	1
35B	1.3 MM T-HANDLE DRIVER	2900-01-0130	1

The following is a general overview of the DynaNail Mini® Subtalar Fusion Surgical Technique intended to be used as an easy reference. A more detailed surgical technique including technical tips and pearls is described in the following pages.

The bold numbers in brackets correspond to the numbers marked on the Targeting Frame and are intended to be used as a guide for the order of steps taken with the DynaNail Mini Targeting Frame.

- 1.** Insert Guidewire, targeting the tip anterior to the fibula and toward the anterior third of the talar body.
- 2.** Ream entry canal using the 7.5 mm Cannulated Drill.
- 3.** Determine Nail length using Trial Sizer.
- 4.** Assemble Targeting Frame and attach Nail Implant.
- 5.** Insert Nail Implant into reamed canal.
- 6.** Drill and insert Transverse Talar Screw across the talus. **[1]**
- 7.** Apply external compression by turning the Manual Compression Knob. **[2]**
- 8.** Drill and insert Transverse Calcaneal Screw across the calcaneus. **[3]**
- 9.** Release Nail Implant from Targeting Frame. **[4]**
- 10.** Insert End Cap and close incisions.



## 1. SURGICAL APPROACH

With the patient in a supine or lateral position, make a lateral incision (**FIGURE 1**). The extensor digitorum brevis can be split or elevated in a distal direction. Ensure that the crossing branch of the sural nerve to the dorsal intermediate branch of the superficial peroneal nerve and peroneal tendons are protected during exposure.

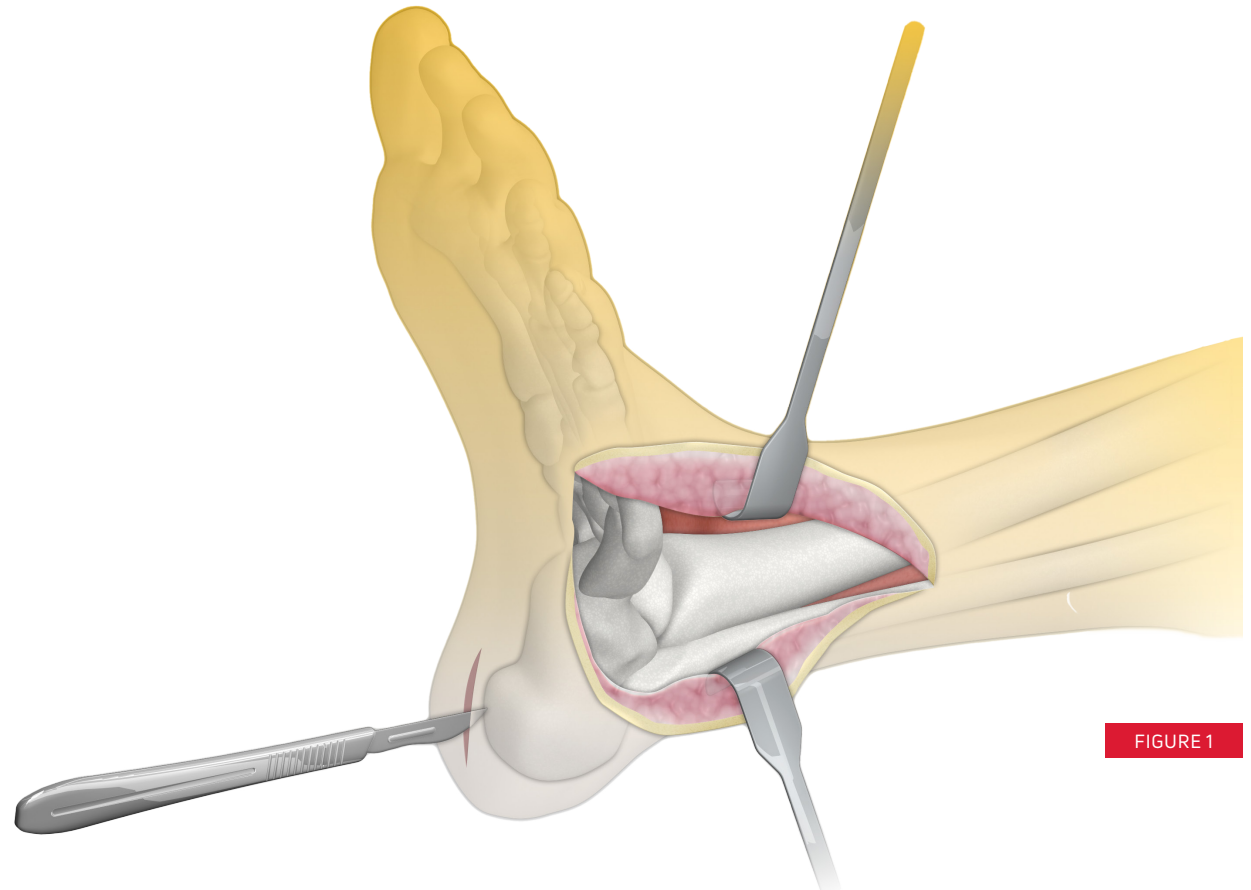


FIGURE 1

### 2. JOINT PREPARATION

Instruments used:

1. Fenestration Drill, 2.5 mm x 6" (24)
2. Soft Tissue Protector (23)

Using a lateral approach, reduce the joint to the correct position by first exposing the subtalar joint. Distract the joint using a lamina spreader. Prepare the joint by completely removing cartilage from the posterior and middle facets using a sharp osteotome, a curette, and a rongeur until there is exposed bleeding subchondral bone. Leave the overall contours of the bones intact. Once all cartilage is removed, use a sharp osteotome to "fish-scale" the posterior and middle facets. The 2.5 mm Fenestration Drill with the 2.5 mm Drill Guide on the Soft Tissue Protector can be used to aid in creating bleeding bone and feathering the joint surface (**FIGURE 2**). Ensure that the bleeding bone surfaces are in apposition before proceeding. Place any graft material if desired.



FIGURE 2

## 3. GUIDEWIRE PLACEMENT

Instruments used:

1. Guidewire, 2.4 mm x 229 mm (10)

Make a 2 cm incision down to the bone at the posterior-plantar junction of the calcaneal tuberosity (**FIGURE 3**).

Compress the joint before placing the Guidewire and keep joint in proper orientation and under compression throughout procedure. Steinmann pins may be used to fixate the subtalar joint if desired (**FIGURE 4**).

