INTRODUCING

CoLS

AN INNOVATIVE ACL RECONSTRUCTION TECHNIQUE

Tissue sparing technique

harvests only one tendon

Easy preparation

yielding a quadruple bundled, pre-tensioned, patient-specific length graft, which completely fills **Short Bone Sockets** of 10 mm (femur) & 15 mm (tibia) created by manual retrograde reaming

Press Fit into sockets, creating a watertight seal which promotes 360° aperture bone healing with

Secondary Fixation

provided by easy to us tapes and screws that don't impinge on the graft, thus providing unmatched pullout

> **Specifically designed** for full weightbearing and full range of motion immediately following surgery.

THE HAMSTRING
THAT MOST CLOSELY
MIMICS THE NATIVE ACL

BY FHORTHO INC.

THE Cols Hamstring Graft ACTS MOST LIKE THE NATIVE ACL

IN PLACEMENT



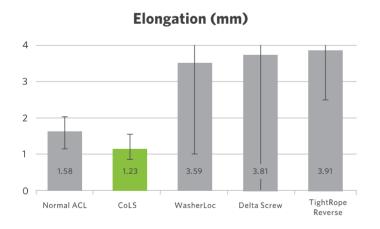
Outside-in targeting of both femoral & tibial graft insertion sites for accurate placement on native ACL footprint

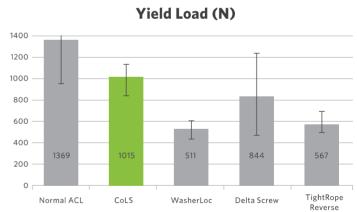
IN HEALING



Arthroscopic view of a graft at 5 months with 360° intra-articular aperture healing

IN MECHANICAL PROPERTIES





Elongation & Yield Load are crucial in assessing the quality of an ACL repair. See how the CoLS System compares to other constructs in this comparative study.¹

THE Cols system is superior TO OTHER CONSTRUCTS AND MOST LIKE A NORMAL ACL

THE Cols System Decreases POST-OPERATIVE PAIN²

- Shorter sockets are bone preserving
- Manual retro-reamed sockets produce less edema
- No anterior knee pain vs. BTB; only one hamstring tendon required
- Pretensioning of the graft with minimal suspension minimizes post-surgical elongation and differential laxity



Graft is pretensioned at 300 - 500 Newtons for 30 - 60 seconds using the CoLS Tensor

WITH EXCEPTIONAL IMPROVEMENTS OF KNEE FUNCTION3

Results from a multicenter, continuous prospective outcomes study on 74 knees with 24 month mean follow-up

- Post-op rehab in the study included immediate weight bearing, free flexion without splinting, and gentle physiotherapy
- There were no general or infectious complications & no retears

Improvements seen between Pre-op & Post-op ACL procedures:

	PRE-OP	POST-OP
Mean IKDC Score	68	92
Mean Lysholm Functional Score	74	94
Mean Pain Score	3.4	1.1
Mean Differential Laxity	5.9mm	1,9mm
Negative Pivot Shift	8%	84%

Tegner Activity Score: 85% of patients could perform intense to very intense activities post-op compared to 16% pre-op



THE Cols is unmatched in versatility

As it can be used for **ACL**, **PCL**, **single bundle**, **double bundle**, **revisions**, **autograft & allograft procedures**—all using the same instrument set.

It's safe for **Pediatric Patients** because the growth plate is not crossed by the screw and tape fixation, while the manual retrograde reaming avoids epiphyseal plate lesions due to heat.⁴

The CoLS Fixation System utilizes two blunt-threaded screws and two tapes for a typical ACL reconstruction.

The blunt anchoring screws come in titanium or radiolucent, biocomposite PEEK* material. All screws are 10mm in diameter coming in lengths of 20 & 25mm (with an additional 12mm x 20mm rescue screw).



Polyethylene terephthalate anchoring tape



Peek* screw, radiolucent



Anodized titanium screw

Please note that the CoLS system is called the TLS in Europe and in the literature.

¹Robert H, Bowen M, Odry G, Collette M, Cassard X, Lanternier H, de Polignac T. A Comparison of Four Tibial-Fixation Systems in Hamstring-Graft Anterior Ligament Reconstruction. European Journal of Orthopaedic Surgery & Traumatology. 2014

 2 Lopes R, Klouche S, Odri G, Grimaud O, Lanternier H, Hardy P. Does Retrograde Tibial Tunnel Drilling Decrease Subchondral Bone Lesions During ACL Reconstruction? A prospective trial comparing retrograde to antegrade technique. The Knee, 2016

³ Robert H, Limozin R, de Polignac T. Work of the Societe D'Orthopedie et de Traumatologie de L'Ouest. Single Bundle Reconstruction of the Anterior Cruciate Ligament with Four Strands of the Semitendinosus using the TLS technique. Clinical results of a series of 74 knees with a minimum of 18 months follow-up. La Rochelle Meeting, June 2010, Communications

⁴ Cassard X, Cavaignac E, Maubisson L, Bowen M. Anterior Cruciate Ligament Reconstruction in Children With A Quadrupled Semitendinosus Graft: Preliminary Results With Minimum 2 Years of Follow-up. Journal Pediatric Orthopaedics. 2013

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