

Optimotion Implants

Blue Plus Knee System

Surgical Technique Guide

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Before using this product, read the following information thoroughly.

Introduction

The Optimotion™ Blue Plus Knee System is a line addition of posterior stabilizing (PS) options to the existing Optimotion™ Blue Total Knee System. The line addition consists of a symmetric, **PS Cemented Femoral Component** made of a cobalt chrome alloy and symmetric **PS Tibial Inserts** made of UHMWPE with Vitamin E. The PS Tibial Inserts utilize the locking mechanism of the existing CR Tibial Inserts and are compatible with the Tibial Trays of the Optimotion™ Blue Total Knee System. The Tibial Inserts are provided in three configurations for varying levels of constraint- **Low Post (LP)**, **Low Post Plus (LP+)**, and **High Post (HP)**. The Femoral Component is offered in 8 sizes. The Tibial Inserts are each offered in 8 sizes and various thicknesses up to 21MM for patient stability. The Optimotion™ Blue Plus System is designed for primary knee replacement, cemented use, and is indicated for patients suffering from disabling joint disease of the knee resulting from a multitude of factors, including primary osteoarthritis, posttraumatic osteoarthritis, autoimmune mediated arthritis (rheumatoid), and avascular necrosis.

Features

Modularity of the Implants: The Optimotion™ Blue Plus System allows Optimotion™ Blue Tibial Trays to be used with either CR or PS constraint with varying options for PS constraint level (Figure 1). Optimotion™ Blue and Blue Plus Systems can be used with either Cemented or Cementless Patella components¹.

Modularity of the Instruments: The Optimotion™ Blue Plus System can be implemented with the same instrumentation as the Optimotion™ Blue Total Knee System with minor additions and modular attachments².

- Modular **Tibial Post Trials** for each of the three variations of posts attach to the CR Tibial Insert Trials and **Femoral Box Trials** attach to the Universal Femoral Trials for PS trialing.
- An **8MM Shim** and **Gap Gage Attachment** allow for Tibial Insert trialing and gap assessment up to 21MM. (Optimotion Blue CR Tibial Inserts have a maximum thickness of 19MM)
- A **Femoral Box Cut Guide**, **Box Chisel**, and **Osteotome** are included for femoral preparation. The cut guide is adjustable for compatibility with all sizes.

¹Please see 101-SRG01 Blue Total Knee System Surgical Technique Guide for Cemented Patella preparation and 102-SRG01 Porous Metal-Backed Patella Surgical Technique Guide for Cementless Patella preparation

²The Optimotion Blue Plus System utilizes instruments from the Optimotion Blue Total Knee CR System and is indicated for use with Optimotion Blue Tibial Tray components. See 101-SRG01 Blue Total Knee System Surgical Technique Guide for catalog information of Optimotion Blue Total Knee implants and instruments.

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Advanced Polymer Bearing Surface Technology: The **PS Tibial Inserts** are machined from compression molded, highly cross-linked, Vitamin-E enhanced, Ultra High Molecular Weight Polyethylene (UHMWPE).

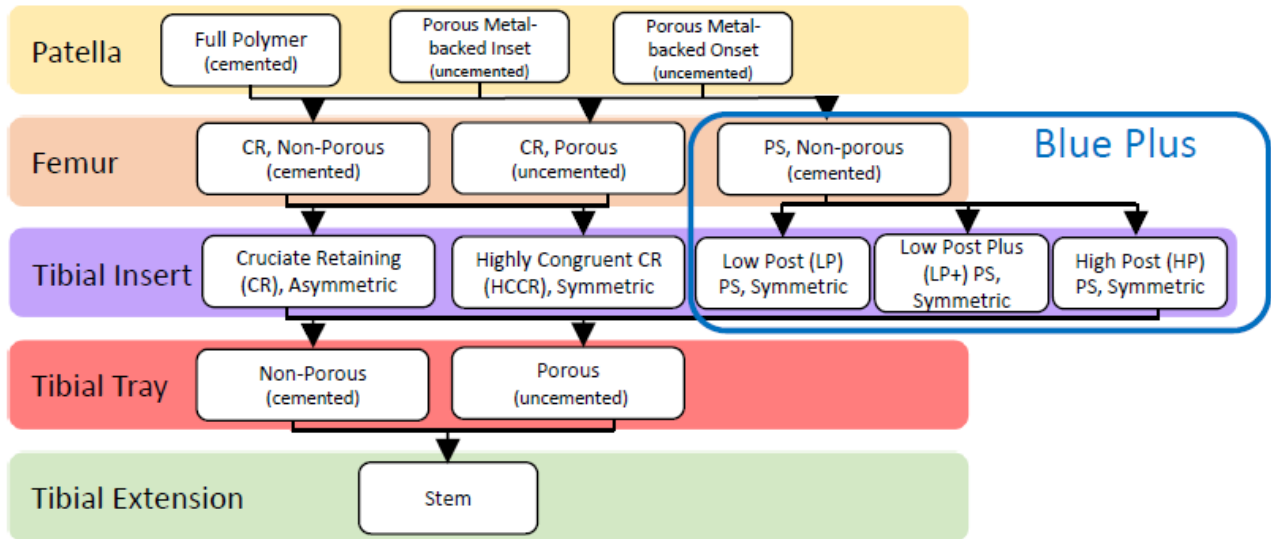


Figure 1. Optimotion™ Blue Total Knee System Options including Blue Plus Components

System Compatibility

The system includes a broad range of sizes to fit the normal skeletally mature patient population. The system is designed so all of the universally shaped eight sizes of PS Femoral Components are interchangeable with a one size higher or one size lower Tibial Tray and Tibial Insert combination. The universally shaped Tibial Tray comes in eight sizes. The PS Tibial Inserts have a universally shaped articulating surface and are offered in seven thicknesses.

		Femoral Size							
		1	2	3	4	5	6	7	8
Insert Size	1	●	●						
	2	●	●	●					
	3		●	●	●				
	4			●	●	●			
	5				●	●	●		
	6					●	●	●	
	7						●	●	●
	8							●	●

Figure 2. Optimotion™ Blue Plus Femoral and Insert Size Compatibility

Limb Positioning

With the patient lying in the supine position, ensure that the hip and knee can move freely and approximately 110° of knee flexion is able to be achieved.

Surgical Incision, Exposure, and Approaches

LATERAL APPROACH

When doing the lateral approach, the following sequence of steps must be followed in its entirety. On primary knees, initially preparing for an 11 mm versus a 9 mm tibial resection will make the procedure through this exposure simpler. The primary lateral incision is best made with the knee in flexion at 90 degrees.

1. Make an incision starting (A) about 5 cm proximal and 2.5cm lateral to the superolateral pole of the patella with the knee in the flexed position and carry the incision distally (B) along the edges of the patella tendon. Distally the incision traverses the interval between the patella tendon and Gerdy's Tubercle (Figure 3).



Figure 3.

