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(54) **BONE PLATE WITH A TRANSFIXATION
SCREW HOLE**

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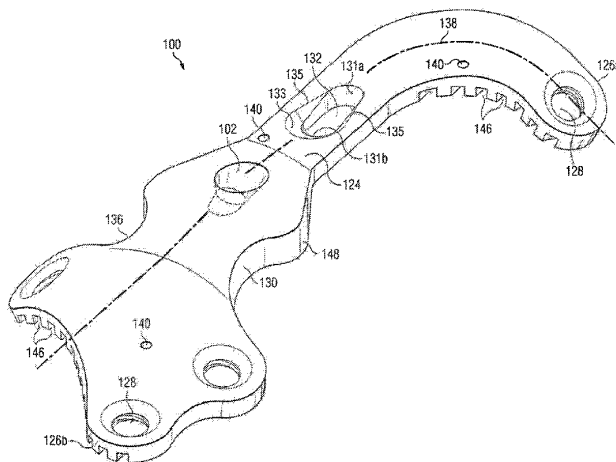
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ABSTRACT

A system for securing bones together across a joint includes
a transfixation screw and a plate. The plate includes an
elongate spine having a transfixation screw hole disposed
along the spine. The transfixation screw hole includes an
inner surface configured to direct the transfixation screw
through the transfixation screw hole such that the transfix-
ation screw extends alongside the bridge portion at a tra-
jectory configured to pass through a first position on the first
bone and a second position on the second bone once the
plate is placed across the joint. The transfixation screw
includes a head configured to abut the inner surface of the
transfixation screw hole and a shaft configured to contigu-
ously extend through the first bone, across the joint, and into
the second bone.

9 Claims, 3 Drawing Sheets



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continuation of application No. 14/015,900, filed on Aug. 30, 2013, now Pat. No. 9,351,776, which is a continuation of application No. 12/431,017, filed on Apr. 28, 2009, now Pat. No. 8,529,608.

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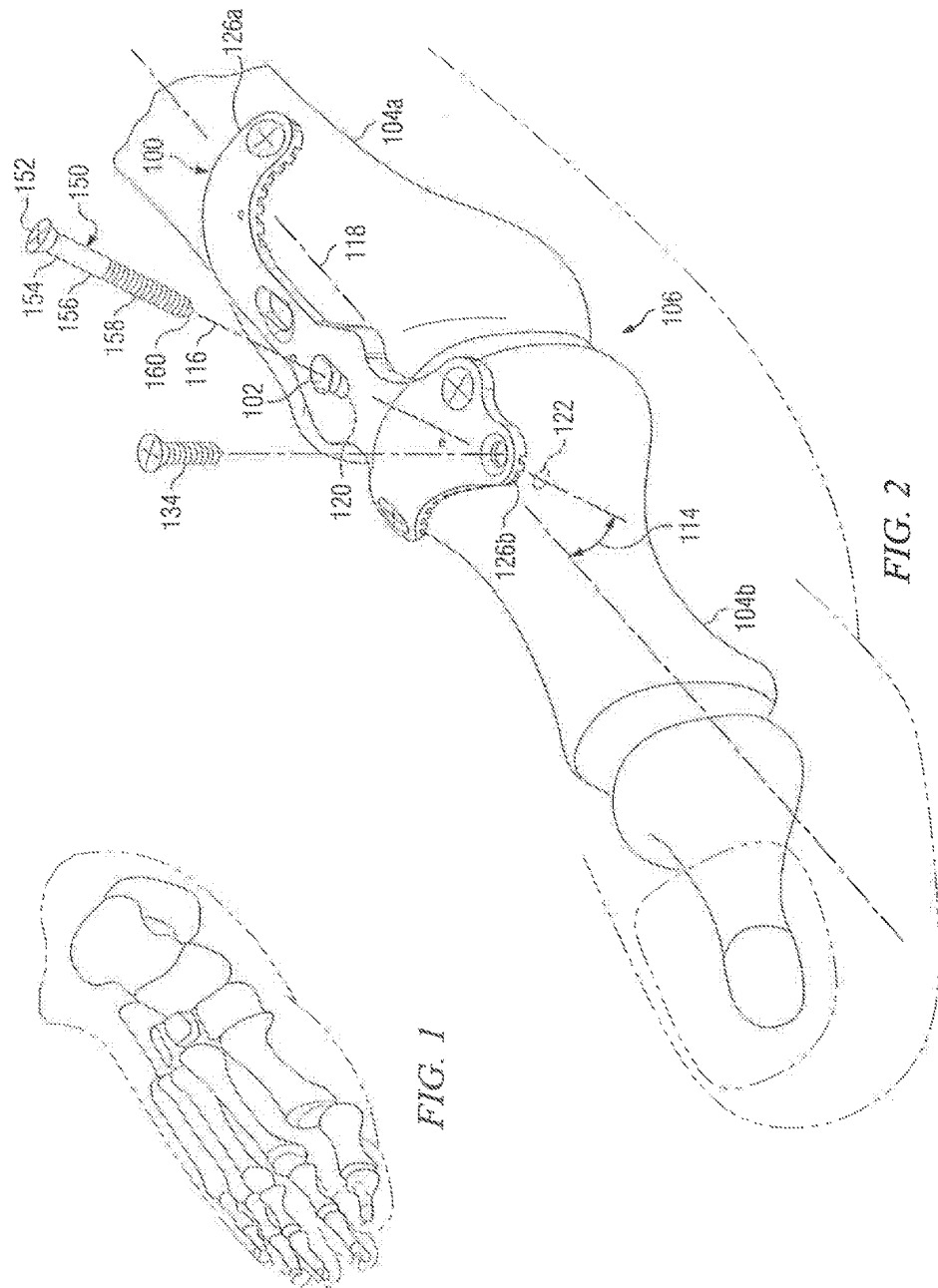
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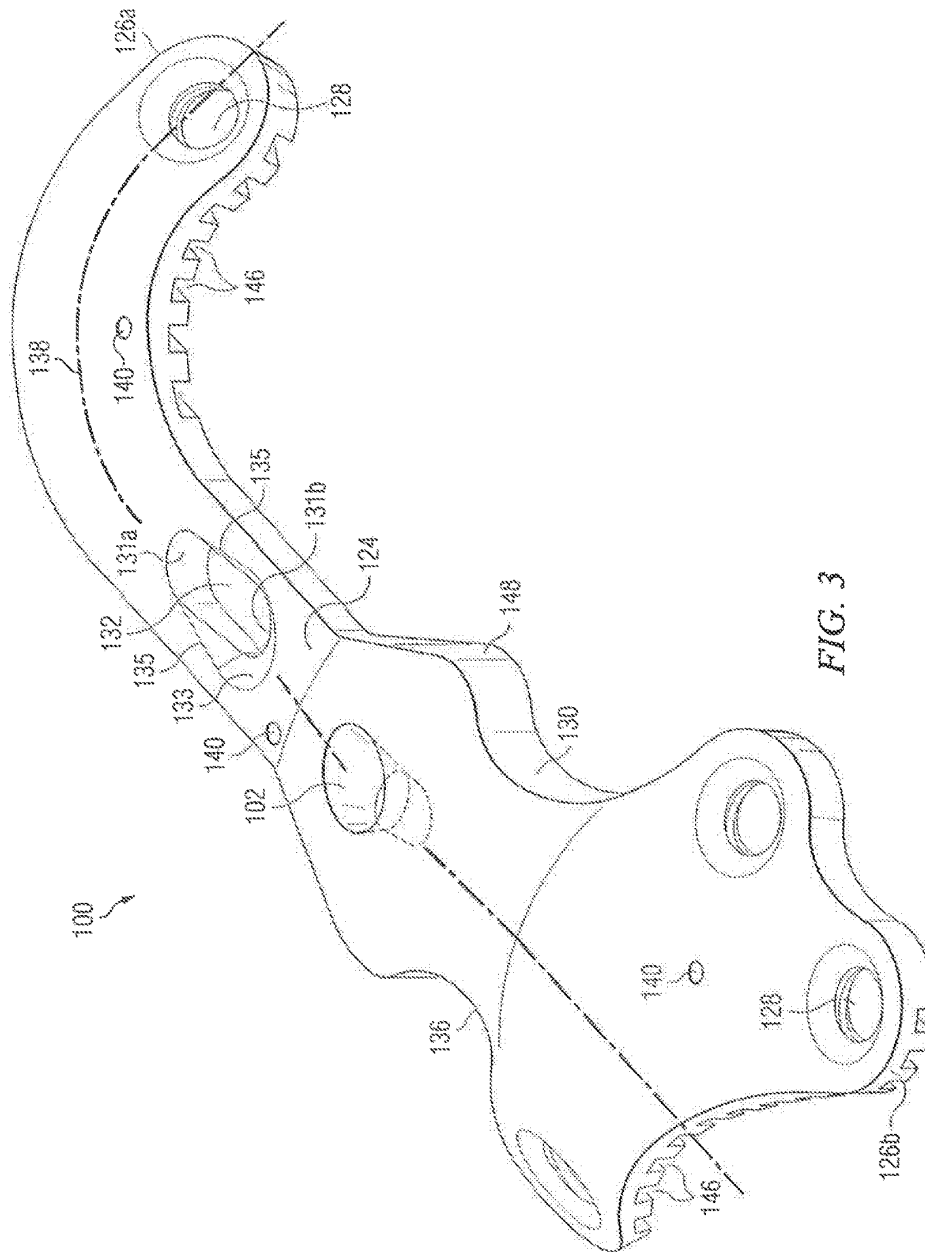


