UNITED ORTHOPEDIC®

U2™ PF+ Knee

Total Knee System

Surgical Technique Guide

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Device Description

U2™ PF+ Knee System

The U2 PF+ Knee System is a comprehensive and advanced Total Knee Replacement (TKR) system designed to achieve optimal initial stability and facilitate long-term biological fixation. Its porous bone–implant interface features a unique structure with specified pore size and porosity parameters engineered to support bone ingrowth. To meet the diverse needs of patients and surgeons globally, the system is available in various articulating surface configurations and material options, and is indicated for use in both cemented and cementless total knee arthroplasty procedures.

Component Features:

Femoral Component

- CoCrMo Asymmetric Sintering Coating (ASC) technology to support osteointegration.
- Femoral box design with consistent intercondylar width concept.
- Available in 13 sizes with 2 mm A/P and M/L sizing increments.

Tibial Component

- Titanium ASC surface treatment to enhance microstructure for long-term stability.
- Baseplate design compatible with multiple extension stem length options.
- Available in 7 sizes, consistent with the U2 Knee System sizing protocol.

Patellar Component

- Symmetric and asymmetric options manufactured from E-XPE (Vitamin E Highly Crosslinked Polyethylene).
- Available in 5 sizes to support anatomical fit and functional restoration.

Since the launch of the U2 Cemented Knee System in 2005, hundreds of thousands of cases have been performed in over 45 countries around the world.

The U2 Knee has demonstrated excellent long-term clinical outcomes, with a survival rate of over 97% at minimum 10-year follow-up[1].

United strives to create a more efficient and personalized surgeon experience for utilization with orthopedic implants and instruments that are designed to improve in patients outcomes.

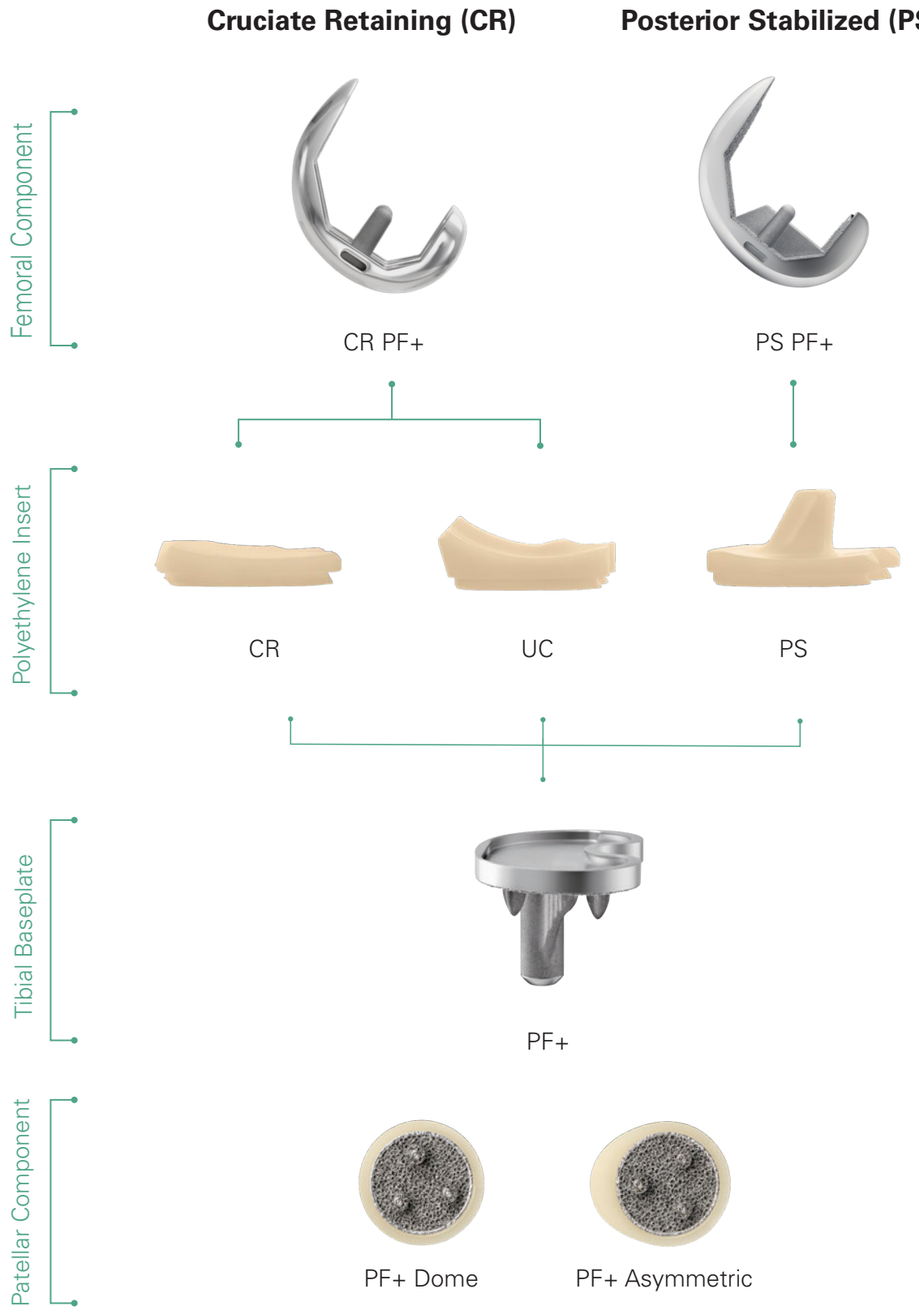
INDICATIONS

U2 Total Knee System - PF+ is indicated in knee arthroplasty for reduction or relief of pain and/or improved knee function in skeletally mature patients with severe knee pain and disability due to rheumatoid arthritis, osteoarthritis, primary and secondary traumatic arthritis, polyarthritis, collagen disorders, avascular necrosis of the femoral condyle or pseudogout, posttraumatic loss of joint configuration, particularly when there is patellofemoral joint surface erosion, dysfunction or prior patellectomy, moderate valgus, varus, or flexion deformities. This device may also be indicated in the salvage or previously failed surgical attempts or for knee in which satisfactory stability in flexion cannot be obtained at the time of surgery. Femoral Component, PF+, Tibial Baseplate, PF+, Tibial Extension Stem, Patella, Onset, E-XPE, PF+, and Patella, Asymmetric Onset, E-XPE, PF+ are indicated for both cemented and cementless use.

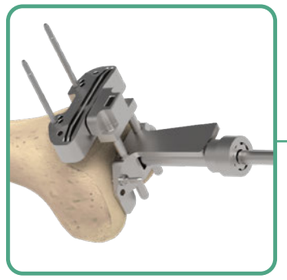
[1]Chen IH, Yu TC, Liau JJ. An exploration of U2 total knee system at minimum ten-year follow-up. 21st EFORT Annual Congress. 2020.

U2™ PF+ Knee System

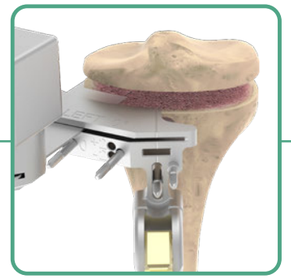
The U2 PF+ Knee System includes a wide range of product options for demand-matching to optimize solutions based on patient need.



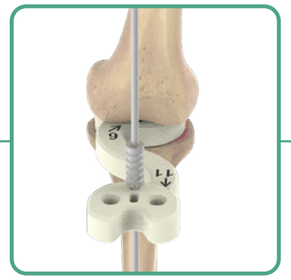
Surgical Overview



A. Distal Femoral Resection

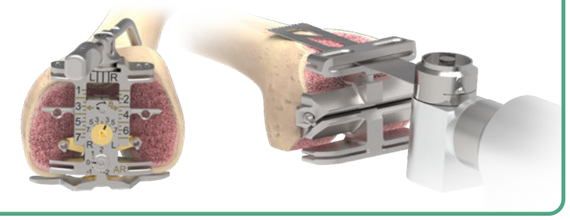


B. Proximal Tibial Resection

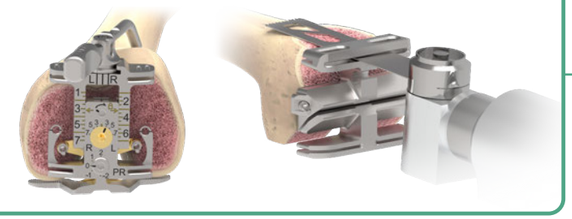


C. Extension Gap Assessment

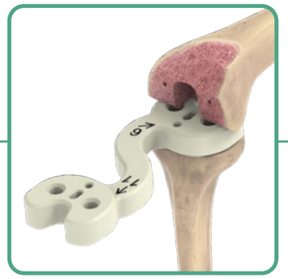
Anterior Referencing



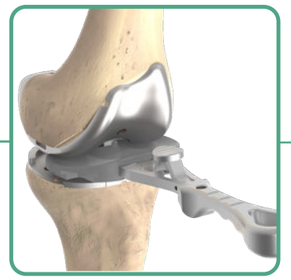
Posterior Referencing



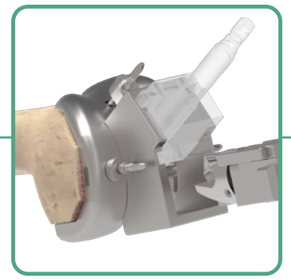
D. Femoral Sizing and Chamfer Resection



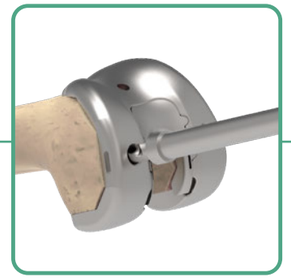
E. Extension and Flexion Gaps Confirmation



F. Trial Reduction

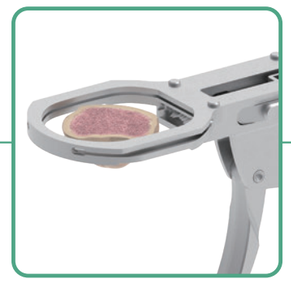


G. PS Box Preparation

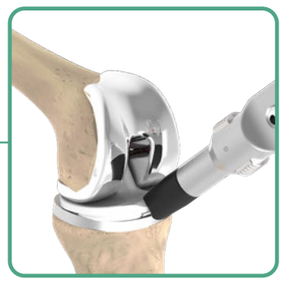


H. Peg Preparation

I. Proximal Tibial Preparation



J. Onset Patellar Preparation- Cementless Porous



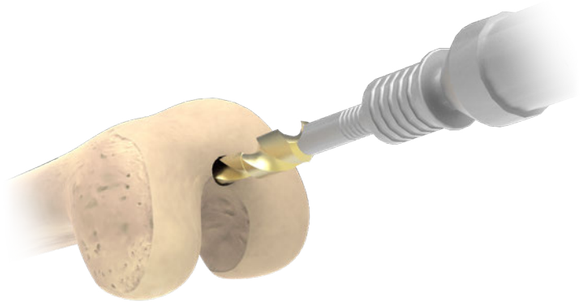
K. Implantation

A. Distal Femoral Resection

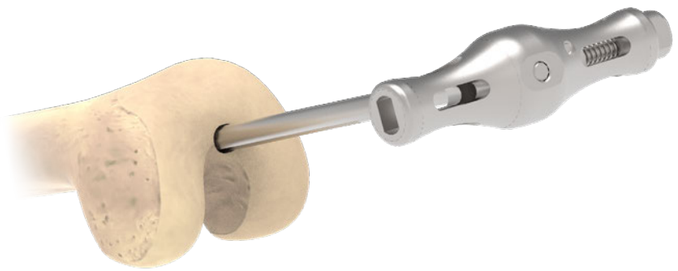
Access Canal

With the ACL removed, the location of the typical femoral entry hole is located slightly medial to the center of the intercondylar notch, and approximately 5 to 7 mm anterior to the insertion of the PCL.

Use the **Step Drill** to create an opening into the femoral canal. This allows for depressurization of the canal when the **Femoral IM Rod** is inserted.



Assemble the **Femoral IM Rod** and **IM Rod Handle**, and manually insert it past the isthmus of the femoral canal.



Instruments

Step Drill

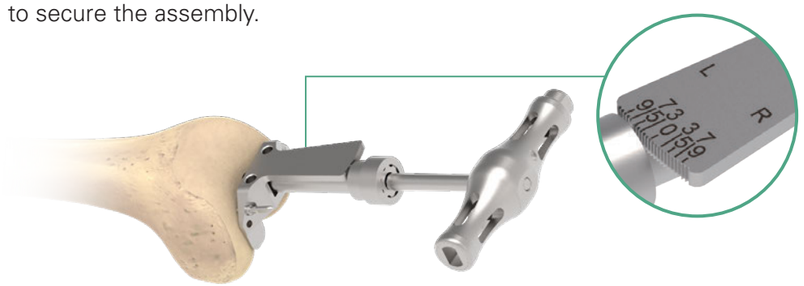
Femoral IM Rod

A. Distal Femoral Resection

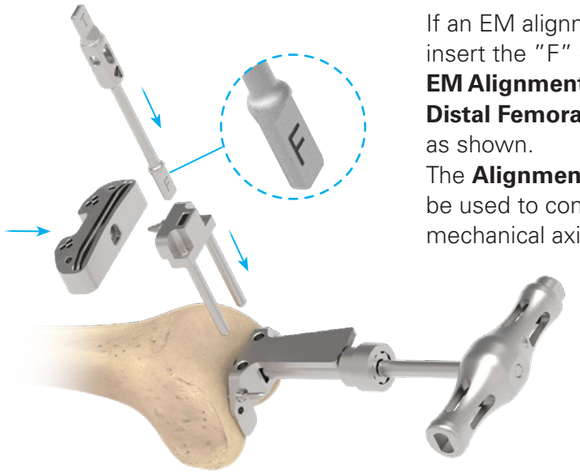
Set Femoral Valgus Angle

Remove the **IM Rod Handle** and slide the **Femoral IM Alignment Guide** through the **Femoral IM Rod**. Use the **Femoral IM Alignment Guide** to set the angle of the distal femoral resection for the Left or Right Knee. The guide allows up to 11° of valgus angle adjustment. The ideal angle should be determined according to pre-operative planning.

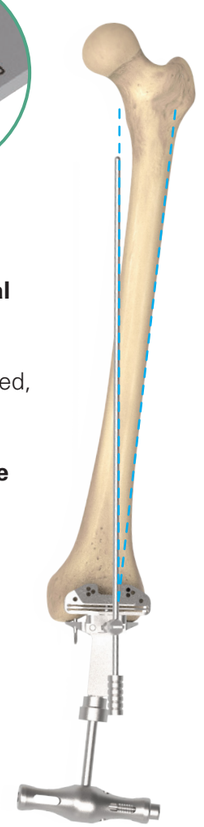
When the alignment guide is properly engaged with the distal femur, use a **Threaded Pin** to secure the assembly.



Assemble the **Distal Femoral Alignment Guide** and the **Distal Femoral Resection Guide** to the **Femoral IM Alignment Guide**.



If an EM alignment check is desired, insert the "F" end (Femur) of the **EM Alignment Tower** into the **Distal Femoral Alignment Guide** as shown.
The **Alignment Rod** can now be used to confirm the proper mechanical axis.



Instruments

IM Rod Handle

Femoral IM Rod

Femoral IM Alignment Guide

Threaded Pin
30 mm/50 mm

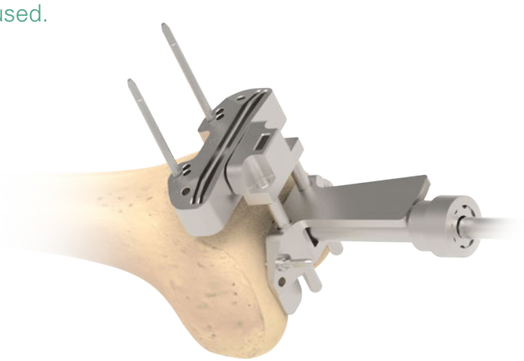
Distal Femoral Alignment Guide

Distal Femoral Resection Guide

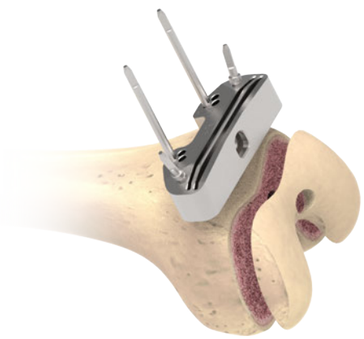
A. Distal Femoral Resection

Drill pilot holes through the "0" pin holes on the anterior surface of the **Distal Femoral Resection Guide**, and insert a pair of **Round Pins** to secure the resection guide.

Note:
The U2 PF+ Knee technique is designed for a standard 9 mm distal femoral resection when the **Distal Femoral Cutting Guide** is set to the "0" pin hole position. The femoral component has a 9 mm distal femoral implant thickness.
If a different distal femoral resection level is required: The +2 mm or +4 mm holes may be utilized by shifting the **Distal Femoral Cutting Guide**. Alternatively, the +3 mm cutting slot may be used.



Before performing the distal femur resection, additional **Threaded Pins** may be placed to further secure the resection guide. Then, use a standard .050" (1.27 mm) saw blade through the cutting slot to resect the distal femur.



Instruments

3.2 mm Drill

Round Pin

Threaded Pin
30 mm/50 mm

Femoral IM Alignment Guide

Distal Femoral Resection Guide

IM Rod Handle

B. Proximal Tibial Resection

Tibial Extramedullary Alignment Method

Attach the selected **Tibial Resection Guide** to the **Tibial EM Alignment Guide**.

Instruments

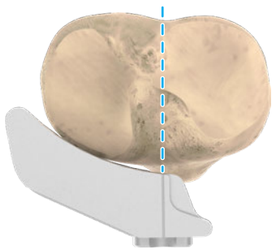
Tibial Resection Guide

Tibial EM Alignment Guide

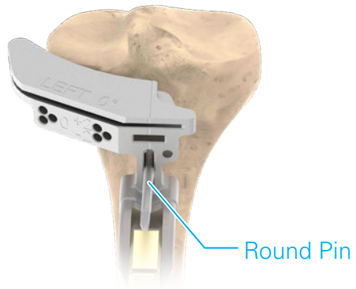
B. Proximal Tibial Resection

Place the knee in 90° flexion. Secure the clamps on the distal portion of the **Tibial EM Alignment Guide** around the ankle joint, proximal to the malleoli.