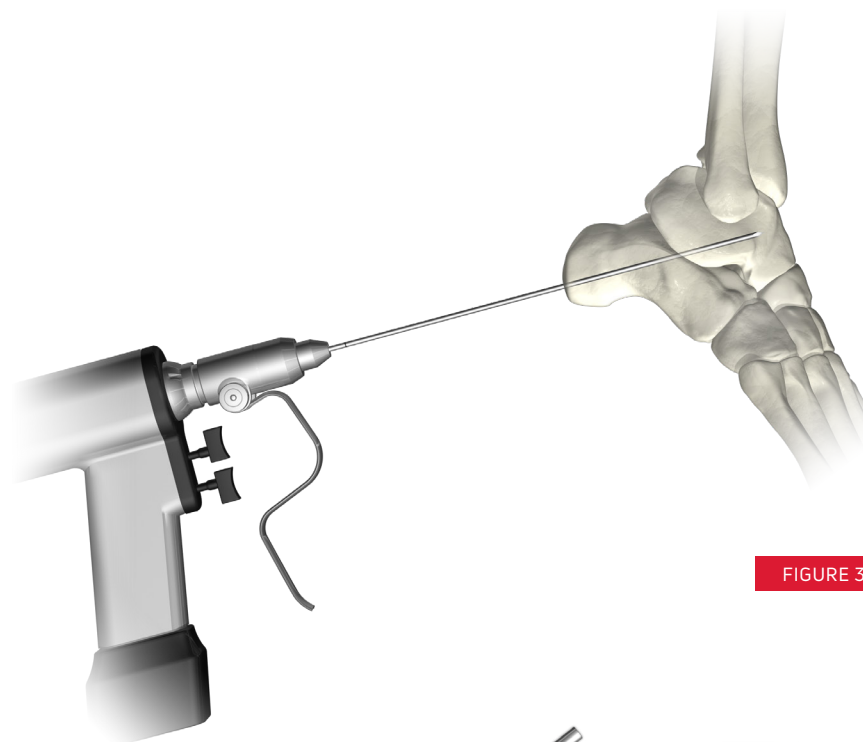


FIGURE 3

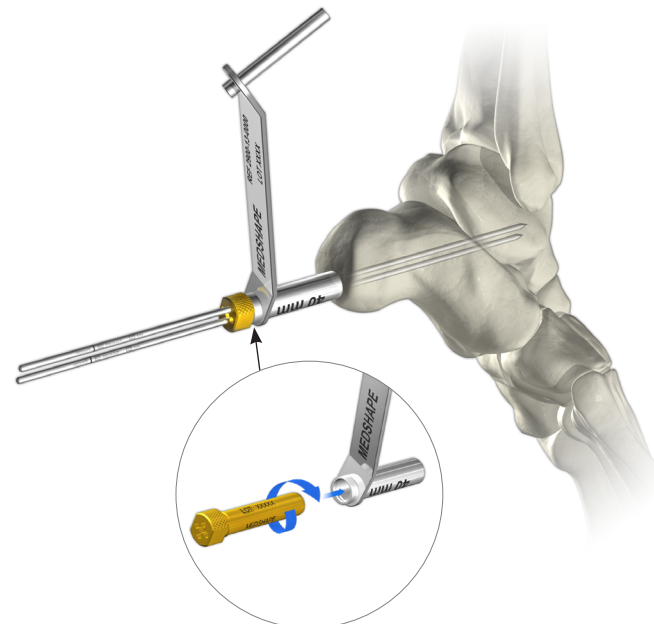
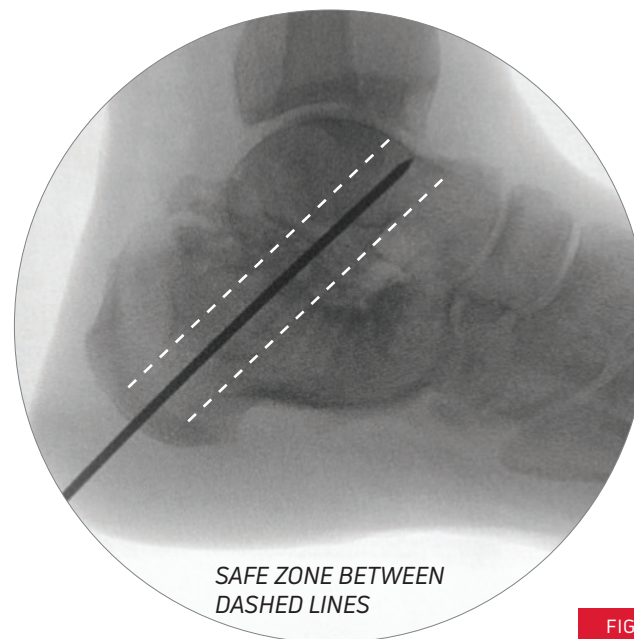


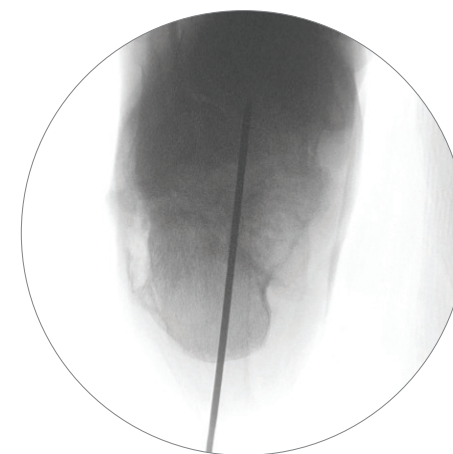
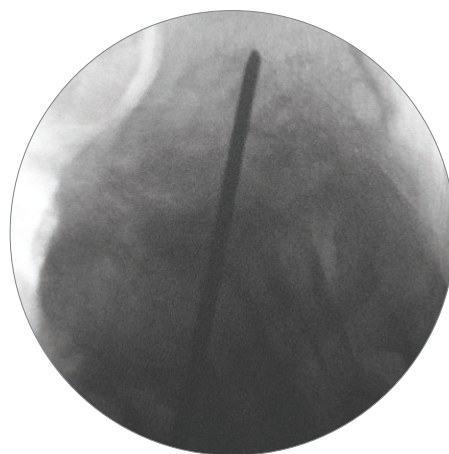
FIGURE 4

**TIP:**

- On the lateral view, aim the Guidewire anterior to the fibula and toward the anterior third of the talar body. Refer to the "Safe Zone" in **FIGURE 5**.
- Advance the Guidewire until the Tip is about 2-3 mm short of the anterior cortex.
- **Ensure that the trajectory of the Guidewire does not cross the fibula on lateral fluoroscopy. On A-P fluoroscopy, Guidewire should appear centered or slightly biased toward the medial side.** If necessary, the foot may be plantar flexed to create more space within the talar body to drill for the Transverse Screw.



**FIGURE 5**

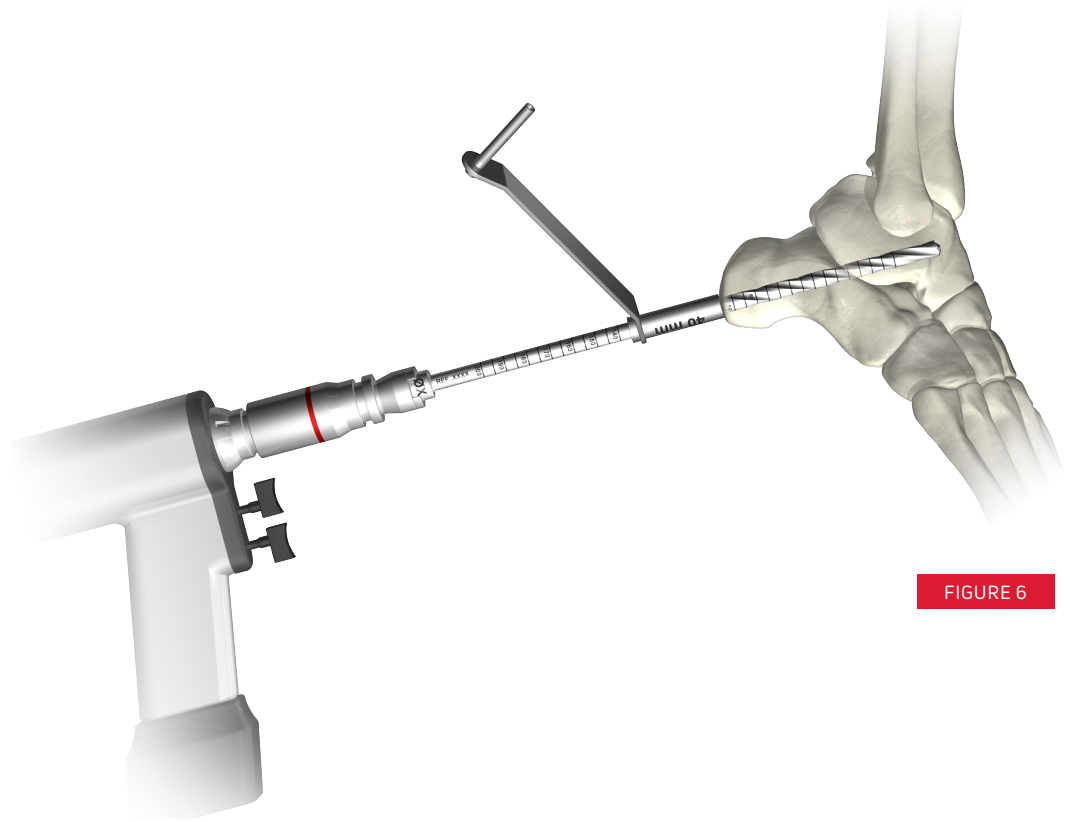


### 4. REAM ENTRY CANAL

Instruments used:

1. Soft Tissue Protector (23)
2. 7.5 mm Cannulated Drill (14)

Place the Soft Tissue Protector over the Guidewire against the posterior aspect of the calcaneus. Insert the 7.5 mm Cannulated Drill over the Guidewire into the Soft Tissue Protector. Drill over the path of the Guidewire until the proximal tip of the drill is a few millimeters distal to the anterior cortex of the talus (**FIGURE 6**).