FIG. 3

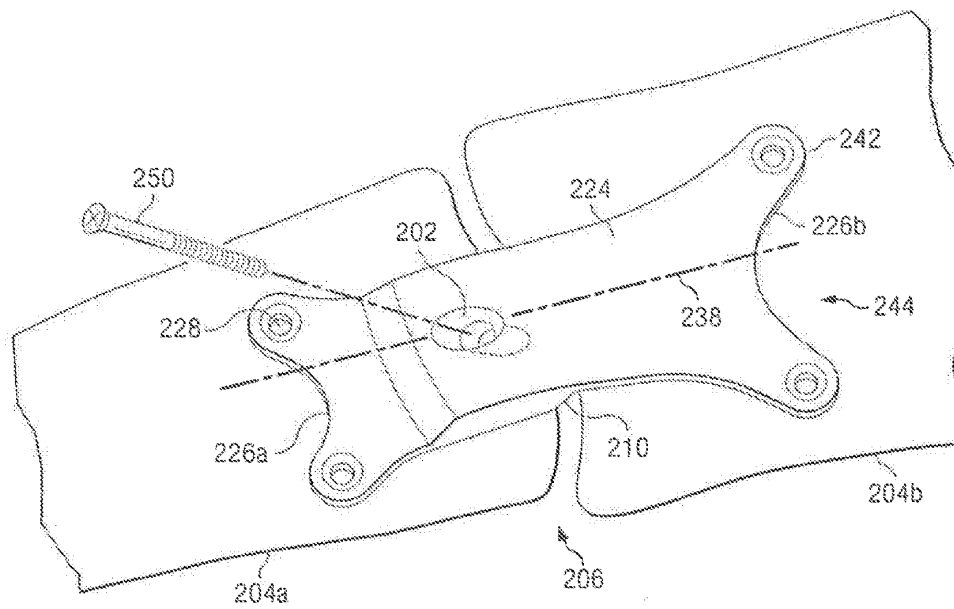


FIG. 4

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**BONE PLATE WITH A TRANSFIXATION
SCREW HOLE****CROSS-REFERENCE TO RELATED
APPLICATIONS**

The present application is a continuation of co-pending, commonly assigned, patent application Ser. No. 15/147,828 entitled "BONE PLATE WITH A TRANSFIXATION SCREW HOLE," filed May 5, 2016, which is a continuation of patent application Ser. No. 14/015,900 entitled "BONE PLATE WITH A TRANSFIXATION SCREW HOLE," filed Aug. 30, 2013, which is a continuation of patent application Ser. No. 12/431,017 entitled "BONE PLATE WITH A TRANSFIXATION SCREW HOLE," filed Apr. 28, 2009, U.S. Pat. No. 8,529,608, issued Sep. 10, 2013, the disclosures of which are hereby incorporated herein by reference in their entirety.

