

{DESCRIPTION}

{Title of Invention}

BONE PLATE AND BONE PLATE SYSTEM

{Technical Field}

{0001}

The present invention relates to a bone plate and a bone plate system.

{Background Art}

{0002}

In order to fix a site of a bone fracture or osteotomy and to promote bone curing and osteosynthesis, a bone plate system having a bone plate and screws for fixing this bone plate to the bone has been used (refer to, for example, Patent Literature 1).

{0003}

Such a bone plate system is used for, for example, high tibial osteotomy (HTO) of gonarthrosis. High tibial osteotomy is surgery for correcting the direction of load biased towards the inner side due to bow leg deformity by cutting the patient's own bone to slightly change the angle and by performing alignment, thus shifting the direction of the load towards the outer side.

Several types of high tibial osteotomy are known, such as: an open wedge HTO method in which the bone is cut from the inner side towards the outer side of the tibia, the cut is

dilated, and, for example, a trapezoidal or wedge-shaped artificial bone is inserted to correct the angle; and a closed wedge HTO method in which the bone is cut off into a wedge shape from the outer side of the tibia, and the cut is shrunk to correct the angle.

{0004}

Patent Literature 1 disclose a bone plate system used mainly for the open wedge method. In high tibial osteotomy based on the open wedge method, the bone is notched from the inner side towards the outer side of the tibia, a substantially wedge-shaped artificial bone is inserted into a dilated section, which is the notch that has been dilated, and then a bone plate is placed so as to span this dilated section. The bone plate placed in this manner is fixed to the tibia with screws.

{0005}

Patent Literature 2 discloses a bone plate system that is used to remedy and fix the site of a bone fracture when a long bone, such as the femur or the tibia, is broken. In the bone plate system in Patent Literature 2, the axial directions of the screws can be changed by rotation when the bone plate is to be fixed to the epiphyseal region with screws.

{Citation List}

{Patent Literature}

{0006}

{PTL 1}

PCT International Publication No. WO2015/146866

{PTL 2}

Publication of Japanese Patent No. 4368560

{Summary of Invention}

{Technical Problem}

{0007}

When the bone plate is fixed to the tibia with screws, the artificial bone inserted into the dilated section needs to be reliably held without dropping. For a long time period of about one to two years after high tibial osteotomy, the patient stands upright, walks, and engages in more energetic activities in some cases with the bone plate fixed to the tibia. If the fixability of the bone plate to the tibia is hampered, there is risk of damaging tissue around the bone plate and screws, leading to a bone fracture or a decrease in the therapeutic effect. For this reason, the fixability of the bone plate to the tibia is important.

{0008}

In the bone plate system in Patent Literature 1, in order to ensure the fixability of the bone plate to the tibia while still preventing the inserted artificial bone from dropping, screw holes are threaded so as to be tilted relative to the plate thickness direction of a bone plate 1 so that screws are tightened in a direction tilted relative to the thickness

direction of the bone plate. Once the bone plate is tightened and fixed to the tibia as described above, the bone plate easily bulges towards the outer side, as shown in Fig. 7, and this bone plate that has bulged towards the outer side readily interferes with the skin, causing pain.

{0009}

Because the body section of the bone plate in Patent Literature 2 is in a flat plate shape, this bone plate has poor fixability to the tibia. In the bone plate system in Patent Literature 2, the axial directions of the screws can be changed when the bone plate is to be fixed to the epiphyseal region. However, determining, each time, an optimal insertion angle of an optimal screw by taking into account the fixability of the bone plate not only involves complicated procedures but also poses problems such as a screw, if inserted at an incorrect angle, breaking through the cancellous bone, thus leading to a crush fracture and damage to important tissue.

{0010}

The present invention has been conceived in light of the above-described circumstances, and an object thereof is to provide a bone plate and a bone plate system having an optimized structure to enhance the fixability and stability of the bone plate to the tibia.

{Solution to Problem}

{0011}

One aspect of the present invention is a bone plate including: a band-shaped body section that is fixed, along a longitudinal direction of a tibia, to an obliquely anterior inner side surface of the tibia at a position lower than a notch formed in an inner side surface of the tibia; a transverse section that is fixed, along a direction intersecting the longitudinal direction of the tibia, to the inner side surface of the tibia at a position higher than the notch; a joining section for joining the body section and the transverse section; and a plurality of screw holes that are arranged in the transverse section, the body section, and the joining section in a manner spaced apart from one another and that pass therethrough in a plate thickness direction, wherein the plurality of screw holes include a first screw hole provided in the joining section and a second screw hole provided in the body section, the body section, the joining section, and the transverse section have a curved surface shape that continues in such a manner as to twist about an axial line along the longitudinal direction of the tibia, a first plane on which an axial line of the first screw hole is disposed and a second plane on which an axial line of the second screw hole is disposed are substantially parallel to each other, the angles between a straight line connecting a longitudinal-direction upper-end portion and lower-end portion

in the bone plate and the first plane and the second plane are predetermined angles, and the axial line of the first screw hole and the axial line of the second screw hole are disposed at twisted positions.

