

August 30, 2021

Paragon 28, Inc. Haylie Hertz Regulatory Affairs Specialist 14445 Grasslands Dr. Englewood, Colorado 80112

Re: K211322

Trade/Device Name: ParatrooperTM Plantar Plate Repair System

Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth Or Threaded Metallic Bone Fixation Fastener

Regulatory Class: Class II

Product Code: MBI Dated: July 29, 2021 Received: August 3, 2021

Dear Haylie Hertz:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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 <u>Federal Register</u>.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Laura C. Rose, Ph.D.
Assistant Director
DHT6C: Division of Restorative, Repair
and Trauma Devices
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

K211322
Device Name Paratrooper™ Plantar Plate Repair System
Indications for Use (Describe) The Paratrooper™ Plantar Plate Repair System is intended for fixation of tissue to bone and tissue to tissue. Specific indications:
Foot/ankle: • Lateral Stabilization • Medial Stabilization • Achilles Tendon Repair • Metatarsal Ligament and Tendon Repair • Hallux Valgus Reconstruction • Digital Tendon Transfers • Mid-foot Reconstruction • Plantar Plate Repair
Type of Use (Select one or both, as applicable)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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510(k) Summary

510(k) Number: K211322

Device Trade Name: ParatrooperTM Plantar Plate Repair System

Manufacturer: Paragon 28, Inc.

14445 Grasslands Dr. Englewood, CO 80112

Contact: Haylie Hertz

Phone: 303-720-0017 hhertz@paragon28.com

Date Prepared: August 30, 2021

Common Name: Soft Tissue and Bone Fixation Fastener

Classification: 21 CFR 888.3040

Class:

Product Code: MBI

Predicate Device: ParatrooperTM Plantar Plate Repair System (K191227)

Reference Device: ICONIX All Suture Anchor System (K133671)

Indications for Use:

The ParatrooperTM Plantar Plate Repair System is intended for fixation of tissue to bone and tissue to tissue. Specific indications:

Foot/ankle:

- Lateral Stabilization
- Medial Stabilization
- Achilles Tendon Repair
- Metatarsal Ligament and Tendon Repair
- Hallux Valgus Reconstruction
- Digital Tendon Transfers
- Mid-foot Reconstruction
- Plantar Plate Repair

Paragon 28, Inc.

Device Description:

The ParatrooperTM Plantar Plate Repair System includes an all-suture soft tissue fixation device. The suture implant comes in one size and is provided attached to a needle or preloaded on an inserter.

Substantial Equivalence:

The intended use of the modified device, as described in its labeling, has not changed as a result of the modifications proposed in the present submission. In addition, the subject device possesses the same technological characteristics as the predicate device, including performance, basic design, material, sterilization and sizes. Differences between the ParatrooperTM Plantar Plate Repair System and the predicate device (implantation technique, anchor interconnection, dyes, and manufacturing) were shown not to raise new questions of safety and effectiveness. Therefore, the ParatrooperTM Plantar Plate Repair System is substantially equivalent to the predicate device cited on the previous page with respect to indications, design, function, and performance.

Performance Testing:

All necessary testing has been performed on representative ParatrooperTM Plantar Plate Repair System components to assure substantial equivalence to its predicate and demonstrate the subject device performs as intended. All testing was performed on finished devices. The device performance was characterized via mechanical performance testing and usability testing. Bacterial endotoxin testing was also conducted and the device was found to meet the established limits.

Clinical Testing:

Clinical testing was not necessary to support equivalence.

Conclusion:

The ParatrooperTM Plantar Plate Repair System possesses the same intended use and technological characteristics as the predicate device. Therefore, the ParatrooperTM Plantar Plate Repair System is substantially equivalent for its intended use.

Paragon 28, Inc.