The *Cannulated* Option

It's the only *Cannulated* option in the world

"With the most tapered distal fit on the market, the cannulated 3.0mm nail offers ease of insertion, multiple low profile screw configurations, and the lowest likelihood of metaphyseal impingement."

- Dr. Joshua Langford, MD
(Design Surgeon for the AOS Fibular Nail)

"The 3.0 Cannulated nail is the best anatomic fit of the current fibular nails with an optional short body design."

-Dr. Kenneth Koval, MD
(Design Surgeon for the AOS Fibular Nail)

The *Solid* Option

It's the only *2.5mm* option in the world

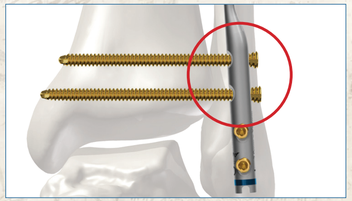
"The 2.5 Nail offers an intramedullary option for petite fibular canals, while maintaining all of the options and benefits of the larger cannulated version."

- Dr. Joshua Langford, MD

"Smallest Diameter fibula nail on the market with anatomic design and optional short body option."

-Dr. Kenneth Koval, MD

The *Countersink* Screws



3.5mm and 2.7mm countersink screws eliminate screw head prominence

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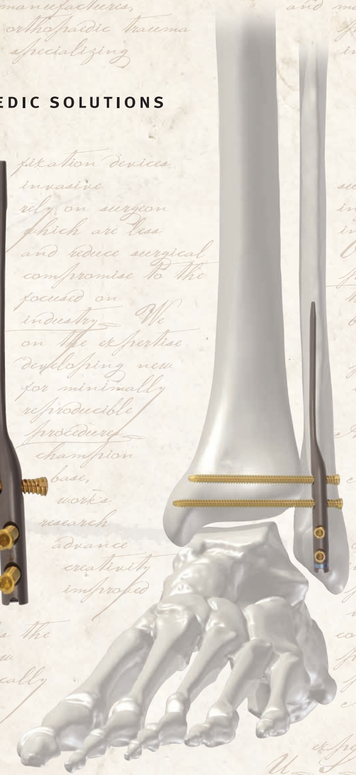
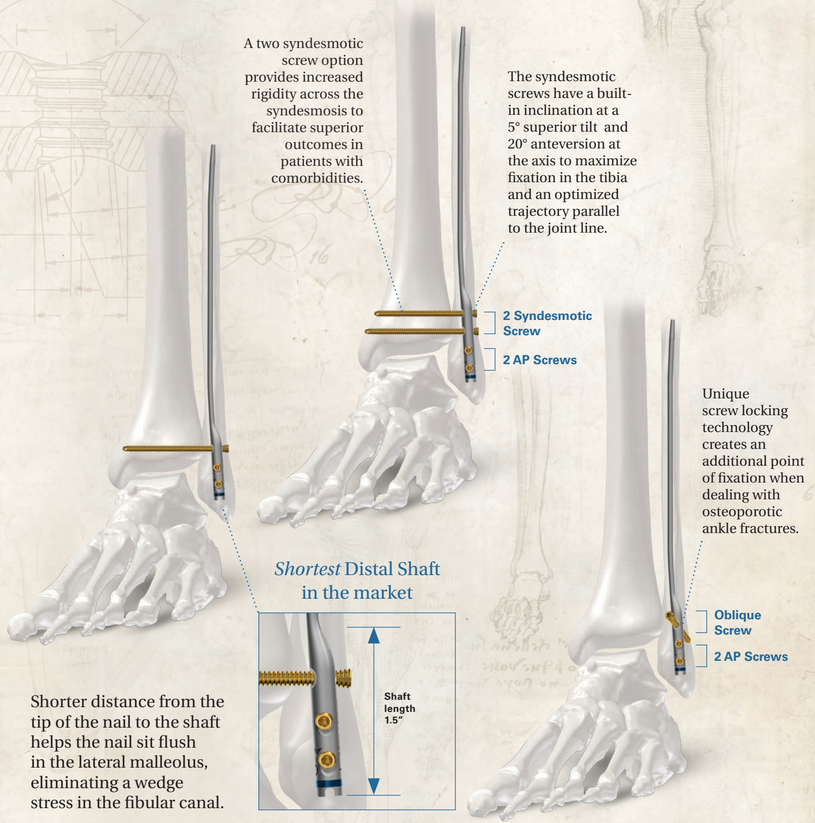


THE AOS *Fibular* NAIL SYSTEM

The AOS Fibular Nail Options

The AOS fibular nail facilitates the ***maintenance of length, proper alignment***, and ***rotation*** while being ***minimally invasive***.



The Dynamic Hip Screw

The Dynamic hip screw (DHS) was created in the early 1980's. It was designed for internal fixation of fractures of the femoral neck and intertrochanteric region. It used a large cancellous screw to compress and control rotation of the femoral head.

The Short Nail

From the 1990's to the early 2000's the increase in hip fracture volume, coupled with a sizeable expansion of trochanteric nail usage over plates, the pendulum in orthopaedics began to swing. The use of the DHS decreased dramatically while trochanteric nailing became the more effective alternative.

The ES Trochanteric Nail

The pendulum continued to evolve and settled on more advanced and innovative nailing systems, ***almost*** completely replacing plating for most hip fractures. In 2008, AOS launched the Extended-Short Nail, propelling the pendulum to swing even further.

1980 — 1985 — 1990 — 2000 — 2008 — 2015 — 2019

Could the Pendulum Swing Parallel?

Tubular Plate

Traditionally, fibula fractures have been treated with either lateral plating of the fibula with an interfragmentary lag screw or a posterior lateral plate with an antiglide plate.

Pre-Contoured Plate

In the early 2000's, the pendulum began to swing with the creation of anatomically-designed or precontoured plates. The plates allowed for less intraoperative plate bending.

AOS Fibular Nail

As before with the DHS to trochanteric nail, the pendulum of fibular plating has now begun to change to the usage of fibular nailing. AOS is leading the way for the next shift from plating to nailing. If the pendulum can swing in hip fractures, then it can parallel swing in ankle fractures.