## 5. DETERMINE IMPLANT LENGTH

Instruments used:

1. Trial Sizer, 60 mm - 100 mm (17)

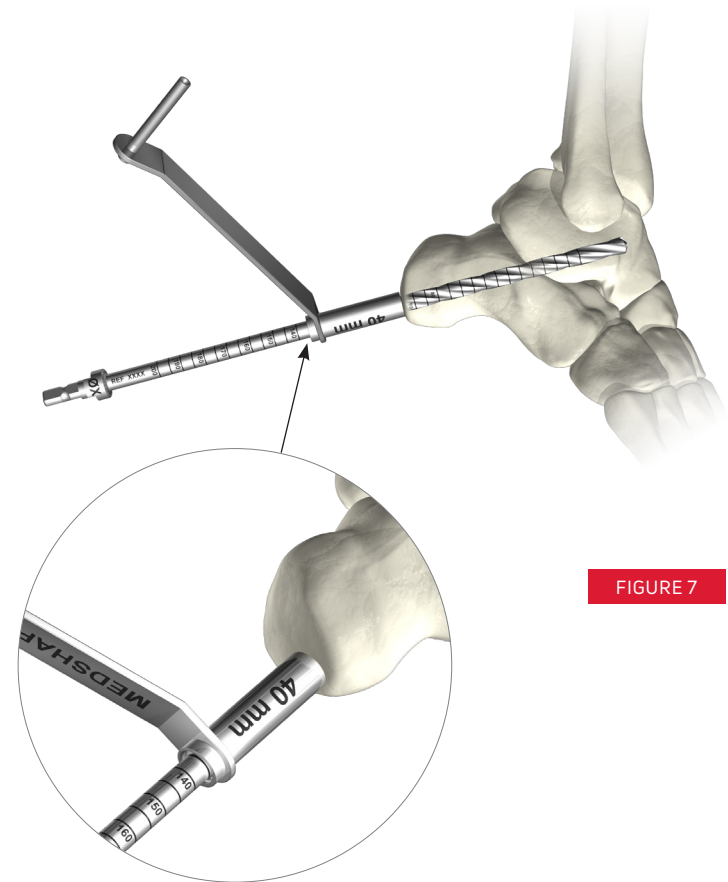
There are two options available to determine the appropriate nail length:

### OPTION 1

Lasermarks on the Cannulated Drill may be read off the back of the Soft Tissue Protector. Subtract 40 mm from the lasermark reading to determine the necessary Nail Implant length (**FIGURE 7**).

#### **TIP:**

Select a Nail Implant length that is at least 5 mm shorter than the tunnel depth to allow the Nail Implant to be inserted sub-flush and to accommodate for Manual Compression.



**FIGURE 7**



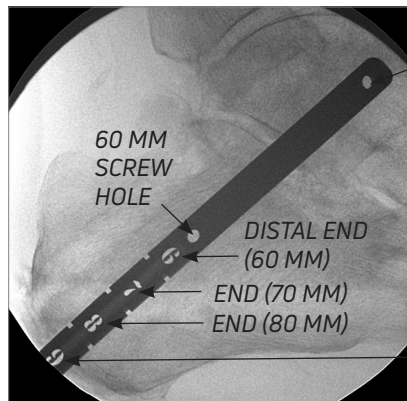
## OPTION 2 (RECOMMENDED)

Remove the Cannulated Drill and insert the Trial Sizer into the reamed tunnel until the proximal screw hole is in the desired position in the talus, as viewed on lateral fluoroscopy (FIGURE 8).

The proximal screw hole should be just anterior to the fibula. Use the etched lines on the distal end of the Implant Trial to determine the appropriate position of the distal end of the Implant in the calcaneus (A).

### TIP:

If the Trial Sizer is inserted over the Guidewire, the screw holes will not be visible. In such cases, remove the Guidewire. If necessary, the Guidewire can be reinserted through the Trial Sizer after sizing is determined.



**TRANSVERSE TALAR SCREW HOLE: VERIFY THAT THE FIBULA IS NOT OBSTRUCTED**

**DISTAL END OF NAIL IMPLANT: VERIFY AT LEAST 5 MM SUB-FLUSH TO ALLOW FOR MANUAL COMPRESSION**

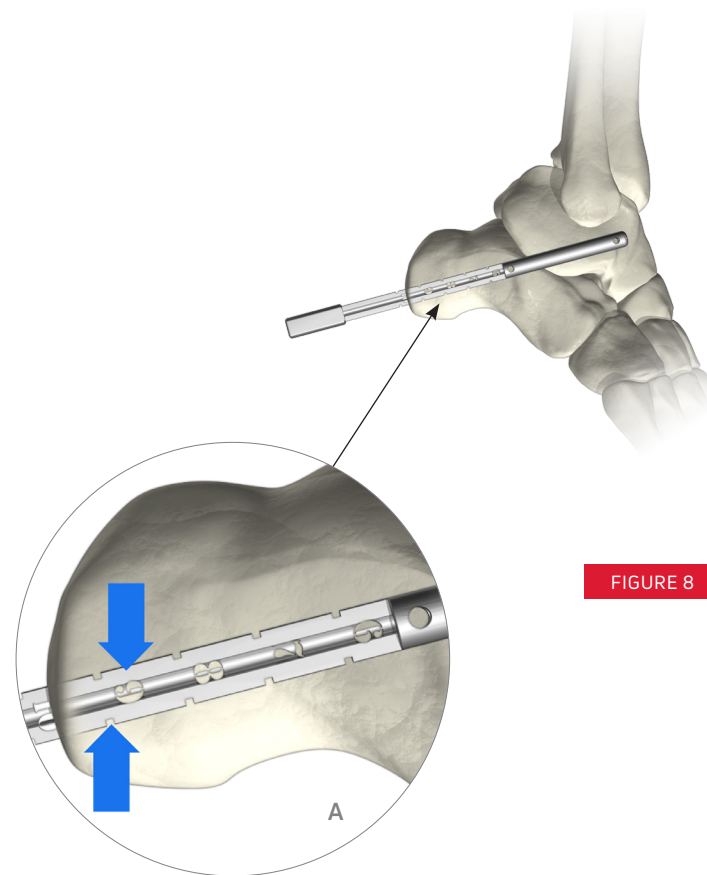


FIGURE 8

## 6. IMPLANT ATTACHMENT

Instruments used:

1. Targeting Frame (5)
2. Bone Apposition Sleeve (7)
3. Compression Knob (8)
4. Retention Knob (6)
5. DynaNail Mini® Implant

Attach the pre-stretched DynaNail Mini Implant Assembly onto the Targeting Frame and turn the Retention Knob clockwise to securely tighten. Thread the Bone Apposition Sleeve onto the Compression Knob by turning counter-clockwise until it stops (A). With the Bone Apposition Sleeve oriented up, advance the Manual Compression Knob over the DynaNail Mini Assembly and down past the ball bearing until it clicks into place (FIGURE 9).

### TIP:

Before inserting the Nail Implant, check the drill targeting by inserting the Guide Sleeve, Drill Guide, and 4 mm Drill into the appropriate hole in the Targeting Frame and advance the Drill until it passes through the proximal screw hole in the Nail Implant.

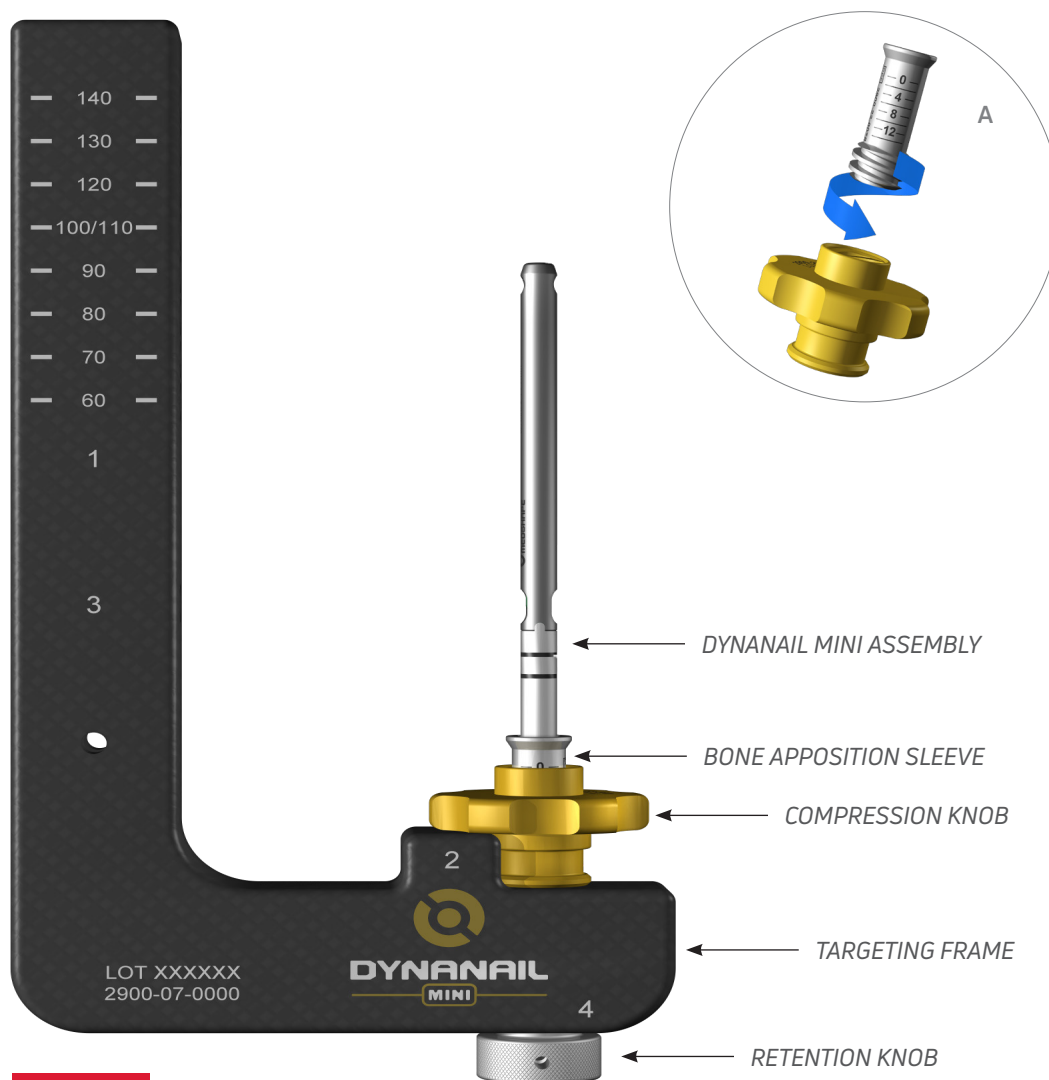


FIGURE 9

## 7. IMPLANT INSERTION

Instruments used:

### 1. Targeting Frame (5)

Insert the Nail Implant into the drilled canal such that the Arm of the Targeting Frame is on the lateral side of the foot (**FIGURE 10, FIGURE 11**). If necessary, mallet on the Retention Knob to help advance the Implant. **Do NOT mallet on any other part of the Targeting Frame beside the Retention Knob.**

Use fluoroscopy to determine that proper depth has been reached.

