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(54) Title: TISSUE GRAFT ANCHOR ASSEMBLY AND INSTRUMENTATION FOR USE THEREWITH

(57) Abstract: The present disclosure relates to a soft tissue graft anchor. The anchor includes a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end. A tissue graft anchor assembly, a method for tissue repair, and instrumentation for use therewith are also disclosed.
BACKGROUND

FIELD OF TECHNOLOGY

RELATED ART

CROSS-REFERENCE TO RELATED APPLICATIONS


In many aspects of orthopedic surgery it is necessary to fix a soft tissue to bone. In one example, a ligament, such as an anterior cruciate ligament (ACL), that has ruptured and is non-repairable, may be replaced by a soft tissue graft. The tissue graft can be harvested from various sites including, without limitation, the patellar tendon, quadriceps tendon, semitendonosis tendon, gracilis tendon, or a combination thereof. Alternatively, the graft may be formed from synthetic materials or from a combination of synthetic and natural materials.

The replacement tissue graft is implanted by securing one end of the tissue graft through a passage formed in the femur, and the other end of the graft through a passage formed in the tibia. Generally, an anchor (e.g., an interference screw or a post) is used to affix each end of the tissue graft to the bone.

In another example, a soft tissue may be anchored to passages in the femur and patella to reconstruct the medial patellofemoral ligament. Other examples of ligament
reconstructions include, but are not limited to, elbow and ankle ligament reconstructions. Tendons not part of a ligament reconstruction may also be anchored into bone passages. An example is fixation of the proximal biceps tendon to the proximal humerus.

[0006] There remains a need for a soft tissue anchor and instrumentation for use with the anchor which is simple, easy to install, and inexpensive to manufacture, while providing secure, trouble-free anchoring of a soft tissue graft.

SUMMARY

[0007] In an aspect, the present disclosure relates to a soft tissue graft anchor. The anchor includes a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end. In an embodiment, at least one of the prongs includes at least one barb on at least one side surface of the prong. In another embodiment, the anchor includes a through hole, wherein the cavity extends into the through hole. In yet another embodiment, at least one of the prongs includes at least one groove,

[0008] In another aspect, the present disclosure relates to tissue graft anchor assembly. The anchor assembly includes a tissue graft anchor including a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end; and a fixation member configured to be disposed within the cavity.

[0009] In yet another aspect, the present disclosure relates to a method of tissue repair. The method includes creating a tunnel in bone; inserting a soft tissue graft within the tunnel;
inserting a tissue graft anchor within the tunnel, the tissue graft anchor comprising a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end; and inserting a fixation member within the cavity of the tissue graft anchor, whereby inserting the fixation member into the cavity causes the prongs to twist and expand, thereby causing ends of the grafts to engage a wall of the tunnel and fixate the grafts to the bone.

10010] In a further aspect, the present disclosure relates to a tension device. The tension device includes a body including two sides, wherein each side includes one wheel and two guides, wherein the wheel is configured for longitudinal movement relative to the body and the guides are stationary; a shoulder assembly coupled to the body; and a shaft assembly coupled to the shoulder assembly, the shaft assembly comprising a shaft and a handle coupled to the shaft, the handle including a window.

[0011] In yet a further aspect, the present disclosure relates to a broach. The broach includes a handle; and a shaft coupled to the handle, the shaft including a member located at an end of the shaft, the member including prongs, grooves located between the prongs, and a fin on at least one of the prongs, the fin extending perpendicular to a longitudinal axis of the of the prong.

[0012] In an aspect, the present disclosure relates to a delivery device. The delivery device includes a handle; a shaft coupled to the handle; and a movable member coupled to the shaft, the member including a track, a nipple coupled to the shaft located within the track, wherein the nipple is located in a first area of the track when the movable member is located in a
first position and the nipple is located in a second area of the track when the movable member is located in a second position.

[0013] In another aspect, the present disclosure relates to a kit. The kit includes a tissue graft anchor including a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end; and a fixation member configured to be disposed within the cavity.

