



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

September 10, 2014

Valeris Medical  
% Ms. Cheryl Wagoner  
Principal Consultant  
Wagoner Consulting LLC  
P O Box 15729  
Wilmington, North Carolina 28408

Re: K142230

Trade/Device Name: Apollo Suture Anchor System and Titan Screws  
Regulation Number: 21 CFR 888.3040  
Regulation Name: Smooth or threaded metallic bone fixation fastener  
Regulatory Class: Class II  
Product Code: MBI  
Dated: August 8, 2014  
Received: August 13, 2014

Dear Ms. Wagoner,

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related

adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Lori A. Wiggins -S**

for

Mark N. Melkerson

Director

Division of Orthopedic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Special 510(k) Premarket Notification  
Valeris Apollo Suture Anchor System and Titan Screws

### Indications for Use

510(k) Number (if known): K142230

Device Name: Apollo Suture Anchor System and Titan Screws

#### Indications for Use:

The Apollo Suture Anchors and Titan Screws are indicated for use in fixation of ligament, tendon, bone, or soft tissue to bone in knee, shoulder, foot/ankle, elbow, and hand/wrist procedures. The screws are intended for use in the following procedures:

<p><b>Indications – Apollo Medial Suture Anchor and Apollo XT Suture Anchors</b> The Apollo Medial Suture Anchor and Apollo XT Suture Anchors are intended for:</p> <p><b>Shoulder</b></p> <p><input type="checkbox"/> Rotator Cuff Repair <input type="checkbox"/> Bankart Repair <input type="checkbox"/> SLAP Lesion Repair <input type="checkbox"/> Biceps Tenodesis <input type="checkbox"/> Acromio-Clavicular Separation Repair <input type="checkbox"/> Deltoid Repair <input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</p> <p><b>Foot/Ankle</b></p> <p><input type="checkbox"/> Lateral Stabilization <input type="checkbox"/> Medial Stabilization <input type="checkbox"/> Achilles Tendon Repair</p> <p><b>Knee</b></p> <p><input type="checkbox"/> Medial Collateral Ligament Repair <input type="checkbox"/> Lateral Collateral Ligament Repair <input type="checkbox"/> Posterior Oblique Ligament Repair <input type="checkbox"/> Iliotibial Band Tenodesis</p> <p><b>Elbow</b></p> <p><input type="checkbox"/> Biceps Tendon Reattachment <input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction</p> <p><b>Hip</b></p> <p><input type="checkbox"/> Capsular Repair <input type="checkbox"/> Acetabular Labral Repair</p>	<p><b>Indications – Apollo Lateral Anchor</b> The Apollo Lateral Anchor is indicated for:</p> <p><b>Shoulder</b></p> <p><input type="checkbox"/> Rotator Cuff Repair <input type="checkbox"/> Bankart Repair <input type="checkbox"/> SLAP Lesion Repair <input type="checkbox"/> Biceps Tenodesis <input type="checkbox"/> Acromio-Clavicular Separation Repair <input type="checkbox"/> Deltoid Repair <input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</p> <p><b>Wrist/Hand</b></p> <p><input type="checkbox"/> Scapholunate Ligament Reconstruction <input type="checkbox"/> Ulnar/Radial Collateral Ligament Reconstruction</p> <p><b>Foot/Ankle</b></p> <p><input type="checkbox"/> Lateral Stabilization <input type="checkbox"/> Medial Stabilization <input type="checkbox"/> Achilles Tendon Repair/Reconstruction <input type="checkbox"/> Hallux Valgus Reconstruction <input type="checkbox"/> Mid- and Forefoot Reconstruction</p> <p><b>Elbow</b></p> <p><input type="checkbox"/> Biceps Tendon Reconstruction <input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction <input type="checkbox"/> Lateral Epicondylitis Repair (<b>PEEK Anchor Only</b>)</p> <p><b>Knee</b></p> <p><input type="checkbox"/> Medial Collateral Ligament Repair <input type="checkbox"/> Lateral Collateral Ligament Repair <input type="checkbox"/> Posterior Oblique Ligament Repair <input type="checkbox"/> Joint Capsule Closure <input type="checkbox"/> Iliotibial Band Tenodesis <input type="checkbox"/> Patellar Ligament/Tendon Repair</p>
<p><b>Indications – Apollo Labral Suture Anchor</b></p> <p><b>Shoulder</b></p> <p><input type="checkbox"/> Rotator Cuff Repair <input type="checkbox"/> Bankart Repair <input type="checkbox"/> SLAP Lesion Repair <input type="checkbox"/> Biceps Tenodesis <input type="checkbox"/> Acromio-Clavicular Separation Repair <input type="checkbox"/> Deltoid Repair <input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</p>	