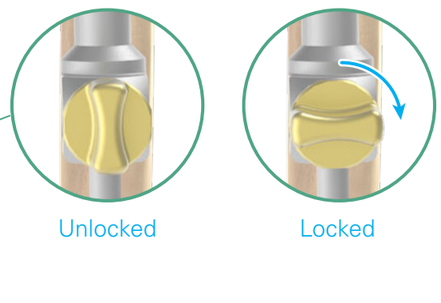
Rotate the height locking knob to the unlock position, and adjust the **Tibial EM Alignment Guide** to the approximate length of the tibia.



Align the central groove on the **Tibial Resection Guide** with the medial one third of the tibial tubercle.



Drill a pilot hole with the **3.2 mm Drill** through the vertical slot, and secure the proximal rotation with a **Round Pin**.



Instruments

Tibial Resection Guide

Tibial EM Alignment Guide

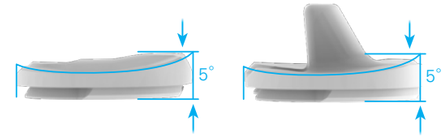
Round Pin

3.2 mm Drill

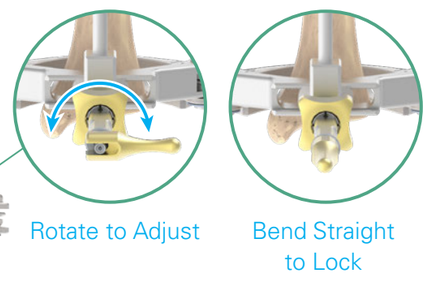
B. Proximal Tibial Resection

Slide the A/P Locking Knob and adjust the **Tibial EM Alignment Guide** by moving it towards or away from the tibia until it is parallel to the tibial axis from a sagittal view.

Rotate the adjustment lever clockwise or counterclockwise adjusting the varus/valgus orientation until it is parrallel to the tibial axis from a coronal view. Then rotate the knob of the adjustment lever to the lock position (straight) to secure the **Tibial EM Alignment Guide** in the correct position.



Note:
Both CR/PS inserts in U2 Knee System have a built-in 5° posterior slope, therefore, a 0° proximal tibial cut is recommended.



Instruments

Tibial Resection Guide

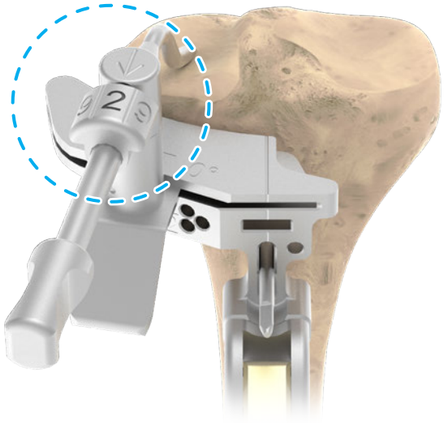
Tibial EM Alignment Guide

B. Proximal Tibial Resection

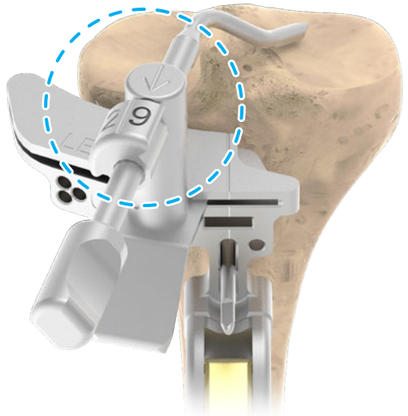
To determine the desired tibial resection level, insert the **Tibial Stylus** into the cutting slot and position the tip of the stylus onto the appropriate location on the tibial plateau.

The handle of the **Tibial Stylus** may be rotated in order to determine whether a 2 mm or 9 mm resection below the stylus tip is appropriate.

Once the desired resection level has been determined, prior to removing the stylus, rotate the height locking knob to secure the desired height.



The 2 mm stylus tip is used for minimal resection from the most affected tibial condyle.



The 9 mm stylus tip is used for a 9 mm tibial bone cut from the least affected condyle.

Instruments

Tibial Stylus

Tibial Resection Guide

Tibial EM Alignment Guide

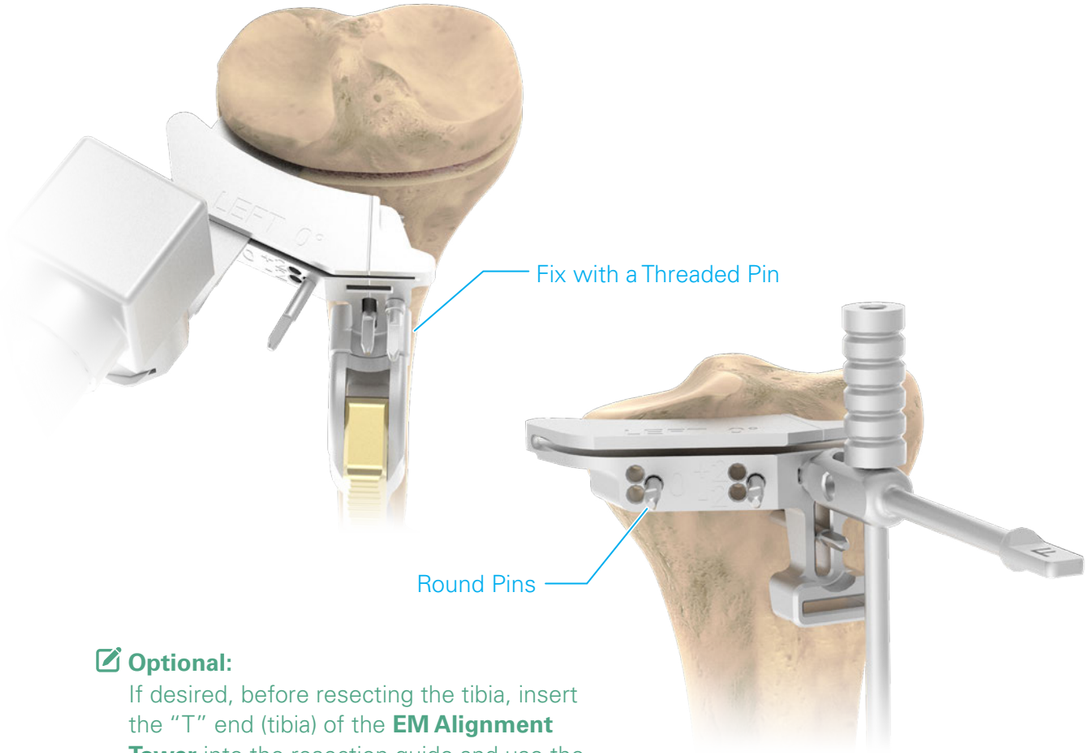
B. Proximal Tibial Resection

Remove the stylus.

Drill pilot holes with the **3.2 mm Drill** into the pin holes marked “0” on the anterior surface of the resection guide, and place two **Round Pins** to secure the **Tibial Resection Guide**.

Additional **Threaded Pins** may be placed through the angled hole for better fixation.

The proximal tibia may then be resected with or without the **Tibial EM Alignment Guide** in place.



Optional:
If desired, before resecting the tibia, insert the “T” end (tibia) of the **EM Alignment Tower** into the resection guide and use the **Alignment Rod** to re-check the alignment.

Instruments

3.2 mm Drill

Tibial Resection Guide

Round Pin

Threaded Pin
30 mm/50 mm

Tibial EM Alignment Guide

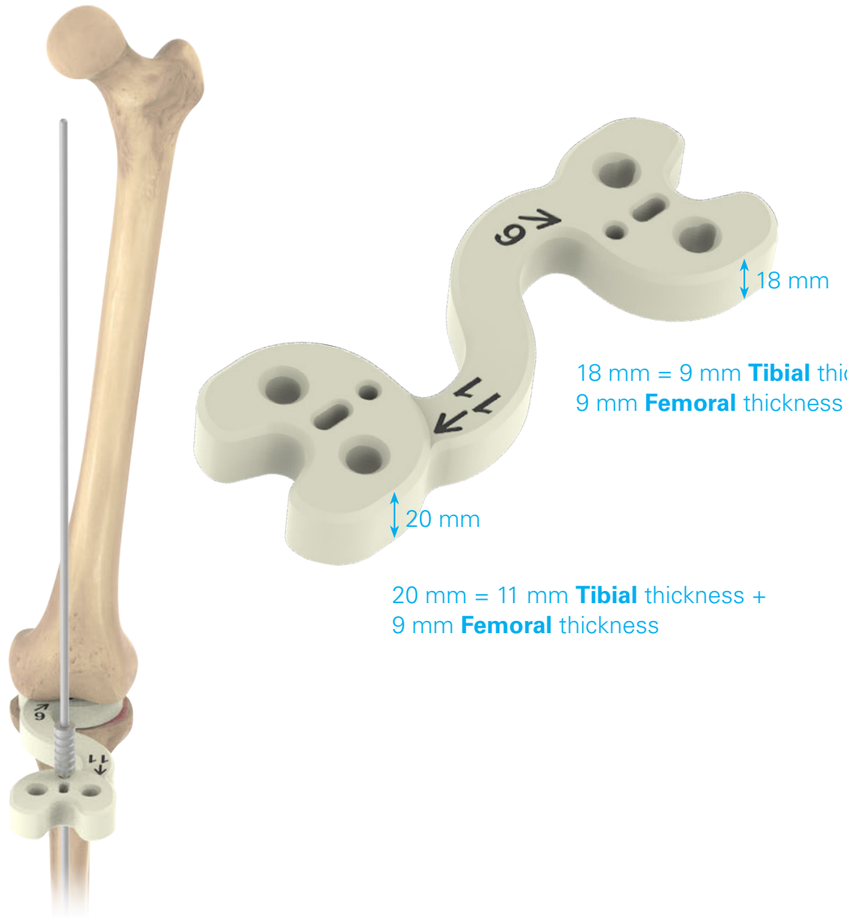
EM Alignment Tower

Alignment Rod

C. Extension Gap Assessment

Remove any osteophytes, meniscus or other soft tissue as needed to properly complete assessment.

Extend the knee and insert the appropriate end of the **Gap Gauge** to verify the extension gap of the knee. The **Alignment Rod** may be utilized to evaluate bone resection.



18 mm = 9 mm **Tibial** thickness +
9 mm **Femoral** thickness

20 mm = 11 mm **Tibial** thickness +
9 mm **Femoral** thickness

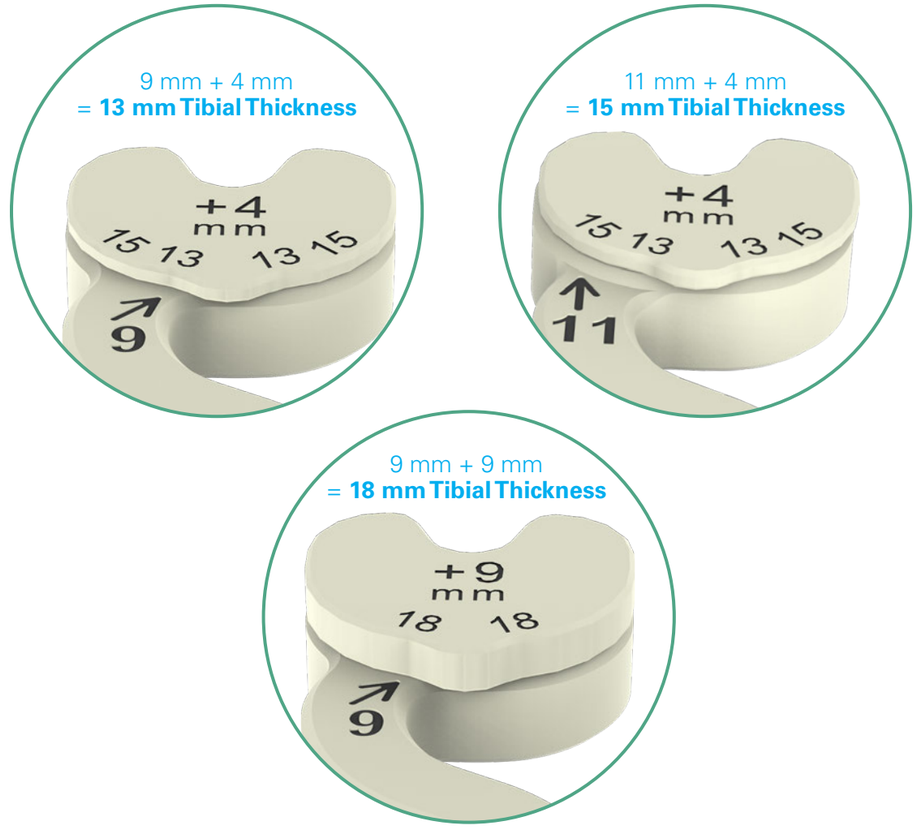
Instruments

Gap Gauge
9/11 mm

Alignment Rod

C. Extension Gap Assessment

Additional +4 mm or +9 mm blocks may be combined with the **Gap Gauge** to evaluate the extension gap utilizing appropriate tension.



The same **Gap Gauge** can also be used to evaluate the flexion gap after femoral A/P resection.

Instruments

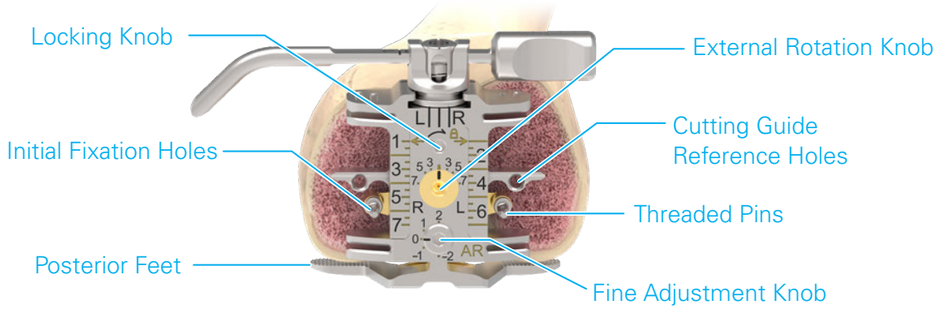
Gap Gauge
13/15 mm

Gap Gauge
18 mm

D. Femoral Sizing and Chamfer Resections

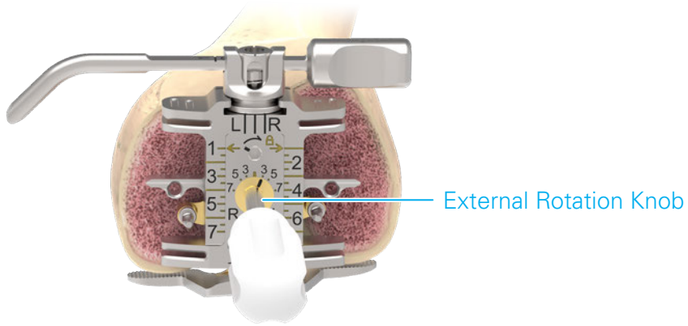
Placement of the Anterior Referencing Sizer

Confirm that the fine adjustment knob on the **Anterior Referencing Sizer** is set to the 0 position. Place the **Anterior Referencing Sizer** against the resected distal surface of the femur with the posterior feet of the sizer seated on the posterior condyles. Then secure the **Anterior Referencing Sizer** with two 30 mm **Threaded Pins** through the initial fixation holes (Gold color).



Establish External Rotation

Use the **Screw Driver** to adjust the external rotation knob to set the desired femoral component rotation angle referencing the transepicondylar axis and Whiteside's line. The markings on the the external rotation knob indicate the degrees of rotation vs. the posterior condylar axis and can be adjusted in the right or left position from 3° to 7° in 1° increments.



Instruments

Femoral Sizer, AR

Threaded Pin
30 mm/50 mm

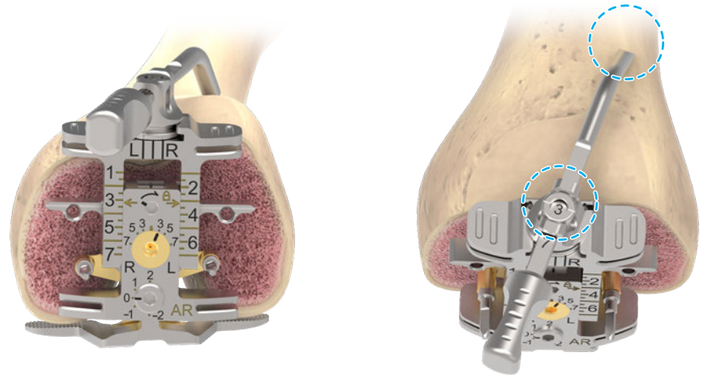
Screw Driver

D. Femoral Sizing and Chamfer Resections

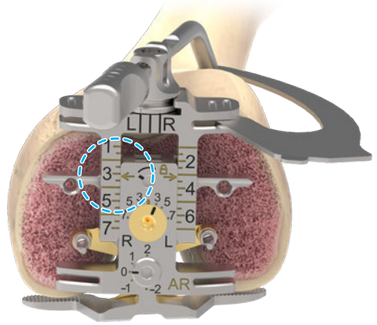
AR
PR

Sizing the Femur

Align the handle of the femoral stylus to the left (L) or right (R) orientation. Position the femoral stylus tip so it is touching the anterior cortex on the medial aspect of the lateral ridge of the femur. The femoral stylus can be set to the size indicated on the **Anterior Referencing Sizer** to reference the location of anterior bone resection.



Take note of the of the size indicated on the **Anterior Referencing Sizer** and use the **Resection Check Blade** to confirm the resection level through the anterior and posterior slot.