[0014] Further areas of applicability of the present disclosure will become apparent from the detailed description provided hereinafter. It should be understood that the detailed description and specific examples, while indicating the preferred embodiment of the disclosure, are intended for purposes of illustration only and are not intended to limit the scope of the disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

[0015] The accompanying drawings, which are incorporated in and form a part of the specification, illustrate the embodiments of the present disclosure and together with the written description serve to explain the principles, characteristics, and features of the disclosure. In the drawings:

[0016] Figs. 1 and 2 show side elevation views of the tissue graft anchor of the present disclosure.

[0017] Fig. 3 shows an isometric view of the tissue graft anchor of the present disclosure.

[0018] Fig. 4 shows an isometric view of the tissue graft anchor of the present disclosure.
Fig. 5 shows a side elevation view of the tissue anchor assembly of the present disclosure.

Fig. 6 shows the tissue graft anchor assembly of the present disclosure after insertion of the assembly into a bone tunnel.

Fig. 7 shows an isometric view of an alternative embodiment of the tissue graft anchor of the present disclosure.

Figs. 8-11 show the tension device of the present disclosure and its components.

Fig. 12 shows an isometric view of the broach of the present disclosure.

Figs. 13-15 show the delivery device of the present disclosure.

Figs. 16-19 show soft tissue reconstruction surgery via use of the tissue graft anchors of the present disclosure.

Fig. 20 shows an isometric view of another alternative embodiment of the tissue graft anchor of the present disclosure.

DETAILED DESCRIPTION OF THE EMBODIMENTS

The following description of the preferred embodiment(s) is merely exemplary in nature and is in no way intended to limit the disclosure, its application, or uses.

Figs. 1-4 show the soft tissue graft anchor 10 of the present disclosure. The anchor 10 includes prongs 10a, wherein each prong 10a has a distal end 10b and a proximal end 10c. The prongs 10a are coupled at their distal ends 10b to form an inner cavity 10d having an opening 10e and at least one prong 10a includes at least one barb 10i on at least one side surface 10j of the prong 10a. As shown in Figs. 1-4, the number of prongs 10a having barbs 10i and the number of barbs 10i may vary. It is also within the scope of this disclosure for the prongs 10a to not have any barbs 10i. In addition, at least one of the prongs 10a includes a fin 10f. The fin 10f
extends perpendicular to a longitudinal axis L of prong 10a and includes a pointed end 10g. An anchor 10 having prongs 10a wherein more than one prong 10a has a fin 10f and an anchor 10 without a fin 10f are also within the scope of this disclosure. For the purposes of the present disclosure, the tissue graft anchor 10 includes a plurality of prongs 10a, with the word plurality meaning at least two prongs 10a. Additionally, the anchor 10 includes a through hole 10k. However, it is within the scope of this disclosure for the anchor 10 to not include a through hole 10k. As shown in Figs. 3 and 4, the inner cavity 10d extends into the through hole 10k.

[0029] Fig. 5 shows the tissue graft anchor assembly 20 of the present disclosure. The assembly 20 includes the tissue graft anchor 10 and a fixation member 11, which is configured to be disposed within the cavity 10d of the anchor 10. The fixation member 11 includes a distal end 11a, a proximal end 11b, and an outer surface 11c including threads 11d. The proximal end 11b includes a hole (not shown) that is configured for engagement with a delivery device (not shown) during surgery, as will be further described below. The hole may extend a partial length or a full length of the member 11. At least one of the prongs 10a also includes an inner surface 10h having at least one groove 10l that is configured for engagement with the threads 11d of the fixation member 11 upon insertion of the fixation member 11 into the inner cavity 10d, as will be further described below. As shown in Figs. 1-4, the number of prongs 10a having grooves 10l and the number of grooves 10l may vary. For the purposes of this disclosure, the grooves 10l are located at the proximal ends 10c of the prongs 10a and extend a partial length of the prongs 10a, but may be located any where along the inner surface 10h, including along the entire inner surface 10h of the prongs 10a. It is also within the scope of this disclosure for the prongs 10a to not have any grooves 10l. Also, the inner surfaces 10h of proximal ends 10c of the prongs 10a are tapered along partial lengths of the inner surfaces 10h.
[0030] As mentioned above, during ligament reconstruction surgery, tunnels are created in the femur and tibia and the replacement tissue graft is implanted by securing one end of the tissue graft in the tunnel formed within the femur and the other end of the graft in the tunnel formed within the tibia. One or more replacement tissue grafts may be used. Fig. 6 illustrates use of the assembly 20 to secure the ends 31,41 of the replacement grafts 30,40 within the tibial tunnel 50. Once the ends 31,41 are passed through the tunnel 50, the tissue anchor 10 is inserted into the tunnel 50 such that the ends 31,41 are located between the prongs 10a. The anchor 10 is seated within the tunnel 50 such that the prong 10a with the fin 10f is not completely inserted into the tunnel 50. Rather, as shown in Fig. 6, the fin 10f engages a portion of the tibia (outer surface of the tibia) outside of the tunnel and acts as a depth stop to substantially reduce over insertion of the anchor 10 into the tunnel 50. In addition to acting as a depth stop, the fin 10f engages the bone and allows for cortical fixation of the anchor 10.