2. Split the IT band proximally in line with the superficial incision and carry the incision over the lateral edge of the patella and the patella tendon to enter the joint.
3. Release the anterior horn of the lateral meniscus.
4. To further expose the lateral joint, use either a saw blade or an osteotome to osteotomize a sleeve of Gerdy's tubercle leaving approximately two (2) mm of bone thickness attached to the IT band where it inserts at Gerdy's tubercle.
5. Incise the capsular tissue between the tibial tuberosity and Gerdy's tubercle.
6. Elevate Gerdy's tubercle together with the IT band fibers to facilitate closure.
7. By elevating the distal IT band insertion on the tibia together with a thin wafer of bone, the IT band and tibialis anterior muscle become one longitudinal, continuous, stabilizing lateral ligament. This lateral ligament self-

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adjusts and reattaches to the anterolateral tibia after installation of the TKA components. Osteotomy of Gerdy's tubercle and posterior retraction of the IT band allow for excellent visualization to the lateral tibial plateau.

8. Cutting the Tibia: The knee is then brought into a semi-extended position of 15 to 30 degrees. The ACL is released at this point, as well as the anterior horn of the medial meniscus.

This is an overview of steps for cutting the proximal tibia bone using the lateral approach, more details on the use of the instruments referred to in this section are in the [Tibial Preparation](#) section.

9. The **MCL Retractor** (Figure 4) must be placed distal to the anterior horn of the medial meniscus and deep to the MCL to avoid cutting the MCL.



Figure 4. MCL Retractor

10. Guide the MCL Retractor around the posterior tibial plateau, ensuring the MCL Retractor is deep to and protecting the MCL during the resection process (Figure 5).

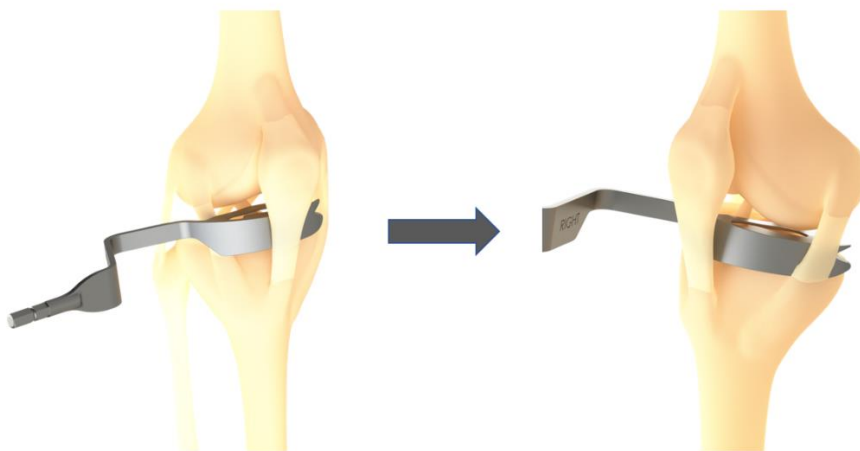


Figure 5. MCL Retractor Positioning

11. Place additional retractors by the PCL to sublux the tibia forward.

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12. Cut the lateral tibial plateau bone. Slide the cutting slot in the **Tibial Extramedullary Cutting Guide** medially to guide the saw blade to cut the rest of the tibia.
 - a. The resected tibial bone segments can then be removed after releasing the remaining posterior horns of both the menisci.
 - b. Gap balancing is done at this point at 0 and 90 degrees with either the **Dynamic Gap Balancing Gage** or the block **Gap Gages**.
13. There are two **Extramedullary Cutting Guide Proximal Rods**, one is set to 0°slope and the second to 3°slope according to surgeon preference.
14. Cutting the Patella: The patella is flipped 90 degrees to expose the articular surface. The **Patella Clamp** is applied, and the appropriate measuring stylus is used to determine patella resection. Slots on either side of the **Patella Clamp** allow for the patella cut to be made.

*This is an overview of steps for preparing the femoral bone using the lateral approach, more details on the use of the instruments referred to in this section are shown in the **Femoral Preparation** section.*

15. Place the retractors in the medial gutters and flex the knee to deliver the femur for preparation.
16. Once the femur cut is complete, bring the knee into extension and gently pull to expose the joint. Then, carefully resect the medial meniscus with a sharp knife.
17. A PCL retractor and a conventional medial retractor are placed and the knee is slowly brought into flexion subluxing the tibia forward gently while displacing the lateral edge of the patella tendon medial to the medial tibial plateau. This will expose the tibial plateau for preparation.
18. The tibia preparation can then be finished and prepared as described in the **Tibial Preparation** section below.
19. Insertion of final components must be done in reverse as follows:
 - a. Insert the **Tibia Tray** component, with **Tibial Stem** attached (if needed).
 - b. Insert the **Tibial Insert**.
 - c. Insert the **Femoral Component**.
 - d. Insert the **Patella** implant.

MEDIAL APPROACH

A standard anterior mid-line incision can also be utilized with the Optimotion™ Blue Total and Blue Plus Knee Systems.

1. If the medial parapatellar approach is selected, a straight midline skin incision, extending above and below the patella is applied to begin the exposure.
2. Any previous medial incision can be used or incorporated to decrease the risk of skin slough.
3. The capsular exposure is then approached by utilizing a longitudinal medial parapatellar incision, typically extending upward to a level of one third of the rectus femoris or vastus medians and downward to the medial side of the origin of patellar tendon on the tibial tuberosity.

Femoral Preparation

DISTAL FEMORAL CUT

Connect the **Femoral Drill** to the **Femoral IM Rod Handle** and establish an IM canal. The entry point is approximately one (1) cm anterior to the PCL attachment on the femur and slightly medial to the midline. Establish the IM canal with the **Femoral Drill** (Figure 6).

Attach the **Femoral IM Rod Handle** to the **Femoral IM Rod** and then slide the **Femoral Angular Alignment Guide** onto the **Femoral IM Rod** (Figure 7).

The **Femoral Angular Alignment Guide** is designed for either left or right knee and may be set to various varus/valgus cut angles 0-9 degrees on each side (Figure 8).

Pull back on the black knob of the **Femoral Angular Alignment Guide** and place it in the appropriate notch.



Figure 6



Figure 7



Figure 8

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The **Distal Femoral Cut Block** is attached to the **Distal Femoral Alignment Guide** and the assembly is attached to **Femoral Angular Alignment Guide**. The **Distal Femoral Alignment Guide** also allows for various femoral resection segments. Nine (9) mm is the default distal femoral resection, but by turning handle in the positive (+) or negative (-) direction the resection depth is adjustable from 4mm through 14mm. The **Femoral Angular Alignment Guide** must touch at least one of the femoral condyles to ensure adequate resection (Figure 9).

