



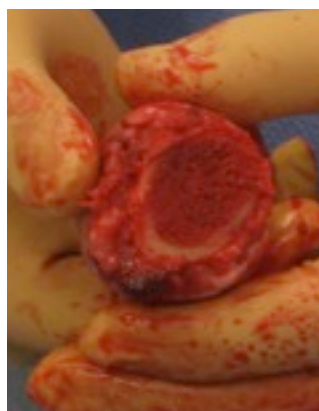
ARC™ STEM FIRST STEM IMPLANTED IN U.S.



After a few years of development, mechanical testing, FEA analysis, cadaver workshops templating hundreds of x-rays and significant collaboration the first case in the U.S. was performed by **Dr. Louis Keppler, CO-Director** The Spine and Orthopaedic Institute at St. Vincent Charity Hospital, Cleveland, OH and Clinical/Surgical Advisory JISRF, Chagrin Falls, OH. Also the same day Dr. Frank Schmidt was performing his first ARC™ stem in Cody, Wyoming.

Technique highlights

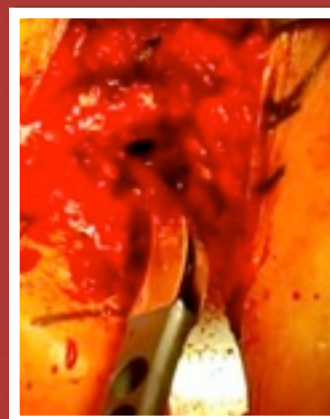
Head resection needs to be at 5-8 mm sub cap at about 50° angle. The curve of the stem eliminates the need for violation of lateral structures.



HIGH NECK RESECTION



SMALL BEN HURR

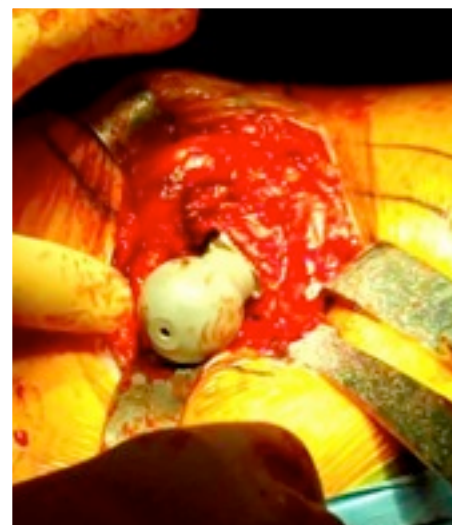
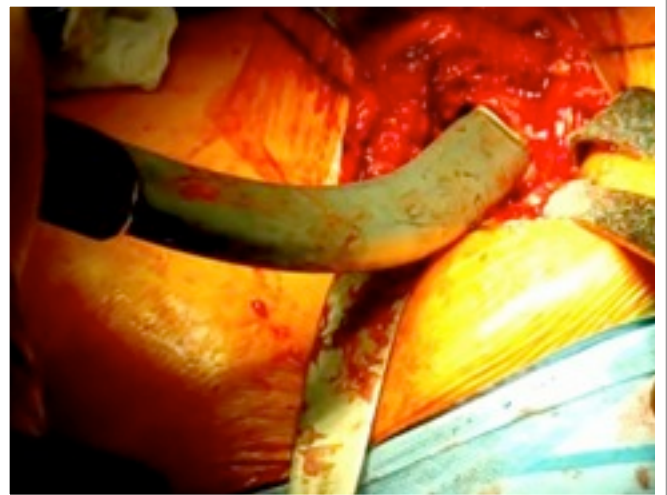
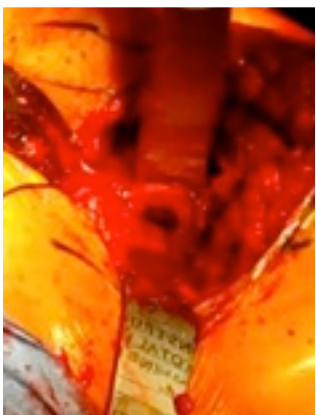


Sharp starting awl in the overall shape of the curved stem was then used to open the remained of the femur.

Understanding and appreciation that this is a curved stem approach is slightly different than traditional straight or anatomical stems.

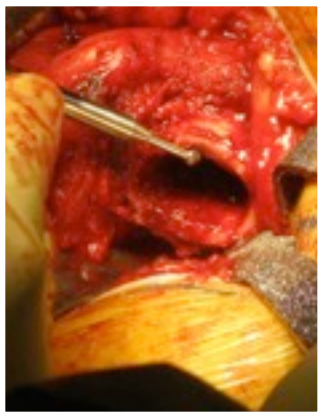
FEMORAL TECHNIQUE

IF NECK RESECTION IS TOO
HIGH YOU CAN EASILY TAKE
ANOTHER 2-4 MM.

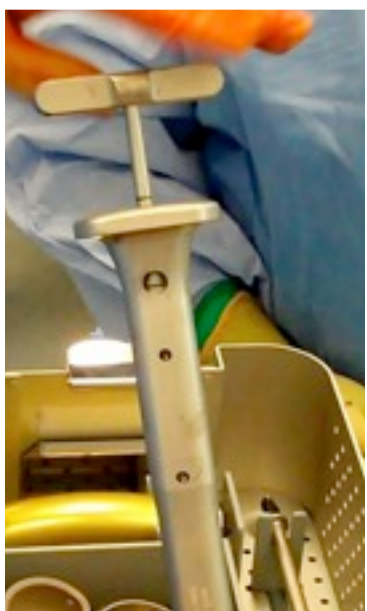


Starter rasp then progress rasping to
final size. Trial head then fits onto rasp
post and trial ROM can be checked.

FINE-TUNING FIT



DR. KEPPLER FELT
THE MIDAS-REX™
WOULD PROVIDE
SOME FINE TUNING
OF THE PROXIMAL
FIT, HOWEVER
PROVED NOT TO BE
NECESSARY.



Final stem well seated excellent stability

A NEW TISSUE SPARING APPROACH IS LAUNCHED