[0031] The fixation member 11 is then inserted within the cavity 10d of the anchor 10 in a rotary manner. As mentioned above, the grooves 10i are configured for engagement with the threads H d of the fixation member 11 to facilitate insertion of the fixation member 11 into the inner cavity 10d. In addition, the tapered inner surfaces 10h at the proximal ends 10c of the prongs 10a cooperate with the tapered distal portion 11a of the fixation member 11 to allow for easier insertion of the fixation member 11. During insertion of the fixation member 11 into the cavity 10d, the prongs 10a are caused to twist and expand, as shown in Fig. 6, thereby forcing the ends 31,41 of the grafts 30,40 against a wall 51 of the bone tunnel 50 and fixing the grafts 30,40 to the tibia. Additionally, upon insertion of the anchor 10 into the bone tunnel 50, the barbs 10i engage the ends 31,41 of the grafts 30,40 and apply compression to the ends 31,41
when the fixation member 11 is inserted into the inner cavity 10d so as to further fixate the grafts 30,40 to the tibia.

[0032] For the purposes of this disclosure, the fixation member 11 is not shown in Fig. 6. However, the illustration in Fig. 6 and the following corresponding description describes insertion of the fixation member 11 into the inner cavity 10d and subsequent fixation of the grafts 30,40 to bone as if the member 11 was shown in Fig. 6. The anchor 10 is made from a non-metal material, including, but not limited to a polymer material. However, it may be made from a metal material. Also, the anchor 10 is made via an injection molding process, but may be made via another process known to one of skill in the art. The fixation member 11 is made from a non-metal material, including, but not limited to a polymer material and is made via an injection molding process. However, other materials and processes known to one of skill in the art are also possible.

[0033] For the purposes of this disclosure, the assembly 20 is used to fixate soft tissue within the tibial tunnel. However, the assembly 20 may be used to fixate soft tissue within the femoral tunnel or to bone in other parts of the body, such as described above in other types of ligament reconstructions and procedures. In addition, the assembly may be used to fixate soft tissue to bone in other areas of the body. The method described above may further include locating a guide wire within the femoral and tibial tunnels either before or after the tunnels are drilled for guiding the drill and/or guiding placement of the anchor 10 and/or the fixation member 11 within the tunnel.

[0034] Fig. 7 shows an alternative embodiment of the tissue graft anchor 60 of the present disclosure. Anchor 60 is similar to anchor 10. However, anchor 60 differs from anchor 10 such that the distal ends 60b of the prongs 60a are substantially rounded, rather than tapered;
the barbs 60i are wider and straight compared to barbs 10i, and only two of the prongs 60a have
grooves 60L, rather than four, as in anchor 10.

[0035] Figs. 8-15 show instrumentation for use with anchors 10,60 during ligament
reconstruction surgery. Figs. 8-11 show a tension device 70 for applying tension to a soft tissue
graft prior to fixating the soft tissue graft to bone via use of one of anchors 10,60. The device 70
includes a body 71 having suture wheels 71a and guides 71b. For the purposes of this
disclosure, each side of the body 71 includes one wheel 71a and two guides 71b. However, the
number of wheels 71a and guides 71b may vary. The guides 71b are stationary, but the wheels
71a are capable of being rotated and moved longitudinally relative to the body 71. Each wheel
71a has a central opening 71a' through which is disposed a bearing pin 72. A first end 72a of
each bearing pin 72 is coupled to a movable insert 73, which is housed within a slot 74.