TECHNICAL FIELD

The present disclosure relates to a device for securing bones together, and more particularly, to a bone plate with a transfixation screw hole.

BACKGROUND OF THE INVENTION

When performing certain medical procedures, such as reconstructing a joint that has been damaged due to bone or soft tissue trauma, a surgeon may need to fuse the bones of the joint together in a configuration that approximates the natural geometry of the joint. One way to achieve this objective is to attach the bones of the joint to a plate that holds the bones in alignment with one another while they fuse together.

BRIEF SUMMARY OF THE INVENTION

The present disclosure relates generally to orthopedic devices. More specifically, the present disclosure relates to a bone plate with a transfixation screw hole for securing the bones of a joint together and a method for using the same.

In particular embodiments, a system for securing bones together across a joint includes a transfixation screw and a plate. The plate includes an elongate spine having a first end that includes at least one attachment point for attaching the first end to a first bone on a first side of a joint, a second end that includes at least one attachment point for attaching the second end to a second bone on a second side of the joint, and a bridge portion disposed between the first end and the second end configured to span across the joint. The plate further includes a transfixation screw hole disposed along the spine. The transfixation screw hole includes an inner surface configured to direct the transfixation screw through the transfixation screw hole such that the transfixation screw extends alongside the bridge portion at a trajectory configured to pass through a first position on the first bone and a second position on the second bone once the plate is placed across the joint. The transfixation screw comprises a head configured to abut the inner surface of the transfixation screw hole and a shaft configured to contiguously extend through the first bone, across the joint, and into the second bone.

Depending upon design, a central axis of the inner surface of the transfixation screw hole may define the trajectory, and the trajectory may be configured to cross a neutral bending axis of the joint once the plate is placed across the joint.

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in particular embodiments, a plate for securing bones together may include an elongate spine having a first end that includes at least one attachment point for attaching the first end to a first bone on a first side of a joint, a second end that includes at least one attachment point for attaching the second end to a second bone on a second side of the joint, and a bridge portion disposed between the first end and the second end configured to span across the joint. The plate may further include a transfixation screw hole disposed along the spine. The transfixation screw hole includes an inner surface configured to direct a transfixation screw through the transfixation screw hole such that the transfixation screw extends alongside the bridge portion at a trajectory configured to pass through a first position on the first bone and a second position on the second bone once the plate is placed across the joint.

In particular embodiments, a method for securing bones together across a joint includes placing a plate over a first bone on a first side of a joint and a second bone on a second side of the joint. The plate may include an elongate spine having a first end that includes at least one attachment point for attaching the first end to the first bone, a second end that includes at least one attachment point for attaching the second end to the second bone, and a bridge portion disposed between the first end and the second end configured to span across the joint. The plate may further include a transfixation screw hole disposed along the spine. The transfixation screw hole includes an inner surface configured to direct the transfixation screw through the transfixation screw hole such that the transfixation screw extends alongside the bridge portion at a trajectory configured to pass through a first position on the first bone and a second position on the second bone once the plate is placed across the joint. The method may further include attaching the plate to the first bone and the second bone, and inserting a transfixation screw into the first bone and the second bone through the transfixation screw hole. The transfixation screw may include a head configured to abut the inner surface of the transfixation screw hole and a shaft configured to contiguously extend through the first bone, across the joint, and into the second bone.

Particular embodiments of the present disclosure may provide a number of technical advantages, including for example, the ability to tightly couple the bones of a joint together by inserting a transfixation screw across the joint through a bone plate. In particular embodiments, the transfixation screw may have a "lag effect" that enables the bones of the joint to be approximated with one another by rotation of the transfixation screw. For example, the transfixation screw may include an unthreaded portion configured to rotate freely within the first bone and a threaded portion configured to threadably engage the second bone. When the transfixation screw is rotated, the unthreaded portion of the transfixation screw may rotate freely within the first bone while the threaded portion of the transfixation screw advances into the second bone, drawing the second bone toward the first bone and compressing the joint. These technical advantages (e.g., the presence of the transfixation screw across the joint, and the lag effect of the transfixation screw) may increase the contact pressure on the bony interface of the joint, increasing the probability of a positive fusion.

Depending upon design, the inner surface of the transfixation screw hole in the plate may direct the transfixation screw along a trajectory that crosses a neutral bending axis of the joint as the transfixation screw passes from the first bone to the second bone. This technical advantage may

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create a “tension band” construct that enables the transfixation screw to absorb a portion of the mechanical stress that would otherwise be imposed upon the plate above the joint when a load is applied to the joint. This technical advantage may enhance the integrity and reliability of the plate and increase the load that the plate may support without increasing plate thickness. Other technical advantages of the present disclosure will be readily apparent to one skilled in the art from the following figures, descriptions, and claims. Moreover, while specific advantages have been enumerated above, various embodiments may include all, some, or none of the enumerated advantages.

BRIEF DESCRIPTION OF THE DRAWINGS

For a more complete understanding of the present disclosure and its advantages, reference is now made to the following descriptions, taken in conjunction with the accompanying drawings, in which:

FIG. 1 illustrates a failed metatarsophalangeal joint in the big toe of a human foot;

FIG. 2 illustrates a bone plate being used in conjunction with a transfixation screw to repair the failed metatarsophalangeal joint of FIG. 1 according to an example embodiment of the present disclosure;

FIG. 3 illustrates a more detailed isometric view of the bone plate of FIG. 2; and

FIG. 4 illustrates a bone plate adapted for use on a tarso-metatarsal joint according to an example embodiment of the present disclosure.