### RECOMMENDATIONS FOR IMPLANT PLACEMENT

On lateral fluoroscopy, ensure that the fibula is not obstructing the proximal talar screw hole.

The distal end of the Nail Implant can be visualized as a translucent area in the Nail Guide on lateral fluoroscopy.

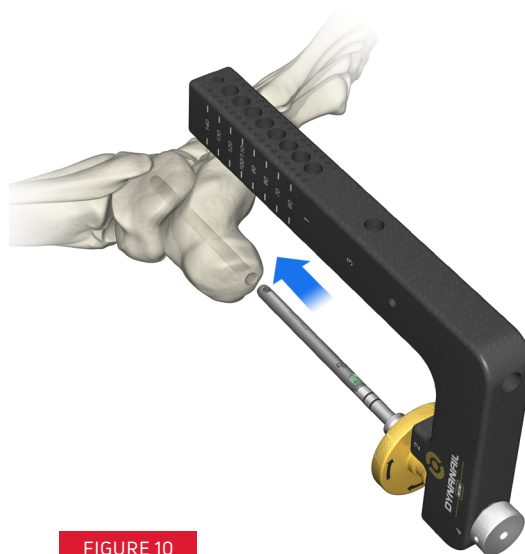


FIGURE 10

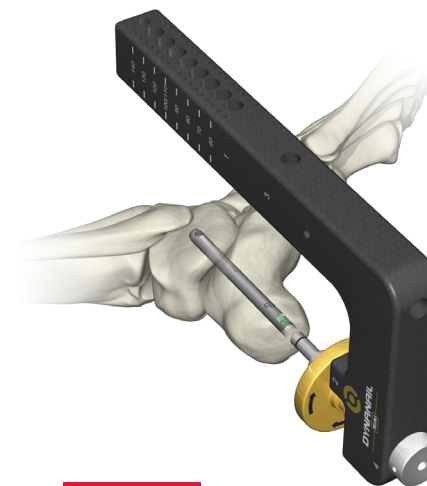
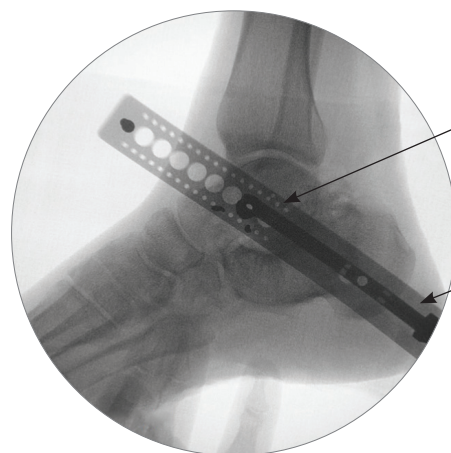


FIGURE 11

### TIP:

Check Implant positioning on A-P and lateral fluoroscopy before proceeding to the next step.



**TRANSVERSE TALAR SCREW HOLE: VERIFY THAT THE FIBULA IS NOT OBSTRUCTED**

**DISTAL END OF NAIL IMPLANT: VERIFY AT LEAST 5 MM SUB-FLUSH TO ALLOW FOR MANUAL COMPRESSION**

## 8. PROVISIONAL FIXATION OF TARGETING FRAME

Instruments used:

1. Steinmann Pin, 2mm x 9" (9)

Provisional fixation is recommended for stabilizing the frame and ensuring proper screw placement. To provisionally fixate the Targeting Frame, drill two Steinmann Pins through the small holes anterior and posterior to the intended hole for drilling the Transverse Talar Screw hole (**FIGURE 12**).

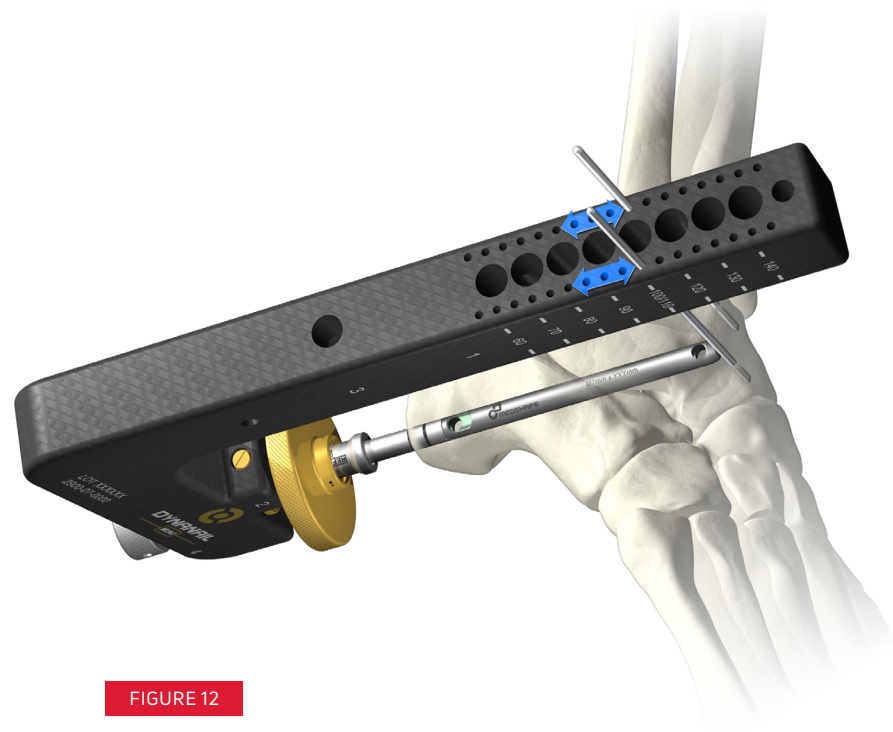


FIGURE 12

## 9. DRILLING FOR TRANSVERSE TALAR SCREW

Instruments used:

1. 6.5 mm Guide Sleeve (21)
2. 4 mm Drill Guide (20)
3. 4 mm Transverse Screw Drill (18)

Insert the 6.5 mm Guide Sleeve into the appropriate hole on the Targeting Frame corresponding to the selected Nail Implant length (FIGURE 13). If necessary, make an incision where the Guide Sleeve contacts the skin. Insert the 4 mm Drill Guide into the Guide Sleeve (A). **Do NOT rest the Drill Guide on the bone as this may alter the drilling trajectory.**

Using the 4 mm Transverse Stepped Drill, drill to the medial cortex through the proximal screw hole in the Nail Implant (B). Use fluoroscopy to ensure full drill depth has been reached. Advance the Drill Guide against the bone prior to the next step.

### TIP:

- Ensure the incision does not push on the drill guide before drilling.
- Do NOT advance the Drill tip beyond the medial cortex such that the Drill extends past the taper. The end of the Headless Screw is tapered and will lose purchase on far cortex if over drilled.