{0012}

According to this aspect, the first plane having the axial line of the screw tightened into first screw hole and the second plane including the axial line of the axial line of the screw tightened into the second screw hole are substantially parallel, and the axial line of the screw tightened into the first screw hole and the axial line of the screw tightened into the second screw hole are at positions twisted relative to each other.

{0013}

The screw inserted into the first screw hole provided in the joining section is inserted so as to be substantially parallel to the bone cutting surface directly above the bone cutting surface at the site of osteotomy. Also, the screw inserted into the second screw hole provided in the body section is inserted so as to be substantially parallel to the screw inserted into the first screw hole directly below the site of osteotomy.

At this time, the leading end of the screw inserted into the body section disposed directly below the site of osteotomy is tightened in a direction which is not parallel to the

osteotomy surface at the site of osteotomy, in other words, a direction gradually away from the osteotomy surface at the site of osteotomy, and hence a wide correction angle can be ensured without causing the leading end of the screw to break through the osteotomy surface.

{0014}

After the screws have been removed, empty spaces are formed in the cancellous bone because the screw holes remain open at the positions where the screws were tightened, and this decreases the load strength of the tibia. In the embodiment of the present application, however, because the formed screw holes are at twisted positions, a load applied to the tibia in the vertical direction can be distributed, compared with a case where the screw holes are at positions not twisted relative to one another, thereby preventing fracturing of the cancellous bone.

{0015}

The body section, the joining section, and the transverse section have a curved surface shape that continues in such a manner as to be twisted about an axial line parallel to the longitudinal direction of the tibia, and hence the bone plate can be placed in conformance to the side surface shape of the tibia.

Because a long screw can be tightened in a direction in which the thickness of the tibia is large, the fixability can

be thereby enhanced.

{0016}

The above-described aspect may further have: a third screw hole that is disposed in a manner spaced apart from the second screw hole in a longitudinal axis direction of the body section, wherein a third plane on which an axial line of the third screw hole is disposed may be substantially parallel to each of the first plane and the second plane.

By doing so, not only the first plane and the second plane, but also the third plane having the axial line of the screw tightened into the third screw hole, become substantially parallel to one another, and hence, with reference to the screw inserted into the third screw hole, an operator can easily visually recognize the directions of screws, which helps avoid incorrect insertion direction, thereby making it possible to more firmly tighten the bone plate to the tibia.

{0017}

The above-described aspect may further include: a plurality of fourth screw holes that are provided in the transverse section and that are disposed in a manner spaced apart from one another in a direction intersecting a longitudinal direction of the body section, wherein the axial line of the first screw hole may be disposed along the first plane, which is tilted relative to a fourth plane including a

straight line for specifying an arrangement direction of the plurality of fourth screw holes and the axial directions of the fourth screw holes.

By doing so, the leading end of the screw inserted into the first screw hole provided in the joining section is inserted in a tilted manner so as to approach the leading ends of the screws inserted into the four screw holes provided in the transverse section, and hence the bone plate can be more firmly screwed and fixed to the tibia.

{0018}

In the above-described aspect, the axial line of the first screw hole, the axial line of the second screw hole, axial lines of the fourth screw holes, and the axial lines of the fourth screw holes may be arranged so as to be substantially orthogonal to the plate thickness direction of the bone plate. With this structure, the screws can be firmly tightened to the bone plate having an appropriate thickness, and the fixability of the bone plate to the tibia can be further enhanced.

{0019}

In the above-described aspect, the curved surface shape maybe twisted by $18.7^{\circ} \pm 10^{\circ}$ about an axial line parallel to a longitudinal axis of the body section.

With this structure, the bone plate can be disposed so as to closely fit to the side surface of the tibia.

{0020}

In the above-described aspect, the joining section may be formed to bend relative to the transverse section, and the bending angle of the joining section relative to the transverse section may be $175^{\circ} \pm 10^{\circ}$.

With this structure, the fittability of the bone plate to the tibia can be enhanced while preventing the leading end of the screw inserted into the joining section from interfering with the leading ends of the screws inserted into the transverse section. Because large distances can be ensured from the vicinity of the bone cutting surface, which is easily subjected to a bone fracture, to the screws, the bone plate can be fixed stably.

{0021}

In the above-described aspect, the total length in the longitudinal direction may be 90 mm to 110 mm inclusive and may be desirably 95 mm to 105 mm inclusive, and the distance between the first screw hole and the second screw hole may be 24 mm to 34 mm inclusive and may be desirably 24 mm to 30 mm inclusive.

{0022}

By doing so, the bone plate can be placed so as to closely fit to the inner side surface of the tibia, regardless of differences in the length of the tibia due to differences in the body build of the patient or differences in the amount

of correction.

Because the distance between the first screw hole and the second screw hole is large compared with the spacing between screw holes in a conventional bone plate, it is easy to accommodate a patient with a long tibia X. Furthermore, the bone plate can also be fixed to a patient with a short tibia without causing the bone plate to bulge outwardly in the vicinity of the bone cutting surface, and hence it is possible to prevent pain resulting from the bone plate bulging and irritating the skin. Because large distances can be ensured from the vicinity of the bone cutting surface, which is easily subjected to a bone fracture, to the screws, the bone plate can be fixed stably.