DETAILED DESCRIPTION OF THE INVENTION

The metatarsophalangeal joint is a joint between a metatarsal bone of the foot and the proximal phalanx of a toe. It is common, particularly in sports, for the first metatarsophalangeal joint (e.g., the metatarsophalangeal joint of the big toe) to be injured as a result of trauma to or hyperextension of the big toe. In other scenarios, degradation of the metatarsophalangeal joint may be caused by arthritis. Minor injuries to the metatarsophalangeal joint, such as a sprain, may often be treated using conservative measures such as immobilization and icing of the toe, accompanied by rest and anti-inflammatory medication. These measures may be followed by taping or splinting of the injured joint to help prevent recurrent hyperextensions of the toe.

In more severe cases involving major trauma to the bone or soft tissue of the metatarsophalangeal joint, as illustrated in FIG. 1, conservative measures may be ineffective, and surgery may be required. One procedure for reconstructing a severely damaged metatarsophalangeal joint involves fusing the bones of the joint together using plates and/or screws. More particularly, a fusion procedure may involve reducing the opposing faces of the bones of the joint to a bleeding bone bed, approximating the bones with one another, and screwing the bones together to promote fusion. In some cases, the bones may be screwed together without the use of a plate. However, this option may not provide adequate lateral support for the bones, possibly allowing them to shift out of alignment, resulting in a malunion or a nonunion of the joint.

Another option for surgically repairing a severely damaged metatarsophalangeal joint involves securing the bones of the joint together using a plate. In this procedure, after the bones of the joint have been approximated next to one another, the plate may be laid across the joint. The plate may

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then be screwed to the bones of the joint to hold them in alignment next to one another, enabling the joint fuse. However, when a load is placed upon the joint (e.g., when weight is placed upon the foot) it is possible for the plate to bend or break above the joint. This may cause the bones of the joint to fall out of approximation, resulting in a nonunion (e.g., a failed fusion of the joint). Consequently, the ability to rigidly hold the bones of a joint in tight approximation without bending or breaking is one metric for judging the effectiveness of a joint-fixation plate.

One way to increase the durability and reliability of a joint-fixation plate is to include a transfixation screw hole in the plate that enables a transfixation screw to transfix the joint through the plate. As explained in more detail below, once the transfixation screw is screwed across the joint, it may absorb some of the stress that would otherwise be exerted on the plate when a load is placed upon the joint. This may reduce the strain on the plate, increasing its reliability and durability. Additionally, while the plate may provide lateral support for the joint, the transfixation screw may hold the bones of the joint in tight approximation, increasing the likelihood of a positive fusion of the joint. This may be particularly important on the plantar side of the joint due to tensile stresses exerted on that side of the joint when loaded.

FIGS. 2-3 illustrate an example embodiment of a bone plate 100 that includes a transfixation screw hole 102 in accordance with the present disclosure. More particularly, FIG. 2 illustrates bone plate 100 being used in conjunction with a transfixation screw 150 to repair the failed metatarsophalangeal joint of FIG. 1. FIG. 3 illustrates a more detailed isometric view of bone plate 100. For reference purposes, bone plate 100 and its various features may be referred to as having a top surface intended to face away from the bones of joint 106 and a bottom surface intended to face toward the bones of joint 106 (e.g., to be placed upon the bones of joint 106). Though particular features of bone plate 100 may be explained using such intended placement as a point of reference, this method of explanation is not meant to limit the scope of the present disclosure to any particular configuration or orientation of bone plate 100.

As shown in FIG. 2, bone plate 100 is being used to reconstruct a failed joint 106 of a human foot. In particular, FIG. 2 illustrates transfixation screw 150 being inserted through bone plate 100 into a first bone 104a and a second bone 104b (collectively, bones 104) in order to fuse joint 106 (shown collapsed in FIG. 1). Bone 104a refers to the bone positioned directly beneath transfixation screw hole 102 (e.g., touching the bottom surface of transfixation screw hole 102) while bone 104b refers to the bone positioned on the opposite side of joint 106. Although bone 104a is illustrated and described as the first metatarsal, bone 104b is illustrated and described as the first proximal phalanx, and joint 106 is illustrated and described as the metatarsophalangeal joint 106 of the big toe, one of ordinary skill in the art will appreciate those specific examples are presented for the sake of explanatory clarification and will further appreciate that bones 104 and joint 106 may generically refer to any suitable set of bones forming any suitable joint in the body.

In a typical procedure, a surgeon may use bone plate 100 to fuse joint 106 according to the following example surgical procedure. To begin the procedure, the surgeon may create an incision over joint 106 to expose bones 104. After exposing bones 104, the surgeon may perform any pre-fusion steps such as removing cartilage from joint 106 and reducing the opposing faces of bones 104 to a bleeding bone bed. Following the pre-fusion steps, the surgeon may

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approximate bones **104** by positioning them next to one in a desired configuration for fusion. The surgeon may then secure bones **104** together by placing bone plate **100** across joint **106** such that transfixation screw hole **102** overlies bone **104a**. The surgeon may screw bone plate **100** to bones **104**, for example by inserting one or more bone screws **134** into one or more screw holes located on either end of bone plate **100**, after which, the surgeon may create a path for transfixation screw **150**. To create a path for transfixation screw **150**, the surgeon may drill a pilot hole into bones **104** through transfixation screw hole **102**. In particular embodiments, the surgeon may use the central axis **116** of transfixation screw hole **102** as a guide to establish the trajectory for the pilot hole. Once the pilot hole has been created, transfixation screw **150** may be inserted into the pilot hole through transfixation screw hole **102** and screwed into bones **104** until the head of transfixation screw **150** abuts the inner surface of transfixation screw hole **102**. After bones **104** have been secured together using transfixation screw **150**, the surgeon may close the incision, leaving bones **104** to fuse together.

To facilitate the process of aligning bones **104**, bone plate **100** may include one or more joint-specific characteristics that may conform to the natural geometry of joint **106** or bones **104**. For example, in the case of the metatarso-phalangeal joint, bone plate **100** may include a rise (similar to rise **210** in FIG. 4) that fits over the head on the dorsal section of metatarsal **104a**. This may enable bone plate **100** to be seated firmly against the head of metatarsal **104a** and provide a natural footing for bone plate **100** against metatarsal **104a**. In other embodiments, the rise may be eliminated from bone plate **100** and the dorsal head of metatarsal **104a** may be ground down to enable bone plate **100** to be laid flush against bones **104**.