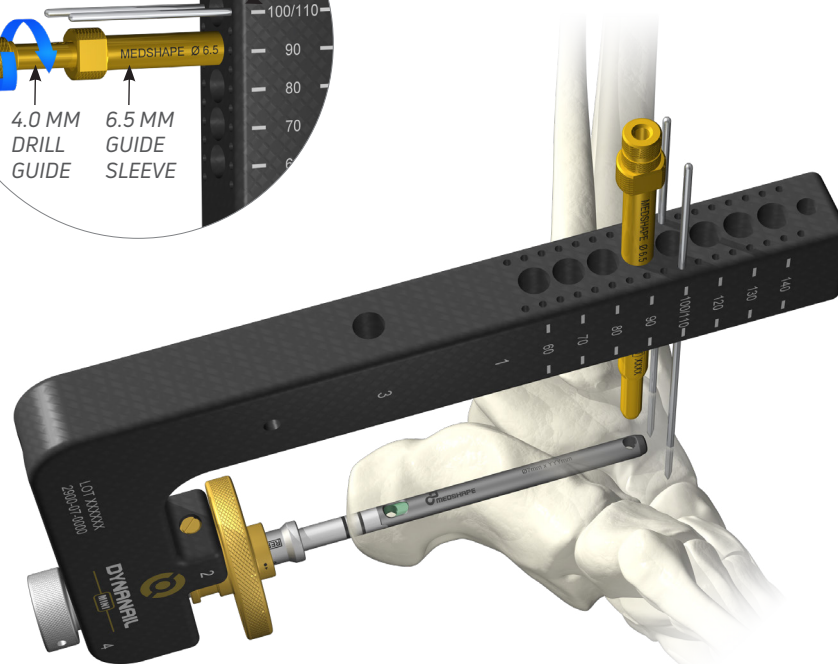
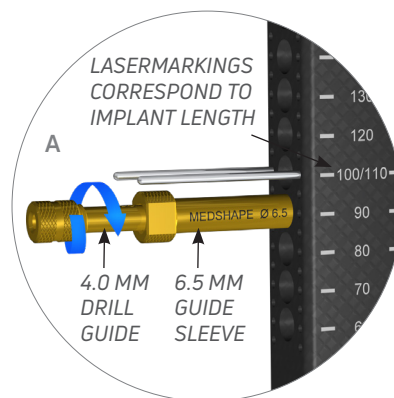
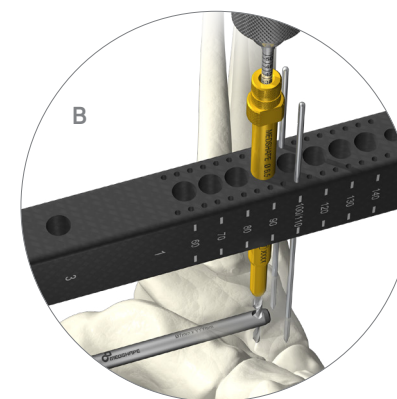


FIGURE 13



## 10. MEASURING SCREW LENGTH

Instruments used:

### 1. Screw Depth Gauge (19)

There are two methods for determining screw length:

#### OPTION 1

With the Drill Guide abutted to the bone, read the lasermarks on the Drill off the back of the Drill Guide (FIGURE 14).

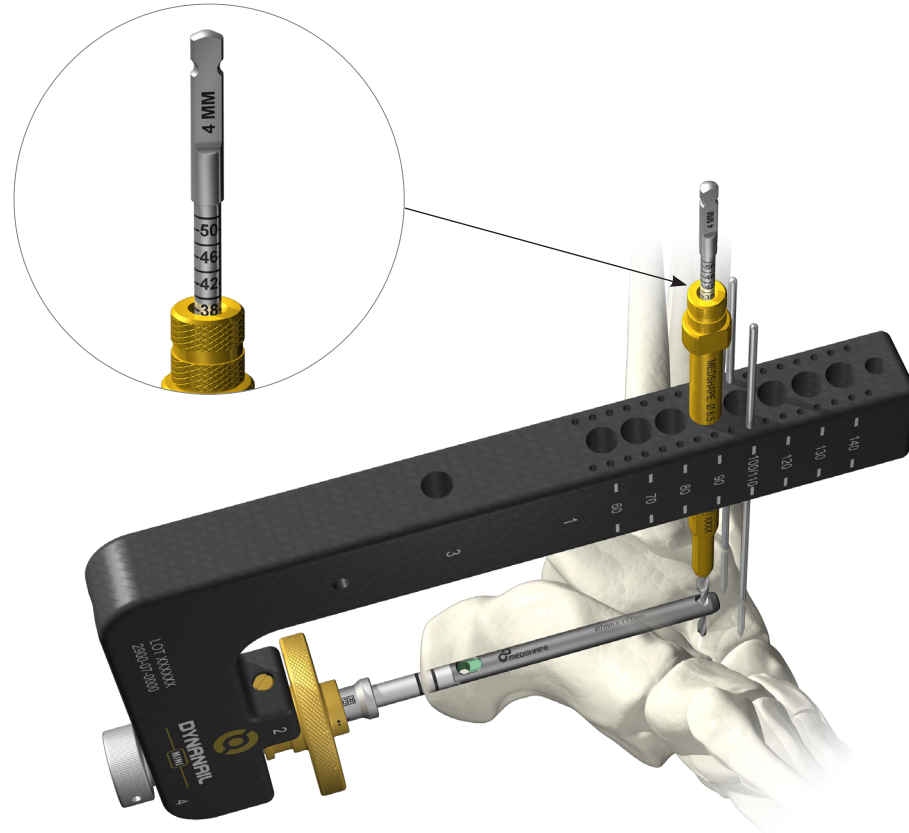


FIGURE 14

## OPTION 2

The Screw Depth Gauge may be inserted through the Drill Guide. With the Drill Guide against the bone, read the lasermarks on the Depth Gauge off the back of the Drill Guide (FIGURE 15).

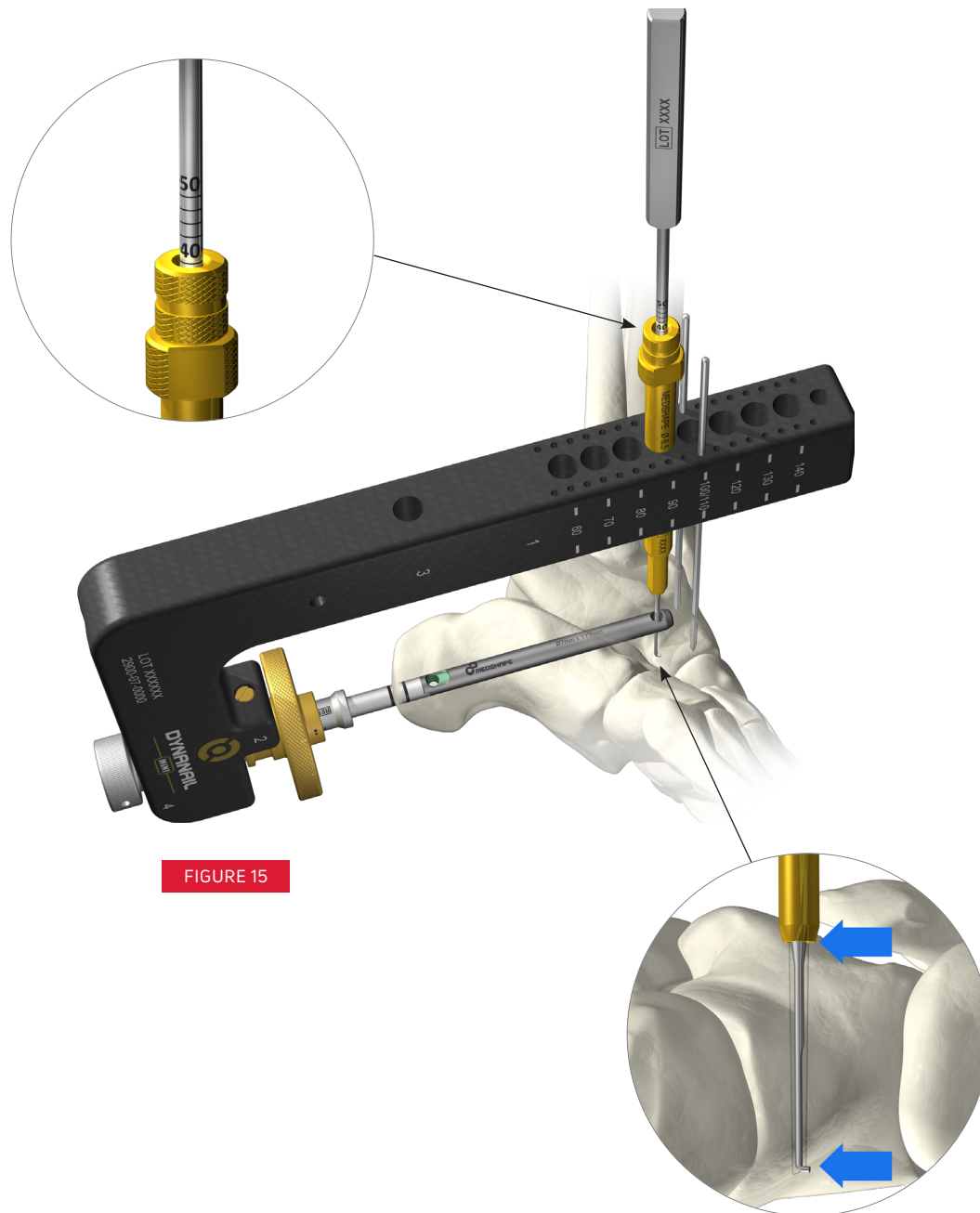
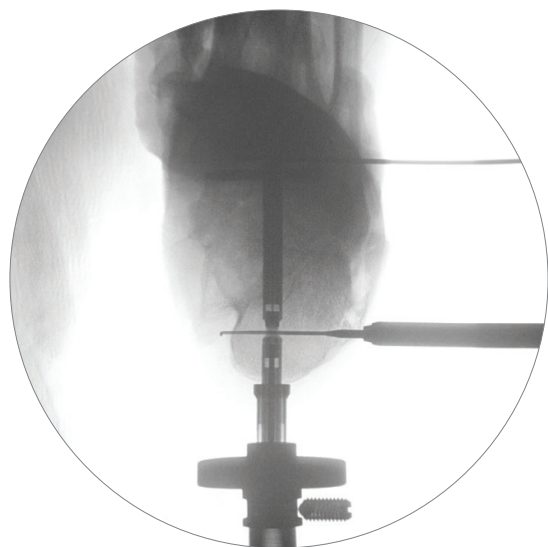