{0023}

In the above-described aspect, the plate thickness of the bone plate may be 3 ± 1 mm, and the amount of flexure of the bone plate when a vertical load in the longitudinal axis direction is applied at a position 30 to 50 mm away from the transverse section of the bone plate in the longitudinal axis direction of the transverse section in a state where the bone plate is tightened with the plurality of screws may be $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$.

{0024}

By adjusting the amount of flexure of the bone plate in this manner, stress shielding (a phenomenon in which a bone is

readily free from load) for the tibia provided with the bone plate can be suppressed, thereby making it possible to further promote bone reproduction in the dilated section into which the artificial bone is inserted.

{0025}

Another aspect of the present invention is a bone plate system including: any one of the above-described bone plates; and a plurality of screws that are tightened into the plurality of screw holes in the bone plate to fix the bone plate to the tibia.

{0026}

According to the above-described aspect, the screw tightened into the first screw hole and the screw tightened into the second screw hole are disposed on planes substantially parallel to each other such that the axial line of the first screw and the axial line of the second screw are at twisted positions, and hence the leading end of the screw tightened into the second screw hole is tightened in a direction gradually away from the osteotomy surface at the site of osteotomy, and a wide correction angle can be ensured without causing the screw to break through the osteotomy surface.

{0027}

By tightening the screws in this manner, the screws can be tightened while avoiding portions with low bone density and

important tissue such as the popliteal artery.

Because the bone plate can be prevented from bulging towards the outer side relative to the head of the tibia, it is possible to prevent pain due to irritation to the skin resulting from bulging of the bone plate.

{0028}

Even in a case where a load is applied in the vertical direction as a result of the patient equipped with the plate walking etc., the direction in which the load is applied can be distributed, allowing the load to be effectively accommodated.

Because the axial directions of the screw holes in the cancellous bone of the tibia after the removal of the screws are twisted relative to one another, the load in the vertical direction applied to the tibia can be distributed, compared with a case where the axial directions of the screw holes are not twisted, thereby preventing fracturing of the cancellous bone.

Because the screws can be tightened in a direction in which the thickness of the tibia is large, long screws can be used, and thereby the fixability can be enhanced.

{0029}

In the above-described aspect, the bone plate and the screws may be formed of a highly biocompatible material and may be preferably formed of a titanium-based alloy, a cobalt-

chromium alloy, or a stainless steel.

In this manner, an implant of a material that has sufficient strength and elasticity and that is highly biocompatible can be used.

{0030}

In the above-described aspect, the screws may be hollow screws each having a through-hole that allows a guide pin to pass therethrough, each of the screws may have a crest diameter of $\phi 5.0$ mm to 5.8 mm inclusive and a root diameter of $\phi 4.5$ mm to 5.3 mm inclusive, and the hollow axis diameter of the above-described hollow screw may be $\phi 1.8$ mm to 2.8 mm inclusive.

{0031}

In the above-described aspect, assuming that the bone plate is screwed and fixed to the tibia with screws for a long time period on the order of years, the screws are each designed to have a thickness large enough to accommodate the load in the vertical direction without breaking. With the settings within the ranges described above, the fixability can be enhanced as a result of a bone entering the leading end portion of a hollow hole, for example, in the epiphyseal region.

Adverse effect by the screw holes that remain in the cancellous bone of the tibia after the bone plate has been removed can be minimized.

Because the body section and the transverse section of the bone plate are arranged to be twisted relative to each other, the tightening directions of the screws are not uniform, which may easily cause the screws to be fixed in incorrect directions. In the above-described aspect, however, because each of the screws has the through-hole that allows the guide pin to pass therethrough, the screw can be tightened by using the through-hole formed in the screw and the guide pin as a guide, making it possible to enhance the work efficiency.

{0032}

In the above-described aspect, the angles between the straight line connecting the longitudinal-direction upper-end portion and lower-end portion in the bone plate and the first plane and the second plane may be 80° to 95° inclusive and may be preferably 84° to 91° inclusive, and the angle relative to the fourth plane may be 74° to 80° inclusive and may be preferably 75° to 79° inclusive.

{0033}

With this structure, the bone plate can be placed so as to closely fit to the inner side surface of the tibia, regardless of differences in the length of the tibia due to differences in the size of the body build of the patient or differences in the amount of correction.

The screws can be inserted into optimal areas where the

screws do not break through the articular surface or interfere with the artificial bone and a bone defect part.

{0034}

The above-described aspect may include: a first block containing the transverse section, the joining section, and a first screw group composed of a plurality of screws tightened into the first screw hole and the fourth screw holes; and a second block containing the body section and a second screw group composed of a plurality of screws tightened into the second screw hole and the third screw hole, wherein the bone plate system may have elasticity that, when a vertical load is relatively applied from the first block to the second block at a position 30 to 50 mm away from the transverse section of the bone plate in the longitudinal axis direction, allows flexure with which the first block is displaced by $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$ relative to the second block in a direction of the vertical load.