[0036] Springs 74a are also located within slots 74 to allow for longitudinal movement of
the inserts 73, and thus the wheels 71a, when tension is applied via use of the tension device 70,
as will be further described later. The wheels 71a are located on second ends 72b of the bearing
pins 72 such that first snap rings 75 are located between the wheels 71a and the second ends 72b
of the bearing pins 72. The snap rings 75 may be coupled to outer surfaces 72c of the bearing
pins 72 or inner surfaces 71a" of the wheel openings 71a'.

[0037] The device 70 also includes a central opening 71c to which a shoulder assembly
76 is coupled. The assembly 76 includes a shoulder 76a disposed within the opening 71c and a
bearing 76b coupled to the shoulder 76a. The shoulder 76a has a central opening 76a', in which
the bearing 76b is disposed, and the bearing 76b has a central opening 76b'. A shaft assembly
77 is coupled to the shoulder assembly 76. The shaft assembly 77 includes a shaft 77a and a
handle 77b coupled to the shaft 77a. The shaft 77a includes a first end 77a' and a second end
The first end 77a' is coupled to the shoulder assembly 76 such that the first end 77a' is disposed within the bearing central opening 76b'. The second end 77a'' of the shaft 77a includes a flange 77a'', the purposes of which will be described later.

[0038] Located on the shaft 77a is a cannulated handle 77b. Also disposed on the shaft 77a is a spring 78 located between an end 77b' of the handle 77b and the flange 77a'''. The handle 77b includes pull members 77c, grooves 77d, a first window 77e on a first side 77f of the handle 77b, and a second window (not shown) on a second side 77g of the handle 77b. Sets of reference numbers 77h are located next to each window and a hash mark 77i corresponds with each reference number. The reference numbers 77h refer to the amount of tension applied by the user in Newtons (first side) or pounds (second side). During reconstruction surgery, force is applied to the handle 77b by pulling the handle 77b toward the user until a hash mark 77j, located on the second end 77a''' and visible through the window 77e, is in line with a hash mark 77i that represents the amount of tension required by the user, as shown in Fig. 11 and as will be further described below. During this time, when the user is pulling on the handle 77b, the spring 78 is in a compressed state.

[0039] For the purposes of this disclosure, the shoulder 76a is press-fit into the opening 71c, the bearing 76b is press-fit into the opening 76a' of the shoulder 76a, the shaft 77a is press-fit and welded into the opening 76b' of the bearing 76b, and the first end 72a of the bearing pin 72 is press-fit into the insert 73. However, other method of coupling may also be used.

[0040] Fig. 12 shows a cannulated broach 80 for use during reconstruction surgery. The broach 80 is used to divide the ends of the tissue grafts and create a seat for the anchor 10,60, as will be further described below. The broach 80 includes a handle 81 and a shaft 82 coupled to the handle 81. The handle 81 includes a removal tab 81a extending perpendicular to a
longitudinal axis L of the handle 81. The shaft 82 includes a member 84 located at an end 83 of the shaft 82. The member 84 is similar to the anchors 10,60 in that the member 84 has prongs 84a and grooves 84b located between the prongs 84a. Similarly, at least one of the prongs 84a includes a fin 85 extending perpendicular to a longitudinal axis L' of the prong 84a.