Once the desired valgus alignment and distal femoral resection is positioned the **Distal Femoral Cut Block** is secured with two 3.2mm Pins and an oblique 3.2 mm Pin. Then, the **Femoral Angular Alignment Guide**, **Distal Femoral Alignment Guide**, and the **Femoral IM Rod** are extracted. The **Distal Femoral Cut Block** can be also adjusted +2 mm by moving the guide to engage with 3.2mm Pins from the "0" parallel pin holes to the "+2" parallel pin holes (Figure 10).

Note: The 3.2mm pins are not an orderable Optimotion Implants catalog number. The recommended diameter specification: 3.2mm+0mm/-0.1mm. Diameter must not exceed 3.2mm in order to prevent interference with the mating instruments.

The saw blade slot in the **Distal Femoral Cut Block** is meant for a 0.050 inch (1.33mm) thick saw blade.

Use a 1.33mm oscillating sawblade through the slots in the **Distal Femoral Cut Block** to cut the distal femur (Figure 11).



Figure 9

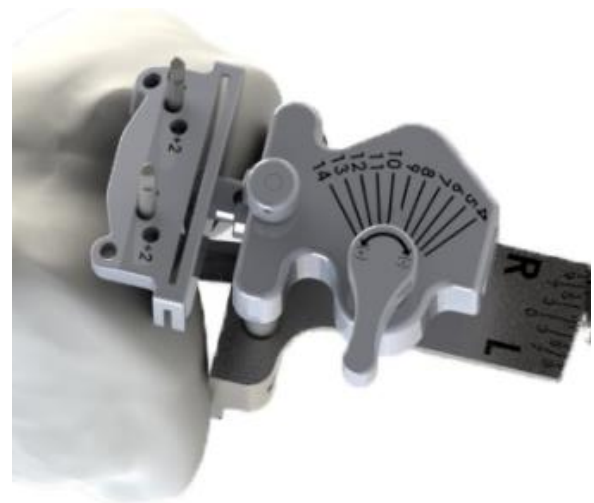


Figure 10

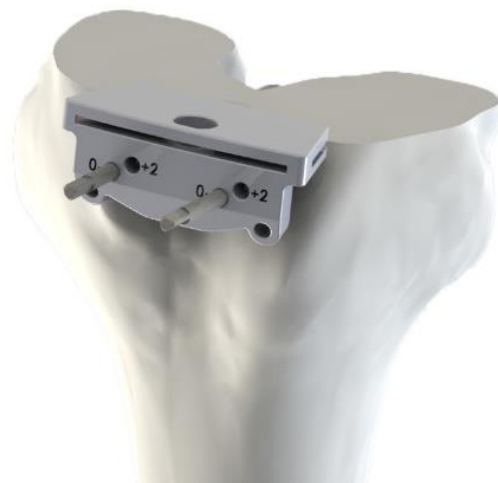


Figure 11

FEMORAL SIZING

The universal posterior referenced **Femoral Sizer** is applied to the distal femur with the two posterior condylar pads touching each posterior condyle in the femur (Figure 12).

The **Femoral Sizer** is a posterior referencing design. It is applied to the distal cut of the femur. The sizer is secured with one or two pins in two available holes above the **Femoral Sizer Disc**. Sizing is done with the **Stylus** touching the tip of the anterior lateral femur for the appropriate size of the femur implant. The size of the femur is read off of the slot on either side. If the size is between two numbers, then the size larger is used.

Using the **Femoral Sizer Disc**: The disc allows for increasing the flexion gap 0mm, -1mm, -2mm, or decreasing the flexion gap +1 or +2mm relative to the measured size. Identify the flexion gap desired first. Set the gap with the arrow to the desired rotation for the **Femoral Chamfer Cut Block**. Up to 7 degrees of rotation can be performed either way. Secure the rotation of the **Femoral Sizer Disc** by tightening the **Knob** to prevent rotation of the sizer disc during drilling.

Once rotation and any adjustments to posterior resection are made, then two drill holes are made through the **Femoral Sizer** to fit the **Femoral Chamfer Cut Block** (Figure 13). Make sure the pin 3.2 mm drills through the correct numbered flexion gap holes (see fig or animation). For example, if the desired flexion gap is 0 then drill for the universal cut block holes through the holes marked 0.

Remove the **Femoral Sizer** and apply the appropriate **Femoral Chamfer Cut Block**.

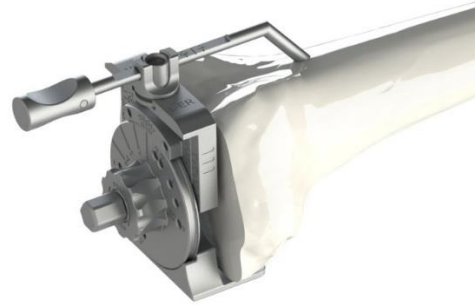


Figure 12

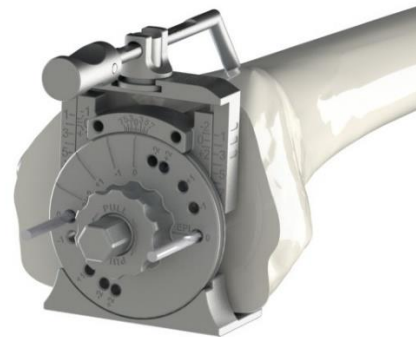


Figure 13

FEMORAL CUT BLOCK

Once the parallel pegs in the appropriate sized **Femoral Chamfer Cut Block** are aligned with the drilled holes above, the **Femoral Chamfer Cut Block** is impacted into place against the distal femoral cut surface with a Mallet (Figure 14).

Use the **Angel Wing**, or an equivalent Blade sizer or “batwing” (Figure 15) to double check the potential run-out of the anterior resection cut to prevent notching of the anterior femur.

The **Femoral Chamfer Cut Block** is secured with two converging 3.2mm Pins once the block is flush with the distal femur (Figure 16).

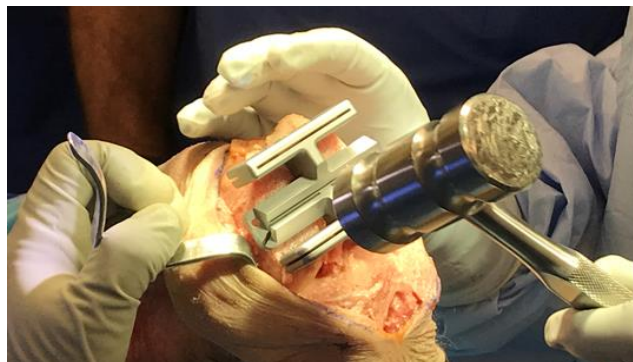


Figure 14



Figure 15

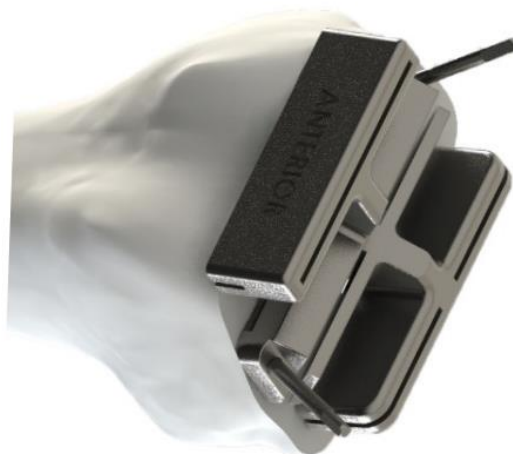


Figure 16

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Use a 1.33mm oscillating sawblade through the slots in the **Femoral Chamfer Cut Block** to cut the anterior, posterior, anterior chamfer, posterior chamfer cuts in the distal femur (Figure 17). The thickness of the sawblade is important to ensure the cuts are well controlled via the guide slots throughout the procedure.