By adjusting the amount of flexure of the bone plate system in this manner, stress shielding (a phenomenon in which a bone is readily free from load) for the tibia provided with the bone plate can be suppressed, thereby making it possible to further promote bone reproduction in the dilated section into which the artificial bone is inserted.

{Advantageous Effects of Invention}

{0035}

The present invention affords an advantage in that a bone plate and a bone plate system optimized to enhance the fixability of the bone plate to a tibia for a long time period can be provided.

{Brief Description of Drawings}

{0036}

{Fig. 1A}

Fig. 1A is an overall view showing a bone plate system according to one embodiment of the present invention.

{Fig. 1B}

Fig. 1B is an overall view showing the positional relationship between the bone plate in Fig. 1 and screws inserted into screw holes provided in the bone plate.

{Fig. 1C}

Fig. 1C is a plan view showing the positional relationship between the bone plate in Fig. 1 and screws inserted into screw holes provided in the bone plate.

{Fig. 2A}

Fig. 2A is a front view showing a bone plate according to one embodiment of the present invention used in the bone plate system in Fig. 1.

{Fig. 2B}

Fig. 2B is a side view showing the bone plate in Fig. 2A.

{Fig. 2C}

Fig. 2C is a front view showing the bone plate in Fig. 2A.

{Fig. 3}

Fig. 3 is a partial longitudinal sectional view showing the relationship between a screw hole provided in the bone plate in Fig. 2A and a screw.

{Fig. 4A}

Fig. 4A is a partially magnified view of a side view of a transverse section and a joining section.

{Fig. 4B}

Fig. 4B is a partially magnified view showing, in more detail, a tilting relationship in a side view of the transverse section and the joining section.

{Fig. 5A}

Fig. 5A is a diagram showing a case where a guide pin is inserted into a screw used in the bone plate system in Fig. 1.

{Fig. 5B}

Fig. 5B is a magnified view of the screw head in Fig. 5A.

{Fig. 6}

Fig. 6 is an overall view showing a modification of the bone plate in Fig. 1.

{Fig. 7}

Fig. 7 is an overall view showing a bone plate system according to the prior art.

{Description of Embodiments}

{0037}

A bone plate 1 and a bone plate system 2 according to one embodiment of the present invention will now be described with reference to the drawings.

As shown in Fig. 1A, the bone plate system 2 according to this embodiment includes: the bone plate 1; a plurality of screws 3 for fixing this bone plate 1 to a high side surface of a tibia X; and an artificial bone 4 inserted into a notch formed from the inner side surface side towards the outer side of the tibia X.

{0038}

The bone plate 1 according to this embodiment is an elongated band-shaped member that is fixed to a high inner side surface of the tibia X after osteotomy for high tibial osteotomy of gonarthrosis and has a subtly curved shape in conformance to a typical surface shape of the tibia X so as to run along the curved surface shape of the side surface thereof at a position changing from the diaphyseal region towards the epiphyseal region of the tibia X.

{0039}

As shown in Figs. 2A, 2B, and 2C, this bone plate 1 includes: an elongated band-shaped body section 1a; a transverse section 1b extending in a direction intersecting the longitudinal direction of this body section 1a; and a joining section 1c for linking the body section 1a and the

transverse section 1b, and the bone plate 1 is formed to be substantially T shaped as a whole. As shown in Fig. 2C, the joining section 1c is shaped in such a manner as to bend in one direction from one end of the body section 1a and twist (the twist angle is $18.7^{\circ} \pm 10^{\circ}$) about the longitudinal axis of the body section 1a towards the transverse section 1b at the leading end. The body section 1a is substantially arch shaped in a cross section that is curved with a predetermined curvature along the shape of the tibia X.

{0040}

As shown in Fig. 2A, the body section 1a of the bone plate 1 includes a plurality of screw holes 5 provided in a manner spaced apart from one another in the longitudinal direction. Fig. 2A shows an example in which four screw holes 5a, 5b, 5c, and 5d are provided in the body section 1a. The transverse section 1b includes a plurality of screw holes 6 provided in a manner spaced apart from one another in a direction intersecting the longitudinal direction of the body section 1a. Fig. 2A shows an example where three screw holes 6a, 6b, and 6c are provided in the transverse section 1b. The joining section 1c includes one screw hole 7 disposed in a manner spaced apart from the screw holes 5 and 6 (6b) in the above-described longitudinal direction.

As shown in Fig. 3, the screws 3a are inserted into the screw holes 5, 6, and 7 from one end towards the other end in

the plate thickness direction. At this time, axial lines D of the screws 3 are orthogonal to the plate surface of the bone plate 1.

Although Fig. 3 shows an example case of a screw hole 6 in the transverse section 1b, the screw holes 5 and 7 in the body section 1a and the joining section 1c also have the same structure.

{0041}

Screws 3c and 3e are inserted into the screw holes 5a and 5c, respectively, provided in the body section 1a, and a screw 3b is inserted into the screw hole 7 provided in the joining section 1c. Screws 3a are inserted into the screw holes 6a, 6b, and 6c in the transverse section 1b.