[0041] Figs. 13-15 show a cannulated delivery device 90 for use in delivering the anchors 10,60. The device 90 includes a handle 91, a shaft 92 coupled to the handle 91, and a movable member 93 coupled to the shaft 92. Also coupled to the shaft 92 and located between the movable member 93 and the shaft 92 are a fixed spring stop 94 and a spring 95. The shaft 92 includes a proximal end 92a and a distal end 92b. The distal end 92b includes a plurality of longitudinal grooves 92c that extend a partial length of the shaft 92. The movable member 93 includes a track 93a through which a nipple 92d, coupled to the shaft 92, rides in. In a first position, the nipple 92d is located, in a first area 93a' of the track 93a, as shown in Fig. 13, and in a second, retracted position the nipple 92d is located in a second area 93a'' of the track 93a. The movable member 93 also includes a distal portion 93b and a proximal portion 93c. The distal portion 93b includes a fin 93d and an opening 93e. When the anchor 10,60 is located on the distal end 92b of the shaft 92, fin 10f,60f is disposed within the opening 93e and aligned with fin 93d. In the first and second positions, as described above, the spring 95 is in a relaxed position and a compressed position, respectively. When the movable member is in the second position, the spring 95 is compressed between the proximal portion 93c and the spring stop 94.

[0042] As shown in Fig. 16, once the replacement tissue grafts 101,102 are secured in the femur (not shown) and the ends 101a-b,102a-b of the grafts 101,102 are located in the tibial tunnel 301, suture 401-404 coupled to the ends 101a-b,102a-b are formed into two loops 405,406. For the purposes of this disclosure, two grafts 101,102 are used. However, the use of
more or less than two grafts is also within the scope of this disclosure. Each graft 101,102 has
two ends 101a-b,102a-b and a suture 401-404 extends from each end 101a-b,102a-b, such that
two suture ends 401,403 are tied together to form a first loop 405 and the other two suture ends
402,404 are tied together to form a second loop 406. Subsequently, the first loop 405 is placed
around a wheel 71a and two suture guides 71b on one side of the tension device 70 and the
second loop 406 is placed around a wheel 71a and two suture guides 71b on the other side of the
tension device 70. The handle 77b is then pulled towards the user until the proper amount of
tension is shown in the window 77e, as shown in Fig. 16A.

[0043] A guide wire (500, Fig. 19) is then placed in the tunnel 301. As shown in Fig. 17,
the shaft 82 of the broach 80 is then placed over the guide wire 500, through the tension device
70, via the cannulated handle 77b and shaft 77a, and the end 83 is placed within the tibial tunnel
301 such that the prongs 84a are inserted between the ends 101a-b,102a-b of the soft tissue
grafts 101,102 to divide the grafts 101,102, as shown in Fig. 17A. As the prongs 84a extend
between the grafts 101,102, they also extend into the wall of the tibial tunnel 301 to create a seat
for the prongs 10a,60a of the anchor 10,60 when the anchor 10,60 is inserted into the tunnel 301.
The fin 85 of the broach 80 engages a portion of the tibia 300 outside of the tunnel 301 and acts
as a depth stop to substantially reduce over insertion of the end 83 of the broach 80 into the
tunnel 301, as also shown in Fig. 17A.

[0044] The anchor 10,60 is then loaded on the distal end 92b of the delivery device 90,
while the delivery device is in the first position, as described above, by placing the distal end 92b
of the delivery device 90 into the cavity 10d,60d of the anchor 10,60 such that the prongs
10a,60a engage the grooves 92e and the fin 10f,60f of the anchor 10,60 aligns with the fin 93d
of the movable member 93 and is secured in the opening 93e. The shaft 92 of the delivery
device 90 is inserted over the guide wire 500, through the tension device 70, via the cannulated handle 77b and shaft 77a, and the distal end 92b, and therefore the anchor 10,60, is placed into the tunnel 301 until the fin 10f,60f engages a portion of the tunnel 301, as described above and shown in Figs. 18 and 18A. The delivery device 90 is then removed and the movable member 93 is retracted to place the movable member 93 in the second position, as described above. The fixation member 600 is then loaded onto the distal end 92b of the delivery device 90 and the device 90 is inserted through the tension device 70 and into the cavity 10d,60d of the anchor 10,60. The member 600 is inserted into the cavity 10d,60d as described and shown above in Fig. 6 and as also shown in Figs. 19 and 19A. After the delivery device 90 is removed from the tunnel 301, the suture loops 405,406 are removed from the tension device 70 and the ends 101a-b,102a-b of the grafts 101,102 are cut.