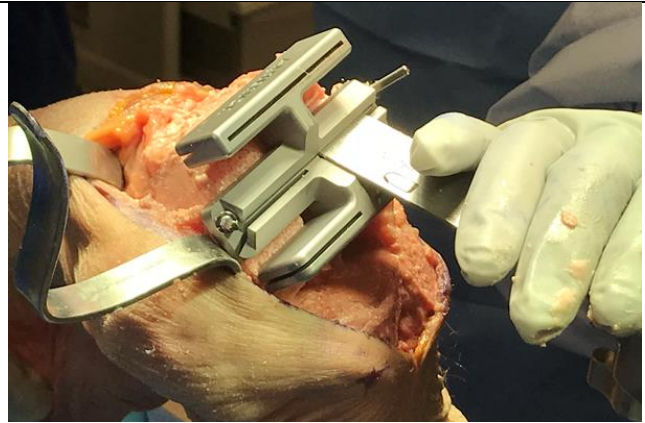


Figure 17

The 3.2mm Pins are removed, the **Femoral Chamfer Cut Block** is removed, and the resected bone segments are then extracted.

The **Curved Osteotome** can then be used to remove the excessive osteophytes in the posterior femoral condyles (Figure 18).

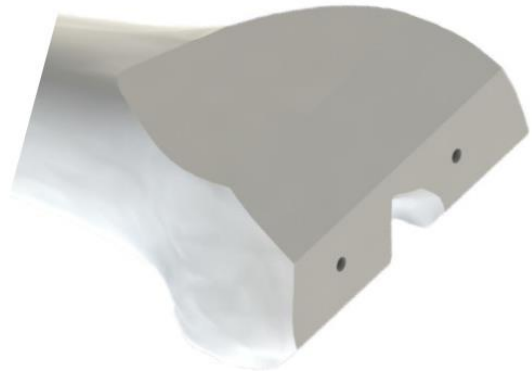


Figure 18

FEMORAL BOX PREPARATION

Place the **Translating Femur Box Cut Guide** onto the resected femur. Slide to fit the appropriate size and place medial/laterally depending on surgeon determination of optimal bone coverage and box location alignment with intercondylar notch. Pin into place using 3.2mm Pins. The walls of the Box Cut Guide will be used to guide a 1.33mm oscillating sawblade to make the cuts from the distal end.

Place the **PS Osteotome** into the slit of the anterior piece of the Box Cut Guide. With the femur in deep flexion, impact the osteotome using the **Impactor Handle** to initiate the box resection (Figure 19). Impact the osteotome until the marking corresponding with the femoral size reaches the edge of the guide. With the **PS Osteotome** still in place, complete the medial / lateral box resection using the oscillating sawblade, using the osteotome as a stop to indicate the saw has reached the proper depth (Figure 20).

The **Box Chisel** can optionally be used after the resection to clear any remaining bone. Place the Box Chisel into the distal slots of the Box Cut Guide and impact using the **Impactor Handle** (Figure 21).



Figure 19

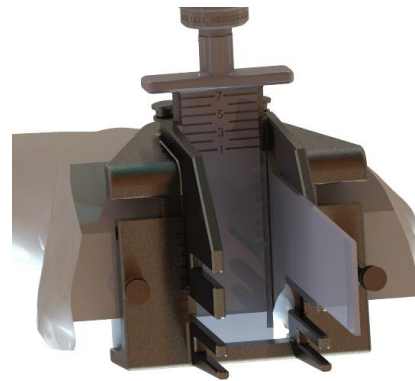


Figure 20



Figure 21

FEMORAL TRIALING

Once the femoral size has been established a **Universal Femoral Trial** is attached to the **Femoral Impactor** (Figure 22) and impacted into place.

The **Femoral Trial** can be for range of motion trialing on **Tibial Insert Trials**.

After the appropriately sized **Tibial Tray Template** and **Tibial Insert Trial**, and **Patella Trial** are in place later in the procedure, the **Femoral Trial** will be re-attached to the femur to assess the range of motion, the tibiofemoral articulation, and the patella tracking (Figure 23).

Attach the **Femoral Box Trial** of corresponding size to the **Femoral Trial** (Figure 24) to assess range of motion and constraint with the **Tibial Insert Trials** and **Post Trials**.



Figure 22



Figure 23



Figure 24

FEMORAL COMPONENT

The **PS Femoral Component** is indicated for cemented use only.

Apply bone cement to the distal femoral cuts and insert the **Femoral Component** using the **Femoral Impactor** (Figure 25).

A **Femoral Driver with Impactor Handle** may be used optionally to impact and complete placement (Figure 26).

The **Femoral Impactor** is also used to remove the **Femoral Component** when needed. To remove the **Femoral Component**, first loosen the **Femoral Component** from the bone with an osteotome, then connect the side tabs in the **Femoral Impactor** in the slots in the sides of the **Femoral Component** and tighten down the tightening knob to secure the **Femoral Impactor** (Figure 25). Apply extraction force to the **Femoral Impactor** to remove the **Femoral Component** from the bone. The back side of the strike head of the **Femoral Impactor** can be impacted with a mallet to assist in the **Femoral Component** removal.



Figure 25



Figure 26

Tibial Resection and Bone Preparation

TIBIAL CUT GUIDE ALIGNMENT

The Optimotion™ Blue tibial resection is aligned by using extramedullary alignment with the aid of the **Extramedullary Guide (EM Guide)**.

Assemble the **EM Guide**, the **EM Guide-Resection Guide Connector**, and the **Tibial Resection Guide** (Figure 27).

The **EM Guide-Resection Guide Connector** has a 0° and 3° slope. The **EM Guide** is in the neutral position when the **EM Guide-Resection Guide Connector** is parallel to the long axis of the tibial bone.

The **Tibial Resection Guide** is universal and can be attached for left or right knees. The **Tibial Stylus** (4mm-9mm OR 2mm-11mm) is re-attachable and can be placed on the medial or the lateral side of the **Tibial Resection Guide** (Figure 28).

Center the Ankle Clamp of the **EM Guide** over the center of the ankle. This is usually the second metatarsal.

