



Hallux Rigidus Published Data Summary

Normal Gait Requirement: 42 Degrees of Dorsiflexion¹

<p>HemiCAP® DF</p> 	<p>Cartiva® SCI</p> 
<p>Patients achieved on average 52 Degrees^a of Motion²⁻⁸</p>	<p>Patients achieved on average 29 Degrees^b of Motion¹⁰</p>
<p>Patients increased their motion by 33 Degrees²⁻⁸</p>	<p>Patients increased their motion by 6 Degrees¹⁰</p>
<p>Patients improved^c their motion by 189%²⁻⁸</p>	<p>Patients improved^c their motion by 28%¹⁰</p>
<p>Flush Implantation Respects sesamoid tracking by restoring a smooth and continuous metatarsal surface throughout dorsiflexion</p>	<p>Proud Implantation Technique Instructs to leave implant proud of surface ~0.5-1.5mm, creating a discontinuous metatarsal surface¹²</p>
<p style="text-align: center;">Cartiva® SCI: Published Results from Clinical Trial: 26% of patients treated with Competitive Implant experienced a decrease in range of motion over 2 years⁹</p>	

a. HemiCAP: Various Range of Motion measurements expressed as a mean dorsi/plantar motion measurement. Example: Baseline: 9.7 degrees; 27 Months: 39.1 degrees (304% - Ref 2); Other measurements including dorsiflexion, plantarflexion and full range of motion arc (3-8)

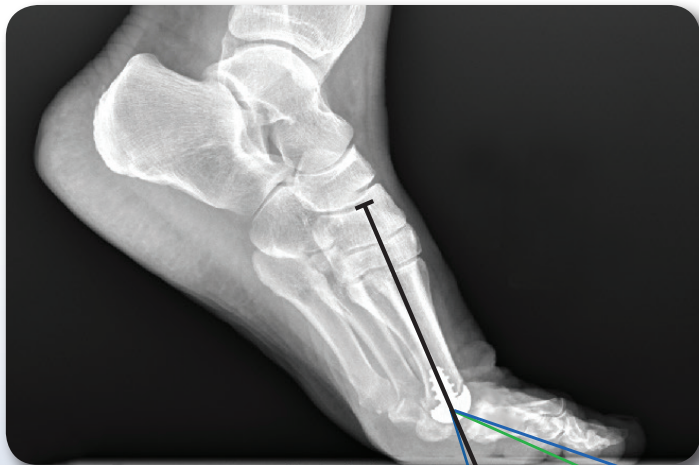
b. Cartiva: Mean Active Peak Dorsiflexion. Baseline: 22.7 degrees; 24 Months: 29.0 degrees (10); plantarflexion or range of motion arc not published

c. % Change Calculations: ((Follow-up-Preop)/Preop)*100

Literature ROM Measurements

*Not Shown to Scale

**Actual HemiCAP XRAY



52° HemiCAP^{2-8, 13-14*}

42° Normal Gait

References:

Reference eligibility was based on reported range of motion. Publications were censored from the analysis if risk of population overlap with a previous publication was possible. Preference was given to larger cohorts or longer follow-up in matching cohorts.

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12. Cartiva. 2017. Cartiva Synthetic Cartilage Surgical Implantation Technique Guide. <https://www.cartiva.net/assets/docs/Cartiva%20Surgical%20Technique%20Guide.pdf>. Accessed 06/14/17
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14. Average includes both dorsiflexion and plantarflexion as provided in reference 13