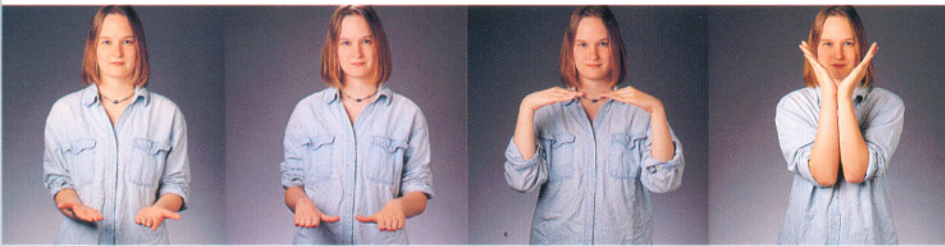
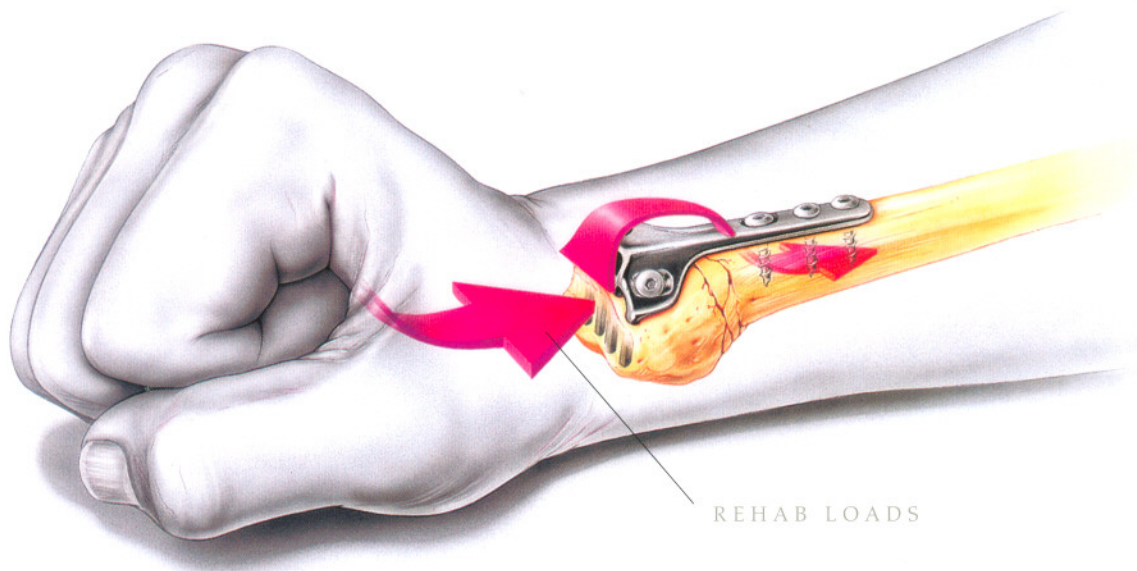


THE SCS™/D DISTAL RADIUS PLATE SYSTEM: RIGID FIXATION PROMOTES EARLY REHAB

Distal radius fractures require internal fixation that can withstand the functional demands of the immediate postoperative period.¹ Challenges such as axial loading, distal fragment rotation, osteopenia, comminution and wrist motion may compromise T-plate designs

which rely on distal screws for stability. After examining problems with existing plates, the SCS™/D Distal Radius Plates were designed to increase plate strength and to lessen the role of distal metaphyseal screws thus allowing the plate to act as a load sharing device.



A 20 year old female fell while in-line skating, sustaining a comminuted unstable fracture of the distal radial metaphyses with extension to the DRUJ and radiocarpal joint.

Immediately after ORIF using the SCS™/D Plate, the patient began a program of AAROM and edema control. Activity related splint support was employed for 6 weeks post-op. These photos demonstrate her pre and post-op radiographs and range of motion available 10 weeks after surgery.

