3
PINS AND INSTRUMENTS
The Rush Pin Set*

This set is adequate for practically all fractures. Rare individuals require smaller diameters for the forearm. This is unlikely in the aged, whose medullary cavities are usually large.

The pins are of one design for all long bones. However, for maximum surgical efficiency, it has been found that the temper of the rod must differ in the various diameters.

SET 100
Femur, Shaft
Tibia, Shaft
Humerus, Shaft
DIA. 6 mm (1/4”)
Length Range –
9 1/2” Thru 20 3/4”

SET 200
Humerus, Shaft – Small Adults
Femur, Lower Third
Tibia, Shaft,
Condyles
DIA. 5 mm (3/16”)
Length Range –
7 1/4” Thru 18 1/2”

SET 300
Humerus, Condyles
Radius, Shaft Colles
Ulna, Shaft, Olecranon
Clavicle
Tibia, malleolus
Fibula, malleolus
DIA. 3 mm (1/8”)
Length Range –
4” Thru 10 1/2”

*STANDARD
The Rush Pin Set*  
Cont’d.

SET 400  
Ulna, Radius, In small individuals  
Malleoli, Of Tibia and Fibula  
Metacarpals  
Humeral, Condyles  
Acromio-Clavicular Separation  
Clavicle  
DIA. 2 mm (3/32”)
Length Range – 1” Thru 10”

SET 500  
Metacarpals  
Phalanges  
Metatarsals  
DIA. 1.6 mm (1/16”)
Length Range – 3/4” Thru 3 3/4”

RUSH CONDYLE PIN

For osteoporotic condyles, the problem has been the migration of the head of the pin into the bone with loss of fixation. This problem has been overcome by the modification of the head to the Rush Pin into a much broader, flatter surface.

The new Rush Condyle Pin ideally expands the Rush Pin Technics to include some previously difficult cases involving the friable or osteoporotic condyles in the elderly.

Particularly useful in supracondylar fractures of the femur and the condyles of the tibia. Same procedures as Rush Pinning.

NO. 250  
DIA. - 5 mm (3/16”)  
LENGTH RANGE - 7 1/4” THRU 18 1/2”  
CUSTOM LENGTHS AVAILABLE
“LUXURY” INSTRUMENTS*

The instruments facilitate the operation and make it more intriguing for the surgeon. A good aluminum mallet and a pair of pliers are essential. The pin extractor is a great help in removing pins of the larger sizes.

RUSH INDEX RACK

Rack # 1 thru # 5
The exclusive New Rush Index Rack was designed with a Lock-type plate for easy removal of one pin at a time, while the remainder of the set stays locked in place.

RUSH AWL REAMERS

Reamer # 701 thru # 705
An improvement over bone drills for making opening in extremity of the bone for inserting pins. Shaft designed for side cutting to assure accurate direction of bone opening. Allows the forearm to do the work to lessen hand fatigue in prolonged reaming procedures such as the clavicle. Excellent for drilling patella and in fractures near joints.
Note: this instrument is not designed for drilling hard cortical bone of the shaft.

RUSH DRIVER EXTRACTOR

Driver # 751 thru # 755
Cupped extremity fashioned to contour of pin head to prevent bruising of pin. Allows setting the head without trauma to bone or soft tissue. This instrument is not necessary for Rush Pin fixation but greatly adds to the ease of it.

RUSH PIN EXTRACTOR

The Rush Pin Extractor is constructed of No. 316 Stainless steel with an approximate weight of 2.25 pounds (1018.4 gr)

The slide handle has a flare design to prevent slipping and pinching.

The Rush Pin Extractor is equipped with two interchangeable heads to accommodate any size Rush Pin.
INSTRUMENTS (cont’d)

RUSH WIRE CARRIERS

WIRE CARRIER # 801 thru # 8033
Designed to facilitate the placing of circular wires in comminuted fractures with minimal surgical trauma. Special dissecting tip permits passage through soft tissue attachments while "hugging" bone. Special curve permits passage far enough around bone that wire can be threaded through eye visually. Special non-skid, palm-fit handle for accurate control. Available in slotted or original with hole.

RUSH MALLETS

MALLET # 850
Non slip aluminum handle. Aluminum head; 316 stainless steel shaft. Well balanced.

RUSH BENDERS

BENDER # 900
Heavy stainless steel bender for pre-shaping or relieving stress on Rush Pins. 316 stainless steel as a safeguard against corrosion.

RUSH COUNTERSUPPORT

COUNTERSUPPORT # 950
Designed primarily for supracondylar femur to aid reduction and x-raying during the surgery. It has now proved to have many other valuable uses. Pinning of tibia shaft fractures can be greatly facilitated by its use, in both closed or semi-open operations. For the shaft of the femur it is invaluable to permit traction with the flexed knee and to elevate the lower fragment.