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NanoFx (Nanofracture)

- Disposable, always sharp PleuriStik with reusable targeting handle is an easy to use cell delivery system
- Standardized 9mm perforation depth provides improved access to the targeted marrow cells
- The 1mm PleuriStik disrupts less surface area than a standard microfracture technique, reducing damage to the subchondral plate
- No secondary blood or marrow aspiration step required to access Myxenchymal cells
- Produces thin, fragmented, cancellous bone channels without rotational heat generation
- No centrifuge or additional equipment necessary to prepare plasma or aspirate
- No extra time or staff required to prepare the patient or equipment for the case
Shoulder HemiCAP

- 43 anatomically matched implant convexities to treat a variety of shoulder pathologies
- Focal & Total Arthroplasty: AVN, locked dislocators, traumatic lesions, OA, Cuff Tear Arthropathy, Hill-Sachs
- OVO HemiCAP shape matches humeral head geometry with a 4mm offset
- Clinically proven published peer review data
- Strong & solid screw fixation with minimal bone removal
- Maintains soft-tissue envelope and native joint mechanics
- Preserves skeletal anatomy thereby allowing a future total joint replacement
- Minimally invasive / can be performed on an outpatient basis

“As the outcome scores in this study show, restoring the congruity of the humeral head without altering the soft tissue tension, joint volume, joint height, version or inclination angle allows improved mobility and function.”

Patello Femoral Classic HemiCAP

- Multiple inlay trochlea and patella implants provide an off-the-shelf custom fit
- Strong & solid screw fixation with minimal bone removal
- Reproducible instrumentation and precision milling jigs virtually eliminate overstuffing
- For patients that have isolated PF pathology where a TKR would be too invasive
- The anatomic femoral curvatures and inlay patella are designed to restore a natural moving knee by keeping the joint congruent and ligament structures intact
- May be performed on an outpatient basis

“The results of this study suggest that the limited trochlear resurfacing provides a unique and favorable alternative to prior implant designs by providing anatomic reapproximation of the patellofemoral surface and knee contact pressures. Although a challenging problem, limited resurfacing of the trochlea restores peak pressure, contact area, and peak force to the intact state”

“Patients treated with PFA demonstrated similar results with respect to pain relief, but showed improved function and return to activity when compared with the patients treated with TKA. Patello-femoral arthroplasty patients also experienced less blood loss, fewer complications, and shorter hospital stay following surgery. Our results indicate that PFA is a less invasive treatment option for patients with isolated PA, yielding early outcomes that compare favorably with TKA.”

Diane L. Dahm, MD. Patellofemoral Arthroplasty Versus Total Knee Arthroplasty in Patients with Isolated Patellofemoral Osteoarthritis. The American Journal of Orthopaedics, October 2010

Patello Femoral Wave HemiCAP

- Designed to match the complex geometry to the Patello Femoral joint
- Strong & solid screw fixation
- Inlay components preserve the joint by only removing 2-3mm of bone, maintaining future options
- Intraoperative mapping, multiple convexities and trials ensure an anatomic fit
- One tray with simple, reproducible technique and instrumentation
- Maintains existing joint biomechanics thereby allowing normal motion
- May be performed on an outpatient basis
UniCAP / Classic & Small

- Surface implants maintain existing biomechanics and proprioception
- Strong & solid screw fixation
- Only tibial component that preserves the meniscus
- Designed for patients with localized damage who want to resume an active lifestyle
- Inlay components preserve the joint, maintaining future options
- One tray for the femoral side and one tray for the tibial side with simple, reproducible technique and instrumentation
- May be performed on an outpatient basis

“We found that a TKA does not restore normal knee function, independent of the effects of age and gender. Although this procedure restores the patient’s ability to do many routine activities, a substantial deficit remains in meeting the challenges of many functional tasks that are important to the patient, especially tasks involving kneeling or squatting.”

Philip C. Noble, PhD; Michael J. Gordon, MD; Jennifer M. Weiss, MD; Robert N. Reddix, MD; Michael A. Conditt, PhD; Kenneth B. Mathis, MD; Does Total Knee Replacement Restore Normal Knee Function? Clinical Orthopaedics and Related Research, 2005
Focal femoral condyle resurfacing demonstrated excellent results for pain and function in middle-aged, well selected patients with full thickness cartilage and osteochondral defects. Patient profiling and assessment of confounding factors, in particular mechanical joint alignment; meniscal function; and healthy opposing cartilage surfaces, are important for an individual treatment approach and successful outcomes.


