

AUG 10 2005

**510(K) SUMMARY
OF SAFETY AND EFFECTIVENESS**

In accordance with the Food and Drug Administration Rule to implement provisions of the Safe Medical Devices Act of 1990 and in conformance with 21 CFR 807, this information serves as a Summary of Safety and Effectiveness for the use of the CHARLOTTE™ Compression Plate.

Submitted By: Wright Medical Technology, Inc.
Date: July 11, 2005
Contact Person: Wesley L. Reed
Regulatory Affairs Specialist
Proprietary Name: CHARLOTTE™ Compression Plate
Common Name: Compression Plate
Classification Name and Reference: 21 CFR 888.3030 Plate, Fixation, Bone – Class II
Device Product Code and Panel Code: Orthopedics/87/HRS

DEVICE INFORMATION

A. INTENDED USE

The CHARLOTTE™ Compression Plate is intended to be used for fixation such as: LisFranc arthrodesis, mono or bi-cortical osteotomies in the forefoot, first metatarsophalangeal arthrodesis, Akin osteotomy, midfoot and hindfoot arthrodeses or osteotomies, fixation of osteotomies for hallux valgus treatment (Scarf and Chevron), and arthrodesis of the metatarsocuneiform joint to reposition and stabilize metatarsus primus varus.

B. DEVICE DESCRIPTION

The CHARLOTTE™ Compression Plate consists of 3 sizes of plates and 2.7mm locking-screws varying in length from 12mm to 24mm. All plates and screws are manufactured from stainless steel.

C. SUBSTANTIAL EQUIVALENCE INFORMATION

The design features, material, and indications for use of the CHARLOTTE™ Compression Plate are substantially equivalent or identical to the previously cleared Compression Staple (K043059). The safety and effectiveness of the CHARLOTTE™ Compression Plate is adequately supported by the substantial equivalence information, materials information, and analysis data provided within this Premarket Notification.

headquarters

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AUG 10 2005

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Wesley L. Reed
Regulatory Affairs Specialist
Wright Medical Technology, Inc.
5677 Airline Road
Arlington, Tennessee 38002

Re: K051908

Trade/Device Name: CHARLOTTE™ Compression Plate

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation
appliances and accessories

Regulatory Class: II

Product Code: HRS

Dated: July 11, 2005

Received: July 14, 2005

Dear Mr. Reed:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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); 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. Wesley L. Reed

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is written in a cursive style with a large initial "M".

Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K051908

Device Name: CHARLOTTE™ Compression Plate

Indications For Use:

The Compression Plate is intended to be used for fixation such as: LisFranc arthrodesis, mono or bi-cortical osteotomies in the forefoot, first metatarsophalangeal arthrodesis, Akin osteotomy, midfoot and hindfoot arthrodeses or osteotomies, fixation of osteotomies for hallux valgus treatment (Scarf and Chevron), and arthrodesis of the metatarsocuneiform joint to reposition and stabilize metatarsus primus varus.

Prescription Use
(Part 21 CFR 801 Subpart D)


AND/OR

Over-The-Counter Use
(21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

1 of 1


Stephen R. Clendenen
Director, Office of General Restorative
and Neurological Devices

510(k) Number: K051908