Special 510(k) Premarket Notification  
Valeris Apollo Suture Anchor System and Titan Screws

<p><b>Wrist</b></p> <p><input type="checkbox"/> Scapholunate Ligament Reconstruction</p>	
<p><b>Elbow</b></p> <p><input type="checkbox"/> Biceps Tendon Reattachment</p> <p><input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction</p>	
<p><b>Hip</b></p> <p><input type="checkbox"/> Capsular Repair</p> <p><input type="checkbox"/> Acetabular Labral Repair</p>	
<p><b>Knee</b></p> <p><input type="checkbox"/> Extracapsular Repair</p> <p><input type="checkbox"/> Medial Collateral Ligament Repair</p> <p><input type="checkbox"/> Lateral Collateral Ligament Repair</p> <p><input type="checkbox"/> Posterior Oblique Ligament Repair</p> <p><input type="checkbox"/> Joint Capsule Closure</p> <p><input type="checkbox"/> Iliotibial Band Tenodesis Reconstruction</p> <p><input type="checkbox"/> Patellar Ligament/Tendon Repair</p> <p><input type="checkbox"/> Vastus Medialis Obliquus Muscle Advancement</p>	
<p><b>Indications –Interference Screws</b></p> <p>The Titan Interference Screws are indicated for the reattachment of ligament, tendon, soft tissue, or bone to bone during cruciate ligament reconstruction surgeries of the knee. All screws with a diameter of 9 mm or less and a length of 23 mm or less are also intended for the use in the following procedures:</p> <p><b>Knee</b></p> <p><input type="checkbox"/> ACL repairs</p> <p><input type="checkbox"/> PCL repairs</p> <p><input type="checkbox"/> Extra-capsular repairs</p> <p>o Medial collateral ligament</p> <p>o Lateral collateral ligament</p> <p>o Posterior oblique ligament</p> <p><input type="checkbox"/> Patellar realignment and tendon repairs</p> <p>o Vastus medialis obliquous advancement</p> <p><input type="checkbox"/> Iliotibial band tenodesis</p> <p><b>Shoulder</b></p> <p><input type="checkbox"/> Capsular stabilization</p> <p>o Bankart repair</p> <p>o Anterior shoulder instability</p> <p>o SLAP lesion repairs</p> <p>o Capsular shift of capsulolabral reconstructions</p> <p><input type="checkbox"/> Acromioclavicular separation repairs</p> <p><input type="checkbox"/> Deltoid repairs</p> <p><input type="checkbox"/> Rotator cuff tear repairs</p> <p><input type="checkbox"/> Biceps tenodesis</p> <p><b>Foot and Ankle</b></p> <p><input type="checkbox"/> Hallux valgus repairs</p> <p><input type="checkbox"/> Medial or lateral instability repairs/reconstructions</p> <p><input type="checkbox"/> Achilles tendon repairs/reconstructions</p> <p><b>Midfoot reconstructions</b></p> <p><input type="checkbox"/> Metatarsal ligament/tendon repairs/reconstructions</p> <p><input type="checkbox"/> Bunionectomy</p> <p><input type="checkbox"/> Flexor Hallucis Longus</p> <p><input type="checkbox"/> Tendon transfers</p> <p><b>Elbow, Wrist, and Hand</b></p> <p><input type="checkbox"/> Biceps tendon reattachment</p> <p><input type="checkbox"/> Ulnar or radial collateral ligament reconstructions</p> <p><input type="checkbox"/> Lateral epicondylitis repair</p>	<p><b>Indications –Titan Mini-Interference Screws</b></p> <p>The Titan Mini-Interference Screws are intended to be used for fixation of tissue, including ligament or tendon to bone, or a bone/tendon to bone. See below for specific indications.</p> <p>The Mini-Interference Screws are intended to provide soft tissue reattachment (i.e. fixation of ligament and tendon graft tissue).</p> <p>See below for specific indications.</p> <p><b>Shoulder</b></p> <p><input type="checkbox"/> Capsular stabilization</p> <p>o Bankart repair</p> <p>o Anterior shoulder instability</p> <p>o SLAP lesion repairs</p> <p>o Capsular shift of capsulolabral reconstructions</p> <p><input type="checkbox"/> Acromioclavicular separation repairs</p> <p><input type="checkbox"/> Deltoid repairs</p> <p><input type="checkbox"/> Rotator cuff tear repairs</p> <p><input type="checkbox"/> Biceps tenodesis</p> <p><b>Foot and Ankle</b></p> <p><input type="checkbox"/> Hallux valgus reconstruction</p> <p><input type="checkbox"/> Medial stabilization</p> <p><input type="checkbox"/> Lateral stabilization</p> <p><input type="checkbox"/> Achilles Tendon Repair</p> <p><input type="checkbox"/> Midfoot reconstructions</p> <p><input type="checkbox"/> Metatarsal ligament repair</p> <p><input type="checkbox"/> Bunionectomy</p> <p><input type="checkbox"/> Flexor Hallucis Longus for Achilles Tendon reconstruction</p> <p><input type="checkbox"/> Tendon transfers in the foot and ankle</p> <p><b>Knee</b></p> <p><input type="checkbox"/> Medial Collateral Ligament Repair</p> <p><b>Lateral Collateral Ligament Repair</b></p> <p><input type="checkbox"/> Patellar Tendon Repair</p> <p><input type="checkbox"/> Posterior Oblique Ligament Repair</p> <p><input type="checkbox"/> Iliotibial Band Tenodesis</p> <p><input type="checkbox"/> Posterior Cruciate Ligament Repair</p> <p><b>Elbow</b></p> <p><input type="checkbox"/> Biceps tendon reattachment</p> <p><input type="checkbox"/> Ulnar or radial collateral ligament reconstruction</p>

