



APR 28 2010

K093770

1/2

510(k) Summary of Safety and Effectiveness:**EXTREMITY MEDICAL Implant System**

Submitter:	EXTREMITY MEDICAL LLC 300 Interpace Parkway Suite 410 Parsippany, NJ 07054
Contact Person	Jamy Gannoe President Phone: (973) 588-8980 Email: jgannoe@extremitymedical.com
Date Prepared	April 22, 2010
Trade Name	EXTREMITY MEDICAL Screw System
Classification Name and Number	Smooth or threaded metallic bone fixation fastener 21 CFR 888.3040
Product Code	HWC
Predicate Devices	<ol style="list-style-type: none">1. EXTREMITY MEDICAL Midfoot Screw System, Extremity Medical K0829342. EXTREMITY MEDICAL Midfoot Screw System, Extremity Medical K0915773. 3.0 Cannulated Screw and Threaded Washer , Synthes K962823
Device Description	The EXTREMITY MEDICAL Screw System consists of two metallic components a Metacarpal (distal) screw and a Lag Screw (proximal). The two components are designed to rigidly lock together to form an angle between the two components. The system includes common instrumentation for the application of surgical bone screws.
Indications for use	The Extremity Medical Screw System is intended for fixation arthrodesis of the metatarsal-cuneiform, navicular-cuneiform, metatarsal-cuboid, talonavicular, calcaneocuboid, metatarsal-phalangeal and metacarpal-phalangeal joints.
Statement of Technological Comparison	The EXTREMITY MEDICAL Screw System and its predicate devices have the same indications for use; have a similar design; are made of similar materials, and have equivalent mechanical properties.



Nonclinical Testing	Bench testing including pull-out strength and torque was performed and compared to the predicate devices. Clinical simulations in cadavers were performed to verify the surgical technique.
Clinical Testing	No clinical testing was performed
Conclusion	The EXTREMITY MEDICAL Screw System is substantially equivalent to its predicate devices. This conclusion is based upon indications for use, materials, design, test data and principles of operation.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

APR 28 2010

Extremity Medical, LLC
% Mr. Jamy Gannoe
300 Interpace Parkway, Suite 410
Parsippany, NJ 07054

Re: K093770

Trade/Device Name: Extremity Medical Screw System
Regulation Number: 21 CFR 888.3040
Regulation Name: Smooth or threaded metallic bone fixation fastener
Regulatory Class: II
Product Code: HWC
Dated: March 1, 2010
Received: April 23, 2010

Dear Mr. Gannoe:

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.

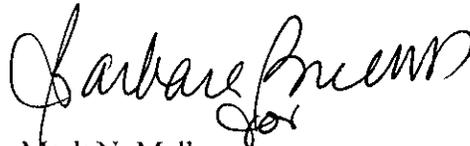
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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.

Page 2 – Mr. Jamy Gannoe

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. 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 Small Manufacturers, International and Consumer Assistance 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,



Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

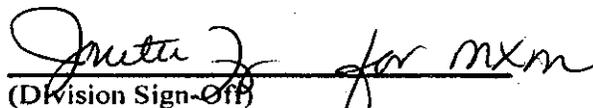
Indications for Use

510(k) Number (if known): K093770
Device Name: EXTREMITY MEDICAL Screw System
Indications for Use:

The Extremity Medical Screw System is intended for fixation arthrodesis of the metatarsal-cuneiform, navicular-cuneiform, metatarsal-cuboid, talonavicular, calcaneocuboid, metatarsal-phalangeal and metacarpal-phalangeal joints.

Prescription Use AND/OR Over-the-counter
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K093770