FIGURE 15

## 11. TRANSVERSE TALAR SCREW INSERTION

Instruments used:

1. 3 mm Hex Driver (3)
2. Blue-Handle Ratchet Driver (4)
3. Headless Screw

Attach the 3 mm Hex Driver to the Blue-Handle Ratchet Driver. Remove the 4 mm Drill and Drill Guide from the Guide Sleeve. Place the Transverse Headless Screw onto the 3 mm Hex Driver and insert into the Guide Sleeve (FIGURE 16). The Transverse Headless Screw does not provide any tactile feedback to indicate when it is fully inserted. When the lasermarking on the 3 mm Hex Driver approaches the back of the Guide Sleeve (A), use lateral fluoroscopy while advancing the final turns, ensuring the Screw tip does not extend beyond the medial cortex of the talus. Remove the Hex Driver and Guide Sleeve from the Targeting Frame.

### TIP:

- Do NOT use power for Headless Screw insertion
- Check on A-P fluoroscopy to verify screw depth (A).

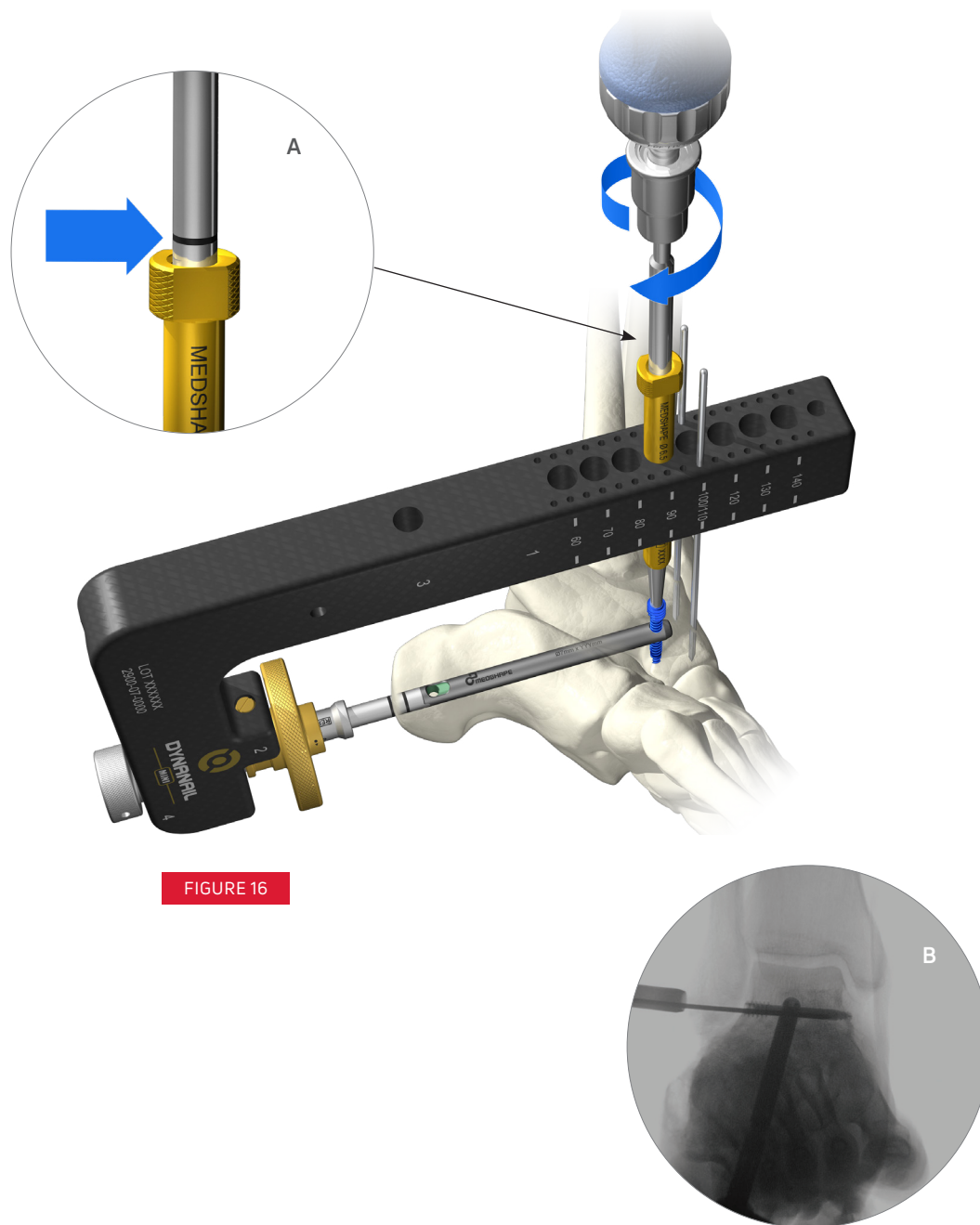


FIGURE 16



## 12. APPLY MANUAL COMPRESSION

Ensure the plantar incision is big enough for the Bone Apposition Sleeve to butt against the bone before applying manual compression (A). To apply manual compression, turn the Compression Knob in a clockwise direction as indicated by the arrows on the Knob (FIGURE 17).

The approximate amount of manual compression applied can be determined by reading the laser markings on the Bone Apposition Sleeve of the Targeting Frame and taking the difference before and after applying manual compression.

**IMPORTANT NOTE:** The Compression Knob will disengage from the Targeting Frame once the distal end of the Nail Implant has reached the posterior cortex of the calcaneus to prevent it from being positioned outside the bone.

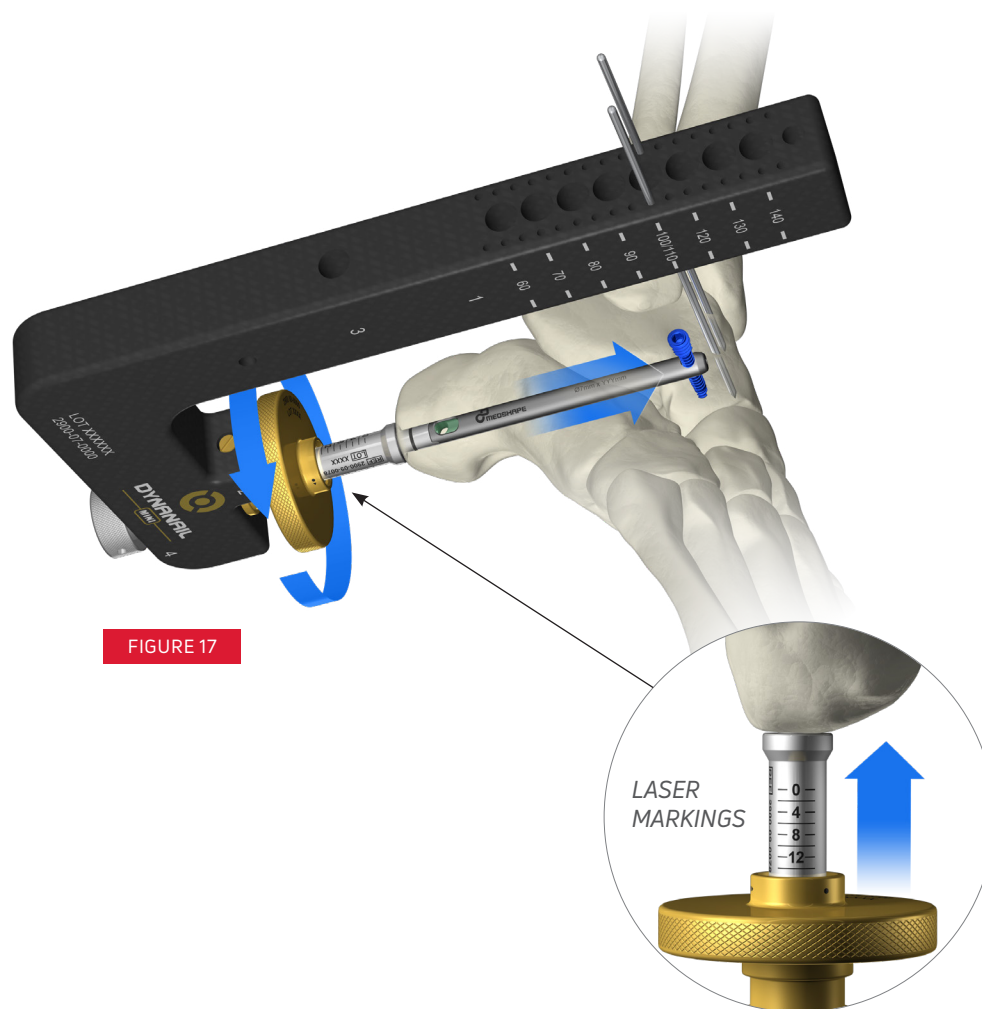


FIGURE 17

## 13. CALCANEAL SCREW DRILLING & INSERTION

Instruments used:

1. 6.5 mm Guide Sleeve (9)
2. 4 mm Drill Guide (10)
3. 4 mm Transverse Screw Drill (18)
4. 3 mm Hex Driver (3)
5. Blue-Handled Ratchet Driver (4)
6. Headless Screw

Insert the 6.5 mm Guide Sleeve and 4 mm Drill Guide into the distal hole on the Targeting Frame. Make an incision parallel to the sural nerve down to the calcaneus (**FIGURE 18**). Follow the same technique outlined in Steps 8 – 10 to drill a pilot hole and determine proper screw length.

Insert a 4 mm Headless Screw using the 3 mm Hex Driver, ensuring the Screw has reached but does not extend past the medial cortex in the calcaneus (**A**). Remove the Guide Sleeve.

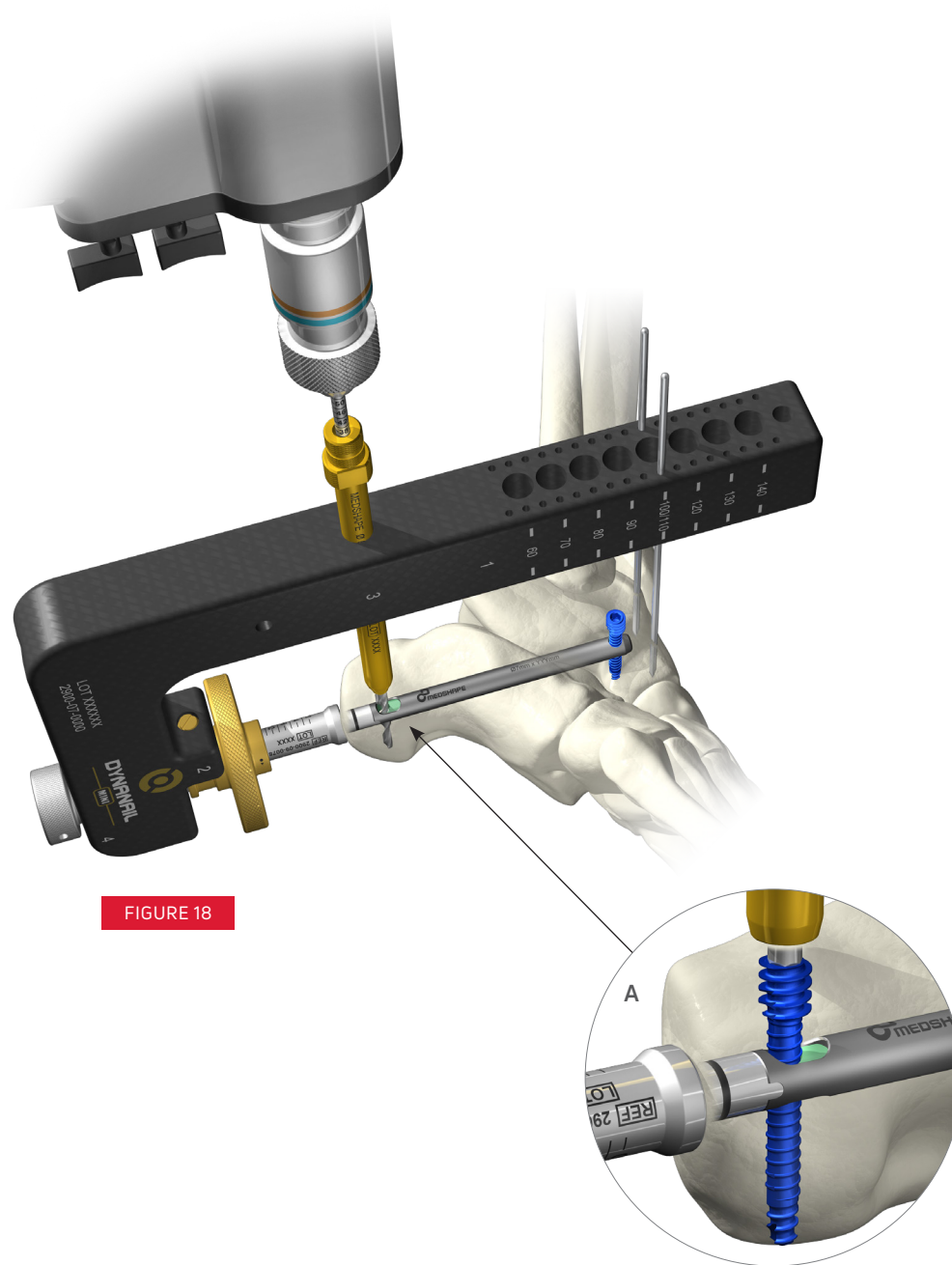


FIGURE 18

### 14. RELEASE NAIL

Instruments used:

1. 2 mm Hex Driver (2)
2. Blue-Handle Ratchet Driver (4)

Attach the 2 mm Hex Driver to the Blue-Handle Ratchet Driver. To release the Nail Implant from the Targeting Frame, insert the 2 mm Hex Driver into the back of the Retention Knob (FIGURE 19). Unscrew the Connection Screw by turning counterclockwise (A).

This will release the Sliding Element from the Nail Guide and activate the NiTiNOL Compressive Element.