Femoral Condyle HemiCAP

- Restoration of a smooth, continuous load-bearing surface to slow and/or stop further mechanical wear and deterioration of the surrounding joint surfaces
- Strong & solid screw fixation
- A simple, reproducible and less invasive outpatient/ambulatory surgical procedure
- Designed for patients with localized damage who want to resume an active lifestyle
- Inlay components preserve the joint, maintaining future options: “no bridges burned”
- Maintains existing joint biomechanics thereby allowing normal motion
- May be performed on an outpatient basis
PROVEN

RESULTS

The HemiCAP has **rock solid fixation**, a **unique metatarsal based design** and a **proven clinical history** with over 20,000 MTP implants.

**Toe DF HemiCAP**

- Screw based fixation provides an implant construct with proven fixation history
- DF dual implant curvatures improve dorsal role-off and osteophyte regrowth
- Minimal bone removal maintains future options - “No Bridges Burned”
- Proven clinical history with over 20,000 MTP implants
- Bridges the gap between biological therapies and joint fusion
- Maintains existing joint biomechanics thereby allowing normal motion
- May be performed on an outpatient basis
Toe Classic HemiCAP

- Specifically designed for the lesser metatarsals
- Proven screw fixation provides a stable implant
- Minimal bone removal maintains future options - "No Bridges Burned"
- Anatomic "inlay" maintains the length of the 2nd metatarsal
- Resurfacing the metatarsal head with a HemiCAP provides a smooth articulating surface
- Conical shape of the taper post optimizes bone-screw interface
- May be performed on an outpatient basis

"Radiographic evaluation of the HemiCAP prosthesis in 56 patients demonstrated no significant evidence of loosening; it appeared to show superior radiographic results compared to those of other metallic implants using a stemmed design."

Talus HemiCAP

- One implant for 3 surfaces: dome, ridge and medial wall
- Strong & solid screw fixation
- Inlay components restore congruency & maintain existing biomechanics
- Designed for patients with localized damage who want to resume an active lifestyle
- Implant protects subchondral bone and shares load with surrounding tissue
- Minimal bone & tissue removal maintains future options – “No Bridges Burned”
- May be performed on an outpatient basis

“In conclusion, focal resurfacing with a metallic implant appears to hold promise as a means to restore more quasiphysiological contact mechanics in ankles with a large talar osteochondral defect, appreciably reducing biomechanical aberrations presumed to be responsible for whole-joint cartilage degeneration.”

Donald D. Anderson, PhD, Yuki Tochigi, MD, PhD, M. James Rufer, PhD, Tamara Varanov, MD, Thomas D. Brown, PhD, and Annunziato Amendola, MD: Effect of Implantation Accuracy on Ankle Contact Mechanics with a Metallic Focal Resurfacing Implant. JBJS. 2010;92:490-500
Hip HemiCAP

- Proven peer reviewed published data
- 6 anatomically matched femoral implant convexities
- Minimal bone removal maintains future options - "No Bridges Burned"
- Focal femoral head resurfacing for traumatic lesions and osteonecrosis
- Inlay placement and proven congruency of the femoral head may avoid premature wear of the acetabulum especially in younger patients
- Minimally invasive procedure can be performed through an anterior approach
A low profile, anatomically pre-contoured, super strong anodized plate that combines locking and non-locking screws with an interfragmentary guidance system to provide maximum stability and a rapid installation.

**CheckMATE / MTP Arthrodesis System**

- Custom low profile elevator to gain exposure of metatarsal head and phalangeal base. Built in templates for sizing purposes
- Interfragmentary Screw Guide eliminates the need for fluoro guidance and eyeballing
- Tack pins eliminate drilling, stabilize the plate and create pilot holes for the screws
- Color coded nubbins for locking and non-locking screws built into the plate are provided pre-assembled and sterile
- Depth gauge is built into the Interfragmentary Screw Guide
- Compression clamp technology built into the plate allows up to 2mm compression across the MTP joint
Selected References


Cumulative Number of Published & Documented References