Note:
If the indicated size on the **Anterior Referencing Sizer** is between two sizes, it is generally preferred to choose the smaller one if using the anterior referencing sizer.

Instruments

Femoral Sizer, AR

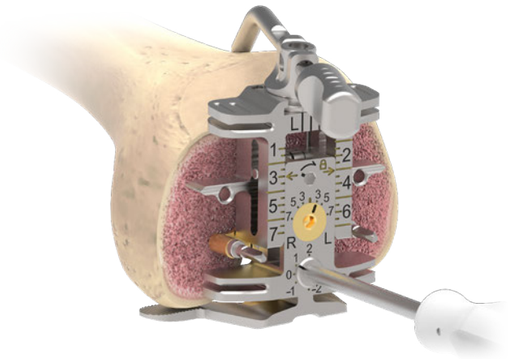
Resection Check Blade

D. Femoral Sizing and Chamfer Resections

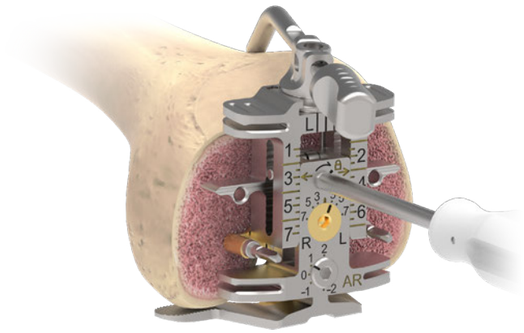
Fine Tune

Occasionally, even when the proper size is determined the desired resection level may be unsatisfactory. If this occurs, a slightly redistributed anterior and posterior bone resection may be considered.

Use the **Screw Driver** to elevate the posterior slot to an appropriate position by adjusting the fine adjustment knob to match a chosen size. Note the figures on the fine adjustment knob indicate the adjustment of the posterior condylar resection level relative to the standard 9 mm resection.



Once the appropriate size is determined, rotate the Locking Knob to the lock position with the **Screw Driver** to secure the chosen size.



Instruments

Femoral Sizer, AR

Screw Driver

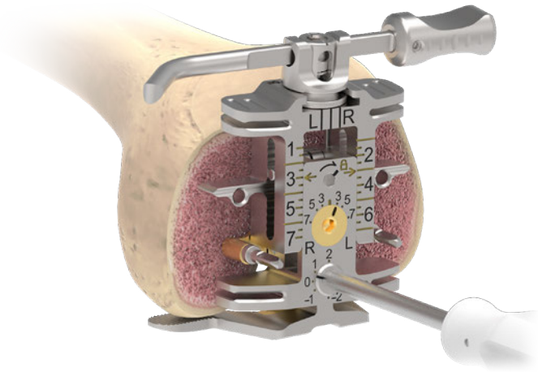
D. Femoral Sizing and Chamfer Resections

AR
PR

Fine Tune

With the locking knob in the locked position, move away the stylus tip and use the **Screw Driver** to rotate the fine adjustment knon clockwise to allow for less anterior, and more posterior cut; conversely, rotate the fine adjustment knob counterclockwise to make more anterior and a smaller posterior cut.

The range of adjustment is between +2 mm and -2 mm to the standard 9 mm posterior cut. Always check the resection level with the **Resection Check Blade**.



Instruments

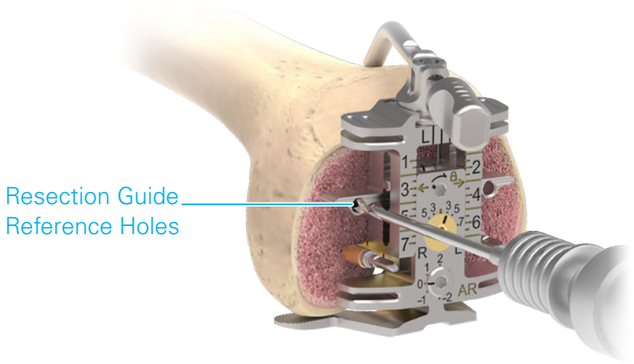
Femoral Sizer, AR

Threaded Pin
30 mm/50 mm

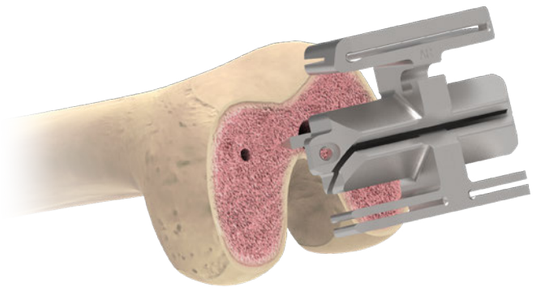
Screw Driver

D. Femoral Sizing and Chamfer Resections

Once the appropriate size is determined, use the **3.2 mm Drill** to drill two reference holes for the **Femoral A/P Chamfer Resection Guide** before removing the **Anterior Referencing Sizer**.



Select the **Femoral A/P Chamfer Resection Guide** that corresponds to the selected size and secure to the resected distal femoral surface using the predrilled fixation pin holes.



Instruments

Femoral A/P Chamfer Resection Guide, AR

3.2 mm Drill

Threaded Pin
30 mm/50 mm

D. Femoral Sizing and Chamfer Resections

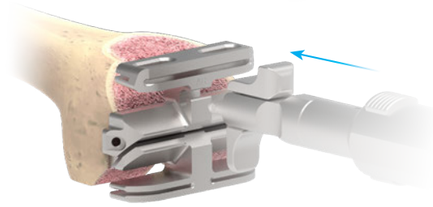
AR
PR

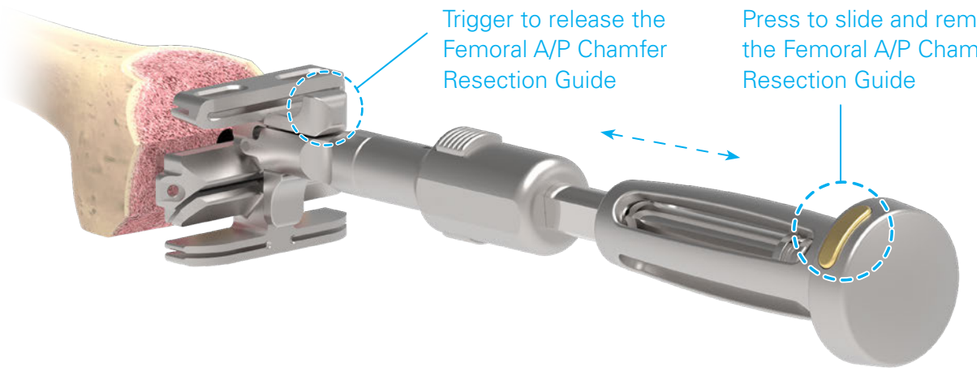
Femoral A/P & Chamfer Resections

Secure the resection guide with **Threaded Pins** and then complete the cuts with a 1.27 mm saw blade.

Note:
After the anterior cut is made,the surgeon has the option to downsize the femoral component by removing the resection guide and placing a smaller resection guide into the same holes. This MUST be done prior to making the posterior or chamfer cuts.

Remove the **Threaded Pins** before removing the **Femoral A/P Chamfer Resection Guide**. The **Femoral A/P Chamfer Resection Guide** can be removed via the assembly of the **Femoral A/P Chamfer Resection Guide Extractor** and the **Universal Sliding Handle**.





Instruments

Femoral A/P Chamfer Resection Guide, AR

Femoral A/P Chamfer Resection Guide Extractor

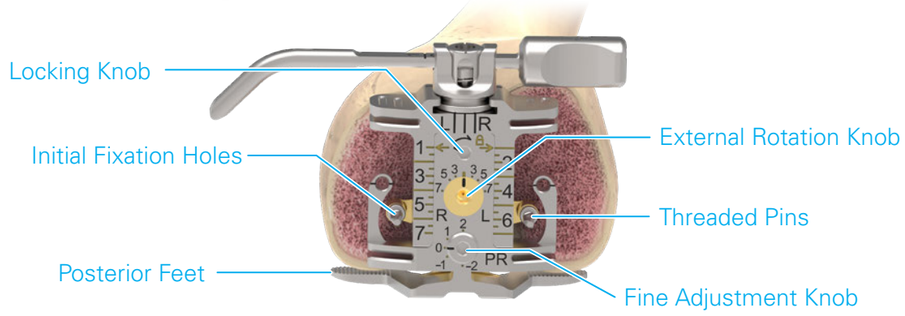
Universal Sliding Handle

D. Femoral Sizing and Chamfer Resections

AR
PR

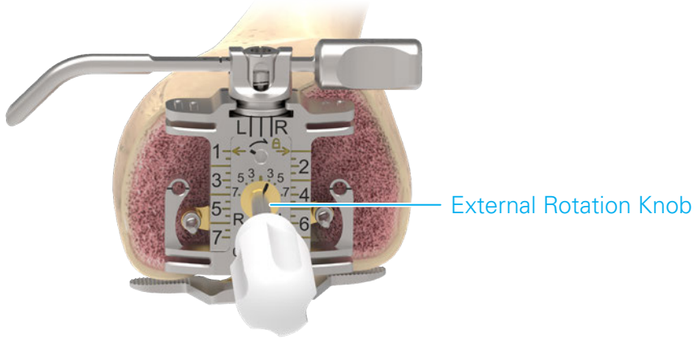
Placement of the Posterior Referencing Sizer

Confirm the fine adjustment knob of the **Posterior Referencing Sizer** is set to the zero position. Place the sizer against the resected distal surface of the femur with the posterior feet of the block seated on the posterior condyles. Then secure the sizer with two 30 mm **Threaded Pins** through the initial fixation holes (Gold color).



Establish External Rotation

Use the **Screw Driver** to adjust the external rotation knob to set the desired femoral component rotation angle referencing the transepicondylar axis and Whiteside's Line. The markings on the the external rotation knob indicate the degrees of rotation vs. the posterior condylar axis and can be adjusted in the right or left position from 3° to 7° in 1° increments.



Instruments

Femoral Sizer, PR

Threaded Pin
30 mm/50 mm

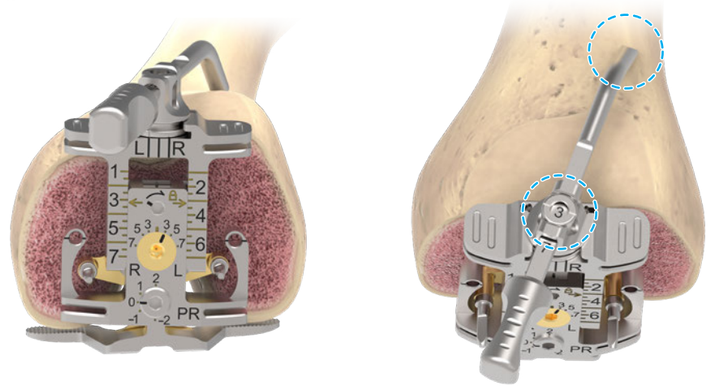
Screw Driver

D. Femoral Sizing and Chamfer Resections

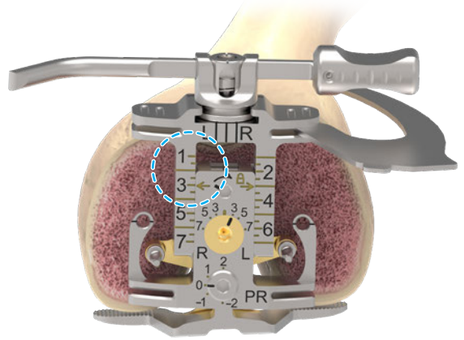
AR
PR

Sizing the Femur

Align the handle of the femoral stylus to the left (L) or right (R) orientation. Position the femoral stylus tip so it is touching the anterior cortex on the medial aspect of the lateral ridge of the femur. The femoral stylus can be set to the size indicated on the **Posterior Referencing Sizer** to reference the location of anterior bone resection.



Take note of the of the size indicated on the **Posterior Referencing Sizer** and use the **Resection Check Blade** to confirm the resection level through the anterior and posterior slots.



Note:
If the indicated size on the **Posterior Referencing Sizer** is between two sizes, it is generally preferred to choose the bigger one if using the posterior referencing sizer.

Instruments

Femoral Sizer, PR

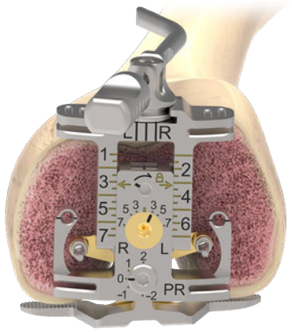
Resection Check Blade

D. Femoral Sizing and Chamfer Resections

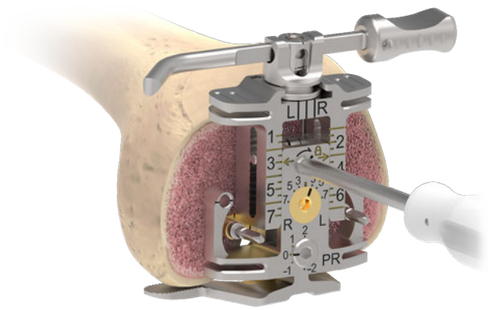
Fine Tune

Occasionally, even when the proper size is determined the desired resection level may be unsatisfactory. If this occurs, a slightly redistributed anterior and posterior bone resection may be considered.

Rotate the handle of the stylus and move away the stylus tip. Slide the anterior slot to match a proper size on the size panel. Always check the resection level with the **Resection Check Blade**. The anterior and posterior slot indicate the A/P resection level on the **A/P and Chamfer Resection Guide**.



Once the appropriate size is determined, rotate the Locking knob to the lock position with the **Screw Driver** to secure the chosen size.



Instruments

Femoral Sizer, PR

Screw Driver

Resection Check Blade

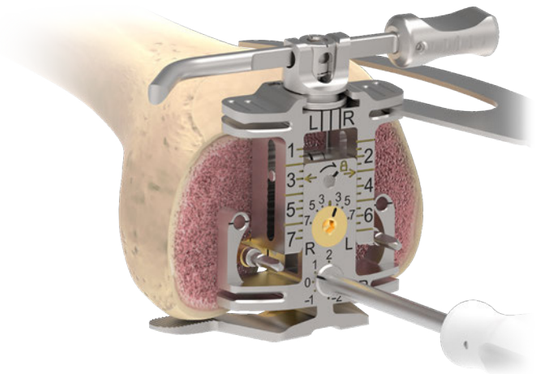
AR
PR

D. Femoral Sizing and Chamfer Resections

Fine Tune

Use the **Screw Driver** to rotate the fine adjustment knob clockwise to allow for less anterior, and more posterior cut; conversely, rotate the fine adjustment knob counterclockwise to make more anterior and a smaller posterior cut.

The range of adjustment is between +2 mm and -2 mm to the standard 9 mm posterior cut. Always check the resection level with the **Resection Check Blade**.



Instruments

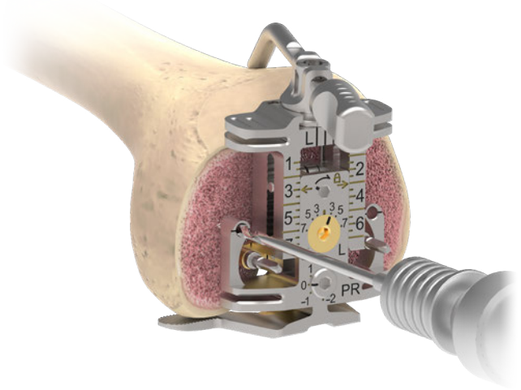
Femoral Sizer, PR

Threaded Pin
30 mm/50 mm

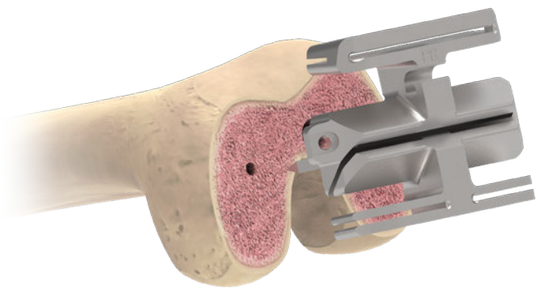
Screw Driver

D. Femoral Sizing and Chamfer Resections

Once the appropriate size is determined, use the **3.2 mm Drill** to drill two reference holes for the **Femoral A/P Chamfer Resection Guide** before removing the **Posterior Referencing Sizer**.



Select the **Femoral A/P Chamfer Resection Guide** that corresponds to the selected size and secure to the resected distal femoral surface using the predrilled fixation pin holes.



Instruments

Femoral A/P Chamfer Resection Guide, PR

3.2 mm Drill

Threaded Pin
30 mm/50 mm

AR
PR

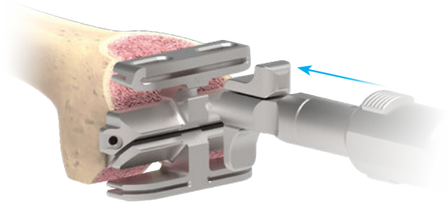
D. Femoral Sizing and Chamfer Resections

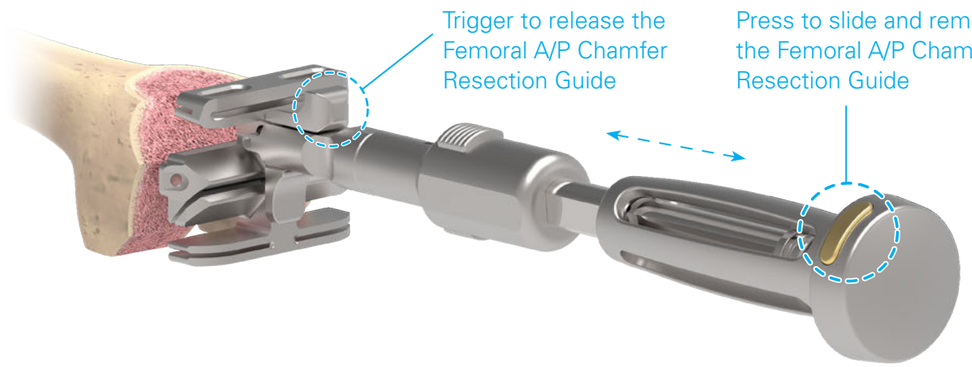
Femoral A/P & Chamfer Resections

Secure the resection guide with **Threaded Pins** and then complete the cuts with a 1.27 mm saw blade.