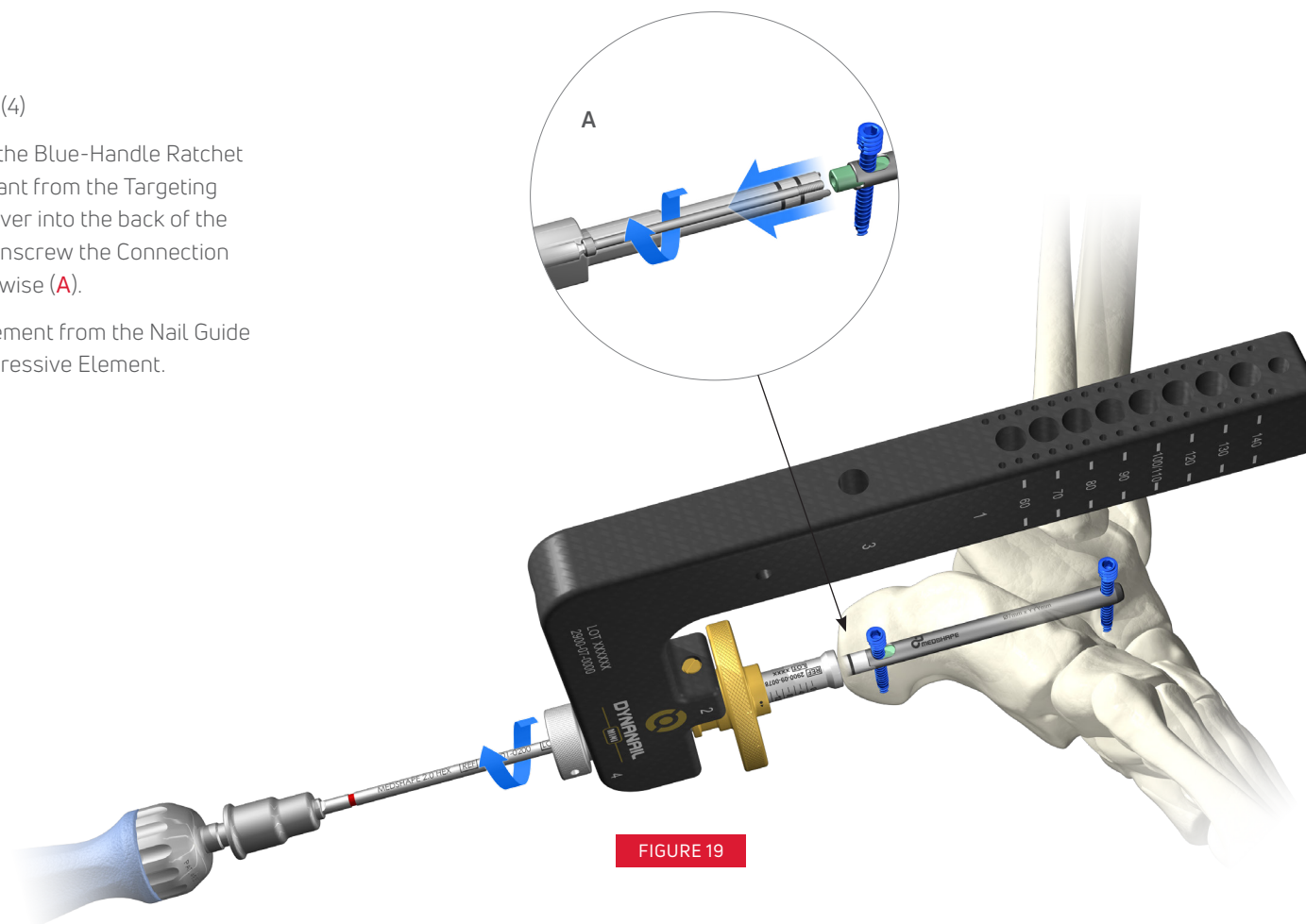


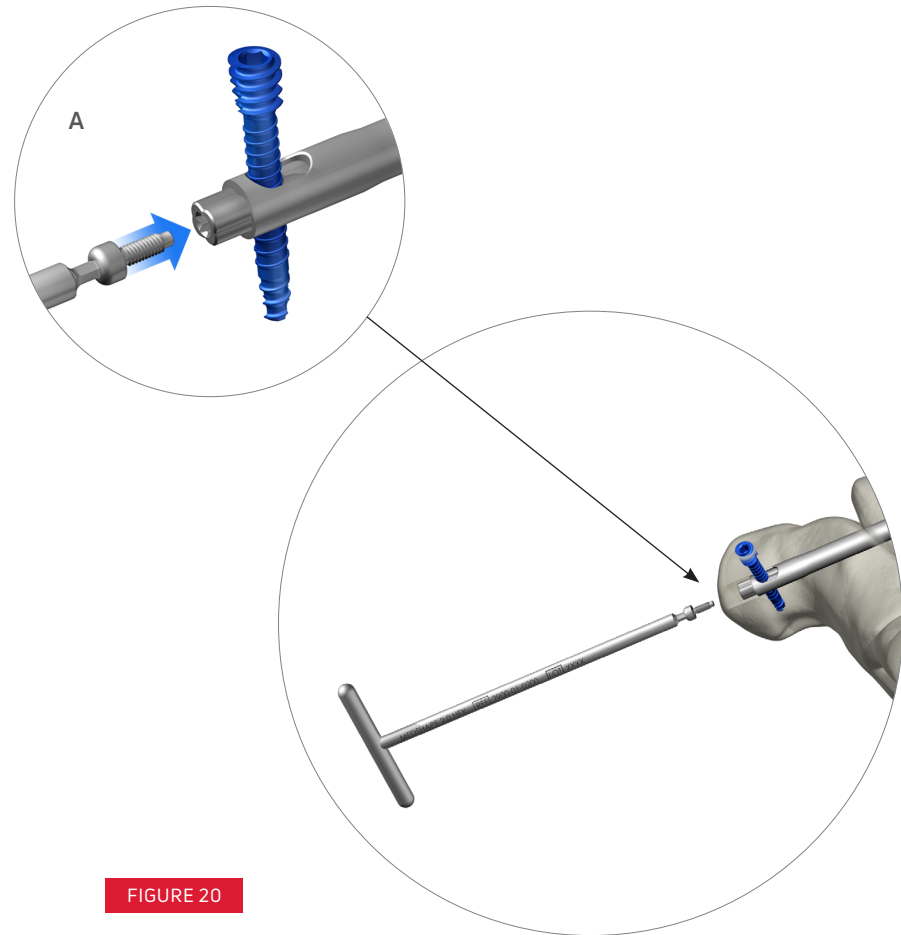
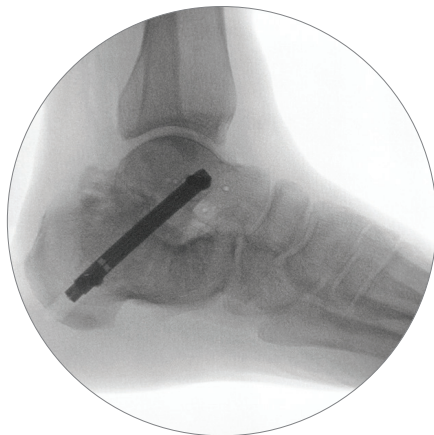
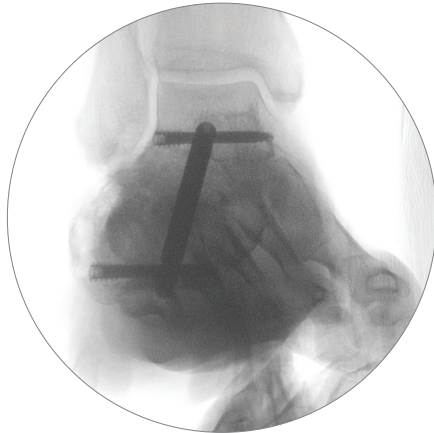
FIGURE 19

## 15. INSERT ENDCAP

Instruments used:

1. 2.0 mm T-Handle Driver (1)
2. End Cap

Select the desired End Cap size and place onto the split-end end tip of the 2.0 mm T-Handle Driver (**FIGURE 20**). Thread the End Cap into the distal end of the Sliding Element in the Nail Implant (**A**) until **finger tight**.



## DYNANAIL MINI® IMPLANTS

PART #	DESCRIPTION
2600-00-7060	DYNANAIL MINI, 7 MM X 60 MM
2600-00-7070	DYNANAIL MINI, 7 MM X 70 MM
2600-00-7080	DYNANAIL MINI, 7 MM X 80 MM
2600-00-7090	DYNANAIL MINI, 7 MM X 90 MM
2600-00-7100	DYNANAIL MINI, 7 MM X 100 MM
2600-03-4314	HEADLESS SCREW, 4 MM X 14 MM
2600-03-4316	HEADLESS SCREW, 4 MM X 16 MM
2600-03-4318	HEADLESS SCREW, 4 MM X 18 MM
2600-03-4320	HEADLESS SCREW, 4 MM X 20 MM
2600-03-4322	HEADLESS SCREW, 4 MM X 22 MM
2600-03-4324	HEADLESS SCREW, 4 MM X 24 MM
2600-03-4326	HEADLESS SCREW, 4 MM X 26 MM
2600-03-4328	HEADLESS SCREW, 4 MM X 28 MM
2600-03-4330	HEADLESS SCREW, 4 MM X 30 MM
2600-03-4332	HEADLESS SCREW, 4 MM X 32 MM
2600-03-4334	HEADLESS SCREW, 4 MM X 34 MM
2600-03-4336	HEADLESS SCREW, 4 MM X 36 MM
2600-03-4338	HEADLESS SCREW, 4 MM X 38 MM
2600-03-4340	HEADLESS SCREW, 4 MM X 40 MM
2600-05-0003	END CAP, +3MM OFFSET
2600-05-0006	END CAP, +6MM OFFSET

## DYNANAIL MINI® SINGLE USE INSTRUMENTS

PART #	DESCRIPTION
2200-19-0200	STEINMANN PIN, 2 MM X 9"
2201-09-0025	FENESTRATION DRILL, 2.5 MM X 6"
2900-16-050	CANNULATED DRILL, 5 MM
2900-16-070	CANNULATED DRILL, 7 MM
2900-16-075	CANNULATED DRILL, 7.5 MM
2900-16-080	CANNULATED DRILL, 8 MM
2900-16-085	CANNULATED DRILL, 8.5 MM
2900-03-0400	TRANSVERSE SCREW DRILL, 4 MM, STEPPED
2900-04-0229	GUIDEWIRE, 2.4 MM X 229 MM







T 800.456.8696 D 512.832.9500 F 512.834.6300  
1575 Northside Dr NW | Suite 440 | Atlanta, GA 30318 | U.S.A.  
[djoglobal.com/foot-and-ankle](http://djoglobal.com/foot-and-ankle)

Copyright © 2021 by DJO, LLC  
MK-10186 Rev 01

Individual results may vary. DJO, LLC is a manufacturer of orthopedic implants and does not practice medicine. Only an orthopedic surgeon can determine what treatment is appropriate. The contents of this document do not constitute medical, legal, or any other type of professional advice. This material is intended for the sole use and benefit of the DJO, LLC sales force and physicians. It is not to be redistributed, duplicated, or disclosed without the express written consent of DJO, LLC. For more information on risks, warnings, and possible adverse side effects refer to the Instructions for Use provided with the device.