At this time, as shown in Fig. 1B, an axial line A of the screw 3b is disposed on a first plane α tilted relative to a fourth plane δ including a straight line that specifies the arrangement direction of the screw holes 6a, 6b, and 6c and the axial lines D of the screws 3a inserted into the screw holes 6a, 6b, and 6c, respectively. Also, an axial line B of the screw 3c and an axial line C of the screw 3e are disposed on a second plane β and a third plane γ , respectively, that are substantially parallel to the first plane α . Furthermore, as shown in Fig. 1C, because the axial line A of the screw 3b and the axial line B of the screw 3c are disposed at positions twisted relative to each other, not only do the axial line A

of the screw 3b and the axial line B of the screw 3c that are projected on the articular surface of the tibia X intersect each other, but also the axial line A and the axial line B are substantially parallel to each other when the tibia X provided with the bone plate 1 is viewed from the front or the back.

{0042}

As shown in Fig. 1B, the bone plate 1 is designed so that the angle between a straight line L connecting a longitudinal-direction upper-end portion and lower-end portion of the bone plate 1 and the first plane α ; the angle between the straight line L and the second plane β ; and the angle between the straight line L and the third plane γ are each 80° to 95° inclusive, preferably 84° to 91° inclusive. The angle between the straight line L and the fourth plane δ is 74° to 80° inclusive, preferably 75° to 79° inclusive.

{0043}

The operation of the bone plate 1 and the bone plate system 2 according to this embodiment with the above-described structure will be described below.

In order to perform high tibial osteotomy of gonarthrosis by using the bone plate system 2 according to this embodiment, a notch is formed from the inner side surface towards the outer side of the tibia X in a direction tilted relative to the longitudinal axis of the tibia X, and then the notch is dilated using a predetermined instrument. Thereafter, as

shown in Fig. 1A, the body section 1a of the bone plate 1 is applied to an obliquely anterior inner side surface of the tibia X while the wedge-shaped artificial bone 4 is inserted in a dilated section 8, which has been dilated, and the bone plate 1 is placed on the tibia X so as to span the dilated section 8. More specifically, as shown in Fig. 1A, the transverse section 1b and the joining section 1c are applied to an upper inner side surface of an upper cut surface Y1 of the notch, and the body section 1a is applied to an upper inner side surface of a lower cut surface Y2 of the notch.

{0044}

After the wedge-shaped artificial bone 4 is inserted into the dilated section 8, the screws 3 are made to pass through the screw holes 5, 6, and 7 from the outer side towards the inner side in the plate thickness direction to tighten the screws 3 into the tibia X. Thus, by means of the bone plate 1 fixed with the screws 3 so as to span the notch and the artificial bone 4 inserted into the dilated section 8, the tibia X above and below the dilated notch can support a vertical load W applied in a direction in which the notch is shrunk.

{0045}

As shown in Figs. 1B and 1C, the screw 3c inserted into the screw hole 5a of the body section 1a and the screw 3b inserted into the screw hole 7 of the joining section 1c are

tightened into the tibia X at positions that are on planes substantially parallel to each other and that are twisted relative to each other. For this reason, not only do the axial line A of the screw 3b and the axial line B of the screw 3c that are projected on the articular surface of the tibia X intersect each other, but also the axial line A and the axial line B are substantially parallel to each other when the tibia X provided with the bone plate 1 is viewed from the front or the back.

By doing so, directly below the lower cut surface Y2 of the notch, the leading end of the screw 3c inserted into the screw hole 5a in the body section 1a is tightened in a direction in which this leading end moves away from the lower cut surface Y2, as shown in Fig. 1A. For this reason, the leading end of the screw 3c is prevented from breaking through the lower cut surface Y2 and sticking into the artificial bone 4. This allows a wide correction angle.

{0046}

The bone plate can be fixed to the tibia while avoiding portions with low bone density and important tissue such as the popliteal artery.

{0047}

According to the bone plate 1 of this embodiment, the body section 1a and the transverse section 1b that are fixed to the tibia X with the dilated section 8 interposed

therebetween are arranged at positions twisted relative to each other by means of the joining section 1c. Thus, the body section 1a is fixed to an obliquely anterior inner side surface of the tibia X, whereas the transverse section 1b is fixed to the inner side surface of the tibia X. Consequently, even though the tibia X is subjected to the vertical load W when the patient equipped with the bone plate 1 for correction stands upright or walks, the bone plate 1 can be prevented from bending in the plate thickness direction.

For this reason, the bone plate 1 can be prevented from bulging towards the outer side relative to the head of the tibia, thereby preventing pain due to irritation to the skin resulting from bulging of the bone plate 1.

{0048}

After the bone plate 1 and the screws 3 are removed after correction is completed, the screw holes remain open in the tibia X, possibly causing the load strength of the tibia to decrease, which may lead to fracturing of the cancellous bone. In this embodiment, however, because the screw holes remain at twisted positions in the tibia X, the vertical load W applied to the tibia can be distributed, and there is an advantage in that the possibility of causing fracturing of the cancellous bone can be reduced compared with, for example, a case where screw holes are formed in the tibia X at positions that are not twisted relative to each other.