Adjustments can be made at the Ankle Clamp of the **EM Guide** to adjust for slope or the varus-valgus tilt by unlocking the adjustment screw and tightening the adjustment screws in the Ankle Clamp (Figure 29).

The **Tibial Stylus** can alternate between the medial or lateral connecting post on the **Tibial Resection**



Figure 27

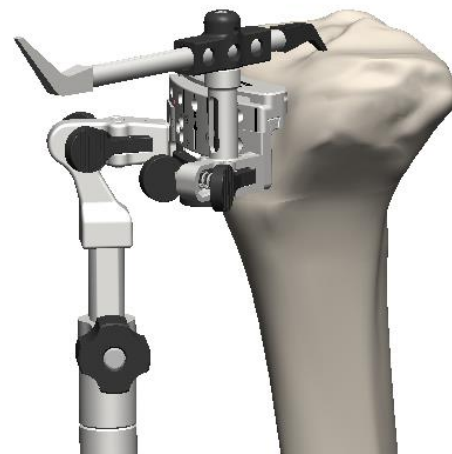


Figure 28

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Guide by releasing the connecting clamp. For a **9mm Tibial Insert** adjust to the following:

- 9mm resection over the lowest point of the unaffected side
- 2mm resection over the lowest point of the affected side



Figure 29

TIBIAL RESECTION

Pin the **Tibial Resection Guide** with two 3.2mm pins (Figure 30).

The upper slot of the **Tibial Resection Guide** can be swiveled left or right by depressing the lower lever to obtain the best **Tibial Resection Guide** orientation for the saw blade and alternatively pinned for additional stability (Figure 31).

- Use a 1.33mm saw to cut the tibia through the slot in the **Tibial Resection Guide** (Figure 32).
- Remove the **Tibial Resection Guide**.
- The resected tibial bone segment can then be removed after releasing the remaining posterior horns of both menisci.

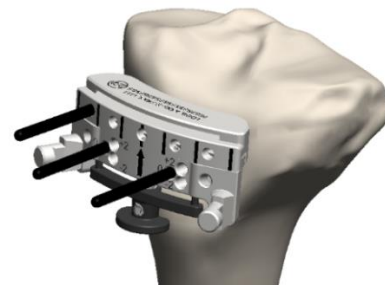


Figure 30

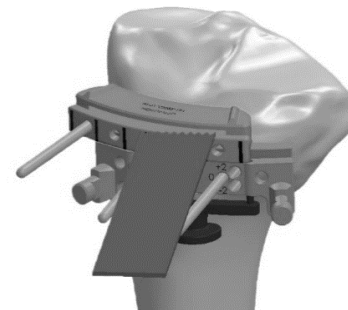


Figure 31

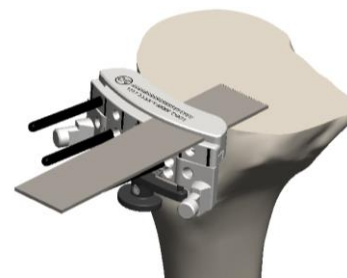


Figure 32

GAP BALANCING

After cutting the distal femur and proximal tibia, trim any osteophytes and assess the initial ligament balance and extension gap. With the leg in extension, position the **Dynamic Gap Balancing Gage** in the extension gap and adjust the gap (Figure 33).

With the **Dynamic Gap Balancing Gage** in place, the extension gap should be rectangular when the ligaments are equally tensioned and balanced. The plates on the **Dynamic Gap Balancing Gage** are adjusted by rotating the knob to different heights 9 to 19mm.

PS Tibial Inserts have a maximum thickness option of 21mm. A 21mm gap can be measured using the 'two-sided spacer style' **Gap Gage** discussed later in this section.

The measurement on this **Dynamic Gap Balancing Gauge** is in millimeters. The measurement represents the polymer **Tibial Insert** thickness in millimeters needed to produce the same extension gap balance and tension. It is the measurement from the distal resected surface of the Femur to Proximal resected surface of the Tibia minus the **Tibial Tray** and the **Femoral Component**. The plates on the **Dynamic Gap Balancing Gage** show the imbalance of the ligaments.

When the extension gap is unbalanced an angular alignment indicator will displace to the side of imbalance up to 5 degrees. Additional resection, either bony or soft tissue releases, can be performed to achieve extension gap balance. Adjust the ligaments to make the indicator read 0. Alternatively, the surgeon may choose to lock the dynamic gap gage to not allow for any angular displacement. The knee is then brought into flexion to confirm equal flexion and extension gap balance.



Figure 33

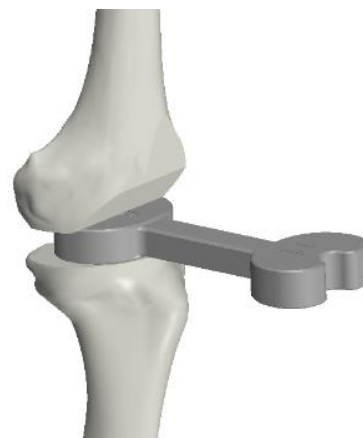


Figure 34

A 'two-sided spacer style' **Gap Gage** (Figure 34) can also be used alternatively to assess ligament balance and extension gap. The numerical reading on each side of this gap gage represents the polymer Tibial Insert thickness needed to produce the same extension gap balance and tension.

To measure a 21mm extension gap, place the **21MM Gap Gage Attachment** on the 17mm end of the **17/19MM Gap Gage** (Figure 35).

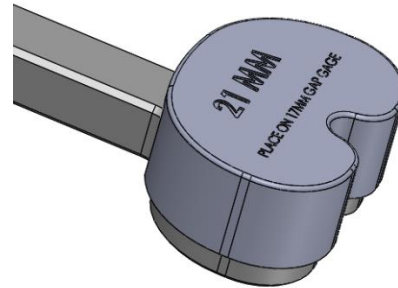


Figure 35

TIBIAL SIZING

The different sizes of the universal **Tibial Tray Templates**, and **Tibial Insert Trials** are designed to be used to perform trial reduction and assess overall fit.

The **Tibial Tray Templates** are universal for left or right knees. They can be connected to the **Tibial Template Handle** by pressing the button on the **Tibial Template Handle** and sliding the parallel post on the **Tibial Template Handle** into the parallel holes in the **Tibial Tray Template**.

Once rotation and position of the **Tibial Tray Template** is determined, the **Tibial Tray Template** is pinned with two anterior oblique **3.2 Headed Pins** or alternatively with **3.2 Headed Pins** in the superior pin slots on the **Tibial Tray Template** (Figure 36).