Note:
After the posterior cut is made,the surgeon has the option to downsize the femoral component by removing the resection guide and placing a smaller resection guide into the same holes. This MUST be done prior to making the anterior or chamfer cuts.

Remove the **Threaded Pins** before removing the **Femoral A/P Chamfer Resection Guide**. The **Femoral A/P Chamfer Resection Guide** can be removed via the assembly of the **Femoral A/P Chamfer Resection Guide Extractor** and the **Universal Sliding Handle**.





Instruments

Femoral A/P Chamfer Resection Guide, PR

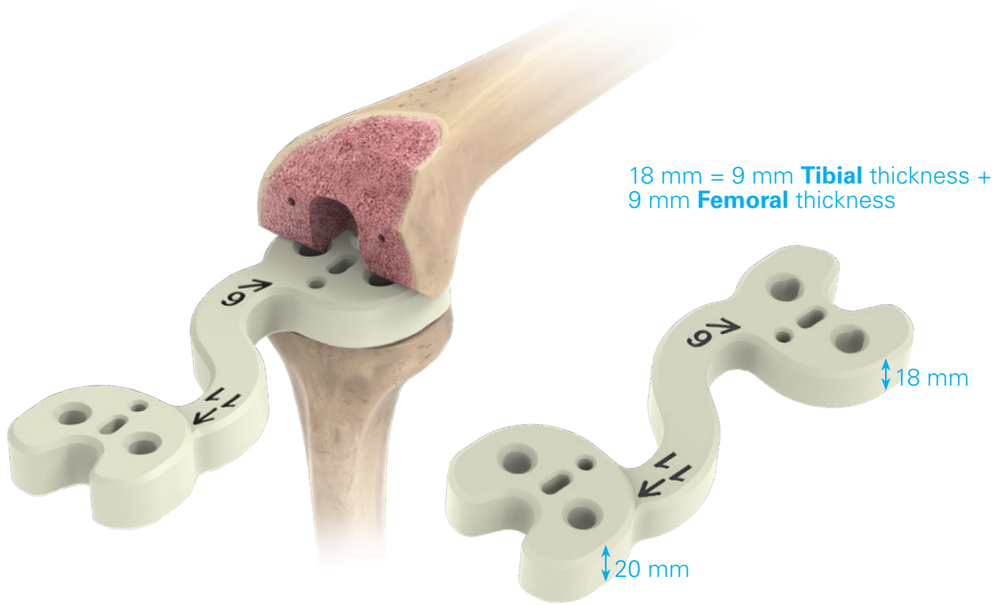
Femoral A/P Chamfer Resection Guide Extractor

Universal Sliding Handle

E. Extension and Flexion Gaps Confirmation

The extension and flexion joint gaps may be evaluated with the **Gap Gauge**. Select the 9 mm **Gap Gauge** initially to assess both the extension and flexion joint gaps. If a thicker gap is required, combine additional **Gap Gauge** blocks with different thicknesses and test again. The range of thickness is from 9 mm to 18 mm. If the assessed femoral and extension gaps are optimal, insert the femoral and tibial trials to test overall knee mobility and their relative implant position.

Note:
The **Alignment Rod** may be inserted through the **Gap Gauge** handle to assess the extramedullary alignments in both extension and flexion.



18 mm = 9 mm **Tibial** thickness + 9 mm **Femoral** thickness

20 mm = 11 mm **Tibial** thickness + 9 mm **Femoral** thickness

Instruments

Gap Gauge

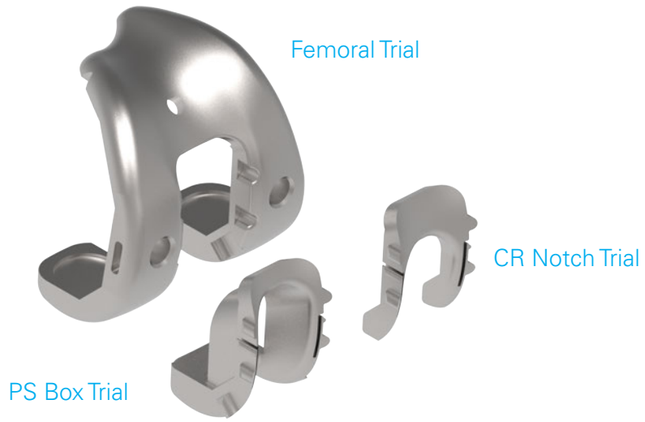
Alignment Rod

UNITED ORTHOPEDIC®

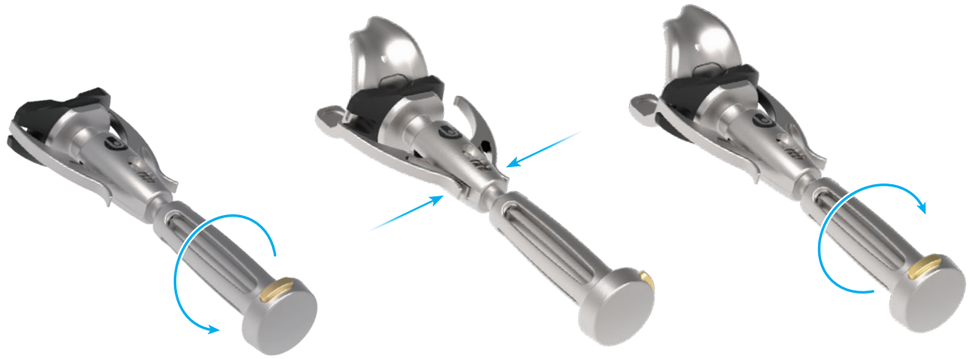
Each Step We Care

F. Trial Reduction

If using a CR system, connect the **CR Notch Trial** to the **Femoral Trial**.
If using a PS system, use the **Femoral Trial** without the **PS Box Trial** at the initial trial reduction. (The **PS Box Trial** will be used after **PS Box Preparation**)



Rotate the handle of the **Femoral Driver** counterclockwise to unlock the driver. Attach the femoral trial to the driver and have the handle clockwise rotate to secure the connection.



Instruments


Femoral Driver


Femoral Trial

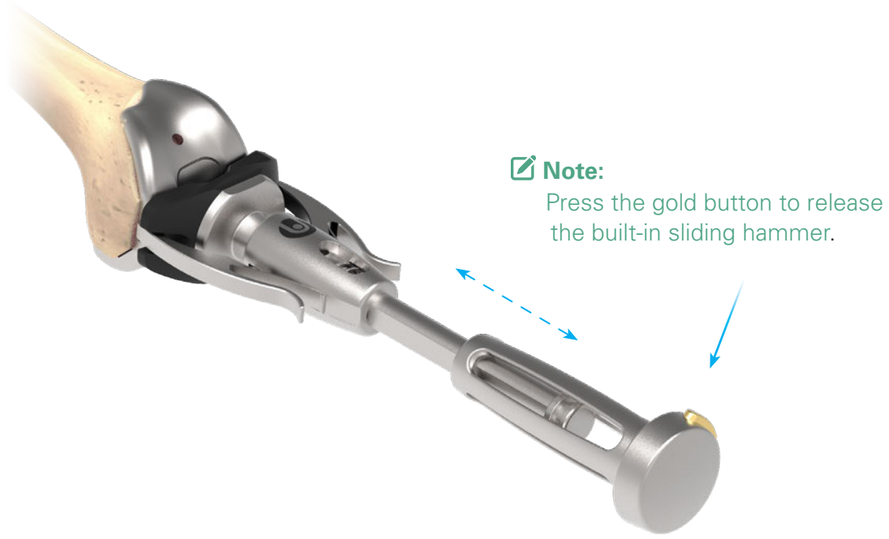

PS Box Trial


CR Notch Trial

F. Trial Reduction

Introduce the femoral trial onto the prepared femur.

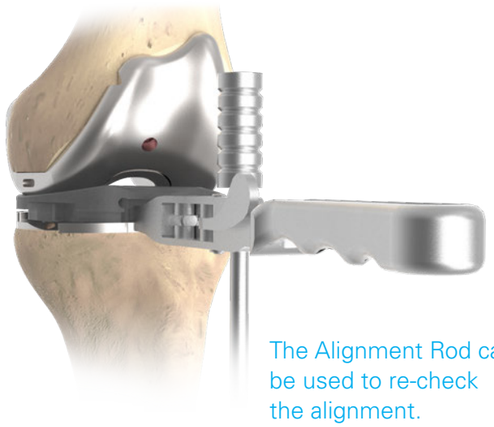
Press and hold the gold button on the handle of the femoral driver to remove the **Femoral Trial** with the built-in sliding hammer once the trial reduction has completed.



Note:
Press the gold button to release the built-in sliding hammer.

F.Trial Reduction

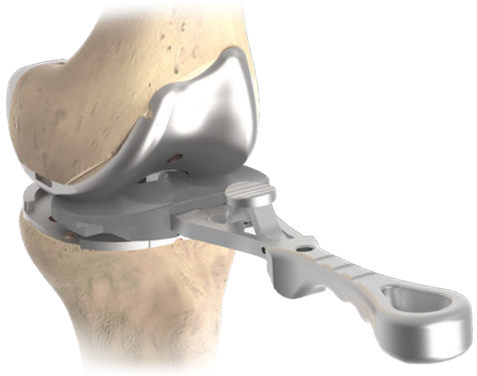
Utilize the **Tibial Baseplate Trial Handle** to position the 9 mm **Insert Trial** and **Tibial Baseplate Trial** onto the resected tibial surface.



The Alignment Rod can be used to re-check the alignment.

A trial reduction can be conducted with all the trial components in situ to determine proper alignment or reference to bony landmarks to set optimal tibial component rotation.

Evaluate the flexion and extension gap by using the **Tibial Insert Trial Handle** to switch different **Insert Trial** thicknesses as needed.



Instruments

Femoral Trial

Tibial Baseplate Trial

Tibial Insert Trial

Instruments

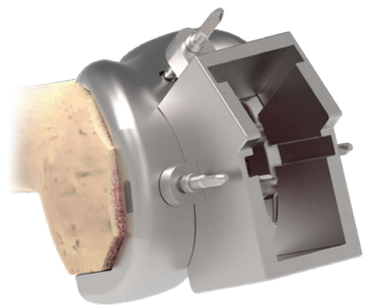
Alignment Rod

Tibial Baseplate Trial Handle

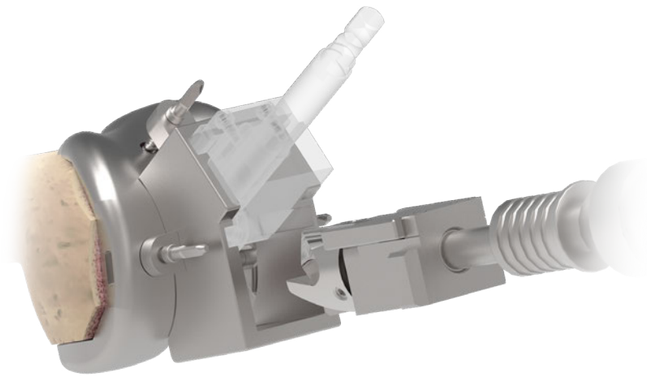
Tibial Insert Trial Handle

G.PS Box Preparation

Attach the **PS Notch Cutting Jig** to the **Femoral Trial**. Secure with **Threaded Pins** as needed to confirm fixation.



Attach the **PS Reamer** to a drill and insert into the anterior guide slot on the **PS Notch Cutting Jig**. Ream until fully engaged with the stopping point. Repeat for the posterior guide slot.



Instruments

Threaded Pin
30 mm/50 mm

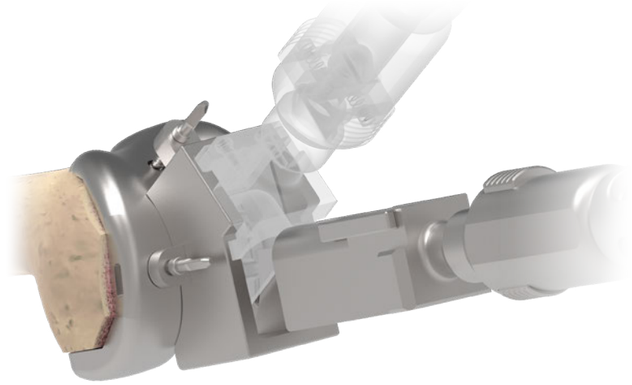
PS Reamer

Femoral Trial

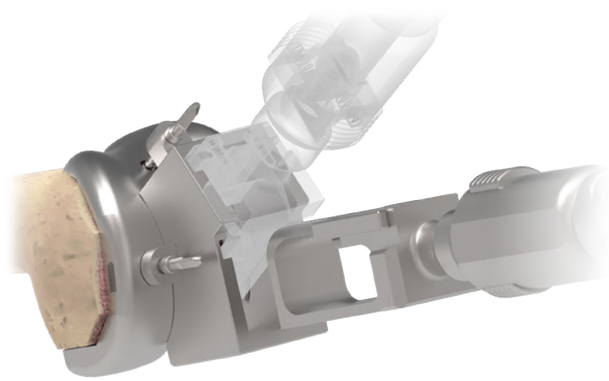
PS Notch Cutting Jig

G.PS Box Preparation

Attach the **PS Housing Punch** to the **Universal Sliding Handle**. Advance the punch into the anterior guide slot to remove any remaining bone or tissue. Repeat for the posterior guide slot.



Attach the **PS Housing Impactor** to the **Universal Sliding Handle**. Advance the impactor into the anterior guide slot until fully engaged with the stopping mechanism to verify all bone and tissue is removed. Repeat for the posterior guide slot.



Instruments

Universal Sliding Handle

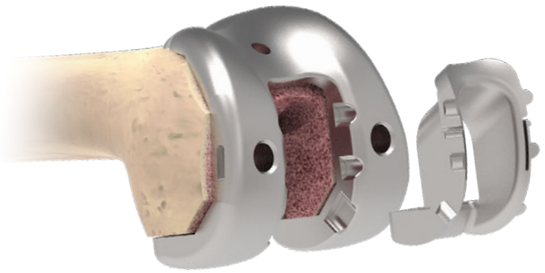
PS Housing Punch

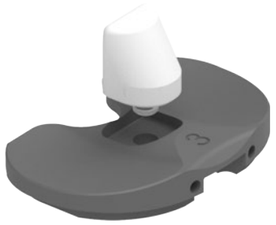
PS Housing Impactor

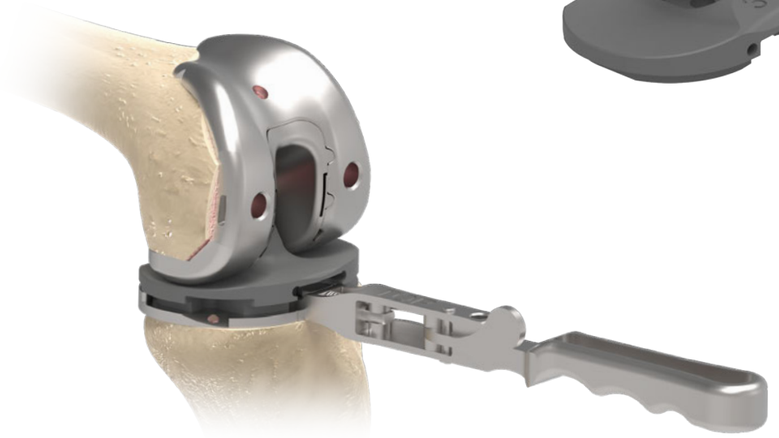
G.PS Box Preparation

Remove the **PS Notch Cutting Jig** and **Threaded Pins**, then attached the **PS Box Trial** to the **Femoral Trial.**

Attach the **PS Post Trial** to the **CR Tibial Insert Trial**. Utilize the **Tibial Baseplate Trial Handle** to position both the **Tibial Insert Trial** and **Tibial Baseplate Trial**. Perform trial reduction to evaluate joint stability and range of motion.







Instruments

Femoral Trial

Tibial Baseplate Trial

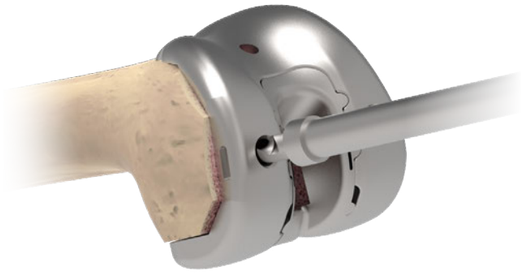
PS Post Trial

Tibial Insert Trial

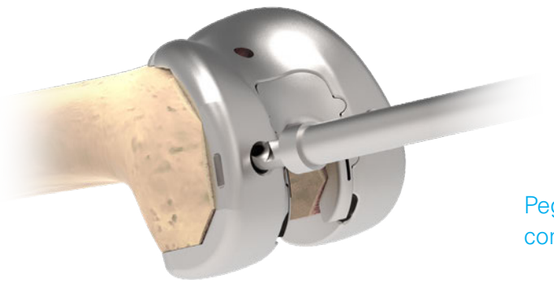
PS Box Trial

H.Pegs Preparation

Drill the fixation peg holes on the **Femoral Trial** with the **Femoral Condyle Drill** once the trial reduction has completed.



Peg preparation for PS femoral component.



Peg preparation for CR femoral component.

Instruments

Femoral Condyle Drill

Femoral Trial

PS Box Trial

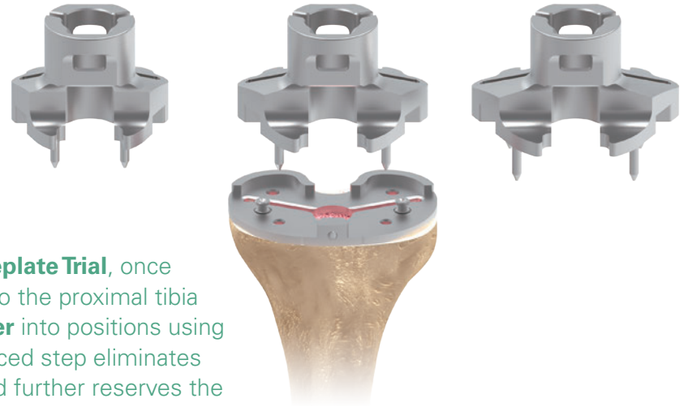
CR Notch Trial

I. Proximal Tibial Preparation

Align the **Tibial Baseplate Trial** to the previous size and position determined during trialing and secure it with two **Head Pins**.