Special 510(k) Premarket Notification  
 Valeris Apollo Suture Anchor System and Titan Screws

<input type="checkbox"/> Scapholunate ligament reconstruction <input type="checkbox"/> Tendon transfers	<p><b>Wrist and Hand</b></p> <input type="checkbox"/> Scapholunate Ligament Reconstruction <input type="checkbox"/> Ulnar Collateral Ligament Reconstruction <input type="checkbox"/> Radial Collateral Ligament Reconstruction <input type="checkbox"/> Carpometacarpal joint arthroplasty (basal thumb joint arthroplasty) <input type="checkbox"/> Carpal Ligament Reconstructions and repairs <input type="checkbox"/> Tendon transfer in the hand/wrist <input type="checkbox"/> Lateral Epicondylitis repair
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Prescription Use   X   AND/OR Over-The-Counter Use \_\_\_\_\_  
 (Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Special 510(k) Premarket Notification  
Valeris Apollo Suture Anchor System and Titan Screws

**510(k) Summary**  
(as required by 21 CFR 807.92)

Submitter	Valeris Medical
Address	200 Cobb Pkwy N Building 200, Suite 210 Marietta, GA 30062
Telephone	888-404-3980 Ext 101
Fax	678-669-2188

Contact Person	Daniel Lanois General Manager
Address	Valeris Medical 200 Cobb Pkwy N Building 200, Suite 210 Marietta, GA 30062
Telephone	888-404-3980 Ext 101
Fax	678-669-2188
email	daniel@valerismedical.com

Date Prepared	August 8, 2014
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Trade Name	Apollo Suture Anchor System and Titan Screws
Common Name	Screw, Fixation, Bone
Panel Code	Orthopaedics/87
Classification Name	Smooth or threaded metallic bone fixation fastener
Class	Class II
Regulation Number	21 CFR 888.3040
Product Code	MBI