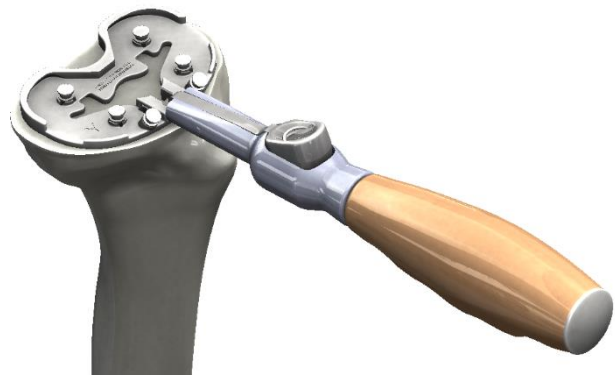


Figure 36

The **Keel Punch Guide** is snapped into place on the **Tibial Tray Template** (Figure 37).

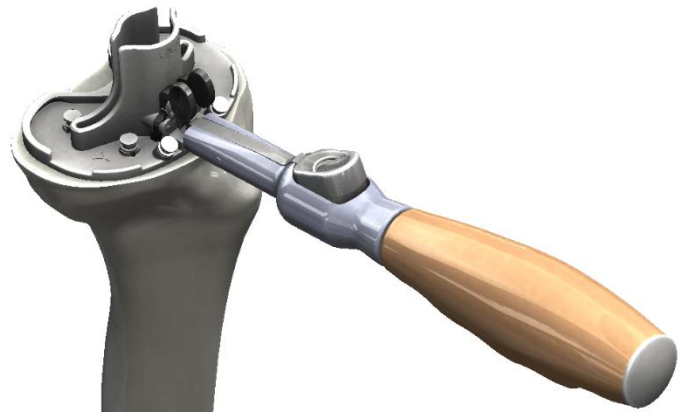


Figure 37

The **Tibial Template Handle** can be removed. Using the **Central Drill (16mm or 17mm)**, drill through the **Keel Punch Guide** and the **Tibial Tray Template** until it bottoms out (Figure 38A) on the **Keel Punch Guide**. This hole is made in the tibial bone to establish the center of the **Tibial Tray** keel. The **Central Drill** is offered in two diameters 16mm and 17mm. Use the 16mm Central Drill if implanting a Porous **Tibial Tray** and 17mm if cementing the **Tibial Tray**.

There are three **Keel Punches** for various sizes.

- SMALL** – Sizes 1-3
- MEDIUM** – Sizes 4-6
- LARGE** – Sizes 7-8

Use a mallet to impact the appropriate size **Keel Punch** down to prepare the bone for the keel fins on the **Tibial Tray** until the **Keel Punch** bottoms out at the top of the **Keel Punch Guide** (Figure 38B).

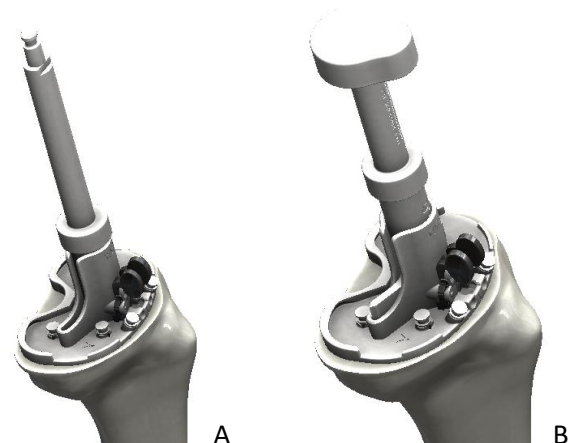


Figure 38

When using the porous component, remove the **Keel Punch Guide Assembly** and then prepare the tibial bone for the **Tibial Tray Pegs**. One at a time, extract the **Headed Pins** with the **Pin Puller** (Figure 39), or a similar pin extractor.

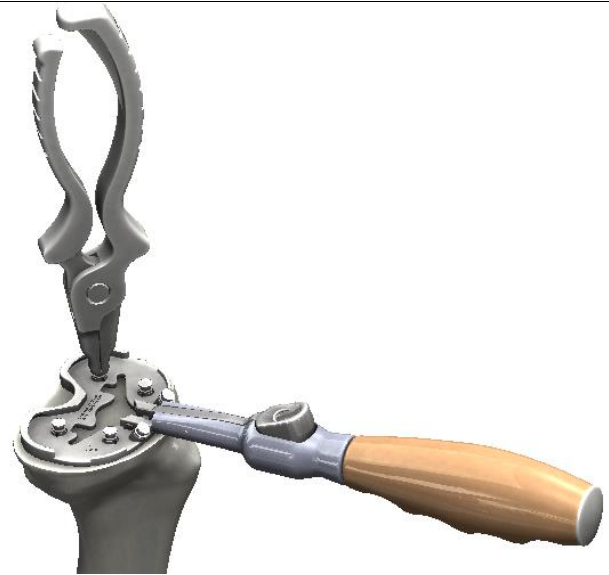


Figure 39

Then use the **Tibial Tray Peg Punch** to prepare the **Tibial Tray** peg shape in the bone, through the superior pin holes in the **Tibial Tray Template** (Figure 40).

There are only two posterior pegs for sizes 1-3. There are 4 pegs for sizes 4-8.



Figure 40

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If surgeon opts to use the **Tibial Insert Trials**, the **Keel Punch Guide Assembly** needs to be removed, if it has not already been removed.

The appropriate **Tibial Insert Trial** is inserted on the **Tibial Tray Template** to assess fit, joint laxity, and range of motion. The **Tibial Insert Trial 6mm Shim** and **Tibial Insert Trial 8mm Shim** can be used to add 6mm or 8mm more to **Tibial Insert Trial** height (Figure 41).

Assemble the **Tibial Insert Trial** of the appropriate thickness. Then, attach the appropriate **PS Tibial Post Trial** (LP, LP+, or HP) onto the **Tibial Insert Trial** (Figure 42).

See suggestions in the **Knee Balancing Algorithm** section if further balancing is needed.

Once the appropriate **Tibial Insert** thickness and the amount of tibial resection is found to be appropriate, the **Headed Pins** should be removed from the **Tibial Tray Template** and all remaining tibial instrumentation removed in preparation for the placement of the **Tibial Tray Implant**.

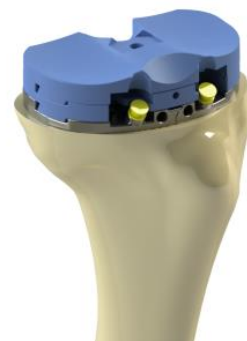


Figure 41

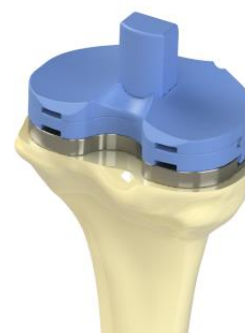


Figure 42

TIBIAL TRAY IMPLANTATION

Connect the **Tibial Tray Impactor** to the **Impactor Handle**. Then, deliver the Uncemented **Tibial Tray** onto the prepared tibia bone and impact until the baseplate of the Uncemented **Tibial Tray** is seated with minimal gaps between the Porous **Tibial Tray** and the cut proximal tibia.

