



Introduction of minimally invasive approach

 For repositioning of fragments is necessary just a small lateral approach from the apex of the lateral ankle toward the base of the metatarsal V about 3 cm and only a few minimicisions for the introduction of the nails and screws.

High stability of fixation

 The high stability of the implant, providing a very good fixation of the fragments.

Minimal risk of infection

 In comparison with other techniques excels C-NAIL MEDIN lower risk of infection.

Simple and accurate application

 The principle of surgical technique calcaneal nail MEDIN is based on commonly used operating procedures and uses their advantages.



Journal of Orthopaedic Trauma



A great achievement is the publication of an article about C-NAIL at the beginning of the year 2016, in the American impacted Journal of Orthopaedic Trauma. It features a case study called "Introduction of a new locking nail for treatment of intraarticular calcaneal fractures", carried out in most part by M. Pompach and H. Zwipp.

The study was carried out on 103 patients with 106 calcaneal fractures altogether, with the intention of reducing complications related to calcaneal fractures by using the C-NAIL nail. The conclusion of the text is the establishment of the fact, that the goal of the study was reached and C-NAIL is a very suitable system for osteosynthesis of the calcaneus.

Operative Orthopolide und Traumatologie Mattheward Control of the Control of the

Der Unfallchirurg

In January 2016, the German surgical-traumatology magazine Der Unfallchirurg published a research paper about our patented heel nail C-NAIL. The article is called "Calcaneusnagel C-NAIL."

The article presents an operative technique of C-NAIL nail, the advantages of its usage for both – for the doctor at

osteosynthesis of a calcaneus, and for the patient in a minimally invasive access of its introduction.

The authors of the article are doctors from the University Clinic of Carl Gustav Carus in Dresden, M. Amlang and S. Rammelt. Text has been inspired besides others by M. Pompacha and H. Zwippa literature.



Operative Orthopädie und Traumatologie

The operative technology of the C-NAIL nail and especially the advantages of the nail, were also presented in a German orthopedic-traumatology magazine Operative Orthopädie und Traumatologie.

The article called "Versorgung des Fersenbeinbruchs mit einem Verriegelungsnagel (C-NAIL)" was published in January of this year and its English version was published parallel to the German one in the USA. The text presents a case study, which was carried out between 2011-2014 on 107 fractures of the calcaneus with the aim of proving that a mini-invasive approach of application, which is possible due to the C-NAIL, enables the patient a very fast return to a normal active life without any limitations, eliminates the risk of infection and is overall suitable for osteosynthesis of the calcaneus.

The authors of the article are M. Pompach, M. Carda, M. Amlang and H. Zwipp.



Foot & Ankle International

In April 2016, the American magazine Foot & Ankle International published the results of an independent testing of two different systems of treating calcaneal fractures. Three systems of nailing of the calcaneus were compared – C-NAIL from the MEDIN company, Calcanail of the French company FH Orthopedics SAS and the RIMBUS plates with polyaxial

locking of the nails from the German company INTERCUS GmbH.

The testing took was carried out on 21 calcaneal fractures and showed that C-NAIL is the most suitable system for calcaneal osteosynthesis. In comparison to the other tested systems, C-NAIL provides the largest stability and endurance of a fixated fracture against strain. Furthermore, the mini-invasive approach is an advantage not only for the patient, but also for the doctor.

The authors of the study called "Interlocking Nailing Versus Interlocking Plating in Intra-articular Calcaneal Fractures: A Biomechanical Study" are S. Reinhardt, H. Martin, B. Ulmar, S. Döbele, H. Zwipp, S. Rammelt, M. Richter, M. Pompach and T. Mittlmeier.



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