Depending upon design, bone plate **100** may further include a dorsiflexion angle (of approximately 10 degrees) between the first end **126b** of the plate and the second end **126a** of the plate that mimics the natural elevation of the first metatarsal **104a** relative to the first proximal phalanx **104b**. The inclusion of a dorsiflexion angle between first end **126b** and second end **126a** may reduce the force on bone plate **100** during activities such as walking. Furthermore, bone plate **100** may include a valgus angle (of approximately 10 degrees) between the first end **126b** of the plate and the second end **126a** of the plate that mimics the natural lateral alignment of the first metatarsal **104a** relative to the first proximal phalanx **104b**. The inclusion of a valgus angle in bone plate **100** may further help to reduce the force on bone plate **100** during activities such as walking. In particular embodiments, to provide lateral support for joint **106**, the ends of plate **100** may be curved around the medial side of bones **104**. One of ordinary skill in the art will appreciate that above-described characteristics of bone plate **100** were described with respect to the metatarso-phalangeal joint for the sake of explanatory simplicity and will further appreciate that particular embodiments of bone plate **100** may be adapted equally as well to approximate the natural geometry of virtually any joint **106** in the body without departing from the scope of the present disclosure.

As mentioned above, transfixation screw **150**, once inserted across joint **106**, may absorb a portion of the stress that would otherwise be exerted on the portion of bone plate **100** spanning across joint **106** when a load is placed upon joint **106**. For example, in the case of the metatarso-phalangeal joint **106**, activities that place weight on the foot, such as walking or standing, may cause metatarso-phalangeal joint **106** to flex. Due to the biomechanics of the foot, when

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the metatarso-phalangeal joint **106** flexes, the upper or “dorsal” side of joint **106** will compress together, while the bottom or “plantar” side of joint **106** will draw apart under tension. This is generally true for any hinge-type joint. The line about which the force on joint **106** transitions from tension to compression may be referred to as the neutral bending axis **118** of the joint **106**. In other words, neutral bending axis **118** defines the boundary line that separates the tension side of joint **106** from the compression side of joint **106**.

When transfixation screw **150** is screwed into joint **106** along a trajectory that crosses neutral bending axis **118** (as show in FIG. 2), a “tension band” construct is created that puts transfixation screw **150** under tension when joint **106** flexes. Normally, the plantar side of bone **104a** (e.g., the portion of bone **104a** on the tension side of joint **106**) will draw away from the plantar side of bone **104b** when a load is applied to joint **106**. However, when transfixation screw **150** is screwed across joint **106** such that the head **152** of transfixation screw **150** abuts the inner surface of transfixation screw hole **102**, the portion of transfixation screw **150** engaged with bone **104b** will pull against the head **152** of transfixation screw **150** when a load is applied to joint **106**. Since the head of transfixation screw **150** is braced against the inner surface of transfixation screw hole **102**, it will absorb the tension forces transmitted up the shaft of transfixation screw **150**, preventing the plantar side of bone **104b** from drawing away from the plantar side of bone **104a**.

In particular embodiments, the interface between bone **104a** and transfixation screw **150** may provide another mechanism for absorbing the tension forces transmitted up the shaft of transfixation screw **150**. For example, if transfixation screw **150** is threadably engaged with bone **104a**, the threading on transfixation screw **150** may provide a footing against bone **104a** which may also absorb a portion of the tension forces transmitted up the shaft of transfixation screw **150** from bone **104b** when a load is applied to joint **106**. In either case, once transfixation screw **150** has been screwed into joint **106** along a trajectory that crosses the neutral bending axis **118** of joint **106**, a tension band construct may be created that enables transfixation screw **150** to absorb the tension forces that would otherwise draw the tension side of joint **106** apart when a load is placed on joint **106**.

In particular embodiments, transfixation screw hole **102** may be used to establish the trajectory for transfixation screw **150**. For example, bone plate **100** may be configured such that, once bones **104** have been approximated and bone plate **100** has been placed across joint **106**, the central axis **116** of transfixation screw hole **102** may align along a trajectory that crosses the neutral bending axis **118** of joint **106**. For example, the central axis **116** of transfixation screw hole **102** may be configured to pass through joint **106** at a transfixation angle **114** of about 30 degrees to about 70 degrees relative to neutral bending axis **118** to achieve the desired tension band construct once bone plate **100** is secured across joint **106**. In one example embodiment, central axis **116** may be configured to pass through joint **106** at a transfixation angle **114** of about 50 degrees. Consequently, by drilling a pilot hole along central axis **116**, a surgeon may create a path for transfixation screw **150** that spans from a first position **120** on bone **104a** located on the compression side of joint **106** to a second position **122** on bone **104b** located on the tension side of joint **106**, creating the desired tension band construct for transfixation screw **150**. Alternatively, a surgeon may forgo drilling a pilot hole and may instead use a transfixation screw **150** having a self

drilling feature. In that case, the surgeon could achieve a tension band construct by screwing the transfixation screw 150 directly into joint 106 along the trajectory of central axis 116.

Transfixation screw 150 may be any component of hardware having a head 152 configured to abut the surface of bone plate 100 and a shaft 154 operable to secure bones 104 together in a fixed configuration. For example, transfixation screw 150 may be a nut and bolt assembly, a pin assembly, or a bone screw. As another example and not by way of limitation, transfixation screw 150 may be a lag screw that includes a head 152 coupled to a shaft 154 having an unthreaded portion 156 and a threaded portion 158 that ends at a tip 156. Once transfixation screw 150 is screwed into bones 104 through transfixation screw hole 102, this configuration of transfixation screw 150 may result in a lag effect that may tighten the interface between bones 104 when transfixation 150 is rotated. In particular embodiments, the length of shaft 154 may be less than the length of the portion of central axis 116 that passes through bones 104 in order to keep tip 156 from protruding out of bone 104b (e.g., out of the plantar aspect of first proximal phalanx 104b) when transfixation screw 150 screwed into bones 104.