{0049}

Because the screws are threaded so that the axial lines D of the screw holes 6, the axial line A of the screw hole 7, and the axial line B of a screw hole 5a are each substantially orthogonal to the plate thickness direction of the bone plate 1, the screws 3 can be firmly tightened to the tibia X through the bone plate 1 with an appropriate thickness, thereby further enhancing the fixability of the bone plate 1 to the tibia X.

{0050}

As shown in Fig. 4A, the joining section 1c is formed to bend with a bending angle of $175^{\circ} \pm 10^{\circ}$ relative to the transverse section 1b. For this reason, as shown in Fig. 4B, the axial line B of the screw 3b inserted into the screw hole 7 in the joining section 1c is inserted upwardly by an amount equivalent to a bending angle of $175^{\circ} \pm 10$ relative to the axial lines A of the screws 3a inserted into the screw holes 6 in the transverse section 1b.

With this structure, the fittability of the bone plate 1 to the tibia X can be enhanced while still preventing the leading end of the screw 3b inserted into the joining section 1c from interfering with the leading ends of the screws 3a inserted into the transverse section 1b.

{0051}

By forming the bone plate 1 according to this embodiment

into a gentle C shape from the body section 1a to the joining section 1c, the fittability of the bone plate 1 to the tibia can be enhanced further and optimized so that the screws do not break through the bone cutting surface and soft tissue posterior to the tibia.

For example, in the embodiment shown in Fig. 2A, the bone plate 1 is formed into a gentle C shape by setting, to $165^{\circ} \pm 10^{\circ}$, the angle between a straight line connecting the center of the screw hole 5a from the lower end of the body section 1a and a straight line connecting the center of the joining section 1c from the center of the screw hole 5a. The fittability to the tibia is further enhanced by setting, to $93^{\circ} \pm 10^{\circ}$, the angle between a straight line connecting the center of the joining section 1c from the center of the screw hole 5a and a straight line that specifies the arrangement direction of the plurality of (three in Fig. 2A) screw holes 6 provided in the transverse section 1b.

{0052}

Because the body section 1a, the joining section 1c, and the transverse section 1b form a curved surface shape continuing in such a manner as to twist about an axial line parallel to the longitudinal direction of the tibia, the bone plate 1 can be placed in conformance to the side surface shape of the tibia X.

As shown in Fig. 2C, taking into account the side surface

shape of the tibia X, the curved surface shape is desirably a shape twisted by $18.7^{\circ} \pm 10^{\circ}$ about an axial line parallel to the longitudinal axis of the body section 1a.

{0053}

Conventionally, there has been no choice but to use short screws 3 because the screws 3 were tightened in a direction in which the thickness of the tibia X is not so large. According to this embodiment, however, long screws 3 can be tightened in a direction in which the thickness of the tibia X is large, and hence there is also an advantage in that, even in a case where the bone quality is poor due to osteoporosis etc. and the fixing conditions are bad, the fixability can be enhanced while preserving the cancellous bone in a good state.

{0054}

As shown in Figs. 4A and 4B, the joining section 1c is formed to bend by an angle of, for example, $175^{\circ} \pm 10^{\circ}$ relative to the transverse section 1b, and thereby, the leading end of the screw 3b inserted into the screw hole 7 in the joining section 1c can be prevented from interfering with the leading ends of the screws 3a inserted into the screw holes 6 in the transverse section 1b.

{0055}

The bone plate 1 used in this embodiment has a total longitudinal length of 90 mm to 110 mm inclusive and preferably has a total longitudinal length of 95 mm to 105 mm

inclusive. The distance between the screw hole 7 and the screw hole 5a is 24 mm to 34 mm inclusive and is preferably 24 mm to 30 mm inclusive.

{0056}

By doing so, the bone plate 1 can be placed so as to closely fit to the inner side surface of the tibia X, regardless of differences in the length of the tibia X due to differences in the body build of the patient or differences in the amount of correction.

Because the distance between the screw hole 7 in the joining section 1c and the screw hole 5a in the body section 1a is large compared with a conventional bone plate 1, it is easy to accommodate a patient with a long tibia X. The bone plate 1 can also be fixed to a patient with a short tibia X without causing the bone plate 1 to bulge outwardly in the vicinity of the bone cutting surface, and hence it is possible to prevent pain resulting from the bone plate 1 bulging and irritating the skin.

{0057}

The bone plate 1 used in the embodiment of the present application has a plate thickness of 3 ± 1 mm. The bone plate 1 is designed so that the amount of flexure of the bone plate 1 in the longitudinal axis direction when the vertical load W in the longitudinal axis direction is applied to a position 30 to 50 mm away from the transverse section 1b of the bone plate

1 in a longitudinal axis direction of the transverse section in a state where the bone plate 1 is tightened after an empty space has been formed by dilating the tibia X between the screw hole 7 and the screw hole 5a falls within a range of $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$.

{0058}

By adjusting the amount of flexure of the bone plate 1 in this manner, it is possible to suppress stress shielding (a phenomenon in which a bone is readily free from load) for the tibia X provided with the bone plate 1 for correction thereby making it possible to further promote bone reproduction in the dilated section 8 into which the artificial bone 4 is inserted.

