Calcaneal Perimeter Plate™
Surgical Technique | Calcaneal Fracture Fixation System™
Exposure and Reduction
- Expose the calcaneus using a standard extensile lateral incision.
- 1.6mm K-wires can be placed into the talus, fibula and cuboid to retract flap.
- Remove any lateral wall fragments to better visualize depressed posterior facet and preserve on back table.
- Reduce fracture and correct tuberosity alignment using K-wires and Steinmann pins.

Posterior Facet Stabilization
- After the posterior facet has been reduced, drill using a 2.3mm (red) drill aiming for the sustentaculum. If compression is required, use 3.2mm (white) drill to over-drill the proximal fragment.
- Insert appropriate length 3.2mm screw. If desired, repeat steps above to place a second screw parallel to the first. Confirm screw placement with fluoroscopy.

Plate Application
- Replace lateral wall fragment.
- Select appropriately sized perimeter plate.
- Insert plate and temporarily hold with K-wires into desired location. (Tip: Placing a wire into the slotted K-wire slot first allows for plate position adjustment in-situ avoiding the need to repeatedly insert and remove initial wire to obtain desired position.)
Final Fixation

- Repeat screw insertion steps above for remaining screw holes. Remove K-wires and Steinmann pins.
- Confirm that all screws are fully seated prior to wound closure.

Screw Insertion

- Use 2.3mm (red) drill for 3.2mm screws. And use GUIDELCBS-2.3 for locking and GUIDE-2.3/3.2 for non-locking screws.
- Insert 3.2mm cortical locking or non-locking screws into corresponding screw holes. (Tip: For most distal screws, take care to avoid the calcaneocuboid joint if using non-locking screws.)
All implants made from surgical grade stainless steel

Calcaneal Perimeter Plate

LEFT
CLPL-54
CLPL-66

RIGHT
CLPR-54
CLPR-66

Drill Guide
GUIDELCBS-2.3

Peg Extender
XTNDRGUIDE

Cortical Screw
HEX3.2-xx
08mm to 54mm

Cortical Locking Screw
LCBS3.2-xx
08mm to 54mm

X-RAYS

Post-Op
Post-Op

X-Rays courtesy of Keith Myrick, DPM