To achieve a lag effect, a surgeon, after affixing bone plate 100 across joint 106 and drilling a pilot hole for transfixation screw 150 as described above, may screw transfixation screw 150 into joint 106 until unthreaded portion 156 extends completely through bone 104a and threaded portion 158 threadably engages bone 104b. At this point, further rotation of transfixation screw 150 may cause threaded portion 158 to advance further into bone 104b, causing bone 104b to ride up further onto shaft 154 and press against bone 104a while unthreaded portion 156 spins freely within bone 104a. Transfixation screw 150 may be further rotated under these conditions until head 152 cones to bear on the inner surface of transfixation screw hole 102, cinching bone 104a between the bottom surface of bone plate 100 and bone 104b. This may create a tight interface between bones 104, increasing the chance of a positive fusion. In another example procedure, a lag effect may be achieved by drilling a pilot hole in bone 104a that is larger in diameter than shaft 154. This may enable transfixation screw 150 to spin freely within bone 104a to achieve the desired lag effect, even if the entirety of shaft 154 is threaded.

FIG. 3 illustrates an external view of the top surface of bone plate 100. In particular embodiments, bone plate 100 may be characterized by a substantially thin construction that generally includes an elongate spine 124 having a first end 126a that includes at least one attachment point 128 for attaching first end 126a to bone 104a, a second end 126b comprising at least one attachment point 128 for attaching second end 126b to bone 104b, and a bridge portion 130 disposed between ends 126 configured to span across joint 106. Bone plate 100 may further include a transfixation screw hole 102, and a compression hole 132 which may be used to cinch bones 104 together using a bone screw 134.

Each attachment point 128 may be any mechanism or fixture operable to serve as a rigid point of attachment between bone plate 100 and a bone 104. As one example and not by way of limitation, an attachment point 128 may be an unthreaded screw hole in bone plate 100 configured to accept a bone screw 134. As another example and not by way of limitation, an attachment point 128 may be a threaded screw hole that provides a locking interface between bone screw 134 and bone plate 100. To accomplish this locking interface, the underside of the head of screw 134 may include threads that interfere with the threading on the

inside of the threaded screw hole to lock bone screw 134 into bone plate 100. Consequently, once bone screw 134 is screwed into bone 104 through the threaded screw hole, bone screw 134 may be prevented from loosening or backing out of bone 104. An example system for providing a locking interface between a screw hole and a screw is presented in U.S. Provisional Application No. 61/106,511, entitled, "Angulated Locking Plate/Screw Interface." In particular embodiments, the inner surface of transfixation screw hole 102 may also be threaded to provide a locking interface between transfixation screw 150 and bone plate 100. In this case, the head of transfixation screw 150 may also be threaded.

As another example and not by way of limitation, an attachment point 128 may be any type of clip or clamp included on bone plate 100 operable to rigidly affix bone plate 100 to a bone. One of ordinary skill in the art will appreciate that the above-described embodiments of attachment points 128 were presented for the sake of explanatory clarification and will further appreciate that the present disclosure contemplates each attachment point 128 being any suitable mechanism or fixture operable to serve as a rigid point of attachment between bone plate 100 and bone 104.

Spine 124 may generally define the central portion of bone plate 100 spanning along the length of bone plate 100. As an example and not by way of limitation, spine 124 may include a contiguous linear or curvilinear section of bone plate 100 spanning from the tip of first end 126a to the tip of second end 126b. As mentioned above, spine 124 includes a bridge portion 130 configured to span across joint 106. Since bridge portion 130 is configured to span across joint 106, it is typically defined by an unbroken section of spine 124 that is free of voids such as positioning holes or screw holes that could potentially reduce the bending strength of bridge portion 130. Depending upon design, bridge portion 130 may include a thickened section 136 of bone plate 100 to increase the bending strength of bridge portion 130. This may lessen the risk of bridge portion 130 bending or breaking above joint 106 when a load is applied to joint 106.

In particular embodiments, thickened section 136 may be defined by a thickened ridge of material in bone plate 100 having its greatest thickness along bridge portion 130 and gradually decreasing in thickness as one moves away from bridge portion 130 along the length of bone plate 100 toward ends 126. The increased material thickness may provide central section 130 with a higher section modulus than the proximal and distal areas of the plate located at ends 126. In a typical design, thickened section 136 may be about 100% to 200% thicker than the adjacent portions of bone plate 100. Including thickened section 136 in bone plate 100 may confer a number of advantages over plates of uniform thickness, one of which is the ability to efficiently increase the section modulus (and strength) of bridge portion 130 without adding material thickness to the entirety of bone plate 100.

Transfixation screw hole 102 may be defined by an inner surface of bone plate 100 surrounding a generally circular opening in bone plate 100. As an example and not by way of limitation, transfixation screw hole 102 may be disposed along the center line 138 of spine 124, immediately adjacent to bridge portion 130. In the case of a bone plate 100 designed for use on the first metatarso-phalangeal joint, the placement of transfixation screw hole 102 adjacent to bridge portion 130 may enable transfixation screw 102 to penetrate the first metatarsal 104a on the dorsal aspect of the meta-

tarsal head and pass into the plantar cortex of the first medial phalanx **104b**, transfixing the metatarso-phalangeal joint **106**.

In particular embodiments, the portion of bone plate **100** that includes transfixation screw hole **102** may be thicker than other portions of bone plate **100**. For example, transfixation screw hole **102** may be included in thickened section **136**, adjacent to bridge portion **130**. This may enable a countersink to be created around transfixation screw hole **102** so that the head **152** of transfixation screw **150** may rest flush with the top surface of bone plate **100** once transfixation screw **150** is screwed into transfixation screw hole **102**. The increased plate thickness around transfixation screw hole **102** may also enable transfixation screw hole **102** to be machined into bone plate **100** at an angle relative to the top surface of bone plate **100** (e.g., other than perpendicular to the top surface of bone plate **100**).