{0059}

Because the screw 3b and the screw 3c tightened into the tibia X are formed so as to intersect each other when projected on the articular surface of the tibia X, the direction in which the load W acts can be distributed even though the vertical load W acts on the tibia X of a patient equipped with the bone plate 1 for correction, allowing the load to be effectively accommodated. For example, the intersecting angle of the screws is preferably 5° to 25° and desirably 10° to 20° or less.

{0060}

The bone plate 1 and the screws 3 are formed of a highly

biocompatible metal material. Such a material has relatively high safety to the human body even in a case where it is disposed on the human body.

As a biocompatible material used for the bone plate 1 and the screws 3, a titanium-based alloy ensuring sufficient strength and elasticity for a long time period is optimal. It is needless to say that the biocompatible material is not limited to a titanium alloy but can be realized by other materials including a cobalt-chromium alloy, stainless steel, etc.

{0061}

As shown in Figs. 5A and 5B, each of the screws 3 according to this embodiment is a hollow screw 3 having a through-hole 10 that allows a guide pin 9 to pass therethrough, and for the screw 3, the crest diameter d_1 may be $\phi 5.0$ mm to 5.8 mm inclusive, the root diameter d_2 may be $\phi 4.5$ mm to 5.3 mm inclusive, and the hollow axis diameter d_3 of the screws 3 may be $\phi 1.8$ mm to 2.8 mm inclusive.

{0062}

The screws 3 according to this embodiment are each designed to have a thickness large enough to accommodate the load W in the vertical direction without breaking, assuming that the bone plate 1 is fixed to the tibia X for a long time period on the order of years. With the settings within the ranges described above, the fixability can be enhanced as a

result of a bone entering the leading end portion of a hollow hole, for example, in the epiphyseal region.

Because the screws 3 are not excessively thick, adverse effects of the screw holes that remain in the cancellous bone of the tibia X after the bone plate 1 has been removed can be minimized.

{0063}

Because the body section 1a and the transverse section 1b of the bone plate 1 are arranged to be twisted relative to each other, the tightening directions of the screws 3 are not uniform, which may easily cause the screws to be fixed in incorrect directions. In this embodiment, however, because each of the screws 3 has the through-hole 10 that allows the guide pin 9 to pass therethrough, the screw 3 can be tightened by using the through-hole 10 formed in the screw 3 and the guide pin 9 as a guide, making it possible to enhance the work efficiency.

{0064}

As shown in Fig. 1B, by setting the angle between the fourth plane δ and a straight line connecting the longitudinal-direction upper-end portion and lower-end portion in the bone plate 1 to 74° to 80° inclusive, preferably 75° to 79° inclusive, the bone plate 1 can be placed so as to closely fit to the inner side surface of the tibia X, regardless of differences in the length of the tibia X due to differences in

the size of the body build of the patient and differences in the amount of correction. The screws 3 can be inserted into optimal areas where the screws do not break through the articular surface or interfere with the artificial bone 4 and a bone defect part.

{0065}

As shown in Fig. 6, a rigid first block B1 including the transverse section 1b, the joining section 1c, and a first screw group G1 composed of a plurality of screws 3 tightened into the screw holes 6 and 7, as well as a rigid second block B2 including the body section 1a and a second screw group G2 composed of a plurality of screws 3 tightened into the screw holes 5a and 5c, may be specified; the first block B1 and the second block B2 may be separated so as to form an empty space therebetween; and a bone plate system having elasticity that, when the vertical load W is relatively applied from the first block B1 to the second block B2 at a position 30 to 50 mm away from the transverse section 1b of the bone plate 1 in the first block B1 in the longitudinal axis direction of the transverse section, allows flexure with which the first block B1 is displaced by $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$ relative to the second block 2B in the vertical load direction may be designed. As shown in Fig. 1B, the transverse section 1b of the bone plate 1 preferably deflects in a direction in which the transverse section 1b rotates about a straight line for specifying the

arrangement direction of the screw holes 6a, 6b, and 6c.

However, the transverse section 1b of the bone plate 1 may deflect in a direction in which the joining section easily deflects.

Such a design also can enhance the effect of suppressing stress shielding for the tibia X provided with the bone plate 1 for correction.

{Reference Signs List}

{0066}

- 1 Bone plate
- 1a Body section
- 1b Transverse section
- 1c Joining section
- 2 Bone plate system
- 3 Screw
- 3b Screw (first screw)
- 3c Screw (second screw)
- 4 Artificial bone (artificial bone member)
- 5 Screw hole
- 5a Screw hole (second screw hole)
- 5c Screw hole (third screw hole)
- 6 Screw hole (fourth screw hole)
- 7 Screw hole (first screw hole)
- 8 Dilated section
- 9 Guide pin