Select the **Tibial Tower** that corresponds to the **Tibial Baseplate Trial** size.

Size #1~#2 | Size #3~#5 | Size #6~#7



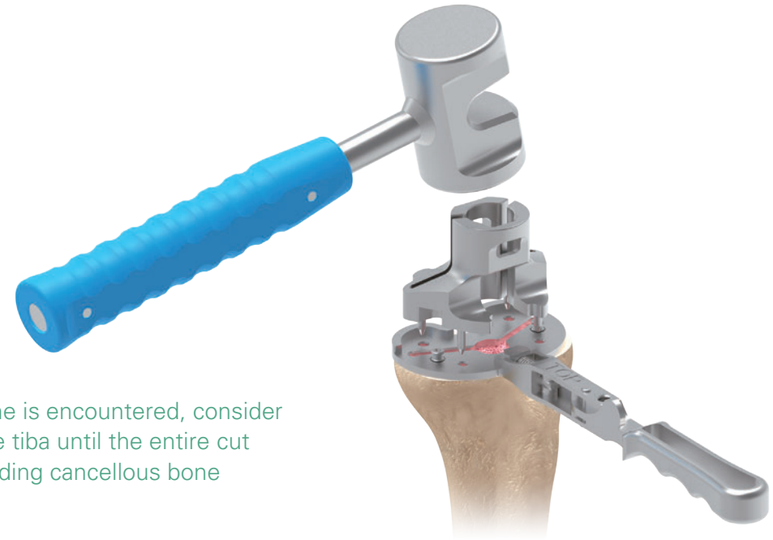
Note:
If desired, the **Tibial Baseplate Trial**, once aligned, may be secured to the proximal tibia by tapping the **Tibial Tower** into positions using a **Ortho Mallet**. This reduced step eliminates the need for **Head Pin** and further reserves the proximal bone.

Instruments

Ortho Mallet | Head Pin Impactor | Tibial Tower | Tibial Baseplate Trial | Head Pin | Tibial Baseplate Trial Handle

I. Proximal Tibial Preparation

Tap the **Tibial Tower** into position using a Mallet.



Note:
If sclerotic bone is encountered, consider resecting more tiba until the entire cut surface is bleeding cancellous bone

Note:
If dense bone is encountered, use the **Tibial Peg Drill** and drill through the four pilot holes of the **Tibial Baseplate Trial** before positioning the tibial tower onto the **Tibial Baseplate Trial**.

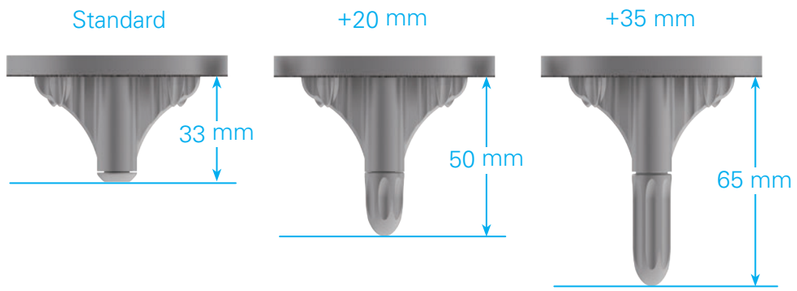
Instruments

Ortho Mallet | Tibial Peg Drill | Tibial Tower | Tibial Baseplate Trial

I. Proximal Tibial Preparation

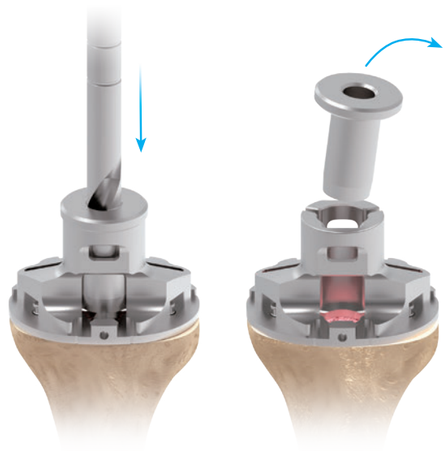
Remove the **Tibial Baseplate Trial Handle** and slide the **Tibial Drill Guide** into the **Tibial Tower**. Advance the **Tibial Drill** through the **Tibial Drill Guide** until the depth reaches the laser mark labeled "Standard."

If desired, an +20 mm or +35 mm stem is available. When preparing for this option, advance the **Tibial Drill** through the **Tibial Drill Guide** until the depth reaches the laser mark labeled "+20 mm" or "+35 mm."



Note:

The default depth equals the depth of the baseplate and plug.
The depth mark labeled "+20" equals the depth of the baseplate, and the +20 mm stem extension.
While the depth mark labeled "+35" equals the depth of the baseplate and the +35 mm stem extension.



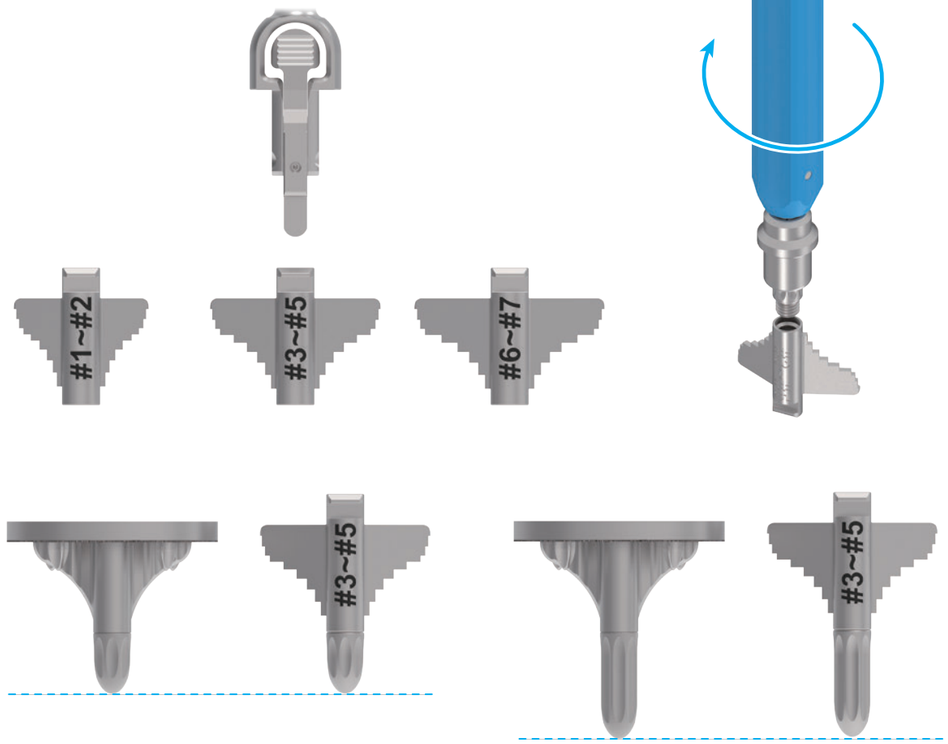
Instruments

Tibial Drill Guide, 12.5mm

Tibial Drill, 12.5mm

I. Proximal Tibial Preparation

Select the **Tibial Punch** that corresponds to the **Tibial Baseplate Trial** size. If the extension stem is needed, choose the appropriate **Punch Extension "+20 mm"** or **"+35 mm"** based on previous canal preparation and desired press-fit of the tibial component. Connect the **Punch Extension** to the **Tibial Punch** using the **Stem Assembly Handle**.



Note:

The punch depth is equal to the implant when assembled with the Punch Extension"+20 mm" or "+35 mm".

Instruments

Tibial Punch

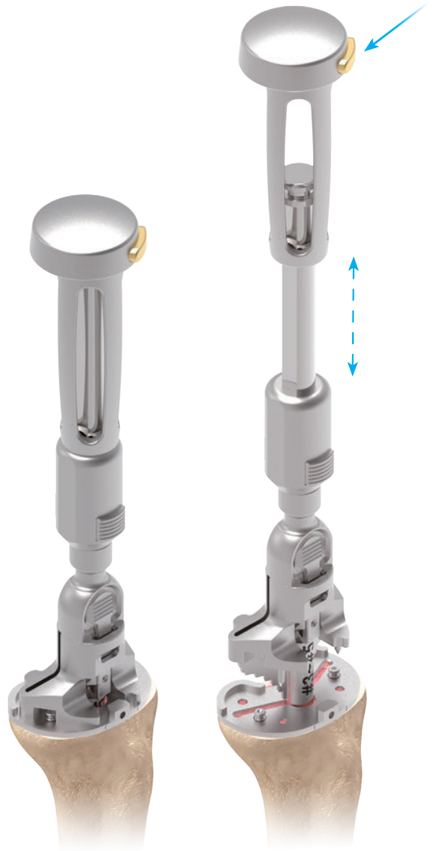
Stem Assembly Handle

Punch Extension

I. Proximal Tibial Preparation

Assemble the Tibial Punch construct to the **Tibial Punch Adaptor** and the **Universal Sliding Handle.**

Note:
Press the gold button to release the built-in sliding hammer



Insert the **Tibial Punch** construct into the **Tibial Tower** and tap with the **Ortho Mallet** until the punch is fully engaged.

Use the **Universal Sliding Handle** as a back slap to remove the **Tibial Punch** construct and then remove the **Head Pins** and **Tibial Baseplate Trial.**

Instruments


Universal Sliding Handle


Tibial Punch Adaptor


Tibial Punch


Punch Extension


Tibial Tower


Ortho Mallet

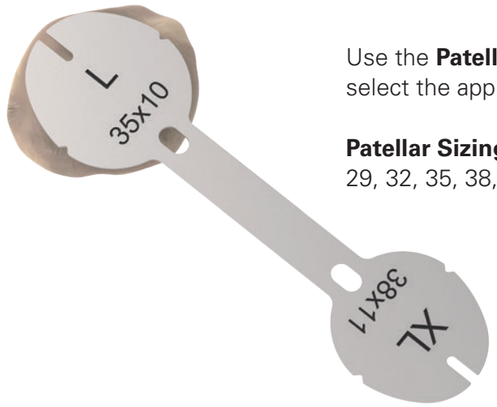
J. Onset Patellar Preparation-
Cementless Porous

Patelloplasty is an optional primary knee procedure that depends on the surgeon's choice, based on an intraoperative evaluation.

Press-Fit Patella

Patella Sizing and Bone Resection

Place the knee in full extension and evert the patella with caution. Remove the excess cartilage and osteophytes surrounding the patella. Use the **Caliper** to measure the anterior-posterior dimension of the patella.



Use the **Patella Sizing Ring** to assess bone coverage and select the appropriate size with maximum bone coverage.

Patellar Sizing Ring diameter:
29, 32, 35, 38, 41 mm

Instruments


Caliper

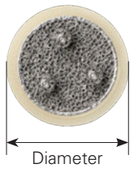

Patella Sizing Ring, Onset

J.Onset Patellar Preparation-
Cementless Porous

Patella Resection

Insert the **Patella Stylus** to the blade slot of the **Onset Patellar Resection Guide** to measure the proper resection level, from the highest point of articular surface of the patella. Rotate the quick dial on the **Patella Stylus** to adjust the desired patella resection level that matches the thickness of the implant.

Note:
Before proceeding with the resection, ensure the **Patella Stylus** is positioned on the apex of the articular tsurface of the patella.



Onset Patellar Component, PF+

Size	S	M	L	XL	XXL
Thickness	9	10	10	11	11
Diameter	29	32	35	38	41

Unit: mm

Asymmetric Onset Patellar Component, PF+

Size	S	M	L	XL	XXL
Thickness	9	10	10	11	11
SI	29	32	35	38	41
ML	33	36	39	42	44

Unit: mm

Instruments

Onset Patellar Resection Guide

Patella Stylus

J.Onset Patellar Preparation-
Cementless Porous

The serrated jaws should be aligned medio-laterally with the patella. Engage the largest teeth on the lateral side. Squeeze the handle of the **Onset Patellar Resection Guide** to engage the jaw teeth into the patella. Remove the Patella Stylus and resect through the saw slot of the **Onset Patellar Resection Guide**.

After the patella resection, disengage the guide from patella by pressing the release button.

Optionally, place an appropriate size **Patella Protector** on the resected patella bone surface.

Instruments

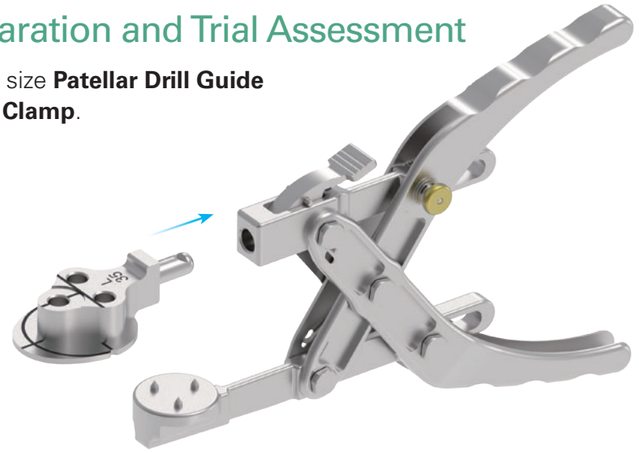
Onset Patellar Resection Guide

Patella Protector

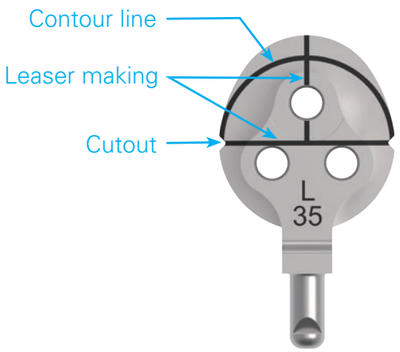
J.Onset Patellar Preparation-
Cementless Porous

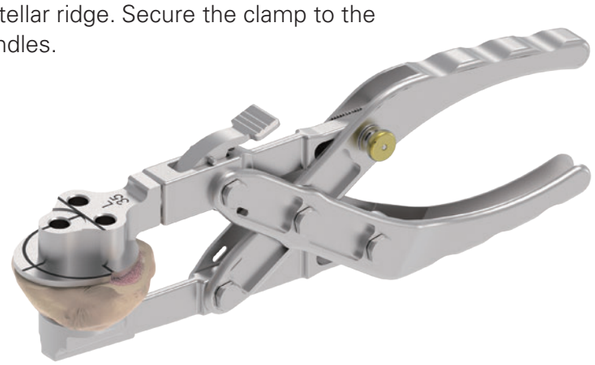
Patella Peg Preparation and Trial Assessment

Select the corresponding size **Patellar Drill Guide** and attach to the **Patella Clamp**.



The laser marking and the cutout in the **Patellar Drill Guide** are designed to assist with alignment along the patellar ridge. Secure the clamp to the patella by squeezing the clamp handles.





Note:
The contour line matches the outer contour of the same-sized dome shape patellar component.

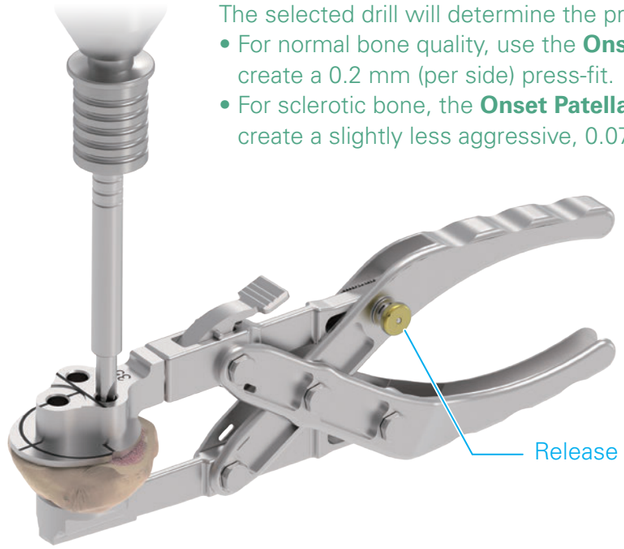
Instruments

Patellar Drill Guide

Patellar Clamp

J.Onset Patellar Preparation-
Cementless Porous

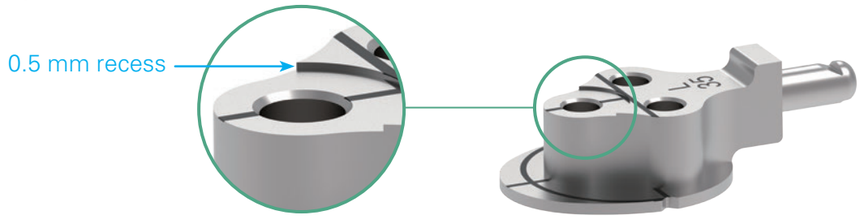
Drill three peg holes by using **Patellar Peg Drill** through the **Patellar Drill Guide**. Release the clamp by pressing the release button.



Drill Selection Guide

The selected drill will determine the press-fit level for the patellar pegs.

- For normal bone quality, use the **Onset Patellar Peg Drill, Ø5.1mm** to create a 0.2 mm (per side) press-fit.
- For sclerotic bone, the **Onset Patellar Peg Drill, Ø5.35mm** helps to create a slightly less aggressive, 0.075 mm (per side) press-fit.



Note:
The **Patellar Drill Guide** features a recess on its lateral side, which allows for a deeper drilling depth for the lateral patellar peg hole by 0.5 mm.