Name of Predicate Device	510(k) #	Manufacturer
Apollo Suture Anchor System and Titan Screws	K133036	Amendia (transferred product to Valeris Medical)

<b>Description</b>	<p><u>Apollo Family</u> The Apollo Medial Suture Anchor, XT Suture Anchor, Lateral Anchor, and Labral Suture Anchor are delivery systems for anchors for use in fixation of ligament, tendon, bone, or soft tissue to bone in knee, shoulder, foot/ankle, elbow, and hand/wrist procedures. These anchors consist of cannulated anchors with integrated suture attachment or separate suture punch eyelet. The Anchors are provided loaded on individual inserters with and without integrated sutures, sterile, for single use only.</p> <p><u>Titan Family</u> The Titan Interference and Mini-Interference Screws are interference screws for use in fixation of ligament, tendon, bone, or soft tissue to bone in knee, shoulder, foot/ankle, elbow, and hand/wrist procedures. The screws are provided sterile, for single use only.</p> <p>Screw and anchor implants are made from either a titanium alloy (6Al4V) per ASTM F136, or PEEK (Zeniva ZA-500) per ASTM F2026 from Solvay Advanced Polymers.</p>
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Special 510(k) Premarket Notification  
Valeris Apollo Suture Anchor System and Titan Screws

<b>Indications and Intended Use</b>	The Apollo Suture Anchors and Titan Screws are indicated for use in fixation of ligament, tendon, bone, or soft tissue to bone in knee, shoulder, foot/ankle, elbow, and hand/wrist procedures. The screws are intended for use in the following procedures:
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<p><b>Indications – Apollo Medial Suture Anchor and Apollo XT Suture Anchors</b> The Apollo Medial Suture Anchor and Apollo XT Suture Anchors are intended for:</p> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rotator Cuff Repair</li> <li><input type="checkbox"/> Bankart Repair</li> <li><input type="checkbox"/> SLAP Lesion Repair</li> <li><input type="checkbox"/> Biceps Tenodesis</li> <li><input type="checkbox"/> Acromio-Clavicular Separation Repair</li> <li><input type="checkbox"/> Deltoid Repair</li> <li><input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</li> </ul> <p><b>Foot/Ankle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lateral Stabilization</li> <li><input type="checkbox"/> Medial Stabilization</li> <li><input type="checkbox"/> Achilles Tendon Repair</li> </ul> <p><b>Knee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medial Collateral Ligament Repair</li> <li><input type="checkbox"/> Lateral Collateral Ligament Repair</li> <li><input type="checkbox"/> Posterior Oblique Ligament Repair</li> <li><input type="checkbox"/> Iliotibial Band Tenodesis</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biceps Tendon Reattachment</li> <li><input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction</li> </ul> <p><b>Hip</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capsular Repair</li> <li><input type="checkbox"/> Acetabular Labral Repair</li> </ul>	<p><b>Indications – Apollo Lateral Anchor</b> The Apollo Lateral Anchor is indicated for:</p> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rotator Cuff Repair</li> <li><input type="checkbox"/> Bankart Repair</li> <li><input type="checkbox"/> SLAP Lesion Repair</li> <li><input type="checkbox"/> Biceps Tenodesis</li> <li><input type="checkbox"/> Acromio-Clavicular Separation Repair</li> <li><input type="checkbox"/> Deltoid Repair</li> <li><input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</li> </ul> <p><b>Wrist/Hand</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scapholunate Ligament Reconstruction</li> <li><input type="checkbox"/> Ulnar/Radial Collateral Ligament Reconstruction</li> </ul> <p><b>Foot/Ankle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lateral Stabilization</li> <li><input type="checkbox"/> Medial Stabilization</li> <li><input type="checkbox"/> Achilles Tendon Repair/Reconstruction</li> <li><input type="checkbox"/> Hallux Valgus Reconstruction</li> <li><input type="checkbox"/> Mid- and Forefoot Reconstruction</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biceps Tendon Reconstruction</li> <li><input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction</li> <li><input type="checkbox"/> Lateral Epicondylitis Repair (<b>PEEK Anchor Only</b>)</li> </ul> <p><b>Knee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medial Collateral Ligament Repair</li> <li><input type="checkbox"/> Lateral Collateral Ligament Repair</li> <li><input type="checkbox"/> Posterior Oblique Ligament Repair</li> <li><input type="checkbox"/> Joint Capsule Closure</li> <li><input type="checkbox"/> Iliotibial Band Tenodesis</li> <li><input type="checkbox"/> Patellar Ligament/Tendon Repair</li> </ul>
<p><b>Indications – Apollo Labral Suture Anchor</b></p> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rotator Cuff Repair</li> <li><input type="checkbox"/> Bankart Repair</li> <li><input type="checkbox"/> SLAP Lesion Repair</li> <li><input type="checkbox"/> Biceps Tenodesis</li> <li><input type="checkbox"/> Acromio-Clavicular Separation Repair</li> <li><input type="checkbox"/> Deltoid Repair</li> <li><input type="checkbox"/> Capsular Shift or Capsulolabral Reconstruction</li> </ul> <p><b>Wrist</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scapholunate Ligament Reconstruction</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biceps Tendon Reattachment</li> <li><input type="checkbox"/> Ulnar or Radial Collateral Ligament Reconstruction</li> </ul> <p><b>Hip</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capsular Repair</li> <li><input type="checkbox"/> Acetabular Labral Repair</li> </ul>	