[0045] Fig. 20 shows another alternative embodiment of the anchor 700. Anchor 700 is similar to anchor 10. However, anchor 700 differs from anchor 10 such that the distal ends 700b of the prongs 700a are extended, rather than tapered, and spaces 700m exist between the extended portions. During use of the anchor 700 in surgery, one or more grafts may be extended over the anchor 700 such that the grafts are located within the spaces 700m and the ends of the grafts are located between the prongs 700a.

[0046] For the purposes of this disclosure, a guide wire is used during surgery. The guide wire is inserted into the tunnel and the instruments are inserted over the guide wire. However, it is possible for the guide wire to be inserted into the tunnel in other manners. It is also within the scope of this disclosure for the guide wire to not be used. In this instance, the anchor, fixation member, and instrumentation may be non-cannulated. Furthermore, it is within the scope of this disclosure for a tension device to not be used during surgery.
Additionally, it is within the scope of this disclosure for the anchors to have a varying number of prongs. Also, for the purposes of this disclosure the prongs are symmetric. However, the prongs may be asymmetric.

As various modifications could be made to the exemplary embodiments, as described above with reference to the corresponding illustrations, without departing from the scope of the disclosure, it is intended that all matter contained in the foregoing description and shown in the accompanying drawings shall be interpreted as illustrative rather than limiting. Thus, the breadth and scope of the present disclosure should not be limited by any of the above-described exemplary embodiments, but should be defined only in accordance with the following claims appended hereto and their equivalents.
CLAIMS

What is claimed is:

1. A soft tissue graft anchor comprising:
   a plurality of prongs, each prong including a distal end and a proximal end, wherein the
   prongs are coupled at their distal ends to form an inner cavity having an opening, at least one
   of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the
   prong and including a pointed end.

2. The soft tissue graft anchor of claim 1 wherein at least one of the prongs includes at least
   one barb on at least one side surface of the prong.

3. The soft tissue graft anchor of claim 1 wherein the anchor includes a through hole,
   wherein the cavity extends into the through hole.

4. The soft tissue graft anchor of claim 1 wherein at least one of the prongs includes at least
   one groove.

5. A tissue graft anchor assembly comprising:
   a tissue graft anchor comprising a plurality of prongs, each prong including a distal end
   and a proximal end, wherein the prongs are coupled at their distal ends to form an inner
   cavity having an opening, at least one of the prongs including a fin, the fin extending
   perpendicular to a longitudinal axis of the prong and including a pointed end; and
   a fixation member configured to be disposed within the cavity.

6. A method of tissue repair comprising:
   creating a tunnel in bone;
   inserting a soft tissue graft within the tunnel;
inserting a tissue graft anchor within the tunnel, the tissue graft anchor comprising a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end; and

inserting a fixation member within the cavity of the tissue graft anchor, whereby inserting the fixation member into the cavity causes the prongs to twist and expand, thereby causing ends of the grafts to engage a wall of the tunnel and fixate the grafts to the bone.

7. A tension device comprising:

a body comprising two sides, wherein each side comprises one wheel and two guides, wherein the wheel is configured for longitudinal movement relative to the body and the guides are stationary;

a shoulder assembly coupled to the body; and

a shaft assembly coupled to the shoulder assembly, the shaft assembly comprising a shaft and a handle coupled to the shaft, the handle including a window.

8. A broach comprising:

a handle; and

a shaft coupled to the handle, the shaft including a member located at an end of the shaft, the member including prongs, grooves located between the prongs, and a fin on at least one of the prongs, the fin extending perpendicular to a longitudinal axis of the of the prong.

9. A delivery device comprising:

a handle; and

a shaft coupled to the handle; and
a movable member coupled to the shaft, the member including a track, a nipple coupled to the shaft located within the track, wherein the nipple is located in a first area of the track when the movable member is located in a first position and the nipple is located in a second area of the track when the movable member is located in a second position,

10. A kit comprising:

a tissue graft anchor comprising a plurality of prongs, each prong including a distal end and a proximal end, wherein the prongs are coupled at their distal ends to form an inner cavity having an opening, at least one of the prongs including a fin, the fin extending perpendicular to a longitudinal axis of the prong and including a pointed end; and

a fixation member configured to be disposed within the cavity.