10 Through-hole

X Tibia

First axial line A

Second axial line B

Third axial line C

Fourth axial line D

First plane α

Second plane β

Third plane γ

Fourth plane δ

First screw group G1

Second screw group G2

First block B1

Second block B2

{CLAIMS}

{Claim 1}

A bone plate comprising:

a band-shaped body section that is fixed, along a longitudinal direction of a tibia, to an obliquely anterior inner side surface of the tibia at a position lower than a notch formed in an inner side surface of the tibia;

a transverse section that is fixed, along a direction intersecting the longitudinal direction of the tibia, to the inner side surface of the tibia at a position higher than the notch;

a joining section for joining the body section and the transverse section; and

a plurality of screw holes that are arranged in the transverse section, the body section, and the joining section in a manner spaced apart from one another and that pass therethrough in a plate thickness direction,

wherein the plurality of screw holes include a first screw hole provided in the joining section and a second screw hole provided in the body section,

the body section, the joining section, and the transverse section have a curved surface shape that continues in such a manner as to twist about an axial line along the longitudinal direction of the tibia,

a first plane on which an axial line of the first screw

hole is disposed and a second plane on which an axial line of the second screw hole is disposed are substantially parallel to each other,

the angles between a straight line connecting a longitudinal-direction upper-end portion and lower-end portion in the bone plate and the first plane and the second plane are predetermined angles, and

the axial line of the first screw hole and the axial line of the second screw hole are disposed at twisted positions.

{Claim 2}

The bone plate according to claim 1, further comprising:

a third screw hole that is disposed in a manner spaced apart from the second screw hole in a longitudinal axis direction of the body section,

wherein a third plane on which an axial line of the third screw hole is disposed is substantially parallel to each of the first plane and the second plane.

{Claim 3}

The bone plate according to claim 1 or 2, further comprising:

a plurality of fourth screw holes that are provided in the transverse section and that are disposed in a manner spaced apart from one another in a direction intersecting a longitudinal direction of the body section,

wherein the axial line of the first screw hole is

disposed along the first plane, which is tilted relative to a fourth plane including a straight line for specifying an arrangement direction of the plurality of fourth screw holes and the axial directions of the fourth screw holes.

{Claim 4}

The bone plate according to claim 3, wherein the axial line of the first screw hole, the axial line of the second screw hole, the axial line of the third screw hole, and axial lines of the fourth screw holes are arranged so as to be substantially orthogonal to the plate thickness direction of the bone plate.

{Claim 5}

The bone plate according to one of claims 1 to 4, wherein the curved surface shape is twisted by $18.7^{\circ} \pm 10^{\circ}$ about an axial line parallel to a longitudinal axis of the body section.

{Claim 6}

The bone plate according to one of claims 1 to 5, wherein the joining section is formed to bend relative to the transverse section, and

the bending angle of the joining section relative to the transverse section is $175^{\circ} \pm 10^{\circ}$.

{Claim 7}

The bone plate according to one of claims 1 to 6, wherein the total length in the longitudinal direction is 90 mm to 110

mm inclusive and is desirably 95 mm to 105 mm inclusive, and the distance between the first screw hole and the second screw hole is 24 mm to 34 mm inclusive and is desirably 24 mm to 30 mm inclusive.

{Claim 8}

A bone plate system comprising:
the bone plate according to one of claims 1 to 7; and
a plurality of screws that are tightened into the plurality of screw holes in the bone plate to fix the bone plate to the tibia.

{Claim 9}

The bone plate system according to claim 8,
wherein the plate thickness of the bone plate is 3 ± 1 mm, and
the amount of flexure of the bone plate and the plurality of screws when a vertical load in the longitudinal axis is applied to the plurality of screws at a position 30 to 50 mm away from the transverse section of the bone plate in the longitudinal axis direction in a state where the bone plate is tightened with the plurality of screws is $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$.

{Claim 10}

The bone plate system according to claim 8 or 9, wherein the bone plate and the screws are formed of a highly biocompatible material and are preferably formed of a

titanium-based alloy, a cobalt-chromium alloy, or a stainless steel.

{Claim 11}

The bone plate system according to one of claims 8 to 10, wherein the screws are hollow screws each having a through-hole that allows a guide pin to pass therethrough,

each of the screws has a crest diameter of $\phi 5.0$ mm to 5.8 mm inclusive and a root diameter of $\phi 4.5$ mm to 5.3 mm inclusive, and

the hollow axis diameter of the above-described hollow screw is $\phi 1.8$ mm to 2.8 mm inclusive.

{Claim 12}

The bone plate system according to one of claims 8 to 11, wherein the angles between the straight line connecting the longitudinal-direction upper-end portion and lower-end portion in the bone plate and the first plane and the second plane are 80° to 95° inclusive and are preferably 84° to 91° inclusive, and the angle relative to the fourth plane is 74° to 80° inclusive and is preferably 75° to 79° inclusive.

{Claim 13}

The bone plate system according to claim 8 comprising:

a first block containing the transverse section, the joining section, and a first screw group composed of a plurality of screws tightened into the first screw hole and the fourth screw holes; and

a second block containing the body section and a second screw group composed of a plurality of screws tightened into the second screw hole and the third screw hole,

wherein the bone plate system has elasticity that, when a vertical load is relatively applied from the first block to the second block at a position 30 to 50 mm away from the transverse section of the bone plate in the longitudinal axis direction, allows flexure with which the first block is displaced by $0.15 \text{ mm} \pm 0.1 \text{ mm/kgf}$ relative to the second block in a direction of the vertical load.