Instruments

Patellar Drill Guide

Patellar Clamp

Onset Patellar Peg Dril

J. Onset Patellar Preparation-
Cementless Porous

Place the correct size **Patella Trial** (symmetric or asymmetric) onto the prepared patella. Use a **Caliber** to verify the restored anteroposterior thickness (in mm) at the apex of the trial.

Instruments

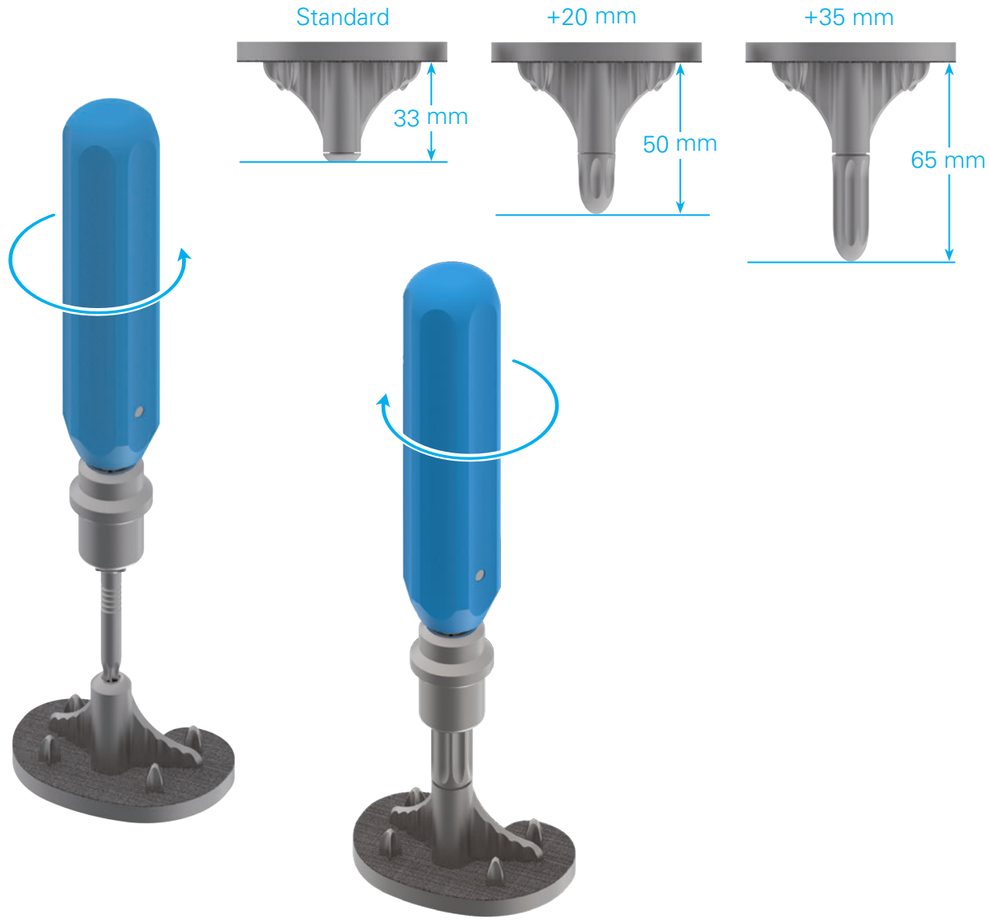
Patellar Trial, Onset

Patellar Trial, Asymmetric Onset

Caliber

K. Implantation

If a "+20 mm" or "+35 mm" tibial stem extension was prepared for during the procedure, take the previously determined sized tibial baseplate, remove the plug from the tibial baseplate with **Screw Driver Bit** and **Stem Assembly Handle**, and reassemble it with the +20 mm or +35 mm stem extension using the **Stem Assembly Handle**.



Instruments

Screw Driver Bit

Stem Assembly Handle

K.Implantation

Attach the femoral component to the **Femoral Driver** and press against the prepared femoral bone surface until the component is flush with the bone.

Attach the **Femoral Impactor** to the **Universal Sliding Handle** and strike the femoral component to firmly seat it in place against the femoral bone surface.

Instruments

Femoral Driver

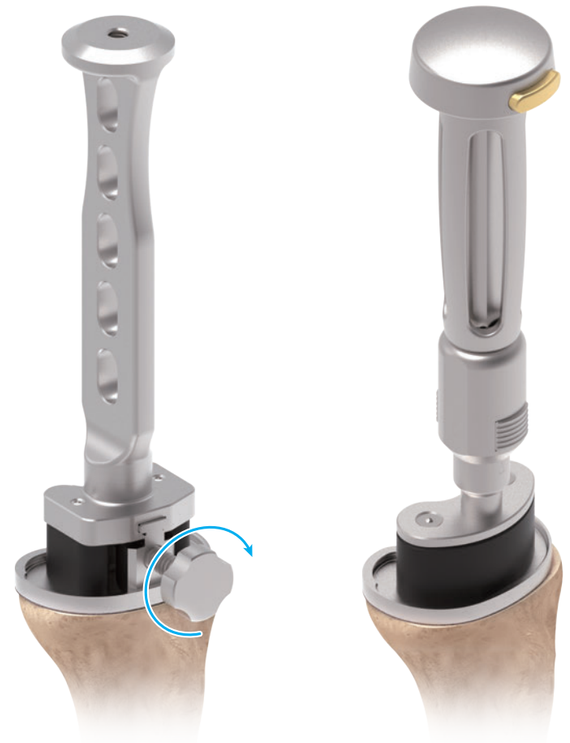
Femoral Impactor

Universal Sliding Handle

K.Implantation

Attach the tibial baseplate to the **Tibial Baseplate Driver** and press against the prepared tibial surface until the component is flush with the bone.

Attach the **Tibial Impactor** to the **Universal Sliding Handle** and strike the tibial baseplate to firmly seat it in place against the prepared tibial surface.



Instruments

Tibial Driver

Universal Sliding Handle

Tibial Impactor

K.Implantation

If hard bone is encountered during tibial implantation, and the tibial component will not sit flush against the prepared tibial surface, an optional **Peg Drill Dilator** may be used to enlarge the peg holes and allow the implant to be fully seated.

Note:
If removal of the tibial baseplate is necessary during surgery,reattach the **Tibial Driver** to the tibial component and then thread the **M8 Adaptor** into the tibial driver.
The **Universal Sliding Handle** can then be attached to the **M8 Adaptor** and used as a back slap hammer to remove the tibial baseplate.

Instruments

Peg Drill Dilator

M8 Adaptor

Universal Sliding Handle

K.Implantation

Patellar Component Implantation

Select the correct color coded **Patellar Capture** that matches the size of the patellar component to be implanted. Snap the polyethylene side of the selected patellar component into the **Patellar Capture** which is color-coded for each size. Make sure the patellar component is fully seated and secured.

Component matching: size and color-coding
To ensure accurate component matching, each **Patellar Capture** is color-coded to correspond with a specific **Patellar Implant** size. Please refer to the table below for the correct size and color correspondence.

Patellar Implant Size	Corresponding Patellar Capture Size	Patellar Capture Color Code
S	S	Dark Green
M	M	Light Blue
L	L	Black
XL	XL	Red
XXL	XXL	Gray

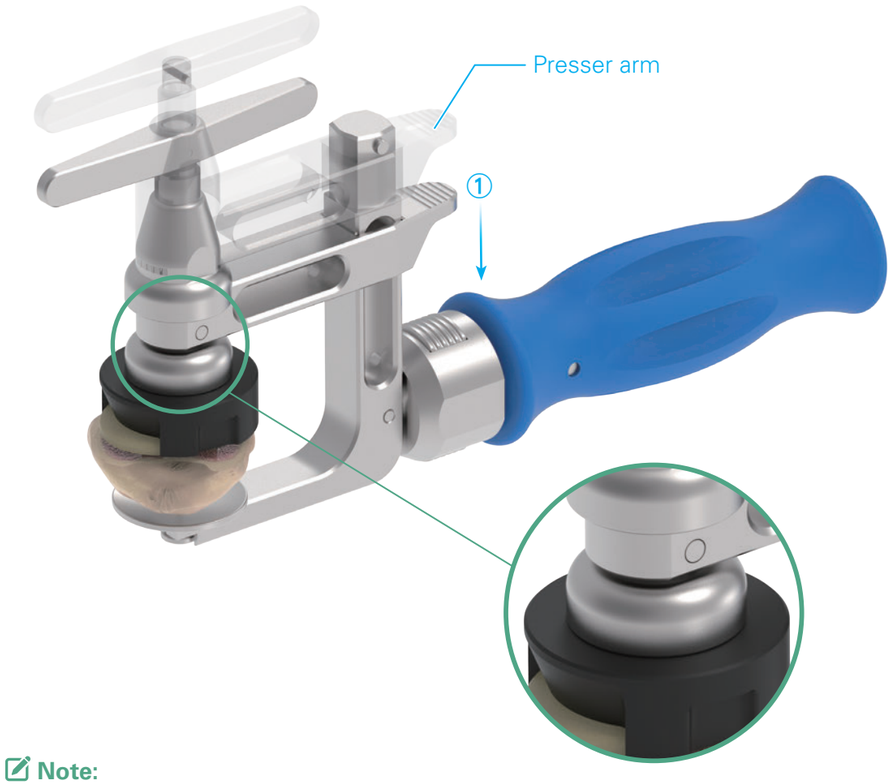
Align the pegs of the patellar component to the prepared patellar peg holes. Gently press the patellar pegs into the cancellous bone.

Instruments

Patellar Capture

K.Implantation

Securely hold the native patella, the patellar component, and the **Patellar Capture** together as a single construct. Position the **Cementless Patellar Presser** over the **Patellar Capture** as illustrated. Slide the presser arm to secure the construct. Confirm that the native patella makes full contact with the lower plate and that the **Patellar Capture** sits flush against the upper plate.



Note:
Optionally, the **Modular Handle** can be attached to the **Cementless Patellar Presser**.

Instruments


Patellar Capture


Cementless Patellar Presser


Modular Handle

K.Implantation

Turn the T-handle of the **Cementless Patella Presser** clockwise until the metal backing portion of the patella component is fully seated onto the resected surface of the native patella. Unscrew the T-handle, remove the **Cementless Patella Presser** and **Patellar Capture**, and re-examine to ensure that the patellar component is properly seated on the native patella.

Note:

1. For a valid compressive stroke, the T-handle of the **Cementless Patellar Presser** must be returned to its initial position before sliding it onto or attaching it to the **Patellar Capture**.
2. The metal backing of the patellar component is designed to protrude from the polyethylene periphery. A small gap may form between the polyethylene edge and the bone surface when the metal backing is fully seated.
3. Optionally, the **Patella Clamp** can be used with the **Patella Cement Clamp Adapter** to perform a function similar to the **Cementless Patellar Presser**.

Caution:
To prevent over-compressing the patellar component, adhere strictly to the following:

- While turning the T-handle, continuously observe the implant seating through the **Patellar Capture** notch.
- Stop turning immediately once the metal backing of the patella implant makes full contact with the bone.
- Do not continue tightening to close the peripheral gap mentioned above.

Instruments


Patellar Capture


Cementless Patellar Presser


Patellar Clamp


Patella Cement Clamp Adapter

K. Implantation

Tibial Insert Implantation

Prior to the insertion of the final **Tibial Insert**, place the appropriate insert trial onto the baseplate to verify proper insert thickness and joint stability.

It is recommended to initially introduce the final tibial insert by hand onto the **Tibial Baseplate**. Once the initial engagement of the locking mechanism is verified, use the **Universal Impactor** to fully seat the Insert. All areas of the assembly are then visually assessed for complete seating.

Instruments

Universal Impactor

Universal Sliding Handle

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Each Step
We Care

Special Order Items

Order Information

Femoral Component Options

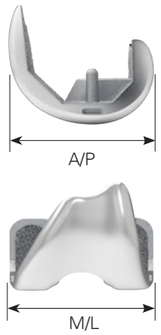
All components listed are CoCrMo alloy

CR

	PF+	
	Left	Right
#1	2103-1510	2103-1610
#1.5	2103-1515	2103-1615
#2	2103-1520	2103-1620
#2.5	2103-1525	2103-1625
#3	2103-1530	2103-1630
#3.5	2103-1535	2103-1635
#4	2103-1540	2103-1640
#4.5	2103-1545	2103-1645
#5	2103-1550	2103-1650
#5.5	2103-1555	2103-1555
#6	2103-1560	2103-1660
#6.5	2103-1565	2103-1665
#7	2103-1570	2103-1670

PS

	PF+	
	Left	Right
#1	2103-3510	2103-3610
#1.5	2103-3515	2103-3615
#2	2103-3520	2103-3620
#2.5	2103-3525	2103-3625
#3	2103-3530	2103-3630
#3.5	2103-3535	2103-3635
#4	2103-3540	2103-3640
#4.5	2103-3545	2103-3645
#5	2103-3550	2103-3650
#5.5	2103-3555	2103-3655
#6	2103-3560	2103-3660
#6.5	2103-3565	2103-3665
#7	2103-3570	2103-3670



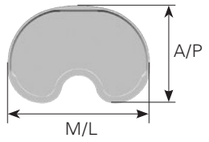
	A/P	M/L
#1	52	56
#1.5	54	58
#2	56	60
#2.5	58	62
#3	60	64
#3.5	62	66
#4	64	68
#4.5	66	70
#5	68	72
#5.5	70	74
#6	72	76
#6.5	74	78
#7	76	80

Unit: mm

Tibial Baseplate Options

All components listed are Titanium (Ti-6Al-4V) Alloy

	PF+
#1	2203-3710
#2	2203-3720
#3	2203-3730
#4	2203-3740
#5	2203-3750
#6	2203-3760
#7	2203-3770



	A/P	M/L
#1	42	63
#2	44.5	66
#3	47	69
#4	49.5	72
#5	52.5	76
#6	55.5	80
#7	58.5	84

Unit: mm

*CoCrMo is an abbreviation for cobalt chromium molybdenum.
*Ti-6Al-4V is an abbreviation for Titanium-6 Aluminum-4 Vanadium

Special Order Items

Order Information

CR Tibial Insert Options

CR		#1	#2	#3	#4	#5	#6	#7
UHMWPE	9 mm	2303-1211	2303-1221	2303-1231	2303-1241	2303-1251	2303-1261	2303-1271
	10 mm	2303-1216	2303-1226	2303-1236	2303-1246	2303-1256	2303-1266	2303-1276
	11 mm	2303-1212	2303-1222	2303-1232	2303-1242	2303-1252	2303-1262	2303-1272
	12 mm	2303-1217	2303-1227	2303-1237	2303-1247	2303-1257	2303-1267	2303-1277
	13 mm	2303-1213	2303-1223	2303-1233	2303-1243	2303-1253	2303-1263	2303-1273
	14 mm	2303-1218	2303-1228	2303-1238	2303-1248	2303-1258	2303-1268	2303-1278
	15 mm	2303-1214	2303-1224	2303-1234	2303-1244	2303-1254	2303-1264	2303-1274
	16 mm	2303-1219	2303-1229	2303-1239	2303-1249	2303-1259	2303-1269	2303-1279
	17 mm	2303-1210	2303-1220	2303-1230	2303-1240	2303-1250	2303-1260	2303-1270
	18 mm	2303-1215	2303-1225	2303-1235	2303-1245	2303-1255	2303-1265	2303-1275

XCR		#1	#2	#3	#4	#5	#6	#7
XPE	9 mm	2303-1611	2303-1621	2303-1631	2303-1641	2303-1651	2303-1661	2303-1671
	10 mm	2303-1616	2303-1626	2303-1636	2303-1646	2303-1656	2303-1666	2303-1676
	11 mm	2303-1612	2303-1622	2303-1632	2303-1642	2303-1652	2303-1662	2303-1672
	12 mm	2303-1617	2303-1627	2303-1637	2303-1647	2303-1657	2303-1667	2303-1677
	13 mm	2303-1613	2303-1623	2303-1633	2303-1643	2303-1653	2303-1663	2303-1673
	14 mm	2303-1618	2303-1628	2303-1638	2303-1648	2303-1658	2303-1668	2303-1678
	15 mm	2303-1614	2303-1624	2303-1634	2303-1644	2303-1654	2303-1664	2303-1674
	16 mm	2303-1619	2303-1629	2303-1639	2303-1649	2303-1659	2303-1669	2303-1679
	17 mm	2303-1610	2303-1620	2303-1630	2303-1640	2303-1650	2303-1660	2303-1670
	18 mm	2303-1615	2303-1625	2303-1635	2303-1645	2303-1655	2303-1665	2303-1675

E-XCR		#1	#2	#3	#4	#5	#6	#7
E-XPE	9 mm	2303-1811	2303-1821	2303-1831	2303-1841	2303-1851	2303-1861	2303-1871
	10 mm	2303-1816	2303-1826	2303-1836	2303-1846	2303-1856	2303-1866	2303-1876
	11 mm	2303-1812	2303-1822	2303-1832	2303-1842	2303-1852	2303-1862	2303-1872
	12 mm	2303-1817	2303-1827	2303-1837	2303-1847	2303-1857	2303-1867	2303-1877
	13 mm	2303-1813	2303-1823	2303-1833	2303-1843	2303-1853	2303-1863	2303-1873
	14 mm	2303-1818	2303-1828	2303-1838	2303-1848	2303-1858	2303-1868	2303-1878
	15 mm	2303-1814	2303-1824	2303-1834	2303-1844	2303-1854	2303-1864	2303-1874
	16 mm	2303-1819	2303-1829	2303-1839	2303-1849	2303-1859	2303-1869	2303-1879
	17 mm	2303-1810	2303-1820	2303-1830	2303-1840	2303-1850	2303-1860	2303-1870
	18 mm	2303-1815	2303-1825	2303-1835	2303-1845	2303-1855	2303-1865	2303-1875

*UHMWPE is an abbreviation for ultra-high molecular weight polyethylene.
*XPE is an abbreviation for highly crosslinked polyethylene.
*E-XPE is an abbreviation for vitamin E highly crosslinked polyethylene.