As mentioned above, in particular embodiments, bone plate **100** may include a compression hole **132** for tightening bones **104** together using a bone screw **134**. Compression hole **132** may be defined by an inner surface of bone plate **100** surrounding a generally oblong opening in bone plate **100**. More particularly, the inner surface of compression hole **132** may have a narrow end **131a**, and a wide end **131b** that includes a horse-shoe-shaped countersink **133**. To compress bones **104** together using compression hole **132**, a surgeon may use the following example procedure. The surgeon may begin by attaching the second end **126b** of bone plate **100** to bone **104b** using the attachment points **128** located on end **126b**. The surgeon may then manually approximate bone **104a** against bone **104b**, placing bone **104a** under compression hole **132**. While holding bone **104a** against the bottom surface of compression hole **132**, either by hand or using a clamp, the surgeon may drill a pilot hole for bone screw **134** into bone **104a**. The trajectory of the pilot hole may be generally perpendicular to the top surface of bone plate **100** and be located approximately in the center of narrow end **131a** (e.g., located at the focus of narrow end **131a**).

After creating the pilot hole, the surgeon may then screw bone screw **134** into the pilot hole until the head of bone screw **134** comes into contact with countersink **133** near the tips **135** of countersink **133**. To facilitate the compression feature, the underside of the head of bone screw **134** may be generally conical, having a taper angle approximately equal to the taper angle of countersink **133**. Once the head of bone screw **135** is in contact with counter sink **133** near tips **135**, further rotation of bone screw **135** may cause the head of bone screw **134** to ride down into countersink **133**, drawing bone plate **100** further up onto bone **104a** and causing bones **104** to press together at the interface of joint **106**. After approximating bones **104** by screwing bone screw **134** into compression hole **132** as just described, the surgeon may use other attachment points **128** to further secure bone plate **100** to bone **104a**. The surgeon may also screw transfixation screw **150** into joint **106** through transfixation screw hole **102** after tightening bones **104** together using compression hole **132**. Depending upon design, compression hole **132** may be threaded to provide a locking interface for bone screw **134**.

In particular embodiments, bone plate **100** may comprise one or more positioning holes **140** that may be used to position bone plate **100** relative to the bones **104** of joint **106**. To position bone plate **100** using a positioning hole **140**, a surgeon may insert a K-wire into one of the bones **104**, after which the surgeon may position bone plate **100** on bone **104** by inserting the K-wire through positioning hole **140**

and sliding bone plate **100** down onto bone **104**. Additionally, the surgeon may rotate bone plate **100** about the K-wire using positioning hole **140** to achieve a desired orientation of bone plate **100** relative to bone **104**. To ensure that bone plate **100** may be precisely positioned on bone **104** using a K-wire, the diameter of positioning hole **140** may be approximately equal to the diameter of the K-wire. Once bone plate **100** has been properly positioned, the surgeon may secure bone plate **100** to bone **104**, temporarily for example, by inserting another K-wire into another one of positioning holes **140**, or more permanently, using attachment points **128**.

In particular embodiments, the bottom surface of bone plate **100** may include one or more contact reduction features **146** which may reduce the amount of surface area of bone plate **100** that contacts bones **104** when bone plate **100** is secured across joint **106**. As an example and not by way of limitation, the bottom surface of bone plate **100** may include one or more channels, notches, or other recessions which may reduce (e.g., minimize) the amount of bone plate **100** that contacts bones **104**. This may lessen the amount of vascular impingement caused by bone plate **100**, promoting blood flow to bones **104** and bone growth. In particular embodiments, each of the screw holes in bone plate **100** (e.g., attachment points **128**, compression hole **132**, or transfixation screw hole **102**) may include a countersink capable of seating the head of a screw flush with the top surface of bone plate **100**. This feature may provide several benefits such as lessening the chance of uncomfortable impingement on the surrounding soft tissue, and reducing patient palpation and visualization of bone plate **100**.

In particular embodiments, bone plate **100** may further include flared hips **148** adjacent to transfixation screw hole **102**. Flared hips may generally be defined by a widened section of bone plate **100**. As an example and not by way of limitation, flared hips **148** may include two generally parabolic wings extending laterally from spine **124**, symmetrically opposed to one another about transfixation screw hole **102**. As will be appreciated by one of skill in the art, the entry point for transfixation screw **150** into bone **104a** may be generally be located at the center of the bottom side of transfixation screw hole **102** when transfixation screw is inserted into transfixation screw hole **102** along central axis **116**. Consequently, in embodiments where transfixation screw hole **102** is formed into bone plate **100** at an angle, the entry point for transfixation screw **150** may be out of sight (e.g., covered up by the top of transfixation screw hole **102**) when bone plate **100** is viewed from above. Therefore, to help a surgeon precisely position the entry point for transfixation screw **150** onto a desired location on bone **104a**, the entry point for transfixation screw **150** (e.g., the center of the bottom side of transfixation screw hole **102**) may reside directly in between the widest portion of flared hips **148**. Accordingly, by positioning the widest portion of hips **148** directly adjacent to the desired location for transfixation screw **150** on bone **104a**, the surgeon may confidently position the entry point for transfixation screw **150** at the desired location, even when the entry point is out of sight. Flared hips **148** may also increase the strength of bone plate **100** around transfixation screw hole **102**, lessening the chance of plate deformation or breakage.

Depending upon design, bone plate **100** may be formed from any material or combination of materials suitable for forming medical implants. Such materials may have high strength-to-weight ratios and may be inert to human body fluids. As an example and not by way of limitation, bone plate **100** may be formed from a forged titanium alloy.

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Titanium may provide several benefits as a material for bone plate **100** such as being relatively lightweight, providing adequate strength for withstanding forces typically experienced by a bone plate, and being visible in radiographs of the implant region.