Special 510(k) Premarket Notification  
Valeris Apollo Suture Anchor System and Titan Screws

<p><b>Knee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Extracapsular Repair</li> <li><input type="checkbox"/> Medial Collateral Ligament Repair</li> <li><input type="checkbox"/> Lateral Collateral Ligament Repair</li> <li><input type="checkbox"/> Posterior Oblique Ligament Repair</li> <li><input type="checkbox"/> Joint Capsule Closure</li> <li><input type="checkbox"/> Iliotibial Band Tenodesis Reconstruction</li> <li><input type="checkbox"/> Patellar Ligament/Tendon Repair</li> <li><input type="checkbox"/> Vastus Medialis Obliquus Muscle Advancement</li> </ul>	
<p><b>Indications –Interference Screws</b></p> <p>The Titan Interference Screws are indicated for the reattachment of ligament, tendon, soft tissue, or bone to bone during cruciate ligament reconstruction surgeries of the knee. All screws with a diameter of 9 mm or less and a length of 23 mm or less are also intended for the use in the following procedures:</p> <p><b>Knee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACL repairs</li> <li><input type="checkbox"/> PCL repairs</li> <li><input type="checkbox"/> Extra-capsular repairs <ul style="list-style-type: none"> <li>o Medial collateral ligament</li> <li>o Lateral collateral ligament</li> <li>o Posterior oblique ligament</li> </ul> </li> <li><input type="checkbox"/> Patellar realignment and tendon repairs</li> <li>o Vastus medialis obliquus advancement</li> <li><input type="checkbox"/> Iliotibial band tenodesis</li> </ul> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capsular stabilization <ul style="list-style-type: none"> <li>o Bankart repair</li> <li>o Anterior shoulder instability</li> <li>o SLAP lesion repairs</li> </ul> </li> <li>o Capsular shift of capsulolabral reconstructions <ul style="list-style-type: none"> <li><input type="checkbox"/> Acromioclavicular separation repairs</li> <li><input type="checkbox"/> Deltoid repairs</li> <li><input type="checkbox"/> Rotator cuff tear repairs</li> <li><input type="checkbox"/> Biceps tenodesis</li> </ul> </li> </ul> <p><b>Foot and Ankle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hallux valgus repairs</li> <li><input type="checkbox"/> Medial or lateral instability repairs/reconstructions</li> <li><input type="checkbox"/> Achilles tendon repairs/reconstructions</li> <li><b>Midfoot reconstructions</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Metatarsal ligament/tendon repairs/reconstructions</li> <li><input type="checkbox"/> Bunionectomy</li> <li><input type="checkbox"/> Flexor Hallucis Longus</li> <li><input type="checkbox"/> Tendon transfers</li> </ul> </li> <li><b>Elbow, Wrist, and Hand</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biceps tendon reattachment</li> <li><input type="checkbox"/> Ulnar or radial collateral ligament reconstructions</li> <li><input type="checkbox"/> Lateral epicondylitis repair</li> <li><input type="checkbox"/> Scapholunate ligament reconstruction</li> <li><input type="checkbox"/> Tendon transfers</li> </ul> </li> </ul>	<p><b>Indications –Titan Mini-Interference Screws</b></p> <p>The Titan Mini-Interference Screws are intended to be used for fixation of tissue, including ligament or tendon to bone, or a bone/tendon to bone. See below for specific indications.</p> <p>The Mini-Interference Screws are intended to provide soft tissue reattachment (i.e. fixation of ligament and tendon graft tissue). See below for specific indications.