Special Order Items

Order Information

UC Tibial Insert Options

XUC		#1	#2	#3	#4	#5	#6	#7
XPE	9 mm	2303-1411	2303-1421	2303-1431	2303-1441	2303-1451	2303-1461	2303-1471
	10 mm	2303-1416	2303-1426	2303-1436	2303-1446	2303-1456	2303-1466	2303-1476
	11 mm	2303-1412	2303-1422	2303-1432	2303-1442	2303-1452	2303-1462	2303-1472
	12 mm	2303-1417	2303-1427	2303-1437	2303-1447	2303-1457	2303-1467	2303-1477
	13 mm	2303-1413	2303-1423	2303-1433	2303-1443	2303-1453	2303-1463	2303-1473
	14 mm	2303-1418	2303-1428	2303-1438	2303-1448	2303-1458	2303-1468	2303-1478
	15 mm	2303-1414	2303-1424	2303-1434	2303-1444	2303-1454	2303-1464	2303-1474
	16 mm	2303-1419	2303-1429	2303-1439	2303-1449	2303-1459	2303-1469	2303-1479
	17 mm	2303-1410	2303-1420	2303-1430	2303-1440	2303-1450	2303-1460	2303-1470
	18 mm	2303-1415	2303-1425	2303-1435	2303-1445	2303-1455	2303-1465	2303-1475

E-XUC		#1	#2	#3	#4	#5	#6	#7
E-XPE	9 mm	2303-1711	2303-1721	2303-1731	2303-1741	2303-1751	2303-1761	2303-1771
	10 mm	2303-1716	2303-1726	2303-1736	2303-1746	2303-1756	2303-1766	2303-1776
	11 mm	2303-1712	2303-1722	2303-1732	2303-1742	2303-1752	2303-1762	2303-1772
	12 mm	2303-1717	2303-1727	2303-1737	2303-1747	2303-1757	2303-1767	2303-1777
	13 mm	2303-1713	2303-1723	2303-1733	2303-1743	2303-1753	2303-1763	2303-1773
	14 mm	2303-1718	2303-1728	2303-1738	2303-1748	2303-1758	2303-1768	2303-1778
	15 mm	2303-1714	2303-1724	2303-1734	2303-1744	2303-1754	2303-1764	2303-1774
	16 mm	2303-1719	2303-1729	2303-1739	2303-1749	2303-1759	2303-1769	2303-1779
	17 mm	2303-1710	2303-1720	2303-1730	2303-1740	2303-1750	2303-1760	2303-1770
	18 mm	2303-1715	2303-1725	2303-1735	2303-1745	2303-1755	2303-1765	2303-1775

Special Order Items

Order Information

PS Tibial Insert Options

PS		#1	#2	#3	#4	#5	#6	#7
UHMWPE	9 mm	2303-3011	2303-3021	2303-3031	2303-3041	2303-3051	2303-3061	2303-3071
	10 mm	2303-3016	2303-3026	2303-3036	2303-3046	2303-3056	2303-3066	2303-3076
	11 mm	2303-3012	2303-3022	2303-3032	2303-3042	2303-3052	2303-3062	2303-3072
	12 mm	2303-3017	2303-3027	2303-3037	2303-3047	2303-3057	2303-3067	2303-3077
	13 mm	2303-3013	2303-3023	2303-3033	2303-3043	2303-3053	2303-3063	2303-3073
	14 mm	2303-3018	2303-3028	2303-3038	2303-3048	2303-3058	2303-3068	2303-3078
	15 mm	2303-3014	2303-3024	2303-3034	2303-3044	2303-3054	2303-3064	2303-3074
	16 mm	2303-3019	2303-3029	2303-3039	2303-3049	2303-3059	2303-3069	2303-3079
	17 mm	2303-3010	2303-3020	2303-3030	2303-3040	2303-3050	2303-3060	2303-3070
	18 mm	2303-3015	2303-3025	2303-3035	2303-3045	2303-3055	2303-3065	2303-3075

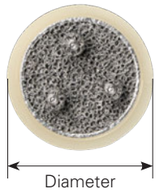
XPS		#1	#2	#3	#4	#5	#6	#7
XPE	9 mm	2303-3611	2303-3621	2303-3631	2303-3641	2303-3651	2303-3661	2303-3671
	10 mm	2303-3616	2303-3626	2303-3636	2303-3646	2303-3656	2303-3666	2303-3676
	11 mm	2303-3612	2303-3622	2303-3632	2303-3642	2303-3652	2303-3662	2303-3672
	12 mm	2303-3617	2303-3627	2303-3637	2303-3647	2303-3657	2303-3667	2303-3677
	13 mm	2303-3613	2303-3623	2303-3633	2303-3643	2303-3653	2303-3663	2303-3673
	14 mm	2303-3618	2303-3628	2303-3638	2303-3648	2303-3658	2303-3668	2303-3678
	15 mm	2303-3614	2303-3624	2303-3634	2303-3644	2303-3654	2303-3664	2303-3674
	16 mm	2303-3619	2303-3629	2303-3639	2303-3649	2303-3659	2303-3669	2303-3679
	17 mm	2303-3610	2303-3620	2303-3630	2303-3640	2303-3650	2303-3660	2303-3670
	18 mm	2303-3615	2303-3625	2303-3635	2303-3645	2303-3655	2303-3665	2303-3675

E-XPS		#1	#2	#3	#4	#5	#6	#7
E-XPE	9 mm	2303-3811	2303-3821	2303-3831	2303-3841	2303-3851	2303-3861	2303-3871
	10 mm	2303-3816	2303-3826	2303-3836	2303-3846	2303-3856	2303-3866	2303-3876
	11 mm	2303-3812	2303-3822	2303-3832	2303-3842	2303-3852	2303-3862	2303-3872
	12 mm	2303-3817	2303-3827	2303-3837	2303-3847	2303-3857	2303-3867	2303-3877
	13 mm	2303-3813	2303-3823	2303-3833	2303-3843	2303-3853	2303-3863	2303-3873
	14 mm	2303-3818	2303-3828	2303-3838	2303-3848	2303-3858	2303-3868	2303-3878
	15 mm	2303-3814	2303-3824	2303-3834	2303-3844	2303-3854	2303-3864	2303-3874
	16 mm	2303-3819	2303-3829	2303-3839	2303-3849	2303-3859	2303-3869	2303-3879
	17 mm	2303-3810	2303-3820	2303-3830	2303-3840	2303-3850	2303-3860	2303-3870
	18 mm	2303-3815	2303-3825	2303-3835	2303-3845	2303-3855	2303-3865	2303-3875

Order Information

Parellar Component Options

Made with a Titanium (Ti-6Al-4V) Alloy backing and EXPE surface

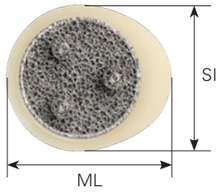


Onset Patellar Component, PF+

Size	S	M	L	XL	XXL
E-XPE	2403 - 5420	2403 - 5430	2403 - 5440	2403 - 5450	2403 - 5460

Thickness	9	10	10	11	11
Diameter	29	32	35	38	41

Unit: mm



Asymmetric Onset Patellar Component, PF+

Size	S	M	L	XL	XXL
E-XPE	2403 - 5620	2403 - 5630	2403 - 5640	2403 - 5650	2403 - 5660

Thickness	9	10	10	11	11
SI	29	32	35	38	41
ML	33	36	39	42	44

Unit: mm

Special Order Items

Order Information

Tibial Baseplate Stem Extension Options

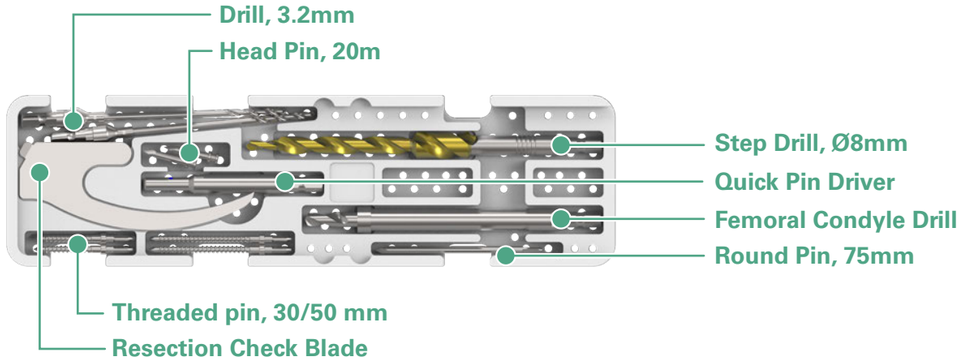
Made with Titanium (Ti-6Al-4V) Alloy

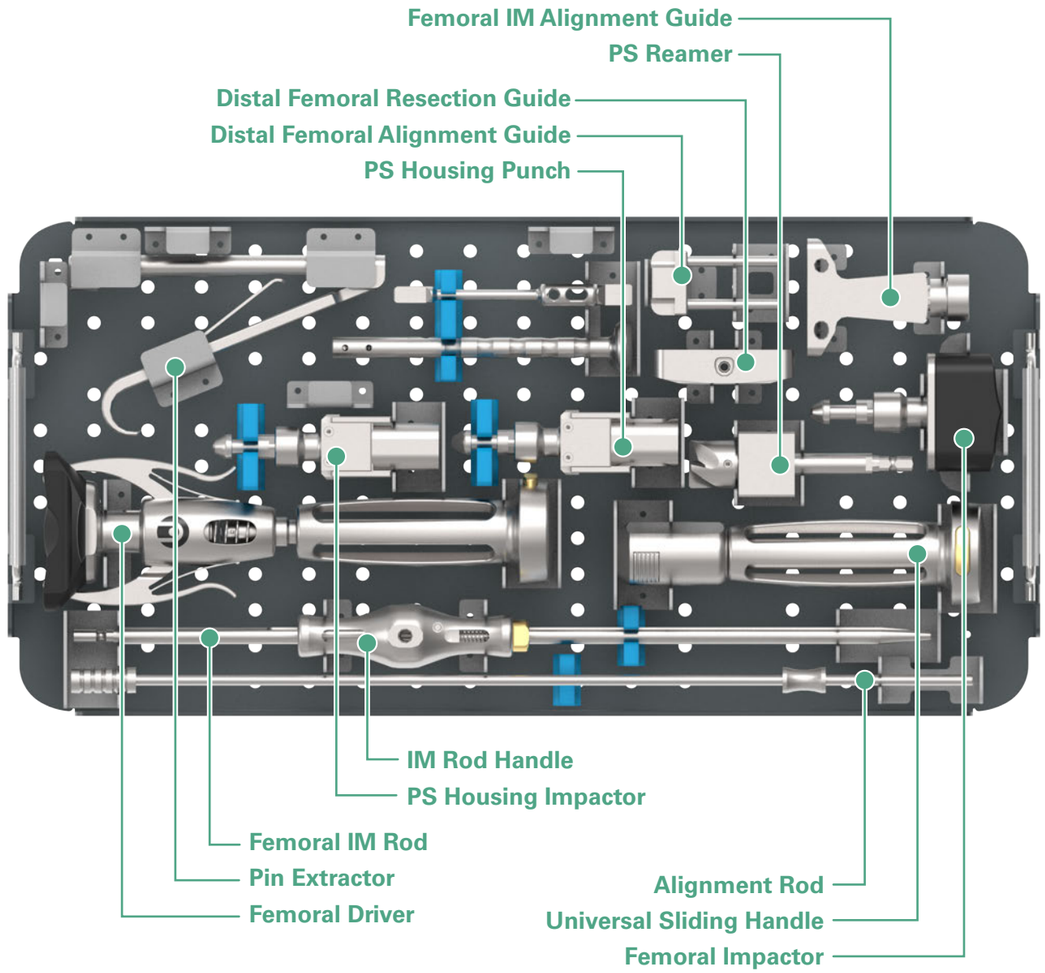
Straight Stem

Ø12.5 x 20 mm	Ø12.5 x 35 mm
2703-7112	2703-7212

Instrument Tray Guide

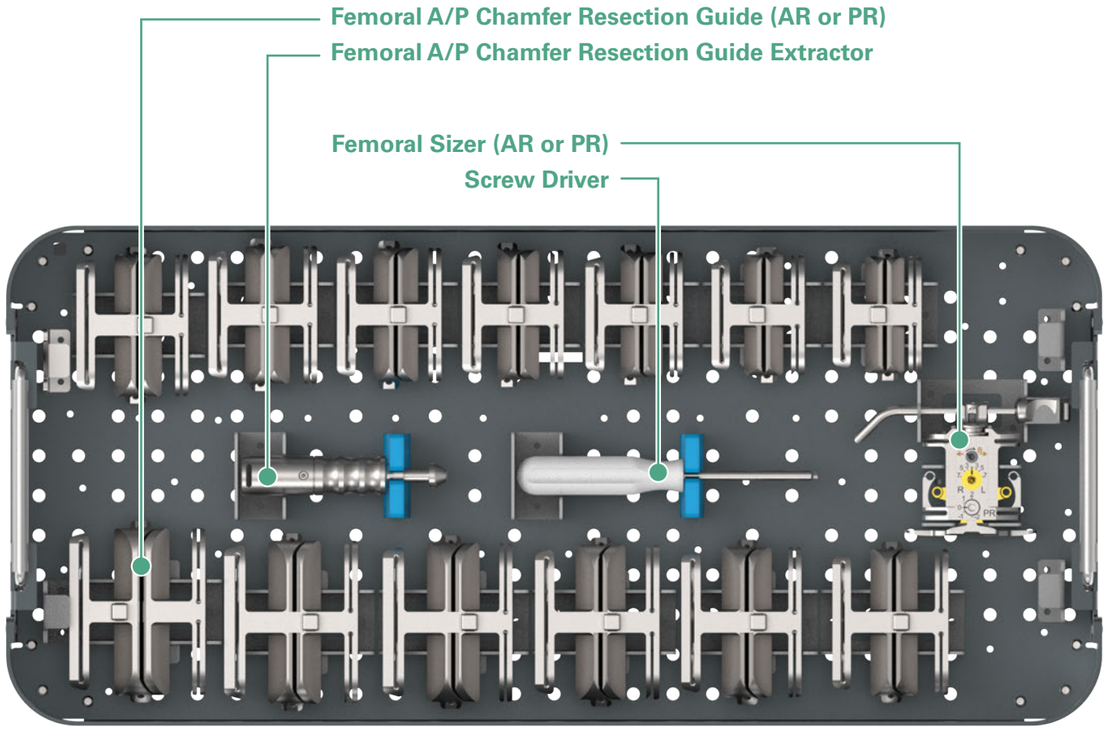
U2 Knee Anterior or Posterior Reference Preparation Tray





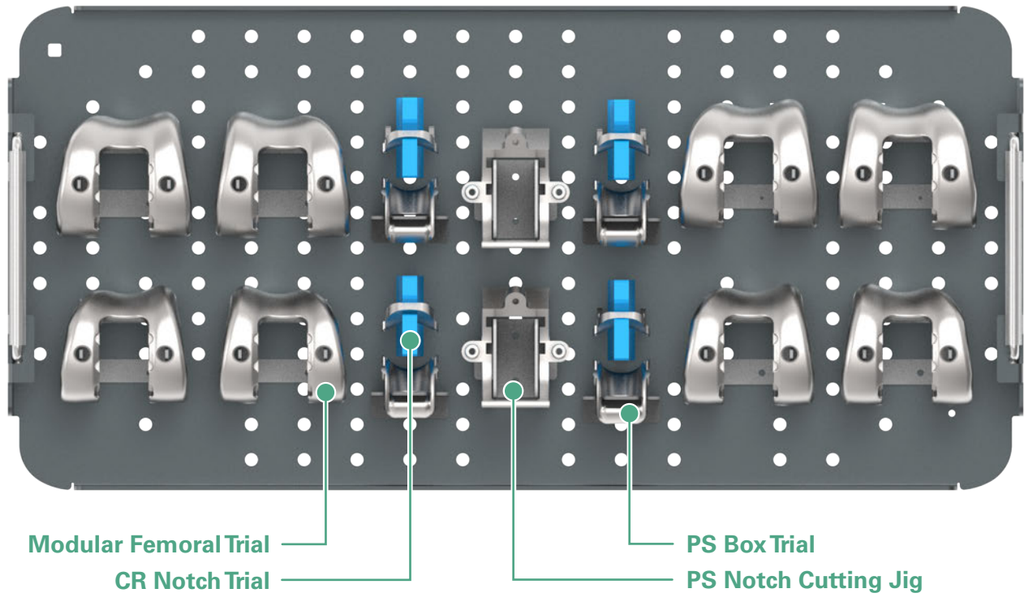
Instrument Tray Guide

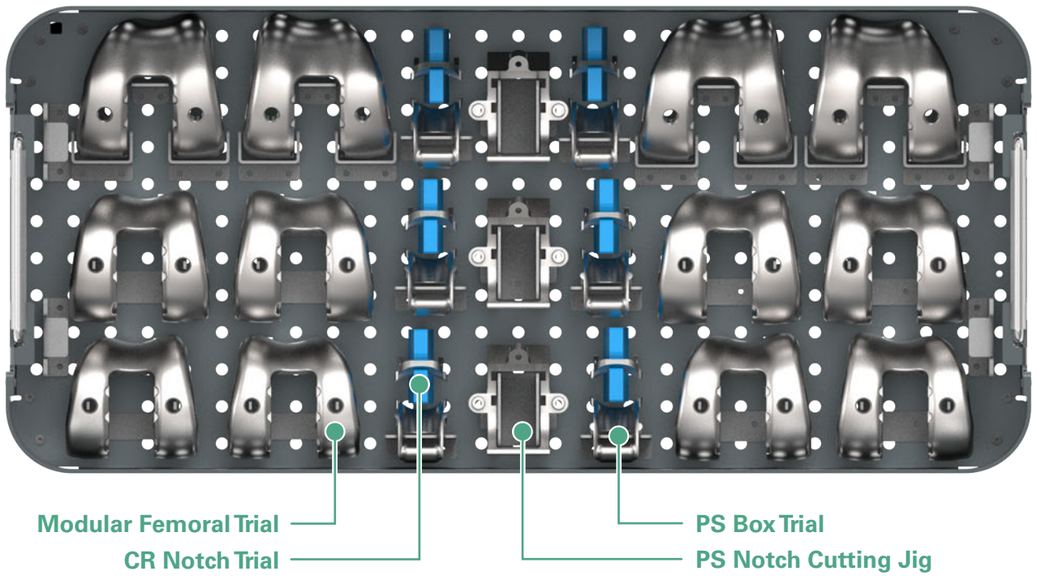
U2 Knee Anterior or Posterior Reference Preparation Tray