If a cemented **Tibial Tray** is used, place bone cement between the cemented **Tibial Tray** and the cut proximal tibia prior to implant delivery. Once the **Tibial Tray** is seated, clear all excess bone cement surrounding the periphery of the **Tibial Tray** (Figure 43).

TIBIAL TRAY REMOVAL

To extract the **Tibial Tray**, first loosen the **Tibial Tray** with an osteotome, and then extract using a Mallet and an osteotome.

TIBIAL INSERT IMPLANTATION

Engage the **Tibial Insert** with the **Tibial Tray** by placing it slightly angled while adjusting it posteriorly and distally until it snaps into the **Tibial Tray**. This can be done with the assistance of the **Tibial Insert Impactor** (Figure 44).

The **Tibial Insert** is fully seated when the polymer tab on its distal side is locked under the anterior catch on the **Tibial Tray**.

TIBIAL INSERT REMOVAL

To extract the **Tibial Insert**, place a 1/8 inch, or similarly sized, osteotome in the front tab on the **Tibial Insert** and twist the osteotome until the polymer **Tibial Insert** is loosened and disengages from the **Tibial Tray**. The **Tibial Insert** cannot be reused.



Figure 43

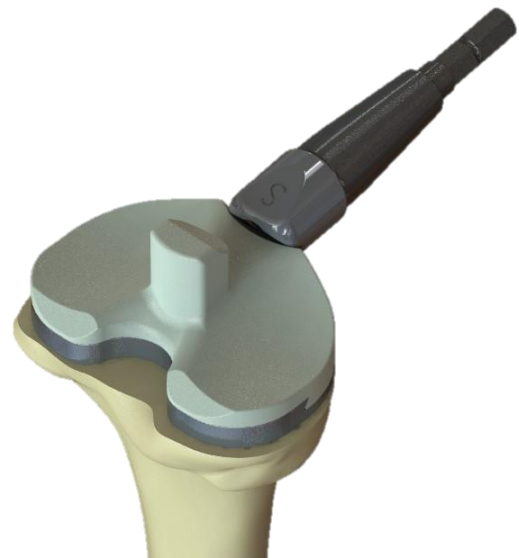


Figure 44

TIBIAL STEMS

The optional **Tibial Stems** are meant to fit in either **Cementless Tibial Trays** or **Cemented Tibial Trays** (Figure 45).

The **Tibial Stem** and the **Tibial Tray** are locked together by a tapered connection secured with a set screw. Tibial Stem assembly should be performed on a solid, fully supported table by turning the **Tibial Tray** upside down on a soft cloth and attaching the intended **Tibial Stem**. Apply a second soft cloth over the **Tibial Stem** and impact the two components together with in-line impaction from a mallet. Two to three forceful blows with a mallet should be used to lock the tapered connection between the **Tibial Stem** and the **Tibial Tray** together.

Use the **2.5mm Hex Driver** to transfer the 2 **Taper Set Screws** to the anterior and posterior holes in the **Tibial Tray** keel. Use the Hex Driver to tighten the Taper Set Screw into the grooves of the **Tibial Stem** to secure the connection between the Tibial Stem and Tibial Tray (Figure 46).

The **Tibial Stem** can be placed into the bone after first reaming the tibial bone with the appropriately sized straight reamer. For uncemented Tibial Stems, match the reamer to the stem diameter. For cemented use, use a reamer 1mm larger than the Tibial Stem.



Figure 45



Figure 46

Knee Balancing Algorithm

The ligament balance of the knee should be verified in flexion and extension. If balance has not been achieved, the following suggested steps outlined in the table below may be of assistance.

Extension	Flexion	Method
Acceptable	Acceptable	Proceed to next step.
Tight	Acceptable	Release posterior capsule and/or re-cut the distal femur using +2mm on the Distal Femoral Cut Block and recut with the femoral cuts with same size Femoral Chamfer Cut Block .
Loose	Acceptable	Increase the slope of the tibial cut using the Tibial Resection Guide and upsize the thickness of the polymer Tibial Insert .
Acceptable	Too Tight	<ol style="list-style-type: none"> 1. Increase the slope cut of the tibia using the Tibial Resection Guide. 2. Recess the PCL. 3. Downsize the Femoral Component (provided no notching occurs) using one size smaller Femoral Chamfer Cut Block.
Acceptable	Too Loose	Recut the distal femur and increase the thickness of the polymer Tibial Insert .
Too Tight	Too Tight	Downsize the polymer Tibial Insert if possible OR recut the tibia using the Tibial Resection Guide .
Too Loose	Too Tight	Recut the tibia to add more posterior slope then upsize the Tibial Insert OR downsize Femoral Component and upsize the Tibial Insert .
Too Loose	Too Loose	Upsize the thickness of the polymer Tibial Insert .

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Optimotion Blue Plus Implant Product List

PS FEMORAL COMPONENTS

Catalog Number	Catalog Description
1014-F-3100	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 1
1014-F-3200	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 2
1014-F-3300	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 3
1014-F-3400	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 4
1014-F-3500	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 5
1014-F-3600	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 6
1014-F-3700	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 7
1014-F-3800	PS Femoral Component, Non-Porous CoCr, CEMENTED, Size 8

LOW POST (LP) PS SYMMETRIC TIBIAL INSERTS

1014-L-1109	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 9mm
1014-L-1111	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 11mm
1014-L-1113	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 13mm
1014-L-1115	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 15mm
1014-L-1117	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 17mm
1014-L-1119	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 19mm
1014-L-1221	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 21mm
1014-L-1209	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 9mm
1014-L-1211	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 11mm
1014-L-1213	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 13mm
1014-L-1215	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 15mm
1014-L-1217	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 17mm
1014-L-1219	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 19mm
1014-L-1221	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 21mm
1014-L-1309	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 9mm
1014-L-1311	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 11mm
1014-L-1313	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 13mm
1014-L-1315	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 15mm
1014-L-1317	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 17mm
1014-L-1319	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 19mm
1014-L-1321	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 21mm
1014-L-1409	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 9mm
1014-L-1411	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 11mm
1014-L-1413	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 13mm



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1014-L-1109	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 9mm
1014-L-1415	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 15mm
1014-L-1417	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 17mm
1014-L-1419	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 19mm
1014-L-1421	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 21mm
1014-L-1509	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 9mm
1014-L-1511	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 11mm
1014-L-1513	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 13mm
1014-L-1515	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 15mm
1014-L-1517	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 17mm
1014-L-1519	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 19mm
1014-L-1521	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 21mm
1014-L-1609	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 9mm
1014-L-1611	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 11mm
1014-L-1613	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 13mm
1014-L-1615	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 15mm
1014-L-1617	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 17mm
1014-L-1619	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 19mm
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1014-L-1709	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 9mm
1014-L-1711	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 11mm
1014-L-1713	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 13mm
1014-L-1715	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 15mm
1014-L-1717	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 17mm
1014-L-1719	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 19mm
1014-L-1721	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 21mm
1014-L-1809	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 9mm
1014-L-1811	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 11mm
1014-L-1813	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 13mm
1014-L-1815	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 15mm
1014-L-1817	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 17mm
1014-L-1819	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 19mm
1014-L-1821	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 21mm
1014-L-1109	LP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 9mm

