PHILOS® and PHILOS® Long

Anatomic Fixation System for the Proximal Humerus

Value Summary

PROVEN PERFORMANCE

- Systematic literature review of 78 clinical studies was conducted
- The literature review included over 3,800 patients
- Mean healing rate ranged from 96.3% to 100%, and the median was >99%¹

STABLE

Nine converging and diverging locking screws designed to enhance stability with multiple points of fixation

- Chen et al. (2018) concluded that PHILOS demonstrated significantly less loss of reduction (humeral head impaction) than the Zimmer Biomet Periarticular Plate, and PHILOS was especially effective at maintaining reduction in the face of medial calcar comminution (P<.05).²
- DePuy Synthes proximal locking screw pattern covers 155% higher volume of humeral head than the Zimmer Biomet Periarticular Plate, 45% higher volume than the 3.5 mm Smith & Nephew plate, and 20% higher volume than the Stryker plate³
- Author concludes that stability is increased by higher volume occupied by screws in humeral head³

Benchtop test results may not be indicative of clinical performance.

* These percentage differences are based on the 5 mm short construct.
CONTINUED TRUST in Stable Fixation

TRUSTED

- More than 15 years of clinical experience, over 850,000 implantations, with published clinical results in over 70 journal articles
- Worldwide, every 7 minutes, a surgeon decides to implant a DePuy Synthes PHILOS Plate

PHILOS AUGMENTATION

Augmentation increases the stability of the PHILOS fixation, when needed. Biomechanical studies show that PHILOS Augmentation offers enhanced anchorage in low-density bone. In osteoporotic bone, failure of the bony structure around the implant can result in fixation failure and secondary screw perforation.

Augmentation reduces implant-related complications

Kathhager et al. demonstrated that patients treated with the PHILOS plate and augmentation were significantly less likely to suffer from early loss of reduction with articular screw perforations than patients treated without cement augmentation (P = 0.037).

Early loss of reduction and articular screw perforation of the entire historic cohort (n=19 out of 74) was statistically significantly higher when compared with the group of patients with locked plating and additional cement augmentation (n=0 out of 24; P = 0.006).

In addition, Hengg et al. concluded that “considering that no additional risks related to the use of cement were observed, and that low mechanical failure rate was achieved in a population with high mean age and low BMD, PHILOS™ seems a good treatment option for elderly patients with proximal humerus fractures.”

References: