Exposure and Reduction
- Ulnar to Lister’s incise the skin, and then incise the dorsal retinacular sheath. Continue dissection between either 3rd and 4th or 4th and 5th compartments. Transpose EPL if needed.
- Reduce the fracture and temporarily fix with K-wires as needed.
- Apply the Dorsal Drill Guide in the desired position. (see note 1)

Stabilize Guide and Check Position
- Insert a 1.1mm (0.045”) K-wire through the center distal hole of the guide to verify hook positions.
- Confirm with a C-arm that the distal K-wire is subchondral to the joint.
- Insert a second K-wire into a proximal hole in the guide.

Drill Distal Holes
- Cut the distal K-wire about 30mm (3 sets of stripes) above the guide.
- Drill the two outer holes at the distal end of the guide with a 1.8mm (blue) drill.
- Slide guide off the K-wires.

Note:
1. The Peg Guide Extender can be used as a handle for the drill guide.
Complete Fixation

- Complete proximal fixation with 2.3mm cortical screws.
- Apply additional plates as needed.

Note:
2. The proximal K-wire can be used to help guide the edge of the implant into position proximally.
All implants made from surgical grade stainless steel

**Dorsal Hook Plate™**
- WHD-4
- WHD-6

**Dorsal Drill Guide**
- GDWHD-1.8

**Screw and Pegs**
- TRX2.3-xx
  - 10mm to 32mm
- TPEG-xx
  - 14mm to 32mm
- UPEG-xx
  - 14mm to 28mm

**Impactor**
- IMPCT-WHD

**K-Wire**
- WIRE-1.1/100

**Peg Guide Extender**
- XTNDRGUIDE

Patent Coverage: TriMed, Inc. products are covered by patents issued in the U.S. and in foreign jurisdictions. The presently issued U.S. patents are:
- 5,709,682
- 5,931,839
- 5,941,878
- 6,077,266
- 6,113,603
- 7,037,308
- 7,195,633
- 7,540,874
- 8,177,822
- 8,821,508
- 8,906,070
- 9,089,376
- 9,220,546

The TriMed Dorsal Hook Plate has U.S. and international patents pending. TriMed Dorsal Hook Plate is a trademark of TriMed, Inc.

The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.