</p> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capsular stabilization <ul style="list-style-type: none"> <li>o Bankart repair</li> <li>o Anterior shoulder instability</li> <li>o SLAP lesion repairs</li> <li>o Capsular shift of capsulolabral reconstructions <ul style="list-style-type: none"> <li><input type="checkbox"/> Acromioclavicular separation repairs</li> <li><input type="checkbox"/> Deltoid repairs</li> <li><input type="checkbox"/> Rotator cuff tear repairs</li> <li><input type="checkbox"/> Biceps tenodesis</li> </ul> </li> </ul> </li> </ul> <p><b>Foot and Ankle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hallux valgus reconstruction</li> <li><input type="checkbox"/> Medial stabilization</li> <li><input type="checkbox"/> Lateral stabilization</li> <li><input type="checkbox"/> Achilles Tendon Repair</li> <li><input type="checkbox"/> Midfoot reconstructions</li> <li><input type="checkbox"/> Metatarsal ligament repair</li> <li><input type="checkbox"/> Bunionectomy</li> <li><input type="checkbox"/> Flexor Hallucis Longus for Achilles Tendon reconstruction</li> <li><input type="checkbox"/> Tendon transfers in the foot and ankle</li> </ul> <p><b>Knee</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medial Collateral Ligament Repair</li> <li><b>Lateral Collateral Ligament Repair</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patellar Tendon Repair</li> <li><input type="checkbox"/> Posterior Oblique Ligament Repair</li> <li><input type="checkbox"/> Iliotibial Band Tenodesis</li> <li><input type="checkbox"/> Posterior Cruciate Ligament Repair</li> </ul> </li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biceps tendon reattachment</li> <li><input type="checkbox"/> Ulnar or radial collateral ligament reconstruction</li> </ul> <p><b>Wrist and Hand</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scapholunate Ligament Reconstruction</li> <li><input type="checkbox"/> Ulnar Collateral Ligament Reconstruction</li> <li><input type="checkbox"/> Radial Collateral Ligament Reconstruction</li> <li><input type="checkbox"/> Carpometacarpal joint arthroplasty (basal thumb joint arthroplasty) <ul style="list-style-type: none"> <li><input type="checkbox"/> Carpal Ligament Reconstructions and repairs</li> <li><input type="checkbox"/> Tendon transfer in the hand/wrist</li> <li><input type="checkbox"/> Lateral Epicondylitis repair</li> </ul> </li> </ul>

Special 510(k) Premarket Notification  
 Valeris Apollo Suture Anchor System and Titan Screws

<b>Technological Characteristics and Substantial Equivalence</b>	Documentation was provided to demonstrate that the Subject device, Apollo Suture Anchor System and Titan Screws is substantially equivalent to the Predicate Apollo Suture Anchor System and Titan Screws (K133036), The Subject device is substantially equivalent to the predicate device in intended use, indications for use, materials, technological characteristics, and labeling.
<b>Performance Data</b>	Axial Pull-Out and Insertion Torque per ASTM F543-7 testing were conducted to confirm that the modification to add a 3 <sup>rd</sup> suture portal did not introduce any new risk.
<b>Conclusion</b>	Based on the indications for use, technological characteristics, materials, and comparison to predicate devices, the Subject Apollo Suture Anchor System and Titan Screws has been shown to be substantially equivalent to legally marketed predicate devices, and is safe and effective for its intended use.