FIG. 4 illustrates an example embodiment of a bone plate **200** adapted for use in a Lapidus procedure where bone plate **200** may be secured across the first tarso-metatarsal (TMT) joint **206**, located between the first metatarsal **204a** and the first cuneiform **204b**. Though bone plate **200** is adapted for placement over the TMT joint, particular embodiments of bone plate **200** may include some or all of the features of bone plate **100** described above, appropriately adapted to conform to the TMT joint **206**. For example, when used on TMT joint **206**, transfixation screw hole **202** may be configured to guide a transfixation screw **250** from the dorsal aspect of metatarsal **204a** to the plantar aspect of first cuneiform **204b** in order to transfix TMT joint **206**. Likewise, bone plate **100** may include some or all of the features described with respect to bone plate **200**, appropriately adapted to conform to the MPJ joint **106**. For reference purposes, like numbers may be used to refer to like features between bone plate **100** and bone plate **200**.

Bone plate **200** may generally be "H-shaped", and include an elongate spine **224** having a plurality of flanges **242** extending laterally therefrom. Each flange **242** may further include one or more attachment points **228** (similar or identical to attachment points **128** described above) for attaching bone plate **200** to a bone **204**. Flanges **242** may serve as a primary mechanism for attaching bone plate **200** to bones **204**, although particular embodiments of bone plate **200** may further include one or more additional attachment points **228** disposed along spine **224** for attaching bone plate **200** to bones **204**.

Each flange **242** may be any type of rigid lateral extension from spine **224**. As an example and not by way of limitation, each flange **242** may be a rigid rounded tab extending laterally from the side of spine **224**. Depending upon design, each flange **242** may be separated from the next by a gap **244**, which may enable a surgeon to independently contour each flange **242** to a desired position (e.g., to conform flanges **242** to match the geometry of bones **204**). Furthermore, each flange **242** may be relatively thinner than spine **224** to reduce the mechanical force needed to contour flanges **242** up or down relative to spine **224**. This thinning of flanges **242** may confer a number of advantages over plates having uniform thickness, such as for example, providing a surgeon with the ability to easily contour flanges **242** to a desired position. In particular embodiments, flanges **242** may enable a surgeon to contour bone plate **200** such that attachment points **242** are located on both the medial and dorsal aspects of bones **204**. Once a flange **242** has been contoured to a desired position, it may be affixed to bone **204** using an attachment point **228**.

To facilitate the process of aligning bones **204**, bone plate **200** may include one or more features which mimic the natural geometry of the TMT joint **206**. For example, bone plate **200** may include a rise **210** of approximately 0 mm to 5 mm (e.g., 2 mm) that mimics the natural elevation of the first metatarsal **204a** relative to the first cuneiform **204b**. As another example and not by way of limitation, bone plate **200** may include a varus angle of about 0 degrees to about 30 degrees (e.g., 15 degrees) between the first end **226a** of the plate and the second end **226b** of the plate that mimics the natural elevation of first metatarsal **204a** relative to first cuneiform **204b**. In particular embodiments, bone plate **200** may be symmetric about center line **238** to enable bone plate

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200 to be applied to either the left foot or the right foot, without substantial modification.

The particular embodiments disclosed above are illustrative only, as particular embodiments of the present disclosure may be modified and practiced in different but equivalent manners apparent to those skilled in the art having the benefit of the teachings herein. Furthermore, no limitations are intended to the details of construction or design herein shown, other than as described in the claims below. It is therefore evident that the particular illustrative embodiments disclosed above may be altered or modified and all such variations are considered within the scope and spirit of the present disclosure. In particular, every range of values (e.g., "from about a to about b," or, equivalently, "from approximately a to b," or, equivalently, "from approximately a-b") disclosed herein is to be understood as referring to the power set (the set of all subsets) of the respective range of values. The terms in the claims have their plain, ordinary meaning unless otherwise explicitly and clearly defined by the patentee.

Although the present disclosure has been described in several embodiments, a myriad of changes, substitutions, and modifications may be suggested to one skilled in the art, and it is intended that the present disclosure encompass such changes, substitutions, and modifications as fall within the scope of the present appended claims.

What is claimed is:

1. A system for securing a first discrete bone and a second discrete bone together across a joint between the first discrete bone and the second discrete bone, the system comprising:

a plate comprising:

an elongate spine having a first end comprising at least one attachment point for attaching the first end to the first discrete bone on a first side of the joint, a second end comprising at least one attachment point for attaching the second end to the second discrete bone on a second side of the joint, and a bridge portion disposed between the first end and the second end, the bridge portion having a portion configured to span across the joint, the bridge portion further comprising a thickened portion having a thickness greater than at least a portion of a thickness of either the first end or the second end; and

an aperture defining a transfixation screw hole disposed along the spine at the thickened portion of the bridge portion, the transfixation screw hole comprising an inner surface configured to direct a transfixation screw through the transfixation screw hole such that the transfixation screw extends at a trajectory configured to pass through a first position on the first discrete bone and a second position on the second discrete bone once the plate is placed across the joint.

2. The system of claim 1, further comprising a transfixation screw, said transfixation screw comprising a head configured to abut the inner surface of the transfixation screw hole and a shaft configured to contiguously extend through the first discrete bone, across the joint, and into the second discrete bone.

3. The system of claim 2, wherein the transfixation screw comprises a lag screw having:

at a first end of the shaft adjacent to the head, an unthreaded portion configured to extend through the first discrete bone; and

at a second end of the shaft adjacent to a tip of the transfixation screw, a threaded portion configured to extend into the second discrete bone.

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4. The system of claim 1, wherein the inner surface of the transfixation screw hole is configured to lockably engage a head of a transfixation screw.

5. The system of claim 4, wherein the inner surface of the transfixation screw hole is threaded to provide a locking interface with a transfixation screw.

6. The system of claim 1, wherein the first position resides on a compression side of the joint and the second position resides on a tension side of the joint.

7. The system of claim 1 wherein the plate is configured to substantially conform to a geometry of the respective first and second discrete bones on which the plate is configured to be disposed.

8. The system of claim 1, wherein:

a central axis of the inner surface of the transfixation screw hole defines the trajectory; and

the trajectory is configured to cross a neutral bending axis of the joint once the plate is placed across the joint.

9. The system of claim 8 wherein the trajectory is configured to pass through the joint at a transfixation angle between about 30 degrees and about 70 degrees measured from the neutral bending axis.

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