Instrument Tray Guide

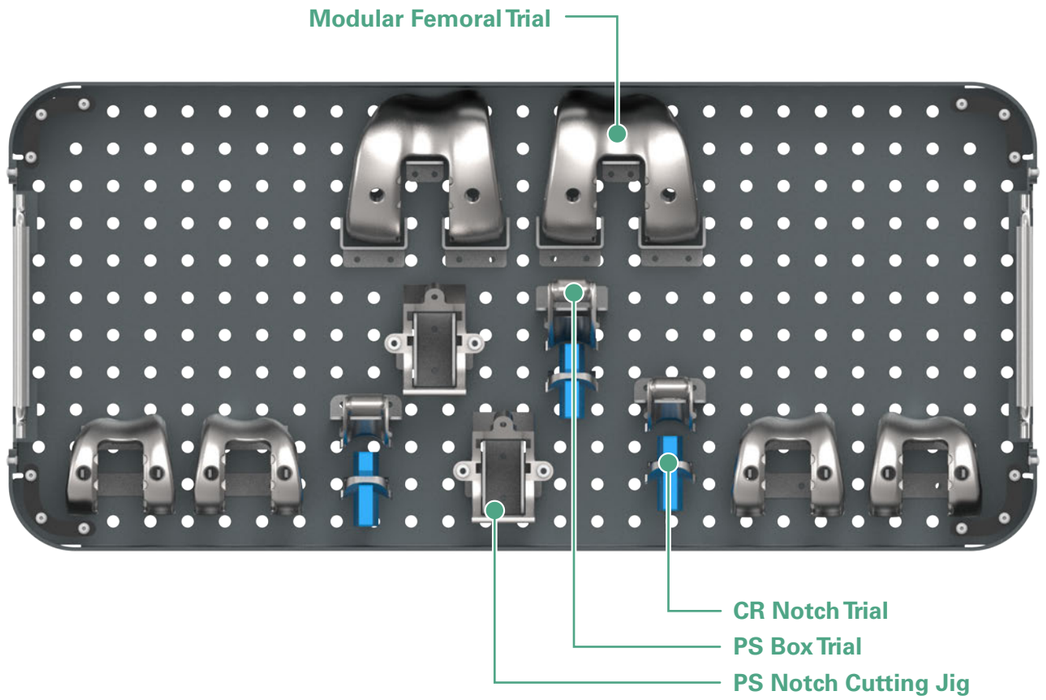
U2 Knee Femoral Trial #2~#6.5 Tray





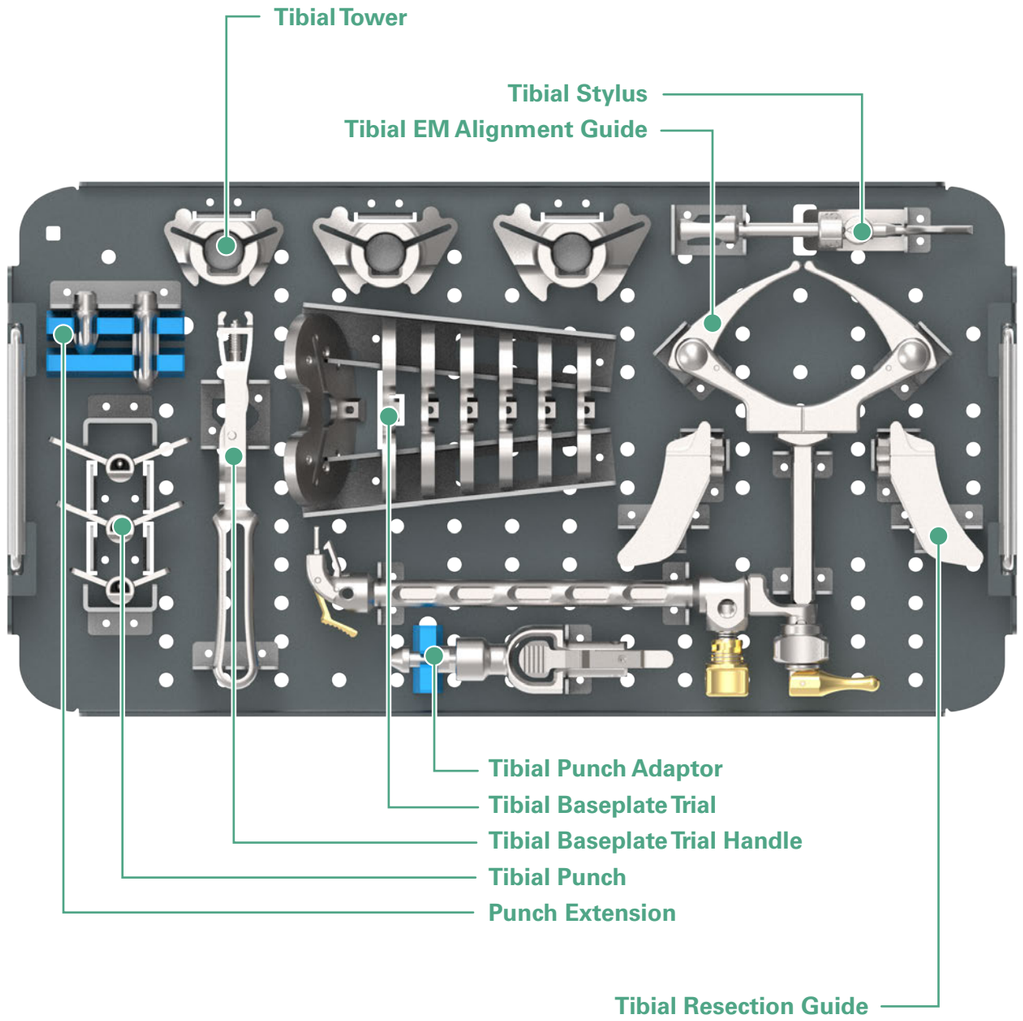
Instrument Tray Guide

U2 Knee Femoral Trial #1, #1.5 , #7 Tray



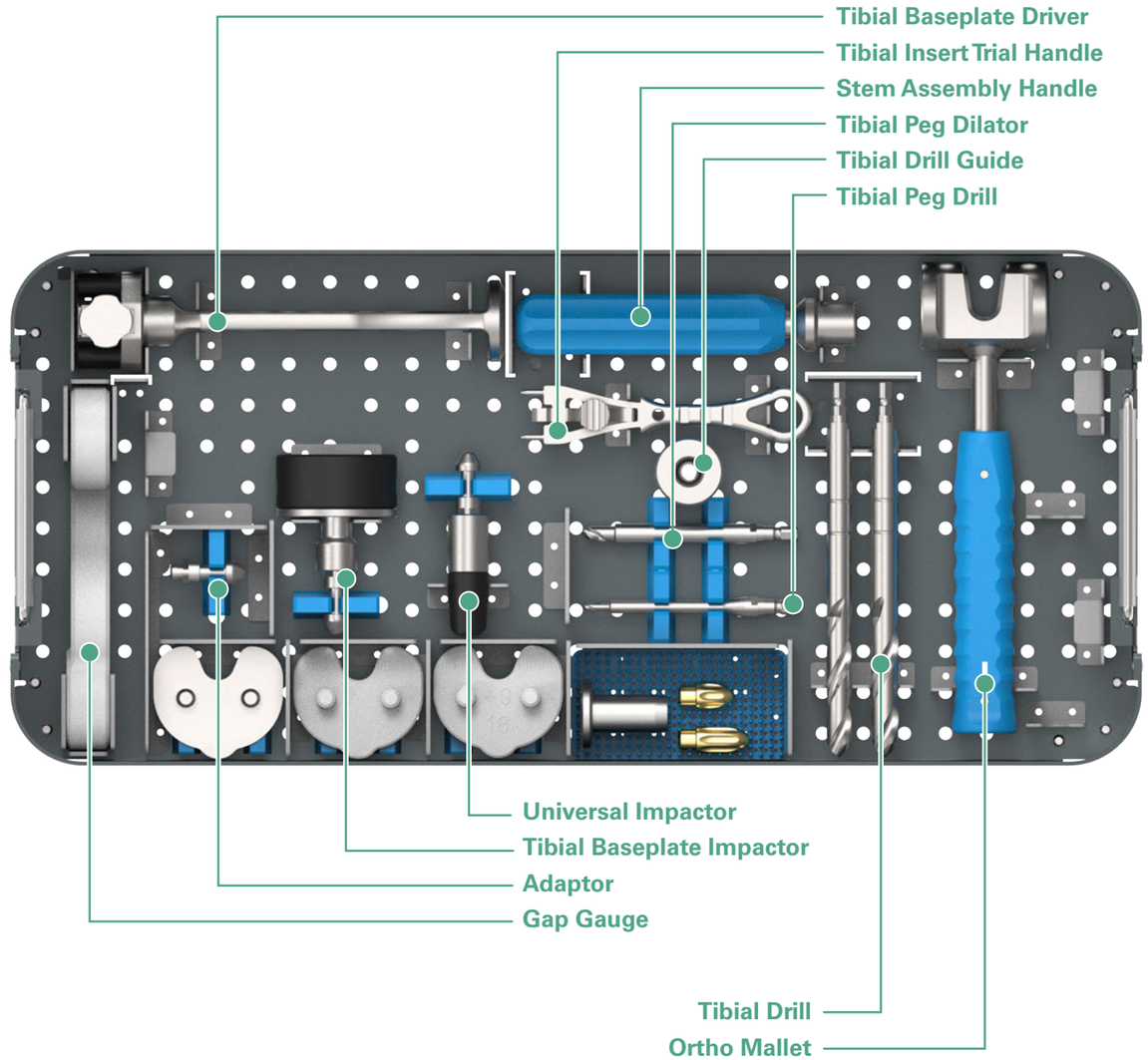
Instrument Tray Guide

U2 Knee NON-CEM Tray



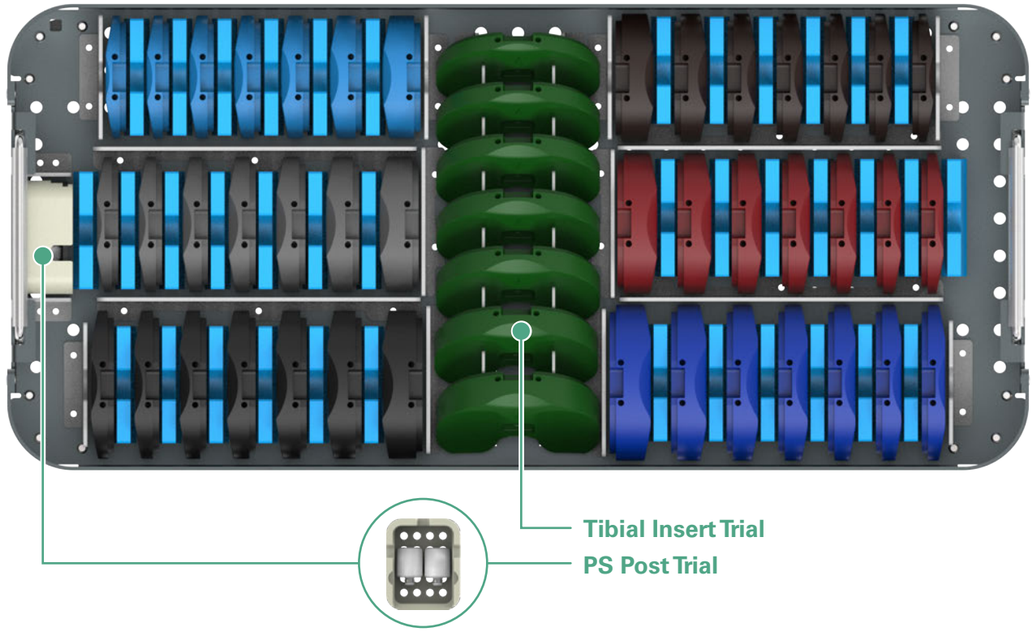
Instrument Tray Guide

U2 Knee NON-CEM Tray

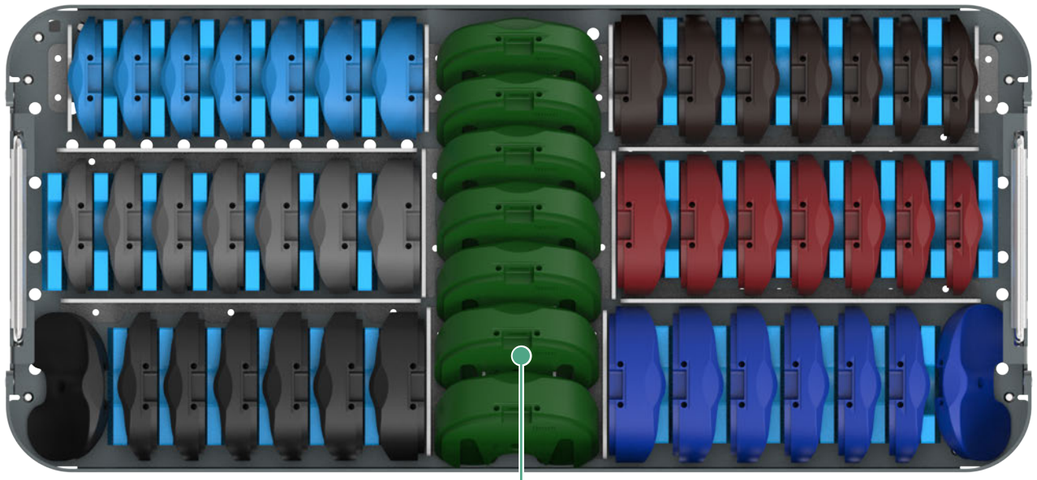


Instrument Tray Guide

U2 Knee Insert Trial Tray

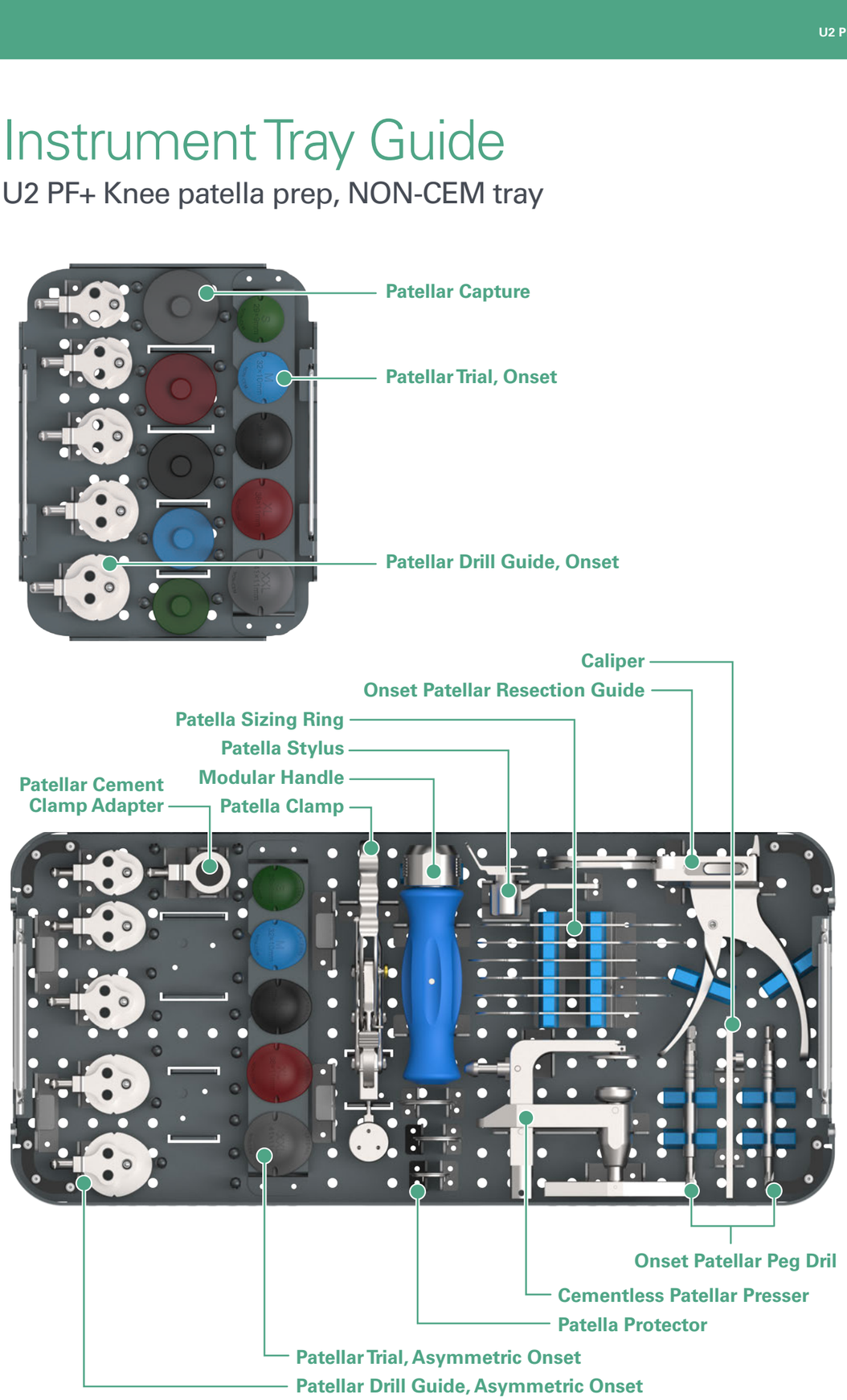


U2 Knee UC Insert Trial Tray



Instrument Tray Guide

U2 PF+ Knee patella prep, NON-CEM tray



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