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LOW POST+ (LP+) PS SYMMETRIC TIBIAL INSERTS

Catalog Number	Catalog Description
1014-L-2109	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 9mm
1014-L-2111	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 11mm
1014-L-2113	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 13mm
1014-L-2115	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 15mm
1014-L-2117	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 17mm
1014-L-2119	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 19mm
1014-L-2221	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 21mm
1014-L-2209	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 9mm
1014-L-2211	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 11mm
1014-L-2213	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 13mm
1014-L-2215	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 15mm
1014-L-2217	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 17mm
1014-L-2219	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 19mm
1014-L-2221	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 21mm
1014-L-2309	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 9mm
1014-L-2311	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 11mm
1014-L-2313	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 13mm
1014-L-2315	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 15mm
1014-L-2317	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 17mm
1014-L-2319	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 19mm
1014-L-2321	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 21mm
1014-L-2409	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 9mm
1014-L-2411	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 11mm
1014-L-2413	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 13mm
1014-L-2415	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 15mm
1014-L-2417	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 17mm
1014-L-2419	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 19mm
1014-L-2421	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 21mm
1014-L-2509	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 9mm
1014-L-2511	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 11mm
1014-L-2513	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 13mm
1014-L-2515	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 15mm
1014-L-2517	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 17mm
1014-L-2519	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 19mm
1014-L-2521	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 21mm
1014-L-2609	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 9mm
1014-L-2611	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 11mm
1014-L-2613	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 13mm



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Catalog Number	Catalog Description
1014-L-2615	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 15mm
1014-L-2617	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 17mm
1014-L-2619	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 19mm
1014-L-2621	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 21mm
1014-L-2709	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 9mm
1014-L-2711	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 11mm
1014-L-2713	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 13mm
1014-L-2715	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 15mm
1014-L-2717	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 17mm
1014-L-2719	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 19mm
1014-L-2721	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 21mm
1014-L-2809	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 9mm
1014-L-2811	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 11mm
1014-L-2813	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 13mm
1014-L-2815	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 15mm
1014-L-2817	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 17mm
1014-L-2819	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 19mm
1014-L-2821	LP+ PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 21mm

HIGH POST (HP) PS SYMMETRIC TIBIAL INSERTS

Catalog Number	Catalog Description
1014-L-3109	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 9mm
1014-L-3111	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 11mm
1014-L-3113	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 13mm
1014-L-3115	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 15mm
1014-L-3117	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 17mm
1014-L-3119	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 19mm
1014-L-3221	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 1, Thickness 21mm
1014-L-3209	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 9mm
1014-L-3211	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 11mm
1014-L-3213	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 13mm
1014-L-3215	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 15mm
1014-L-3217	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 17mm
1014-L-3219	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 19mm
1014-L-3221	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 2, Thickness 21mm
1014-L-3309	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 9mm
1014-L-3311	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 11mm



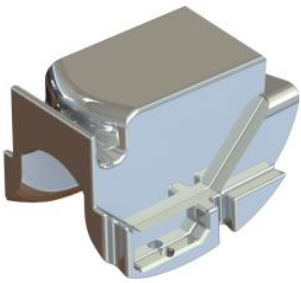



Blue Plus Knee System

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Catalog Number	Catalog Description
1014-L-3313	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 13mm
1014-L-3315	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 15mm
1014-L-3317	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 17mm
1014-L-3319	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 19mm
1014-L-3321	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 3, Thickness 21mm
1014-L-3409	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 9mm
1014-L-3411	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 11mm
1014-L-3413	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 13mm
1014-L-3415	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 15mm
1014-L-3417	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 17mm
1014-L-3419	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 19mm
1014-L-3421	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 4, Thickness 21mm
1014-L-3509	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 9mm
1014-L-3511	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 11mm
1014-L-3513	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 13mm
1014-L-3515	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 15mm
1014-L-3517	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 17mm
1014-L-3519	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 19mm
1014-L-3521	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 5, Thickness 21mm
1014-L-3609	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 9mm
1014-L-3611	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 11mm
1014-L-3613	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 13mm
1014-L-3615	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 15mm
1014-L-3617	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 17mm
1014-L-3619	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 19mm
1014-L-3621	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 6, Thickness 21mm
1014-L-3709	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 9mm
1014-L-3711	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 11mm
1014-L-3713	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 13mm
1014-L-3715	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 15mm
1014-L-3717	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 17mm
1014-L-3719	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 19mm
1014-L-3721	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 7, Thickness 21mm
1014-L-3809	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 9mm
1014-L-3811	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 11mm
1014-L-3813	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 13mm
1014-L-3815	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 15mm
1014-L-3817	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 17mm
1014-L-3819	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 19mm
1014-L-3821	HP PS Tibial Insert, UHMWPE + Vitamin E, Size 8, Thickness 21mm

Optimotion Blue Plus Surgical Instrumentation

Catalog Number	Catalog Description	Representative Illustration
1014-6-1012	TRANSLATING FEMUR BOX CUT GUIDE	
1014-6-1013	PS OSTEOTOME	
1014-6-1003	FEMORAL BOX CHISEL	

Catalog Number	Catalog Description	Representative Illustration
1014-6-1101	FEMORAL BOX TRIAL, SZ1	
1014-6-1102	FEMORAL BOX TRIAL, SZ2	
1014-6-1103	FEMORAL BOX TRIAL, SZ3	
1014-6-1104	FEMORAL BOX TRIAL, SZ4	
1014-6-1105	FEMORAL BOX TRIAL, SZ5	
1014-6-1106	FEMORAL BOX TRIAL, SZ6	
1014-6-1107	FEMORAL BOX TRIAL, SZ7	
1014-6-1108	FEMORAL BOX TRIAL, SZ8	
1014-6-2001	21MM GAP GAGE ATTACHMENT	
1014-6-0081	8MM TIBIAL SHIM, SZ1	
1014-6-0082	8MM TIBIAL SHIM, SZ2	
1014-6-0083	8MM TIBIAL SHIM, SZ3	
1014-6-0084	8MM TIBIAL SHIM, SZ4	
1014-6-0085	8MM TIBIAL SHIM, SZ5	
1014-6-0086	8MM TIBIAL SHIM, SZ6	
1014-6-0087	8MM TIBIAL SHIM, SZ7	
1014-6-0088	8MM TIBIAL SHIM, SZ8	
1014-6-3001	PS TIBIAL LP POST TRIAL	
1014-6-3002	PS TIBIAL LP+ POST TRIAL	
1014-6-3003	PS TIBIAL HP POST TRIAL	